Request for Proposal for Study on Quality of Care for Tuberculosis Program in Uganda

Background

Although significant progress has been made to eliminate tuberculosis (TB) as a public health burden, TB still remains one of the leading causes of morbidity and mortality from an infectious disease. For instance, 1.5 million people die from TB in developing countries every year and approximately one quarter of AIDS-related deaths are due to TB. Despite the substantial progress made to achieve a world free of TB, WHO estimates that almost 3 million cases are missed each year – not diagnosed, treated or reported to National TB Program. Additionally, the rapid emergence of multi-drug resistant TB (MDR-TB) has the potential of reversing the two decades of progress mitigating the impact of TB.

Uganda has a significant burden of TB infection with an estimated TB prevalence rate of 253 per 100,000 and an estimated incidence rate of 234 per 100,000 according to the national community-based TB disease prevalence survey conducted in 2014-15. The evidence of high prevalence of TB across age groups in Uganda suggests that TB transmission is still widespread despite implementation of the Stop TB Strategy. In 2016, Uganda’s treatment coverage rate was 52% (nationally) and the case fatality ratio was of 0.32. Case finding is increasing due to improved access to TB microscopy through better TB presumptive examination, engagement of the private sector health care providers, and an improved community referral system. The cohort of 41,516 new and relapses cases registered in 2015 had a treatment success rate of 75% and a cohort of 214 MDR-TB and Rifampicin-resistant TB (RR-TB) cases started on second-line treatment in 2014 had a treatment success rate of 71%. Finally, antiretroviral therapy (ART) coverage for TB/HIV co-infected individuals is high: 90% of HIV-positive TB patients were on ART in 2016.

Globally, prompt detection and appropriate treatment of patients is a central strategy and approach to control the disease and is the centrepiece of most national TB program strategies in high burden countries. Successful treatment resulting in cure is possible when the correct drug regimen is administered completely. In response, TB programs are increasing their efforts to improve the quality of diagnosis, care, and treatment in addition to the focus on improving access to TB care. Improving basic standards of TB care can attract more clients by ensuring the clients or patients receive the care that they deserve and that providers offer better services, improve adherence, diagnosis and treatment, and reduce the lost to follow-up rate – ultimately contributing to reducing the burden of TB disease. Uganda sets out to conduct a study on the quality of care for tuberculosis management to provide actionable results for future program interventions.

Collaborating Partners

The Study on Quality of Care for TB program is being implemented in Uganda by MEASURE Evaluation, a USAID funded project, in collaboration with the Ministry of Health through the National Tuberculosis and Leprosy Control Program (NTLP).

Study Objectives
The success of universal health coverage and the End TB Strategy at the country level and worldwide will depend on (1) the service capacity of facilities to provide the TB and co-morbid services, (2) the management systems to support a minimum standard of quality for TB related services, and (3) the capacity of the TB and/or health sector logistics systems to provide a reliable and uninterrupted supply of the commodities required, as well as minimize the risk of transmission that may expose patients to danger.

The purpose of this study is to measure the quality of care for a TB services at the selected facilities and to provide actionable results for the NTLP to develop strategies and interventions to improve TB service delivery.

The study objectives are to:

- Assess the current condition of TB care regarding the availability of skilled providers, equipment, and organizational structure
- Determine the quality of TB services provided by facilities and the necessary gaps to fill in order to improve quality
- Assess provider competencies and patient satisfaction
- Evaluate the clinical outcomes of patients receiving TB care
- Determine the prevalence of the different dimensions of TB stigma among patients and health workers
- Assess the effect/consequences of TB stigma (delay in seeking care for TB symptoms, concealment of TB disease, poor treatment adherence, etc.) on health-seeking behavior

**Study Design**

An underlying consideration in the design of this study is that patients’ perceived satisfaction influences service utilization and, eventually, their health outcomes. As a result, the study design seeks to conduct a facility audit, interview TB providers and clients receiving TB services, and conduct a review of facility and patient records.

**Tools:** Four tools will be administered for the purpose of this study:

1. Health facility audit/checklist - approximately 1.5-2 hours long
2. Service provider interview - approximately 30-40 mins long
3. Patient interview - approximately 30-40 mins long
4. Record review which includes extraction of data using the appropriate registers to record patient outcomes and services provided - approximately 3-4 hours

These tools will be customized to the terms used and other language particularities of the local context (including potential translations into local languages), and will include modules focused on stigma and contact tracing (whether these modules will be kept separate from or be integrated within the four tools will be decided after discussions with the NTLP and USAID Mission).

