Subject: The Reply to various queries and in addition Addendum for information of eligible bidders.

The prebid meeting under PPSA project was held on 12/02/2024 at 12:00 noon, in the Committee Room, Prayaas Building, 4th Floor, Sector-38-B, Chandigarh.

Meeting was attended by the following committee members:

1. Dr. Rajesh Bhaskar, State TB Officer- Punjab.
2. Dr. Meenu Lakhanpal, Programme Officer- NGO/PPP.
3. Dr. KiranChhabra, TB-HIV Co-ordinator.
4. Consultant, WHO-NTEP HQ.
5. Ms.Latika Mahajan, Account Officer-NTEP.

The following representatives from various organizations attended the meeting with their queries:

1. Sh. Yuvraj Singh (Manager for PPSA), DOCTORS FOR YOU.
2. Bhagwati P. Kandpal (Dy. Manager), HLFPPT.
3. Dr. Mandeep Kaur (State Manager), Society for All Round Development (SARD).
4. Sh. Pramod Chauhan (M&E Officer), SARD.
5. Sh. Sukhwinder Singh Seera (Project Director), World Health Parner.
6. Sh. Ashish Divekar (Manager), Thyrocare.
7. Sh. Ayush Sharma (Manager), Thyrocare

Queries were raised by the following organizations:

1. HLFPPT
2. WHP
3. SARD
4. DOCTORS FOR YOU

There were some queries which were common to all the organizations present in the meeting:

Sr. No.	Query	Answer
1	Regarding the clause of 100% UDST after microbiological confirmation and how it was not feasible to achieve.	It was clarified that 60% cases needed to be microbiologically confirmed by any methods and out of these microbiologically confirmed, 100% UDST was expected for them starting from a minimum of 70%. So, if 100 cases are notified in a month, at least 60 need to be microbiologically confirmed. Only these 60 cases then need to undergo UDST by NAAT or LPA.
2.	If CBNAAT cartridges and TrueNAAT chips are not available at the districts due to shortage of supply, would the agency be penalized for the same?	It was clarified that the state would try its level best to ensure that a constant supply of such lab consumables is maintained. But in case of any shortage, the agency would not be penalized. The agency still needs to ensure that all eligible samples from patients are collected and delivered till the nearest testing centre.
3.	Regarding submission of invoices by the 7th of every next month	It was clarified that a week's extra time would be given considering practical issues of holidays in between or if the Nikshay server is down from where all verification reports will be downloaded.
4.	If TPT drugs or ATT drugs are in shortage from the central level, would the agency be penalized for not achieving the targets?	It was clarified that the agency would not be penalized for this and the achievement would be adjusted accordingly.

The organizations specific queries were as follows:

1. **SARD:**

Sr. No.	Query	Answer
1.	Whether the invoice was to be submitted to the district?	No, only the performance reports will be submitted to the DTO who will then verify them. The invoice will only be submitted to the state for a second level of verification.
2.	On page 36, it is mentioned that for real time up-dation of data, digital tools need to be provided by the agency.	It was clarified that Nikshay login ID and passwords will be provided by the district while the tools such as mobile handsets, tabs or laptops to use these login IDs will be provided by the agency to their staff.
3.	On page 37, point mentioned on data management and reporting.	It was clarified that only Nikshay reports will be considered. No hard copy data would be taken into consideration.
4.	Clarity needed on the point of treatment cards	It was explained that these would be available with the DTOs of respective districts and need to be collected from them and kept at various private doctors for easy access.
5.	Clarity needed on the point of drugs and consumables and sample transportation.	It was explained that drugs and consumables would be provided by the program. Sample transportation would be carried out by the agency and they would be expected to procure sample transportation boxes for the same.
6.	If we submit 5% performance warranty, does it mean that the agency gets only 95% of the dues?	The Performance Security is for securing the due and faithful performance of obligation by Agency which can be forfeited on account of full or partial non-performance / non- implementation and/ or delayed and/ or defective performance / implementation by the Agency.
7.	On invoice submission, how soon would payment come?	It was explained that if all documents are submitted correctly, it would be processed in the minimum possible time period.

