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Public reasoning in MSF MDR-TB programme in Khayelitsha

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Public Reasoning in MSF MDR-TB programme in Khayelitsha

THESIS

to obtain the degree of Masters of Management in Public Policy from the University of Witwatersrand, South Africa.

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Abstract

The purpose of this thesis is to better understand how Amartya Sen's (2009) model of public reasoning can be identified in the decentralised Multi-Drug Resistant Tuberculosis (MDR-TB) piloted by Médicins Sans Frontier (MSF). Drug Resistant TB has been seen as a major problem in South Africa; for example, there has been a growing epidemic in Khayelitsha, Cape Town. The first phase of the research involved integrating literature around Sen's theory of public reasoning and capability approach to better understand its strengths in advocating development. The second phase involved conducting semi-structured interviews with MSF staff role-players to better understand the background, management and reasoning of the study. Public reasoning encompasses looking at both implementation and operational mechanisms that allow for development to occur. The study highlights the connection between public reasoning and its ability to exist within decentralised local clinics particularly evident in MSF programme.

Using semi-structured interviews with MSF key role-players in Khayelitsha enabled interpretation of procedures through Sen's dimensions of public reasoning evoked that it all three domains around were evident. It also sought to see that the nurses within the programme identified the value with the programme itself and how it provided a knowledge base for them to better equip themselves with skills to effectively rollout the programme by improving their capabilities and those of the patients.

The research argues that there is a need to have good reasoning vehicles within the TB response that considers various viewpoints of relevant stakeholders. The research further goes to recommend the processes taken by the study should be looked at closely to unlock other public reasoning avenues that could engage with development techniques aiding democratic process. Public reasoning has the ability to sit in the core of development mechanisms that could better provide government with solutions that engage with the 'freedoms' of individuals.

This case study has found that certain traits of public reasoning, as outlined by Sen, were evident in the process leading up to adopting a decentralised approach that is still pertinent in the management of the process. It is further argued that these elements of public reasoning improved treatment practices thereby contributing to improved health outcomes.

The research hopes to evoke questions around the public health policy space to strengthen legislation that allow for decentralised and interactive processes to occur in the delivery of health services to patients. Constraints around budget and the Health Authority need to replicate the desires for government to without compromising ethical issues which are even more difficult to address.

Declaration

I declare that this research report is my own unaided work. It is submitted for the degree of Masters of Public Policy at the Wits School of Governance of the University of the Witwatersrand, Johannesburg. It has not been published or submitted elsewhere for any other degree in any other University.

_____ _____

Thandeka Thokozile Mhlantla DATE

Acknowledgments

I have profited greatly from doing this dissertation and realised the difficulty of combining work and studies proved to be far more challenging than I had ever imagined, but it equipped me with gratifying opportunities.

I would like to thank my supervisor, Stephen Porter for the constant pressure to do better and challenge the realms of my knowledge in monitoring and evaluation for always being available to attend to my queries and provide good material to look at in order to improve my literature review for this paper. I could not have gone through this journey without your incredible motivating personality and knowledge of Monitoring and Evaluation; I owe you so much more. Special thanks must also go out to Dr. Gilles van Cutsem, the director at MSF for allowing me to interview his staff, Dr. Jennifer Hughes, who accessed made an interview process an interesting journey in better understanding MDR-TB and its functionings. It was an extremely interesting opportunity and I gained valuable insight on the importance of the programme.

To my Mother and Grandmother for their unconditional love, support and encouragement through the research and writing phase of this paper, I could not have done it without them.

A. Acronyms

CA	Capability Approach
DR-TB	Drug-Resistant Tuberculosis
HIV	Human Immunodeficiency Virus
MDR-TB	Multi-Drug Resistant Tuberculosis
MSF	Médicins Sans Frontierès
PHC	Primary Health Care
PR	Public Reasoning
TB	Tuberculosis
XDR-TB	Extensively Drug-Resistant Tuberculosis
UFE	Utilisation-Focused Evaluation

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1. CHAPTER 1

1.1 Introduction

South Africa's public healthcare sector has experienced challenges around combating major disease epidemics, for example Tuberculosis (TB) which is a cause of major issues around improvement of human development. This has raised questions on what the country is doing to combat these issues and to also meet the national health care standards, which are negatively affected by these epidemics. The public sector is always undergoing transformations to try handling the complexities of modern day societies due to the overwhelming pressures of globalization and other phenomenon that evoke change. This paper therefore lend themselves to issues of governance with in the public health domain. This will be articulated further in Chapter 2.

There has been pressure in the public health space to address the issues around tuberculosis, specifically Multi Drug-Resistant Tuberculosis (MDR-TB). South Africa has been reported to be the "world's third highest burden Tuberculosis (TB) country in the world, only lagging behind countries with significantly larger populations, such as China and India" (Department of Health, 2011: 4). Primary public healthcare facilities have demonstrated a poor track record when it comes to improving the lives of MDR-TB patients due to issues with the management and execution of services by staff at health care facilities. Some of the factors explaining the poor track record of controlling the MDR-TB epidemic are "treatment defaulters and other challenges ranging from delays in initiation of treatment, inadequate bed capacity and poor infection control" (DoH, 2011: v). Studies have shown that a significant percentage of MDR-TB carriers are due to the large backlog of TB affected patients and the consequent ongoing transmission pool. Government has realised that there is a major need to attend to this problem in order to facilitate better healthcare services for these patients.

As recognition of the inadequacies in the formal healthcare system for treatment of MDR-TB, the government introduced in 2011 the policy framework known as "Multi-Drug Resistant Tuberculosis, a policy framework on Decentralised and Deinstitutionalised Management for South Africa" in an attempt to introduce decentralised MDR-TB treatment to informal institutions that could better handle the crisis. This meant that Primary Healthcare (PHC)

facilities no longer had to bear the full burden of treatment, such as lengthy hospital stays, and could attend to other pressing needs of the public with adequate bed space.

From 2004 to 2011, a significant increase in the number of MDR-TB and extensively drug resistant tuberculosis (XDR-TB) patients have been observed resulting in there being a need to address how informal institutions contribute to facilitating progress within these particular areas of healthcare. To date, government has introduced two pilot programmes to investigate the efficacy of informal institutions to treat MDR-TB patients. One such programme established informal patient-centred MDR-TB treatment units in Khayelitsha, as collaboration between Médicins Sans Frontierès (MSF) and the City Health department of the Provincial Government of the Western Cape. This programme has been one of the most efficient and successfully implemented units for decentralized MDR-TB treatment. The decentralized programme "resulted in greatly increased case detection, reduced time to treatment and improved early treatment outcomes" (Médicins Sans Frontierès, 2011:4). Amongst the advantages of using such a decentralized approach is the ability to increase focus on infection control in health facilities as well as in patients' homes in order to curb transmission (Médicins Sans Frontierès, 2011: 4)..

Considering the challenge of managing the MDR-TB epidemic in South Africa, and the roles to be played by the different components of the health care sector, the study examines free standing informal institutions and the impact of de-centralized health care on the quality and efficacy of MDR-TB care in South Africa.

1.2 Purpose of the study

The purpose of this study is to build knowledge in conceptualising public reasoning as a form of deliberation that can improve healthcare provision and to understand the success of the rollout of the pilot project of MDR-TB treatment in Khayelitsha. This will help improve the culture around structures that can collaborate in improving evaluations in healthcare.

This case study hopes to start a process where public health policies with the domain of MDR-TB are further investigated to incorporate the theoretical framework around the premise around public reasoning could be supportive of the success of the rollout of the pilot project on MDR-TB treatment in Khayelitsha in the Western Cape, and how other provinces can adopt the same practices. The study focuses on addressing how the decentralized unit in Khayelitsha effectively adopted some of the elements of Sen's Model of Public Reasoning

which dealt with improving service delivery in Drug-Resistant Tuberculosis. By doing this the main focus is to contribute to policy dialogue by looking at evaluative frameworks that can help with primary healthcare interventions.

It is necessary to facilitate a process that not only tackles external forces that use governance measures to drive and assist government with its public health agenda but also realise that there is one common goal shared about the space, to improve healthcare. This study identifies and considers a more interactive and sensitive approach to attacking issues within South Africa that also proudly represents issues of around culture, religion and identity and implications around capacity and insufficient advanced resources within the state.

1.3 Problem Statement

The MDR-TB epidemic is a health issue that is putting enormous strain on resources. The MSF project in Khayelitsha appears to have had good results. The centralized policy that conditioned the response of MDR-TB "often forced isolation has failed to curb and has likely increased the spreading epidemics. Prolonged hospitalization fails to demonstrate improved adherence or decreased transmission, and actually indicate the contrary. DR-TB hospitals are often far away from patients' homes resulting in high rates of default. The threat of isolation undermines testing and leads to people hiding the infection due to the stigma associated with the disease and the fear of being separated from their communities" (Smith, 2010: 2). The unavailability for DR-TB patients to access adequate support, medication and service from these facilities hinders them from returning to receive medication, which is vital to adequately treat TB, resulting in the disease reaching MDR-TB and XDR-TB stages. In Khayelitsha, the use of the decentralized "pilot policy has already resulted in a 70% increase in the number of patients on treatment between 2007 and 2010" (www.plusnews.org). Finding out what factors cause this percentage of increase in treatment is argued to be important in terms of public reasoning and evaluation of implementing processes that result in better public health outcomes.

This study sought to fill a knowledge gap by better understanding whether public reasoning, in the MDR-TB programme in Khayelitsha may have contributed to the improvement of the programme in a way that a centralised programme could not. Specifically addressing whether the Sen's dimensions around public reasoning can in fact be seen in the programme and whether they can be replicated. What is evident is that there is a gap within knowledge

around mechanism of implementing Sen's public reasoning framework due to its theoretical framing. However, with the correct tools one can see just how imminent it is in this particular case study. This will help in improving results on how to replicate the programme in other provinces around South Africa.

The theory of public reasoning boasts a great deal of various identifiers but using three specific dimensions to minimize the scope of the study this will help in constructing a useful theoretical framework. Looking at similar findings written by various authors will help show components that make up identifying the evaluative process.

1.4 Value of study

The topic plays an important role in contributing to public policy making, especially in public health policy evaluation. The value of the study derives from seeking to establish the role of public reasoning, in the success of the MDR-TB programme. It looks at understanding the importance and notion that public reasoning can provide an increased understanding to further create a culture that will learn from effective use of evaluation. An important aspect to understand is how decentralization can inform better use of care at grassroots level that government can adopt with the help of MSF, the City of Cape Town and the National Health Department. By establishing a best practice model for the treatment of MDR-TB, this can result in improvements in efficiency that not only save public resources, but can also directly improve the lives of people, and generally improve healthcare in the TB arena.

The primary research question looks at "Public Reasoning in MSF MDR-TB programme in Khayelitsha" and is consistently incorporated in the chapters below to better understand the process.

The paper aims to answer this primary research question around with the assistance of three secondary questions which will strengthen the conclusions and evidence around the existence of public reasoning within the MDR-TB system in Khayelitsha:

1. How have Public Reasoning (PR) procedures been implemented?
2. What is the role of PR in the DR-TB programme?
3. What is the evidence of improving management of DR-TB patient care?

The purpose of this study is to arrange a feedback process that allows for findings to be reached that are best suited at identifying change or the lack thereof.

1.5 Why this case study is relevant

For this paper, the importance of using a case study is to analyse its evidence to see what conclusions and recommendations can be drawn up in order to help bring knowledge on how the success of it came about. This forms an *exploratory* and *explanatory* type of research which is investigative in their nature, (Tellis, 1997: 44).

The reason why this particular case study was chosen in connection with public reasoning as a form of evaluation is that is produces some good practice of public reasoning that worked. What it shows is that in line with the dimensions of public reasoning, which can be tested to see whether they are actually present, because if they are, then Sen is present conceptually as participation aspects is critical which implies at how one can look at programmes in order to identify the dimensions of public reasoning. However, if dimensions are not found then future questions need to be raised on how we can look at programmes, as well as raising questions about Sen's arguments and approach.

In addition, new approaches to reducing the proportion of patients who fail treatment through earlier identification and access to a wider range of drugs are needed. Providing care for patients in whom treatment has failed and who remain infectious will require balancing the individual's rights to care and treatment with protection of the community. The successes demonstrated in the Khayelitsha DR-TB programme show that diagnosing and treating drug resistant TB through the primary health care system is essential if the thousands of prevalent cases throughout South Africa are to be offered treatment and a chance of cure. Decentralisation of treatment will, however, require the commitment of resources to the primary care level, away from expensive hospital-based programmes. Given the high cost of treating just one patient for drug resistant TB, prevention through treatment of existing cases should be of the highest priority.

1.6 Limitations of the study

Most of the information related to the case study of the pilot project was derived from Médicins Sans Frontierés (MSF) or people directly related to the programme. This may bring about issues around biases and generalization about the effectiveness of the programme. It

will therefore be difficult to state with full confidence how the lessons learned from this specific case can be replicated in other provinces without the use of MSF.

Literature surrounding the research question is not directly available and, although there are some clear distinctions and connections which can be made, there is no literature that pertains precisely to the question. A sense of the need for more evaluation and public reasoning theory knowledge and method in this area may be of interest to other academics as this is an interesting field that without a doubt needs more research.

Interviews will generate different responses due to the fact that both high level employees at MSF will be part of an individual structured interview and some of the workers at the Khayelitsha unit where nurses and doctors are involved. The main issue that may arise is to actually get quality interviews, Kayle (1996: 145) states that "interviews need to have some level of spontaneity in order to get relevant answers". Though the interview may start out structured, it may develop into a more unstructured nature, which may be difficult to keep controlled but may give better interpretation of answers from interviewees.

1.7 Structure of the Thesis

Chapter two will start looking at the core discussion concept and themes that will resonate throughout the paper. The main contribution will look at how Sen looks at public reasoning and how he finds it fitting in relation to evaluation. It will then go into describing how public reasoning may look like and how one can use it. Secondly, it will go into looking at capability approach, which equally plays an important role in understanding public reasoning. The capability approach looks at highlighting various capabilities that people have in order to improve their standard of living. It will critique Sens' model and look at other authors who write about this like, Nussbaum (2000) and Alkire (2002) in order to funnel down to why using Sens' model to operationalise the case study in this paper works best and looks at identifiers which largely speak to reasoning better by encompassing the capability approach.

Chapter three encompasses discussion around the operationalization of the theory and how the case study methodology will take place. In Kelly (2011: 296) it states, "evaluating social justice involves looking carefully at what life is like within those institutions and, specifically, at the opportunities available to different segments of the population. Furthermore, a ranking of better and worse social realizations is not indifferent to how social arrangements have come about". Therefore, it could be argued that in order to shape to

outcomes of society better enabling procedures and service delivery, one needs to use streams of public reasoning to better equip people with improved capabilities and outcomes to enjoy services. By doing this thesis, we aim to focus on speaking to how public reasoning helps improve social capabilities for individuals and creates a relationship that sees democracy better interacting with the needs of society, and in Sen's words, "the demands of justice can be assessed only with the help of public reasoning" (2009: 326).

Specifically for the use of this paper, three major domains are the key dimensions that help shape the answer the questions around the use of public reasoning to better inform decisions which he sees as important determinants of using public reasoning and believes that public reasoning:

i) Involves respect for pluralism and an attitude of tolerance for different points of view and lifestyles,
ii) Demands an open public discussion of issues of common concern, and
iii) Encourages political commitment and participation of people in public action for the transformation of society.

With these arguments Sen argues that public reasoning encourages the flow and improvement for government to better allow political systems to be embedded in values that carry more sustainable outcome than not having public reasoning in place. These dimensions will be unpacked in Chapter 2 within the literature review section and also incorporated within the methodology section of Chapter 3. This will also start to create unravel the argument and premise of the thesis that seeks to identify reasoning.

