



Manuals for Social Statistics



BANGLADESH BUREAU OF STATISTICS (BBS)
STATISTICS AND INFORMATICS DIVISION (SID)
MINISTRY OF PLANNING
www.bbs.gov.bd



Manuals for Social Statistics



BANGLADESH BUREAU OF STATISTICS (BBS)

STATISTICS AND INFORMATICS DIVISION (SID)

MINISTRY OF PLANNING

www.bbs.gov.bd

Volume X.1:

Manual for Social Statistics

**National Strategy for the Development of Statistics (NSDS) Implementation Support Project
Bangladesh Bureau of Statistics.**

Published by:

National Strategy for the Development of Statistics (NSDS) Implementation Support Project, BBS.

Cover design:

Core Team, Project Implementation Unit (PIU), NSDS Implementation Support Project, BBS.

Compose and Format:

Core Team, Project Implementation Unit (PIU), NSDS Implementation Support Project, BBS.

For further information about this report, please contact:

Project Director

National Strategy for the Development of Statistics (NSDS) Implementation Support Project
Bangladesh Bureau of Statistics

Parishankhyan Bhaban

E-27/A, Agargaon, Dhaka-1207

E-mail: dilderbbsbd@gmail.com

Printed by:

Bangladesh Bureau of Statistics (BBS) with the support of The World Bank.

ISBN: 978-984-475-206-1

*This book or any portion thereof cannot be copied, reproduced, or microfilmed for any commercial purposes.
Data therein can, however, be used and published with acknowledgement of the sources.*



Director General
Bangladesh Bureau of Statistics

PREFACE

Statistical manuals play a crucial role in both the development and ongoing operation of a National Statistical System (NSS). Serving as standardized frameworks for data collection, analysis, and reporting, these manuals ensure consistency and reliability across diverse agencies within the system. They function as comprehensive guides, providing methodologies, best practices, and ethical considerations for statisticians, researchers, and data collectors. By establishing uniform standards, statistical manuals contribute significantly to the quality assurance of statistical information, fostering the generation of accurate and credible data essential for informed decision-making, policy formulation, and effective governance. The adaptability of these manuals to emerging challenges, coupled with alignment with legal and regulatory frameworks, ensures the NSS's ability to evolve and remain relevant in a dynamic socio-economic landscape.

This role is particularly pronounced in Bangladesh, where ongoing efforts to strengthen the statistical infrastructure benefit from these manuals, serving as essential resources for capacity building. The use of such manuals not only promotes the quality assurance of statistical information but also supports evidence-based policymaking, economic planning, and social development within the country. Moreover, by aligning with international standards, these manuals facilitate Bangladesh's active participation in global data initiatives, enhancing the nation's ability to engage in meaningful international comparisons and collaborations. Overall, the adoption of statistical manuals is integral to the effectiveness and reliability of the Bangladesh Statistical System, reinforcing its mission to provide accurate and timely statistical information for informed decision-making and sustainable development.

February 2024

Mohammed Mizanur Rahman



Project Director
NSDS Implementation Support Project
Bangladesh Bureau of Statistics

ACKNOWLEDGEMENT

Publication of the **Manuals on Improved Methodologies**, in particularly covering **Social Statistics**, produced for the Bangladesh Bureau of Statistics (BBS) should be recognized as a significant accomplishment of the National Strategy for the Development of Statistics (NSDS) Implementation Support Project. These manuals serve as comprehensive guidelines outlining best practices and standardized approaches for collecting, analyzing, and reporting social statistics covering areas such as health, poverty, demographics, and other social indicators.

I greatly appreciate the industrious commitment of the NSDS Implementation Support Project team and Focal Point Officers from all Wings of BBS, and commend them for their diligent efforts. I am grateful to the members of the NSDS Twinning Project Deliverables Validation Group for their valuable inputs during the finalization stage.

I would like to express my profound regards and deep gratitude to Dr. Shahnaz Arefin, NDC, Secretary, Statistics and Informatics Division and Mr. Mohammed Mizanur Rahman, Director General, Bangladesh Bureau of Statistics for their encouragement and support in developing these improvements. Their experience of varying backgrounds, interest in and knowledge of the subject have helped to shape these policies and procedures.

Thanks are also due to: Mr. Parimal Chandra Bose, Deputy Director General; Mr. Swajan Hayder, Deputy Director, Mr. Mohammad Salim Sarker, Deputy Project Director; Dr. Md. Munsur Ahmed, Economist; Mr. Md. Shazadur Rahman, ICT Specialist; Mr. Mohammad Mahsin Kabir, Financial Management Specialist; Mr. Md. Amir Faysal, Procurement Specialist; Mr. Ahammad Ullah Kabir, Consultant; Mr. Sheikh Tanvir Ahmed, Statistical Officer; and Ms. Ismat Zerin, Statistical Officer of the NSDS-ISP, for their steadfast support in preparing these policies and procedures.

I extend my sincere thanks to Mr. Romesh Paul (Team Leader), Mr. Bahjat Achikbache (Key Expert), Mr. Sarwar Jahan (Key Expert), Mr. Sadman Sakib (Local Project Manager) and Ms. Dovile Minkeviciute (Project Manager) of the Twinning Partner for their outstanding efforts in developing and publishing these measures. I would also like to acknowledge the support of the World Bank and the assistance it has provided.

February 2024

Md. Dilder Hossain

TABLE OF CONTENT

Introduction.....	1
1. Manual on improved methodology for designing Household Surveys for Demographic, Health and Gender Statistics.....	3
1.1 Designing a Medium-term National plan (next 10 years) for Household Surveys focusing on producing Demographic, Health and Gender statistics	3
1.2 Adopting the Generic Statistical Business Process Model (GSBPM) for household surveys.....	3
1.3 Complying with the Statistical Quality Assurance Standardized Procedure	4
1.4 Upgrading Data collection methods used for Household Surveys on Demography, Health, and Gender.....	4
1.5 Developing Metadata templates for recently implemented and up-coming Household Surveys	5
1.6 Aligning demographic and health concepts with international standards for comparability	5
1.7 Updating Demographic, Health and Gender household survey's sampling plans	6
1.8 Reducing the data gap between national development indicators and SDG indicators	6
1.9 Producing disaggregated household survey data at District level	6
1.10 Generating anonymised Micro dataset for users	6
1.11 Strengthening capacity building of DHW staff.....	7
1.12 Strengthening analysis of Gender data (Hijra group).....	7
2. Specific areas for improving Social Household Surveys for Demographic, Health and Gender statistics, a summary.....	10
3. Annexes.....	13
Annex 1: Generic Statistical Business Process Model (GSBPM)	13
Annex 2: Timetable for a standard Household Survey for social statistics	14
Annex 3: Metadata standard template for Household Survey	15
Annex 4: Metadata standard template for Social Indicators	20
Annex 5: Metadata for HMSS 2014	24
Annex 6: Metadata for Child Well-Being Survey 2016.....	37
Annex 7: Revised Questionnaire for HMSS 2023	49
Annex 8: Manual for designing the Health and Morbidity Status Survey, 2023	143
Annex 9: Manual for designing and producing gender statistics. Focus on: Violence against Women Survey (VAW) 172	
Annex 10: Office order	311

Introduction

Bangladesh Bureau of Statistics (BBS) as the National Statistical Office (NSO) has been engaged in collecting, compiling, quality assuring, analyzing, and disseminating statistics on a wide range of economic, social, demographic, and environmental variables. It brings out various regular and ad hoc publications and reports for dissemination of generated data. There has been concerned effort to satisfy the data needs of Bangladesh by undertaking initiatives to generate timely, relevant, and quality statistics. There is Monthly Advance Release of statistics, which is an addition to its on-going efforts to satisfy the needs for relevant data by the Government and other stakeholders.

Component C addresses the production of statistics in the priority domains selected for the Bangladesh NSDS project. The core statistics required for policy are national accounts, price, labour, industry, social statistics (demographic and vital statistics, health, and gender), agriculture, crop, livestock, land use, population and housing census. Three main activities are to be carried out in each statistical domain:

- Conduct a baseline review of statistical activities and develop an improvement plan to suggest improvements in core statistics and their production in line with international standards.
- Provide technical assistance for pilots to improve core statistics by at least 40 percent from baseline. The improvements desired include the adoption of definitions, classifications, improvement of sampling design, modernize data collection methods, put in place quality assurance systems, etc.
- Document the process, developing manuals of the new or improved methodologies to produce core statistics.

This report provides the outputs of the third deliverable which is to document the statistical production process of social statistics through the recommendation of new survey methods and technologies including the adoption of standardized definitions and classifications in line with international standards, improvement of sampling design, and scaling-up data collection methods for improving data quality and dissemination. It also provides samples of metadata templates for social household surveys, and revised questionnaire for the up-coming Health and Morbidity Status Survey (HMSS) currently planned for the end of 2023.

Social household surveys encompass the supply of statistics for following sub-domains:

- **Demographic and vital statistics (activity C.1.1)**
- **Health statistics (activity C.1.3)**
- **Gender statistics (activity C.1.4)**

Within each domain covered in Component C, the key expert KE8 of the Bangladesh NSDS project have ensured that technical assistance activities are coordinated with components A (coordination), B (training, IT) and D (dissemination), to achieving the following objectives:

- Coordinate the production of statistics within the NSS, avoiding duplication of efforts, obtaining synergies in the use of administrative sources from other institutions.
- Provide advice on the organization and implementation of typical household surveys in the thematic areas.
- Improve the dissemination of subject-matter statistics to:
 - Facilitate access to relevant metadata for core statistics.
 - Support the documentation of statistical operations throughout the whole statistical process, including drafting manuals on data collection and processing methods, concepts, and definitions of variables, in line with internationally accepted formats for metadata.

- Review current dissemination calendar and support the design of a predefined release calendar for core statistics.
- Introduce mechanisms to expedite data processing through the improved use of ICT, using CAPI and digital data transfer between the field and Headquarters, taking advantage of recent advances in lower-cost, lighter weight mobile devices such as smartphones and tablets with longer-lived batteries, user-friendly interfaces, and easy programming coincide with the rapid expansion of mobile networks to produce an opportune time for adopting CAPI instruments for surveys. However, the ease of use and familiarity of mobile phones could make them more useful for data collection than other CAPI hardware.
- Design and deliver basic and intermediate training course on Fundamentals of health statistics.

The Demography and Health Wing (DHW) of the Bangladesh Bureau of Statistics (BBS) is planning to implement a new edition of two household surveys carried out in 2014 and 2015, respectively: the Health and Morbidity Status Survey (HMSS), and the Violence Against Women survey (VAW). Two self-standing manuals for up-grading methodology for these two surveys have been produced as Project deliverables and submitted to DHW management for review and comments.

1. Manual on improved methodology for designing Household Surveys for Demographic, Health and Gender Statistics

The major changes that could be introduced in order to improve quality of outputs and responsiveness to end users' needs are enumerated below.

1.1 Designing a Medium-term National plan (next 10 years) for Household Surveys focusing on producing Demographic, Health and Gender statistics

An integrated statistical medium-term program, spanning over the next 10 years (2025-2035), for delivering household surveys focused on generating demographic, health, and gender statistics should be designed in the NSDS framework and in close coordination with the user community. The cost of a medium-term program should be evaluated and sources of funding identified. The program should take into account current policymakers needs for better monitoring socioeconomic progress towards achieving national goals (National Priority Targets, NPT), and international recommendations for achieving the Sustainable Development Goals (SDG). A release calendar of survey results should therefore be available to the user community. Medium-term Household Survey program could include surveys such as: Sample Vital Registration Survey (SVRS), Health and Morbidity Status Survey (HMSS-2023), Bangladesh Demographic and Health Survey (GDHS), Multiple Indicator Child Survey (MICS), Violence Against Women Survey (VAW), Nutrition & Anthropometrics Survey, Tobacco Use Survey, Child Well-being Survey, Disability Survey, Time Use Survey (TUS). A release calendar of survey results should be associated to the Medium-term Household Survey program.

Consulting the users should be carried out through the organization of seminars and/or workshops for identifying potential needs that are not yet satisfied by current production. A good understanding of user needs is required so that BBS knows not only what it is expected to deliver, but also when, how, and, perhaps most importantly, why? And determining whether previously identified needs have changed. User-producer dialogue at the national and sub-national level is a useful means to map the depth of analysis, to identify the needful of data at various levels and forms, and to find out the issues to be taken care of. Notion of data use by the national level policy makers and at the micro level users are different.

1.2 Adopting the Generic Statistical Business Process Model (GSBPM)¹ for household surveys

Suggested by UN-ESCAP as an indicative guideline for designing and implementing any household survey in the social sector, the GSBPM describes and defines the set of business processes needed to produce official statistics. It provides a standard framework and harmonised terminology to help statistical organizations to modernise their statistical production processes, as well as to share methods and components. The GSBPM can also be used for integrating data and metadata standards, as a template for process documentation, for harmonizing statistical computing infrastructures, and to provide a framework for process quality assessment and improvement. GSBPM should therefore be seen more as a matrix, through which there are many possible paths. In this way the GSBPM aims to be sufficiently generic to be widely applicable, and to encourage a standard view of the statistical business process, without becoming either too restrictive or too

¹

<https://statswiki.unece.org/display/GSBPM>

and

https://www.unescap.org/sites/default/files/2.1_GSBPM_Overview_ESCAP.pdf

abstract and theoretical. The Model is broken-down in 8 phases: Specifying Need, Design, Build, Collect, Process, Analyse, Disseminate, and Evaluate.

Designing production systems and workflow from data collection to dissemination ensuring that all activities fit together efficiently with no gaps or redundancies. Although these activities are commonly undertaken by BBS for all household survey, the survey designers should assess again the current practice and draw lessons for potential improvements. The Strengths Weaknesses Opportunities Threats (SWOT) method could be used for evaluating the strengths and weaknesses of the current system and draw lessons for determining whether they are fit for purpose for this specific household survey, then, if any gaps are identified, new solutions should be designed for improving the structure of field data collection teams (field surveyors, controllers, supervisors), and data management teams (data entry operators, data exchange and transfer operators, data quality controllers).

A timetable for a standard household survey for social statistics is attached to this report in Annex 2.

1.3 Complying with the Statistical Quality Assurance Standardized Procedure

The Statistical Quality Assurance Standardized Procedure / Framework of UN Agency (e.g., UNSD, IMF, etc.) of final results in addition to internal data validation process should be implemented at all stages of data collection and data processing including the production of outputs, such as cross tabulation, indices and indicators.

1.4 Upgrading Data collection methods used for Household Surveys on Demography, Health, and Gender

Data collection methods: Exploring the feasibility of the Multi-Modal approach of data collection experimented during the 2022 census. Different modes of data collection may also be explored, including Computer Assisted Personal Interviewing (CAPI), mobile/web- application, and Computer Assisted Telephone Interviewing (CATI), etc. In the city area, self-administered questionnaire (drop and pick) may be introduced in case the enumerators fail to collect the information through face-to-face interview because of the absence of head of household and or other barriers due to security point of view. However, after exploring different alternatives, it will be necessary to consult stakeholders in order to finalize the system.

Updating data collection instruments: A data collection system may use one or more modes to produce and receive the data (e.g., personal or telephone interviews; paper, electronic or web questionnaires; Statistical Data and Metadata eXchange (SDMX)²). It includes preparing and testing the contents and functioning of that collection instrument (e.g., cognitive testing of the questions in a questionnaire). It is recommended to consider the direct connection of collection instruments to a metadata system, so that metadata can be more easily captured in the collection phase. Connecting metadata and data at the point of capture can save work in later phases.

Survey Questionnaire: In household sample surveys, the questionnaire is the pipeline which enables the flow of desired data. Although questionnaire design is part of the operational phase of a survey, it is critical in terms of survey objectives. It is difficult to compensate at later stages errors made due to an insufficient instrument. What must be stressed is the iterative nature of its design and development. The relationship between information demand and the response burden has to be taken into account when introducing new forms and assessing existing ones. The thirst for more and more facts and figures must be balanced against

² SDMX is an international initiative that aims at standardising and modernising (“industrialising”) the mechanisms and processes for the exchange of statistical data and metadata among international organisations and their member countries. <https://sdmx.org/>

the reporting unit's burden, quality aspects and costs. A revised questionnaire is recommended for the planned HMSS 2023 and provided in Annex 7.

Testing survey instruments through a Pilot phase: A pre-test is a critical means of testing survey processes. The pre-test is a way of checking the skip patterns in the questionnaire, the interviewer's and supervisor's manuals, and other survey procedures. The pre-test usually takes place about 5 months prior to the main survey. It includes a small-scale data collection in the field, to test the collection instruments, including the questionnaire, followed by processing and analysis of the collected data, to ensure the statistical business process performs as expected. It is also a mechanism for having the senior survey staff gain experience in training field staff prior to the main training course. Measuring adequacy of the questionnaire, length of a typical face-to-face interview with a standard household, measuring surveyors' workload, testing the organization of data collection teams in the field, testing effectiveness of training, checking the operability of data transfer from the field to headquarters, checking accuracy of data quality controls.

1.5 Developing Metadata templates for recently implemented and up-coming Household Surveys

It includes preparing and testing the contents and functioning of the collection instruments (e.g., cognitive testing of the questions in a questionnaire). It is recommended to consider the direct connection of collection instruments to a metadata system, so that metadata can be more easily captured in the collection phase. Connecting metadata and data at the point of capture can save work in later phases.

It is recommended to develop Metadata templates for social household Surveys undertaken by the DHW during the last decade as well as systematically for all up-coming social household survey. Two generic Metadata templates for household surveys and social indicators, as well as two metadata templates for existing surveys (HMSS 2014, and Child Well-being survey 2016) are provided in Annexes 3, 4, 5 and 6 of this report.

1.6 Aligning demographic and health concepts with international standards for comparability

Social household surveys designed and implemented by DHW have in most of their concepts comply with international standards. However, certain variables used in these national surveys have been defined in a specific way that meets the way they are perceived locally. Although, national perception of social issues is a perfectly legitimate concern, it prevents from the possibility to carry-out comparative analysis with neighbouring countries, as a first geographic cercle, to other countries from the rest of the world. Also, setting up a too specific definition of a socioeconomic characteristic of an individual or group of individuals, would prevent common understanding of the impact of social changes that may be influenced by an open society to the rest of the world.

It is therefore, recommended to consider adopting concepts and definitions that have been formulated and approved by international organizations, in which Bangladesh can express its opinion, and therefore be part of the consensus reached by the international community.

Harmonising national concepts such as disability, vaccination, anthropometrics, and causes of death, with international recommendations can therefore bring a substantial value-added to the scope of statistical investigations, and to the inclusion of national priorities with the rest of the world.

1.7 Updating Demographic, Health and Gender household survey's sampling plans

Designing sampling frame, sampling size and data granularity, geographic and administrative stratification, sample distribution, margins of errors. During this phase, the survey designers should identify and specify the population of interest, the sampling frame, and determine the most appropriate sampling criteria and methodology. The most appropriate source for the sampling frame is the IMPS based on the results of the 2022 PHC.

Adapting the sampling plan for up-coming household surveys, such as HMSS-2023, in order to oversample the size of the Hijra group of individuals.

1.8 Reducing the data gap between national development indicators and SDG indicators

Undertake a systematic review of currently produced and published development indicators and SDG indicators in view of identifying those indicators that are still missing in national publications. Indicators related to population, health and gender should be included in this review, as suggested in other documents already delivered to BBS by the author of this paper. The Minimum Set of Gender Indicators, promoted by the UN should therefore be considered.

Ensure that planned household surveys incorporate questions that are potentially conducive to producing missing development indicators.

1.9 Producing disaggregated household survey data at District level

Disaggregated data, or data broken down by age, sex, socioeconomic status, education and health status, income levels, and administrative and geographic finest levels, can help governments better target development programs.

National statistical offices collect disaggregated data as part of national censuses and specialized surveys; other government agencies too, collect administrative data. For example, data by sex and age is collected by health clinics on patients treated for different diseases or by schools on student enrolment rates. However, this type of data is not necessarily fed back to the relevant line ministries and integrated into the review and (re)design of programs and projects. Data should be provided at the District and Upzilla levels in order to inform and help set goals for government programs. The IMPS based sampling plan should reflect these needs.

1.10 Generating anonymised Micro dataset for users

The statistical information and datasets generated by DHW through all social household surveys carried-out during the last decade, should go through the anonymization procedure proposed by this project. Confidentiality of individual data can be ensured through the Anonymization procedure, thus allowing to the dissemination of Microdata sets to the user's community for research and analysis.

In order to facilitate the use of the household survey outputs, an integrated central database on social statistics from all possible sources to ensure easy access to all national sources of social statistics, associated with related concepts and definitions, comprehensive coverage at the lowest administrative and geographic and individual socioeconomic characteristics. A central database would contribute to reducing data gaps,

and avoiding duplication. The centrally located database would provide comprehensive coverage of monitoring indicators, and should be regularly updated.

Public Use data Files (PUF) should be prepared for each household survey, and disseminated to provide access to the full scope of survey data on BBS website. It allows researchers to manipulate the data in a format appropriate for their analyses. The files could contain: Anonymized records of individual respondents, their socioeconomic characteristics, health status, health conditions, health-related behaviours, health care access and health insurance coverage information; Gender, age, urban/rural, religion, marital status, economic activity, education status, and other descriptors.

Metadata templates including data dictionary and survey questionnaire should accompany each dataset for the selected household surveys. In order to minimize the risk of indirect identification and to increase data confidentiality, sub-state geographic identifiers (e.g., county, city, and area code) and confidential variables are excluded.

1.11 Strengthening capacity building of DHW staff

BBS needs to strengthen the knowledge, expertise and technical skills of its staff to improve individual and programme performance and service delivery. Such a task is a long-term effort that has to be pursued on a continuous basis, not only to bring new recruits to the standard of the institution, but also to bring the knowledge of its permanent staff to the latest innovations in terms of statistical methods and techniques.

Therefore, it is crucial for BBS to develop and implement a Medium-term training program that supports its Medium-term Household Survey program, recommended above, for ensuring successful outcome for its mission. The training program should focus particularly on up-scaling knowledge of its basic and medium level staff, in areas such as survey design, sampling methods, data collection, data processing, and data analysis. The substantive priority domains for DHW staff encompass population, health and gender.

1.12 Strengthening analysis of Gender data (Hijra group)

The BBS has taken the initiative to introduce in the latest data collection operations a third category of gender in addition to Male and Female. The third category, called Hijra, appeared in the 2022 Population and Housing Census (PHC-2022) questionnaire. This third category includes individuals who do not recognize themselves in the two traditional categories, and identify themselves as belonging to the Hijra group. The preliminary report of the PHC-2022³, published in August 2022, shows a breakdown the overall population in 3 categories of sex, where the adjusted number of individuals characterized as Hijra account for 12,629 representing 0.0074 % of the adjusted total population of Bangladesh (estimated at 169,828,909 persons). The distribution of the population by the 3 categories of sex is limited to Urban/Rural, Divisions, Localities, City Corporations, and Literacy rates. All other results, including sex ratio and socioeconomic characteristics, are presented using the 2 traditional sex categories, i.e. Male and Female. The Concept and Definitions Annex does not provide the basis on which individuals are categorized according to their gender.

The Bangladesh authorities have achieved a major breakthrough by considering the Hijra group worth identifying statistically with the purpose of addressing their concerns and developing policies and programs for alleviating their human and social conditions. It is therefore advisable for BBS in general, and for DHW high-level management in particular, to design an analytical approach that would provide the authorities with a sound understanding of Hijra' concerns. In order to support this effort, it would be recommended to learn from efforts deployed by international organizations and by other governments' institutions and non-

³ See BBS Web Page <http://www.bbs.gov.bd/site/page/b588b454-0f88-4679-bf20-90e06dc1d10b/>

governmental organizations aiming at addressing gender differentiation and inequalities affecting groups of women, men, and gender diverse people who may suffer from social and economic discrimination.

Gender-based Analysis Plus (GBA Plus) is a very useful best practice worth exploring in order to better understand the factors underlining gender differentiation and inequalities, and to provide policymakers with substantiated evidence for designing adequate development policies and programs.

GBA Plus is an analytical process that provides a rigorous method for the assessment of systemic inequalities, as well as a means to assess how diverse groups of women, men, and gender diverse people may experience policies, programs and initiatives. The “plus” in GBA Plus acknowledges that GBA Plus is not just about differences between biological (sexes) and socio-cultural (genders). We all have multiple characteristics that intersect and contribute to who we are. GBA Plus considers many other identity factors such as race, ethnicity, religion, age, and mental or physical disability, and how the interaction between these factors influences the way we might experience government policies and initiatives. Using GBA Plus involves taking a gender- and diversity-sensitive approach to our work. Considering all intersecting identity factors as part of GBA Plus, not only sex and gender, is a public commitment.

Definitions of gender-diverse person: Gender identity refers to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms.

The term "gender-diverse" is used to refer to persons whose gender identity, including their gender expression, is at odds with what is perceived as being the gender norm in a particular context at a particular point in time, including those who do not place themselves in the male/female binary; the more specific term "trans" is used to describe persons who identify with a different sex than the one assigned to them at birth.

- A spiral of exclusion and marginalization: Gender-diverse and trans people are usually subjected to levels of violence and discrimination that offend the human conscience;
- They are caught in a spiral of exclusion and marginalization: often bullied at school, rejected by their family, pushed out onto the streets, and denied access to employment;
- When they are persons of colour, belong to ethnic minorities or are migrants, living with HIV, or sex workers, they are particularly at risk of violence, including of killing, beatings, mutilation, rape and other forms of abuse and maltreatment;
- and in order to practice their right to recognition before the law, gender-diverse and trans persons are often victim to violence in health-care settings such as forced psychiatric evaluations, unwanted surgeries, sterilization or other coercive medical procedures, often justified by discriminatory medical classifications.

Trans persons are particularly vulnerable to human rights violations when their name and sex details in official documents do not match their gender identity or expression. Today, however, the vast majority of trans and gender-diverse persons in the world do not have access to gender recognition by the State. That scenario creates a legal vacuum and a climate that tacitly fosters stigma and prejudice against them.

At the root of the acts of violence and discrimination lies the intent to punish based on preconceived notions of what the victim's gender identity should be, with a binary understanding of what constitutes a male and a female, or the masculine and the feminine. These acts are invariably the manifestation of deeply entrenched stigma and prejudice, irrational hatred and a form of gender-based violence, driven by an intention to punish those seen as defying gender norms.

It is therefore strongly recommended that DHW undertakes the following priority innovations:

- Review medical classifications based on ICD-11, as the World Health Assembly adopted in 2019 the eleventh revision of the International Classification of Diseases (ICD-11), which removed trans-related categories from the chapter on mental and behavioural disorders. The revision “depathologizes” trans identities and is considered an important step forward to ensure trans persons can live free from violence and discrimination.
- Develop a data collection method for better capturing the individual and socioeconomic characteristics of individuals identified in the 3rd gender category, labelled Hijra.
- Adjust the Sampling frame, IMPS, in order to oversample the individuals labelled Hijra at the national and sub-national levels including District, Upazila, and Primary Sampling Units (PSU).
- Develop a data processing method for tabulating individual and socioeconomic characteristics of individuals labelled Hijra, in the statistical outputs of up-coming household surveys. Data on individual and socioeconomic characteristics should be disaggregated at the District level.

2. Specific areas for improving Social Household Surveys for Demographic, Health and Gender statistics, a summary

No.	Recommendation	Reasons for the recommendation	Responsibility
Social Household Surveys			
Related surveys: SVRS, HMSS, MICS, BDHS, Child Well-being status, Tobacco and Drug use, Road accidents, Disability Survey, Child Nutrition, VAW, TUS			
1	Design a medium-term (up to 10 years) household survey program	Better integrated management process and improvement of coverage.	Director General, BBS; Director, Demographic and Health Wing, BBS
2	Adopting the Generic Statistical Business Process Model (GSBPM)	Better integrated management process and improvement of coverage.	Director General, BBS; Director, Demographic and Health Wing, BBS
3	Complying with the Statistical Quality Assurance Standardized Procedure	Improve data collection, data processing, and production of outputs.	Director General, BBS; Director, Demographic and Health Wing, BBS
4	Upgrading data collection methods used for Household Surveys using CAPI, CAFE, CATI or web-based applications (CAWI) or any suitable combination based on field conditions.	More robust data collection method with less time and better quality of data	Director, Demographic and Health Wing, BBS
5	Developing Metadata templates for recently implemented during the last decade, and for up-coming household surveys	Ensure consistency of methods and concepts through household surveys, and better information to users.	Director, Demographic and Health Wing, BBS
6	Aligning demographic and health concepts with international standards	For better international comparability of results	Director, Demographic and Health Wing, BBS
7	Updating Household survey sampling design and plans	For better statistical representativity of population characteristics	Director General, BBS; Director, Demographic and Health Wing, BBS
8	Reducing the data gap between national development indicators and SDG indicators	For better meeting users' need for policymaking and analysis	Director, Demographic and Health Wing, BBS
9	Producing disaggregated household survey data at District and Upazila levels	For better meeting users' need for policymaking and analysis	Director, Demographic and Health Wing, BBS
10	Generating anonymised Micro dataset for users	For easier access to disaggregated social data	Director, Demographic and Health Wing, BBS
11	Strengthening capacity building of DHW staff	For up-grading staff technical knowledge	Director General, BBS; Director, Demographic and Health Wing, BBS
Demographic and Health surveys			
Related surveys: SVRS, HMSS, MICS, BDHS, Child Well-being status, Tobacco and Drug use, Road accidents, Disability Survey, Child Nutrition			

No.	Recommendation	Reasons for the recommendation	Responsibility
1	Adopting the Generic Statistical Business Process Model (GSBPM)	Better integrated management process and improvement of coverage.	Director General, BBS; Director, Demographic and Health Wing, BBS
2	Upgrading data collection methods used for Household Surveys using CAPI, CAFE, CATI or web-based applications (CAWI) or any suitable combination based on field conditions.	More robust data collection method with less time and better quality of data	Director, Demographic and Health Wing, BBS
3	Improving survey design for the planned HMSS-2023	Better data quality and coverage of health issues	Director, Demographic and Health Wing, BBS
4	Improving household and individual questionnaires for the planned HMSS-2023	Better data quality and coverage of health issues	Director, Demographic and Health Wing, BBS
5	Providing a substantiated definition of Hijra group, and disaggregation of results by	Better data quality and coverage of health issues	Director, Demographic and Health Wing, BBS
6	Updating household survey sampling design and plans for planned surveys	Better statistical representativeness of population characteristics, and particularly Hijra group	Director General, BBS; Director, Demographic and Health Wing, BBS

Gender focused Surveys

Related surveys: VAW, TUS

1	Adopting the Generic Statistical Business Process Model (GSBPM)	Better integrated management process and improvement of coverage.	Director General, BBS; Director, Demographic and Health Wing, BBS
2	Upgrading data collection methods used for Household Surveys using CAPI, CAFE, CATI or web-based applications (CAWI) or any suitable combination based on field conditions.	More robust data collection method with less time and better quality of data	Director, Demographic and Health Wing, BBS
3	Updating household survey sampling design and plans	For better statistical representativeness of population characteristics	Director General, BBS; Director, Demographic and Health Wing, BBS
4	Strengthening analysis of Gender data (Hijra group)	Better understanding of gender issues for policymaking	Director, Demographic and Health Wing, BBS
5	Producing disaggregated household survey data at District and Upazila levels	For better meeting users' need for policymaking and analysis	Director, Demographic and Health Wing, BBS
6	Reducing the data gap between national development indicators, SDG indicators, and the Minimum Set of Gender Indicators	For better meeting users' need for policymaking and analysis	Director, Demographic and Health Wing, BBS
7	Developing Metadata templates for recently implemented during the last decade, and for up-coming household surveys	Ensure consistency of methods and concepts through household surveys, and better information to users.	Director, Demographic and Health Wing, BBS

No.	Recommendation	Reasons for the recommendation	Responsibility
8	Aligning gender concepts with international standards	For better international comparability of results	Director, Demographic and Health Wing, BBS
9	Producing disaggregated household survey data at District and Upzilla levels	For better meeting users' need for policymaking and analysis	Director, Demographic and Health Wing, BBS
10	Generating anonymised Micro dataset for users	For easier access to disaggregated social data	Director, Demographic and Health Wing, BBS
11	Strengthening capacity building of DHW staff	For up-grading staff technical knowledge	Director General, BBS; Director, Demographic and Health Wing, BBS

3. Annexes

Annex 1: Generic Statistical Business Process Model (GSBPM)

Quality Management / Metadata Management							
Specify Needs	Design	Build	Collect	Process	Analyse	Disseminate	Evaluate
1.1 Identify needs	2.1 Design outputs	3.1 Build collection instrument	4.1 Create frame & select sample	5.1 Integrate data	6.1 Prepare draft outputs	7.1 Update output systems	8.1 Gather evaluation inputs
1.2 Consult & confirm needs	2.2 Design variable descriptions	3.2 Build or enhance process components	4.2 Set up collection	5.2 Classify & code	6.2 Validate outputs	7.2 Produce dissemination products	8.2 Conduct evaluation
1.3 Establish output objectives	2.3 Design collection	3.3 Build or enhance dissemination components	4.3 Run collection	5.3 Review & validate	6.3 Interpret & explain outputs	7.3 Manage release of dissemination products	8.3 Agree an action plan
1.4 Identify concepts	2.4 Design frame & sample	3.4 Configure workflows	4.4 Finalise collection	5.4 Edit & impute	6.4 Apply disclosure control	7.4 Promote dissemination products	
1.5 Check data availability	2.5 Design processing & analysis	3.5 Test production system		5.5 Derive new variables & units	6.5 Finalise outputs	7.5 Manage user support	
1.6 Prepare business case	2.6 Design production systems & workflow	3.6 Test statistical business process		5.6 Calculate weights			
		3.7 Finalise production system		5.7 Calculate aggregates			
				5.8 Finalise data files			

Annex 2: Timetable for a standard Household Survey for social statistics

Activity	Schedule	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
1 Survey design	Month 1																												
2 Sample design	Month 2																												
3 Questionnaire design	Month 3																												
4 Preparation of manuals	Month 4																												
5 Pretest	Month 5																												
6 Revision of questionnaires and manuals	Month 6																												
7 Household listing	Months 6-7																												
8 Training of field staff	Month 8																												
9 Data collection	Months 9-12																												
10 Data entry and editing	Months 9-13																												
11 Final data checking and cleaning	Month 14																												
12 Preparation of the preliminary report	Month 15																												
13 Production of tabulations for final report	Month 16																												
14 Report writing workshop	Month 18																												
15 Review and revision of final report	Months 19-20																												
16 Preparation of Key Findings report	Month 21																												
17 Printing of final report and other materials	Month 22																												
18 National seminar	Month 23																												
19 Further analysis	Months 24-28																												
20 Data dissemination activities	Months 27-28																												

Annex 3: Metadata standard template for Household Survey

Household Survey Metadata Template

Domain: 1 TBD

Sub-domain: 1.1 TBD

Survey name: 1.1.1 TBD

Metadata is "data that provides information about other data". It consists of background information for users to understand household survey context, but not the content of the data. It describes processes that collect, process, or produce statistical data. It can be used to analyse information both to improve response rates and to inform future project plans.

1. Institutional information

1.1. Organization (s)

Provide the name of the organization(s) which conducts the survey.

2. Objectives of the survey

2.1. Background information

Describe the historical and social context in which the survey takes place, including previous statistical operations related to the same domain.

2.2. Rationale

State the reasons supporting conducting the household survey, its role in monitoring current status and characteristics of households for supporting the global development agenda as well as on the national development. Reference to the National Strategy for Development of Statistics would be valuable.

2.3. Survey legal framework

State the legal framework in which data would be collected and used: statistical law, decree authorizing the survey preparation and implementation.

2.4. Objectives

State the main and specific objectives of the survey.

2.5. Data confidentiality

Provide information on measures taken for ensuring confidentiality of data collected and anonymization of microdata to be shared with data users.

2.6. Survey frequency

Provide information on the frequency that this survey is conducted, and on the plans to conduct the next survey.

3. Concepts and definitions

3.1. Definitions used in the survey

Provide detailed definition of headline variables covered by the survey that would help the user understanding underlining concepts and analysing survey results.

3.2. Concepts

Provide background concepts supporting the design and implementation of the survey, such as data requirements, timeliness and quality of the data, security and continuity of data supply, sampling frame, timeline reference, geospatial scope, residence, etc.

3.3. Questionnaires

The format governing how the questions are presented: one at a time, group by group, all at once; Open, semi-open, or close questions; translation into different languages spoken or used in the country, etc.

3.4. References

Describe the national and international classifications followed for defining subject-matter survey variables. Standards for enhancing usability of statistical outputs and geospatial data comparability should be provided.

3.5. Reference periods

State the reference period for each headline variable included in the survey.

3.6. Quality assurance

State the rate of response, the participation trend over time, and the language in which the survey is completed. Describe the mechanisms used for checking quality of information collected by field workers from respondents, accuracy and completeness of reporting, coding, editing and imputation, reducing missing information, and rate of non-response.

3.7. Comments and limitations

Describe accuracy – closeness of computations or estimates to the exact or true values that the statistics were intended to measure. This includes bias (systematic error) and variance (random error). It may be described in terms of major sources of error (e.g., sampling and non-sampling errors, geospatial coverage, sampling design, non-response) or measures of accuracy.

4. Methodology

4.1. Identification of users' needs

Describe how the need for new statistics is identified; what activities are undertaken to engage stakeholders for identifying their detailed statistical current and future needs; what business plan is prepared for meeting users' needs.

4.2. Design process

Describe the process for designing survey methodology: identifying data gaps in data requirements, statistical outputs, concepts, methodologies, collection instruments and operational processes. Specify all relevant metadata, as well as quality assurance procedures.

4.3. Data collection

State collection dates in the field. Describe collection strategy, updating household listing, determining PSU boundaries using GPS-based maps, selection process and recruitment of collection staff, field work organization, timeline, coverage, training of collection staff, supervision staff, quality assurance, timeframe for completing data collection, collection devices (hardcopy or digital questionnaires), data transfer system, security of data collected, and compilation.

4.4. Interview format

Specify the criteria for selecting primary and secondary respondent to the questionnaire. Describe the means to the conducting the interview: Live or telephone interviews (face-to-face, or panel through CAPI, CATI or CASI); Videoconference or taped interview; questionnaire on hardcopy or digital device; Electronic or web questionnaires.

4.5. Communication strategy

Describe type of information provided to respondents (e.g., drafting letters or brochures explaining the purpose of the survey, notifying respondents when online reporting instruments will be made available, etc.). Describe strategy for engaging local authorities and stakeholders throughout survey implementation.

4.6. Sampling framework

Describe method used for sampling design, sampling criteria, sampling of individuals, households, or institutions. Specify sample size, primary and secondary sampling units, sampling stages, Use of up-to-date master sample. Describe sampling errors.

4.7. Scope and coverage

Describe the subject-matter, geospatial and administrative coverage of the survey sample.

4.8. Non-survey sources

Describe process for extracting necessary information from the source, while ensuring that the necessary confidentiality procedures are in place, to receive or extract the data.

4.9. Treatment of missing values

Describe the methodology followed for determining missing values and reasons for non-response. Describe techniques for correcting missingness, and handling imputation and/or interpolation.

4.10. Data management

Describe methodology for data capture, data coding, data editing and imputation, data classification, data processing, and data validation. Information about files, metadata and test file to assess if data are fit for use (completeness, coverage). Describe the processing of input data and their preparation for analysis. Describe sub-processes that integrate, classify, check, clean, and transform input data, so that they can be analysed and disseminated as statistical outputs.

4.11. Data exchange

Describe technology and channels for transmission of the data from the field to the center of data management, securing data integrity and comprehensiveness.

4.12. Validation of outputs

Describe methodology for validating outputs, checking population coverage, quality indicators, time, and geospatial consistency, checking data relevance, checking internal inconsistencies, and validating against expectations.

4.13. Final data files

Describe methodology for producing anonymizing micro-data sets, producing macro-data files, preliminary and final estimates.

4.14. Data analysis

Describe methodology for calculating sampling weights, estimating primary variables, deriving new variables, benchmarking indicators, calculating aggregated data.

4.15. Output dissemination

Describe methodology for applying disclosure controls, generating statistical results (tables, indicators), reports, visualizing and adjusting the acquisition process to ensure the data are fit for use. When the collection meets its targets, it is closed and a report on the collection is produced.

4.16. Limitations

Identify shortcomings in survey methodology and implementation process, for drawing lessons learned for avoiding repetition in the future and improving expected outcomes.

Data Characteristics and components of the raw statistical data used for compiling statistical aggregates, i.e. type of primary source (e.g. survey, census, administrative records) and any relevant characteristics (e.g. sample size for survey data).

4.17. Data Disaggregation

Describe the degree to which the data can be disaggregated (granularity) while preserving statistical significance and individual confidentiality.

4.18. Data Comparability

Provide an explanation on differences between data that can be attributed to differences between the true values of statistical characteristics. Comparability issues can be broken into:

4.18.1. Geographical comparability

Degree of comparability between statistics measuring the same phenomenon for different geographical areas.

4.18.2. Comparability over time

Degree of comparability between two or more data points on the same phenomenon in a time series.

5. Other Data Sources

5.1. Related other surveys

Provide information on other sources where data related to survey results can be accessed, such as other household surveys conducted in the country, or administrative sources.

5.2. Links to other sources

Provide recent links to other national and international sources where related data could be found.

6. Survey main results

6.1. Time series, Tables and indicators:

Provide brief description of surveys results and outputs.

7. Data Availability

7.1. Data release calendar

Provide detailed calendar for disseminating survey results, including preliminary and final results, and statistical tables, preliminary and final analysis reports, access to public use files for all users.,

7.2. Dissemination strategy

Provide information on dissemination of survey findings, on access policy to survey results, including access conditions to microdata, aggregates, and survey outputs.

8. Data providers

8.1. Authority responsible for the survey

Provide indications on the institution responsible for disseminating survey findings, and statistical outputs.

8.2. Contact

Individual or organizational contact points for the data, including information on how to reach the contact points (e.g., website, URL, mail address, phone, e-mail).

8.3. Information on this Metadata document

Author, last update

Annex 4: Metadata standard template for Social Indicators

Indicator's Metadata template

Domain: Social Statistics

Sub-domain: To be determined

Indicator: To be determined

1. Related indicators

Provide a list of indicators closely related to this indicator, and which are currently produced by the country.

2. Institutional information

2.1 Organization(s)

Indicate the national organization responsible for producing the indicator.

3. Definition, Concept and Classification

3.1 Definition

Provide a clear and brief definition of the indicator as used at the national level. Knowing the precise definition used by the data provider is essential to understanding the data being presented.

3.2 Concept

Explain how this indicator contributes to supporting the design of social policies and programs aiming at improving standards of living of the population. Describe how this indicator may contribute to monitoring implementation of the national development agenda.

3.3 Unit of measure

State the entity for which the indicator is compiled (e.g., persons, households, events, enterprises), and the measurement unit used (e.g., headcount, ratio, percentage).

3.4 Reference area and period

State the geographic or administrative area and the period of time to which the measured statistical phenomenon relates.

3.5 Classification

Indicate the national and international classification used for this indicator.

4. Data Source and data collection method

4.1 Data source

Describe the sources through which this indicator is obtained. Data used for computing this indicator may be supplied by multiple sources at the national or international levels. National sources could be population censuses, household surveys and/or administrative records.

4.2 Data provider

Indicate the national organization responsible for collecting and disseminating data required for computing this indicator.

4.3 Data collection method

Describe the method used for collecting primary data necessary to compute this indicator: direct observation through population census, household survey and/or compilation of administrative records.

4.4 Data release calendar

Provide indications on the frequency (interval) for measuring and reporting updated indicator, and the next date for issuing a new value. The release date of the updated indicator value indicates the expected time when the results at specific levels of detail will be published whether online or in hard copy.

5. Methodology

5.1 Computation Method

5.1.1 Data processing

Describe the operations carried out to process the data collected for computing this specific indicator. Data processing may involve various processes, including data classification, validation, aggregation, and analysis.

5.1.2 Statistical calculation method

Provide details about the computation method used for obtaining values for this indicator. Give the composition of the numerator and the denominator of this indicator, particularly when the data used for computing the indicator are compiled from different sources, such as household surveys, or vital registration and administrative records. Age groups, geographic and administrative coverage, and other statistical groupings should be highlighted if relevant to the computation process.

5.1.3 Data validation

Explain which methodological approach is used for checking the validity of the data collected from the primary sources. Provide the parameters used for ensuring the consistency of data - in terms of definition, age grouping, gender, scope, period, and coverage - compiled for the numerator and the denominator. Describe whether data generated from household surveys and from administrative records which may carry inconsistencies are reconciled.

5.1.4 Data editing

Explain the method used for editing data required for computing this indicator, in order to ensuring imputation of missing data, or correcting erroneous values, or adjusting sampling coefficients for statistical representativity of sampled sub-groups.

5.1.5 Methodology changes over time

Specify whether a change was introduced in the methodology used for computing the indicators, and the date at which this modification was introduced. Specify whether this change in methodology induces a break in the series over time.

5.1.6 Revision policy

Specify whether the indicator's value is preliminary or final, and if preliminary when the revised estimates are to be published. Furthermore, data could be revised historically when a new census is conducted, allowing data to be interpolated backwards.

5.1.7 Data availability

Specify the time period for which data for this indicator is available and provide the related values for these dates.

5.2 Disaggregation

Specify to which level of disaggregation this indicator is currently available, and whether it could be produced on a finer level of granularity with acceptable statistical confidence.

5.3 Comparability

An explanation should be provided on where differences between statistics can be attributed to differences between the true values of statistical characteristics. Provide information on method used to ensuring statistical comparison of this indicator with similar indicators produced by other data providers at the national level, as well as at the regional or international levels. Divergences in concepts and definitions used for similar indicator by other entities or countries should be brought to the attention of the users. Comparability issues can be broken-down into:

5.3.1 Geographical comparability

Degree of comparability between statistics measuring the same phenomenon for different geographical areas.

5.3.2 Comparability over time

Degree of comparability between two or more data points on the same phenomenon in a time series.

5.4 Measurement frequency

Provide information on how frequently this indicator will be produced in the near future, on its timeliness, and calendar release indicating the estimated time lag between availability of primary data and publication of the indicator.

5.5 Comments and limitations

Provide information on the limitations and assumptions associated with the data used to compile the indicator. Limitations could stem from ambiguous definition or time reference, sampling design, incomplete coverage, non-response, or other methodological issues, such as accuracy or closeness of computations or estimates to the exact or true values that the statistics were intended to measure. This includes bias (systematic error) and variance (random error).

6. Glossary

Provide definitions of statistical parameters used for computing this indicator, including those terms and concepts underlining statistical variables used by all data producers.

7. Access to data

Specify the process that users should go through for access the data supporting the production of this indicator.

7.1 Data format

What is the format of the data published, whether in hardcopy (Statistical Yearbook, Statistical periodical or ad-hoc report, etc.), or digital (electronic device, online, etc.) or both.

7.2 URL

Indicate the URL where the data can be accessed.

7.3 References

Further information and reading on data collection methods, related analytical reports or general information that may be of value to readers.

7.4 Contact information

Individual or organizational contact points for the data, including information on how to reach the contact points (e.g., website, mail address, phone, e-mail).

7.5 Information about this metadata document

Author and last update

Annex 5: Metadata for HMSS 2014

Health and Morbidity Status Survey Metadata

Domain: 1 Health

Sub-domain: 1.1 Morbidity

Survey name: 1.1.1 Health and Morbidity Status Survey 2014

Metadata is “*data that provides information about other data*”. It consists of background information for users to understand household survey context, but not the content of the data. It describes processes that collect, process, or produce statistical data. It can be used to analyse information both to improve response rates and to inform future project plans.

1. Institutional information

1.1. Organization

Provide the name of the organization(s) which conducts the survey.

Bangladesh Bureau of Statistics (BBS), Demography and Health Wing (DHW), Parishankhyan Bhaban, E-27/A, Agargaon, Dhaka-1207, Bangladesh

2. Objectives of the survey

2.1. Background information

Describe the historical and social context in which the survey takes place, including previous statistical operations related to the same domain.

Health is a resource for every living being including humans; it is a condition that emphasizes social and personal resources as well as possession of physical capabilities. Today health is considered a fundamental human right, recognized in the Universal Declaration of Human Rights (1948). It is also an essential ingredient of development, vital to a nation's economic growth dynamism and internal stability.

In this context, Bangladesh Bureau of Statistics (BBS) has conducted Health and Morbidity Status Survey (HMSS) 2014 which covered a range of health-related information required by the stakeholders. Specially morbidity-related data are critically important for the policy makers to take better preventive measures for ensuring health for all.

Bangladesh Bureau of Statistics (BBS) has conducted the Health and Demographic Survey under a development project entitled "Health and Demographic Survey Project" (HDSP) from 1994 to 1998. Through the survey investigators collected detailed information on fertility, mortality, morbidity, disability, treatment and treatment expenditure, contraceptive prevalence, health behaviour, perception and practices of maternal and child health care. From the findings of the surveys, BBS published 25 reports and 15 monographs, and also developed a database on health and demographic information. But owing to financial constraints, the project activities were discontinued after 1998. After two years, in 2000, a Health and Demographic Survey (HDS) was conducted to fulfil the demand of Ministry of Health and Family Welfare (MOH&FW). The objective of the “HDS-2000” were to provide relevant information to implement the Essential Service Package (ESP) of the MOH & FW effectively. With the introduction and development of Health, Nutrition and Population Sector Program (HNPSP), it was also decided that the future HDS would incorporate some more indicators related to HNPSP. After 2000, no such survey was conducted. Almost after one decade gap, the Health and Morbidity Status Survey was conducted in 2012. BBS has decided to conduct

the Health and Morbidity Status Survey-2014 to observe the current situation and update a database for decision-makers.

2.2. Rationale

State the reasons supporting conducting the household survey, its role in monitoring current status and characteristics of households for supporting the global development agenda as well as on the national development. Reference to the National Strategy for Development of Statistics would be valuable.

The Government of Bangladesh has given the highest priority to achieve the goals of Millennium Development Goal (MDG) and to pursue a series of programs and policies to reduce infant and under 5 mortality, maternal mortality, and to ensure safe delivery and so on. The government's policy document entitled "Unlocking the Potential" National Strategy for Accelerated Poverty Reduction has also given priority for improvement of the national health status through increased investment in health sector based on MDG parameters.

Bangladesh has been implementing Sector-wide Approach (SWAp) in the Health, Population and Nutrition (HPN) sector since 1998. The first SWAp the HPSP was implemented during 1998-2003 while the second program (HNPSP) was implemented during 2003 to 2011. The third SWAp started in July 2011. The framework of HPNSDP (2011-2016) is set against the broader perspective of the GOB's commitments (Constitution, MDGs, Vision 2021, the proposed National Health Policy and the National Population Policy, National Food and Nutrition Policy) and other programs and the Sixth Five Year Plan (6th FYP) of GOB.

In order to provide the health services to the people properly, detailed information on health and demographic situation of the country needs to be collected on a regular basis particularly data on morbidity, impairment, maternal health, use of tobacco and injury/accidents are urgently needed to make appropriate pragmatic policies for achieving the targets of HPNSDP and MDG.

Bangladesh Bureau of Statistics, the National Statistical Organization (NSO) of the government is the mandatory organization for collecting, compiling and disseminating statistics on health and demographic aspects of the population. In order to update the findings of the previous surveys detailed information on morbidity, treatment, treatment expenditure, maternal health, vaccination & Vitamin-A coverage, use of tobacco and intoxicating substance, knowledge regarding HIV/AIDS at the disaggregated level. Present survey, Health and Morbidity Status Survey-2014 has been financed from non-development Budget (Proposal of Program from Non-development Budget) of the Government.

The survey is continuous process and must be conducted periodically to develop and update a database that could provide indicators to monitor and evaluate the progress of the latest development of HPNSDP and MDG. The survey will also facilitate to undertake appropriate policy measures by the government to reduce morbidity and to improve maternal health with the objective of Health for All by the year 2016.

The survey results provide the current scenario of health status which will evaluate the exact development activities of the government interventions undertaken under the HPNSDP.

Data has collected regarding information on morbidity, treatment and treatment expenditures, health behaviour, maternal and child health care, use of tobacco/intoxicating substance, impairment and accident/injury. It has also collected information about the conception on HIV/AIDS and TT. The findings of this report and their implications are important for monitoring and evaluating of the Health, Population and Nutrition Sector Development Program (HPNSDP). The survey data remains helpful to monitor the progress of various initiatives implemented by the Government of Bangladesh for achieving the targets of health sector.

Bangladesh Bureau of Statistics (BBS) has conducted Health and Morbidity Status Survey (HMSS) 2014 to assess the current status of morbidity, treatment, maternal health and other health-related subject in Bangladesh. The Government of Bangladesh is committed to ensuring the health care facilities for all and has endorsed the priority for improving the health situation of the country. I hope, the survey findings would essentially be useful for monitoring, and assessing and developing Health, Population and Nutrition Sector Development Program (HPNSDP) and for achieving some targets of the Millennium Development Goals (MDGs) of Bangladesh within the stipulated time.

The report will be useful for policy makers, planners, researchers and development partners of all relevant sectors for tracking progress and for formulating appropriate policies for the development of better health care services of Bangladesh.

2.3. Survey legal framework

State the legal framework in which data would be collected and used: statistical law, decree authorizing the survey preparation and implementation.

The survey on Health and Morbidity Status was conducted by Bangladesh Bureau of Statistics (BBS) in 2014 under the Proposal of Program from non-development Budget (PPNB).

Bangladesh Bureau of Statistics (BBS) has conducted the Health and Demographic Survey under a development project entitled "Health and Demographic Survey Project" (HDSP) from 1994 to 1998.

2.4. Objectives

State the main and specific objectives of the survey.

Bangladesh Bureau of Statistics (BBS) has been conducting the 'Health and Morbidity Status Survey (HMSS)' to provide information on morbidity, accident and injury, tobacco and narcotics consumption pattern etc. The survey was aimed to monitoring the progress of the various initiatives taken by the Government of Bangladesh to reach the health related MDGs by producing data on health and demographic indicators. Thus, the report provides selected health indicators on morbidity, treatment & cost thereof, maternal health, vaccination and vitamin- A coverage, impairments, accidents & injuries, consumption of tobacco and other intoxicating substance etc. The indicators will be useful for monitoring and evaluating the progress of Health, Population & Nutrition Sector Development Program (HPNSDP) and interventions in the health sector.

BBS has been conducting this survey under "Health and Demographic Survey (HDS)" since 1994. With the recommendation of the Technical Committee, the survey (HDS) has been renamed as Health and Morbidity Status Survey (HMSS) 2014. I firmly believe that considering the importance of the survey, it should be conducted on a regular interval. The HMSS 2014 has been conducted with the government revenue budget and collected detailed information on health and morbidity.

The main objective of the survey is to use health and demographic indicators to monitor the progress of the various initiatives taken by the Government of Bangladesh to achieve the health-related issues in MDG.

The specific objectives of the survey are:

- To show current morbidity and health status specially for infants, adolescents, youths, reproductive ages, and elderly persons.
- To watch health behaviour of morbidity, impairments, and treatment expenditure.
- To measure the coverage of maternal health care facilities, vaccination, and Vitamin A.
- To develop a database on health situation in the country regarding the burden of diseases.
- To know about tobacco & intoxicating substance use and about injury/accident.

2.5. Data confidentiality

Provide information on measures taken for ensuring confidentiality of data collected and anonymization of microdata to be shared with data users.

Not yet available

2.6. Survey frequency

Provide information on the frequency that this survey is conducted, and on the plans to conduct the next survey.

According to BBS workplan, the survey is a continuous process and must be conducted periodically to develop and update a database that could provide indicators to monitor and evaluate the progress of the latest development of HPNSDP and SDG. However, household surveys are conducted on an ad-hoc basis pending on funding availability.

BBS is currently preparing another round of this survey. Data collection is planned to be conducted in 2023.

3. Concepts and definitions

3.1. Definitions used in the survey

Provide detailed definition of headline variables covered by the survey that would help the user understanding underlining concepts and analysing survey results.

Health statistics are numbers that summarize information related to health. Researchers and experts from government, private, and non-profit agencies and organizations collect health statistics. They use the statistics to learn about public health and health care.

The National Health and Morbidity Status Survey uses the following concepts and definitions:

Household: A household is defined as a single person or group of persons related or unrelated normally living together and taking food from the same kitchen.

Household Head: The member of the household who is responsible for managing the family and is recognized by the members of the household to be their head.

Sex Ratio: The ratio of males to females in a given population usually expressed as the number of males per 100 females.

Primary Sampling Unit (PSU): The initial area defined and selected for enumeration is called the first stage sample or primary sampling unit.

Prevalence: Prevalence is defined as the number of affected persons present in the population at a specific time divided by the number of persons in the population at that time.

Period Prevalence: Period prevalence is defined as how many people have had the disease at any time during a certain period. In this report prevalence refers to period prevalence.

Period Prevalence of morbidity per 1000: Number of cases of a disease at any time during a certain period in the population / Number of persons in the population at that specified time x 1000.

Proportion: A part considered in relation to the whole.

Co-morbidity: Existence of two or more diseases or conditions in the same individual at the same time.

3.2. Concepts

Provide background concepts supporting the design and implementation of the survey, such as data requirements, timeliness and quality of the data, security and continuity of data supply, sampling frame, timeline reference, geospatial scope, residence, etc.

Health statistics cover a wide range of health-related topics. These include life expectancy, health status, health and safety, health determinants (including lifestyle, nutrition, smoking, alcohol abuse), health resources and expenditure (private and public), health care systems, morbidity and mortality (including infant and child mortality), hospital admission, causes of illness and death, specific diseases (e.g. AIDS), disabilities, pharmaceutical consumption and sales, health personnel, remuneration of health professions, environmental health status, health inequality, health accounts.

In addition, the Health and Morbidity Status Survey (HMSS) 2014 of Bangladesh covers information on morbidity, treatment and treatment expenditures, health behaviour, maternal and child health care, use of tobacco/intoxicating substance, impairment and accident/injury. It has also collected information about the conception on HIV/AIDS and TT.

3.3. Questionnaires

The format governing how the questions are presented: one at a time, group by group, all at once; Open, semi-open, or close questions; translation into different languages spoken or used in the country, etc.

The survey questionnaire consists of four sections and each section comprises sub-sections.

Section 1 covers demographic characteristics of the household members like tobacco and narcotics consumption, accident and injury, death due to accident and knowledge of HIV/AIDS were included with five sub-sections.

Section 2 consists of socio-economic characteristics of households with ten questions.

Section 3 comprises two sub-sections with information regarding impairment of the household members during 30 days prior to the survey.

Section 4 covers information related to morbidity and illness, type of treatment with treatment expenditure, vaccination of children who received vitamin A capsule, maternal health care and expenditure of other medical products.

3.4. References

Describe the national and international classifications followed for defining subject-matter survey variables. Standards for enhancing usability of statistical outputs and geospatial data comparability should be provided.

The International Classification of Diseases (ICD-10) is the standard to categorize diseases is currently used by BBS for the health sector.

<https://www.who.int/standards/classifications/classification-of-diseases>

The World Health Organization (WHO) has developed a Handbook on monitoring and evaluation of human resources for health and several other tools for monitoring and developing human resources for health (HRH). WHO uses 9 occupational categories for the health workforce.

The International classification for health accounts (ICHA) is a nomenclature managed by the OECD. Its purpose is to define, within the context of the system of national accounts:

- Healthcare financing agents: who is paying?
- Healthcare by function: for which services and goods?

- Healthcare service provider industries: who provides the services?

<https://unstats.un.org/unsd/classifications/Family/Detail/1035>

The SCL-International Classification of Health Accounts (ICHA) is the Eurostat standard code list for categorizing health accounts according to the source of funding, the categories of providers, and the functions of health care services and goods.

[https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:International classification for health accounts \(ICHA\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:International_classification_for_health_accounts_(ICHA))

3.5. Reference periods

State the reference period for each headline variable included in the survey.

The reference period for morbidity, injury/accident, physically or mentally impairment was the last 90 days. As the reference period covers only summer season, morbidity data are dominated with summer season related morbidity.

The HMSS-2014 survey data was collected from 19 June to 23 June 2014 using the reference period of previous 90 days from the day of interview.

3.6. Quality assurance

State the rate of response, the participation trend over time, and the language in which the survey is completed. Describe the mechanisms used for checking quality of information collected by field workers from respondents, accuracy and completeness of reporting, coding, editing and imputation, reducing missing information, and rate of non-response.

Not yet available

3.7. Comments and limitations

Describe accuracy – closeness of computations or estimates to the exact or true values that the statistics were intended to measure. This includes bias (systematic error) and variance (random error). It may be described in terms of major sources of error (e.g., sampling and non-sampling errors, geospatial coverage, sampling design, non-response) or measures of accuracy.

Not yet available

4. Methodology

4.1. Identification of users' needs

Describe how the need for new statistics is identified; what activities are undertaken to engage stakeholders for identifying their detailed statistical current and future needs; what business plan is prepared for meeting users' needs.

Not yet available

4.2. Design process

Describe the process for designing survey methodology: identifying data gaps in data requirements, statistical outputs, concepts, methodologies, collection instruments and operational processes. Specify all relevant metadata, as well as quality assurance procedures.

Not yet available

4.3. Data collection

State collection dates in the field. Describe collection strategy, updating household listing, determining PSU boundaries using GPS-based maps, selection process and recruitment of collection staff, field work organization, timeline, coverage, training of collection staff, supervision staff, quality assurance, timeframe for completing data collection, collection devices (hardcopy or digital questionnaires), data transfer system, security of data collected, and compilation.

The HMSS-2014 survey was conducted throughout the country from 19 June 2014 to 23 June 2014 using Integrated Multi-Purpose Sample (IMPS) design of BBS.

The data was collected by employing direct interview method. Only the selected 25 households of each PSU were interviewed by the enumerators. The enumerators collected information from the head of the household, eligible, responsible members, selected male or female persons of the respective sections.

The local registers of the Sample Vital Registration System (SVRS) of BBS were engaged as enumerators for the survey. BBS officials were appointed trainers of the enumerators as well as district coordinator/supervisors of a district.

The training of the trainers was held during 13 June 2014 to 15 June 2014 at the divisional Statistical office from a group of master trainers who consisted of the high officials of BBS. After receiving training, the trainers provided training to the enumerators for each enumeration area at district headquarters during 16-06-2014 to 18-06-2014. During training at each level, it was strictly followed practices of interview directly at the household through field visit.

The reference period for morbidity, injury/accident, physically or mentally impairment was the last 90 days. As the reference period covers only summer season, morbidity data are dominated with summer season related morbidity. The previous survey was conducted in the winter season so that the current survey data prove helpful for differentiating the seasonal variation of related morbidity.

4.4. Interview format

Specify the criteria for selecting primary and secondary respondent to the questionnaire. Describe the means to the conducting the interview: Live or telephone interviews (face-to-face, or panel through CAPI, CATI or CASI); Videoconference or taped interview; questionnaire on hardcopy or digital device; Electronic or web questionnaires.

The data was collected by employing direct interview method, using questionnaire on hard copy.

4.5. Communication strategy

Describe type of information provided to respondents (e.g., drafting letters or brochures explaining the purpose of the survey, notifying respondents when online reporting instruments will be made available, etc.). Describe strategy for engaging local authorities and stakeholders throughout survey implementation.

Not yet available

4.6. Sampling framework

Describe method used for sampling design, sampling criteria, sampling of individuals, households, or institutions. Specify sample size, primary and secondary sampling units, sampling stages, Use of up-to-date master sample. Describe sampling errors.

Bangladesh Bureau of Statistics (BBS) has developed an Integrated Multi-Purpose Sample (IMPS) design based on the Population and Housing Census 2011 to conduct various demographic and socio-economic surveys. The Health and Morbidity Status Survey-2014 (HMSS-14) has been conducted throughout the

country using IMPS design of BBS. IMPS design comprised 1500 Primary Sampling Unit (PSU) of which 801 are in the rural areas and 699 in the urban areas, each PSU comprises about 100 households.

The sample size needed to provide data representative at the national and divisional level for the HMSS-2014 is calculated using the following formula:

$$n = z^2 [P(1-P)/d^2] * D_{eff}$$

Where:

n = sample size

z = two-sided normal variate at 95% confidence level (1.96)

p = indicator percentage

d = precision

D_{eff} = design effect

For enumeration, 25 households (HHs) were selected from each PSU by using systematic random sampling method. Thus, a total number of 37,500 HHs was covered in the survey where 20,025 were from the rural areas and 17,475 from the urban areas. Using the data of the Population Census-2011, projected households for the survey period (June 2014) is estimated. With this estimated number of households, sample households and sampling weights are calculated for rural, urban and divisions. Accordingly rural, urban and division level estimates are produced.

4.7. Scope and coverage

Describe the subject-matter, geospatial and administrative coverage of the survey sample.

For enumeration in Health and Morbidity Status Survey-2014 (HMSS-14), 25 households (HHs) were selected from each PSU by using systematic random sampling method. Thus, a total number of 37,500 HHs was covered in the survey where 20025 were from the rural areas and 17475 from the urban areas. Using the data of the Population Census-2011, projected households for the survey period (June 2014) is estimated. With this estimated households, sample households and sampling weights are calculated for rural, urban and divisions. Accordingly rural, urban and division level estimates are produced.

The HMSS-2014 data is generated by collecting information from a sample of households selected according with a sampling design comprising 1500 Primary Sampling Units (PSUs) of which 801 are in the rural and 699 are in the urban areas. Each PSU comprised about 107 households. Twenty-five households were selected from each of the PSU following systematic random sampling technique. The HMSS-2014 covered a total number of 37,500 HHs where 20,025 were from the rural and 17,475 from the urban areas. The size of population captured is 163057 nationally including rural (88188) and urban (74869).

Bangladesh Bureau of Statistics (BBS) has developed an Integrated Multi-Purpose Sample (IMPS) design based on Population and Housing Census 2011 to conduct various demographic and socio-economic surveys. The Health and Morbidity Status Survey-2014 (HMSS-14) has been conducted throughout the country using IMPS design of BBS. IMPS design comprised 1500 Primary Sampling Unit (PSU) of which 801 are in the rural areas and 699 in the urban areas, each PSU comprises about 100 households.

4.8. Non-survey sources

Describe process for extracting necessary information from the source, while ensuring that the necessary confidentiality procedures are in place, to receive or extract the data.

Not yet available

4.9. Treatment of missing values

Describe the methodology followed for determining missing values and reasons for non-response. Describe techniques for correcting missingness, and handling imputation and/or interpolation.

Not yet available

4.10. Data management

Describe methodology for data capture, data coding, data editing and imputation, data classification, data processing, and data validation. Information about files, metadata and test file to assess if data are fit for use (completeness, coverage). Describe the processing of input data and their preparation for analysis. Describe sub-processes that integrate, classify, check, clean, and transform input data, so that they can be analysed and disseminated as statistical outputs.

All the filled-in questionnaires were received and then edited and coded. Data processing work was completed by Computer Wing using Customized Software (CSpro), SPSS, STATA.

A comprehensive data entry program with necessary validity check was developed and tested for data entry by the computer wing of BBS. A team of well-trained and experienced data entry operators was engaged to capture data into computer. The entered data were edited manually from the filled in questionnaire and also by a computer edit program and made error free and consistent for cross-classification. Tabulations were produced and inter-table consistency was verified.

4.11. Data exchange

Describe technology and channels for transmission of the data from the field to the center of data management, securing data integrity and comprehensiveness.

The hardcopy questionnaires are filled out by surveyors during field visits to the households. Filled-out questionnaires are checked and validated by field supervisors. Hardcopy questionnaires are therefore forwarded to the central office at BBS headquarters. Information from filled-out questionnaires is entered by operators on computers, then tabulated after validity checks.

4.12. Validation of outputs

Describe methodology for validating outputs, checking population coverage, quality indicators, time, and geospatial consistency, checking data relevance, checking internal inconsistencies, and validating against expectations.

Strong measures of rigorous supervision and control were taken during the field work to ensure quality of enumeration. To supervise the work of every district one supervisor was engaged. The required numbers of supervisors were selected from the officers of Bangladesh Bureau of Statistics both from headquarters and fields. Moreover, senior officers like Directors, Program Director from the HQ of BBS visited and supervised the data collection, and the Divisional Coordinators were also responsible for ensuring quality of data in their respective divisions.

4.13. Final data files

Describe methodology for producing anonymizing micro-data sets, producing macro-data files, preliminary and final estimates.

Not yet available

A draft tabulation plan was prepared and developed through several meetings with a Technical Working Group, chaired by Deputy Director General of BBS. The members of this group were all Directors and senior

level resource persons of BBS. After conducting the survey and getting the data, tables were generated accordingly.

4.14.Data analysis

Describe methodology for calculating sampling weights, estimating primary variables, deriving new variables, benchmarking indicators, calculating aggregated data.

After receiving the final tables, data was properly analyzed, and a draft survey report was presented before the Technical Committee (TC).

4.15.Output dissemination

Describe methodology for applying disclosure controls, generating statistical results (tables, indicators), reports, visualizing and adjusting the acquisition process to ensure the data are fit for use. When the collection meets its targets, it is closed and a report on the collection is produced.

Not yet available

The survey final report can be downloaded from BBS website in Word format. Raw statistical data or cross-tabulated data are currently not accessible.

4.16.Limitations

Identify shortcomings in survey methodology and implementation process, for drawing lessons learned for avoiding repetition in the future and improving expected outcomes.

The data was collected during 19 June to 23 June 2014 using the reference period of previous 90 days from the day of interview. As the reference period covers only summer season, morbidity data are dominated by illnesses related to hot weather. Since the disease pattern varies from season to season over the year. Conducting the survey was done through the whole year like Household Income and Expenditure Survey to overcome the effect of seasonal variation. Interviewers had no medical knowledge to identify the symptoms of morbidity properly, but there was an effort to overcome it by incorporating some supplementary questions in the questionnaire.

Estimation of mortality due to accident is not found accurately as it is a rare event and the sample size is not enough to be representative. Options in some questions (for example, nature of accidents, types of transport by which accidents occurred) are not sufficient to cover most of the probable answers and as a result, big figures came in the category of „others“.

To collect data on smoking and intoxicating substance abusing as the sensitive issues, some special arrangements needed to be adopted and in front of other family members the data might be underestimated. As the prevalence of intoxicating abusers is very low, the sample size should be larger. There are big limitations in the survey that infant (<1 year) morbidity found a small number for which it does not reflect the actual situation.

4.17.Data Characteristics

Data characteristics and components of the raw statistical data used for compiling statistical aggregates, i.e. type of primary source (e.g. survey, census, administrative records) and any relevant characteristics (e.g. sample size for survey data).

Raw statistical data are generated from the household survey. Data are available through the survey final report which can be downloaded from BBS website in Word format.

4.18. Data Disaggregation

Describe the degree to which the data can be disaggregated (granularity) while preserving statistical significance and individual confidentiality.

The final results are disaggregated according to the following breakdowns:

- Geographic residence: Urban, rural, total
- Administrative: Division, total
- Demographic: 5-year age group, sex, total

The variables observed are:

- Marital status
- Level of education
- Economic occupation
- Household characteristics
- Housing characteristics
- Distance to health facilities
- Tobacco and narcotics consumption
- Accident and injury
- Death due to accident
- Knowledge regarding HIV/AIDS
- Physical and mental impairment of adults
- Physical and mental impairment of children
- Morbidity
- Medical check-up and treatment expenditure
- Treatment status of the sick persons
- Immunization
- Maternal health care
- Expenditure on other medical goods/Aids

4.19. Data Comparability

Provide an explanation on differences between data that can be attributed to differences between the true values of statistical characteristics. Comparability issues can be broken into:

4.19.1. Geographical comparability

Degree of comparability between statistics measuring the same phenomenon for different geographical areas.

Results can be compared at the country level by administrative Division level

4.19.2. Comparability over time

Degree of comparability between two or more data points on the same phenomenon in a time series.

The last HMSS conducted in 2012 has some differences with the current one held in 2014. The sample size was 30000 households: 30 households from each of 1000 PSUs from IMPS of that time. The data collection period was from 26 February to March 2012. Accordingly, the reference period (previous 90 days for morbidity of chronic illness and 14 days for acute illness) covered the winter season.

The previous survey was conducted in 2012 during the winter season so that the current survey data prove helpful for differentiating the seasonal variation of related morbidity.

5. Other Data Sources

5.1. Related other surveys

Provide information on other sources where data related to survey results can be accessed, such as other household surveys conducted in the country, or administrative sources.

- Surveys on Prevalence of Morbidity and Health Status, 1994, 1996
- Survey on Prevalence of Morbidity, Treatment Status, Treatment, Expenditures, Fertility, Immunization and Smoking, 1997
- Health Situation and Health Care Expenditures, 1999
- Health and Demographic Survey, 2000
- Sample Vital Registration System, 2010, 2011, 2012,
- Global Adult Tobacco Survey, 2009

5.2. Links to other sources

Provide recent links to other national and international sources where related data could be found.

Not yet available

6. Survey main results

6.1. Time series

Tables and indicators: Provide brief description of surveys results and outputs.

A full set of statistical cross-tables and figures is provided on all variables covered by the survey.

7. Data Availability

7.1. Data release calendar

Provide detailed calendar for disseminating survey results, including preliminary and final results, and statistical tables, preliminary and final analysis reports, access to public use files for all users.

According to BBS workplan, the survey is a continuous process and must be conducted periodically to develop and update a database that could provide indicators to monitor and evaluate the progress of the latest development of HPNSDP and SDG. However, household surveys are conducted on an ad-hoc basis pending on funding availability.

7.2. Dissemination strategy

Provide information on dissemination of survey findings, on access policy to survey results, including access conditions to microdata, aggregates, and survey outputs.

Included in Survey report published in September 2015. The survey report is available in hardcopy at BBS, and it can be downloaded in softcopy at the below BBS website link:

https://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/4c7eb0f0_e780_4686_b546_b4fa_0a8889a5/Health%20and%20Morbidity%20Status%20Survey%20-%202014.pdf

8. Data providers

8.1. Authority responsible for the survey

Provide indications on the institution responsible for disseminating survey findings, and statistical outputs.

The Demography and Health Wing (DHW) at Bangladesh Bureau of Statistics (BBS)

8.2. Contact

Individual or organizational contact points for the data, including information on how to reach the contact points (e.g., website, URL, mail address, phone, e-mail).

Contact point: Mr. Md. Mashud Alam, Director of Demography and Health Wing,

Bangladesh Bureau of Statistics

Statistics and Informatics Division

Ministry of Planning

Address: Bangladesh Bureau of Statistics, Parishankhyan Bhaban, E-27/A, Agargaon, Dhaka-1207, Bangladesh

Contact e-mail : mashud2003@yahoo.com

Phone: +88-02-55007058

Fax: +88-02-55007069

Web: www.bbs.gov.bd

Annex 6: Metadata for Child Well-Being Survey 2016

Child Well-Being Survey's Metadata

Domain: 1 Health

Sub-domain: 1.1 Maternal and child health

Survey name: 1.1.1 Child Wellbeing Survey 2016

Metadata is “data that provides information about other data”. It consists of background information for users to understand household survey context, but not the content of the data. It describes processes that collect, process, or produce statistical data. It can be used to analyze information both to improve response rates and to inform future project plans.

1. Institutional information

1.1. Organization (s)

Provide the name of the organization(s) which conducts the survey.

Bangladesh Bureau of Statistics (BBS), Demography and Health Wing (DHW), Parishankhyan Bhaban, E-27/A, Agargaon, Dhaka-1207, Bangladesh.

2. Objectives of the survey

2.1. Background information

Describe the historical and social context in which the survey takes place, including previous statistical operations related to the same domain.

Bangladesh has been experiencing rapid urbanization since 1980s, partly due to lack of work opportunities in rural areas and availability of livelihood opportunities in urban areas. It has close link with development of garment industry and rapid expansion of the service sector in urban areas. Last population estimates predict that from being a largely rural country now (66.5 per cent of the population lives in rural areas in 2015), Bangladesh will be an urban country by 2039 when majority of the people will live in urban areas.

As consequence of rapid urbanization, urban cities are experiencing extreme pressure on housing, growth of slums and pressure on urban services. In recent years, a number of large-scale surveys have taken place in Bangladesh, providing partial data on the situation of children living in urban areas. The Bangladesh Urban Health Surveys published by NIPORT in 2013 and 2006 indicate that large inequalities exist in the socio-economic conditions and health care-seeking behavior in urban areas of Bangladesh. The Multiple Indicators Cluster Survey (MICS) 2012-2013 conducted by BBS provided estimates for a good number of indicators for urban areas. However, none of these studies provided data on disparities/inequalities that exist within urban areas, e.g., on the conditions of children in urban CC slums vs CC non-slum areas. With the increasing influx of population migrating from rural to urban areas, it is important for the planners, researchers and program managers to understand the prevailing situation of children (and women) in urban areas stratified by CC slum and CC non-slum areas.

2.2. Rationale

State the reasons supporting conducting the household survey, its role in monitoring current status and characteristics of households for supporting the global development agenda as well as on the national development. Reference to the National Strategy for Development of Statistics would be valuable.

Policymakers, planners, researchers, development partners and NGOs from all sectors will use the findings to inform the formulation of appropriate strategies for their programs. The findings of the survey will also

contribute to provide baseline information for reporting and monitoring the Sustainable Development Goals (SDGs) of Bangladesh

CWS-U 2016 covers the entire urban area of the country and provides estimates at the national, divisional levels with disaggregation for slum and non-slum areas within the City Corporations of the country.

The report presents the situation of children in Bangladesh in urban settings based on 72 indicators and its findings will provide useful information for setting the baseline for many important indicators for the Sustainable Development Goals (SDGs) and help its monitoring.

The results of Bangladesh CWS-U 2016 will be useful to policymakers, researchers, planners and program implementation managers in understanding and formulating strategies to improve the lives of the children and women in urban areas of Bangladesh.

2.3. Survey legal framework

State the legal framework in which data would be collected and used: statistical law, decree authorizing the survey preparation and implementation.

Not available yet.

2.4. Objectives

State the main and specific objectives of the survey.

The main objective of the CWS 2016 was to measure the level of child well-being in urban areas of Bangladesh in terms of nutrition, health, education, protection and access to water and sanitation.

In addition, the survey aimed to gauge the knowledge, attitude, and practices of mothers/caregivers in some key areas that affect healthy growth of children in urban areas.

The specific objectives were to:

1. Measure a set of indicators related to child nutrition, health, education, protection, child discipline, and access to water and sanitation.
2. Identify urban areas that are most vulnerable for child's living and identifying the vulnerability.
3. Assess condition of children and women by wealth/socio-economic status of households and other equity stratifies.
4. Assess level of disparities that exist in urban CC slum areas of big cities across the country.

2.5. Data confidentiality

Provide information on measures taken for ensuring confidentiality of data collected and anonymization of microdata to be shared with data users.

The household head and all persons who were asked questions during the interview were assured by the field surveyor that "All the information obtained will remain strictly confidential and the respondent answers will never be shared with anyone other than the project team."

Survey microdata have been anonymized according to UNICEF standards. Survey results are accessible to any user who wishes to download the microdata set from UNICEF website.

2.6. Survey frequency

Provide information on the frequency that this survey is conducted, and on the plans to conduct the next survey.

The survey is conducted on an irregular basis. The next survey is scheduled to be carried out in 2023.

3. Concepts and definitions

3.1. Definitions used in the survey:

Provide detailed definition of headline variables covered by the survey that would help the user understanding underlining concepts and analyzing survey results.

The definitions of the headline variables used in this survey are consistent with international standards set by UNICEF for similar surveys.

3.2. Concepts

Provide background concepts supporting the design and implementation of the survey, such as data requirements, timeliness and quality of the data, security and continuity of data supply, sampling frame, timeline reference, geospatial scope, residence, etc.

Sample size

The sample size was estimated based on vaccination coverage among children aged 12-23 months. Considering the predicted value of the indicator of immunization of 12-23 months' children with marginal error of 12 per cent the sample size was estimated at 996 rounded to 1000 households using the standard statistical formula and with a confidence level of 95%. The sample size was adjusted by design effect and the possible non-responses.

To ensure equal precision at the domain level estimates, equal sample size was taken for all domains except for city-slums of Khulna, Rajshahi and Rangpur because of very small populations in these domains. Separate domains of city slums for Sylhet and Barisal were not considered as the slum population for these divisions was very small. It may be noted that domain level estimates may not be available for some smaller target groups, e.g., exclusive breastfeeding of 0-5-month children, for which divisional level and overall estimates will be available.

Sample design

The sample for the CWS 2016 is nationally representative and covers entire urban population residing in non-institutional dwelling units in urban areas. The survey is based on a two-stage stratified cluster sample of households, stratified by 19 strata or domains. The strata/domains are:

- I. City Corporation non-slum, City Corporation slum, and other Municipalities/Urban areas in Dhaka, Chittagong, Khulna, Rajshahi and Rangpur divisions; and
- II. City Corporations and Other Municipalities/Urban areas in the remaining two divisions - Barisal and Sylhet – since the population content of the slum areas in these division was relatively small. A stratum/ domain is considered as an independent stratum/domain.

In the first stage of sampling, from each stratum/domain, mauza/mahallas (slum in the City Corporation (CC) slum stratum/domain) were selected randomly as Primary Sampling Units (PSUs) using probability proportional to size (PPS), size being the number of households in the PSU. In total, 920 PSUs were selected, taking 50 PSUs from each stratum/domain except three stratum/domains of City Corporation slums of Rajshahi, Khulna and Rangpur, from each of which 40 PSUs were selected.

Using the 2011 Census list of Mauzas/Mahalla as sampling frame, BBS selected 700 CC non-slum urban PSUs, while Urban Slum Census 2014 data were used to select 220 CC slum PSUs from five City Corporation slum domains. Necessary adjustments were made in the population estimates in the two sampling frames prior to selection of PSUs.

In the second stage, for PSUs with large number of households, segments of equal size of around 100 households were created for each PSU through a physical mapping exercise in each selected PSU, and then one of the segments was selected randomly. Segmentation was not done for smaller PSU's. A randomly selected segment of a PSU is referred to as a cluster.

A household listing operation was conducted in each cluster using a structured enumeration form. In total, 18,400 households from 920 clusters were planned to be included in the sample taking 20 households from each cluster following systematic random sampling procedure. This sample size was expected to provide estimates with at most 12 per cent margin of error at 95% level of confidence. For ensuring adequate level of response to the survey, 10 per cent additional households were surveyed through this survey.

The Child Well-being Survey in Urban Areas of Bangladesh could not be conducted in 4 preselected clusters due to eviction of slums and other reasons. Ultimately, a total of 20,134 households from 916 clusters were attempted to interview.

