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Clinic based hearing screening protocols : the feasibility of implementing the Health Professions Council of South Africa Year 2007 Guidelines.

Petrocchi-Bartal, Luisa

2011-06-20
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Appendix A: Information and Consent to Partake in a Research Project

INFORMATION & CONSENT TO PARTAKE IN A RESEARCH PROJECT

Study title: Clinic based hearing screening protocols: The feasibility of implementing the Health Professions Council of South Africa year 2007 guidelines

Dear Sister,

My name is Luisa Petrocchi-Bartal.

I am a lecturer at the University of the Witwatersrand in the process of studying towards a Master's degree in Audiology. This entails doing research on infant hearing screening in South Africa for which comparatively little information is available. I am hoping you will be able to contribute to the information I wish to collect. Research is just the process to learn the answer to a question. In this study we want to learn whether it is feasible to conduct and/or implement hearing screening at Primary Healthcare immunization clinics.

I am inviting you to take part in this research study.

The method will entail my conducting interviews with you in person at your workplace, where the primary health clinics offer immunizations to infants at 6, weeks, 10 weeks, 14 weeks and 9 months of age. This will be a once-off interview which is envisaged to take a maximum of 45 minutes in duration, where questions pertaining to the general workings of the immunization clinics and hearing screening of infants within this context will be asked.

Participation is voluntary where your refusal to participate will involve no penalty or loss of benefits to you. You may discontinue participation at any time. During the interview process, should you wish not to answer a specific question or questions, your wishes will be respected. I also wish to audio-tape your verbal responses to ensure I have recorded what you have said accurately. Should you wish to not have the interview audio-taped, you are free to express that wish either prior to or during the interview and your wishes will be respected.

There are no direct benefits to you should you choose to participate in this study, but information gained will assist audiologists in implementing an infant hearing screening programme.

Be assured that every effort will be made to keep your personal information confidential. Absolute confidentiality cannot be guaranteed. Personal information may be disclosed if required by law. The University of the Witwatersrand's Research Ethics Committee may inspect and/or copy your research records for quality assurance and data analysis. Nevertheless, your confidentiality will be maintained at all times where your identity and position will only be known to me and my research assistant. This data will be kept under lock and key and encoded so as to maintain confidentiality.

My contact details for further information or reporting of study related events are:

Mrs. Luisa Petrocchi-Bartal

Cell: 072 438 9084

Work: (011) 717 4568

Email: Luisa.petrocchi-bartal@wits.ac.za

The contact details of the REC administrator and chair – for reporting of complaints / problems are:

Professor Cleaton-Jones
Work Tel: (011) 717 2301
Email: peter.cleaton-jones@wits.ac.za

Should you agree to partake in this research process, please sign below and fax this document to my personal fax number on 086 5536054. Alternatively, should you not have a fax facility, I will require you to sign this document before the interview process is initiated.

All I require is that you are proficient in English and that you are the designated head of the Immunization Clinic at which you are based.

Your participation would be greatly appreciated. Please do not hesitate to contact me with any queries you may have.

Kind Regards,

Mrs Luisa Petrocchi-bartal (Tel: Work (011) 717 4568/ 072 438 9084)

Lecturer & Clinical Supervisor
Department if Speech Pathology & Audiology
School of Human & Community Development
Faculty of Humanities
University of the Witwatersrand

Appendix A

I, _____ do hereby state that I am the Immunisation Clinic Manager at _____ clinic. I hereby understand all of the above described processes involved in the above research project and I hereby consent to partake in this research process.

Signed this _____day of _____2009 in_____Province

Participant's Signature: _____

Appendix A

I,_____do hereby consent to having the interview audio-taped but may decide to refuse this audio-taping as part of the interview process and I understand my wishes will be respected with no negative repercussions whatsoever.

