Health Commitment Grants — India

Request for Application
Life-Saving TB Case Finding Activity in Urban Marginalised
Community - Delhi TIFA2.0/2025/003

Posted Date: 26 December 2025
Questions Due: 29 December 2025 to tifa.bharat@jsi.org
Submissions due: 07 January 2026 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 organisations 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 organisation to deploy the "Urban TB Project" that will implement an integrated Active Case Finding (ACF) and digital-enabled follow-up strategy to break the chain of Tuberculosis (TB) transmission in high-burden urban clusters. It involves deploying AI-enabled Chest X-ray and molecular testing, streamlining specimen logistics with a Hub-and-Spoke model, and developing an open-source digital ecosystem for real-time tracking. The primary goal is to significantly increase case detection in vulnerable populations and reduce the time from screening to treatment initiation, supporting India's 2025 TB elimination target.

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

- **Targeted Mapping and Delineation:** Precisely identify and map the highest-risk urban clusters, such as slums, migrant labour camps, and densely populated market areas, using NTEP data and geographical information. This foundational activity ensures the intensive intervention is focused on the most vulnerable and high-transmission areas.

- **Community Demand Generation:** Identify, up-skill and integrate Community Volunteers (CVs) with existing NTEP and Urban Local Body (ULB) staff to spearhead social mobilization.
- **AI-Enabled Active Case Finding (ACF) Camps:** Deploy mobile screening camps utilizing digital Chest X-ray (CXR) with integrated AI software for real-time interpretation and rapid triage of presumptive cases. This technology is designed for high-throughput screening of hundreds of individuals daily.
- **Molecular Diagnostic Integration:** Seamlessly integrate all presumptive cases directly into the NTEP diagnostic network using Low-Cost-High-Throughput-Molecular-Tests (e.g., Truenat or equivalent). This ensures rapid confirmation of diagnosis for all cases flagged during the ACF screening.
- **Hub-and-Spoke Specimen Logistics Implementation:** Transition the urban geography to an efficient Hub-Spoke system with centralized, real-time-tracked logistics for specimen collection. Community volunteers will use the digital platform to request immediate transport of collected specimens to a centralized lab (hub) in the respective districts of the NTEP.
- **Real-time Tracking and Treatment Linkage:** Utilise existing digital systems to track individuals screened, manage specimen logistics, and send automated alerts to NTEP staff for follow-up on positive cases. The goal is to ensure treatment initiation within the target 5-day window from the day of presumptive identification.
- **Model Documentation and Knowledge Translation:** Rigorously document and evaluate the scalable, cost-effective "Urban TB" model for integrated ACF and diagnostic logistics. Produce high-impact knowledge translation products (policy documents, training modules) for national replication under NTEP.

Goals	Sample Activities	Expected Results
Enhance the efficiency of the Active case finding activity to reduce the incidence of Tuberculosis in the target urban clusters covering a 5 lakh population screening in the selected high-burden district/state, aligning directly with India's national goal to eliminate TB by	Utilize NTEP data (Ni-kshay) and geographical mapping to identify intervention areas.	A final, validated map and list of the highest-risk urban clusters (slums, labor camps) covering the 5 lakh target population.
	Deploy mobile digital Chest X-ray (CXR) devices/vans with integrated AI software for rapid, high-throughput screening.	A minimum of 5 lakh vulnerable individuals screened via AI-enabled CXR in the targeted urban clusters.
	Integrate presumptive cases from ACF camps directly into the NTEP network using Molecular Tests.	Confirmed diagnostic results (Lab results and clinical assessment) for all presumptive TB cases generated during the ACF camps.
	Develop a mobile-based, open-source application for real-time tracking of screening, diagnosis, and logistics.	A fully deployed and operational digital information system with offline capability, integrated with NTEP's Ni-kshay platform.
	Train and engage Community Volunteers (CVs) for demand generation, social mobilisation and specimen collection and	A cadre of trained CVs actively collecting specimens and utilising the digital platform for transport

Goals	Sample Activities	Expected Results
2025	transportation.	requests.
	Implement a Hub-and-Spoke specimen logistics system with real-time digital tracking for collected specimens.	Digital Utilisation Rate showing tracking for 85-95% of all specimens collected and tested.
	Systematically ensure treatment initiation for newly identified cases using digital follow-up alerts.	Target of 85% of newly identified cases put on anti-TB treatment within 24 months of project start.
	Document, evaluate, and publish the scalable, cost-effective Urban TB model.	A final, high-impact policy document and technical brief detailing the scalable ACF and logistics model for national dissemination.

