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Risk factors for unwanted / unplanned teenage pregnancy in Zomba District, Malawi

Kaphagawani, Nanzen Caroline Chinguwo

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All Communications should be addressed to:
The Secretary for Health and Population



In reply please quote No. med/4/36c

MINISTRY OF HEALTH
P.O. BOX 30377
LILONGWE 3
MALAWI

3rd December, 2005

Mrs. Kaphagawani
University of Witwtersrand
Faculty of Health Sciences
School of Public Health
Medical School
7 York Road, Park town
2193
South Afiica.

Dear Mrs. Kaphagawani,

Re: Protocol # 320: Risk factors for unwanted / unplanned teenage pregnancy in Zomba District, Malawi.

Thank you very much for you the above study protocol that you submitted to the National Health Sciences Research Committee (NHSRC) for scientific and ethical approval.

I am pleased to inform you that the committee approved the study through the expedited process. You may therefore proceed with data collection. Please accept my congratulations!

As you proceed, however, with implementation of your study, please ensure that all requirements of the NHSRC are followed. Any deviation from agreed protocol may lead to the study being discontinued.

Yours faithfully,

W M Kazembe
For: SECRETARY FOR HEALTH

REF. NO. ZA/DHO/16/102

District Health Office,
Private Bag 18,
ZOMBA

21st December, 2004-12-21

TO : Officer-In-Charges

Domasi Rural Hospital, P.O. Box 21, Domasi lambulira Health Centre, P/Bag 18, Zomba Makwapala Health Centre, P.O. Box 21, Zomba Namasalima Health Centre, P.O. Box 10, Domasi Thondwe Health Centre, P.O. Box 42, Thondwe Namikango Maternity, P.O. Box 13, Thondwe Matawale Health Centre, P/Bag 18, Zomba

PERMISSION TO CONDUCT STUDY ON RISK FACTORS OF TEENAGE PREGNANCY IN ZOMBA D.H.O. HEALTH CENTRES

MRS. N. KAPHAGAWANI

The bearer of thi s 1 etter is Mrs. Nanzen Kaphagawani a Master of Public Health Student at Witwatersrand University. She is carrying out the above captioned study.

I the refo re wou 1 d 1 i ke to info rm you that Management has granted her permission to her to utilise our facilities for her study. I therefore would like to ask you to accord her any relevant support she may request from you.

Yours faithfully,



I. Thom-Chisale
For : DISTRICT HEALTH OFFICER

Ref. No.: *ZCHI*
Telephone No.: 01 526266/01525195 Telefax
No.: (265) 1 524538 Telex No.:
E-Mail: medzch@maiawi.net

Please address all communications to:
The Hospital Director

MINISTRY OF HEALTH
ZOMBA CENTRAL HOSPITAL
P.OBOX'21
ZOMBA
MALAWI

REF. NO. ZCH/CLIN/73

December 3, 2004

Mrs. N.C. Kaphagawani
Malawi College of Health Sciences
P.O. Box 122
ZOMBA

RE: RISK FACTORS FOR UNWANTED UNPLANNED TEENAGE PREGNANCY IN ZOMBA DISTRICT

I would like to inform you that your proposal to conduct the above research activity has been approved for the data to be collected at ~.-" """""" ..... ,Zomba Central Hospital.

I would like to request if you could provide the hospital with a report of the study after completion of the activity.



Dr. A.T. Mnthambala
HOSPITAL DIRECTOR