Health Commitment Grants — India
Request for Application

Strengthening the Urban Ecosystem Against Future Disease Threats: A Framework for Urban-Peri-Urban Coordination in Five Priority Cities

TIFA2.0/2026/003

Posted date: 10th February 2026

Questions Due: 13th February 2026 to tifa.bharat@jsi.org

Submissions due: 20th February 2026, 18:00 IST, via Tifabharat.org **portal**

JSI Research & Training Institute, Inc. (JSI) implements the Tuberculosis Implementation Framework Agreement (TIFA). Spanning eight years (2019–2027), this initiative builds on the U.S. Government's investments in health programming. In 2026, the project is expanding its scope to address additional health priorities under the Global Health Security Strategy. Through direct engagement with local governments, TIFA co-designs Health Commitment Grants (HCGs) and other subawards. These instruments accelerate progress toward national and global health targets, foster country ownership, and enhance public health emergency preparedness and response.

TIFA employs a phased, collaborative approach to develop subawards. In coordination with the National Centre for Disease Control (NCDC), we identify national priorities and potential implementing partners. Invited organizations undergo a guided co-design process; once approved, the partner implements activities while JSI/TIFA verifies the completion of key milestones.

In India, the TIFA project is focused on strengthening national health security by fostering unified action across government sectors. While TIFA's foundational work involved advancing National TB Elimination Program goals, the project is now launching a new focus on Global Health Security. JSI/TIFA is requesting applications for: "Strengthening the Urban Ecosystem Against Future Disease Threats: A Framework for Urban-Peri-Urban Coordination in Five Priority Cities." This initiative contributes to India's efforts to contain outbreak-prone diseases at their source. The intervention provides a demonstration model for five high-priority cities, comprising a mix of: operationalized Metropolitan Surveillance Units (MSUs) seeking to extend surveillance reach into peri-urban catchments; and tier-2/3 Cities building specialized urban surveillance capacity within existing District Surveillance Units (DSUs).

This project complements the vision of PM-ABHIM by validating a specialized "Surveillance-to-Action" blueprint that bridges administrative "grey zones" at the urban-rural interface. By focusing on system optimization rather than redundant manpower, the project will: operationalize the Global Epidemic Preparedness and Response Framework (focusing on

rapid detection, timely reporting, and early response) to transition from data collection to timely public health action. Formulate Multisectoral City Action Plans (CAP) that harmonize jurisdictional overlaps between Municipal Corporations and District authorities. Strengthen the Medical Countermeasure (MCM) Supply Chain through a 3-tier stockpile framework for essential biologics and diagnostics. This model aims to provide the NCDC with a field-tested, scalable framework ensuring that every urban ecosystem in India, regardless of tier or jurisdictional complexity, is resilient against future biological threats.

TIFA invites applications from Indian organizations to undertake the following activities:

Activity Area	Proposed Activities	Expected Output
Situation Analysis	Rapid mapping of environmental risks (water/larval), lab integration (Medical Colleges), and peri-urban jurisdictional "grey zones."	A comprehensive baseline identifying high-risk "grey zones" and infrastructure/ administrative gaps.
City Action Plans	Formulating multisectoral City Action Plans (CAP) to resolve urban-rural administrative overlaps and link MSUs to peripheries.	A formalized, multisectoral framework for holistic city-wide and peri-urban response.
Upskilling & Capacity	Conduct a needs assessment and deliver targeted upskilling sessions for healthcare providers on IHIP reporting, outbreak investigation, and response.	A skilled urban workforce capable of rapid detection and investigation using existing platforms.
Strengthening Supply Chain Systems for Surge Capacity and epidemic preparedness and response	Develop a 3-tier supply chain for essential biologics and conduct pathogen-specific simulation drills to test response speed and IHIP notification. Pilot Epidemic Preparedness and Response framework (focusing on rapid detection, timely reporting, and early response).	Documented improvement in the speed of detection and response.
RCCE & Infodemic Management	Establish a WhatsApp-based 'Rumor Sentinel Network' where volunteers (MAS/JAS/ Community Leader/Frontline Health Worker) flag misinformation directly to the Smart Cities Mission Integrated Command and Control Centre (ICCC) or MSU or Municipal Corporation Media Cell. The cell compiles 'Rumor Trends,' obtains technical validation from the designated officials, and pushes verified health messaging back through the ICCC's digital billboards and social media channels.	High public trust and reduced misinformation interference during outbreaks.

The geographies for the intervention will be in five high-risk urban cities representing diverse ecological and trade corridors. Geographies will be determined during co-design in consultation with NCDC; applicants need not propose geographies in their application. JSI/TIFA may issue awards to one or multiple organizations.

The following proposed indicators are essential to capture the project progress. Additional indicators may be proposed by the applicant and/or may be added during the co-design phase:

- # of cities where 100% of municipal wards and peri-urban clusters are mapped with a Multidimensional Risk Index (integrating water/larval indices, lab capacity, and jurisdictional boundaries.
- # cities with a City Action Plan are approved by both Municipal and District authorities, containing specific SOPs for lab-based surveillance and peri-urban response.
- % of targeted urban health facilities (public and Medical Colleges) in the city where ≥1 key staff is certified as proficient in IHIP digital reporting and outbreak investigation and response.
- % of flagged rumors validated by the MSU/Media Cell/ Smart city ICCC and countered with verified messaging via official channels (WhatsApp/ICCC) within 24 hours.