2. **HLFPPT:**

Sr. No.	Query	Answer
1.	If AYUSH and informal providers treating the TB patients, will they be considered as “private provider”. If yes, will they receive notification and treatment outcome incentives from the GOI and similarly the implementing agency is eligible under payment plan of PPSA.	AYUSH and informal providers cannot be registered as PHIs in Nikshay and are not eligible for notification and treatment outcome incentives. They can however be given informant incentives. The agency would be required to maintain a list of all such providers and collect their bank details and the cases they notify. These providers can also be registered as treatment supporters for these cases and are eligible for the treatment supporter incentive too.
2.	Is any other agency is presently working for the same or other clusters under PPSA programme. It is assumed that district TB cell including DTC, and TU might be notifying the TB patients in selected/targeted districts. After awarding the PPSA project to the implementing agency (IA), DTC and TU will continue to notify the TB patients of selected districts or this will be the sole responsibility of the IA.	Currently no agency is working in the districts for which PPSA is being empanelled. The TUs and private sector which are already currently notifying cases on their own would continue to do so even in the presence of PPSA. These cases would not be counted in the achievement of the agency. The agency would be expected to find doctors and labs who do not notify cases or have stopped notifying now and bring them to notify cases. They would also be responsible for all the public health actions needed for each notified patient.
3.	Since the project will be implemented in certain districts, it is requested to permit to establish a single office in a district. The project will be operational in the	It was specified that if the agency is provided a working space by the DTO, they may not need to establish an office separately. But if space is not available due to space crunch in district hospitals,

	selected districts of Punjab, request to have only one office instead of multiple offices.	then an office would need to be set up for streamlining activities of the agency and for the staff to have their own reviews as well.
4.	The patients related to other districts are being transferred to their respective districts' private health facilities or public health facility (PHI). After transfer out of these patients doesn't reflect in the Nikshay through PPSA login and therefore follow-up of these patients is a challenge.	Once a patient diagnosed in a certain district is notified via Nikshay and referred out to a neighbouring district or state or even out of the country, it would go out of the current cohort of the agency. And public health action of such a patient would then become responsibility of the receiving district or state.

3. **TRY: (Received by email, dated: 12/02/2024)**

Sr. No.	Query	Answer
1.	Number of TB patients notified in private sector. Minimum 70% will be considered for payment Claim. This condition is not suitable.	Currently the districts are already achieving 50-60% of the targets even without PPSA. Its presence will only augment the work already being done and provide support to the districts. So, this target is feasible to achieve.
2.	Microbiological confirmation of TB patients at diagnosis. This condition is not suitable as, maximum number of cases are clinically diagnosed.	Clinical diagnosis of cases in the private sector happens either due to lack of knowledge or lack of availability of facilities. With the onboarding of PPSAs, they would need to sensitize PPs towards the importance of microbiological confirmation and starting patients on the correct regimen based on the resistance pattern.
3.	F-LPA and S-LPA, Minimum 70% will beconsidered for Payment Claim. This condition is not suitable.	This will need to be sent only for the samples that are microbiologically confirmed which is at least 60% of the total notified and those that undergo UDST to know the status of Rifampicin.
4.	HIV and DM Testing, Minimum 95% will beconsidered for Payment Claim. This condition is not suitable.	The state and districts are already achieving 90-95% HIV and DM testing. The presence of PPSA would augment the ongoing activity.
5.	Successful Outcome,Minimum 85% will beconsidered for Payment Claim. This condition is not suitable	The state is already achieving a successful outcome of 82-83% every year. The presence of PPSA would augment the ongoing activity.
6.	Microbiological confirmation of TB patients at the end of the treatment. Minimum 70% will be considered for payment Claim. This condition is not suitable. This condition is also not suitable as, maximum numbers of outcomes are clinical (Treatment Complete).	We are aware that most of the treatment outcomes are declared as Treatment completed due to lack of follow up of patients of private sector or due to lack of awareness of the need to microbiologically confirm in the end as well. PPSA agency would be expected to sensitize the private providers to ensure that all the cases that were microbiologically diagnosed at initiation are also followed up with a microbiological test.
7.	Validated bank account details,Minimum 80% will be considered for Payment Claim. This condition is not suitable.	The state is currently achieving bank account up-dation of more than 80% patients. The presence of PPSA would augment the ongoing activity.

