

GUIDING PRINCIPLES FOR USE OF PTRACKER EQUIPMENT

1. Users may not use PTracker equipment to transmit, nor make any statement that may be construed to have been made by the Ministry of Health and Social Services (MoHSS).
2. The PTracker equipment must not be used for any personal activities such as accessing Facebook, Instagram, Viber, Twitter and other social media.
3. PTracker equipment is intended solely for Namibia PMTCT related work.
4. Stolen, lost and/or damage of PTracker Equipment while in your possession must be reported immediately to PTracker Coordinator. You are required to complete documentation required by MoHSS and its agents to certify the loss. If any equipment or component thereof is not returned or its loss documented, you may be required to pay the replacement cost.
5. The MoHSS will conduct its own investigation to determine negligence or non-negligence on the part of the staff in case of lost and/or damages to equipment.
6. Before negligence or non-negligence is recognized, the staff responsible will be held liable for the equipment or repairs until proven otherwise.
7. All users are under oath of secrecy to protect patient data and ensure that the equipment is transferred to authorized recipients only.
8. PTracker laptops and tablets should only be charged with the provided charger, power banks etc., users shall by no means connect the tablets onto any other device such as car radio, even for charging purposes, laptops or any other electronic devices.
9. All users must report to the Namibian Police any stolen and or lost equipment in their possession. It is the responsibility of the user to submit the case number and incident report taken by the Namibian Police to the Ministry of Health & Social Services Health Information and Research Directorate (HIRD) Head Office (**Contact +264 81-467-3343 or 08-467-3349**) within twenty-four (24) hours of the incident taking place.

The Ministry of Health & Social Services Health Information and Research Directorate (HIRD) retain ownership of the equipment until further notice. Please do not repair, modify or disassemble the equipment without written authorization.

Full Name	Date	Signature
Supervisor (Full Name)	Date	Signature