3.3. Questionnaires

The format governing how the questions are presented: one at a time, group by group, all at once; Open, semi-open, or close questions; translation into different languages spoken or used in the country, etc.

The CWS-U 2016 used three questionnaires:

- Households Questionnaire
- Women Questionnaire (for women 15-49 years), and
- Under-five Questionnaire

The Household Questionnaire was administered to a knowledgeable person, in most cases a woman, of a sample household and was used to list all the usual members in the selected households. Some basic information was collected on the characteristics of each person listed, including age, sex, education, etc. The questionnaire included the following modules:

- Household information
- Household characteristics
- Participation in garment industry
- Education
- Water and sanitation
- Handwashing
- Child labor
- Child discipline

The Women Questionnaire was administered to all ever-married women aged 15-49 years living in the households. It was used to collect information on the following topics:

- Individual Background Characteristics
- Maternal and Newborn Health (Antenatal, Delivery and Newborn Care)
- Breastfeeding and IYCF
- Postnatal Health Checks
- Immunization
- Contraception

- Unmet Need

The Questionnaire for Children Under-Five was administered to mothers or primary caregivers of children under 5 years of age living in the households. The questionnaire included the following variables and modules:

- Birth Registration
- Care for illness
- Anthropometry

The questionnaires were developed in English based on the questionnaires used in the MICS 2012-2013 and other relevant surveys. The questionnaires were then translated into Bangla, pre-tested in parallel urban households and then administered to sample households and individuals.

Data processing

Data processing commenced on February 24, 2016 and was completed on June 15, 2016. The data processing operations consisted to office editing, coding, data entry and editing inconsistencies found by computer programs. Data were processed on 11 microcomputers, carried out by 11 data entry operators and a data entry supervisor.

Data entry and editing were done using CSPro software. To minimize error, a double data entry procedure was followed.

3.4. References

Describe the national and international classifications followed for defining subject-matter survey variables. Standards for enhancing usability of statistical outputs and geospatial data comparability should be provided.

The survey methodology, sampling design, data collection, data processing and data validation are designed in line with international standards defined by UNICEF. The survey output was processed and analyzed following UNICEF methodology for Child Wellbeing Surveys. Survey results are comparable with similar surveys conducted in other countries. However, as this survey was conducted in Bangladesh for the first time in 2016, its results should be cross-analyzed with other national surveys with caution.

3.5. Reference periods

State the reference period for each headline variable included in the survey.

The reference periods for the headline variables are the following:

Headline variable	Reference period
Education	Previous school year
Child labor	Last 7 days
Child discipline	Past month
Woman birth history	Lifetime
Maternal and New-born health	2 years preceding the survey
Post-natal health checks	2 years preceding the survey
Care for child illness	Last 2 weeks

3.6. Quality assurance

State the rate of response, the participation trend over time, and the language in which the survey is completed. Describe the mechanisms used for checking quality of information collected by field workers from respondents, accuracy and completeness of reporting, coding, editing and imputation, reducing missing information, and rate of non-response.

The household response rates were equivalent to 98 per cent, and similar across divisions and areas of residence. The response rates of women and children under 5 showed similar pattern, but somewhat low at 94 per cent and 96 per cent, respectively. However, this was in line with other survey results in urban areas.

Sampling errors: The following sampling error measures are presented in the survey report for each of the selected indicators: Standard errors, Coefficients of variation, Design effects, and Confidence limits.

3.7. Comments and limitations

Describe accuracy – closeness of computations or estimates to the exact or true values that the statistics were intended to measure. This includes bias (systematic error) and variance (random error). It may be described in terms of major sources of error (e.g., sampling and non-sampling errors, geospatial coverage, sampling design, non-response) or measures of accuracy.

The CWS 2016 encountered a number of challenges that might have increased sampling and non-sampling errors:

- For drawing sample from CC slum and CC non-slum populations, the first challenge was to make adjustments in the population estimates as the available source populations were from two different time points. The 2011 Bangladesh National Census provided Mauza/Mahalla list with households without demarcating CC slum households, while CC Slum Census was conducted in 2014. However, BBS successfully made necessary adjustments in the two populations to prepare the sampling frame of PSUs, for selecting PSUs (Mauza/Mahalla for CC non-slum and slum/segment of a slum for slum areas) and final sample.
- The survey could not be conducted in four pre-selected clusters because of non-existence of these clusters at the time of the survey due to eviction.
- Though many large-scale surveys like the Bangladesh Demographic and Health Survey (BDHS), Multiple Indicator Cluster Survey (MICS), etc. provide estimates of indicators related to child Well-being for the urban areas, the results obtained in this survey are not strictly comparable for trend analysis owing to differences in the method of drawing samples and use of sampling frames. However, comparisons are provided in the text of the report, wherever possible.

4. Methodology

4.1. Identification of users' needs

Describe how the need for new statistics is identified; what activities are undertaken to engage stakeholders for identifying their detailed statistical current and future needs; what business plan is prepared for meeting users' needs

Not yet available

4.2. Design process

Describe the process for designing survey methodology: identifying data gaps in data requirements, statistical outputs, concepts, methodologies, collection instruments and operational processes. Specify all relevant metadata, as well as quality assurance procedures.

Not yet available

4.3. Data collection

State collection dates in the field. Describe collection strategy, updating household listing, determining PSU boundaries using GPS-based maps, selection process and recruitment of collection staff, field work organization, timeline, coverage, training of collection staff, supervision staff, quality assurance, timeframe for completing data collection, collection devices (hardcopy or digital questionnaires), data transfer system, security of data collected, and compilation.

Data collection:

A household listing operation was carried out in all selected clusters from December 30, 2015, to March 13, 2016 in three phases, each about three weeks in duration. Initially, 25 two-member teams were deployed to carry out the listing of households.

The number of teams was reduced to 18 in the final phase Fieldwork for the CWS 2016 was carried out by interviewing teams, each consisting of one male supervisor, four female interviewers and one anthropometric expert. Data collection was implemented in three phases, starting on February 4, 2016, and ending on April 30, 2016.

The number of teams declined with each subsequent phase, starting with 15 teams in the first phase and ending with 12 teams by the end of data collection.

Training:

Fifty-four enumerators were trained to carry out the listing of households and to delineate the clusters. The training lasted a total of three days including one day of field practice from December 27 to 29, 2015.

Training for the fieldworkers of the main survey was conducted from January 20 to February 3, 2016. The instruments were pre-tested on January 25, 2016.

A total of 94 fieldworkers were recruited based on their educational level, prior experience with surveys and willingness to spend up to four months on the project. Training included lectures, how to complete the questionnaires, mock interviews between participants and field practice. The BBS and UNICEF personnel monitored the training activities.

4.4. Interview format

Specify the criteria for selecting primary and secondary respondent to the questionnaire. Describe the means to the conducting the interview: Live or telephone interviews (face-to-face, or panel through CAPI, CATI or CASI); Videoconference or taped interview; questionnaire on hardcopy or digital device; Electronic or web questionnaires.

The interviews were carried out by field surveyors visiting the sampled households and using printed questionnaires. The estimated time for completing the interview was set at 30 minutes.

Measuring boards and scales were used to measure the height and weight of children aged under 5 years.

4.5. Communication strategy

Describe type of information provided to respondents (e.g., drafting letters or brochures explaining the purpose of the survey, notifying respondents when online reporting instruments will be made available, etc). Describe strategy for engaging local authorities and stakeholders throughout survey implementation.

Not yet available

4.6. Sampling framework

Describe method used for sampling design, sampling criteria, sampling of individuals, households, or institutions. Specify sample size, primary and secondary sampling units, sampling stages, Use of up-to-date master sample. Describe sampling errors.

The Child Well-being Survey 2016 sample is nationally representative and covers entire urban population residing in non-institutional dwelling units in urban areas. The survey is based on a two-stage stratified cluster sample of households, stratified by 19 strata or domains covered entire urban population of Bangladesh. It was based on representative samples of households drawn independently from the 19 strata or domains:

- I. City Corporation Non-Slum, City Corporation CC slum, and Other Municipalities/Urban areas (or Other urban areas) in 5 divisions of Chittagong, Dhaka, Khulna, Rajshahi and Rangpur; and
- II. City Corporations and Other Municipalities/Urban areas in the remaining two divisions – Barisal and Sylhet, since the proportion of CC slum population in urban areas of these two divisions was very low.

The sample was drawn from 700 CC non-slum and 220 CC slum Primary Sampling Units (PSUs). A PSU was a Mauza/Mahalla for CC non-slum areas. It was a CC slum (a segment in case of a large CC slum) in case of City Corporation slum stratum/domain. In total, 18,400 households from 920 clusters (a cluster is a randomly selected segment of a PSU) were planned to be included in the sample. For ensuring adequate level of response to the survey, 10 per cent additional households were surveyed through this survey. Information was collected from knowledgeable person of a household, women aged 15-49 years living in the sample households, and mothers/primary caregivers of children under five years of age.

4.7. Scope and coverage

Describe the subject-matter, geospatial and administrative coverage of the survey sample.

The CWS was carried out in 2016 in Bangladesh urban areas.

The survey focused on indicators related to child nutrition and breastfeeding, child health, reproductive health, access to improved drinking water and improved sanitation, child development, literacy and education and child protection.

Robust baseline estimates for the Sustainable Development Goal (SDG) indicators in the urban settings were provided by the survey. Among SDG indicators covered, most important are nutritional status of children, improved sanitation, handwashing facility at households, skilled attendant at birth, school attendance ratio for girls, birth registration and early marriage.

4.8. Non-survey sources

Describe process for extracting necessary information from the source, while ensuring that the necessary confidentiality procedures are in place, to receive or extract the data.

The survey microdata can be extracted from the UNICEF data website. Anonymized data files can be downloaded freely by private or public users.

4.9. Treatment of missing values

Describe the methodology followed for determining missing values and reasons for non-response. Describe techniques for correcting missingness, and handling imputation and/or interpolation.

Not yet available

4.10. Data management

Describe methodology for data capture, data coding, data editing and imputation, data classification, data processing, and data validation. Information about files, metadata and test file to assess if data are fit for use (completeness, coverage). Describe the processing of input data and their preparation for analysis. Describe sub-processes that integrate, classify, check, clean, and transform input data, so that they can be analysed and disseminated as statistical outputs.

Not yet available

4.11. Data exchange

Describe technology and channels for transmission of the data from the field to the center of data management, securing data integrity and comprehensiveness.

Not yet available

4.12. Validation of outputs

Describe methodology for validating outputs, checking population coverage, quality indicators, time, and geospatial consistency, checking data relevance, checking internal inconsistencies, and validating against expectations.

Not yet available

4.13. Final data files

Describe methodology for producing anonymizing micro-data sets, producing macro-data files, preliminary and final estimates.

Not yet available

4.14. Data analysis

Describe methodology for calculating sampling weights, estimating primary variables, deriving new variables, benchmarking indicators, calculating aggregated data.

Not yet available

4.15. Output dissemination

Describe methodology for applying disclosure controls, generating statistical results (tables, indicators), reports, visualizing and adjusting the acquisition process to ensure the data are fit for use. When the collection meets its targets, it is closed and a report on the collection is produced.

Not yet available

4.16. Limitations

Identify shortcomings in survey methodology and implementation process, for drawing lessons learned for avoiding repetition in the future and improving expected outcomes.

The CWS 2016 encountered a number of challenges that might have increased sampling and non-sampling errors:

- For drawing sample from CC slum and CC non-slum populations, the first challenge was to make adjustments in the population estimates as the available source populations were from two different time points. The 2011 Bangladesh National Census provided Mauza/Mahalla list with households without demarcating CC slum households, while CC Slum Census was conducted in 2014. However, BBS successfully made necessary adjustments in the two populations to prepare the sampling frame of PSUs, for selecting PSUs (Mauza/Mahalla for CC non-slum and slum/segment of a slum for slum areas) and final sample.
- The survey could not be conducted in four pre-selected clusters because of non-existence of these clusters at the time of the survey due to eviction.
- Though many large-scale surveys like the Bangladesh Demographic and Health Survey (BDHS), Multiple Indicator Cluster Survey (MICS), etc. provide estimates of indicators related to child Well-being for the urban areas, the results obtained in this survey are not strictly comparable for trend analysis owing to differences in the method of drawing samples and use of sampling frames. However, comparisons are provided in the text of the report, wherever possible.

4.17. Data Characteristics

Data characteristics and components of the raw statistical data used for compiling statistical aggregates, i.e., type of primary source (e.g., survey, census, administrative records) and any relevant characteristics (e.g., sample size for survey data).

Not yet available

4.18. Data Disaggregation

Describe the degree to which the data can be disaggregated (granularity) while preserving statistical significance and individual confidentiality.

Data are disaggregated by the following level:

- Age by month, single year age, five-year and other age groups
- Sex
- City Corporation slum
- City Corporation non-slum
- Other municipalities/Urban areas
- Urban division

4.19. Data Comparability

Provide an explanation on differences between data that can be attributed to differences between the true values of statistical characteristics. Comparability issues can be broken into:

4.19.1. Geographical comparability

Degree of comparability between statistics measuring the same phenomenon for different geographical areas

The survey was conducted in the urban areas only. The results are therefore not comparable with the rural areas.

However, the results of the CWS can be compared with caution to those of urban areas investigated

by other national household surveys.

4.19.2. Comparability over time

Degree of comparability between two or more data points on the same phenomenon in a time series.

The CWS is the first survey of its kind. Comparison with other household surveys conducted previously in the country should be carried out with caution.

5. Other Data Sources

5.1. Related other surveys

Provide information on other sources where data related to survey results can be accessed, such as other household surveys conducted in the country, or administrative sources.

The BBS has conducted several other health-related household surveys in the past recent years.

- The Health Morbidity Status Survey, conducted in 2012 and 2014.
- The Multiple Indicator Cluster Surveys six rounds since 1990 to 2019
- Child and Mother Nutrition Survey, 2005, 2012

5.2. Links to other sources

Provide recent links to other national and international sources where related data could be found.

6. Survey main results

6.1. Time series, Tables and indicators

Provide brief description of surveys results and outputs.

Results on detailed indicators are provided for the following domains:

- Nutrition
- Child Health
- Reproductive health
- Water and sanitation
- Literacy and education
- Child protection

7. Data Availability

7.1. Data release calendar

Provide detailed calendar for disseminating survey results, including preliminary and final results, and statistical tables, preliminary and final analysis reports, access to public use files for all users.

The CWS was carried as an ad-hoc survey. The second round is planned to be conducted in 2023.

7.2. Dissemination strategy

Provide information on dissemination of survey findings, on access policy to survey results, including access conditions to microdata, aggregates, and survey outputs.

Microdata anonymized dataset can be freely downloaded from UNICEF website.

8. Data providers

8.1. Authority responsible for the survey

Provide indications on the institution responsible for disseminating survey findings, and statistical outputs. Individual or organizational contact points for the data, including information on how to reach the contact points (e.g., website, URL, mail address, phone, e-mail).

Contact point: Mr. Md. Mashud Alam, Director of Demography and Health Wing,
Bangladesh Bureau of Statistics
Statistics and Informatics Division
Ministry of Planning
Address: Bangladesh Bureau of Statistics, Parishankhyan Bhaban, E-27/A, Agargaon, Dhaka-1207,
Bangladesh
Contact e-mail: mashud2003@yahoo.com
Phone: +88-02-55007058
Fax: +88-02-55007069
Web: www.bbs.gov.bd
<http://www.bbs.gov.bd/site/page/b588b454-0f88-4679-bf20-90e06dc1d10b/#>

Annex 7: Revised Questionnaire for HMSS 2023



Government of the People's Republic of Bangladesh
Demography and Health Wing
Bangladesh Bureau of Statistics Parishankhyan Bhaban
E-27/A Agargaon, Dhaka-1207

APPENDIX-E: SURVEY QUESTIONNAIRE

Health and Morbidity Status Survey 2023

(Survey on Health and illness/diseases)

Proposed revised questionnaire

BY: Bahjat Achikbache
Expert in Social Statistics (KE8)

Confidential: Collected data will be used
only for Govt. research and planning
purposes

Explanatory note on the proposed questionnaire

Here are some indications that might be useful for understanding the changes proposed for the HMSS 2023 revised questionnaire.

1. **Structure of the new questionnaire:** The HMSS 2023 collects primary data using 7 types of questionnaires. The Household ID (Questionnaire A) cover page is used to identify the Primary Sampling Unit and the sampled household. The Questionnaire B is used to collect information on characteristics of the household and its dwelling unit. The Questionnaire C covers the Household Roster and is used to collect information on the characteristics of usual residents and visitors. The Questionnaires D, E, F, and G are designed to collect individual information of members of the household who are eligible for an individual interview. Eligible respondents are therefore interviewed using an Individual Woman's, Man's, Hijra's and Child's Questionnaires. Individual questionnaires include information on Use of tobacco, Traffic Road accidents, HIV/AIDS knowledge, Fertility and reproduction, Physical and mental impairment, and Health conditions. The Child's Questionnaire focuses on Traffic Road accidents, Vaccination, Anthropometrics, Physical and mental impairment, and Health conditions. Accordingly, the Questionnaire is structured in 7 sections, with relevant thematic Modules covering health-related issues:

A. Household ID (Cover page): information about the geographic location, sampling unit, schedule and outcome of visits, and data collectors. It is recommended to add the following information:

1. ID Code of Surveyor
2. ID Code of Supervisor
3. Introductory statement to be read by Surveyor: Hello, my Name is (.....). I am working with BBS. We are conducting a survey on Health and Morbidity. The information we are collecting will help the government to plan for better health services. Your household was selected for an interview. I would like to ask you some questions about your household.
4. Surveyor should show his/her professional ID with photo.
5. Statement of confidentiality to be read by Surveyor: All your answers will be confidential and will not be shared with anyone other than members of our survey team. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.
6. Surveyor should present clearly and simply the objectives of the survey.
7. Surveyor should present the method of collection to the respondent: (Paper based, or CAPI), and give the choice to respondent between the two methods.

Schedule of visits to the household (HH): Date and number of successive visits,
Date of new appointment, Outcome of each visit, etc

- B. Socio-Economic Characteristics of the household: Questions ask about the dwelling characteristics, ownership, construction materials, source of drinking water, toilet facilities, cooking fuel, assets of the household, the use of mosquito nets, and access to public services.
- C. Household Roster for all residents and visitors: For usual members of the household and visitors, information is collected about age, sex, relationship to the head of the household, parental survivorship and residence education, economic activity, and birth registration.
- D. Individual questionnaire for Woman, aged 10 years and more
Module D.1: Use of Tobacco and drugs
Module D.2: Traffic Road accident

Module D.3: HIV/AIDS Knowledge

Module D.4: Fertility, Reproduction

Module D.5: Physical/Mental Impairment

Module D.6: Health conditions

E. Individual questionnaire for Man, aged 10 years and more

Module E.1: Use of Tobacco and drugs

Module E.2: Traffic Road accident

Module E.3: HIV/AIDS Knowledge

Module E.4: Fertility, Reproduction

Module E.5: Physical/Mental Impairment

Module E.6: Health conditions

F. Individual questionnaire for Hijra, aged 10 years and more

Module F.1: Use of Tobacco and drugs

Module F.2: Traffic Road accident

Module F.3: HIV/AIDS Knowledge

Module F.4: Physical/Mental Impairment

Module F.5: Health conditions

G. Individual questionnaire for Child, aged 0 to less than 10 years.

Module G.1: Traffic Road accident

Module G.2: Vaccination/Immunization

Module G.3: Anthropometric measurements

Module G.4: Physical/Mental Impairment

Module G.5: Health conditions

2. **Data collection method:** Household and individual information for the previous HMSS surveys were collected using questionnaires with a pen. More recently, BBS has successfully experimented the Computer-Assisted Personal Interviewing (CAPI) for the PHC, LFS and other surveys. Field surveyors can use either Personal Digital Assistants (PDA), hand-held units that display the questions and in which interviewers record responses, or more recent devices such as computer tablets or smartphones. The choice between the two types of equipment is obviously to be made by BBS management, based on lessons learned from previous similar experiences. Nevertheless, it would be judicious to consider using both paper-based and CAPI methods alternatively depending on the field constraints and requirements.
3. **Sampling:** As the sampling design of the HMSS 2014 was based on the Integrated Multi-Purpose Sample (IMPS) developed by BBS on the basis of the Population and Housing Census 2011, the sampling design of the planned HMSS 2023 should be based on the Integrated Multi-Purpose Sample (IMPS) updated on the basis of the results of the Population and Housing Census 2022. Moreover, the PHC 2022 has identified a group of population recognized as Hijra in addition to the

Male and Female population. The size of the Hijra group is estimated in 2022 to about 8,000 individuals. In order to ensure statistical representativity of the Hijra group, it would be advisable to oversample this group of population taking into consideration its very small size at the national level. The minimum size of the Hijra population in the HMSS 2023 sample should be at least 300 individuals distributed across members of sampled households.

4. **Anthropometric module for Children.** Anthropometry studies the measurements of the human body, total and / or partial. The collection of these anthropometric measures is particularly useful during the development and growth of all individuals, particularly children in their growth age, and also to understand their nutritional status. Collecting these anthropometric data can be more or less simple: in some cases it is enough to measure height and weight, in other cases it is necessary to measure the length of the limbs, the trunk and different body circumferences such as the waistline or the circumference of the thighs or arms. Undertaking these measurements in the field by HMSS surveyors requires providing specific training and specialized equipment, which may be difficult to implement. It is therefore recommended to request surveyors to ask adult respondents information about the child's measurements (height, weight and circumference of the upper arm) to record their spontaneous answers.
5. **Expenditures:** The proposed questionnaire is designed to record expenditure incurred by the households and/or individuals for treatment of health-related incidents. It is therefore important to instruct surveyors that respondents should distinguish each expenditure that is strictly related to each specific sickness or treatment at hand, and avoid cumulating all expenditures for all treatments in one lump sum.

Section A: Household Identification

PSU no

--	--	--	--

MSVSB household No

--	--	--

Sample household No.

--	--

Identification of Sample Area

Area
Division.....
District
Upazila/Thana

Area	Code
Union/Ward	
Sample Area (Mauza/Mohallah).....	
Village	
RMO	

Identification of Field personnel

Name	ID code	Date	Signature
Data collector			
Supervisor			

Survey of personal characteristics, illness, medical or routine check-up, disability and impairment, treatment and treatment cost of injured by accident and death, information about reproductive health care and socio-economic characteristics of household members.

Brief Instructions:

1. Information of each and every sample household of a sample area will be collected in the first, second, third and fourth section of the questionnaire.
2. The third section of the questionnaire will be filled in for physical and mental impaired persons/children of the households.
3. If there are more than one ill/death/ medical or routine checked-up persons in the household, use separate forth section of the questionnaire for each person and will be attached with the main questionnaire.
4. Accurate information about the illness of child, mother and aged persons will be very careful.
5. Main objectives of the questionnaire are to collect information about illness and treatment expenditure. So it must be kept in mind that not a mild and simple or all general illness/death/medical or routine checked-up persons would not be omitted from the count and it will be ensured that nobody is under enumerated.

Surveyor visits					
		1	2	3	Final visit
Date (day, month, year)					Date (day, month, year)
Result					Time beginning
Date of next visit scheduled					Time completing
Result					Total number of persons in the household
Line No. of respondent to questionnaire					
Result codes:	1	Completed			
	2	No household member at home			
	3	Household absent			
	4	Refusal			
	5	Dwelling vacant			
	6	Dwelling not found			
	7	Other (specify)			

Section B: Socio-Economic Characteristics of Household

1. Ownership of Dwelling (Circle the appropriate code)		2. Construction Material of Wall, Roof and Floor of Main House of the Household (Circle the code)				3. Dwelling			
Ownership	Code	Materials of Construction	Wall (Code)	Roof (Code)	Floor (Code)	Total Number of Rooms	No. of Living Rooms	Area of Living Rooms (Sq.Ft)	
Own	1	Straw/ Bamboo / Polythene/ Canvass	1	1					
Rented	2	Clay/Un-burnt Brick	2		2				
Rent Free	3	Tin (CI Sheet)	3	3					
Others (Specify)	4	Wood	4	4	4				
		Tally		5					
		Brick-Cement	6	6	6				
		Mosaic/Tiles	7		7				
		Others (Specify)	8	8	8				

4. Main Source of Water for (Circle the code)		See alternative module below	5. Source of Cooking Fuel (Circle the code)		6. Source of Light (Circle the code)		7. Toilet Facility (Circle the code) See alternative module below		
Source	Drinking (Code)	Other Use (Code)	Source of Fuel	Code	Source	Code	What type of latrine used?	Code	
Tap	1	1	Wood / Bamboo	1	Electricity	1	Discharge stool with pipe by the sewerage system	1	
Tube well /Deep Tube well	2	2	Kerosene	2	Kerosene	2	Safety tank/Preserve stool in the ditch	2	
Ring Well/Dug Well	3	3	Gas/LPG	3	Solar Energy	3	Pit Latrine (Water Sealed)	3	
Pond	4	4	Electricity	4	Biogas	4	Pit Latrine (Non-water Sealed)	4	

River/Ditch/Canal/Fen	5	5	Straw/Leaves/Dry Cow Dung	5	Others (Specify)	5	Pucca/Katcha/Hanging (Stool discharge in the open place)	5
			Biogas	6				
Fountain	6	6	Charcoal	7			Open Space/Bush/Canal/River	6
Others (Specify)	7	7	Others (Specify)	8			Others (Specify)	7
8. What do you use to protect against mosquitoes? (Code)								

Code:

Q 8: Protection against mosquitoes: (1) Bed net; (2) Coil; (3) Mat; (4) Refiller; (5) Aerosol/spray; (6) Incense(fumes); (7) Others, please specify; (8) No protection; (9) Don't know.

9. Does the Household Own the following Assets? (Ask the questions for every item) (Circle the code)				10. What is the distance of the following Clinic/Hospital (K.M)	
Description of Asset	Code	Description of Asset	Code	Name of Institute	Distance in (K.M)
Radio	01	Motorcycle/Easy Bike	16	Zilla hospital	
Television	02	CNG driven Scooter/Tempu	17	Zilla/Sadar Hospital	
Mobile phone	03	Animal driven car	18	Upazilla health Complex	
Land Phone	04	Rickshaw	19	Union health Centre	
Computer	05	Push car/ Rickshaw van	20	Community Clinic	
DVD/VCD Player	06	Motor car/ Truck/Bus	21	Non-government hospital	
Microwave Oven	07	Engine-driven Boat	22	Clinic	
Washing machine	08	Trawler	23	NGO Clinic	
Fridge/Deep Fridge	09	Tractor /Shallow Engine	24	Medical College Hospital	
IPS/Generator	10	Water pump	25	Specialized Hospitals	
Water filter	11	Others (Mention)	26	Others (Mention)	
Almirah/ Ware drop	12				
Fan	13				
Table /Chair	14				
Cycle	15				

Code:

Specialized Hospitals: TB Hospital, Cancer Hospital, Kidney Hospital, Eye Hospital, Orthopaedic Hospital, Child Hospital, Cardiovascular disease Hospital, Heart disease Hospital

Question 4: Water, Sanitation and Hygiene (WASH)

Question Number	Question	Code		
1	What is the principal source of drinking water for members of your household?	See codes below for Sources of water		
2	What is the source of water for other use than drinking for members of your household?	See codes below for Sources of water		
3	Do you have containers to collect or store water for domestic purposes for your house?	Yes: I_I Go to next question No: I_I Go to Q 8		
4	What type of water container?	Type	Number	Volume (litter)
		01=Jerrycan	I_I_I	I_I_I
		02=Bucket	I_I_I	I_I_I
		03=Basin	I_I_I	I_I_I
		04=Bottle	I_I_I	I_I_I
		05=Saucepan	I_I_I	I_I_I
		06=Drums	I_I_I	I_I_I
		07=Other	I_I_I	I_I_I
		08= Total	I_I_I	I_I_I
5	How many journeys did your household use last week for the collection of water for domestic purposes with the containers?	Number of journeys used last week?		
6	Which member of your household is usually responsible for the collection of water	Please specify the household member responsible for the collection of water (Line number in the household roster)		
7	How long did your household spent last week for the collection of water?	Number of hours		

Question Number	Question	Code	
8	Where do you and your household members (excluding children under 5, usually go to defecate?	See codes below for Toilet Facility	
9	What is the main type of soap that you use in the household?	Bar soap	YES/NO
		Liquid soap	YES/NO
		Powder detergent	YES/NO
		Soapy water but does not include ash, soil, sand or other handwashing agents	YES/NO

Sources of water (Q1 and Q2) Codes: 01=Public tap/ Standpipe; 02=Handpumps/ boreholes; 03=Water seller/ kiosks; 04=Piped connection to house (or neighbour's house); 05=Protected spring; 06= Bottled water, water sachets; 07=Tanker trucks; 08=Unprotected hand-dug well; 09=Surface water (lake, pond, dam, river); 10=Unprotected spring; 11=Rain water collection; 12=Tube well /Deep Tube well; 13=Ring Well/Dug Well; 14=Other (specify); 99=Don't know.

Toilet Facility Codes (Q4): 1= Household latrine; 2= Communal latrine; 3= Sewerage system; 4=Safety tank; 5= Pit latrine (Water sealed); 6= Pit latrine (Non-Water sealed); 7= Pucca/Katcha/Hanging (Stool discharge in the open place); 8= Plastic bag; 9=Bucket toilet; 10= Open defecation, Bush/Canal/River; 11 Other (specify); 99= Don't know.

Module on Air Pollution

Question	Answer	Code
1. How would you rate the overall air quality in your city now compared to last year?	<ol style="list-style-type: none"> 1. Much better 2. A little better 3. About the same 4. A little worse 5. Much worse 	Select code answer
2. What do you think are the main causes of air pollution in your city? Please select all applicable	<ol style="list-style-type: none"> 1. Construction. 2. Industrial sources, manufacturing facilities. 3. Increasing use of air conditioner. 4. Motor vehicles. 5. Household cooking and heating. 6. Population growth. 	Select code answer

Question	Answer	Code
	7. Power plants. 8. Smoke of cigarettes. 9. Waste disposal. 10. Burning of Waste. 11. Pollution from other countries. 12. Other causes (please specify). 13. Don't know.	
3.To what extent is the air pollution affecting you and your family?	1. Very much affected. 2. Affected a little. 3. Not affected at all.	Select code answer
4.In which of the following ways are you affected? Please select all applicable.	1. Breathlessness/having more difficulty in breathing. 2. Doing less outdoor activities. 3. Doing more to look after my skin. 4. Doing more to stay healthy. 5. Feeling depressed. 6. Irritation to eyes/nose/throat. 7. Skin problems. 8. Wanting to move to other less polluted place. 9. Asthma incidences. 10. Poor visibility. 11. Worrying about the living environment for children.	Select code answer
5. Which of these environmental issues has the strongest effect on your family health or well-being?	1. Air pollution. 2. Drinking water pollution. 3. Garbage and solid waste. 4. Global warming and climate change. 5. Loss of green areas in city. 6. Surface water (e.g. river, lakes) pollution. 7. Unsafe food.	Select code answer

Section C: Household Roster

C.1: Personal Information of the Household Members

1	1	1.line no.																		
1	2	2.Name of the household members and visitors																		
2	3	3.Relationship to the head of the household (Code)																		
3	4	4.Sex	Male-1	Female-2	Hijra-2															
4	5	5. Religion	Islam-1	Hindu-2	Christian-3	Buddhist-4														
5	6	6. Age (Completed year)					Below 1 year “ 00”													
1	7	7. Do you have a birth certificate?	Yes: 1					Only registered: 2;												
2	8		Not registered: 3					Don’t know: 4												
3	9	9. Age at marriage (at 1 st Marriage)																		
4	10	10. Have you ever attended school? (Person of age 4+)	Yes-1					No-2 (If No skip to Ques. No. 11)												
5	11	11. Can you read and/or write a sentence? (Person of age 4+)	Yes-1																	
1	12	12.Level of education (Passed the class)																		
2	13	13.Have you any work (Both cash/kind) in the last week? (Persons of 10+)	Yes-1																	
3	14 (1)	14 (1). What is your occupation? Write in details (Person of age 10+)																		
4	14 (2)	14 (2) Occupation Code (From code list)																		
5		For Woman of 10+ Go To Woman’s Questionnaire; For Man of 10+ Go to Man’s Questionnaire.																		
1		For Hijra of 10+ Go To Hijra’s Questionnaire; For Child aged from 0 to 10: Go to Child’s Questionnaire.																		

Code:

- Q.3: Relationship to the head of the household: (1) Head of the household; (2) Husband/wife; (3) Son/daughter; (4) Brother/sister; (5), Father/mother; (6) Daughter/Son in law; (7) Grandson/Granddaughter; (8) Father/Mother in law; (9) Brother /Sister in law; (10) Adopted child; (11) Maid servant; (12) Visitor; (13) Others, please specify; (14) Don’t know.
- Q.7: Marital status: (1) Unmarried; (2) Married; (3) Widowed; (4) Divorced; (5) Separated; (6) Don’t know.
- Q.11: Level of education: (1) Not passed any Class; (2) Passed Class I-01; (3) Passed Class II; (3) Passed Class III; (4) Passed Class IV; (5) Passed Class V; (6) Passed Class VI; (7) Passed Class VII; (8) Passed Class VIII; (9) Passed Class IX; (10) Passed SSC or equivalent; (11) Passed HSC or equivalent; (12) Graduate or equivalent; (13) Post graduate or equivalent; (14) Doctor; (15) Engineer; (16) Agriculturalist; (17) Diploma; (18) Vocational; (19); (20) Others; (21) Don’t know.

C.2 Information on the dead persons in this household during last 1 year (Serial no.90-99)

Code:

- Q 9: Cause of death: Neonatal conditions: 01; Lower respiratory infections: 02; Chronic Respiratory diseases: 03; Ischemic heart disease: 04; Stroke: 05; Cardiovascular diseases: 06; Diarrhoea diseases: 07; Malaria: 08; Road injury: 09; Tuberculosis: 10; HIV/AIDS: 11; COVID-19: 12; Hepatitis B: 13; Cancer: 14; Diabetes: 15; Suicide: 16; Air Pollution: 17; Unsafe Water, Sanitation, Hygiene: 18; Unintentional Poisoning: 19; Other causes of death (specify): 20; Don't know: 99.

Collection of causes of death should be aligned with WHO International Classification of Diseases ICD-11

Section D: Woman's Questionnaire

Information on all women resident in this household of age 10+ who have been identified in the household roster (Section C) (Please keep the same line number that the one attributed to the woman in the Roster)

Use a separate questionnaire for each woman of age 10+ who have been identified in the household roster.

Line N° in Household roaster	
Woman name	
Age in years	
Serial N°	

Module D.1: Use of tobacco leaves/jarda/gul/smoking/drugs during the last 90 days

Q N°	Question	Answer	Skip
1	Do you smoke tobacco, use Sadapata/Jarda/Gul, or any other drug?	Yes, smoke tobacco only	Go to Q2
		Yes, use sadapata/ jarda/gul only	Go To Q3
		Yes, use other drugs only Please specify:	Go To Q4
		Yes, all above	Continue to Q2
		No	Go To next Module D.2
2	Age of initiation of smoking		
3	Age of using Sadapata/Jarda/Gul		
4	Age of using drugs		
5	Do you receive treatment for addiction?	Yes	Go To Q7

Q N°	Question	Answer	Skip
		No	Go To Q6 (next question)
6	Why do you receive no treatment?	See code below	Go to Module D.2
7	Where do you receive treatment?	See code below	
8	What type of treatment do you receive?	See code below	
9	For how many days were you in treatment center during the last 90 days?		
10	Cost of treatment during the last 90 days (Total in TK)		
11	Cost of consuming drugs (in TK)	Cost of smoking	<i>Please enter cost in TK</i>
		Cost of using Sadapata/Jarda/Gul	<i>Please enter cost in TK</i>
		Cost of using other drugs	<i>Please enter cost in TK</i>
		Total cost (to check with respondent)	<i>Please enter cost in TK</i>
12	How did you pay for consumption cost?	See code below	

Codes:

- Q 6: Reason for no treatment: (1) Too costly; (2) Treatment not efficient; (3) Treatment not available; (4) Do not want treatment; (5) Do not know.
- Q 7: Medical service provider: (1) Govt. hospital; (2) Non-govt. hospital; (3) Clinic; (4) Drug rehabilitation center; (5) Others.
- Q 8: Type of treatment received: To be determined
- Q 12: Source of funds for consumption cost: (1) Own Income; (2) Sale of own wealth; (3) Loan/Credit (Without interest); (4) Loan/Credit (With interest); (5) Help from relatives; (8) Help from friends; (9) Foreign remittance; (10) Help/Aid from Other sources please specify; (11) Help from Charity organizations; (12) Help from government; (13) Don't know.

Module D.2: Traffic Road Accidents during the last 90 days

Q N°	Question	Answer	Skip
1	Have you been victim of Traffic Road Accident during the last 90 days?	Yes	
		No	Go To next Module D.3
2	What type of wound or injury did you have?	See code below	
3	Where did the accident occur?	See code below	
4	What type of vehicle caused the wound/Injury?	See code below	
5	What was the cause of wound/Injury?	See code below	
6	What consequence did the accident had on the person?	See code below	
7	Did you seek treatment for the wound/Injury	Yes Specify	Go To Q9
		No	
8	Why didn't you seek treatment?	See code below	Go To next Module D.3
9	Where did you seek treatment?	See code below	
10	Cost of treatment received for wound/Injury during last 90 days (in TK)	Medicine	Please enter cost in TK
		Doctor's fees	Please enter cost in TK
		Transport	Please enter cost in TK
		Medical diagnostic	Please enter cost in TK
		Surgery	Please enter cost in TK
		Hospital	Please enter cost in TK
		Other	Please enter cost in TK
		Total cost (to check with respondent)	Please enter cost in TK
11	How did you pay for treatment cost?	See code below	

Codes:

- Q 2: Type of wound/injury: (1) Soft Tissue Injuries; (2) Broken Bones; (3) Traumatic Brain Injuries; (4) Spinal Cord Injuries; (5) Psychological Injuries; (6) Other; (7) Do not know.
- Q 3: Place of injury: (1) City Street; (2) Road, Highway; (3) Rural Road; (4) Other; () Do not know.
- Q 4: Type of vehicle: (1) Pedestrian; (2) Bicycle; (3) Rickshaw; (4) Tuk-Tuk; (5) Motorcycle; (6) Car; (7) SUV, Van; (7) Bus; (8) Train; (9) Agricultural tractor; (10) Other; (11) Do not know.
- Q 5: Cause of injury: (1) Speeding; (2) Driving under the influence of drugs; (3) Non-use of helmet; (3) Non-use of seat-belt; (4) Distracted driving; (5) Unsafe Road; (6) Unsafe vehicle; (7) Lack of post-crash care; (8) Non-compliance with traffic laws; (9) Other causes (specify); (10) Don't know.
- Q 6: Consequence of accident: (1) No consequence; (2) Disfiguration; (3) Loss of limb; (4) Loss of limb function; (5) Loss of eyesight; (6) Loss of hearing; (7) Chronic pain; (8) Emotional trauma; (9) Other ..Specify; (10) Don't know.
- Q 7: Reason for not seeking treatment: (1) Too costly; (2) Treatment not efficient; (3) Treatment not available; (4) Do not want treatment; (5) Do not know.
- Q 8: Medical service provider: (1) Govt. hospital; (2) Non-govt. hospital; (3) Clinic; (4) Drug rehabilitation center; (5) Others.
- Q 11: Source of funds for treatment cost: (1) Own Income; (2) Sale of own wealth; (3) Loan/Credit (Without interest); (4) Loan/Credit (With interest); (5) Help from relatives; (8) Help from friends; (9) Foreign remittance; (10) Help/Aid from Other sources please specify; (11) Help from Charity organizations; (12) Help from government; (13) Insurance; (14) Don't know.

Module D.3: Knowledge and awareness on HIV/AIDS by each woman living in the household of age 15-24

Q N°	Question	Answer	Skip
1	Have you ever heard of HIV/AIDS?	Yes	
		No	Go To next Module D.4
2	Where did you hear about HIV/AIDS?	See code below	
3	Do you know how HIV/AIDS can spread?	Yes	
		No	Go To next Module D.4
4	Can you tell how does the HIV spreads?	See code below	
5	Do you know how HIV/AIDS can be prevented from spreading?	Yes	
		No	
		Don't know	
6	Can you tell how HIV can be prevented from spreading?	See code below	
7	Do you think HIV can be avoided by having just one uninfected sex partner who has no other sex partners?	Yes	
		No	
		Don't know	
8	Do you think people can get HIV from mosquito bites?	Yes	
		No	
		Don't know	
9	Do you think people can reduce their chance of getting HIV by using a condom every time they have sex?	Yes	
		No	
		Don't know	

Q N°	Question	Answer	Skip
10	Do you think people can get HIV by sharing food with a person who has HIV?	Yes	
		No	
		Don't know	
11	Do you think that a healthy-looking person may have HIV?	Yes	
		No	
		Don't know	
12	Do you think there are any special medicines that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	Yes	
		No	
		Don't know	
13	Do you approve of people who take a pill every day to prevent getting HIV?	Yes	
		No	
		Don't know	
14	If you have been pregnant, have you been tested for HIV during your last pregnancy?	Yes	
		No	
		Don't know	

Codes:

- Q 2: Means of information: (1) Radio; (2) Television; (3) Billboard/Poster; (4) Newspapers; (5) Educational Institute; (6) Relative; (7) Friend; (8) Others.
Possibility of multiple answer.
- Q 4: Means of HIV/AIDS spread: (1) Sex without condom; (2) Using used needles/syringes; (3) Unsafe blood transfusions; (4) Use shared razors and blades; (5) Intercourse with HIV/AIDS infected sex partner; (6) By birth; (7) Don't know.
- Q 6: Means of HIV/AIDS prevention: (1) Protected sex; (2) Transfusion of unscreened blood; (3) Avoid sharing syringe; (4) Avoid sharing razors/blades; (5) Avoid having sex with HIV/AIDS infected husband;(6) Don't know.

Module D.4: Fertility, reproduction of woman aged 15+ during the last 12 months.

Q N°	Question	Answer	Skip
1	Have you ever given birth?	Yes	Go To Q3
		No	
2	Are you currently pregnant?	Yes	
		No	Go To next Module D.5
		Don't know?	Go To next Module D.5
3	How many births are still alive?	Number of sons	
		Number of daughters	
4	How many children have died?	Number of sons	
		Number of daughters	
5	When did you deliver your last child?	Month	
		Year	
6	If your last delivery occurred during the last 12 months, how did it happen?	Normal delivery	
		C-section	
7	Did you give birth to	Single child	Boy or Girl
		Twins	Boy, Girl
		Triplets and more	Boy, Girl
8	What was outcome of the delivery?	Born alive	Single, Twins, Triplets
		Born dead	Single, Twins, Triplets
		Miscarriage	Single, Twins, Triplets
9	Is the child (ren) still alive?	Yes	Single, Twins, Triplets
		No	Single, Twins, Triplets
10	Who helped during child birth?	See code below	
11	Where did birth take place?	See code below	
12	Have you consulted a doctor or a nurse during pregnancy?	Yes	
		No	Go To Q14
13	How many times did you consult a doctor or nurse before birth?	Number	Go To Q15
14	Why you didn't consult a doctor or nurse?	See code below	

Q N°	Question	Answer	Skip
15	Expenditure paid for pregnancy and delivery (in TK)	During pregnancy	<i>Please enter cost in TK</i>
		For delivery	<i>Please enter cost in TK</i>
		After delivery	<i>Please enter cost in TK</i>
		Total cost (to check with respondent)	<i>Please enter cost in TK</i>
16	How did you pay for pregnancy and delivery cost?	See code below	

Code

- *Q 10: Birth attendant: (1) Doctor; (2) Skilled Midwife; (3) Nurse; (4) Health worker; (5) Non-skilled midwife; (6) Others.*
- *Q 11: Place of delivery: (1) Community/Satellite Clinic; (2) Upazila hospital/health complex; (3) Zila/Sadar hospital; (4) Medical college hospital; (5) MCH welfare center; (6) Union health & family welfare center; (7) Other government hospital; (8) NGO; (9) Non-government hospital/clinic; (10) Palli chikitshak; (11) At home; (12) Others.*
- *Q 16: Source of funds for pregnancy and delivery cost: (1) Own Income; (2) Sale of own wealth; (3) Loan/Credit (Without interest); (4) Loan/Credit (With interest); (5) Help from relatives; (8) Help from friends; (9) Foreign remittance; (10) Help/Aid from Other sources please specify; (11) Help from Charity organizations; (12) Help from government; (13) Don't know.*

Module D.5: Physical/Mental impairment of each woman (aged 10+) living in the household

Q N°	Question	Answer	Skip
1	Do you suffer from any impairment?	Yes	
		No	Go to next Module D.6
2	What type of impairment do you suffer from?	See code below	
2	Do you have Mobility and Physical Impairments?	Upper limb(s) disability	
		Lower limb(s) disability	
		Manual dexterity	
		Disability in co-ordination with different organs of the body	
3	Do you have Spinal Cord Disability?	Yes	
		No	
4	Do you have serious difficulty walking or climbing stairs?	Yes	
		No	
5	Are you deaf, or do you have serious difficulty hearing?	Yes	
		No	
6	Are you blind, or do you have serious difficulty seeing, even when wearing glasses?	Yes	
		No	
7	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	Yes	
		No	
8	Do you have difficulty dressing or bathing?	Yes	
		No	
9	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	Yes	
		No	
9	Have you taken any treatment during the last 90 days?	Yes	Go To Q11
		No	
10	Why didn't you seek treatment?	See code below	
11	Where did you seek treatment?	See code below	

Q N°	Question	Answer	Skip
12	Cost of treatment received for impairment during last 90 days (in TK)	Medicine	<i>Please enter cost in TK</i>
		Doctor's fees	<i>Please enter cost in TK</i>
		Transport	<i>Please enter cost in TK</i>
		Medical diagnostic	<i>Please enter cost in TK</i>
		Hearing aid	<i>Please enter cost in TK</i>
		Spectacles	<i>Please enter cost in TK</i>
		Wheel chair	<i>Please enter cost in TK</i>
		Crutches	<i>Please enter cost in TK</i>
		Surgery	<i>Please enter cost in TK</i>
		Hospital	<i>Please enter cost in TK</i>
		Other	<i>Please enter cost in TK</i>
		Total cost (to check with respondent)	<i>Please enter cost in TK</i>
13	How did you pay for treatment cost?	See code below	

Code:

- Q 2: Types of impairments: Vision; Hearing; Mobility; Communication; Cognitive; Upper body; Learning/understanding
- Q 10: Reason for not seeking treatment: (1) Too costly; (2) Treatment not efficient; (3) Treatment not available; (4) Do not want treatment; (5) Do not know.
- Q 11: Place of treatment for impairment: To be determined
- Q 13: Source of funds for treatment cost: (1) Own Income; (2) Sale of own wealth; (3) Loan/Credit (Without interest); (4) Loan/Credit (With interest); (5) Help from relatives; (8) Help from friends; (9) Foreign remittance; (10) Help/Aid from Other sources please specify; (11) Help from Charity organizations; (12) Help from government; (13) Don't know.

Module D.6: Woman, Health condition, serious illness, general illness, death, physical injury, medical and routine check-up, during the last 90 days.

Supplementary questions for accurate diagnosis of disease by woman who was exposed to sickness/illness/under medical treatment for any of the following diseases during last 90 days:

[If any woman living in the household has fallen sick or under medical treatment during last 90 days for any of the following diseases, concerned prescriptions by a physician and reports are required to be verified for diagnosis of disease. If it is not possible then get the replies of the supplementary questions and encircle correct answer.]

Q N°	Disease	Answer	Skip
A	Questions for Diagnosis of Goitre		
A.1	Does the front side of neck inflated like solid mass?	Yes	
		No	Go to Q (B)
A.2	Does the shape of the mass changes with pressure?	Yes	
		No	
A.3	Does its position change/move?	Yes	
		No	
A.4	Do you follow treatment for this disease?	Yes	
		No	
B	Questions for Diagnosis of Epilepsy		
B.1	Did ever lose the sense by shaking or shivering hands and legs?	Yes	
		No	Go to Q (C)
B.2	Was there symptom of pouring saliva or biting of tongue?	Yes	
		No	
B.3	After getting sense was there any pain in leg, headache, sleepy feeling?	Yes	
		No	
B.4	Do you follow treatment for this disease?	Yes	
		No	
C	Questions for Diagnosis of Ulcer		
C.1	Has/had pain/trouble on the chest/stomach?	Yes	
		No	Go to Q (D)

Q N°	Disease	Answer	Skip
C.2	Does/did bitterness of pain in empty stomach increased?	Yes	
		No	
C.3	Does feel pain in chest/stomach after/before meal?	Yes	
		No	
C.4	Has/ had sour eructation?	Yes	
		No	
C.5	Do you follow treatment for this disease?	Yes	
		No	
D	Questions for Diagnosis of Hepatitis		
D.1	Have you suffered from Hepatitis B?	Yes	
		No	Go to Q (E)
D.2	If Yes, for how many months?	Less than 12 months	
		More than 12 months	
D.3	Is/was the color of urine and eye yellow?	Yes	
		No	
D.4	Has/had no appetite with light fever?	Yes	
		No	
D.5	Does/did vomiting take place along with vomiting tendency?	Yes	
		No	
D.6	Has/had pain/trouble on the stomach/chest?	Yes	
		No	
D.7	Do you follow treatment for this disease?	Yes	
		No	
E	Questions for Diagnosis of Rabies		
E.1	Did dog or any other animal (cat, fox, mongoose, rat, mole-rat etc.) bite you?		
			Go to Q (F)
E.2	Did you take vaccination against Rabies after the biting of the mentioned animal?		
E.3			

Q N°	Disease	Answer	Skip
	Was there symptom of uneasiness in the biting place, restlessness, problem in drinking water, fear from water, air or light after one week to three months of biting?		
E.4	Do you follow treatment for this disease?	Yes	
		No	
F	Questions for Diagnosis of Chicken pox		
F.1	Is/was there mini boil like water vesicle on the entire body with light fever?	Yes	Go to Q (G)
		No	
F.2	Is/was there any itching in theming boil?	Yes	
		No	
F.3	Does feel any pain in throat at the time of meal?	Yes	
		No	
F.4	Do you follow treatment for this disease?	Yes	
		No	
G	Questions for Diagnosis of Conjunctivitis		
G.1	Is/was frequent water shedding from your eye with itching or burning sensation?	Yes	
		No	Go to Q (H)
G.2	Is/was the eye become red?	Yes	
		No	
G.3	Do you follow treatment for this disease?	Yes	
		No	
H	Questions for Diagnosis of Night blindness		
H.1	Is there trouble in seeing during night?	Yes	
		No	Go to Q (I)
H.2	Is there trouble in seeing during in the day?	Yes	
		No	
H.3	Is there any white spot in the eye?	Yes	
		No	
H.4	Do you follow treatment for this disease?	Yes	
		No	

Q N°	Disease	Answer	Skip
I	Questions for Diagnosis of Cataract		
I.1	Is/was trouble in seeing?	Yes	
		No	Go to Q (J)
I.2	Is/was feeling of light cover on the eye?	Yes	
		No	
I.3	Does it seem white if torchlight is focused on the eye?	Yes	
		No	
I.4	Do you follow treatment for this disease?	Yes	
		No	
J	Questions for Diagnosis of Arthritis		
J.1	Is there any symptom of pain in bone joints?	Yes	
		No	Go to Q (K)
J.2	Is there any problem in walking?	Yes	
		No	
J.3	Is there any symptom often inflation of bone joint?	Yes	
		No	
J.4	Do you follow treatment for this disease?	Yes	
		No	
K	Questions for Diagnosis of Tuberculosis (TB)		
K.1	Have you suffered from Tuberculosis lately?	Yes	
		No	Go to Q (L)
K.2	If Yes, for how many months?	Less than 12 months	
		More than 12 months	
K.3	Is/was there cough for three or more weeks continuously?	Yes	
		No	Go to Q (L)
K.4	Does appetite reduce?	Yes	
		No	
K.5	Does the weight reduce?	Yes	
		No	
K.6	Was there blood with cough?	Yes	

Q N°	Disease	Answer	Skip
		No	
K.7	Was there hidden fever off and on?	Yes	
		No	
K.8	Does the fever come in the evening; body sweat in the dawn?	Yes	
		No	
K.9	Does/did any member of family suffer from TB?	Yes	
		No	
K.10	Did take medicine for TB before?	Yes	
		No	
K.11	Have taken TB vaccination till now?	Yes	
		No	
K.12	Was there inflammation of gland, neck?	Yes	
		No	
K.13	Do you follow treatment for this disease?	Yes	
		No	
L	Questions for Diagnosis of Malaria		
L.1	Have you suffered from Malaria lately?	Yes	
		No	Go to Q (M)
L.2	If Yes, for how many months?	Less than 12 months	
		More than 12 months	
L.3	Is/was Fever with cold and shivering?	Yes	
		No	Go to Q (M)
L.4	Is/was remission of fever after some time?	Yes	
		No	
L.5	Is/was fever irregularly after $\frac{1}{2}$ days?	Yes	
		No	
L.6	Did go or resided in malaria affected areas 1 month before the occurrence of fever?	Yes	
		No	
L.7	Do you follow treatment for this disease?	Yes	
		No	

Q N°	Disease	Answer	Skip
M	Questions for Diagnosis of Kala-azar		
M.1	Has/had fever for 2 or more weeks?	Yes	
		No	Go to Q (N)
M.2	Feel/did feel weak due to fever?	Yes	
		No	
M.3	Did weight reduce after fever?	Yes	
		No	
M.4	Did live or visit Kala-azar proven area during last one and half years?	Yes	
		No	
M.5	Did tar like motion or blood vomiting take place?	Yes	
		No	
M.6	Do you follow treatment for this disease?	Yes	
		No	
N	Questions for Diagnosis of Diabetes		
N.1	Did the urine comes off and on?	Yes	
		No	Go to Q (O)
N.2	Did you feel repeatedly thirsty?	Yes	
		No	
N.3	Did the doctor confirm diabetes with blood test?	Yes	
		No	
N.4	Do you follow rules/habits for treating diabetes?	Yes	
		No	
N.5	Do you follow treatment for this disease?	Yes	
		No	
O	Questions for Diagnosis of High Blood Pressure		
O.1	Do you have High blood pressure?	Yes	
		No	Go to Q (P)
O.2	Did the doctor confirm High Blood Pressure?	Yes	
		No	
O.3	Did you feel pain in the neck?	Yes	

Q N°	Disease	Answer	Skip
		No	
O.4	Did you have tendency to vomit?	Yes	
		No	
O.5	Did you feel heavy head?	Yes	
		No	
O.6	Did you feel dizziness?	Yes	
		No	
O.7	Do you follow rules/habits for controlling blood pressure?	Yes	
		No	
		Yes	
O.8	Do you follow treatment for this disease?	Yes	
		No	
P	Questions for Diagnosis of Urinary Tract Infection		
P.1	Did feel pain in the urinary tract during micturition?	Yes	
		No	Go to Q (Q)
P.2	Did you urinate on and off?	Yes	
		No	
P.3	Did you have pain in abdomen?	Yes	
		No	
P.4	Do you follow treatment for this disease?	Yes	
		No	
Q	Questions for Diagnosis of Sexually Transmitted Diseases		
Q.1	Did excrete comes out with urine?	Yes	
		No	Go to Q (R)
Q.2	Did you feel pain during urinating?	Yes	
		No	
Q.3	Do you have any wound in the sexual organ?	Yes	
		No	
Q.4	Is the wound painless or itching free?	Yes	
		No	

Q N°	Disease	Answer	Skip
Q.5	Do you follow treatment for this disease?	Yes	
		No	
R	Questions for Diagnosis of Arsenic		
R.1	Did you make arsenic test on the drinking water?	Yes	
		No	Go to Q (S)
R.2	Is the water you are drinking free of arsenic?	Yes	
		No	
R.3	Do you have any visible sign of dry skin or dry hand/feet?	Yes	
		No	
R.4	Do you have any visible sign of boil seen on the skin?	Yes	
		No	
R.5	Do you have any mark of itching on the spot?	Yes	
		No	
R.6	Are aware of arsenic attack?	Yes	
		No	
R.7	Do you follow treatment for this disease?	Yes	
		No	
S	Questions for Diagnosis of Ear infection		
S.1	Did water or putrid fall due to ear sepsis?	Yes	
		No	Go to Q (T)
S.2	Do you hear any whizzing sound?	Yes	
		No	
S.3	Do you have any pain in the ear?	Yes	
		No	
S.4	Do you follow treatment for this disease?	Yes	
		No	
T	Questions for Diagnosis of Skin Disease		
T.1	Do you have skin disease?	Yes	
		No	Go to Q (U)
T.2	Is/was there small or big boil on the skin due to prickly heat or itching?	Yes	

Q N°	Disease	Answer	Skip
		No	
T.3	Does serum fall due to itching?	Yes	
		No	
T.4	Does putrid fall due to itching?	Yes	
		No	
T.5	Do you follow treatment for this disease?	Yes	
		No	
U	Questions for Diagnosis of Cancer		
U.1	Are you suffering from some dangerous disease, such as cancer?	Yes	
		No	Go to Q (V)
U.2	Has the doctor located the organ with cancer?	Yes	
		No	
U.3	Which organ is diagnosed with cancer?	Breast	
		Uterus	
		Stomach	
		Liver	
		Lung	
		Pharynx	
		Oesophagus	
		Blood	
		Other (specify)
U.4	Do you follow treatment for this disease?	Yes	
		No	
V	Questions for Diagnosis of Dysentery		
V.1	Do you feel you have Dysentery??	Yes	
		No	Go to Q (W)
V.2	Were there loose motions with stomach squeeze for three or more times a day?	Yes	
		No	
V.3	Was mucus/ dysentery secreted with stools?	Yes	
		No	

Q N°	Disease	Answer	Skip
V.4	Do you follow treatment for this disease?	Yes	
		No	
W	Questions for Diagnosis of Asthma		
W.1	Do you have asthma, difficulty breathing, respiratory problems, when using staircase or walking swiftly?	Yes	
		No	Go to Q (X)
W.2	Have you ever done any X-ray or cough test?	Yes	
		No	
W.3	Has this disease been confirmed by a doctor?	Yes	
		No	
W.4	Do you follow treatment for this disease?	Yes	
		No	
X	Questions for Diagnosis of Heart disease/Chest pain		
X.1	Do you have heart disease, chest pain?	Yes	
		No	Go to Q (Y)
X.2	Did you have heart attack during the last 90 days?	Yes	
		No	
X.3	Has this disease been confirmed by a doctor?	Yes	
		No	
X.4	Do you follow treatment for this disease?	Yes	
		No	
Y	Questions for Diagnosis of Stroke or Brain hemorrhage		
Y.1	Did you have Stroke or Brain hemorrhage during last 90 days?	Yes	
		No	Go to Q (Z)
Y.2	Do feel any part of your body weak/paralyzed	Yes	
		No	
Y.3	Has this disease been confirmed by a doctor?	Yes	
		No	
Y.4	Do you follow treatment for this disease?	Yes	
		No	
Z	Questions for Diagnosis of Ovary Related Problem		

Q N°	Disease	Answer	Skip
Z.1	Did you suffer from ovary related problem over the last 90 days?	Yes	
		No	Go to Q (AA)
Z.2	Have you ever seen/feel the ovary coming down when you are sitting?	Yes	
		No	
Z.3	Has this disease been confirmed by a doctor?	Yes	
		No	
Z.4	Do you follow treatment for this disease?	Yes	
		No	
AA	Questions for Diagnosis of Pregnancy related problems		
AA.1	Have you been pregnant during the last 90 days?	Yes	
		No	Go To next Q (AB)
AA.2	Did you feel water on your leg or body during pregnancy?	Yes	
		No	
AA.3	Has this disease been confirmed by a doctor?	Yes	
		No	
AA.4	Do you follow treatment for this disease?	Yes	
		No	
AB	Questions for Diagnosis of other disease		
AB.1	Have you had other health problems during the last 90 days?	Yes	
		No	Go To next Q (AC)
AB.2	Can you describe your problem?	Specify	
AB.3	Has this disease been confirmed by a doctor?		
AB.4	Do you follow treatment for this disease?	Yes	
		No	
AC	Questions for Medical routine check-up		
AC.1	Have you had a medical routine check during the last 90 days?	Yes	
		No	Go To next Q (AD)
AC.2	Was this check-up prescribed by your doctor?	Yes	

Q N°	Disease	Answer	Skip
		No	
AC.2	What was the outcome of the check-up?	Specify	
AC.3	Did you refer to your doctor with the result?	Yes	
		No	
AC.4	Do you follow treatment for this disease?	Yes	
		No	
AD	Questions for health expenditure during last 90 days		
AD.1	Expenditure incurred for medical treatment of the diseases mentioned in Questions A to AB, during last 90 days	Doctor's fees	<i>Please enter cost in TK</i>
		Hospitalization	<i>Please enter cost in TK</i>
		Delivery	<i>Please enter cost in TK</i>
		Medicine	<i>Please enter cost in TK</i>
		Routine check-up	<i>Please enter cost in TK</i>
		Contraceptives	<i>Please enter cost in TK</i>
		Surgery	<i>Please enter cost in TK</i>
		Lab exams	<i>Please enter cost in TK</i>
		Health attendants	<i>Please enter cost in TK</i>
		Transport	<i>Please enter cost in TK</i>
		Others	<i>Please enter cost in TK</i>
AD.2	How did you pay for consumption cost?	See code below	

Code:

- Q AD.2: Source of funds for treatment cost (specifically for Module D.6): (1) Own Income; (2) Sale of own wealth; (3) Loan/Credit (Without interest); (4) Loan/Credit (With interest); (5) Help from relatives; (8) Help from friends; (9) Foreign remittance; (10) Help/Aid from Other sources please specify; (11) Help from Charity organizations; (12) Help from government; (13) Don't know.

Section E: Man's Questionnaire

Information on all men resident in this household of age 10+ who have been identified in the household roster (Section C) (Please keep the same line number that the one attributed to the man in the Roster)

Use a separate questionnaire for each woman of age 10+ who have been identified in the household roster.

Line N° in Household roaster	
Man name	
Age in years	
Serial N°	

Module E.1: Use of tobacco leaves/jarda/gul/smoking/drugs during the last 90 days

Q N°	Question	Answer	Skip
1	Do you smoke tobacco, use Sadapata/Jarda/Gul, or any other drug?	Yes, smoke tobacco only	Go to Q2
		Yes, use sadapata/ jarda/gul only	Go To Q3
		Yes, use other drugs only Please specify:	Go To Q4
		Yes, all above	Continue to Q2
		No	Go To next Module D.2
2	Age of initiation of smoking		
3	Age of using Sadapata/Jarda/Gul		
4	Age of using drugs		
5	Do you receive treatment for addiction?	Yes	Go To Q7
		No	Go To Q6 (next question)

Q N°	Question	Answer	Skip
6	Why do you receive no treatment?	See code below	Go to Module D.2
7	Where do you receive treatment?	See code below	
8	What type of treatment do you receive?	See code below	
9	For how many days were you in treatment center during the last 90 days?		
10	Cost of treatment during the last 90 days (Total in TK)		
11	Cost of consuming drugs (in TK)	Cost of smoking	
		Cost of using Sadapata/Jarda/Gul	
		Cost of using other drugs	
		Total cost (to check with respondent)	
12	How did you pay for consumption cost?	See code below	

Codes:

- Q 6: Reason for no treatment: (1) Too costly; (2) Treatment not efficient; (3) Treatment not available; (4) Do not want treatment; (5) Do not know.
- Q 7: Medical service provider: (1) Govt. hospital; (2) Non-govt. hospital; (3) Clinic; (4) Drug rehabilitation center; (5) Others.
- Q 8: Type of treatment received: To be determined
- Q 12: Source of funds for treatment cost: (1) Own Income; (2) Sale of own wealth; (3) Loan/Credit (Without interest); (4) Loan/Credit (With interest); (5) Help from relatives; (8) Help from friends; (9) Foreign remittance; (10) Help/Aid from Other sources please specify; (11) Help from Charity organizations; (12) Help from government; (13) Don't know.

Module E.2: Traffic Road Accidents during the last 90 days

Q N°	Question	Answer	Skip
1	Have you been victim of Traffic Road Accident during the last 90 days?	Yes	
		No	Go To next Module D.3
2	What type of wound or injury did you have?	See code below	
3	Where did the accident occur?	See code below	
4	What type of vehicle caused the wound/Injury?	See code below	
5	What was the cause of wound/Injury?	See code below	
6	What consequence did the accident had on the child?	See code below	
7	Did you seek treatment for the wound/Injury	Yes	Go To Q8
		Specify	
		No	
8	Why you didn't seek treatment?	See code below	Go To next Module D.3
9	Where did you seek treatment?	See code below	
10	Cost of treatment received for wound/Injury during last 90 days (in TK)	Medicine	
		Doctor's fees	
		Transport	
		Medical diagnostic	
		Surgery	
		Hospital	
		Other	
		Total cost (to check with respondent)	
11	How did you pay for treatment cost?	See code below	

Codes:

- Q 2: Type of wound/injury: (1) Soft Tissue Injuries; (2) Broken Bones; (3) Traumatic Brain Injuries; (4) Spinal Cord Injuries; (5) Psychological Injuries; (6) Other; (7) Do not know.
- Q 3: Place of injury: (1) City Street; (2) Road, Highway; (3) Rural Road; (4) Other; () Do not know.
- Q 4: Type of vehicle: (1) Pedestrian; (2) Bicycle; (3) Rickshaw; (4) Tuk-Tuk; (5) Motorcycle; (6) Car; (7) SUV, Van; (7) Bus; (8) Train; (9) Agricultural tractor; (10) Other; (11) Do not know.

- Q 5: Cause of injury: (1) Speeding; (2) Driving under the influence of drugs; (3) Non-use of helmet; (3) Non-use of seat-belt; (4) Distracted driving; (5) Unsafe Road; (6) Unsafe vehicle; (7) Lack of post-crash care; (8) Non-compliance with traffic laws; (9) Other causes (specify); (10) Don't know.
- Q 6: Consequence of accident: (1) No consequence; (2) Disfigurement; (3) Loss of limb; (4) Loss of limb function; (5) Loss of eyesight; (6) Loss of hearing; (7) Chronic pain; (8) Emotional trauma; (9) Other. Specify; (10) Don't know.
- Q 7: Reason for not seeking treatment: (1) Too costly; (2) Treatment not efficient; (3) Treatment not available; (4) Do not want treatment; (5) Do not know.
- Q 8: Medical service provider: (1) Govt. hospital; (2) Non-govt. hospital; (3) Clinic; (4) Drug rehabilitation center; (5) Others.
- Q 11: Source of funds for treatment cost: (1) Own Income; (2) Sale of own wealth; (3) Loan/Credit (Without interest); (4) Loan/Credit (With interest); (5) Help from relatives; (8) Help from friends; (9) Foreign remittance; (10) Help/Aid from Other sources please specify; (11) Help from Charity organizations; (12) Help from government; (13) Insurance; (14) Don't know.

Module E.3: Knowledge and awareness on HIV/AIDS by each man living in the household of age 15-24

Q N°	Question	Answer	Skip
1	Have you ever heard of HIV/AIDS?	Yes	
		No	Go To next Module D.4
2	Where did you hear about HIV/AIDS?	See code below	
3	Do you know how HIV/AIDS can spread?	Yes	
		No	Go To next Module D.4
4	Can you tell how does the HIV spread?	See code below	
5	Do you know how HIV/AIDS can be prevented from spreading?	Yes	
		No	
		Don't know	
6	Can you tell how HIV can be prevented from spreading?	See code below	
7	Do you think HIV can be avoided by having just one uninfected sex partner who has no other sex partners?	Yes	
		No	
		Don't know	
8	Do you think people can get HIV from mosquito bites?	Yes	
		No	
		Don't know	
9	Do you think people can reduce their chance of getting HIV by using a condom every time they have sex?	Yes	
		No	
		Don't know	
10	Do you think people can get HIV by sharing food with a person who has HIV?	Yes	
		No	
		Don't know	
11	Do you think that a healthy-looking person may have HIV?	Yes	
		No	
		Don't know	

Codes:

- Q2: Means of information: (1) Radio; (2) Television; (3) Billboard/Poster; (4) Newspapers; (5) Educational Institute; (6) Relative; (7) Friend; (8) Others.
Possibility of multiple answer.
- Q4: Means of HIV/AIDS spread: (1) Sex without condom; (2) Using used needles/syringes; (3) Unsafe blood transfusions; (4) Use shared razors and blades; (5) Intercourse with HIV/AIDS infected sex partner; (6) By birth; (7) Don't know.
- Q6: Means of HIV/AIDS prevention: (1) Protected sex; (2) Transfusion of unscreened blood; (3) Avoid sharing syringe; (4) Avoid sharing razors/blades; (5) Avoid having sex with HIV/AIDS infected wife;(6) Does not know.

Module D.4: Fertility, reproduction of man aged 15+ during the last 12 months.

Q N°	Question	Answer	Skip
1	Did you have a baby child (children) born during the last 12 months?	Yes	
		No	Go To next Module E.5
2	Did the mother give birth to	Single child	
		Twins	
		Triplets and more	
2	Is the mother of the baby(ies) a member of this household?	Yes	
		No	
3	When was the baby(ies) delivered?	Month	
		Year	
4	What was the outcome of the delivery?	Born alive	Single, Twins, Triplets
		Born dead	Single, Twins, Triplets
		Miscarriage	Single, Twins, Triplets
5	Is the child (ren) still alive?	Yes	Single, Twins, Triplets
		No	Single, Twins, Triplets
6	Where did birth take place	See code below	
7	Expenditure incurred for this delivery (in TK)	Prenatal	
		During delivery	
		After delivery	
		Total cost (to check with respondent)	
8	How did you pay for pregnancy and delivery cost?	See code below	

Code:

- Q 6: Place of delivery: (1) Community/Satellite Clinic; (2) Upazila hospital/health complex; (3) Zila/Sadar hospital; (4) Medical college hospital; (5) MCH welfare center; (6) Union health & family welfare center; (7) Other government hospital; (8) NGO; (9) Non-government hospital/clinic; (10) Palli chikitshak; (11) At home; (12) Others.

- Q 8: Source of funds for pregnancy and delivery cost: (1) Own Income; (2) Sale of own wealth; (3) Loan/Credit (Without interest); (4) Loan/Credit (With interest); (5) Help from relatives; (8) Help from friends; (9) Foreign remittance; (10) Help/Aid from Other sources please specify; (11) Help from Charity organizations; (12) Help from government; (13) Don't know.

Module E.5: Physical/Mental impairment of each man (aged 10+) living in the household

Q N°	Question	Answer	Skip
1	Do you suffer from any impairment?	Yes	
		No	Go to next Module E.6
2	What type of impairment do you suffer from?	See code below	
3	Do you have Mobility and Physical Impairments?	Upper limb(s) disability	
		Lower limb(s) disability	
		Manual dexterity	
		Disability in co-ordination with different organs of the body	
4	Do you have Spinal Cord Disability?	Yes	
		No	
5	Do you have serious difficulty walking or climbing stairs?	Yes	
		No	
6	Are you deaf, or do you have serious difficulty hearing?	Yes	
		No	
7	Are you blind, or do you have serious difficulty seeing, even when wearing glasses?	Yes	
		No	
8	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	Yes	
		No	
9	Do you have difficulty dressing or bathing?	Yes	
		No	
10	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	Yes	
		No	

Q N°	Question	Answer	Skip
11	Have you taken any treatment during the last 90 days?	Yes	Go To Q11
		No	
12	Why didn't you seek treatment?	See code below	
13	Where did you seek treatment?	See code below	
14	Cost of treatment received for impairment during last 90 days (in TK)	Medicine Doctor's fees Transport Medical diagnostic Hearing aid Spectacles Wheel chair Crutches Surgery Hospital Other Total cost (to check with respondent)	<i>Please enter cost in TK</i> <i>Please enter cost in TK</i>
15	How did you pay for treatment cost?	See code below	

Code:

- Q 2: Types of impairments: Vision: Hearing: Mobility: Communication; Cognitive; Upper body; Learning/understanding
- Q 12: Reason for not seeking treatment: (1) Too costly; (2) Treatment not efficient; (3) Treatment not available; (4) Do not want treatment; (5) Do not know.
- Q13: Place of treatment for impairment: To be determines
- Q15: Source of funds for treatment cost: (1) Foreign remittance; (2) Money of Insurance; (3) Government funds; (4) Loan/Credit (Without interest; (5) Loan/Credit (With interest); (6) Religious charity organization; (7) Help from relatives; (8) Help from friends; (9) Own Income; (10) Sale of own wealth; (11) Help/Aid from Other sources please specify; (12) Don't know.

Module E.6: Man, Health condition, serious illness, general illness, death, physical injury, medical and routine check-up, during the last 90 days.

Supplementary questions for accurate diagnosis of disease by man who was exposed to sickness/illness/under medical treatment for any of the following diseases during last 90 days:

[If any man living in the household has fallen sick or under medical treatment during last 90 days for any of the following diseases, concerned prescriptions by a physician and reports are required to be verified for diagnosis of disease. If it is not possible then get the replies of the supplementary questions and encircle correct answer.]

Q N°	Disease	Answer	Skip
A	Questions for Diagnosis of Goitre		
A.1	Does the front side of neck inflated like solid mass?	Yes	
		No	Go to Q (B)
A.2	Does the shape of the mass changes with pressure?	Yes	
		No	
A.3	Does its position change/move?	Yes	
		No	
A.4	Do you follow treatment for this disease?	Yes	
		No	
B	Questions for Diagnosis of Epilepsy		
B.1	Did ever lose the sense by shaking or shivering hands and legs?	Yes	
		No	Go to Q (C)
B.2	Was there symptom of pouring saliva or biting of tongue?	Yes	
		No	
B.3	After getting sense was there any pain in leg, headache, sleepy feeling?	Yes	
		No	
B.4	Do you follow treatment for this disease?	Yes	
		No	
C	Questions for Diagnosis of Ulcer		
C.1	Has/had pain/trouble on the chest/stomach?	Yes	
		No	Go to Q (D)

Q N°	Disease	Answer	Skip
C.2	Does/did bitterness of pain in empty stomach increased?	Yes	
		No	
C.3	Does feel pain in chest/stomach after/before meal?	Yes	
		No	
C.4	Has/ had sour eructation?	Yes	
		No	
C.5	Do you follow treatment for this disease?	Yes	
		No	
D	Questions for Diagnosis of Hepatitis		
D.1	Have you suffered from Hepatitis B?	Yes	
		No	Go to Q (E)
D.2	If Yes, for how many months?	Less than 12 months	
		More than 12 months	
D.3	Is/was the color of urine and eye yellow?	Yes	
		No	Go to Q (E)
D.4	Has/had no appetite with light fever?	Yes	
		No	
D.5	Does/did vomiting take place along with vomiting tendency?	Yes	
		No	
D.6	Has/had pain/trouble on the stomach/chest?	Yes	
		No	
D.7	Do you follow treatment for this disease?	Yes	
		No	
E	Questions for Diagnosis of Rabies		
E.1	Did dog or any other animal (cat, fox, mongoose, rat, mole-rat etc.) bite you?		
			Go to Q (F)
E.2	Did you take vaccination against Rabies after the biting of the mentioned animal?		

Q N°	Disease	Answer	Skip
E.3	Was there symptom of uneasiness in the biting place, restlessness, problem in drinking water, fear from water, air or light after one week to three months of biting?		
E.4	Do you follow treatment for this disease?	Yes	
		No	
F	Questions for Diagnosis of Chicken pox		
F.1	Is/was there mini boil like water vesicle on the entire body with light fever?	Yes	Go to Q (G)
		No	
F.2	Is/was there any itching in theming boil?	Yes	
		No	
F.3	Does feel any pain in throat at the time of meal?	Yes	
		No	
F.4	Do you follow treatment for this disease?	Yes	
		No	
G	Questions for Diagnosis of Conjunctivitis		
G.1	Is/was frequent water shedding from your eye with itching or burning sensation?	Yes	
		No	Go to Q (H)
G.2	Is/was the eye become red?	Yes	
		No	
G.3	Do you follow treatment for this disease?	Yes	
		No	
H	Questions for Diagnosis of Night blindness		
H.1	Is there trouble in seeing during night?	Yes	
		No	Go to Q (I)
H.2	Is there trouble in seeing during in the day?	Yes	
		No	
H.3	Is there any white spot in the eye?	Yes	
		No	
H.4	Do you follow treatment for this disease?	Yes	
		No	

Q N°	Disease	Answer	Skip
I	Questions for Diagnosis of Cataract		
I.1	Is/was trouble in seeing?	Yes	
		No	Go to Q (J)
I.2	Is/was feeling of light cover on the eye?	Yes	
		No	
I.3	Does it seem white if torchlight is focused on the eye?	Yes	
		No	
I.4	Do you follow treatment for this disease?	Yes	
		No	
J	Questions for Diagnosis of Arthritis		
J.1	Is there any symptom of pain in bone joints?	Yes	
		No	Go to Q (K)
J.2	Is there any problem in walking?	Yes	
		No	
J.3	Is there any symptom often inflation of bone joint?	Yes	
		No	
J.4	Do you follow treatment for this disease?	Yes	
		No	
K	Questions for Diagnosis of Tuberculosis (TB)		
K.1	Have you suffered from Tuberculosis lately?	Yes	
		No	Go to Q (L)
K.2	If Yes, for how many months?	Less than 12 months	
		More than 12 months	
K.3	Is/was there cough for three or more weeks continuously?	Yes	
		No	Go to Q (L)
K.4	Does appetite reduce?	Yes	
		No	
K.5	Does the weight reduce?	Yes	
		No	
K.6	Was there blood with cough?	Yes	

Q N°	Disease	Answer	Skip
		No	
K.7	Was there hidden fever off and on?	Yes	
		No	
K.8	Does the fever come in the evening; body sweat in the dawn?	Yes	
		No	
K.9	Does/did any member of family suffer from TB?	Yes	
		No	
K.10	Did take medicine for TB before?	Yes	
		No	
K.11	Have taken TB vaccination till now?	Yes	
		No	
K.12	Was there inflammation of gland, neck?	Yes	
		No	
K.13	Do you follow treatment for this disease?	Yes	
		No	
L	Questions for Diagnosis of Malaria		
L.1	Have you suffered from Malaria lately?	Yes	
		No	Go to Q (M)
L.2	If Yes, for how many months?	Less than 12 months	
		More than 12 months	
L.3	Is/was Fever with cold and shivering?	Yes	
		No	Go to Q (M)
L.4	Is/was remission of fever after some time?	Yes	
		No	
L.5	Is/was fever irregularly after $\frac{1}{2}$ days?	Yes	
		No	
L.6	Did go or resided in malaria affected areas 1 month before the occurrence of fever?	Yes	
		No	
L.7	Do you follow treatment for this disease?	Yes	
		No	

Q N°	Disease	Answer	Skip
M	Questions for Diagnosis of Kala-azar		
M.1	Has/had fever for 2 or more weeks?	Yes	
		No	Go to Q (N)
M.2	Feel/did feel weak due to fever?	Yes	
		No	
M.3	Did weight reduce after fever?	Yes	
		No	
M.4	Did live or visit Kala-azar proven area during last one and half years?	Yes	
		No	
M.5	Did tar like motion or blood vomiting take place?	Yes	
		No	
M.6	Do you follow treatment for this disease?	Yes	
		No	
N	Questions for Diagnosis of Diabetes		
N.1	Did the urine comes off and on?	Yes	
		No	Go to Q (O)
N.2	Did you feel repeatedly thirsty?	Yes	
		No	
N.3	Did the doctor confirm diabetes with blood test?	Yes	
		No	
N.4	Do you follow rules/habits for treating diabetes?	Yes	
		No	
N.5	Do you follow treatment for this disease?	Yes	
		No	
O	Questions for Diagnosis of High Blood Pressure		
O.1	Do you have High blood pressure?	Yes	
		No	Go to Q (P)
O.2	Did the doctor confirm High Blood Pressure?	Yes	
		No	
O.3	Did you feel pain in the neck?	Yes	

Q N°	Disease	Answer	Skip
		No	
O.4	Did you have tendency to vomit?	Yes	
		No	
O.5	Did you feel heavy head?	Yes	
		No	
O.6	Did you feel dizziness?	Yes	
		No	
O.7	Do you follow rules/habits for controlling blood pressure?	Yes	
		No	
O.8	Do you follow treatment for this disease?	Yes	
		No	
P	Questions for Diagnosis of Urinary Tract Infection		
P.1	Did feel pain in the urinary tract during micturition?	Yes	
		No	Go to Q (Q)
P.2	Did you urinate on and off?	Yes	
		No	
P.3	Did you have pain in abdomen?	Yes	
		No	
P.4	Do you follow treatment for this disease?	Yes	
		No	
Q	Questions for Diagnosis of Sexually Transmitted Diseases		
Q.1	Did excrete comes out with urine?	Yes	
		No	Go to Q (R)
Q.2	Did you feel pain during urinating?	Yes	
		No	
Q.3	Do you have any wound in the sexual organ?	Yes	
		No	
Q.4	Is the wound painless or itching free?	Yes	
		No	
Q.5	Do you follow treatment for this disease?	Yes	

Q N°	Disease	Answer	Skip
		No	
R	Questions for Diagnosis of Arsenic		
R.1	Did you make arsenic test on the drinking water?	Yes	
		No	Go to Q (S)
R.2	Is the water you are drinking free of arsenic?	Yes	
		No	
R.3	Do you have any visible sign of dry skin or dry hand/feet?	Yes	
		No	
R.4	Do you have any visible sign of boil seen on the skin?	Yes	
		No	
R.5	Do you have any mark of itching on the spot?	Yes	
		No	
R.6	Are aware of arsenic attack?	Yes	
		No	
R.7	Do you follow treatment for this disease?	Yes	
		No	
S	Questions for Diagnosis of Ear infection		
S.1	Did water or putrid fall due to ear sepsis?	Yes	
		No	Go to Q (T)
S.2	Do you hear any whizzing sound?	Yes	
		No	
S.3	Do you have any pain in the ear?	Yes	
		No	
S.4	Do you follow treatment for this disease?	Yes	
		No	
T	Questions for Diagnosis of Skin Disease		
T.1	Do you feel you have skin disease?	Yes	
		No	Go to Q (U)
T.2	Is/was there small or big boil on the skin due to prickly heat or itching?	Yes	
		No	

Q N°	Disease	Answer	Skip
T.3	Does serum fall due to itching?	Yes	
		No	
T.4	Does putrid fall due to itching?	Yes	
		No	
T.5	Do you follow treatment for this disease?	Yes	
		No	
U	Questions for Diagnosis of Cancer		
U.1	Are you suffering from some dangerous disease, such as cancer?	Yes	
		No	Go to Q (V)
U.2	Has the doctor located the organ with cancer?	Yes	
		No	
U.3	Which organ is diagnosed with cancer?	Stomach	
		Liver	
		Lung	
		Pharynx	
		Esophagus	
		Blood	
		Other (specify)
U.4	Do you follow treatment for this disease?	Yes	
		No	
V	Questions for Diagnosis of Dysentery		
V.1	Do you feel you have Dysentery??	Yes	
		No	Go to Q (W)
V.2	Were there loose motions with stomach squeeze for three or more times a day?	Yes	
		No	
V.3	Was mucus/ dysentery secreted with stools?	Yes	
		No	
V.4	Do you follow treatment for this disease?	Yes	
		No	
W	Questions for Diagnosis of Asthma		

Q N°	Disease	Answer	Skip
W.1	Do you have asthma, difficulty breathing, respiratory problems, when using staircase or walking swiftly?	Yes	
		No	Go to Q (X)
W.2	Have you ever done any X-ray or cough test?	Yes	
		No	
W.3	Has this disease been confirmed by a doctor?	Yes	
		No	
W.4	Do you follow treatment for this disease?	Yes	
		No	
X	Questions for Diagnosis of Heart disease/Chest pain		
X.1	Do you have heart disease, chest pain?	Yes	
		No	Go to Q (Y)
X.2	Did you have heart attack during the last 90 days?	Yes	
		No	
X.3	Has this disease been confirmed by a doctor?	Yes	
		No	
X.4	Do you follow treatment for this disease?	Yes	
		No	
Y	Questions for Diagnosis of Stroke or Brain hemorrhage		
Y.1	Did you have Stroke or Brain hemorrhage during last 90 days?	Yes	
		No	Go to Q (Z)
Y.2	Do feel any part of your body weak/paralyzed	Yes	
		No	
Y.3	Has this disease been confirmed by a doctor?	Yes	
		No	
Y.4	Do you follow treatment for this disease?	Yes	
		No	
Z	Questions for Diagnosis of other disease		
Z.1	Have you had other health problems during the last 90 days?	Yes	
		No	Go To next Q (AA)
Z.2	Can you describe your problem?	Specify	

Q N°	Disease	Answer	Skip
Z.3	Has this disease been confirmed by a doctor?	Yes	
		No	
Z.4	Do you follow treatment for this disease?	Yes	
		No	
AA	Questions for Medical routine check-up		
AA.1	Have you had a medical routine check during the last 90 days?	Yes	
		No	Go To next Q (AB)
AA.2	Was this check-up prescribed by your doctor?	Yes	
		No	
AA.2	What was the outcome of the check-up?	Specify	
AA.3	Did you refer to your doctor with the result?	Yes	
		No	
AA.4	Do you follow treatment for this disease?	Yes	
		No	
AB	Questions for health expenditure during last 90 days		
AB.1	Expenditure incurred for medical treatment of the diseases mentioned in Questions A to AB, during last 90 days	Doctor's fees	
		Hospitalization	
		Delivery	
		Medicine	
		Routine check-up	
		Contraceptives	
		Surgery	
		Lab exams	
		Health attendants	
		Transport	
		Others	
		Total (to check with respondent)	

Q N°	Disease	Answer	Skip
AB.2	How did you pay for consumption cost?	See code below	

Code:

- Q AB.2: Source of funds for treatment cost (specifically for Module E.6): (1) Own Income; (2) Sale of own wealth; (3) Loan/Credit (Without interest); (4) Loan/Credit (With interest); (5) Help from relatives; (8) Help from friends; (9) Foreign remittance; (10) Help/Aid from Other sources please specify; (11) Help from Charity organizations; (12) Help from government; (13) Don't know.

