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# **APPENDICES**

# **APPENDIX 1**

# **DATA GATHERING INSTRUMENT SECTION 1: DEMOGRAHIC DATA** 1.1Code Number 1.2 Referral Provincial (1) District (2) Direct contact to UTH /CURE (3) (4) Health centre 1.3 Province of residence: Northern (1) Central (2) Eastern North Western (4) WESTER Luapula (5) Southern (6) Western (7) Muchinga (8) Lusaka (9) Copperbelt (10)1.4 Gender Female (1) Male (2) 1.5 Age on admission Less than 1 month (1)

1-6 months	(2)	
7 - 12 months	(3)	
1-5 years	(4)	
6 – 10 years	(5)	
1.6 Birth history		
Normal delivery	(1)	
Caesarean delivery	(2)	
Fetal distress	(3)	
Premature	(4)	
Breech position	(5)	
Unknown	(6)	
1.7 Mothers age at delivery	THE REAL PROPERTY.	
Young mother (Less than 19	years) (1)	
Old mother (Over 40 years)	(2)	
Unknown	(3) <sub>JNIV</sub>	ERSITY of the
		ERSITY of the
Unknown		
Unknown  1.8 Mothers HIV status	WES	
Unknown  1.8 Mothers HIV status Positive	WES' (1)	
Unknown  1.8 Mothers HIV status Positive Negative	(1) (2)	
Unknown  1.8 Mothers HIV status Positive Negative Unknown	(1) (2)	
Unknown  1.8 Mothers HIV status Positive Negative Unknown  1.9 Folic Acid taken	(1) (2) (3)	
Unknown  1.8 Mothers HIV status Positive Negative Unknown  1.9 Folic Acid taken Yes	(1) (2) (3)	
Unknown  1.8 Mothers HIV status Positive Negative Unknown  1.9 Folic Acid taken Yes	(1) (2) (3)	
Unknown  1.8 Mothers HIV status Positive Negative Unknown  1.9 Folic Acid taken Yes No	(1) (2) (3)	

Myelomeningocele	(3)	
Myelomeningocele & hydrocepha	lus(4)	
1.11 Location of Spina Bifida		_
Cervical	(1)	닏
Thoracic	(2)	$\vdash$
Thoraco- Lumbar	(3)	
Lumbar	(4)	
Lumbosacral	(5)	
Sacral	(6)	
SECTION 2: MANAGEMENT		
PART ONE: Overall manageme	ent	<del></del>
2.1 What management did the pati	ient undergo du	aring their admission at UTH and BCIH?
PART TWO: Physiotherapy ma	nagement	SITY of the
2.2 Referred for physiotherapy	WESTER	
A. Before surgery:		
• Yes	(1)	
• No	(2)	
B. After surgery		
• Yes	(1)	
• No	(2)	
2.3 Follow up:		
• Yes	(1)	
• No	(2)	
2.4 Referral to other physiotherap	y departments i	in areas closer to residence:
	13	35

• Yes (1)

• No (2)



INTERVIEW GUIDE: FOCUS GROUP DISCUSSION AND INTERVIEW
Participant Number:
Qualification:
Gender:
Work experience:

- 1. What does physiotherapy management of Spina Bifida involve? What is your role as a physiotherapist in the rehabilitation process?
- When do you see the patient pre-operatively or post operatively?
- 2. What interventions are used during the rehabilitation process?
- 3. How does the planning process at your hospital work? Do you feel included in the planning process?
- Do you receive requests for physiotherapy?
- The patient files did not show physiotherapy notes or even requests from doctors, is this information recorded in other files?
- How are follow up programs conducted? TTY of the
- 4. What has been your experience like managing children with Spina Bifida?
- What factors have facilitated the rehabilitation process?
- What factors have challenged the rehabilitation process?
- 5. Any recommendations you would like to make?
- 6. Anything else you would like to add?



# OFFICE OF THE DEAN DEPARTMENT OF RESEARCH DEVELOPMENT

19 June 2015

#### To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape approved the methodology and ethics of the following research project by: Ms F Banda (Physiotherapy)

Research Project: Physiotherapy management of Spina Bifida in

Zambia

Registration no: 15/4/46

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias Research Ethics Committee Officer

University of the Western Cape

Private Bag X17, Bellville 7535, South Africa T: +27 21 959 2988/2948 . F: +27 21 959 3170 E: pjosias@uwc.ac.za www.uwc.ac.za

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33 Joseph Mwilwa Road Rhodes Park, Lusaka Tel: +260 955 155 633 +260 955 155 634

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Email: eresconverge@yahoo.co.uk

I.R.B. No. 00005948 F.W.A. No. 00011697

14th August, 2015

## Ref. No. 2015-June-025

The Principal Investigator Ms. Faith Banda Northern Technical College - H.E.R Chela Road, Kansenshi P.O. Box 250093, NDOLA.

