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Participant identifiers:

M1: MP3-P19

M2: Le Roux Engelbrecht

R: Researcher

Transcription format:

Questions asked by researcher has been bolded with a timestamp placed after the question. Participant identifiers, pseudonyms and replacement text marked in square brackets have been used to anonymise the transcript. Inaudible parts of the dialogue have been marked with brackets and a timestamp.

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R: First of all, really welcome, and I'm grateful that you're here.

M1: It's a pleasure.

R: Ok. So the purpose of this is that we'll be, um, looking at and discussing maps that we've made from the Aita Health data that the CHWs capture on the phones, but then, secondly, um, or, before we start, I also just need to, in general, ask you about your role in COPC and eh, talk a bit more about what your perception is of maps, before we, we go in to looking at the maps.

So, um, the first question ... ok the interview is the full forty minutes, so I'll do my best to, um, make sure – we might go ten minutes over time, but I'll be quick, I mean it, ok.

The first introduction question is, um, is how would you describe your role as a doctor in, in COPC? What is it like? Or in your case, your, your role as the manager of all the doctors, what is it like? What is your role like in COPC?

(00:01:28)

(00:01:28 – 00:01:32)

M1: What my role is to... to oversee the project, but eh, also to, to oversee the doctors, eh, to make sure that eh, you know, the vision and the philosophy of Community Orientated Primary Care is being implemented. Ja, this is something quite

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new, so there has to be a mind-shift in the, in the doctors and in the, the, the team leaders. So I really have to make sure that people follow the vision that we have as a, as a department and as a family medicine, and as primary healthcare in the, in the country.

R: Could you give an example of how you, how you, how you do that? (00:02:34)

M1: Well, I have four registrars in, in Mamelodi, and um, normally doctors are used to working in the hospital, so with the COPC we've um, taken them out of the hospitals, into the community, and the aim is to do integrated care. So they are integraters (sic) from the home, to the health posts, to the clinic, and to the hospital, and back. So actually they're, the doctor is very important there in terms of um, clinical leadership. But, ja, but also as an integrater, to make sure that the team works together.

R: I, um, I just want to make a note here...

(00:03:35 – 00:03:45)

Ok, so, um, if I, if I then move on, the next question I've got is... um...

So it's, it's now thinking more about the areas in Mamelodi, so let's see, we can, we can see what is applicable. What I'll do is at the end I'll give a summary on what I've heard, so I'm not gonna play back necessarily, I'll just sort of listen first.

M1: Mh.

R: So, ok, this is to get a sense of, of, of, um, the, how you perceive Mamelodi.

Um, where, so your registrars, where do they typically work in Mamelodi?

Where do they, where are they situated? (00:04:24)

M1: Well, there's [the doctor who is] looking at ah, Mamelodi West. There are four teams in Mamelodi West, but one of the teams is looked after by [the doctor] from the clinic. So he's looking at the three other wards. Eh, then, there's [the doctor] who's looking after [the lower part of Mamelodi East], um, the, the teams around [that area]. And then there's [the doctor], who's working with the teams that refer to [the one clinic in Mamelodi East]c. And, at the moment [a doctor] is our anchor at the hospital. He works in the [one of the hospital wards], but in the future, he will be working, he'll, he'll be assisted by Dr. Williams and, eh, I would like them to look at [another clinic], eh, ward-based outreach teams that eh, refer to [that specific] Clinic.

R: (00:05:34) What is his surname? I didn't get that.

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M1: Anderson

R: Anderson

M1: Ja, he's, he's, he's [from a different country].

R: Anderson. Oh! I've met him.

M1: Oh, have you.

R: (00:05:43) Was he in the Mam-, Mamelodi West Clinic meeting?

M1: Ja. Ja.

R: Ok, now I get it. Ok.

Then, um

M1: ... So, those are the doctors that we have, unfortunately not all the teams have doctors because we are short, but those are the ones that, that, that we are working with now.

R: Ok. Ok, good. That's clear, so they're divided and e-, e-, each got the area they focus on.

Um, I'm going to move on and ask you, um questions about, um... um, mapping.

Is, if I, um, if I... what comes to mind when you think of a map? (00:06:21)

(00:06:21 – 00:06:28)

Well, a geographical area.

R: Ok.

M1: Ja, with some... ja, some indications

R: For example?

M1: In other words, where things are. Where people live... and, ja, how, how to move around in a place.

R: Ah, ok... good.

And then, sort of following on from, from there, um, what can you tell me about your experiences with mapping in COPC so far? (00:07:00)

(00:07:00 – 00:07:05)

M1: Well I, I've heard some, some, some anecdotes...

R: (Chuckle) Yes?

M1: Um, there's one team leader who, who told me that... from the work that's being done, they were able to see where TB patients are. I think, I think it's, it's exciting if, if we can do...

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R: Good. 'Cause I hear the word 'seeing', which is locating, and I hear the word 'exciting'...

And for example, what would be exciting... what would exciting mean for you in terms of what you, your vision would be for getting right with the maps from, in COPC? (00:07:44)

M1: (00:07:46 Inaudible) it will, it will improve the efficiency of the work... because you won't waste a lot of time looking for, for things. You will know where they are...

R: Ok... (00:07:59 – 00:08:03)

Anything else? (00:08:04)

M1: So, so and it will save time and it will save resources. And it's something visual, that you can see and that you can show other people...

