



Health Commitment Grants — India

Request for Application **Expanding TPT in the Private Sector at the Patient's Doorstep** **TIFA2.0/2025/002**

Posted Date: 26 November 2025

Questions Due: 02 December 2025 to tifa.bharat@jsi.org

Submissions due: 17 December 2025 via Tifabharat.org portal

JSI Research & Training Institute, Inc. (JSI) implements the Tuberculosis Implementation Framework Agreement (TIFA) managed by the United States Department of State (DOS). The eight-year (2019–2027) project builds on the United States government's (USG) investments in tuberculosis (TB) programming, and in 2025 is expanding in scope to incorporate additional health priorities. Through direct engagement with local governments and their partners, TIFA co-designs Health Commitment Grants (HCGs) and other awards that accelerate countries' progress toward national and global TB and other health targets, support country ownership, and foster sustainability while advancing the DOS goals of making America safer, stronger, and more prosperous.

TIFA employs a phased, collaborative approach to develop subawards with our country partners. In partnership with the National Tuberculosis Elimination Program (NTEP) and DOS, we identify country priorities and potential implementing partners. These partners are invited to apply for subawards and, if selected, are guided through a co-design process for the subaward. The implementing organizations then execute the subawards, and DOS and JSI/TIFA verify completed milestones.

In India, unified and collective action is crucial in the fight against TB. With millions affected annually, a collaborative approach that leverages diverse expertise is essential. Since its inception in India, JSI/TIFA has issued 42 subawards to 19 implementing partners, supporting national program priorities across various thematic areas within the NTEP framework. JSI seeks an organization to propose and pilot innovations for improving access to facility-based and home-based Tuberculosis Preventive Treatment (TPT) services within private health facilities, with a focus on multi-specialty/corporate hospitals, chemists and laboratories. The scope involves implementing and evaluating integrated service delivery models to improve TB prevention and treatment completion outcomes. The expected outcome is to develop a sustainable, costed system that generates increased demand for TPT and achieves a high treatment completion rate.

We invite applications from Indian organizations to undertake the following activities:

- In low-burden, non-PPSA districts, act as an intermediate agency to establish a coordination system between NTEP and private health facilities for initial engagement, capacity building, and streamlining service delivery.
- Develop and establish the concept of "TPT Clinics" on a pilot basis within selected multi-specialty/corporate hospitals or jointly the private hospital & laboratories to offer a comprehensive TPT service for the close contacts of the TB patients notified in the private sector, deploying a standardized TPT cascade, including screening, initiation, and follow-



up.

- Activate a secure supply chain mechanism to distribute TPT to the TPT Clinics/ Chemists and doorstep delivery of NTEP-provided, free TPT medications to beneficiaries.
- Conduct comprehensive upskilling and capacity-building through orientation sessions for diverse private healthcare providers, addressing knowledge gaps on TPT eligibility, assessment, and scientific updates.
- Engage and collaborate with private laboratories to develop an accessible TPT screening package to increase service access and convenience for patients.
- Develop and implement a user-friendly tele-platform and integrated tools for virtual counseling, home-based screening appointment scheduling, automated reminders, and simplified digital reporting.
- Facilitate NTEP in conducting a national campaign for TPT awareness, specifically targeting private providers to address knowledge gaps and the public to address patient hesitancy and fear of side effects.
- Establish mechanisms to monitor key activities (e.g., medication delivery, appointment scheduling) ensuring integration with the Ni-kshay platform.
- Pilot test the refined system in selected private healthcare facilities across five non-PPSA districts for 0-8 months, followed by scale-up from 8-12 months across intervention districts.

Goals	Sample Activities	Expected Results
To improve access to TPT assessment and TPT completion outcomes in the private healthcare sector to reduce TB transmission rates and accelerate progress toward TB elimination goals.	<ul style="list-style-type: none"> • Pilot test the establishment of "TPT Centers" within private facilities. 	<ul style="list-style-type: none"> • TPT Centers are established in at least 5 private hospitals/clinics, serving as a single window for the standardized TPT cascade.
	<ul style="list-style-type: none"> • Conduct capacity building for diverse private healthcare providers (PPs). 	<ul style="list-style-type: none"> • Orientation sessions and formal technical/operational guidelines are delivered to PPs, addressing TPT knowledge gaps.
	<ul style="list-style-type: none"> • Engage private laboratories to improve TPT screening accessibility. 	<ul style="list-style-type: none"> • A readily available TPT screening package is developed and offered by empaneled private laboratories.
	<ul style="list-style-type: none"> • Deploy tele-solutions to improve coverage, efficiency in a limited time. 	<ul style="list-style-type: none"> • A provision of tele-counseling, automated reminders, and a simplified digital reporting system
	<ul style="list-style-type: none"> • Activate a secure TPT drug supply chain mechanism for the private sector. 	<ul style="list-style-type: none"> • A reliable mechanism is established, ensuring doorstep delivery of free TPT drugs to patients or private providers.
	<ul style="list-style-type: none"> • Launch a targeted communication campaign for TPT demand generation. 	<ul style="list-style-type: none"> • Campaign materials are disseminated and discussion meetings are held to address patient hesitancy and provider knowledge gaps and build demand for TPT.
	<ul style="list-style-type: none"> • Establish a coordination system between NTEP and Private Providers in five non-PPSA districts. 	<ul style="list-style-type: none"> • A transition plan to a Results-Based Financing (RBF) model is finalized for sustained service delivery in five non-PPSA districts.