Dear Ms. Banda,

# PHYSIOTHERAPY MANAGEMENT OF SPINA BIFIDA IN ZAMBIA.

Reference is made to your resubmissions. The IRB resolved to approve this study and your participation as principal investigator for a period of one year.

Review Type	Ordinary	Approval No. 2015-June-025
Approval and Expiry Date	Approval Date: 14 <sup>th</sup> August, 2015	Expiry Date: 13 <sup>th</sup> August, 2016
Protocol Version and Date	Version-Nil	13 <sup>th</sup> August, 2016
Information Sheet, Consent Forms and Dates	English.	13 <sup>th</sup> August, 2016
Consent form ID and Date	Version-Nil	13 <sup>th</sup> August, 2016
Recruitment Materials	Nil	13 <sup>th</sup> August, 2016
Other Study Documents	Data gathering Instrument, Questionnaire, Interview Guide	13 <sup>th</sup> August, 2016
Number of participants approved for study	10	13 <sup>th</sup> August, 2016

Specific conditions will apply to this approval. As Principal Investigator it is your responsibility to ensure that the contents of this letter are adhered to. If these are not adhered to, the approval may be suspended. Should the study be suspended, study sponsors and other regulatory authorities will be informed.

#### **Conditions of Approval**

1 ...

- No participant may be involved in any study procedure prior to the study approval
  or after the expiration date.
- All unanticipated or Serious Adverse Events (SAEs) must be reported to the IRB within 5 days.
- All protocol modifications must be IRB approved prior to implementation unless they are intended to reduce risk (but must still be reported for approval).
   Modifications will include any change of investigator/s or site address.
- All protocol deviations must be reported to the IRB within 5 working days.
- All recruitment materials must be approved by the IRB prior to being used.
- Principal investigators are responsible for initiating Continuing Review
  proceedings. Documents must be received by the IRB at least 30 days before the
  expiry date. This is for the purpose of facilitating the review process. Any
  documents received less than 30 days before expiry will be labelled "late
  submissions" and will incur a penalty.
- Every 6 (six) months a progress report form supplied by ERES IRB must be filled in and submitted to us.
- ERES Converge IRB does not "stamp" approval letters, consent forms or study
  documents unless requested for in writing. This is because the approval letter
  clearly indicates the documents approved by the IRB as well as other elements
  and conditions of approval.

Should you have any questions regarding anything indicated in this letter, please do not hesitate to get in touch with us at the above indicated address.

On behalf of ERES Converge IRB, we would like to wish you all the success as you carry out your study.

Yours faithfully,

**ERES CONVERGE IRB** 

P&Dr. E. Munalula-Nkandu

BSc (Hons), MSc, MA Bioethics, PgD R/Ethics, PhD

CHAIRPERSON

Ms .F. Banda

Clo Mr A.K. Banda

Northern Technical College – H.E.R

Chela Rd, Kansenshi

P.O BOX 250093

NDOLA

18th August, 2015

The Medical Superintendent,

University Teaching Hospital

P/Bag RW1X

Lusaka

(2) Supervisor D-Block Kindly assist to REPUBLIC OF ZAMBIA MEDICAL SUPERINTENDENT stindent to accept

this Information

Alaona 25/08/15

Dear Sir\Madam,

RE: REQUEST FOR PERMISSION TO CARRY OUT STUDY AT YOUR

Reference is made to the above statedsubject. I am a student pursuing a Masters of Science in Physiotherapy at the University of Western Cape in Cape Town, South Africa.

UNIVERSITY FACHING HOSPITAL

PRIVATE BAG RWIX. LUSAKA

PROPOSED TITLE: PHYSIOTHERAPY MANAGEMENT OF SPINA BIFIDA IN

I therefore seek permission to enable me to carry out this proposed study at your institution. This will be carried out between August to October, 2015. The study will entail reviewing of Spina Bifida patient records and interviewing of Physiotherapists that manage these patients. All ethical issues will be addressed.

Find attached ethical clearance letters from University of Western Cape and ERES Converge.