R: And, ok, so I've just got, what I, if I can play this back, so it, you can see, so it's location... and the exciting prospect is it's exciting in the sense that, is because it can save time and save resources and visual... um,

What is your, what is your, what is your feeling about the value of the visual? So if you say like that is an exciting prospect, to be visual, for example, could you give me an example of how, what impact that could have or... or could you explain that to me a bit more, the visual? (00:08:46)

(Inaudible 00:08:46)

What strikes a chord for you with that?

M1: I think the, the visual will give a sense that it's something that's doable.

R: Hah, ok, ok.

Ok, so, sort of in terms of motivation, and also probably, um, evaluation?

M1: Ja, ja.

R: Ok, ok.

Ok, now, I think we're ready to go to the first map.

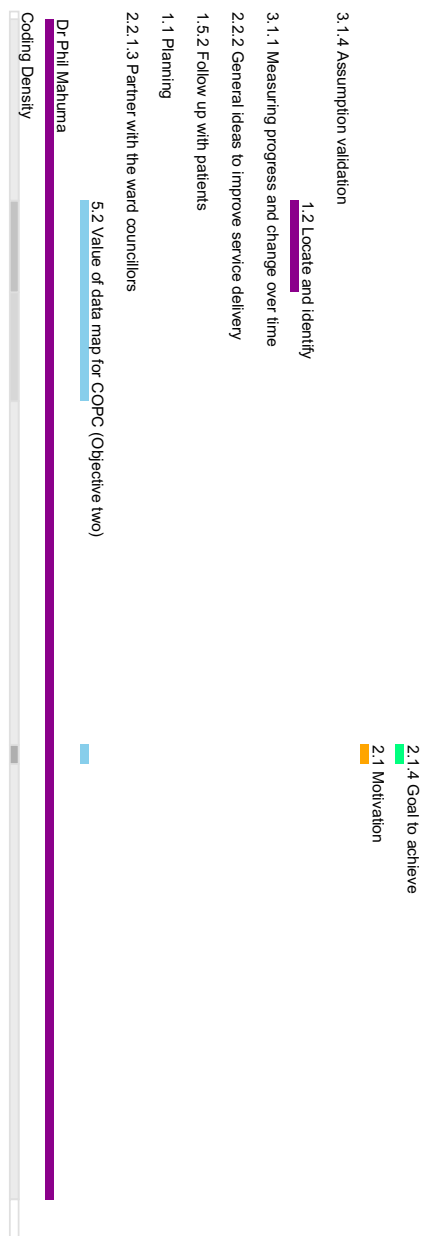
Um, so this is... I suppose, just the background, I work with Fritz and we just said if we can show a few maps, just to test what this could be. This is just like a sort of a mini, mini step in hopefully a long journey to come...

M1: A taste.

R: A taster, a very small um... what, what's the fancy word for taster? Hors d'oeuvre.

(Chuckle) It's a very (inaudible 00:09:36)...

Um, Le Roux is gonna...



So if we start here: our first map... um, I've, I've given you a card, and the card just explains to you how the map works...

Um, now with your, your, you are looking, the data you're looking at is of two teams, it's al-, it's Sr. Dudu, and um, Sr. Dudu... Skhosana... S-. S-khosana...

M1: Ja?

R: It's a 'K' and a 'H' next to each other.

M1: Skhosana (pronounced with click sounds before and after S's)

(Chuckle)

R: You see, I (laugh) ... you have to train me on that one.

So, Sr. Dudu and Sr. Pontsho, who's surname I don't have, but Sr. Lin-... their zozos are together by Ikageng.

R: Ah, ok!

R: Sr. Pontsho replaces, replaces Sibiya.

M1: Ja, it's Maloi.

R: Maloi?

M1: Like, like the big boss here.

R: Maloi.

So those are the two, the two team leaders who...

So first of all, we start here, um, the card explains to you what the colours and the sizes of the dots mean... um, I'll tell you something funny about that very big dot there – we've noticed something funny.

But I'll first start by asking you to tell me, when you look at this map in front of you, what do you see? (00:10:48)

And Le Roux, the good thing is Le Roux can zoom in, um and you can hover over, um, the households to just get an accurate guestimate of how many people is exactly in the home.

M1: Mh.

(00:11:03 – 00:11:06)

Well, I mean, see a geographical space, and I see dots in a, in a, in a cluster. So, some dots are more spread out... and then there are... where the dots come together...

R: And what, what do you think would it be telling you? Um, what would, what, what is the map telling you? (00:11:30)

Le Roux, can you zoom in ... oh, I see you, you... because there are lots of fringe cases but zoom in maybe one ... lets see, only zoom in... ja, the e-... Good.

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M1: Which area are we looking at?

R: So it's this whole... you tell me?

One thing I, I am ... I can point out, we realised something, which

M1: Mh.

R: is a good realisation

M1: Mh.

R: Um, we thought (sigh) we had a big scare, we thought for example this was a big problem, but the reality is this is what happens when the Care Workers go out, they capture, and they don't upload... they go back to the zozo and they upload. So Prof. is aware of this, it is potentially something to really

M1: Mh...

R: I don't know what the... I... but so here – take it with a pinch of salt – we can hover over it and get the accurate address but, but this, these are sort of how they would be found

M1: Mh...

R: in reality and for example... um, ja, so any case

but if you look at that, what is that telling you? (00:12:34)

M1: Ja, well I mean... I see an area where there are streets and then there's another one where there are no streets...