The following indicators are essential to capture the project progress:

- Number of private providers (e.g., PPs, chemists) engaged and trained on TPT eligibility and protocols.
- Number of functional TPT Centers established and actively reporting a standardized TPT cascade in the pilot districts.
- Number (%) of household contacts (HHCs) and eligible individuals initiated on TPT in the private sector, aiming for a three-fold increase.
- Number (%) of TPT beneficiaries achieving treatment completion, targeting a rate of at least 80%.
- Reduction in the percentage of missed appointments and treatment interruptions among TPT beneficiaries.
- Timeliness and completeness of TPT reporting from the private sector into the Ni-kshay system.
- Percentage of eligible TPT beneficiaries receiving financial support/vouchers (e.g., DBT for nutritional support, free diagnostics).

Eligibility

Interested organizations must:

- Be a legally registered Indian non-governmental organization with a valid Foreign Contribution Regulation Act (FCRA) registration or a for-profit organization having mandatory registrations (PAN, TAN, GST number) and fulfilling all statutory criteria to receive foreign funds or an international organization legally registered in India.
- Have a local chief executive who is willing to sign a contractual agreement with JSI, the U.S.-based partner.
- Must demonstrate the ability to comply with all U.S. government regulations and certifications.
- Past experience communicating with the government is highly preferred
- If required, present to a selection panel (virtual or in person) tentatively on 24th December 2025 and participate in an in-person co-design process in New Delhi, tentatively scheduled for 02nd January 2026.
- The organization has the capability in terms of a qualified team and job skills to manage or administer large-scale government or public programs
- Have similar experience and working with NTEP and/or TB care (preferred)

Application Process

- Recommendations for awards by JSI/TIFA are made following an impartial review and evaluation of all applications in accordance with the evaluation criteria prescribed in the RFA.
- Eligible organizations will submit an application through TIFA Bharat Portal (tifabharat.org) with illustrative activities and the estimated amount of funding requested by **17th December 2025, 18:00 hours India Standard Time**.
- Eligible organizations can submit questions to tifa.bharat@jsi.org until **02nd December 2025, 18:00 hours India Standard Time**. Responses to submitted questions will be sent to all eligible organizations by 05th December 2025.



Selection Process

- After the deadline of the application submission process, JSI/TIFA staff will screen applications to determine if all eligibility requirements are met.
- The selection committee will review eligible applications for technical merit and value for money.
- Tentatively on 24th December 2025, invited organizations will present their concept papers in person or virtually for 15–30 minutes to a selection committee panel.
- The selection committee will evaluate / rank applicants based on the concept papers followed by technical presentations (if required)
- TIFA will invite selected organizations to participate in a multi-day co-design workshop to create a detailed activity plan and budget. This is tentatively scheduled for New Delhi on 02nd January 2026.

Selection Criteria

- Meets eligibility criteria
- Applications will be technically appraised based on the following criteria:
 - a. Proven track record in managing and implementing large-scale public health programs, particularly in TB or related infectious diseases.
 - b. Demonstrated experience in engaging and successfully partnering with the diverse private healthcare sector.
 - c. Expertise in developing and deploying digital health solutions and patient-centric care models for adherence support and virtual services.
 - d. Logistical capacity to manage complex drug supply chains and implement door-step delivery mechanisms in urban and semi-urban settings.
 - e. In-depth knowledge of India's National TB Elimination Programme (NTEP) guidelines and operational context
- The expected budget range is from \$200,000 USD to \$500,000 for the overall duration of the award. Value for money must be demonstrated. During the next phase of codesign, selected awardees must prepare a detailed budget with cost justification.
- The award period will not exceed 12 months, with priority given to immediate start-up.

Evaluation of proposals

The proposals will be evaluated by a committee/panel of experts from India's TB programs/health sector/social development. The committee will evaluate and score each application as follows:

- **Technical Approach and Methodology (35%):** Clarity, feasibility, and innovativeness of the proposed implementation model for non-PPSA districts and TPT clinics.
- **Organizational Experience and Capacity (30%):** Demonstrated success in Public-Private Partnerships (PPP) and relevant experience in TPT or TB case finding projects.
- **Coordination Strategy (20%):** Robustness of the coordination strategy between NTEP and private providers for TPT.
- **Key Personnel Qualifications (15%):** Expertise and experience of the proposed project lead and core team members in project management and private sector engagement.