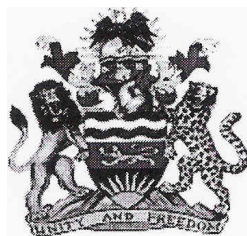


Telephone: + 265 789 400

Facsimile: + 265 789 431

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 Witwatersrand
Faculty of Health Sciences
School of Public Health
Medical School
7 York Road, Park town
2193
South Africa.

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 this letter is Mrs. Nanzen Kaphagawani a Master of Public Health Student at Witwatersrand University. She is carrying out the above captioned study.

I therefore would like to inform 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