Signed this _____day of _____2009 in_____Province

Participant's Signature: _____

Appendix B: Questionnaire

APPENDIX B

INTERVIEW: *QUESTIONS ASKED IN NUMERICAL ORDER, WITH NO PROMPTING*

Section A: DEMOGRAPHIC INFORMATION

Primary Health Clinic Name:	
Your Name:	
Job Title:	
Your length of time working at present clinic:	
Your time in present position:	
Date of interview:	

Section B: WORK CONTEXT

1. **Which of the following best describes the setting of your workplace (tick 1, specify if necessary):**

Setting	Tick	Specify further details if appropriate
Rural		
Urban		

2. **Which staff work at the clinic and please describe their work responsibilities according to the following:**

Staff position	**No.**	**Qualification e.g. Degree, Diploma, Matric, Matric plus certificate**	**Breaks per day e.g. tea /lunch/ unable to take a break**	**No. of hours per day these staff work directly with patients**	**No. of hours per day these staff work on admin**
Operational Manager					
Doctor					
Nursing Sister **Specify e.g. PHC Sister** **Antenatal Sister** **Immunisation Sister**					
Auxiliary Nurse					
Nursing Assistant					
Voluntary Counseling and Testing (VCT) personnel					
Contract Health Promoters,					
Admin Clerks					
Other **Specify**					

3. **What are the most common infant (< or equal to 1 year) medical health issues you deal with?**

			% (Estimate)/ Cases per 100 (Estimate)	Specify
HIV/AIDS				
Tuberculosis				
Diarrhoea diseases				
Respiratory infections				
Malnutrition				
		Tick		
Ear infections YES NO	Specify			
	Otitis Externa			
	Otitis Media			
	Other			
	Other			
Other				
Other				
Other				

4. **What are the most common infant (< or equal to 1 year) disability issues you deal with?**

	%	Specify
Sight		
Hearing		
Communication		
Physical		
Intellectual		
Emotional		
Multiple		
Other		
Other		

5. **What is your knowledge on hearing impairment in infants (< or equal to 1 year)?**

6. **What are your personal views about hearing impairment?**

7. **What is your knowledge on ear infections in children?**

8. **Please answer the following on otoscope availablity and use**

	No	Yes	If Yes, on All babies?	If Yes, on Some babies?	If on some babies, tick if this is only for babies at risk	Specify (where approriate)
Do you have an otoscope available for use at your clinic?						
If Yes, does the otoscope work?						
If Yes, do you use it to check ear status with infants and babies?						
If Yes, is this on all infants and babies or only some						
If only on some infants and babies, on which babies/please specify						

9. **During your training, were you taught about the ears in infants (< or equal to 1 year)?**

YES		NO	

10. **During your training, were you taught about ear problems in infants (< or equal to 1 year)?**

YES		NO	

11. **During your training, were you taught about hearing problems in infants (< or equal to 1 year)?**

YES		NO	

12. **Do you use a specific method/instrument (other than an otoscope) to assess whether or not a baby is at risk for hearing loss? If YES please indicate the specific instrument/method used.**

	Tick	Specify	If the baby fails this method what is the next step?Please specify	If the baby fails this 2nd step what is the next step? Please specify	If the baby fails this 3rd step what is the next step? Please specify
Yes					
No					

13. **Indicate which of the following are performed at your facility (tick all that apply)**

Approach	Tick for All babies	Tick for Some babies	If for some babies, tick if this is only for babies at risk	Specify (where approriate)
Risk for hearing loss assessed by reviewing medical records				
Risk for hearing loss assessed by interviewing mother				
Risk for hearing loss assessed by physically examining baby				
Other (please specify)				

14. **When babies are required to return for immunisation, how many babies return on average as per the following (please estimate in %/how many infants out of 100):**

% babies return at/within 6 weeks	Is this an estimate or a calculated percentage. Please specify	% babies return at/within 11 weeks	Is this an estimate or a calculated percentage. Please specify	% babies return at/within 14 weeks	Is this an estimate or a calculated percentage. Please specify

15. **When infants (< or equal to 1 year) are required to return for a follow-up appointment other than immunisation, do they return?**

YES		NO		Sometimes		If sometimes, when/please specify	

16. **If NO, why do you think this is so?**

17. **If YES, can you estimate what the infant (< or equal to 1 year) return rate is (in %/how many infants out of 100) for a follow-up appointment other than immunisation and please indicate if this is an estimate or a calculated statistic**

Newborn return rate	%
estimate	

Newborn return rate	%
Calculated statistic	

18. **Does your facility offer Newborn/Infant Hearing Screening (NIHS)?**

YES		NO	

19. **If NO, please indicate possible reasons (indicate all appropriate)?**

	Tick	Specify where appropriate
Equipment shortage		
Poor equipment maintenance		
General budgetary constraints/restrictions		
Human resource issues/constraints		
Other		
Other		

20. **If NO, would you be willing to implement infant hearing screening as part of your clinic?**

