



Health Commitment Grants — India

Request for Application

SWASTHYA HARYANA-Transforming Active Case Finding (ACF) through AI-Powered Thoracic & Non-Communicable Disease (NCD) Screening in Haryana TIFA2.0/2026/005

Posted date: 18 March, 2026

Questions Due: 20 March, 2026 to tifa.bharat@jsi.org

Submissions due: 31 March, 2026 via Tifabharat.org

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) and other global health priorities. Through direct engagement with local governments and their partners, TIFA co-designs fixed amount subawards, which may include Health Commitment Grants (HCGs), that accelerate countries’ progress toward national 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 Indian government entities - such as the National Tuberculosis Elimination Program (NTEP) and Department of State (DOS-US Government), 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. 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 more than 40 subawards to 19 implementing partners, supporting national program priorities across various thematic areas within the NTEP framework.

The state of Haryana has recently procured 90 AI-enabled digital hand held X-ray (HHX) machines and has set an ambitious target to screen 18.7 Lakh people for TB in the next 12 months. JSI seeks an organisation to demonstrate a scalable, technology-driven screening model to assist Haryana state to establish active TB and non-communicable diseases (NCDs) screening linked to its acceleration of active case finding (ACF) with hand held X-ray machines (HHX) through a rapid, 10-month intervention. The successful applicant will support the Haryana State NTEP to operationalize 90 new AI-enabled highly portable HHX by hiring 25 radiological technicians, will deploy an application to facilitate the rapid scale up pre-registration for screening events to improve efficient deployment of HHX where they are most needed, ensure the state is able to manage TB testing surges by contracting 5 laboratory technicians to staff selected high-volume laboratories, and

support integrated TB-NCD screening in the state. At the end of this intervention, the state TB control program will assume operations and take the activity forward; therefore, all interventions will be designed and implemented in close coordination with the State TB Cell. This activity aims to ensure high-yield detection through a self-registration platform for screening, AI-integrated workflows, standardized field operation protocols, and full optimization of human resources via automated data entry. The expected outcome is to accelerate the early detection and management of TB and NCDs in vulnerable populations by implementing high-efficiency, AI-driven screening and standardized scheduling systems that optimize healthcare resources.

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

- Deploy an application for self-registration (being developed by Central TB Division, CTD) and appointment booking for chest X-ray and NCD screening, integrated with Ni-kshay for seamless data management.
- Generate daily line-lists from the deployed portal as per microplan prepared to screen the identified vulnerable geographic areas for TB for X-ray screening camps (to achieve the state target of 18.7 Lakhs population across 22 districts of Haryana). Utilize the registration data to coordinate planning and operationalize screening camps.
- Establish a "single-window" screening camp model that seamlessly integrates TB Active Case Finding with holistic Non-Communicable Disease (NCD) and nutrition assessments. Utilize AI-powered (DeepCXR provided by NTEP) Handheld X-rays (HHX) for identifying presumptive TB cases, triggering immediate sputum collection and NAAT testing for high-risk individuals. Concurrently, screen for hypertension, diabetes, and malnutrition to ensure all presumptive cases are seamlessly linked to the appropriate Public Health Facility for sustained clinical management.
- Provide supplementary human resources (25 radiographers and 5 laboratory technicians) to bridge critical service gaps and operationalize new and currently unstaffed HHX machines. Eventually transition the project activity to the State Health System at the end of the award.
- Conduct comprehensive upskilling sessions for healthcare workers engaged in operationalization of 90 HHX units on the utilization of digital platforms (including self-registration platform), AI interfaces, tracking of presumptive TB patients and digital recording tools for the state initiative of TB screening and orientation of the frontline workers (ASHAs, CHOs, ANMs, AWWs, etc. as suggested by the state NTEP) for community mobilization.
- Provide continuous performance monitoring support of the project team as well as frontline workers to ensure long-term system efficiency to the state and troubleshooting of operational bottlenecks.

Goal	Sample activities	Expected outputs
Demonstrate a scalable, technology-driven screening model in Haryana by coordinating screening events to assist Haryana state to achieve its target of screening 18.7 lakhs individuals for active TB and NCDs, ensuring high-yield detection through an electronic registration application, integrated AI workflows, standardized	Deploy an electronic application that links to the Nikshay web portal for beneficiary self- or facilitated-registration and appointment booking for pre-fixed dates of TB screening, and develop solutions to automate data entry.	A functional digital platform is deployed, integrated with Ni-kshay, and daily automated line-lists are generated for screening camps.
	Deploy 25 additional radiographers and 5 Lab Technicians under the project and, together with STC and DTC leadership, coordinate the State-employed health workers to operationalize 90 HHX units and	All 90 HHX units are operationalized as per the camp schedule.

field protocols, and the full optimization of human resources via automated data entry.	manage increased testing volumes.	
	Develop an integrated TB- NCD screening activity plan across the state using 90 handheld X-ray units and NCD screening tools	Pre-populated schedule of the integrated TB-NCD screening schedule for the targeted vulnerable population in the state.
	Monitor the implementation plan of 90 HHX devices with instant AI risk scoring, followed by immediate sputum collection for high-risk abnormalities.	Number of screening camps conducted according to the implementation plan achieving an efficiency of 70+ screenings per day per HHX unit.
	Facilitate simultaneous screenings for blood pressure, blood sugar, and haemoglobin at the single-window camps leveraging the health system's resources (in coordination with the state NHM)	Presumptive NCD-positive cases are identified early and linked to the nearest Public Health Facility through clear, documented referral pathways.
	Upskill state healthcare workers and frontline staff (ASHAs/ANMs) on digital applications, AI interfaces, and NCD recording tools.	Frontline workforce is successfully trained and equipped with digital job aids to ensure high turnout and active community engagement.
	Establish robust monitoring and surveillance systems to provide implementation support to execute the integrated TB-NCD screening plan in the vulnerable population.	Successful implementation of monitoring mechanism at State and District level.
	Transition of project activities to the State health system for continuation beyond the project period.	Transition plan with project resource costs are successfully integrated into the NHM PIP budget for the following year.

