Consolidated Responses to Pre-bid Queries

RFA: Integrated TB Screening in Maternal Health: Accelerating TB Elimination

TIFA2.0/2025/004

S.No	Questions / Clarification sought	Response of TIFA
1.	Can a consortium of organizations apply jointly, with one organization as the lead applicant? If yes, what are the requirements for consortium partners regarding FCRA registration?	No, consortium of organizations are not allowed.
2.	What is the intended geographic scope of this project—is it national, or are specific states/districts being prioritized for implementation?	The project targets implementation at the state and district levels across major states. JSI/TIFA will select these specific locations in consultation with the Central TB Division and the Maternal Health Division. The project's co-design phase will determine the final selection of states and districts.
3.	If state-specific, which states or districts are being considered, and what is the rationale for selection?	Please refer to the response of Question 2.
4.	How many ANC facilities are expected to be covered under this intervention?	It is recommended that the applicants propose a sample size that is statistically significant to demonstrate the model's impact and implementation feasibility at a scale.

5.	Should the proposed budget include costs for TB diagnostics, medications, and laboratory services, or will these be provided through the existing NTEP supply chain?	No, TB diagnostics and medications will be leveraged through the existing NTEP/Government of India supply chain. A specific provision can be made if justified.
6.	Will JSI/TIFA provide access to the CATB (Cough Against TB) tool, or is the applicant expected to procure/develop this technology?	JSI/TIFA, in coordination with CTD, will facilitate access to the CATB tool. The applicant is expected to integrate its deployment into their field strategy rather than developing a new tool.
7.	Is it possible for multiple awards to be made under this RFA, or will only one organization be selected?	Yes, JSI/TIFA reserves the right to issue one or multiple awards depending on the technical merit and geographic coverage of the applications.
8.	Are there specific geographies that JSI/TIFA has in mind for this intervention?	No, JSI/TIFA is open to applicant recommendations based on existing field presence and government rapport; however, the final decision on the intervention geography will be a joint decision of CTD/MNCH division, JSI/TIFA and the applicant.
9.	Is there a suggestive size of the intervention area/population that you could share i.e. number of states/districts/ANC clinics/pregnant women to be covered.	There is no fixed number, but the proposal should demonstrate a model that is robust enough to influence state-wide or national policy.

10.	We feel since TB screening, identification and linkage to treatment will happen on a rolling basis, we may not be able to report on the complete cohort of TB patients identified for some of the indicators e.g. “Percentage of newborns of mothers with confirmed TB who receive Isoniazid chemoprophylaxis (target 80%)”.	We acknowledge the rolling nature of the cohort. Indicators will be measured based on the "eligible" cohort identified within the project timeline.
11.	**On digital integration expectations-** The Digital and Innovation Strategy carries a 15% weightage and refers to the proposed mechanism for integration between TB data (Nikshay) and MNCH data (RCH 2.0 / HMIS). Given that adoption of RCH 2.0 varies across states, could you clarify whether applicants are expected to propose a conceptual integration approach, or whether actual system integration and implementation is expected within the project period?	Applicants should propose a conceptual framework for integration, but actual pilot-level data linkage between Nikshay and RCH 2.0 will be at the discretion of the Ministry.
12.	**On CATB prioritization and geography selection-** While CATB is not listed among the indicators on page 3, the goals and expected results table on page 2	JSI/TIFA established the 13% target for additional TB case detection based on successful implementation experience and evidence. The CATB monitoring matrix serves as a key tool for tracking these specific results throughout the project. Regarding geography, applicants should prioritize locations based on their potential for CATB roll-out during the project

	includes a target of ≥13% additional TB cases identified through CATB. Could you please clarify how central CATB deployment and monitoring are to the project design, and whether proposed geographies should be selected based on existing CATB deployment or planned roll-out during the project period?	period, rather than limiting selection to areas where CATB is currently active.
13.	Pg1. Under expected project activities: " Establish formal collaborative mechanisms between the National Tuberculosis Elimination Programme (NTEP) and Maternal, Newborn, and Child Health (MNCH) programmes at all administrative levels." Does "All admin levels" imply national + state + district + block or a select subset of this	The passage primarily refers to the State, District, Block and sub-set levels to ensure field-level operational synergy between NTEP and MNCH.
14.	On CATB tool for screening: · Is the tool approved for use on field/ under programmatic settings or does it have to be included as an OR/ research component? What approvals might be required before deployment?	The tool is under the validation process for screening purposes. Deployment will require coordination with NTEP and the development agency to expedite the approval.

	· Are there any user recommendations/ limitations on the CATB tool?	
15.	Pg 2. Under expected project activities: “Create clear and efficient referral pathways to manage both TB and obstetric complications for diagnosed pregnant women” We understand that referral pathways for management of obstetric complications only in TB-diagnosed pregnant women is expected (and not in all pregnant women or all “at-high-risk-for-TB”, regardless of TB diagnosis); is this understanding correct?	No, the focus is to evaluate the eligible pregnant women identified during the process irrespective of standalone obstetric complication situations. (All presumptive TB cases for TB evaluation; TB treatment services for all pregnant women diagnosed with TB)

16.	Page 3, project indicators: A. "No. of joint NTEP-MNCH coordination committees established and documented at all levels": Please clarify what "all levels" includes? B. "Number of strategies deployed for service demand generation": Please clarify if this is meant to be number of different interventions or some measure of the output gained with the deployed interventions? C. "Percentage of recorded adverse drug reactions (ADRs) reported and managed on time": Please clarify if the ADRs referenced here indicate ADRs for ATT & TPT (which will limit the denominator to only those eligible and on ATT/TPT)Or, ADRs for any medication that the 'pregnant woman' might be taking (denominator being all registered pregnant women)	A. The joint NTEP-MNCH coordination should be performed at least at the state, district and sub-district levels. B. The indicator should reflect number of effective strategies for demand generation. C. The ADR indicators align with the NTEP guidance for differentiated TB Care.
17.	Is the project expected to support activities across national, state, district, and sub-district level	Yes, but the intensity of activities will be highest at the district and facility levels where the screening will occur.

18.	Is there a guidance on the states or districts and their number where the project would support the interventions?	There is no fixed number, but the proposal should demonstrate a model that is robust enough to influence state-wide or national policy.