Section F: Hijra's Questionnaire

Information on all Hijra resident in this household of age 10+ who have been identified in the household roster (Section C) (Please keep the same line number that the one attributed to the man in the Roster)

Use a separate questionnaire for each Hijra of age 10+ who have been identified in the household roster.

Line N° in Household roaster	
Hijra name	
Age in years	
Serial N°	

Module F.1: Use of tobacco leaves/jarda/gul/smoking/drugs during the last 90 days

Q N°	Question	Answer	Skip
1	Do you smoke tobacco, use Sadapata/Jarda/Gul, or any other drug?	Yes, smoke tobacco only	Go to Q2
		Yes, use sadapata/ jarda/gul only	Go To Q3
		Yes, use other drugs only Please specify:	Go To Q4
		Yes, all above	Continue to Q2

Q N°	Question	Answer	Skip
		No	Go To next Module D.2
2	Age of initiation of smoking		
3	Age of using Sadapata/Jarda/Gul		
4	Age of using drugs		
5	Do you receive treatment for addiction?	Yes	Go To Q7
		No	Go To Q6 (next question)
6	Why do you receive no treatment?	See code below	Go to Module D.2
7	Where do you receive treatment?	See code below	
8	What type of treatment do you receive?	See code below	
9	For how many days were you in treatment center during the last 90 days?		
10	Cost of treatment during the last 90 days (Total in TK)		
11	Cost of consuming drugs (in TK)	Cost of smoking	
		Cost of using Sadapata/Jarda/Gul	
		Cost of using other drugs	
		Total cost (to check with respondent)	
12	How did you pay for consumption cost?	See code below	

Codes:

- Q 6: Reason for no treatment: (1) Too costly; (2) Treatment not efficient; (3) Treatment not available; (4) Do not want treatment; (5) Do not know.
- Q 7: Medical service provider: (1) Govt. hospital; (2) Non-govt. hospital; (3) Clinic; (4) Drug rehabilitation center; (5) Others.
- Q 8: Type of treatment received: To be determined
- Q 12: Source of funds for consumption cost: (1) Own Income; (2) Sale of own wealth; (3) Loan/Credit (Without interest); (4) Loan/Credit (With interest); (5) Help from relatives; (8) Help from friends; (9) Foreign remittance; (10) Help/Aid from Other sources please specify; (11) Help from Charity organizations; (12) Help from government; (13) Don't know.

Module F.2: Traffic Road Accidents during the last 90 days

Q N°	Question	Answer	Skip
1	Have you been victim of Traffic Road Accident during the last 90 days?	Yes	
		No	Go To next Module D.3
2	What type of wound or injury did you have?	See code below	
3	Where did the accident occur?	See code below	
4	What type of vehicle caused the wound/Injury?	See code below	
5	What was the cause of wound/Injury?	See code below	
6	What consequence did the accident had on the person?	See code below	
7	Did you seek treatment for the wound/Injury	Yes	Go To Q9
		Specify	
		No	
8	Why you didn't seek treatment?	See code below	Go To next Module D.3
9	Where did you seek treatment?	See code below	
10	Cost of treatment received for wound/Injury during last 90 days (in TK)	Medicine	
		Doctor's fees	
		Transport	
		Medical diagnostic	
		Surgery	
		Hospital	
		Other	
		Total cost (to check with respondent)	
11	How did you pay for treatment cost?	See code below	

Codes:

- Q2: Type of wound/injury: (1) Soft Tissue Injuries; (2) Broken Bones; (3) Traumatic Brain Injuries; (4) Spinal Cord Injuries; (5) Psychological Injuries; (6) Other; (7) Do not know.
- Q3: Place of injury: (1) City Street; (2) Road, Highway; (3) Rural Road; (4) Other; () Do not know.

- Q4: Type of vehicle: (1) Pedestrian; (2) Bicycle; (3) Rickshaw; (4) Tuk-Tuk; (5) Motorcycle; (6) Car; (7) SUV, Van; (7) Bus; (8) Train; (9) Agricultural tractor; (10) Other; (11) Do not know.
- Q 5: Cause of injury: (1) Speeding; (2) Driving under the influence of drugs; (2) Non-use of helmet; (3) Non-use of seat-belt; (4) Distracted driving; (5) Unsafe Road; (6) Unsafe vehicle; (7) Lack of post-crash care; (8) Non-compliance with traffic laws; (9) Other causes (specify); (10) Don't know.
- Q 6: Consequence of accident: (1) No consequence; (2) Disfigurement; (3) Loss of limb; (4) Loss of limb function; (5) Loss of eyesight; (6) Loss of hearing; (7) Chronic pain; (8) Emotional trauma; (9) Other ..Specify; (10) Don't know.
- Q 7: Reason for not seeking treatment: (1) Too costly; (2) Treatment not efficient; (3) Treatment not available; (4) Do not want treatment; (5) Do not know.
- Q 8: Medical service provider: (1) Govt. hospital;(2) Non-govt. hospital; (3) Clinic; (4) Drug rehabilitation center; (5) Others.
- Q 11: Source of funds for treatment cost: (1) Own Income; (2) Sale of own wealth; (3) Loan/Credit (Without interest); (4) Loan/Credit (With interest); (5) Help from relatives; (8) Help from friends; (9) Foreign remittance; (10) Help/Aid from Other sources please specify; (11) Help from Charity organizations; (12) Help from government; (13) Insurance; (14) Don't know.

Module F.3: Knowledge and awareness on HIV/AIDS by each Hijra living in the household of age 15-24

Q N°	Question	Answer	Skip
1	Have you ever heard of HIV/AIDS?	Yes	
		No	Go To next Module F.4
2	Where did you hear about HIV/AIDS?	See code below	
3	Do you know how HIV/AIDS can spread?	Yes	
		No	Go To next Module F.4
4	Can you tell how does the HIV spread?	See code below	
5	Do you know how HIV/AIDS can be prevented from spreading?	Yes	
		No	
		Don't know	
6	Can you tell how can HIV be prevented from spreading?	See code below	
7	Do you think HIV can be avoided by having just one uninfected sex partner who has no other sex partners?	Yes	
		No	
		Don't know	
8	Do you think people can get HIV from mosquito bites?	Yes	
		No	
		Don't know	
9	Do you think people can reduce their chance of getting HIV by using a condom every time they have sex?	Yes	
		No	
		Don't know	
10	Do you think people can get HIV by sharing food with a person who has HIV?	Yes	
		No	
		Don't know	
11	Do you think that a healthy-looking person may have HIV?	Yes	
		No	
		Don't know	

Q N°	Question	Answer	Skip
12	Do you think there are any special medicines that a doctor or a nurse can give to a person infected with HIV to reduce the risk of transmission to the baby?	Yes	
		No	
		Don't know	
13	Do you approve of people who take a pill every day to prevent getting HIV?	Yes	
		No	
		Don't know	

Codes:

- Q 2: Means of information: (1) Radio; (2) Television; (3) Billboard/Poster; (4) Newspapers; (5) Educational Institute; (6) Relative; (7) Friend; (8) Others.
Possibility of multiple answer.
- Q 4: Means of HIV/AIDS spread: (1) Sex without condom; (2) Using used needles/syringes; (3) Unsafe blood transfusions; (4) Use shared razors and blades; (5) Intercourse with HIV/AIDS infected sex partner; (6) By birth; (7) Don't know.
- Q 6: Means of HIV/AIDS prevention: (1) Protected sex; (2) Transfusion of unscreened blood; (3) Avoid sharing syringe; (4) Avoid sharing razors/blades; (5) Avoid having sex with HIV/AIDS infected partner;(6) Don't know.

Module F.4: Physical/Mental impairment of each Hijra (aged 10+) living in the household

Q N°	Question	Answer	Skip
1	Do you suffer from any impairment?	Yes	
		No	Go to next Module F.5
2	What impairment do you suffer from?	See code below	
2	Do you have Mobility and Physical Impairments?	Upper limb(s) disability	
		Lower limb(s) disability	
		Manual dexterity	
		Disability in co-ordination with different organs of the body	
3	Do you have Spinal Cord Disability?	Yes	
		No	
4	Do you have serious difficulty walking or climbing stairs?	Yes	
		No	
5	Are you deaf, or do you have serious difficulty hearing?	Yes	
		No	
6	Are you blind, or do you have serious difficulty seeing, even when wearing glasses?	Yes	
		No	
7	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	Yes	
		No	
8	Do you have difficulty dressing or bathing?	Yes	
		No	
9	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	Yes	
		No	
9	Have you taken any treatment during the last 90 days?	Yes	Go To Q11
		No	
10	Why you didn't seek treatment?	See code below	
11	Where did you seek treatment?	See code below	

Q N°	Question	Answer	Skip
12	Cost of treatment received for impairment during last 90 days (in TK)	Medicine	<i>Please enter cost in TK</i>
		Doctor's fees	<i>Please enter cost in TK</i>
		Transport	<i>Please enter cost in TK</i>
		Medical diagnostic	<i>Please enter cost in TK</i>
		Hearing aid	<i>Please enter cost in TK</i>
		Spectacles	<i>Please enter cost in TK</i>
		Wheel chair	<i>Please enter cost in TK</i>
		Crutches	<i>Please enter cost in TK</i>
		Surgery	<i>Please enter cost in TK</i>
		Hospital	<i>Please enter cost in TK</i>
		Other	<i>Please enter cost in TK</i>
13	How did you pay for treatment cost?	See code below	

Code:

- Q 2: Types of impairments: Vision; Hearing; Mobility; Communication; Cognitive; Upper body; Learning/understanding
- Q10: Reason for not seeking treatment: (1) Too costly; (2) Treatment not efficient; (3) Treatment not available; (4) Do not want treatment; (5) Do not know.
- Q11: Place of treatment for impairment: To be determines
- Q 13: Source of funds for treatment cost: (1) Own Income; (2) Sale of own wealth; (3) Loan/Credit (Without interest); (4) Loan/Credit (With interest); (5) Help from relatives; (8) Help from friends; (9) Foreign remittance; (10) Help/Aid from Other sources please specify; (11) Help from Charity organizations; (12) Help from government; (13) Don't know.

Module E.6: Hijra, Health condition, serious illness, general illness, death, physical injury, medical and routine check-up, during the last 90 days.

Supplementary questions for accurate diagnosis of disease by hijra who was exposed to sickness/illness/under medical treatment for any of the following diseases during last 90 days.

[If any hijra living in the household has fallen sick or under medical treatment during last 90 days for any of the following diseases, concerned prescriptions by a physician and reports are required to be verified for diagnosis of disease.]

Q N°	Disease	Answer	Skip
A	Questions for Diagnosis of Goitre		
A.1	Does the front side of neck inflated like solid mass?	Yes	
		No	Go to Q (B)
A.2	Does the shape of the mass changes with pressure?	Yes	
		No	
A.3	Does its position change/move?	Yes	
		No	
A.4	Do you follow treatment for this disease?	Yes	
		No	
B	Questions for Diagnosis of Epilepsy		
B.1	Did ever lose the sense by shaking or shivering hands and legs?	Yes	
		No	Go to Q (C)
B.2	Was there symptom of pouring saliva or biting of tongue?	Yes	
		No	
B.3	After getting sense was there any pain in leg, headache, sleepy feeling?	Yes	
		No	
B.4	Do you follow treatment for this disease?	Yes	
		No	
C	Questions for Diagnosis of Ulcer		
C.1	Has/had pain/trouble on the chest/stomach?	Yes	
		No	Go to Q (D)

Q N°	Disease	Answer	Skip
C.2	Does/did bitterness of pain in empty stomach increased?	Yes	
		No	
C.3	Does feel pain in chest/stomach after/before meal?	Yes	
		No	
C.4	Has/ had sour eructation?	Yes	
		No	
C.5	Do you follow treatment for this disease?	Yes	
		No	
D	Questions for Diagnosis of Hepatitis		
D.1	Have you suffered from Hepatitis B?	Yes	
		No	Go to Q (E)
D.2	If Yes, for how many months?	Less than 12 months	
		More than 12 months	
D.3	Is/was the color of urine and eye yellow?	Yes	
		No	Go to Q (E)
D.4	Has/had no appetite with light fever?	Yes	
		No	
D.5	Does/did vomiting take place along with vomiting tendency?	Yes	
		No	
D.6	Has/had pain/trouble on the stomach/chest?	Yes	
		No	
D.7	Do you follow treatment for this disease?	Yes	
		No	
E	Questions for Diagnosis of Rabies		
E.1	Did dog or any other animal (cat, fox, mongoose, rat, mole-rat etc.) bite you?		
			Go to Q (F)
E.2	Did you take vaccination against Rabies after the biting of the mentioned animal?		
E.3			

Q N°	Disease	Answer	Skip
	Was there symptom of uneasiness in the biting place, restlessness, problem in drinking water, fear from water, air or light after one week to three months of biting?		
E.4	Do you follow treatment for this disease?	Yes	
		No	
F	Questions for Diagnosis of Chicken pox		
F.1	Is/was there mini boil like water vesicle on the entire body with light fever?	Yes	Go to Q (G)
		No	
F.2	Is/was there any itching in theming boil?	Yes	
		No	
F.3	Does feel any pain in throat at the time of meal?	Yes	
		No	
F.4	Do you follow treatment for this disease?	Yes	
		No	
G	Questions for Diagnosis of Conjunctivitis		
G.1	Is/was frequent water shedding from your eye with itching or burning sensation?	Yes	
		No	Go to Q (H)
G.2	Is/was the eye become red?	Yes	
		No	
G.3	Do you follow treatment for this disease?	Yes	
		No	
H	Questions for Diagnosis of Night blindness		
H.1	Is there trouble in seeing during night?	Yes	
		No	Go to Q (I)
H.2	Is there trouble in seeing during in the day?	Yes	
		No	
H.3	Is there any white spot in the eye?	Yes	
		No	
H.4	Do you follow treatment for this disease?	Yes	
		No	

Q N°	Disease	Answer	Skip
I	Questions for Diagnosis of Cataract		
I.1	Is/was trouble in seeing?	Yes	
		No	Go to Q (J)
I.2	Is/was feeling of light cover on the eye?	Yes	
		No	
I.3	Does it seem white if torchlight is focused on the eye?	Yes	
		No	
I.4	Do you follow treatment for this disease?	Yes	
		No	
J	Questions for Diagnosis of Arthritis		
J.1	Is there any symptom of pain in bone joints?	Yes	
		No	Go to Q (K)
J.2	Is there any problem in walking?	Yes	
		No	
J.3	Is there any symptom often inflation of bone joint?	Yes	
		No	
J.4	Do you follow treatment for this disease?	Yes	
		No	
K	Questions for Diagnosis of Tuberculosis (TB)		
K.1	Have you suffered from Tuberculosis lately?	Yes	
		No	Go to Q (L)
K.2	If Yes, for how many months?	Less than 12 months	
		More than 12 months	
K.3	Is/was there cough for three or more weeks continuously?	Yes	
		No	Go to Q (L)
K.4	Does appetite reduce?	Yes	
		No	
K.5	Does the weight reduce?	Yes	
		No	
K.6	Was there blood with cough?	Yes	

Q N°	Disease	Answer	Skip
		No	
K.7	Was there hidden fever off and on?	Yes	
		No	
K.8	Does the fever come in the evening; body sweat in the dawn?	Yes	
		No	
K.9	Does/did any member of family suffer from TB?	Yes	
		No	
K.10	Did take medicine for TB before?	Yes	
		No	
K.11	Have taken TB vaccination till now?	Yes	
		No	
K.12	Was there inflammation of gland, neck?	Yes	
		No	
K.13	Do you follow treatment for this disease?	Yes	
		No	
L	Questions for Diagnosis of Malaria		
L.1	Have you suffered from Malaria lately?	Yes	
		No	Go to Q (M)
L.2	If Yes, for how many months?	Less than 12 months	
		More than 12 months	
L.3	Is/was Fever with cold and shivering?	Yes	
		No	Go to Q (M)
L.4	Is/was remission of fever after some time?	Yes	
		No	
L.5	Is/was fever irregularly after $\frac{1}{2}$ days?	Yes	
		No	
L.6	Did go or resided in malaria affected areas 1 month before the occurrence of fever?	Yes	
		No	
L.7	Do you follow treatment for this disease?	Yes	
		No	

Q N°	Disease	Answer	Skip
M	Questions for Diagnosis of Kala-azar		
M.1	Has/had fever for 2 or more weeks?	Yes	
		No	Go to Q (N)
M.2	Feel/did feel weak due to fever?	Yes	
		No	
M.3	Did weight reduce after fever?	Yes	
		No	
M.4	Did live or visit Kala-azar proven area during last one and half years?	Yes	
		No	
M.5	Did tar like motion or blood vomiting take place?	Yes	
		No	
M.6	Do you follow treatment for this disease?	Yes	
		No	
N	Questions for Diagnosis of Diabetes		
N.1	Did the urine comes off and on?	Yes	
		No	Go to Q (O)
N.2	Did you feel repeatedly thirsty?	Yes	
		No	
N.3	Did the doctor confirm diabetes with blood test?	Yes	
		No	
N.4	Do you follow rules/habits for treating diabetes?	Yes	
		No	
N.5	Do you follow treatment for this disease?	Yes	
		No	
O	Questions for Diagnosis of High Blood Pressure		
O.1	Do you have High blood pressure?	Yes	
		No	Go to Q (P)
O.2	Did the doctor confirm High Blood Pressure?	Yes	
		No	
O.3	Did you feel pain in the neck?	Yes	

Q N°	Disease	Answer	Skip
		No	
O.4	Did you have tendency to vomit?	Yes	
		No	
O.5	Did you feel heavy head?	Yes	
		No	
O.6	Did you feel dizziness?	Yes	
		No	
O.7	Do you follow rules/habits for controlling blood pressure?	Yes	
		No	
O.8	Do you follow treatment for this disease?	Yes	
		No	
P	Questions for Diagnosis of Urinary Tract Infection		
P.1	Did feel pain in the urinary tract during micturition?	Yes	
		No	Go to Q (Q)
P.2	Did you urinate on and off?	Yes	
		No	
P.3	Did you have pain in abdomen?	Yes	
		No	
P.4	Do you follow treatment for this disease?	Yes	
		No	
Q	Questions for Diagnosis of Sexually Transmitted Diseases		
Q.1	Did excrete comes out with urine?	Yes	
		No	Go to Q (R)
Q.2	Did you feel pain during urinating?	Yes	
		No	
Q.3	Do you have any wound in the sexual organ?	Yes	
		No	
Q.4	Is the wound painless or itching free?	Yes	
		No	
Q.5	Do you follow treatment for this disease?	Yes	

Q N°	Disease	Answer	Skip
		No	
R	Questions for Diagnosis of Arsenic		
R.1	Did you make arsenic test on the drinking water?	Yes	
		No	Go to Q (S)
R.2	Is the water you are drinking free of arsenic?	Yes	
		No	
R.3	Do you have any visible sign of dry skin or dry hand/feet?	Yes	
		No	
R.4	Do you have any visible sign of boil seen on the skin?	Yes	
		No	
R.5	Do you have any mark of itching on the spot?	Yes	
		No	
R.6	Are aware of arsenic attack?	Yes	
		No	
R.7	Do you follow treatment for this disease?	Yes	
		No	
S	Questions for Diagnosis of Ear infection		
S.1	Did water or putrid fall due to ear sepsis?	Yes	
		No	Go to Q (T)
S.2	Do you hear any whizzing sound?	Yes	
		No	
S.3	Do you have any pain in the ear?	Yes	
		No	
S.4	Do you follow treatment for this disease?	Yes	
		No	
T	Questions for Diagnosis of Skin Disease		
T.1	Do you feel you have skin disease?	Yes	
		No	Go to Q (U)
T.2	Is/was there small or big boil on the skin due to prickly heat or itching?	Yes	
		No	

Q N°	Disease	Answer	Skip
T.3	Does serum fall due to itching?	Yes	
		No	
T.4	Does putrid fall due to itching?	Yes	
		No	
T.5	Do you follow treatment for this disease?	Yes	
		No	
U	Questions for Diagnosis of Cancer		
U.1	Are you suffering from some dangerous disease, such as cancer?	Yes	
		No	Go to Q (V)
U.2	Has the doctor located the organ with cancer?	Yes	
		No	
U.3	Which organ is diagnosed with cancer?	Stomach	
		Liver	
		Lung	
		Pharynx	
		Esophagus	
		Blood	
		Other (specify)
U.4	Do you follow treatment for this disease?	Yes	
		No	
V	Questions for Diagnosis of Dysentery		
V.1	Do you feel you have Dysentery??	Yes	
		No	Go to Q (W)
V.2	Were there loose motions with stomach squeeze for three or more times a day?	Yes	
		No	
V.3	Was mucus/ dysentery secreted with stools?	Yes	
		No	
V.4	Do you follow treatment for this disease?	Yes	
		No	

Q N°	Disease	Answer	Skip
W	Questions for Diagnosis of Asthma		
W.1	Do you have asthma, difficulty breathing, respiratory problems, when using staircase or walking swiftly?	Yes	
		No	Go to Q (X)
W.2	Have you ever done any X-ray or cough test?	Yes	
		No	
W.3	Has this disease been confirmed by a doctor?	Yes	
		No	
W.4	Do you follow treatment for this disease?	Yes	
		No	
X	Questions for Diagnosis of Heart disease/Chest pain		
X.1	Do you have heart disease, chest pain?	Yes	
		No	Go to Q (Y)
X.2	Did you have heart attack during the last 90 days?	Yes	
		No	
X.3	Has this disease been confirmed by a doctor?	Yes	
		No	
X.4	Do you follow treatment for this disease?	Yes	
		No	
Y	Questions for Diagnosis of Stroke or Brain hemorrhage		
Y.1	Did you have Stroke or Brain hemorrhage during last 90 days?	Yes	
		No	Go to Q (Z)
Y.2	Do feel any part of your body weak/paralyzed	Yes	
		No	
Y.3	Has this disease been confirmed by a doctor?	Yes	
		No	
Y.4	Do you follow treatment for this disease?	Yes	
		No	
Z	Questions for Diagnosis of other disease		
Z.1	Have you had other health problems during the last 90 days?	Yes	
		No	Go To next Q (AA)

Q N°	Disease	Answer	Skip
Z.2	Can you describe your problem?	Specify	
Z.3	Has this disease been confirmed by a doctor?	Yes	
		No	
Z.4	Do you follow treatment for this disease?	Yes	
		No	
AA	Questions for Medical routine check-up		
AA.1	Have you had a medical routine check during the last 90 days?	Yes	
		No	Go To next Q (AB)
AA.2	Was this check-up prescribed by your doctor?	Yes	
		No	
AA.2	What was the outcome of the check-up?	Specify	
AA.3	Did you refer to your doctor with the result?	Yes	
		No	
AA.4	Do you follow treatment for this disease?	Yes	
		No	
AB	Questions for health expenditure during last 90 days		
AB.1	Expenditure incurred for medical treatment of the diseases mentioned in Questions A to AB, during last 90 days	Doctor's fees	Please enter cost in TK
		Hospitalization	Please enter cost in TK
		Delivery	Please enter cost in TK
		Medicine	Please enter cost in TK
		Routine check-up	Please enter cost in TK
		Surgery	Please enter cost in TK
		Lab exams	Please enter cost in TK
		Health attendants	Please enter cost in TK
		Transport	Please enter cost in TK
		Others	Please enter cost in TK
		Total (to check with respondent)	Please enter cost in TK

Q N°	Disease	Answer	Skip
AB.2	How did you pay for consumption cost?	See code below	

Code:

- Q AB.2: Source of funds for treatment cost (specifically for Module D.6): (1) Own Income; (2) Sale of own wealth; (3) Loan/Credit (Without interest); (4) Loan/Credit (With interest); (5) Help from relatives; (8) Help from friends; (9) Foreign remittance; (10) Help/Aid from Other sources please specify; (11) Help from Charity organizations; (12) Help from government; (13) Don't know.

Section G: Child's Questionnaire

Information on all children of age 0 to 9 years, resident in this household who have been identified in the household roster (Section C) (Please keep the same line number that the one attributed to the child in the Roster)

Use a separate questionnaire for each child (aged 0 to less than 10) who have been identified in the household roster.

A respondent from the household (mother, father, older brother or sister), should be identified in order to answer the following questions related to the child.

Line N° in Household roster	
Hijra name	
Age in years	
Name of respondent	
Relationship to child	
Line N° of respondent in Household roster	
Serial N°	

Module G.1: Traffic Road Accidents during the last 90 days

Q N°	Question	Answer	Skip
1	Has the child been victim of Traffic Road Accident during the last 90 days?	Yes	
		No	Go To next Module G.2
2	What type of wound or injury did the child (Name) have?	See code below	
3	Where did the accident occur?	See code below	
4	What type of vehicle caused the wound/Injury?	See code below	
5	What was the cause of wound/Injury?	See code below	
6	What consequence did the accident had on the child?	See code below	
7	Did you seek treatment for the child (Name) wound/Injury	Yes Specify	Go To Q8
		No	
8	Why you didn't seek treatment?	See code below	Go To next Module G.2
9	Where did you seek treatment?	See code below	
10	Cost of treatment received for wound/Injury during last 90 days (in TK)	Medicine	Please enter cost in TK
		Doctor's fees	Please enter cost in TK
		Transport	Please enter cost in TK
		Medical diagnostic	Please enter cost in TK
		Surgery	Please enter cost in TK
		Hospital	Please enter cost in TK
		Other	Please enter cost in TK
		Total cost (to check with respondent)	Please enter cost in TK
11	How did you pay for treatment cost?	See code below	

Codes:

- Q 2: Type of wound/injury: (1) Soft Tissue Injuries; (2) Broken Bones; (3) Traumatic Brain Injuries; (4) Spinal Cord Injuries; (5) Psychological Injuries; (6) Other; (7) Do not know.
- Q 3: Place of injury: (1) City Street; (2) Road, Highway; (3) Rural Road; (4) Other; () Do not know.
- Q 4: Type of vehicle: (1) Pedestrian; (2) Bicycle; (3) Rickshaw; (4) Tuk-Tuk; (5) Motorcycle; (6) Car; (7) SUV, Van; (7) Bus; (8) Train; (9) Agricultural tractor; (10) Other; (11) Do not know.

- Q 5: Cause of injury: (1) Speeding; (2) Driving under the influence of drugs; (3) Non-use of helmet; (4) Non-use of seat-belt; (4) Distracted driving; (5) Unsafe Road; (6) Unsafe vehicle; (7) Lack of post-crash care; (8) Non-compliance with traffic laws; (9) Other causes (specify); (10) Don't know.
- Q 6: Consequence of accident: (1) No consequence; (2) Disfigurement; (3) Loss of limb; (4) Loss of limb function; (5) Loss of eyesight; (6) Loss of hearing; (7) Chronic pain; (8) Emotional trauma; (9) Other. Specify; (10) Don't know.
- Q 7: Reason for not seeking treatment: (1) Too costly; (2) Treatment not efficient; (3) Treatment not available; (4) Do not want treatment; (5) Do not know.
- Q 8: Medical service provider: (1) Govt. hospital; (2) Non-govt. hospital; (3) Clinic; (4) Drug rehabilitation center; (5) Others.
- Q 11: Source of funds for treatment cost: (1) Own Income; (2) Sale of own wealth; (3) Loan/Credit (Without interest); (4) Loan/Credit (With interest); (5) Help from relatives; (8) Help from friends; (9) Foreign remittance; (10) Help/Aid from Other sources please specify; (11) Help from Charity organizations; (12) Help from government; (13) Insurance; (14) Don't know.

Module G.2: Immunization records of the child

Q N°	Question	Answer	Skip
1	Do you have a card or other document where the child vaccinations are written down?	Yes	Please use the card for Vaccination Schedule
		No	Go To Vaccination Schedule
2	For what reason the child has no vaccination card?	See code below	
3	Where is the vaccination usually provided?	See code below	
4	Cost of vaccination received during last 90 days (in TK)	Vaccine	<i>Please enter cost in TK</i>
		Doctor's fees	<i>Please enter cost in TK</i>
		Medical personnel	<i>Please enter cost in TK</i>
		Transport	<i>Please enter cost in TK</i>
		Medical diagnostic	<i>Please enter cost in TK</i>
		Other	<i>Please enter cost in TK</i>
		Total cost (to check with respondent)	<i>Please enter cost in TK</i>
5	How did you pay for vaccination cost?	See code below	

Code

- Q 2: Reason for No vaccination card: (1) Requested but not yet received; (2) Not at hand; (3) Lost; (4) Not requested; (5) Don't know.
- Q.3: Place of vaccination: (1) Government hospital; (2) Government community center; (3) Mobile clinic; (4) Upazila hospital/health complex; (5) Zila/Sadar hospital; (6) Medical college hospital; (7) MCH welfare center; (8) Union health & family welfare center; (9) Private hospital; (10) Private clinic; (11) NGO hospital/clinic; (12) Vaccination campaign; (13) Other (specify....); (14) Don't know.
- Q 5: Source of funds for vaccination cost: (1) Own Income; (2) Sale of own wealth; (3) Loan/Credit (Without interest); (4) Loan/Credit (With interest); (5) Help from relatives; (8) Help from friends; (9) Foreign remittance; (10) Help/Aid from Other sources please specify; (11) Help from Charity organizations; (12) Help from government; (13) Don't know.

Please provide information for Vaccination received by the child.

Q N°	Type of vaccine	Recommended Age	Answer
1	As a person responsible for this child, do you know about the vaccination schedule?		Yes
			No
2	BCG (Bacillus Calmette Guerin)	At birth	Yes
			No
3	Hepatitis B	At birth	Yes
			No
4	Oral Polio Vaccine (OPV) -0	At birth	Yes
			No
5	Oral Polio Vaccine (OPV) -1,2,3,	At 6 weeks, 10 weeks & 14 weeks	Yes
			Partly
			No
6	Oral Polio Vaccine (OPV) Booster	From 16 months to 24 months	Yes
			No
7	Pentavalent vaccine (Diphtheria, Pertussis, Tetanus, Hepatitis B, Hib)- 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks	Yes
			Partly
			No
8	Diphtheria Pertussis Tetanus (DPT) booster 1	From 16 months to 24 months	Yes
			No
9	Diphtheria Pertussis Tetanus (DPT) booster 2	From 5 to 6 years	Yes
			No
10	Rotavirus Vaccine (RVV) 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks	Yes
			Partly
			No
11	Pneumococcal Conjugate Vaccine (PCV) 1, 2 & Booster	At 6 weeks, 10 weeks & 14 weeks	Yes
			Partly
			No
12	Measles-Rubella (MR) 1,	From 9 completed months to 12 months.	Yes
			No

Q N°	Type of vaccine	Recommended Age	Answer
13	Measles-Rubella (MR) 2,	From 16 completed months to 24 months.	Yes
			No
14	Vitamin A (1st dose)	At 9 completed months	Yes
			No
15	Vitamin A (2nd dose)	At 18 completed months	Yes
			No
16	Japanese Encephalitis (1st Dose)	From 9 completed months to 12 months.	Yes
			No
17	Other vaccination received	Specify name of vaccine Specify age	

Module G.3: Anthropometric record of the child

Q N°	Measurements	Answer		Skip
1	Has the child been measured recently?	Yes		
		No		
2	Do you know his/her weight?	Yes	Weight in Kg	
		No		
3	Do you know his/her height?	Yes	Height in cm	
		No		
4	Do you know the circumference of his/her around upper arm?	Yes	Around upper arm in cm	
		No		

Module G.4: Physical/Mental impairment of each child (aged 0 to 9 years) living in the household

Q N°	Question	Answer	Skip
1	Does the child (Name) suffer from any impairment?	Yes	
		No	Go to next Module G.5
2	What type of impairment does the child (Name) suffer from?	See code below	
3	Does the child (Name) suffer from any Mobility and Physical Impairments?	Upper limb(s) disability	
		Lower limb(s) disability	
		Manual dexterity	
		Disability in co-ordination with different organs of the body	
4	Does the child (Name) suffer from Spinal Cord Disability?	Yes	
		No	
5	Does the child (Name) suffer from serious difficulty walking or climbing stairs?	Yes	
		No	
6	Does the child (Name) suffer from deaf, or does the child have serious difficulty hearing?	Yes	
		No	
7	Is the child (Name) blind, or have serious difficulty seeing, even when wearing glasses?	Yes	
		No	
8	Because of a physical, mental, or emotional condition, does the child (Name) have serious difficulty concentrating, remembering, or making decisions?	Yes	
		No	
9	Does the child (Name) suffer from difficulty dressing or bathing?	Yes	
		No	
10	Because of a physical, mental, or emotional condition, does the child (Name) have difficulty following education class, doing school work alone?	Yes	
		No	
11	Has the child (Name) taken any treatment during the last 90 days?	Yes	Go To Q11
		No	
12	Why you didn't seek treatment for the child?	See code below	Go To next module G.5
13	Where did you seek treatment?	See code below	

Q N°	Question	Answer	Skip
14	Cost of treatment received for impairment during last 90 days (in TK)	Medicine	<i>Please enter amount in TK</i>
		Doctor's fees	<i>Please enter amount in TK</i>
		Transport	<i>Please enter amount in TK</i>
		Medical diagnostic	<i>Please enter amount in TK</i>
		Vaccination	<i>Please enter amount in TK</i>
		Vitamins	<i>Please enter amount in TK</i>
		Surgery	<i>Please enter amount in TK</i>
		Hospital	<i>Please enter amount in TK</i>
		Other	<i>Please enter amount in TK</i>
		Total cost (to check with respondent)	<i>Please enter amount in TK</i>
15	How did you pay for treatment cost?	See code below	

Code:

- Q. 2: Types of impairments: Vision; Hearing; Mobility; Communication; Cognitive; Upper body; Learning/understanding
- Q 12: Reason for not seeking treatment: (1) Too costly; (2) Treatment not efficient; (3) Treatment not available; (4) Do not want treatment; (5) Do not know.
- Q 13: Place of treatment for impairment: To be determined
- Q 15: Source of funds for treatment cost: (1) Own Income; (2) Sale of own wealth; (3) Loan/Credit (Without interest); (4) Loan/Credit (With interest); (5) Help from relatives; (8) Help from friends; (9) Foreign remittance; (10) Help/Aid from Other sources please specify; (11) Help from Charity organizations; (12) Help from government; (13) Don't know.

Module G.5: Child, Health condition, serious illness, general illness, death, physical injury, medical and routine check-up, during the last 90 days.

Supplementary questions for accurate diagnosis of disease by hijra who was exposed to sickness/illness/under medical treatment for any of the following diseases during last 90 days.

[If any child living in the household has fallen sick or under medical treatment during last 90 days for any of the following diseases, concerned prescriptions by a physician and reports are required to be verified for diagnosis of disease.]

Q N°	Disease	Answer	Skip
A	Questions for Diagnosis of Goitre		
A.1	Does the front side of neck inflated like solid mass?	Yes	
		No	Go to Q (B)
A.2	Does the shape of the mass changes with pressure?	Yes	
		No	
A.3	Does its position change/move?	Yes	
		No	
A.4	Does the child follow treatment for this disease?	Yes	
		No	
B	Questions for Diagnosis of Epilepsy		
B.1	Did ever lose the sense by shaking or shivering hands and legs?	Yes	
		No	Go to Q (C)
B.2	Was there symptom of pouring saliva or biting of tongue?	Yes	
		No	
B.3	After getting sense was there any pain in leg, headache, sleepy feeling?	Yes	
		No	
B.4	Does the child follow treatment for this disease?	Yes	
		No	
C	Questions for Diagnosis of Ulcer		
C.1	Has/had pain/trouble in the chest/stomach?	Yes	

Q N°	Disease	Answer	Skip
		No	Go to Q (D)
C.2	Does/did bitterness of pain in empty stomach increased?	Yes	
		No	
C.3	Does feel pain in chest/stomach after/before meal?	Yes	
		No	
C.4	Has/ had sour eructation?	Yes	
		No	
C.5	Does the child follow treatment for this disease?	Yes	
		No	
D	Questions for Diagnosis of Hepatitis		
D.1	Have you suffered from Hepatitis B?	Yes	
		No	Go to Q (E)
D.2	If Yes, for how many months?	Less than 12 months	
		More than 12 months	
D.3	Have you suffered from Hepatitis B?	Yes	
		No	Go to Q (E)
D.4	If Yes, for how many months?	Less than 12 months	
		More than 12 months	
D.5	Is/was the colour of urine and eye yellow?	Yes	
		No	Go to Q (E)
D.6	Has/had no appetite with light fever?	Yes	
		No	
D.7	Does/did vomiting take place along with vomiting tendency?	Yes	
		No	
D.8	Has/had pain/trouble on the stomach/chest?	Yes	
		No	
D.9	Does the child follow treatment for this disease?	Yes	
		No	

Q N°	Disease	Answer	Skip
E	Questions for Diagnosis of Rabies		
E.1	Did dog or any other animal (cat, fox, mongoose, rat, mole-rat etc.) bite the child?		
			Go to Q (F)
E.2	Was the child vaccinated against Rabies after the biting of the mentioned animal?		
E.3	Was there symptom of uneasiness in the biting place, restlessness, problem in drinking water, fear from water, air or light after one week to three months of biting?		
E.4	Does the child follow treatment for this disease?	Yes	
		No	
F	Questions for Diagnosis of Chicken pox		
F.1	Is/was there mini boil like water vesicle on the entire body with light fever?	Yes	Go to Q (G)
		No	
F.2	Is/was there any itching in theming boil?	Yes	
		No	
F.3	Does the child feel any pain in throat at the time of meal?	Yes	
		No	
F.4	Has the child been vaccinated against Chicken pox?	Yes	
		No	
F.4	Does the child follow treatment for this disease?	Yes	
		No	
G	Questions for Diagnosis of Conjunctivitis		
G.1	Is/was frequent water shedding from your eye with itching or burning sensation?	Yes	
		No	Go to Q (H)
G.2	Is/was the eye become red?	Yes	
		No	
G.3	Does the child follow treatment for this disease?	Yes	
		No	
H	Questions for Diagnosis of Night blindness		
H.1	Is there trouble in seeing during night?	Yes	

Q N°	Disease	Answer	Skip
		No	Go to Q (I)
H.2	Is there trouble in seeing during in the day?	Yes	
		No	
H.3	Is there any white spot in the eye?	Yes	
		No	
H.4	Does the child follow treatment for this disease?	Yes	
		No	
I	Questions for Diagnosis of Cataract		
I.1	Is/was trouble in seeing?	Yes	
		No	Go to Q (J)
I.2	Is/was feeling of light cover on the eye?	Yes	
		No	
I.3	Does it seem white if torchlight is focused on the eye?	Yes	
		No	
I.4	Does the child follow treatment for this disease?	Yes	
		No	
J	Questions for Diagnosis of Arthritis		
J.1	Is there any symptom of pain in bone joints?	Yes	
		No	Go to Q (K)
J.2	Is there any problem in walking?	Yes	
		No	
J.3	Is there any symptom often inflation of bone joint?	Yes	
		No	
J.4	Does the child follow treatment for this disease?	Yes	
		No	
K	Questions for Diagnosis of Tuberculosis (TB)		
K.1	Have you suffered from Tuberculosis lately?	Yes	
		No	Go to Q (L)
K.2	If Yes, for how many months?	Less than 12 months	
		More than 12 months	

Q N°	Disease	Answer	Skip
K.3	Is/was there cough for three or more weeks continuously?	Yes	
		No	Go to Q (L)
K.4	Does appetite reduce?	Yes	
		No	
K.5	Does the weight reduce?	Yes	
		No	
K.6	Was there blood with cough?	Yes	
		No	
K.7	Was there hidden fever off and on?	Yes	
		No	
K.8	Does the fever come in the evening; body sweat in the dawn?	Yes	
		No	
K.9	Does/did any other member of family suffer from TB?	Yes	
		No	
K.10	Did take medicine for TB before?	Yes	
		No	
K.11	Have taken TB vaccination till now?	Yes	
		No	
K.12	Was there inflammation of gland, neck?	Yes	
		No	
K.13	Does the child follow treatment for this disease?	Yes	
		No	
L	Questions for Diagnosis of Malaria		
L.1	Have you suffered from Malaria lately?	Yes	
		No	Go to Q (M)
L.2	If Yes, for how many months?	Less than 12 months	
		More than 12 months	
L.3	Is/was fever with cold and shivering?	Yes	
		No	Go to Q (M)
L.4	Is/was remission of fever after some time?	Yes	

Q N°	Disease	Answer	Skip
		No	
L.5	Is/was fever irregularly after ½ days?	Yes	
		No	
L.6	Did go or resided in malaria affected areas 1 month before the occurrence of fever?	Yes	
		No	
L.7	Does the child follow treatment for this disease?	Yes	
		No	
M	Questions for Diagnosis of Kala-azar		
M.1	Has/had fever for 2 or more weeks?	Yes	
		No	Go to Q (N)
M.2	Feel/did feel weak due to fever?	Yes	
		No	
M.3	Did weight reduce after fever?	Yes	
		No	
M.4	Did live or visit Kala-azar proven area during last one and half years?	Yes	
		No	
M.5	Did tar like motion or blood vomiting take place?	Yes	
		No	
M.6	Does the child follow treatment for this disease?	Yes	
		No	
N	Questions for Diagnosis of Diabetes		
N.1	Did the urine comes off and on?	Yes	
		No	Go to Q (O)
N.2	Does the child feel repeatedly thirsty?	Yes	
		No	
N.3	Did the doctor confirm diabetes with blood test?	Yes	
		No	
N.4	Does the child follow treatment for this disease?	Yes	
		No	

Q N°	Disease	Answer	Skip
O	Questions for Diagnosis of High Blood Pressure		
O.1	Does the child have High blood pressure?	Yes	
		No	Go to Q (P)
O.2	Did the doctor confirm High Blood Pressure?	Yes	
		No	
O.3	Does the child feel pain in the neck?	Yes	
		No	
O.4	Does the child have tendency to vomit?	Yes	
		No	
O.5	Does the child feel heavy head?	Yes	
		No	
O.6	Does the child feel dizziness?	Yes	
		No	
O.7	Does the child follow rules/habits for controlling blood pressure?	Yes	
		No	
O.8	Does the child follow treatment for this disease?	Yes	
		No	
P	Questions for Diagnosis of Urinary Tract Infection		
P.1	Does the child feel pain in the urinary tract during micturition?	Yes	
		No	Go to Q (R)
P.2	Does the child urinate on and off?	Yes	
		No	
P.3	Does the child have pain in abdomen?	Yes	
		No	
P.4	Does the child follow treatment for this disease?	Yes	
		No	
R	Questions for Diagnosis of Arsenic		
R.1	Did the child make arsenic test on the drinking water?	Yes	
		No	Go to Q (S)
R.2	Is the water you are drinking free of arsenic?	Yes	

Q N°	Disease	Answer	Skip
		No	
R.3	Does the child have any visible sign of dry skin or dry hand/feet?	Yes	
		No	
R.4	Does the child have any visible sign of boil seen on the skin?	Yes	
		No	
R.5	Does the child have any mark of itching on the spot?	Yes	
		No	
R.6	Does the child aware of arsenic attack?	Yes	
		No	
R.7	Does the child follow treatment for this disease?	Yes	
		No	
S	Questions for Diagnosis of Ear infection		
S.1	Did water or putrid fall due to ear sepsis?	Yes	
		No	Go to Q (T)
S.2	Does the child hear any whizzing sound?	Yes	
		No	
S.3	Does the child have any pain in the ear?	Yes	
		No	
S.4	Does the child follow treatment for this disease?	Yes	
		No	
T	Questions for Diagnosis of Skin Disease		
T.1	Does the child have skin disease?	Yes	
		No	Go to Q (U)
T.2	Is/was there small or big boil on the skin due to prickly heat or itching?	Yes	
		No	
T.3	Does serum fall due to itching?	Yes	
		No	
T.4	Does putrid fall due to itching?	Yes	
		No	
T.5	Does the child follow treatment for this disease?	Yes	

Q N°	Disease	Answer	Skip
		No	
U	Questions for Diagnosis of Cancer		
U.1	Does the child suffer from some dangerous disease, such as cancer?	Yes	
		No	Go to Q (V)
U.2	Has the doctor located the organ with cancer?	Yes	
		No	
U.3	Which organ is diagnosed with cancer?	Stomach Liver Lung Pharynx Esophagus Blood Other (specify)	
U.4	Does the child follow treatment for this disease?	Yes No	
V	Questions for Diagnosis of Dysentery		
V.1	Does the child feel to have Dysentery??	Yes No	Go to Q (W)
V.2	Were there loose motions with stomach squeeze for three or more times a day?	Yes No	
V.3	Was mucus/ dysentery secreted with stools?	Yes No	
V.4	Does the child follow treatment for this disease?	Yes No	
W	Questions for Diagnosis of Asthma		
W.1	Does the child have asthma, difficulty breathing, respiratory problems, when using staircase or walking swiftly?	Yes No	Go to Q (X)
W.2	Does the child ever do any X-ray or cough test?	Yes No	
W.3	Has this disease been confirmed by a doctor?	Yes	

Q N°	Disease	Answer	Skip
		No	
W.4	Does the child follow treatment for this disease?	Yes	
		No	
X	Questions for Diagnosis of other disease		
X.1	Does the child suffer from other health problems during the last 90 days?	Yes	
		No	Go To next Q (Y)
X.2	Can you describe the child's problem?	Specify	
X.3	Has this disease been confirmed by a doctor?	Yes	
		No	
X.4	Does the child follow treatment for this disease?	Yes	
		No	
Y	Questions for Medical routine check-up		
Y.1	Did the child have a medical routine check during the last 90 days?	Yes	
		No	Go To next Q (Z)
Y.2	Was this check-up prescribed by the child's doctor?	Yes	
		No	
Y.2	What was the outcome of the check-up?	Specify	
Y.3	Did you refer to the child's doctor with the result?	Yes	
		No	
Y.4	Does the child follow treatment for this disease?	Yes	
		No	
Z	Questions for health expenditure during last 90 days		
Z.1	Expenditure incurred for medical treatment of the diseases mentioned in Questions A to AB, during last 90 days	Doctor's fees	Please enter cost in TK
		Hospitalization	Please enter cost in TK
		Delivery	Please enter cost in TK
		Medicine	Please enter cost in TK
		Routine check-up	Please enter cost in TK
		Surgery	Please enter cost in TK

Q N°	Disease	Answer	Skip
		Lab exams	Please enter cost in TK
		Health attendants	Please enter cost in TK
		Transport	Please enter cost in TK
		Others	Please enter cost in TK
		Total (to check with respondent)	Please enter cost in TK
Z.2	How did you pay for consumption cost?	See code below	

Code:

- Q Z.2: Source of funds for treatment cost (specifically for Module G.5): (1) Own Income; (2) Sale of own wealth; (3) Loan/Credit (Without interest); (4) Loan/Credit (With interest); (5) Help from relatives; (6) Help from friends; (7) Foreign remittance; (8) Help/Aid from Other sources please specify; (9) Help from Charity organizations; (10) Help from government; (11) Don't know.

Name of Respondent:

Signature

Phone/Mobile number:

Annex 8: Manual for designing the Health and Morbidity Status Survey, 2023

1. Introduction

1.1. Context of the report

- 1.1.1.** The Bangladesh Bureau of Statistics (BBS) conducted the Health and Morbidity Status Survey (HMSS) in 2014, succeeding to a series of Health and Demographic Surveys conducted since 1994 and in 2012. The 2014 survey covered morbidity, treatment, maternal health care, tobacco and narcotics consumption pattern, accident and injury, HIV/AIDS, physical and mental impairment of children and adult, immunization, cost of medical treatment, and other health related elements. The survey is a continuous process and must be conducted periodically to develop and update a database that could provide indicators to monitor and evaluate the progress of the latest development of the Health, Population and Nutrition Sector Development Program (HPNSDP 2011-2016) and Millennium Development Goals (MDG).
- 1.1.2.** The field work was carried out from 19 to 23 June 2014 using the Integrated Multi-Purpose Sample (IMPS) based on the 2011 Population and Housing Census, and comprising 1,500 Primary Sample Units of which 801 are in the rural areas and 699 in the urban areas. A total of 37,500 households were covered (53,4% in rural and 46,6% in urban areas). With this estimated households, sample households and sampling weights are calculated for rural, urban and divisions. Accordingly rural, urban and division level estimates are produced.
- 1.1.3.** The survey results and findings were published in September 2015 in hard-copy in Bangla and English languages, by the Bangladesh Bureau of Statistics (BBS) and the Statistics and Informatics Division (SID) of the Ministry of Planning. The survey report is currently accessible at the BBS website⁴.
- 1.1.4.** The survey report consists of a broad review of methodological issues related to the survey, and a presentation of main statistical results supported by a descriptive analysis of most relevant findings. A series of statistical tables, figures and appendices, including the survey questionnaires, complete the report.
- 1.1.5.** The BBS has completed recently a new round of Population Housing Census in 2022. The 2022 census will serve to updating the Integrated Multi-Purpose Sample (IMPS) on which household sample surveys are based, and particularly the new Health and Morbidity Status Survey (HMSS).
- 1.1.6.** In order to update this information that is 10 years old and may not represent the reality today, the BBS has initiated the design and implementation of a new Health and Morbidity Status Survey (HMSS) in 2023. The new survey will be based on the results of the Population and Housing Census conducted in 2022. The census results will be used as standard sampling frame for all sample surveys and particularly for the planned new Health and Morbidity Status Survey.

1.2. Purpose of the report

- 1.2.1.** This report is drafted to serve as a review of the production and implementation of the latest HMSS carried out in 2014, and aims at presenting comments and recommendations that may help the designers of the new HMSS in their work for improving the relevance and quality of the survey output, and ultimately better meeting the needs of the users. The new HMSS is scheduled to be carried out by BBS in 2023.

⁴ <http://bbs.gov.bd>

1.3. Methodology

- 1.3.1.** The report will address the specific issues that have been highlighted in the 2014 Health and Morbidity Status Survey (HMSS-2014), and will present recommendations for improvement. The report will follow the logical sequence of steps that household surveys are meant to go through in order to ensure relevance and quality of planned outputs, as laid down in the Generic Statistical Business Process Model (GSBPM)⁵, which describes statistics production in a general and process-oriented way.
- 1.3.2.** The review of the HMSS-2014 will take into account that the survey is the last of a series of that have been carried out in the past, and that the new round planned in 2023 will stem on the experience cumulated by the Demography and Health Wing of BBS, and lessons learned by the staff responsible for the project.
- 1.3.3.** The existing data will therefore be revised, time series re-calculated either as a result of improved source data or a change in methodology. The changes over time are also due both to population changes and changes in values of variables. Differences in definitions and methods between two points in time mostly have a negative effect on the comparability between the two sets of statistics. Considering comparability over time only, such differences should be avoided. It is in the nature of a repeated survey to use the same definitions, methods etc.

2. Overview of the statistical production process

- 2.1.** The statistical business process is a collection of related and structured activities and tasks to convert input data into statistical information. In this context, BBS performs statistical business processes to create official statistics to satisfy the needs of the users. The output of the process may be a mixed set of physical or digital products presenting data and metadata in different ways, such as publications, maps, and electronic services.
- 2.2.** In this review we will follow the GSBPM as a reference model recognising several overarching processes with a strong statistical component that apply throughout the eight phases: Specifying the needs, Designing the survey instruments, Building the survey, Collecting the data, Processing the data, Analysing the data, Disseminating the results, and Evaluating the overall survey.
- 2.3.** Whilst typical statistical business processes include collecting and processing data to produce statistical outputs, the GSBPM reference model also applies when existing survey is repeated, or existing data are revised, implying either improving the data source or a change in methodology of current surveys.
- 2.4.** The present report will review the current situation as materialised by the HMSS-2014 and will make recommendations for improving its methodology, by going through the eight phases of a typical household survey. These recommendations are presented as a guide for the preparation of the new HMSS which BBS intends to implemented in 2023.

3. General recommendations for HMSS-2023

- 3.1.** **Measuring the change** are normally an important part of the statistical output of a repeated survey, for example indices and in many cases also time series. The survey designers should keep in mind the implications of changes in the survey design, and therefore strike a balance between these several requirements:

⁵ <https://unece.org/fileadmin/DAM/stats/documents/ece/ces/ge.61/2009/mtg1/zip.32.e.pdf>

- 3.1.1. **Improve survey methodology** for better meeting the requirements of data users for more accurate and relevant statistical information on the health status of the population;
- 3.1.2. **Preserve data comparability over time** and high accuracy in estimates of change with previous surveys, by introducing limited changes in the questionnaire and definition of previously used variables, and in methods of calculation used in the previous survey.
- 3.1.3. **Maintain as much as possible the same structure of previous sampling design**, whilst ensuring more geographical and administrative granularity to the sample distribution. This would allow to provide accurate and statistically reliable information on small areas at the zilla level.
- 3.1.4. **Improve the statistical production process:** The repetitive character of the survey gives possibilities to improve the statistical production process and the quality of the output by utilising both previously collected data and process data (paradata). These possibilities should be taken into account before the production and incorporated in the design to ensure that appropriate data, paradata, and metadata are collected and saved for future use.

4. Specifying the needs for HMSS-2023

4.1. Current situation

- 4.1.1. The design process of HMSS-2014 is lengthily explained in the survey methodology and results publication. However, limited information is provided on the process undertaken by BBS in engaging the community of users to express their needs. In general terms, it is agreed that the community of users includes national and international users, scoping from national decisionmakers, institutional partners, non-governmental organisations, academics, media and the general public, to regional and international bilateral and multilateral organisations.
- 4.1.2. The usual approach adopted by BBS for most household surveys and specifically for the HMSS-2014 was to consult the users after the questionnaire has been designed and methodological options framed, through a one-day workshop, and to ask for their comments on the relevance of survey instruments and to enquire whether their need expectations are met with the proposed survey instruments.
- 4.1.3. Engaging the dialogue with users in an “after-the-fact” step has the shortcoming of sending a misleading to the users suggesting that their needs are insufficiently taken into account and thus decreasing their expectations from the potential results from the survey.

4.2. Recommendations for HMSS-2023

- 4.2.1. This activity is usually triggered when a need for new statistics is identified or feedback about current statistics initiates a review. It includes all activities associated with engaging stakeholders to identify their detailed statistical needs (current or future), proposing high level solution options and preparing a business case to meet these needs.
- 4.2.2. It is initiated by identifying potential users: policymakers, NGOs, Academics, Media, and the Private sector (businesses). It focuses on consulting with the internal and external stakeholders and confirming in detail the needs for the statistics.
- 4.2.3. Consulting the users should be carried out through the organisation of seminars and/or workshops for identifying potential needs that are not yet satisfied by current production. A good understanding of user needs is required so that BBS knows not only what it is expected to deliver, but also when, how, and, perhaps most importantly, why? And determining whether previously identified needs have changed.
- 4.2.4. User-producer dialogue at the national and sub-national level is a useful means to map the depth of analysis, to identify the needful of data at various levels and forms, and to find out the issues to be

taken care of. Notion of data use by the national level policy makers and at the micro level users are different. Hence more user-producer dialogue should be organized from national to the Upazila level at the planning phase of the HMSS 2023.

- 4.2.5.** Prior to the start of the data collection phase of the survey, it is useful to include some public relations activities to build understanding and support for the survey. Examples of this include advertising the survey to local officials through community meetings or during the household listing operation; printing posters for distribution to the communities selected in the sample; and having radio talk shows and newspaper articles announce the launch of the survey. To the extent that these messages reach the potential respondents, they may encourage participation in the survey and thus increase response rates.

5. Designing survey instruments

5.1. Current situation

- 5.1.1.** The new HMSS that BBS is currently planning for 2023 will be designed as a new edition of the HMSS-2014, ensuring repetition of the statistical outputs, concepts, methodologies, relevant metadata, collection instruments and operational processes. Thus, the design activities will make substantial use of international and national standards in order to reduce the length and cost of the design process and to enhance the comparability and usability of outputs.
- 5.1.2.** However, about a decade will have passed since the HMSS-2014, and new concepts, new data collection methods and new user's need have certainly emerged in a new socioeconomic context, thus requiring substantial adjustments that have to be introduced in order to produce more accurate and relevant information that will serve for basis of new public policies and programs.

5.2. Recommendations for HMSS-2023

- 5.2.1.** **Establishing the new output objectives** that are required to meet the user needs identified. It includes agreeing the suitability of the proposed outputs and their quality measures with users.
- 5.2.2.** **Stating the legal framework** relating to the planned household survey, and in particular concerning the obligation to respond to questions, data confidentiality, and dissemination strategy specifying accessibility conditions to survey results.
- 5.2.3.** **Identifying the concepts** that might not be aligned with existing statistical standards, and defining the statistical concepts and variables to be used, particularly the SDG indicators which may be possible to generate at the disaggregated level by the survey.
- 5.2.4.** **Checking data availability** from current sources of data which could meet user requirements and the conditions under which they would be available including any restrictions on their use. An assessment of possible alternatives would normally include research into potential administrative or other non-statistical sources of data.
- 5.2.5.** **Survey design requires the development of several documents.** The work plan or protocol specifies the responsibilities of all organizations that are involved in the survey including the Demographic and Health Wing (DHW) of BBS, the Ministry of Health, and other national and international partners. It also describes the decisions taken as to the design of the survey, including the sample size and distribution, broad content of the questionnaires, the number and composition of fieldwork teams, data processing, plans for reports and use of the data, and a timetable. Major aspects of the work plan include:
- Number and organization of all senior survey personnel.
 - Major aspects of questionnaire content and modules.

- Sample size, number of sample points, stratification, and distribution by province, Upazilla, etc.
- Number, type and source of vehicles.
- Specific plans for pretesting and for recruitment and training of field staff.
- Number and composition of fieldwork teams and the responsibilities of each type of team member.
- Equipment needed (GPS units, scales, height boards, computers, supplies).
- Number and types of staff needed for data processing and analysis.
- Plans for data dissemination through the national seminar, regional seminars, etc.

5.2.6. The survey timetable (see Annex 2) acts as a reminder for the survey staff of when the various stages need to be completed and the sequence in which they need to be completed. The first date to fix is often the timing of the data collection (fieldwork), which usually needs to be completed in a particular period due to BBS field work, availability of financial resources, seasonal climate and other considerations. It is also useful for DHW to develop a much more detailed list of activities and timing in order to ensure that no element is missed.

6. Designing outputs

6.1. Current situation

- 6.1.1.** This phase describes the development and design activities, and any associated practical research work needed to define the statistical outputs, concepts, methodologies, collection instruments and operational processes. It includes all the design elements needed to define or refine the statistical products and outputs, all relevant metadata, as well as quality assurance procedures. For statistical outputs produced on a regular basis, this phase usually occurs when the first survey round is designed.
- 6.1.2.** Nevertheless, as BBS is planning to update a decade-old household survey (HMSS-2014), it is worth considering renewing the design process, by reusing and adapting the design elements from existing household surveys, and considering geospatial aspects of data in the design to enhance the usability and value of the statistical information. Additionally, outputs of design processes may form the basis for future standards at the organisational, national or international levels.

6.2. Recommendations for HMSS-2023

- 6.2.1.** **Designing outputs**, products and services to be produced, including the related development work and preparation of the systems and tools. Processes governing access to any confidential outputs are also designed here following existing standards wherever possible, including metadata from similar or previous surveys, administrative and geospatial registers and databases. International standards, and information about practices in other statistical organisations are to be considered. Outputs may also be designed in partnership with other interested bodies, particularly if they are considered to be joint outputs, or they will be disseminated by another organisation.
- 6.2.2.** **Designing variable descriptions.** All variables to be collected via the collection instrument, as well as any other variables that will be derived from them should be defined at this stage of the survey preparation. Preparation of metadata descriptions of collected and derived variables, tabulation plan, dummy tables, expected variables and indicators, statistical and geospatial classification is a necessary precondition for the subsequent phases of the survey design.
- 6.2.3.** **Designing data collection** methods and tools in order to determine the most appropriate collection instruments for the household sample survey, the collection unit type (person, household or other) and the available sources of data. This phase is crucial for determining the type of collection

instrument required, which can include computer assisted interviewing, paper questionnaires, administrative registers (e.g. by using existing service interfaces), data transfer methods, web-scraping technologies as well as technology for geospatial data. Direct or indirect use of administrative data may be introduced in the data collection mode for either controlling survey data or assisting it when capturing survey information.

- 6.2.4.** **Exploring the feasibility of the Multi-Modal approach** of data collection experimented during the 2022 census. Different modes of data collection may also be explored, including computer assisted personal interviewing (CAPI), mobile/web- application, and computer assisted telephone interviewing (CATI), etc. In the city area, self-administered questionnaire (drop and pick) may be introduced in case the enumerators fail to collect the information through face-to-face interview because of the absence of head of household and or other barriers due to security point of view. However, after exploring different alternatives, it will be necessary to consult stakeholders in order to finalize the system.

The CAPI approach to interviewing has advantages and disadvantages.

6.2.4.1. Advantages: CAPI surveys have shown improved levels of data quality in terms of considerably reduced levels of missing data. Data quality is also enhanced by the fact that functions built into the data entry program do not allow inconsistent data to be entered, so the interviewers can probe to avoid inconsistencies during the interview. The data are also available for analysis in an even more timely fashion, because there is no need to wait 3-4 weeks after fieldwork to complete data entry, as is typically the case for paper-based surveys. When CAPI is used, field editors may not be needed or if they are retained, they would have more time to observe interviewers or conduct interviews themselves.

6.2.4.2. Disadvantages: using CAPI include the cost of the units (one for each interviewer and supervisor), increased level of technical assistance, increased length of field staff training, and logistical difficulties in making revisions to the programming logic once data collection has started and the teams have scattered. Other logistical hurdles are the need to recharge the tablets' batteries, to ensure that data are not lost due to malfunctions and to protect the units from theft.

6.2.4.3. CAPI surveys require a computer to be purchased for each interviewer and supervisor on the fieldwork team. Additional computers are required for fieldwork coordinators, and some spares need to be purchased to be on hand in case computers in the field are lost, stolen, damaged, or inoperable. In addition to the computers themselves, spare batteries are required (normally at least one extra per fieldworker), plus ancillaries such as computer bags and memory cards for backup of data. Additional items need to be purchased on a per-team basis, such as generators or vehicle power adaptors for use in charging computers when teams do not have access to electricity.

6.2.4.4. Experience with CAPI surveys is that they require greater levels of technical assistance to implement. The need for technical assistance is in two areas:

- Preparation of the software applications for interviewing and data management
- Training of interviewers and field supervision

6.2.4.5. The preparation of the interview and data management programs is a relatively complex programming task. This is due to factors such as the size and complexity of the questionnaires, as well as the need to adapt field data management system to handle functions such as transfers of data and household assignments between supervisors and interviewers using Bluetooth technology. In addition, language text for the survey questions needs to be integrated into the interview programs, which may require considerable additional work. As a consequence, the programming time required to implement a CAPI survey is longer than that required for a paper survey.

6.2.4.6. The second area where technical assistance costs are increased in CAPI surveys is that of training interviewers and supervising fieldwork. Both activities require the participation of data processing specialists with detailed knowledge of the CAPI system and the ability to make necessary changes and corrections to the software system. The length of the main training needs to be extended by several days in order to ensure that all field staff are comfortable using the computer technology. It is also important to arrange for local computer specialists to be available during the data collection phase to visit teams in the field to resolve problems.

- 6.2.5.** **Designing sampling frame**, sampling size and data granularity, geographic and administrative stratification, sample distribution, margins of errors. During this phase, the survey designers should identify and specify the population of interest, the sampling frame, and determine the most appropriate sampling criteria and methodology. The most appropriate source for the sampling frame is the IMPS based on the results of the 2022 CPH.

6.2.5.1. The HMSS is nationally representative and involves two stages of sampling. The first stage requires an up-to-date sampling frame, i.e., a list of small administrative units with defined boundaries and known population size based on the results of the 2022 Census of Population and Housing, the Enumeration Areas (EA). It is usual to select 300-500 of these EAs from the sampling frame list with probability proportional to population size. Selection procedures can involve stratification. If the EAs are too large, they can be segmented into smaller units of about 150-200 households during a field enumeration operation. The sample can then be selected from these segments, using procedures similar to those used during first stage sampling.

6.2.5.2. After the EAs are selected, the DHW should undertake a household listing operation, by sending a small team of 2 people to each selected EA to update the boundaries, draw a sketch map, and prepare a list with the name of the head and the address or location of each household. Then the listing team writes a unique number on the house in chalk or marker and notes the location of the house on the sketch map. Finally, the household listing is the time when geographic coordinates (latitude and longitude) are collected for each EA, using a geographic positioning system (GPS) unit. When the household listing is complete, survey staff in the central office select individual households from the list using computerized spreadsheets. The listing operation could be carried out in advance of the data collection by specialised teams, or by the interviewing teams immediately before the data collection starts. Although undertaking the listing operation back-to-back with the data collection may reduce overall survey costs, combining the two operations should be discouraged because it tends to introduce biases in the selection process. In any case, the time gap between the two operations should be reduced and not exceed 3 months.

- 6.2.6.** **Designing data processing and analysis:** This phase includes designing specification of routines and rules for coding, editing and imputation. This phase also includes designing specifications for data integration from multiple data sources, validation of data and estimation. Statistical disclosure control methods are also designed here.

- 6.2.7.** **Designing production systems and workflow from data collection to dissemination** ensuring that all activities fit together efficiently with no gaps or redundancies. Although these activities are commonly undertaken by BBS for all household survey, the survey designers should assess again the current practice and draw lessons for potential improvements. The SWOT method could be used for evaluating the strengths and weaknesses of the current system and draw lessons for determining whether they are fit for purpose for this specific household survey, then, if any gaps are identified, new solutions should be designed for improving the structure of field data collection teams (field surveyors, controllers, supervisors), and data management teams (data entry operators, data exchange and transfer operators, data quality controllers).

7. Building the survey

7.1. Current situation

- 7.1.1. The HMSS-2014 was setup by BBS as a continuous process that must be conducted periodically to develop and update a database that could provide indicators to monitor and evaluate the progress of the latest development of HPNSDP (2011-2016) and MDG.
- 7.1.2. For enumeration, a sample of 25 households (HHs) were selected from each of the 1500 Primary Sampling Units (PSU) by using systematic random sampling method. Thus, a total number of 37,500 HHs was covered in the survey where 20025 were from the rural areas and 17475 from the urban areas. Using the data of the Population Census-2011, projected households for the survey period (June 2014) is estimated. With this estimated households, sample households and sampling weights are calculated for rural, urban and divisions. Accordingly rural, urban and division level estimates are produced.

7.2. Recommendations for HMSS-2023

- 7.2.1. **Updating data collection instruments:** A data collection system may use one or more modes to receive the data (e.g. personal or telephone interviews; paper, electronic or web questionnaires; SDMX web services). It includes preparing and testing the contents and functioning of that collection instrument (e.g. cognitive testing of the questions in a questionnaire). It is recommended to consider the direct connection of collection instruments to a metadata system, so that metadata can be more easily captured in the collection phase. Connecting metadata and data at the point of capture can save work in later phases.
- 7.2.2. **Developing a multi-modal collection system** including an electronic data collection system. The electronic questionnaire can be considered as a complete software system, with a list of requirements the software must meet. This determines the approach to how the questionnaire is designed and tested. One dimension of this approach concerns the questionnaire's objective and its conceptual layer; the other one comprises the technical application of information and software system tools. Thanks to technological development, some aspects of the processing stage of the survey such as quality control and preliminary editing can be performed during earlier stages of the survey, such as data collection.
- 7.2.3. **Designing a respondent-friendly questionnaire.**

7.2.3.1. In household sample surveys, the questionnaire is the pipeline which enables the flow of desired data. Although questionnaire design is part of the operational phase of a survey, it is critical in terms of survey objectives. It is difficult to compensate at later stages errors made due to an insufficient instrument. What must be stressed is the iterative nature of its design and development. The relationship between information demand and the response burden has to be taken into account when introducing new forms and assessing existing ones. The thirst for more and more facts and figures must be balanced against the reporting unit's burden, quality aspects and costs.

The HMSS should be designed to collect data on socio-economic characteristics of household members and on personal characteristics, illness, medical or routine check-up, disability and impairment, treatment and treatment cost of injured by accident and death, information about reproductive health care.

The HMSS-2014 questionnaire was designed as a unique instrument to collect information on the household and the individual levels. The questionnaire was structured in 4 sections:

Section 1: Personal information of the Household Members

Section 2: Household Socio-Economic Characteristics

Section 3: Personal information regarding Physical/Mental impaired persons of the household's member

Section 4: Personal Information regarding health condition of last 90 days

The questionnaire structure presents a number of inadequacies that prevent a smooth flow of the collection process, from both the interviewer and the respondent point-of-view, which could create some confusion. The information concerning the persons is collected in Section 1, 3, and 4, while information on household characteristics is collected in section 2. An easier flow of the collection would give priority to gathering collective information concerning the household at the outset of the interview, and to subsequently mapping household members covering their individual characteristics and information on their health status.

Due to the subject matter of the survey, and differently from the HMSS-2014, the questionnaire should be structured in at least two distinct modules: the household questionnaire, and the individual questionnaire. The individual questionnaire may be designed in three different forms: the man questionnaire, the woman questionnaire, and the child questionnaire. Individuals eligible for an individual interview are identified through the households selected in the sample.

The HMSS questionnaire would therefore be constituted of four questionnaires: (see Box 1)

7.2.3.2. The Household Questionnaire: The main purpose of the Household Questionnaire is to provide the mechanism for identifying household members (men, women and children) who are eligible for individual interview on their personal information. The respondent for the Household Questionnaire is any knowledgeable person age 15 or older living in the household. The Household Questionnaire is used to collect information on the household roster covering characteristics of usual residents and visitors, and on socioeconomic characteristics of the household including on the household dwelling unit. Space for comments by the interviewer and the supervisor should be made available.

- i. Interviewer identification
- ii. Household identification: sampling and geographic codes.
- iii. The household roster is used to identifying members of the household who are eligible for an individual interview. The household roster of household members (usual residents) and visitors covers the
 - Name.
 - Relationship to the head of the household.
 - Sex.
 - Residency status.
 - Date of birth and age.
 - Place of birth (country, Upzilla).
 - Marital status.
 - Age at first marriage.
 - Religion, ethnic group
 - School attendance, and education level achieved.
 - Birth registration.
 - Information on the death occurred in the household during the past 12 months: name, by sex, age (under 1-year children, and 1 year and more), date of death, place of death, cause of death (road traffic accident, illness, natural death, etc), and cost of treatment and burial.

- iv. Household socioeconomic characteristics are collected on specifics of the dwelling, such as:
- Type of dwelling: Building, House, tent, etc. Level if in Building.
 - Rooms in the dwelling: total number, number of living rooms, area in Sq. Ft.
 - Main source of water for drinking and for other use: Tap, Tube well, Ring well, River, Canal, Fountain, Other.
 - Type of toilet facilities, sanitation equipment, latrine, hand washing.
 - Type, equipment and energy used for cooking, heating, lighting: Wood and leaves, Kerosene, Gas/LPG, Electricity, Solar energy, Dry cow dung, Biogas, Charcoal, Other.
 - Materials of the dwelling: floor, roof, walls: Straw, Bamboo, Polyethylene, Canvass, Clay/brick, Tin; Wood, Tally, Cement, Tiles, Other.
 - Home appliances and furniture owned and used: clock, water pump, grain grinder, fan, blender, water filter, water heater, generator, washing machine, Fridge, microwave oven, TV, DVD player, CD player, camera, air conditioner or cooler, sewing machine.
 - Personal equipment used: mobile phone, watch, bicycle, motorcycle, car, boat, engine-driven boat, fishing net, tuk-tuk, tractor, water pump, trawler, etc.
 - Dwelling ownership: Own, rent, free rent, other.
 - Access to healthcare facilities: distance to the nearest facilities (Hospital, first care clinic, specialised clinic), time to reach the nearest facilities, cost of transportation for the patient and the person assisting the patient.
 - Mosquito nets: number, type of treatment.
- v. After completing the household questionnaire, the interviewer should collect information from each selected respondent, using the Individual questionnaire form. Three distinct individual's questionnaires can be designed to collect information from selected household members: Woman's questionnaire, Man's questionnaire, and Child's questionnaire.

Box 1: Recommendations for the HMSS-2023 questionnaire

Due to the subject matter of the survey, the questionnaire should be structured in at least four distinct forms:

1. The household questionnaire should cover, in addition to listing usual members and visitors, all basic individual information related to the socioeconomic characteristics of the household, to the dwelling characteristics, and any other feature that relates to the household as a whole. Household members eligible for an individual interview are identified through the household selected in the sample
2. The woman's questionnaire of the HMSS should cover all the key topics related to each woman member of the household, aged from 15 and above. Questions should be asked regarding her health condition including cost of medical treatment during the last 90 days in this form.
3. The man's questionnaire of the HMSS should cover all the key topics related to each man member of the household, aged from 15 and above. Questions should be asked regarding his health condition including cost of medical treatment during the last 90 days in this form.
4. the child's questionnaire: Questions should be asked to the proxy respondent regarding health condition of each child aged from 0 to 14 years including cost of medical treatment during the last 90 days, in this household.

7.2.3.3. The *Woman's questionnaire* is used to collect information from each woman aged 15 and older, who has been identified in the roster as a member of the household. The following topics should be included:

- i. Background characteristics: age, date of birth, marital status, literacy, education (school level completed, degree obtained), employment (occupation, economic status, sector of employment, seasonality), media exposure (radio, TV, newspaper, mobile phone use, internet), agricultural or non-agricultural land ownership, bank account ownership.
- ii. Health status, morbidity, during the last 90 days:
 - Self-assessment of health condition.
 - Pregnancies and births history: age at delivery, type of delivery, attendance received by healthcare personnel, place of delivery, pre-natal care and post-natal care received, type of medical facility.
 - Covid-19 infection (past or current) and treatment received.
 - Injuries by a road traffic accident (minor or severe) in a car, truck, bus, motorcycle, bicycle, or as a pedestrian, date of the accident and age of the woman. Treatment received (Outpatient, Inpatient), and health consequences.
 - Injuries by an incident other than a road traffic (minor or severe), by cause (fire, animal bite, fall, drowning, poisoning, electrical injury, struck by another person/object, cut/stabbed), and how (accident, natural disaster, violence, self-harm). Health consequence (paralyzed, brain damage, disfigurement, loss of limb, loss of hearing, loss of eyesight, chronic pain, emotional trauma, other). Treatment received (Outpatient, Inpatient), and health consequences.
 - Chronic disease: high blood pressure or hypertension, high blood sugar or diabetes, goitre, epilepsy, ulcer, diarrhoea, dysentery, hepatitis, tetanus, mumps, whooping cough, diphtheria, rabies, chicken pox, conjunctivitis, eye cataract, tuberculosis, malaria, kala-azar, measles, urinary tract infection, sexually transmitted diseases, arsenic disease, ear infection, skin disease, heart disease or a chronic heart condition, lung disease or a chronic lung condition, asthma, cancer or a tumour, depression or anxiety, arthritis, stroke, nephritis, cervical cancer, pregnancy related problems, etc. Corresponding treatment received.
- iii. Cost of treatment received (Outpatient, Inpatient) for each of the pregnancy, injury and illness recorded for each woman above (medicine, hospital, surgery, etc), during the last 90 days. Source of expenditure for medical treatment (own income, insurance, loan/credit with or without interest, friends, relatives, charity, etc.)
 - Outpatient: treatment received and associated cost: Questions about health care received in the last four weeks, without having to stay overnight. Place of treatment: public/private/NGO medical facility. Amount of money spent on treatment and services (in Tk) received from care provider, including the consulting fees, medicine, surgery, and any expenses for other items such as drugs and tests. Also include possible care received another time in the last 90 days from a health provider, a pharmacy, or a traditional healer, without staying overnight. Other expenditure on vitamins, medicines, and herbal remedies, band-aids/plasters, thermometers, or other medical devices, and so on without a consultation. Coverage by health insurance.
 - Inpatient: Place of the more recent stay overnight for health care. Main reason for stay (including surgery). Duration of stay in days. Amount of money (in Tk) spent on

treatment and services for treatment received during the most recent overnight stay including all the costs for the stay (charges for prescription, medicine, surgery, laboratory tests, drugs, or other items). Same information concerning the last-second stay during the last 6 months. Name and sector of care provider institution. Coverage by health insurance.

- iv. Disabilities (for 5 years or older): (see Box 2)
 - Difficulty seeing without or even when wearing glasses or contact lenses.
 - Difficulty hearing.
 - Difficulty communicating when using his/her usual language.
 - Difficulty remembering or concentrating.
 - Difficulty walking or climbing steps.
 - Difficulty washing all over or dressing.
- v. Reproductive health and intentions: dates and survival status of all births, pregnancies that did not end in a live birth, current pregnancy status, fertility preferences, and future childbearing intentions of each woman.
- vi. Antenatal, delivery, and postnatal care, place of delivery, type of clinic, who attended the delivery, tetanus injections, birth weight, nature of complications during pregnancy for recent births.
- vii. Contraception: knowledge and use of specific contraceptive methods, source of contraceptive methods, exposure to family planning messages, informed choice, and unmet need for family planning. For women not using contraception, questions on knowledge of a source of contraception.
- viii. HIV and other sexually transmitted infections: knowledge of HIV and other sexually transmitted infections, sources of their knowledge about HIV, knowledge about ways to avoid contracting HIV, HIV testing, stigma and discrimination, and high-risk sexual behaviour. HIV/AIDS infection (past or current), current treatment received.
- ix. Status of women and empowerment: decision making, autonomy, ownership of houses and land, bank account ownership, barriers to medical care, and attitudes towards domestic violence.
- x. Other health topics: behaviour related to environmental health, smoking and tobacco use (age at 1st use, type, quantity and frequency), drug use, alcohol consumption, health insurance coverage (type and source). Anthropometric measurements (age, weight, height)

7.2.3.4. *The Man's questionnaire:* each male resident of the household identified in the household roster aged 15 and older, should be asked relevant questions in a separate form. The questionnaire contains information on

- i. Background characteristics: age, date of birth, marital status (polygamy), literacy, education (school level completed, degree obtained), employment (occupation, economic status, sector of employment, seasonality), media exposure (radio, TV, newspaper, mobile phone use, internet) agricultural or non-agricultural land ownership, bank account ownership.
- ii. Health status, morbidity, during the last 90 days:
 - Self-assessment of health condition.
 - HIV/AIDS infection (past or current), current treatment received against HIV/AIDS,
 - Covid-19 infection (past or current) and treatment received

- Injuries by a road traffic accident (minor or severe) in a car, truck, bus, motorcycle, bicycle, or as a pedestrian, date of the accident and age of the man. Treatment received (Outpatient, Inpatient), and health consequences.
 - Injuries by an incident other than a road traffic (minor or severe), by cause (fire, animal bite, fall, drowning, poisoning, electrical injury, struck by another person/object, cut/stabbed), and how (accident, natural disaster, violence, self-harm). Health consequence (paralyzed, brain damage, disfigurement, loss of limb, loss of hearing, loss of eyesight, chronic pain, emotional trauma, other). Treatment received (Outpatient, Inpatient), and health consequences.
 - Chronic disease: high blood pressure or hypertension, high blood sugar or diabetes, goitre, epilepsy, ulcer, diarrhoea, dysentery, hepatitis, tetanus, mumps, whooping cough, diphtheria, rabies, chicken pox, conjunctivitis, eye cataract, tuberculosis, malaria, kala-azar, measles, urinary tract infection, sexually transmitted diseases, arsenic disease, ear infection, skin disease, heart disease or a chronic heart condition, lung disease or a chronic lung condition, asthma, cancer or a tumour, depression or anxiety, arthritis, cancer, stroke, nephritis, etc. Corresponding treatment received.
- iii. Cost of treatment received (Outpatient, Inpatient) for each of the pregnancy, injury and illness recorded for each woman above (medicine, hospital, surgery, etc), during the last 90 days. Source of expenditure for medical treatment (own income, insurance, loan/credit with or without interest, friends, relatives, charity, etc.)
- Outpatient: treatment received and associated cost: Questions about health care received in the last four weeks, without having to stay overnight. Place of treatment: public/private/NGO medical facility. Amount of money spent on treatment and services (in Tk) received from care provider, including the consulting fees, medicine, surgery, and any expenses for other items such as drugs and tests. Also include possible care received another time in the last 90 days from a health provider, a pharmacy, or a traditional healer, without staying overnight. Other expenditure on vitamins, medicines, and herbal remedies, band-aids/plasters, thermometers, or other medical devices, and so on without a consultation. Coverage by health insurance.
 - Inpatient: Place of the more recent stay overnight for health care. Main reason for stay (including surgery). Duration of stay in days. Amount of money (in Tk) spent on treatment and services for treatment received during the most recent overnight stay including all the costs for the stay (charges for prescription, medicine, surgery, laboratory tests, drugs, or other items). Same information concerning the last-second stay during the last 6 months. Name and sector of care provider institution. Coverage by health insurance.
- iv. Disabilities (for 5 years and older):
- Difficulty seeing without or even when wearing glasses or contact lenses.
 - Difficulty hearing.
 - Difficulty communicating when using his/her usual language.
 - Difficulty remembering or concentrating.
 - Difficulty walking or climbing steps.
 - Difficulty washing all over or dressing.