Chapter four will look at the information gathered from the primary research question which will filter up towards seeing the effects of public reasoning and how it actually took place in this programme. The main evidence that was gathered shaped a clear picture around just how present all three dimensions were in the MDR-TB policy programme in Khayelitsha. This also helps to explain why capabilities and freedoms of citizens and the practice of reasoning could be explained as the success of the programme. One will see within this chapter is the firm institutional belief around stressing these dimensions, although not primarily seen as public reasoning but deliberation there is a need to have them in order to have a successful programme that is already in the works of being used in other areas of the greater Cape Town area.

Lastly, Chapter 5 will conclude and sum-up arguments presented throughout the paper. It filters back to the main questions and topics that were mentioned and introduced in the introduction and raises a few recommendations on how best public reasoning as a deliberative elevation process can encourage and improve management systems that allow for healthier health-care development initiatives.

CHAPTER 2

2.1 Literature Review

The theoretical framework used to guide this research is based on Sen's capability approach (1999) and his elaboration of public reasoning (2009) theories. Most of the literature on these theories works in a collaborative relationship that overlaps within the conceptual framework, which is discussed in section 2.3.

The book titled, 'Development as Freedom' by Professor Amartya Sen (1999a) describes the capabilities approach addresses a set of capabilities that each individual possesses, but not everyone is able to realise, which impacts on development and freedom. Public reasoning sits at the heart of Sen's theory of development that advocates for people's real freedoms as a fundamental right that should be enjoyed. Therefore, Capability is a conceptual approach that puts an operational perspective on this theory.

He argues that, by realising the full potential of one's set of capabilities, given the choices, one can stimulate one's own development. In conjunction, the book titled 'The Idea of Justice' (2009) builds on the ideas of the capability approach around the issue of justice being an aspect of public reasoning. The basis of this study revolves around Sen's notion that enhancing justice or public reasoning can impact issues like poverty, service delivery and improve democracy. He argues that public discussion, or the deliberative process, is central to solving the many issues governments face in their day-to-day running. This is discussed further in section 3.

The study examines the effects of de-institutionalisation of treatment on administrate services to patients. Institutional theory is linked to public reasoning, as Kelly (2011: 5) argues, based on Sen (2009), that the importance and effectiveness of institutions lies in their ability to provide basic rights and create opportunities for citizens to access. Woodruff (2011: 6) states that "public reasoning is considered just because, as a process, it is democratic in nature and thus it extends justice to the institutions in which it is practiced. The deliberative process, in essence, provides a moral legitimacy to authority in a democracy". This contributes to the theoretical framework of this research, adding to an understanding of how the evaluation process within public reasoning works in informal institutions.

2.2 Institutional Perspective

Though this thesis sets its premise around public reasoning and decentralisaiton, it is necessary to show how an institutional perspective plays a contributing factor to these concepts.

Various authors contribute to institutional theory. Selznick (1957: 5) emphasises the importance of distinguishing between organisations and institutions:

The term organization suggests certain bareness, a lean non-sense system of consciously coordinated activities. It refers to an expendable tool, rational instrument engineered to do the job. An 'institution' on the other hand, is more nearly a natural product of social needs and pressures – a responsive adaptive organism.

According to Richard (2004: 408-414), institutional theory:

> …considers the processes by which structures, including schemas; rules, norms, and routines, become established as authoritative guidelines for social behaviour. It inquiries into how these elements are created, diffused, adopted, and adapted over space and time; and how they fall into decline and disuse.

An institution, one can argue, is "a natural product of social needs and pressures – a responsive adaptive organism" (Hill, 2005: 59-70). Institutions are important structures embedded in the society and economy, and that impact the process of alleviation of social pressures.

These authors have noted that institutions are structures with extremely important roles that allow for policy to be successfully executed. This speaks to the theoretical framework of this research on the importance these structures have in not only assisting at the Meta-level in society but being available at grassroots level to needy community members. Due to the overwhelming challenges faced by today's societies, needs to have an integrated approach that can assist at all angles to improve public delivery need to be established.

As part of institutional theory it is imperative to note the governance issues too play part in the complexities of institutions to effectively execute measures that enable citizens to freedoms and reasoning as discussed later. As advocated by Sen the use of a pluralistic approach to enforce sharing of different views that can aid open discussions and public participation giving government strong incentive to invest in prevention measures that will

aid MDR-TB. Governance is not easy, and it faces many challenges due to global market forces, domestic pressures and foreign donors that irk instability in institutions and cause lack of delivery, (Pierre, 2009). Governance can be viewed as an act of by internal government agencies with the assistance of the private sector, citizens and non-governmental organizations to successfully contribute to achieving best possible solutions to improving service delivery. Through a systematic approach governance yields economic, political and administrative authority that results in accountability, responsiveness, democracy, participation, efficiency, inclusive and competent way of ensuring the best possible outcomes are achieved with value to society.

2.3 Theoretical Concepts

This section describes the theoretical arguments in light of the research question. It is important to understand what and how public reasoning assisted in improving the management in the DR-TB programme in Khayelitsha.

2.3.1 What is Public Reasoning?

The central premise of this study lies in understanding how Sen advocates public reasoning and what it actually means. He highlights in his book, 'The Idea of Justice' (2009: 326), that "the crucial role of public reasoning in the practice of democracy makes the entire subject of democracy relate closely with...justice. If the demands of justice can be assessed only with the help of public reasoning, and if public reasoning is constitutively related to the idea of democracy, then there is an intimate connection between justice and democracy, with shared discursive features". In light of this statement it is possible to identify the nature in which public reasoning can serve the purpose of articulating the extent to which democracy is exercised and therefore passed on to citizens in the form of public deliberation. The public reasoning concept advocates that there is a need to explore a broader understanding of democracy, which may include, "political participation, dialogue and public interaction" (Rawls, 1971). Finnis (1983: 75) adopted a different notion to reasoning mentioned in Alkire and Black (1997:9-10) that rested its premise around the "principal concerns making of any design from the individual, to the most global for the same constraints, are present in the background of all human decision-making". He denotes a few principals of public reasoning that look at principals through larger scale decisions.

1. 'Have a harmonious set of orientations, purposes and commitments.

(P1) Seek to integrate the objectives and commitments and practices involved in and affected by any particular decision

2. 'Do not leave out account, or arbitrarily discount or exaggerate any of the basic human goods'
3. Do not arbitrarily discriminate between people.
4. 'Do not attribute to any particular project the overriding and unconditional significance which only a basic human can claim
5. 'Pursue one's general commitments with creativity and do not abandon them lightly'
6. Employ efficient means to objectives
7. Do not overlook the foreseeable bad consequences of your choices'

(P7) Seek to identify and take responsibility for predictable consequences of any decisions on the full roster of well-being dimensions even these are unintended.

8. Do not deliberately harm any dimensions of human well-being
9. Foster the common good
10. 'Do not act contrary to your conscience i.e. against your best judgment about the implications for your actions of these requirements or practical reasonableness and the moral principles they generate" (Alkire and Black, 1993: 9-10).

This argument also sees a different system of development that basically stresses confidence in considering alternative actions that may bring about contradictions that do not implicate on basic principles but dimensions that result in moral alternatives. However, Sen also realises some of the limitations with reasoning when he states, "if the importance of public reasoning has been one of the major concerns of this book, so has the need to accept the plurality of reasons that may be sensibly accommodated in an exercise of evaluation… [j]udgments about justice have to take on board the task of accommodating different kinds of reasons and evaluative concerns" (Sen, 2009: 394-395).

What sets these principals apart however to Sen's principals mentioned in Chapter 1 and Chapter 3 is their adaptability to the situational context and also their modified articulation of the environment around reasoning. Community development plans/interventions have the

likely hood of creating change or improving current outcomes already in place. This being said, it is therefore necessary to get buy-in from the community on a project framework in order to allow take-up of the programme. This will also foster a relationship that could rebuild a community in terms of its ability to identify in its reasoning streams. Sen's' approach, therefore, resonates more with the realities of today's societies and complexities within communities around human engagement and 'freedoms'.

2.3.2 Decentralisation

This research project places a great deal of importance on decentralisation as a key factor in the functioning of institutions. Though many writers define it differently, Stren (2003: 2) describes decentralisation as, "transferring power from central to local authority", and Sebidi (2008:7) as, "a transfer of decision-making authority, responsibility and tasks from higher to lower organizational levels or between organizations". Decentralisation is a process that can cause change amongst political systems. It is said in Olowu (2006) that decentralized governments can help promote economic efficiency, improved governance and poverty reduction goals. In this way government can increase development and improvement in its countries. This paper will look at describing what decentralisation. This process can be interpreted as driven by different factors. On the one hand, it can be seen as the result of poor organisation and implementation by central government to provide for all members of society. Alternatively, it can be viewed as encouraging control to co-exist fairly amongst levels of government.

A process of democracy to bring 'power to the people' by decentralisation can enhance or advance development and growth quicker than relying solely on national government assistance. Fresh conflicts can reside when local government fights over resource sharing with the centre, periphery and also between communities. Good governance norms are essential at central and local levels. Smoke (2003) addresses some challenges stemming from intergovernmental systems that make sense in theory but not in practise for African countries. He also mentions challenges that "create mechanisms for coordinating activities if the multiple actors invariably involved in decentralisation and to ensure that linkages among the key dimensions of decentralisation will be built.

A third is to develop an appropriate strategy for implementing decentralisation" (Smoke, 2003; 13). Internal and external coordination within local government between donors and recipient countries, strategies that will result in uncoordinated decentralisation which lead to

separation of production and provision of services, co-production and effective planning at all levels. This view of decentralisation dovetails with Sen's (2009) arguments about the use of public reasoning at grassroots level to advocate democracy.

Decentralisation is a good approach that can help governments practise responsibility with powers that they attain from local level, depending on the type of decentralisation government is using. Challenges and risks are of concern before implementation process begins, especially in developing countries that are still going through major socio-economic reconstruction and re-orientation problems because of historical backgrounds. Elected officials and government should implement decentralisation so as to exercise better democracy amongst levels of government and encourage new managerial skills, effective coordination and change of decision-making structures for better representation of minority groups.

The process of decentralisation in the case of DR-TB health care entails moving the responsibility from centrally located health care institutions to grassroots units for "initiating monitoring treatment in MDR-TB, poly-resistant and mono-resistant patients. Given the capacity these institutions should be allowed to manage XDR-TB patients" (DoH, 2011:2). Decentralisation in the MDR-TB treatment regimen acts as a mechanism to facilitate a more effective and efficient programme for patients, as is seen in the Khayelitsha case study.

Local government in South Africa has an important mandate. It is the closest form of government of the people. The South African Constitution of 1996 sets out a number of objectives for local government (LG). Section 152(1) states that the objects of local government are – "(a) to provide democratic and accountable government for local communities; (b) to ensure the provision of services to communities in a sustainable manner; (c) to promote social and economic development; (d) to promote a safe and healthy environment; and (e), to encourage the involvement of communities and community organisations in the matters of local government". Subsection (2) provides that, "A municipality must strive, within its financial and administrative capacity, to achieve the objects set out in subsection (1). Section 153 highlights the obligations of local government stipulating that a municipality must: (a) structure and manage and obtain its administration and budgetary and planning process to give priority to the basic needs of the community, and promote the social and economic development of the community; and, (b) Participate in national and provisional programmes". In achieving these objectives and obligations a

municipality could be described as efficient because basic needs would be served whilst practicing better administration techniques.

Decentralisation is a good approach that can help governments practise responsibility with powers that they attain from local level, depending on the type of decentralisation government is using. Challenges and risks are of concern before the implementation process begins, especially in developing countries that are still going through major socio-economic reconstruction and re-orientation problems because of historical backgrounds. Elected officials and government should implement decentralisation to exercise better democracy amongst levels of government and encourage new managerial skills, effective coordination and change of decision-making structures for better representation of minority groups.

However, with advantages of decentralisation one can also identify disadvantages that have resulted in effectively seeing the government move into the direction of recentralisation. The main challenges that face local governance today are political, administrative and institutional. The political challenges largely line in with party politics that undermine the stability of local government. This is largely due to corruption, interference by officials when performing the designated tasks and the failure of local elites to adhere to policy and ethics. With local government, municipal committees deal with administrative work that needs to be logged and kept updated in order to try assist in bettering the lives of citizens.

Atkinson (2003; 53) says, "that there are three main causes of mass protests of the last two years: municipal ineffectiveness in service delivery, the poor responsiveness on municipalities citizens' grievances, and the conspicuous consumption entailed by a culture of self-enrichment on the part of municipal councillors and staff". There has been a decline in performance of local governments around the country that have degraded the system put in place and have warranted in questioning whether this process should have been exercised in the first place. Most of the municipalities in the Eastern Cape, Mpumalanga and Limpopo traditionally have impoverished communities. They have poor infrastructure, skills and funding when it comes to trying to bridge the inequality gap for citizens in regards to basic needs. The protest actions mentioned by Atkinson (2003) have highlighted the true problem of service delivery and that is power in certain instances appears to be corrupting some ward committee members and officials who are either negligent in the use of funds or misappropriate the funds provided by central government for the delivery on services. This is costing the country and the taxpayers.

Countries can experience various challenges with decentralisation, which involve national elites devolving authority, resources and accountability arrangements hindering decentralisation that identify the effective incentives and sanction required. Technical financial assistance and resources are a large part in all developing countries as funding may be difficult to find. Investment to improve skills of personnel can be the one area that local government could use as most impoverished municipalities lack skills to administrate. Fresh conflicts can reside when local government fights over resource sharing with the centre, periphery and between communities. Good governance norms are essential at central and local levels. Smoke (2003) addresses some challenges stemming from intergovernmental systems that make sense in theory but not in practise for African countries. He also mentions challenges that "create mechanisms for coordinating activities if the multiple actors invariably involved in decentralisation and to ensure that linkages among the key dimensions of decentralisation will be built. A third is to develop an appropriate strategy for implementing decentralisation" (Smoke, 2003: 13). Internal and external coordination within local government between donors and recipient countries, strategies that will result in uncoordinated decentralisation which lead to separation of production and provision of services, co-production and effective planning at all levels.

The relevant provincial executive may in terms of Section 139 of the Constitution intervene when a municipality cannot fulfil its executive obligations. An example of an article from The Witness 12 March 2010 by (Magaga and Shamase, 2010) titles, "Stripped of Power" has resembled the municipality was not performing its duties and strict protocol needed to be taken to ensure that other municipalities understand that performance is necessary and monitoring will be evaluated. The article went on to say, "This decision means that with immediate effect the executive functions and powers allocated to the mayor … as well as the responsibilities assigned to the municipal manager, have been assumed by the Provincial Executive Council – through myself as the MEC," said Dube. The financial allocations to the municipality had been exhausted before the end of the financial year and this led to service delivery protests as it failed to deliver thus the MEC had to intervene. Evidence of this report stipulated a clear mandate to the employees of the municipality of their responsibilities and assured that if they did not co-operate the matter would be resolved by cabinet which could have serious repercussions highlighted in section 139 (1) (c) of dissolving the council. If local government cannot fulfil these goals and be accountable for their communities situations like these should be handled by government to show the public that they are taking their

communities seriously and trying to provide for better services. In assessing the reality of poor municipal performance, some sort of assessment needs to be conducted to establish what the problem was so as to try assist municipalities experiencing similar issues. The organizational structuring of local government is explicitly prescribed in the Municipal Systems Act 32 of 2000 and specifically in Section 51. Communities with the help of institutional operators need to structure their administration according to their resources, finance and skills ability before outsourcing for assistance that might come with agendas.

This theory shows true significant morals that withstand understanding the need for better policy interaction to exist in order to effectively allow for decentralized forms to assist in service delivery. There is a need to provide adequately provide and support structures to those directly involved with decentralisation practice, in order to avoid miss-use or poor service delivery. A decentralised environment can help create and enforce conditions for public reasoning. In context to the MDR-TB case study, this concept bares a fundamental positioning in that it is seen as a good process of good governance and engagement to people at grass roots level. It also effectively strengthens the system for outpatient and home based care and also looks at better equipping Health care workers with better management skills in executing services like treating and understanding how to diagnose DR-TB from home based sites.