R: Hah! Ok. Good. The eh, exactly, that's a big, that's a tough a-... I think Sr. Pontsho works there

M1: Mh...

R: it's right, it's very difficult. She says like... it would be interesting for you to read the transcript of the interview, I mean just getting to those homes

M1: Mh-h

R: there's really no roads. Um, it was really important that for her there: where do I send people to? Because to... the, the, the, um, the proximity to care is very far, um, for those people to come to...

Um, ok, so, so you said you see roads, and you see some of, some is in, um, eh, some of the dots are in a place where there are roads, and some are in a place where there's no roads, so formal versus informal...

M1: Ja.

What else do you see? (00:13:30)

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M1: Ja, maybe, I mean the, the dots are more where, where, where it looks informal, where there are no streets...

R: Interesting question...

What could ... what could be the reason for that? (00:13:45)

M1: That, that is probably the informal settlement, see there, where there is, where there are no, no streets... It's that area that you see as you drive out of Mamelodi

R: Ja.

M1: Mh.

R: It's that area...

Um, this is a bit more of a conceptual question, rather than data-specific but, um, what is your feeling about seeing the Aita Health data um, on a map like this?

Or, um, to you what is it like to see the, the data map... (00:14:16)

M1: Ja... I will say the coverage is quite good.

R: Ok... ok, so, um...

M1: Although there's ... there's one area, why I don't see dots, is that a, an artefact?

R: No.

M1: Mh?

R: That means the, the, we can't pick up dots... for that. For it... No

Will you clarify 'artefact' a bit more? What, what does that mean? (00:14:44)

M1: The artefact means it's a, a ... like if you look at an X-ray and you see a big blob

R: ... I've never heard that word in my life...

M1: ... but it's not, it's not a blob because it's, it's sickness but maybe there was... I don't know, a (inaudible 00:15:01) or something.

R: Ok, ok. So that's a question I'm not sure, well, the reason, the reason, the reason...

(00:15:08) So for example, if you sit with the two sisters, it's a really important thing that we could eh... 'cause one of the things now is whatever we discuss and pick up here, we can feed into the session on Monday

M1: Mh

R: Which is an example of how this could be integrated

M1: ... Mh. Mh.

R: so it's a question to ask – artefact. So I know, for example, I don't know

M1: ... Ja

R: if it's possible to get, if there are homes here, but where we know there are streets, there are homes, and it's a question to ask...

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M1: Ja. I mean that big blob there would be a, a typical example of an artefact. I mean
R: ... (00:15:36) Do you, oh, do you mean this one here?

M1: Yes. Yes.

R: So, yes, that is. Ok, so ... Help me a bit more, I'm still not clear.

So for example, what, what would you mean by that? If it's an example of an artefact? (00:15:46)

M1: Artefact means something that is not true.

R: ... Ok.

M1: Something that's false, ja.

R: ... That whole thing is, is false in terms of its location, in theory those dots should actually live... they should be in other places...

M1: Mh.

R: Because the Care Workers did their job, they did do screen the home – just the uploading happened back at the zozo, and therefore, for us to map

M1: ... Mh. Mh.

R: where that house sits, we only have the address, but visually it's not accurate.

M1: Mh.

R: So, yes, this is an artefact.

M1: Now if somebody takes a picture of you, and then the lens in the camera has a, a whole, then it makes a, a patch here

R: ... Now I get what you're saying

M1: (Chuckle) it's what I mean, mh.

R: so we have an artefact

M1: ... so that will be an artefact, ja.

R: Can, something I can just add on sort of from a conceptual point of view, is, I think... um, if... with maps there will always be artefacts.

M1: ... Mh. Mh.

R: In other words we take them as concrete truth, but one of the most valuable things I'm learning from my conversations with team leaders and CHWs is what's the story on the ground, versus what's the picture we get, and really questioning the accuracy of the picture. So, that's a good metaphor, I guess, that one can use throughout the use of maps, is to question what, what, what is maybe misleading, or is...

M1: Mh.

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R: Um, I can, we can move on. So... oh, but if I just, um, so I just want to get back to that question actually, which is about...

Do you think... have you ever received a report of our data? (00:17:18)

M1: Actually, not.

R: Ok. Ok. Because I suppose this would be that data visually.

M1: Mh.

R: And, um... um, ja. So that this would be what the data looks visually. So the team leaders, prior to the mapping, they would only just receive the

M1: ... Mh.

R: like a tabled report of the data...

But let's go on to our second map. I'm gonna give you, um, a card that explains the... you can just put them on the table.

M1: Mh-h.

R: So our second TB map... um, actually,

M1: ... So

R: ... our first TB map. So we've now just looked at house-... Yes?

M1: So this was just about numbers?

R: Um, for example? Could you

M1: ... Like, like in the blue? The

R: ... Yes.

M1: Mh.

R: It's just about numbers. So, so what we did there graphically

M1: Mh.

R: is it's bigger, you know it's a bigger household, if it's smaller, it's less.

M1: Mhh.

R: Ok. So we could play with the dots with the sizes.

Ok, now I want to show you the fur-, the second map. And, can you see why we were worried?

M1: Mh!

R: We spotted a potential TB epidemic and then it was the zozo.

M1: (Chuckle)

R: And we were honestly, Sr. Dudu was like really shaken! Because you should see when those colours change, and you realise what's happened. It's quite scary, but then it wasn't.

