

0.a. Goal

[illegible]

0.b. Target

() 0,0: 00000000 0000 00
00
0000000000000000 0 000
00 {000}

0.c. Indicator

[illegible]

0.d. Series

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

0.e. Metadata update

[illegible]

1.a. Organisation

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

1.b. Contact person(s)

□□□□□□□□ (□□□) [□□]

1.c. Contact organisation unit

[illegible]

1.d. Contact person function

[illegible]

1.e. Contact phone

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

1.f. Contact mail

0000 000000 0000 0000 0000000000000000 0 00000000000000000000000000000000
00000000000000 (00)

1.g. Contact email

phanchinda@yahoo.com []

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

□□□□□□□□□□□□□□□□ [00]

3.f. Data compilers

[illegible]

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 HIV status, that are not covered in this report.

4.c. Method of computation

The data presented in this report were computed using the DHS data processing software. The software uses a series of algorithms to calculate the various indicators presented in the report. The specific algorithms used for each indicator are described in the DHS data processing manual.

5. Data availability and disaggregation

The data presented in this report are available in the DHS data files. The data files are organized into a series of tables, each of which contains data on a specific indicator. The tables are organized by indicator, and the data within each table is organized by age, sex, and education level. The data is available in both English and the local language. The data is also available in disaggregated form, allowing for analysis by various demographic and socioeconomic characteristics.

6. Comparability/deviation from international standards

The data presented in this report are compared to international standards to assess the quality and reliability of the data. The international standards used for comparison are the DHS data processing manual and the DHS data quality assurance manual. The comparison shows that the data presented in this report are generally comparable to the international standards. However, there are some deviations from the standards that should be noted. First, the survey used a different set of questions than the international standards, which may affect the comparability of the data. Second, the survey used a different sampling method than the international standards, which may affect the representativeness of the data. Third, the survey used a different data processing method than the international standards, which may affect the accuracy of the data. Finally, the survey did not collect data on certain indicators, such as HIV status, that are covered in the international standards.

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]