YES		NO	

21. **If YES, would you be able to implement infant hearing screening to coincide with the infant immunization schedule?**

YES		NO	

22. **If NO, please indicate ALL possible reasons?**

23. **Which of the following factors do you perceive may have/are having (delete where appropriate) a negative impact on your hearing screening programme? Tick all that apply**

		Yes	No
Shortage of personell involved with direct patient treatment			
Shortage of administrative personnel			
Shortage of appropriate equipment/hearing screening equipment			
Poor follow-up return rates (other than for immunisation)			
Poor immunisation return rates			
Language differences between person conducting hearing screening and the parent			
Equipment/hearing screening equipment (delete where appropriate) failure or breakdown			
Inadequate cooperation from other medical personnel	**Please specify whom:**		
Poor Probe fittings/difficulty obtaining good probe fittings (OAE's)			
Noise in hearing screening environments/would you be able to provide a quiet section of the clinic for hearing screening (delete where appropriate)			

		Yes	No
Lack of awareness of other medical personnel			
Please specify whom (regarding medical personnel)			
Lack of awareness in parents			
Lack of willingness in parents			
Possible reasons for this lack of willingness in parents	**Please specify**		
Lack of parent education			
Cultural aspects e.g. cultural beliefs pertaining to disabilities and ancestral influence			
Other			

24. **If YES (i.e. your clinic does offer newborn/infant hearing screening), who is responsible for conducting the hearing screening (indicate all appropriate)?**

	Tick
Audiologist	
Speech-Language Therapist	
Nursing Sister (diploma qualification)	
Community Health Worker	
Volunteer	
Other	

25. **If YES (i.e. your clinic does offer newborn/infant hearing screening), do hearing screenings coincide mostly with immunizations at…**

	Tick	Specify where appropriate
Immunisations at 6 weeks		
Immunisations at 10 weeks		
Immunisations at 14weeks		
Immunisations at 9 months		
Immunisations at other ages		
Other		

26. **If hearing screening is done by someone other than a qualified audiologist or speech-language therapist, has that person been trained by an audiologist?**

YES		NO	

27. **If NO, please specify who trained them**

	Tick	Specify trained by:
NO		

28. **If a hearing loss is suspected, is a referral to an outside source made?**

	YES	To which facility	To which department	With a referral letter
Referral to outside source				

29. **How are parents reminded or prompted to bring baby back for a follow-up?**

30. **Do you provide an appointment on the babies Road to Health Card?**

YES		NO	

31. **Do you educate the parent/mom on why it is important to return with the infant/baby at the specified time?**

YES		NO	

32. **On average, how many babies are screened (hearing) per month out of all the babies seen per month**

	No.
No. of babies seen per month	
Out of the above, how many babies are screened (hearing) per month	

33. **On average what percentage (please estimate %/how many babies out of 100) of babies are referred for diagnostic testing?**

	Tick
0 to 25%	
26 to 50%	
51 to 75%	
75 to 100%	

34. **Immunisations are currently conducted on (name days)_____**

Full day		Half day	

Section C: HEARING SCREENING CONTEXT (If hearing screening is not conducted, this section maybe omitted. Aspects of question 2, 3 and 6 below have already been answered above – use as a cross-check)

1. **Indicate the hearing screening approach followed by your facility:**

Approach	Tick	specify
Universal Hearing Screening (all babies are screened)		
Targeted/Risk-based hearing screening (only high-		

Approach	Tick	specify
risk and/or referred babies are screened for hearing problems)		
Other (please describe)		

2. **Do you use a specific method/instrument to assess whether or not a baby is at risk for hearing loss? If YES please indicate the specific instrument/method used.**

	Tick	Specify
Yes		
No		

3. **Indicate which of the following are performed at your facility (tick all that apply)**

Approach	Tick All babies	Tick Some babies	If some babies, Tick if this is only for babies at risk	Specify (where approriate)
Hearing screened				
Hearing screened of infant (not newborn)				
Hearing screened at an outpatient clinic or follow-up appointmentother than immunisation				
Hearing screened on baby's return for immunization at 6 weeks				
Risk for hearing loss assessed by reviewing medical records				
Risk for hearing loss assessed by interviewing mother				
Risk for hearing loss assessed by physically examining baby				
Other (please specify)				

