



Request for Proposal: Quality of TB Services Assessment (QTSA) in Ethiopia

1. Introduction

1.1. Background

Although significant progress has been made towards ending tuberculosis (TB) as a public health burden, TB is still one of the leading cause of mortality in the world. Specifically, more than 1.8 million people die from TB every year and approximately one quarter of human immunodeficiency virus (HIV)-related deaths are due to TB.¹ Despite intensified worldwide efforts to diagnose and successfully treat TB patients, the World Health Organization (WHO) estimates that almost 3 million cases are missed each year – not diagnosed, treated or reported to National TB Programs (NTP). Additionally, the rapid emergence of multi-drug resistant TB (MDR-TB) has the potential of reversing the two decades of progress that has been made mitigating the impact of TB.

Prompt detection and appropriate treatment is a central strategy and approach to control TB, and is the centerpiece of most national TB program strategies in high burden countries. Tuberculosis can successfully be treated and cured through effective interventions, including in resource-limited settings. NTPs are increasing their efforts to improve the quality of TB diagnosis, care and treatment services in addition to improving access to TB care. Improving basic standards of TB care can attract more clients by ensuring the clients receive the care that they deserve. In addition, quality services help to improve adherence, diagnosis and treatment and reduce lost to follow-up rate ultimately contributing to reducing the burden of TB disease, including drug resistant TB (DR-TB). An improved understanding of what constitutes quality of care in TB programs would enhance the provision of integrated patient-centered TB care.

1.2. Ethiopian Context

Ethiopia is one of the 30 high TB, HIV/TB and MDR-TB burden countries in the world. Although both TB prevalence and incidence rates have been showing a steady decline, TB remains a major public health problem claiming thousands of lives each year. According to the first population based national prevalence survey conducted in 2011/12, the prevalence rate of all forms of TB for all groups in Ethiopia was found to be 240 per 100,000². The incidence of all forms of TB was 247 per 100,000 in 2012 but had fallen to 164 per 100,000 population, according to a 2018 WHO report³. During the year 2010/11, 159,017 TB cases were notified to the national programme in Ethiopia. Among these, 151,866 (95.5%) were new cases⁴. The current 2013/2014-2020 National TB and Leprosy Strategic Plan envisions an end

¹ World Health Organization. Global Tuberculosis Report 2015. Geneva, Switzerland.

² Revised Strategic Plan Tuberculosis, TB/HIV, MDR-TB and Leprosy Prevention and Control 2006-2013 EC (2013/14-2020)

³ Global tuberculosis report 2018. Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0 IGO.

⁴ Gibrekidan, Gezahegn. et al, "Quality of Tuberculosis care in Private Health Facilities of Addis Ababa, Ethiopia", *Tuberculosis Research and Treatment*, Vol 2014, Article ID 720432, 9 pages.



to the TB epidemic in Ethiopia and aims to reduce the TB prevalence rate by 35%, TB incidence rate by 30% and TB mortality rate by 45% between 2013 and 2020.

The Strategic Plan targets have placed a strong emphasis on improving quality of care. This study will help to establish the level of quality of TB care provided and inform actions and interventions to improve the quality of TB care in Ethiopia going forward.

2. Collaborating Partners

The Quality of TB Services Assessment (QTSA) is being designed and implemented by MEASURE Evaluation, a USAID funded project, and the Ministry of Health through the National Tuberculosis Control Program (NTP). The study protocol is developed by MEASURE Evaluation and the National Tuberculosis Program in Ethiopia.

3. Research Purpose and Objectives

The purpose of the study is to measure the quality of TB services for the national program at selected health facilities and use the results to develop programs or interventions to improve TB service delivery.

The study will assess the quality of TB services in randomly selected health facilities in Ethiopia to inform national efforts to ensure that TB patients receive the care they deserve. The study's primary focus is to assess three domains of quality of care, i.e. the structure of the health facility, the process, and outcomes. The structure is concerned with the setting under which TB care is delivered and includes materials and human resources as well as the organizational structure; while the process denotes what actually is done in giving and receiving TB care. The last domain is the outcome dimension, which deals with patient recovery, survival and adherence to treatment plan.

3.1. Objectives

- Assess the current condition of TB care (including screening, infection control practices and implementation status) in terms of the availability of skilled providers, equipment and organizational structure at the facility and community levels
- Determine the quality of TB services provided by facilities and identify important gaps to improve the quality
- Determine the quality of TB services provided at the community level and the gaps to improve the quality
- Assess provider competencies and patient satisfaction
- Evaluate the treatment outcomes of patients receiving TB care
- Provide recommendations focused on interventions to improve service quality

4. Study Design



This is a cross-sectional study and will be conducted in selected TB diagnostic and treatment facilities in all 11 regions of Ethiopia. Approximately 128 health facilities will be sampled to generate a national estimate for key indicators that measure quality of TB care. The 128 health facilities will be spread across 11 regions and randomly selected through multistage stratified sampling design. With the sample size, the analysis will not provide regional or lower level estimates.

The study design consists of a facility audit, interview of TB providers and clients receiving TB services, and a review of facility 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 minutes long
3. Patient interview - approximately 30-40 minutes 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 translated into Amharic and other local languages as appropriate. The tools will also be customized to the local terms and context as needed in consultation with the NTP and USAID Mission.

MEASURE Evaluation and the NTP will work with the successful Local Research Organization (LRO) to finalize the sampling of the facilities.