Implementation geography, operational plan and human resource deployment in the state will be finalized during co-design in consultation with the Central TB Division and the State Tuberculosis Centre (Haryana).

Expected Results and Key Performance Indicators:

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

- **Total Individuals Screened:** Total number of vulnerable individuals successfully screened for active TB and integrated NCDs (hypertension, diabetes, and anaemia) at single-window camps
- **Diagnostic Triage & Testing:** Total number of TB tests conducted following AI-enabled Handheld X-ray (HHX) triage.
- **System Efficiency Rate:** Average number of individuals screened per day, per HHX machine (Target: 70+ individuals/day).

- **Operational efficiency:** Proportion of the registered individuals **(80%) screened** on the scheduled camp date as per the microplan
- **Digital Adoption Rate:** Percentage of target population successfully utilizing the electronic application for screening camp registration, self or facilitated, (>50% individuals registered digitally) among the total screened.
- Percentage of presumptive TB cases identified by AI (DeepCXR) or radiologists who are successfully linked to molecular testing (CBNAAT/TrueNat) **(90%)**.
- Percentage of people diagnosed with TB who are initiated on treatment within 48 hours (90%).
- **NCD Linkage Rate:** Percentage of identified presumptive NCD-positive and presumptive malnourished/anaemic cases successfully linked to the nearest Public Health Centre (PHC) for further clinical management.
- **Skill enhancement:** Number of state healthcare workers and frontline staff (ASHAs, CHOs, ANMs, radiographers, and Lab Technicians) successfully upskilled and certified in the integrated TB-NCD screening protocol, digital reporting, and AI interfaces.

Eligibility:

Interested organizations must meet the following mandatory criteria:

- **Legal Status:**
 - Must be a legally registered Indian NGO with a valid FCRA registration, or a for-profit organization with all mandatory registrations (PAN, TAN, GST) eligible to receive foreign funds, or an international ***non-governmental*** organization legally registered in India.
 - Public international organizations (PIO) and intergovernmental organizations (IGO), are not eligible.
- **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:** Proven track record of on ground experience for strengthening Tuberculosis/NCD care services in Haryana. The applicant must showcase strong existing liaison capabilities with the state tuberculosis centre to ensure smooth program implementation.
- **Operational Readiness:** Ability to rapidly initiate implementation (within 15 days of award) and deliver all project milestones within 10 months or less (before the end of 31 March 2027).
- **Availability:** Availability to participate in a mandatory Co-Design workshop in New Delhi (tentatively scheduled for the 2nd week of April 2026)

Application Submission:

- **Platform:** Applications must be submitted via the **TIFA Bharat Portal** (<https://tifabharat.org/>).
- **Deadline: 31 March, 2026, at 18:00 IST.**
- **Inquiries:** Questions may be directed to tifa.bharat@jsi.org until 20th March 2026, at 18:00 IST. Responses will be shared with all eligible applicants by 24th March , 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.
4. **Co-Design:** Top-ranked organizations will be invited to a multi-day workshop in New Delhi (tentatively 2nd week of April 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:

- **Technical Approach (30%):** Evaluation of the proposed methodology's clarity, innovation (especially around AI-powered thoracic screening and Handheld X-ray deployment), alignment with State NTEP and NCD programs, and feasibility of achieving the time-bound screening. Evidence of a "closed-loop" referral system that successfully links presumptive TB cases to NAAT testing and NCD-positive individuals to Public Health Centres (PHCs)
- **Organizational Experience and Capacity (25%):** Assessment of the organisation's track record in managing large-scale health projects integrated with the public health system, with specific experience in Active Case Finding (ACF) and conducting simultaneous community screenings for TB and comorbidities (hypertension, diabetes, anaemia)
- **Digital and Innovative Strategy (15%):** Approach and experience with digital screening tools, specifically the deployment of a beneficiary self-registration portal, QR-based appointment schedulers, and solutions for "keyboard liberation" (automated data entry). Proposed mechanism on how the platform's data will communicate and integrate with the Ni-kshay portal.
- **Operational Feasibility and Health Systems Strengthening (15%):** Quality and relevance of the proposed project team's expertise, particularly in technology development, complex logistics management of large-number units, and supplementary human resource deployment (radiographers and Lab Technicians). Quality of the support structure for frontline workers (ASHAs/ANMs/CHOs) and the viability of the transition plan to integrate project costs into the National Health Mission (NHM) PIP budget.
- **Coordination Mechanism and Communication Systems (15%):** Proposed mechanisms of internal coordination between the State NTEP, district-level authorities (DTOs), and NHM. Proposed culturally sensitive approach and technology-led mobilization strategies for effective demand generation among vulnerable populations and transition support for the state to sustain.

Funding and Timeline:

- **Budget Range:** The total funding for this project is between \$300,000 and \$500,000 USD. JSI/TIFA may issue **fixed amount subawards** (HCGs) 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:** All project milestones must be completed within the 10 months or less (before the end of March '27).
- **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.