

0.a. Goal

[illegible]

0.b. Target

[illegible]

0.c. Indicator

[illegible]

0.d. Series

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0.e. Metadata update

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0.f. Related indicators

[] 0.0.0, 0.0.0, 0.0.0, 0, 0, 0, 0, 0.b. []

1.a. Organisation

[illegible]

1.b. Contact person(s)

□ □ □ □ □ □ □ □ □ □ [□ □]

1.c. Contact organisation unit

[illegible]

1.d. Contact person function

XXXXXXXXXXXXXXXXXXXX [00]

1.e. *Contact phone*

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1.f. Contact mail

[illegible]

1.g. Contact email

kimnettt@gmail.com []

2.a. Definition and concepts

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2.b. Unit of measure

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3.a. Data sources

(MEF) (MEYS) ()

3.b. Data collection method

The data sources are categorized into three groups: (1) National level data, (2) Regional level data, and (3) Local level data. The National level data includes the MEYS, the Ministry of Education and Science, and the Ministry of Health. The Regional level data includes the Regional Education and Science Centers (RESCs) and the Regional Health Centers (RHCs). The Local level data includes the District Education and Science Centers (DESCs) and the District Health Centers (DHCs).

3.c. Data collection calendar

The data collection calendar is as follows:

3.d. Data release calendar

The data release calendar is as follows:

3.e. Data providers

The data providers are as follows:

3.f. Data compilers

The data compilers are as follows:

3.g. Institutional mandate

The institutional mandate is as follows: The NIS is a national-level data source that provides information on the health and education of the population. The RESCs are regional-level data sources that provide information on the health and education of the population in the region. The DESCs are district-level data sources that provide information on the health and education of the population in the district. The DHCs are district-level data sources that provide information on the health and education of the population in the district.

4.a. Rationale

The rationale for the data collection is as follows: The data collection is necessary to monitor the health and education of the population and to identify areas for improvement. The data collection is also necessary to evaluate the impact of health and education interventions.

4.b. Comment and limitations

The comment and limitations are as follows: The data collection is subject to several limitations, including the quality of the data, the representativeness of the sample, and the timeliness of the data. The data collection is also subject to several comments, including the need for more data, the need for more frequent data collection, and the need for more detailed data.

4.c. Method of computation

[illegible]
$$= \frac{1}{n} \sum_{i=1}^n \frac{1}{\sqrt{2\pi}} \exp\left(-\frac{1}{2} \left(\frac{y_i - \mu}{\sigma}\right)^2\right)$$
$$= \frac{1}{n} \sum_{i=1}^n \left(\frac{\partial L(\theta)}{\partial \theta} \right)_{\theta=\theta_i}$$
[illegible]

4.d. Validation

[illegible]

4.i. Quality management

[illegible]

4.j. Quality assurance

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5. Data availability and disaggregation

[illegible]