2.3.3 Rawls on Public Reasoning

In John Rawls' revised book, 'A Theory of Justice' (1999a) he presents the political idea of reasoning in the form of justice later argued greatly by Sen (2001). Rawls' philosophical aspects of the theory of reasoning and of society that Sen chooses to approach more practically in order to understand how different and unique societies are. Rawls (1999a) views public reasoning as a philosophical ideal in democracy. Reidy (2000: 50), referring to Rawls' ideas, states that, "the ideal obligates citizens and public officials, when publicly discussing or voting on fundamental political issues, to reason from public reasons (..) What distinguishes public from non-public reasons is the source of their force and authority". The central focus behind public reason is to answer the question of how practical or possible it is to use citizenry interaction in order to achieve a system of government that cooperates fully. In addition to this, Rawls states that the ideal of a society "provides a publicly recognized point of view from which all citizens can examine before one another whether their political and social institutions are just. It enables them to do this by citing what are publicly

recognized among them as valid and sufficient reasons singled out by that conception itself…the aim of justice as fairness, then, is practical: it presents itself as a conception of justice that may be shared by citizens as a basis of a reasoned, informed, and willing political agreement. It expresses the shared and public-political reason of citizens" (Rawls 1996, 9). To make sure that the principals of society or in place, with asymmetry of information and shared common views, it is therefore necessary then to challenge institutions to ensure they act fairly and reasonably and public reasoning can allow us to do just that.

The premise around Sen's public reasoning highlights the ways in which potential policies, strategies and institutions can have in more engagement with its environment in considering all avenues that contribute to decision-making and process of implementation. However, what is important is that people realise their opportunities to make informed choices and engage in process that impacts on the capabilities towards development.

2.4 Capability approach within Public Reasoning

The basis of this research is taken from two ideas of Sen's. Firstly, Sen's notion of the capability approach, which is defined by its focus on people achieving the kind of lives they have reason to value. Secondly, the research incorporates public reasoning in conjunction with the capability approach.

Robeyns (2005: 94) describes the capability approach as "a broad normative framework for the evaluation and assessment of individual well-being and social arrangements, the design of policies and proposals about social change in society". The main idea of this approach is to identify what people are able to do and be, and that this is recognised through their capabilities. Sen (1980, 1984, 1985a, 1985b, 1987, 1990b, 1992, 1993, 1999a) is the main founder of this approach and his theory has been further developed and critiqued principally by Nussabaum (1988, 1992, 1995, 1998, 2000, 2003a, 2004). For purposes of this study, this theory is first examined using Sen's understanding and then critiqued using Nussabaum's interpretation.

The capability approach was developed during the 1980s and resulted in a comprehensive insight in his book titled 'Development as Freedom' (1999). Sen articulates capability in relation to freedom in that "he equates the capability of functioning in this or that manner with the freedom to function in this or that manner" (Petit, 2001:9). It is important to measure the quality of life in terms of a functioning capability which involves preferences in relation

to how individuals function. Sen (1999) sees a capability as "a person's *ability* to achieve a given functioning (doing or being)" (Mathai, 2003: 2). For example, a person may have the ability to avoid hunger, but may choose to fast or go on hunger strike instead (Clark, 2012: 4). Functioning is seen as the combination of the doings of a person's life and the utilisation of an available service or product. Sen (1985, 1999) stresses that capabilities reflect a person's real opportunities or positive freedom of choice between possible life-styles.

Sen (2009: 326) states that democracy should not be characterised as elections and ballots, but as "government by discussion, which includes, political participation, dialogue and public interaction". Sen's desired role for institutional structures is to focus on incorporating public reasoning to question their role in truly advocating better outcomes of democracy. Sen (2009: 322-323) distinguishes between the "institutional structure of the contemporary practice of democracy," which is "largely the product of European and American experience over the last few centuries" and the political ideals that underlie it. He highlights that, just because institutional structures are functioning does not guarantee that they are actually fulfilling their tasks and truly achieving democracy. As highlighted in section 3.1, the role of institutions goes beyond physical identity to include the interest governments have in meeting the standards of democracy - this can override the importance of actually interrogating whether the people that need these institutions are effectively receiving what they require from these institutions. However, there is debate around the status of global democratic institutions other than states, which suggests that there needs to be a way to allow for international participation in the creation of global democracy.

Kelly (2011: 22) states that "public reason is a collective resource that can be deployed in a variety of contexts to justify existing political arrangements or to argue for political change". This allows for just policy decisions that involve voices that can facilitate progress that has a purpose. Sen (2009: 326) advocates for a more interactive participation that allows for political interaction and public dialogue that facilitate democracy. Abelson et al (2003: 241) advocates similar interests which overlap in their representation of forms of public reasoning serving as evaluation. Kelly (2011: 8) states that, "the role of public reason as a collective capability for reducing injustice supports institutional models insofar as institutions play a crucial role in establishing this capability". If participants are all given equal opportunity to partake in public reasoning then one can see this as a form of collective capability. Kelly (2011:12), describing Sen's views of collective capability, argues that "a climate of open public discussion: freedom of information and speech, a largely independent media, basic

civil rights, opportunities to participate in politics and the possibility of political dissent. With these discursive features in place, members of a society are capable of reasoning together about matters of substantive justice".

If members of a society, programme or organisation are given the platform to entertain forms of public reasoning, the outcomes of the dialogue will yield greater and more results orientated to the objectives of the programme which may directly impact on the desired target group.

Looked at broadly, the capability approach encapsulates "other normative consideration and other values than only well-being, such as efficiency, agency or procedural fairness (Stanford Encyclopaedia of Philosophy, 2013: 10). This illustrates the ability for this approach to highlight aspects that may not be stressed, or to bring about agency and participation in more detail to help conceptualise notions such as well-being.

2.4.1 Capability approach according to Sen

To ensure that the use of reason is thoroughly explained, one needs to go into the four concepts which are closely related in explaining the capability approach, these being functioning, capabilities, agency and freedom. The theory looks at the ends of well-being, justice and development should be conceptualised in terms of people's capabilities to function; that is their effective opportunities to undertake the actions and activities that they want to engage in, and be whom they want be. These beings and doings may include: being healthy, being part of a community etc. (Robeyns, 2005: 96). That being said it is necessary for one to then understand fully how to be utilize functions in order to fully adopt or absorb opportunities given by the market in order to acquire some satisfaction with these functions. Robeyns (2005: 96) also suggests that "some functionings are elementary, such as being adequately nourished, being in good health, etc., and these may be strongly valued by all, for obvious reasons". If that is the case then one could argue that values there change over time according to what one may be experiencing with their particular set of functions at a given point. As argued by Sen (1993: 31) "functionings represents parts of the state of a person – in particular the various things that he or she manages to do or to be in leading a life".

In order to be able to distinguish between functionings and capabilities one looks at attainments on one side and freedoms one has to be able to choose from on the other. This amounts to how people are able to exercise their freedoms in order to get to use their

capabilities (opportunities) to allow them to live the lives they want too. Therefore, one could argue that the capability approach looks at understanding and assessing how policies impact on people's capabilities and asks questions that speak to how people fair with the services they use. In using capability a researcher is able to interrogate the extent to which freedom is received within a project. Porter and De Wet (2009: 292) state that, "by giving a central position to public discussion social agitation and open debate, and understanding of development as freedom, a wider array of stakeholders can exercise power in a more open and explicit manner. The exercise of freedom is mediated by values, but the values in turn are influenced by participatory freedom". In examining this statement, in conjunction with reasoning, this study can unpack and understand the extent to which mechanisms were adapted that resulted in the successful implementation of processes in the execution of the MDR-TB programme in Khayelitsha, which is discussed in Chapter 3. Ultimately, "in viewing development as freedom you do not aim only for the end state: you ensure that how you get there is consistent" (Porter and De Wet, 2009: 289), which is the basis of recognising how the processes in the MDR-TB programme at the Khayelitsha MSF branch were able to succeed and then be replicated or used as references in other provinces.

The Capability Approach concentrates on what individuals to achieve. This quality of life is analysed in terms of the core concepts of 'functionings' and 'capability'.

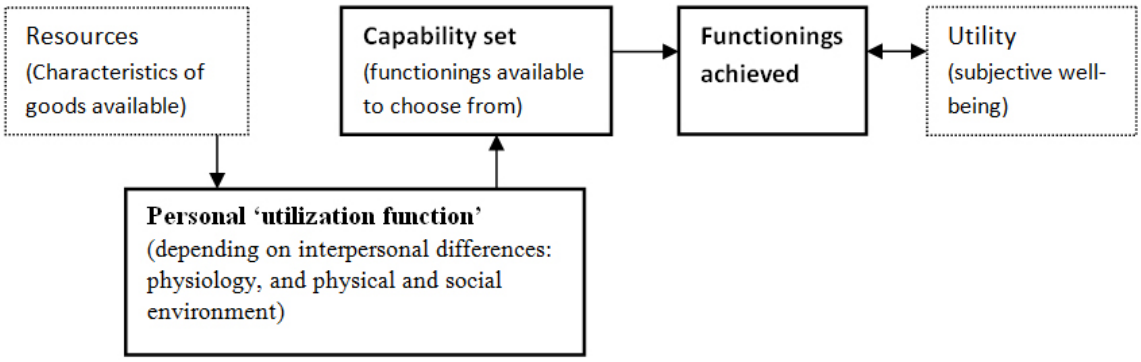
- "Functionings represent parts of the state of a person –in particular the various things that he or she manages to do or to be in leading a life" (Sen 1993: 31). He further goes on to state the different kind of functionings, "some functionings are very elementary, such as being adequately nourished, being in good health, etc., and these may be strongly valued by all, for obvious reasons. Other may be more complex, but still widely valued, such as achieving self-respect or being socially integrated. Individuals may, however, differ a good deal from each other in the weights they attach to these different functionings –valuable though they may all be– and the assessment of individual and social advantages must be alive to these variations" (Sen, 1993: 31).

- Sen explains: "While the combination of a person's functionings reflects her actual achievements, the capability set represents the freedom to achieve: the alternative functioning combinations from which this person can choose" (1999b: 75). In looking at this from the lens of functions he describes the capabilities of a person in relation to

them as the "set of functioning vectors within his or her reach" (1985: 201). He realized that both concepts were intimately related, because the extent of the capability set is relevant to the significance of functionings (1985: 202).

One could therefore look at these definitions to closely see and understand to what extent to which a set of various capability sets can arise for different people because of their focus on arrangements of functions in relation to their lives.

Figure 1: Outline of the core relationships in the Capability Approach



Source: Wells (2013)

Figure 1 shows the essential relation to capabilities approach in relation to alternative approaches of utility. The importance of this figure is that is argued by Sen is that "the correct space for evaluating advantage is an individual's capability to live a life they have reason to value, and not, for example, their resource wealth or subjective well-being" (Wells, 2013: 19).

Based on the arguments put forward by Sen, one can argue that his capability approach allows for a wider scope to exist in the measurement of a person's uniqueness, because each person has different social, income, political, or religious satisfactions of the final products enjoyed by the person. Therefore, "this leads to an enriching evaluation of well-being, of equality, of development and of all the fields in which it may be applied" (Kelly, 2009: 325).

In Sen's method, we see that "by acknowledging of human heterogeneity and also of the heterogeneity of objectives implies broadening of the informational basis of evaluation and a consideration of the plurality of different human situations (www.iae.edu). Not only does this theory evaluate or consider the lives of individuals but it incorporates other considerations to

help interpret the importance of valuing something whether we value it as an end in itself or as a means to a valuable end.

In identifying these parameters one will then need to address some of these determinate that make up the relationship people have with commodities. Sen (1999a, 70-71):

> *Individual physiology*, such as the variations associated with illnesses, disability, age, and gender. In order to achieve the same functionings, people may have particular needs for non-standard commodities (such as prosthetics for a physical disability), or they may need more of the standard commodities (such as additional food in the case of intestinal parasites). (Note that some of these disadvantages, such as blindness, may not be fully 'correctable' even with tailored assistance.)
>
> *Local environment*- diversities such as climate, epidemiology, and pollution. These can impose particular costs such as heating or clothing requirements.
>
> *Variations* in social conditions, such as the provision of public services like education and security, and the nature of community relationships, such as across class or ethnic divisions.
>
> *Differences* in relational perspectives, such as the conventions and customs that determine the commodity requirements of expected standards of behaviour and consumption. As a result, relative income poverty in a rich community may translate into absolute poverty in the space of capability. For example, local requirements for 'the ability to appear in public without shame' may vary widely.
>
> *Distributions within the family*, such as the distributional rules within a household that determine the allocation of food and health-care between children and adults, males and females.

The scope for revealing levels of interactive effects is crucial to the make-up of capabilities approach and how one is able to effectively be ustilised in identifying the true intended user.

To summarise, Sen (1999a, 2009) argues that governments need to service their societies with a high level of functioning capability to empower people with opportunities to be able to reach and adequately enjoy their freedom. In terms of this case study, introducing these decentralised institutions could be seen as a form of 'functioning capability' for MDR-TB patients to adequately receive medication and treatment healthcare that will directly address

their needs without the barriers to acquiring the sense of capability to these services that exist in traditional PHC facilities.

Sen's theory is viewed as an open theory to operationalize and one that he stresses should not follow narrow lines of definitions. He states below that:

> The capability perspective is inescapably pluralist. First, there are different functionings, some more important than others. Second, there is the issue of what weight to attach to substantive freedom (the capability set) vis-a-vis the actual achievement (the chosen functioning vector). Finally, since it is not claimed that the capability perspective exhausts all relevant concerns for evaluative purposes (we might, for example, attach importance to rules and procedures and not just to freedoms and outcomes), there is the underlying issue of how much weight should be placed on the capabilities, compared with any other relevant consideration (Sen 1999a, 76–7).

One can therefore argue and note that the Sen's Capability Approach is not only based around content but also a method. Wells (2013: 61) states that "is an approach to evaluation that is not only multi-dimensional (the capacious capability space) but also multi-principled. This makes the application of Sen's capability approach particularly challenging, and, it appears, quite deliberately so". This provides us with reasoning that looks at understanding and refining our intuitions around issue that are pertinent to decision-making (Sen 1999a, 106). Using decentralised institutions to roll out a service and allow them to handle and manage their own regime (pilot) to do so not only encourages forms of public reasoning but allows for better work conditions which ultimately serve to improve the lives of the patients.

Whilst Sen's (2009) expansion of public reasoning sees the need to include all system that give people the opportunity to talk without consequences of any kind of punishment it allows for proper honest dialogue and communication to exist and to impact on outcomes of decision-making.

2.4.2 Critiques of Sen's Capability Approach

Though Sen's contribution to the theory of the capability approach has allowed the expansion of a theory of social justice, it cannot be excluded from different viewpoints made by other academics. These critiques have been proposed primarily by Alkire (2002) and Nussbaum

(2003), and are presented in this review, as they help to summarise the extent to which Sen's approach is preferred in latter sections and operationalised within the case study.

This section looks at five key critiques of Sen's approach, namely, (1) the problem around the operationalisation of the approach, (2) questions around the way in which Sen views freedom as being "a general all-purpose social good", (3) Sen's unwillingness to approve a list of capabilities, which is a critique largely proposed by Martha Nussbaum, (4) considerations around his conception of public discourse and reasoning in scrutinising capabilities, and, (5) the assessment around the relationship between group and individual needs. These critiques help to conclude if this theory can in fact be called a theory or merely an unrealistic framework which cannot be put into operation.