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M1: (Chuckle)

R: Any case, so now what, what's happened is I've showed you the household size, now we're going to TB maps, and there's a progression of four TB maps to show you.

M1: Mh.

R: So my first question about this, this TB map, is um, again, just um, it shows you households where there's a person who's diagnosed with TB. This includes cases of pe-, places where people are on treatment, and not on treatment. So, but everybody's been diagnosed.

So when, if you look at the data, um, or at the map, what do you see when you look at this map? (00:19:02)

(00:19:02 – 00:19:09)

M1: Ja, I mean I see dots that are... that's scattered... and maybe few dots – I would have thought maybe there, eh, there would have been more.

R: Ok. So you, you're questioning the, the amount...

(00:19:28 – 00:19:38)

M1: I mean the dots it would be ... there are two, four, six, seven... Two, four, six... Ja, but I mean that artefact doesn't have... because I mean I would have compared the, the built up areas and the, and informal settlements to see whether there will be more TB in the informal settlement...

R: Ok.

Um, what... so, what, um, what would you say is this map telling you? (00:20:19)

M1: About the TB?

R: Ja.

(00:20:24 – 00:20:32)

M1: Ja, well, I mean... it's not really concentrated in one place, some of it's here...

R: Could you clarify that? (00:20:44)

M1: You can, you can expect it eh, anywhere in the... in that area.

R: Ok. So what I hear, I'm hearing you're saying is doesn't, it doesn't seem like there's a location connection, I mean there just sort of ... they're placed and because you can't see the concentration, you can't really think a bit more around...

If, if you see... and I mean I, I see two there together but, but that is, that was the real misleading one – we thought we had a breakthrough, 'cause this is a... if that were to be true, it's a really crazy thing, that's actually, that's...

Um, so maybe following on from this, what else would you like to see on this map? (00:21:25)

(00:21:25 – 00:21:35)

M1: You mean about TB?

R: It could be...

So, it...

Yes, for example you, you could think about TB, what else would you like to see on the map? (00:21:48)

(00:21:48 – 00:22:00)

M1: Ja, maybe where's the clinic.

R: Ok.

(00:22:04 – 00:22:14)

And if, if you were to be a, um, sort of a registrar doctor, in what way could you use this map, the work you're doing? (00:22:24)

(00:22:25 – 00:22:32)

M1: Mhh. Maybe just, just planning the work.

R: Ok...

For example? (00:22:39)

M1: I mean if you want to visit all those homes, then maybe you will group them... so that, you know, one day you will go in one area where you, you'll be able to, to see most of the dots, and then, ja, so on. In the planning and in the follow-up.

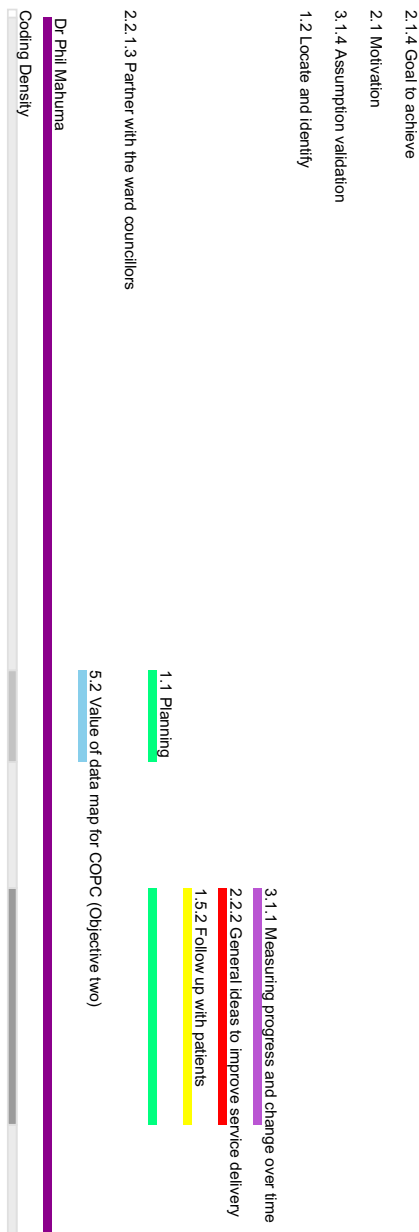
R: Ok. And for example in the follow-up, what would you, would... how would you use that in the follow-up? (00:23:05)

(00:23:05 – 00:23:18)

M1: Mhh...um, one could do a, like a baseline survey, where you have the one TB... and I mean... you know, we would know that after six months the... the TB should be cured. So I mean, another point would be after six months, you do another follow-up and see what's happened to the dots. Did the dots dissapear? So then follow up in terms of treatment completion, or in terms of new cases. And if those new cases affect the, the, you know, the same places... I mean, we'll be looking at the migration of the dots, or whether they, they stay the same.

R: So... good. Um...ok.

Good. I think... I'm going to... let us go on to our second TB map. Um, you'll see the other ones are just sort of variations of, of, um, working with the TB data.



So, ja, you can just put the card on the table.

This card explains ... so there are two, two maps left... this, this card explains um, the next map. And we must just give the computer a few seconds to generate it...

Um, so, our, our second TB map, it shows you, um, from, from those households who have, who have been diagnosed with TB, who of them are not ... they, they have been diag-, who of them are, have been diagnosed but they're not taking their medication... So that's what the picture, so you can see, the, what the warning was there...

