

Telephone: 4611000/4630333
Telegrams: Ngaka
Fax: 4600664



Sekgoma Memorial Hospital
P O Box 120
Serowe, Botswana

REF NO: SDHMT 6/17/1 I

17 May 2024

Ms. Onnalena Phambuka
P O Box 405395
Gaborone
Botswana

Dear Ms Phambuka

PROTOCOL TITLE: DATA QUALITY EVALUATION FRAMEWORK FOR HEALTH INFORMATION SYSTEM (HIS) IN DEVELOPING COUNTRIES: A CASE OF BOTSWANA

Serowe DHMT IRB Approval Date: 7th May 2024
Serowe DHMT IRB Expiry Date: 6th April 2025
Serowe DHMT IRB Review Type: Expedited Review
Serowe DHMT IRB Review Determination: Approved
Serowe DHMT IRB Risk Determination: Minimal Risk

Thank you for submitting new application for the above referenced protocol. The permission is granted to conduct the study.

This permit however does not give you the authority to collect data from the sites without prior approval from the management. Consent from the identified individuals should be obtained at all times.

The managerial situation analysis study should be conducted as outlined in the approved proposal. Any changes to the approved proposal must be submitted to Serowe DHMT Institutional Review Board for consideration and approval.

Furthermore, you are requested to submit at least one hard copy and an electronic copy of the report to Serowe DHMT IRB within three (3) month of completion of the study. Copies should also be submitted to all other relevant authorities. Approval is for academic fulfillment only.

Continuing Review

In order to continuing work on this study (including data analysis) beyond the expiry date, submit a continuing Review Form for approval at least three (3) month prior to the protocol expiration date. The continuing Review Form can be obtained from the office of Chief Medical Officer, Sekgoma Memorial Hospital, Administration Building, 2nd Floor or Ministry of Health and Wellness website: www.moh.gov.bw or can be requested from Dr. Barnabas Mbogo, email address bmbogo@gov.bw . As courtesy, Serowe DHMT IRB will send you a reminder email about eight (8) weeks before the lapse date, but failure to receive it does not affect your responsibility to submit a timely Continuing Review Form.

Amendments

During the approval period, if you propose any changes to the protocol such as its funding source, recruiting materials, or consent documents you must seek approval from Serowe DHMT IRB before implementing it. Please summarize the proposed change and rationale for it in the amendment form available from the office of Chief Medical Officer, Sekgoma Memorial Hospital, Administration Building, 2nd Floor or Ministry of Health and Wellness website: www.moh.gov.bw or can be requested from Dr. Barnabas Mbogo, email address bmbogo@gov.bw . In addition, submit three (3) copies of an updated version of your original protocol application indicating all proposed changes in bold or "track changes".

Reporting

Other events which must be reported promptly in writing to Serowe DHMT IRB include:

- Suspension or termination of the protocol by you or the grantor
- Unexpected problems involving risk to subject or others
- Adverse events, including unanticipated or anticipated but severe physical harms to subjects.

If you have any question please do not hesitate to contact Dr. Barnabas Mbogo, email address bmbogo@gov.bw or through Telephone: 4630533.

Thank you for your cooperation and commitment to the protection of human subjects in research.

Your faithfully



Dr Mafhoko Setso

Acting Hospital Superintendent

for/Chairperson

Institutional Review Board

Serowe District Health Management Team