Brief introduction to DodaLab HDSS

Dong Da Health Demographic Surveillance System (HDSS) is a part of a collaborative research and training project between Hanoi Medical University – Vietnam, the Nordic School of Public Health – Sweden and the Oxford University, UK. DODALAB HDSS also get supports and involvements from the Hanoi Health Bureau. The main aim is to develop a field to generate basic data for planning and policy making as well as public health research and training in urban area in Vietnam.

DODALAB is located in Dong Da district of Hanoi city, the capital of Vietnam. This is the largest urban district in Hanoi that covers an area of 10 km² and consists of 352,000 inhabitants. Its socioeconomic characteristics are quite representative for urban context in Hanoi. Three of 21 communes were selected for the HDSS because of the different in socioeconomic groups. The surveillance started with the baseline survey conducted late in 2007 including 10,806 households with 37,308 persons.

The surveillance is applied basing on the household-registration system through household interview. The first follow up survey was carried out during April to June, 2008 and then repeated every three months. During these visits, vital events including births, deaths and migration were collected and updated. Information related to pregnancies, reported illness, health care seeking practices and health expenditure were also recorded. Especially, all newborns in DODALAB since April 2009 have been followed by measuring their height, weight and upper
arm size. Census surveys are conducted every two years and the first one has been conducted at the end of the year 2009 with 40,595 persons under surveillance.

**Population Pyramid, Dodalab HDSS, 2012**

![Population Pyramid Diagram](image-url)

**Demographic Characteristics, 2012**

<table>
<thead>
<tr>
<th>Demographic Characteristic</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crude Birth Rate (CBR)</td>
<td>14.6 per 1000 population</td>
</tr>
<tr>
<td>Total Fertility Rate (TFR)</td>
<td>1.5 per woman</td>
</tr>
<tr>
<td>Crude Death Rate (CDR)</td>
<td>4.09 per 1000 population</td>
</tr>
<tr>
<td>Neonatal Mortality</td>
<td>0.0 per 1000 live births</td>
</tr>
<tr>
<td>Post-neonatal Mortality</td>
<td>0.0 per 1000 live births</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>0.0 per 1000 live births</td>
</tr>
<tr>
<td>Child Mortality (1-4 years)</td>
<td>0.0 per 1000 children aged 1-4 years</td>
</tr>
<tr>
<td>Rate of Natural Increase</td>
<td>10.49 per 1000 population</td>
</tr>
<tr>
<td>In-Migration</td>
<td>74.8 per 1000 population</td>
</tr>
<tr>
<td>Out-Migration</td>
<td>73.4 per 1000 population</td>
</tr>
<tr>
<td>Growth</td>
<td>11.87 per 100 population</td>
</tr>
<tr>
<td>Population under surveillance</td>
<td>42,800 population</td>
</tr>
</tbody>
</table>
Objectives

- Generate basic health data for health policy and planning;
- Serve as a background and sampling frame for specific studies, especially intervention studies; and
- Constitute a setting for epidemiological training of research students.

Priority Research Areas

- Maternal and child health care
- Epidemiology of communicable diseases and non-communicable diseases
- Health care utilization and Health Financing.
- Methodology Development

Funders

Core funding

- The Nordic School of Public Health, Göteborg, Sweden
- Oxford University.

Other funding bodies:

- Global Health Primary Care Initiative, Boston, USA
- Swedish research council

Potential donors

- Sida/GLOBFORSK
- Wellcome Trust
- WHO
- Global Fund

List of publications

- **In Vietnamese**

- **In English**
  1. TK Toan, Bo Eriksson, PN An, NTK Chuc, Goran Bondjers, Karin Gottvall (2013). Technology Preference in Choices of Delivery Care Utilization from User Perspective - A


3. **Huong Nguyen Thu**, Bo Eriksson, Max Petzold, Göran Bondjers, Toan Tran Khanh, Liem Nguyen Thanh, Henry Ascher. Factors associated with physical growth of children during the first two years of life in rural and urban areas of Vietnam. *Accepted BMC Pediatrics*.


**Pictures**

Fieldworkers collecting health and demographic information from household members