M1: Mh

R: Um, I think, I, I realised in hindsight it's still valuable because...

Le Roux, could you zoom in on that a bit for us, just a... our epi-de-mic.

Um, what you can do, on the computer, is you can hover over, um, a dot, and you can get the address

M1: Mh

R: So, so, in other words, for all of those ones, you can do the same thing. You can, you can really pin point what is the exact (water pouring – inaudible 00:25:29) address.

M1: Ja, that's good. Ja?

R: So to give you an example, if we showed this, this, this, this particular data set to a, to a care worker, we would filter it down to only include her 200 homes. In other words, you'd see probably only two dots in your area. For the team leader, it would probably be half, 'cause we've got two teams together. Um...

Ok, if, if I show you this map um, what...

Maybe, can we zoom out again (inaudible 00:25:58)

Um, the question I have here is what comes to mind when you look at this map? So just if you think about we've taken the TB households and we've filtered it down and it's now people not taking medication, but who are diagnosed.

So what comes to mind when you look at this map? (00:26:17)

(00:26:17 – 00:26:23)

M1: No I think, I see the, I'm not sure about the, ja, ok. So I mean this would be basically the same dots of the, of, of the previous... but less in number?

R: Yes. Definitely.

And, um, what do you think this is telling you? (00:26:47)

(00:26:47 – 00:27:03)

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M1: Ja, what I know, from a clinical point of view it means that, you know, not all the, the TB suspects have been eh... I mean have TB... It, it... in other words, the...

Ja. In other words, it's not everybody who's been asked the, the questions by the Community Healthcare Workers who ultimately will have, have TB

R: ... Just wait, so, so if I'm hearing you are saying

M1:... that, that, that, that, that these dots are fewer than, than, than from the previous map

R: ... yes, they're fewer, ja.

So, so would it mean... previously, a, a lot of the dots who fell away are people who are taking medication

M1: Mh

R: this one is just limiting the information to, um, to, to, to signal from that bunch ... and now wait, Le Roux, it might be interesting to leave the other green dots with this, so you can

M1: ... Mh

R: see the comparison, that this was just, um, isolating them.

Um, could... Ja? (00:28:14)

M1: No, and the other thing is I would have expected more dots in the informal settlement than, than in the built up area

R: (Whisper) Ah! Ok

M1: but I mean that artefact there confuses us.

R: Yes. That is true. Before... before last week Friday, this was a very interesting map to look at...

M1: (Chuckle)

R: Um, it still is valid. Um, (throat clear) because it actually alerted us to something

M1: ... So, is there no way of correcting it?

M2: I'm, I'm not sure, unless they have, they recapture the GPS and follow-up.

M1: Ah, ah, ok, all right

R: ... But that is a possible suggestion for them to look at, MP3-P19.

So actually, MP3-P19, can we make that an instruction? (00:28:59)

M1: Mh

R: When you sit with them on Monday, is to ask: "Could you please go back and capture the GPS?" At least you can ask if that's feasible.

M1: Ja

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R: 'Cause that's a nice

M1: ... for those, ja.

R: it's a, like a manual way to correct our mistake but then the benefit is that there's accuracy

M1: ... Mh

R: um, to (inaudible – speech drifting off, bang noise 00:29:15 – 00:29:20)

Oops.

Um... Ok.

Um, if you were to be a doctor connected to team health, how would you for example use this in the work you do? (00:29:31)

How could you use it? (00:29:34)

M1: Ja, now that will be more or less the same, because I mean if the healthpost is there, in the planning

R: ... Ja?

M1: so I mean

R: ... oh, good.

M1: So those dots are very far, so I mean you would have to, to plan it carefully...

And then the other dots are... maybe closer to, to the, to the, eh, Healthpost but you would plan that in, in such a way that, you know, maybe in one day, everybody goes to all those dots...

R: What, what could, could be interesting is, um, if we sit with the, with Sr. Pontsho or Sr. Dudu, and for example, think about a plan like that, and ask, eh, you know what, what could mean that you could... Could you do this? And if you couldn't, what's the reason? So, for example, is it so rough, or so... the, the picture I got from this Phomolong area is that it's quite tough to really go and do that. Like, so for example, what would it actually really imply if you had to, were to go do that...

Um, is there anything else that comes to mind? (00:30:42)

So we've now said, so I asked you sort of how can you, if you were a doctor connected to a team, how would you use it? And what came out here was for planning, again, because there are some at the top, so you would clearly plan to go do them, um, together. Um...

M1: But I mean also part of the COPC is to, is to involve the, the local politicians. So I mean a map like this, you can show to the Ward Councillor...

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5.2 Value of data map for COPC (Objective two)

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R: For e-, for example? What would you, what would you... what would you... (00:31:16)

M1: Ja, I mean, I would tell them, and then you tell them... especially in the informal settlement, this is where the problem of TB is, and if you need to, an intervention, to then... then you involve them so that they... they can help with tho-, with the security concerns...

R: Do you know what?

M1: Mh

R: Um... ok I've just noted that... ok, that's a very... it's the first time I've heard that...

M1: Ja, ja I mean it's... it's visual. As a Ward Councillor, this is my map also, so ja, ja...

