

S.No	Questions/Clarification sought	Response of TIFA
1.	Has the geographies for this project identified? If yes, could you please share.	No. Geographies are not pre-determined. The applicant may propose geographies in its response.
2.	Will the staff at TPT clinics (during the pilot phase) at corporate hospitals be proposed from project? or it will be leveraged from the hospitals?	The applicant may propose an appropriate approach keeping in mind requirements for sustainable interventions.
3.	The TPT centers to be created in all five interventions districts (one each) or it may create in one district and scale up to additional districts?	The applicant should propose TPT centers in at least five health facilities per district followed by scale-up to more facilities in the district.
4.	Can you please share the definitive and most current list of districts designated as non-PPSA for the purpose of this Request for Application?	Districts will be finalized during a later co-design process. For the purposes of the RFA response, you may propose illustrative districts.
5.	Regarding the establishment of TPT Clinics, what is the proposed cost-sharing mechanism for physician consultation fees, X-ray testing and IGRA testing? Will this cost be borne by the project budget, or will it be chargeable to the private patient by the Hospital/TPT clinic? Outlining the current thinking will help with appropriate service delivery design.	We expect that for the NTEP integrated model, the cost can be borne by the project, while for the TPT clinic model, the cost will be borne by the beneficiary.
6.	Can you clarify the full scope of the door-to-door delivery mechanism? Is this service strictly limited to the delivery of TPT drugs and, or can virtual/tele-consultations, diagnostics, also be included within the ambit of the doorstep delivery model?	The agency should propose a cost-effective way to offer TPT/TB screening and medicine delivery and any associated services at the beneficiary's doorstep, at least.
7.	Given that provider incentives are a consistent challenge when engaging with the private sector, what specific mechanisms, financial or non-financial, are proposed to ensure sustained motivation and participation from private providers?	The agency is expected to propose a mechanism for financial and/or non-financial incentives in their response. Final approaches will be defined in consultation with NTEP during a future co-design activity with the successful applicant. .
8.	The 12-month award period, which includes both the pilot and scale-up transition phases, presents a very short window for achieving sustained behavioural change and meaningful engagement from private healthcare providers. Could TIFA clarify if there is a potential window of opportunity, either under the current RFA or through subsequent funding mechanisms, to provide a longer-term horizon (e.g., beyond 12 months) that would be essential for securing durable and meaningful private provider participation?	The duration is 12 months.

9.	RFP Text- “Develop and implement a user-friendly tele-platform and integrated tools for virtual counselling, home-based screening appointment scheduling, automated reminders, and simplified digital reporting.” Can you elaborate on the tele-platform expectation. Are you seeking development of an entirely new tele-platform, or the expansion/integration of any existing tele-counselling or digital support systems already in use?	Applicants should propose use of existing platforms if feasible, but may propose alternatives with a compelling argument for their need, use and sustainability.
10.	RFP Text- “Establish mechanisms to monitor key activities (e.g., medication delivery, appointment scheduling) ensuring integration with the Ni-kshay platform.” And also “Timeliness and completeness of TPT reporting from the private sector into the Ni-kshay system.” Could you clarify the level of integration with Ni-kshay that is expected? Also, are there any prior success stories from the private sector that you would consider examples of ‘successful’ Ni-kshay integration	Medicine delivery should be reported through the current digital reporting platform used by the NTEP. Existing data points about TPT in the Ni-kshay should be considered for reporting purposes. Any external reporting mechanism is discouraged, but if used, integration with the Ni-kshay should be ensured. E.g. medication delivery or appointment scheduler system.
11.	RFP Text- “Activate a secure TPT drug supply chain mechanism to distribute TPT to the TPT Clinics/ Chemists and doorstep delivery of NTEP-provided, free TPT medications to beneficiaries.” And also under Expected Results: “A reliable mechanism is established, ensuring doorstep delivery of free TPT drugs to patients or private providers. “Could you please clarify the expectations regarding the TPT drug supply chain? Specifically: <ul style="list-style-type: none"> <li>• Are you envisioning a fully new, standalone supply chain model, Or building on existing NTEP private-sector drug distribution channels (such as those used under PPSA)?And</li> <li>• Should the implementing partner physically manage last-mile delivery, or design operational systems that NTEP or private facilities can eventually run independently?</li> </ul>	Applicants may propose to use delivery partners to build the system to supply free TPT to private health facilities and the patient's doorstep (Beneficiary should bear the transportation cost for doorstep delivery of free TPT medicine). All systems proposed should be designed to be sustained (sustainable) by GoI (either directly or through contracting arrangements) going forward and should not depend solely on the implementer.