- v. Reproduction health and intentions: number of children fathered in his lifetime, survival status of the births, number of women he has fathered children with, knowledge on feeding practices for children with diarrhoea.
- vi. Contraception knowledge and use of contraception and family planning methods, knowledge about the most fertile days in a woman's cycle, and use of condom (male and female).
- vii. Employment and gender roles: employment and occupation, attitude towards various aspects of women's empowerment, such as decision making, childbearing, women's autonomy, and domestic violence.
- viii. HIV and other sexually transmitted infections: knowledge of HIV and other sexually transmitted infections, sources of their knowledge about HIV, knowledge about ways to avoid contracting HIV, HIV testing, stigma and discrimination, and high-risk sexual behaviour. HIV/AIDS infection (past or current), current treatment received.
- ix. Other health issues: behaviour related to environmental health, smoking and tobacco use (age at 1st use, type, quantity and frequency), drug use, alcohol consumption, health insurance coverage (type and source), health insurance, and health and care for children, attitude about violence against women. Anthropometric measurements (age, weight, height).

7.2.3.5. The *Child's questionnaire* examines for each child aged 0 to 14 years, immunization coverage, vitamin A supplementation, recent occurrences of diarrhoea, fever, and cough for young children and treatment of childhood diseases.

- i. Background characteristics: age, sex, date of birth, literacy, education (school level completed, degree obtained), media exposure (radio, TV, newspaper, mobile phone use, internet).
- ii. Health status, morbidity, diarrhoea, illness, malaria, cough, rapid breaths or difficulty breathing:
 - Covid-19 infection (past or current) and treatment received.
 - Injuries by a road traffic accident (minor or severe) in a car, truck, bus, motorcycle, bicycle, or as a pedestrian, date of the accident and age of the child. Treatment received, cost of treatment received (Outpatient, Inpatient) and health consequences.
 - Injuries by an incident other than a road traffic (minor or severe), by cause (fire, animal bite, fall, drowning, poisoning, electrical injury, struck by another person/object, cut/stabbed), and how (accident, natural disaster, violence, self-harm). Health consequence (paralyzed, brain damage, disfigurement, loss of limb, loss of hearing, loss of eyesight, chronic pain, emotional trauma, other). Treatment received (Outpatient, Inpatient), and health consequences.
 - Chronic disease: high blood pressure or hypertension, goitre, epilepsy, diarrhoea, dysentery, hepatitis, tetanus, mumps, whooping cough, diphtheria, rabies, chicken pox, conjunctivitis, eye cataract, tuberculosis, malaria, kala-azar, measles, urinary tract infection, arsenic disease, ear infection, skin disease, lung disease or a chronic lung condition, asthma, depression or anxiety, arthritis, etc. Corresponding treatment received.
- iii. Cost of treatment received (Outpatient, Inpatient) for each of the pregnancy, injury and illness recorded for each woman above (medicine, hospital, surgery, etc), during the last 90 days. Source of expenditure for medical treatment (own income, insurance, loan/credit with or without interest, friends, relatives, charity, etc.)

- Outpatient: treatment received and associated cost: Questions about health care received in the last four weeks, without having to stay overnight. Place of treatment: public/private/NGO medical facility. Amount of money spent on treatment and services (in Tk) received from care provider, including the consulting fees, medicine, surgery, and any expenses for other items such as drugs and tests. Also include possible care received another time in the last 90 days from a health provider, a pharmacy, or a traditional healer, without staying overnight. Other expenditure on vitamins, medicines, and herbal remedies, band-aids/plasters, thermometers, or other medical devices, and so on without a consultation. Coverage by health insurance.
 - Inpatient: Place of the more recent stay overnight for health care. Main reason for stay (including surgery). Duration of stay in days. Amount of money (in Tk) spent on treatment and services for treatment received during the most recent overnight stay including all the costs for the stay (charges for prescription, medicine, surgery, laboratory tests, drugs, or other items). Same information concerning the last-second stay during the last 6 months. Name and sector of care provider institution. Coverage by health insurance,
- iv. Disabilities (for 5 years and older): (See Box 1)
- Difficulty seeing without or even when wearing glasses or contact lenses.
 - Difficulty hearing.
 - Difficulty communicating when using his/her usual language.
 - Difficulty remembering or concentrating.
 - Difficulty walking or climbing steps.
 - Difficulty washing all over or dressing.
- v. Vaccinations received by the child aged from 00 to 59 months: availability of vaccination card, type of vaccine received by date, number of doses, place/medical centre of vaccination.
- vi. Anthropometric measurements for children under 5: age, weight, height, body mass index (BMI), body circumference (arm, waist, hip and calf), waist to hip ratio (WHR), elbow amplitude and knee-heel length.
- Height measurements are carried out using a portable measuring board. Children younger than 24 months are measured lying down (recumbent length) on the board, while standing height is measured for older children. Weight measurements are obtained using lightweight, digital scales designed to facilitate weighing of mothers and their children.
 - For children, data are used to calculate three indices—height-for-age, weight-for-height, and weight-for-age.
 - The height and weight of children in the survey population are compared with the 2006 WHO Child Growth standards⁶ that are based on an international sample of ethnically, culturally, and genetically diverse, healthy children living under optimum conditions conducive to achieving a child's full genetic growth potential.

⁶ WHO Multicentre Growth Reference Study Group. 2006. WHO Child Growth Standards: Length/height-for-age, weight-for-age, weight-for-length, weight-for-height and body mass index-for-age: Methods and development. Geneva. World Health Organization.

- The height for age index provides an indicator of linear growth retardation among children. Children who are less than two standard deviations below the median of the WHO standard reference population in terms of height for age may be considered short for their age ("stunted") or chronically malnourished.
- The weight for height index looks at body mass in relation to body length. Children who are less than two standard deviations below the median of the standard reference population in terms of their weight for height may be considered too thin ("wasted"), i.e., acutely malnourished. Wasting represents the failure to receive adequate nutrition in the period immediately before the survey and may be the result of recent illness episodes, especially diarrhoea, or of seasonal variations in food supply.
- Weight for age takes into account both chronic and acute malnutrition and is often used to monitor nutritional status on a longitudinal basis. Overweight and obesity are becoming problems for some children in developing countries. The percentage of children more than two standard deviations above the median for weight-for-height indicates the level of this potential problem.

Box 2: Disability (*)

Disability is an umbrella term for impairments, activity limitations and participation restrictions. Disability is impossible to describe in one or two sentences, partly because it covers a huge range of things and also touches a large number of people. It is likely to affect everyone at some stage in their lives. Generally, a disability is inability or great difficulty in performing one or more major life activities in the person's current social environment, either because of a physical, mental, or psychological illness, or an impairment with any part of the body, such as a missing, or damaged part of the body.

Major life activities include the following:

- i. Having a full range of movement while standing, lifting, walking and so forth.
- ii. Having intact senses (vision, hearing, touch, smell, taste, balance).
- iii. Communicating with others (speaking and writing).
- iv. Learning and working.
- v. Caring for oneself in hygiene and homemaking.
- vi. Using mental processes such as thinking, concentrating, and problem solving.
- vii. Interacting with others and developing and maintaining relationships.

Questions are asked for each household member and visitor who spent the night before the survey and who are age 5 and older. If a person is experiencing difficulty in any of the areas, information is sought about the degree of difficulty that he/she has.

Having difficulty with an activity means:

- viii. Being unable to perform the function
- ix. Increased effort to perform the function
- x. Discomfort or pain when performing the function
- xi. Slowness in performing the function

The answer categories are set up so that the respondent can indicate the level of difficulty: No difficulty, Some difficulty, A lot of difficulty, Cannot do at all, Don't know.

(*) Demographic and Health Surveys <https://dhsprogram.com/publications/publication-dhsqm-dhs-questionnaires-and-manuals.cfm>

7.2.4. Testing survey instruments through a Pilot phase: A pre-test is a critical means of testing survey processes. It is also a mechanism for having the senior survey staff gain experience in training field staff prior to the main training course.

7.2.4.1. The pre-test is a way of checking the skip patterns in the questionnaire, the interviewer's and supervisor's manuals, and other survey procedures. The pre-test usually takes place about 5 months prior to the main survey. It includes a small-scale data collection in the field, to test the collection instruments, including the questionnaire, followed by processing and analysis of the collected data, to ensure the statistical business process performs as expected.

7.2.4.2. The goals to achieve include the improvement of the quality of statistical output, the reduction of costs to BBS and to respondents, a decrease in the scope of output variables, an increase in the use of administrative data.

7.2.4.3. Following the pilot, it may be necessary to go back to a previous step and make adjustments to collection instruments, systems or components. For a sample household survey, there may be necessary to go through several iterations until the process is working satisfactorily.

7.2.4.4. For the pre-test, a small number of field staff is usually trained for about 2-3 weeks. It is recommended to train future supervisors as interviewers for the pre-test. This ensures that future supervisors have extensive training, that their role as supervisors is established before the main training, and that there is sufficient staff available to correct and guide the practice sessions and tests that will be done during the main training.

7.2.4.5. The pre-test data collection typically covers 100-200 households and takes about 7-10 days to complete. Both urban and rural areas should be included in the pre-test. Interviews should be carried out in areas that are not selected for the main survey in order to prevent contamination of the survey results.

7.2.4.6. It is important that the pre-test fieldwork follows the same procedures that will be followed during the main fieldwork. Thus, a household listing should be prepared in the practice areas beforehand so that teams become acquainted with following the procedures for household and individual respondent selection and using their control forms. The senior survey staff should actively supervise all stages of the pre-test so that they become familiar with problems that are encountered and can recommend solutions. The data from pre-test interviews using paper questionnaires do not need to be entered in an electronic file as the data are not analyzed.

7.2.4.7. The pre-test experience is the basis on which the survey questionnaires and manuals will be revised. Key to this activity is that all field staff should make notes of problems experienced during the training, the practice interviews, and the actual interviews. Problems found during the interviews can be documented through reports by the survey staff who observe pre-test interviews and through a daily debriefing of the pre-test interviewers. It is important that all staff involved in the pre-test take notes on what they observe. If paper questionnaires are used, it is advisable to have a data processing specialist review the questionnaires before they are finalized to check for structural and skip errors.

7.2.5. Increasing the number of contacts with the sampled respondent in the household, as well as sending a brief pre-notice letter few days prior to the arrival of the interviewer; mailing a questionnaire that includes a detailed cover letter, and scheduling a final contact with the respondent possibly by telephone. These initiatives will help maximising the response rate to the survey.

7.2.6. Finalizing the production system by producing technical documents and users' manuals. In order to provide uniform training at all levels, verbatim manuals of instructions are to be prepared and used

in training classes. Concepts and definitions of all the variables are to be clearly explained in the manual, so that local surveyors could easily understand everything relating to the survey.

- 7.2.7. Field control manual** is also to be prepared and distributed to the zonal officers. A detailed description of field organization and field activities, formation of survey committee at zila, Upazila, city corporation, municipality, union, ward levels, along with their responsibilities are to be explained in this manual.

8. Collecting the data

8.1. Current situation

- 8.1.1.** During the HMSS-2014, data was collected directly from sampled households through face-to-face interviews and information provided by selected respondents was consigned on a paper questionnaire. The questionnaire consisted of four sections and sub-sections. In section one demographic characteristics of the household members like tobacco and narcotics consumption, accident and injury, death due to accident and knowledge of HIV/AIDS were included. Section two consists of socio-economic characteristics of households with ten questions. Section three comprises information regarding impairment of the household members during 30 days prior to the survey. Section four covers information related to morbidity and illness, type of treatment with treatment expenditure, vaccination of children who received vitamin A capsule, maternal health care and expenditure of other medical products.
- 8.1.2.** The collection system was composed of enumerators, supervisors and trainers. The local register of the Sample Vital Registration System (SVRS) of BBS was engaged as enumerators for the survey. BBS officials were appointed trainers of the enumerators as well as district coordinator/supervisors of a district. Strong measures of rigorous supervision and control were taken during the field work to ensure quality of enumeration. To supervise the work of every district one supervisor was engaged.
- 8.1.3.** The data was collected by employing direct interview method. Only the selected 25 households of each PSU were interviewed by the enumerators. The enumerators collected information from the head of the household, eligible, responsible members, selected male or female persons of the respective sections. Filled-in questionnaires were received and then edited and coded. Data processing work was completed using Customized Software (CSpro), SPSS, STATA. The survey questionnaire is a long type questionnaire, consisted of interlinked four sections and twelve sub-sections which needed to cross inter relational consistency checking. A comprehensive data entry programme with necessary validity check was developed and tested for data entry. The entered data were edited manually from the filled in questionnaire and also by a computer edit programme and made error free and consistent for cross-classification. Tabulations were produced and inter-table consistency was verified.
- 8.1.4.** A draft tabulation plan was prepared and developed through several technical meetings, and tables generated accordingly.
- 8.1.5.** During fieldwork only dwelling households were interviewed which was defined as a person or a group of persons or a family living in a house and taking food cooked together. A household might occupy more than one house, or more than one household might reside in a house. All the usual members of a dwelling household were eligible to respond in this survey.
- 8.1.6.** At the time of interview heads of the household, or spouses of the heads of the households or relevant persons of the households for specific issue were the respondents of the survey. If the relevant person was unreachable after several visits, the alternative respondents were the household head or the member who could furnish better about the household information.

8.1.7. BBS keeps very limited documentation of survey reports, except for the final publication. From experience, survey methodological reports, micro dataset and intermediate data processing outputs remain in custody of the survey manager at the time of implementation. Thus, any enquiry related to the latest health-related household surveys was made unsuccessful. Presently, no documentation procedure has been adopted to archive these valuable reports. Due to lack of proper documentation of earlier survey reports and data sets, some have been lost or not known to place of availability.

8.2. Recommendations for HMSS-2023

8.2.1. **Create frame and select sample:** This sub-process establishes the frame and selects the sample for this iteration of the collection. Quality assurance and approval of the frame and the selected sample are also undertaken through the maintenance of IMPS underlying registers.

8.2.2. **Set up collection:** This sub-process ensures that the people, processes and technology (e.g., web-based applications, GPS system) are ready to collect data and metadata. It takes place over a period of time, as it includes the strategy, planning and training activities in preparation for the specific instance of the statistical business process. For survey data, this sub-process includes:

8.2.2.1. Set-up data collection organisation: Typical survey policy calls for a team approach to data collection. The advantages of working in teams are many, but the main one is the ability to achieve a higher level of supervision of the work. An additional reason is the need for special means of transportation for most interviewers. Safeguarding the wellbeing of the field staff is another important reason for working in teams.

8.2.2.2. Field teams generally consist of one supervisor (team leader), one female field editor, 3-4 female interviewers, and 1-2 male interviewers to collect information from men respondents. Each team should have its own means of transportation, such as a vehicle and is usually accompanied by a driver. The size of the team is often limited by the carrying capacity of the vehicles that will be used. The field vehicles must be large enough to carry all of the team members, their gear, and all supplies and equipment (including questionnaires, field forms, manuals, GPS units, and a first aid kit).

8.2.2.3. The supervisor is in overall charge of the team and the daily organization and supervision of the team's work. He/she assigns work to the other team members, is responsible for the vehicle and driver, and may also be responsible for locating accommodation for the team. The field editor is mainly in charge of checking the quality of the interviews, both by reviewing all questionnaires and by observing interviews. In actual practice, the supervisor and the field editor will need to share each other's responsibilities in order to build and maintain a good interviewing team.

8.2.2.4. The number of teams to be used depends on a number of criteria, including the sample size, the desired duration of data collection, the number of capable interviewers and supervisors that can be recruited, and even the number of vehicles available. A related consideration is the amount of funding available for the survey.

8.2.2.5. Calculating the duration of data collection involves making assumptions about the number of completed interviews that an interviewer can do in a day, the total number of interviewers that will be used and the time that is needed for travel between clusters. Data collection preferably takes 4 months. Longer durations can lead to interviewer fatigue and attrition, while shorter durations are inefficient since considerable time and expense is invested in the training. The quality of the field staff should be as high and uniform as possible. Ideally, no more than 12-15 teams with 60-90 interviewers should be used, though larger surveys will require more field staff.

8.2.2.6. If possible, all teams should start fieldwork in the same location, in order to make supervision of all teams by senior survey staff possible during the time that supervision is most

needed. If teams scatter all across the country from the beginning it is more difficult to visit all teams immediately.

8.2.2.7. If an interview is not completed on the first visit, the sampled household or respondent should be contacted at least three times, over at least two different days, before an interview is classified as a nonresponse. When most of the team has finished work but one or two call-backs are remaining for another day, it is not uncommon for the team to move to a new cluster and to leave one interviewer behind to complete the call-backs. This is possible when the new cluster is not too far away and the team vehicle can pick up the interviewer left in the old cluster. In other circumstances, the whole team needs to stay until all work in the cluster is completed.

8.2.2.8. Teams need to have a sufficient supply of questionnaires and materials with them to ensure that work can continue full speed at all times. When paper questionnaires are used, the completed ones need to be packed, protected from the elements and safeguarded until they can be transmitted to the home office, usually via the roving fieldwork coordinators and senior staff who periodically visit each team.

8.2.2.9. If survey funding is being provided from multiple sources, the budget should identify which budget line items are being covered by each donor. In such cases, it is often useful to prepare a Memorandum of Understanding (MOU), a brief, non-legally binding document that states the responsibilities and contributions (both monetary and in-kind) of the various organizations. The MOU should contain the work plan, timetable, a budget by line item and donor, and space for signatures by all parties.

8.2.3. Set-up data collection method: The most common methods of data collection for household surveys are by or face-to-face personal interviewing (CAPI) using paper questionnaire or digital device, and telephone interviewing (CATI). The growing number of respondents with access to the Internet introduces a new data collection alternative that is likely to become increasingly important in the future. Like CAPI and CATI, computer assisted self-interviewing using the website permits an interactive exchange with the respondent through intelligence built into the computer application. While promising, Internet surveys also face a variety of challenges in survey coverage, in survey design, in security of confidential information, and in the midst of new and rapidly changing technologies.

8.2.4. The **face-to-face interview should nevertheless be privileged** because it provides the most accurate survey responses. An interviewer is there to guide the respondent through the questionnaire ensuring answers are appropriate. However face-to-face is the most expensive data collection mode. The introduction of an online mode is a further method of self-enumeration. It is hoped that an internet mode will provide in the future a level of accuracy tending towards the same level of accuracy which a face-to-face interview would provide but at a lower cost.

8.2.5. Training collection staff: Imparting training with modern devices: Field level training of enumerators and supervisors is a gigantic task and it is a challenge to provide uniform training all over the country. A standard module of training can be prepared in audio-visual format with practical examples how to collect the data, rapport building etc. This audio-visual training can be given using multimedia and uniformity of the training can be ensured.

8.2.6. Ensuring collection resources are available: this includes laptops, collection apps, APIs, etc.

8.2.6.1. Agreeing on terms with intermediate collection bodies, including sub-contractors for computer assisted telephone interviewing, web services.

8.2.6.2. Configuring collection systems to request and receive the data.

8.2.6.3. Ensuring the security of data to be collected.

8.2.6.4. Preparing collection instruments, including printing questionnaires, pre-filling them with existing data, loading questionnaires and data onto interviewers' computers, APIs, web scraping tools.

8.2.6.5. Ensuring prior arrangements with the housing associations and Real Estates Housing Association in Bangladesh (REHAB) in order to overcome the difficulty in collecting data from the urban settings, particularly in the high-rise buildings. This issue should be incorporated in the training materials of the interviewer.

8.2.7. Running data collection

This sub-process is where the collection is implemented. The different collection instruments are used to collect or gather the information which may include raw microdata or aggregates produced at the source, as well as any associated metadata.

8.2.7.1. **Data should be collected from the household member** who have better knowledge (traditionally the household head), otherwise the likelihood of inaccuracy of data would rise. For this purpose, awareness should be campaigned for the early pre-survey activities.

8.2.7.2. **Surveyors should be made aware of some difficulties** to get the most knowledgeable member (usually the head of the household) of the household during data collection. For example, during day time most of the head of the household were busy in work and away from home and also in case of urban areas in high rise buildings as mentioned earlier.

8.2.7.3. **Involvement of more female interviewers/supervisors** in the data collection: In cases male household heads are away from home due to economic activities, data are collected from the female members of the family who are present at home. So, they may feel embarrassed to provide data if a male interviewer was there and would not allow them to enter in the house that time. Therefore, more female interviewers can be hired to collect information to resolve the issue.

8.2.7.4. **Updating the information provided by the sampling frame** on the distribution of Primary Sampling Units, the identification of sampled households, and replacement households in case sampled households are not present.

8.2.7.5. **Updating the geographical frame** at the same time as collection of the data by using inputs from GPS systems, putting a mark on a map.

8.2.7.6. **Ensuring that the relationship between the respondent to the interview and BBS remains positive.** It includes management of the data providers involved, recording and responding to comments, queries and complaints. Proper communication with reporting units and minimisation of the number of non-respondents contribute significantly to a higher quality of the collected data.

8.2.7.7. **Monitoring of data collection** and making any necessary changes to improve data quality. This includes generating reports, visualising and adjusting the acquisition process to ensure the data are fit for use. When the collection meets its targets, it is closed and a report on the collection is produced.

8.2.7.8. **Survey reports should be documented and archived in digital format.** These valuable reports and data sets are useful to assess past household surveys, to understand the methodological or definitional change, and to show trend analysis of population. Even planners, researcher, students needed these reports regularly. Digitizing survey data sets, outputs and reports would also ensure the protection of the information even if hard copies are lost due to any unavoidable circumstances.

8.2.7.9. Finalise data collection: This sub-process includes loading the collected data and metadata into a suitable electronic environment for further processing.

8.2.7.10. Design manual or automatic data capture, using clerical staff or optical character recognition tools to extract information from paper questionnaires, or converting the formats of files or encoding the variables received from the field.

8.2.7.11. Analyse the metadata associated with collection to ensure the collection activities have met requirements. In cases a paper questionnaire is used, and not needed for further processing, this activity manages the archiving of the material. When the collection instrument uses software such as an API or an app, this activity also includes the versioning and archiving.

9. Processing the data

9.1. Current situation

- 9.1.1.** All the filled-in questionnaires of HMSS-2014 were received at headquarters and then edited and coded. Data processing work was completed by Computer Wing using Customized Software (CSpro), SPSS, STATA.
- 9.1.2.** A comprehensive data entry programme with necessary validity check was developed and tested for data entry by the computer wing of BBS. A team of well-trained and experienced data entry operators was engaged to capture data into computer. The entered data were edited manually from the filled in questionnaire and also by a computer edit programme and made error free and consistent for cross-classification. Tabulations were produced and inter-table consistency was verified.

9.2. Recommendations for HMSS-2023

- 9.2.1.** **Processing input data** and their preparation for analysis is a crucial phase that is initiated after data collection from the field. It is made up of sub-processes that integrate, classify, check, clean, and transform input data, so that they can be analysed and disseminated as statistical outputs.
- 9.2.2.** **Classifying and coding:** This activity should be performed cautiously by skilled staff because it determines the quality and reliability of the input data. For example, automatic (or clerical) coding routines may assign numeric codes to text responses according to a pre-determined statistical classification to facilitate data capture and processing. Some questions have coded response categories on the questionnaires or administrative source of data, others are coded after collection using an automated process (which may apply machine learning techniques) or an interactive, manual process.
- 9.2.3.** **Reviewing and validating:** This activity examines data to identify potential problems, errors and discrepancies such as outliers, item non-response and miscoding. It may be run iteratively, validating data against pre-defined edit rules, usually in a set order. It may flag data for automatic or manual inspection or editing. Whilst validation is treated as part of the “Process” phase, in practice, some elements of validation may occur alongside collection activities, particularly when computer assisted data collection (CAPI or CATI) is undertaken. The interviewer is assisted by an electronic questionnaire, which is a program running on his computer. The program contains a built-in set of editing rules, called edit checks or edits. These rules assess whether the response is allowed by survey criteria or should be discarded, that is whether an edit is satisfied or violated. This solution results in many benefits: it decreases costs, improves data quality and response rates and lowers the perceived response burden.
- 9.2.4.** **Data editing for improving quality of survey data.** The improvement involves finding erroneous data and then correcting it. Errors may have happened along the way from the respondent to the survey data files for various reasons, intended or unintended. Examples include typing errors, wrongly

estimated values, misclassifications. Omission or answer denial can also be a source of measurement error.

9.2.5. Editing and imputing: Where data are considered incorrect, missing, unreliable or outdated, new values may be inserted or outdated data may be removed in this sub-process. The terms editing and imputation cover a variety of methods to do this, often using a rule-based approach. Specific steps typically include:

- Determining whether to add or change data.
- Selecting the method to be used.
- Adding/changing data values.
- Writing the new data values back to the data set, and flagging them as changed.
- Producing metadata on the editing and imputation process.

9.2.6. Calculating weights for unit data records according to the methodology developed in during sampling design. For example, weights can be used to "gross-up" data to make them representative of the target population for sample surveys, or to adjust for non-response in total enumerations. In other situations, variables may need weighting for normalisation purposes. It may also include weight correction for benchmarking indicators.

9.2.7. Calculating aggregates for data and population totals from microdata or lower-level aggregates. It includes summing data for records sharing certain characteristics (e.g. aggregation of data by demographic or geographic classifications), determining measures of average and dispersion, and applying weights to derive appropriate totals.

9.2.8. Calculating sampling errors for statistical outputs which use sample surveys corresponding to relevant aggregates.

9.2.9. Finalising data files which bring together the results of processing micro-data used as an input to generating macro-data sets required for analysing the survey results.

10. Analysing survey results

10.1. Current situation

10.1.1. After completing the production of survey results in digital format, the BBS prepared a draft tabulation plan which was developed through several meetings with a Technical Working Group (TWG). The TWG validated the tables that were generated accordingly. After receiving the final tables, BBS staff analysed the survey findings and a draft survey report was presented to BBS management.

10.1.2. The survey report adopts a standardized format and content plan that is been regularly used by BBS for most of the home-produced household surveys. A preliminary section presents Concepts and definitions used throughout the survey, Key findings and Executive summary. Chapter 1 is an Introduction to the report covering the survey background, rationale for conducting the survey, and main objectives assigned. Chapter 2 provides a description of survey methodology including Sample design, Scope and coverage, Questionnaire, Fieldwork organisation, Supervision and quality control, Data collection, Data entry, processing and validation, Data analysis and report writing, and Limitations of the survey. The following chapters (from 3 to 15) review survey themes and provide a descriptive analysis of survey results. A series of 2- or 3-way statistical tables are listed to support the narrative, together with a series of figures illustrating quantitative tabulation. The publication is concluded by References and Appendices where Household questionnaires in Bangla and English languages are presented.

10.1.3. It is worth noting that the analysis of HMSS-2014 results is mainly cross-sectional, descriptive and static, limiting its scope to absolute figures, percentages, and simple ratios. The analysis focuses mainly on the variables measured throughout the survey. No attempt is made to undertake longitudinal analysis which would compare survey results across time with previous household surveys conducted by BBS since 1995.

10.1.4. Similarly, the report provides a stand-alone analysis, without any attempt to cross-analyse HMSS-2014 results with other thematic household surveys carried-out by BBS - such as the series of HIES, Nutrition surveys, MICS, SVRS, VAW, Tobacco consumption surveys, or alike -, nor with other national administrative sources of health-related data provided by the Vital registration system, or other ministerial records (Health, Women, Youth, Social security, etc.).

10.1.5. In addition, the report does not compare HMSS-2014 results with data from other countries, which could have been found from international sources for the same period of time.

10.2. Recommendations for HMSS-2023

10.2.1. Preparing draft outputs: This activity consists of transforming calculated aggregates and finalise data files into statistical outputs such as indexes, seasonally adjusted statistics, e.g. trend, cycle, seasonal and irregular components, accessibility measures, etc., as well as the recording of quality characteristics such as coefficients of variation. The preparation of maps, GIS outputs and geo-statistical services can be included to maximise the value and capacity to analyse the statistical information.

10.2.2. Validating outputs: This activity consists for statisticians of validating the quality of the outputs produced, in accordance with a general quality framework and with expectations. The activity includes activities involved with the gathering of intelligence, with the cumulative effect of building up a body of knowledge about a specific statistical domain. This knowledge is then applied to the current collection, in the current environment, to identify any divergence from expectations and to allow informed analyses. Validation activities can include:

- Checking that the population coverage and response rates are as required.
- Comparing the HMSS-2023 results with the findings of previous health-related household surveys.
- Checking that the associated metadata, paradata and quality indicators are present and in line with expectations.
- Checking geospatial consistency of the data.
- Confronting the statistics against data from other sources that are relevant, including other household surveys carried-out in Bangladesh by BBS and other organisations, data from other countries with similar socioeconomic structure.
- Investigating inconsistencies in the statistics, including missing data, outliers, etc.
- Performing macro editing.
- Validating the statistics against expectations and domain intelligence.

10.2.3. Interpreting and explaining outputs: This activity is the core endeavour that statisticians should focus on. The statisticians should use that understanding to interpret and explain the statistics by assessing how well the statistics reflect their initial expectations, viewing the statistics from all perspectives using different tools and media, and carrying out in-depth statistical analyses such as time-series analysis, consistency and comparability analysis, revision analysis (analysis of the differences between preliminary and revised estimates), analysis of asymmetries (discrepancies in mirror statistics), etc.

10.2.4. Apply disclosure control: This activity ensures that the data (and metadata) to be disseminated do not breach the appropriate rules on confidentiality according to BBS policies and rules. This may include checks for primary and secondary disclosure, as well as the application of data suppression or perturbation techniques and output checking. The degree and method of statistical disclosure control may vary for different types of outputs. For example, the approach used for microdata sets for research purposes will be different to that for published tables, finalised outputs of geospatial statistics or visualisations on maps.

10.2.5. Finalise outputs: This activity ensures the statistics and associated information are fit for purpose and reach the required quality level and are thus ready for use. It includes:

- Completing consistency checks.
- Determining the level of release, and applying caveats.
- Collating supporting information, including interpretation, commentary, technical notes, briefings, measures of uncertainty and any other necessary metadata.
- Producing the supporting internal documents.
- Conducting pre-release discussion with appropriate internal subject matter experts.
- Translating the statistical outputs into English for multilingual dissemination.
- Approving the statistical content for release.

11. Disseminating survey findings

11.1. Current situation

11.1.1. Dissemination of statistics generated by household and establishment surveys and administrative records is a prime task of BBS.

11.1.2. Statistics are traditionally disseminated by BBS in form of paper publication, including Yearbooks, periodic and non-periodic hardcopy publications.

11.1.3. Thanks to the recent technology developments, BBS is increasingly using digital supports including electronic and Internet means. BBS uses modern technology for releasing anonymised datasets (micro-data) to the user's community on the Internet as well as for specific uses.

11.2. Recommendations for HMSS-2023

11.2.1. **Assembling and releasing static and dynamic statistical products** via a range of channels. This phase manages the release of the statistical products to users. These activities include supporting users to access and use the statistical products released by BBS either produced regularly or on an ad-hoc basis.

11.2.2. Updating output systems in order to store the HMSS-2023 data and metadata for dissemination purposes, including:

- Formatting data and metadata ready to be put into output systems.
- Loading data and metadata into output systems.
- Ensuring data are linked to the relevant metadata.

11.2.3. Producing dissemination products: Statistical products should be disseminated to meet user needs. They could include printed publications, press releases and websites. The products can take many forms including interactive graphics, tables, maps, public-use microdata sets, linked open data and downloadable files. Typical steps include:

- Preparing the product components (explanatory texts, tables, charts, maps, quality statements etc.).
- Assembling the components into products.
- Editing the products and checking that they meet publication standards.

11.2.4. Managing release of dissemination products: This activity ensures that all elements for the release are in place including managing the timing of the release. It includes briefings for specific user groups such as the press or ministers, the provision of products to subscribers, and managing access to confidential data by authorised user groups, such as researchers.

11.2.5. Promote dissemination products: This activity includes the use of customer relationship management tools, to better target potential users of the products, as well as the use of tools including websites, wikis and blogs to facilitate the process of communicating statistical information to users.

11.2.6. Manage user support: This activity ensures that user queries and requests for services such as microdata access are recorded, and that responses are provided within agreed deadlines. These queries and requests should be regularly reviewed to provide an input to the overarching quality management process, as they can indicate new or changing user needs. Replies to user requests can also be used to populate a knowledge database or a “Frequently Asked Questions” page, that is made publicly available, thus reducing the burden of replying to repeated and/or similar requests from external users. This activity includes running User’s satisfaction survey.

12. Evaluating survey methodology and results

12.1. Current situation

12.1.1. As stated in the HMSS-2014 report, the assessment of the survey shows a number of limitations

12.1.2. The data was collected during the month of June 2014 using the reference period of previous 90 days from the day of interview. As the reference period covers only summer season, morbidity data are dominated by illnesses related to hot weather. Since the disease pattern varies from season to season over the year.

12.1.3. Conducting the survey was done through the whole year like Household Income and Expenditure Survey to overcome the effect of seasonal variation.

12.1.4. Interviewers had no medical knowledge to identify the symptoms of morbidity properly, but there was an effort to overcome it by incorporating some supplementary questions in the questionnaire.

12.1.5. Estimation of mortality due to accident is not found accurately as it is a rare event and the sample size is not enough to be representative. Options in some questions (for example, nature of accidents, types of transport by which accidents occurred) are not sufficient to cover most of the probable answers and as a result, big figures came in the category of “others”.

12.1.6. To collect data on smoking and intoxicating substance abusing as the sensitive issues, some special arrangements needed to be adopted and in front of other family members the data might be underestimated. As the prevalence of intoxicating abusers is very low, the sample size should be larger.

12.1.7. There are big limitations in the survey that infant (<1 year) morbidity found a small number for which it does not reflect the actual situation.

12.2. Recommendations for HMSS-2023

12.2.1. This activity manages the evaluation of the planned survey can take place at the end of the survey activities, but can also be done on an ongoing basis during the statistical production process. It relies

on inputs gathered throughout the different phases. It includes evaluating the success of survey, drawing on a range of quantitative and qualitative inputs, and identifying potential improvements.

- 12.2.2. **Gathering evaluation inputs:** Evaluation material can be produced throughout the whole production phases. It may take many forms, including feedback from users, process metadata (paradata), system metrics, and staff suggestions. This activity gathers all of these inputs, compiles quality indicators and makes them available for the person or team producing the evaluation. On the other hand, for the evaluation of certain processes it can be necessary to perform specific activities such as small surveys, (e.g. post-enumeration surveys, re-interview studies, survey on effectiveness of dissemination).
- 12.2.3. **Conducting evaluation:** This activity analyses the evaluation inputs, compares them to the expected/target benchmarking results, and synthesises them into an evaluation report. The evaluation can take place at the end of the whole process (ex-post evaluation) for selected activities, during its execution in a continuous way, or throughout the process, thus allowing for quick fixes or continuous improvement. The resulting report should note any quality issues specific to the survey as well as highlight any deviation of performance metrics from expected values, and should make recommendations for changes if appropriate. These recommendations can cover changes to any phase or sub-process for future surveys, or can suggest that the process is not repeated.
- 12.2.4. **Agreeing on an action plan:** This sub-process brings together the necessary decision-making power to form and agree an action plan based on the evaluation report. It should also include consideration of a mechanism for monitoring the impact of those actions, which may, in turn, provide an input to evaluations of future similar surveys.

Annexes

Annex 1: The Generic Statistical Business Process Model (GSBPM)

Overarching Processes							
Specify needs	Design	Build	Collect	Process	Analyse	Disseminate	Evaluate
1.1 Identify needs	2.1 Design outputs	3.1 Reuse or build collection instruments	4.1 Create frame and select sample	5.1 Integrate data	6.1 Prepare draft outputs	7.1 Update output systems	8.1 Gather evaluation inputs
1.2 Consult and confirm needs	2.2 Design variable descriptions	3.2 Reuse or build processing and analysis components	4.2 Set up collection	5.2 Classify and code	6.2 Validate outputs	7.2 Produce dissemination products	8.2 Conduct evaluation
1.3 Establish output objectives	2.3 Design collection	3.3 Reuse or build dissemination components	4.3 Run collection	5.3 Review and validate	6.3 Interpret and explain outputs	7.3 Manage release of dissemination products	8.3 Agree an action plan
1.4 Identify concepts	2.4 Design frame and sample	3.4 Configure workflows	4.4 Finalise collection	5.4 Edit and impute	6.4 Apply disclosure control	7.4 Promote dissemination products	
1.5 Check data availability	2.5 Design processing and analysis	3.5 Test production systems		5.5 Derive new variables and units	6.5 Finalise outputs	7.5 Manage user support	
1.6 Prepare and submit business case	2.6 Design production systems and workflow	3.6 Test statistical business process		5.6 Calculate weights	5.7 Calculate aggregates		
		3.7 Finalise production systems		5.8 Finalise data files			

Annex 2: Typical implementation schedule of a household survey

Activity	Schedule	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
1 Survey design	Month 1		■																										
2 Sample design	Month 2			■																									
3 Questionnaire design	Month 3				■																								
4 Preparation of manuals	Month 4					■																							
5 Pretest	Month 5						■																						
6 Revision of questionnaires and manuals	Month 6							■																					
7 Household listing	Months 6-7								■																				
8 Training of field staff	Month 8									■																			
9 Data collection	Months 9-12										■																		
10 Data entry and editing	Months 9-13											■																	
11 Final data checking and cleaning	Month 14												■																
12 Preparation of the preliminary report	Month 15													■															
13 Production of tabulations for final report	Month 16														■														
14 Report writing workshop	Month 18															■													
15 Review and revision of final report	Months 19-20																■												
16 Preparation of Key Findings report	Month 21																	■											
17 Printing of final report and other materials	Month 22																		■										
18 National seminar	Month 23																			■									
19 Further analysis	Months 24-28																				■								
20 Data dissemination activities	Months 27-28																					■							

Annex 9: Manual for designing and producing gender statistics. Focus on: Violence against Women Survey (VAW)

ABBREVIATIONS AND ACRONYMS

ADAPT	Advanced Data Planning Tool
Agenda 2030	Agenda for Sustainable Development 2030
BBS	Bangladesh Bureau of Statistics
BPA	Beijing Platform of Action
CAPI	Computer Assisted Personal Interview
CATI	Computer Assisted Telephone Interview
CAWI	Computer Assisted Web Interview
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CSO	Civil Society Organization
DHW	Demography and Health Wing, BBS
GBV	Gender Based Violence
GSBPM	Generic Statistical Business Process Model
EU	European Union
HIES	Household Income and Expenditure Survey
HMSS	Health and Morbidity Status Survey
IAEG-GS	Inter-Agency and Expert Group on Gender Statistics
IAEG-SDGs	Inter-Agency Expert Group on Sustainable Development Goal Indicators
ICLS	International Conference of Labour Statisticians
ICT	Information and communication technologies
ILO	International Labour Organization
LFS	Labour Force Survey
MICS	Multiple Indicators Cluster Survey
MoCWA	Ministry of Women and Children Affairs
MoLE	Ministry of Labour and Employment
MoSW	Ministry of Social Welfare
MSGI	Minimum Set of Gender Indicators
NGO	Non-Governmental Organization
NSDS	National Strategy for Development of Statistics
NSPD	National Household Survey on Persons with Disabilities
NWDP	National Women Development Policy
OECD	Organisation for Economic Co-operation and Development
PARIS21	Partnership in Statistics for Development in the 21st Century
SID	Statistics and Informatics Division
SIGI	Social Institutions and Gender Index by OECD Development Centre
SDGs	Sustainable Development Goals
TUS	Time Use Survey
UNECE	United Nations Economic Commission for Europe
UNESCAP	UN Economic and Social Commission for Asia and the Pacific
UNICEF	United Nations International Children's Emergency Fund
UNIFEM	United Nations Fund for Empowerment
UNSC	UN Statistical Commission
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VAW	Violence Against Women

1. Purpose of the manual

- 1.1. This manual provides the Demography and Health Wing (DHW) of the Bangladesh Bureau of Statistics (BBS) with guidance on collecting, processing, disseminating and analysing data on gender issues, focusing on gender statistics indicators, as well as improving the design and implementation of household surveys related to gender, particularly Violence Against Women (VAW) surveys and Time Use Surveys (TUS). These Guidelines respond to the need to provide methodological advice regarding selection of topics, sources of data, relevant statistical classifications, outputs, wording of questions and other issues relevant for BBS to conduct the VAW survey and TUS planned for 2023.
- 1.2. The Bangladesh Bureau of Statistics hopes that issuing this manual will help with the ongoing process to monitoring statistical indicators according to international standards, and to making comparisons of Bangladesh achievements and progress made in social, economic, and environmental areas. Moreover, this manual is a motivation for policy makers and researchers to increase their reliance on statistics figures in their policies, decisions and research.
- 1.3. More specifically, this manual aims to:
 - Provide guidance on mechanisms and tools to better utilize household surveys to produce disaggregated statistics and indicators that address gender issues.
 - Present statistical management and coordination mechanisms, including those undertaken by select countries to ensure a consultative and inclusive process in the production of select disaggregated gender statistics.
 - Provide guidance or insights on country experiences, underscoring good practices, challenges and learnings, as well as highlight possible risks/threats; and
 - Offer recommendations for improving initiatives to produce disaggregated gender statistics using existing household surveys towards enhanced gender data production and use.

2. Introduction

- 2.1. This manual will follow the logical sequence of steps that household surveys are meant to go through in order to ensure relevance and quality of planned outputs, as laid down in the Generic Statistical Business Process Model (GSBPM), which describes the production of statistics in a general and process-oriented way. The GSBPM is a means to describe statistics production in a general and process-oriented way. It is used both within and between statistical offices as a common basis for work with statistics production in different ways, such as quality, efficiency, standardisation, and process-orientation. It is used for all types of surveys, and "business" is not related to "business statistics" but refers to the statistical office, simply expressed.
- 2.2. The GSBPM is used as a basis for this Manual as a reference model recognising several overarching processes with a strong statistical component that apply throughout the eight phases: Specifying the needs for gender data, Designing the instruments for collecting the data, Building the collection instruments, Collecting the data, Processing the data, Analysing the data, Disseminating the results, and Evaluating the overall gender-related data in Bangladesh.
- 2.3. Whilst typical statistical business processes include collecting and processing data to produce statistical outputs, the GSBPM reference model also applies when existing sample household surveys are repeated, or existing data are revised, implying either improving the data source or a change in methodology of current collection instruments.

3. Executive summary and recommendations

- 3.1. Gender statistics are needed to measure and monitor the realities of the lives of women and men, and of girls and boys. A broad diversity of topics and issues is covered under the heading of gender statistics, reflecting the changing roles of women and men in society, in the economy and in families and households. Gender statistics help policymakers to formulate and monitor policies and plans, monitor changes, and inform the public.
- 3.2. In line with the National Strategy for the Development of Statistics of Bangladesh (NSDS) ¹, published in 2013, gender refers to the effort of addressing issues pertaining to equal opportunities for both women and men. Statistics on gender are used by policy makers, Development Partners, and private sector decision makers to inform their decisions in all sectors. The integration of gender into the National Statistical System (NSS) involves the Bangladesh Bureau of Statistics (BBS), the Statistics and Informatics Division (SID), the Ministry of Women and Children Affairs (MoCWA), the Ministry of Social Welfare (MoSW), the private sector, civil society organizations and Development Partners. The Government of Bangladesh is striving to promote gender equality and equity and to guarantee the full participation of women and men in social, economic and political life. The Government is also committed to the United Nations Charter, the Human Rights Declaration (1948), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979), the Convention on the Rights of the Child (CRC,1989), the Beijing Declaration and Platform for Action (1995), the UN 2030 Agenda for sustainable development, and many other international agreements and requires statistics to report on progress.
- 3.3. The present report examines first the concepts and definitions of gender statistics currently agreed at the international level and the intersection of gender with other social groups. Then, the report attempts to bring an answer to the question of why do we need gender statistics and what role gender statistics play in the policymaking process. The next chapter reviews the international framework supporting the production, dissemination and use of gender statistics in the national context. Subsequently, the report brings about the many issues and topics on which gender statistics are

¹ National Strategy for the Development of Statistics, 2013

relevant and needed, and highlights the priority topics that need to be measured in priority in the social context of Bangladesh. In the following chapter, the report focuses on the main measurement tools for deriving reliable, gender-relevant information. We present the key phases of a statistical production process, describing how gender bias can be avoided at each phase. It then goes on to discuss the wide range of data sources that can be used to produce gender statistics within the national statistical system. Then, the report reviews the sources of gender statistics in Bangladesh, and assesses the feasibility and relevance of the two most typical major household-based surveys addressing gender issues and aiming at producing gender statistics: namely Time Use Surveys (TUS) and Violence Against Women Surveys (VAWS).

- 3.4. Recommendations for improving the design, production and dissemination of gender statistics:
 - 3.4.1. To establish a framework for producing the necessary statistics reviewing all national and international policies and commitments agreed for accelerating gender equality and empowerment.
 - 3.4.2. To undertake a systematic consultation of policymakers and users of gender statistics in order to identify their needs and provide advice for improving the relevance of survey tools (gender concepts, data collection instruments, quality checks), and potential outputs (gender statistics, cross-tabulation, and indicators).
 - 3.4.3. To generate statistics regularly in line with the United Nations recommended minimum set of gender indicators in consistency with the social context in Bangladesh.
 - 3.4.4. To develop a central database on gender disaggregated statistics from all possible sources to ensure comprehensive coverage by identifying data gaps, harmonizing concepts and definitions, and avoiding duplication. Centrally located, the gender database should be easily accessible and regularly updated.
 - 3.4.5. To conduct Surveys on Time Use and on Violence against Women once every five years on a regular basis.
 - 3.4.6. To introduce a combined data collection method using electronic devices for priority to face-to-face computer assisted interviews (CAPI).
 - 3.4.7. To systematically document survey instruments, including field manuals, data processing, data validation, and metadata templates for household surveys and for specific indicators.

4. Concepts, definitions, and data requirements

- 4.1. Gender statistics is a field of statistics which cuts across the traditional fields to identify, produce and disseminate statistics that reflect the realities of the lives of women and men and policy issues relating to gender equality.
- 4.2. The development of gender statistics involves the same steps as the production of other statistics, but with specific regard to integrating gender issues and reflecting gender concerns. The main steps include:
 - 4.2.1. Selection of topics to be investigated
 - 4.2.2. Identification of statistics to be collected to reflect the gender issues in society
 - 4.2.3. Formulation of concepts and definitions that adequately reflect the diversities of women and men in society
 - 4.2.4. Development of data collection methods that take into account stereotypes and social and cultural factors that might produce gender-based biases
 - 4.2.5. Development of analyses and presentation of data that can reach policy makers and the largest audience possible.
- 4.3. The importance of a gender perspective in statistics
 - 4.3.1. The first challenge faced by advocates of a gender perspective in statistics is to convince statisticians, and sometimes even some potential users, of the importance and feasibility of this field of work. Many argue that gender is already fully incorporated in statistics or that it is not necessary since women and men already have equal opportunities in society.
 - 4.3.2. Statisticians have to capture that a gender focus not only provides evidence of gender differences, but strengthens and improves the whole statistical system. Women and men continue to have different roles in society, different access to and control over resources and different skills and interests. Unless these differences are reflected in official statistics, statisticians will not fulfil adequately their mandate.
 - 4.3.3. A starting point in the discussion of developing gender statistics is the distinction between two terms which are often confused: sex and gender. Sex is a reference to the relatively fixed biological and physiological characteristics that define men and women. Gender is a reference to the relatively fluid socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women.
 - 4.3.4. Sex-disaggregated data are needed to show the differences that exist between women and men in a given society. Data must be disaggregated by sex in order to analyse gender issues. However, this alone is not always sufficient for gender analysis. For example, the disaggregation of victims of homicide by sex has some value, but information on the perpetrator and their relationship to the victim is also needed to understand if the homicide was committed in a family context or by someone unknown to the victim.

BOX 1. Definition of gender statistics and its distinction with sex-disaggregated statistics

- Gender statistics are defined by the sum of the following characteristics:
 - Data are collected and presented by sex as a primary and overall classification
 - Data reflect gender issues
 - Data are based on concepts and definitions that adequately reflect the diversity of women and men and capture all aspects of their lives
 - Data collection methods take into account stereotypes and social and cultural factors that may induce gender bias in the data.
- Gender statistics are more than data disaggregated by sex. The characteristics listed above are useful in differentiating between sex-disaggregated statistics (the first requirement in the list above) and

gender statistics (which incorporate all four requirements). Sex-disaggregated statistics are simply data collected and tabulated separately for women and men.

- However, disaggregating data by sex alone does not guarantee, for example, that the data-collection instruments involved in the data production were conceived to reflect gender roles, relations and inequalities in society. Furthermore, some statistics that incorporate a gender perspective are not necessarily disaggregated by sex. For example, statistics on violence against women and girls, maternal mortality rate, fertility rate, among others.

Source: UNSD 2016.

4.4. Intersection of gender with other social groups

4.4.1. The dissection of the population into men and women is usually cross-cut by other social groups. The nature and implications of these intersections always need to be considered when producing gender statistics.

4.4.2. Women and men are not homogenous groups. There are significant differences between women and between men depending on age, education, and other significant categories. It is important to be careful about generalizations about women or men that might be misleading because of this diversity. There are also important gender differences associated with ethnicity, religion, disability and sexual orientation, as well as with migration and citizenship status. Further distinctions may be based on urban/rural residence.

5. Role of gender statistics in policy-making

- 5.1. Why do we need gender statistics? Gender statistics is not a discrete or isolated field. It relates to all fields of statistics and is a tool to facilitate the change needed to address gender issues. Identifying the information required to inform and understand the problems and goals connected with gender issues is essential to the production of gender statistics. Therefore, a policy-oriented approach rather than the simple disaggregation of data by sex is at the core of gender statistics.
- 5.2. As gender issues are becoming prominent in the national agenda in Bangladesh, new demands are created for statistics. Policy makers, researchers and advocates request additional data and argue that the gender perspective should be a basic assumption guiding which data to collect and to analyse. In doing so, they are not only asking for data needed for the development of policies on gender equality but also their efforts encourage change and reform in the national statistical system to make it produce more relevant information. The “why” of gender statistics is answered by both objectives. Gender statistics are needed to provide an evidence base for research and policy development. In addition, gender statistics have an important role in improving the whole statistical system, pushing it to describe more accurately and fully the activities and characteristics of the whole population, which is made of women and men.
- 5.3. A Gender Policy was developed and approved by the Central Management Committee (CMC) of National Social Security Programmes under the Chair of the Cabinet Secretary in 2018. This Strategy and Action Plans a step forward in realization of the objectives of the NSSS towards reducing the gender gap. Statistics and Informatics Division (SID) is depository of official statistics and responsible for producing official statistics to support monitoring of progress of development initiatives and to help in decision making. The Bangladesh Bureau of Statistics (BBS) under the Division is responsible for providing reliable and up to date data and information for development planning, national assessment and reporting. The Division conducts population censuses and surveys on agriculture, household Income and expenditure, economic affairs, socioeconomic affairs, demography, environment and other matters. The Division guides and coordinates with other ministries and divisions on statistical standards and methods. This Division estimates national accounts, compiles price indices; and publishes domestic and international trade statistics. It is responsible for establishing, maintaining and updating National Population Register (NPR) and establishing a statistical network and strengthening it to facilitate a single registry based social security system. It also publishes a gender compendium of statistics and conducts survey on violence against women. The Division has the mission to collect, process, analyse, and publish statistical information for the development of the country and welfare of the people by ensuring sex-disaggregated data collection, gender analysis and reporting to ensure social security and promote gender equality. It is to support monitoring of SDGs through collection and collation of relevant statistics.

Box 2: Women Development Policy of Bangladesh, 2010 (*)

- Bangladesh has crossed an important step by ratifying the National Women Development Policy (NWDP) in 2011. Its vision is to “create a society where men and women will have equal opportunities and will enjoy all fundamental rights on an equal basis”.
- The Objectives of National Women Development Policy are as follows:
 1. To establish equal rights of men and women in areas of state and public life in the light of the constitution of Bangladesh.
 2. To ensure security and safety of women in all areas of state, social and family life.
 3. To ensure the socio-economic, political, administrative and legal empowerment.
 4. To establish human rights of women.

5. To ensure full and equal participation of women in the mainstream socioeconomic development.
 6. To bring up women as educated and skilled human resources.
 7. To deliver the women from the curse of poverty.
 8. To remove existing men-women disparities.
 9. To give appropriate recognition to women's contribution in socio-economic areas.
 10. To eliminate all forms of abuse of women and female children.
 11. To eliminate discrimination to women and female children.
 12. To establish gender equality in politics, administration, other areas of activity, socio-economic activity, education, culture, sports and in all areas of family life.
 13. To innovate and import technology favouring the interest of women and prohibit anti-women technologies.
 14. To ensure taking appropriate steps to ensure sound health and nutrition of the women.
 15. To ensure priority of women in provision for proper shelter and housing.
 16. To arrange rehabilitation of the women affected in natural calamities and armed conflicts.
 17. To extend overall assistance to ensure rights of the disabled women and women belonging to the smaller ethnic groups.
 18. To arrange safety of the widow, aged, guardianless, husband abandoned, unmarried and childless women.
 19. To reflect gender perspective in the mass media including positive image of the women and female children.
 20. To assist in flowering of Talented, genius women of their creative potentials.
 21. To provide necessary support services for development of women.
 22. To provide overall assistance in ensuring the growth of women entrepreneurs.
- The gender vision of the 8FYP is that of establishing “a country where men and women will have equal opportunities and rights and women will be recognized as equal contributors in economic, social and political development”. The mission is to ensure women advancement as self-reliant human beings and reduce discriminatory barriers by taking both developmental and institutional measures.

(*)http://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/b343a8b4_956b_45ca_872f_4cf9b2f1a6e0/2022-06-13-04-42-f063cb30c78ea58d75bd29f0056af636.pdf

5.4. Importance of gender statistics:

- 5.4.1. Gender statistics are the basis for analysis to assess differences in the situations of women and men and how their conditions are changing or not. In this way, gender statistics raise consciousness and provide the impetus for public debate and change.
- 5.4.2. Gender statistics are also required for research to support the development and testing of explanations and theories to understand better how gender operates in a society.
- 5.4.3. All of these uses form the basis for developing policies to foster greater gender equality. Furthermore, gender statistics are needed to monitor and evaluate the effectiveness and efficiency of policy developments
- 5.4.4. It is important to have a dialogue between producers and users of gender statistics. For example, gender specialists bring their own demands for data and in doing so identify deficiencies in the data currently available to them. They push for improvements in the concepts, methods, topics and data series to reflect better the activities and contributions made by women as well as by men.
- 5.4.5. While responding to the demands of data users, it is important that statisticians take into account stereotypes and social and cultural factors that might produce gender bias. The result of such efforts is often not simply better information on women and men, but improvements in measuring the realities of economic and social life.

5.5. Gender statistics in the policy-making process

- 5.5.1. The availability and accessibility of gender-sensitive data are instrumental to the development and implementation of policies that can facilitate the achievement of national and international objectives. The importance of using statistical evidence to develop appropriate policies is recognized in one of the strategic objectives of the Platform for Action of the Fourth World Conference on Women. The objective is to: “generate and disseminate gender-disaggregated data and information for planning and evaluation”. More specifically, it calls for actions that address the general need for statistics: Ensure that statistics related to individuals are collected, compiled, analysed and presented by sex and age and reflect problems, issues and questions related to women and men in society.”
- 5.5.2. Gender statistics are also relevant for the development of policies that are not explicitly related to gender. Many policies that appear to have little to do with gender equality are actually affected in an indirect way by aspects of relationships between women and men. It is often necessary to investigate the gender aspect of a policy even if it is not directly articulated in a way that draws attention to this interaction.
- 5.5.3. Policy-makers represent strategic users of statistical data. Data producers should interact quite closely with policy makers, in a process where role and responsibilities of both actors are clear and respected.

5.6. Gender statistics to inform the general public

- 5.6.1. In parallel to informing policy-makers, the role of the Bangladesh Bureau of Statistics as the National Statistical Office is to inform other actors that the new data exists and is readily available.
- 5.6.2. Researchers, analysts, NGOs and the media represent fundamental data users, who will contribute, in different ways, to informing the general public about the respective roles of women and men in society.
- 5.6.3. Gender statistics to improve the national statistical system
- 5.6.4. Gender statistics aspire to reflect reality in a more accurate way. One aim of gender statistics is to go beyond appearance and stereotypes, so that the invisible line between men and women is drawn and differences are made clear. In order to better describe reality and avoid unwanted biases, statisticians are continuously pushed to improve definitions and data collection methods.
- 5.6.5. In the process of making official statistics more gender-sensitive, the BBS has the possibility to improve by:
- 5.6.5.1. Initiating and developing data collections in areas such as surveys on time use or on violence against women
- 5.6.5.2. Reviewing definitions
- 5.6.5.3. Improving data collection (wording of questions, sample designs, interviewer effect)
- 5.6.5.4. Introducing new data collection methods using digital devices for new interview methods (CAPI, CATI, CAWI, etc.)
- 5.6.5.5. Improving presentation and dissemination of results.

6. Gender statistics international framework.

- 6.1. The concept of gender mainstreaming was first discussed at the 1985 United Nations Third World Conference on Women in Nairobi and established as a strategy in international gender equality policy through the Beijing Platform for Action adopted at the 1995 Fourth United Nations World Conference on Women in Beijing. Since then, most international organisations started to implement a gender-sensitive approach in their policy-making, setting up different types of institutional arrangements to facilitate gender mainstreaming and produce a variety of tools. International organisations usually implement a double approach towards gender equality, combining specific measures and policies for the promotion of women's rights and gender equality, and gender mainstreaming activities.
- 6.2. A number of international organisations have been implementing gender mainstreaming strategies and producing tools to that effect, including the United Nations, the Organisation for Security and Cooperation in Europe (OSCE), the Organization of American States (OAS), the Organisation internationale de la francophonie, and the Organisation for Economic Co-operation and Development (OECD).

6.3. The United Nations

- 6.3.1. Gender mainstreaming was established at UN level as a major global strategy for the promotion of gender equality, as reflected in the 1995 Beijing Platform for Action.

Box 3: Beijing Platform for Action (BPA)

The 1995 United Nations Beijing Platform for Action identified 12 critical areas of concern for strategic actions.

These gender concerns identified what statistics will need to be collected to provide a basis for policies and programmes and for their monitoring and evaluation.

1. Poverty: The persistent and increasing burden of poverty on women
2. Education and training: Inequalities and inadequacies in and unequal access to education and training
3. Health: Inequalities and inadequacies in and unequal access to health care and related services
4. Violence: Violence against women
5. Armed conflict: The effects of armed or other kinds of conflict on women, including those living under foreign occupation
6. Economy: Inequality in economic structures and policies, in all forms of productive activities and in access to resources
7. Power and decision making: Inequality between men and women in the sharing of power and decision-making at all levels
8. Institutional mechanisms for the advancement of women: 'Insufficient mechanisms at all levels to promote the advancement of women'
9. Human rights of women: Lack of respect for and inadequate promotion and protection of the human rights of women
10. Media: Stereotyping of women and inequality in women's access to and participation in all communication systems, especially in the media
11. Environment: Gender inequalities in the management of natural resources and in the safeguarding of the environment
12. The girl child: Persistent discrimination against and violation of the rights of the girl child

6.3.2. In 1997, the United Nations Economic and Social Council defined gender mainstreaming as: "The process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetrated. The ultimate goal is to achieve gender equality."

6.3.3. Since then, the different UN offices, funds, programmes and specialised agencies have been implementing gender mainstreaming strategies. UN Women plays an important role in ensuring and monitoring gender mainstreaming within the UN system. In 2012, the United Nations agreed on the UN System-wide Action Plan on Gender Equality and the Empowerment of Women (UN-SWAP), to implement the gender equality policy of its highest executive body, the UN Chief Executives Board. Spearheaded by UN Women, the UN-SWAP for the first time assigns common performance standards for the gender-related work of all UN entities, ensuring greater coherence and accountability, including gender mainstreaming. Within this system, all UN system organisations are required to adopt policies on gender equality and women's empowerment. UN Women also created a repository of all gender mainstreaming policies, strategies, action plans from UN offices, funds, programmes and specialised agencies, and of all official documentation on UN system-wide policy and strategy, and all resources and tools for capacity development on gender mainstreaming.

6.3.4. The Committee on the Elimination of Discrimination against Women (CEDAW) is the body of independent experts that monitors implementation of the Convention on the Elimination of All Forms of Discrimination against Women. Adopted by the United Nations in 1979, CEDAW is the most important human rights treaty for women. The CEDAW Committee consists of 23 independent experts on women's rights from around the world. States that ratify the Convention are legally obliged to:

- Eliminate all forms of discrimination against women in all areas of life;
- Ensure women's full development and advancement in order that they can exercise and enjoy their human rights and fundamental freedoms in the same way as men; and
- Allow the CEDAW Committee to scrutinize their efforts to implement the treaty by reporting to the body at regular intervals.

Box 4: The Beijing Platform for Action (BPFA) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (*)

The Convention on Elimination of All Forms of Discrimination against Women (CEDAW), adopted in 1979 by the United Nations General Assembly, defines what constitutes discrimination against women and creates an agenda for national action to end it. It is the second most ratified human rights convention in the world after the Convention on the Rights of the Child (CRC). Twenty years ago, 189 countries also committed to the 1995 Beijing Platform for Action (BPFA), an agenda for women's empowerment and blueprint for advancing women's rights around 12 critical areas of concern.

In preparation for the 20th anniversary of the Beijing Declaration in 2015, the United Nations Economic and Social Council (ECOSOC) called upon all States to undertake comprehensive national-level reviews of the progress made and challenges encountered in implementing BPFA.1 National reviews should contain concrete, evidence-based assessments on the impact of actions taken and of results achieved, supplemented by evaluations, research publications, reports, as well as qualitative and quantitative data.

Today, both CEDAW and BPFA remain powerful sources of guidance and inspiration. However, vast implementation gaps continue to prevent the achievement of substantive equality, and no country has yet managed to eliminate discrimination against women. Women still earn less than men are more likely to work in low-quality jobs, suffer physical and sexual violence at alarming rates, and are underrepresented in government.

National women's machineries (NWMs) play a critical role in ensuring that governments are accountable for commitments made in CEDAW and BPFA. They are key institutional mechanisms for the advancement of women and play a critical role in promoting and ensuring implementation of CEDAW and BPFA at the national level. One of the most important roles of NWMs is monitoring the implementation of the CEDAW and CEDAW Committee COBs and reporting back regularly to the Committee, as well as monitoring and reporting on implementation of BPFA. For most NWMs, their mandate consists in: coordinating, facilitating and monitoring policy formulation to ensure the incorporation of women's empowerment perspectives; facilitating the exchange and sharing of experiences, information and best practices on promoting substantive equality; developing the gender competency of stakeholders to influence engendering of policies, programmes and projects; and lobbying for increased measures and resources to address gender inequality.

Effective monitoring requires the regular collection and analysis of data from relevant government sectors such as the National Statistics Office, Department of Education or Ministry of Health in order to determine the effect that national policies are having on the day-to-day lives of women. NWMs are then responsible for reporting this information to the CEDAW Committee (every four years) and to the UN Commission on the Status of Women (CSW) (every five years).

(*)<https://asiapacific.unwomen.org/en/digital-library/publications/2016/04/national-womens-machineries>

6.3.5. Countries that have become party to the treaty (States parties) must submit regular reports to the Committee on how the rights of the Convention are being implemented. During its public sessions, the Committee reviews each State party report and addresses its concerns and recommendations to the State party in the form of concluding observations.

6.3.6. Agreed by the United Nations Statistical Commission (decision 42/102) in 2013 as a guide for national production and international compilation of gender statistics, the Minimum Set of Gender Indicators (MSGI) is a collection of 51 quantitative indicators and 11 qualitative indicators measuring and collecting information on issues relevant for gender equality and women's empowerment

Box 5: UN Minimum Set of Gender Indicators (MSGI) (*)

- The indicators are organised into five themes: Economic empowerment; Education; Health and related services; Public life and decision-making; and Human rights of women and girl children. Each domain addresses one or more critical areas of concern of the Beijing Platform for Action, and is aligned with the Sustainable Development Goals Indicator framework.
 - Economic empowerment: The MSGI measures economic structures, participation in productive activities and access to resources based on 18 quantitative and four qualitative indicators. The quantitative indicators focus on different aspects of work including women's labour market participation, as well as on access to resources, while qualitative indicators provide contextual information on gender equality at work.
 - Time-use statistics: The MSGI measures time-use based on two indicators: one captures time spent on unpaid domestic and care work, and another comprises the total time of work. These indicators pertain to the domain "Economic structures and access to resources". The importance of time use statistics for gender equality is highlighted by Sustainable Development Goals (SDG) Target 5.4 "Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate" and the indicator 5.4.1 on "Time spent on unpaid domestic and care work, by sex, age and location".
 - Education: Education-related MSGI follow the course of education in life, starting with pre-primary, then progressing through primary, secondary, tertiary levels, to finally general population. They are also grouped into three themes, enrolment, completion, and quality.

- Health and related services: The MSGI measures health and related services based on 11 quantitative indicators following a life-course approach, as well as the social determinants of health. Indicators of this domain look, on one hand, at reproductive rights, under-five mortality, life expectancy, and on the other, at tobacco use, obesity, and premature mortality. The HIV epidemic is also addressed in this domain of indicators.
- Public life and decision-making: The MSGI measures public life and decision making based on nine quantitative and qualitative indicators: Indicators measuring public and political life consist of women's representation in parliament, in local government, in cabinet, and in the judiciary system. Indicators measuring private sector aspects cover gender distribution of managers - particularly in the senior and middle management level. Indicators related to the domestic life provide information on decisions making regarding sexual relations, contraceptive use, and reproductive health care.
- Human rights of women and girl children: The MSGI measures Human rights of women and girl children based on five quantitative and four qualitative indicators. The quantitative indicators are concentrated on violence against women, early marriage and early fertility, while qualitative indicators provide contextual information on the extent of legal frameworks addressing discrimination and harmful practices.

(*)<https://gender-data-hub-2-undesa.hub.arcgis.com/pages/themes-and-topics>

<https://gender-data-hub-2-undesa.hub.arcgis.com/>

6.4. UN Statistics Division (UNSD)

6.4.1. The Global Gender Statistics Programme is mandated by the United Nations Statistical Commission, implemented by the United Nations Statistics Division (UNSD) and coordinated by the Inter-Agency and Expert Group on Gender Statistics IAEG-GS. The Programme encompasses:

- Improving coherence among existing initiatives on gender statistics through international coordination.
- Developing and promoting methodological guidelines in existing domains as well as in emerging areas of gender concern.
- Strengthening national statistical and technical capacity for the production, dissemination and use of gender relevant data.
- Facilitating access to gender relevant data and metadata through a newly developed data portal.

6.4.2. UNSD serves as Secretariat of the Inter-Agency and Expert Group on Gender Statistics (IAEG-GS), the coordinating and guiding body of the Global Gender Statistics Programme. The IAEG-GS was first convened in 2006, meets annually and functions through advisory groups. Presently, the main advisory group's work concentrates on examining emerging and unaddressed key gender issues and related data gap with the aim to develop proposals on how to fill these gaps.

6.4.3. The UNSD website on gender statistics² serves as a platform for the dissemination of developments in the field of gender statistics and promotes the inclusion of gender statistics into all fields of statistical activities at both the national and international levels.

6.4.4. The Evidence and Data for Gender Equality (EDGE) project is a joint initiative of the United Nations Statistics Division and UN Women that seeks to improve the integration of gender issues into the regular production of official statistics for better, evidence-based policies. EDGE aims to accelerate existing efforts to generate internationally comparable gender indicators on health, education, employment, entrepreneurship and asset ownership in three key ways:

² <https://unstats.un.org/unsd/demographic-social/gender/index.cshtml>

- Developing an online interactive platform to disseminate gender-relevant data and metadata on education, employment, and health in line with the Minimum Set of Gender Indicators
- Developing methodological guidelines on measuring asset ownership from a gender perspective that was presented to the UN Statistical Commission in 2017
- Providing technical support to countries to implement the EDGE methodological guidelines

Box 6: UNDP Gender Inequality Index (GII) (*)

The GII reflects gender-based disadvantage in three dimensions— reproductive health, empowerment and the labour market—for as many countries as data of reasonable quality allow. It shows the loss in potential human development due to inequality between female and male achievements in these dimensions. It ranges from 0, where women and men fare equally, to 1, where one gender fares as poorly as possible in all measured dimensions. GII values are computed using the association-sensitive inequality measure suggested by Seth (2009), which implies that the index is based on the general mean of general means of different orders—the first aggregation is by a geometric mean across dimensions; these means, calculated separately for women and men, are then aggregated using a harmonic mean across genders.

GII is a composite metric of gender inequality using three dimensions: reproductive health, empowerment and the labour market. A low GII value indicates low inequality between women and men, and vice-versa.

(*) <https://hdr.undp.org/data-center/thematic-composite-indices/gender-inequality-index#/indicies/GII>

6.5. The UN Economic and Social Commission for Asia and the Pacific (UN-ESCAP)³

- 6.5.1. The Economic and Social Commission for Asia and the Pacific (ESCAP) is the most inclusive intergovernmental platform in the Asia-Pacific region. The Commission promotes cooperation among its 53 member States and 9 associate members in pursuit of solutions to sustainable development challenges. ESCAP is one of the five regional commissions of the United Nations.
- 6.5.2. ESCAP works to improve the quality of official statistics and the use of data for decision-making in Asia and the Pacific. Relevant, timely and high-quality statistics are key to providing policy decision-makers with evidence they need to make informed decisions.
- 6.5.3. Quality statistics charge governance with evidence, inform individuals of their rights and responsibilities, and give local communities a voice to influence policy and communicate policy impacts. Through the improved use of data and statistics, ESCAP enables stakeholders to build inclusive, sustainable and resilient societies.
- 6.5.4. ESCAP provides an inclusive intergovernmental platform for governments and other stakeholders in the region to accelerate the implementation of global gender equality commitments, including the Convention on the Elimination of All Forms of Discrimination against Women, the outcomes of the Fourth World Conference on Women and the Beijing Platform for Action, as well as the 2030 Agenda and the Sustainable Development Goals.
- 6.5.5. The gender dimensions of regional priorities for economic and social development are integrated into programme planning and implementation across ESCAP's work. ESCAP also dedicates focused analysis, targeted programming and technical support at the request of Member States to promote and protect the rights of women and girls.
- 6.5.6. ESCAP supports regional cooperation among policy makers and practitioners with regard to implementing international commitments in the field of gender equality and advancement of women.

³ <https://www.unescap.org/our-work/social-development/gender-equality-and-womens-empowerment>

6.5.7. ESCAP supports national statistical systems with economic, environment and social statistics and accounting following the vision and priority areas for set out by Governments in the region. Whether working on social, economic or environmental statistics, ESCAP promotes national statistics development through four action areas:

- Enhancing Women's Economic Participation.
- Progressing Gender-Responsive Budgeting.
- E-Government for Women's Empowerment.
- Regional Coordination Mechanism Thematic Working Group on Gender Equality and Empowerment of Women.

6.5.8. Towards supporting the implementation of the 2030 Agenda, ESCAP is developing a series of knowledge products on the gender dimensions of sustainable development, including examining the gender-environment nexus as well as harnessing the potential women's transformative leadership.

6.5.9. ESCAP has developed an online gender resource facility to support ESCAP member States in implementation of the Asian and Pacific Ministerial Declaration on Advancing Gender Equality and Women's Empowerment and the Beijing Declaration and Platform for Action. The online resource facility supports evidence-based policy formulation, governance practices, service delivery and practical initiatives that foster gender equality and women's empowerment in the Asia-Pacific region.

6.5.10. The Asia-Pacific Portal for Gender Equality is a resource hub to provide governments and stakeholders with a range of knowledge products, tools and guidelines to foster gender equality in Asia and the Pacific.⁴ The Asia-Pacific Portal for Gender Equality has been established to support governments and other stakeholders in the Asia-Pacific region in their efforts to realize gender equality and women's empowerment, particularly with respect to the implementation of the Beijing Declaration and Platform for Action, and the Asian and Pacific Ministerial Declaration on Advancing Gender Equality and Women's Empowerment.

6.5.11. The Portal is an initiative of the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP). It is, however, through cooperation with fellow United Nations entities, governments and civil society entities that this Portal is able to provide access to an extensive range of resources. Through this Portal, users can access a variety of information, resources and data related to addressing critical areas of concern for gender equality.

6.5.12. Country Profiles: The portal provides website links of national women's machineries and national statistical offices of approximately 58 countries among 53 member states and 9 associate members.

Box 7: Bridging the Gap, Bangladesh Country Profile (*)

Bridging the Gap: Mapping Gender Data Availability in Asia and the Pacific traces the availability and quality of data for 98 gender indicators across six key domains: health, education, economic opportunity, political participation, human security, and environment. The study covers five countries in Asia and the Pacific. Bangladesh lacks comprehensive gender data. Many health, economic, and environmental indicators lack sex-disaggregated data in national databases. In both national and international databases, there is a lack of data in the health domain.

The Government of Bangladesh acknowledges the lack of sex-disaggregated data that hinders the ability to monitor progress towards the SDGs and to monitor progress towards other national development strategies and plans. Bangladesh lacks data on key aspects of women's lives Bridging the Gap assesses indicators published online between 2010 and 2020 in international and national databases maintained by the Bangladesh Bureau of Statistics and other official sources.

Gaps were identified in four dimensions.

- Availability: Bangladesh's national databases include 82 out of the 98 gender indicators.

⁴ <https://www.asiapacificgender.org/>

- Timeliness: 4 gender indicators in Bangladesh's national databases have no published observations since 2015.
- Disaggregation: 27 gender indicators in Bangladesh's national databases lack sex disaggregation.
- Adherence to standards: 4 published gender indicators in Bangladesh's national databases do not conform to internationally recommended definitions.

(*)<https://data2x.org/wp-content/uploads/2021/06/BtG-Country-Profile-Bangladesh.pdf>

6.5.13. The 2030 Agenda for Sustainable Development with the Sustainable Development Goals (SDGs) at its core was adopted by member States of the United Nations in September 2015. Through ESCAP Resolution (E/ESCAP/RES/72/6) on "Committing to the effective implementation of the 2030 Agenda for Sustainable Development in Asia and the Pacific" member States have requested ESCAP's support in:

- Promoting the balanced integration of the three dimensions of sustainable development and provide annual updates and recommendations to member States;
- Supporting the process to define a regional road map for implementing the 2030 Agenda and to address challenges to its achievement in Asia and the Pacific,
- Strengthening support to member States in their efforts to implement the 2030 Agenda in an integrated approach; and
- >Continuing to provide capacity-building opportunities to member States, leveraging existing expertise and its intergovernmental forum to contribute to the strengthening of their capacity.

6.5.14. This support is being provided across the following modalities

- Regional and Subregional Dialogue and Processes provide opportunities for peer learning and for cooperation among countries, and for follow up and review of the 2030 Agenda.
- The Asia-Pacific Forum on Sustainable Development (APFSD) is the preeminent platform for follow up and review of the 2030 Agenda and the Sustainable Development Goals in the Asia-Pacific region. Regional process and dialogues strengthen the delivery of the means of implementation while subregional dialogue brings governments together to plan for cooperation and prioritizing action at the subregional level.
- The Sustainable Development Goals – Tracking Progress and Engaging Stakeholders in Review. The SDGs is a complex and ambitious framework for transformative change. ESCAP is also supporting monitoring, review and follow up on the SDGs, through its work on statistical capacity building, knowledge products such as the SDG Progress Report, dedicated data portal on the SDGs (Asia-Pacific SDG Gateway), close engagement of the Asia-Pacific Regional Coordination Mechanism as an inter-agency coordination mechanism for the United Nations system at the regional level, and a partnership with ADB and with UNDP (Asia-Pacific SDG Partnership) that produces high-quality knowledge products to support follow-up and review of the 2030 Agenda and the SDGs.

6.6. The Sustainable Development Goals (SDG)

6.6.1. The global indicator framework for Sustainable Development Goals was developed by the Inter-Agency and Expert Group on SDG Indicators (IAEG-SDGs) and agreed upon at the 48th session of the United Nations Statistical Commission held in March 2017.

6.6.2. The global indicator framework was later adopted by the General Assembly on 6 July 2017 and is contained in the Resolution adopted by the General Assembly on Work of the Statistical Commission pertaining to the 2030 Agenda for Sustainable Development (A/RES/71/313), Annex. According to the Resolution, the indicator framework will be refined annually and reviewed comprehensively by the Statistical Commission at its fifty-first session in March 2020 and its fifty-sixth session, to be held in

2025. The global indicator framework will be complemented by indicators at the regional and national levels, which will be developed by Member States.

6.6.3. Annual refinements of indicators are included in the indicator framework as they occur. In line with the mandate of the group, the IAEG-SDGs proposed 36 major changes to the framework in the form of replacements, revisions, additions and deletions as part of the 2020 Comprehensive Review, which were approved by the 51st Statistical Commission in March 2020.

6.6.4. The global indicator framework includes 231 unique indicators. The total number of indicators listed in the global indicator framework of SDG indicators is 248. However, thirteen indicators repeat under two or three different targets.

6.6.5. Out of the 231 SDG indicators, gender-related indicators are listed in the box below:

Box 8: SDG Gender-related indicators

Goal 1: End Poverty

SDG 1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)

SDG 1.2.1 Proportion of population living below the national poverty line, by sex and age

SDG 1.2.2 Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions

SDG 1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable

SDG 1.4.1 Proportion of population living in households with access to basic services

SDG 1.4.2 Proportion of total adult population with secure tenure rights to land, (a) with legally recognized documentation, and (b) who perceive their rights to land as secure, by sex and type of tenure

SDG 1.5.1 Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population

SDG 1.b.1 Proportion of government recurrent and capital spending to sectors that disproportionately benefit women, the poor and vulnerable groups

Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture

SDG 2.1.1 Prevalence of undernourishment

SDG 2.1.2 Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES)

SDG 2.2.1 Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age

SDG 2.2.2 Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight)

SDG 2.3.2 Average income of small-scale food producers, by sex and indigenous status

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

SDG 3.1.1: Maternal mortality ratio (per 100,000 live births)

SDG 3.1.2: Births attended by skilled health staff (% of total)

SDG 3.2.1: Mortality rate, under-5 (per 1,000 live births)

SDG 3.3.1: Incidence of HIV (per 1,000 uninfected population)

SDG 3.4.1: Mortality from CVD, cancer, diabetes or CRD (Cause of death)

SDG 3.4.2: Suicide mortality rate (per 100,000 population)

SDG 3.6.1: Mortality caused by road traffic injury (per 100,000 population)

SDG 3.7.1: Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (% of married women with demand for family planning)

SDG 3.7.2: Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group

SDG 3.9.1: Mortality rate attributed to household and ambient air pollution, age-standardized (per 100,000 population)

SDG 3.9.2: Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All – WASH services) per 100,000 population

SDG 3.9.3: Mortality rate attributed to unintentional poisoning (per 100,000 population)

SDG 3.a.1: Age-standardized prevalence of current tobacco use among persons aged 15 years and older

SDG 3.b.1: Proportion of the population with access to affordable medicines and vaccines on a sustainable basis

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

SDG 4.1.1 Proportion of children and young people (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex

SDG 4.2.1 Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex

SDG 4.2.2 Participation rate in organized learning (one year before the official primary entry age), by sex

SDG 4.3.1 Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex

SDG 4.4.1 Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill

SDG 4.5.1 Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on this list that can be disaggregated

SDG 4.6.1 Proportion of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex

SDG 4.7.1 Extent to which (i) global citizenship education and (ii) education for sustainable development, including gender equality and human rights, are mainstreamed at all levels in (a) national education policies; (b) curricula; (c) teacher education; and (d) student assessment

SDG 4.a.1 Proportion of schools with access to (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions)

SDG 4.c.1 Proportion of teachers in: (a) pre-primary; (b) primary; (c) lower secondary; and (d) upper secondary education who have received at least the minimum organized teacher training (e.g. pedagogical training) pre-service or in-service required for teaching at the relevant level in a given country

Goal 5. Achieve gender equality and empower all women and girls

SDG 5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex

SDG 5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age

SDG 5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence

SDG 5.3.1 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18

SDG 5.3.2 Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age

SDG 5.4.1 Proportion of time spent on unpaid domestic and care work, by sex, age and location

SDG 5.5.1 Proportion of seats held by women in (a) national parliaments and (b) local governments

SDG 5.5.2 Proportion of women in managerial positions

- SDG 5.6.1 Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care
- SDG 5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education
- SDG 5.a.1 (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure
- SDG 5.a.2 Proportion of countries where the legal framework (including customary law) guarantees women's equal rights to land ownership and/or control
- SDG 5.b.1 Proportion of individuals who own a mobile telephone, by sex
- SDG 5.c.1 Proportion of countries with systems to track and make public allocations for gender equality and women's empowerment

Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

- SDG 8.3.1 Proportion of informal employment in non-agriculture employment, by sex
- SDG 8.5.1 Average hourly earnings of female and male employees, by occupation, age and persons with disabilities
- SDG 8.5.2 Unemployment rate, by sex, age and persons with disabilities
- SDG 8.6.1 Proportion of youth (aged 15–24 years) not in education, employment or training (NEET)
- SDG 8.7.1 Proportion and number of children aged 5–17 years engaged in child labour, by sex and age
- SDG 8.8.1 Frequency rates of fatal and non-fatal occupational injuries, by sex and migrant status
- SDG 8.8.2 Level of national compliance with labour rights (freedom of association and collective bargaining) based on International Labour Organization (ILO) textual sources and national legislation, by sex and migrant status
- SDG 8.9.2 Proportion of jobs in sustainable tourism industries out of total tourism jobs
- SDG 8.10.2 Proportion of adults (15 years and older) with an account at a bank or other financial institution or with a mobile-money-service provider

Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable

- SDG 11.1.1 Proportion of urban population living in slums, informal settlements or inadequate housing
- SDG 11.2.1 Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities
- SDG 11.7.1 Average share of the built-up area of cities that is open space for public use for all, by sex, age and persons with disabilities
- SDG 11.7.2 Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

- SDG 16.1.1 Number of victims of intentional homicide per 100,000 population, by sex and age
- SDG 16.1.2 Conflict-related deaths per 100,000 population, by sex, age and cause
- SDG 16.1.3 Proportion of population subjected to (a) physical violence, (b) psychological violence and (c) sexual violence in the previous 12 months
- SDG 16.1.4 Proportion of population that feel safe walking alone around the area they live
- SDG 16.2.1 Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month
- SDG 16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation
- SDG 16.2.3 Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18
- SDG 16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms

SDG 16.7.1 Proportions of positions in national and local institutions, including (a) the legislatures; (b) the public service; and (c) the judiciary, compared to national distributions, by sex, age, persons with disabilities and population groups

SDG 16.7.2 Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group

SDG 16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age

SDG 16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law.

Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

SDG 17.4.1 Debt service as a proportion of exports of goods and services

SDG 17.8.1 Proportion of individuals using the Internet

6.7. The Organisation for Economic Cooperation and Development (OECD)

- 6.7.1. From OECD perspective, gender inequalities persist in all areas of social and economic life and across countries. Young women in OECD countries generally obtain more years of schooling than young men, but women are less likely than men to engage in paid work. Gaps widen with age, as motherhood typically has marked negative effects on gender pay gaps and career advancement. Women are also less likely to be entrepreneurs, and are underrepresented in private and public leadership positions.
- 6.7.2. The 2013 and 2015 OECD Gender Recommendations provide guidance on how to advance gender equality in education, employment, entrepreneurship and public life. Topics include violence against women, gender budgeting, the unequal sharing of unpaid work, labour market outcomes and migration. The book presents a range of indicators illustrating gender gaps. It also discusses recent policy initiatives, such as pay transparency measures to reduce gender wage gaps and policy reform aimed at fathers taking parental leave. Overall, progress has been slow and there is a strong need for further policy action to close gender gaps in education, employment, entrepreneurship and public life.

Box 9: OECD Gender Indicators (*)

- The OECD Development Centre's Social Institutions and Gender Index (SIGI) measures discrimination against women in social institutions across 180 countries. By taking into account laws, social norms and practices, the SIGI captures the underlying drivers of gender inequality with the aim to provide the data necessary for transformative policy-change. The SIGI is also one of the official data sources for monitoring SDG 5.1.1 “Whether or not legal frameworks are in place to promote, enforce and monitor gender equality and women’s empowerment.”
- The OECD Social Institutions and Gender Index (SIGI) includes **27 variables** combined into 16 indicators and 4 dimensions.
- The 27 variables include:
 - 14 categorical variables describing the level of discrimination in legal frameworks (for all SIGI indicators but two: missing women and FGM) – these variables are based on 144 questions out of the 312 used to draft the SIGI country profiles;
 - 3 attitudinal variables describing the level of discrimination in social norms; and
 - 10 variables on prevalence rates describing the level of discrimination in practices.
- Variables included in the SIGI 2019 were selected on the following criteria:
 - **Conceptual relevance**

The variable should be closely related to the conceptual framework of discriminatory social institutions and measure what it is intended to capture.

- **Underlying factor of gender inequality.**

The variable should capture an underlying factor that leads to unequal outcomes for women and men.

- **Data quality, reliability and coverage**

The variable should be based on high quality, reliable data. Ideally the data should be standardised across countries/territories and have extensive coverage across countries/territories.

- **Distinction**

Each variable should measure a distinct discriminatory institution and should add new information not measured by other variables.

- **Statistical association**

Variables included in the same dimension should be statistically associated, and thereby capture similar areas of social institutions without being redundant.

The four dimensions included in the SIGI: The SIGI covers four dimensions of discriminatory social institutions, spanning major socio-economic areas that affect women's lives:

- Discrimination in the family;
- Restricted physical integrity;
- Restricted access to productive and financial resources; and
- Restricted civil liberties.

Country profiles: The SIGI country profiles contain fully referenced qualitative information relative to social institutions, organised by dimensions. They were drafted following a standardised structure to ensure comparability across countries/territories in line with the following guidelines:

- **Conceptual relevance**

Qualitative information should be relevant to the conceptual framework of discriminatory social institutions.

- **Sources**

All information should be referenced and sourced from constitutions, legal frameworks, and primary publications, reports or studies, using the most recent data.

Data should be sourced from and cross-checked with reliable studies, reports and publications, including country reports to the Convention on the Elimination of All Forms of Discrimination against Women, reports by international organisations and country sources.

- **Validation**

Country profiles were developed through a two-stage internal draft and review process. Qualitative information was validated by external gender experts with knowledge of the policy and legal landscape for gender equality and women's rights at a national level.

The calculation of the SIGI is based on 144 questions out of the 312 used to draft the SIGI country profiles.

- The OECD Gender Data Portal includes selected indicators shedding light on gender inequalities in education, employment, entrepreneurship, health, development and Governance, showing how far we are from achieving gender equality and where actions is most needed.

<https://www.oecd.org/gender/>

<https://www.genderindex.org/building/>

6.8. The European Union

6.8.1. The European Union (EU) started to implement a gender mainstreaming approach in 1996 and in 1999 the commitment to gender mainstreaming was formalised in the Treaty of Amsterdam. The principle of gender mainstreaming is incorporated in Article 8 of the Treaty on the Functioning of the EU. The European Union implements a dual approach of both gender mainstreaming and specific gender equality policies, including positive actions for the advancement of women.

6.8.2. A High-Level Group on Gender Mainstreaming that includes high-level representatives responsible for gender mainstreaming at national level was established to support the work on gender mainstreaming and exchange good practices.

6.8.3. The European Institute for Gender Equality (EIGE), the EU agency responsible for gender equality set gender mainstreaming as one of its priorities, in order to foster gender equality in policy-making and legislative work. The EIGE website provides detailed information concerning the gender mainstreaming activities of different stakeholders and country specific information from EU countries. It gives an overview of the relevance of gender equality issues in 19 of policy areas and provides links to instruments and methods as well as good practices to implement gender mainstreaming.

Box 10: European Union Gender indicators (*)

Gender statistics for the European Union (EU), are a selection of indicators from fields such as education, labour market, earnings and life expectancy, which are particularly important for measuring differences in the situation between women and men (i.e. gender gaps). Gender statistics constitute an area that cuts across traditional fields of statistics to identify, produce and disseminate data reflecting the realities of the lives of women and men, and policy issues relating to gender equality.

The indicators show gender gaps, together with levels achieved for the population as a whole, at EU level and across Member States (e.g. the gender employment gap with the employment rate). This approach shows gender gaps in access to resources and opportunities in the broader context of actual resources and opportunities available.

Education: One of the prominent indicators in education statistics is the proportion of persons who have attained tertiary education (i.e. who graduated from universities or other higher education institutions). From the ‘tertiary education attainment’ indicator, a gender gap can be derived. It is defined as the proportion of men aged 30-34 that have attained tertiary education minus that of women.

Labour market: The employment rate is considered to be a key social indicator for analytical purposes when studying developments in labour markets. The gender gap is defined as the difference between the employment rates of men and women of working age (20-64).

Earnings: The ‘unadjusted’ gender pay gap provides an overall picture of gender inequality in hourly pay. This gap represents the difference between the average gross hourly earnings of men and women expressed as a percentage of average gross hourly earnings of men. It is called ‘unadjusted’ as it does not take into account all of the factors that influence the gender pay gap, such as differences in education, labour market experience or type of job.

Life expectancy: Life expectancy at birth is one of the most frequently used indicators to measure the health status of a population. From the ‘life expectancy’ indicator, the gender gap in life expectancy at birth can be derived. This is defined as the number of years that men can expect to live (at birth) minus the number of years that women can expect to live.

See Annex 5 for the full set of the EU Minimum set of gender indicators

(*) https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Gender_statistics#Labour_market

6.9. The World Bank

6.9.1. The World Bank's Gender Data Portal makes the latest gender statistics accessible through compelling narratives and data visualizations to improve the understanding of gender data and facilitate analyses that inform policy choices.

6.9.2. The Gender Data Portal is the World Bank Group's comprehensive source for the latest sex-disaggregated data and gender statistics. Gender refers to the social, behavioural, and cultural attributes, expectations, and norms associated with being male or female. Gender equality refers to

how these factors determine the way in which women and men relate to each other and to the resulting differences in power between them. Data throughout the site are displayed by sex (male and female), which follows the current international standard for statistics.

6.9.3. Over than 900+ indicators in the gender data portal are available for every country in the last 5 years, last 10 years, or since 1960.

6.9.4. The portal provides also access to a repository consisting of a compilation of tools and guidelines to improve data collection, use, and dissemination of gender statistics. These resources also promote further exploration of gender data using microdata from World Bank datasets, subnational data from national statistical offices, regional or thematic data from other gender data portals, and sites with data visualizations and stories.

Box 11: World Bank Gender Statistics database (*)

The Gender Statistics database is a comprehensive source for the latest sex-disaggregated data and gender statistics covering Population, SDGs, Children (0-14), Youth (15-24), Assets, Education, Employment and Time use, Entrepreneurship, Environment, Health, Leadership, Norms and Decision making, Technology, Violence, Contextual. Data for about 922 indicators related to gender for all countries, series and time, with relevant metadata, are provided.

The World Bank's Gender Data Portal makes the latest gender statistics accessible through compelling narratives and data visualizations to improve the understanding of gender data and facilitate analyses that inform policy choices. (**)

(*) <https://datacatalog.worldbank.org/search/dataset/0037654/Gender-Statistics>

(**) <https://genderdata.worldbank.org/>

6.10. The Partnership In Statistics for development in the 21st century (PARIS21)

6.10.1. PARIS21 and UN Women are collaborating through the Making Every Woman and Girl Count programme, which supports countries in strengthening their statistical systems to produce gender statistics that are consistent, high quality, timely and relevant to policy makers, academics, civil society organisations and citizens.⁵

6.10.2. The collaboration focuses on four main activities:

- Improving co-ordination and planning for gender statistics through the development of an assessment framework and tools to identify reasons for gender statistics gaps relating to the capacity of national statistical systems. This assessment is meant to provide input for the mainstreaming of the gender perspective in national strategies for the development of statistics (NSDS). PARIS21 has developed a framework document for assessing the capacity of national statistical systems to produce quality gender statistics that meet users' needs.
- Improving data dissemination and communication of gender statistics through media engagement and data visualisation trainings, and brokering user-producer partnerships through dialogues. Ongoing work includes development of an e-learning module on communicating gender statistics for journalists and producers of statistics within the PARIS21 Academy. This module aims to improve the ability of statisticians and journalists to communicate gender statistics and produce visualizations. It also seeks to build trust between NSS, media, government and civil society organisations and increase media coverage of gender statistics.

⁵ <https://www.paris21.org/gender-data-network>

- Reporting the use of gender-specific data: currently, PARIS21 is building a methodological base for conducting text analysis methodology in the use of gender-specific data in newspapers, national development plans (NDPs) and select policy documents to measure citizen's use and actual policy uses.
- Reporting of financial resources for gender statistics through the Partner Report on Support to Statistics (PRESS). The report presents data on technical and financial support to statistical development worldwide, and thus is a valuable tool for collaboration between donors and recipient countries. The PRESS report has included a section dedicated to support to gender statistics since its 2018 edition.

7. Priority topics relevant for gender statistics:

There are many issues and topics on which gender statistics are relevant and needed. It would be too long and tedious to review in an exhaustive approach all statistical topics that require developing specific approach for measuring the gender dimension and implementing appropriate data collection tools. We will therefore focus on most crucial issues that need to be measured in priority in the social context of Bangladesh.

7.1. Labour force

- 7.1.1. Definition and scope: The labour force is the most commonly used measure of the “economically active population”. As recommended by the 19th International Conference of Labour Statisticians, held in 2013, The concept of work encompasses “Any activity performed by persons of any sex and age to produce goods or to provide services for use by others or for own use”. Work is therefore defined irrespectively of legality, context or the person’s status. It excludes activities that do not satisfy the third person criterion and activities that do not produce goods or services, such as begging.
- 7.1.2. Policy-relevance: Promoting gender equality in employment is widely recognized as an essential component of economic and social development and a key mechanism to combat poverty. It is also an important factor contributing to the economic empowerment of women in their families and communities, and in society at large. Women’s participation in employment increases their contribution to household resources and their control over the allocation of those resources. For these reasons, employment was identified as one of the key instruments for achieving the Sustainable Development Goals (SDGs). This leads to greater economic independence and self-determination, which are both important for women’s empowerment.
- 7.1.3. Analytical framework: The work of women and their contribution to the national economy tends to be subject to more under-reporting and misrepresentation than the work and contribution of men. Labour force statistics often exclude some types of work in which women are more highly represented. There are three main factors contributing to this.
- 7.1.3.1. Difficulties in identifying or describing certain types of work: Jobs that are difficult to identify and describe may be held by women more often than men. Such jobs may involve no cash remuneration. The work may be irregular, or organised on an informal basis. The work may also be undertaken intermittently with household chores close to or at the person’s home.
- 7.1.3.2. Lower priority given to measuring certain types of work: The aspects of work that are highlighted or suppressed when collecting labour force data depend on the priorities underlying the measurement instrument. The focus of Labour Force Surveys is mostly on market-oriented work and its economic value. (e.g., work activities that are remunerated in cash or that are geared towards selling goods and services for money). The value added of household work that is mainly geared towards producing goods and services that will be consumed by households tends to be of less interest. Consequently, capturing such work as part of LFS may be considered low priority and other data collection instruments may be unavailable for this purpose.
- 7.1.3.3. Limitations of data sources and methods: Costs and other limitations associated with data gathering practices also affect the measures that are produced. The LFS should include people living in the more remote areas or in group facilities and the SMI should include very small establishments. The exclusion of holdings without land, or with very little land, from agricultural censuses and surveys can also obscure the important contribution made by women to agricultural work.
- 7.1.4. Data collection tools: The importance of mainstreaming gender in labour statistics implies not only to address gender concerns but also to understand labour market functioning more fully. Labour statistics should satisfy the following four requirements:

- 7.1.4.1. They should be based on a political will at all levels, in the various data collection and analysis agencies and in all agencies which can provide administrative information.
- 7.1.4.2. The data collection procedures for labour statistics should ensure that, as far as possible, all relevant topics for describing gender concerns are regularly included. Such topics include employment in the informal economy, non-SNA work, employment by detailed occupations and status in employment categories, income from paid work and self-employment, statistics on the life course, on lifelong learning and on working time.
- 7.1.4.3. The data collection and processing procedures for labour statistics should be designed to ensure that definitions and measurement methods adequately describe all workers and work situations in sufficient detail to allow relevant gender comparisons to be made. Periodical time-use surveys and administrative sources are crucial for providing relevant information.
- 7.1.4.4. The resulting statistics should always be presented as part of regular publications in a way that will clearly reveal differences and similarities between men and women in the labour market and the factors that may influence their situations.

7.2. Informal employment

- 7.2.1. Definition and scope: Informal employment and the related concept of employment in the informal sector are relatively new topics in labour force statistics that aim to capture different aspects of the informalisation of employment. Adopted in 1993 by the 15th International Conference of Labour Statisticians (ICLS) the international statistical definition of employment in the informal sector refers to all jobs in informal sector enterprises; that is, in small and/or unregistered, private unincorporated enterprises with no complete sets of accounts engaged in non-agricultural activities that produce at least some goods or services for sale or barter. In 2003 the 17th ICLS agreed to complement this enterprise-based concept with the broader job-based concept of informal employment. This latter concept places emphasis on the conditions of employment rather than on the characteristics of the enterprise to define informality of employment. Those working in informal jobs include unregistered employees who do not have explicit, written contracts and, as a result, are not subject to labour legislation, but are not limited to these. They also include workers who do not benefit from social protection, paid annual leave, sick leave or pension schemes even though they may have regular contracts.
- 7.2.2. Policy-relevance: While informal employment represents an important source of employment for both women and men in developing and transition countries, this is particularly the case for women. Detailed statistics on employment in the informal sector and informal employment are important to measure adequately the contributions of all workers and all sectors to the economy. They are also essential to improve the measurement of women's participation in the labour market and of gender equality in employment. Furthermore, data disaggregated by informal and formal employment within status in employment categories and branch of economic activity can provide new information on the differences in employment conditions and occupational distribution.
- 7.2.3. Analytical framework: In addition to making visible the gendered nature of employment, detailed statistics on informal employment and informal sector employment can be used in the design of evidence-based policies aimed at improving the employment situation of women and men, including their employment conditions, legal and social protection, as well as access to training and to such economic resources as credit and microfinance. In addition, such statistics can also inform policy aimed at increasing the productivity of informal economic activities; organizing informal workers; and implementing appropriate regulatory frameworks, governmental reforms, urban and rural development schemes, and so on. Because of the linkages between informal employment, vulnerability and poverty, detailed informal employment statistics should also be used to inform poverty reduction strategies and programmes.
- 7.2.4. Therefore, policy design should consider that

- 7.2.4.1. Informal employment is generally a larger source of employment for women than formal employment.
- 7.2.4.2. Informal employment is a larger source of employment for women than for men.
- 7.2.4.3. Women are concentrated in the more precarious types of informal employment.
- 7.2.4.4. Average earnings from these types of informal employment are low and not sufficient in the absence of other sources of income to raise households out of poverty.

7.3. Unpaid work

- 7.3.1. Definition and scope: Labour statistics capture only one part of the work life of women and men. A range of non-remunerated productive activities in the home and community have great importance for the well-being of families and communities, and for the overall production of the economy. Collectively referred to as unpaid work, these activities can be broadly grouped into two main categories:
 - 7.3.1.1. Unpaid household service work refers to domestic or personal services provided by unpaid household members. They include such activities as housework, cooking, and caring for children, old or sick people, household accounting and management.
 - 7.3.1.2. Volunteer work refers to activities or work that some people willingly do without pay to promote a cause or help someone outside of their household or immediate family.
- 7.3.2. Policy-relevance: World-wide, women tend to be employed for fewer hours in employment than men, even in places where women's labour force participation rates are similar to those of men. This pattern is largely a result of the fact that women tend to have more domestic roles and responsibilities than men. In particular, women tend to perform the bulk of the unpaid care work, spending in general more time on unpaid work than on employment, while it is the opposite for men.
- 7.3.3. Data collection tools: The major source of data used to shed light on women's and men's participation in unpaid work is a Time Use Survey. Time use data are uniquely able to measure comprehensively the different activities of women and men. This approach helps to bypass the economic/non-economic dichotomy imposed by national accounting. Because of the relatively resource-intensive nature of Time Use Surveys, they will, at best, only be done at about five-yearly intervals. In interim years or where the implementation of a time-use survey is not feasible, data may also be collected by a series of questions added to the Population and Habitat Census or the Labour Force Survey. To measure volunteer work, the ILO recommends adding a specific supplement to national Labour Force Surveys on a periodic basis.

7.4. Agriculture

- 7.4.1. Definition and scope: In Bangladesh, agriculture has traditionally provided a livelihood for the majority of the world's rural population. BBS has a long-standing experience in conducting agriculture censuses and surveys, thus compiling, tabulating and disseminating a wide range of statistical information on agricultural production, prices and markets, as well as on the structure of the agricultural sector. However, there is a need for more data on the lives of people engaged in agriculture. Such areas include data on the situation of women and men in relation to the farm labour force, farm ownership and inheritance, the ongoing availability of education and IT training, and the availability of public and private rural transport for access to urban areas for educational, medical and other purposes.
- 7.4.2. The production and use of accurate sex disaggregated data on the agricultural sector and rural areas is an essential step for the elaboration of sustainable development programmes, crucial for genuine gender mainstreaming, and a powerful way to combat the persisting invisibility of rural women in the planning process. Agricultural statistics cover both commercial agriculture (production primarily for sale) and farming for own consumption.
- 7.4.3. Policy-relevance: Agriculture is of primary importance in the sustenance of predominantly rural populations in Bangladesh. The availability of agricultural work and resources, land for families to rear livestock and grow crops, are crucial elements in the wellbeing of these populations.

- 7.4.4. Analytical framework: More sex-disaggregated data need to be produced on ownership of, access to and control over productive resources, whether land, water, equipment, inputs, information and/or credit in order to gain greater insight into intra-household decision-making processes. This is essential for the planning and development of agricultural interventions and poverty reduction strategies.
- 7.4.5. Data collection tools: The integration of gender concerns into the objectives of agricultural censuses is of crucial importance for ensuring the production of sex disaggregated agricultural data. It dictates a gender-aware review of the statistical methodologies and tools used, and determines the analysis, presentation and dissemination of such data. Gender concerns tend to be ignored or overlooked when they are not specifically referred to in the objectives of the census.
- 7.4.6. Systematic under-reporting of women farmers' involvement in agricultural production has occurred especially when censuses focused on commercial rather than on communal or subsistence farming activities (on large-scale agricultural production units, omitting small-scale units), and when censuses excluded peri-urban and urban agricultural activities. In many cases, women farmers tend to be more actively involved in small-scale subsistence and peri-urban farming.

7.5. Access to assets

7.5.1. Definition and scope:

- 7.5.1.1. Assets are defined as stocks of financial, human, natural, or social resources that can be acquired, developed, transformed, improved and transferred across generations. Assets can be tangible, e.g. land, housing, financial capital, tools, machinery, jewellery, or less tangible, e.g. human capital (education), human assets (intellectual, biological), social capital (information, socio-economic networks and extensions). Because intangible assets may not be so easily conceptualized and measured, statisticians can only focus on tangible economic assets, either financial assets (cash, accounts of various kinds, stocks, bonds, trusts, insurances and private and public pensions) or real assets (housing, land, livestock, businesses, equipment, tools and consumer durables).
- 7.5.1.2. Access embraces not only the ownership and the legal rights but also the control that an individual may have or claim over a present or a future asset. The legal aspect of accessing assets is a very important aspect for a gender perspective, i.e. the laws that regulate the transfer, ownership and/or the control of assets from one person to another, within the household (as husband and wife in case of a divorce), within families and family members (inheritance) or in general within the community or the nation (rights over common land, spouse's pension). Even when women have legal ownership over an asset, they may still lack the control over the asset. Women may face obstacles which may prevent them to realize gains from it. They may be excluded from the decisions that affect both intra-household dynamics and household and individual production capability in the long run (household behaviour).

7.5.2. Policy-relevance:

- 7.5.2.1. Economic assets spread risk over time and can play a critical role in sheltering women from poverty, economic insecurity, and vulnerability to shocks. Ownership and control over assets provide direct and indirect benefits to individuals and households including a secure place to live, the means of livelihood, protection during emergencies and access to credit that can be used for investment or consumption.
- 7.5.2.2. Men and women do not have the same access to assets and productive resources: men are very often the only ones to have a title or a socially recognized claim over most of the household assets. Gender disparities exist particularly when assets are transferred within families as in the event of a marriage, a succession or in the case of a divorce, when women face discrimination. Women may be subject to discriminatory property, family and inheritance laws as well as cultural practices. This gender-based disparity leads to exclusion from participation in the economy and society.

7.5.2.3. In fact, women who are able to mobilize assets for income generation are more likely to operate in the informal sector. These business assets play an important role in economic activities whose significance is often ignored by national statistics and can effectively be an important seed-bed for new entrants into micro enterprises. Women often not only lack access and control over economic assets but also lack decision-making power and authority within the household. These two dimensions may go together – for example, higher control over assets may give women a higher bargaining power within the household.

7.5.3. Analytical framework:

7.5.3.1. Because of these inequalities and biases in access to economic assets, individual-level data are necessary in order to fully understand how asset accumulation or depletion may affect differently women and men, especially in the event of a policy change or an unexpected event altering the course of life. They are also essential for specific programs concerned with assets, such as land redistribution programs or those promoting home ownership, and for improving the understanding and effectiveness of several other policy issues related to poverty reduction, social protection, the empowerment of women (Sustainable Development Goal #5 Achieve gender equality and empower all women and girls), and the promotion of pro-poor economic growth, as well as to help policymakers assess the extent to which such international targets promoting gender equality are being met.

7.5.3.2. Few surveys collect data on assets at the individual level which would allow examining the gender dimensions of assets ownership and wealth gap, and these usually focus on a limited number of assets rather than on the full range of material and financial assets. Nevertheless, the limited existing information shows that women in many developing countries are far less likely than men to have ownership and/or control of productive assets, and that women may not receive the benefits of assets held by men, even when they live in the same household. In Bangladesh, assets data are collected at the household level and very few data are collected at the individual level. Without this kind of data researchers and policy makers have only an incomplete understanding of the assets that women own, how they acquire them, and how they use them to influence decisions concerning their own and others' well-being.

7.5.3.3. Data collection tools (Implications for data collection) The definitions and delimitations of "access" and "assets" are the most important for data collection. For example, the legal ownership and control of assets brought to, acquired during and, if the case, divided after, marriage, may differ within the country because of legal system and customary laws. For this reason, in order to design an appropriate survey questionnaire, the statistician would have to know the legal context (can individuals opt for alternative marital regimes, or what are the consequences in case of a divorce).

7.5.3.4. Another problem arises in the choice of time frame and frequency of data collection, given the differences between assets in time: for instance, it may take more time to accumulate and transfer some assets than others; some may last longer than others or can be used in multiple ways over time, and all these differences and patterns may be related to gender. Finally, women are not a homogenous group and

7.5.3.5. differ by age, marital status, education and access to resources in very different ways. The timing, composition and method of acquisition of an economic asset can reflect these differences together with discriminatory practices, and may differ substantially cross-culturally.

7.6. Information and communication technologies (ICTs).

7.6.1. Definition and scope: Information and communication technologies are the hardware, software, networks, and media used to collect, store, process, transmit, and present information in the form of voice, data, text, and images. They range from telephone, radio, and television to the Internet. "Engendering ICTs" is the process of identifying, assessing and eliminating gender inequality in the

access to and use of ICTs, as well as of adapting ICTs to the special needs, constraints, and opportunities of women and men.

7.6.2. Policy-relevance: Women and men need ICTs for the same reasons: to access and utilise information for themselves, their families, their work, and their communities. ICTs give women and men a voice in their lives, their community, their government, and the larger world. Women and men need ICTs to function in a digital and virtual world. A key reason for gathering and disseminating ICT statistics by gender at the national level is to inform national policy and to set international policy goals. Without sex-disaggregated data, there is no understanding of gender issues in ICT and it is therefore difficult to make priorities in developing policies. Furthermore, such data articulates the case for the inclusion of gender issues in ICT policies, plans and strategies for policymakers.

7.6.3. ICTs offer women and men abundant opportunities to develop and expand projects. Information may be globally accessed which may alleviate the isolation of many women and men living in remote places, and facilitates all kinds of cultural, economic, political or social contacts and associated networking. Social organizations (such as women's movements) are increasingly using Internet tools such as web pages, e-mail, and forums. The benefits of accessing ICTs can contribute to women's empowerment by counteracting the barriers associated with isolation, limited mobility, and other cultural and social norms. They can translate into women's enhanced ability to participate in the political process and to advocate for their needs.

7.6.4. Analytical framework: Comparable data on ICT are needed to understand its nature and its role in women's and men's lives and to ensure the inclusion of gender issues in ICT. In order to respond to this at a fundamental level policy-makers require a clear statistical understanding of the impact and value added of ICT in women's and men's day-to-day activities. Statistics on ICT can be used effectively to:

7.6.4.1. Provide political leaders with information to develop and implement ICT policies with an engendering approach at the national, regional and local levels.

7.6.4.2. Assist governments in forming legislation and policies that respond to developments in ICT.

7.6.4.3. Provide detailed data on the nature, extent and dynamics of economic, social and overall impact of ICT on women's and men's day-to-day activities.

7.6.4.4. Understand what are the dynamics that could optimise the ICT benefits and gains to a society, and particularly to empower women and men in their participation in the labour market.

7.6.4.5. Assist ICT policies to achieve their potential for serving human development needs by analysing not only how women and men benefit from ICT, but which women and men benefit most (class, age, rural/urban location, etc.).

7.6.5. Data collection tools: There are four main sources used to collect data on ICT use, access and demand. They are: Telecommunications operators and Internet service providers (ISPs); Enterprise surveys; Household surveys, Web-based user surveys, and administrative records.

7.7. Education

7.7.1. Definition and scope: Education is a means of ensuring that all people have an equal opportunity in life. Engendering education involves examining and making progress towards gender equity in the learning opportunities available for both women and men throughout their lives but particularly during their period of full-time education. It also encompasses an examination of equity in education service delivery, such as teaching and management, and curriculum content. In the field of education, there are a wide number of inter-related aspects ranging from the level of demand for and supply of educational opportunities to the way in which people gain access to and participate in education. These aspects include the quality of the teaching and learning process, the internal efficiency of the education system, individual learning outcomes, and the impact of education on personal growth, career perspectives and the well-being of the individual, the community and the country as a whole.

7.7.2. Policy-relevance: There is a general international understanding that education is valuable, that it is a right in itself, and that it is central in promoting women's and men's rights and in achieving gender

equality in society. The importance of education is recognized by all countries as a significant factor for the socioeconomic development and sustainable growth of a nation.

7.7.3. The social effects of education concern a variety of dimensions such as health, mortality, public life, decision-making, behaviour in terms of birth control, violence in society, etc. Comparable and comprehensive data on gender in education are required in order to develop appropriate legislation and policy aimed at:

7.7.3.1. Promoting full and equal education for women and men throughout life, with a focus on life-long learning and basic education.

7.7.3.2. Providing gender-responsive learning environments and equitable access to appropriate education programmes for all members of society.

7.7.3.3. Encouraging equal access to knowledge and career opportunities in all fields but particularly in fields such as communications, science, technology, and engineering where there is often a lack of participation by women.

7.7.3.4. Promoting the attainment of gender parity in education decision-making structures.

7.7.3.5. Strengthening capacities to collect and analyse sex-disaggregated statistical data, and to develop appropriate gender-sensitive indicators and guidelines in order to monitor progress made towards the achievement of international development targets relating to gender equality in education.

7.7.4. Analytical framework: The target associated with the United Nations Sustainable Development Goal 4 on Ensuring inclusive and equitable quality education and promote lifelong learning opportunities for all (SDG 4), and Goal 5 on Gender equality and empower all women and girls (SDG 5) aim at providing equal opportunities to both men and women by eliminating gender disparity in primary and secondary education by 2030. Access to and graduation from the various levels of education should thus be closely monitored in Bangladesh and in all countries.

7.7.4.1. Good quality statistics can allow national policymakers to see at a glance how the country is positioned relative to other countries, and allow them to anticipate future trends in areas such as subject choice, teaching and management structures. Time series analysis can also reveal which countries have reversed trends in these statistics.

7.7.4.2. Data collection tools: Data required for measuring gender disparities in education can be collected from different sources using a variety of existing methods of collection. Essentially, the data sources may be categorized by individual persons and educational institutions. The individual persons in this respect refer not only to the students and teaching staff, but can also include the parents, other members of the same family, community leaders, employers, etc. The educational institutions, although most often referring to the schools and universities, may also cover adult education centres and other places of learning/training. The methods of collection may include regular school surveys, administrative reporting, Population Censuses, and household surveys. Each of these methods has proved to be effective for collecting specific types of education statistics.

7.8. Health

7.8.1. Definition and scope: Variety of data, often reported on the basis of incidence and prevalence. The most common statistics reported are vital (births, deaths, marriages, divorce rates), morbidity and mortality. Other areas where statistical data are commonly reported include the demographic distribution of health status and performance of the health care system. An assessment of health care system performance includes an examination of the levels of health in a population, the distribution of health, the level and distribution of responsiveness of the health system, and the fairness in financial contributions from patients.

7.8.2. A comprehensive program of health statistics also incorporates analysis of the determinants of health status. The determinants of health include socioeconomic factors (poverty, psycho-social factors, employment, education, gender), lifestyles (nutrition, physical activity, tobacco, alcohol, illegal drugs),

and physical environment (air quality, food safety, water, housing, work conditions, transport, climate change).

- 7.8.3. Policy-relevance: Health is one of the widest statistical domains. Periods of ill health are critical times in a person's life and citizens place trust in a society being able to provide them with an appropriate level of care irrespective of their socioeconomic situation. The importance of health as a measure of the development of a country is indicated by the inclusion of various health and health determinant measures among most of the Sustainable Development Goals.
- 7.8.4. Some health problems are of more relevance to men or women, for example of particular concern to women are reproductive (including maternal) health and health care for the elderly (as women have longer life expectancy than men). Since sex is a determinant of health, and risk factors are very different by sex, causes of death and other outcomes (such as disability) vary greatly between women and men. It is important to differentiate data for women and men because they will sometimes require different emphases in health policy. Adequate data on reproductive health is particularly important, and statistics on disability are particularly important for women with long life expectancies.
- 7.8.5. Different access and use of healthcare services by men and women is not always caused by biological reasons but rather by gender dimensions which should be tackled accordingly. Questions should be asked whether women have same possibilities to access the healthcare services vis-à-vis to men and whether they are treated in health care services in proportion to their need.
- 7.8.6. No less important is to have data on the actual use of healthcare services in addition to the data on the equal access. The data on the use of services can shed light on the root causes of the different usage of the services by men and women that among many reasons can include the lack of time or the lower socioeconomic conditions in which women often find themselves.
- 7.8.7. Analytical framework: Many aspects of child health are determined by maternal health, as well as prenatal and perinatal development, and the quality of the social and physical environments in the early years of life. Examples of relevant statistical measures in this area include delivery methods, breastfeeding, the provision of basic care for the most common childhood illnesses, affordability of child health care such as the cost of doctor and hospital visits and medicines, and healthy nutrition.
- 7.8.8. An important indicator of the strength of a health system is the availability and composition of human resources for health. Although there is no consensus about the optimal level of health workers for a population, there is ample evidence that the number and quality of workers are positively associated with immunization coverage, outreach of primary care, and infant, child and maternal survival. The indicators needed to describe the characteristics of the health workforce and monitor its development over time are often generated from a multitude of sources and cover many areas (such as profession, level of training and industry of employment). The diversity of sources may require harmonization methodologies in order to produce comparable estimates of the health workforce. Human resource health indicators are typically expressed as a rate per 1,000 of the population of the following health workers: Physicians, Nurses, Midwives, Dentists, Pharmacists, Public health workers, Community health workers, Laboratory health workers Health-management and support workers.
- 7.8.9. Data collection tools (Implications for data collection) Comprehensive analysis need to be undertaken to fully understand health statistics. Compiling health statistics for international comparison can often involve drawing on a wide variety of data sources, for the same indicator, and these may make use of different definitions. It is important to compare definitions and give attention to relevant metadata.

7.9. Gender-based violence (GBV)

7.9.1. Definition and scope:

- 7.9.1.1. Violence is the “intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation”. Interpersonal violence is violence that occurs between family members, intimate partners, friends, acquaintances and strangers. It includes child maltreatment, youth violence, intimate

partner violence, sexual violence, elder abuse and violence against women and girls. It is both predictable and preventable.

7.9.1.2. Gender-based violence is perpetrated by men and women, both across the sexes and within same sex groups. Research has focused more on violence carried out by men against women. However, as countries develop their statistical capability in this area, data on violence by women against men, as well as common forms of violence within each sex group, such as young male violence, should also be collected. Exposure to violence increases the risk of becoming a victim of and/or a perpetrator of future violence. Interpersonal violence is strongly gendered; men are disproportionately represented among victims of violent death, while violence against women is a pervasive criminal and human rights issue that is rooted in gender inequalities and harmful gender roles and norms.

7.9.1.3. In 1995, the Beijing Platform defined violence against women as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. This definition covers a broad range of acts that can occur within the family (battering, sexual abuse of female children, dowry-related violence, and marital rape), in the wider community (rape, sexual abuse, sexual harassment, trafficking in women and forced prostitution), and by the State (including physical, sexual and psychological violence perpetrated or condoned by the State).

7.9.2. Policy-relevance:

7.9.2.1. Violence against women is a violation of women's human rights and prevents women from enjoying their human rights and fundamental freedoms, such as the rights to life and security of the person, to the highest attainable standard of physical and mental health, education, work and housing and participation in public life. The long-standing failure to protect and promote those rights and freedoms in the case of violence against women is a matter of concern for all States and should be addressed.

7.9.2.2. Interpersonal violence is an increasingly serious threat to the attainment of the Sustainable Development Goals (SDGs), particularly those targeting poverty (SDG 1), health and well-being (SDG 3), gender equality (SDG 5) and peace and justice (SDG 16). Action is necessary across all sectors and settings to prevent and respond to interpersonal violence and to alleviate the impacts on current and future generations. Addressing risk factors across the SDGs provides a strong opportunity to tackle some of the main causes of interpersonal violence.

7.9.2.3. Violence against women impoverishes individual women and their families, as well as their communities, societies and nations at many levels. It reduces the capacity of victims/survivors to contribute productively to the family, the economy and public life. It drains resources from social services, the justice system, health-care agencies and employers. It lowers the overall educational attainment, mobility and innovative potential of the victims/survivors, their children and even the perpetrators of such violence. As a consequence, there are policy issues across the whole range of subjects that concern governments. These issues are particularly important in the area of crime, health, family, education and economic well-being.

7.9.2.4. There are several intersections between violence against women (VAW) and Violence Against Children (VAC), including overlapping risk factors, shared root causes and consequences of violence on wellbeing. While the forms and effects of violence may differ for women and children, both are violations of their human rights and negatively impact gender equity and economic growth at a population level. In many places, limited resources often result in shared mechanisms for preventing and responding to VAW and VAC at the country level. It is therefore critical to integrate interventions and strategies, demonstrating how addressing one form of violence can positively impact the other. At the same time, care should be taken to ensure that the differential needs of women and children are addressed.

7.9.2.5. An Informal Consultation to Develop Practical Recommendations for Addressing Violence against Women and Children was convened by the WHO Regional Office for the Western Pacific virtually on 15-16 March 2021. In the meeting's report⁶ the participants assessed that global estimates indicate that about one in three women worldwide have experienced either physical and/or sexual violence in their lifetime, while 1 billion children are affected by violence each year. Globally, the coronavirus disease 2019 (COVID-19) pandemic has resulted in restricted mobility, decreased availability of basic services, reduced health workforce, and weakened social and protective networks, creating an environment where women and children are at heightened risk of violence. In many countries, providers of services for victims of violence have seen substantial increases in help-seeking behaviour during the pandemic.

Box 12: Recommendations of the Informal Consultation to Develop Practical Recommendations for Addressing Violence against Women and Children

- (1) Align strategies and programmes for preventing and responding to violence with the WHO INSPIRE and RESPECT frameworks and tools.
- (2) Collaborate and coordinate with partners and other agencies for better sharing and use of resources and information, and understanding of procedures, moving away from working in silos.
- (3) Support the empowerment of vulnerable and marginalized populations to formulate and implement culturally appropriate, gender-responsive and specific interventions to address Violence against Women (VAW) and Violence against Children (VAC) in their communities.
- (4) Strengthen the capacity of all relevant agencies for addressing violence at all levels of government, from national to local.
- (5) Establish multiple alternative pathways for women and children who experience violence to seek help, such as through hotlines, online platforms, social media, home visits and non-traditional service provision spaces.
- (6) Organize programmes, workshops and trainings to raise awareness and train community members on identifying and responding to incidences of VAW and VAC.
- (7) Identify and collate up-to-date and accurate data on the prevalence of VAW and VAC among different groups in the country, and further investigate shared risk factors and consequences for women and children.
- (8) Advocate for high-level commitment from government for visibility and resources to address VAW and VAC

7.9.3. Violence against women is a major public health problem rooted in gender inequality, and is a gross violation of women's human rights affecting the lives and health of millions of women and girls. Aiming to end violence against women, a package/framework with infographics on prevention of violence against women - RESPECT – Preventing violence against women: A framework for policymakers, was developed by WHO, based on the UN framework for action to prevent violence against women from 2015 and updated new evidence.

- The RESPECT implementation package is aimed at helping policy makers and practitioners to design and implement evidence-based, ethical and effective national and sub-national, policies, programmes and interventions for preventing violence against women based on each of the seven strategies of RESPECT:
 - R – Relationship skills strengthened
 - E – Empowerment of women
 - S – Services ensured

⁶ <https://apps.who.int/iris/bitstream/handle/10665/341175/RS-2020-GE-01-virtual-eng.pdf?sequence=1&isAllowed=y>

P – Poverty reduced
E – Environments made safe
C – Child and adolescent abuse prevented
T – Transformed attitudes, beliefs, and norms

- WHO developed also the INSPIRE framework for ending violence against children. INSPIRE is an evidence-based technical package to support countries in their efforts to prevent and respond to violence against children aged 0-17 years. The package includes the core document describing what the INSPIRE strategies and interventions are; an implementation handbook that provides details on how to implement the interventions, and a set of indicators to measure the uptake of INSPIRE and its impact on levels of violence against children. The framework consists of seven strategies:
 - I - Implementation and enforcement of laws;
 - N - Norms and values;
 - S - Safe environments;
 - P - Parent and caregiver support;
 - I - Income and economic strengthening;
 - R - Response and support services; and
 - E - Education and life skills.

7.9.4. Analytical framework: Accurate and comparable data on violence against women are needed to understand the problem and its nature, and to develop appropriate policies, legislation and services for women affected by violence. For example, gender-specific data can pinpoint those areas where the need for support services is different for women and men. Data by gender demonstrate the specific risk areas for men and women and highlight the need for targeted programs to address violence for each gender. Men's and boys' experiences of violence are different from women's and girls' in important ways. While men are more likely to be injured by strangers in a public or social venue, women are in greater danger of experiencing violence from intimate partners in their own homes. Women are also at greater risk of sexual violence. Statistics on violence against women can be used effectively to:

- 7.9.4.1. Evaluate the extent to which policies to reduce violence are working or not.
- 7.9.4.2. Make a significant and sustained impact on public awareness of the extent, nature and dynamics of sexual, physical and psychological violence against women.
- 7.9.4.3. Provide detailed data on the nature and extent of violence against women to criminal justice practitioners, medical practitioners, service providers, legislators and researchers.
- 7.9.4.4. Make available detailed data on correlations and risk markers for violence to better understand the dynamics of violence and to design prevention programs.
- 7.9.4.5. Develop shared ethical standards for use in research into violence against women.
- 7.9.4.6. Assist governments in forming legislation and policies that respond to violence against women.
- 7.9.4.7. Assist medical and social service agencies in the design of services for victims and offenders.
- 7.9.4.8. Assist judicial authorities to raise awareness among police, lawyers and judges and improve the criminal justice response to violence.
- 7.9.4.9. Assist educators in the training of service providers and others whose work brings them into contact with victims and offenders.

7.9.5. Data collection tools:

- 7.9.5.1. Major progress has been made in documenting the extent and nature of violence against women, particularly through new surveys. While a great deal has been accomplished already in Bangladesh, where a Violence against Women survey was conducted by BBS in 2015, there are still challenges and gaps in developing knowledge on this issue. Some statistical challenges are due in part to the lack of standardized methods and questionnaires, in line with

international recommendations. The involvement of BBS violence against women surveys and its readiness to conduct a second round of the VAW survey in 2023 can be seen as an indication of a political will to measure the magnitude and the different forms of violence against women in Bangladesh.

7.9.5.2. Following up on the UN General Assembly Resolutions on this topic, the UN Statistical Commission has set up a group of countries acting as Friends of the Chair to develop indicators and other methodological standards for measuring violence against women to be implemented in national statistical systems. A minimum set of core indicators and guidelines for producing statistics on violence against women was subsequently recommended by the UN Statistical Commission in 2011. (see Box 3)

7.9.5.3. There are two main types of sources of statistical data: national population sample surveys and administrative statistics.

- Surveys dedicated to measure violence against women are better tools to collect information on gender-based violence since, if properly designed, they reflect the actual occurrences of victimization rather than what is reported to officials. Women tend to underreport sexual offences to officials and therefore statistics based on officially reported cases heavily underestimate the phenomenon.
- Administrative statistics: Relevant administrative statistics on violence against women can be obtained not only in the area of criminal justice, but also in health, civil law, housing and in other agencies that help victims. While these statistics cannot be used to determine the actual rate of violence against women, it is important to be able to assess the contribution that these systems make to address violence against women. For example, changes in levels and types of reporting may provide data on changes in willingness to report and confidence in the justice system. It is difficult to harmonize all definitions across administrative systems since they are embedded in local laws and procedures. However, additional collection of data on items such as the relationship if any, of the victim of a violent assault to the perpetrator, would enable statistics to be collected on domestic violence without the need to change the legal categories of crime.
- Sample household-based surveys. There are on-going efforts of international organizations and institutes to develop practical recommendations for addressing violence against women and children and support the implementation of internationally comparative surveys dedicated to violence against women by encouraging the use of a standard survey methodology.
- In victimization surveys, the focus is on obtaining current reliable estimates of victimization rates. In contrast, the most critical issues in surveys that measure violence against women relate to the definition of violence, the identification of violence typologies, the disclosure by victims, the recognition of groups at risk, information on perpetrators of violence and the different patterns of violence in its several forms. "Lifetime" and "the last 12 months" are the most commonly used reference periods to study violence against women.
- Surveys, while being the best vehicle to collect information about violence against women, have significant collection and definitional issues. In planning surveys, particular attention should be devoted to:
 - How to ask women about their experience with violence and how to design the questionnaire so that women are asked about violence in an indirect way.
 - The reference period of victimisation (lifetime, previous 6 months, one year, five years)
 - Definition of study population (women over 18, 15-49, 15-65, ever married, ever partnered)
 - What information should be collected on the victimisation event

- How to assure the safety of women, make sure that the data remains confidential and that women will not be affected by revealing their experiences of violence
- Refusals are likely to be the main element of non-response in violence against women surveys. Issues that affect refusals include: wording, length of the interview, sensitive nature of the survey topic, survey method, as well as time availability of the respondents. Experience has shown that surveys with the lowest non-response rates are those that make use of advance letters, call-backs, and follow-ups. The use of proxy interviewees is problematic when dealing with such sensitive and personal information. Attention needs to be given to preserving the privacy and safety of respondents and interviewers if non-response is to be kept to acceptable levels. Women should be interviewed when they are alone. Confidentiality from her family and even from the interviewer assists disclosure.
- Interviewers will generally not know in advance when a woman is approached for an interview if she has had violence in her life or if she is currently living with a violent partner. Interviewers have an ethical responsibility not to endanger a woman whose violent partner may learn of the nature of the interview. Through training and experience, interviewers can detect whether respondents have the necessary privacy to continue through to questions about violence and are able to speak freely and safely.
- It is necessary to develop innovative approaches that are sensitive to the women responding and give respondents options as to when and how to participate, thus encouraging participation and candid disclosures of violence. Violence against women surveys should be conducted on a regular basis; however, as in Bangladesh, VAW surveys are conducted on an ad hoc basis. While ad-hoc surveys these are important in providing benchmark data, it is also important to be able to measure changes over time. However, the need for time series data may be in conflict with the need to introduce evolving international standards in data collection.
- A survey that is dedicated to violence against women is likely to produce the best methodology. Against this, it is cheaper to append a module on violence against women to a survey that is already established. If ad hoc modules are to be appended to ongoing surveys, such as the Health and Morbidity Status Survey (HMSS), then the ongoing survey should deal with similar topics (e.g. health, victimisation). In any case, a full-scale survey should be preceded with adequate pilot testing of the methodology and of the questionnaire.
- The need to develop a sample that is representative of the population as a whole is especially acute in the field of violence against women, since the women who are the most heavily abused are likely to be marginalised and socially excluded in other ways. Such surveys are limited to adult respondents. It is often not possible to include younger respondents on legal or ethical grounds.
- Finally, a survey methodology does not lead itself to addressing important forms of violence against women, such as trafficking and forced prostitution. Women in these situations are not easily available to be interviewed and will require specially targeted studies as opposed to random surveys of the population.

7.10. Gender attitudes

7.10.1. Definition and scope: Attitudes can be measured across most topics, for example, whether men and women have different attitudes to crime, health service delivery, environmental issues such as recycling and sustainable development, education and learning, money management, and relationships. Gender attitudes often refer to the specific attitudes which people have towards women's and men's roles in society (which will determine their opinions on such issues as "Is it equally important for boys and girls to receive an education?" "Do women and men make equally good political leaders?" "Is the role of women in society to be good mothers and wives?"). Attitudes

constitute both an important factor creating gender patterns, as well as a powerful reflection of gender patterns in society. However, despite the importance of attitudes in relation to gender, national statistical institutes seldom measure them.

7.10.2. Policy-relevance: Attitudes are dynamic and constantly changing. Attitudes can vary significantly by sex, age, and level of education. These characteristics are interrelated and what may seem to be a gender difference may be due to other socio-demographic differences. This can be particularly true for attitudes. Thus, while it can be difficult to determine which factors have the greatest impact on people's views, an understanding of attitudes, and of the values behind those attitudes, is essential if policy initiatives are to successfully influence attitudes in order to promote gender equality.

7.10.3. Gender attitudes in all aspects of human life are important to study and understand. It is therefore important to measure the attitudinal barriers that society and people place in the way of facilitating these changes. In particular, the attitudes of women on some issues appear to be more closely related to age than to educational attainment.

7.10.4. Analytical framework: While national statistical offices including BBS measure outcomes, such as employment rates and educational attainment, most do not measure the attitudinal factors influencing these outcomes. Attitudes and opinions play a role in maintaining gender inequalities, thus should be measured adequately and regularly. Their relevance for policy development, implementation and evaluation in many domains would justify more investment this direction. Stereotype attitudes and traditional beliefs play an important role in attempts to change, or to withstand changes, in gender relations.

7.10.5. Attitudinal measures on specific national policy items could be useful to inform policy-makers to what extent new initiatives might get broad acceptance or which initiative may need intense efforts to attract support. For example, regarding attitudinal data on female participation in decision-making issues, measuring the general level of support for initiatives like preferential policies can be useful to develop implementation strategies. The attitudes of decision-makers themselves to increasing the representation of women at senior decision-making levels are also of relevance. Only by measurement can efforts to change attitudes on female leadership be evaluated.

7.10.6. Data collection tools: Attitudes may be difficult to measure. Usually, the respondent is asked whether he/she agrees or disagrees with various statements on an issue –possible answers often including Strongly Agree, Agree, Neither/Don't know, Disagree, Strongly Disagree (often referred to as a Likert five-point scale). Answers to the set of statements are sometimes combined to create an attitude scale for the issue in question. Sometimes the neutral answer/middle category is not given so that respondents are induced to take a position, or at least it is not read out in interviews but is only recorded if the respondent spontaneously uses it. The choice of the set of items to use, question wording and order can be even more important in a survey on attitudes than it is in a survey concerning experiences and facts. Statements often elicit socially desirable answers rather than a true reflection of the respondent's attitude. There is also no proof as yet that the responses to a series of statements concerning attitudes are a good predictor of behaviour.

7.10.7. In most countries, the national statistical office is unlikely to organise a survey that focuses only on gender attitudes. Alternatively, questions of Gender attitudes can be incorporated in on-going household surveys in Bangladesh such as HIES and HMSS. Relevant to gender concerns, a rotating module within the HIES or HMSS could focus on the interrelations between work, family and well-being. It would deal with the implications for personal well-being of changes in the nature of work and in the nature of family and household structures. Everyday experiences of combining work and family obligations are crucial for the life satisfaction and psychological well-being of Bangladesh population. The aim of the module could be to provide insights into current issues of work, family and well-being and into the interactions between them.

8. How to produce gender statistics

- 8.1. In this chapter we focus on the main measurement tools for deriving reliable, gender-relevant information. We present the key phases of a statistical production process, describing how gender bias can be avoided at each phase. It then goes on to discuss the wide range of data sources that can be used to produce gender statistics within the national statistical system.
- 8.2. These sources are grouped into four broad types of national data collection: population censuses; population-based sample surveys; business surveys; and administrative records. Violence against women (VAW) surveys are given particular attention and are described separately from other types of population-based surveys as they provide a wealth of information for analysing many important gender issues.

8.3. The statistical production processes

- 8.3.1. The process of producing gender statistics, like other statistics, involves a range of highly interrelated activities. Each of these activities, and the way they are linked together, can have a significant impact on the quality of the final product. It is therefore important to view the process holistically – from an end-to-end perspective – to ensure that all the activities are linked efficiently and seamlessly and that they form a well-integrated package.
- 8.3.2. In broad terms, the process of producing gender statistics is similar to that for other fields of statistics. It typically involves a number of key steps, which we will look at more in detail in the following sections:
 - 8.3.2.1. Selection of topics that need to be investigated
 - 8.3.2.2. Identification of the data needed to understand gender differentials and women's and men's roles and contributions in the different spheres of life
 - 8.3.2.3. Evaluation of existing concepts, definitions, and methods to produce unbiased gender-relevant information
 - 8.3.2.4. Development of new concepts, definitions, and methods where necessary that adequately reflect the diversities of women and men in society
 - 8.3.2.5. Development of the data collection instrument: choice of unit of enumeration about which to collect information; survey design, such as definition of sample size, questionnaire development and testing; training of enumerators, ensuring all will use a standard approach in data collection and avoid sources of gender bias
 - 8.3.2.6. Collection and processing of data using practices that will deliver reliable results
 - 8.3.2.7. Analysis and presentation of statistics in easy-to-use formats; dissemination of statistical products to a wide range of users including policymakers and planners
- 8.3.3. The process described above needs to be made gender-relevant, so that in every step, stereotypes and social and cultural factors that might produce gender-based biases is taken into account.
- 8.3.4. As data are the main product of BBS, data quality is of central concern. Quality assurance frameworks define what is meant by data quality and how it can be achieved. Quality is defined in terms of meeting user needs, and therefore has several components:
 - 8.3.4.1. Relevance: The degree to which statistics meet the needs of users
 - 8.3.4.2. Accuracy: The closeness of statistical estimates to true values, with the proviso that absolute accuracy can be difficult to determine
 - 8.3.4.3. Timeliness: The length of time between data being made available and the event or phenomenon they describe
 - 8.3.4.4. Punctuality: Punctuality refers to the time lag between the release date of data and the target date when they should have been released.

- 8.3.4.5. **Accessibility:** The physical conditions in which users can obtain data: where to go, how to order, delivery time, clear pricing policy, convenient marketing conditions (copyright, etc.), availability of micro or macro data, various formats (paper, files, CD-ROM, Internet...), etc.
- 8.3.4.6. **Clarity:** Clarity refers to whether data are accompanied by sufficient and appropriate metadata, whether illustrations such as graphs and maps add value to the presentation of the data, and whether information on data quality is available
- 8.3.4.7. **Comparability:** The extent to which differences between statistics are attributed to differences between the true values of the statistical characteristic, or to methodological differences. Comparability includes: Comparability over time, and Comparability through space, and Comparability between domains.

8.4. Evaluation of data needs and sources

- 8.4.1. As stated in principle 11 of the Code of Practice (Eurostat, 2011) all statistics and particularly gender-related indicators must meet the needs of users. One indicator related to the needs of users is to start the design of statistical production process for gender statistics with the identification of user needs. The identification of the user needs forms a preparation before the actual design of data collection statistic can start. The activity of identifying user needs starts when a need for gender statistics is identified or when current gender statistics appear to be inappropriate, or when a demand for a new indicator appears. In this preparatory phase the following steps are to be undertaken:
- 8.4.1.1. Determine the needs for information: what statistics, methods, sources are needed?
- 8.4.1.2. Confirm, in more detail, the statistical needs.
- 8.4.1.3. Establish the high-level objectives of the statistical outputs.
- 8.4.1.4. Identify the relevant concepts and variables for which data are required.
- 8.4.1.5. Check if current data collections and methodologies can meet these needs.
- 8.4.1.6. Prepare the business case to get approval to produce the statistics.
- 8.4.2. Identify needs: what statistics are needed and what is needed of the statistics? What is gender? What is gender equality? What best practices are observed amongst other (national and international) statistical organisations producing similar data, and in particular the methods used by those organisations
- 8.4.3. Consult and confirm needs: consulting with the stakeholders and confirming in detail the needs for gender-related statistics. As stated in the 2013 NSDS, BBS Strategic Plan from 2013 to 2016 and beyond, identifies “Establishing regular consultation with data users in different areas”, as a priority action for improving the analysis and interpretation of official statistics and improving customer services. A good understanding of user needs is required so that BBS knows not only what it is expected to deliver, but also when, how, and, perhaps most importantly, why. The focus will be on determining whether previously identified needs have changed. This detailed understanding of user needs is the critical part of this step.
- 8.4.4. The Beijing Platform of Action (BPA) adopted by Bangladesh provides a complete global framework for the rights of women and sets out a comprehensive roadmap for achieving equality between women and men. The Beijing Platform of Action recommends to set-up a National Women Machinery which should be serving as central coordinating units for women’s affairs within national governments. These units’ mandate is to promote the integration of gender equality measures across national policies and programmes. They are vital partners in the process of developing national actions to achieve international agreements on women’s rights, including the Beijing Platform for Action and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). National Women’s Machineries are key mechanisms for the advancement of women, should be established as the central policy coordinating unit ensuring that the government is accountable for the commitment made in the CEDAW and BPA.
- 8.4.5. To determine what gender statistics should be produced in Bangladesh and the priority that should be given to such work, the gender issues, national gender policy goals and plans need to be

understood by statistical producers. This requires ongoing engagement with relevant ministries and agencies concerned with gender issues, as well as researchers and other potential users of the statistics, throughout the statistical production process.

8.4.6. Being the National Statistical Office of Bangladesh, it is imperative that BBS provides gender related data support needed for policy analysis and advocacy to the concerned Ministries of the Government of Bangladesh. The BBS has been trying to achieve to bridge data gaps and has already collected considerable sex-segregated data. But the domain of Gender Statistics needs further enhancement. The current National Statistical Development Strategy set-up in 2013, in line with the Statistics Act 2013, clearly reflects this view. The legal framework protecting data confidentiality should be clearly stated in order to ensure confidence in statistics of gender intended for dissemination

8.4.7. At the moment, there is no agreed comprehensive list of priority statistical needs in Bangladesh, and inadequate coordination of official statistics produced by the various statistical agencies. There are many skills gaps in a number of areas as well as a lack of motivation among professional staff in the sectoral ministries, and other organizations in Bangladesh. Therefore, to support the Bangladesh NSS and to promote professional development and raise the ethical standards among statisticians, statistical knowledge is essential. Also, there is inadequate capacity and insufficient research institution for identifying and responding the emerging data needs. Moreover, inadequate coordination is leading to extensive duplication of effort and lack of synergy among data producers. Finally inadequate information flow and sharing within and across sectors, and between central and local levels limits the usefulness of data and statistics.

Box 13: Gender legal framework in Bangladesh (*)

Bangladesh is among the 193 United Nations Member States working to achieve the Sustainable Development Goals (SDGs) with the commitment to ‘Leave no one behind’ (LNOB). Gender equality features as a standalone strategic priority of the United Nations Sustainable Development Cooperation Framework 2022–2026 with Bangladesh, denoting the importance of this development area for both the Government and the UN system

The Constitution recognizes equal rights for women and men in the public sphere, and there is a reasonably compelling legal and policy framework guaranteeing women’s rights. The Prime Minister has declared Gender Equality and Women’s Empowerment as one of the ten priority action areas, and Bangladesh has thus taken multipronged actions to achieve this goal. The 8th Five-Year Plan (2020–2025) prioritizes improving women’s human capabilities, increasing women’s economic participation and security, enhancing women’s voice and agency, and creating an enabling environment for women’s advancement with a key focus on post-pandemic recovery. The 2011 National Women’s Development Policy and related National Action Plan provide a base for

Bangladesh has a significant history of strong and vibrant movements spearheaded by women-led organizations claiming their rights. Over the years, women’s groups have mobilized themselves and made sure their voices are heard on various issues, including violence against women, gender equality in securing economic opportunities and participation, equal representation in politics, reproductive rights, family law reforms and gender mainstreaming in public policies. In 2020, an intergenerational feminist alliance “Feminist Across Generations” was formed as a result of the nationwide protest on the increased rates of rape case in the country.

As Bangladesh works towards LDC graduation and achieving SDGs, the priority remains to continue addressing the persistent inequalities and vulnerabilities faced by women and girls in the country for an inclusive, equal, and sustainable future. Hence, financing gender-related interventions, investing in research for gender statistics, creating space for civil society and giving voice to women are crucial.

In Bangladesh (**), Gender refers to the effort of addressing issues pertaining to equal opportunities for both women and men. Statistics on gender are used by policy makers, Development Partners, and private sector decision makers to inform their decisions in all sectors. The integration of gender into the NSS also involves the Ministry of Women and Children Affairs, the Ministry of Social Welfare, the private sector, civil society organizations and Development Partners. The Government of Bangladesh is trying to promote gender equality and equity and to guarantee the full participation of women and men in social, economic and political life. The Government is also committed to the United Nations Charter, the Human Rights Declaration (1948), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979), the Convention on the Rights of the Child (CRC,1989), the Beijing Declaration and Platform for Action (1995), and many other international agreements and requires statistics to report on progress.

At present, therefore, in Bangladesh there is considerable demand from government and non-government agencies and international organizations for gender disaggregated data and statistics. In line with the international recommendation, the BBS started to compile gender statistics a few years ago. Although statistics on the 52 most important indicators are available, they are not readily accessible in one source and little or no analysis has been undertaken. But, recently effort has been made to integrate all gender statistics in a single report. A Gender Compendium of Bangladesh was compiled and released in website in 2009; other initiatives include a Compilation of Gender Statistics of Bangladesh published in 2008, and a Survey on Violence against Women (VAW) completed in 2011.

(*) https://asiapacific.unwomen.org/sites/default/files/2022-10/bd-Gender-Equality-Brief_Bangladesh.pdf

(**) The National Statistical Development Strategy 2013

8.5. The design process.

8.5.1. Once the data needs have been identified, statistical producers need to evaluate existing sources in order to assess the extent to which these sources meet those needs and to keep response burden to a minimum. Some of the data may be periodically collected by BBS; some data may be available but they may not adequately reflect gender differences or they may contain biases; and some data may not be collected at all. This scrutiny of available data may reveal gaps that can be addressed by modifying concepts, definitions or methods used in existing collections. In other cases, a new collection activity may be required.

8.5.2. The most important step was taken by the government in ratifying the National Women Development Policy (NWDP) in 2011 with a vision to create a society where men and women will have equal opportunities and will enjoy all fundamental rights on an equal basis. The objectives of NWDP are as follows:

8.5.2.1. To establish equal rights of men and women in areas of state and public life in the light of the constitution of Bangladesh.

8.5.2.2. To ensure security and safety of women in all areas of state, social and family life.

8.5.2.3. To ensure the socio-economic, political, administrative and legal empowerment;

8.5.2.4. To establish human rights of women.

8.5.3. Strengthening legal framework, particularly related to confidentiality of data in line with the national Act for rules and regulations.

8.5.4. Identifying concepts: This sub-process clarifies the required concepts to be measured by the business process from the point of view of the user. At this stage the concepts identified may not align with existing statistical standards. This alignment, and the choice or definition of the statistical concepts and variables to be used, takes place in sub-process 2.2. The concepts underlining gender-related indicators and currently used by BBS for measuring

8.5.5. Establishing output objectives: The gender-related statistics and indicators that are required for policy-making need to be clearly established as suitable and their quality agreed with the users. As

stated in the 2013 NSDS, BBS Strategic Plan from 2013 to 2016 and Beyond, identifies “Compiling and disseminating more comprehensive gender disaggregated statistics”, as a priority action for improving coverage, quality, timeliness, and use of core statistics.

8.5.6. Checking data availability: This sub-process checks whether current data sources could meet user requirements, and the conditions under which they would be available, including any restrictions on their use. An assessment of possible alternatives would normally include research into potential administrative or other non-statistical data sources, to determine whether they would be suitable for use for statistical purposes. When existing sources have been assessed, a strategy for filling any remaining gaps in the data requirement is prepared. This sub-process also includes a more general assessment of the legal framework in which data would be collected and used, and may therefore identify proposals for changes to existing legislation or the introduction of a new legal framework.

8.5.7. Concepts, definitions and classifications

8.5.7.1. For purposes of producing gender statistics and analysing gender concerns, the concepts and definitions must be appropriate for gauging the experiences of both women and men and for understanding differences in their economic and social circumstances. Careful consideration should be given to the feasibility of developing supplementary measures based on alternative or extended concepts that offer richer gender insights.

8.5.7.2. Standard frameworks: In the planning stage of a household survey, the data items to be obtained should be clearly defined according to the relevant standards and classifications. The use of standard frameworks for collecting and presenting the data enhances their usefulness and comparability. For example, in surveys of businesses and households, information about female and male employees may need to be classified by industry, occupation or region. If this is done using standard classifications, the information can be compared over time and across surveys. By making use of standard concepts and data items, it may also be possible to integrate data from different sources and organizations.

8.5.7.3. International standards and guidelines: There are a wide range of international standards and guidelines that are relevant to the production of gender statistics. These can help to improve the conceptual base, design and implementation of collections as well as the international comparability of results. They cover aspects such as definitions and classifications, data collection methods, question modules, estimation techniques, etc. International classifications are developed maintained in many fields. Some examples are the International Classification of Activities for Time-use Statistics (ICATUS), the International Standard Classification of Occupations (ISCO), the International Standard Industrial Classification (ISIC), the International Standard Classification of Education (ISCED), and the International Classification of Diseases (ICD). In the case of agricultural censuses, the FAO has recommended gender-sensitive definitions of a number of important agricultural concepts.

8.5.8. Unit of enumeration

8.5.8.1. There are two types of units which need to be clearly defined early in the statistical production process. The unit of enumeration refers to the units in the population about which information is to be collected. These units refer to physical entities such as people, households, businesses, agricultural holdings, schools, hospitals, etc. Units of analysis refer to the units about which statistics are to be produced. They determine the data items to be collected and may refer to physical entities or to events such as births, hospital separations, economic transactions, etc.

8.5.8.2. Household and person level units: The unit of enumeration varies depending on the data source from which the statistics are to be derived. There can be particular complexities when the source is a Population Census or household survey, as there are generally two levels of unit used: a household-level unit and a person-level unit. Both levels of unit are important for gender statistics and the data collected at each level are generally used in combination.

8.5.8.3. Unit issues relevant to gender statistics: The unit for which data is collected affects the type of measures that can be produced and the type of analysis that can be undertaken. In the case of

person-level data, particular care is needed in analysing the personal income, expenditure and wealth of women and men as some sharing of resources normally occurs between members of the same household and the nature of this sharing is affected by differences in household size and composition. For this reason, analysis of the distribution of resources is often based on measures of household income, expenditure and wealth adjusted or equivalized to take account of differences in household size and composition. In the case of household-level data, problems can arise if collection instruments use the concept of 'head of household' or if they obtain insufficient information to describe adequately the range of relationships that exist between household members. Deficiencies in the collection of relationship data can adversely affect the identification of different types of households and families, as well as the derivation of household and family status for individual members.

8.5.9. Survey design and content: This phase describes the development and design activities, and any associated practical research work needed to define the statistical outputs, concepts, methodologies, collection instruments and operational processes. It includes all the design elements needed to define or refine the statistical products, all relevant metadata, as well as quality assurance procedures. This phase is broken down into the following steps:

8.5.9.1. Role of objectives in survey design: Measurement objectives should underpin all aspects of survey and questionnaire design. The main objectives may be to obtain national data on particular topics with a number of key dissections, such as gender, age and type of geography (e.g. urban, rural, remote etc).

8.5.9.2. Design frame and sample: This phase implies identifying and specifying the population of interest, defining a sampling frame (and, where necessary, the register from which it is derived), and determining the most appropriate sampling criteria and methodology. The survey objectives determine the sample design, including its size and geographic distribution. If a sample survey is to produce reliable data on females and males at some level of detail, or to provide measures for subgroups within gender groups. The design must ensure that the sample is adequate to produce results within acceptable confidence ranges in the data cells of interest. For example, one of the goals of the Violence Against Women survey might be to evaluate the use of victims' services. The survey designers must determine how many cases they might expect to obtain in order to estimate the overall number of sample cases required for the survey. Also, it may be possible to over-sample subpopulations of interest to reduce overall costs and still achieve the survey's goals.

8.5.9.3. Questionnaire design: The questionnaire has a major influence on the quality of the statistics produced from a collection. If it is not carefully and appropriately designed, it can adversely affect the answers and give rise to errors. Defining estimation goals early and clearly can help prevent development of questionnaires that do not meet users' data needs. Developing table shells or dummy tables (examples of tables to be produced, with column and row headings but empty of data) and/or multivariate models prior to development of a questionnaire can also illuminate potential problems at an early stage.

8.5.9.4. Incorporating a gender perspective into questionnaire design involves consideration of a number of factors, including:

- Data items required to meet the objectives of the collection
- Concepts and definitions associated with these data items
- Conversion of these data items into questions
- Formulation and wording of questions
- Order and sequencing of questions.

8.5.9.5. Setting up a User Advisory Group (UAG) can be useful in determining the design and data item content of survey questionnaires. Such a group can help to clarify the concepts to be measured, and assist in overcoming resistance that may emerge when measuring certain issues, including those that are important for gender analysis.

8.5.9.6. In developing the questionnaire, every possible attempt should be made to avoid the most common gender biases. Numerous errors could introduce bias to the data collected. The most common ones are: Inadequate definition of concepts; erroneous wording of questions; selecting the wrong respondent; Using the wrong enumerator; or problems linked to communication. For example, in Violence Against Women surveys, some respondents may not feel that what they have experienced was a crime, and they might not report an incident if the emphasis is on breaking the law. Rather than using such words, it is preferable to describe an event in terms of its elements: the use of force, the threat, weapon presence, physical contact, physical injury, loss of property, etc.

8.5.9.7. Testing the questionnaires: Data items and questions should be tested as part of the questionnaire development process. This should allow any gender-related problems to be identified and corrected before a questionnaire is finalized. One relatively low-cost method for testing whether data item concepts and terminology are appropriate and relevant for both females and males (or other subgroups of respondents) is through focus groups. Pilot tests, or field tests, of draft questionnaires are further tools for ensuring the appropriateness of the data collection method.

8.5.9.8. Selection of enumerators. Skilled enumerators are another extremely important factor in producing unbiased statistics. Aside from the skills and motivation needed for the job, the sex, age or ethnic affiliation of the enumerator may be important in victimization surveys.

8.5.9.9. Training of enumerators: Before passing to the data collection and processing phase, enumerators need to be well-trained to carry out effectively and rigorously their role in collecting and processing data. For example, interviewers and their supervisors need to understand the purposes of the collection, the concepts and definitions used, the questions included on the collection instrument, the procedures to be followed, and communication techniques for engaging with respondents to obtain their cooperation. To obtain gender-relevant information, enumerators need to be particularly aware of gender issues, including the differing ways females and males might respond to a topic or particular forms of questioning. For sensitive topics, such as domestic violence or mental health, they need to be aware of the different types of personal situations that respondents may have experienced and be able to manage their own reactions when seeking details of these situations.

8.5.9.10. Training programs and manuals are important in developing the requisite understanding, skills and motivation, and in ensuring that all enumerators use a standard approach. Lack of uniformity can be a source of bias. These programs should provide instructions and guidance on how to undertake all phases of a data collection and give contextual information about the collection and its objectives. It can also be helpful to provide examples of the uses made of data from previous collection cycles.

8.5.9.11. Design data collection method: The most appropriate collection method and instruments, questions and response templates. It also includes the design of any formal agreements relating to data supply, such as memoranda of understanding, and confirmation of the legal basis for the data collection.

- Collection mode: The success of a collection will depend to a large extent on the suitability of the collection methodology. There is wide variation in effective modes of data collection. These modes include collection of data by telephone, mail, face-to-face interview, self-compilation, and the web, as well as in various types of administrative settings. Computer-Assisted Telephone Interviewing (CATI), or Computer Assisted Web Interviewing (CAWI), or Computer Assisted Personal Interviewing (CAPI) in the case of face-to-face surveys, are increasingly used instead of compiling printed questionnaires.
- A number of factors play a role in the choice of collection mode. Social norms, technological infrastructure and costs are particularly important and may limit the choices. Collection characteristics also play a role, such as the type of data needed to meet the primary

objectives, the complexity and sensitivity of the topics to be covered, the nature of the questions, and privacy and confidentiality concerns. Possible gender effects should also be considered. Different collection modes may affect, or be perceived by, men and women differently. If a particular method works better for either women or men, or affects their response rates differently, it could lead to biased gender measures.

- In interview-based collections, measurement bias can also occur if communication and understanding between interviewers and interviewees are influenced by personal or cultural characteristics. The age, sex, appearance or manner of the interviewer may affect the answers obtained in different ways. In some cases, shared characteristics may have a positive impact on response, while in other cases they may have a negative impact. This possibility needs to be considered and, where appropriate, action taken to minimize the data quality risk.
- Design production systems and workflow: This determines the workflow from data collection to dissemination, taking an overview of all the processes required within the whole statistical production process, and ensuring that they fit together efficiently with no gaps or redundancies. Various systems and databases are needed throughout the process
- Design processing and analysis: This can include specification of routines for coding, editing, imputing, estimating, integrating, validating and finalizing data sets
- Editing and imputation: There are a number of editing and imputation techniques that can be used to address item nonresponse when processing questionnaires. These techniques often assign a value to a missing response using an algorithm. For example, if a respondent does not provide an answer concerning a particular characteristic, an answer may be assigned based on his or her other responses or the responses of others in the same or similar households.
- Weighting and benchmarking: Weighting is the process of adjusting results from a sample survey to infer results for the total population. It involves attaching weights to each sample unit to indicate how many population units (e.g. households or persons) are represented by the sample unit. These weights are calibrated against population benchmarks to ensure that survey estimates conform to the independently estimated distribution of the population by age, sex, area of usual residence etc., rather than the distribution within the sample itself. Calibration to population benchmarks helps to compensate for over- or under-enumeration of particular categories of persons due to either the random nature of sampling or non-response. For example, as women tend to respond to surveys more frequently than men do, weights tend to be larger for men than women.

8.5.9.12. Data sources: There are mainly four different types of collection: Population Censuses, population-based sample surveys, business surveys and administrative records. Each is a major source of gender statistics. While the information they provide is generally complementary, they are based on different methodologies which affect the type, range and quality of gender information they can provide.

- Population Censuses: A population census is typically the largest statistical collection undertaken by a country and one of the most important. While the objectives of a census are specific to individual countries and differ according to local circumstances, the broad aim is to measure accurately the total number and key characteristics of people in a country and in its smallest geographical areas at a specific time. This information is vital for national, regional and local planning, for policy development and evaluation, and for many administrative purposes. Population censuses are a rich source of information for examining differences between females and males across many dimensions of life. They can also be used to study particular population subgroups from a gender perspective, such as elderly women and men or those living in rural areas, and to analyse gender issues at the

local community level. Statistics can be produced according to specific household types and family composition.

- Population-based sample surveys: These surveys collect information directly from individuals and can cover a very wide range of topics in some depth. The data collected invariably includes sex and age of each individual in the sample. Some surveys have a multi-purpose focus and cover many discrete topics. Some have a more general social focus and cover a range of topics with the aim of exploring the relationships between them and analysing cross-cutting issues such as multiple disadvantages. Others focus primarily on a particular topic, such as labour force participation, education, health, disability, crime and safety, social capital or time use. Some may be specially designed to provide statistics about a particular population group, such as indigenous peoples or migrants. The gender information they provide informs many areas of social and economic concern. It is widely used in economic and social policy formulation and monitoring; planning and evaluating government service provision; and research into social and economic conditions and progress.
- Surveys may be conducted on a regular basis, or may be less frequent or one-off. They may be cross-sectional, providing ‘snapshots’ of the population and their lives at a particular time, or longitudinal, following the same group of individuals over time thereby shedding light on the dynamic nature of many aspects of life, including pathways and causal factors. Both types of surveys can be complementary and both can provide valuable gender perspectives.
- While population-based sample surveys allow considerable control over the type and quality of data collected, obtaining reliable gender-relevant information can be difficult in some fields. In some cases, the data needed for gender analysis may be collected on an ad hoc basis only. It may therefore be possible to increase the amount of gender-relevant information by adding short question modules to these surveys in those areas where gender disparities are higher. For example, it may be feasible to add gender-focused modules to Labour Force Surveys which could enhance the gender perspective without impacting on the primary use of the data.
- Business surveys: Business (or enterprise) surveys refer to statistical collections about businesses and other organizations engaged in economic activity. These collections include censuses and sample surveys relating to particular industries or activities (e.g. manufacturing, agriculture, services, etc.) as well as economy-wide surveys (e.g. covering employers, small businesses, etc). From the perspective of producing gender statistics, business surveys can provide very valuable information about female and male workers, including the types of jobs they hold, their working conditions, and their different contributions to economic activity. They can also provide information about female and male entrepreneurs and small business owners or managers, including the types of businesses they operate and the success of these businesses.
- Administrative sources: Administrative records are an important source of information for studying gender differences on a wide range of topics. Administrative records can provide frequent data at both national and sub-national levels. Using these records to produce needed statistics can be a cost-effective approach, since the data they contain are already routinely collected as part of regular administrative processes. Such data may also offer insights into gender issues not well covered by census or survey data. A wide range of statistics can be produced from data held in administrative records, including statistics relating to education, health, criminal justice, birth, death and marriage, work and economic activity.
- One of the advantages of administrative records is that they represent a full enumeration of the relevant entities, rather than a sample. For this reason, they may have the potential

to provide more reliable and finely disaggregated data than sample surveys. However, their usefulness may be limited by other factors. In particular, their coverage will reflect only those entities of interest for the administrative function being performed, the details recorded may not be current, and definitions and classifications may be inconsistent with those required for statistical purposes.

- Administrative systems can be hard to modify as their primary focus is not statistics. In seeking improvements in the data from these systems, the actions that are possible will reflect the individual circumstances of each country, including the variety of organizational arrangements that are in place.

8.6. The building process

- 8.6.1. Building collection instrument. This process describes the activities to build the collection instruments to be used during the collection phase. A collection may use one or more modes to receive the data, e.g. personal or telephone interviews; paper, electronic or web questionnaires; SDMX hubs. It also includes preparing and testing the contents and functioning of the collection instrument.
- 8.6.2. Enhancing process and dissemination components. Activities include enhancing services such as dashboard functions and features, information services, transformation functions, workflow frameworks, provider and metadata management services. Included are also services needed for the dissemination of statistical products from those that are used to produce traditional paper publications to those that provide web services, open data outputs, or access to micro-data.
- 8.6.3. Configuring workflows, systems and transformations used within the statistical business processes, from data collection through to dissemination.
- 8.6.4. Undertaking the testing of statistical process, which includes a small-scale data collection to test collection instruments, followed by processing and analysis of the collected data, to ensure the statistical business process performs as expected. Following the pilot, it may be necessary to go back to a previous step and make adjustments to instruments, systems or components.
- 8.6.5. Finalising the production systems which includes the activities to put the assembled and configured processes and services, including modified and newly-created services into production ready for use by business areas. The activities include producing technical documentation and user manuals, training the users on how to operate the process.

8.7. The collection process:

- 8.7.1. Create frame and select sample: establishes the frame and selects the sample for this iteration of the collection.
- 8.7.2. Set-up the collection process which ensures that the people, processes and technology are ready to collect data and metadata, in all modes as designed. It takes place over a period of time, as it includes the strategy, planning and training activities in preparation for the specific survey. It includes the following activities:
 - 8.7.3. Preparing a collection strategy;
 - 8.7.3.1. Training collection staff;
 - 8.7.3.2. Ensuring collection resources are available e.g. laptops;
 - 8.7.3.3. Agreeing terms with any intermediate collection bodies, e.g. sub-contractors for computer assisted telephone interviewing (CATI);
 - 8.7.3.4. Configuring collection systems to request and receive the data;
 - 8.7.3.5. Ensuring the security of data to be collected;
 - 8.7.3.6. Preparing collection instruments (e.g. printing questionnaires, pre-filling them with existing data, loading questionnaires and data onto interviewers' computers etc.).
- 8.7.4. Run collection with the different instruments being used to collect or gather the information, which may include raw micro-data or aggregates produced at the source, as well as any associated metadata. This also includes the management of the respondents, ensuring that the relationship between the

statistical organisation and data providers remains positive, and recording and responding to comments, queries and complaints. Some basic validation of the structure and integrity of the information received will be performed, e.g. checking that files are in the right format and contain the expected fields.

8.7.5. Finalise collection including loading the collected data and metadata into a suitable electronic environment for further processing. It also includes manual or automatic data take-on, using clerical staff or optical character recognition tools to extract information from paper questionnaires. It also includes analysis of the process metadata (paradata) associated with collection to ensure the collection activities have met requirements. In cases where there is a physical collection instrument, such as a paper questionnaire, this sub-process manages the archiving of that material.

8.8. The processing phase includes the cleaning of data and their preparation for analysis. It is made up of checking, cleaning, and transforming input data, so that they can be analysed and disseminated as statistical outputs. It is broken down in the following activities

8.8.1. Integrating data from multiple sources, such as internal (other survey data sets) and external (administrative) sources.