R: I, I read, one of my case study articles was brilliant, it was a community in rural America, where the community could use the mapping to justify, um, the, for everybody to get more money for a clinic, because there really wasn't anything... So I've not really thought that it was possible for us to use it in... I wouldn't say politics, but, um... but as for everyone need for campaigning, it's, most of these diseases sort of, that could be definitely a use...

M1: Mh.

R: Ok. I think let's, let's go on to our last TB map. So as I said, it's just a taster, but this is now a progression, so here, what we've done is we've combined two sets of data. So now, um, on this last TB map (shuffling sounds 00:32:41 – 00:32:50)

Ok, so this last TB map shows you, um, the same households where people have been diagnosed with TB but they're not taking their medication, and where the dot has turned orange...

Um, so in, let's imagine, I know the geography is not correct, but you can see what the map can tell, can do in a way.

Um, where the dot has turned orange it indicates that there's also somebody in that household who is, has TB symptoms. Um, they've not been diagnosed yet, but the CHW picked up in that very same household, there's somebody who's symptomatic... So, again, I, I suppose you have to more role-play and imagine that you, you were sort of a doctor connected to a team, and imagine that that, that that was a legitimate... you know, the, it could be, you could find where those orange... those orange dots

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might not be exactly there, but they would definitely be somewhere else in the section.

Um, the question I have here is again: what does this map tell you? (00:33:43)

What... Or, first, maybe, what do you see? First of all, just...

M1: Mh. (00:33:48 – 00:33:52) Does it... So I imagine if the dots remain the same

R: Yes... Yes?

So, so they remain the same, but what is the... ok, good.

Um, is there anything else that comes to mind when you look at the map?

(00:34:10)

Could, Le Roux, can you zoom in on that map? The, the, the one that... ja, that one's it...

Um, it, it would be that same home, because the position is not gonna change, but we could just say let's filter our data and let's sort of see if we find both, that's indicated change.

So, in a way then maybe the question to ask you is: what would you do if you had such a map? What, how could you use this in your, in your work? If you were the registrar doctor connected to the team? (00:34:40)

(00:34:41 – 00:34:44)

Or if you were... you know, the team leader, um, working with the CHW.

M1: Mh...

(00:34:39 – 00:34:58)

Ja, I think it, it, it eh, revolves around the, the planning and the action, isn't it? In that you would show the Community Healthcare Workers this is where the problem is, and then send them to the house to go to then find out what's, what's going on.

R: Good.

(00:35:19 – 00:35:31)

So, is there, and I think this, this would, this was the last, I mean this was really the last map. So what I, what I've, or it seems to me to be a good thing to do is... can I, um...

Maybe just zoom out for us

Are there any other orange dots we could find? (00:35:46)

M1: Mh...

R: (Muted speech 00:35:47)

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5.2 Value of data map for COPC (Objective two)

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M1: Le Roux, from the clinic to ... let's say, those two dots there – do you, can you calculate the distance?

R: It's a very interesting question...

M2: Um... (inaudible 00:36:03)... it's not impossible. I mean from, going from, from

M1: ... Ja, there to

R: ... The clinic (inaudible 00:36:12) are we looking at Stanza Two? What's the closest clinic...

M1: ... No. No, from the healthpost to, to the, to the dots

R: Oh... Oh, there, sherbet... that would be a good thing if we can build that in, 'cause it would make it...

M1: Mh.

R: You'd have to always sit with somebody like Le Roux, realtime like, like Google Traffic but it's not a bad idea is to calculate the distance. Um, especially for planning. Ok.

What was your thoughts around that? If we could, if, if you could calculate?

(00:36:42)

(00:36:42 – 00:36:46)

M1: No, I mean, also to... you know, to estimate the time you would expect the Community Healthcare Worker to, to go there... I mean if it didn't

R: Thank you.

Ja?

M1: If it needs, you know... daily, or weekly follow-up then I mean it gives you an idea ...

R: Ok.

M1: Ja...

(00:37:08 – 00:37:12)

And maybe if ... maybe calculate the distance from the healthpost to the furthest dot, and then also the, um, the distance from the homes to the, to the clinic. I'm, I'm sure there's a way of, of, of, of doing it...

R: Ok.

Um, so I'm thinking what, what I realised, um...

I'm looking at the clock

M1: Ja, ja.

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R: and I'm thinking, um, so I've got this down and I think it's a brilliant suggestion, and I think, let me wrap up.

Um, so now this is actually quite important, I'm just going to do a summary, and then play back to you what I hear, and this is now for you to just listen if I've understood everything correctly and so that you can add anything if I've missed...

M1: Mh.

R: Ok.

Um, ok, right, so we started, very quickly at the beginning, we started and we said, um...

Is it really 11:30? And what is, when, when did we start with the interview?

M2: Just before 11:00

R: Oh, ok.

So when is Dr. Smith's time? 'cause I want to know

M1: ... quarter to

R: Is it quarter to, right?

M1: Ja

R: Fantastic. So we're in time.

M1: Mh

R: So good, so I can do the... in other words, I don't have to rush the summary, ok.

So, MP3-P19, um, I just want to be here (shuffling sound)

Ok, first of all, it was really, um, the very first question I asked you is just to explain your role in COPC. And that was good for me to listen to because, um, you really, you oversee the project, um, you oversee the doctors, um, and something that really struck a chord and that I thought was really complex is you must make sure that the philosophy is being implemented, um, of COPC. You know, um, in, in a place where a mindshift is needed for them to really understand COPC, for example a clinic. And then I, what I liked is you explained well how you do that is you take the doctors out of the homes. You've got the four registrars you work with. Um, I remember sort of you, um, just by getting them out of the homes and getting them to work in the community, that's how you get that

M1: ... You mean out of the hospital?

