



Health Commitment Grants — India

**Request for Application**

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

**TIFA2.0/2025/004**

**Posted Date:** 29 December 2025

**Questions Due:** 05 January 2026 to [tifa.bharat@jsi.org](mailto:tifa.bharat@jsi.org)

**Submissions due:** 21 January 2026 via [Tifabharat.org](https://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 implement a strategic framework to seamlessly integrate Tuberculosis (TB) screening and care within India's Antenatal Care (ANC) and Postnatal Care (PNC) services. The project aims to accelerate TB elimination by protecting mothers and children from the risks associated with active TB during pregnancy through early detection, integrated treatment, and preventive care.

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

- Establish formal collaborative mechanisms between the National Tuberculosis Elimination Programme (NTEP) and Maternal, Newborn, and Child Health (MNCH) programmes at all administrative levels.
- Develop a comprehensive screening protocol that includes symptom-based screening, AI-augmentation using the CATB tool to identify presumptive TB cases, and vulnerability risk assessment to identify women with high-risk for TB.
- Ensure systematic TB screening and diagnosis is conducted during routine ANC visits to facilitate

early detection within the public health system.

- Create clear and efficient referral pathways to manage both TB and obstetric complications for diagnosed pregnant women.
- Provide augmented TB treatment, seamlessly integrated with ongoing maternal care services, to minimize disruption to women's lives.
- Implement TB Preventive Treatment (TPT) protocols for at-risk mothers and provide Isoniazid chemoprophylaxis with Pyridoxine to exposed newborns.
- Build capacity for NTEP and MNCH staff at all levels through practical, on-the-job upskilling and orientation sessions.
- Establish systems for ANM/ASHA/CHO/SN or equivalent health workers conducting key activities like screening, data entry, specimen collection, and treatment support.
- Strengthen digital adherence support through platforms like 99 DOTLite and NTEP mobile application for remote monitoring and timely management of adverse drug reactions.
- Develop demand generation materials (digital and physical) in local languages to be displayed at ANC clinics and shared with pregnant women to improve TB screening and management.

Goals	Sample Activities	Expected Results
The goal is to eliminate the source of infection in mothers, significantly lower the risk of adverse perinatal outcomes, and accelerate India's overall journey towards TB elimination.	Develop Collaborative Mechanisms: Build robust coordination between NTEP and Maternal Health programs at all levels.	A formalized joint NTEP-MNCH coordination document and mechanism are established, defining roles and responsibilities.
	Early Screening & Detection: Ensure systematic TB screening and diagnosis during routine Antenatal Care (ANC) visits.	A documented screening protocol is deployed and utilized at all targeted ANC facilities.
	Implement AI Augmentation: Deploy the Cough Against TB (CATB) tool by frontline workers to analyze cough sounds and self-reported symptoms.	The CATB tool is successfully integrated into the screening protocol, identifying ≥13% additional TB cases.
	Strengthen Referral Linkages: Create clear pathways for addressing both TB and obstetric complications.	Standard Operating Procedures (SOPs) for clear and efficient referral between maternal health and TB services are finalized and disseminated.
	Integrated Treatment Delivery: Provide augmented TB treatment alongside ongoing maternal care services.	Documented evidence of integrated treatment completion rates for pregnant women is tracked and reported.
	Preventive Care: Implement TB Preventive Treatment (TPT) for at-risk mothers and exposed newborns.	A specified percentage of eligible newborns of mothers with confirmed TB have received Isoniazid chemoprophylaxis.
	Capacity Building: Conduct on-the-job upskilling for NTEP and MNCH staff at national, state, and district levels.	A comprehensive training curriculum is completed, and a staff report is submitted.
	Digital Adherence Support: Strengthen platforms like 99 DOT Lite and TB Aarogya Sathi for remote treatment monitoring.	Documented evidence of increased digital adherence and timely management of adverse drug reactions is provided.

	Monitoring and Evaluation (M&E): Use a unified M&E framework to track screening rates and treatment outcomes.	A final M&E report details progress towards the 100% ANC coverage and ≥90% treatment success targets.

**The following indicators are essential to capture the project progress:**

- Proportion of pregnant women receiving TB screening at antenatal visits (at least once), targeting 80% coverage.
- Percentage of women with high-risk for TB identified through the integrated screening protocols (Target 5-10%).
- Target completion rate for pregnant women diagnosed and treated for TB (Target 90%).
- Number of joint NTEP-MNCH coordination committees established and documented across all levels.
- Percentage of newborns of mothers with confirmed TB who receive Isoniazid chemoprophylaxis (target 80%).
- Number of frontline healthcare workers (ANM, Staff Nurse, MO, ASHA, CHO) successfully trained on the new integrated protocol and CATB tool usage.
- Number of strategies deployed for service demand generation (improve access to information, better participation and tracking of beneficiaries)
- Percentage of recorded adverse drug reactions (ADRs) reported and managed on time
- Percentage of women with TB using digital adherence platforms of NTEP.

**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.
- The chief executive of the organization is willing to sign an agreement and receive funds from JSI, the Washington-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 29th January 2026 and participate in an in-person co-design process in New Delhi, tentatively scheduled for 3rd February 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](http://tifabharat.org)) with illustrative activities requested by 21st January 2026, 18:00 hours India Standard Time.
- Eligible organizations can submit questions to [tifa.bharat@jsi.org](mailto:tifa.bharat@jsi.org) until 05<sup>th</sup> January 2026, 18:00 hours India Standard Time. Responses to submitted questions will be sent to all eligible organizations by 9th January 2026.

## **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.
- Tentatively on 29th January 2026, 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 03rd February 2026.

## **Selection Criteria**

- Meets eligibility criteria
- Applications will be technically appraised based on the following criteria:
  - a. Experience in designing, implementing, and advocating for scalable public health interventions at the central and state levels in India.
  - b. Proven capacity for coordinating complex activities, including workshops, identifying champions, and facilitating exposure visits for program leaders.
  - c. Demonstrated ability to synthesize evidence and engage key stakeholders, particularly with prior experience communicating and coordinating with the government.
  - d. Capability in terms of a qualified team and job skills to manage or administer large-scale government or public health programs.
  - e. Experience working with the Maternal and Child Health Program (MNCH) and National Tuberculosis Elimination Program (NTEP) is strongly preferred.
- The expected budget range is from \$200,000 USD to \$1,000,000 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:

- a. Technical Approach (30%): Evaluation of the proposed methodology's clarity, innovation (especially around the TB screening and Cough AI deployment), alignment with NTEP and MNCH programmes, and feasibility of achieving the time-bound objectives. Evidence of a "closed-loop" referral system.
- b. Organisational Experience and Capacity (25%): Assessment of the organisation's track record in managing large-scale health projects integrated with the public health system, specific experience in the MNCH care and local community practices during Antenatal, perinatal and postnatal period.
- c. Digital and innovative strategy (15%): Approach and experience with digital screening and management tools. Proposed mechanism on how TB data (Nikshay) will talk to MNCH data (RCH 2.0/ HMIS portal)
- d. Operational Feasibility and Health Systems Strengthening (15%): Quality and relevance of the proposed project team's expertise, particularly in technology development, TB control, and complex logistics management. Quality of the support structure for ASHA/ANM/CHOs to ensure transition and integration.
- e. Coordination mechanism and Communication systems (15%): Proposed mechanisms of internal coordination between national health programmes, NTEP and MNCH, at block, district, state and national level. Proposed culturally sensitivity approach for effective demand generation.