In order to understand the theory one needs to look at how it has been received and articulated by others. What has been noted of Sen's approach is that "the most critiqued aspect of his approach is the difficulty in translating his theory into a practical measurement index. Most specifically, a common question and critique is how his capabilities can be translated into something that is measurable" (Taherzadeh, 2012: 7). One aspect that has been widely noted is that there are issues around understanding where the capability approach can be used and what it can be used ultimately to do, either adopted in the evaluation of capabilities only or the practical functioning. Alkire (2005: 123) notes that, "it would seem rather arbitrary to disregard Sen's accounts of the process by which the proposition can be put into action – especially if one is fundamentally interested in "operationalising" the capability approach". Her arguments further interrogate "2 stages of evaluation. First, a theoretical one- off stage in which 'philosophers' employ practical reason to reflexively identify the basic domains or categories of value. Second, a local participatory phase in which members of a social group deliberate, with the aid of a facilitator, about what their needs are and what, and how, they would like to do about them (with the basic categories employed as prompts to ensure that all main dimensions of value are discussed)" (Wells, 2013: 32). Furthermore, a number of authors 'complain'; that the capability approach does not address question they put to it – when Sen has actually developed very clear responses to their very question in other writings.

Within recognising these limitations, Nussbaum argues differently about the goals that are set in place for capabilities. She looks to "develop a partial theory of justice, by arguing for the political principals that should underlie each constitution. Thus Nussbaum enters the

capability approach from a perspective of moral-legal-political philosophy, with the specific aim of arguing for political principals that a government should guarantee to all citizens through its constitution" (Robeyns, 2005: 104), unlike Sen who looks at what people can do instead of more principal measures. Sen's argument is that a specific list of capabilities should not be formulated, as this creates limitations around enjoying the full rewards of public reasoning and deliberation. He argues that by invoking a list we rationalise and grade how people value their capabilities and this would define the extent to which public reasoning or deliberation would have to occur because these would follow strict measures/protocols which would be indicators of how one would need to exercise these forms of participation.

However, Nussbaum, strongly promotes the idea of having a 'list of capabilities' which she has composed into the following 10 categories: (1) life, (2) bodily health, (3) bodily integrity, (4) senses, imagination and thought, (5) emotions, (6) practical reason, (7) affiliation, (8) other species, (9) play, and (10) control over one's environment. Robeyns (2005: 105) notes that "the list is always open for revision, hence one need to look at the most recent version of her [Nussbaum's] list.

In addition Nussbaum argues that if Sen's capability approach wants to have any bite with respect to justice, he too will have to endorse such a list". Sen (2004b) responded to this statement by highlighting that the issues resonate largely around creating a setting that actually allows for a predetermined list of capabilities to exist. In doing this one is therefore possibly more aware of what is the environment can handle and take in each of these capability categories. However, one should stress that each democratic setting is different in its own right and may not experience and hold the same sort of value system as the next, so universal capabilities, and the process of defining these, should not be imposed. In allowing for public reasoning to occur, this facilitates a better understanding of the value in a specific capability of a society or programme.

Before incorporating these concepts in to analysing whether public reasoning occurred in the MDR-TB programme, it is crucial to highlight another critique of Sen's model. Gasper (2002: 442) has summarised the following three criticisms: "(1) Sen's concepts functioning, capability and capabilities are sometimes obscure,; (2) Sen's conceptions of well-being and agency are problematic and partake of some weakness of utilitarian psychology, while his conception of personhood is very incomplete; (3) his conception of freedom seems too focused on the range of (valued) choice, and neglected of other aspects of being and need". In

looking at these critiques one could how Gasper (2002: 446) solves this notion of the obscure nature of capabilities by introducing two sub-classes of capability which set a different form of understanding. Firstly he mentions Options and opportunities (O-Capability) and person's skill, ability and aptitude capability (S-Capability). The O-Capability closes resembles some of the definitions highlighted by Sen's definition of capability within a set of life options. However, this does not restrict the operationalization of capabilities in setting due the loose ends the approach takes, but rather a mechanism that has ongoing assessment on our values in order to enable reflection that seeks to better understand our values in life.

In essence to summarise the critiques laid out, in Porter (2007) it seems to show that it is necessarily important for those involved in the process of pubic reasoning/deliberation (to be discussed below) to show the more important capabilities that need to be encompassed within the process. This will then show the core values situated in the evaluation in order to better determine the needs.

Whilst trying to articulate the soundness of arguments made by both authors, this paper leans towards understanding and agreeing with Sen - that in order to actually minimise ways in which to understanding social justice, certain capabilities need to be identified in order to help create a generic models that governments can adopt. In having endless opportunities for configurations of capabilities, adopting a framework in order to recognise capabilities will prove to be difficult and not set a precedent for good governance practice. However, creating one universal list may not achieve desirable outcomes throughout all societies because of how different and unique social justice issues are. Western cultures have different capabilities to African states, due to the different historical trajectories and governance and social structures which exist, and therefore different understandings of what constitutes a 'good life'. Therefore, it would be fitting to agree with Sen's argument that, "although there are some fundamental capabilities that should feature in every list, each list should consist of capabilities directly related to a specific time, purpose and context, such as the HDI which is purely intended to measure minimum basic quality of life and nothing more" (Taherzadeh, 2012: 9).

Sen's view of freedom is that it is a general all-purpose social good that is unrestrictive and unlimited. However, Nussbaum views this argument as being weak because of the possibility of other freedoms interrupting or getting in the way of other freedoms. In Robeyns (2012: 106) it states that, "Sen stresses public discussion and reasoning can lead to better

understanding of the value and role of specific capabilities." In contrast, according to Robeyns (2012: 106) Nussbaum has, "always stressed that her list is a list highly general capabilities, which should be made more specific by the local people". In order for a society to understand its freedoms and capabilities that it needs to list, public discussion or deliberation or reasoning need to occur. But this too poses difficulty because "Sen appears to assume that the state is a 'neutral actor' who seeks to realise the national interest; however the reality is that states often seek to realise the interests of the 'dominant social classes'" (Taherzadeh, 2012: 10). Like Sen, Alkire (2005) argues that creating a list of central capabilities or domains will not serve a great purpose even though it may be a useful task. Instead, drawing up a list will further complicate processes which need to be identified within different sectors because each system in a country works differently and holds different characteristics.

One can argue that the gaps that are not filled in Sen's argument are visible in some of the observations Nussbaum makes in her ideas around the capability approach. However, I perceive that the complexities of societies and programmes can at times prevent accurately acquiring the correct freedoms to enable people's capabilities. At times these may be clouded by factors that we are unable to control. Nussbaum (2003: 54) states that "the capability approach is a powerful tool in crafting an adequate account of social justice. But the bare idea of capabilities as a space within which comparisons are made and inequalities assessed is insufficient". One needs to understand that there is a need to be able to identify all the human capabilities on offer to be able to permit reasoning that will ultimately impact on human development.

Despite some of the critiques brought forward about Sen's capability approach it seems to be the best fitting model to articulate its great practical aspect in adopting needs of the environment. It sees the complexities and understands the need to incorporate the need to asses ones standard of living however it still possess issues around the complexity of identifying freedoms because there is such a wide variety of them.

Sen (2005b) states that, "Three essential features of public reasoning especially receive continuous attention in this discussion. First, public reasoning involves respect for pluralism and an attitude of tolerance for different points of view and lifestyles. Second, public reasoning demands an open public discussion of issues of common concern. Third, public

reasoning encourages political commitment and participation of people in public action for the transformation of society" (www.frontlineonnet.com).

Sen's capability approach, then, does not prescribe a list; every evaluative exercise requires some selection or an "*act of reasoning"* (Robeyns, 2005, 14). Sen's proposal requires an individual that can participate in a process of reasoning and self-scrutiny.

This position is clear in the following passage:

A person is not only an entity that can enjoy one´s own consumption, experience and appreciate one´s welfare, and have one's goals, but also an entity that can examine one's value and objectives and choose in the light of those values and objectives (Sen, 2002b: 36).

Sen (2002b) views democracy being a process part of public reasoning. In Solange (2007: 4) it states that "the process of decision-making through discussion can enhance information about a society and about individuals' priorities, and those priorities respond to public deliberation. Sen (2002b, p. 29) emphasizes that in the broader perspective of public reasoning, democracy has to give a central place to guaranteeing free public discussion and deliberative interactions in political thought and practice". This then will help in assisting finding out how and if so public reasoning in fact took place in the DR-TB programme in Khayelitsha.

In interacting with the role players at MSF is was evident that there were themes that resonated from each interviews that looked value and extreme take-up of the decentralised approach that would enable patients to get healthier. One could borrow the notions adapted by Alkire (2002) that give a conceptual idea to Sen's development believes. These values are proposed by John Finns and built on by Alkire (2002a: 186). Below is the list of basic human values, proposed by Finnis as adapted for identifying themes within the study:

1. Life- its maintenance and transmission – health and safety
2. Knowledge - Knowing reality
3. Aesthetic experiences – Appreciate beauty and whatever intensely engages our capacities to know and feel
4. Some level of excellence in work – The transformation (or partnership with) of the natural world to create value and meaning

5. Recreation/Play – Relaxation, resting, entertainment etc.

6. Friendship – Various forms of harmony between and among individuals and groups of persons – living at peace with others, neighbourliness.

7. Self-integration – The harmony of one's inner feelings with ones judgments and choices is inner peace

8. Self-expression or practical reasonableness – The harmony between one's judgments, choices and behaviour – or the consistency between one's self and its expression

9. Religion – Attempts to gain or improve harmony with some more-than-human sources of meaning and value and can take many forms. This can be manifested in numerous ways, for instance - nature worship, idol worship, worshiping a god or many gods, or other beliefs, institutions or practices etc.

These are seen by Alkire's approach as basic spheres of value that help employ practical reasoning. Though these values played an important aspect in understanding the values within how participants answered it was necessarily used in linking up themes to better understand the context of public reasoning. The beliefs around using participatory mechanism to contribute to social deliveries are attained. The imperative argument here though however this framework allows for openness in understanding peoples values without feeling restricted in answering the questions within the interview process. An interesting aspect to this methodology presented by Alkire (2002a) is that it speaks to the capabilities approach and incorporates ethics and public reasoning.

This particular approach can assist with understanding gaps that may need to be addressed with the programme. However, in line with Sen's types of freedoms seen "in a 'instrumental' perspective, are partially investigated in the empirical studies that follow. These include; (1) political freedoms, (2) economic freedoms, (3) social opportunities, (4) transparency guarantees and (5) protective security" (Sen, 1993: 10). It is important to note these to have close relations with Alkire (2002b) modified dimensions mentioned above.

To sum up these counter-arguments it is to understand is that although Sen's capability approach has no narrow direction in how it can be operationalised, if used without attention it could misrepresent the true desires the theory aims to achieve. One needs to understand that

these arguments presented by Nussbaum are more restrictive to the desires of the approaches ideas around following with the difficulties of understanding societies and its complexities to adapt to stricter theoretical groundings. Sen's capability approach is more about method and also stresses the areas around content. The challenge with it is that the application of it is seen as being difficult and Sen himself stress this by saying, there is no "magic formula" or "royal road" by which this weighting may be determined. This he further goes to elaborate that this is because "the issue of weighting is one of valuation and judgment, and not one of some impersonal technology" (Sen 1999a, 79). This is necessary to understand because Sen's approach does not measure but rather ensure that decisions are considered appropriately. This resonates greatly with the intentions of understanding the processes of MDR-TB programme and how process of decision-making were taken in moving towards more open and objective evaluation process, which Sen strongly advocates.

2.5 Deliberation

Deliberation is seen as a form of public reasoning that is democratic and allows for "persuasions to induce participants' reflections on and altering of views" (Dryzek, 2000). A key issue that impacts the democratic potential of deliberation is that "deliberative decisions appear to be illegitimate for those left outside the forum, while bringing more than a few people in would quickly turn the event into speech-making, not deliberation" (Parkinson, 2003: 181). Deliberation also has a legitimacy problem to do with motivations, as "in order for genuine deliberation to take place, those participants who do have access to the forum must meet the minimal procedural conditions set out above, including the demands of reciprocity and willingness to set aside strategic concerns" (ibid).

In an article by Chambers (2007: 7-8) it states that, "Deliberation as dialogue, especially face-to-face dialogue, is thought to initiate a process of reason giving that enhances the epistemic status of the outcomes. The demand for reasons, brings weak arguments to light, forces interlocutors to revise indefensible claims, publicizes unacceptable premises, generally facilitates the exchange of information and knowledge and encourages participants to be reflective. At the heart of many deliberative models is an ideal of dialogic accountability in which high levels of reasoning are maintained". Understanding the nature of importance deliberation ensures focuses on the use of deliberation as a form of democratic reasoning also views.

However, one could also argue around the different faces deliberation settings takes on, argued by Gutmann and Thompson (1996: 12) that, " in which citizens come together on a regular basis to reach collective decisions about public issues" . In this statement one can arguably confirm that the constituent is that deliberation is directly connected to decision-making (Bessette 1994, Cohen 1997, Fung 2003, Leib 2004). Chambers (2007: 11) states that "although the institutions in question may be more or less formal and outcomes may or may not have direct authoritative bite (compare an empowered citizen's assembly and a deliberative opinion poll), deliberation is nevertheless bounded in an important sense. The growing interest in institutional design questions, especially the design of mini-publics, represents the ascendancy of theories of democratic deliberation over theories of deliberative democracy". Deliberation has utility as it facilitates discussing matters before decisions are made in order to create opportunities that will include weighing up preferences and sourcing out capabilities and providing goods and services that people can directly use. Additionally, it improves the use of public interaction. Deliberation has the ability to assist in democracy by ensuring that it is "authentic, inclusive and consequential" to the process and equally incorporated in democratization (Dryzek, 2006:17). This is in line with the ideas that Sen (1999, 2009) advocates in allowing for citizens to get more out of government services.

2.6 The link between Public Reasoning, Capability Approach and Deliberation

There is a close alignment between public reasoning and evaluation that can bring about interesting research results in this case study. Public reasoning is any form of public dialogue that can allow for participation of all members in decision making or implementation of a policy. The importance of the capability approach is that it unlocks ways in which a set of capabilities can help people escape from a state of 'un-freedom' - which relates to public reasoning as enabling the allocation of distribution and better uptake in MDR-TB as there is better transparency and capability to access the service, ultimately improving the utilisation of the service and creating a culture that may not be called evaluation but acts as evaluation centred on the user. In this way government helps people find their freedoms by accessing health care that is directly focused on their needs in order to develop their opportunities and have impact on their TB status. Evaluating deliberative methods which pose as participation methods can be used to identify best-practice methods within programmes by identifying common threads.

With regards to the research question, these two theories work well to enable understanding of how management was able to handle and improve the health care statistics of MDR-TB patients. Sen (2004: 80) argues that "public discussion or deliberation and reasoning can lead to a better understanding of the role, reach, and the significance of particular capabilities". However, it needs to be pointed out that, though these terms theoretically and formally may be used, at the case study level, these may not be recognised by the players of the game. Additionally, though they may not be formally described as public reasoning, more deliberation or meetings held for discussion, the characteristics of how they form overlap with how reasoning is viewed by Sen and other authors. Therefore, one could argue that in academic forms a more 'focused' understanding of the capability approach and public reasoning the programme has presented these attributes in their evaluative outcomes.

With the help of this theory, it is possible to establish the magnitude of this impact and how this can be replicated. This also implies a form of evaluation that one can build on to assist in widening the versatility that public reasoning has for the public, known as Utilisation-Focused Evaluation (UFE).

2.7 Utilisation-Focused Evaluation

Michael Quinn Patton's theory of "Utilisation-Focused Evaluation" (UFE) (1986) speaks to the case study research question of the functioning of a decentralised institution in a complex policy environment. Specifically, the case study wishes to determine whether institutional practices, such as UFE, influence the effectiveness of institutional functioning.