4. **Doctors for You:**

Sr. No.	Query	Answer
1.	If a case gets diagnosed as DRTB, whether notification needs to be done, whether sample needs to be sent for LPA, and whether agency would get credit for the case.	The answer would be yes to all three questions.
2.	If we submit 5% performance warranty, does it mean that the agency gets only 95% of the dues?	The Performance Security is for securing the due and faithful performance of obligation by Agency which can be forfeited on account of full or partial non-performance / non- implementation and/ or delayed and/ or defective performance / implementation by the Agency.

5. **WHP:**

Sr. No.	Query	Answer
1.	Target of TB notification- is it for one year or for the entire project duration i.e. two years?	It was clarified that this was annual target. However targets maybe modified as per directions from the national level.
2.	Page 34 (Point 6.4) Regarding adherence management via ICT tools. Who would bear the cost of ICT enabled adherence tools?	These would be provided by the district and has to be implemented and monitored by the agency in conjunction with NTEP staff.
3.	Page 39, is UDST applicable to 60% pulmonary cases or EPTB cases also?	It was clarified that this target of 60% microbiological confirmation was applicable to all notified cases.
4.	DBT- patients refusing for DBT, record to be maintained and status to be entered in Nikshay. By doing this, would there be deduction in the achievement of the agency?	It was clarified that deduction would not be made and the achievement would be considered.
5.	Do the districts have the capacity of conducting FLPA and SLPA in CDST laboratories?	The state has one IRL at Patiala and one C-DST lab at Faridkot. All eligible samples will need to be packed and delivered to the DTC from where they will be sent to these labs by the district along with other samples.
6.	Does the government have matched prices for X ray by private providers?	Government has empanelled some diagnostic centres for X ray facilities in each district at a subsidized rate.
7.	Do we need to submit hard copy of technical proposal or power point presentation of technical proposal additionally?	Yes, hard copy of technical proposal or power point be provided.
8.	Minimum 70% microbiological confirmation of TB patients at the end of the treatment. Is it applicable for extra pulmonary patients also?	Microbiological confirmation at the end of the treatment is applicable only for those patients who undergo microbiological confirmation at the beginning, before treatment initiation.
9.	Minimum 6 months follow up with patients for 2 years, how would you ensure follow up in the first six months? What would be the procedure?	The patients who are eligible for follow up, post treatment before onboarding of PPSA would be shared with the agency for follow up. Similarly at the completion of PPSA contract, the last cohort of patients requiring follow up need not be followedup by the agency.

IMPORTANT:

1. TPT ADDENDUM
   The agency would be required to ensure that at least 70% of all contacts of pulmonary microbiologically confirmed TB patients undergo IGRA/ Cy-TB testing. Out of those who undergo IGRA/ Cy-TB and come positive on that test, at least 80% would be required to be initiated on the appropriate TPT regimen. If falling short, payment would be done on pro rata basis (60-80%) where 60% would be the minimum to be considered for payment. These contacts would also need to be followed up for the entire course of their treatment and ensure that they reach a successful outcome with complete Nikshay entry.

2. As per discussion in pre bid meeting, table 2.8 on page 57 is revised as follows:

SN	Parameters	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	M 9	M 10	M 11	M 12	Total	Achievements	Performance
1	Notification	84	83	82	80	90	70	82	85	79	91	86	88	1000	100%	Over-achieved*
2	Microbiological Confirmation at the time of diagnosis	25	25	25	25	25	25	25	25	25	25	25	25	300	30%	Shortfall
3	UDST	15	10	5	10	10	15	10	5	10	10	10	10	120	40%	Shortfall
4	F-LPA and	6	10	6	10	6	2	2	6	6	10	2	6	72	60%	Shortfall

	S-LPA															
5	HIV + DM	52	56	55	53	61	54	66	60	59	58	66	60	700	70%	Shortfall
6	Outcome	52	56	55	53	61	54	66	60	59	58	66	60	700	70%	
7	Microbiological confirmation at the end of the treatment	15	10	15	10	20	25	15	15	15	25	10	5	180	60%	Shortfall
8	Bank details	52	56	55	53	61	54	66	60	59	58	66	60	700	70%	Shortfall
9	TPT	35	30	25	36	39	41	32	30	33	38	31	30	400	40%	Shortfall
10	6 months Follow up for two years after treatment	15	20	15	20	15	20	15	15	15	15	15	20	200	20%	Shortfall