5. Activities and Responsibilities for the Local Research Organisation (LRO)

MEASURE Evaluation, JSI seeks to hire a local research organization (LRO) or academic partner in Ethiopia to implement this study in collaboration with investigators at the MEASURE Evaluation, JSI and NTP. Working under the supervision of MEASURE Evaluation and the NTP, the LRO has the overall responsibility of implementing the survey including, training interviewers, conducting data collection, and data entry as well as contributing to the data analysis and dissemination as well as providing contextual information relating to the fieldwork.

The LRO will be directly responsible to the Principal Investigator from MEASURE Evaluation, JSI and designated coordinator from the NTP as well as an in-country MEASURE Evaluation Survey Manager who may be present to provide oversight functions to the LRO during critical points during the study implementation.

The LRO is expected to be very well informed about the current clinical TB experience within the Ethiopian healthcare system and have a strong knowledge of the NTP policies and guidelines. It is highly desirable that the LRO has experience using SurveyCTO to design forms and monitor data collection real time.

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 Ethiopian context according to the national TB guidelines – especially for TB algorithm screening and diagnosis, infection control, treatment, and drug regimen to support country standards. Most importantly, the LRO will be required to have face-to-face interactions with the NTP during this process.
- Work collaboratively with the NTP, MEASURE Evaluation, and USAID/Ethiopia to develop a field implementation manual.
- Translate the tools and consent forms into Amharic and other local languages as needed.

2. Obtaining Institutional Review Board (IRB) Approval

- Obtain relevant IRB approval(s) in Ethiopia. The LRO is responsible for avoiding any conflict of interest and/or appearance thereof, for all its investigators and staff who will be involved in this study.
- Obtain other permissions and/or authorizations from governing bodies such as regional health bureaus as required.

3. Identify Survey Team

- Identify potential data collectors and field 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 NTP)
- Arrange for the selected persons to be available for the training and data collection.

4. Sampling Frame

- Finalize the study sampling design
- Develop sampling frames
- Finalize the sample selection

5. Pretest

- Work with MEASURE Evaluation to prepare tablets with software and download the electronic data collection forms
 - Generic e-tools have been developed in SurveyCTO to work with Android tablets
 - 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 the study
 - The first pretest will occur at least 6 weeks before training to allow sufficient time to update and re-test the e-tools if necessary
 - LRO staff that will be assigned to the study will conduct the first pretest of the tools (hard copies first, then e-tools)
 - Additional pretests may be conducted based on the outcome of the first pretest and if time allows
- Arrange all logistics for pretest, including:
 - Coordinate with the NTP and other stakeholders (as needed) for their participation
 - Send introduction letters to facilitate access to facilities for pretest



- Conduct the pretest in selected sites (the pretest location should be selected in collaboration with the NTP and should not include any of the study locations or facilities)
- Revise tools based on feedback
- Re-test any new version of the e-tools
- Any other tasks requested by MEASURE Evaluation to fulfill the requirements of the protocol

6. Training

- Arrange all logistics for the main training, including:
 - Coordinate with the NTP and other stakeholders (as needed) for their participation
 - Send introduction letters to facilitate access to facilities for training practice
 - Print all questionnaires and training documents
 - Arrange venue and supplies, including tablets loaded with SurveyCTO software
 - Finalize selection of data collectors, team leaders, and Field Supervisors
 - Collaborate with NTP 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 NTP and should not include any of the study locations or facilities)
- Training should include sufficient time to cover:
 - General TB concepts and Ethiopia TB context
 - Use of SurveyCTO and tablets
 - 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

7. 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, copies of data collection instruments and field implementation manual for data collectors and supervisors 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
- Set up a mechanism for ensuring quality data are collected during data collection
 - Set up group forum for sharing frequently asked questions (such as google group forum or WhatsApp group)



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

8. 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

9. Analysis and Report Writing

- Contribute to the data analysis under the direction of MEASURE Evaluation
- Review the draft report including contextualizing findings with field observations and ensure that interpretations and conclusions align with NTP strategic plan and interventions
- Draft a synopsis on quality of care in East Africa and Ethiopia as part of the background for the report
- Any other tasks requested by MEASURE Evaluation to fulfill the requirements of the protocol

10. Budget

- Fill out the MEASURE Evaluation Quality of TB Services Assessment 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 QTSA Budget for Ethiopia LRO”
- Exclude any costs related to dissemination of final study results from the budget
- 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, e.g. data collector dropout, delays, return visits, etc.

6. 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 provided below:

- 1) Tool customization, 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 cleaning, analysis and reporting – estimated duration: 12 weeks

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

7. Deliverables

- Timeline of activities
- Final data collection tools and consent form translated into Amharic and local languages (as needed)
- Field implementation manual
- Signed contract and agreement between MEASURE Evaluation, JSI and LRO
- Letters of IRB approval from the local equivalent of an ethics committee and JSI internal review board endorsing the study
- Sampling frames:
 - List of facilities that provide TB services
 - A list of geographically defined areas that cover the entire health system or program (for example, census enumeration areas)
- 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)
- Training report for the data collectors and supervisors training
- Report describing pre-test results, data collection procedures, supervisor observations/comments, and limitations/problems encountered
- Weekly and final report on 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/Ethiopia quality of TB care programs
- Review of the finalized draft report with track changes and comments

8. 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

9. Quotation

Interested and qualified LRO candidates should present bids directly to MEASURE Evaluation. All bids must be received no later than 17:00 EDT on **March 13, 2019**. Bids may be submitted electronically to measure_project@jsi.com. Alternatively, proposals may be mailed or faxed to:

Alec Moore
16th Floor, 1616 N. Fort Myer Drive
Arlington, VA 22209
USA

Tel: +1 703.528.7474

Fax: +1 703.528.7480

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 Ethiopia
- Statement of organizational capacity, including reports of similar surveys coordinated in the past six months (preferably) or in the past year