Patton states that UFE was "derived from the observation that much of what passes as evaluation is not very useful; that evaluation ought to be useful; and therefore that something different must be done if evaluation is to be useful" (1986: 7). UFE is necessary for evaluation practices that can speak to the concerns of various programmes and effectively deduce the importance of incorporating evaluation in policy-making to facilitate impacts felt at grassroots level. This places importance on the need for policies to guarantee mechanisms in place are used to learn how to maximise techniques that can improve the entire process of decision-making. Patton (2008) highlights this aspect as being important in having UFE succeed, since the basis for use will be established and it also provides a mechanism that selects the best "evaluation content, model, method, theory and uses for their particular situation" (Patton, 2008:37). The usefulness of UFE is that the prime aim is to "provide

decision makers, or intended users, with the information they deem necessary" (Gregory, 2000: 189).

From this perspective, one can argue that Patton's concepts highlight the need for participation – as a form of public reasoning to advise evaluation. UFE is directed at ensuring that evaluation speaks to the intended desire of what programmes seek and ought to do. In the case of the MDR-TB programme, there is a need to assess whether the purpose of policy that transitions PHC facilities to decentralised institutions is fulfilled. This function results from the use of evaluation research, which Patton (1978: 26) describes as "the systematic collection of information about the activities and outcomes of actual programmes in order for interested persons to make judgments about specific aspects of what the program is doing and affecting". This approach incorporates the input of a wide range of users in all phases of the evaluation process to increase programme efficiency and effectiveness. Weiss (1998: 30) stresses the need to adopt effective utilisation of evaluation, which she stresses as "not necessarily more utilization but more effective utilization, use for improving daily program practice and also for use for making larger changes in policy programming". Utilisation stresses the importance of research to help ensure the usage of gathered information applied to actual interpretation through reporting and programme stages. However, Patton (2008) recognises the complexities of utilisation of evaluations because of how unique and complex most real-world examples are.

The relevance of UFE to Sen's public reasoning model is the idea of critical participation, which one can argue is an extension of a form of public reasoning. Gregory (2000: 189) highlights that Patton (1997) "recognizes the need for a participatory approach and advises that what a participatory evaluation means must be defined in each evaluation context". One can therefore argue that Patton adopts a more 'operationalised' approach of public reasoning. This opens up a new insight into the study of evaluation to be able to adequately incorporate participation or forms of public reasoning.

2.8 Conclusion

Sen's model of public reasoning within the capability approach has had a large influence in the area of social justice. Though Sen argues that selecting key capabilities is crucial, he doesn't advocate for a specific list of capabilities to have universal precedence and always be applied. The use of participation as a key tool for open dialogue/deliberation can inform better use of a particular intervention. Rather; Sen proposes developing a list through public

participation where necessary according to the desired context. However, Nussbaum posits limits to the amount of public reasoning that could occur because it narrows the situational analysis that can exist.

For purposes of the arguments presented above, this study develops its case study analysis through Sen's approach and selects dimensions specific to the context of the MDR-TB programme in Khayelitsha conducted by MSF.

CHAPTER 3

3.1 Overview

This chapter will describe the methodology approaches that will be used in conducting the research of seeing whether Public Reasoning was in fact present in the improvement of DR-TB in the MSF, Khayelitsha programme. It will fully lay out the processes that took place in order to conduct the study, and details as to how the data will be collected. It is important to highlight these issues as they play a crucial part in the validity, salience and reliability of the gathered information which makes certain parts of the research analytical and factual.

Firstly it is important that the methodology used taken from Sen (2004) highlighted below, explicitly serve to answer the and outline the research design, the views that Sen presents and whether the research questions are answered and whether the case study could be adopted in to this theory and how it was implemented.

Doing this research enables us to ask questions and get answers on specific problem that will help in increasing knowledge of that particular focus area, (Saunders et al, 1997).

3.2 Methods of Qualitative research

The study research design will be a qualitative in-depth case study using the mixed-methods of document content analysis and semi-structured open-ended interviews. Sebidi (2008: 52) states that "documents are records of the past and present. They are written or printed materials that can be official or unofficial, public or private, published or unpublished, prepared intentionally to be preserved a historical record or prepared to serve an immediate practical purpose". These documents will largely consist of documents taken from the National Department of Health, mainly the policy framework on Decentralised and Deinstitutionalised Management for South Africa. It will also look at various articles published by MSF in relation to the evaluation of the success of the programme in Khayelitsha. Since the proposed study is a case study based on careful investigation of various forms of documents, the documents that will be scrutinized will be from the policy arena of institutions involved in the MDR-TB programme. These data around public reasoning and forms of evaluation that help assist institutions improve their roles of fulfilling democracy are formed by a combination of public and private documents that will be used in order to facilitate content analysis.

The type of research described is "qualitative evaluation data usually refers to descriptive information about programs/products and the people who participate in/use them or are affected by them and; programs/products and the people who develop or use them" (Paton, 1987). Three data gathering strategies are typically characterize qualitative methodology; "in-depth, open-ended interviews; direct observation and written documents (including program records, personal diaries, logs, etc.)" (www.thinkingbookworm.typepad.com).

By using a case study will help create validity and reliability and can be seen as methodology if done well (Tellis, 1997). Case studies can fulfil different tasks, but for purpose of this paper the case study will be an in-depth investigation of a particular research question. Although these findings will be specific to this particular study, it will also be able to explain similar circumstances in other provinces.

3.3 Research design

This particular paper took on a case study design to better analysis the case of the MSF MDR-TB programme. Case study research involves unpacking and understanding the complexities and descriptions around a particular question within the case. However, these forms of qualitative research can also look at understanding a case with other mechanism's that also help secure a greater scope in understanding a case. Therefore, an interesting point to string in is that case studies take on extremely interesting unique traits that can a only be attributed to that particular setting in that location, like Khayelitsha in this case. One could then argue that various forms of a cross-sectional design with case study elements is present as "the typical orientation to the relation between theory and research is a deductive one", like the nature and relationship of the theory and research taken for this thesis (Bryman, 2012:69).

This case study identifies its engagement with the theory of Amartya Sen described as public reasoning which encompasses the following key identifiers:

1. ***Public reasoning involves respect for pluralism and an attitude of tolerance for different points of view and lifestyles***
2. ***Public reasoning demands an open public discussion of issues of common concern***
3. ***Public reasoning encourages political commitment and participation of people in public action for the transformation of society, (Sen, 2005b).***

The theory discussed in chapter 2 particular plays true importance here because it assists with helping us to understand how various theories connect and assist one another in explaining concepts that have been discussed. Particular to this is the need to highlight how different methodology designs can be adopted to structure themselves around concepts and literature to help enforce the argument of the paper and also contribute to learning in the space of evaluation and public policy. Having strong institutional support and mechanisms in place that adequately assist in putting the needs of its citizens at the forefront of service provision no longer becomes a phenomenon at national government but at a place that better provides and strengthens its voice in policy-making.

A World Bank Report (2004:1) highlighted that

> "innovating with service delivery arrangements will not be enough. Societies should learn from their innovations by systematically evaluating and disseminating information about what works and what doesn't. Only then can the innovations be scaled up to improve the lives of poor people around the world. The challenge is formidable, because making services work for poor people involves changing not only service delivery arrangements but also public sector institutions".

Although decentralisaiton and public reasoning are not new phenomenon's, allow the not be centrally owned and administrated at a central health care facility, we better understand the needs for health care facilities to better aid people closer to their homes. This will necessarily need to be accompanied with the creation of an enabling environment that rests its' believes in organizational dialogue to then better disseminate realistic forms of implementation that can be replicated. The likelihood of this paper providing all the required information is minimal but in order to fully utilize and provide good service to the user, providing further discussion and deliberation may entice the use for this evaluation and particular programme an integral part to policy development and planning.

This analysis uses the literature with the findings to draw up conclusions that serve to provide good reviews for assisting in not only understanding the programme but the management behind it.

A clinical observation will also be included in order to see how the daily running of the programme is conducted and whether the presence of the public reasoning is adequately seen.

A clinical observation in this context is observing a healthcare professional provide care to patients or clients in a clinical setting, such as a hospital, therapy clinic, long term care facility, private practice, and so on. Through the process I was able to see what the day-to-day duties of the sisters given their work in the DR-TB programme for MSF. This equipped my research with a better understanding on what goes into the care of these patients and necessarily the importance of interaction between sisters and the health department, MSF and other organisation to better execute this programme.

One on One semi- structured interviews with the main stakeholders involved in the process provided a clear understanding about the creation and running of the programme to better understand how Sen's (2005) criteria could then be involved within the information.

3.4 Methodology

The premise around primary research is to provide empirical evidence that sits in valuing the setting up of research design in order to keep consistency with the research. Providing useful rigor that can better assert the credibility and validity of the research plays a crucial aspect in convincing the reader of the actualities of the conclusions provided. Therefore, methodology plays an important role in assisting with interpreting logic as reasoning to support theory and evidence.

Using Sen's model with three questions seen as determines to better view public reasoning, this will help to regulate the evaluative processes within the MDR-TB programme allows for one need to have a better sense of a democratic process in the use of having a decentralized approach to MDR-TB. However, Sabina Alkire (2005) identified a mechanism to better understand the freedom that people can enjoy if an intervention has been put into place. This not only identifies the interaction of people's interest within the process but just how worthwhile the engagement process encourages the need to complement public reasoning characteristics. Sen (2005b: 1) states that "Democratic institutions give people the opportunity to participate in deliberations and dialectics, to press for justice and equity, and to reject socially unacceptable policies. These are matters of public action. Institutions make room for such action and allow its free use. But institutions alone cannot yield public action in any mechanical way. Democratic institutions cannot substitute for public action and participatory politics". In this case then one needs to argue that the public action is responsible in shaping policy especially in the case where inequalities and opportunities need to be met and created.

Within the interview process, main inception stakeholders were involved in an open-ended interview process which was one on one. The process allowed for a more semi-structured approach at getting a story about understanding the management and processes that lead to the success of the programme without probing the questions around how the programme will be envisioned to be supported by the City of Cape Town. This process helped to not "pigeon-hole' the response of the interviewee. According to Sen, social arrangements are best assessed by reference to the capabilities that people have under those arrangements, rather than in terms of welfare, happiness, or resources.

Alkire (2002:127) argues that "no one 'list' of basic capabilities will be relevant to every evaluation or assessment or measurement exercise or index; the selection of functions or capabilities upon which to focus will need to be done repeatedly". This argument is further questioned by then understanding how the capability approach can address issues around public reasoning? How can it be used as a tool for dialogue/deliberation within the theoretical work on multi-dimensionality?" Using this open process assists in getting various answers that may stem from other questions and also allowed for engagement to be more fluid and easy to manage.

Looking at the DR-TB programme, it is relevant to note that public reasoning serves as an important tool in changing the forms and mechanisms used to administrate the improvement of integrated, community based approach which aims to improve patient outcomes. The main interaction was amongst MSF personnel.

This will probably be highlighted in some of the answers given by the MSF members and how the MSF nurses also view the programme. An observation was also conducted with nurses at the Lizo Nobanda TB Centre to get a sense of the how implementation of the MDR-TB was applied running of the programme and how it was doing. The information gathered was given more depth and was reported by the discussion fostered by Ms Jennifer Hughes and her team. There were a number of cases being discussed and this gave better quality of information as to see where patients were in terms of health care distribution management and care.

3.5 Semi-structured interviews

Two one-on-one semi-structured interviews were conducted at separate times with Dr Gillian van Cutsem at the MSF offices in Observatory, Cape Town and Dr Jennifer Hughes was

interviewed at the Khayelitsha MSF offices. The interviews were recorded and permission to do so was asked before recording the interviews. The length of the interviews was 60min – 90min. This was the main source of data collection. The direction of the questions was taken from the purpose of the study and mainly around the desired approach to adequately using public reasoning as a means to improve services. Questions focused around:

- The background of MSF
- Involvement of stakeholders
- Policy dilemma
- Relationship with the province
- Communication and awareness of MSF
- Nurse duties
- Values around healthcare
- Improvement in management
- Outcomes of success in the programme
- Forms of consultation with relevant stakeholders

The interview followed used a set of questions which can be found in Annex 1 with themes surrounding the above guidelines to the questions. The questions are also broken up into sequenced stages of evaluation that help in understanding all process that were involved in the uptake of the programme. The interviews were extensive and ran between one hour and two hours. They provided extensive information that assisting immensely in the preparation of drawing up the findings, discussed in Chapter 4.

3.6 Experiences in data collection

It is critical to answer whether the data collection done met the objectives of the paper. The use of conducting semi-structured interviews with the two main stakeholders at MSF enabled an interactive process. The sampling was pre-selected due to the need to allocate and contact the stakeholders on time to conduct these interviews during the day to day duties. It plays a

key pint as it also impact on the quality of data gathered as it directly relates to all aspects of the research.

Between understandings the theory and finding the correct study to embark in it took over four months in 2013 to ensure that the right parameters were investigated to better lead the study. When interviews were secured, interview note taking and recording were the main sources of data collection. Consent from the relevant interviewees to record interviews was granted before the interviews and this did not in any way hamper on the sensitivity of publicising information about the actualities of the study.

The interviewing process took place in Cape Town, planned for the mid March 2013. Interview respondents will be drawn from Médicins Sans Frontierès and the Provincial Government of the Western Cape. The main respondent is the Medical Director at MSF, Dr G. van Cutsem. In addition, there are interviews planned with the programme director for the MDR-TB programme, Dr Jennifer Hughes. There was desire and attempt to interview Dr. Norbert Ndjeka, the Director of TB, drug-resistant TB and HIV at the South African National Department of Health but it was difficult to secure an interview at any point. Dr G. van Cutsem has already agreed to take part in the interview and assist in other forms of data collection for this project. Five nurses at the Khayelitsha unit were interviewed as well, to get an understanding as to how the institutional work environment has changed and impacted on them being able to produce results.

The interviews will last between one to two hours and will be in a confined office space at the respective location designated by Dr G. van Cutsem or the nurses' supervisor at the Khayelitsha unit. Issues around interviewing the nurses may be a limitation the study as permission from the Department of Health need to be granted and no further communication has been received from their side.

The interaction of the theory to the practical study is a procedure that is also bound to better understand solutions that help to not only contribute to academia but also to the relevance of the study and its use. The process of data involved semi-structured interviews and participant observation at a focus group type of setting.

3.7 Reliability, replicability and validity

Not only does is it a crucial to ensure that the type of methodology adopted in context with the study is relevant and helps to ensure that questions are answers and objectives are met,

but it is important to understand the reliability and validity of qualitative research. In this particular instance of the study the relevance of the study looks at also assessing the quality of the study to ensure that the study is sound and salient.

In Bryman (2012: 389-390) it states that "validity refers to whether you are observing, identifying or measuring what you say you are. It is necessary to understand that there are different terms and meanings of these crucial notions to consider when doing a study. For purposes of this study, it was evident that external validity was present in that if this study had to be replicated or furthered by a fellow academic, the same results and observations could be viewed. This would also help secure reliability of the study where conclusions and statements made to strengthen the premise of the paper with the support of the literature view the use of reasoning within the MDR-TB programme that necessarily has seen progress in its functionings to better serve patients.

Participation also necessitates the similarities seen between concepts and observations that support internal validity. Another concept to consider in this credibility which looks at how research was conducted and whether is serves to go about good practice in searching for its findings. What was a crucial observation is that the sensitivity of this case required a structured approach in obtaining information due to also walking into a sensitive area where patients are ill and are being treated under circumstances that follow engagement process that see reasoning as a fundamental attribution to success within the project. Since the questions were concerns with the how process involved public reasoning in the programme and improvement of patient care due to public reasoning it was a vital exercise to be concerned with the reliability of the findings and processes.

Although themes around values were not a central focus of the study, they emerged within observing and note taking of the interviews and observation of nurses.

Thinking about research quality plays an important role in how information is interpreted and shared. Therefore it should be thought of throughout the process of the research in order to always keep feasible results that are authentic and salient.

