

APPENDICES

APPENDIX A
ETHICS CLEARANCE CERTIFICATE AND LETTERS OF PERMISSION



Faculty of Health Sciences
Medical School, 7 York Road, Parktown, 2193
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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 Tlbatse 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

A handwritten signature in cursive script, appearing to read 'Sandra Benn', with a horizontal line underneath.

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 Tlhatse Sub-District

INVESTIGATORS

Mrs Makeku S Phala.

DEPARTMENT

School of Public Health

DATE CONSIDERED

27/08/2010

DECISION OF THE COMMITTEE*

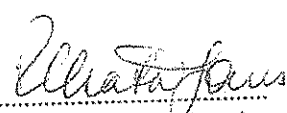
Approved unconditionally

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

DATE

27/08/2010

CHAIRPERSON


(Professor PE Cleator-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 EQUIPMENT (CAPITAL)

[illegible]

TOOL 2: MEDICAL EQUIPMENT (MINOR)

[illegible]

TOOL 3: CONSUMABLES

[illegible]

TOOL 4: Procurement Committee Meetings

[illegible]

TOOL 5: CLINICAL ACTIVITY OF MATERNITY UNITS

[illegible]