4. **Where in your facility is screening conducted?**

		Yes	No
In the neonatal highcare area?			
In the well-baby nursery?			
In a designated room close to the NICU or well-baby nursery?			
In another designated room?	**Please specify**		
Is the room sound-treated?			
In a sound-treated booth?			
In the out-patient department/clinic?			
Other	**Please specify**		

5. **Which methods are ALWAYS used for the 1st hearing screening (indicate all)?**

	Yes	No
Automated ABR (Pass/Refer)		
Automated OAE (Pass/Refer)		
High Frequency Tympanometry		
Diagnostic Transient Evoked OAE		
Diagnostic Distortion Product OAE		
Diagnostic ABR		
Behavioural observations using noise makers/warble tone generator		

6. **Which of the following factors do you perceive are having a negative impact on your hearing screening programme? Tick all that apply**

		Yes	No
Shortage of personell involved with direct patient treatment			
Shortage of administrative personnel			
Shortage of appropriate hearing screening equipment			
Poor follow-up return rates (other than for immunisation)			
Poor immunisation return rates			
Language differences between person conducting hearing screening and the parent			
Hearing screening equipment failure or breakdown			
Inadequate cooperation from other medical personnel	Please specify whom:		
Poor Probe fittings/difficulty obtaining good probe fiitings (OAE's)			
Noise in hearing screening environments			
Lack of awareness of other medical personnel			
Please specify whom (regarding medical personnel)			
Lack of awareness in parents			
Lack of willingness in parents	Please specify		
Possible reasons for this lack of willingness in parents			
Other			
Other			
Other			

7. **For a baby to pass the first hearing screening test, is a pass result required only on one ear or on both ears?**

One ear needs to pass	
Both ears need to pass	

8. **If a baby fails the very first hearing screeing test, what is the next step?**

Re-screen immediately & refer for a re-screen at a later date	
Re-screen immediately & refer for diagnostic testing if referred	
Book for a re-screen at a later date	
Book for a full diagnostic test	

9. **How are parents reminded or prompted to bring baby back for a follow-up hearing assessment?**

10. **What percentage (please estimate) of babies that are referred for further evaluation at their first hearing screen return for their second appointment? Tick the closest estimate and please indicate whether this is a rough estimate or a calculated percentage**

		Rough estimate	Calculated Percentage
0-25%			
26-50%			
51-75%			
76-100%			

SECTION D: INFORMATION MANAGEMENT & QUALITY CONTROL

1. **How are infant records recorded/documented (indicate all) at the clinic?**

In an electronic database		
In a paper database **Specify**		
On the babies "Road to Health Chart"		
Other	**Please specify**	

2. **How are the results of the hearing screening tests recorded/documented (indicate all)?**

In an electronic database		
In a paper database **Specify**		
On the babies		
Other	**Please specify**	

Appendix C: Ethical Clearance Certificate - University of the Witwatersrand

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Mrs Luisa Pertrocchi-Bartal

CLEARANCE CERTIFICATE	**M091040**
PROJECT	Clinic Based Hearing Screening Protocols: The Feasibility of Implementing the Health Professions Council of South Africa (HPCSA) year 2007 Guidelines
INVESTIGATORS	Mrs Luisa Pertrocchi-Bartal.
DEPARTMENT	Speech Pathology & Audiology
DATE CONSIDERED	2009/10/30
DECISION OF THE COMMITTEE*	Approved unconditionally

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

DATE 2009/11/02 **CHAIRPERSON** .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : Dr K Khoza-Shangase

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 D: Approval to Conduct the Research - Gauteng Provincial Government

CONDITIONS OF APPROVAL OF RESEARCH CONDUCTED GAUTENG DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT (GDHSD)

For approval by Director: Policy, Planning and Research

HEALTH AND SOCIAL DEVELOPMENT (GDHSD)

POLICY, PLANNING AND RESEARCH (PPR)
Enquiries: Sue le Roux
Tel: +2711 355 3212
Fax: +2711 355 3675
Email: Sue.LeRoux@gauteng.gov.za

ONLY FOR APPROVAL OF THE RESEARCH STUDY TO BE CONDUCTED BY WITS SPEECH AND AUDIOLOGY DEPARTMENT ENTITLED "CLINIC BASED HEARING SCREENING PROTOCOLS: THE FEASIBILITY OF IMPLEMENTING THE HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA (HPCSA) YEAR 2007 GUIDELINES"

