

0.a. Goal

[illegible]

0.b. Target

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0000000000000000 0 000
000 {000}

0.c. Indicator

[illegible] \succ

0.d. Series

0.0.0 00000000000000000000000000000000 (00000) [00] [00] 0.0.0 000000000000
00000000000000000000000000000000 [0000] [0000] 0.0.0 00000000000000000000000000
000000 (000000) [0000]

0.e. Metadata update

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1.a. Organisation

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1.b. Contact person(s)

□□□□□□□□ (□□□) [□□]

1.c. Contact organisation unit

[illegible]

1.d. Contact person function

[illegible]

1.e. *Contact phone*

$$[0] + \square\square\square \square\square\square \square\square\square \square\square\square [00]$$

1.f. Contact mail

000 00000 000 000 0000000000000 0 0000000000000000000000
000000000000 (00)

1.g. Contact email

phanchinda@yahoo.com []

2.a. Definition and concepts

[illegible]

2.b. Unit of measure

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3.a. Data sources

[illegible]

3.b. Data collection method

[illegible]

[illegible]

3.c. Data collection calendar

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3.d. Data release calendar

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3.e. Data providers

□ [□ □]

3.f. Data compilers

□ [□ □]

3.q. Institutional mandate

[illegible]

[Table 4.1: Summary of key findings from the 2011 CDHS. The table is organized into two main sections: 'Key findings' and 'Key findings (continued)'. The 'Key findings' section includes a table with 4 columns: 'Key findings', 'Key findings', 'Key findings', and 'Key findings'. The 'Key findings (continued)' section includes a table with 4 columns: 'Key findings', 'Key findings', 'Key findings', and 'Key findings'.

4.a. Rationale

The rationale for the 2011 CDHS was to provide a comprehensive overview of the demographic and health status of the population. The survey was designed to collect data on a wide range of topics, including fertility, mortality, and health services. The data collected will be used to inform policy and program development, and to monitor progress towards the Sustainable Development Goals.

4.b. Comment and limitations

The CDHS 2011 survey was conducted using a multi-stage sampling design. The survey was designed to be representative of the population, but there are some limitations to the data. For example, the survey did not include data on certain topics, such as HIV status, and the data may be subject to non-response bias.

4.c. Method of computation

The data were computed using a series of steps. First, the data were cleaned and weighted. Then, the data were analyzed using a series of statistical tests. The results of the analysis are presented in the following tables.

5. Data availability and disaggregation

The data are available in a series of tables. The tables are organized into two main sections: 'Key findings' and 'Key findings (continued)'. The 'Key findings' section includes a table with 4 columns: 'Key findings', 'Key findings', 'Key findings', and 'Key findings'. The 'Key findings (continued)' section includes a table with 4 columns: 'Key findings', 'Key findings', 'Key findings', and 'Key findings'.

6. Comparability/deviation from international standards

The data are compared to international standards using a series of statistical tests. The results of the analysis are presented in the following tables. The tables show the difference between the survey results and the international standards, and the confidence intervals for the difference. The results show that the survey results are generally consistent with the international standards, but there are some deviations in certain areas.

Demographic and Health Surveys (DHS) are a series of population and household surveys that provide information on a wide range of demographic and health indicators. These surveys are conducted in a standardized manner across different countries and regions, allowing for comparisons and analysis of trends over time and across different populations. The data collected from these surveys is used to inform policy and program development, as well as to monitor progress towards development goals.

7. References and Documentation

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