**Study Location:** The study will take place in 10 districts in USAID-supported zones and 10 districts in non-USAID-supported zones. The 10 districts from USAID-supported zones are: Rukungiri, Kiruhura,
Ntungamo, Mitooma, Mbale, Butaleja, Gulu, Lamwo, Iganga, and Kamuli. A total number of 100 facilities have been proportionately sampled from these 10 districts (based on each district’s total number of facilities). The 10 districts from non-USAID-supported zones are: Hoima, Bundibugyo, Buliisa, Kalangala, Bukomansimbi, Arua, Adjumani, Buikwe, Luwero, and Mubende. A total number of 100 facilities have likewise been proportionately sampled from these 10 districts.

**Sampling:** The study used a dual-frame sampling to identify study facilities. Firstly, a listing of large health facilities providing TB-related services was used wherever it existed – either based on a master facility list or a list available at the NTLP office. Secondly, the NTLP and other relevant authorities or stakeholders helped to identify other TB service delivery points that satisfied the criteria, and these were numerated. The sample includes 200 facilities (including regional referral hospitals in the selected zones): 100 facilities from USAID-supported zones and 100 facilities from non-USAID-supported zones.

Within the selected facilities, service providers will be randomly selected for interviews while exit interviews will be conducted with 4-5 patients per facility who visit on the data collection day.

MEASURE Evaluation and the NTLP will work with the successful Local Research Organization (LRO) to finalize the sampling of the facilities, service providers, and patients for exit interviews.

**Activities and Responsibilities for the Local Research Organization (LRO)**

The LRO has overall responsibility for organizing and managing the field activities for the survey, in coordination with MEASURE Evaluation and the NTLP. The LRO will be directly responsible to the Principal Investigator and designated coordinator from the NTLP while the in-country MEASURE Evaluation Survey Manager may be directed to provide oversight functions on the LRO. The LRO is expected to be very well informed about the current clinical TB experience within the Ugandan healthcare system and have a strong knowledge of the NTLP’s policies and guidelines.

Specifically, the LRO will be responsible for the following activities:

1. **Country adaptation of the study’s generic data collection tools**
   - Adapt the existing generic tools to the Ugandan context according to the national TB guidelines – especially for TB algorithm screening and diagnosis, infection control, treatment, and drug regimen to support country standards
   - Work collaboratively with the NTLP, MEASURE Evaluation, and USAID/Uganda to adapt the generic tools and develop a field implementation manual. Most importantly, the LRO will be required to have face-to-face interactions with the NTLP in this process
   - Translate the tools into local languages other than English as needed

2. **Obtaining Institutional Review Board (IRB) approval**
   - Obtain relevant IRB approval(s) in Uganda
   - Obtain other permissions and/or authorizations from governing bodies (if required)

3. **Survey set-up**
• Identify potential data collectors and supervisors for training – data collection teams will consist of 1 supervisor and 3-4 enumerators (number of teams and background required will be provided by MEASURE Evaluation and the NTLP)

• Arrange for the selected persons to be available for the main training and data collection

4. Pretest

• Work with MEASURE Evaluation to prepare tablets with software and download the electronic data collection forms
  o Generic e-tools have been developed in SurveyCTO to work with Android tablets
  o Tablets should have at least an 8" screen (e.g., LG GPad F 8.0 with dimensions 8.29" x 4.89") in order to properly display the questions

• Pretest all the data collection tools to check that the questions work as intended and are understood by potential participants of this study
  o The first pretest will be occur at least 6 weeks before training to allow sufficient time to update and re-test the e-tools if necessary
  o LRO staff that will be assigned to this study will conduct the first pretest of the tools (hard copies first, then e-tools)
  o Additional pretests may be conducted based on the outcome of the first pretest and if time allows

• Arrange all logistics for pretest, including:
  o Coordinate with the NTLP and other stakeholders (as needed) for their participation
  o Send introduction letters to facilitate access to facilities for pretest
  o Conduct the pretest in selected sites (the pretest location should be selected in collaboration with the NTLP and should not include any of the study locations or facilities)
  o Revise tools based on feedback
  o Re-test any new version of the e-tools

• Any other tasks requested by MEASURE Evaluation to fulfill the requirements of the protocol

5. Training

• Arrange all logistics for the main training, including:
  o Coordinate with the NTLP and other stakeholders (as needed) for their participation
  o Send introduction letters to facilitate access to facilities for training practice
  o Print all questionnaires and training documents
  o Arrange venue and supplies, including tablets loaded with SurveyCTO software
  o Finalize selection of data collectors, team leaders, and Field Supervisors
  o Collaborate with NTLP and MEASURE Evaluation to facilitate training and practice sessions

• Allocate 5-7 days for training, including 1 day practice/pretest at selected sites (the practice location should be selected in collaboration with the NTLP and should not include any of the study locations or facilities)

• Training should include sufficient time to cover:
  o General TB concepts and Uganda TB context
In-depth coverage of the data collection tools, including practice administering them in class and via fieldwork
- Responsibilities of the enumerators, field supervisors, and other study staff
- Elaborate on your training plan, exploring the feasibility of central training or whether training in multiple locations is needed
- Any other tasks requested by MEASURE Evaluation to fulfill the requirements of the protocol

