



## Health Commitment Grants — India Request for Application

### Strengthening DPHLs for Early Detection of Outbreak-Prone Diseases

TIFA2.0/2026/006

Posted date: 7<sup>th</sup> April 2026

Questions Due: 11<sup>th</sup> April 2026 to [tifa.bharat@jsi.org](mailto:tifa.bharat@jsi.org)

Submissions due: 17<sup>th</sup> April 2026, 18:00 IST, via [Tifabharat.org](https://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, enhance country ownership, and strengthen 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 enhancing 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 District Public Health Laboratories (DPHLs) for Early Detection of Outbreak-Prone Diseases." This initiative contributes to India's efforts to contain outbreak-prone diseases at their source by optimizing the existing Integrated Disease Surveillance Programme (IDSP) laboratory network. The intervention focuses on transforming District Public Health Laboratories (DPHLs) from passive diagnostic units into proactive surveillance hubs. By strengthening the Level 2 (L2) laboratory tier, the project ensures that clinical samples are converted into actionable "Lab-Confirmed Surveillance Data," reducing reliance on non-specific syndromic reporting.

This project validates a specialized Surveillance-to-Action blueprint designed to bridge the diagnostic-intelligence gap by optimizing existing systems rather than increasing manpower. It operationalizes the Global Epidemic Preparedness and Response Framework to transition from simple data collection to rapid detection and timely public health action. To ensure

District Public Health Laboratories (DPHLs) achieve Optimal Performance, the initiative conducts 360° readiness assessment to resolve equipment and reagent bottlenecks while institutionalizing a clinician-laboratory interface that links hospital patient flows with surveillance needs. Also, the project enhances epidemiological intelligence by upskilling personnel in Trigger-Level Analysis for 12-hour cluster notification and strengthens reliability through a robust External Quality Assurance Scheme (EQAS) and a 3-tier diagnostic stockpile framework. This model aims to provide the NCDC with a field-tested, scalable framework ensuring that the existing DPHL network is resilient, high-functioning, and capable of identifying biological threats in their earliest stages.

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

Problem Statement	Proposed Activities	Expected Outputs
DPHLs often lack a clear baseline of their own Outbreak-Readiness, leading to reagent stockouts and uncalibrated equipment.	Activity 1: Baseline Gap Analysis. To conduct a 360° assessment of current infrastructure, HR capacity, equipment functionality, BMW protocols, and participation history in EQAS.	DPHL wise Gap Analysis Reports;
Fragmented supply chains and a lack of accreditation-readiness lead to unvalidated results and lack of trust from clinicians.	Activity 2: Quality Excellence & Supply Chain Plan. To prepare a phased improvement plan focusing on NABL-readiness, establishing Diagnostic Buffer Stocks, and institutionalizing monthly EQAS cycles.	100% DPHLs with a standardized procurement calendar; 90% proficiency scores in EQAS.
Lab staff often operate in silos, performing tests without understanding their role in field epidemiology or outbreak "trigger" levels.	Activity3: Integrated Lab-Epidemiology Training. To conduct upskilling workshops for microbiologists and technicians on cluster identification, threshold alerts, and safe specimen transport during field investigations.	Output: 250+ personnel certified; 12-hour notification protocol for unusual events institutionalized.
Most DPHLs wait for samples to arrive, resulting in a low Case Detection Rate and missed early-warning signals.	Activity 4: Clinician-Lab Liaison (OPD Integration). To implement a systematic Sample-to-Case protocol at District Hospital OPDs/IPDs for targeted sampling of 10% of fever, diarrhea, and SARI cases.	Output: Minimum 10% sampling rate achieved; Standardized sampling SOPs displayed in all Hospital OPDs.
Labs lack a structured protocol to link water quality data with clinical spikes and have no internal validation for ELISA during surges.	Activity 5: Outbreak Preparedness. To initiate routine environmental water monitoring in 2 priority blocks per district and implement daily internal QC logs for ELISA assays.	Output: 70% of labs maintaining daily ELISA validation logs; 9 Monthly Integrated Reports (Final Quarter).
Laboratory improvements often remain project-dependent, lacking the necessary budgetary documentation and technical handovers	Activity 6:Developing a Roadmap for Sustainability. Formulate a detailed summary of recurring costs for DPHL operations and finalize the handover of training toolkits and monitoring frameworks to State health authorities.	Sustainability Roadmap finalized; Budgetary requirements proposed to States; Training toolkits and monitoring SOPs handed over for State-led scaling.

required for State-led continuation.		
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TIFA will award two or more grants each of which will strengthen DPHLs in one or more states. 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:**

- Percentage of DPHLs with a State-approved Gap-Closure Plan.
- Percentage of DPHLs showing a positive upward trend in EQAS proficiency.
- Proportion of trained staff who successfully execute a Cluster-Notification Drill within 12 hours of a simulated trigger.
- Percentage increase in sample inflow for targeted surveillance syndromes compared to the Month 1 baseline.
- Number of high-risk blocks where integrated water-clinical reports were generated and shared with the District Surveillance Unit in the final quarter of project implementation.
- Number of States where a finalized Sustainability Roadmap, including recurring cost summaries and technical toolkits, has been formally submitted and acknowledged by State Health Societies for future PIP inclusion.

