0.a. Goal

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

0.b. Target

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

0.c. Indicator

3.1.1 Maternal mortality ratio

0.e. Metadata update

November 2020

1.a. Organisation

National Institute of Statistics (NIS), Ministry of Planning

1.b. Contact person(s)

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2.a. Definition and concepts

The maternal mortality ratio (MMR) is defined as the number of maternal deaths during a given time period per 100,000 live births during the same time period. It depicts the risk of maternal death relative to the number of live births and essentially captures the risk of death in a single pregnancy or a single live birth.

Maternal deaths: The annual number of female deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, expressed per 100,000 live births, for a specified time period.

Maternal death: The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management (from direct or indirect obstetric death), but not from accidental or incidental causes.

Pregnancy-related death: The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death.

Late maternal death: The death of a woman from direct or indirect obstetric causes, more than 42 days, but less than one year after termination of pregnancy

2.b. Unit of measure

Per 100,000 live birth

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

3.f. Data compilers

National Institute of Statistics

3.g. Institutional mandate

By virtue of the article 12 of Statistics Law, NIS in 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 sociodemographic 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.b. Comment and limitations

Survey estimates come with levels of uncertainty due to both sampling error and non-sampling error (e.g. mesasurement technical error, recording error etc.,). None of the two sources of errors have been fully taken into account for deriving estimates neither at country nor at regional and global levels.

5. Data availability and disaggregation

Data are available by age groups, sex, wealth, mothers' education geographic location (urban/rural) and by sub national and stratified estimates (e.g. sex, age groups, wealth, mothers' education,

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residence).

7. References and Documentation

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