

0.a. Goal

3. Ensure healthy lives and promote well-being for all at all ages

0.b. Target

3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

0.c. Indicator

3.2.2 Neonatal mortality rate

0.d. Series

3.2.2 Neonatal deaths (number)

0.e. Metadata update

November 2020

0.f. Related indicators

Neonatal mortality rate; Post-neonatal mortality rate; Infant mortality rate; Under-five mortality rate

1.a. Organisation

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2.a. Definition and concepts

The neonatal mortality rate is the probability in the first month of life in the five or ten years preceding the survey, expressed per 1,000 live births.

Neonatal deaths (deaths among live births during the first 28 completed days of life) may be subdivided into early neonatal deaths, occurring during the first 7 days of life, and late neonatal deaths, occurring after the 7th day but before the 28th completed day of life.

2.b. Unit of measure

Per 1,000 live births

3.a. Data sources

Cambodia Demographic and Health Survey (CDHS)

3.b. Data collection method

The CDHS was conducted in 2000, 2005, 2010 and 2014. Before the CDHS, similar surveys known as Demographic Survey 1996 was also conducted by the NIS and followed by Nation Health Survey 1998 was conducted by Ministry of Health.

The CDHS is national household survey covering many areas related to the demographic and health situation within the population. It includes information on demography, family planning, infant and child mortality, domestic violence, and health-related information such as breastfeeding, antenatal care, children's immunization, childhood diseases, and HIV/AIDS. Also, the questionnaires are designed to evaluate the nutritional status of mothers and children and to measure the prevalence of anemia.

The survey covered a sample of 15,000 plus households. All women age 15-49 in these households and all men aged 15-49 in a sub-sample of one-half of the households were eligible to be individually interviewed. The questionnaire is conducted in three parts for household, women and men in the household supplemented by blood collection for HIV and hemoglobin testing.

The CDHS data were collected by 17 teams, each consisting of a team supervisor, a field editor, and four female interviewers. Each team was in charge of data collection in one province or a group of provinces. Coordination and supervision of the interviewing activities were done by four survey coordinators and four supervisory staff members from the National Institute of Statistics and the Ministry of Health. Data collection took place over a six-month period, from February to July in the year of survey.

The detailed documentations of the survey, such as questionnaire, filed operation annual and technical report on survey design and implementation are stored in NADA (National Data Archive), NIS website: <http://nada.nis.gov.kh/index.php/home>

3.c. Data collection calendar

The next round survey: Qrt3, 2021

3.d. Data release calendar

One year after the reference period of the survey

3.e. Data providers

National Institute of Statistics (NIS)

3.f. Data compilers

National Institute of Statistics (NIS)

3.g. Institutional mandate

By virtue of the article 12 of Statistics Law, NIS is responsible for:

- Collecting, processing, compiling, analyzing, publishing and disseminating basic data by conducting censuses and surveys, and utilizing administrative data sources;
- Compiling national accounts and price indexes, as well as economic, environment and socio-demographic indicators;
- Coordination with line ministries as data producers as mandated by the Statistics Law; and
- Functioning as the central repository of CSDG/SDG indicators.

4.a. Rationale

Mortality rates among young children are a key output indicator for child health and well-being, and, more broadly, for social and economic development. It is a closely watched public health indicator because it reflects the access of children and communities to basic health interventions such as vaccination, medical treatment of infectious diseases and adequate nutrition.

4.c. Method of computation

The number of neonatal deaths divided by total number of live births and multiplies result by 1,000

4.d. Validation

While expanded in content the 2010 survey is a successor to the 2005, 2000 and 2014 surveys and directly comparable.

5. Data availability and disaggregation

Data disaggregation is available for various socio-economic characteristics including residence (urban/rural), household wealth quintiles, education level of the mother, maternal age, geographic regions (provinces).

6. Comparability/deviation from international standards

The UN Inter-agency Group for Child Mortality Estimation (UN IGME) estimates are derived from nationally representative data from censuses, surveys or vital registration systems. The UN IGME does not use any covariates to derive its estimates. It only applies a curve fitting method to good-quality empirical data to derive trend estimates after data quality assessment. Whereas the country use a direct method is used based on a full birth history, a series of detailed questions on each child a woman has given birth to during her lifetime.

7. References and Documentation

Cambodia Demographic and Health Survey Report: https://dhsprogram.com/Countries/Country-Main.cfm?ctry_id=6