Case study for Qualitative Evaluation in Health care

In this course, we will use a case study as a theme.

This case study is based on an actual evaluation that was conducted in South Africa by the Health Systems Research Unit (Arrie Odendaal, Simon Lewin and Yolisa Mtshizana).

As far as possible, throughout the course, we will be referring to this case study to illustrate key concepts and practice of evaluation.

CASE STUDY:

Integrated community-based treatment for TB-HIV co-infected patients in Cape Town, South Africa.

Background: The TB/HIV epidemics in South Africa have converged, and caseloads for both diseases are exceptionally high, especially in impoverished settings.

South Africa is a society in transition. Similarly, health systems in South Africa are under considerable duress; with improved lifestyles come diseases of lifestyle, non-communicable diseases – with a concomitant epidemic of infectious diseases. In addition, urbanisation presents a challenge especially to centres such as Cape Town – with free movement, more and more people are coming from rural areas to urban areas in search of a better living, which means that they often also use the free public health care system. A reality for many is the crowded, impoverished and harsh conditions of information neighbourhoods.

Coupled with high caseloads of patients in clinics, South Africa also suffers from a lack of health care professionals. Doctors and nurses are not easy to recruit into the public health care system, because of low salaries and poor conditions of work (e.g. facilities are not as up-to-date as in the private sector). Thus, task shifting from doctor to nurse, and further task shifting from nurse to lay community health
worker (LHW) is not only a good idea, it is a necessity.

LHWs are members of the community, with minimal training in health care issues. They are not any standard of nurse, and they can perform activities such as health promotion, adherence monitoring, or contact tracing in the community.

The LHW (left) is helping a patient to pack her ARV pill box.

They are increasingly used in dealing with the TB and HIV epidemics in South Africa, as both diseases require considerable follow-up; and to reduce caseloads present at clinics, both diseases are increasingly being monitored in the community.

**The intervention:** This study aimed to evaluate how community care workers (CCWs; they are the same as LHWs) provide treatment and adherence support to TB, HIV and co-infected clients, in order to strengthen the integration of services to these clients. The evaluation was conducted in three health care facilities and their surrounding neighbourhoods. The Ws were employed by TB/HIV Care Association (THCA), one of the non-governmental organisations (NGOs) in the Cape Metropole. The three primary health care facilities in which the study was conducted were purposively selected by the local governmental health authorities and NGO, on the basis of variation in the types of integration models implemented. Whilst ART and TB treatment are provided at Clinic 1 and 2, Clinic 3 only offers TB services, hence the local hospital was included as it is the ART facility that serves the community of Clinic 3. Clients from Clinic 3 and the supporting ART clinic are supported by the same team of CCWs.