Yours Faithfully,

Banda

Faith Banda (Miss)

Contact: +260979878521



# OFFICE OF THE DEAN DEPARTMENT OF RESEARCH DEVELOPMENT

19 June 2015

# To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape approved the methodology and ethics of the following research project by: Ms F Banda (Physiotherapy)

Research Project:

Physiotherapy management of Spina Bifida in

Zambia

Registration no:

15/4/46

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

The Committee must be informed of any serious adverse event and/or termination of the WESTERN CAPE

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E: pjosias@uwc.ac.za

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Ms Patricia Josias Research Ethics Committee Officer University of the Western Cape

Approved, 24 August 145 DR. G. LACTROOT

2 4 AUG 2015

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# APPENDIX 7 UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2542Fax: 27 21-959 1217

E-mail: bandafaithdoc@yahoo.com

# **INFORMATION SHEET**

# Project Title: PHYSIOTHERAPY MANAGEMENT OF SPINA BIFIDA IN ZAMBIA

# What is this study about?

This is a research project being conducted by Faith Banda a student at the University of the Western Cape. We are inviting you to participate in this research project because you have important information that will benefit this research as it applies to the experiences of physiotherapists in the management of Spina Bifida in Zambia. The purpose of this research project is to explore the experiences of physiotherapists managing Spina Bifida in Zambia.

# What will I be asked to do if I agree to participate?

You will be asked to attend a focus group discussion and interview for others that will last atleast 20 to 50 minutes. A debriefing session will be held after the focus group discussion/interview to confirm what has been discussed in the first discussion at hospital premises in a secure venue. The discussions and interviews will be recorded using an audio tape recorder. All participants are encouraged to participate without reservations. The discussion and interviews will involve questions such as: What is the role of the physiotherapist in the management of Spina Bifida? What are the interventions given to patients with SB? Do you feel included in the rehabilitation process? What has been your experience in managing Spina Bifida?

## Would my participation in this study be kept confidential?

The researcher undertakes to protect your identity and the nature of your contribution. To ensure your anonymity, your name will not be mentioned in this research. All participants will be given identification codes and tags that will be used to address participants during the discussions and also used on the consent forms and focus group confidentiality binding forms. The recordings will be stored in filing cabinets under lock which only the researcher will have access to. The identification codes will only be known by the researcher.

The researcher will write a report about the findings of the research and your identity will be protected.

This study will use focus group discussions and the extent to which your identity will remain
confidential is dependent on participants' in the Focus Group maintaining confidentiality.
I agree to be audiotaped during my participation in this study.  I do not agree to be audiotaped during my participation in this study.

## What are the risks of this research?

All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

#### What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about your experiences as physiotherapists in managing Spina Bifida. We hope that, in the future, other people might benefit from this study through improved understanding of experiences of physiotherapists.

# Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

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## What if I have questions?

This research is being conducted by Faith Banda from the Physiotherapy Department at the University of the Western Cape. If you have any questions about the research study itself, please contact Faith Banda at:

Tel: +260979878521 +260955355237

Email: <u>bandafaithdoc@yahoo.com</u> 3416407@myuwc.ac.za.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department:
Dr. N. Mlenzana
Head of department Physiotherapy
University of the Western Cape
Private bag X17
Bellville 7535

# nmlenzana@uwc.ac.za

Dean of the Faculty of Community and Health Sciences: Prof José Frantz University of the Western Cape Private Bag X17 Bellville 7535 chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.





# University of the Western Cape

Private Bag X 17, Bellville 7535, South Africa *Tel: +27 21-959 2542, Fax: 27 21-959 1217* 

## **CONSENT FORM**

Title of Research Project: PHYSIOTHERAPY MANAGEMENT OF SPINA BIFIDA AT UTH AND BEIT CURE INTERNATIONAL HOSPITAL.

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name
Participant's signature
Date
CONTACTS:
Principal Investigator
Ms. F. Banda
Email: bandafaithdoc@yahoo.com

3416407@myuwc.ac.za

Tel: +260979878521

+260955355237



# University of the Western Cape

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2542, Fax: 27 21-959 1217

## FOCUS GROUP CONFIDENTIALITY BINDING FORM

Title of Research Project: PHYSIOTHERAPY MANAGEMENT OF SPINA BIFIDA IN ZAMBIA

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits. I understand that confidentiality is dependent on participants' in the Focus Group maintaining confidentiality. I hereby agree to the following: I agree to uphold the confidentiality of the discussions in the focus group by not disclosing the identity of other participants or any aspects of their contributions to members outside of the group.

articipant's name
Participant's signature
Date

# **MAP OF ZAMBIA**







# LIENEKE BOESAK DEVELOPMENT PROJECTS

E-MAIL: lienekeboesak@webmail.co.za

Trading as: Integrated Learning Systems Reg No: 2012/172787/07

10 January 2016

This serves to confirm that the Masters of Science thesis of FAITH BANDA entitled:

"Physiotherapy management of Spina Bifida in Lusaka, Zambia" has been proof-read and edited for submission to the University of the Western Cape.

LIENEKE BOESAK

WESTERN CAPE