APPENDICES

APPENDIX A

ETHICS CLEARANCE CERTIFICATE AND LETTERS OF PERMISSION

Faculty of Health Sciences
Medical School, 7 York Road, Parktown, 2193
Fax: (011) 717-2119
Tel: (011) 717-2745

Reference: Ms Tania Van Leeve
E-mail: tania.vanleeve@wits.ac.za
13 August 2010
Person No: 337619
PAG

Ms MS Phala
P.O. Box 291
Driekop
1129
South Africa

Dear Ms Phala

Master of Public Health (Hospital Management): Approval of Title

We have pleasure in advising that your proposal entitled "*Medical equipment in the maternity units at district hospitals of the greater Tubatse Sub-district*" has been approved. Please note that any amendments to this title have to be endorsed by the Faculty's higher degrees committee and formally approved.

Yours sincerely

Mrs Sandra Benn
Faculty Registrar
Faculty of Health Sciences

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG
Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Mrs Makeku S Phala

CLEARANCE CERTIFICATE	M10839
PROJECT	Assessment of the Medical Equipment in the Maternity Wards at District Hospitals of the Greater Tubatse Sub-District
INVESTIGATORS	Mrs Makeku S Phala.
DEPARTMENT	School of Public Health
DATE CONSIDERED	27/08/2010
DECISION OF THE COMMITTEE*	Approved unconditionally

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

DATE 27/08/2010 CHAIRPERSON .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable
cc: Supervisor : Dr M Govender

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...

APPENDIX B: DATA COLLECTION TOOLS

TOOL 1: MEDICAL EQUIMENT (CAPITAL)

Equipment	Number available	Year of purchase	Unit purchase price	Total purchase price

TOOL 2: MEDICAL EQUIMENT (MINOR)

Equipment Name	Number available	Year of purchase	Unit purchase price	Total purchase price

TOOL 3: CONSUMABLES

Consumables	Associated equipment	Date of ordering	Date received	Days to receive

TOOL 4: Procurement Committee Meetings

Types of meetings	Frequency (Meeting Dates)	No Attended

TOOL 5: CLINICAL ACTIVITY OF MATERNITY UNITS

	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Total Delivery													
NVD													
Breech													
CS													
-Elective													
-Emergency													
Forceps													
Vacuum													
Maternal death													
Still birth													
-Macerated													
-Fresh													
Neonatal death													