Health Commitment Grants — India

Request for Application
Scaling Intensified TB Screening in Tertiary Hospital Ecosystems

Bridging the Detection Gap through Intensified OPD/Inpatient Screening and AI-Driven Triage in Medical Colleges and District Hospitals

TIFA2.0/2026/008

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Questions Due: 15 June 2026 to tifa.bharat@jsi.org
Submissions due: 22 June 2026 via tifabharat.org

About the Tuberculosis Implementation Framework Agreement (TIFA)

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. Since its inception in India, JSI/TIFA has issued more than 40 subawards to over 20 implementing partners, supporting national program priorities across various thematic areas within the NTEP framework.

About the subject

Medical colleges and district hospitals serve as a strong, yet underexplored, opportunity to identify missing cases, and integrate them into the care cascade. Medical colleges and district hospitals in India serve as tertiary referral hubs, witnessing massive daily footfalls in Outpatient Departments (OPDs) and high bed-occupancy in wards, contributing 15-20% of total notifications consistently for decades (1). Despite the high potential, medical colleges, for example, face massive pre-testing attrition, with 67% of symptomatic patients dropping out between the initial screening and the laboratory (2).

Current data also reveals a stark contrast in screening efficiency in both OPD and IPD settings. One study, using symptom-based screening in an OPD setting, showed a modest yield of 0.14% (NNS ≈ 737) (3). However, targeted screening in IPD settings was highly effective, with a Number Needed to Screen (NNS) of only 48 (4). Furthermore, targeted screening in diabetic clinics using the 4-symptom complex (cough, fever, weight loss, night sweats) yields an NNS between 65 and 147.

Along with the institutional fast-tracking, there is a compelling opportunity to deploy a robust **Intensified Case Finding (ICF)** operational model in OPD and Indoor facilities of the tertiary care settings. By transitioning from symptom-based screening to CAD-supported Chest X-Ray (CXR) screening, medical institutions can bypass the low sensitivity of symptom-only protocols and eliminate pre-testing attrition via dedicated "Fast-Track" channels.

We invite applications from Indian organisations to undertake the following:

- Analyze existing Outpatient (OPD) and Inpatient (IPD) patient flows within selected facilities; design, deploy, and monitor digitized TB screening workflows (integrating the 10-S + X-ray screening tool, TB Mukt Bharat app, and fast-track coupon systems) to minimize patient waiting times and eliminate pre-diagnostic dropouts.
- Identify and select 10 high-burden or low-yield medical colleges and/or district hospitals across targeted 5 states, utilizing data-driven metrics such as annual footfall and existing TB. case notification rates (in close consultation with state NTEP And CTD) to conduct the intervention through an iterative process to develop an efficient system.
- Secure all necessary institutional permissions and administrative approvals required for implementation; actively collaborate with the State National Tuberculosis Elimination Programme (NTEP) and the Central TB Division (CTD) to facilitate the issuance of official state-level guidelines and operational mandates.
- Work closely with state health authorities to map, allocate, and ensure the operational availability of handheld X-Ray (HHX) machines equipped with AI software (DeepCXR) at selected sites, addressing any logistical or maintenance bottlenecks.
- Deploy a tool to ensure 100% TB screening coverage in OPD and IPD as well as enforce real-time logging of all screening and diagnostic data into the Ni-kshay.
- Establish closed-loop mechanisms to ensure 100% of TB patients are initiated on appropriate anti-TB regimens and assessed for differentiated TB care.
- Assess the eligibility for Tuberculosis Preventive Treatment (TPT) during systematic screening of IPD and OPD patients for TB and link them with existing NTEP services for further management.
- Develop Standard Operating Systems (SOPs) for all major workflows of the project intervention in consultation with the NTEP for state led scale-up across the state.
- Conduct monthly review meetings with the District TB Officer (DTO) and the Nodal person from the intervention sites to review the project indicators and resolve any systemic bottlenecks to improve operational efficiency.

Goal	Sample activities	Expected outputs
Demonstrate a high-yielding, intensified case finding model in OPD and IPD settings, using an AI-supported CXR-based screening method in medical colleges and/or district hospitals that fast-tracks	[OPD] Enhance OPD registration desks with TB screening capabilities (self-screening or staff-assisted tools) and equipped to use TB Mukt Bharat app's pre-screening registration form – in development) to link with AI-enabled X-ray screening (HHXs and/or conventional) setting within the health facility.	An efficient system is established to achieve TB screening of at least 50% of incoming OPD patient with digitally logged record
	[OPD] Deploy fast-track system for symptomatic patients (using a digital/physical coupon attached to registration folder)	Clear AIC administrative control established (fast-tracking), reducing symptomatics' time spent in