CONTACT DETAILS OF THE RESEARCHER	
Date	08 February 2010
Tel number	+2711 717 4568
Email	Luisa.petrocchi-bartal@wits.ac.za
Researcher /Principal investigator (PI)	Ms. L. Petrocchi-Bartal
Supervisor	Dr Khoza-Shangase
Institution	Speech and Audiology Department of the Witwatersrand University, Johannesburg
Research title	***"Clinic Based Hearing Screening Protocols: The Feasibility of Implementing the Health Professions Council of South Africa (HPCSA) year 2007 guidelines"***

Approval is hereby granted by the Gauteng Department of Health and Social Development for the above research project to be conducted. Approval is limited to compliance with the following terms and conditions:

1. All principles and South African regulations pertaining to ethics of research are observed and adhered to by all involved in the research project. Ethics approval is only acceptable if it has been provided by a South African research ethics committee which is accredited by the National Health Research Ethics Council (NHREC) of South Africa; this is regardless of whether ethics approval has been granted elsewhere.

   Of key importance for all researchers is that they abide by of all research ethics principles and practice relating to human subjects as contained in the Declaration of Helsinki (1964, amended in 1983) and the constitution of the Republic of South Africa in its entirety. Declaration of Helsinki upholds the following principles when conducting research, respect for:
   - Human dignity;
   - Autonomy;
   - Informed consent;
   - Vulnerable persons;
   - Confidentiality;
   - Lack of harm;
   - Maximum benefit;
   - and justice

2. The GDHSD is indemnified from any form of liability arising from or as a consequence of the process or outcomes of any research approved by HOD and conducted within the GDHSD domain;
3. Researchers commit to providing the GDHSD with periodic progress and a final report; short term projects are expected to submit progress reports on a more frequent basis and all reports must be submitted to the Director: Policy, Planning and Research of the GDHSD;
4. The Principal Investigator shall promptly inform the above mentioned office of changes of contact details or physical address of the researching individual, organisation or team;
5. The Principal Investigator shall inform the above office and make arrangements to discuss their findings with GDHSD prior to dissemination;
6. The Principal Investigator shall promptly inform the above mentioned office of any adverse situation which may be a health hazard to any of the participants;
7. The Principal Investigator shall request in writing authorization by the HOD via PPR for any intended changes of any form to the original and approved research proposal;
8. If for any reason the research is discontinued, the Principal Investigator must inform the above mentioned office of the reasons for such discontinuation;
9. A formal research report upon completion should be submitted to the Director: Policy, Planning and Research of the GDHSD with recommendations and implications for GDHSD, the Directorate will make this report available for the HOD.

AGREEMENT BETWEEN THE GAUTENG DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT (GDHSD) AND THE RESEARCHER

Ms. S. le Roux

Director: Policy, Planning and Research

Date: 9/02/2010

Signature: 22/03/2010.

MRS. LUISA PETROCCHI-BARTAL.

Name and surname of Principal Researcher

Research/Academic Institution

Date: 22/02/2010

Signature:

DR KATIJAH KHOZA-SHANGASE
HOD - AUDIOLOGY & SPEECH PATHOLOGY
UNIVERSITY OF THE WITWATERSRAND

Appendix E: Approval to Conduct the Research - North West Provincial Government

Health & Soc Dev
Department:
Health & Social Development
North West Provincial Government
REPUBLIC OF SOUTH AFRICA

DIRECTOR:
POLICY & PLANNING
16 FEB 2010
DEPARTMENT OF HEALTH
PRIVATE BAG X2068 MMABATHO 2735

2ND Floor Tirelo Building
Dr. Albert Luthuli Drive
Mafikeng, 2745
Private Bag X2068
MMABATHO, 2735

Tel: (018) 387 5757
Fax: 086 631 8540
smalakane@nwpg.gov.za

DIRECTORATE POLICY, PLANNING AND RESEARCH

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

RECEIVED

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

Date :15 Feb 2010

Subject: Request for approval: The feasibility of implementing the Health Professions Council of South Africa (HPCSA) year 2007 guidelines

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

This study seeks to assess the Health Professions Council of South Africa's (HPCSA) clinic-based hearing screening subsection of its 2007 Position Statement on Early Hearing Detection and Intervention (EHDI) programmes in South Africa to ascertain whether benchmarks proposed are achievable. The author **Ms Luisa Petrocci- Bartal** form the University of Witwatersrand had requested permission to undertake this study in the North West Province, in particular Bojanala and Dr Kenneth Kaunda Districts.