R: Ah, sorry! Thanks.

M1: Out of the ... ja.

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R: I think you understood, but ja, that's what I meant, you get them out of the hospital, which is their home, into the, into the real home.

Um, um, ok, then you said – so you've got the four registrars. There's this big focus on integration, which seems like a big, big thing that you always need to look out for is how do you integrate the households, to the clinic, to the hospital. And the doctor is the person who can move between that line and go back again. Um, so that, there's actually some questions later on I'd like to ask you about challenges with this integration which you encounter, because I'm sure there must be many...

So, um, um it's, and you had this word: clinic leadership. What would that mean? (00:40:12)

M1: Well they have to be mentored.

R: Ok.

M1: Ja.

R: Ok.

By you? For example, or who does the mentoring, what, who, who is the responsible for the clinical leadership? (00:40:24)

M1: Yes, that would be me...

R: ... Me? Ok, so. Ok, good, so you get the clinical leadership.

Um, then, if I move on, you explained the four doctors who's working for us. They each have their own sort of section, or team they look after. You don't have a doctor for everybody but this is how the structure works.

Um, then I asked you a couple of questions about a map and what, what is the value of a map for you in COPC. And this is quite funny because initially you said – not funny, it was lovely – 'cause you gave an anecdote of what you heard somebody else said about the experience with me.

But, in, in essence, the, your first response was a map gives you geographic, it shows a geographic area and it tells you sort of where things are. Um and how you, how you can move in an area. So there's definitely that thing about a map for location, and getting there.

Um, then, what was great was you said the potential value of maps in COPC for you were, what you've heard is that you can see the work you do, and the exciting potential in there is saving time. And, um, you can see your results, visibly, and then that then trickles down into I can measure, um, and I can evaluate. And if you had to write an academical article, by the way, you hit, you've got five out of five for the

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extended value of maps in medicine. It's this, it's just that, that link you make from just the distance, and calculation to us, um, making like the time. We work smarter. And us then being able to monitor in a, in a very immediate way. 'Cause I asked you a bit about this thing of making something visual – what is this, this value in there. So that's, that was really, um, clear.

Then I see, then if you look at my maps, sort of, you can sort of stack them, as a reminder, you can sort of stack it up like that. So we started with this one, which was just a basic study about household size. Then we progressed to say, ok, um, we want to take specific, a specific data set about TB and show you what, what that picture looks like. Then we, we filtered down the data and said, ok, from these guys, who, who, who, who qualify for this particular case, which is you have TB, you're diagnosed but you're not taking your medication. And then we actually did the last, we just experimented with saying let's use two types of data sets, which is one where we actually indicated change. If you were not taking your medication, could we also find from another data set where TB symptoms, and combine them and see in what home do you get them together, which is the dot turned orange if you also spotted somebody just diagnosed. So, sorry, if I'm confusing, here – same red dots, people have TB, not taking meds, but taking another data set of, just of people with TB symptoms, that we've picked up, and seeing where, in what home do you get both, and what would that be telling you.

All right, so let's go through what, what I learned from discussing that progression of maps with you. Um, the first thing is, um, when you looked at the blue dot map, you just said you see geographic space. Um, and the dots are in a cluster. And you said some dots are more spread. Um, what was interesting – and I think it's a thread I picked up throughout the interview – is continually you were saying, looking at how many dots were in the areas where we have roads, and how many are in the informal... And again, that's novel because Dr. Ilunga was also really focusing on built and non-built, that, that divide. Because some wards don't have that, but really, just seeing if there's any comparison and what we find when we think about the, the real reality, what the area look like. So you immediately tried to look for how many dots, the, what is the population in the built areas versus the informal.

Um, and funny, you said there were more dots where there are no streets...

M1: Mh.

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R: (I've got an? 00:44:14) idea of why, but that is a good thing to ask the sisters. In other words, if you can see where's Sr. Pontsho, and where Sr. Dudu, and where there are roads, why, why are we not seeing dots there? Even though we have that blemish, with, with not accurate location, it still wouldn't account for some areas where nothing was happening. What's the story there?

M1: Mh. Mh.

R: If, if it, if it's relevant. We may, we can ask the question when the... Um...

Ok, then, after that, um, it was great, because we actually spoke about, for me, I, we spoke about this artefact, which you, the X-ray, or the, the photo lens, which is, we actually have an artefact on our maps. So we've got something that you could go all ballistic about, but actually it's not really valid. Um, and just that is a thing that's always inherent in mapping, is to always really question – it's only data captured by a human, and always being aware of – that's why we, it needs talking about. And discussing. And critique. Owen was also great – he immediately spotted things that was in his mind, for, because he is on the ground, he was spotting, you know, things. Any case, after that we then, we looked at, um, our first map, the TB dots. Um, here you said um... you thought that the amount of TB dots would be more. Um, you again compared how many TB cases do we have in a built up area; informal versus structured. Um, and it just told you that the TB is not concentrated in one place.

Which is insightful, it might have been and then... and my assumption is that there were other clinical ways of acting if you found them together, 'cause it would clearly indicate something. Like our, the, the, shock we had initially there.

