



Request for Proposal to Study Quality of Tuberculosis Care in the Philippines

Background

Although significant progress has been made to eliminate TB as a public health burden, TB still remains one of the leading causes of morbidity and mortality from an infectious disease. For instance, 1.8 million people die from TB in developing countries every year and approximately one quarter of HIV related deaths are due to TB.¹ 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 Programs. 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.

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 of 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 lost to follow-up rate ultimately contributing to reducing the burden of TB disease.

Collaborating Partners

The Study on Quality of Care for TB program is being designed and implemented by MEASURE Evaluation, a USAID funded project and the Department of Health through the National Tuberculosis Control Program (NTP). The study protocol is developed by MEASURE Evaluation and the National Tuberculosis Program in Philippines.

Study Objectives

The success of universal health coverage and end TB 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 infection that may expose patients to danger.

The purpose of this study is to measure the quality of care for a TB program at the selected facilities and to provide actionable results for the NTP and funding agencies to develop program or 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 necessary gaps to fill to improve the quality
- Assess the provider competencies and patient satisfaction
- Evaluate the clinical outcomes of patients receiving TB care
- Provide recommendations based on the study's results

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 review facility and patient records.

Study Location: The study will be conducted in the Philippines to provide national estimates for key quality of TB care indicators to support decision-making. The regions and provinces or highly urbanized cities will be randomly selected to include a total of 6 regions and 18 provinces or highly urbanized cities.

Sampling: The study will use a dual-frame sampling to identify study facilities. Firstly, a listing of large health facilities providing TB-related services will be used wherever it exists either based on a master facility list or a list available through the National TB Program. Secondly, the National TB program and other relevant authorities or stakeholders will help to identify other TB service delivery points that satisfy the criteria that will be enumerated. The sample will include roughly 180 - 200 facilities. Within the selected facilities, 2-3 service providers per facility will be randomly selected for interviews and 3-4 exit interviews with TB patients on the data collection day.

MEASURE Evaluation and the NTP will work with the successful Local Research Organization to finalize the sampling of the facilities, service providers, and patients to be selected for exit interview.

Activities and Responsibilities for the Local Research Organization

The Local Research Organization has overall responsibility for organizing and managing the field activities for the survey, in coordination with MEASURE Evaluation and the NTP. The Research Organization will be directly responsible to the Principal Investigator and Co-Principal Investigators or through its representatives from the NTP while the in-country MEASURE Evaluation Survey Manager may be directed to provide oversight functions of the Local Research Organization. The local research firm will be required to participate or attend local or online meetings to provide updates to the study technical management team or on other topics as needed.

Specifically, the Local Research Organization will be responsible for the following activities:

1. Country adaptation of data collection tools

- The tools should be adapted according to the national TB guidelines especially for TB algorithm screening and diagnosis, infection control, treatment and drug regimen to support country standards. In addition, the local research firm will prepare a field implementation manual. This will be done in collaboration with NTP and MEASURE



Evaluation. Tools that need to be translated into local languages other than English are also the responsibility of the Local Research Organization.

2. Survey Set-up

- Work collaboratively with NTP and MEASURE Evaluation to obtain technical approval and necessary ethic approvals from relevant institutions (National, Regions or Hospitals)
- Identify, hire, organize and train interviewers and supervisors and arrange for the selected persons to be available for the pretest, main training and data collection. The training will be conducted collaboratively with MEASURE Evaluation and NTP.

3. Pretest, training and fieldwork

- Work with MEASURE Evaluation to prepare tablets with software and download electronic data collection forms.
- Arranging all logistics for pretest and main training, including
 - Coordination with NTP and other stakeholders such as but not limited to the regional, provincial/city health offices for their participation and introduction letters to facilitate access to facilities for training practice
 - Printing all questionnaires and training documents
 - Arranging venue and supplies
 - Collaborate with NTP and MEASURE Evaluation to facilitate the training and practice sessions
 - Conduct the pretest in the selected sites. The pre-test location should be selected in collaboration with NTP and should not include any of the study location or facilities
 - Revise the tools based on feedback
 - Final selection of data collectors, team leaders, and Field Supervisors
- Arranging all logistics for field work including
 - Field Logistics and planning
 - Communicate in coordination with NTP, study co-PIs and with the Regional, Provincial/City and Municipal health offices about the survey and ensuring teams receive supporting letters and facilities are informed of the upcoming survey
 - Ensuring availability of necessary cash and copies of data collection instruments to implement field work
 - Making field work assignments
 - Developing field work schedule and making recommendations for changes in order to improve the logistics and efficiency of the field activities to the survey TA and MEASURE Evaluation
 - Data collection
 - Ensuring data quality checks are carried out as per the protocol
 - Ensuring field work is in full adherence to the protocol, including checking questionnaires for completeness prior to sending for data processing
 - Supervision of field work, using tools agreed upon
 - Identify possible data errors and develop a system for checking and making corrections as needed
 - Perform quality checks and clean the database



- Spot-check the data entry regularly.

4. Data Management, Analysis and Report Writing

- Data management
 - Identify possible data errors and develop a system for checking and making corrections as needed
 - Perform quality checks and clean the database
 - Clean and fully label data set in SPSS and/or STATA
 - Create a codebook and any other data documentation for data analysis
- Analysis and report writing
 - Contribute to the data analysis and review the draft report in order to contextualize the results and ensuring the interpretations and conclusions align with the NTP strategic plan and interventions
 - Provide synopsis of literature on quality of care of TB program in Asia and Philippines as part of background to the report.

Timing

Final dates will be agreed upon once the successful Local Research Organization is identified; however, the implementation period is between December 2017 and June, 2018. It is expected that the data collection should be completed by not later than March 31, 2018 and the data received by MEASURE Evaluation no later than April 15, 2018. Research organizations are requested to submit a timeline based on the above activities.

Deliverables

- Timeline of activities
- Field implementation manual
- Signed contract and agreement between MEASURE Evaluation/JSI and Local Research Organization
- Final list of sampled facilities and description of the sampling procedures for service providers and patients as well as guidance for the record 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 data set in SPSS and/or STATA (with do files in track changes)
- A copy of the codebook and any other data documentation for data analysis as well as comments on the draft report



Selection Criteria for Proposals:

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

- 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 platform for data collection and availability of electronic equipment for data collection
- Feasibility of proposed work plan and timelines
- Budget clarity and justification

Quotation

Interested and qualified research organizations should present bids directly to MEASURE Evaluation. All bids must be received no later than December 8, 2017. 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 field work, data quality assurance, etc.) and timeline
- Detailed budget; ; including explanatory budget notes, your organization's DUNS number (if applicable), and a copy of latest organizational financial audit;
- Résumés of the key personnel of the organization;
- Provide experience in the use of electronics or tablets in data collection
- Statement of organizational capacity including: 1) reports of similar surveys coordinated in the past six months (preferably) or in the past year and (2) contracts from major international donors, including references if available.