3 .Aims and Objectives of the study

To assess the feasibility of implementing the HPCSA's 2007 clinic based guidelines for EHDI in the South African context.

3.2 Objectives of the study

- To establish the prevalence of hearing screening conducted at Mother Child Woman's Health (MCWH) immunisation clinics in North West and Gauteng provinces
- To determine the hearing screening procedures and protocols in use at MCWH immunisation clinics in North West and Gauteng provinces
- To compare any hearing screening procedures and protocols in use to the HPCSA (2007) Early Hearing Detection and Intervention (EHDI) position statement clinic guidelines and associated clinic benchmarks
- To determine and explore possible concomitant personnel-associated factors which may influence the implementation of newborn and infant hearing screening programmes at North West and Gauteng provinces immunisation clinics including:
    - Community-based primary healthcare workers' perceptions of hearing impairment
    - Community-based primary healthcare workers' attitudes towards hearing impairment
    - Community-based primary healthcare workers' willingness to conduct hearing Screening

4. Significance of the study to the Department

To explore other factors that may influence implementation of newborn and infant hearing screening at North West and Gauteng immunisation clinics including:

- Patient return rates for immunisations,

- workload pressures associated with understaffing;
- budgetary constraints resulting in hearing screening equipment shortage and poor maintenance

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

Acting HOD-Health : Mr W.V Mbulawa
North West Dept of Health & Social Development

Health & Soc Dev
Department:
Health & Social Development
North West Provincial Government
REPUBLIC OF SOUTH AFRICA

3rd Foor Tirelo Building
Dr Albert Luthuli Drive
Mafikeng, 2745
Private Bag X2068
MMABATHO, 2735

OFFICE OF THE HOD

Tel: (018) 387 5834
Fax :(018) 387 5816
Email: [illegible]@nwpg.gov.za

TO: **MR V MBULAWA**
ACTING DDG COOPERATE & PLANNING SERVICES

FROM: **HEAD OF THE DEPARTMENT**

DATE: **12 FEBRUARY 2010**

SUBJECT: **NOTIFICATION OF APPOINTMENT OF ACTING HOD**

Dear Colleague,

Herewith, kindly note that I have nominated yourself to act as HOD on the **15 – 16 FEBRUARY 2010** due to the fact I will be attending PROVINCIAL EXCO LEKGOTLA IN RUSTENBURG. You are therefore advised to respond to all administrative matter as Accounting Officer for the Department of Health.

It would be appreciated if you could forward written confirmation of your acceptance as soon as possible to my office.

I trust that the above arrangement would suit you.

Thanking you for your usual cooperation and support.

Yours sincerely,

Dr. L.K. SEBEGO
HEAD OF DEPARTMENT

DATE: 12/02/10

Accepted/~~Not Accepted~~

MR V. MBULAWA
ACTING DDG C&PS
12/02/10

Appendix F: Approval to Conduct the Research - City of Johannesburg

Joburg

a world class African city

ENQUIRIES: C. Fraser
Tel: +27(0) 11 407 7437
Tel: +27(0) 11 407 6840

4th Floor B Block
Metropolitan Centre
158 Loveday Street
Braamfontein

PO Box 31244
Braamfontein
SouthAfrica
2017

Tel +27(0) 11 407 7513
Fax +27(0) 11 339 2866

12 March 2010

Dear Ms Petrocchi-Bartal

APPROVAL TO CONDUCT RESEARCH WITHIN HEALTH IN THE CITY OF JOHANNESBURG

Permission has been granted to you to conduct research in the Health Department within the City of Johannesburg.

Topic: To Assess feasibility of Implementing the HPCSA 2007 Clinic Based Guidelines

Please contact the following person(s) before you commence with your project and to gain access to the clinics:

Region	Regional Health Manager	Contact Number
B	Ms. Paulinah Maepa	011 718 9656 / 082 551 5804

Should you have any queries please do not hesitate to contact our department.

We look forward to your Final Research Report.