8.8.2. Classifying and coding the input data.

8.8.3. Reviewing data to try to identify potential problems, errors and discrepancies such as outliers, item non-response and miscoding and validating data against predefined edit rules.

8.8.4. Editing data that are considered incorrect, missing or unreliable and imputing new values.

8.8.5. Deriving new variables and units for variables and units that are not explicitly provided in the collection, but are needed to deliver the required outputs. It derives new variables by applying arithmetic formulae to one or more of the variables that are already present in the dataset, or applying different model assumptions.

8.8.6. Calculate weights for unit data records from sample surveys. Weights can be used to "gross-up" results to make them representative of the target population, or to adjust for non-response in total enumerations.

8.8.7. Calculate aggregates from micro-data or lower-level aggregates. It includes summing data for records sharing certain characteristics, determining measures of average and dispersion, and applying weights to derive appropriate totals. In the case of sample surveys, sampling errors may also be calculated in this sub-process, and associated to the relevant aggregates.

8.8.8. Finalise data files bringing together the results in a data file (usually of macro-data). Sometimes this may be an intermediate rather than a final file, and a requirement to produce both preliminary and final estimates.

8.9. The analysis phase: During this phase, statistical outputs are produced, examined in detail and made ready for dissemination. It includes preparing statistical content (including commentary, technical notes, etc.), and ensuring outputs are "fit for purpose" prior to dissemination to customers. This phase also includes the activities that enable statistical analysts to understand the statistics produced.

8.9.1. Preparation of draft outputs: this is where the data are transformed into statistical outputs. It includes the production of additional measurements such as indices, trends or seasonally adjusted series, as well as the recording of quality characteristics.

8.9.2. Validation of outputs where statisticians validate the quality of the outputs produced, in accordance with a general quality framework and with expectations that includes:

8.9.2.1. Checking that the population coverage and response rates are as required;

8.9.2.2. Comparing the statistics with previous cycles (if applicable);

8.9.2.3. Checking that the associated metadata and paradata (process metadata) are present and in line with expectations;

8.9.2.4. Confronting the statistics against other relevant data (both internal and external);

8.9.2.5. Investigating inconsistencies in the statistics;

- 8.9.2.6. Performing macro editing;
- 8.9.2.7. Validating the statistics against expectations and domain intelligence.
- 8.9.3. Interpreting and explaining outputs where the in-depth understanding of the outputs is gained by statisticians. Statisticians interpret and explain the statistics produced by assessing how well the statistics reflect their initial expectations, viewing the statistics from all perspectives using different tools and media, and carrying out in-depth statistical analyses.
- 8.9.4. Applying disclosure control which ensures that the data (and metadata) to be disseminated do not breach the appropriate rules on confidentiality. The degree and method of disclosure control may vary for different types of outputs, for example the approach used for micro-data sets for research purposes will be different to that for published tables or maps.
- 8.9.5. Finalising outputs that ensure the statistics and associated information are fit for purpose and reach the required quality level, and are thus ready for use. It includes:
 - 8.9.5.1. Completing consistency checks.
 - 8.9.5.2. Determining the level of release, and applying caveats.
 - 8.9.5.3. Collating supporting information, including interpretation, commentary, technical notes, briefings, measures of uncertainty and any other necessary metadata.
 - 8.9.5.4. Producing the supporting internal documents.
 - 8.9.5.5. Pre-release discussion with appropriate internal subject matter experts.
 - 8.9.5.6. Approving the statistical content for release.
- 8.10. The dissemination phase aims at managing the release of the statistical products to customers. It includes all activities associated with assembling and releasing a range of static and dynamic products via a range of channels. These activities support customers to access and use the outputs released.
 - 8.10.1. Update output systems consisting of the following activities:
 - 8.10.1.1. Formatting data and metadata ready to be put into output databases.
 - 8.10.1.2. Loading data and metadata into output databases.
 - 8.10.1.3. Ensuring data are linked to the relevant metadata.
 - 8.10.2. Producing dissemination products to meet users' needs
 - 8.10.2.1. Preparing the product components (explanatory text, tables, charts, quality statements etc.).
 - 8.10.2.2. Assembling the components into products.
 - 8.10.2.3. Editing the products and checking that they meet publication standards.
 - 8.10.3. Managing release of dissemination products: It includes briefings for specific groups such as the press or ministers, as well as the arrangements for any pre-release embargoes. It also includes the provision of access to confidential data by authorised user groups, such as researchers.
- 8.11. Managing user support ensuring that customer queries and requests for services such as micro-data access are recorded, and that responses are provided within agreed deadlines.
- 8.12. The Evaluation phase: For statistical outputs produced regularly, evaluation should, at least in theory occur for each iteration, determining whether future iterations should take place, and if so, whether any improvements should be implemented.
 - 8.12.1. Gathering evaluation inputs: Evaluation material can be produced in any other phase or sub-process. It includes feedback from users, process metadata (paradata), system metrics, and staff suggestions.
 - 8.12.2. Conducting evaluation that analyses the evaluation inputs and synthesises them into an evaluation report. The resulting report should note any quality issues specific to this iteration of the survey, and should make recommendations for changes if appropriate.
 - 8.12.3. Agreeing on an action plan based on the evaluation report. It should also include consideration of a mechanism for monitoring the impact of those actions, which may, in turn, provide an input to evaluations of future repetitions of the survey.

8.13. Recommendations for Strategic Actions:

- 8.13.1. Establishing a Statistical Data Bank for maintaining or archiving the complete documentation of all statistical products, procedures and processes, which will be easily accessible and understandable to the users, and publicly available as well.
- 8.13.2. Making available relevant metadata (concepts, definitions, scope, classifications, basis of recording, data sources, compilation methods and statistical techniques, explanatory notes etc.) on BBS website as well as in printed form.
- 8.13.3. Metadata describes the information about how the data were produced, their coverage and, most importantly, what limitations there may be in interpreting the numbers and using them for decision making. At the moment, the BBS website provides access to metadata for different sets of statistics, but this information is not sufficient to explain the data sets completely which limits the use of the data. Some information, however, about how data have been collected and compiled is provided in printed publications, but it is also not always sufficient to clarify or interpret the data furnished in that report. Therefore, preparing metadata of the existing data sets as well as of the future undertakings in detail and placing them in report as well as in the BBS website with easy accessibility is a major challenge in this area. Two Metadata templates for Household Surveys and for social indicators are provided in the Annex to this manual.
- 8.13.4. Following internationally accepted format for metadata, such as the Statistical Data and Metadata Exchange (SDMX) standard and participating in international metadata forums.
- 8.13.5. Providing training to all staff on preparing and maintaining metadata.

9. Sources of gender statistics In Bangladesh.

- 9.1. In August 1974, the Bangladesh Bureau of Statistics (BBS) was created by merging four relatively larger statistical agencies of the ex-provincial and central governments, namely, the Bureau of Statistics, the Bureau of Agriculture Statistics, the Agriculture Census Commission and the Population Census Commission. A Director General was also appointed by the government to head the BBS and a follow-up plan for reorganizing the bureau into an efficient centralized national institution in the field of official statistics was launched.
- 9.2. About a year later, in July 1975, the Statistics Division was created under the Ministry of Planning in order to provide policy guidance, coordinate and monitor the activities of the BBS at the ministry level. The Statistics Division was headed by a Secretary who was also the Director General of Bangladesh Bureau of Statistics. In January 2002, the Statistics Division was merged with the Planning Division of the Ministry of Planning as a Wing and the BBS was placed under the administrative control of that Wing. The Statistics Division was reinstated in April 2010 and in March 2012 it was renamed as Statistics and Informatics Division.
- 9.3. The BBS has a decentralized network to carry out its activities. The head office of the BBS is located in Dhaka. There are 23 Regional Statistical Offices (RSO) in the larger districts, 486 Upazila Statistical Offices at the Upazila level and 23 Thana Statistical Offices in the Metropolitan centres. The mandate of the BBS has been provided in Parishankhyain, 2013 enacted by the Parliament as an act of 12 of 2013.
- 9.4. The NSS has the BBS at its centre. In April 2010, the Statistics and Informatics Division of the Ministry of Planning was re-established to provide overall direction to the NSS. BBS Wings' activities as well as projects being implemented under the Wings are supported by technical committees comprise a number of experts from universities and research organizations, to address emerging statistical issues and to provide guidance in areas such as agricultural statistics, national accounts, population, health and demography, industrial and labour statistics and sample surveys. Specific projects are usually managed by the Steering Committees chaired by the Secretary, Statistics and Informatics Division and comprising of senior officials from the line ministries and agencies, experts from Development Partners, universities and research organizations.
- 9.5. The Census Wing is responsible for conducting three decennial censuses: the Population and Housing Census, the Agriculture Census, and the Economic Census. After the liberation of Bangladesh, the first Population and Housing Census was carried out in 1974, the first Agriculture Census in 1977 and the first Economic Census in 1986. Since Independence, five Population and Housing Censuses have been conducted with the latest one in 2011; four rounds of Agriculture Census, with the latest one in 2008 and three Economic Censuses: the first one in 1986 and the second by two phases, urban area in 2001 and rural area in 2003. The third Economic Census of the country has successfully been conducted between 31 March to 30 May 2013. The Census Wing also carries out some other large-scale ad-hoc surveys, including, for example, the Literacy Assessment Survey (LAS), which compiles information about the educational level of the population of Bangladesh using competency test. A new initiative named Bangladesh Census of Slum Areas and Floating Population 2014 has recently been taken by this Wing in order to fulfil data gaps regarding slum and floating population.
- 9.6. The Demography and Health wing is responsible for collecting, compiling and publishing statistics relating to the population of Bangladesh and its health, morbidity and demographic status. The main functions are to produce statistics on all demographic events such as fertility, mortality, nuptiality & migration, collected through the Monitoring the Situation of Vital Statistics of Bangladesh (MSVSB)

(previously known as Sample Vital Registration System (SVRS)). It also collects statistics on the prevalence of contraceptive use, morbidity, immunization, health expenditure and awareness of HIV/AIDS etc. Other activities of the Wing include: carrying out Health and Demographic Surveys (HDS), at present renamed Health and Morbidity Status Survey, Child and Mother Nutrition Survey (CMNS) periodically; facilitating Multiple Indicator Cluster Survey (MICS); compiling statistics on gender, including a recent Survey on Violence against Women; and conducting of Post Enumeration Check (PEC) for censuses and surveys. This Wing also conducts the PEC of Food Security-Nutritional Surveillance of BRAC University.

- 9.7. The Industry and Labour wing is responsible for the collection, compilation and dissemination of statistics relating to non-farm economic activities through some regular and some ad-hoc surveys. The main activities are to conduct the Survey of Manufacturing Industries (SMI), the Labour Force Survey (LFS), the Establishment and Institution Survey (EIS), the Child Labour Survey (CLS), the Hotel and Restaurant Survey (HRS), the Wholesale and Retail Trade Survey (WHRTS) and other surveys in the service sector. The Wing also is responsible for setting up and maintaining the Business Register, the Bangladesh Standard Industrial Classification (BSIC), the Bangladesh Standard Classification of Occupations (BSCO), and the Bangladesh Central Product Classifications (BCPC). Some ad-hoc surveys are also carried out from time to time, which include the Decent Work Indicator Pilot Survey, Survey of the Commercial Sexual Exploitation of Children (CSEC), and Survey on the Working Children in Dry Fish Industries etc. Recently, it has conducted one of the most complicated and important surveys covering the informal employment and economy of the country, which provides very important data for the national accounts
- 9.8. At present, therefore, in Bangladesh there is considerable demand from government and non-government agencies and international organizations for gender disaggregated data and statistics. In line with the international recommendation, the BBS started to compile gender statistics a few years ago. Although statistics on the 52 most important indicators are available, they are not readily accessible in one source and little or no analysis has been undertaken. But, recently effort has been made to integrate all gender statistics in a single report. A Gender Compendium of Bangladesh was compiled and released in website in 2009; other initiatives include a Compilation of Gender Statistics of Bangladesh published in 2008, and a Survey on Violence against Women (VAW) completed in 2011. A report on Gender Statistics of Bangladesh 2012 has been prepared and published soon.
- 9.9. Conducting census and surveys on various demographic, social, agriculture and economic issues to meet the wide range of data needed for national and local planning is one of the core activities of the BBS. At present, three censuses: Population and Housing Census, Agricultural Census and Economic Census are undertaken once every ten years. Under Parishankhyain, 2013 a new census named Fisheries and Livestock Census has been introduced which will also be conducted immediately. These are the only source of community/local level statistics on various demographic, agriculture and economic activities.

9.10. Gender statistics in Bangladesh are generated from four sources:

- 9.10.1. Population and Housing Censuses. Any census in Bangladesh is a very large statistical and logistical exercise since it usually aims to cover every individual or entity in the country. In practice this means it is only possible to have a small questionnaire, with a limited number of questions. As a result, censuses are not able to generate all the data demanded by different users. To help overcome this limitation and to supplement the census data for in-depth analysis, a large-scale sample survey just after each census is also carried out. In addition, a Post Enumeration Check (PEC) is also done after

each census to validate the census data. One of the underlying features of PEC is that it helps to estimate the error in terms of contents and coverage.

9.10.2. Household-based sample surveys

9.10.2.1. The Health and Morbidity Status Survey has only been carried out with the irregular interval; the first one was conducted in 1994, the second in 2000 and the latest one in 2011-12. Although this survey provides a wide range of information on various health and demographic indicators, unfortunately it could not be undertaken regularly due to lack of funds. This survey mainly provides information on mortality, morbidity, fertility, disability, reproduction and maternal health care services, contraceptive prevalence, immunization, incidence and injuries, smoking habit of the population, health expenditure, awareness of HIV/AIDS, prevalence of malnutrition among the vulnerable section of the population; health and socio-demographic information on infants, adolescents, youths, reproductive ages and elderly persons etc. One of the underlying features of the survey is to make available information on some indicators that are used to monitor and evaluate the achievement of FYPs and MDG indicators.

9.10.2.2. The BBS has been conducting a Labour Force Survey (LFS) since 1980 at different intervals with a view to providing comprehensive statistics on labour and employment. The current practice is to conduct LFS at four- or five-year intervals. The 11th LFS was conducted in 2010 with a sample size of 1500 Primary Sampling Units (PSUs) selected from a newly developed sample design based on 2001 census. This survey presents information on the size and composition of labour force by gender, major occupation, industry and employment status etc. The main objective of the survey is to collect comprehensive data based on current activity status of the population aged 15 years and over. Another round of LFS is being done now. In order to measure the seasonal variation in employment data on labour force is being done throughout the year.

9.10.2.3. Time-Use Survey (TUS) was conducted in 2021. The main objective of the survey was to increase visibility of women's unpaid domestic and care work through better statistics. The BBS adopted an intersectional lens in designing the survey and tends to capture the diversified lives and time use patterns of the population in Bangladesh aged 15 or above across different groups depending on gender sex, geographical location, age, educational attainment and marital status etc. The survey has also assessed the attitudes of different population groups on Gender Equality issues and their perceptions on life satisfaction. It provides estimate on what individuals in the reference period do or the activities they are engaged in and how much time are spent doing each of these activities especially the proportion of time spent in unpaid domestic and care work. The survey followed the International Classification of Activities for Time Use Statistics (ICATUS) 2016 to make the time use statistics comparable and standard. The information provide a picture of people's daily lives and are a rich source of gender relevant information for the formulation and implementation of programs on women empowerment.

9.10.2.4. Another important source of demographic and health data is the Sample Vital Registration System (SVRS) which was initiated by the BBS in 1980. It is a regular survey conducted annually. Since 1980, 31 rounds of SVRS have been successfully completed and 32nd round is currently in progress in the field. At the beginning it comprised of the sample size of 103 PSUs selected randomly from IMPS, which, in response to the users' demand, has now been increased to 1000 to make the survey more representative. SVRS provides information on some vital demographic events such as births and deaths, characteristics of the population and of households, fertility, mortality, nuptiality, life expectancy, prevalence of contraceptive uses, migration, and disability. The data from the survey are used to compile 43 key indicators annually which are also used to monitor the progress of FYPs and the MDGs. The survey is the only source of annual growth rates for the population between censuses.

9.10.2.5. The Multiple Indicator Cluster Survey (MICS) predominantly provides information required for monitoring the progress towards the MDGs. It collects data on the situation of children and

women and on some other social issues such as health and education. The survey is the primary source of data to compile indicators for MDGs. The first MICS was completed by BBS in 1993 and up to 2010, 10 rounds had been successfully completed. MICS is carried out with financial and technical support from UNICEF. Another round was conducted in 2019.

9.10.2.6. The Child and Mother Nutrition Survey (CMNS) is also an important source of data related to children and women. The BBS first carried out CMNS in 1985 and subsequently five rounds have been completed successfully. Although the main focus of the survey is to assess the nutritional status of children under five and their mothers, it also provides some other information on socio-economic status, household food security, health environment and access to health services.

9.10.2.7. The BBS is the only source of poverty statistics in Bangladesh, compiling data on poverty and welfare through Household Income and Expenditure Surveys (HIES) and Welfare Monitoring Surveys. The first HIES was carried out in 1973-74 and 15 rounds had been completed by 2010. The objective has been to carry out an HIES at least once every five years. The survey is the only source of data on the daily consumption expenditure of households and is the only reliable source of data to compile data on income or expenditure poverty. In addition to poverty estimation, the survey also provides information on the demographic, social and economic situation of households. For the first time, for example, the 2010 HIES round collected data on disability. HIES data is widely used for many purposes. One of the main uses is to determine the weights for CPI and household expenditure accounts in GDP. HIES data is used for Poverty Assessment by the World Bank and Poverty & under nutrition map using Small Area Estimation (SAE) technique.

9.10.2.8. The Welfare Monitoring Survey (WMS) is another important source of data on the well-being of the people. Although it does not collect income or expenditure data and so cannot be used to estimate poverty levels, it does provide a way of monitoring other indicators of welfare and well-being. Because the HIES is a major statistical undertaking in terms of money and other resources, it is not possible to carry it out more frequently than once every three or four or five years. The Welfare Monitoring Survey, on the other hand, is less costly to undertake and easier to complete and so can be conducted more frequently. In principle it could be used to monitor changes in the well-being of the population in those years when an HIES is not carried out. Besides, WMS and HIES might be a useful tool to generate annual poverty estimates and help tracking annual changes in poverty.

9.10.2.9. The Violence Against Women Surveys (VAW) were conducted in 2011 and 2015. The main objective of the 2015 survey is to generate official statistics on the prevalence and nature of VAW in Bangladesh. The survey results indicate the prevalence of various forms of violence, its causes and consequences, risk factors and perceptions regarding VAW. It provides data that can be disaggregated to the national, divisional, urban and rural levels and enables Bangladesh to comply with the United Nations recommendation to measure and make VAW data available. The evidence is used to guide policy formulation, programs and interventions and to improve existing legal frameworks. The survey methodology was based on UNSD and WHO recommendations and the sample design ensured representation of seven divisions, rural areas, city corporations and urban areas other than city corporations. The total number of women (aged 15 and above) interviewed were 21,688. Among them 19,987 were ever-married and 1,701 were never married. Weights were used to correct differences in the selection probability of households per domain and of selection of survey participants per household.

9.10.2.10. The National Household Survey on Persons with Disabilities (NSPD) was conducted from November 1 to December 31, 2021. The survey is a population as well as demography based cross-sectional survey. The NSPD has been designed to generate representative statistics for different indicators of disability at national, divisional and urban and rural levels. The main objective of this survey was to estimate the prevalence of different types of

disabilities/difficulties among the people of Bangladesh, main causes of disability; the social and family acceptance of the persons with disabilities; the extent of the participation of persons with disabilities in employment, education and social activities; the contribution of the health service provider to the persons with disabilities or difficulties; the effect of disability on well-being and community participation, accessibility, victimization etc. and to provide data to researchers, planners, policy makers, academics etc. to formulate policies and programmes for the development of the persons with disabilities or difficulties.

9.10.2.11. **Census of Slum Areas and Floating Population.** The Bangladesh Bureau of Statistics strived to conduct a series of surveys in slum areas between every two population censuses, since 1985. The last Census of Slum Areas and Floating Population was carried-out in the urban areas only in 2014. The main objectives of the 2014 Census are: i) To determine the number of slums, slum households and slum/floating population; ii) To collect data on the socio-economic characteristics of slum dwellers and floating people; iii) To determine the detailed demographic characteristics of slum dwellers; iv) To collect information on the housing and household facilities of slum dwellers; v) To determine the causes for migration to slums by district; vi) To collect information on landlessness amongst the slum dwellers; vii) To collect detailed information on the uprooted populations; and viii) To collect information on the environmental situation of slum areas. Population was counted in accordance with the modified de-facto method during the period April 25 to May 2, 2014 covering all city corporations, municipalities and Upazila headquarters. The 2014 census provides information on socioeconomic and demographic characteristics of households and household members, housing facilities, and the reasons for settling in slums.

9.10.3. **Administrative records.** Since the system of registers has not yet established in most of the Government Agencies, the use of administrative data is still limited. Nevertheless, major sources of gender-related statistics include:

9.10.3.1. The Ministry of Health and Family Welfare seeks to create conditions whereby the people of Bangladesh are able to reach and maintain the highest health status. It is responsible for formulating policies relating to health and family planning affairs, recognizing health as a fundamental human right, and for ensuring their proper implementation. The ministry performs its functions through seven departments of which a few are directly involved in data collection. They compile data from health and related records and also conduct surveys to generate data on many aspects of the health status of the Bangladesh population.

9.10.3.2. The Ministry of Education is responsible for the development of education and the provision of opportunities for the improvement of the wellbeing of all citizens. It is responsible for formulating policy regarding the administration and development of post-primary education sector. According to the article 17 of the Constitution, all the children of Bangladesh are supposed to receive full free education up to secondary level and this ministry is considerably liable to ensure that. There are several bodies under this ministry which are responsible for supervision and management of formal education in post-primary and secondary schools, and various tertiary institutions. These bodies collect data directly from the institutions under their control, which can also be used for statistical purposes. The Bangladesh Bureau of Educational Information & Statistics (BANBEIS), an organization of the Ministry is responsible for the collection, compilation and dissemination of education statistics to stakeholders. Among other activities, it conducts the National Education Survey (NES) and the Sample Education Survey (SES) of post-primary education (PPE).

9.10.3.3. The Ministry of Primary and Mass Education in Bangladesh aims at providing quality education in all levels of society and opportunities to pre-school children, young persons and adults to meet their learning needs in a competitive world. It has the mission to ensure hundred percent enrolments of school aged children, to reduce the drop-out rate and to reduce illiteracy

in the country. To monitor the current educational situation of the country at primary level the Ministry collects data on a regular basis from schools and other educational establishments.

9.10.3.4. The Ministry of Social Welfare has the responsibility for improving and protecting the well-being of the nation. The ministry mainly works to improve the quality of life of the unprivileged segments of society and it undertakes several programs to ensure their welfare. In order to ensure the proper supervision, monitoring and implementation of these programmes, the departments collect and maintain many different administrative records and registers, which could be an important source of statistics on the well-being of important parts of the population.

9.10.3.5. The main goals of the Ministry of Women and Children Affairs are to protect the rights of women and children and to promote the participation of women and children in the development process through various socio-economic and awareness raising activities. The Ministry has put in place the National Women's Advancement Policy and the National Child Policy and has a number of programmes to promote their welfare. As part of this process the Ministry collects data on various issues regarding women, children and gender development.

9.10.3.6. Most of the data produced by the ministries/agencies mentioned above and also by some other ministries/agencies such as the Ministry of Industries, the Ministry of Youth and Sports, and the Ministry of Local Government, are complementary to data compiled directly by the BBS. There is, however, a considerable amount of duplication and, therefore, some misuse of public resources. At present, there is no strong coordination or relationship between the BBS and other ministries/agencies

9.10.4. Business-based surveys

9.10.4.1. The latest of a series of 29 rounds, the 2019 edition of the Survey of Manufacturing Industries (SMI) was conducted all over the country to provide reliable data on manufacturing industries at national level. The survey was designed to estimate the number of manufacturing industries, employment size and cost of employment, fixed assets, raw materials used and energy consumed, value of outputs, gross value added etc. Employment data are disaggregated by sex, category, employment status.

9.10.4.2. Agriculture Censuses have been conducted in Bangladesh in 1960, 1977, 1983-84, 1996 (rural areas), 2008, and 2019. In the 2019 Agriculture census, information on land use for fisheries has been collected for the first time. In the 2019 census data was collected from dwelling households. In addition to information related to the structure and characteristics of the agricultural sector, data was collected on Employment and Manpower engaged in agriculture. The items of the questionnaire were address to the household, the population in dwelling holdings, the population engaged in agricultural work, tenancy, land area under crops, fish cultivation, poultry and livestock, agriculture equipment etc. Total population is disaggregated by sex and age groups for dwelling holdings and population engaged in agriculture work for rural/urban areas and Administrative Divisions. Breakdown of holdings and land ownership is also provided by gender.

Box 14: Main sources of official gender-related statistics by type of collection in Bangladesh

Types of collection	Main sources of gender data	Years	Data producers
Population and Housing Census	Population and housing census	1974, 1981, 1991, 2001, 2011, 2022	BBS, NIPORT, ICDDR,B
	Monitoring the Situation of Vital Statistics of Bangladesh (MSVSB) Surveys	A long-standing series, 2009-10, 2015, 2016, 2017, 2019, 2020, 2021, 2022	BBS

Population-based sample surveys	Household Income and Expenditure Survey (HIES)	2005, 2010, 2016, 2021	BBS
	Health and Morbidity Status Survey (HMSS)	2012, 2014	BBS
	Child and Mother Nutrition Survey (CMNS)	2005, 2012	BBS
	National Hygiene Survey	2018	BBS
	Time Use Survey	2012 (Pilot), 2021	BBS
	Global adult Tobacco survey	2009	BBS
	Child Well-being survey	2016	BBS
	Multiple Indicator Cluster Survey (MICS)	2009, 2016, 2019	BBS
	Violence Against Women	2011, 2015	BBS
	Labour Force Survey (LFS)	2005-2006, 2010, 2016-2017, 2023	BBS, BMET, Bangladesh Overseas Employment
	Employment Monitoring Survey	2009	BBS
	Welfare Monitoring Survey	2009	BBS
	National Child Labour Survey		BBS
	Road accident survey in Dhaka	2016	
	Literacy Assessment Survey (LAS)	2008	BBS
	Baselines Survey for Determining Hazardous Child Labour Sectors in Bangladesh	2005	BBS, IPEC
	Informal Sector Survey (ISS)	2010	BBS
	Commercial Sexual Exploitation of Children Pilot Survey	2008	BBS, IPEC
	Measuring of Decent work Indicators Pilot Survey	2005	BBS
	National Household Survey on Persons with Disabilities (NSPD)	2021	BBS
Administrative records	Census of Slum Areas and Floating Population	1985-86, 1997, 2014	BBS
	Pilot Survey on Working Children in Dry Fish Industry in Bangladesh	2010	BBS, IPEC
Administrative records	Gender		Ministry of Women and Children Affairs
	Health		DG (Health), NIPORT, ICDDR,B
	Education		Ministry of Education; the Ministry of Primary and Mass Education; Bangladesh Bureau of Educational Information & Statistics (BANBEIS); UGC

Business surveys	Survey of Manufacturing Industries (SMI)	29 rounds, latest in 2019	BBS
	Agriculture Census	1960, 1977, 1983-84, 1996 (rural), 2008, 2019	BBS
	Private Health Services Provider Establishment Survey	2007-2008	BBS
	Private Education Services Provider Establishment Survey	2007-2008	BBS
	Wage Rate and Earning of Non-farm Workers survey	2008	BBS
	Survey on Non-profit Institution Serving Household	2007-2008	BBS
Compilation	Women and Men in Bangladesh, Facts and Figures 2022	June 2022	BBS

9.11. Gender statistics currently published by BBS⁷

9.11.1. According to BBS in its report “Gender Data Gap in Bangladesh: Initiatives and Approaches” published in 2021, out of the 14 gender indicators identified in SDG Goal 5, baseline data is available for 8 indicators, and completely unavailable for the other 6 indicators.

Box 15: Gender indicators in Bangladesh

The Bangladesh Bureau of Statistics (BBS) of the Statistics and Informatics Division (SID) has published the ‘Gender Statistics of Bangladesh 2018’. The publication is a comprehensive source for the latest sex-disaggregated data and information, which covers population, demography and health, education, nuptiality, nutrition, economic participation of women, women participation in local government, violence against women, etc.

Gender disaggregated data are produced aiming at understanding the women’s involvement in labour market, education sector, health sector, local government, decision making, etc. Violence against women data is also important for formulating an effective plan with respect to women’s empowerment. Gender statistics are considered for monitoring gender equality and empowerment. Gender disaggregated socio-economic data is also much useful for the policymakers, researchers, development partners and gender activists to develop appropriate programs and policies.

A set of 52 indicators on Gender Statistics recommended by UN Statistical Commission (UNSC) have been made available by BBS. Due to unavailability of data, it has been possible to incorporate only 45 out of 52 indicators. Among these 52 indicators, indicator “Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age” is not necessary for Bangladesh.

9.11.2. Current challenges that Gender-related SDG Indicators are facing in Bangladesh are:

9.11.2.1. Production of gender disaggregated and frequent statistics.

⁷ BBS Methodology for producing Gender indicators

- 9.11.2.2. Comparability of Data: Harmonizing the concepts, definitions, methodologies etc. following international standards among the data providing agencies.
- 9.11.2.3. Availability of baseline gender data for setting milestones.
- 9.11.2.4. Lack of technical and financial support for gender related statistics from development partners.
- 9.11.2.5. Initiation of modern innovative technologies in generation of gender related statistical data.

Box 16: Gender Equality at BBS, Concepts of Key Terms⁸

- **Sex** refers to the biological differences between women and men. These differences are universal and do not change between cultures.
- **Gender** is a social and cultural construct. The concept of gender includes the expectations held about the roles and behaviours of women and men (femininity and masculinity). These expectations are learned. Gender-based roles and other attributes change over time and vary with different cultural contexts.
- **Gender equality** means that women and men have equal power to shape society and their own lives. Individuals of both sexes are free to develop their personal abilities and make choices without the limitations imposed by strict gender roles. This implies the same opportunities, rights and obligations in all spheres of life for realizing their full potential and for contributing to and benefiting from economic, social, cultural, and political development.
- **Gender issues** are issues that affect one gender more than the other.
- **Gender statistics** are defined as statistics that adequately reflect differences and inequalities in the situation of women and men in all areas of life. Gender statistics have to reflect gender issues, questions, problems and concerns related to all aspects of women and men's lives, including their specific needs, opportunities or contribution to society.
- **Mainstreaming a gender perspective** is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. To achieve gender equality in society, it is necessary to have a gender equality perspective in all areas. This strategy is called gender mainstreaming. This means that analyses of women and men, girls and boys' situations and conditions shall be included in decision making data and that the consequences of the proposals analysed with consideration. It is a strategy for making the concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres, so that women and men benefit equally, and inequality is not perpetuated.
- **Sex-disaggregated data** is data that is cross-classified by sex, presenting information separately for men and women, boys and girls.

9.11.3. The UN Women has stated in its last report⁹ that as of December 2020, only 45.9% of indicators needed to monitor the SDGs from a gender perspective were available, with gaps in key areas, in particular: unpaid care and domestic work. In addition, many areas – such as gender and poverty, physical and sexual harassment, women's access to assets (including land), and gender and the environment – lack comparable methodologies for regular monitoring. Closing these gender data gaps is essential for achieving gender-related SDG commitments in Bangladesh. UN Women uses for this score, the 72 gender-specific SDG indicators in the Women Count Data Hub's SDG Dashboard for the 193 UN Member States. For each indicator, the agency calculates the 33rd and 66th percentiles of the

⁸

http://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/b343a8b4_956b_45ca_872f_4cf9b2f1a6e0/2022-06-13-04-42-f063cb30c78ea58d75bd29f0056af636.pdf

⁹ <https://data.unwomen.org/country/bangladesh>

distribution and, based on those two values, countries are classified as belonging to high performance, medium performance and low performance categories.

9.11.4. The goal-5 has 5 targets that include all types of gender discrimination, violence against women and harmful practices like early, forced or child marriage to be eliminated permanently; recognizing the value of domestic and household without paid care and work; and ensuring equal participation of women in leadership positions. It is observed from the publication 'Gender Statistics of Bangladesh 2018' that BBS has already identified 44 indicators for which data are available. The indicator with serial number 50 of the UNSC list is about "Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age", is not produced in Bangladesh because irrelevant. Thus, leaving aside this indicator, following are the seven indicators for which there is no information available with Bangladesh: 38 Gender specific indicators for which baseline data is available.

9.11.5. UNSC Minimum Set of Gender Indicators and corresponding SDG indicators: On the recommendation of the Inter-agency and Expert group, UN Statistics Division released a minimum set of 52 Gender indicators for implementation by countries. Out of 52 indicators, there are 22 Gender indicators which coincide with SDG indicators. BBS publishes on its web site a list of 18 Gender indicators responsive to SDG indicators as part of the list of 39) and corresponding SDG indicators. A list of 7 UNSC gender indicators but for which data source exists are not published by BBS.

9.11.6. . In its latest report published in 2021 "Bridging the Gap: Mapping Gender Data Availability in Asia and the Pacific"¹⁰ Data2X states that Bangladesh lacks comprehensive gender data. Many health, economic, and environmental indicators lack sex-disaggregated data in national databases. In both national and international databases, there is a lack of data in the health domain. The Government of Bangladesh acknowledges the lack of sex-disaggregated data that hinders the ability to monitor progress towards the SDGs and to monitor progress towards other national development strategies and plans.

9.11.6.1. Bangladesh's national databases include 82 out of the 98 gender indicators.

9.11.6.2. 27 gender indicators in Bangladesh's national databases lack sex disaggregation.

9.11.6.3. 4 published gender indicators in Bangladesh's national databases do not conform to internationally recommended definitions.

9.11.6.4. 4 gender indicators in Bangladesh's national databases have no published observations since 2015.

9.11.7. Bangladesh has been lauded by the United Nations as well as the international development community as the epitome for socio-economic gains achieved under the Millennium Development Goals (MDGs). This indicates that Bangladesh is well positioned to emerge as a global thought leader with regard to achieving the Sustainable Development Goals as well. Most success in attaining the SDGs will rest, in part, on how well efforts can be guided and where resources are directed. For a Government to plan and monitor the impact of its policies, it must be able to benchmark data and see year on year progress. An effective, widely used, comprehensive SDG monitoring framework will provide essential support in order to achieve the SDGs. Creation of monitoring mechanism is important for reliable assessment of progress towards SDGs. The SDG Tracker is therefore intended to create an online data repository for accurately monitoring implementation of various initiatives in line with the SDGs leading to efficient resource allocation and effective policy making for inclusive and sustainable development.

9.11.8. The Bangladesh Bureau of Statistics (BBS), Statistics and Informatics Division (SID) in partnership with the Cabinet Division and the Prime Minister's Office- in collaboration with General Economics Division (GED) of Planning Commission and other government and private stakeholders, designed and developed SDG Tracker where Access to Information (a2i) Programme of ICT Division provides the

¹⁰ <https://data2x.org/resource-center/bridging-the-gap-mapping-gender-data-availability-in-asia-and-the-pacific/>

technological and knowledge support. This SDG Tracker¹¹ aimed at creating a data repository for monitoring the implementation of SDGs, strengthening timely data collection and improving situation analysis and performance monitoring of achieving the SDGs along with other national development goals.

9.11.9. The SDG Tracker, enables tracking Bangladesh's progress towards attainment of SDGs and other national development goals through a web-based information repository. This unique, searchable database provides a snapshot of what those global and national priorities are. Users can get the latest updates of the status of implementation of those goals along with the facilities of data visualization in multiple ways.

9.11.10. To ensure Sustainable Development Goals in Bangladesh by leaving no one behind in most possible short time, a set of 39 indicators has been selected under the instructions of SDG Working Committee of The Prime Minister's Office. Under this set of indicators, some of the indicators are selected from the global Sustainable Development Goals and some of the indicators are selected after modification on Bangladesh perspective. All relevant ministries are connected with this process. Three gender-related indicators have been identified for tracking progress under SDG 5: "Achieve gender equality and empower all women and girls". Data for NPT 14 and NPT 15 is available for 2015, and data for NPT 16 is available for 2010 to 2018. No target values are associated to the identified indicators.

Box 17: Bangladesh 39+1 National Priority Targets (*)

SDG 1 : End poverty in all its forms everywhere

- NPT 1 Reduce the proportion of population living below extreme poverty line below 3% (SDG Indicator 1.2.1)
- NPT 2 Reduce the proportion of population living below national poverty line below 10% (SDG Indicator 1.2.1)

SDG 2 : End hunger, achieve food security and improved nutrition and promote sustainable agriculture

- NPT 3 Reduce the prevalence of stunting among children under 5 years of age to 12% (SDG Indicator 2.2.1)
- NPT 4 Ensure the proportion of cultivable land at a minimum of 55% of the total land area

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

- NPT 5 Reduce neonatal mortality rate to 12 per 1,000 live births (SDG Indicator 3.2.2)
- NPT 6 Reduce under-5 mortality rate to 25 per 1,000 live births (SDG Indicator 3.2.1)
- NPT 7 Reduce the maternal mortality ratio to 70 per 100,000 live births (SDG Indicator 3.1.1)
- NPT 8 Reduce death rate due to road traffic injuries to 1.2 per 100,000 people (SDG Indicator 3.6.1)

SDG 4 : Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

- NPT 9 Ensure 100% completion rate of primary education
- NPT 10 Ensure 100% completion rate of junior secondary education

¹¹ <https://sdg.gov.bd/#1>

- NPT 11 Ensure the proportion of students in technical level above 20% to the total students passed every year in the secondary education (SSC, Dakhil, and Vocational)
- NPT 12 Ensure the proportion of schools by 100% with access to the following: A. Electricity B. Internet C. Basic drinking water D. Single-sex basic sanitation facilities (SDG Indicator 4.a.1)
- NPT 13 Ensure the proportion of schools by 100% with access to adapted infrastructure and materials for the child/ students with disability (SDG Indicator 4.a.1)

SDG 5 : Achieve gender equality and empower all women and girls

- NPT 14 Reduce the proportion of women aged 20-24 years who were married before age 15 to zero (SDG Indicator 5.3.1)
- NPT 15 Reduce the proportion of women aged 20-24 years who were married before age 18 to 10% (SDG Indicator 5.3.1)
- NPT 16 Increase the female labor force participation rate to 50%

SDG 6 : Ensure availability and sustainable management of water and sanitation for all

- NPT 17 Ensure 100% population using safely managed drinking water services (SDG Indicator 6.1.1)
- NPT 18 Ensure 100% population using safely managed sanitation services (SDG Indicator 6.2.1)

SDG 7 : Ensure access to affordable, reliable, sustainable and modern energy for all

- NPT 19 Ensure access to electricity for 100% population (SDG Indicator 7.1.1)
- NPT 20 Increase renewable energy share in total final energy consumption to 10% (SDG Indicator 7.2.1)

SDG 8 : Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

- NPT 21 Increase annual growth rate of GDP to 10% (SDG Indicator 8.1.1)
- NPT 22 Reduce unemployment rate below 3% (SDG Indicator 8.5.2)
- NPT 23 Reduce the proportion of youth population (15-29 years) not in education, employment or training to 10% (SDG Indicator 8.6.1)

SDG 9 : Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

- NPT 24 Ensure 100 percent pucca roads (suitable for all seasons) (SDG Indicator 9.1.1)
- NPT 25 Increase Industry (manufacturing) value added as a proportion of GDP to 35% (SDG Indicator 9.2.1)
- NPT 26 Increase manufacturing employment as a proportion of total employment to 25% (SDG Indicator 9.2.2)
- NPT 27 Increase the number of entrepreneurs ten times in the Information and Communication Technology sector

SDG 10 : Reduce inequality within and among countries

- NPT 28 Reduce the ratio of income of top 10% population and bottom 10% population to 20

- NPT 29 Reduce the recruitment cost borne by employee as a proportion of yearly income earned in a country of destination to 10% (SDG Indicator 10.7.1)

SDG 11 : Make cities and human settlements inclusive, safe, resilient and sustainable

- NPT 30 Ensure women, children, elderly and persons with disabilities have convenient access to public transport (minimum 20% seats) (SDG Indicator 11.2.1)

SDG 12 : Ensure sustainable consumption and production patterns

- NPT 31 Ensure 100% industries install and operate waste management system

SDG 13 : Take urgent action to combat climate change and its impacts

- NPT 32 Reduce the number of deaths, missing persons and directly affected persons attributed to disasters to 1500 per 100,000 population (SDG Indicator 13.1.1)

SDG 14 : Conserve and sustainably use the oceans, seas and marine resources for sustainable development

- NPT 33 Expand the coverage of protected areas in relation to marine areas by 5% (SDG Indicator 14.5.1)

SDG 15 : Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss

- NPT 34 Enhance forest area as a proportion of total land area to 18% (SDG Indicator 15.1.1)
- NPT 35 Increase the area of tree-covered land by 25% in relation to the total land area

SDG 16 : Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

- NPT 36 Increase the proportion of children under 5 years of age whose births have been registered with a civil authority to 100% (SDG Indicator 16.9.1)
- NPT 37 Increase the proportion of complaint Settlement against cognizance of cases by National Human Rights Commission to 60%

SDG 17 : Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

- NPT 38 Increase total government revenue as a proportion of GDP to 20% (SDG Indicator 17.1.1)
- NPT 39 Increase the proportion of individuals using the Internet to 100% (SDG Indicator 17.8.1)

(*) <https://sdg.gov.bd/#1>

9.11.11. List of Nine (07) Gender Responsive Targets out of 39 which the Government of Bangladesh will be monitoring on priority basis.

As stated in the 2013 NSDS, BBS Strategic Plan from 2013 to 2016 and Beyond, identifies “Compiling and publish relevant metadata for all statistical processes and ensure that this is kept up to date”, and “Adopting international standards for all metadata” as a priority action for ensuring that all statistical processes are properly documented.

9.12. The role of NSS leadership in producing quality disaggregated gender statistics

9.12.1. Household surveys provide disaggregated data for a wide range of research efforts that inform the design and evaluation of development policies. Some examples of major internationally comparable household surveys are the Demographic Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), Living Standards Measurement Study (LSMS) and Labour Force Surveys (LFS). They help meet the minimum disaggregation requirements of the SDG global indicator framework, including disaggregation by sex.

9.12.2. However, multi-level disaggregation (that is, beyond disaggregation by sex) is needed to ensure that adequate policy-relevant information is produced to reach the women and girls furthest behind.²⁸ To produce this information from existing household survey data requires a shared objective developed and agreed among stakeholders and the NSS—that is, among users and producers of disaggregated gender statistics.

9.12.3. To achieve this shared objective requires a strong enabling environment. First and foremost, NSS leadership’s commitment is required to produce the needed disaggregated gender statistics, create strong political will to promote their use and ensure that resources are committed and allocated. This means that:

9.12.4. Leaders of BBS need to invest resources, particularly human resources, towards:

9.12.4.1. Coordinating the Gender Statistical System (GSS) to seek advice from stakeholders on priority gender indicators requiring multi-level disaggregation to inform government policies and programmes; and

9.12.4.2. Better utilizing existing household survey data to go beyond the gender statistics traditionally produced, which are often focused on averages.

9.12.5. Leaders of national women’s machineries need to take a co-leadership role, together with BBS, particularly in:

9.12.5.1. Ensuring that the disaggregated gender statistics to be produced will be used; and

9.12.5.2. Obtaining the buy-in and commitment of other ministries, departments and agencies in using these statistics for effective gender-responsive interventions.

9.12.6. The government in general needs to ensure that financial and human resources for the production of disaggregated gender statistics using existing household survey data are allocated and used.

9.12.7. In order to avoid duplication and ensure the optimal use of public resources, therefore, it is proposed that the following strategic actions will be taken under the NSDS:

9.12.7.1. Statistician will be placed in the existing ‘Planning’ Wings/Branches/Cells of different ministries, which will be renamed as ‘Planning and Statistics’ Wings/Branches/Cells and/or necessary training on statistics will be provided for the personnel who will work in such Wings/Branches/Cells. The ‘Planning and Statistics’ Wings/Branches/Cells will provide overall management and policy guidance to the ministries and will review and harmonize all statistical concepts, definitions, classifications and methods used by them in data collection, processing and dissemination. Furthermore, they will be responsible for compiling statistics from the administrative records of the respective ministries.

9.12.7.2. Memorandums of Understanding (MOU) will be signed between the BBS and other agencies so as to build a strong and sustainable relationship with them.

9.12.7.3. Creating scope to use, where possible, the field strength of the ministries/agencies during censuses or large-scale surveys, which will help accelerate the statistical work and to improve data quality at low cost.

9.12.7.4. Providing necessary guidance & supports, according to the Statistics Act, 2013, to other agencies for their statistical surveys in terms of concepts, definition, methodologies etc.

BOX 18: Improving household survey programmes to promote the production of disaggregated gender statistics

- Household survey programmes are an integral part of countries' overall data collection programmes to better inform policy and research. To ensure the programmes' efficiency, countries need to design a coordinated system to produce disaggregated gender data that respond to policy needs.
- This coordination usually involves three fields:
 - Conceptual harmonization, which consists of the methodologies to disaggregate gender data from the household surveys, the selection of disaggregation variables—such as women with disabilities, migrants, refugees and displaced persons—and the assessment of analysis results at the NSS.
 - Institutional management, which refers to coordination among household survey programmes to generate more disaggregated gender statistics,³³ given that multiple NSS members³⁴ are involved in gender data collection via household surveys, analysis and use.
 - Comprehensive plans for household surveys at the national level are needed for an efficient and well-coordinated national household survey system. Better utilization of these surveys to produce disaggregated gender statistics requires a clear strategy, which is developed and agreed among stakeholders, and efficient coordination within the NSS between the users and producers of gender data.

9.13. Gender statistics for gender responsive decision-making are an essential part of decision-making.

9.13.1. Policy- and decision-makers in the public and private sector, non-State actors, and the general public make use of statistics when making decisions—whether intentionally or not. And decisions should be informed by statistics to ensure that real evidence is used in the process. The same holds true when it comes to making gender-responsive decisions.

9.13.2. Gender statistics are indispensable tools for devising evidence-based policies to achieve gender equality and women's empowerment (GEWE). Comprehensive and periodic statistics on the status of women, men, girls and boys, including data disaggregated by sex, socioeconomic characteristics and context (such as humanitarian context), are important for setting priorities, developing policies and strategies, planning interventions and assessing their gendered impacts. They are also critical for putting the spotlight on inequality and underscoring the need to realize the rights of poor and marginalized women and girls who are left behind and whose rights are not always prioritized in policy-making processes. Gender statistics are also used to develop and monitor policies that specifically relate to gender—such as, for example, the reduction of violence against women, time use, unpaid domestic and care work, programmes oriented towards increased investments in the labour force, as well as to support gender mainstreaming in development and poverty-reduction policies. When used for advocacy and awareness-raising, gender statistics can stimulate democratic debate on gender equality and women's empowerment, therefore ensuring accountability for the realization of women's human rights. The general public, on the other hand, uses gender statistics to better understand society—particularly the actual situation of women and men. The media,¹³ researchers and analysts also contribute to sharing information about gender issues in different ways.

10.Typical gender-focused Household surveys

In this section we will review two types of major household-based surveys addressing gender issues and aiming at producing gender statistics.

10.1. Time use surveys (TUS)

10.1.1. Concept:

10.1.1.1. Time Use Surveys are a type of population-based sample surveys which are particularly useful for gender statistics and analysis. Time Use Surveys collect information from individuals on what they do with their time and how they allocate it to different activities over a specified period, typically 24 hours of one or more days. They provide a picture of people's daily lives and are a rich source of gender-relevant information.

10.1.1.2. Statistics produced from these surveys show the activities people engage in, how much time is spent doing each of these activities, and the context in which they are undertaken. The statistics are usually disaggregated by sex, age group, rural/urban, and other population groups of interest to those who analyse the data. Often supplementary topics are added to the surveys to extend the analytic potential of the statistics.

10.1.2. Relevance of TUS:

10.1.2.1. Time is a fundamental resource that can be used in many different ways. How people use this resource affects their social and economic wellbeing and has implications for the wellbeing of their families and the wider community in which they live. Data from TUS are important for understanding these effects and how they differ by sex. The patterns of time allocation by women and men reflect differences in their roles, conditions and opportunities and have consequences for their family and social life as well as their personal fulfilment.

10.1.2.2. Statistics from TUS are widely used in policymaking, planning and research in many social and economic fields. By having information on how people spend their time, analysts and researchers are better able to understand the non-economic as well as economic effects of policy decisions, and how these differ by gender. They are also in a better position to assess when new policies or services should be developed or existing ones adjusted to address the changing needs of women and men.

10.1.2.3. Time Use Surveys highlight roles and conditions of women and men in family and social life. They can also provide information on where, and with whom, people spend their time. For example, they can show how much time mothers or fathers spend with their children regardless of what else they might be doing at the same time and whether they are at home or somewhere else.

10.1.2.4. Time use statistics can also shed light on the different ways that women and men balance their work, family and other needs and commitments. It is agreed that Time Use Surveys provide a more accurate source than Labour Force Surveys (LFS), covering, for example, atypical cases of paid work which are usually not included in LFS and in which women are generally more involved. But, one of the greatest values of TUS for gender analysis is that they shed light on unpaid work. In many economies, large amounts of unpaid work fall outside conventional definitions of economic production.

10.1.3. What Time Use statistics improve knowledge about gender issues?

10.1.3.1. A gender dimension is crucial for many studies of time use. For example, time use data disaggregated by sex (and other demographic characteristics) are necessary for analysing issues such as the division of labour within households; the extent to which men and women contribute to different types of productive activities inside and outside the home; the role social networks play in their lives; the balance between work and leisure for women and men in

different types of households; the way caring for children is shared and how this changes as children age; and gender differences in daily activity patterns at different stages of the life cycle.

10.1.3.2. Time-use surveys highlight the unequal distribution of unpaid work between women and men, as well as help to understand the contribution of unpaid work to the national economy. The Sustainable Development Goals (SDGs) place gender equality as a separate goal as well as an accelerator for all other goals. They call for recognizing, reducing, and redistributing unpaid care work as a way to promote gender equality. Much of unpaid work is performed by women, often resulting in unequal social, economic and political opportunities for women. When the data collected are analysed as evidence, it opens up policy dialogues towards a fair distribution of household and care-related tasks between women and men.

10.1.3.3. Time-use statistics have three major components: (i) information on major socioeconomic characteristics of households and individuals (for whom data are collected) through a background schedule or through the main schedule (if a time-use survey is a module in a broader survey); (ii) time spent by individuals on SNA and non-SNA activities and personal services; and (iii) the context in which activities are carried out. This survey technique opens up immense opportunities for understanding critical concerns of an economy and society.

10.1.4. Data collection methods

10.1.4.1. International references and guidelines: Several international agencies have produced material on data collection methods to assist countries in planning and conducting Time Use Surveys. In particular:

- The United Nations published a Guide to Producing Statistics on Time Use: Measuring Paid and Unpaid Work in 2005 (United Nations 2005). This guide provides a broad overview of national practices and international initiatives in the field of time use statistics. The Guide is intended as a reference tool and is aimed at facilitating the harmonisation of methods and practices.¹²
- The United Nations Economic Commission for Europe published Guidelines for Harmonizing Time-Use Surveys, in 2013. The guidelines were prepared by the Task Force on Time-Use Surveys. The objectives of these Guidelines are to (a) help statisticians and policymakers understand the importance of time-use surveys, (b) provide guidance in the design and implementation of time-use surveys, and (c) improve the international comparability of their results. The Guidelines include recommendations of preferred or best practice, based on the experience of member countries of the UN-ECE and other developed countries. While the Guidelines mainly target national statistical authorities that carry out time -use surveys, they also provide useful information for policymakers, researchers and other users of time-use data¹³
- The European Union supports its member states for undertaking a Harmonised European Time Use Surveys (HETUS) which are national surveys conducted for quantifying how much time people spend on various activities, including paid work, household chores and family care, personal care, voluntary work, social life, travel and leisure. The main survey instruments are a household questionnaire, an individual questionnaire and a time-use diary in which respondents are asked to record their daily activities in 10-minute time slots. HETUS is held about once a decade on the basis of a gentlemen's agreement between participating countries and Eurostat.¹⁴ Two rounds of HETUS were carried out in 2000 and 2010. The 2020 round is ongoing in around 20 countries.
- The Multinational Time Use Study (MTUS) was originally developed by M. Gershuny in the mid-1980s. Working at the University of Bath, he developed a single dataset with a common

¹² https://unstats.un.org/unsd/publication/seriesf/seriesf_93e.pdf

¹³ https://unece.org/DAM/stats/publications/2013/TimeUseSurvey_Guidelines.pdf

¹⁴ <https://ec.europa.eu/eurostat/web/time-use-surveys>

series of background variables and total time spent per day in 41 activities¹⁵. The MTUS has expanded since then and offers harmonised episode and context information, including recent data from the Harmonised European Time Use Survey (HETUS), American Time Use Survey (ATUS), and other national- scale time use projects. A User's Guide and Documentation is published as a companion document to the MTUS dataset. The Multinational Time Use Study (MTUS) brings together more than a million diary days from over 70 randomly sampled national-scale surveys, into a single standardised format. MTUS allows researchers to analyse time spent by people in various sorts of work and leisure activities, over the last 55 years and across 30 countries.¹⁶

- The International Labour Organisation (ILO) published in 2018 a review of TUS carried out in Asia and the Pacific countries¹⁷. covered the literature available at that time, and the analysis covered the statistical system of most of the UN member States in the region. The summary joint report was prepared in 2017 to highlight achievements that need to be reinforced and the methodological issues that hamper the wide collection and analysis of time-use statistics, as well as issues related to the capacity of practitioners and policy-makers to collect and utilize such statistics. The paper reviews time-use surveying in 37 countries of the Asia-Pacific region to see how well it has produced sound data and how far the data are useful in designing national policies. The paper offers a study of the strengths and weaknesses of the concepts, methods and classifications used by these countries, including Bangladesh, in conducting time-use surveys and then explores the need for their standardization and harmonization. The paper covers countries with no time use survey at all, but has also examined why some countries have not yet conducted a national time-use survey and why countries that have conducted such a survey have not mainstreamed the practice into their national statistical system – what are their constraints and problems and what support do they need.

10.1.4.2. Methods commonly used to measure people's use of time

- Direct observation produces the most detailed data over the widest range of activities. Though useful in qualitative contexts where a researcher can build a relationship of trust with participants, this method requires considerable labour resources.
- Databases of time-stamped information, for example official records of periods of stay in institutions such as hospitals or prisons, use of facilities, such as public sports facilities or libraries, and time-stamped social media entries, from Twitter feeds or Facebook timelines, offer a range of time-use information. Nevertheless, these resources reflect the activities of highly selective samples and do not cover the comprehensive activity ranges needed to address the range of policy applications
- Some surveys include stylized questions that ask people to estimate the total time people spend undertaking various activities (how long did you watch television/clean the house/take to drive to work yesterday?). This method entails significant inaccuracy and cannot capture other dimensions of time use.
- The experience sampling method collects detailed information regarding the participants' activities in response to a prompt from a beeper, instant message, text or phone app prompt. While this method works well in contained populations, such as school students, this method is not readily useful across a national sample. Also, the absence of total time spent over a day and the lack of activity sequences make this method unsuitable for some of the policy areas.

¹⁵ <https://www.timeuse.org/mtus/>

¹⁶ https://www.timeuse.org/sites/ctur/files/public/ctur_report/5715/mtus-user-guide-r5.pdf

¹⁷ https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_630892.pdf

- The preferred method for studying an individual's time allocation is through a time - use diary. The time diary method records the detailed account of the activities undertaken by an individual, usually over a period of 24 hours. The respondent reports successively all activities either in predetermined fixed time intervals or by indicating the beginning and ending time of each activity. An advantage of the time diary method is to allow respondents to report activities that they have performed simultaneously, along with the context of these activities.
 - Time use diaries and questionnaires
 - Time use surveys generally collect data from a sample of households in the reference population using face-to-face or telephone interviews with selected individuals in those households. Basic time use data is collected through a time diary and a range of additional information through household and individual questionnaires.
 - Particularly important for gender statistics is the inclusion of questions that will allow disaggregation by sex, age and household composition. Other personal and household characteristics, such as education, labour force status and income, are also needed to support many types of gender analysis.
 - Several different types of time use diary are used by countries that conduct Time Use Surveys. The most common approach is to use a 24-hour diary that provides for exhaustive recording of all activities of a respondent over one or more 24-hour days, including when and where each activity occurred. The diary may be completed in respect of one or more members of a household, and be designed for self-completion or for an interviewer to administer either in a face-to-face context or by telephone.
 - The diary may be either a 'full' diary or a 'light' diary.
 - ✓ In a full diary the respondents report what activity they were doing when they began the day, what activity came next and what time this activity began and ended, and so on through the 24 hours of the day.
 - ✓ In the light diary, time is recorded into pre-coded time-use categories by ticking or drawing a line.
 - ✓ The choice between a full and light diary depends on a range of factors, such as the analytical objectives of the survey, available resources, literacy of respondents, and survey comparability, both nationally and internationally. Often trade-offs will be needed. For example, the full diary approach produces a rich data set, but resources may not be available to conduct such surveys with the frequency users would like. This has encouraged various countries, to adopt, or explore the feasibility of adopting, an approach where interviewers ask respondents to recall their activities on the previous day rather than fill in a detailed diary. This method can be particularly useful for measuring time use of populations where illiteracy rates are high and self-reporting through a diary would be problematic.
 - Time-use data are usually collected once every ten years. This is because it is expensive to collect and code full-scale time-use data and the basic features of people's time-use habits change slowly.
- 10.1.4.3. Activity classification:
- Whatever collection method is used, a comprehensive activity classification or listing is needed, so that all activities can be classified appropriately. It is particularly important for

gender analysis that the classification or listing provides for adequate representation of activities mainly undertaken by females as well as those mainly undertaken by males. The inclusion of a ‘for whom’ column in the time use diary can also be helpful, by providing additional information on the purpose of activities which can enable more accurate classification (e.g. it can help in distinguishing unpaid household work from unpaid volunteer and community work).

- The UNSD, as the custodian of time-use surveys, is mandated to develop globally accepted concepts and methods for conducting the surveys and an international classification of activities that meets the needs of all countries. The United Nations finalized a revised version of ICATUS in 2016, characterized as “a three-level hierarchical classification (composed of major divisions, divisions and groups) of all possible activities undertaken by the general population during the 24 hours in a day.” ICATUS 2016 was adopted by the UN Statistical Commission in its forty-eighth session (March 2017). ICATUS 2016 has 165 groups classified into 56 divisions and nine major divisions and is aligned with the forms of work as defined in the 19th ICLS Resolution on Statistics of Work, Employment and Labour Under Utilization (previous versions had no distinction between production of goods for the market or for own final use). The nine major divisions are: (1) Employment and related activities; (2) Production of goods for own use; (3) Unpaid domestic services for household and family members; (4) Unpaid caregiving services for household and family members; (5) Unpaid volunteer, trainee and other unpaid work; (6) Learning; (7) Socialising and communication, community participation and religious practice; (8) Culture, leisure, mass media and sports practices; (9) Self-care and maintenance.

10.1.4.4. Recommended outputs from a Time Use Survey may include:

- All unpaid work
 - Output 1: All persons, by sex, average time spent in unpaid work as primary or secondary activity.
 - Output 2: Proportion of all persons, by sex, reporting any time spent in unpaid work as primary or secondary activity.
- Food preparation and clean-up
 - Output 1: All persons, and separately for women and men, average time spent in food preparation and clean-up at home as primary or secondary activity.
 - Output 2: Proportion of all persons, and separately for women and men, who participated in the activity.
 - Output 3: All persons, number of episodes of eating a meal at home.
- Unpaid care, childcare and provision of assistance to household members
 - Output 1: Average time spent providing childcare as primary or secondary activity, for all persons who provided childcare, and separately for all women and all men who provided childcare.
 - Output 2: Average time spent playing with children, doing sports with children or reading to children as primary or secondary activity, for all persons who provided childcare, and separately for all women and all men who provided childcare – this care time is a subset of all childcare time.
 - Output 3: Average time spent providing care to adults as primary or secondary activity, for all persons who provided care to adults, and separately for all women and all men who provided care to adults.

10.1.5. TUS in Bangladesh:

- 10.1.5.1. After researchers conducted two small time-use surveys in the 1970s, the Government of Bangladesh launched a national Labour Force Survey in 1984–85, and then again in 1990–91, both of which included a small time-use module. The Bangladesh Bureau of Statistics, however, did not consider the data good enough for publication. Dhaka University, with

assistance from the Canadian International Development Research Centre, conducted a small time-use survey (1,000 households) using anthropological methods (observation methods) to collect data on the distribution of expenditure by household members. In 2012, the Bureau of Statistics piloted a survey using a 24-hour time diary that was filled in by interviewers.

- 10.1.5.2. The 2012 Bangladesh TUS developed an elaborate background questionnaire. The household information collected included head of household, source of energy for light and for cooking, source of water supply, participation in selected household occupations (livestock, poultry, dairy, horticulture, small and cottage industry and pisciculture), occupation assets owned and main and other sources of income. The individual questionnaire included questions on economic activities of individuals – whether the person worked for at least one hour during the seven days prior to the survey, if they had work or a job and if not working, looking for work or a job, the nature of the enterprise where they are working – industry code, employment status, designation, ownership of the enterprise and whether full-time or part-time work.
- 10.1.5.3. The 2012 TUS used the ICATUS developed in 2000 and divided time-use activities into 15 major categories: There were four major groups for SNA activities, three groups for domestic and voluntary services and care, and seven groups for personal activities.
- 10.1.5.4. In 2021, the BBS conducted a new TUS with the support of UN-Women Bangladesh. Primary data collection was carried out from January 24 to April 12 of 2021 following face to face interview method. A preliminary report was published in 2022. The TUS 2021 provides estimates on what individuals in the reference period do or the activities they are engaged in and how much time are spent doing each of these activities especially the proportion of time spent in unpaid domestic and care work. The survey produces various indicators on activity-based time spent by the people of Bangladesh aged 15 years and above disaggregated by different dimensions including age, gender and geographical location. It would help to develop satellite account for women on unpaid domestic and care work and undertake appropriate measures to improve women's participation in the labour market. It provides indicators on time use in different activities which individuals usually perform in 24 hours in a day with disaggregation like gender, age, locality. etc. The survey followed the International Classification of Activities for Time Use Statistics (ICATUS) 2016 to make the time use statistics comparable and standard. The information provided a picture of people daily lives and constitutes a rich source of gender relevant information for the formulation and implementation of programs on women empowerment.
- 10.1.5.5. The 2021 TUS used the two context variables of "where" and "with whom", for estimating the time spent on activities accurately. The "where" had several codes: at home, in a car, train, bus, etc; while the "with whom" had three codes: alone, with a household member and other known person.
- 10.1.5.6. The 2021 TUS adopted an intersectional lens in designing the survey and tends to capture the diversified lives and time use patterns of the population in Bangladesh aged 15 or above across different groups depending on gender sex, geographical location, age, educational attainment and marital status etc. The survey has also assessed the attitudes of different population groups on Gender Equality issues and their perceptions on life satisfaction.

10.2. Violence against women (VAW) surveys 18

10.2.1. The need for VAW surveys.

- 10.2.1.1. The need for accurate and reliable statistics on the extent of violence against women has increasingly been recognized and emphasized at the national and international levels. Without

¹⁸ Based on excerpts from Guidelines for Producing Statistics on Violence against Women—Statistical Surveys, published by UN Department of Economic and Social Affairs-Statistics Division, ST/ESA/STAT/SER.F/110, NY, 2014

a full understanding of the scope, dimensions and correlates of violence against women, it is not possible to design appropriate responses aimed at properly addressing or preventing such violence at any level of government or civil society.

10.2.1.2. The United Nations Declaration on the Elimination of Violence against Women defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”. This definition encompasses physical, sexual and psychological violence occurring in the family, physical, sexual and psychological violence occurring within the general community and physical, sexual and psychological violence perpetuated or condoned by the State. The Beijing Platform for Action further specifies that acts of violence against women include violation of the human rights of women in situations of armed conflict, such as systematic rape, sexual slavery and forced pregnancy, as well as forced sterilization, coercive/forced use of contraceptives, female infanticide and prenatal sex selection. The definition also encompasses acts of violence particular to specific contexts, such as dowry-related violence and female genital mutilation.

10.2.1.3. Without a full understanding of the scope, dimensions and correlates of violence against women, it is not possible to design appropriate responses aimed at properly addressing or preventing such violence at any level of government or civil society. The need for accurate and reliable statistics on the extent of violence against women has increasingly been recognized and emphasized at the national and international levels. There is a broad consensus among policymakers, legislators and civil society concerning the need for reliable data on the prevalence of different forms of violence against women and on the causes, nature and consequences of such violence.

10.2.1.4. The collection and dissemination of data on the prevalence and incidence of various forms of violence against women, as well as on the causes and consequences of such violence, is the starting point for developing effective mechanisms, at the policy level, for eradicating this phenomenon. Accurate and comprehensive data serve to increase societal awareness of violence against women and call attention to the accountability of States to act against such violence. Information needed by policymakers and advocates may include the number of women affected by various types of violence and the short- and long-term consequences thereof, the personal characteristics that leave certain women particularly vulnerable to victimization, the barriers to seeking help and the responses of criminal justice, health and social services to women who seek help. Detailed data are required to gauge the magnitude and dimensions of the problem, to establish baselines, to identify groups at high risk, to focus intervention and prevention efforts where they are needed most, to monitor change over time, to assess the effectiveness of interventions and to address the harm to victims of violence. In the absence of accurate information, efforts to track progress in terms of policy responses to the problem are severely compromised.

10.2.1.5. Information and statistics regarding violence against women are potentially available from a variety of sources. These sources include, but are not limited to, health and medical services, agencies of the criminal and civil justice systems, social services, legal aid services, research and documentation centres, and services designed specifically to respond to women who have experienced violence, such as shelters or refuges, rape/sexual assault centres, crisis telephone line and women’s groups and advocacy organizations. The records collected by such agencies and organizations in the course of the execution of their functions fall under the category of administrative records. The statistics compiled from administrative records are often by-products of administrative processes. The reliability of statistics derived from administrative records depends on the completeness of the records and the consistency with which definitions and rules are applied. It is widely accepted that administrative data cannot provide

an estimate of the prevalence of violence against women taking place within a population. Acts of violence against women are underreported, especially when violence is perpetrated by an intimate partner or other family member. In summary, cases of violence against women recorded in administrative systems do not represent the full extent and nature of the problem. Nevertheless, administrative data can be useful in providing an indication of both the societal response to reported cases of violence against women and services available for victims.

10.2.1.6. If conducted properly, with due consideration for quality and ethics, population-based surveys are the best source of data for estimating the prevalence of violence against women. Surveys can reach nearly all women, regardless of whether or not they have reported violence to the police or sought help from health or social service agencies. Women in the population are interviewed about their experiences of violence and additional information, such as on the circumstances of the violence, the health consequences thereof and the actions they took to seek help can easily be collected. When properly designed and executed, dedicated surveys on violence against women produce the most reliable data on the prevalence of such violence and shed light on the scope, nature and consequences of most types of violence against women.

10.2.1.7. Dedicated surveys on violence against women—with specialized training of interviewers—are the preferred approach for acquiring detailed and reliable data on women's experiences of violence. Since they focus specifically on issues relating to violence against women, such surveys have the advantage of being able to elicit from respondents detailed information regarding the circumstances and consequences of the violence they experienced and their use of health, legal and other services, as well as descriptive information regarding the perpetrators. They are also excellent at providing detailed information on the prevalence and experience of different types of violence, including economic and psychological violence, which are often missed otherwise.

10.2.1.8. However, there may be situations in which it is not feasible to undertake a dedicated survey on violence against women owing to a lack of funding or other resources. In such situations, consideration should be given to collecting data on violence against women through survey modules. This entails introducing a specially designed module of questions into an existing, and appropriate, survey. As a general rule, surveys on unrelated topics are not good candidates for the incorporation of a module of questions on violence against women. Health surveys, safety surveys and crime victimization surveys tend to be more appropriate vehicles for this purpose. The sensitivity of the topics addressed in health surveys, in particular those examining women's health, make them a feasible vehicle for a module relating to women's experiences of violence. Examples of such surveys are the Multiple Indicator Cluster Surveys (MICS) and the Demographic and Health Surveys (DHS).

10.2.2. Concept and definitions of violence against women statistics

10.2.2.1. The United Nations Declaration on the Elimination of Violence against Women defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”. This definition encompasses physical, sexual and psychological violence occurring in the family, physical, sexual and psychological violence occurring within the general community and physical, sexual and psychological violence perpetuated or condoned by the State.

10.2.2.2. The Beijing Platform for Action further specifies that acts of violence against women include violation of the human rights of women in situations of armed conflict, such as systematic rape, sexual slavery and forced pregnancy, as well as forced sterilization, coercive/forced use of contraceptives, female infanticide and prenatal sex selection. The definition also encompasses acts of violence particular to specific contexts, such as dowry-related violence and female genital mutilation.

10.2.3. Target population, time frame and unit of observation

10.2.3.1. Target population:

- The target population for a survey on violence against women is the population of women who could be victims of violence. Since all women could potentially be victims of violence, the target population would ideally be all women. Depending on the objectives of the survey, however, the target population may be narrower. For example, if the objective is to study intimate partner violence, the target population will be all women who have or have ever had an intimate partner.
- In many cases, a survey on violence against women will be conducted as a household sample survey, thereby excluding women who do not live in households. Examples of such women include homeless women and women living in institutions such as school dormitories, nursing homes, jails or military installations.
- For a dedicated survey on violence against women, the recommended target population is all women living in households aged 15 or older, regardless of marital or relationship status. Unless the survey is looking exclusively at intimate partner violence, respondents should not be preselected on the basis of marital or relationship status.
- An age limit lower than 15 is not recommended for surveys on violence against women for three reasons: to prevent the blurring of gender-based and other types of violence against children; to ensure the quality of data; and for methodological, legal and ethical reasons. Girls younger than 15 may also be subjected to physical violence by family members and other persons. Lowering the age limit would blur the distinction between physical violence against women that is due to gender stereotypes and male control over female partners on the one hand, and other phenomena such as disciplinary violence inflicted by parents or teachers or fighting among siblings or playmates on the other.

10.2.3.2. Time frame of violence

- A dedicated sample survey on violence against women should be able to shed light on current levels of violence as well as on women's lifetime experience of violence. Thus, it is recommended that each woman's experiences of violence both in the 12 months prior to the survey (sometimes referred to as "current violence") and during her lifetime should be recorded. Data covering the past 12 months provide an indication of the extent and nature of current levels of violence and an estimate of the number of women who may require assistance. Lifetime experience provides an indication of the total number of women ever affected by such violence.
- The lifetime reference period will literally refer to a woman's whole lifetime with respect to intimate partner violence only. That is to say information on intimate partner violence should be included even if it occurred before the woman reached the age of 15. For all other physical and sexual violence, the lifetime reference period will refer only to events occurring at age 15 and above.

10.2.3.3. Count of persons versus count of incidents

- The extent of violence against women may be measured in terms of the number of women in a given population who have experienced violence or the number of incidents of violence that have been perpetrated against them¹⁹. In practical terms, the count of persons is typically expressed as a prevalence rate, defined as the proportion of the population that has experienced violence within a given time period, while the count of incidents is often

¹⁹ There is a difference between "incidence" and "incidents". "Incidence" is a concept used in the health field to refer to the number of new cases within a given time period. "Incidents" is a concept often used in the criminal justice field to refer to the number of incidents (e.g., crimes) that are reported in a given population within a given time period.

expressed in terms of the number of incidents of violence within a given time period per 100 or 1,000 women in the population, also referred to as “frequency”.

- Technically, there is no difference between prevalence rate and incident rate if each victim suffers one and only one incident within a given time period. However, it can be expected that many women will experience repeated victimizations, in which case, the incident rate will be higher than the prevalence rate. In the context of a survey on violence against women, it is harder to count the number of incidents of violence than it is to count the number of women affected, since women who experience ongoing or frequent acts of violence may have difficulty providing an exact count of separate occurrences of violence.
- For a survey on violence against women, it is intuitive, and recommended, to measure the extent of violence in terms of the prevalence rate, since the unit of enumeration in the survey is the woman. In contrast, the count of incidents or incident rate tends to be the more convenient measure when administrative data sources are involved, since the unit of recording is a reported incident or case, rather than the victimized person (woman).

10.2.4. Topics to be included in household survey dedicated to measuring violence against women:

- 10.2.4.1. The following priority set of core topics are recommended for inclusion in all dedicated surveys on violence against women. These topics are based on the data requirements of the list of core indicators identified by the Friends of the Chair of the United Nations Statistical Commission on indicators on violence against women (see box ??? bellow).

Box 19: Recommended core indicators for measuring violence against women

In 2009, the Friends of the Chair of the United Nations Statistical Commission on indicators on violence against women identified the following core set of statistical indicators for measuring violence against women:

- I. Total and age-specific rate of women subjected to physical violence in the past 12 months by severity of violence, relationship to the perpetrator and frequency.
- II. Total and age-specific rate of women subjected to physical violence during their lifetime by severity of violence, relationship to the perpetrator and frequency.
- III. Total and age specific rate of women subjected to sexual violence in the past 12 months by severity of violence, relationship to the perpetrator and frequency.
- IV. Total and age-specific rate of women subjected to sexual violence during their lifetime by severity of violence, relationship to the perpetrator and frequency.
- V. Total and age-specific rate of ever-partnered women subjected to sexual and/or physical violence by current or former intimate partner in the past 12 months by frequency.
- VI. Total and age-specific rate of ever-partnered women subjected to sexual and/or physical violence by current or former intimate partner during their lifetime by frequency.
- VII Total and age-specific rate of ever-partnered women subjected to psychological violence in the past 12 months by an intimate partner.
- VIII. Total and age-specific rate of ever-partnered women subjected to economic violence in the past 12 months by an intimate partner.
- IX. Total and age-specific rate of women subjected to female genital mutilation.

10.2.4.2. Topics to be covered:

- Physical violence: In a survey situation, a detailed list of different acts of violence (without using the term “violence”) is better able to capture violence than a general question about violence, the interpretation of which is dependent on subjective perceptions. Examples for physical violence: Slapping her; Throwing something at her that could hurt; Pushing or shoving or pulling her hair; Hitting her with something; Hitting her with fists or other

objects; Kicking, biting or dragging her; Beating her; Choking or burning her; Threatening her with a knife, gun or other weapon; Using a knife, gun or other weapon against her; Other (leave open for the respondent to specify). The list of acts of physical violence provided below comprises the most common acts of physical violence against women and is a recommended minimum list for use by countries. This list is not exhaustive or closed-ended for any country and may be expanded as appropriate in each context.

- Sexual violence is any sort of harmful or unwanted sexual behaviour that is imposed on someone. It includes acts of abusive sexual contact, forced engagement in sexual acts, attempted or completed sexual acts with a woman without her consent, sexual harassment, verbal abuse, threats, exposure, unwanted touching, incest, etc. A minimum list of acts of sexual violence, which should be expanded depending on the specific country context, consists of the following: Rape or attempted rape; Intimate touching without consent; Sexual acts other than intercourse forced by money; Sexual acts other than intercourse obtained through threats of physical violence; Sexual acts other than intercourse obtained through threats to the well-being of family members; Use of force or coercion to obtain unwanted sexual acts or any sexual activity that the female partner finds degrading or humiliating.
- Psychological violence includes a range of behaviours that encompass acts of emotional abuse and controlling behaviour. These often coexist with acts of physical and sexual violence by intimate partners and are acts of violence in themselves. Studies have shown that the use of multiple types of psychological violence is associated with an increased risk of physical and sexual violence against female partners and can have serious impacts on such women, regardless of whether or not other types of violence occurred.
- Economic violence is said to occur when an individual denies his intimate partner access to financial resources, typically as a form of abuse or control or in order to isolate her or to impose other adverse consequences to her well-being. Economic violence involves the following: Denying her access to financial resources; Denying her access to property and durable goods; Deliberately not complying with economic responsibilities, such as alimony or financial support for the family, thereby exposing her to poverty and hardship; Denying her access to the labour market and education; Denying her participation in decision-making relevant to economic status.

10.2.4.3. Three additional topics could be included:

- Female genital mutilation: Although female genital mutilation is the subject of one of the core indicators identified by the Friends of the Chair of the United Nations Statistical Commission on indicators on violence against women (see box II.1), it is not a widespread phenomenon in many countries. Consequently, it is listed as an optional topic in this Manual.
- Attitude towards violence against women: An important aspect of understanding the risks associated with experiencing violence is the extent to which this violence is tolerated in the wider community. The attitudes or beliefs of respondents can be used as a proxy indicator of the level of tolerance for the use of violence against women in intimate relationships, although in certain cases surveys may not be measuring attitudes or tolerance but rather a reflection of personal experience and thus normalization. One way to measure attitudes supportive of violence against women is to ask respondents if they think a husband is justified in hitting or beating his wife under certain circumstances.
- Reporting to authorities/seeking help: An important topic that may be included in a survey on violence against women concerns the avenues that women take to obtain assistance or gain protection when they encounter violence. It is recommended that the act of reporting physical and sexual violence to the criminal justice or legal authorities, seeking assistance

from health agencies and telling others in the family and the local community should be included so that they can be analysed together with the core topics.

10.2.4.4. Descriptive analysis: Several variables further describe, differentiate or characterize the different types of violence experienced by women:

- Severity of violence that attempts to qualify and quantify how severe, strict or harsh an act of violence is thought to be by the victim. Because of its multidimensional nature, it is difficult to measure severity by asking the victim directly. It is therefore necessary to assess severity separately, not only according to the consequences suffered by the victim, including frequency, injury and other impacts that may make it difficult for her to carry out her usual daily activities, but also according to the nature of the acts that she has experienced. The impacts and consequences of each type of assault include the following: Physical injury; Miscarriage as a result of violence; Need for medical treatment or hospitalization; Medical treatment obtained; Mental health consequences; Violence during pregnancy; Fear of perpetrator as a result of the violence; Mental health consequences.
- Relationship of victim to perpetrator is a key variable of discrimination in any study of violence against women. To understand women's risks of and vulnerability to violence, it is imperative to clearly identify the perpetrator and to determine whether they are related in any way or known to the victim. At the very minimum, perpetrators of violence against women should be categorized so that intimate partners can be isolated from other perpetrators. The partner violence questions and non-partner violence questions should appear in separate sections of the survey.
- Frequency of violence which refers to the number of occurrences (1, 2, 3, 4) of violent acts or events experienced by a woman during a specific time period, such as in the past 12 months or during her lifetime. When the frequency of violence is high, obtaining precise counts over a lengthy period such as during a lifetime or even in the past 12 months can be difficult. It may be preferable to ask whether the specific type of violence occurred once, a few times or many times. Another alternative is to ask whether the violence occurred on such a regular basis that it can be counted as occurring every day or nearly every day, once or twice a week, once or twice a month or less than once a month.
- Location of violence: Information concerning the location of non-partner violence is important for prevention and strategic planning purposes and in terms of improving women's security at work and in public spaces. Examples of locations include schools, public transport, the workplace, parks, deserted streets or areas, and public buildings.
- Personal characteristics: Although women are vulnerable to violence in all settings and contexts, some groups of women are affected disproportionately. In order to effectively guide policies, surveys on violence against women must include sufficient detail about the personal characteristics of respondents so that factors associated with different types of violence can be identified. The most important personal characteristics that should be ascertained are:
 - From respondent: Marital status / relationship; Age; Age at first marriage; Educational attainment and literacy; Economic activity status; Place of residence; Ethnicity; Religion; Language.
 - From intimate partner perpetrator: Age; Educational attainment and literacy; Economic activity status; Substance abuse; Witnessing partner violence or experiencing childhood violence in the family of origin.
 - From non-intimate partner perpetrator: In addition to the above, relationship of the victim to the perpetrator.

10.2.5. Planning a VAW survey

Careful planning is critical to the success of any survey or survey module on violence against women. General principles and rules for all statistical sample surveys are applicable to these specialized surveys but, in addition, specific considerations should be taken into account in order to ensure the quality and reliability of the results as well as the ethical and safe conduct of the survey throughout all phases.

- 10.2.5.1. Establishing the legal basis for a survey on violence against women is particularly important given the sensitivity of both the topic and the information to be collected. All entities involved in the process must have an unambiguous mandate to undertake the survey and collect the sensitive and personal information required with the highest consideration for quality and safety. Steps will need to be taken to include the topic of violence against women in the appropriate legislation. Once the legal basis has been established, surveys on violence against women must be incorporated into the National Strategy for the Development of Statistics (NSDS) as a regular data collection activity. The periodicity of VAW surveys will depend on the capacity of BBS to conduct such surveys, but it should ideally be at least every five to ten years in order to allow for the tracking of trends.
- 10.2.5.2. Consultations with stakeholders, survey sponsors, and data users must be initiated in the early planning phases of the survey and undertaken periodically at specific stages. These consultations are essential for formulating the objectives and scope of the survey and for identifying the uses to which the data will be put, which then determines many other aspects of the project, such as design and content of the questionnaire, sample size and sampling frame and mode of interviewing and, later on, data analysis, interpretation of results and formulation of recommendations. Stakeholders should always include government agencies that will use the results of the survey for policy formulation, programme development and research, as well as health and social service agencies, counsellors for abused women, legislators, researchers in governmental and non-governmental organizations, police and other criminal justice officials, non-governmental groups advocating on behalf of female victims of violence.
- 10.2.5.3. Specifying the objectives of the survey. In general, the objective of a VAW survey is to quantify the prevalence of specified forms of violence experienced by women within a specific time period, such as in the recent past (past 12 months) and/or during their lifetime. The purpose of a VAW survey is to provide comprehensive and reliable statistics in order to guide the development of policies that aim ultimately to eradicate violence against women. Clarifying the final objectives should be developed in consultation with stakeholders, funders and data users. Within the broad survey objectives, specific goals should also be identified, for example, timely production of statistics on various forms of violence against women for specific subpopulations or geographical subdivisions, analytical reports focusing on intimate partner violence and other outputs.
- 10.2.5.4. Choosing the mode of data collection. Decisions involving the mode of data collection should be made early in the planning phase of a VAW survey. The choice of the mode of data collection must consider the need to ensure the safety of the respondent and to safeguard the privacy of the respondent and the confidentiality of the data, and particularly, concerning the use of electronic technology at any specific stage of data collection and capture. The mode of data collection has implications for the cost of the survey, the efficacy of data collection and capture and ultimately the quality of the data collected.
- 10.2.5.5. Several modes of data collection have been used successfully in VAW surveys. A combination of methods may be employed, if the logistical situations so dictate. The most common modes of data collection may be categorized as follows:
 - Interviewer-assisted methods, including face-to-face interview (Computer-assisted personal interviewing (CAPI), or paper questionnaires), or Telephone interviewing (Computer-assisted telephone interviewing (CATI). The face-to-face method has many

advantages. The personal contact between interviewers and respondents helps to build rapport, which leads to a greater willingness to participate, lower drop-out rates and higher disclosures of sensitive experiences. This is particularly important in VAW surveys, where rapport is critical for developing the trust required to disclose very personal experiences. Interviewers are able to use non-verbal cues and prompts as well as visual aids such as showcards to explain specific concepts and to allow respondents to point to the responses to sensitive questions without responding verbally. Respondents in face-to-face interviews also tend to provide greater detail and to be more tolerant of longer interviews. Face-to-face interviews may instil higher confidence in the legitimacy of the survey as interviewers can provide their official credentials. Interviewer presence also makes it easier to identify the selected respondents, which can have a positive impact on participation rates.

