

# INDIVIDUAL TESTIMONY SURVEY



\*\*\*\*CONSENT SCRIPT\*\*\*\*

Hi, my name is \_\_\_\_\_, I am working with the PLHIV Sector to help monitor patient care in health facilities across South Africa. The purpose of the Ritshidze project is to find out if patients face any challenges in accessing health services so that we can raise these challenges with duty bearers and hold them accountable to fix them. Today we are talking to community members to collect people's stories about their experiences accessing health services. These stories would be used to highlight specific issues patients have had while accessing health services in South Africa. We hope that by bringing people's stories to the attention of the public we can improve the quality of services for patients. If you choose to share your story with us you can give us permission to share your story and name publically or not. If you do not give us permission to use your name with your story we will not share your name. If you do give us permission we ask that you sign below as an acknowledgment of informed consent.

You can give us permission to share your story and name publicly. If you choose to share your story with us publicly the risk is that people would know your story. Or alternatively we can hide your identity and your story will remain completely anonymous. The benefit to providing your experience either publicly or anonymously would be that you could help us to improve the quality of healthcare services for yourself and other people.

- If you do give us permission to use your name we ask that you sign in the correct box below as an acknowledgment of informed consent.

- If you do not give us permission to use your name with your story we will not share your name and we ask that you sign in the correct box below as an acknowledgment of informed consent.

Even after signing, you can change your mind about sharing your story at any time. Please let us know if you do change your mind, or if you have any questions at any time by calling or sending a WhatsApp message or Please Call Me to: (072 225 9675)

Are you happy for us to discuss your experience now for about 10 to 20 minutes? We may also want to follow up with you to get more details, to see if you would like to engage in Ritshidze advocacy going forward, or to feedback to you what has happened after engaging duty bearers. Are you happy for someone to get in touch with you to follow up?

*Please proceed with form and ask individual to sign in the consent form below if they agree/do not agree to have their name shared.*

Interviewer Name (print):	Signature:
Name of person giving testimony (print):	
Cell number ( <i>this will be kept private and is only for follow up purposes</i> ):	
Story relates to which facility?	

<p><b>Individual testimony:</b></p> <p><b>Try to find out:</b></p> <ul style="list-style-type: none"> <li>- what happened?</li> <li>- when did it happen?</li> <li>- where did it happen?</li> <li>- who did it happen to (<i>Prompt: them, a family member, a friend etc.</i>)?</li> <li>- what was the result of this happening?</li> <li>- did it lead to any further health complications?</li> </ul> <p><b><i>Please add as much detail as you can</i></b></p>	
<p><b>I am happy to be contacted for someone to follow up and get more information on my testimony, or for other information sharing</b></p> <p><b><i>(Yes or No)</i></b></p>	
<p><b>I am happy for my story to be used publicly with my name on it</b></p> <p><b><i>Please sign if agree</i></b></p>	
<p><b>I am happy for my story to be used anonymously</b></p> <p><b><i>Please sign if agree</i></b></p>	