APPENDICES
APPENDIX A: ETHICS CLEARANCE CERTIFICATE AND LETTERS OF APPROVAL FROM MPUMALANGA PROVINCE
20 January 2012

Ms Nanana Glory Hlatshwayo
Evander Hospital CEO
P.O. Box 150
EVANDER
2280

Dear Ms Nanana Glory Hlatshwayo

DELIVERIES AT MATERNITY WARD AT EVANDER DISTRICT HOSPITAL IN THE MPUMALANGA PROVINCE

The Provincial Research and Ethics Committee has approved your research proposal in the latest format that you sent. No issues of ethical consideration were identified.

Kindly ensure that you provide us with the report once your research has been completed.

Kind regards,

[Signature]
Molefe Machaba
Research and Epidemiology

MPUMALANGA PROVINCE
DEPARTMENT OF HEALTH
PLANNING & INFORMATION

2012-01-20
PRIVATE BAG X 11285
NELSPRUIT 1200

Date

We care. Do you?
Siyacumela,Sfiso
Ms Nanana Glory Hlatywayo
Box 150
Evander
South Africa
2280

Dear Ms Hlatywayo

Master of Public Health (Hospital Management): Approval of change of title

We have pleasure in advising that your proposal entitled “The utilization rate and related factors of the orthopaedic emergency and elective operation operation theatres at Steve Biko Academic Hospital (a tertiary academic hospital)”. Please note that any changes to this title have to be endorsed by the Faculty’s Higher degrees committee and formally approved.

Yours sincerely

[Signature]

Mrs Sandra Benn
Faculty Registrar
Faculty of Health Sciences
HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Ms Glory N Hlatwayo

CLEARANCE CERTIFICATE M110808

PROJECT Deliveries at Maternity Ward at Evander District Hospital in the Mpumalanga Province

INVESTIGATORS Ms Glory N Hlatwayo.

DEPARTMENT School of Public Health

DATE CONSIDERED 26/08/2011

DECISION OF THE COMMITTEE* Approved unconditionally

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

DATE 26/08/2011 CHAIRPERSON

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor: Drs D Basu/J Basu

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 INSTRUMENTS
### TOOL 2: OBSTETRIC PROFILE

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