presumptive TB cases to rapid diagnostic services.	Establish a system for individuals with fast-track coupons to get the priority for doctor's consultation, Laboratory, and pharmacy service.	waiting areas and wards
	[OPD] Ensure all presumptive TB cases receive TB diagnostics test (NAAT) and consultation of the physicians for quick TB diagnosis and management.	90% Coverage of TB diagnostics assessment in TB presumptive identified in OPD screening.
	[IPD] Screen all eligible newly admitted patients for TB using 10s and /or X-ray on the next morning of admission, facilitated by staff nurses in the ward irrespective of indication for the hospital admission.	100% of newly admitted IPD patients are universally screened for TB and registered in Ni-kshay.
	[IPD] Link vulnerable groups and symptomatic patients to digital X-ray machines (HHXs) equipped with DeepCXR (if not evaluated already)	All identified vulnerable or symptomatic patients are fast-tracked for targeted chest screening using Handheld X-rays (HHXs) with automated AI interpretation.
	[IPD] Ensure NAAT (Nucleic Acid Amplification Test) along with the other investigations and clinical consultation for all TB presumptive identified through IPD screening.	95% Coverage of TB diagnostics assessment in TB presumptive identified during IPD screening
	[OPD and IPD] Analyse the project and Ni-kshay data periodically to address the gaps in coverage and quality of implementation. Modify the intervention protocol based on the learning and implementation experience	Real-time synchronization of all screening and diagnostic data and monthly feedback to respective stakeholders indicating corrective actions across the project period.
	[OPD and IPD] Link TPT eligible to TPT testing (as per the state policy mandates), and TPT treatment under the existing NTEP services network.	Robust mechanism of TPT eligibility assessment among IPD and OPD patients and systematic routing of individuals eligible for TPT services.

The intervention is expected to be conducted in ten medical college hospitals. Site selection will be guided by conversations with State NTEP and CTD.

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:

1. **Screening Coverage:** Number of patients screened (with HHXs) in OPDs/Wards vs. total hospital footfall.
2. **Testing Rate:** % of symptomatic (presumptive) patients who undergo a molecular test (NAAT).

3. **TB detection:** NNS vs total screened
4. **TPT assessment rate:** % evaluate for TPT eligibility.
5. **Trained staff:** Number of staff members oriented on project activities.

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 experience in working in tertiary hospital settings (medical colleges and/or district hospitals). The applicant must have 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 6 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 4th week of June 2026)

Application Submission:

- **Platform:** Applications must be submitted via the **TIFA Bharat Portal** (https://tifabharat.org/).
- **Deadline: 22 June, 2026, at 18:00 IST.**
- **Inquiries:** Questions may be directed to **tifa.bharat@jsi.org** until 15th June 2026, at 18:00 IST. Responses will be shared with all eligible applicants by 17th June 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 4th week of June 2026) to develop a detailed activity plan and budget.

Promising applicants may be invited to give a technical presentation on their concept prior to the co-design stage.

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, operational innovation, and feasibility of achieving 100% universal screening in high-burden, high-footfall tertiary environments. Review of workflows adapting the screening tools, the TB Mukt Bharat app, and fast-track coupon/token systems across OPD and IPD ward settings. Evidence of a robust, single-visit referral system that eliminates pre-testing attrition by seamlessly fast-tracking triage-positive patients to confirmatory Molecular Testing (NAAT) alongside regular admission (IPD) or OPD investigation panels.

- **Organizational Experience and Capacity (20%):** Assessment of the organization's proven track record in executing public health interventions within tertiary hospital settings (medical colleges and district hospitals). Evaluation of the applicant's established liaison capabilities with the Central TB Division (CTD), State Tuberculosis Centres (STC), and District TB Officers (DTOs) to secure institutional permissions, digital tool development, and state-level operational mandates. Demonstrated experience in managing Intensified Case Finding (ICF) models and coordinating effectively with hospital leadership (Deans and Medical Superintendents).
- **Digital and Innovative Strategy (20%):** Approach and experience with health information systems and digital integration. Assessment of the organization's strategy to work with state NTEP ICT teams to enforce 100% real-time logging of all screening, triage, and diagnostic data into the Ni-kshay portal. Evaluation of the technical approach to link patient records with the Ayushman Bharat Health Account (ABHA) or other ecosystem, specifically implementing automated algorithms or system flags to identify and block duplicate CXR testing for the same population within a 6-month window.
- **Operational Feasibility and Health Systems Strengthening (15%):** Quality and relevance of the proposed project team's expertise, specifically in complex healthcare logistics, change management within public hospitals, and rapid resource mobilization. Assessment of the applicant's operational readiness to launch implementation within 15 days of the award and successfully deliver all core milestones within 6-month timeline.
- **Coordination Mechanism and Communication Systems (15%):** Proposed mechanisms for coordination between State NTEP, National Health Mission (NHM) officials, and institutional authorities. Strategy for setting up and driving data-driven quarterly review meetings with District TB Officers (DTOs) and Medical College Deans to review key performance indicators (Screening Coverage, NAAT Testing Rates, and NNS yield) and resolve systemic operational bottlenecks.

Funding and Timeline:

- **Budget Range:** The total funding for this project is between $120,000 and $250,000 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 6 months (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.