**Eligibility**

Interested organizations must meet the following mandatory criteria:

- Legal Status:
  - I. 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.
  - II. 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.
- Disease Surveillance Expertise: Mandatory working experience (minimum 3 years) in strengthening disease surveillance mechanisms, with a focus on transitioning from syndromic suspicion to etiologic certainty within the Integrated Disease Surveillance Programme (IDSP) framework.
- Public Laboratory Ecosystem Experience: Demonstrated experience in the functional optimization of District Public Health Laboratories (DPHLs) or Integrated Public Health Laboratories (IPHLs), including a deep understanding of the five-tier laboratory hierarchy (L1 to L5).

- **Government Liaison & Network Integration:** A proven track record of successful collaboration with the National Centre for Disease Control (NCDC), District Health Societies, and the ICMR network labs. Applicants must demonstrate experience in navigating the administrative and jurisdictional challenges of the National Health Mission (NHM).
- **Quality Assurance & Standards:** Technical proficiency in establishing and maintaining laboratory quality systems, specifically Internal Quality Assurance (IQAS) and External Quality Assurance Schemes (EQAS), with experience in achieving NABL-readiness and high proficiency benchmarks.
- **Operational Readiness:** Proven ability to initiate implementation within 30 days of the award and deliver all project milestones within a maximum of 9 months.

### Application Submission

- **Platform:** Applications must be submitted via the **TIFA Bharat Portal** (<https://tifabharat.org/>).
- **Deadline: 17th April 2026, at 18:00 IST.**
- **Inquiries:** Questions may be directed to [tifa.bharat@jsi.org](mailto:tifa.bharat@jsi.org) until 11th April 2026, at 18:00 IST. Responses will be shared with all eligible applicants by 14th April 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 First week of May 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 model to transform DPHLs from passive diagnostic units into proactive surveillance hubs.
- Clarity in the strategy to transition from simple data collection to rapid detection, focusing on the institutionalization of 12-hour notification protocols for unusual events.
- Feasibility of the strategy to develop recurring operational cost summaries and formalize the handover of project toolkits to State authorities for inclusion in future PIP cycles.

#### 2. Lab-Based Surveillance & Gap Mapping (25 Points)

- Proven track record in conducting comprehensive, 360° situational analyses of public health labs, covering infrastructure, equipment health, and human resource training need assessment.

- Demonstrated expertise in identifying and resolving administrative gaps between District Hospital clinical flows (OPD/IPD) and surveillance reporting requirements.
- Practical experience in mapping local environmental risks (e.g., water quality) to correlate with clinical disease clusters for targeted surveillance.

### **3. Laboratory Quality & Practical Supply Chain (20 Points)**

- Demonstrated expertise in managing essential diagnostic supply chains to ensure zero stockouts of reagents and biologics for priority outbreak-prone diseases.
- Quality of the strategy to establish a 3-month local Buffer Stock and a standardized procurement calendar to manage seasonal surges, replacing complex multi-tier theoretical models.
- Technical proficiency in implementing consistent IQAS and EQAS cycles to build clinician trust in lab results.

### **4. Workforce Upskilling & Technical Handover (15 Points)**

- Clarity of the plan to upskill existing DPHL and IDSP staff in Trigger-Level Analysis and sample transport, rather than proposing new, unsustainable manpower.
- Quality of the methodology for finalizing and transferring modular training toolkits and diagnostic SOPs to the NCDC and States to enable independent scaling after the 9-month period.
- Effectiveness of using 'Drill-in-a-Box' simulations to test staff response speed and institutionalize reporting protocols.

### **5. Outbreak Preparedness & System Alignment (15 Points)**

- Strength of the proposed strategy for routine environmental water monitoring and its systematic integration with clinical data for early warning.
- Feasibility of implementing daily internal validation logs for high-sensitivity assays (ELISA) to ensure data accuracy during disease surges.
- Demonstrated ability to align laboratory monitoring and mentorship frameworks with existing NHM/IDSP structures to ensure quality standards are recognized and maintained by state entities.

## **Funding and Timeline**

- **Budget Range:** This intervention will implement activities in two distinct geographies, each covering one or more states, drawing lessons that can be more easily scaled in India's diverse landscape. No award will exceed \$250,000 and the total sum of all awards may not exceed \$330,000 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 and lay a strong foundation for sustaining improvements through domestic resources in the post award period.

- **Project Duration:** The project will last a maximum of 9 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.