- Surveys conducted through face-to-face interviews can incorporate computer technology in the form of computer-assisted personal interviewing (CAPI), utilizing what is called an electronic questionnaire. In this method, the questionnaire is programmed into the interviewer's computer in advance of the fieldwork. Survey questions are read out by the interviewer as they appear on the computer screen, while responses are entered into the database in real time. This automated technology allows survey designers to formulate a complex questionnaire with skip patterns or filter questions which automatically skip sections of the questionnaire that are not relevant to the respondent (e.g., skipping sections about partner violence for women who have not had an intimate partner or blocking questions about a specific form of violence for women who did not experience it). Compared to paper questionnaires, the CAPI method allows a greater number of open-ended questions to be included, since interviewers can more easily capture detailed narrative responses.
- Self-administered methods, including Self-administered paper questionnaires (postal survey) or Self-administered questionnaires on disk (disk-by-mail) or other storage device (CD-Rom or USB flash drive) and web-based questionnaires. The self-administered paper questionnaire, sometimes called a postal survey, has the advantage of offering respondents privacy and anonymity, which can result in a greater willingness to disclose sensitive or embarrassing information. Self-administration also provides respondents with flexibility and control over the pace of responding, which allows them time to reflect on the question and to respond more accurately. Finally, the flexibility of a self-administered questionnaire allows a respondent to complete the survey at a time when their spouse or other family members are not present or to pause the survey should they be interrupted unexpectedly.
- However, the use of self-administered paper questionnaires for a VAW survey should be approached with caution. They typically have the lowest response rates of all methods and result in high item non-response. They are also subject to illogical responses, since there is no opportunity for interviewers to clarify or probe and there are no built-in checks for errors or missing data. Thus, paper questionnaires must be as short and as straightforward as possible, avoiding complex skip sequences and filter questions, to reduce the possibility of error. With postal surveys, it is not possible to know whether the respondent answered the questions without input from others; this may affect the truthfulness and accuracy of responses. Finally, this method also requires a high degree of literacy in the study population, which makes it impractical in the Bangladesh contexts.
- Combination of methods including Computer-assisted self-interviewing (CASI) incorporated into CAPI. In this method, interviews are conducted by interviewers, who ask questions in face-to-face mode and enter responses into a computer. When they reach the section with sensitive questions, such as those relating to intimate partner violence, interviewers hand the computer to respondents so that they can complete this section on their own by reading

the questions and entering their responses themselves. This gives respondents complete privacy when disclosing sensitive experiences.

- The CASI method eliminates interviewer effects and reduces anxiety and social desirability effects as well as the third-party effects of a spouse or other family member being present during the interview. It is recommended that all face-to-face interviews should consider developing a CAPI application if the cost of laptops, tablets or notebooks can be accommodated in the project budget and that CAPI applications should incorporate a CASI component for sensitive sections, such as violence experienced. The CASI method will not be feasible, however, in contexts where literacy rates are low or respondents are not familiar with computer technology.

10.2.5.6. The cost of implementing a VAW survey will depend on what decisions are made with respect to the scope of the survey, the sample size and design, the mode of data collection and data capture, the use of computer technology at various stages of the survey and the outputs to be delivered. There are usually also costs attached to the special ethical and safety measures that need to be in place, such as overrecruiting interviewers and hiring counsellors. The need to balance these choices with available resources is critical. Cost considerations and decisions are required at the very early stages of survey planning, as they will impact on the survey processes.

10.2.5.7. Establishing the organizational structure. Planning for a VAW survey entails clearly defining the organizational structure within the national statistical agency. The personnel and expertise for each task must be properly identified and assigned. This entails identifying discrete tasks that need to be fulfilled, linking each task to the responsible personnel or office and specifying relationships.

- Sample design. As with any survey, a VAW survey must have a sample design that satisfies the survey objectives, takes into account the mode of data collection and the constraints associated with fieldwork, and is cost-efficient. Factors that must be considered when determining the appropriate sample size. They include the following:
 - Level of precision required for the key estimates to be obtained from the survey (of which there are usually several or many)
 - Number of planned subgroups of the population for which estimates will be produced (are estimates needed separately for urban and rural areas, geographical regions and population subgroups such as age groups and minority groups?)
 - Prevalence in the population of the key characteristics to be measured.

10.2.5.8. Stratification of the population to be surveyed prior to sample selection is a commonly used technique in household survey design. It can be applied at any stage of sampling. Stratification partitions the units to be sampled into mutually exclusive and collectively exhaustive subgroups or strata based on auxiliary information that is known about the full population. Sample elements are selected from each stratum independently. The purpose of stratification is to improve the precision of the survey estimates. The gains in precision are greatest when strata sample sizes are proportional to the strata population size and the strata formed are as different as possible from each other and when the units within the same stratum are as homogeneous as possible, with respect to the characteristics of interest in the survey.

10.2.5.9. Sampling in stages. In a multistage sample design, sampling units or elements are selected in several (usually two) stages. In the first stage, primary sampling units (PSUs), usually geographical units, are selected. From the list of PSUs, a sample is selected; if stratification has been applied at this stage, a sample of PSUs is selected within each stratum. Once the sample selection of PSUs is complete, a sample of secondary sampling units (SSUs) is selected from each sampled PSU. In most cases, SSUs are households or dwellings. In VAW surveys, the unit of study is an individual woman; this necessitates an additional process of selection whereby one eligible woman from each sampled household is selected to participate in the survey.

10.2.5.10. Selection of interviewers. An interviewer must have the qualities needed to obtain the required information with accuracy and within a reasonable time. A higher than primary level of education is necessary in order to be able to manage the complexity of the topic. The most important personal characteristic to be considered when choosing interviewers for a survey on violence against women is their sex: the interviewer must be female. Utilizing female interviewers increases the disclosure of sensitive information, particularly that relating to experiences involving sexual victimization and violence perpetrated by male partners. It is recommended to always recruit more fieldworkers/trainees than are required, since some may not be adequate and others may want to withdraw from the job.

10.2.5.11. Questionnaire design. The development of the questionnaire can begin once the survey objectives and specifications have been determined through consultations with stakeholders and general principles on the sampling design, such as sample size, sampling frame and sampling method, have been established. Survey managers should continue to involve stakeholders throughout the questionnaire design phase of the project in order to ensure that the survey outputs will meet the policy development needs of data users and that realistic expectations are maintained.

- The design and quality of the questionnaire has a major impact on the quality of the data obtained and the final outputs of the survey. The content of the questionnaire should be developed in accordance with the goals, objectives and required final outputs of the survey. The design of the questionnaire comprises listing the topics to be addressed, agreeing on the principal concepts to be measured and examining how this can be translated into specific series of questions. Important considerations when developing a questionnaire on violence against women include the length of the completed interview, the mode of interviewing, the need for skip and filter questions, the importance of establishing a rapport with respondents, the wording and order of questions, including multiple opportunities to disclose, the need to ensure respondent safety and the importance of minimizing emotional trauma.
- In order to produce a reliable and valid measurement of women's experiences of violence, specific acts of violence must be explicitly operationalized and clear definitions provided. Respondents who are given multiple opportunities to assess whether their experiences fit within the objectives of the survey and the specific questions being asked provide more detailed accounts of their experiences.

10.2.5.12. Questionnaire testing: It is imperative that, once developed, a questionnaire be tested to determine whether it serves the purpose for which it was designed or whether further revision is necessary. Different methods for testing a questionnaire, include: informal testing or pretesting, split samples test or alternatives test, expert revision, cognitive testing and behavioural coding of interview or respondent interactions. Informal testing is the most basic and the absolute minimum form of testing that should be conducted. This type of testing involves conducting the interview or parts of the interview with a small sample of test respondents. Testing can be undertaken by interviewing respondents using open-ended questions and identifying appropriate closed-ended response categories from the results. When used for this purpose, it is considered that a minimum of 50 respondents is needed to determine appropriate response options from open-ended questions.

10.2.6. Survey implementation

10.2.6.1. Survey implementation pertains to all steps involved in data collection and data processing. The complexity of the survey operations will vary depending on a variety of factors, such as the mode of interviewing and the social and demographic characteristics of the population, as well as the geographical features of the study area and transportation and communication networks in the case of face-to-face surveys.

10.2.6.2. Training of interviewers: Specialized training for all team members is essential to the success of dedicated surveys on violence against women. The team of interviewers, in particular, must receive specialized training on how to conduct the interview owing to the sensitivities involved in interviewing women about experiences of violence. Training should ensure that interviewers are able to perform their duties across a variety of scenarios and possible outcomes. Interviewers should also be trained on the possible dangers that women face when responding to questions concerning their experiences of violence and on ways to help ensure the safety and emotional well-being of respondents and to protect the confidentiality of the information collected. Field supervisors will need to understand all aspects of the interviewing and data collection processes, including safety and other ethical issues, and must therefore receive extensive training so that they are prepared to respond to and support interviewers during data collection. In addition to the basic training required for conducting statistical sample surveys, interviewers who are selected to work on VAW surveys must receive training specific to carrying out their role, taking into consideration the sensitivity of the subject matter and all measures required to protect the safety and confidentiality of respondents. The primary objectives of specialized interviewer training on this topic are to provide an understanding of the following:

- The extreme sensitivity of the topic.
- Violence against women and its impacts on victims.
- Societal myths about violence against women and how they affect victims and interviewers.
- Gender issues at the personal and community levels.
- The goals of the survey or module of questions on violence against women.
- The ethical requirements of VAW surveys, including the importance of strategies for addressing the confidentiality and safety of and support for respondents.
- The skills needed to interview on this topic, including encouraging participation in the survey and creating a climate that promotes disclosures of sensitive information.
- Interviewing techniques for building a rapport with respondents.
- The skills needed to detect when respondents are at risk of being overheard and to reschedule interviews accordingly.
- How to identify and respond appropriately to emotional trauma by referring respondents to resources in the local community and by avoiding emotional involvement or counselling.
- How to identify emotional reactions in themselves that result from working on this topic (such as traumatization due to reliving their own experiences or hearing traumatic stories day after day) and how to develop the skills needed to manage and reduce stress.
- More generally, it is important that interviewers are trained to react to emotional distress in a warm, empathetic but neutral manner, to provide information on potential sources of support to every respondent without putting them at risk of (more) violence and to refer respondents to a pre-prepared list of agencies in the local community that can provide assistance. Interviewers must also be prepared to respond to additional situations that come into play in a survey on violence against women. Interviewers should also be trained to ensure that interviews are conducted with privacy and to detect whether respondents actually have the privacy necessary to respond to sensitive questions.
- It is common in VAW surveys to include a counsellor or psychologist in the project team. This person must be skilled in stress management as he/she will be required to train interviewers to recognize a build-up of stress in themselves and to identify the impact it is having on them. He/she will also teach interviewers self-care techniques that help to minimize the negative effects of stress over the immediate and long terms. Interviewers as well as supervisors should also be offered opportunities for regular debriefings as well as a final debriefing with, for example, a psychologist or counsellor and to receive trauma counselling as a group or on an individual basis as needed.

10.2.6.3. Interviewer's manual. The interviewer's manual is designed primarily to assist interviewers in maintaining consistency in their day-to-day responsibilities, including that of responding to participants' questions about the survey.

- The interviewer's manual will include information on the background of the survey, interviewing techniques, field operations and procedures, complying with data collection requirements and addressing the ethical and safety issues associated with conducting interviews on violence against women.
- In addition to outlining expectations and providing information regarding interviewer-respondent interactions, these manuals should also outline solutions for handling problematic situations that can occur during any phase of the interview. The manuals should offer tools and strategies for addressing various situations that may arise during the performance of an interviewer's duties.
- The interviewer's manual is typically presented in a modular format and includes sections on the following:
 - Interviewing techniques, including instructions on establishing rapport, preventing telescoping, encouraging disclosure and managing safety and ethical considerations.
 - Topics related to the timing of interviews and beginning and ending the interview.
 - Method of questionnaire administration and managing the use of data collection tools or software.
 - A question-by-question explanation of the questionnaire to enable interviewers to respond to queries from participants and to understand how responses should be coded.

10.2.6.4. Field supervisor's manual.

- The field supervisor's manual is the complementary volume to the interviewer's manual and is written expressly to meet the needs of field supervisors and site managers and to address the foreseeable challenges that they may encounter during the course of the study. Field supervisors should also be experts in the interviewer's manual and fully understand the expectations and requirements of the interviewer's role in order to provide interviewers with guidance, coaching and intervention, when necessary.
- Generally, field supervisors can expect to receive from interviewers' queries related to scheduling and following up on interviews, dealing with difficult or challenging situations involving respondents or other household members, appropriate coding of ambiguous responses and responding to questions from participants or household or community members about the legitimacy and focus of the survey.
- The field supervisor's manual must contain clear instructions on how to handle each foreseeable situation in a consistent and professional manner that will not put at risk the safety of respondents or interviewers, response rates, the success of the survey or the credibility of the national statistical agency or the agency sponsoring the project.

10.2.6.5. Confidentiality and anonymity. While confidentiality and anonymity are requirements for all statistical data collection exercises, they are particularly important for VAW surveys, owing to the sensitivity of the topic and the potential harm that could come to respondents if their participation in the survey or particular responses are made public. All interviewers and field supervisors and anyone else working on the survey in any capacity must complete a pledge of confidentiality and all violations of confidentiality must be met with swift action to minimize harm to respondents or field staff. Provisions for legal action against breaches of confidentiality should be put in place and action taken in response to violations. In order to ensure respondent confidentiality and anonymity, the following principles must be observed:

- No interviewers should conduct interviews in their own community.
- Participants should be informed of confidentiality and anonymity procedures as part of the process of obtaining informed consent.

- No names or other identifying information, such as telephone numbers or addresses of respondents, should be written on questionnaires. Unique codes should be used for each respondent instead. Any personal identifiers should be kept separately from the questionnaires and destroyed upon completion of the interviews.
- Questionnaires must be kept in a secure location with limited access. Paper questionnaires should ultimately be destroyed, but only after data entry and data checks have been carried out.
- Access to and control of data files must be rigorously protected. Data files should be shared with researchers only when it has been determined that individuals cannot be identified.
- Particular care should be taken during the analysis of the data and presentation of the research findings to ensure that data are aggregated and no one community or individual can be identified.

10.2.6.6. Quality control during the data collection phase. Quality control entails identifying all possible non-sampling errors and making efforts to reduce them as much as possible. This includes minimizing non-response, data processing errors and coding errors.

- Overseeing interviewers' work and performance: The job of overseeing interviewers' work and performance is a central aspect of field supervisors' responsibilities; it takes on particular importance in VAW surveys. In face-to-face interviews, without effective supervision by highly trained field supervisors the expected results may not be achieved. A fairly high ratio of supervisory staff to interviewers is recommended: one supervisor for every four or five interviewers is considered highly advantageous. Field supervisors' duties involve determining field assignments, reviewing completed work and continually monitoring interviewers' ability to consistently achieve satisfactory response rates and disclosures of sensitive information, in addition to conducting regular debriefings with interviewers. Field supervisors need to monitor all aspects of the data collection process on a daily basis in order to ensure that errors are detected and corrected early in the process and ultimately minimized as much as possible.
- Reducing unit non-response: Unit non-response occurs when selected women refuse to participate. Unit non-response is a source of non-sampling error that occurs when sampled women refuse to participate. Non-response can occur for a variety of reasons, including outright refusal to participate, inability to participate owing to language difficulties, illness or impairment and inability to contact selected respondents. Unit non-response will affect the representativeness of the sample because those who are not immediately available for an interview or who refuse to participate generally differ from those who agree to participate on characteristics that are relevant to the topic of the survey. Various strategies can successfully raise the response rates on VAW surveys. These include sending advance letters, making free phones available, offering incentives, ensuring proper training of interviewers and making return visits or call-backs.
- Reducing item non-response. Item non-response results when the answer to selected survey questions are not provided. Non-response can occur in any question owing to ambiguity in the question wording or response categories, respondents' lack of knowledge about the topic of the question, non-exhaustive or overlapping response categories, respondent resentment at being asked certain questions, lack of rapport with the interviewer, lack of time, interviewers skipping questions, respondent boredom and dropping out and coding or data entry errors. Item non-response is a function of the questionnaire design, the quality of the interviewers' training and performance and the monitoring of interviewers' performance. It can be reduced by paying special attention to each of these phases of the project. Taking into consideration that disclosing experiences of violence can be an emotional burden for respondents, there is a need to closely monitor disclosures of violence and responses to other sensitive questions. Field supervisors must

be able, at an early stage, to identify problems with question flow or wording or with interviewers who are unable to elicit disclosures of sensitive experiences. Quality control charts and indicators are useful for monitoring the overall survey processes and compliance with established targets and quality standards. Throughout the data collection period, each interviewer's activity should be monitored by analysing daily reports that include quality control indicators.

10.2.7. Data processing and analysis

10.2.7.1. Data processing refers to the stage when survey responses obtained through the administration of the questionnaire are transformed into a database that will be used for tabulation and analysis of the data. Data processing generally entails a combination of automated and manual activities and each step has an impact on the quality of the final results. Activities included at this stage are transfer of data collected through the questionnaire to data files, data coding, data editing and verification, data imputation, data analysis and tabulation, and dissemination of results.

10.2.7.2. Data coding and editing. Data coding is established during the questionnaire design phase and entails assigning numerical values to each survey question and each response category on the questionnaire. Data editing, meanwhile, entails developing and implementing procedures to detect and correct errors made at the stage of entering data onto a questionnaire or into an electronic data file. Errors made at the data capture or coding stage can have serious impacts on the quality of the final survey results.

- Data capture and coding: Data entry for a VAW survey will follow the routine procedures pertinent to other surveys within the BBS. The precise nature of the activities associated with data capture and coding will vary according to the method by which the data are collected. Whether interviews are conducted over the telephone or face to face, computer-assisted data capture is preferable, since it allows data to be processed at the same time as the interview in a format compatible with the master data file. Much of the verification process occurs while the interview is taking place by way of procedures built into the data capture system that check for and disallow many inconsistencies and require errors to be corrected before proceeding to the next question. Simultaneous electronic data capture further avoids the costly and time-consuming process of manually coding data from paper questionnaires after the fact. Data collected using CAPI is captured immediately, but an extra step is required to transfer data from each interviewer's laptop computer to a centrally held data file. Completed interviews using CAPI can be returned electronically by modem to the central office through an intranet arrangement or some other secure media such as a computer disk.
- Data editing and verification: Once responses have been entered into an electronic database, the data are again scrutinized for errors through editing and verification processes. During (using interactive checks) or after data entry, a series of checks are implemented in order to identify missing, invalid, illogical or inconsistent entries that point to possible errors in the data. Efforts are made to correct these errors, if possible, and consideration is given to substituting missing or invalid responses with replacement values through data imputation processes. These procedures are essential not only for enhancing the quality and accuracy of the survey data, but also for identifying weaknesses or limitations in the data that will need to be considered when planning and conducting data analysis and communicating the survey results.
- Data imputation: Data imputation is a technique used to correct for item non-response; this results when some questions or entire sections of questions are omitted or skipped or when data are deemed to be invalid or incomplete. It is not usually possible in a survey on violence against women to recontact respondents owing to the danger that this might present to respondents. Therefore, decisions must be made and rules established about the extent to

which missing data will be imputed or left as missing and what imputation procedures will be used. Imputation involves replacing invalid or missing data with better artificial data points for individual survey variables. Imputation is generally used in surveys in order to ensure that key variables, such as age or marital/relationship status, have valid entries. This is particularly important for variables that are required for weighting or that form an integral part of the analyses. Examples of methods used to impute missing data for surveys on violence against women include deductive imputation, mean value imputation, “hot deck” imputation and regression imputation.

10.2.8. Data analysis and tabulation.

10.2.8.1. Once a complete data file has been prepared, analysis and tabulation of results can get under way. Data analysis, tabulation and dissemination are the steps involved in communicating the key findings and results to data users and stakeholders in Government, universities, non-governmental organizations, service providers, the media and the general public.

10.2.8.2. Data analysis refers to the process of transforming raw data into statistics and statistics into useable information presented in the form of numbers, tables and graphics and interpreted in analytical articles that discuss the trends or patterns in the data and their significance for policy or programme formation. It involves organizing, summarizing and interpreting the data in a way that provides clear answers to policy-relevant questions. Data analysis is the survey process that aims to provide answers to the overarching questions identified by stakeholders at the outset of the project.

10.2.8.3. Data analysts engage in consultations with stakeholders in order to establish an analytical plan, to ensure that the results are presented in a way that is relevant to policy concerns and to discuss avenues for further exploration of the data. It is important to formulate an analytical plan early in the planning stages, because the structure of the questionnaire strongly influences the type and range of analysis that is possible. There must be a clear understanding among survey sponsors, survey managers, and stakeholders and data users concerning what types of analysis are required in order to ensure that the design of the questionnaire is able to meet these requirements. Limitations to the analysis posed by the questionnaire are often not obvious until the analytical plans are established.

10.2.8.4. Dissemination of results. The dissemination of data involves three distinct steps that require different areas of expertise: the release of the survey findings through various media outlets and other avenues; the production of metadata, and the creation and release of a data file.

- Prior to the official release of the VAW survey results, the survey data should be subjected to verification in order to ensure that erroneous data are not released. This usually has to be done within tight timelines. A verification plan should therefore be set up in advance with a checklist of data quality and internal consistency checks. The survey data should be compared against other reliable data sources. It is also advisable to involve subject matter experts external to BBS so that they can verify the results in terms of how realistic they are. Further results will need to be discussed with stakeholders, who should be involved in their interpretation.
- Communication specialists should be included in the project team as they can advise on the most cost-effective methods of communicating the survey results to a wide range of stakeholders. The range of statistical products to be disseminated will include pamphlets, posters, short statistical reports and in-depth reports with details of the methodology. Dissemination strategies will include paper copies of reports, electronic copies accessible by Internet, web portals and products specifically tailored to the media. The electronic dissemination of survey results is preferred because it is more efficient than other methods and broadens the access to users both nationally and internationally.

10.2.8.5. Production of metadata: Users of the data require detailed information about how the data was collected and how it is stored on data files. Metadata is “data about data”. Metadata provides essential technical information to users about the records contained on a data file, including the data source and the method used to collect the data. Detailed metadata ensure appropriate use and accurate interpretation of the data. Information contained in metadata includes data collection method, format of the file, sampling design, unit of count, relationships among records, reference period, aggregation of records, restrictions on the use of the data, indicators of data quality and names and definitions of all variables on the file, including derived variables that are essential for replicating the key survey outputs (see Survey Metadata template in annex ??). Indicators of data quality and accuracy will include response rates, item non-response, imputations, and sampling error and coefficients of variation which will determine the reliability of the estimates. Metadata should also be provided.

10.2.8.6. Creation of a data file: The creation of a data file for access by people outside the survey team requires an additional effort in order to produce high quality documentation and clean data files. Plans and policies for archiving, accessing and using the data should be discussed and agreed upon before data collection begins. If agreements about data release are not made at the beginning of the process, it will become increasingly difficult for this to happen. However, this data file can be made available to researchers only if the confidentiality and anonymity of survey respondents can be guaranteed.

10.2.9. Evaluation of the survey processes.

10.2.9.1. At the end of the project, managers will be required to report on the outcome of the project in terms of meeting objectives and budgetary targets. This will involve planning in the early stages so that process information and quality control indicators are recorded throughout the life of the project. The ability to analyse and evaluate every aspect of the survey project from inception to release of data and to make recommendations for improvements to future cycles of the survey or for the development of other studies depends on the collection of accurate information at all stages of the project.

10.2.9.2. Data analysis is an important evaluation activity in terms of helping to identify data quality issues related to missing data and imputation procedures. The survey data should also be compared to other sources of data through a process of triangulation in order to assess the reliability and validity of the survey estimates and to identify where improvements can be made to future implementations of the survey. Potentially useful sources of data for evaluating data produced by a VAW survey include censuses and other demographic data, health surveys, crime victimization surveys and other data sources relevant to the topic.

10.2.10. Dissemination of the survey findings.

10.2.10.1. This is the final step whereby the results of the survey are communicated broadly. Results will reach many audiences, some of whom will be satisfied with summary statistics while others will require more detailed analysis or access to the data file. In all aspects, the confidentiality and anonymity of survey responses must be protected.

10.2.10.2. Data processing, analysis and dissemination are key activities whereby responses to the survey are translated into statistics and presented to the public in a form that tells a story about the scope and the dimensions of various types of violence experienced by women in the particular country context.

10.2.11. Surveys on violence against women in Bangladesh

10.2.11.1. The BBS has conducted two household-based surveys in 2011 and 2015 in Bangladesh in order to generate official statistics on the prevalence of various forms of violence against women, its causes and consequences, risk factors and perceptions and nature. Data provided can be disaggregated to the national, divisional, urban and rural levels and enables Bangladesh to comply with the United Nations recommendation to measure and make VAW data

available. The end goal of the surveys is to generate evidence that is used to guide policy formulation, programs and interventions and to improve existing legal frameworks.

10.2.11.2.The 2015 VAW Survey methodology was based on UNSD and WHO recommendations and the sample design ensured representation of seven divisions, rural areas, city corporations and urban areas other than city corporations. By applying appropriate weights, national estimates of violence were also derived. In preparation for data collection, training based on the WHO training module, was delivered with special emphasis on gender training and ethical procedures for conducting a survey on such a sensitive topic. Total nine hundred and eleven local females were engaged as enumerators (interviewers) in data collection.

10.2.11.3.The total number of women (aged 15 and above) interviewed were 21,688. Among them 19,987 were ever-married and 1,701 were never married. Weights were used to correct differences in the selection probability of households per domain and of selection of survey participants per household. The tables presented in the final report use weighted percentages and un weighted totals.

10.2.11.4.The survey major findings cover the following topics: Prevalence of partner violence against women; Injury due to physical or sexual partner violence; communication about experiences of partner violence; Violence perpetrated by a non-partner (other than the current or previous husband); Recent trends in partner violence against women in Bangladesh.

10.2.11.5.The BBS undertook a review of lessons learned from the experience gained during the implementation of the 2015 survey. The following recommendations have been proposed by the management of the survey:

- 1. Gender equality and ending violence against women must be addressed for achieving the SDGs. Initiate a campaign to create mass awareness about violence against women, the national goals to eliminate it, and the services offered by government agencies, NGOs and other stakeholders, including the helpline and the one stop crisis centre.*
- 2. Strengthen the ongoing programme to raise the status of women, both in terms of awareness of their rights, and through concrete measures in fields such as employment, education, political participation and legal rights. This should accelerate achievement of SDG 5, Target 5.2 on the elimination of violence against women and girls.*
- 3. Data on recent experiences with sexual violence suggest women aged 20-44 years are more vulnerable to partner sexual violence compared to other age groups. For this reason, preventive and protective services could be strengthened for this group.*
- 4. Based on lessons learned from the 2015 survey, the content of the questionnaire can be modified in the next VAW survey. The module on perception of place of violence can be dropped and new modules to be included such as actual place of violence and causes of violence.*
- 5. Follow-up surveys should be conducted every 4-5 years to cover new areas and to generate the data needed to monitor the Sustainable Development Goals and for use by government (e.g. Ministry of Women and Children Affairs) for the formulation of policies, adoption of protective measures and initiation of social movement for women's empowerment, equality and equity in all spheres of life.*
- 6. Designate a team to conduct this survey on regular basis and ensure exposure to relevant issues and global development is available for the team.*
- 7. Conduct additional analysis (including multivariate models) with the existing unit level data of VAW 2015 and produce in-depth thematic policy briefs/analytical papers on different types of violence.*
- 8. Conduct further studies of Gender-based Violence (GBV) to capture data on violence of gender-based violence for both women and men. In Bangladesh, there is no baseline data on GBV other than women.*

9. Strengthen collaboration between stake holders and BBS so that data needs are adequately met.
10. Administrative data on VAW (i.e. data from services such as police, health system and the courts) should be strengthened and existing data should be analysed and disseminated on a regular basis at various levels. Such information would provide policy makers with up-to-date data on the access and use of these services for informed decision making (it should be noted that administrative data are never able to provide VAW prevalence data).
11. Enhance legal and criminal justice systems to prevent further violence, facilitate recovery and ensure access to justice (e.g. specialized police units, restraining orders and multi-agency sectoral response teams).
12. Processes and procedures should be reviewed and changed to ensure quality and standard protocols are in place so that women can obtain justice without discrimination in stalking and rape cases. This includes post-rape care and free legal aid so that women understand their rights and options.
13. Information on social assistance programs should be disseminated and available in a variety of media and formats accessible to people with disabilities. This is needed to improve women's awareness of existing programs, eligibility criteria, and application procedures. Existing social assistance programs should be linked to the family courts.
14. Resource allocation to combat violence against women should be revisited to ensure adequate financial provision for the work that is urgently required to disseminate information, raise awareness and educate on Gender Based Violence (GBV).
15. Promote non-violent social norms by sending strong messages that violence against women and girls will not be tolerated. The media should be continuously engaged in shaping public opinion and challenging the harmful gender norms that perpetuate.
16. Interventions that target attitudinal change among adolescent boys and men should be made to change harmful social and cultural norms and facilitate the development of new notions of masculinity associated with non-violence, respect and equality.
17. Further study and research on the experiences of violence by different professional groups of women should be done to inform policy development and design appropriate interventions.
18. Revisit existing rules and regulations on the protection of women from violence to make them more appropriate and realistic for the protection of women from all types of violence.

11. Annexes

Annex 1: The Generic Statistical Business Process Model (GSBPM)

Quality Management / Metadata Management							
Specify Needs	Design	Build	Collect	Process	Analyse	Disseminate	Evaluate
1.1 Identify needs	2.1 Design outputs	3.1 Build collection instrument	4.1 Create frame & select sample	5.1 Integrate data	6.1 Prepare draft outputs	7.1 Update output systems	8.1 Gather evaluation inputs
1.2 Consult & confirm needs	2.2 Design variable descriptions	3.2 Build or enhance process components	4.2 Set up collection	5.2 Classify & code	6.2 Validate outputs	7.2 Produce dissemination products	8.2 Conduct evaluation
1.3 Establish output objectives	2.3 Design collection	3.3 Build or enhance dissemination components	4.3 Run collection	5.3 Review & validate	6.3 Interpret & explain outputs	7.3 Manage release of dissemination products	8.3 Agree an action plan
1.4 Identify concepts	2.4 Design frame & sample	3.4 Configure workflows	4.4 Finalise collection	5.4 Edit & impute	6.4 Apply disclosure control	7.4 Promote dissemination products	
1.5 Check data availability	2.5 Design processing & analysis	3.5 Test production system		5.5 Derive new variables & units	6.5 Finalise outputs	7.5 Manage user support	
1.6 Prepare business case	2.6 Design production systems & workflow	3.6 Test statistical business process		5.6 Calculate weights			
		3.7 Finalise production system		5.7 Calculate aggregates			
				5.8 Finalise data files			

Annex 2: UNESCWA Gender-SDG Framework Indicators (100 indicators)

(Updated on 7 June 2022)

Many of the 248 SDG indicators require disaggregation by sex or relate to gender issues, such as maternal health and violence against women and girls. The table below summarizes which indicators are gender-related under each goal.

Goal	Target	Gender-related indicators
	1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day	1.1.1 Proportion of the population living below the international poverty line by sex, age, employment status and geographic location (urban/rural)
	1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	1.2.1 Proportion of population living below the national poverty line, by sex and age 1.2.2 Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
	1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable	1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, new-borns, work-injury victims and the poor and the vulnerable
	1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance	1.4.1 Proportion of population living in households with access to basic services 1.4.2 Proportion of total adult population with secure tenure rights to land, (a) with legally recognized documentation, and (b) who perceive their rights to land as secure, by sex and type of tenure
	1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate related extreme events and other economic, social and environmental shocks and disasters	1.5.1 Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population (*)
	1.a Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to	1.a.2 Proportion of total government spending on essential services (education, health and social protection) by location

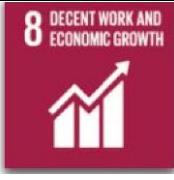
Goal	Target	Gender-related indicators
	implement programmes and policies to end poverty in all its dimensions	
	1.b Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions	1.b.1 Pro-poor public social spending
	<p>2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round</p> <p>2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons</p> <p>2.3 By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment</p>	<p>2.1.2 Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES)</p> <p>2.2.1 Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age</p> <p>2.2.2 Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age</p> <p>2.2.3 Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status (percentage)</p> <p>2.3.2 Average income of small-scale food producers, by sex and indigenous status</p>
	<p>3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births</p> <p>3.2 By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births</p>	<p>3.1.1 Maternal mortality ratio</p> <p>3.1.2 Proportion of births attended by skilled health personnel</p> <p>3.2.1 Under-5 mortality rate</p> <p>3.2.2 Neonatal mortality rate</p>

Goal	Target	Gender-related indicators
	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
	3.4 By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate
	3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders 3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol
	3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents	3.6.1 Death rate due to road traffic injuries
	3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group
	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
	3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)

Goal	Target	Gender-related indicators
		3.9.3 Mortality rate attributed to unintentional poisoning
	3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older
	3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	3.b.1 Proportion of the target population covered by all vaccines included in their national programme
	3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	3.c.1 Health worker density and distribution
	4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes	4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex
		4.1.2 Completion rate (primary education, lower secondary education, upper secondary education)
	4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education	4.2.1 Proportion of children aged 24-59 months who are developmentally on track in health, learning and psychosocial well-being, by sex
		4.2.2 Participation rate in organized learning (one year before the official primary entry age), by sex

Goal	Target	Gender-related indicators
	4.3 By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university	4.3.1 Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex
	4.4 By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship	4.4.1 Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill
	4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations	4.5.1 Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on this list that can be disaggregated
	4.6 By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy	4.6.1 Percentage of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex
	4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development	4.7.1 Extent to which (i) global citizenship education and (ii) education for sustainable development, including gender equality and human rights, are mainstreamed at all levels in: (a) national education policies, (b) curricula, (c) teacher education and (d) student assessment (***)
	4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all	4.a.1 Proportion of schools offering basic services, by type of service
	4.c By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing States	4.c.1 Proportion of teachers with the minimum required qualifications, by education level

Goal	Target	Gender-related indicators
	5.1 End all forms of discrimination against all women and girls everywhere	5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex
	5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age 5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence
	5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation	5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age
	5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate	5.4.1 Proportion of time spent on unpaid domestic and care work, by sex, age and location
	5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life	5.5.1 Proportion of seats held by women in (a) national parliaments and (b) local governments 5.5.2 Proportion of women in managerial positions
	5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences	5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care 5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and

Goal	Target	Gender-related indicators
		reproductive health care, information and education
	5.a Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws	5.a.1 (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure 5.a.2 Proportion of countries where the legal framework (including customary law) guarantees women's equal rights to land ownership and/or control
	5.b Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women	5.b.1 Proportion of individuals who own a mobile telephone, by sex
	5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels	5.c.1 Proportion of countries with systems to track and make public allocations for gender equality and women's empowerment
	6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all	6.1.1 Proportion of population using safely managed drinking water services
	6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	6.2.1 Proportion of population using safely managed sanitation services, including a handwashing facility with soap and water
	7.1 By 2030, ensure universal access to affordable, reliable and modern energy services	7.1.1 Proportion of population with access to electricity, by location (Gap between rural and urban areas) 7.1.2 Proportion of population with primary reliance on clean fuels and technology
	8.3 Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium sized enterprises, including through access to financial services	8.3.1 Proportion of informal employment in total employment, by sector and sex

Goal	Target	Gender-related indicators
	8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value	8.5.1 Average hourly earnings of employees, by sex, age, occupation and persons with disabilities 8.5.2 Unemployment rate, by sex, age and persons with disabilities
	8.6 By 2020, substantially reduce the proportion of youth not in employment, education or training	8.6.1 Proportion of youth (aged 15-24 years) not in education, employment or training
	8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms	8.7.1 Proportion and number of children aged 5-17 years engaged in child labour, by sex and age
	8.8 Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment	8.8.1 Fatal and non-fatal occupational injuries per 100,000 workers, by sex and migrant status 8.8.2 Level of national compliance with labour rights (freedom of association and collective bargaining) based on International Labour Organization (ILO) textual sources and national legislation, by sex and migrant status
	8.10 Strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance and financial services for all	8.10.2 Proportion of adults (15 years and older) with an account at a bank or other financial institution or with a mobile-money-service provider
	9.5 Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular developing countries, including, by 2030, encouraging innovation and substantially increasing the number of research and development workers per 1 million people and public and private research and development spending	9.5.2 Researchers (in full-time equivalent) per million inhabitants
	10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status	10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities

Goal	Target	Gender-related indicators
	10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard	10.3.1 Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law (**)
	11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons 11.5 By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations 11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities	11.2.1 Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities 11.5.1 Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 people (*) 11.7.1 Average share of the built-up area of cities that is open space for public use for all, by sex, age and persons with disabilities 11.7.2 Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months
	12.8 By 2030, ensure that people everywhere have the relevant information and awareness for sustainable development and lifestyles in harmony with nature	12.8.1 Extent to which (i) global citizenship education and (ii) education for sustainable development are mainstreamed in (a) national education policies; (b) curricula; (c) teacher education; and (d) student assessment (***)
	13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries 13.3 Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning	13.1.1 Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 people (*) 13.3.1 Extent to which (i) global citizenship education and (ii) education for sustainable development are mainstreamed in (a) national education policies; (b)

Goal	Target	Gender-related indicators
		curricula; (c) teacher education; and (d) student assessment (***)
	<p>16.1 Significantly reduce all forms of violence and related death rates everywhere</p> <p>16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children</p> <p>16.3 Promote the rule of law at the national and international levels and ensure equal access to justice for all</p>	<p>16.1.1 Number of victims of intentional homicide per 100,000 population, by sex and age</p> <p>16.1.2 Conflict-related deaths per 100,000 population, by sex, age and cause</p> <p>16.1.3 Proportion of population subjected to (a) physical violence, (b) psychological violence and (c) sexual violence in the previous 12 months</p> <p>16.1.4 Proportion of population that feel safe walking alone around the area they live</p> <p>16.2.1 Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month</p> <p>16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation</p> <p>16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18</p> <p>16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms</p> <p>16.3.2 Unsentenced detainees as a proportion of overall prison population</p> <p>16.3.3 Proportion of the population who have experienced a dispute in the past two years and who accessed a formal or informal dispute</p>

Goal	Target	Gender-related indicators
		resolution mechanism, by type of mechanism
	16.5 Substantially reduce corruption and bribery in all their forms	16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months
	16.6 Develop effective, accountable and transparent institutions at all levels	16.6.2 Proportion of population satisfied with their last experience of public services
	16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels	16.7.1 Proportions of positions in national and local institutions, including (a) the legislatures; (b) the public service; and (c) the judiciary, compared to national distributions, by sex, age, persons with disabilities and population groups 16.7.2 Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group
	16.9 By 2030, provide legal identity for all, including birth registration	16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age
	16.b Promote and enforce non-discriminatory laws and policies for sustainable development	16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law (**)
	17.8 Fully operationalize the technology bank and science, technology and innovation capacity-building mechanism for least developed countries by 2017 and enhance the use of enabling technology, in particular information and communications technology	17.8.1 Proportion of individuals using the Internet
	17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of	17.18.1 Statistical capacity indicator for Sustainable Development Goal monitoring

Goal	Target	Gender-related indicators
	high quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts	17.18.3 Number of countries with a national statistical plan (with a gender perspective) that is fully funded and under implementation, by source of funding

Repeated indicators

(*) 1.5.1, 11.5.1 and 13.1.1

(**) 10.3.1 and 16.b.1

(***) 4.7.1, 12.8.1, and 13.3.1

Annex 3: Gender Indicator Metadata Template

Gender Indicator Metadata Template

Domain: Gender Statistics

Sub-domain: To be determined

Indicator: To be determined

1. Related indicators

1.1 Provide a list of indicators closely related to this indicator, and which are currently produced by the country.

2. Institutional information

2.1 Organization(s): Indicate the national organization responsible for producing the indicator.

3. Definition, Concept and Classification

3.1 Definition: Provide a clear and brief definition of the indicator as used at the national level. Knowing the precise definition used by the data provider is essential to understanding the data being presented

3.2 Concept: Explain how this indicator contributes to supporting the design of social policies and programmes aiming at improving standards of living of the population. Describe how this indicator may contribute to monitoring implementation of the national development agenda.

3.3 Unit of measure: State the entity for which the indicator is compiled (e.g. persons, households, events, enterprises), and the measurement unit used (e.g. headcount, ratio, percentage).

3.4 Reference area and period: State the geographic or administrative area and the period of time to which the measured statistical phenomenon relates.

3.5 Classification: Indicate the national and international classification used for this indicator.

4. Data Source and data collection method

4.1 Data source: Describe the sources through which this indicator is obtained. Data used for computing this indicator may be supplied by multiple sources at the national or international levels. National sources could be population censuses, household surveys and/or administrative records.

4.2 Data provider: Indicate the national organisation responsible for collecting and disseminating data required for computing this indicator.

4.3 Data collection method: Describe the method used for collecting primary data necessary to compute this indicator: direct observation through population census, household survey and/or compilation of administrative records.

4.4 Data release calendar: Provide indications on the frequency (interval) for measuring and reporting updated indicator, and the next date for issuing a new value. The release date of the updated indicator value indicates the expected time when the results at specific levels of detail will be published whether online or in hard copy.

5. Methodology

5.1 Computation Method:

5.1.1 Data processing: *Describe the operations carried out to process the data collected for computing this specific indicator. Data processing may involve various processes, including data classification, validation, aggregation, and analysis.*

5.1.2 Statistical calculation method: *Provide details about the computation method used for obtaining values for this indicator. Give the composition of the numerator and the denominator of this indicator, particularly when the data used for computing the indicator are compiled from different sources, such as household surveys, or vital registration and administrative records. Age groups, geographic and administrative coverage, and other statistical groupings should be highlighted if relevant to the computation process.*

5.1.3 Data validation: *Explain which methodological approach is used for checking the validity of the data collected from the primary sources. Provide the parameters used for ensuring the consistency of data - in terms of definition, age grouping, gender, scope, period, and coverage - compiled for the numerator and the denominator. Describe whether data generated from household surveys and from administrative records which may carry inconsistencies are reconciled.*

5.1.4 Data editing: *Explain the method used for editing data required for computing this indicator, in order to ensuring imputation of missing data, or correcting erroneous values, or adjusting sampling coefficients for statistical representativity of sampled sub-groups.*

5.1.5 Methodology changes over time: *Specify whether a change was introduced in the methodology used for computing the indicators, and the date at which this modification was introduced. Specify whether this change in methodology induces a break in the series over time.*

5.1.6 Revision policy: *Specify whether the indicator's value is preliminary or final, and if preliminary when the revised estimates are to be published. Furthermore, data could be revised historically when a new census is conducted, allowing data to be interpolated backwards.*

5.1.7 Data availability: *Specify the time period for which data for this indicator is available and provide the related values for these dates.*

5.2 Disaggregation: *Specify to which level of disaggregation this indicator is currently available, and whether it could be produced on a finer level of granularity with acceptable statistical confidence.*

5.3 Comparability: *An explanation should be provided on where differences between statistics can be attributed to differences between the true values of statistical characteristics. Provide information on method used to ensuring statistical comparison of this indicator with similar indicators produced by other data providers at the national level, as well as at the regional or international levels. Divergences in concepts and definitions used for similar indicator by other entities or countries should be brought to the attention of the users. Comparability issues can be broken-down into:*

5.3.1 Geographical comparability: *degree of comparability between statistics measuring the same phenomenon for different geographical areas.*

5.3.2 Comparability over time: *degree of comparability between two or more data points on the same phenomenon in a time series.*

5.4 Measurement frequency: *Provide information on how frequently this indicator will be produced in the near future, on its timeliness, and calendar release indicating the estimated time lag between availability of primary data and publication of the indicator.*

5.5 Comments and limitations: *Provide information on the limitations and assumptions associated with the data used to compile the indicator. Limitations could stem from ambiguous definition or time reference,*

sampling design, incomplete coverage, non-response, or other methodological issues, such as accuracy or closeness of computations or estimates to the exact or true values that the statistics were intended to measure. This includes bias (systematic error) and variance (random error).

6. Glossary: *Provide definitions of statistical parameters used for computing this indicator, including those terms and concepts underlining statistical variables used by all data producers.*

7. Access to data: *Specify the process that users should go through for access the data supporting the production of this indicator.*

7.1 Data format: *What is the format of the data published, whether in hardcopy (Statistical Yearbook, Statistical periodical or ad-hoc report, etc.), or digital (electronic device, online, etc.) or both.*

7.2 URL: *Indicate the URL where the data can be accessed.*

7.3 References: *Further information and reading on data collection methods, related analytical reports or general information that may be of value to readers*

7.4 Contact information: *Individual or organizational contact points for the data, including information on how to reach the contact points (e.g. website, mail address, phone, e-mail).*

7.5 Information about this metadata document: *Author and last update*

Annex 4: Health and Morbidity Status Survey Metadata

Health and Morbidity Status Survey Metadata

Domain: 1 Health

Sub-domain: 1.1 Morbidity

Survey name: 1.1.1 Health and Morbidity Status Survey 2014

Metadata is “*data that provides information about other data*”. It consists of background information for users to understand household survey context, but not the content of the data. It describes processes that collect, process, or produce statistical data. It can be used to analyse information both to improve response rates and to inform future project plans.

1. Institutional information

1.1. Organization

Provide the name of the organization(s) which conducts the survey.

Bangladesh Bureau of Statistics (BBS), Demography and Health Wing (DHW), Parishankhyan Bhaban, E-27/A, Agargaon, Dhaka-1207, Bangladesh

2. Objectives of the survey

2.1. Background information

Describe the historical and social context in which the survey takes place, including previous statistical operations related to the same domain.

Health is a resource for every living being including humans; it is a condition that emphasizes social and personal resources as well as possession of physical capabilities. Today health is considered a fundamental human right, recognized in the Universal Declaration of Human Rights (1948). It is also an essential ingredient of development, vital to a nation's economic growth dynamism and internal stability.

In this context, Bangladesh Bureau of Statistics (BBS) has conducted Health and Morbidity Status Survey (HMSS) 2014 which covered a range of health-related information required by the stakeholders. Specially morbidity-related data are critically important for the policy makers to take better preventive measures for ensuring health for all.

Bangladesh Bureau of Statistics (BBS) has conducted the Health and Demographic Survey under a development project entitled "Health and Demographic Survey Project" (HDSP) from 1994 to 1998. Through the survey investigators collected detailed information on fertility, mortality, morbidity, disability, treatment and treatment expenditure, contraceptive prevalence, health behavior, perception and practices of maternal and child health care. From the findings of the surveys, BBS published 25 reports and 15 monographs, and also developed a database on health and demographic information. But owing to financial constraints, the project activities were discontinued after 1998. After two years, in 2000, a Health and Demographic Survey (HDS) was conducted to fulfil the demand of Ministry of Health and Family Welfare (MOH&FW). The objective of the “HDS-2000” were to provide relevant information to implement the Essential Service Package (ESP) of the MOH & FW effectively. With the introduction and development of Health, Nutrition and Population Sector Programme (HNPS), it was also decided that the future HDS would incorporate some more indicators related to HNPS. After 2000, no such survey was conducted. Almost after one decade gap, the Health and Morbidity Status Survey was conducted in 2012. BBS has

decided to conduct the Health and Morbidity Status Survey-2014 to observe the current situation and update a database for decision-makers.

2.2. Rationale

State the reasons supporting conducting the household survey, its role in monitoring current status and characteristics of households for supporting the global development agenda as well as on the national development. Reference to the National Strategy for Development of Statistics would be valuable.

The Government of Bangladesh has given the highest priority to achieve the goals of Millennium Development Goal (MDG) and to pursue a series of programs and policies to reduce infant and under 5 mortality, maternal mortality, and to ensure safe delivery and so on. The government's policy document entitled "Unlocking the Potential" National Strategy for Accelerated Poverty Reduction has also given priority for improvement of the national health status through increased investment in health sector based on MDG parameters.

Bangladesh has been implementing Sector-wide Approach (SWAp) in the Health, Population and Nutrition (HPN) sector since 1998. The first SWAp the HPSP was implemented during 1998-2003 while the second programme (HNPSP) was implemented during 2003 to 2011. The third SWAp started in July 2011. The framework of HPNSDP (2011-2016) is set against the broader perspective of the GOB's commitments (Constitution, MDGs, Vision 2021, the proposed National Health Policy and the National Population Policy, National Food and Nutrition Policy) and other programs and the Sixth Five Year Plan (6th FYP) of GOB.

In order to provide the health services to the people properly, detailed information on health and demographic situation of the country needs to be collected on a regular basis particularly data on morbidity, impairment, maternal health, use of tobacco and injury/accidents are urgently needed to make appropriate pragmatic policies for achieving the targets of HPNSDP and MDG.

Bangladesh Bureau of Statistics, the National Statistical Organization (NSO) of the government is the mandatory organization for collecting, compiling and disseminating statistics on health and demographic aspects of the population. In order to update the findings of the previous surveys detailed information on morbidity, treatment, treatment expenditure, maternal health, vaccination & Vitamin-A coverage, use of tobacco and intoxicating substance, knowledge regarding HIV/AIDS at the disaggregated level. Present survey, Health and Morbidity Status Survey-2014 has been financed from non-development Budget (Proposal of Program from Non-development Budget) of the Government.

The survey is continuous process and must be conducted periodically to develop and update a database that could provide indicators to monitor and evaluate the progress of the latest development of HPNSDP and MDG. The survey will also facilitate to undertake appropriate policy measures by the government to reduce morbidity and to improve maternal health with the objective of Health for All by the year 2016.

The survey results provide the current scenario of health status which will evaluate the exact development activities of the government interventions undertaken under the HPNSDP.

Data has collected regarding information on morbidity, treatment and treatment expenditures, health behavior, maternal and child health care, use of tobacco/intoxicating substance, impairment and accident/injury. It has also collected information about the conception on HIV/AIDS and TT. The findings of this report and their implications are important for monitoring and evaluating of the Health, Population and Nutrition Sector Development Program (HPNSDP). The survey data remains helpful to monitor the progress of various initiatives implemented by the Government of Bangladesh for achieving the targets of health sector.

Bangladesh Bureau of Statistics (BBS) has conducted Health and Morbidity Status Survey (HMSS) 2014 to assess the current status of morbidity, treatment, maternal health and other health-related subject in

Bangladesh. The Government of Bangladesh is committed to ensuring the health care facilities for all and has endorsed the priority for improving the health situation of the country. I hope, the survey findings would essentially be useful for monitoring, and assessing and developing Health, Population and Nutrition Sector Development Programme (HPNSDP) and for achieving some targets of the Millennium Development Goals (MDGs) of Bangladesh within the stipulated time.

The report will be useful for policy makers, planners, researchers and development partners of all relevant sectors for tracking progress and for formulating appropriate policies for the development of better health care services of Bangladesh.

2.3. Survey legal framework

State the legal framework in which data would be collected and used: statistical law, decree authorizing the survey preparation and implementation.

The survey on Health and Morbidity Status was conducted by Bangladesh Bureau of Statistics (BBS) in 2014 under the Proposal of Program from non-development Budget (PPNB).

Bangladesh Bureau of Statistics (BBS) has conducted the Health and Demographic Survey under a development project entitled "Health and Demographic Survey Project" (HDSP) from 1994 to 1998.

2.4. Objectives

State the main and specific objectives of the survey.

Bangladesh Bureau of Statistics (BBS) has been conducting the 'Health and Morbidity Status Survey (HMSS)' to provide information on morbidity, accident and injury, tobacco and narcotics consumption pattern etc. The survey was aimed to monitoring the progress of the various initiatives taken by the Government of Bangladesh to reach the health related MDGs by producing data on health and demographic indicators. Thus, the report provides selected health indicators on morbidity, treatment & cost thereof, maternal health, vaccination and vitamin- A coverage, impairments, accidents & injuries, consumption of tobacco and other intoxicating substance etc. The indicators will be useful for monitoring and evaluating the progress of Health, Population & Nutrition Sector Development Programme (HPNSDP) and interventions in the health sector.

BBS has been conducting this survey under "Health and Demographic Survey (HDS)" since 1994. With the recommendation of the Technical Committee, the survey (HDS) has been renamed as Health and Morbidity Status Survey (HMSS) 2014. I firmly believe that considering the importance of the survey, it should be conducted on a regular interval. The HMSS 2014 has been conducted with the government revenue budget and collected detailed information on health and morbidity.

The main objective of the survey is to use health and demographic indicators to monitor the progress of the various initiatives taken by the Government of Bangladesh to achieve the health-related issues in MDG.

The specific objectives of the survey are:

- To show current morbidity and health status specially for infants, adolescents, youths, reproductive ages, and elderly persons.
- To watch health behavior of morbidity, impairments, and treatment expenditure.
- To measure the coverage of maternal health care facilities, vaccination, and Vitamin A.
- To develop a database on health situation in the country regarding the burden of diseases.
- To know about tobacco & intoxicating substance use and about injury/accident.

2.5. Data confidentiality

Provide information on measures taken for ensuring confidentiality of data collected and anonymization of microdata to be shared with data users.

Not yet available

2.6. Survey frequency

Provide information on the frequency that this survey is conducted, and on the plans to conduct the next survey.

According to BBS workplan, the survey is a continuous process and must be conducted periodically to develop and update a database that could provide indicators to monitor and evaluate the progress of the latest development of HPNSDP and SDG. However, household surveys are conducted on an ad-hoc basis pending on funding availability.

BBS is currently preparing another round of this survey. Data collection is planned to be conducted in 2023.

3. Concepts and definitions

3.1. Definitions used in the survey

Provide detailed definition of headline variables covered by the survey that would help the user understanding underlining concepts and analysing survey results.

Health statistics are numbers that summarize information related to health. Researchers and experts from government, private, and non-profit agencies and organizations collect health statistics. They use the statistics to learn about public health and health care.

The National Health and Morbidity Status Survey uses the following concepts and definitions:

Household: A household is defined as a single person or group of persons related or unrelated normally living together and taking food from the same kitchen.

Household Head: The member of the household who is responsible for managing the family and is recognized by the members of the household to be their head.

Sex Ratio: The ratio of males to females in a given population usually expressed as the number of males per 100 females.

Primary Sampling Unit (PSU): The initial area defined and selected for enumeration is called the first stage sample or primary sampling unit.

Prevalence: Prevalence is defined as the number of affected persons present in the population at a specific time divided by the number of persons in the population at that time.

Period Prevalence: Period prevalence is defined as how many people have had the disease at any time during a certain period. In this report prevalence refers to period prevalence.

Period Prevalence of morbidity per 1000: Number of cases of a disease at any time during a certain period in the population / Number of persons in the population at that specified time x 1000.

Proportion: A part considered in relation to the whole.

Co-morbidity: Existence of two or more diseases or conditions in the same individual at the same time.

3.2. Concepts

Provide background concepts supporting the design and implementation of the survey, such as data requirements, timeliness and quality of the data, security and continuity of data supply, sampling frame, timeline reference, geospatial scope, residence, etc.

Health statistics cover a wide range of health-related topics. These include life expectancy, health status, health and safety, health determinants (including lifestyle, nutrition, smoking, alcohol abuse), health resources and expenditure (private and public), health care systems, morbidity and mortality (including infant and child mortality), hospital admission, causes of illness and death, specific diseases (e.g. AIDS), disabilities, pharmaceutical consumption and sales, health personnel, remuneration of health professions, environmental health status, health inequality, health accounts.

In addition, the Health and Morbidity Status Survey (HMSS) 2014 of Bangladesh covers information on morbidity, treatment and treatment expenditures, health behaviour, maternal and child health care, use of tobacco/intoxicating substance, impairment and accident/injury. It has also collected information about the conception on HIV/AIDS and TT.

3.3. Questionnaires

The format governing how the questions are presented: one at a time, group by group, all at once; Open, semi-open, or close questions; translation into different languages spoken or used in the country, etc.

The survey questionnaire consists of four sections and each section comprises sub-sections.

Section 1 covers demographic characteristics of the household members like tobacco and narcotics consumption, accident and injury, death due to accident and knowledge of HIV/AIDS were included with five sub-sections.

Section 2 consists of socio-economic characteristics of households with ten questions.

Section 3 comprises two sub-sections with information regarding impairment of the household members during 30 days prior to the survey.

Section 4 covers information related to morbidity and illness, type of treatment with treatment expenditure, vaccination of children who received vitamin A capsule, maternal health care and expenditure of other medical products.

3.4. References

Describe the national and international classifications followed for defining subject-matter survey variables. Standards for enhancing usability of statistical outputs and geospatial data comparability should be provided.

The International Classification of Diseases (ICD-10) is the standard to categorize diseases is currently used by BBS for the health sector.

<https://www.who.int/standards/classifications/classification-of-diseases>

The World Health Organization (WHO) has developed a Handbook on monitoring and evaluation of human resources for health and several other tools for monitoring and developing human resources for health (HRH). WHO uses 9 occupational categories for the health workforce.

The International classification for health accounts (ICHA) is a nomenclature managed by the OECD. Its purpose is to define, within the context of the system of national accounts:

- Healthcare financing agents: who is paying?
- Healthcare by function: for which services and goods?

- Healthcare service provider industries: who provides the services?

<https://unstats.un.org/unsd/classifications/Family/Detail/1035>

The SCL-International Classification of Health Accounts (ICHA) is the Eurostat standard code list for categorizing health accounts according to the source of funding, the categories of providers, and the functions of health care services and goods.

[https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:International classification for health accounts \(ICHA\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:International_classification_for_health_accounts_(ICHA))

3.5. Reference periods

State the reference period for each headline variable included in the survey.

The reference period for morbidity, injury/accident, physically or mentally impairment was the last 90 days. As the reference period covers only summer season, morbidity data are dominated with summer season related morbidity.

The HMSS-2014 survey data was collected from 19 June to 23 June 2014 using the reference period of previous 90 days from the day of interview.

3.6. Quality assurance

State the rate of response, the participation trend over time, and the language in which the survey is completed. Describe the mechanisms used for checking quality of information collected by field workers from respondents, accuracy and completeness of reporting, coding, editing and imputation, reducing missing information, and rate of non-response.

Not yet available

3.7. Comments and limitations

Describe accuracy – closeness of computations or estimates to the exact or true values that the statistics were intended to measure. This includes bias (systematic error) and variance (random error). It may be described in terms of major sources of error (e.g., sampling and non-sampling errors, geospatial coverage, sampling design, non-response) or measures of accuracy.

Not yet available

4. Methodology

4.1. Identification of users' needs

Describe how the need for new statistics is identified; what activities are undertaken to engage stakeholders for identifying their detailed statistical current and future needs; what business plan is prepared for meeting users' needs.

Not yet available

4.2. Design process

Describe the process for designing survey methodology: identifying data gaps in data requirements, statistical outputs, concepts, methodologies, collection instruments and operational processes. Specify all relevant metadata, as well as quality assurance procedures.

Not yet available

4.3. Data collection

State collection dates in the field. Describe collection strategy, updating household listing, determining PSU boundaries using GPS-based maps, selection process and recruitment of collection staff, field work organization, timeline, coverage, training of collection staff, supervision staff, quality assurance, timeframe for completing data collection, collection devices (hardcopy or digital questionnaires), data transfer system, security of data collected, and compilation.

The HMSS-2014 survey was conducted throughout the country from 19 June 2014 to 23 June 2014 using Integrated Multi-Purpose Sample (IMPS) design of BBS.

The data was collected by employing direct interview method. Only the selected 25 households of each PSU were interviewed by the enumerators. The enumerators collected information from the head of the household, eligible, responsible members, selected male or female persons of the respective sections.

The local registers of the Sample Vital Registration System (SVRS) of BBS were engaged as enumerators for the survey. BBS officials were appointed trainers of the enumerators as well as district coordinator/supervisors of a district.

The training of the trainers was held during 13 June 2014 to 15 June 2014 at the divisional Statistical office from a group of master trainers who consisted of the high officials of BBS. After receiving training, the trainers provided training to the enumerators for each enumeration area at district headquarters during 16-06-2014 to 18-06-2014. During training at each level, it was strictly followed practices of interview directly at the household through field visit.

The reference period for morbidity, injury/accident, physically or mentally impairment was the last 90 days. As the reference period covers only summer season, morbidity data are dominated with summer season related morbidity. The previous survey was conducted in the winter season so that the current survey data prove helpful for differentiating the seasonal variation of related morbidity.

4.4. Interview format

Specify the criteria for selecting primary and secondary respondent to the questionnaire. Describe the means to the conducting the interview: Live or telephone interviews (face-to-face, or panel through CAPI, CATI or CASI); Videoconference or taped interview; questionnaire on hardcopy or digital device; Electronic or web questionnaires.

The data was collected by employing direct interview method, using questionnaire on hard copy.

4.5. Communication strategy

Describe type of information provided to respondents (e.g., drafting letters or brochures explaining the purpose of the survey, notifying respondents when online reporting instruments will be made available, etc). Describe strategy for engaging local authorities and stakeholders throughout survey implementation.

Not yet available

4.6. Sampling framework

Describe method used for sampling design, sampling criteria, sampling of individuals, households, or institutions. Specify sample size, primary and secondary sampling units, sampling stages, Use of up-to-date master sample. Describe sampling errors.

Bangladesh Bureau of Statistics (BBS) has developed an Integrated Multi-Purpose Sample (IMPS) design based on the Population and Housing Census 2011 to conduct various demographic and socio-economic surveys. The Health and Morbidity Status Survey-2014 (HMSS-14) has been conducted throughout the

country using IMPS design of BBS. IMPS design comprised 1500 Primary Sampling Unit (PSU) of which 801 are in the rural areas and 699 in the urban areas, each PSU comprises about 100 households.

The sample size needed to provide data representative at the national and divisional level for the HMSS-2014 is calculated using the following formula:

$$n = z^2 [P(1-P)/d^2] * D_{eff}$$

Where:

n = sample size

z = two-sided normal variate at 95% confidence level (1.96)

p = indicator percentage

d = precision

D_{eff} = design effect

For enumeration, 25 households (HHs) were selected from each PSU by using systematic random sampling method. Thus, a total number of 37,500 HHs was covered in the survey where 20,025 were from the rural areas and 17,475 from the urban areas. Using the data of the Population Census-2011, projected households for the survey period (June 2014) is estimated. With this estimated number of households, sample households and sampling weights are calculated for rural, urban and divisions. Accordingly rural, urban and division level estimates are produced.

4.7. Scope and coverage

Describe the subject-matter, geospatial and administrative coverage of the survey sample.

For enumeration in Health and Morbidity Status Survey-2014 (HMSS-14), 25 households (HHs) were selected from each PSU by using systematic random sampling method. Thus, a total number of 37,500 HHs was covered in the survey where 20025 were from the rural areas and 17475 from the urban areas. Using the data of the Population Census-2011, projected households for the survey period (June 2014) is estimated. With this estimated households, sample households and sampling weights are calculated for rural, urban and divisions. Accordingly rural, urban and division level estimates are produced.

The HMSS-2014 data is generated by collecting information from a sample of households selected according with a sampling design comprising 1500 Primary Sampling Units (PSUs) of which 801 are in the rural and 699 are in the urban areas. Each PSU comprised about 107 households. Twenty-five households were selected from each of the PSU following systematic random sampling technique. The HMSS-2014 covered a total number of 37,500 HHs where 20,025 were from the rural and 17,475 from the urban areas. The size of population captured is 163057 nationally including rural (88188) and urban (74869).

Bangladesh Bureau of Statistics (BBS) has developed an Integrated Multi-Purpose Sample (IMPS) design based on Population and Housing Census 2011 to conduct various demographic and socio-economic surveys. The Health and Morbidity Status Survey-2014 (HMSS-14) has been conducted throughout the country using IMPS design of BBS. IMPS design comprised 1500 Primary Sampling Unit (PSU) of which 801 are in the rural areas and 699 in the urban areas, each PSU comprises about 100 households.

4.8. Non-survey sources

Describe process for extracting necessary information from the source, while ensuring that the necessary confidentiality procedures are in place, to receive or extract the data.

Not yet available

4.9. Treatment of missing values

Describe the methodology followed for determining missing values and reasons for non-response. Describe techniques for correcting missingness, and handling imputation and/or interpolation.

Not yet available

4.10. Data management

Describe methodology for data capture, data coding, data editing and imputation, data classification, data processing, and data validation. Information about files, metadata and test file to assess if data are fit for use (completeness, coverage). Describe the processing of input data and their preparation for analysis.

Describe sub-processes that integrate, classify, check, clean, and transform input data, so that they can be analyzed and disseminated as statistical outputs.

All the filled-in questionnaires were received and then edited and coded. Data processing work was completed by Computer Wing using Customized Software (CSpro), SPSS, STATA.

A comprehensive data entry programme with necessary validity check was developed and tested for data entry by the computer wing of BBS. A team of well-trained and experienced data entry operators was engaged to capture data into computer. The entered data were edited manually from the filled in questionnaire and also by a computer edit programme and made error free and consistent for cross-classification. Tabulations were produced and inter-table consistency was verified.

4.11. Data exchange

Describe technology and channels for transmission of the data from the field to the centre of data management, securing data integrity and comprehensiveness.

The hardcopy questionnaires are filled out by surveyors during field visits to the households. Filled-out questionnaires are checked and validated by field supervisors. Hardcopy questionnaires are therefore forwarded to the central office at BBS headquarters. Information from filled-out questionnaires is entered by operators on computers, then tabulated after validity checks.

4.12. Validation of outputs

Describe methodology for validating outputs, checking population coverage, quality indicators, time, and geospatial consistency, checking data relevance, checking internal inconsistencies, and validating against expectations.

Strong measures of rigorous supervision and control were taken during the field work to ensure quality of enumeration. To supervise the work of every district one supervisor was engaged. The required numbers of supervisors were selected from the officers of Bangladesh Bureau of Statistics both from headquarters and fields. Moreover, senior officers like Directors, Program Director from the HQ of BBS visited and supervised the data collection, and the Divisional Coordinators were also responsible for ensuring quality of data in their respective divisions.

4.13. Final data files

Describe methodology for producing anonymizing micro-data sets, producing macro-data files, preliminary and final estimates.

Not yet available

A draft tabulation plan was prepared and developed through several meetings with a Technical Working Group, chaired by Deputy Director General of BBS. The members of this group were all Directors and senior

level resource persons of BBS. After conducting the survey and getting the data, tables were generated accordingly.

4.14. Data analysis

Describe methodology for calculating sampling weights, estimating primary variables, deriving new variables, benchmarking indicators, calculating aggregated data.

After receiving the final tables, data was properly analyzed, and a draft survey report was presented before the Technical Committee (TC).

4.15. Output dissemination

Describe methodology for applying disclosure controls, generating statistical results (tables, indicators), reports, visualizing and adjusting the acquisition process to ensure the data are fit for use. When the collection meets its targets, it is closed and a report on the collection is produced.

Not yet available

The survey final report can be downloaded from BBS website in Word format. Raw statistical data or cross-tabulated data are currently not accessible.

4.16. Limitations

Identify shortcomings in survey methodology and implementation process, for drawing lessons learned for avoiding repetition in the future and improving expected outcomes.

The data was collected during 19 June to 23 June 2014 using the reference period of previous 90 days from the day of interview. As the reference period covers only summer season, morbidity data are dominated by illnesses related to hot weather. Since the disease pattern varies from season to season over the year. Conducting the survey was done through the whole year like Household Income and Expenditure Survey to overcome the effect of seasonal variation. Interviewers had no medical knowledge to identify the symptoms of morbidity properly, but there was an effort to overcome it by incorporating some supplementary questions in the questionnaire.

Estimation of mortality due to accident is not found accurately as it is a rare event and the sample size is not enough to be representative. Options in some questions (for example, nature of accidents, types of transport by which accidents occurred) are not sufficient to cover most of the probable answers and as a result, big figures came in the category of „others“.

To collect data on smoking and intoxicating substance abusing as the sensitive issues, some special arrangements needed to be adopted and in front of other family members the data might be underestimated. As the prevalence of intoxicating abusers is very low, the sample size should be larger. There are big limitations in the survey that infant (<1 year) morbidity found a small number for which it does not reflect the actual situation.

4.17. Data Characteristics

Data characteristics and components of the raw statistical data used for compiling statistical aggregates, i.e. type of primary source (e.g. survey, census, administrative records) and any relevant characteristics (e.g. sample size for survey data).

Raw statistical data are generated from the household survey. Data are available through the survey final report which can be downloaded from BBS website in Word format.

4.18. Data Disaggregation

Describe the degree to which the data can be disaggregated (granularity) while preserving statistical significance and individual confidentiality.

The final results are disaggregated according to the following breakdowns:

- Geographic residence: Urban, rural, total
- Administrative: Division, total
- Demographic: 5-year age group, sex, total

The variables observed are:

- Marital status
- Level of education
- Economic occupation
- Household characteristics
- Housing characteristics
- Distance to health facilities
- Tobacco and narcotics consumption
- Accident and injury
- Death due to accident
- Knowledge regarding HIV/AIDS
- Physical and mental impairment of adults
- Physical and mental impairment of children
- Morbidity
- Medical check-up and treatment expenditure
- Treatment status of the sick persons
- Immunization
- Maternal health care
- Expenditure on other medical goods/Aids

4.19. Data Comparability

Provide an explanation on differences between data that can be attributed to differences between the true values of statistical characteristics. Comparability issues can be broken into:

4.19.1. Geographical comparability

Degree of comparability between statistics measuring the same phenomenon for different geographical areas.

Results can be compared at the country level by administrative Division level

4.19.2. Comparability over time

Degree of comparability between two or more data points on the same phenomenon in a time series.

The last HMSS conducted in 2012 has some differences with the current one held in 2014. The sample size was 30000 households: 30 households from each of 1000 PSUs from IMPS of that time. The data collection period was from 26 February to March 2012. Accordingly, the reference period (previous 90 days for morbidity of chronic illness and 14 days for acute illness) covered the winter season.

The previous survey was conducted in 2012 during the winter season so that the current survey data prove helpful for differentiating the seasonal variation of related morbidity.

5. Other Data Sources

5.1. Related other surveys

Provide information on other sources where data related to survey results can be accessed, such as other household surveys conducted in the country, or administrative sources.

- Surveys on Prevalence of Morbidity and Health Status, 1994, 1996
- Survey on Prevalence of Morbidity, Treatment Status, Treatment, Expenditures, Fertility, Immunization and Smoking, 1997
- Health Situation and Health Care Expenditures, 1999
- Health and Demographic Survey, 2000
- Sample Vital Registration System, 2010, 2011, 2012,
- Global Adult Tobacco Survey, 2009

5.2. Links to other sources

Provide recent links to other national and international sources where related data could be found.

Not yet available

6. Survey main results

6.1. Time series

Tables and indicators: Provide brief description of surveys results and outputs.

A full set of statistical cross-tables and figures is provided on all variables covered by the survey.

7. Data Availability

7.1. Data release calendar

Provide detailed calendar for disseminating survey results, including preliminary and final results, and statistical tables, preliminary and final analysis reports, access to public use files for all users.

According to BBS workplan, the survey is a continuous process and must be conducted periodically to develop and update a database that could provide indicators to monitor and evaluate the progress of the latest development of HPNSDP and SDG. However, household surveys are conducted on an ad-hoc basis pending on funding availability.

7.2. Dissemination strategy

Provide information on dissemination of survey findings, on access policy to survey results, including access conditions to microdata, aggregates, and survey outputs.

Included in Survey report published in September 2015. The survey report is available in hardcopy at BBS, and it can be downloaded in softcopy at the below BBS website link:

https://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/4c7eb0f0_e780_4686_b546_b4fa_0a8889a5/Health%20and%20Morbidity%20Status%20Survey%20-%202014.pdf

8. Data providers

8.1. Authority responsible for the survey

Provide indications on the institution responsible for disseminating survey findings, and statistical outputs.

The Demography and Health Wing (DHW) at Bangladesh Bureau of Statistics (BBS)

8.2. Contact

Individual or organizational contact points for the data, including information on how to reach the contact points (e.g., website, URL, mail address, phone, e-mail).

Contact point: Mr. Md. Mashud Alam, Director of Demography and Health Wing,

Bangladesh Bureau of Statistics

Statistics and Informatics Division

Ministry of Planning

Address: Bangladesh Bureau of Statistics, Parishankhyan Bhaban, E-27/A, Agargaon, Dhaka-1207,
Bangladesh

Contact e-mail: mashud2003@yahoo.com

Phone: +88-02-55007058

Fax: +88-02-55007069

Web: www.bbs.gov.bd

Annex 5: EU Minimum set of Gender Indicators

Annex 5: EU Minimum set of Gender Indicators

A. Quantitative indicators related to national norms

<i>Indicator Number</i>	<i>Indicator/Series Name</i>	<i>References to the strategic objectives in the Beijing Platform for Action</i>	<i>Corresponding SDG indicators</i>	<i>Tier</i>	<i>Custodian agencies</i>
I. Economic structures, participation in productive activities and access to resources					
I.1	Average number of hours spent on unpaid domestic and care work, by sex, age and location	C.2, F.1, H.3	5.4.1	2	UNSD/UN Women
	Average number of hours spent on domestic chores and care work, by sex, age and location				
	Average number of hours spent on unpaid domestic chores, by sex, age and location				
	Average number of hours spent on unpaid care work, by sex, age and location				
I.2	Average number of hours spent on total work (total work burden), by sex	F.1, H.3		2	UNSD
	Average number of hours spent on total work combined (total work burden), by sex				
I.3	Labour force participation rate for persons aged 15-24 and 15+, by sex	F.1, H.3		1	ILO
	Labour force participation rate for persons aged 15-24, by sex				
	Labour force participation rate for persons aged 15+, by sex				
I.4	Proportion of employed who are own-account workers, by sex	F.2		1	ILO
I.5	Proportion of employed who are contributing family workers, by sex	H.3		1	ILO
I.6	Proportion of employed who are employer, by sex	F.1		1	ILO
I.7	Proportion of youth (aged 15-24 years) not in		8.6.1	1	ILO

<i>Indicator Number</i>	<i>Indicator/Series Name</i>	<i>References to the strategic objectives in the Beijing Platform for Action</i>	<i>Corresponding SDG indicators</i>	<i>Tier</i>	<i>Custodian agencies</i>
	education, employment or training				
	Proportion of youth not in education, employment or training, by sex and age				
I.8	Percentage distribution of employed population by sector, each sex (sectors here refer to Agriculture; Industry; Services)	F.5, H.3		1	ILO
	Percentage distribution of employed population in agricultural sector, by sex				
	Percentage distribution of employed population in industrial sector, by sex				
	Percentage distribution of employed population in service sector, by sex				
I.9	Proportion of informal employment in non-agriculture employment, by sex	F.2, H.3	8.3.1	2	ILO
I.10	Unemployment rate, by sex, age and persons with disabilities	F.1	8.5.2	1	ILO
	Unemployment rate, by sex and age				
	Unemployment rate, by sex and disability status				
I.11	Proportion of adults (15 years and older) with an account at a bank or other financial institution or with a mobile money-service provider, by sex	F.1, F.2	8.10.2	1	WB
I.12	(a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure*	A.1, A.2	5.a.1	2	FAO
I.13	Gender gap in wages, by occupation, age and persons with disabilities	F.1, F.5	8.5.1	2	ILO

<i>Indicator Number</i>	<i>Indicator/Series Name</i>	<i>References to the strategic objectives in the Beijing Platform for Action</i>	<i>Corresponding SDG indicators</i>	<i>Tier</i>	<i>Custodian agencies</i>
	Average hourly earnings of employees by sex and occupation (local currency)				
	Gender gap in wages, by occupation				
I.14	Proportion of employed working part-time, by sex	F.5		2	ILO
I.15	Prime-age employment-to-population ratio by sex, household type and presence of children			1	ILO
	Prime-age employment-to-population ratio by sex, household type and number of children under age 6				
	Prime-age employment-to-population ratio by sex, household type and presence of children under age 6				
I.16	Proportion of the population living below the international poverty line by sex, age, employment status and geographic location (urban/rural)		1.1.1	1	ILO
	Employed population below international poverty line, by sex and age				
I.17	Proportion of individuals using the Internet, by sex	F.3	17.8.1	1	ITU
I.18	Proportion of individuals who own a mobile telephone, by sex	F.3	5.b.1	2	ITU
II. Education					
II.1	Participation rate in organized learning (one year before the official primary entry age), by sex		4.2.2	1	UIS
	Participation rate in organized learning (one year before the official primary entry age), by sex				
II.2	Total net enrolment rate, primary, by sex			1	UIS
	Total net enrolment rate, primary, by sex				

<i>Indicator Number</i>	<i>Indicator/Series Name</i>	<i>References to the strategic objectives in the Beijing Platform for Action</i>	<i>Corresponding SDG indicators</i>	<i>Tier</i>	<i>Custodian agencies</i>
II.3	Gross enrolment ratio in secondary education, by sex	B.1		1	UIS
	Gross enrolment ratio in secondary education, by sex				
II.4	Gross enrolment ratio in tertiary education, by sex	B.1		1	UIS
II.5	Completion rate (primary education)		4.1.2	1	UIS
	Completion rate, by sex, location and wealth quintile, primary education				
II.6	Completion rate (lower secondary education)		4.1.2	1	UIS
	Completion rate, by sex, location and wealth quintile, lower secondary education				
II.7	Gross graduation ratio from tertiary education			1	UIS
	Gross graduation ratio from first degree programmes (ISCED 6 and 7) in tertiary education, by sex				
II.8	Proportion of females among tertiary education teachers or professors	B.4, L.4		1	UIS
	Proportion of females among tertiary education teachers or professors				
II.9	Youth literacy rate of persons (15-24 years), by sex	B.2, L.4		1	UIS
	Youth literacy rate of persons (15-24 years), by sex				
II.10	Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill		4.4.1	2	UIS/ITU
	Proportion of youth and adults with information and communications technology (ICT) skills, by sex and type of skill				

<i>Indicator Number</i>	<i>Indicator/Series Name</i>	<i>References to the strategic objectives in the Beijing Platform for Action</i>	<i>Corresponding SDG indicators</i>	<i>Tier</i>	<i>Custodian agencies</i>
II.11	Educational attainment of the population aged 25 and older, by sex	B.1		1	UIS
	Educational attainment (minimum lower secondary) of the population aged 25 and older, by sex				
	Educational attainment (minimum upper secondary) of the population aged 25 and older, by sex				
	Educational attainment (minimum post-secondary) of the population aged 25 and older, by sex				
	Educational attainment (minimum tertiary) of the population aged 25 and older, by sex				
	Educational attainment (minimum primary) of the population aged 25 and older, by sex				
III. Health related services					
III.1	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	C.1, C.2	3.7.1	1	UNPD
	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods				
	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods: estimates				
III.2	Under-five mortality rate, by sex	C.1	3.2.1	1	UNICEF/UNPD/WHO
III.3	Maternal mortality ratio	C.1	3.1.1	1	WHO/UNICEF/UNFPA
III.4	Antenatal care coverage	C.1		1	UNICEF

<i>Indicator Number</i>	<i>Indicator/Series Name</i>	<i>References to the strategic objectives in the Beijing Platform for Action</i>	<i>Corresponding SDG indicators</i>	<i>Tier</i>	<i>Custodian agencies</i>
	Antenatal care coverage, at least one visit				
	Antenatal care coverage, at least four visits				
III.5	Proportion of births attended by skilled health personnel	C.1	3.1.2	1	UNICEF
	Proportion of births attended by skilled health personnel				
III.6	Age-standardized prevalence of current tobacco use among persons aged 15 years and older, by sex	C.2	3.a.1	1	WHO
	Age-standardized prevalence of current tobacco use among persons aged 15 years and older, by sex				
III.7	Proportion of adults who are obese, by sex	C.1, C.2		1	WHO
	Proportion of adults who are obese, by sex				
III.8	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	C.3	3.3.1	1	UNAIDS
	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations				
III.9	Access to anti-retroviral drug, by sex	C.3		1	WHO
III.10	Life expectancy at age 60, by sex	C.1, C.2		1	UNPD
III.11	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease, by sex	C.1, C.2	3.4.1	1	WHO
	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease, by sex				
IV. Public life and decision-making					

<i>Indicator Number</i>	<i>Indicator/Series Name</i>	<i>References to the strategic objectives in the Beijing Platform for Action</i>	<i>Corresponding SDG indicators</i>	<i>Tier</i>	<i>Custodian agencies</i>
IV.1	Women's share of government ministerial positions	G.1		1	IPU
IV.2	Proportion of seats held by women in (a) national parliaments and (b) local governments	G.1	5.5.1	1	IPU/UN Women
	Proportion of seats held by women in national parliament				
	Proportion of elected seats held by women in deliberative bodies of local government				
IV.3	Proportion of women in managerial positions	F.1, F.5, G.1	5.5.2	1	ILO
	Proportion of women in managerial positions				
	Proportion of women in senior and middle management positions				
IV.4	Percentage of female police officers	I.2		2	UNODC
IV.5	Percentage of female judges	I.2, Goal 5		2	UNODC
IV.6	Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care		5.6.1	2	UNFPA
	Proportion of women who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (% of women aged 15-49 years)				
	Proportion of women who make their own informed decisions regarding contraceptive use (% of women aged 15-49 years)				
	Proportion of women who make their own informed decisions regarding reproductive health care				

<i>Indicator Number</i>	<i>Indicator/Series Name</i>	<i>References to the strategic objectives in the Beijing Platform for Action</i>	<i>Corresponding SDG indicators</i>	<i>Tier</i>	<i>Custodian agencies</i>
	(% of women aged 15-49 years)				
	Proportion of women who make their own informed decisions regarding sexual relations (% of women aged 15-49 years)				
V. Human rights of women and girl children					
V.1	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	D.1, D.2, Goal 5 target 2	5.2.1	2	WHO/UNSD/UNICEF/UN Women/UNODC/UNFPA
	Proportion of ever-partnered women and girls subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months, by age				
V.2	Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	D.1, D.2, Goal 5 target 2		2	WHO/UNSD/UNICEF/UN Women/UNODC/UNFPA
	Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence				WHO/UNSD/UNICEF/UN Women/UNODC/UNFPA
	Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other				UNSD

<i>Indicator Number</i>	<i>Indicator/Series Name</i>	<i>References to the strategic objectives in the Beijing Platform for Action</i>	<i>Corresponding SDG indicators</i>	<i>Tier</i>	<i>Custodian agencies</i>
	than an intimate partner, since age 15				
V.3	Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age	I.2	5.3.2	2	UNICEF
	Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age				
V.4	Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18	L.1, L.2	5.3.1	2	UNICEF
	Proportion of women aged 20-24 years who were married or in a union before age 18				
	Proportion of women aged 20-24 years who were married or in a union before age 15				
V.5	Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	L.1, L.2	3.7.2	1	UNPD
	Adolescent birth rate (aged 15-19 years) per 1,000 women in that age group				
	* Currently no data.				