6. Fieldwork
- Arrange all logistics for fieldwork, including:
  - Communicate with local authorities about the survey and ensure teams receive supporting letters and facilities are informed of the upcoming survey
  - Ensure availability of necessary cash and copies of data collection instruments to implement fieldwork
  - Make fieldwork assignments
  - Develop fieldwork schedule and make recommendations for changes in order to improve the logistics and efficiency of the field activities to the survey TA and MEASURE Evaluation
  - Supervise fieldwork, using agreed upon tools
- Any other tasks requested by MEASURE Evaluation to fulfill the requirements of the protocol

7. Data management
- Enter all survey data in SurveyCTO during data collection using Android tablets or enter it via a web browser after each site visit
  - If, for any reason, it is not possible to enter data in SurveyCTO, the data should be entered onto Excel and the worksheets submitted to the MEASURE Evaluation team
- Follow data management activities in collaboration with MEASURE Evaluation
  - Ensure data quality checks are carried out as per the protocol – monitor data quality during data collection both manually and electronically
  - Identify possible data errors and develop a system for making corrections as needed
  - Ensure fieldwork is in full adherence to the protocol, including checking questionnaires for completeness prior to sending for data processing or submitting to the server
  - Clean and fully label dataset in STATA – provide clean Do Files and data files
  - Create codebook or any other data documentation for data analysis
- Any other tasks requested by MEASURE Evaluation to fulfill the requirements of the protocol

8. Analysis and report writing
- Contribute to the data analysis under the direction of MEASURE Evaluation and review the draft report in order to contextualize reports and make sure that interpretations and conclusions align with NTLP strategic plan and interventions
• Provide a synopsis on quality of care in East Africa and Uganda as part of the background for the report
• Any other tasks requested by MEASURE Evaluation to fulfill the requirements of the protocol

9. Budget
• Fill out the MEASURE Evaluation TB Quality of Care Study LRO Budget sheet (Excel file) either by downloading it if it is available as an attachment, or by requesting it by email from measure_project@jsi.com with subject line: “Request TB-QTCA Budget for Uganda LRO”
• Exclude any costs related to dissemination of final study results
• Remember to factor in the data cleaning and quality checks. The in-country team will be required to monitor the data entry daily
• Include costs to cover contingency plans for unexpected circumstances that may arise during training or data collection

Timing

Final dates will be agreed upon once the successful LRO is identified, and will depend on IRB approval timeline constraints. However, a general timeline is below:

1) Tool customization, including pretest, and IRB Approval – estimated duration: 8 weeks
2) Preparation for data collection, including training – estimated duration: 6 weeks
3) Data collection – estimated duration: 8 weeks
4) Data analysis and reporting – estimated duration: 6 weeks

The implementation period will begin once the LRO has been selected. LRO candidates are requested to submit a timeline based on the above activities and an expected start date.

Deliverables
• Timeline of activities
• Field implementation manual
• Signed contract and agreement between MEASURE Evaluation/JSI and LRO
• Final list of sampled facilities and description of the sampling procedures for service providers and patients as well as guidance for the register review
• Final questionnaires based on the comments and suggestions from pre-test (print and electronic forms as appropriate)
• Letters of IRB approval from the local equivalent of an ethics committee and JSI internal review board endorsing the study
• Training report for the data collectors and supervisors
• Report describing pre-test results, data collection procedures, supervisor observations/comments, and limitations/problems encountered
• Report on the data collection including facilitating and hindering factors
• Cleaned and fully labeled dataset (on CD or submitted electronically) in STATA (including Do Files) and track changes
• A copy of any other data documentation for data analysis and entry
• Background section of the draft report including literature review on East Africa/Uganda quality of TB care programs
• Review of the finalized draft report with track changes and comments

Selection Criteria for Proposals:

Proposals will be reviewed based on their overall technical merit. The following criteria will be used to evaluate proposals:

• Demonstrated capacity and experience of the organization to conduct similar surveys and to complete activities within the stipulated timeline
• Qualifications and experience of key survey personnel
• Experience in use of electronic platforms for data collection and availability of electronic equipment for data collection
• Budget clarity and justification

Quotation

Interested and qualified LRO candidates should present bids directly to MEASURE Evaluation. All bids must be received no later than October 19th, 2018. Bids may be submitted electronically to measure_project@jsi.com. Alternatively, proposals may be mailed or faxed to:

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Bids are to include:

• A detailed description of the proposed activities (pretest and tool revision, training, monitoring of the fieldwork, data quality assurance, etc.)
• A detailed budget
• Résumés of the key personnel of the organization
• Provide experience in the use of electronics or tablets in data collection
• Provide knowledge/experience in provision of TB services within Uganda
• Statement of organizational capacity, including reports of similar surveys coordinated in the past six months (preferably) or in the past year