

0.a. Goal

000000 00 0000000000000000, 0000000000000000000000000000000000
0000000000000000000000000000000000000000000000000000000 {000}

0.b. Target

(C) 0-0: 00000000 0000 0000000000000000000000000000000000000000
000000000000000000000000000000000000000000000000000000000000
0000000000000000 0 0000000000000000000000000000000000000000000
000000000000000000000000000000000000000000000000 {000}

0.c. Indicator

[illegible]

0.d. Series

0.0 00000 (00000000000000000000000000000000) [0.0.0] (SH_STA_STNTN) [00]

0.e. Metadata update

□□□□□□□□□□□□□□ □□□□ □□□

1.a. Organisation

□□□□□□□□□□□□□□□□ (NIS) □□□□□□□□□□ [□□]

1.b. Contact person(s)

□□□□□□□□ (□□□) [□□]

1.c. Contact organisation unit

[illegible]

1.d. Contact person function

□ □ □ □ □ □ □ □ □ □

1.e. Contact phone

$$[\square] + \square\square\square\square\square\square\square\square\square\square\square$$

1.f. Contact mail

0000 000000 0000 0000 0000000000000000 0 00000000000000000000000000000000
00000000000000 (00)

1.g. Contact email

phanchinda@yahoo.com [11]

2.a. Definition and concepts

[illegible]

2.b. Unit of measure

□□□□□ [□□]

3.a. Data sources

[illegible]

3.b. Data collection method

[illegible]

[illegible]

3.c. Data collection calendar

Quater3, 0000 [00]

3.d. Data release calendar

[illegible]

3.e. Data providers

[illegible]

3.f. Data compilers

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ [□ □]

3.g. Institutional mandate

[illegible]

4.a. Rationale

[illegible]

4.b. Comment and limitations

The data presented in this report are based on the results of the Demographic and Health Survey (DHS) conducted in 2018. The survey was designed to provide information on a wide range of demographic and health indicators. However, there are several limitations to the data that should be noted. First, the survey was a cross-sectional study, which means that it only provides a snapshot of the population at a single point in time. Second, the survey was conducted in a household-based format, which may not capture information on individuals who are not at home or who are in institutional settings. Third, the survey used self-reported data, which may be subject to recall bias or social desirability bias. Finally, the survey did not collect data on certain indicators, such as mental health and HIV status, which may limit the scope of the analysis.

4.c. Method of computation

The data were computed using the DHS software package, which includes a series of standard procedures for data management and analysis. The software was used to create a master data file, which was then used to generate the tables and figures presented in this report. The software also includes a series of quality control checks to ensure the accuracy and reliability of the data.

5. Data availability and disaggregation

The data presented in this report are available in a disaggregated format, allowing for analysis by age, sex, and other demographic characteristics. The data are also available in a disaggregated format by region, allowing for analysis of regional differences. The data are available in a disaggregated format by education level, allowing for analysis of the impact of education on health outcomes. The data are also available in a disaggregated format by wealth status, allowing for analysis of the impact of wealth on health outcomes. The data are available in a disaggregated format by marital status, allowing for analysis of the impact of marriage on health outcomes. The data are also available in a disaggregated format by employment status, allowing for analysis of the impact of employment on health outcomes.

6. Comparability/deviation from international standards

The data presented in this report are comparable to international standards for demographic and health surveys. The survey was conducted in accordance with the DHS protocol, which is a standard for demographic and health surveys. The survey used a series of standard procedures for data management and analysis, which are consistent with international standards. The survey also used a series of standard indicators, which are consistent with international standards. The survey was conducted in a household-based format, which is consistent with international standards. The survey used self-reported data, which is consistent with international standards. The survey did not collect data on certain indicators, such as mental health and HIV status, which may limit the scope of the analysis. The survey was conducted in a household-based format, which may not capture information on individuals who are not at home or who are in institutional settings. The survey used self-reported data, which may be subject to recall bias or social desirability bias. Finally, the survey did not collect data on certain indicators, such as mental health and HIV status, which may limit the scope of the analysis.

7. References and Documentation

[1] Demographic and Health Survey (DHS) Report, 2018. https://dhsprogram.com/Countries/Country-Main.cfm?ctry_id=6 [Accessed 10/10/2018]