B. Qualitative indicators related to national norms

<i>Indicator Number</i>	<i>Indicator/Series Name</i>	<i>References to the strategic objectives in the Beijing Platform for Action</i>	<i>Corresponding SDG indicators</i>	<i>Tier</i>	<i>Custodian agencies</i>
I. Economic structures, participation in productive activities and access to resources					

<i>Indicator Number</i>	<i>Indicator/Series Name</i>	<i>References to the strategic objectives in the Beijing Platform for Action</i>	<i>Corresponding SDG indicators</i>	<i>Tier</i>	<i>Custodian agencies</i>
QI.1	Extent of country commitment to gender equality in employment	F.1, F.5		1	ILO
	Whether or not ratified ILO convention 100 on equal remuneration for women and men	F.1			
	Whether or not ratified ILO convention 111 on discrimination in employment and occupation	F.1, F.5			
QI.2	Extent of country commitment to support reconciliation of work and family life	F.1, F.5, F.6		1	ILO
	Whether or not ratified ILO convention 156 on workers with family responsibilities	F.6			
	Whether or not ratified ILO convention 175 on part-time work	F.5			
	Whether or not ratified ILO convention 177 on home work	F.5			
	Whether or not ratified ILO convention 183 on maternity protection	F.1, F.6			
QI.3	Length of maternity leave	F.1, F.6		1	ILO
QI.4	Percentage of wages paid during maternity leave	F.1, F.6		1	ILO
II. Public life and decision making					
QIV.1	Presence of a gender quota for parliament (reserved seats and legal candidate quotas)	G.1		1	IPU
	Presence of a gender quota for parliament (reserved seats and legal candidate quotas)				
QIV.2	Presence of a gender quota for parliament (voluntary party quotas)	G.1		1	IPU
	Presence of a gender quota for parliament (voluntary party quotas)				
QIV.3	Existence of law on gender statistics			2	Paris21
III. Human rights of women and girl children					
QV.1	Whether or not legal frameworks are in place to promote, enforce and monitor equality and		5.1.1	2	UNW/WB/OECD

<i>Indicator Number</i>	<i>Indicator/Series Name</i>	<i>References to the strategic objectives in the Beijing Platform for Action</i>	<i>Corresponding SDG indicators</i>	<i>Tier</i>	<i>Custodian agencies</i>
	non-discrimination on the basis of sex				
	Legal frameworks that promote, enforce and monitor gender equality (percentage of achievement, 0 - 100) -- Area 1: overarching legal frameworks and public life				
	Legal frameworks that promote, enforce and monitor gender equality (percentage of achievement, 0 - 100) -- Area 2: violence against women				
	Legal frameworks that promote, enforce and monitor gender equality (percentage of achievement, 0 - 100) -- Area 3: employment and economic benefits				
	Legal frameworks that promote, enforce and monitor gender equality (percentage of achievement, 0 - 100) -- Area 4: marriage and family				
QV.2	Existence of laws on domestic violence	D.1		1	WB
	Existence of laws on domestic violence				
	Existence of laws on marital rape				
	Existence of laws on sexual harassment				
QV.3	Whether or not inheritance rights discriminate against women and girls	F.1, L.1		1	OECD/WB
	Whether or not inheritance rights discriminate against widows				
	Whether or not inheritance rights discriminate against daughters				
QV.4	Legal minimum age at marriage, by sex	L1		1	UNSD
	Minimum age for legal marriage - Without parental consent				

<i>Indicator Number</i>	<i>Indicator/Series Name</i>	<i>References to the strategic objectives in the Beijing Platform for Action</i>	<i>Corresponding SDG indicators</i>	<i>Tier</i>	<i>Custodian agencies</i>
	Minimum age for legal marriage - With parental consent				

Annex 6: Gender indicators monitored by the Palestinian Central Bureau of Statistics (example)

Code	Indicator	Definition	Measurement Method	Unit of measure	Geographical Coverage Level	Level of Details	Data source	Dissemination Periodicity	SDGs Indicator
1	Numbers of Legislative Council Election Candidates	Indicator measures the number of legislative council election candidates	Total number of legislative council election candidates	Number	Country, Region	Sex	Administrative Records	Every four years	
2	Number of Holders of Senior Positions	Indicator measures the number of staff in senior positions in ministries, including ministers' agents, general directors and department directors	Total number of staff in senior positions in ministries, including ministers' agents, general directors and department directors	Number	Country, Region	Sex	Administrative Records	Annual	
3	Number of Members of Municipalities and Local Councils	Indicator measures the number of members of municipalities and local councils	Total number of members of municipalities and local councils	Number	Country, Region, Governorate	Sex	Administrative Records	Annual	
4	Number of Students Councils Members	Indicator measures the number of students councils' members in colleges and universities	Total number of students councils' members in colleges and universities	Number	Country, Region, Governorate	Sex	Administrative Records	Annual	

Code	Indicator	Definition	Measurement Method	Unit of measure	Geographical Coverage Level	Level of Details	Data source	Dissemination Periodicity	SDGs Indicator
		universities							
5	Numbers of Legislative Council Members	Indicator measures the number of legislative council members	Total number of legislative council members	Number	Country, Region	Sex	Administrative Records	Every four years	
6	Number of Cabinet Members	Indicator measures the number of the cabinet members	Total number of cabinet members	Number	Country, Region	Sex	Administrative Records	Annual	
7	Number of Palestinian National Council Members	Indicator measures the number of national council members	Total number of national council members	Number	Country, Region	Sex	Administrative Records	Annual	
8	Number of Labour Unions Members	Indicator measures the number of members in labour unions	Total number of members in labour unions	Number	Country, Region	Sex	Administrative Records	Annual	
9	Number of Ambassadors and Staff in the Ministry of Foreign Affairs	Indicator measures the number of ambassadors and staff in the Ministry of Foreign Affairs	Total number of ambassadors and staff in the Ministry of Foreign Affairs	Number	Country, Region	Sex	Administrative Records	Annual	

Code	Indicator	Definition	Measurement Method	Unit of measure	Geographical Coverage Level	Level of Details	Data source	Dissemination Periodicity	SDGs Indicator
10	Number of Journalists Registered with a Press Card	Indicator measures the number of journalists who are registered and have a press card	Total number of journalists who are registered and have a press card	Number	Country, Region	Sex	Administrative Records	Annual	
11	Average Actual Time Used to Implement Activities for Individuals who Implement the Activity	Indicator measures the average time spent by individuals who actually practiced various activities in the 24 hours	Dividing the time spent by individuals in the activities for those who actually implement the activity, by the number of those individuals	Rate, Minute/Hour	Country, Region	Activities, Age groups, Sex, Educational status, Employment status, Locality type	Survey	Every ten years	
12	Average Time Used by Individuals to Implement Activities whether they do the Activity or not	Indicator measures the average time used by individuals in the implementation of activities, whether accomplished activity or not, by the number of those individuals	Dividing the time that spent by individuals in the implementation of activities, whether accomplished activity or not, by the number of those individuals	Rate, Minute/Hour	Country, Region	Activities, Age groups, Sex, Educational status, Employment status, Locality type	Survey	Every ten years	

Code	Indicator	Definition	Measurement Method	Unit of measure	Geographical Coverage Level	Level of Details	Data source	Dissemination Periodicity	SDGs Indicator
13	Percentage of Children (12-17) Years who have been Subjected Once at Least to a Form of Violence	Indicator measures percentage of children (12-17) years who have been subjected once at least to a form of violence	Dividing total number of children (12-17) years who have been subjected once at least to a form of violence, by total number of children (12-17) years, multiplied by hundred	Percentage	Country, Region, (North, Middle and South of West Bank)	Sex, Type of violence (by family members, by others), Orientations of children who are subjected to violence	Survey	Every five years	
14	Percentage of Individuals (65 Years and above) who have been subjected to a Form of Violence by a Family Member	Indicator measures percentage of individuals (65 years and above) who have been subjected to a form of psychological, physical, sexual, social or economic violence by a member of the family	Dividing total number of individuals (65 years and above) who have been subjected to a form of violence by a member of the family, by total number of individuals (65 years and above), multiplied by hundred	Percentage	Country, Region, (North, Middle and South of West Bank)	Sex, Type of violence (by family members, by others), Orientations of elders to address the phenomenon of violence	Survey	Every five years	
15	Percentage of persons who performed the activities	Indicator measures percentage of persons who performed the	Dividing total number of persons who did the activity by total members of the	Percentage	Country, Region	Sex, Education Status, Labour Status, Marital Status, Days	Survey	Every ten years	

Code	Indicator	Definition	Measurement Method	Unit of measure	Geographical Coverage Level	Level of Details	Data source	Dissemination Periodicity	SDGs Indicator
		activities	sample multiplied by hundred						
16	Percentage of Individuals who have Never Married (aged 18-64 Years) and Subjected to Violence by a Member of the Family	Indicator measures percentage of individuals who have never married (aged 18-64 years) and subjected to psychological, physical, sexual, social or economic violence by a member of the family	Dividing total number of individuals who have never married (aged 18-64 years) and subjected to violence by a member of the family, by total number of individuals who have never married (aged 18-64 years), multiplied by hundred	Percentage	Country, Region, Governorate	Sex, Educational status, Employment status, Aggressor, Violence by others not family members, Violence location, Refugee status, Age groups	Survey	Every five years	

Code	Indicator	Definition	Measurement Method	Unit of measure	Geographical Coverage Level	Level of Details	Data source	Dissemination Periodicity	SDGs Indicator
17	Percentage of Females who have been Married and Subjected to a Form of Violence by the Husband	Indicator measures percentage of females who have been married and subjected to a form of psychological, physical, sexual, social or economic violence by husband	Dividing total number of females who have been married and subjected to a form of psychological, physical, sexual, social or economic violence by husband, by the total number of females who have been married, multiplied by hundred	Percentage	Country, Region, Governorate	Type of violence by husband, Orientation of women to address this phenomenon	Survey	Every five years	
18	Percentage of Men who have been Subjected to a Form of Violence by the Wife, according to the Statement by their Wives	Indicator measures percentage of men who have been subjected to violence by the wife, whether such violence was psychological or physical, according to the statement by wife	Dividing total number of women who stated that their husbands have been subjected to violence according to wife statement, by total number of women who have been married and said so, multiplied by hundred	Percentage	Country, Region, Governorate	Educational status, Employment status, Refugee status, Age groups, Violence by others not family members, Type of violence (Psychological, Physical, Sexual Social or economic)	Survey	Every five years	

Code	Indicator	Definition	Measurement Method	Unit of measure	Geographical Coverage Level	Level of Details	Data source	Dissemination Periodicity	SDGs Indicator
19	Percentage of Seats Held by Women in the Legislative Council	Indicator measures the percentage of seats held by women in the legislative council	Dividing the number of women in legislative council by the number of council members, multiplied by hundred	Percentage	Country, Region		Administrative Records	Every four years	SDGs Indicator 5.5.1
20	Percentage of Women who have been Married or any of Household Members who have been Subjected to Violence by Occupation Forces or Settlers	Indicator measures percentage of women who have been married or any of household members who have been subjected to violence by occupation forces or settlers	Dividing total number of women or any of household members who have been subjected to violence by occupation forces or settlers, by total number of women or members of household, multiplied by hundred	Percentage	Country, Region, Governorate	Educational status, Employment status, Refugee status	Survey	Every five years	

Code	Indicator	Definition	Measurement Method	Unit of measure	Geographical Coverage Level	Level of Details	Data source	Dissemination Periodicity	SDGs Indicator
21	Percentage of Women who have been Married, and Subjected to a Form of Violence	Indicator measures percentage of women who have been subjected to a form of violence, (psychological, physical, sexual, social or economic)	Dividing total number of women who have been married and subjected to a form of violence, by the total number of women who have been married, multiplied by hundred	Percentage	Country, Region, Governorate	Educational status, Employment status, Refugee status, Age groups, Violence by others not family members, Type of violence (Psychological, Physical, Sexual Social or economic)	Survey	Every five years	SDGs Indicator 5.2.2
22	Number of heads of Local Councils	Indicator measures the number of heads of local councils	Total number of heads local councils	Number	Country, Region	Sex	Administrative Records	Annual	
23	Percentage of time devoted to unpaid domestic and caring work, by sex, age and location	Indicator measures the percentage of time devoted to household and unpaid care work, by sex, age and location	It is calculated by dividing the sum of the individuals who carried out the activities by the sum of the individuals of the sample multiplied by one hundred	Percentage	Country, Region	Activities, Age groups, Gender, Educational status, Working status, and Locality type	Survey	Every ten years	

Annex 10: Office order

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
বাংলাদেশ পরিসংখ্যান ব্যৱোৱা
এনএসডিএস ইমপ্রিমেটেশন সাপোর্ট প্ৰজেক্ট
পরিসংখ্যান ভবন (৬ম তলা, রাক-বি)
ই-২৭/এ, আগারগাঁও, ঢাকা-১২০৭
www.bbs.gov.bd

নং- ৫২.০১.০০০০.০১৯.০৬.০১২.১৮.৮ ষ্টোর

তাৰিখ: ২৮ আগস্ট ১৪২৭
২৫ অক্টোবৰ ২০২০

বিষয়: বাংলাদেশ পরিসংখ্যান ব্যৱোৱা 'এনএসডিএস ইমপ্রিমেটেশন সাপোর্ট প্ৰজেক্ট' এৰ আওতায় নিয়োগকৃত কনসাল্টিং ফাৰ্ম (Twinning Partnership) DevStat Servicos de Consultoria Estadistica, S.L Spain (Lead Firm) কৰ্তৃক সময় সময় সৱৰাহকৃত ডেলিভাৱেলস্ (Deliverables) পৰ্যালোচনা ও চূড়ান্তকৰণ বিষয়ৰ কমিটি গঠন প্ৰসঙ্গে।

বাংলাদেশ পরিসংখ্যান ব্যৱোৱা 'এনএসডিএস ইমপ্রিমেটেশন সাপোর্ট প্ৰজেক্ট' এৰ আওতায় নিয়োগকৃত কনসাল্টিং ফাৰ্ম (Twinning Partnership) DevStat Servicos de Consultoria Estadistica, S.L Spain (Lead Firm) কৰ্তৃক সময় সময় সৱৰাহকৃত ডেলিভাৱেলস্ (Deliverables) পৰ্যালোচনা ও চূড়ান্তকৰণ বিষয়ৰ কমিটি নিয়ুক্তি গঠন কৰা হৈলো:

ক্রমিক নং	কৰ্মকৰ্ত্তাদেৱ নাম, পদবি ও কৰ্মসূল (জেষ্ট্যাতাৰ ক্রমানুসৰে নথি)	কমিটিতে পদবি
০১.	উপমহাপৰিচালক, বাংলাদেশ পরিসংখ্যান ব্যৱোৱা, ঢাকা	সভাপতি
০২.	ডেলিভাৱেলস্ সংশ্লিষ্ট উইঁ পৰিচালক/পৰিচালকগণ বাংলাদেশ পরিসংখ্যান ব্যৱোৱা, ঢাকা	সদস্য
০৩.	ড. দিপংকৰ রায়, প্ৰকল্প পৰিচালক, HIES 2020-2021 প্ৰকল্প বাংলাদেশ পরিসংখ্যান ব্যৱোৱা, ঢাকা	সদস্য
০৪.	প্ৰকল্প পৰিচালক, এনএসডিএস ইমপ্রিমেটেশন সাপোর্ট প্ৰজেক্ট বাংলাদেশ পরিসংখ্যান ব্যৱোৱা, ঢাকা	সদস্য
০৫.	প্ৰতিনিধি, পরিসংখ্যান ও তথ্য ব্যবস্থাপনা বিভাগ, ঢাকা	সদস্য
০৬.	আয়ন ও ব্যয়ন কৰ্মকৰ্ত্তা, এনএসডিএস ইমপ্রিমেটেশন সাপোর্ট প্ৰজেক্ট বাংলাদেশ পরিসংখ্যান ব্যৱোৱা, ঢাকা	সদস্য
০৭.	ড. মনছুৱ আহমেদ, ইকোনমিস্ট, এনএসডিএস ইমপ্রিমেটেশন সাপোর্ট প্ৰজেক্ট বাংলাদেশ পরিসংখ্যান ব্যৱোৱা, ঢাকা	সদস্য
০৮.	উপপ্ৰকল্প পৰিচালক, এনএসডিএস ইমপ্রিমেটেশন সাপোর্ট প্ৰজেক্ট বাংলাদেশ পরিসংখ্যান ব্যৱোৱা, ঢাকা	সদস্য সচিব

কমিটিৰ কাৰ্যপৰিধি:

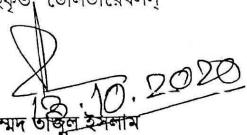
- (০১) নিয়োগকৃত কনসাল্টিং ফাৰ্ম (Twinning Partnership) DevStat Servicos de Consultoria Estadistica, S.L Spain (Lead Firm) কৰ্তৃক Terms of Reference (ToR) অনুযায়ী সৱৰাহকৃত ডেলিভাৱেলস্ (Deliverables) এৰ সামগ্ৰিক বিষয় পৰ্যালোচনাপূৰ্বক চূড়ান্তকৰণেৱে লক্ষ্যে প্ৰয়োজনীয় সুপাৰিশ প্ৰদান কৰবে;
- (০২) নিয়োগকৃত কনসাল্টিং ফাৰ্ম (Twinning Partnership) DevStat Servicos de Consultoria Estadistica, S.L Spain (Lead Firm) কৰ্তৃক সৱৰাহকৃত ডেলিভাৱেলস্ (Deliverables) এৰ Terms of Reference (ToR) অনুযায়ী গুণগতমান বিশ্লেষণপূৰ্বক মতামত প্ৰদান কৰা;

১/২

(০৩) উপর্যুক্ত কার্যক্রম বাস্তবায়নের লক্ষ্যে প্রয়োজনে নিয়োগকৃত কনসাল্টিং ফার্ম (Twinning Partnership) DevStat Servicos de Consultoria Estadistica, S.L Spain (Lead Firm) এর সাথে সভা করবে;

এবং

(০৪) বর্তি কার্যক্রম সম্পাদনপূর্বক নিয়োগকৃত কনসাল্টিং ফার্ম (Twinning Partnership) DevStat Servicos de Consultoria Estadistica, S.L Spain (Lead Firm) কর্তৃক সরবরাহকৃত ডেলিভারেবলস্ (Deliverables) গ্রহণের সুপারিশ করবে।


মোহাম্মদ মাহাবুবুল ইসলাম

মহাপরিচালক

(অতিরিক্ত সচিব)

ফোন: ০২-৫৫০০৭০৫৬

ইমেইল:

dg@bbs.gov.bd

অবগতি ও প্রয়োজনীয় ব্যবস্থা গ্রহণের জন্য অনুলিপি প্রেরণ করা হ'ল (জ্ঞেষ্ঠতার ক্রমানুসারে নথি):

- ০১। সচিব, পরিসংখ্যান ও তথ্য ব্যবস্থাপনা বিভাগ, পরিকল্পনা মন্ত্রণালয়, ঢাকা (একজন প্রতিনিধি মনোনয়নের অনুরোধসহ)।
- ০২। উপমহাপরিচালক, বাংলাদেশ পরিসংখ্যান ব্যৱৰণ, আগারগাঁও, ঢাকা।
- ০৩। পরিচালক (সকল)..... উইঁ, বাংলাদেশ পরিসংখ্যান ব্যৱৰণ, আগারগাঁও, ঢাকা।
- ০৪। ড. দিপৎকর রায়, প্রকল্প পরিচালক, HIES প্রকল্প, বাংলাদেশ পরিসংখ্যান ব্যৱৰণ, ঢাকা।
- ০৫। প্রকল্প পরিচালক, এনএসডিএস ইমপ্লিমেটেশন সাপোর্ট প্রজেক্ট, বাংলাদেশ পরিসংখ্যান ব্যৱৰণ, ঢাকা।
- ০৬। উপপ্রকল্প পরিচালক, এনএসডিএস ইমপ্লিমেটেশন সাপোর্ট প্রকল্প, বাংলাদেশ পরিসংখ্যান ব্যৱৰণ, ঢাকা।
- ০৭। ড. মনতুর আহমেদ, ইকোনমিস্ট, এনএসডিএস ইমপ্লিমেটেশন সাপোর্ট প্রজেক্ট, বাংলাদেশ পরিসংখ্যান ব্যৱৰণ, ঢাকা।
- ০৮। আয়ন ও ব্যয়ন কর্মকর্তা, এনএসডিএস ইমপ্লিমেটেশন সাপোর্ট প্রজেক্ট, বাংলাদেশ পরিসংখ্যান ব্যৱৰণ, ঢাকা।

সদয় অবগতির জন্য অনুলিপি: (জ্ঞেষ্ঠতার ক্রমানুসারে নথি)

- ০১। অতিরিক্ত সচিব (উন্নয়ন), পরিসংখ্যান ও তথ্য ব্যবস্থাপনা বিভাগ, পরিকল্পনা মন্ত্রণালয়, ঢাকা।
- ০২। সচিবের একান্ত সচিব, পরিসংখ্যান ও তথ্য ব্যবস্থাপনা বিভাগ, আগারগাঁও, ঢাকা (সচিব মহোদয়ের সদয় অবগতির জন্য)।
- ০৩। টাঙ্ক টিম লিডার, এনএসডিএস ইমপ্লিমেটেশন সাপোর্ট প্রজেক্ট, বিশ্বব্যাংক ঢাকা অফিস, আগারগাঁও, ঢাকা।
- ০৪। Mr. Jose Luis Cervera Ferri, CEO, DevStat Servicos de Consultoria Estadistica, S.L. C/ALMIRANTE CADARSO 26, WAYCO RUSSAFA, 46005 Valencia, Spain. Representative of: JV of (a) DevStat Servicos de Consultoria Estadistica, S.L. (Lead Firm); (b) IOE (Bangladesh) Limited; (c) IBF International Consulting SA, Belgium.
- ০৫। স্টাফ অফিসার, মহাপরিচালকের কার্যালয়, বাংলাদেশ পরিসংখ্যান ব্যৱৰণ, ঢাকা।
- ০৬। পরামর্শক (সকল)....., এনএসডিএস ইমপ্লিমেটেশন সাপোর্ট প্রজেক্ট, বাংলাদেশ পরিসংখ্যান ব্যৱৰণ, ঢাকা।
- ০৭। অফিস কম্পি।

২/২

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
 বাংলাদেশ পরিসংখ্যান বুরো
 এনএসডিএস ইমপ্লিমেটেশন সাপোর্ট প্রজেক্ট
 পরিসংখ্যান ভবন (৯ম তলা, ব্লক-বি)
 ই-২৭/এ, আগারগাঁও, ঢাকা-১২০৭।
www.bbs.gov.bd



নং: ৫২.০১.০০০০.৮০৯.১৮.১৩৫.২০.৬৮৪

তারিখ: ২৪ চৈত্র ১৪২৭
 এপ্রিল ২০২১

অফিস আদেশ

বাংলাদেশ পরিসংখ্যান বুরোর 'এনএসডিএস ইমপ্লিমেটেশন সাপোর্ট প্রজেক্ট' এর আওতায় নিয়োগকৃত আন্তর্জাতিক পরামর্শক প্রতিষ্ঠান DevStat চূক্ষি অনুযায়ী ২৪ (চৰিষ) টি Deliverable প্রকল্প দলের দাখিল করবে পরিসংখ্যান ও তথ্য ব্যবহাগনা বিভাগে গত ১১ মার্চ ২০২১ তারিখে অনুষ্ঠিত প্রকল্পসময়ের কেবুয়ারি ২০২১ মাসের অগ্রগতি পর্যালোচনা সভার কার্যবিবরণীর ৩ এর ঘ নং সিঙ্কেত অনুযায়ী Deliverable গুলো পুরোনোপুরুষভাবে বাচাই-বাছাই, বিশ্লেষণ, প্রস্তুত, সংরক্ষণ এবং ভবিষ্যত ব্যবহার নিশ্চিতকরণে নিয়ন্ত্রণ হক মৌতাবেক বিবিধ এর উইংসমূহকে কাউন্টারপার্ট নির্মাণগুরুর্বক দায়িত্ব প্রদান করা হলো।

Sl.	Name of the Deliverable	Name of the Specific Counterpart
01.	Report on MoUs	Director, FA & MIS Wing
02.	Report on Administrative Data	Director, Computer Wing (Related to all subject matter wing)
03.	Report on Functional Review of BBS	Director, FA & MIS Wing
04.	Report on HR Recruitment	Director, FA & MIS Wing
05.	Training on Quality Management	Director, SSTI
06.	Training Policy	Director, SSTI
07.	Training Plan	Director, SSTI
08.	Training Inventory	Director, SSTI
09.	Training Materials	Director, SSTI
10.	Basic Training	PD, NSDS-ISP
11.	Subject-matter and Advanced Training	PD, NSDS-ISP
12.	Website Development	Director, Computer Wing
13.	ICT Plan	Director, Computer Wing
14.	Baseline Review of Core Statistics:	
	a) Demography and Vital Statistics: Health Statistics, Gender Statistics, Vital Statistics etc.	Director, Demography and Health Wing, BBS
	b) Population and Housing Statistics: Population and Housing Census	Director, Census Wing, BBS
	c) Industry and Labor Statistics: Labor Statistics and Industry Statistics	Director, Industry and Labor Wing, BBS
	d) Price Statistics and Poverty Statistics	Director, National Accounting (Price and Wage) Wing, BBS
	e) National Accounts Statistics	Director, National Accounting (GDP and FT) Wing, BBS
	f) Agriculture Statistics: Crop Statistics, Land Statistics, Livestock Statistics and Fishery Statistics etc.	Director, Agriculture Wing, BBS
15.	Improvements in Core Statistics:	
	a) Demography and Vital Statistics: Health Statistics, Gender Statistics, Vital Statistics etc.	Director, Demography and Health Wing, BBS
	b) Population and Housing Statistics: Population and Housing Census	Director, Census Wing, BBS
	c) Industry and Labor Statistics: Labor Statistics and Industry Statistics	Director, Industry and Labor Wing, BBS
	d) Price Statistics and Poverty Statistics	Director, National Accounting (Price and Wage) Wing, BBS
	e) National Accounts Statistics	Director, National Accounting (GDP and FT) Wing, BBS

Page 1 of 2

Sl.	Name of the Deliverable	Name of the Specific Counterpart
	f) Agriculture Statistics: Crop Statistics, Land Statistics, Livestock Statistics and Fishery Statistics etc.	Director, Agriculture Wing, BBS
16.	Manuals on Improved Methodologies of Core Statistics:	
	a) Demography and Vital Statistics: Health Statistics, Gender Statistics, Vital Statistics etc.	Director, Demography and Health Wing, BBS
	b) Population and Housing Statistics: Population and Housing Census	Director, Census Wing, BBS
	c) Industry and Labor Statistics: Labor Statistics and Industry Statistics	Director, Industry and Labor Wing, BBS
	d) Price Statistics and Poverty Statistics	Director, National Accounting (Price and Wage) Wing, BBS
	e) National Accounts Statistics	Director, National Accounting (GDP and FT) Wing, BBS
	f) Agriculture Statistics: Crop Statistics, Land Statistics, Livestock Statistics and Fishery Statistics etc.	Director, Agriculture Wing, BBS
17.	Advance Release Calendar	Director, FA & MIS Wing (Planning & Development cell)
18.	Protocol for Advance Release Calendar	Director, FA & MIS Wing (Planning & Development cell)
19.	Data Visualization	Director, Computer Wing
20.	Metadata Documentation	Director, Computer Wing
21.	Codes and Syntaxes	Director, Computer Wing
22.	Survey Documentation	Director, Computer Wing
23.	Data Policy	Director, Computer Wing
24.	Data Anonymization	Director, Computer Wing

০২। বিবিএস এর উইং পরিচালকগণ সংশ্লিষ্ট Deliverable পুঁজোনুগুর্ভাবে যাচাই-বাহাই ও বিশ্লেষণগুর্বক সুনির্দিষ্ট কাউন্টারপার্ট হিসেবে বুঝে নিবেন এবং Deliverable গুলো ভবিষ্যতে সংরক্ষণ ও প্রয়োজনীয় ব্যবহার নিশ্চিত করবেন। সংশ্লিষ্ট Deliverable এ কোন বিষয়ে ঘাটতি থাকলে তা পুরণক্ষেত্রে NSDS-ISP প্রকল্পের সহায়তায় সকল ব্যবহাৰ গ্ৰহণ কৰবেন।

০৩। সংশ্লিষ্ট Deliverable বুঝে নেয়ার ক্ষেত্ৰে কোন বিশেষজ্ঞ সহায়তা প্ৰয়োজন হলে NSDS-ISP সংশ্লিষ্ট সকল সহযোগিতা প্ৰদান কৰবে।

০৪। Deliverable এর সুনির্দিষ্ট কাউন্টারপার্ট হিসেবে বুঝে নেয়ার জন্য প্রকল্পের সংস্থান অনুযায়ী এ সংশ্লিষ্ট সকলে আৰ্থিক ও অন্যান্য সুবিধাদি প্ৰাপ্তি হবেন।

০৫। এ আদেশ জনস্বার্থে জাৱি কৰা হলো।

১০/০৮/২০২২
মোহাম্মদ তাজুল ইসলাম
(অতিরিক্ত সচিব)
মহাপরিচালক :
ফোন: ০২-৫৫০০৭০৫৬
ইমেইল: dg@bbs.gov.bd

বিতৰণ: সদয় কাৰ্যালয়ে/ জ্ঞাতাৰ্থে (জ্যোতিত ক্ৰমানুস৾ৰে নথি):

- ১। পরিচালক (সকল) বাংলাদেশ পরিসংখ্যান বুৰো, ঢাকা
- ২। প্ৰকল্প পরিচালক, এনএসডিএস ইমপ্লিমেটেশন সাপোর্ট প্ৰজেক্ট, বিবিএস
- ৩। সচিবেৰ একাত্ সচিব, পরিসংখ্যান ও তথ্য ব্যবস্থাপনা বিভাগ, ঢাকা (সচিব মহোদয়েৰ সদয় অবগতিৰ জন্য)
- ৪। ফোকাল পয়েন্ট কৰ্মকৰ্তা (সকল)
- ৫। স্টাফ অফিসাৰ, মহাপরিচালকেৰ দপ্তৰ, বাংলাদেশ পরিসংখ্যান বুৰো, ঢাকা
- ৬। স্টাফ অফিসাৰ, উপমহাপরিচালকেৰ দপ্তৰ, বাংলাদেশ পরিসংখ্যান বুৰো, ঢাকা
- ৭। ব্যক্তিগত কৰ্মকৰ্তা, অতিরিক্ত সচিব (উৱ্যন), পরিসংখ্যান ও তথ্য ব্যবস্থাপনা বিভাগ, ঢাকা (অতিরিক্ত সচিব মহোদয়েৰ সদয় অবগতিৰ জন্য)
- ৮। অফিস কপি।

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
বাংলাদেশ পরিসংখ্যান ব্যৱো
এনএসডিএস ইমপ্লিমেটেশন সাপোর্ট প্রজেক্ট
পরিসংখ্যান ভবন (৯ম তলা, ইক-বি)
ই-২৭/এ, আগারগাঁও, ঢাকা-১২০৭।
www.bbs.gov.bd

নং- ৫২.০১.০০০০.৮০৯.১৮.১৩৫.২০ (অংশ-১).২৭৮

তারিখ : ২৭ভাদ্র ১৪৩০
২৮ সেপ্টেম্বর ২০২৩

বিষয়: ‘এনএসডিএস ইমপ্লিমেটেশন সাপোর্ট প্রজেক্ট’ এর আন্তর্জাতিক পরামর্শক প্রতিষ্ঠান DevStat কর্তৃক প্রেরিত ডেলিভারেবলস্ (Deliverables) পর্যালোচনা ও চূড়ান্তকরণ বিষয়ক কমিটির সভার কার্যবিবরণী।

১.১ সভাপতি

জনাব পরিমল চন্দ্র বসু, উপমহাপরিচালক, বাংলাদেশ পরিসংখ্যান ব্যৱো, ঢাকা

১.২ সভার তারিখ ও সময়

০৭ সেপ্টেম্বর ২০২৩; রোজ বৃহস্পতিবার, বিকাল ৩.০০ ঘটকা

১.৩ সভার স্থান

সভাকক্ষ, এনএসডিএস ইমপ্লিমেটেশন সাপোর্ট প্রজেক্ট, ৯ম তলা (ইক-বি), বিবিএস

১.৪ সভায় উপস্থিতি

সংযোজনী-ক দ্রষ্টব্য

২.০ সভাপতি সভার শুরুতে উপস্থিত সকলকে স্বাগত জানিয়ে সভার কার্যক্রম শুরু করেন। তিনি বলেন যে, বিবিএস এর চলমান ও ভবিষ্যতে করণীয় কাজগুলোর রীতি পদ্ধতি (methodology) পর্যালোচনা এবং প্রযোজ্য ক্ষেত্রে কারিগরি সহযোগিতা গ্রহণের মাধ্যমে আন্তর্জাতিকমানে উন্নীতকরণের পাশাপাশি একটি টেকসই কাঠামোর উপর প্রতিষ্ঠা করার লক্ষ্যে ‘এনএসডিএস ইমপ্লিমেটেশন সাপোর্ট প্রজেক্ট’ এর আওতায় আন্তর্জাতিক পরামর্শক প্রতিষ্ঠান DevStat কে নিয়োগ প্রদান করা হয়। উক্ত consulting firm বেশ কিছু ডেলিভারেবলস্ ইতোমধ্যে সম্পন্ন করেছে এবং ৬ষ্ঠ দফায় আরও ০৩টি ডেলিভারেবলস্ (Improvements in Core Statistics, Manuals on Improved Methodologies, ICT Plan) প্রকল্প দপ্তরে দাখিল করেছে। তিনি এ বিষয়ে বিস্তারিত আলোচনার জন্য প্রকল্প পরিচালক জনাব মোঃ দিলদার হোসেন-কে আহ্বান জানান।

৩.০ সভাপতির আহ্বানে প্রকল্প পরিচালক জনাব মোঃ দিলদার হোসেন জানান যে, গত ০৮ এপ্রিল ২০২০ তারিখ আন্তর্জাতিক পরামর্শক প্রতিষ্ঠান DevStat এর সাথে বিবিএস এর চুক্তি সম্পাদনের পর থেকে এ প্রতিষ্ঠান ১৪টি ডেলিভারেবলস্ প্রস্তুত করার লক্ষ্যে কাজ করে যাচ্ছে। ইতোমধ্যে ১৭টি ডেলিভারেবলস্ এর কাজ চূড়ান্তভাবে সম্পন্ন হয়েছে এবং ৭টি ডেলিভারেবলস্ এর কাজ বর্তমানে চলমান রয়েছে। এর মধ্যে ৩টি ডেলিভারেবলস্ (Improvements in Core Statistics, Manuals on Improved Methodologies, ICT Plan) এর খসড়া DevStat প্রকল্প দপ্তরে দাখিল করেছে। উক্ত ডেলিভারেবলসমূহ বিবিএস এর সকল উইং এর পরিচালক ও ‘এনএসডিএস ইমপ্লিমেটেশন সাপোর্ট প্রজেক্ট’ এর উইংভিতিক ফোকাল পয়েন্ট কর্মকর্তাদের নিকট হার্ডকপি ও ইমেইলে সফ্টকপি প্রেরণ করা হয়েছে। তিনি আরও বলেন যে, অদ্যকার এ সভায় উপস্থিত সদস্যগণ প্রেরিত ডেলিভারেবলস্ এর ওপর মতামত প্রদান করতে পারেন। এ মতামতসমূহ সংশ্লিষ্ট ডেলিভারেবল এ অন্তর্ভুক্তির জন্য আন্তর্জাতিক পরামর্শক প্রতিষ্ঠান DevStat কে প্রেরণ করা হবে।

৪.০ সভার আলোচনা ও মতামত:

৪.১ আলোচনায় অংশ নিয়ে জনাব কবির উদ্দিন আহমদ, পরিচালক, কম্পিউটার টেইং জানান যে, খসড়া ICT Plan ডেলিভারেবল বিষয়ে উইং এর সংশ্লিষ্ট কর্মকর্তাদের নিয়ে ইতোমধ্যে একাধিক সভার আয়োজন করা হয়েছে। ডেলিভারেবলটি বিস্তারিত পর্যালোচনা ও যাচাই বাছাইয়ের জন্য আরও কয়েকটি সভা আয়োজনের প্রয়োজনীয়তা রয়েছে বলে তিনি উল্লেখ করেন। তিনি আরও বলেন যে, খসড়া ICT Plan এ ৩ (তিনি) বছরের জন্য operational road map প্রস্তাব করা হয়েছে। এটা ৫-১০ বছর হওয়া উচিত বলে তিনি মতামত ব্যক্ত করেন। তিনি আরও উল্লেখ করেন যে, বিবিএস র জন্য Cloud Infrastructure, Big Data ব্যবহার, Database, Application ও Cyber Security, প্রয়োজনীয় Software ও Hardware, প্রয়োজনীয় Human Resource উন্নয়ন এবং Transition Mechanism কি হবে তা পরিকারণাবে ICT Plan এ উল্লেখ থাকা বাছুনীয়।

৪.২ আলোচনার এ পর্যায়ে বিভিন্ন উইং এর পরিচালকগণ বলেন যে, ইতোমধ্যে প্রকল্প দপ্তর হতে ডেলিভারেবলসমূহের হার্ডকপি ও সফটকপি পাওয়া গিয়েছে। ডেলিভারেবলগুলো প্রাথমিকভাবে পর্যালোচনা করে দেখা যায় যে, অধিকাংশ ক্ষেত্রে পুরানো methodology এবং পুরানো technology ব্যবহারের প্রস্তাব করা হয়েছে যেখান থেকে বিবিএস ইতোমধ্যে অনেক এগিয়ে গেছে এবং advanced লেভেলে কাজ করছে বলে পরিচালকগণ উল্লেখ করেন। পরিচালকগণ আরও জানান যে, ডেলিভারেবল ০৩টি বিস্তারিত পর্যালোচনা করে মতামত প্রদানের জন্য আরও কিছুটা সময় প্রয়োজন। তাই মতামত প্রদানের জন্য একটি সময়সীমা নির্ধারণ করা উচিত। এ বিষয়ে উপস্থিত অন্যান্য সদস্যগণও একমত পোষণ করেন।

৪.৩ আলোচনায় অংশ নিয়ে প্রকল্প পরিচালক জনাব মোঃ দিলদার হোসেন উইং পরিচালকদের দৃষ্টি আকর্ষণ করে 'Improvements in Core Statistics' ডেলিভারেবলটি যাচাই বাছাই ও পর্যালোচনার ক্ষেত্রে অন্যান্য বিষয়ের পাশাপাশি আন্তর্জাতিক পরামর্শক প্রতিষ্ঠানের সাথে সম্পাদিত চুক্তিতে বর্ণিত ডেলিভারেবলটির সুনির্দিষ্ট উদ্দেশ্যসমূহ (৪টি বিষয়) আবশ্যিকভাবে বিবেচনা করার বিষয়ে মতামত ব্যক্ত করেন।

৪.৪ সভায় উপমহাপরিচালক, বিবিএস বলেন যে, আন্তর্জাতিক পরামর্শক প্রতিষ্ঠান DevStat কর্তৃক প্রেরিত উল্লিখিত ০৩টি ডেলিভারেবলসং পুঙ্গানুপুঙ্গভাবে যাচাই বাছাই ও পর্যালোচনা করে বিস্তারিত মতামত প্রদান করতে হবে। এ লক্ষ্যে প্রয়োজনে উইং পরিচালকগণ তার স্ব স্ব উইংয়ে এ বিষয়ে সভা করে সবাইকে সংযুক্ত করে সিদ্ধান্ত গ্রহণ করবেন। এ বিষয়ে বিভিন্ন উইং এর জন্য নির্ধারিত প্রকল্পের ফোকাল পয়েন্ট কর্মকর্তাগণকে কার্যকরী ভূমিকা পালন করতে হবে বলে তিনি মতামত ব্যক্ত করেন।

৫.০ উপর্যুক্ত আলোচনার পর নিম্নোক্ত সিদ্ধান্তসমূহ সর্বসম্মতিক্রমে গ্রহীত হয়:

৫.১ 'Improvements in Core Statistics' Deliverableটি যাচাই বাছাইয়ের ক্ষেত্রে অন্যান্য বিষয়ের পাশাপাশি আন্তর্জাতিক পরামর্শক প্রতিষ্ঠান (DevStat) এর সাথে সম্পাদিত চুক্তিতে বর্ণিত নিম্নলিখিত ৪ (চারটি) বিষয় আবশ্যিকভাবে বিবেচনা করতে হবে এবং এ বিষয়ে বিবিএস এর সংশ্লিষ্ট উইং এর পরিচালক ব্যবহার পত্র প্রেরণ করতে হবে:

- (a) Improved definitions, classifications, methodologies and questionnaires;
- (b) Improved sampling design;

- (c) Better incorporation of Computer Assisted Personal Interviews (CAPI) to improve efficiency in data collection, quality and management;
- (d) Introduction of a quality framework to improve supervision during data collection.

- ৫.২ উইং পরিচালকগণ ডেলিভারেবলস্ সংক্রান্ত সিদ্ধান্ত গ্রহণে প্রয়োজনে উইং এর সকলকে নিয়ে সভা করে মতামত প্রদান করবেন;
- ৫.৩ আগস্ট ২০ সেপ্টেম্বর ২০২৩ তারিখের মধ্যে উইং পরিচালকগণ ডেলিভারেবলস্ সংক্রান্ত তাদের লিখিত মতামত (বিশ্বারিত) প্রকল্প দপ্তরে প্রেরণ করবেন;
- ৫.৪ ডেলিভারেবলস্ (Deliverables) পর্যালোচনা ও চূড়ান্তকরণ বিষয়ক কমিটির সদস্যগণও উল্লিখিত ডেলিভারেবল ০৩টি যাচাই বাছাই ও পর্যালোচনা করে তাদের মতামত এ কমিটির পরবর্তী সভায় উপস্থাপন করবেন;
- ৫.৫ উইং হতে মতামত প্রাপ্তির পর এ বিষয়ে পরবর্তী সভার আয়োজন করতে হবে।

৬.০ অতঃপর সভায় আর কোন আলোচনা না থাকায় সভাপতি উপস্থিতি সকলকে ধন্যবাদ জানিয়ে সভার সমাপ্তি ঘোষণা করেন।



পরিমল চন্দ্ৰ বসু
উপমহাপরিচালক
বাংলাদেশ পরিসংখ্যান বুরো

বিতরণ: (জ্যোতির ক্রমানুসারে নয়):

- (১) ডেলিভারেবলস্ সংশ্লিষ্ট উইং পরিচালক/ পরিচালক (সকল).....
- (২) প্রকল্প পরিচালক, এনএসডিএস ইমপ্রিমেটেশন সাপোর্ট প্রজেক্ট, বাংলাদেশ পরিসংখ্যান বুরো, ঢাকা
- (৩) প্রতিনিধি, পরিসংখ্যান ও তথ্য ব্যবস্থাপনা বিভাগ, ঢাকা
- (৪) প্রকল্প পরিচালক, HIES 2020-2021 প্রকল্প, বাংলাদেশ পরিসংখ্যান বুরো, ঢাকা
- (৫) আয়ন-ব্যয়ন কর্মকর্তা, এনএসডিএস ইমপ্রিমেটেশন সাপোর্ট প্রজেক্ট, বিবিএস
- (৬) ড. মনছুর আহমেদ, ইকোনমিস্ট, এনএসডিএস ইমপ্রিমেটেশন সাপোর্ট প্রজেক্ট, বিবিএস, ঢাকা
- (৭) জনাব.....

অনুলিপি: (জ্যোতির ক্রমানুসারে নয়)

- (১) অতিরিক্ত সচিব (উরয়ন), পরিসংখ্যান ও তথ্য ব্যবস্থাপনা বিভাগ, ঢাকা
- (২) সচিবের একান্ত সচিব, পরিসংখ্যান ও তথ্য ব্যবস্থাপনা বিভাগ, ঢাকা (সচিব মহোদয়ের সদয় অবগতির জন্য)
- (৩) স্টাফ অফিসার, মহাপরিচালক, বিবিএস, ঢাকা (মহাপরিচালক মহোদয়ের সদয় অবগতির জন্য)
- (৪) অফিস কপি।

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
বাংলাদেশ পরিসংখ্যান বুরো
এনএসডিএস ইমপ্লিমেটেশন সাপোর্ট প্রজেক্ট
পরিসংখ্যান ভবন (৯ম তলা, ব্লক-বি)
ই-২৭/এ, আগারগাঁও, ঢাকা-১২০৭।
www.bbs.gov.bd

নং ৫২,০১,০০০০,৪০৯.১৮,১৩৫.২০ (অংশ-১)। ১০৬-৫

২৪ মার্চ ১৪৩০
০৭ ফেব্রুয়ারি ২০২৪

বিষয়: বাংলাদেশ পরিসংখ্যান বুরো (বিবিএস) কর্তৃক বাস্তবায়নার্থীন ‘এনএসডিএস ইমপ্লিমেটেশন সাপোর্ট প্রজেক্ট’ এর International Twinning Partner (DevStat-IOE-ibf) কর্তৃক প্রণয়নকৃত এবং বিবিএস কর্তৃক গৃহীত ডেলিভারেবলসমূহের ওপর আলোচনা সভার কার্যবিবরণী।

১.১ সভাপতি	জনাব মোহাম্মদ মিজানুর রহমান, মহাপরিচালক, বাংলাদেশ পরিসংখ্যান বুরো
১.২ সভার তারিখ ও সময়	২৮ আনুযায়ী ২০২৪; রোজ রবিবার, সকাল ১১.০০ ঘটিকা
১.৩ সভার স্থান	সভাকক্ষ, মহাপরিচালকের দপ্তর, ২য় তলা (ব্লক-এ), বিবিএস
১.৪ সভায় উপস্থিতি	সংযোজনী-ক দ্রষ্টব্য

২.০। সভাপতি শুরুতে উপস্থিত সকলকে স্বাগত জানিয়ে সভার কার্যক্রম শুরু করেন। তিনি জানান, বাংলাদেশ পরিসংখ্যান বুরো (বিবিএস) কর্তৃক বাস্তবায়নার্থীন ‘এনএসডিএস ইমপ্লিমেটেশন সাপোর্ট প্রজেক্ট’ এর আন্তর্জাতিক পরামর্শক প্রতিষ্ঠান DevStat-IOE-ibf Joint-Venture তাদের সাথে চুক্তি অনুযায়ী বিভিন্ন ডেলিভারেবলস্মূলক প্রণয়নপূর্বক বিবিএস এ প্রেরণ করেছে। তিনি আরও বলেন, একাধিক ভ্যালিডেশন ওয়ার্কশপ ও ডেলিভারেবলস্মূলক পর্যালোচনা ও চূড়ান্তকরণ সভার মাধ্যমে অধিকাংশ ডেলিভারেবল বিবিএস কর্তৃক চূড়ান্তভাবে প্রস্তুত করা হয়েছে। আন্তর্জাতিক পরামর্শক প্রতিষ্ঠান কর্তৃক প্রেরিত এসকল ডেলিভারেবল এর বর্তমান অবস্থা ও বাস্তবায়ন বিষয়ে আলোচনার লক্ষ্যে এ সভা আহ্বান করা হয়েছে বলে তিনি উল্লেখ করেন। এ বিষয়ে বিস্তারিত উপস্থাপনার জন্য ‘এনএসডিএস ইমপ্লিমেটেশন সাপোর্ট প্রজেক্ট’ এর প্রকল্প পরিচালক জনাব মোঃ দিলদার হোসেন কে তিনি আহ্বান জানান।

৩.০। সভাপতির আহ্বানের প্রেক্ষিতে প্রকল্প পরিচালক জনাব মোঃ দিলদার হোসেন PowerPoint উপস্থাপনার মাধ্যমে প্রকল্পের সংক্ষিপ্ত বিবরণ ও আন্তর্জাতিক পরামর্শক প্রতিষ্ঠান কর্তৃক প্রেরিত ডেলিভারেবলসমূহের বর্তমান অবস্থার নিয়ন্ত্রণ চিত্র সভায় তুলে ধরেন:

৩.১ NSDS Implementation Support প্রকল্পের সংক্ষিপ্ত বিবরণী:

ক. প্রকল্পের নাম: National Strategy for the Development of Statistics (NSDS) Implementation Support Project

খ. মন্ত্রণালয়/বিভাগের নাম	পরিসংখ্যান ও তথ্য ব্যবস্থাপনা বিভাগ পরিকল্পনা মন্ত্রণালয়
গ. বাস্তবায়নকাল	মার্চ ২০১৮ - ফেব্রুয়ারি ২০২৪
ঘ. বাস্তবায়নকারী সংস্থা	বাংলাদেশ পরিসংখ্যান বুরো
ঙ. সেন্ট্রে	আর্থ-সামাজিক অবকাঠামো বিভাগ, পরিকল্পনা কমিশন
চ. প্রকল্পের প্রশাসনিক অনুমোদন	২৫ জুন ২০১৮
ছ. বিষ্বব্যাংক কর্তৃক Effectiveness Declaration	১২ সেপ্টেম্বর ২০১৮
জ. বিষ্বব্যাংক কর্তৃক প্রথম Fund Release	২৭ মে ২০১৯

ক. প্রাকলিত ব্যয়

মোট ১৩৪০২.০০ লক্ষ (জিওবি ১৪০২.০০ লক্ষ ও থকে
সহায় ১২০০০.০০ লক্ষ (বিশ্বাংক))

৩.২। থকের মূল উদ্দেশ্য:

বাংলাদেশ সরকার কর্তৃক গৃহীত ও মন্ত্রিপরিষদ কর্তৃক অনুমোদিত জাতীয় পরিসংখ্যান উন্নয়ন কৌশলগত্ব (NSDS) বাস্তবায়নে সহায়তা করা। এর দ্বারা বাংলাদেশ পরিসংখ্যান বুরোর সার্বিক সক্ষমতা বৃক্ষিক মাধ্যমে আন্তর্জাতিক মানসম্পদ পরিসংখ্যান প্রণয়নের দ্বার উয়েটিত হবে। নীতিনির্ধারক, পরিকল্পনাবিদসহ অন্যান্য তথ্য-উপাত্ত ব্যবহারকারীগণ যথাসময়ে মানসম্পদ সঠিক ও নির্ভরযোগ্য পরিসংখ্যান প্রাপ্ত করা।

৩.৩। থকের সুনির্দিষ্ট উদ্দেশ্যসমূহ:

- সীমাবদ্ধ সম্পদের সর্বোত্তম ব্যবহারের মাধ্যমে পরিসংখ্যান প্রস্তুতের লক্ষ্যে জরিপের পরিবর্তে ‘প্রশাসনিক উৎস’ থেকে নিয়মিত তথ্য সংগ্রহের জন্য তথ্য প্রস্তুতকারি বিভিন্ন মন্ত্রণালয়/বিভাগ/দপ্তর/ অধিদপ্তরের সাথে প্রাতিষ্ঠানিক সম্পর্ক স্থাপন করা এবং এ লক্ষ্যে সময়োত্তো স্বারক (MoU) স্বাক্ষর করা।
- দ্রুততম সময়ে তথ্য সংগ্রহ, সংকলন, প্রক্রিয়াকরণ ও বিশ্লেষণের সাধ্যমে যথাসময়ে প্রতিবেদন প্রকাশের লক্ষ্যে তথ্য সংগ্রহ থেকে রিপোর্ট প্রকাশ পর্যন্ত সামগ্রিক প্রক্রিয়া স্বয়ংক্রিয় করার লক্ষ্যে একটি Comprehensive ICT পরিকল্পনা প্রণয়ন করা;
- দাপ্তরিক পরিসংখ্যান প্রণয়ন একটি টেকনিক্যাল বিষয়। এ কাজ সঠিকভাবে সম্পাদনের জন্য দক্ষ জনবল আপরিহার্য। তাই বিবিএস এ কর্মরত সকল ধরনের জনবলকে দেশে-বিদেশে নিয়মিত প্রশিক্ষণের মাধ্যমে দক্ষ জনবল হিসেবে গড়ে তোলা;
- সঠিক, নির্ভরযোগ্য, আন্তর্জাতিক মানসম্পদ পরিসংখ্যান প্রণয়নের লক্ষ্যে বাংলাদেশ পরিসংখ্যান বুরো কর্তৃক পরিচালিত প্রধান প্রধান (core) জরিপসহ অন্যান্য পরিসংখ্যানগত কার্যক্রমের পরিচালনা পদ্ধতি (Methodology) পরীক্ষা-নিরীক্ষাপূর্বক যুগোপযোগী করা; এবং
- বিবিএস বর্তুক প্রস্তুতবৃত্ত পরিসংখ্যান দ্রুত ও সহজে জনগণের দোরগোড়ায় পৌছানোর লক্ষ্যে তথ্য প্রকাশনা পদ্ধতি আধুনিকায়ন।

৩.৪। থকের প্রধান কম্পোনেন্টসমূহ:

কম্পোনেন্ট - এ: পরিসংখ্যান কার্যক্রম সমন্বয় ও ব্যবস্থাপনার উন্নয়ন;

কম্পোনেন্ট - বি: মানবসম্পদের উন্নয়ন এবং তথ্য সংগ্রহ ও ব্যবস্থাপনার উন্নয়নের নিয়মিত একটি সমন্বিত আইসিটি পরিকল্পনা প্রণয়ন;

কম্পোনেন্ট - সি: নীতিনির্ধারণ ও পরিকল্পনা প্রণয়নে ব্যবহার্য প্রধান (Core) পরিসংখ্যানের পরিষি ও গুণগতমান উন্নয়ন;
কম্পোনেন্ট - ডি: মরক্কারি পরিসংখ্যান ব্যবহার নিশ্চিত করার লক্ষ্যে সহজে ব্যবহারকারীরাগণের নিখন্ট তথ্য পৌছানোর ব্যবস্থাকরণ।

৩.৫। আন্তর্জাতিক পরামর্শক প্রতিষ্ঠান কর্তৃক প্রেরিত ডেলিভারেবলসমূহের বর্তমান অবস্থা:

Sub Components	SI No.	Deliverables	Custodian Wing	Present Status
Component A: Improving the Coordination and Management of Statistical Activities				
A.1. Improving the coordination with other data producers		A.1.1- Report on MoUs	FA & MIS Wing BBS	১। ডেলিভারেবল ড্যালিডেশন ওয়ার্কশপ এবং ডেলিভারেবল পর্যালোচনা ও চূড়ান্তকরণ কমিটির মাধ্যমে ডেলিভারেবলটি চূড়ান্তভাবে গৃহীত হয়েছে। ২। চূড়ান্ত ডেলিভারেবলটি কাটোডিয়ান উৎসে প্রেরণ করা হয়েছে।
2	A.1.2- Report on Administrative Data		Computer Wing BBS	১। ডেলিভারেবল ড্যালিডেশন ওয়ার্কশপ এবং ডেলিভারেবল পর্যালোচনা ও চূড়ান্তকরণ কমিটির মাধ্যমে ডেলিভারেবলটি চূড়ান্তভাবে গৃহীত হয়েছে।

Sub Components	SI. No.	Deliverables	Custodian Wing	Present Status
A.2. Strengthening Management Systems	3	A.2.1- Report on Functional Review of BBS	FA & MIS Wing BBS	<p>১। চূড়ান্ত ডেলিভারেবলটি কাস্টোডিয়ান উইংয়ে প্রেরণ করা হয়েছে।</p> <p>২। চূড়ান্ত ডেলিভারেবলটি কাস্টোডিয়ান উইংয়ে প্রেরণ করা হয়েছে।</p>
	4	A.2.2 - Report on HR Recruitment	FA & MIS Wing BBS	<p>১। ডেলিভারেবল ভ্যালিডেশন ওয়ার্কশপ এবং ডেলিভারেবল পর্যালোচনা ও চূড়ান্তকরণ কমিটির মাধ্যমে ডেলিভারেবলটি চূড়ান্তভাবে গৃহীত হয়েছে।</p> <p>২। চূড়ান্ত ডেলিভারেবলটি কাস্টোডিয়ান উইংয়ে প্রেরণ করা হয়েছে।</p>
	5	A.2.3- Training on Quality Management	SSTI, BBS	<p>১। আগর্জাতিক পরামর্শক প্রতিষ্ঠান কর্তৃক তাদের বিশেষজ্ঞ প্রশিক্ষকের মাধ্যমে বিবিএস এবং বিডিএম মন্ত্রণালয় ও সংস্থার ৪২ জন কর্মকর্তাকে ১০ (দশ) দিনবাবণী দুইপর্বে যথাক্রমে BRAC-CDM, Rajendrapur, Gazipur এবং The Palace Luxury Resort, Bahubal, Habiganj এ Quality Management in Official Statistics সংগ্রাহ প্রশিক্ষণ পদান করা হয়েছে।</p> <p>২। প্রশিক্ষণের কনটেক্ট ও ম্যানুয়াল ভবিষ্যতে ব্যবহারের জন্য এসএসটিআই উইংয়ে হস্তান্তর করা হয়েছে।</p>

Component B: Developing Human Resources and ICT Infrastructure to produce and manage data

B.1. Investing in Core skills and Competencies	6	B.1.1- Training Policy	SSTI, BBS	<p>১। ডেলিভারেবল ভ্যালিডেশন ওয়ার্কশপ এবং ডেলিভারেবল পর্যালোচনা ও চূড়ান্তকরণ কমিটির মাধ্যমে ডেলিভারেবলটি চূড়ান্তভাবে গৃহীত হয়েছে।</p> <p>২। চূড়ান্ত ডেলিভারেবলটি কাস্টোডিয়ান উইংয়ে প্রেরণ করা হয়েছে।</p>
	7	B.1.2- Training Plan	SSTI, BBS	<p>১। ডেলিভারেবল ভ্যালিডেশন ওয়ার্কশপ এবং ডেলিভারেবল পর্যালোচনা ও চূড়ান্তকরণ কমিটির মাধ্যমে ডেলিভারেবলটি চূড়ান্তভাবে গৃহীত হয়েছে।</p> <p>২। চূড়ান্ত ডেলিভারেবলটি কাস্টোডিয়ান উইংয়ে প্রেরণ করা হয়েছে।</p>
	8	B.1.3- Training Inventory	SSTI, BBS	<p>১। ডেলিভারেবল ভ্যালিডেশন ওয়ার্কশপ এবং ডেলিভারেবল পর্যালোচনা ও চূড়ান্তকরণ কমিটির মাধ্যমে ডেলিভারেবলটি চূড়ান্তভাবে গৃহীত হয়েছে।</p> <p>২। চূড়ান্ত ডেলিভারেবলটি কাস্টোডিয়ান উইংয়ে প্রেরণ করা হয়েছে।</p>
	9	B.1.4- Training Materials	SSTI, BBS	<p>১। ডেলিভারেবল ভ্যালিডেশন ওয়ার্কশপ এবং ডেলিভারেবল পর্যালোচনা ও চূড়ান্তকরণ কমিটির মাধ্যমে ডেলিভারেবলটি চূড়ান্তভাবে গৃহীত হয়েছে।</p>

Sub Components	Sl. No.	Deliverables	Custodian Wing	Present Status
	10	B.1.5- Basic Training (500)	NSDS-ISP, BBS	১। চূড়ান্ত ডেলিভারেবলটি কাস্টোডিয়ান উইংয়ে প্রেরণ করা হয়েছে।
	11	B.1.6- Subject-matter and Advanced Training (150)	NSDS-ISP, BBS	১। আন্তর্জাতিক পরামর্শক প্রতিষ্ঠান কর্তৃক তাদের বিশেষজ্ঞ প্রশিক্ষকের মাধ্যমে বিবিএস এবং নিভিন সন্তোষজনক ও সংস্থার ৫০০ জন কর্মকর্তা/কর্মচারীগণকে পরিসংখ্যান সংক্রান্ত বিভিন্ন বিষয়ের উপর 'Local Basic Training' শীর্ষক প্রশিক্ষণ প্রদান করা হয়েছে।
B.2. Investing in Information and Communications Technology	12	B.2.1- Website Development	Computer Wing BBS	১। ডেলিভারেবলটি পরিচালক, কম্পিউটার উইং কর্তৃক গঠিত পাঁচ (০৫) সদস্য নিশ্চিত কর্মিটি কর্তৃক এবং প্রদর্শাতে ডেলিভারেবল পর্যালোচনা ও চূড়ান্তকরণ কর্মিটি কর্তৃক চূড়ান্তভাবে গৃহীত হয়েছে। ২। ওয়েবসাইট সংশ্লিষ্ট বিবিএস এর ০৬জন কর্মকর্তা/কর্মচারীকে নতুন ওয়েবসাইটে পরিচালনা, নকশাবেক্ষণ ও হালনাগাদকরণের নিমিত্ত 'The Newly Developed Website of BBS' শীর্ষক ০২ (দুই) দিনব্যাপী প্রশিক্ষণ প্রদান করা হয়েছে।
	13	B.2.2- ICT Plan	Computer Wing BBS	২৮ ডিসেম্বর ২০২৩ তারিখ পরিসংখ্যান ও তথ্য ব্যবস্থাপনা বিভাগ এ অনুষ্ঠিত ICT Plan প্রণয়ন সম্পর্কিত সভায় ডেলিভারেবলটি চূড়ান্তভাবে গৃহীত হয়। (এ বিষয়ে কোন উইংয়ের কোন মতামত থাকলে অব্য সভায় আলোচনা হতে পারে)।

Component-C: Improving the Coverage and Quality of Core Statistics required for Policy and planning

C. Improving the Coverage and Quality of Core Statistics Required for Policy and Planning	14	C.1- Baseline Review of Core Statistics	Demography and Health Wing, Census Wing, Industry and Labour Wing, National Accounting Wing, Agriculture Wing	১। ডেলিভারেবল ভ্যালিডেশন ওয়ার্কশপ এবং ডেলিভারেবল পর্যালোচনা ও চূড়ান্তকরণ কর্মিটির মাধ্যমে ডেলিভারেবলটি চূড়ান্তভাবে গৃহীত হয়েছে। ২। চূড়ান্ত ডেলিভারেবলটি কাস্টোডিয়ান উইংয়ে প্রেরণ করা হয়েছে।
	15	C.2- Improvements in Core Statistics	Wing, Agriculture Wing	১। আন্তর্জাতিক পরামর্শক প্রতিষ্ঠান DevStat কর্তৃক প্রেরিত <u>Improvements in Core Statistics</u> এবং <u>Manuals on Improved Methodologies</u> ডেলিভারেবল দুটি পুঁজোনুপুঁজোভাবে যাচাই-বাছাই, বিশেষণ এবং প্রযোজ্যক্ষেত্রে সংযোজন/ বিয়োজনের নিমিত্ত সংশ্লিষ্ট কাস্টোডিয়ান উইংয়ে প্রেরণ করা হয়।
	16	C.3- Manuals on Improved Methodologies		২। সংশ্লিষ্ট উইংসমূহের এতৎসংক্রান্ত মতামত পরামর্শক প্রতিষ্ঠান DevStat বরাবর প্রেরণ করা

Sub Components	SI. No.	Deliverables	Custodian Wing	Present Status
				হয়। প্রযোজনক্ষেত্রে পরামর্শক প্রতিষ্ঠানের সংশ্লিষ্ট key expert-দের সাথে উইংসমূহের সরাসরি/অনলাইন সভার আয়োজন করা হয়।
Component D: Promoting and Strengthening Access to and the Use of Official Statistics.				
D.1. Implementing an effective and clear dissemination policy	17	D.1.1- Advance Release Calendar	FA & MIS Wing BBS	<p>১। ডেলিভারেবল ভ্যালিডেশন ওয়ার্কশপ এবং ডেলিভারেবল পর্যালোচনা ও চূড়ান্তকরণ কমিটির মাধ্যমে ডেলিভারেবলটি চূড়ান্তভাবে গৃহীত হয়েছে।</p> <p>২। চূড়ান্ত ডেলিভারেবলটি কাস্টোডিয়ান উইংয়ে প্রেরণ করা হয়েছে।</p>
	18	D.1.2- Protocol for Advance Release Calendar	FA & MIS Wing BBS	<p>১। ডেলিভারেবল ভ্যালিডেশন ওয়ার্কশপ এবং ডেলিভারেবল পর্যালোচনা ও চূড়ান্তকরণ কমিটির মাধ্যমে ডেলিভারেবলটি চূড়ান্তভাবে গৃহীত হয়েছে।</p> <p>২। চূড়ান্ত ডেলিভারেবলটি কাস্টোডিয়ান উইং: ৩/৫ প্রেরণ করা হয়েছে।</p>
D.2. Documenting statistical activities and providing better access to metadata	19	D.2.1- Data Visualization	Computer Wing BBS	<p>১। ডেলিভারেবল পর্যালোচনা ও চূড়ান্তকরণ কমিটির মাধ্যমে ডেলিভারেবলটি চূড়ান্তভাবে গৃহীত হয়েছে।</p> <p>২। চূড়ান্ত ডেলিভারেবলটি কাস্টোডিয়ান উইংয়ে প্রেরণ করা হয়েছে।</p>
	20	D.2.2- Metadata Documentation	Computer Wing BBS	<p>১। ডেলিভারেবল ভ্যালিডেশন ওয়ার্কশপ এবং ডেলিভারেবল পর্যালোচনা ও চূড়ান্তকরণ কমিটির মাধ্যমে ডেলিভারেবলটি চূড়ান্তভাবে গৃহীত হয়েছে।</p> <p>২। বিবিএস এ কর্মরত কর্মকর্তাদের জরিপ ও শুধুমাত্র তথ্য উপাত্তের ডকুমেন্টেশন সংক্রান্ত দক্ষতা বৃদ্ধির লক্ষ্যে আন্তর্জাতিক প্রশিক্ষক কর্তৃক Metadata Documentation বিষয়ে ০৫ (পাঁচ) দিনব্যাপী ১৫ জন কর্মকর্তাকে প্রশিক্ষণ প্রদান করা হয়েছে।</p> <p>৩। চূড়ান্ত ডেলিভারেবলটি কাস্টোডিয়ান উইংয়ে প্রেরণ করা হয়েছে।</p>

Sub Components	Sl. No	Deliverables	Custodian Wing	Present Status
	21	D.2.3- Codes and Syntaxes	Computer Wing BBS	<p>১। ডেলিভারেবল পর্যালোচনা ও চূড়ান্তকরণ কমিটির মাধ্যমে ডেলিভারেবলটি চূড়ান্তভাবে গৃহীত হয়েছে।</p> <p>২। বিবিএস এর কর্মকর্তাদের জরিপ ও শুমারির তথ্য উপাত্ত ডকুমেন্টেশনে প্রযুক্তিগত দক্ষতা বৃদ্ধির লক্ষ্যে Codes and Syntax এর ওপর ১৩ জন কর্মকর্তাকে প্রশিক্ষণ প্রদান করা হয়েছে।</p> <p>৩। চূড়ান্ত ডেলিভারেবলটি কাস্টোডিয়ান উইংয়ে প্রেরণ করা হয়েছে।</p>
	22	D.2.4- Survey Documentation	Computer Wing BBS	<p>১। ডেলিভারেবল ভ্যালিডেশন ওয়ার্কশপ এবং ডেলিভারেবল পর্যালোচনা ও চূড়ান্তকরণ কমিটির মাধ্যমে ডেলিভারেবলটি চূড়ান্তভাবে গৃহীত হয়েছে।</p> <p>২। চূড়ান্ত ডেলিভারেবলটি কাস্টোডিয়ান উইংয়ে প্রেরণ করা হয়েছে।</p>
D.3. Expanding access to microdata for further research and analysis	23	D.3.1- Data Policy	Computer Wing BBS	<p>১। ডেলিভারেবল ভ্যালিডেশন ওয়ার্কশপ এবং ডেলিভারেবল পর্যালোচনা ও চূড়ান্তকরণ কমিটির মাধ্যমে ডেলিভারেবলটি চূড়ান্তভাবে গৃহীত হয়েছে।</p> <p>২। চূড়ান্ত ডেলিভারেবলটি কাস্টোডিয়ান উইংয়ে প্রেরণ করা হয়েছে।</p>
	24	D.3.2- Data Anonymization	Computer Wing BBS	<p>১। ডেলিভারেবল পর্যালোচনা ও চূড়ান্তকরণ কমিটির মাধ্যমে ডেলিভারেবলটি চূড়ান্তভাবে গৃহীত হয়েছে।</p> <p>২। বিবিএস এ কর্মরত কর্মকর্তাদের জরিপ ও শুমারির তথ্য উপাত্তের গোপনীয়তা রক্ফার্থে Data Anonymization বিষয়ে দক্ষতা বৃদ্ধির লক্ষ্যে আর্জাতিক প্রশিক্ষণ কর্তৃক ০৩ (তিনি) দিনব্যাপী ৮ জন কর্মকর্তাকে প্রশিক্ষণ প্রদান করা হয়েছে।</p>

০৪। আলোচনা:

অতঃপর সভায় উপস্থিত সকলকে প্রকল্প পরিচালক, এনএসডিএস ইমাঞ্জিমেন্টেশন সাপোর্ট প্রজেক্ট কর্তৃক উপস্থাপিত বিষয়ের ওপর আলোচনায় অংশগ্রহণ করার জন্য আহ্বান জানান। উক্ত আহ্বানের প্রেছিতে সভায় নিম্নুপ আলোচনা ও মতামত উপস্থাপন করা হয়।

৪.১। আলোচনায় অংশ নিয়ে কাস্টোডিয়ান সকল উইংসমূহের পরিচালকগণ প্রকল্প পরিচালক কর্তৃক উপস্থাপিত ডেলিভারেবলসমূহের বর্তমান অবস্থার সাথে একমত পোষণ করেন। জনাব কবির উদ্দিন আহমেদ, পরিচালক, কম্পিউটার উইং ‘Report on Administrative Data’ বিষয়ে বলেন যে, ডেলিভারেবলটি শুধু কম্পিউটার উইং ব্যবহার করবে না; বিবিএস এর সকল উইং সরকারের বিভিন্ন মন্ত্রণালয়, দপ্তর ও সংস্থার সাথে প্রশাসনিক তথ্য উপাত্ত আদান প্রদানে এ ডেলিভারেবল অনুসরণ করবে। তিনি চূড়ান্ত ডেলিভারেবলগুলোর সফ্টবুলি ও মুদ্রিতকপি দ্রুত সকল উইং এ প্রেরণ করার বিষয়ে অভিমত ব্যক্ত করেন।

৪.২। আলোচনার এ পর্যায়ে মহাপরিচালক, বিবিএস Annual Crop Production Survey (ACPS), Health and Morbidity Status Survey (HMSS) ও Survey of Manufacturing (SMI) এর পাইলটিং সম্পর্কে

পৃষ্ঠা-৬

জানতে চান। জবাবে জনাব আলাউদ্দিন আল আজাদ, পরিচালক, এগ্রিকালচার উইং, বিবিএস, জনাব মোঃ মাসুদ আলম, পরিচালক, ডেমোগ্রাফি অ্যান্ড হেলথ উইং, বিবিএস এবং জনাব মুহাম্মদ আতিকুল কবির, পরিচালক, ইত্তাস্টি অ্যান্ড লেবার উইং, বিবিএস যথাক্রমে ACPS, HMSS ও SMI এর পাইলটিং কার্যক্রমের সার্বিক অবস্থা সভাকে অবহিত করেন। জনাব আলাউদ্দিন আল আজাদ জানান যে, ACPS এর প্রিটেস্টিং কার্যক্রম সম্পন্ন করা হয়েছে এবং আন্তর্জাতিক পরামর্শক প্রতিষ্ঠান DevStat এর সহায়তায় প্রশ্নপত্র ও স্যাপ্লান চূড়ান্তকরণসহ পাইলটিংয়ের প্রস্তুতি চলমান রয়েছে। জনাব মোঃ মাসুদ আলম ও জনাব মুহাম্মদ আতিকুল কবির যথাক্রমে HMSS ও SMI সম্পর্কে আরও জানান যে, এ দু'টি সার্ভের প্রিটেস্টিং ও পাইলটিংয়ের তথ্য সংগ্রহ কার্যক্রম সম্পন্ন করা হয়েছে, বর্তমানে রিপোর্ট প্রস্তুতের কাজ চলমান রয়েছে।

৪.৩। আলোচনায় অংশ নিয়ে প্রকল্প পরিচালক জনাব মোঃ দিলদার হোসেন বলেন যে, গত ২৮ ডিসেম্বর ২০২৩ তারিখ পরিসংখ্যান ও তথ্য ব্যবস্থাপনা বিভাগ এ অনুষ্ঠিত ICT Plan প্রণয়ন সম্পর্কিত সভায় ডেলিভারেবলটি চূড়ান্তভাবে গৃহীত হয়। তবে এ বিষয়ে কোন উইংয়ের আরও কোন মতামত থাকলে অদ্য সভায় তা আলোচনা হতে পারে বলে তিনি উল্লেখ করেন। জবাবে বিবিএস এর উইং পরিচালকগণের পক্ষ হতে এ বিষয়ে আর কোন মতামত নাই মর্মে সভাকে অভিত্ত করা হয়।

৪.৪। আলোচনার শেষ পর্যায়ে মহাপরিচালক, বিবিএস বলেন যে, আন্তর্জাতিক পরামর্শক প্রতিষ্ঠান DevStat কর্তৃক প্রণয়নকৃত বর্ণিত ডেলিভারেবলসমূহ বিবিএস এর জন্য অত্যন্ত গুরুত্বপূর্ণ ও প্রয়োজনীয়। বিবিএস এর দৈনন্দিন কার্যক্রমে এসকল ডেলিভারেবল ব্যবহারের বিষয়ে তিনি বিশেষ গুরুত্ব আরোপ করেন। তিনি আরও বলেন যে, যেহেতু প্রকল্পটি ২৮ ফেব্রুয়ারি ২০২৪ তারিখ শেষ হতে যাচ্ছে, তাই উল্লিখিত তিনি সার্ভের চলমান পাইলটিং কার্যক্রমসহ প্রকল্পের সকল অসমাপ্ত কার্যক্রম দ্রুত সম্পন্ন করতে হবে। তিনি উল্লেখ করেন যে, Statistical Staff Training Institute-সহ বিবিএস সকল উইং/প্রজেক্ট/প্রোগ্রাম কর্তৃক আয়োজিত সকল প্রশিক্ষণের ক্ষেত্রে Training Policy ডেলিভারেবলটি অনুসরণ করতে হবে এবং প্রযোজ্য ক্ষেত্রে প্রশিক্ষণ শেষে স্টার্টিফিকেট প্রদানের ব্যবস্থা রাখতে হবে। তিনি আরও বলেন যে, চূড়ান্তভাবে গৃহীত ডেলিভারেবলসমূহ বিবিএস এর নতুন websit এ upload করার জন্য প্রয়োজনীয় ব্যবস্থা গ্রহণ করতে হবে এবং বিবিএস এর Advance Release Calendar সর্বদা হালনাগাদ রাখতে হবে। এ বিষয়ে এফএ অ্যান্ড এমআইএস উইং প্রয়োজনীয় ব্যবস্থা গ্রহণ করবে বলে তিনি উল্লেখ করেন। তিনি প্রকল্পের সকল কার্যক্রম যথাযথভাবে সম্পন্ন হচ্ছে মর্মে উল্লেখ করে প্রকল্প টিমকে ধন্যবাদ জাগন করেন।

০৫। বিস্তারিত আলোচনার পর সর্বসমতিক্রমে সভায় নিম্নোক্ত সিদ্ধান্তসমূহ গৃহীত হয়:

- ৫.১। ডেলিভারেবলসমূহের কাস্টোডিয়ান উইং চূড়ান্তভাবে গৃহীত ২১টি ডেলিভারেবল সংশ্লিষ্ট সকল উইংয়ে প্রেরণ করবে।
- ৫.২। এনএসিএস ইমপ্রিমেন্টেশন সাপোর্ট প্রকল্প দপ্তর চূড়ান্তভাবে গৃহীত সকল ডেলিভারেবল এর সফ্টকপি বিবিএস এর সকল উইংয়ে প্রেরণ করবে।
- ৫.৩। Improvements in Core Statistics এবং Manuals on Improved Methodologies ডেলিভারেবল দু'টির আলোকে চলমান Annual Crop Production Survey (ACPS), Health and Morbidity Status Survey (HMSS) ও Survey of Manufacturing (SMI) এর পাইলটিংয়ের সার্বিক কার্যক্রম সম্পাদনপূর্বক ডেলিভারেবল দু'টি দ্রুত চূড়ান্ত করতে হবে। এ দু'টি ডেলিভারেবল সম্পন্ন হওয়ার পর যথাযথ কর্তৃপক্ষ কর্তৃক গৃহীত হলে ডেলিভারেবল দু'টির হার্ডকপি ও সফ্টকপি সংশ্লিষ্ট সকল উইংয়ে প্রেরণ করতে হবে।
- ৫.৪। কম্পটার উইং, বিবিএস চূড়ান্তভাবে গৃহীত ডেলিভারেবলসমূহ বিবিএস এর নতুন websit এ upload করার জন্য প্রয়োজনীয় ব্যবস্থা গ্রহণ করবে।

- ৫.৫। ICT Plan ডেলিভারেবল বিষয়ে কোন উইঁয়ের আর কোন মতামত না থাকায় সভায় ডেলিভারেবলটি চূড়ান্ত মর্মে গৃহীত হলো।
- ৫.৬। Statistical Staff Training Institute (SSTI)-সহ বিবিএস সকল উইঁ/প্রজেক্ট/প্রোগ্রাম কর্তৃক আয়োজিত সকল প্রশিক্ষণের ক্ষেত্রে Training Policy ডেলিভারেবলটি অনুসরণ করতে হবে এবং প্রযোজ্য ক্ষেত্রে প্রশিক্ষণ শেবে সার্টিফিকেট প্রদানের ব্যবস্থা রাখতে হবে।
- ৫.৭। আন্তর্জাতিক পরামর্শক প্রতিঠান কর্তৃক প্রাণীত বিবিএস এর Advance Release Calendar সর্বদা হালনাগাদ রাখতে হবে। এ বিষয়ে এফএ অ্যান্ড এমআইএস উইঁ প্রয়োজনীয় ব্যবস্থা গ্রহণ করবে।
- ৫.৮। এনএসডিএস ইমপ্লিমেন্টেশন সাপোর্ট প্রজেক্ট এর আন্তর্জাতিক পরামর্শক প্রতিঠান DevStat কর্তৃক প্রণয়নকৃত সকল ডেলিভারেবল এর যথাযথ ব্যবহার সংশ্লিষ্ট উইঁ কর্তৃক নিশ্চিত করতে হবে।
- ৬.০। অতঙ্গের সভায় আর কোন আলোচ্য বিষয় না থাকায় সভাপতি প্রকল্প টিমসহ উপস্থিত সকলকে ধন্যবাদ জানিয়ে সভার সমাপ্তি ঘোষণা করেন।

মোহাম্মদ মিজানুর রহমান
মহাপরিচালক
(অতিরিক্ত সচিব)
বাংলাদেশ পরিসংখ্যান বুরো

বিতরণ: (জ্যোষ্ঠার ক্রমানুসারে নয়)

১. উপমহাপরিচালক, বাংলাদেশ পরিসংখ্যান বুরো
২. পরিচালক (সকল).....
৩. প্রকল্প পরিচালক, এনএসডিএস ইমপ্লিমেন্টেশন সাপোর্ট প্রজেক্ট, বিবিএস
৪. কোকাল গঞ্জেন্ট কর্মকর্তা (সকল), এনএসডিএস-আইএসপি, বিবিএস
৫. জনাব....., এনএসডিএস ইমপ্লিমেন্টেশন সাপোর্ট প্রজেক্ট, বিবিএস
৬. আয়ন-ব্যয়ন কর্মকর্তা, এনএসডিএস ইমপ্লিমেন্টেশন সাপোর্ট প্রজেক্ট, বিবিএস

অনুলিপি: (জ্যোষ্ঠার ক্রমানুসারে নয়)

১. অতিরিক্ত সচিব (উন্নয়ন), পরিসংখ্যান ও তথ্য ব্যবস্থাপনা বিভাগ, ঢাকা
২. যুগ্মসচিব (উন্নয়ন), পরিসংখ্যান ও তথ্য ব্যবস্থাপনা বিভাগ, ঢাকা
৩. উপসচিব (উন্নয়ন-১ অধিশাখা), পরিসংখ্যান ও তথ্য ব্যবস্থাপনা বিভাগ, ঢাকা
৪. সচিবের একান্ত সচিব, পরিসংখ্যান ও তথ্য ব্যবস্থাপনা বিভাগ, ঢাকা (সচিব মহোদয়ের সদয় অবগতির জন্য)
৫. অফিস কপি।

Project Implementation Unit (PIU)	
NSDS Implementation Support Project, BBS	
Sl No.	Name and Designation
1.	Mr. Md. Dilder Hossain, Project Director
2.	Mr. Mohammad Salim Sarker, Deputy Director
3.	Mr. Pratik Bhattacharjee, Deputy Director
4.	Mr. Swajan Hayder, Deputy Director
5.	Mr. Sheikh Tanvir Ahmed, Statistical Officer
6.	Ms. Ismat Zerin, Statistical Officer