The following indicators are essential to capture the project progress:

- **Population Coverage:** Number of selected vulnerable populations screened in the defined urban geographies.
- **Yield of Active Case Finding (ACF):** Number of new bacteriologically confirmed TB cases detected through ACF camps.
- **Change in the case Notification Rate (New & Relapse):** Increment in the total TB cases notified per 100,000 population in the intervention area.
- **Time to Diagnose:** Median number of days from presumptive TB identification during ACF to complete evaluation (NAAT + Clinical consultation).
- **Time to Treatment Initiation:** Median number of days from presumptive TB identification during ACF to treatment initiation (ATT).
- **Digital System Utilisation Rate:** Percentage of all collected specimens whose transport and testing results are tracked via the project's digital information system.
- **Diagnostic Timeliness:** Percentage of newly identified cases put on treatment within 24 months, with 90% having a diagnosis confirmed within a week of screening.

Eligibility

Interested organisations must:

- Be a legally registered Indian non-governmental organisation with a valid Foreign Contribution Regulation Act (FCRA) registration or a for-profit organisation having mandatory registrations (PAN, TAN, GST number) and fulfilling all statutory criteria to receive foreign funds, or an international organisation 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 12th January 2026 and participate in an in-person co-design process in New Delhi, tentatively scheduled for 20th January 2026.
- The organisation 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 organisations will submit an application through the TIFA Bharat Portal (tifabharat.org) with illustrative activities requested by **07th January 2026, 18:00 hours India Standard Time**.
- Eligible organisations can submit questions to tifa.bharat@jsi.org until **29th December 2025**, 18:00 hours India Standard Time. Responses to submitted questions will be sent to all eligible organisations by 31th 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.
- Tentatively on 12th January 2026, invited organisations 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 organisations 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 20th January 2026.

Selection Criteria

- Meets eligibility criteria
- Applications will be technically appraised based on the following criteria:
  a. **Proven Expertise in Public Health Implementation:** Over two decades of experience in designing, implementing, and scaling evidence-based public health interventions in high-burden settings across India.
  b. **Technological Capability and Integration:** Demonstrated expertise in developing and deploying secure, open-source, mobile-first digital health platforms that integrate seamlessly with government systems like Ni-kshay.
  c. **Operational Strength in Urban Settings:** A track record of upskilling and managing large cadres of community health workers and volunteers in complex, densely populated urban settings.
  d. **Strategic Policy Alignment:** Established, collaborative relationships with the Ministry of Health & Family Welfare (MoHFW) and the NTEP at all levels to ensure project activities harmonise with national goals.
  e. **Implementation Science and M&E:** A commitment to rigorous monitoring, evaluation, and documentation to rapidly generate data for policy and scale-up.
- 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:

- **Technical Approach (30%):** Evaluation of the proposed methodology's clarity, innovation (especially around the Hub-and-Spoke logistics and AI deployment), alignment with NTEP, and feasibility of achieving the time-bound objectives.

- **Organisational Experience and Capacity (30%):** Assessment of the organisation's track record in managing large-scale urban health projects, specific experience with digital integration (Ni-kshay), and ability to mobilise and manage community cadres.

- **Key Personnel and Management Plan (15%):** Quality and relevance of the proposed project team's expertise, particularly in technology development, TB control, and complex logistics management.

- **Digital and innovative strategy (15%)**: Approach and experience with digital screening, tracking and management tools, potential integration with Ni-kshay.

- **Sustainability and Transition Plan (10%):** Strength of the plan to hand over the model to the NTEP.