Um, the use of this map for you, which is great, is planning. Um, and you spe-, you clarified that by saying you can group them, and you can really use this logistically to see who... for logistics, and um, for, um, it, you could, you could manage how to, how to structure the, the follow-up care around that.

Again, I'm wondering if the sisters think about that... So this could be something on Monday to ask. Um, they may, or may not think about that, even though it's really logical. So that again I think is a question to see Monday: look if this is our status, what's your plan, and have you thought about ... ja.

Um, but then also you were saying, I think later on it came through, how long does it actually take to get there? What could be things we can't see on the map that would mean... like I know this area, the Phomolong area is difficult to get to. So that also taking, it's the nuance in that conversation – let's use it for planning but what else?

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Come and tell me, um, the ground knowledge so we can combine both and really make a accurate, a feasible plan...

Um, what the green dots also showed you is following up. Um, um, because TB should be cured. Um and so then another interesting use of the map came through here. You said well you could use this map for monitoring and evaluation. So, um, six months down the line, if you set a deadline, what is the picture now? And can we see a change in the picture? And there's absolutely no reason why that can't happen, in a way. Like why you can't, and for the team, why that can't work. So again, also possibly something, an idea to drop with the team leader: Would you like to...

M1: Mh.

R: You could make a bet with them and say, or you know, you could say: Hey, guys, let's see in spring, can we get together with Le Roux and you know, check our picture, if it's changed. We could, if you wanted to.

Then, um, next, we then moved on to the one with the red dots. So this is the story of the red dots, were the following: I asked you what you see. You said it would be the same, because it is the same. It was the same location but there was just a colour change and some of the dots fell away. Um, and um, you said, um... the, the, from a clinical point of view, not all the suspects have TB... I'm not clear exactly what that mean, but maybe it meant... Um, I mean, let me carry on, so... I suppose in a way it could mean that, that some, it's not all the green dots are red. So there is sort of people taking medication, there are

M1: ... Ja

R: there is definitely progress. Which is also the good side. It's amazing, some of the team workers, immediately they're like: "Now I can see what the ward looks like!"

You know, so you can see the, the, um... what you have done. You know, you could eh...

Um, but the, um, what you here, again, you expected in the informal settlements, um... it, I think you were again questioning what is the percentage of informal settlements versus formal settlements... Um, then, um... and you, look, the reaction to this, what this is telling you, is just to really to tell them: can they just go and control it. Because you want to really go out to the, to the red dots and work with them.

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You would use it if you were a registrar doctor in a team for planning. Um, again, same as the previous one: the dots that are very far, the dots that are really close to the healthpost – to think a bit about that.

Um... and then, another use... I mean that just goes, links to something that I've been picking up. We really actually need somehow, to have a base map, eh, really, the clinics and the health facilities, also permanently on there. Because the planning... it's repeatedly come up for all the doctor interviews almost, that I need to see the facilities to, to work with that...

Um, and then you, you, you mentioned something that I felt strongly about as well, which is you could involve, you can actually use a map like this for Ward Councillors. So, exactly what you're saying: this is also your TB, this is also your ward, this is your picture. Um, and if there were campaigns – what you mentioned there is you can involve them. Um, you said security control, for example, is a way to involve them. So, um... especially if you look at diseases like hypertension and diabetes, you'd get a very different picture and then you could really, really work with campaigns in your favour if it was lots. So there's potential there for using the maps outside CP, COPC. Ok, and then finally you said um... um... um... so, ja, so I've just said how could you... there was just this, this idea here again – the theme that's coming through is for planning and for taking action. And this is where the problem is, and you can send a nurse there. That is, that's the value of it is to say, well, we can direct and locate.

Um... you also then asked something important for Le Roux: could you calculate distances, because that could perhaps help in, in planning. So from the healthpost to the dot. The idea here was I don't know, so that's something I can throw in Le Roux, the ball in his court, to check could, could we? I don't know if this allows...

M1: Well, actually on the, on the GPS, it gives you an option of car, or walking

R: ... I was thinking if everybody had smart phones they could just do it on their own, but I don't think you could locate it, that's... I don't know, don't know, that's interesting to think about.

Um, ok but so, is there anything – you've now listened to me give a summary – is there anything you feel I've missed, or anything else you would like to add?

(00:51:30)

M1: Mh. Mh. So maybe just last thing quickly, somebody's knocking at the door

R: ... Ja, I know, it's um the next interview

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M1: ... the, the, the ward, each, each Ward Councillor they've got community meetings... So actually a map like this can be shown to the, also at community meetings, so that people take ownership. Obviously it would have to be anonymously, because somebody will know I live in that corner there...

R: ... what, what I, what I've read from articles is that, is that if you do that it just needs to be facilitated by people who can give the right answers.

M1: ... Ja, ja

R: In other words, like what I've realised is it's quite dangerous to just throw something out and people can just assume

M1: ... And then, then misinterpret it

R: ... but if for example, um, somebody like yourself, or somebody like Dr. Owen, who really understands it, could be there and you could, especially have a meeting... I mean if you think of the metaphor of neighbourhood security, if we really have the right kind of people there and you show the map of the ward security status, I think then it becomes interesting if people want to then take a part in ... you know, whatever you use it for. So lo-, so it's more local campaigns or driving awareness, or... So, so, yes. And I would love for you to do that if you wanted to. I mean we could always speak to Prof. if we have our data... if there's a topic, we could really do...

Ok.

M1: Ok

R: That draws us to a close.

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