3.8 Lessons learnt

Embarking on the study meant examining and understanding a pilot study that the Western Cape and seeing whether the outcomes could be prone to any other province that could have taken the same steps. It is evident that the rationale behind the success of this particular pilot

is largely contributed to how decentralization has given opportunity not only to the patients but the entire programme. The feasibility and nature of the existence for the need to encourage a more reasoned model that incorporates varies actors/role-players crucial to the programme are considered. Within the scope that Sen (2005b) highlights about how one finds public reasoning, it is apparent that wall three distinctions are met by the process to better roll out DR-TB. Throughout the process of understanding how capabilities are formed and seen within the evaluation framework it can be argued that there are elements of development that aim to show further opportunities of to better grow the programme.

3.9 Conclusion

This paper looks at one case study as a basis to provide a perspective at how these theories can be seen in a study that desires to change the lives of people by management of its mechanisms of mobility. Methods play a crucial part in helping disseminate research and explain findings and therefore need to be valid in order to hold credibility. The use of semi-structured interviews enabled a better opportunity to freely exercise the use of narrative engagement around understanding the management of the programme and its daily functions. One should note that this methodology also assisting in ensuring that the objectives highlighted in the introduction would be met, most notably; the alignment to public reasoning and ensuring gaps are highlighted and also that the decentralised approach can also be trained at other areas who suffer from the same issues with MDR-TB.

The methodology will help with the contribution of institutionalising a concept within public reasoning that can seek to find dimensions around value that can develop a framework around practice within the programme for users. It also targeted at showing that the most grassroots orientated level of care is valued and more accessible to those in need, therefore enabling their capabilities to be exercised. Most importantly however though within the study is the engagement that the methodology noted within the information around the stakeholder relations emphasising Sen's dimension around commitment to engage in issues that involve public participation that transforms.

Looking at the holistic picture one can contribute the use of concepts and evaluative framework to help explain and understand the process of the programme that draws on producing a unit of analysis. This highlights the importance of capabilities within members of the public who are not easily accessible to health care. The other important argument to look is that by understanding the programme through the lens of Sen one can surface other forms

of reasoning that can yield opportunities for researchers in this space. Deliberation on newer forms of pedagogic studies can help render recommendations to advocate democracy and capabilities to better understand what works and what doesn't work to inform policy in South Africa and around the globe.

CHAPTER 4

This chapter aims to discuss the outcomes found in the semi-structured interviews and how relevant documentation aligned itself to the study, which was reviewed in Chapter 2. Chapter 3 defined a methodology used to look at the initial stages of the study. Addressing this chapter will seek to look at some of the results that were contributed to by the interviews conducted done with MSF staff members and the focus group with various nurses administrating the decentralised DR-TB programme at Lizo Nobanda Clinic. The main connection needed here is to look at the connection between the theory and practical aspect of understanding just how public reasoning can exist in a space like this to better allow for management improved and forms of deliberation to allow for the improved of lives. This chapter will seek to look at, types of implementation warnings, community based approach and the decentralised approached and why the latter is better suited for this study. It will also present the results from the interviews and finally summarise how public reasoning better supplements and supports and deepens this notion within democracy.

As stipulated in Chapter 2, Utilisation Focused Evaluation (UFE) contributed to a large extent the framing of gathering findings on the importance of the intended use by intended users. It is therefore key to note that "no evaluation can be value-free, utilisation focused evaluation answers the questions of whose values will frame the evaluation by working with clearly identified primary intended users who have responsibility to apply evaluation findings and implement recommendation" (Ramirez and Broadhead, 2013: 89). The important premise here is that a direct relationship with nurses and patients. The study looked at addressing on impacting freedoms of patients and also meeting up with better understanding how to manage and better execute a programme.

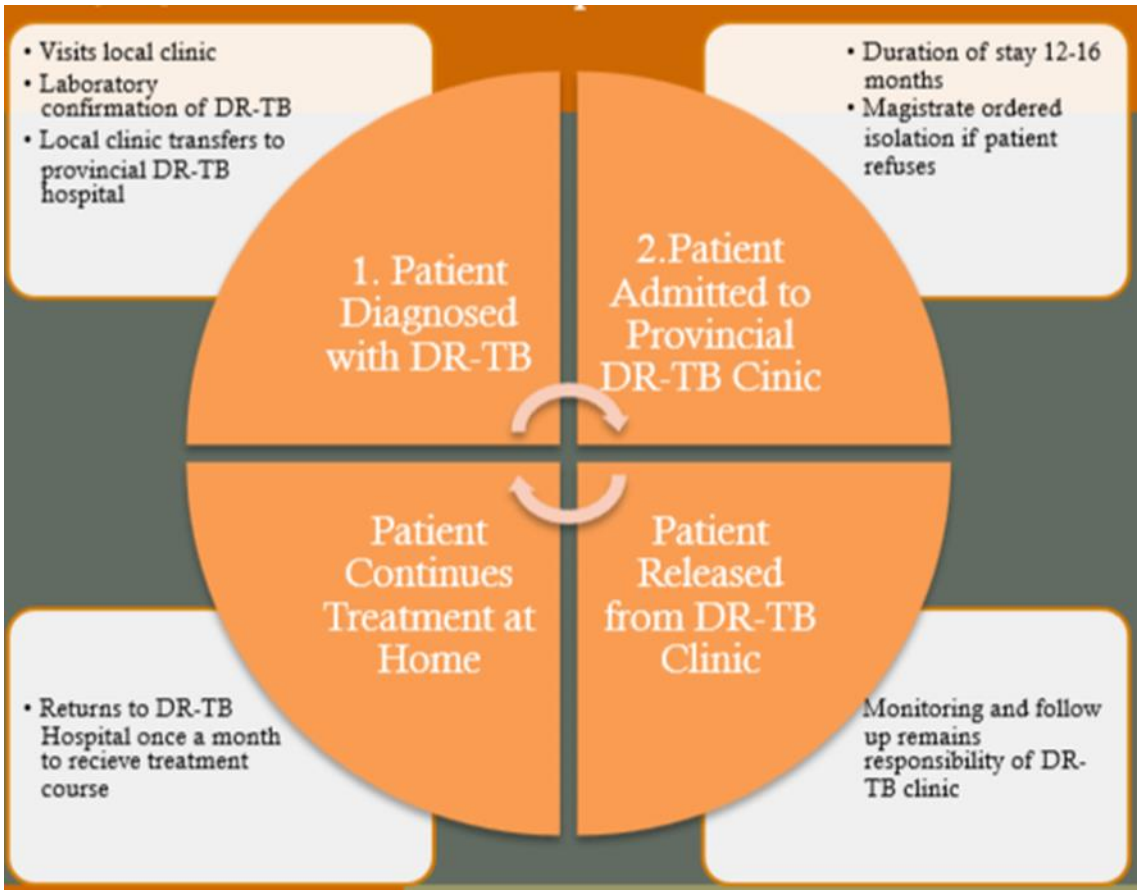
4.1. Case Study

4.1.1 History around DR-TB policy

It is important to better understand what the previous policy on DR-TB involved to understand the movement to a different system and its motivation. In Smith (2008: 3) it states that "the current policy of centralized and often forced isolation has failed to curb and has likely increased the spreading epidemics. Prolonged hospitalization fails to demonstrate improved adherence or decreased transmission, and actually indicate the contrary. DR-TB hospitals are often far away from patients' homes resulting in high rates of default. The threat

of isolation undermines testing and leads to people hiding the infection due to the stigma associated with the disease and the fear of being separated from their communities. Furthermore, available TB beds in South Africa cannot sustain treatment for all DR-TB as patients greatly outnumber available beds". The previous policy environment only encouraged the below cycle for patients with DR-TB.

Figure 2: Previous model for patient care for patients diagnosed with DR-TB.



Source: (Smith, 2010: 2).

The importance of figure 2 needs mentioning as it shows how the DR-TB policy used to be institutionalised. Stage one of the programme involved all MDR-TB patients' receiving care at their local centralised DR-TB hospital which usually situated in the biggest city in the province. This meant that accessibility was difficult for those who lived in smaller towns or in rural areas. This would also hamper on their freedoms as some of these patients do not have income to participate accessing these facilities. Once patients get to these hospitals, they would need to take tests to confirm they have MDR-TB. In Smith (2010: 3) it states that "the responsibility of MDR-TB evaluation, treatment, monitoring, and management is placed in

these specialized units. Treatment is to be prescribed only by the MDR- TB trained clinician at the provincial facility. Patients are required to remain in isolation at the provincial hospital for a minimum of two months during the intensive phase of treatment, however often stay over two years". In some instances patients would refuse to be admitted this would result in the local facility needing to apply at the local magistrate judge to obtain a court order. The policy issue here then makes it difficult to monitor and evaluate the improvement of patients as they return home and some stop taking medication and as a result did not improve but got worse. The failure here was that the policy places too much responsibility on the patients and provincial DR-TB hospitals as this meant better communication to care with these DR-TB specialised clinics and local clinics.

The purpose then was to ensure that the policy framework that listened to the previous inadequacies that were not met to involve the process of allowing for better care to be administrated. A presentation given by Dr.Norbert Ndjeka, Director, of Drug-Resistant TB, TB and HIV titled "How Far Have we Come in Decentralising MDR-TB National", states that the purpose of a policy framework is that it:

- "provides guidance for management of MDR-TB patients closer to their homes, both in health facilities and in community
- Enables provinces to start MDR-TB treatment as soon as diagnosis is made, hence decreasing risk of transmission" (Ndjeka, 2013:23).

Due to these issues and policy reforms, looking a pilot study to see how forming a reasoned approach to move towards a more integrated policy that understands the needs at grassroots levels and treatment measures that can be institutionalised. The benefits of this decentralised system then better answers and serve the needs of patients; this will be further discussed in Chapter 4.

4.2 Location of case Study: Médicins Sans Frontierès (MSF) Khayelitsha, Western Cape

Over the years there have been a number of patients diagnosed with MDR-TB or XDR-TB. Médicins Sans Frontierès or Doctors without Borders (MSF) is involved in a number of MDR-TB treatment pilot projects. MSF is described as: "an international, independent, medical humanitarian organisation committed to two objectives: providing medical assistance

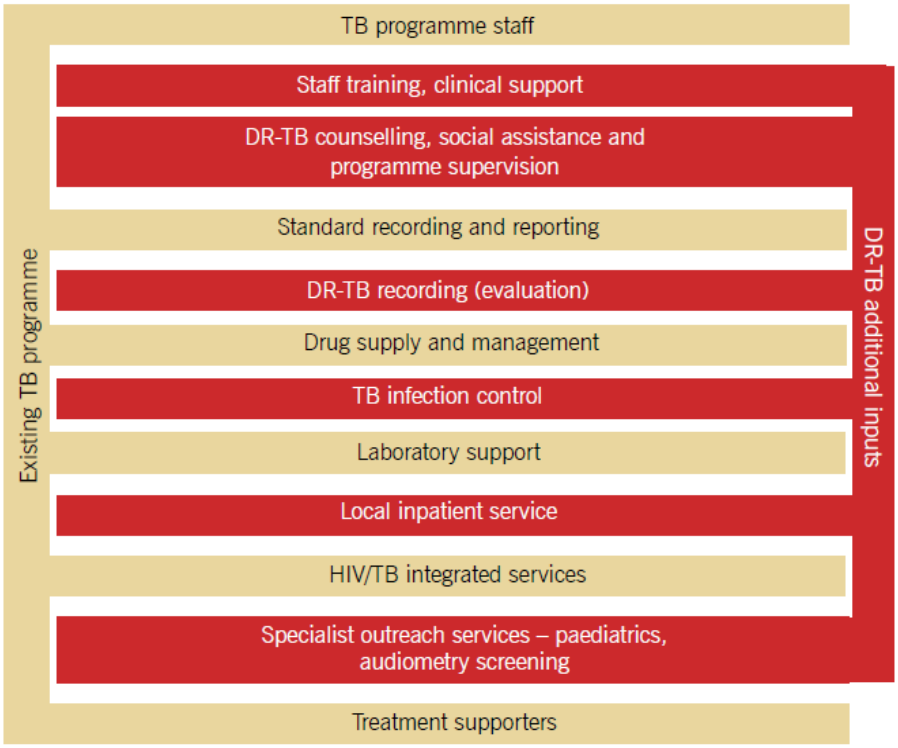
to people affected by armed conflict, epidemics, healthcare exclusion, natural and man-made disasters; and speaking out about the plight of the populations assisted. MSF offers assistance to people based only on need and irrespective of race, religion, gender or political affiliation" (www.msf.org.za).

Khayelitsha sub-district (population c. 500,000 inhabitants) located on the outskirts of Cape Town and has one of the highest incidences of both HIV and TB in South Africa (www.msf.org.za). It was noted that "Since 2007, in response to the growing epidemic of drug-resistant tuberculosis (DR-TB) in Khayelitsha, Médecins Sans Frontières (MSF), the City of Cape Town and the Provincial Government of the Western Cape are carrying out a pilot project to provide treatment to DR-TB patients at the primary care level. Khayelitsha is a township with one of the highest burdens of HIV infection and tuberculosis across South Africa and globally. The Khayelitsha DR-TB Programme demonstrates how a patient-centred, decentralized model care can increase case detection and improve treatment outcomes; thereby reducing further DR-TB transmission" (MSF, 2011: 1). The main idea around this case is to ultimately affect the major objectives that help improve treatment outcomes by ensuring the infection control is kept to a minimum.

It was seen as an important task to ensure that the DR-TB care would be incorporated into the existing "TB programme at primary care level, a range of additional supports have been provided (see figure below). Although the model of care in Khayelitsha has been developed specifically for this setting, the majority of these interventions are likely to be feasible and sustainable across a range of different settings with minimal adaptation. While a number of challenges remain, the successes of the programme may guide efforts to increase access to treatment and improve outcomes for DR-TB patients elsewhere" (MSF, 2011: 1).

The below figure illustrates the need to ensure that an intervention that communicate to the needs of patients would "integrate the DR-TB care and treatment into the existing TB programme at primary care level, a range of additional supports have been provided". The need to recognize that the support mechanisms and structures needed to adequately adhere to patients' freedoms and treatment measures is taken into account and shown in the development of a more conducive environment that has more feasible and sustainable interventions in place.

Figure 3: TB Implementation Phases



Source: (MSF, 2011:1).

What is evident here is that various forms of reasoning needed to be incorporated in order to strengthen the inputs managing the duties. Within the additional inputs advocated in the figure, one can see that more encouragement on mentoring and training of nurses needed to be accounted for as this plays a crucial component in how efficiently the programme is carried out. The need for various consultative processes to also allow for society to understand the system better also encouraged support is also given to the patient as a being/and value for their life but also as a form of freedom of social opportunities, highlighted by Sen (1999) in order for individuals to have freedom to a better life.

4.3. Implementation limitations

Firstly it is imperative to note that the semi-structured approach taken to gather information for this study is highlighted in Appendix 1. The clear use of interview questions and why it was an important task to do this is mentioned. Although this is the first of this research to look at the programme in greater detail, there is a need to revisit this programme in order to see how changes within the system have resulted and how government is getting more involved in adopting the system. A comparative analysis could also yield interesting research

papers and literature with the case in KwaZulu-Natal that has a similar approach to this study. There is good value to have more engagement with this particular case, to also see how international responses to forms of DR-TB are being treated.

Addressing some of the limitations within the implementation of the programme enables to better learn how to better use a partial amount of information to bring about sound evidence that can be expanded. Not only is it a crucial aspect to consider when piloting a programme but it is also crucial in better understanding outputs and outcomes within the scope and magnitude the project transcends to people and to policy. The impacts are not just to improve statistics in DR-TB to report to the country and the wold, but also to further connect to the people being treated and how they are still able to be given a chance at being treated in a space that allows for that to transpire.

4.2 Interview perceptions

Looking at how the interviews were conducted, it is important to note that Khayelitsha is a location in Cape Town of Xhosa speaking individuals. The focus group with Jennifer Hughes and some of the nurses provided good insight as to how the programme in handled and also showed the connection nurses had towards their patients as being more focused at being patient driven. It was handled in English and held at the Khayelitsha Hospital which has recently been built. Nurses work in different environments and locations. Their immersion of their roles to their patients also requires them to physically drive out to other patients to ensure medication is being taken and that they were keeping a stable and healthy diet. What one could see though is that their involvement was not because they were instructed but that there was a deeper desire to help patients.

