Appendix 1

Research: Delay to access antiretroviral therapy in people living with HIV/AIDS in Potchefstroom.

Information letter for potential participants in research

Dear patient,

I am Dr. Diriisa Semakula studying towards a Master’s degree in Family Medicine at the Wit’s University. As part of my studies, I am carrying out research to establish why many people living with HIV in our area tend to come late to the health facilities for help and treatment. The results of the study will, I hope, equip us with knowledge that we can use in educating people living with HIV/AIDS to change towards seeking help early.

If you agree to participate I will interview you for approximately 30 minutes. I would like to record the interview to be able to check what we discussed. The tape recordings will be destroyed once the research has been completed and an article will be submitted to a journal for publication.

Participation is voluntary and you are free to decline or even to change your mind and withdraw from the study at any time even after accepting to participate. There are no reasons asked for refusal to participate or for withdrawal from the research and there is no penalty. This also will not compromise or jeopardize your treatment in any way.

I request your permission to read your patient record (file) and to use selected information there in.

Confidentiality will be assured because I will not record your name or any identifying information.

Results of the study will be made available to the participants at the wellness clinic in form of pamphlets.

In case of questions about this study, you are all are welcome to ask me personally, or contact me on my cell no. 0782256656, or ask any member of the wellness clinic for help and information.

Thank you,

Dr. D. SEMAKULA.
Appendix 2

Research: Delay to access antiretroviral therapy in people living with HIV/AIDS in Potchefstroom.

Semi structured questionnaire

What are the reasons that made you delay to come for help?

1. **Fear of stigmatization** (by who? yr community/ health care workers?)

2. **Lack of proper information about ARV’s.** What do you know about ARV’s now?

3. **Fear of side effects of ARV’s.** What have you heard about side effects of ARV’s.

4. **Lack of money to commute to health facility. Lack of money to buy food.**
   Socio-economic status: employed or not, govt grant or not, how do you survive?

5. **Distance from health facilities.**

6. **Bad attitude of health care workers staff on previous encounters.**

7. **Traditional beliefs and seeking help from traditional healers.**

8. **Feelings of hopelessness/helplessness.** Did you consider HIV/AIDS to be a death sentence?

9. **Lack of support from immediate family.** Whom do you stay with and how do they perceive you after knowing that you are living with HIV?
Appendix 3

Research: Delay to access antiretroviral therapy in people living with HIV/AIDS in Potchefstroom.

Consent to participate in research.

I ______________________ after reading and understanding the information letter about research that is going to be undertaken by Dr. Diriisa Semakula, entitled “Delay to access antiretroviral therapy in people living with HIV/AIDS in Potchefstroom” do hereby voluntarily give my written consent to be included therein as one of the subjects.

I also understand that since my participation is voluntary, I can withdraw it at any time without any negative consequences towards me and my treatment.

Signed: ______________________ Date: ______________________
(Participant)

Signed: ______________________ Date: ______________________
(Witness)

Signed: ______________________ Date: ______________________
Dr.D.Semakula
(Researcher)
TO WHOM IT MAY CONCERN

This is to confirm that Dr D Semakula presently is working at Potchefstroom Hospital as a Chief Medical Officer.

Pending the approval of the Patient Safety Group Committee, Dr Semakula will be doing his research at Potchefstroom Hospital at the Wellness Clinic.

Regards

DR CM RADEBE
HEAD OF INTERNAL MEDICINE
Appendix 5

To: The Office of the Superintendent –General
North West Department of Health

From: Director: Policy, Planning & Research Directorate
Mr K. Rabanye

Date: 15 Feb 2010

Subject: Request for approval: Delay to access antiretroviral therapy in people living with HIV/AIDS in Potchefstroom

The subject matter above bears reference

1. Purpose
The purpose of this memo is to seek final approval for a research study to be undertaken in the North West Province.

2. Background
The government of South Africa has rolled out free antiretroviral treatment since April 2004 at many primary health care facilities all over the country, a lot of patients still come to seek help very late despite massive public awareness and educational campaigns through media, meetings, public activities, lectures, posters and work place efforts.
The author, Dr D. Semakula, had request to be granted permission to undertake this study at Potchefstroom Wellness clinic in the North West Province.

3.1 Aim and Objective
To establish the reason why people living with HIV and AIDS in Potchefstroom delay in gaining access to antiretroviral therapy.

4. Significance of the study to the Department
To establish factors responsible for late access to antiretroviral therapy with a view to strengthen ART roll-out programme.

5. Financial implications
No funds are requested from the North West Department of Health for this project.

6.1 Specific Action

6.1.1 The Superintendent—general to grant approval.

Thank you

Mr K. Rabanye: Director: Policy, Planning & Research

Final approval

Notes: ..........................................................................................................................

Granted / Not granted

Mr W.V Mbulawa: Acting HOD—Health
North West Dept of Health and Social Development
HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49  Dr Dirriisa Semakula

CLEARANCE CERTIFICATE

PROJECT

M090479
Delay to Access Antiretroviral Therapy in People Living with HIV/AIDS in Potchefstroom

INVESTIGATORS
Dr Dirriisa Semakula.

DEPARTMENT
Department of Family Medicine

DATE CONSIDERED

DECISION OF THE COMMITTEE*
Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 09.05.08

CHAIRPERSON (Professor P E Cleaton Jones)

*Guidelines for written ‘informed consent’ attached where applicable

cc: Supervisor: Dr A Wright

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and ONE COPY returned to the Secretary at Room 10004, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. I agree to a completion of a yearly progress report.

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES...