

Response from Patrick Heuveline to discussants comments

1. Thank you for your comments and encouragements. The comparison with the approach used in ACDIS and Agincourt is indeed useful. Our DSS has been a full member of the INDEPTH network at some point, and if we've now reduced our participation to associate membership, it is mostly for logistical reasons (full membership requires participation in the Annual General meetings, the majority of which taking place in Africa entails long journeys). While each project has its own idiosyncrasies linked to its genesis and current environment, there are undoubtedly much that can be learned from one another.
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The choice of a light structure combined with rider surveys was certainly made under some constraints, financial ones mostly. Our DSS receives no institutional or governmental support, and its continued funding requires continued success submitting grant applications. The list of agencies that we have received support from over the years is acknowledged in the paper, but the National Institutes of Health (NIH), in the U.S., has been our main source of funding by far. NIH grants are limited in time (typically 5 years) and must be renewed, so there is always the possibility of a gap in funding. A light DSS structure allows us to continue functioning by stretching past resources or securing small alternative grants (bridge or seed grants).

This light approach also has its advantages. In spite of funding insecurity, our goal has always been to be present for the long haul. This requires considering survey fatigue as a potential threat to the validity of the DSS. Our DSS is very quick to administer, except for immigration forms which require new registration, and refusal to participate has remained minimal (in the order of a few percent). On surveys that can last between one and two hours, the refusals are much more common, and refusals on the DSS would likely increase as well if our DSS updates were longer to administer.

Our DSS began in 2000 with a periodicity of 6 months. This was chosen at the outset because the status of the ongoing fertility transition and levels of infant mortality were much debated and measuring pregnancy outcomes accurately was one of our main objectives. With a visit every 6 months, we thought we would be able to record most pregnancies, which we would then follow-up to register births and infant deaths that might have intervene before the next round. As the we observed the progress of the fertility transition and low level of infant mortality, our objectives evolved and we reduced our periodicity to 12 months apparently without appreciable losses in death or birth registration. We are currently operating on a 24-month periodicity caused by delays in the data entry and data cleaning processes that need to be complete before satisfactory rosters can be established for the next DSS update. As explained in the paper, our project has grown 7 folds between 2006 and 2008. This desirable growth for the standpoint of representativeness has presented a number of logistical, personnel and institutional challenges. An annual update would be preferable and we are exploring partnerships with professional firms that would speed up these processes.

Residential mobility has presented a challenge because, as noted in the paper, this is the most common event affecting household composition, and as noted above, immigration is the most time consuming event to record. We don't believe it has led to double counts, as long as one is recorded moving out and also moving in. The main issue has been to determine return migrants and avoid that a person who already has been given an ID, is given a new one upon return. Unfortunately, for

individuals who don't come back to the same household exactly, making this determination is time consuming and error prone (in Cambodia, names do not have the lifetime endurance that they typically have in the U.S.). What we have been trying to limit the registration of short-term visitors that would be gone by the next round is to introduce a table of visitors for individuals who have been present for less than 6 months. For these individuals, we only register minimum information which is re-printed below the household roster at the next visit. If the "visitors" are still present at the next visit, then they require a full registration (immigration form). Else, we have potentially saved an immigration registration followed by an outmigration record at the next round.

On the issue you note on the age pyramid, I cannot answer offhand. I will need to look into this. For outmigration, yes, in the example of a widow and a child, we record the destination of each individual, and if within the catchment area (PRA), we record the name of the new head of household and relationships of each migrants to the new head.

For the orphan survey, yes, misclassification would be an issue and so would not knowing the survival status of parents. On the latter, we have an "unknown" orphan category. The social parent category is not determined by the fieldworker. S/he only records a history of living arrangements after parental death. The head of the households in which the orphan has lived, other than her own biological parents, are considered to be possible social parents.

Again, thank you for your attention to and detailed comments on the paper. Looking forward to continuing this conversation.