Eligibility

Interested organizations must meet the following mandatory criteria:

- **Legal Status:** Must be a legally registered Indian NGO with valid FCRA registration, or a for-profit/international organization legally registered in India with all mandatory statutory registrations (PAN, TAN, GST).
- **Leadership Commitment:** The Chief Executive must be willing to enter into a formal agreement, and the organization is authorized to receive funds from JSI, the Washington-based partner.
- **Compliance:** Demonstrated ability to comply with all U.S. Government regulations and certifications.
- **Government Liaison & Urban Experience:** Mandatory working experience (minimum 3 years) with the National Urban Health Mission (NUHM) and/or significant urban health projects involving Urban Local Bodies (ULBs). A proven track record of liaising with the National Centre for Disease Control (NCDC) and District Health Societies is essential.
- **Peri-Urban & Vulnerability Expertise**: Demonstrated familiarity with the unique administrative and jurisdictional challenges of peri-urban interfaces (the urban-rural gap). Proven experience in carrying out comprehensive Situation Analyses and Vulnerability Assessments in high-density or underserved urban settings.
- **Technical & Supply Chain Capacity:** Possession of a multi-disciplinary team with expertise in Epidemiology and Health Systems Strengthening (HSS). Demonstrated experience in Supply Chain Management for medical countermeasures, specifically including the handling of biologics (e.g., vaccines/antitoxins) and essential diagnostics.
- **Operational Readiness:** Ability to rapidly initiate implementation (within 30 days of award) and deliver all project milestones within 12 months or less.
- **Availability:** Availability to participate in a mandatory Co-Design workshop in New Delhi (tentatively scheduled for the fourth week of February 2026).

Application Submission

- **Platform:** Applications must be submitted via the **TIFA Bharat Portal** (https://tifabharat.org/).
- **Deadline: 20th February 2026, at 18:00 IST.**
- **Inquiries:** Questions may be directed to **tifa.bharat@jsi.org** until 13th February 2026, at 18:00 IST. Responses will be shared with all eligible applicants by 17th February 2026.

Selection Steps

1. **Administrative Screening:** JSI/TIFA staff will verify that all applications meet basic eligibility requirements.
2. **Technical Review:** A selection committee will evaluate eligible applications based on technical merit.
3. **Ranking:** Applicants will be ranked based on their concept papers and, if required, a technical presentation.
4. **Co-Design:** Top-ranked organizations will be invited to a multi-day workshop in New Delhi (tentatively fourth week of February 2026) to develop a detailed activity plan and budget.

Evaluation Criteria

Applications will be scored based on a total of 100 points across the following categories:

1. Technical Approach (25 Points)

- Quality and feasibility of the proposed "Urban-Peri-Urban Coordination" model for bridging Metropolitan and District units.
- Clarity in the strategy to resolve jurisdictional overlaps and pilot the Epidemic Preparedness and Response framework (focusing on rapid detection, reporting, and timely response).

2. Situation Analysis & Vulnerability Mapping (25 Points)

- Proven track record in conducting multi-dimensional situation analyses (environmental, clinical, zoonotic).
- Demonstrated expertise in GIS-led vulnerability mapping to identify hotspots for outbreak prone diseases and assessing data-sharing gaps between Medical Colleges and public health units.

3. Supply Chain Management (20 Points)

- Demonstrated expertise in managing MCM supply chains for essential biologics (e.g., anti-rabies, diphtheria antitoxin).
- Quality of the strategy for maintaining 3-tier stockpiles and optimizing last-mile delivery to public health settings in both urban and peri-urban clusters.

4. Workforce Upskilling Strategy (15 Points)

- Clarity of the plan to upskill existing NUHM/DSU staff rather than proposing new manpower.
- Methodology for conducting 'Drill-in-a-Box' simulations and institutionalizing a global framework for timely detection, reporting, and response, complemented by routine post-action reviews to ensure continuous system improvement.

5. RCCE & Infodemic Management (15 Points)

- Strength of the proposed risk communication strategy, specifically the 24-hour rumor-tracking mechanism.
- Feasibility of the "CERC-based toolkit" and the ability to leverage grassroots community platforms (MAS/JAS) in informal settlements.

Funding and Timeline

- **Budget Range:** The total funding for this project is between $200,000 and $1,000,000 USD. JSI/TIFA may issue awards to one or multiple organizations. TIFA encourages proposals that are cost-effective and demonstrate a wise use of resources to achieve the best results.
- **Project Duration:** The project will last for a maximum of 12 months.
- **Quick Start-up:** TIFA will prioritize organizations that are ready to begin work immediately once the agreement is signed.
- **Consortium & Sub-awarding**: Consortium proposals with subawards are not permitted.