Within the Lizo Nobanda Clinic, all nurses mainly communicated in Xhosa to patients and this also helped with eliminating any barriers with that could communicate clearly in explain how the centre runs and how many patients are seen. However, within the focus group with other nurses within the entire programme it was identified that most of them valued the nature of their work with their different patient relationships. Their engagement with the programme highlighted some of the aspects of values with reasoning that contributed to their interest in being more involved with patient care. They attested to the worth and positive outlook they had about the programme and that it truly served to help patients and gave them a home within a health care facility.

Ms Jennifer Hughes highlighted the difficulty at bringing in big buy-in from policy makers and decision makers but also an educated nurse serves to get them to be in. A radio slot on educating and helping people access information about DR-TB and poor infection control was done to also help with stereotyping and stigmatisation. This also contributed to a theme within the study that showed just how important it is to remove the stigma that was/is associated with TB in order for people to come in to the clinics to get assistants. Community awareness and reducing stigma in clinics to where masks on a wide note.

At the end of 2011 national department health specialised hospital which they still see a centralised system, and MSF sees that as a difficult as they still require patients to move out of the capabilities of going to a hospital and getting healthcare, as opposed to a patients going to a local clinic or getting a nurse to come in. MSF believed that also contributed to people basic human rights, and capabilities to access their functions. This meant that if patients needed to travel far to get their healthcare it would be a costly exercise which they may not be able to have and this would infringe on what they can access. This stresses the argument around understanding the proposition that sees "social arrangements should be primarily evaluated according to the extent of freedom people have to promote or achieve functioning's they value" (Alkire, 2003: 2).

4.3 Results

The interpretation of the semi-structured interview data is taken from the two face to face interviews with Mr van Cutsem and Ms Jennifer Hughes. The format used for the interviews was taken from an interview structure that was developed as a guideline which can be found in appendix 1. It looked at a more narrative approach in seeking information that would be best fitting to help understand the process of the study and how it came about and where it is seen to try improving livelihoods of individuals. Through a participatory approach (using focus groups and semi-structured interviews), this evaluation purpose is to discover the impacts of the change to decentralised programme on patients with DR-TB and their freedom to get better quality healthcare.

The results show a thread of commonalities with how the process is a success and what mechanisms were put in place to get to this point. Largely, what was seen is that there was a great care in having a good consultation process over a healthy period of time to consult in how best to implement the study. Both interviewees attested to this, although Ms Hughes only joined the programme later, she understood that there was high level stakeholder

engagement and also discussion and mentoring amongst nurses. The focus group highlighted the importance around value for people and their lifestyles and great buy-in from nurses who were more involved with patients. There is a direct correlation here that one cannot complete ignore in that it is imperative to see that the value of passing and giving good healthcare and attitude to patients directly implicates on the feelings of the patients towards their caregivers and caregivers to their patients. Throughout the discussions, there was great pride felt about the programme and its impacts towards the capabilities of patients and their freedoms.

The previous MDR-TB policy system "required all MDR-TB patients are to be isolated in a centralized DR-TB specialized hospital within the province. Each province has one DR-TB clinic, typically in the largest city of the province" (Smith, 2008: 2). This doesn't necessarily improve the issue but it heightens the stigmatisation associated with DR-TB. It also undermines the endeavours the health sector tries to come up with but don't necessarily address the issues around being able to handle the epidemic above the ground instead of driving it underground.

A summary taken from a paper by Johnathan Smith titled, Managing drug resistant Tuberculosis in South Africa, A Decentralised Deinstitutionalizing DR-TB care while simultaneously de-stigmatizing the disease will decrease the number of infectious individuals in the community, improve adherence, and decrease DR-TB prevalence in both the short and long term. This decrease of DR-TB cases will be mirrored by a decrease in overall cost for DR-TB care in South Africa. The new guidelines proposed will ensure that South Africa will make full use of its current resources while seriously augmenting the overall strategy; decentralization will not require a 'step backwards' in order to be implemented. De-institutionalization makes diagnosis and treatment easier for the patient, which in turn will support public health efforts, increase adherence, and improve cure rates. Studies have also showed that, "there is increasing evidence from several large-scale MDR-tuberculosis programmes of improved access to care and management through decentralisation, without compromising treatment outcomes, including programmes that have task shifted initiation of MDR-tuberculosis treatment to trained nurses" (Cox and Ford, 2013: 1).

By interacting with the caregiver through an informal focus group session, it enabled a comfortable environment for discussion to take place. Firstly, they were not planned and also happened with the consent of the caregivers who wanted to share their experiences about the programme ad their duties. Patients were not interviewed at all during this process. Sisters

who were present were working at various clinics and were English, Afrikaans and Xhosa speaking. This proved to be important as there is a mix of education levels in Khayleitsha that ranges for good to low education and English speaking people. Whilst doing the interviews it was raining and therefore difficult to get around to all the clinics. The focus group revealed some interesting discussions and also sought to show the value around caring for DR-TB patients and the dedication these sisters had over each of their patients. Relationships were not only with patients but with their families or relatives who either visited them or lived with them. The interesting notion showed a theme around value and care that saw solace in the good work and responsibility put upon some of these sisters to go beyond the description as a caregiver. Their impact was truly deep rooted and comforting to know.

Within the discussion, sisters also noted their difficulties with some patients in terms of locating them in order to do check-ups. Nurses deliberated on some ways to minimise some of their struggles where possible to ensure patients were on track with their medication and visits where needed. In creating a transparent engaged environment that allowed for a participatory process to allow for all concerns to be heard and considered, identifying mitigation measures to combat some of these issues played a central part in helping to understand maybe at times why patients were unavailable. Considering all dimensions within a consultative; whether formal or informal, enabled knowledge sharing on experiences and measures that could aid in facilitating better outcomes.

After interviewing Dr Jennifer Hughes, she recommended a visit to the Lizo Nobanda Clinic to better see the implementation of the MDR-TB programme with several nurses. The building is owned and run by the City of Cape Town. Already one can see the importance of collaborate incentive within government for greater use of enabling people with opportunities/capabilities for those who are unable to get to Brooklyn Chest (central TB hospital) as this provides a more immediate assistance. This also highlights the importance of transformation measures that Sen highlights in his dimensions of seeing public reasoning in getting support that transcends that greater levels of just people who practice reasoning daily and those who are policy-makers and decision-makers.

With regards to the outcomes of the project it has already reported in Khayelitsha that “case detection of DR-TB has doubled over the past five years, and the average number of days between diagnosis and treatment initiation has fallen from 71 days in 2007 to 33 days in 2010. The number of cases treated successfully has almost tripled. In 2010, 72% of patients

were able to start treatment at their local clinic, 15% began treatment at the community-based sub-acute facility in Khayelitsha, and only 14% were admitted to the centralised DR-TB hospital. This approach avoided too much reliance on over-burdened hospitals" (Bedasa, 2013). Though these figures play a crucial role in telling a narrative as to how the initialisation of the study has taken with regards to contributing to end goals, there are more terrains to assess which have more resonance in considering the livelihoods of others.

A common theme was extracted from both face-to-face interviews and focus group discussions, that involvement/buy-in needed played a crucial role in the birth of this process as consultation and reasoning needed to lead in order to adequately get to directly impacting on people suffering from DR-TB. One should note that, as argued in Chapter 2 with the use of Sen's theories of public reasoning and capabilities approach which work well to complement each other, it is necessary to understand that these concepts help broaden the informational base of evaluation by

> "refocusing on people as ends in themselves (rather than treating them merely as means to economic activity), recognising human heterogeneity and diversity (through differences in personal conversion functions), drawing attention to group disparities (such as those based on gender, race, class, caste or age), embracing human agency and participation (by emphasising the role of practical reason, deliberative democracy and public action in forging goals, making choices and influencing policy), and acknowledging that different people, cultures and societies may have different values and aspirations" (Clark, 2006: 5).

This is essential to understand as it plays a crucial aspect when exploring the research questions and identifying the themes that were identified. One will recall that the research questions mentioned in Chapter 1 was to look at how public reasoning would have contributed in the evaluation process of the programme. A necessary comment to address is that with the process of decentralisation one needs to get a good buy-in from local stakeholders in order to facilitate the process. Although MSF was largely involved and had already had a good reputation in Khayelitsha with healthcare and with various nurses within the system, they still needed to run intensive collaborations with the City of Cape Town and the Provincial Department of Health in the province in order for authorisation to be granted, (Mr van Cutsem).

Lots of lobbying had to convince the province that a pilot to try combat some of the main issues of MDR-TB in Khayelitsha would help be using. This also meant that nurses working with TB patients needed to be trained with members from the Treatment Action Campaign (TAC) to help with the deliberative process and buy-in to facilitate a programme that they would mainly be dealing with not harming the community in dealing with time between diagnosis and treatment. In conjunction with the extensive lobbying campaigns and interaction with high level government stakeholders, examples were taken from Peru and somewhat from Lesotho on their outcomes of this decentralised process for this TB. A note to incorporate is how there were also vibrant discussions held with community leaders within Khayelitsha in order to show them the benefits of having a clinic closer to the people that could also help the management of procedures.

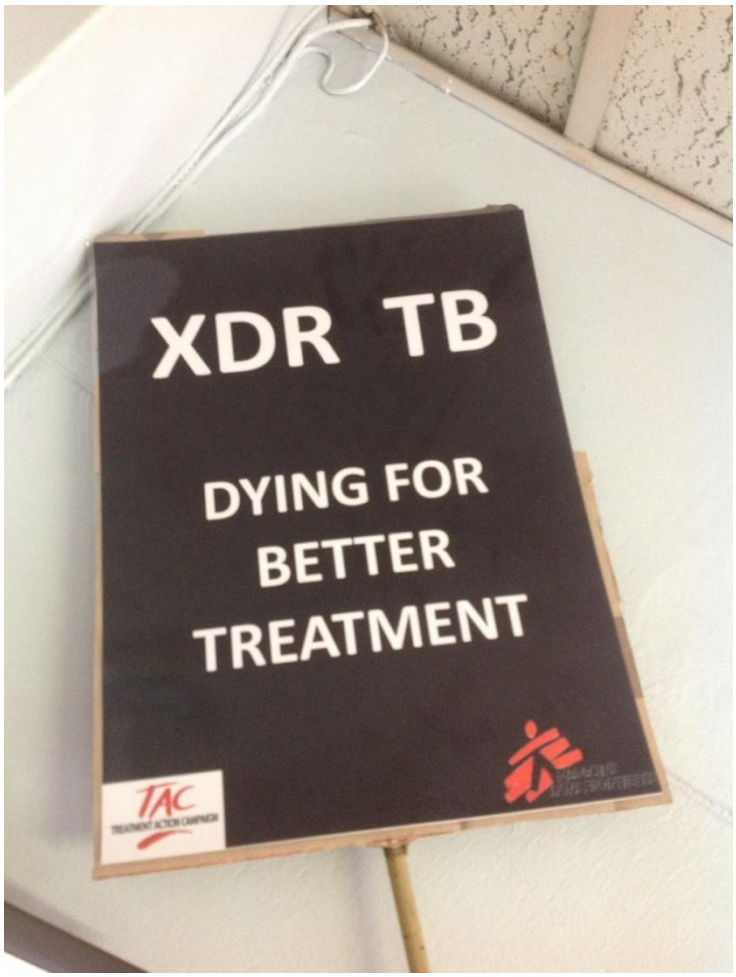
The exercise was also an educational one in that it also helped shift mind-sets of the community about TB and MDR-TB and also perceptions about the stigma associated with the illness. This community lobbying was heard by the Provincial Health Department and seen as a necessary exchange. In this, nurses felt that the process enabled a great deal of support and belief in the individual and care that this programme did not just end at the level of distribution of medication but also at an interactive level. The terms of the lobbying advocated for doing the pilot for a year and seeing the results. If nothing changed then it would cancelled. This meant though that there needed to be good support structures but also better monitoring and programme involvement from all local role-players.

Patient care did not end at the local facilities or Lizo Nobanda, but some counsellors were involved in home-based care which resulted in councillors checking up on patients at their homes, in and around Khayelitsha. Not only did this programme bring about using nurses as a vehicle to drive knowledge base about MDR-TB but they also reported instances were some patients did not have enough windows in their homes they would assist in getting builders to install windows and to drive the slogan of “Stop TB, open a window”. This shifted the level of involvement from the initial centralised programme to a more personal interactive structure that sought to give people opportunities, another value aspect within the notion of improving one’s life.

The common attribute with this is that high level involvement meant that adequate training and mentoring could be administrated and feedback loop of communication and consultation could help improve management, as a result of the second question of the research paper. An

entire process had to also get the community buy-in in order to change mind-sets about understanding the benefits of the process. Community leaders were involved in reasoning and also brought up to speed about perception and misconceived stigmas had about MDR-TB in the community. Taxi drivers were also involved and asked to be involved in community advocacy that would help with the slogan "STOP TB, open a Window".

Figure 4: A poster to drive awareness about XDR-TB



During the awareness campaigns held with the community and some of the nurses posters like the one above in *figure 4* were used to have bite size captions that people could remember about various DR-TB sicknesses. The idea for the drives assisting with involving people and educating them about the dangers of being undiagnosed for these particular DR-TB and just were help is for them with the clinics around Khayelitsha. A key point that Sen features within one of his dimensions of reasoning is that the interest of the public reasoning considering interests of all transforming a society for the better.

Sen is asserting that a just society will have certain "discursive features" that create a climate of open public discussion: freedom of information and speech, an independent media, basic civil rights, opportunities to participate in politics, and the possibility of political dissent. He argues that these discursive features provide important opportunities for citizens to exercise freedom and that the exercise of freedom leads to better outcomes. Open public discussion reinforces values that are tolerant of a variety of lifestyle and religious preferences, and it enables people to hold their leaders accountable (Kelly, 2011: 297).

The discussions in the two focus groups largely focused on the aspect around value to enable patients more capabilities to their freedom, to de-stigmatise the notion of MDR-TB/DR-TB and knowledge. As stipulated in chapter 3 around Alkire (2002a) dimensions around human development, life, knowledge and empowerment resonated amongst the caregivers. Firstly, life as a value contributed largely to creating an enabling environment for patients in order to facilitate their knowledge and capacity enhanced skills to improve the process of DR-TB.

Looking at how capabilities approached lent itself to the framework, one can already identify that nurses involved with DR-TB patients, could better manage their patients and better take care. One of the nurses' eluded that "the care is more focused at improving their status and having them here allows for that to occur". At the Lizo Nobanda Clinic, which is the first DR-TB centre in Khayelitsha, nurses explained that the training process is extremely important and deliberative in ensuring the quality passed down is done correctly and there is confident secured in nurses to process their duties well. The utilisation of the centre has been seen in a more hospilisation adaptation which is a stand-alone facility that is working and how the experience has been seen; however, there are some key requirements for hospitalisation suggested by the experience in Khayelitsha:

- "Capacity to hospitalise clinically unwell patients to start treatment without delay
- Access to appropriate medical care (nurse-led with weekly doctor visits), and good referral system to higher level health services when necessary
- Effective infection control measures to protect both staff and other patients from infection
- Proximity to the community in which patients reside, to allow ongoing family and community support

- Provision of counselling and support with access to social services for admitted patients

- Capacity for appropriate supported end-of-life care" (MSF, 2011:25)

These needs highlighted above could be fulfilled through use of district hospitals, or more effective utilisation of existing specialist TB hospitals. These requirements highlight an important concept discussed earlier on in the paper that resembles the needs that the UFE argues about focusing on the real specifics users and uses. There is a need a need "to facilitate decision making amongst the people who will use the findings of the evaluation" (www.betterevaluation.org).