Thank you

DR. R. BISMILLA 12/3/10
Executive Director
City of Johannesburg
Health Department

Appendix G: Approval to Conduct the Research - West Rand

Umnyango wezempilo no Kuthuthukiswa Komphakathi
Lefapha la Maphelo le Tshebeletso le Ntshetsopele ya Sechaba
Department of Health and Social Development
Departement van Gesondheid en Maatskaplike Ontwikkeling

WEST RAND DISTRICT COUNCIL

Office of the Director
Enq:Dr Shaikh G K
Tel: 011 953 4515/6
Fax: 0866004183
8th March, 2010

To: Ms Luisa Petrocchi Bartal

PERMISSION TO CONDUCT RESEARCH IN WEST RAND.

Your correspondence dated 3rd March, 2010 refers.

Permission is hereby granted to you to conduct research in West Rand district.

I am anticipating that you will conduct your interviews with the knowledge of the Sub-district Managers, and share your findings and recommendations with the district so as to improve service delivery to the people of West Rand.

Wishing you the best.

Yours,

P. MUSO
DIRECTOR
West Rand District Region A
Date: 8/03/2010

Ms PULENG MUSO
DIRECTOR, WRDC

West Rand Health District Office, Cnr Luipaard & Vlei Street
Private Bag X 2053, Krugersdorp, 1740
Tel: 011 953 2152 Fax: 011 953 4519

Appendix H: Approval to Conduct the Research - Kenneth Kaunda District

Health & Soc Dev
Department:
Health & Social Development
North West Provincial Government
REPUBLIC OF SOUTH AFRICA

4th Floor West End Building
Private Bag A2
Klerksdorp
2570

DR KENNETH KAUNDA DISTRICT OFFICE

Tel: (018) 462 5744
Fax: (018) 464 4075
Email:unagpal@nwpg.gov.za

2010-02-09

Dear Mrs Luisa Petrocchi-Bartal

Approval is hereby granted for you to conduct the proposed research at Immunization Clinics. The list of clinics providing immunization is attached.

Thank You,

Dr. Uma Nagpal
Chief Director
Dr. Kenneth Kaunda District

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DR. KENNETH KAUNDA DISTRICT
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RE: NAMES OF THE CLINICS- DR. KENNETH KAUNDA DISTRICT

Matlosana Sub District
1. Alabama Clinic: 018 467 5007
2. Botshabelo Clinic: 018 489 1953
3. Empilisweni Clinic: 018 465 5590
4. Gateway Clinic: 018 465 5554
5. Grace Mokgomo: 018 476 1141
6. Jouberton Clinic: 018 465 3157
7. Khuma Clinic: 018 489 1141
8. Kanana Clinic: 018 476 2125
9. Marcus Zenzile Clinic: 082 383 2648
10. Orkney Clinic: 018 473 9500
11. Stilfontein Clinic: 018 484 7000
12. Parkstreet Clinic: 018 462 2151
13. Tigane Clinic: 018 431 0360
14. Tsholofelo Clinic: 018 465 3740
15.Delekile Khoza Clinic: 082 883 4035

Maquassi Hills
1. Tswelelang Clinic: 018 596 1044
2. Kgakala Clinic: 018 581 3515
3. Leeudoringstad Community Health Center: 018 581 2107
4. Bophelo Clinic: 018
5. Wolmaranstad Town Clinic: 018
6. Tswelelang Clinic 1: 018 595 1343
7. Tswelelang Clinic 2: 018 595 1014
8. Maquassie Town Clinic:
9. Segametsi Clinic: 018 597 5569

Potchefstroom Sub District
1. Potch Clinic: 018 299 5264
2. Promosa Clinic: 018 296 0294
3. Boiki Tlhapi: 018 295 4138
4. Mohading Clinic: 018 296 0433
5. Topcity Clinic: 018 295 0255
6. Steve Tswete Clinic: 018 295 6570
7. Lesego Clinic: 018 295 0620
8. Gateway Clinic: 018 293 2358

Ventersdorp Sub District

1. Gateway Clinic: 018 264 3074
2. JB Marks Clinic: 018 264 2924

Merafong Sub District

1. Central Clinic: 018 788 9631/29
2. Main Clinic: 018 783 1283
3. South Clinic: 018 783 5359
4. West Clinic: 018 783 3397
5. Blayvolle Clinic: 018 789 9623
6. Extention Clinic: 073 543 1390
7. Khutsong MOU Clinic: 018 783 4366
8. Foschville Clinic: 018 771 5767
9. Kokosi Clinic: 018 772 0832
10. Thusang Clinic: 018 772 0899
11. Greenspark Clinic: 018 771 2176
12. Wedela Clinic: 018 780 1021