It is key to understand forms of evaluating that strengthen the policy core for this programme so that a stronger culture around monitoring can be created and seen to contribute to help a larger meta-evaluation that can help with the improvement, credibility and accountability of the programme as it rolls-out in other provinces. In understanding these measures ones needs to note that within the capability approach one is able to understand a get a more "coherent framework that enables researchers to utilize diverse approaches to analyse multidimensional poverty and wellbeing in a concerted and conceptually coherent fashion" (Alkire, 2007:2).

What is evident in these results and should form a point of discussion is that throughout the process of engagement and understanding of the information received about the programme from the interviews, the stages that Sen (2009b) have been identified in the study in the study.

First, as a dimension within capability is public reasoning too where it mentions the ongoing need and drive to keep reasoning alive in order to better stimulate and extract values that bring about constructive change from stakeholders and community members. The involvement of reasoning has no boundaries in its appeal but it brings about evidence that focuses on people's values and their consumer preferences. These

One also needs to understand that within the embedded nature of participatory reasoning characteristics, this particular programme sets itself up with strong values that are within the community. When unpacking some of these one sees reasoning far more that a process that allows for sharing of viewpoints and interaction but as a mechanism to also improve dimensions. It is argued by Alkire (2008:11) that "in the case of vital functionings (or basic capabilities, or needs), an iterative participatory process can be used to identify the

appropriate dimensions and, within these, the appropriate specific indicators or activities to pursue. This may include the following:

- articulating general dimensions or goals of special importance and social influence ability (Sen 2004b);
- identifying long-term valued goals and strategies for the community concerned (i.e. using participation);
- establishing vital priorities that are feasible and instrumental to these goals in the short term;
- implementing a strategy so that negative freedoms are safeguarded and the goals and strategies can be influenced by public debate in an iterative manner; and —
- mitigating (especially vital) capability deterioration that occurs either among the community or among other groups, while still meeting important needs. This may require attention to externalities (Alkire 2002).

Within reasoning allowing greater interaction to occur pushes the level of discussion to a more profound level that evokes more than just surface level values but also, as Sen argues, other domains that may help with human development dimensions.

4.4 Discussion

It can be argued that allowing for public reasoning to occur, one enables the existence fairness to occur in the processes of deliberation and political engagements. Observing the extensive state in which theorists have presented this case, it is evident that it is a difficult area to try embedding or facilitating more grounded directions about the phenomenon. Sen (2009) however, provides for a more realistic and sophisticated approach that through his three themes, questions that should come out of the process adequately sees the process of reasoning occurring. Through the lens of the three questions/themes identified by Sen (2009) in utilising public reasoning adequately, a discussion on the results in relation to the theory is presented below.

1. ***Public reasoning involves respect for pluralism and an attitude of tolerance for different points of view and lifestyles***

A constant theme that is pushed and seen in the process of the literature review and the findings see the issues of truly understanding the difficulties of the political public health space to struggling to meet with the demands of the MDR-TB and the need for more

decentralised approaches to encompass different actors. This is seen in an article presented by Cox and Ford (2013:2) stating, "there is increasing evidence from several large-scale MDR-tuberculosis programmes of improved access to care and management through decentralisation, without compromising treatment outcomes, including programmes that have task shifted initiation of MDR-tuberculosis treatment to trained nurses". Throughout the process of the Chapter 2, there was a common thread that identifies the need to incorporate the facilitation of various bodies sharing knowledge and resources to inform good governance practice that can assist the common good of improving public health. In not relaying on one source to effectively deliver the resources, the use of various bodies to provide more efficient mechanisms to combat the state of MDR-TB allows without compromising the quality of care but necessarily improving it. As argued by the Sen's capability approach "the objective of both justice and poverty reduction (for example) should be to expand the freedom that deprived people have to enjoy 'valuable beings and doings'" (Sen, 1999a: 75) necessarily creating mechanism that can improve the process of choices and freedoms for the individual to live and have collaborative bodies to do so.

2. ***Public reasoning demands an open public discussion of issues of common concern***

The challenges around this type of TB is that not only does it serve to show how expensive administrating these drugs are to patients but in fact there a major social problems associated with these patients that inhibit their abilities to be treated. The reality of engagement by far exceeds those with basic TB; this requires a more monitored approach. Necessarily, in that form, one can then evaluate how the role of having a more decentralized approach can assist the role out to improve these issues will occur and therefore reasoning not only with nurses and stakeholders involved but also with the patients and their surroundings. In this way, patients are given an opportunity to improve their health outcomes. Understanding the need to try combat this chronic disease, MSFs involvement and presence in South Africa, was rather available to try help get stronger health systems in place to adequately assist with the barriers of assisting patients effectively and access them to health care services

3. ***Public reasoning encourages political commitment and participation of people in public action for the transformation of society, (Sen, 2005b)***

Not only does the government arena need to own its initiative in establishing mechanisms that encourage avenue for public reasoning to occur, the political atmosphere and space needs to buy-in to the entire process. Beyond taking these issues of MDR-TB to the provincial

government in the Western Cape, there is need for the political environment to take more awareness in this space and its complexities that need various organs to work with.

As explained in chapter 2 the UFE framework is well suited for this study as it goes into adopting a decentralised implementation process which touches on public reasoning as evaluative framework. What this evaluation strengthens is the argument around the parameters and questions Sen also highlights in seeking to show dimensions where one can see that public reasoning. Within this understanding one could highlight some of the key factors are seen in this evaluation, namely:

> *Useful evaluations must be designed and adapted according to the situation.* Standardized recipe approaches will not work. The relative value of a particular utilization focus can only be judged in the context of a specific program and the interests of intended users. Situational factors affect use. In conducting a utilization-focused evaluation, the evaluator works with intended users to assess how various factors and conditions may affect potential for use.
>
> *Intended users' commitment to use can be nurtured and enhanced by actively involving them in making significant decisions about the evaluation.* Involvement increases relevance, understanding, and ownership of the evaluation, all of which facilitate informed and appropriate use.
>
> *High-quality participation is the goal, not high-quantity participation.* The quantity of group interaction time can be inversely related to the quality of the process In other words, large numbers of participants do not necessarily mean that the range and quality of views will be captured. Evaluators conducting utilization-focused evaluations must be skilled group facilitators. (Patton, 1999:11)

The approaches of evaluation that involve forms of participation and stakeholder engagement that serves to bring worthwhile deliberation that serves to contribute to bring programmes that advocate empowerment to the greater good of society, that also encourages the use of political support. Evaluations are facing harder complexities and extremes of environments that are under pressure to meet with the needs of civil society. Adapting to mechanism that can speak to the situations by incorporating collaborations amongst members of the society who are affected and directly related to the outcomes, with the support of the decision-makers and policy shapers will enable the users to interact with their product.

The relevance of this particular connection is not to merely add another type of evaluation that could be related to the pilot study but to fully understand the extremities of the usability to recognise ideas around salience, reliability and credibility within this research paper.

To encourage credibility and use of evaluation results, internal evaluators might need to bring in external people, when possible, to provide another perspective on the evaluation process

CHAPTER 5

5.1 Conclusion and Recommendations

Sen's public reasoning model is an impressive evaluative tool that has been integrated implicitly within Médicins Sans Frontier Multi-Drug Resistant Tuberculosis programme. Not only has it challenged and argued the need for certain characteristics to be attributed but, it has moved towards institutionalizing development interventions. It is important to understand how the decentralised approaches work in order to better understand whether public reasoning is visible within the intervention. Not only to incorporate aspects that advocate the need for reasoning within public space in order to ensure effective service delivery initiatives, it also assists with understanding how peoples capabilities should be equally included in assessing intervention tools. It was evident that in using better informed reasoning mechanisms and more localised systems of informing and assisting with patients, the delivery of healthcare towards patients is better received. The evaluation tool not only allowed for public reasoning to be an interactive tool of deliberation but also assisted in better understanding the capability approach which is encompassed within the processes.

Understanding the role of the team at MSF had in localising the programme to reach more patients highlighted the need to try and seek to introduce systems like this for DR-TB nationwide. A consultative approach with all relevant stakeholders within the programme allows for an embedded culture to be taken up on public reasoning. Not only with this push for better buy-in for reasoning in showing that the process of pooling ideas and opportunities for all involved stakeholders should necessitate a larger scale research in forms of engagement this will necessarily allow for success stories to be contributed by the process. However, though this system has seen good outcomes with patient support and management it requires a more specialised form of assistance and infrastructure to house patients in a centralised DR-TB compound to better meet the needs of patients and emergencies. The technicalities need to be understood by the Cape Town Department of Health and taken in to consideration to better enable nurses with the best support for patients and also to meet with management demands. Secondly, the programme needs to strengthen is evaluative process in advocating public reasoning as an integral tool for improvement of interaction between stakeholders.

The study saw that within the research conducted with the interviews, there is a good alignment that kinks the methodology with public reasoning and capability approach. This is

need deeper information is gathered with the use of the literature in order to better understand implementation measures and also how decentralisation can be a stronger and richer source of information in understanding how the programme is working and what needs to be better informed in considering the realities and limitations of grassroots interactions.

Looking at public reasoning truly gave a true sense of the processes in this programme that took place and also how important evaluation framework can help with the outcomes of a design. There is a clear distinction that the process allows and needs for a democratic system to have open engagement and exchange with decision-makers who influence policy-making. That is, democracy is a system of open engagement and exchange in political decision-making. Understanding public reason as a collective capability helps us to see that the demands of mutual accountability can be stringent—more stringent than they would be in a society that lacks a collective capability for public reason" (Kelly, 2010: 295). Within this encompassed realization sits all the dimensions or characteristics that make up the outfit of decentralisation. Already mentioned within Chapter 2 however to filter this down to exactly relate to the previous chapter, it is evident that the entire process of public reasoning agrees with decentralisation so it would be a necessary component to the procedure. Main contribution to this research verified the use of public reasoning throughout the process of this decentralised approach in delivering DR-TB to patients. The true premise behind the study isn't necessarily the programme itself but just how evaluation within the sector can grow and be seen differently to empower not only the intended user (patients) but also encompass care givers more specialised training technics to be better equipped to handle this particular disease.

Sen claims that individuals to exercise their 'freedoms' have the ability to Sen's capability approach is a broad perspective that considers the person in its individuality, as a unique and free agent that has a specific conception of the good (considering different personal and social areas), and that should act according to it.

Through research this study has been able to demonstrate the need to use theory that can assist with implementing and supporting reasoning behind one procedure may be well suited to carry out good outcomes as opposed to another. The capability approach lends itself to providing practical reasons and a conceptual framework that can be particularly helpful in trying to understand and make judgments of individual advantage and social welfare. (The humbleness of this ambition is somewhat offset by Sen's claim that capability is a

fundamentally better metric than any of its competitors.) Sen highlights that his account is a general approach "concerned with showing the cogency of a particular space for the evaluation of individual opportunities and successes" (Sen 1993b, 49 original emphases) compatible with various routes to operationalization (such as Nussbaum's theory of justice).

Evaluations require making choices about how best to understand a particular case through reflecting on which information and theoretical perspectives are salient. And these choices are the responsibility of the individual doing the evaluation, not the theories concerned. They require the exercise of judgment rather than the application of a formula, and thus an active, expert, honest evaluator or spectator.

Sen believes that, with these key elements, public reasoning can encourages the flow of communication and the opportunity for government to allow political systems to be embedded in those values that carry more sustainable outcomes than those systems that do not involve public reasoning. The evidence shows that all three dimensions of public reasoning were present in the process of reaching an agreement to adopt a new policy and programme such as the programme for treating MDR-TB in Khayelitsha

By using semi-structured interviews as a form of data collection, this study highlighted and empathised with the flexibility of the sequencing of the questions as the interviews took on their own shape but were rich with information and data that would translate to providing sound results. These instrumental freedoms (dimensions) discussed in chapter 2 also serve purpose in complementing the dimensions hat he highlights about public reasoning which we were able to observe in the data analysis. These freedoms help unlock transparent nature that allows for high level participation mechanisms to help generate discussion and contribute to decision-making.

The MSF MDR-TB programme not only adopted a decentralised process that could actively engage more closely to patients requiring a closer service delivery, but it also understood the needs to create deliberative process and mentoring and training for nurses to improve management and to educate community knowledge about DR-TB. The exchange of ideas, concerns, inputs and engagement made for a more valuable exercise not only in terms of the lives of patients but also in contributing to knowledge formation. This not advocates innovative programme incentives but also serves to put more ownership of the programme into the hands of the user.

5.2 Recommendations for Research

The following recommendations are presented and served as part of the research in reasoning within the MDR-TB space:

Given that the policy of decentralised MDR-TB is one that is constantly being monitored there is a need to evaluate and assess possibility for more extensive forms of reasoning within the system. Whilst there is good practice with MSF, they should assist with ensuring government continues to ensure positive outcomes are recorded because of the project.

A larger consultation process nationally with various DR-TB health experts could also prove to provide a larger base on educational forms of mentoring programmes to be provided for nurses administrating this programme.

Comparative studies should be conducted with the KwaZulu-Natal MDR-TB programme to access some of their strengths and weaknesses, what works and what doesn't and how their process came to be. It would also be good if the study engaged with public officials from the department of health at national level to understand how policy change with incorporate some of the arguments mentioned. It is a necessary step in also evaluating government's performance in administrating the programme.

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A. Appendix

Interview structure

The Interview structure is developed in such a way that the set of questions are generic and can be applied to again as a form of verification and interrogation of credibility and assessment of the findings.

In preparation for the interviews, it was important that the familiarisation of available evaluation documentation beforehand was done. This will assist in determining where the information gaps are and therefore which questions are more relevant and/or pertinent for a specific respondent.

These interviews are qualitative, experiential, and perception-based and in many instances based on historical information. Thus, the information gathered may include subjective views and opinions. These are important and relevant as they provide a sense of how role-players viewed the evaluation process and various project deliverables. Note that the questions will also endeavour to gather information that provides a more objective account of the evaluations

This approach was taken to help guide the interview to ensure that there was theme and purpose taken throughout the process.

Some of the questions were not directly asked, as most answers came whilst either painting the picture about the programme as a more narrative than a structured interview.

Understanding the context/ background

1. Tell me about the history of the programme and how it came about?
2. What and who was involved in the decision-making process?
3. Were processes likely to consider all role-players even those with minimal influence over policy change?

Implementation

1. What mechanisms were in place to ensure the credibility and impartiality of the process?

2. Were stakeholders, including the clients and beneficiaries, consulted and given the opportunity to contribute during the evaluation process? If so, how?
3. Were the data and information collected appropriate and useful in terms of the programme?
4. What are some of the ethical considerations relevant to the sector?
    a. Were participants involved in the evaluation sufficiently protected?
    b. Were proper ethical standards and practice applied?
5. Was there a reporting protocol in place for interim and progress reporting?
6. To what extent were you involved in the management and oversight of the evaluation?

Reporting

1. Did the report provide a clear sense of the data collected, the analysis, findings, conclusions, recommendations and limitations relevant to the programme?
2. Was the data analysis well executed in your opinion?
3. Were the findings based on sufficient evidence?
4. How relevant are the findings and recommendations to the current policy context?
5. Were stakeholders engaged to provide inputs into the evaluation report(s)? If so, to what extent were these incorporated?
6. Is the report accessible to the wider public i.e. in terms of its readability and appropriateness to different audiences?

Follow-up, use and learning

1. To what extent has the pilot study been to shape policy?
    a. Are there clear policy changes proposed as a result of the pilot stud?
2. How has the process been received amongst staff?

    a. How would you describe staff understanding and being involved in the process?

3. How useful has the pilot study process, including the findings and recommendations, been for the programme?

    a. Were programme staff consulted regarding the recommendations?

    b. To what extent are programme staff committed to implementing the recommendations?

    c. What is the future of this study?

4. What, in your view, worked well in the consultation processes overall?

5. What lessons can you share from the experiences gained through the evaluation process?

6. Since there is an interest for government to take this up, what will your role be to facilitate the transition?