Health Commitment Grants — India

Request for Application
Upskilling of Mobile Health Teams under RBSK 2.0 for strengthening Pediatric TB screening

TIFA2.0/2026/011

Posted date: 18 August, 2026
Questions Due: 21 August, 2026 to tifa.bharat@jsi.org
Submissions due: 31 August, 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 subawards 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

Pediatric tuberculosis remains a significant driver of childhood morbidity and mortality in India. According to estimates approximately 3.42 lakh children aged 0–14 years develop TB annually in India, accounting for about 6% of the total TB cases notified under National Tuberculosis Elimination Program (NTEP). Despite this substantial burden, pediatric TB continues to be underdiagnosed and underreported, with an estimated 56% gap between the number of children expected to have TB and those detected and notified. This substantial detection gap highlights the persistent challenges in identifying TB among children, which may be attributed to the often non-specific clinical presentation, paucibacillary nature of disease, difficulties in obtaining appropriate clinical specimens, and limitations in access to sensitive diagnostic tools. Under the revised Rashtriya Bal Swasthya Karyakram (RBSK 2.0) Operational Guidelines (2026), the Ministry of Health and Family Welfare has expanded the mandate of the 4Ds framework (Defects at birth, Deficiencies, Diseases, and Developmental delays) to incorporate emerging public health priorities and infectious disease threats. This expanded mandate provides an ideal policy framework to systematically integrate pediatric TB screening into community-level child health outreach. By leveraging the existing, highly structured network of Mobile Health Teams (MHTs), the healthcare system can eliminate diagnostic

blind spots without duplicating field operations. The inherent structural flexibility of RBSK 2.0 MHTs allows for the dynamic participation of different cadres of workforce, allowing NTEP community-level workforce participation based on the need.

We invite applications from Indian organizations to undertake the following activities over 6 months period:

- **Baseline Training Needs and KAP Assessment:** Conduct an integrated baseline assessment across targeted Mobile Health Teams (MHTs) to assess operational knowledge, clinical practices, and attitudes related to pediatric TB screening, recognition of disease severity, household contact tracing, and diagnostic linkages, and identify cadre-specific training needs.
- **Cadre-Specific learning module development:** Develop interactive, short, cadre-wise learning modules and training packages. Modules will be tailored specifically for MHT Medical Officers, MHT Paramedics (Staff Nurses/Pharmacists), and frontline community cadres (ASHAs, AWWs, School Health Ambassadors) and any other state specific cadres who are part of MHTs.
- **Standard Operating Procedures (SOPs) adoption:** Draft, validate, and finalize standardized SOPs detailing clear, on-the-ground operational workflows for pediatric TB screening, pediatric Household Contact Tracing (HHC), and seamless referral diagnostic linkages with NTEP.
- **Training plan development & execution** Use innovative, practical, and continuous learning approaches to enable on-field upskilling of MHTs with minimal disruption to routine service delivery. This may include short, focused learning and reinforcement sessions, frequent bite-sized learning, and a structured mentor–mentee/cascade approach for regular handholding, supportive supervision, and feedback to bridge the "knowing–doing" gap.
- **Analysis of implementation bottlenecks and recommendations for Policy:** Analyze on ground implementation challenges related to paediatric TB screening metrics documenting in the form of a comprehensive project learning resource serving use to leadership of both program (NTEP & RBSK) detailing programmatic lessons, cross-programmatic coordination models between NTEP and RBSK, and actionable recommendations for pan-India scale-up.

Goal	Sample activities	Expected outputs
To strengthen pediatric TB screening, active case finding, and diagnostic-to-treatment linkages across selected state geographies through the upskilling and operational integration of RBSK 2.0 Mobile Health Teams (MHTs)	Conduct an integrated baseline Training Needs and KAP Assessment among MHT Medical Officers, paramedics, and frontline workers across target districts to identify cadre-specific capacity and practice gaps.	Baseline TNA and KAP Assessment Report detailing operational gaps and cadre-specific training requirements.
	Analyze baseline data to identify operational bottlenecks, clinical misconceptions, and cadre-specific training gaps.	

	Co-design short, interactive, cadre-wise learning modules and digital job aids with CTD and RBSK nodal teams.	CTD- and RBSK-endorsed cadre-wise short, interactive modules and operational SOPs for cross-programmatic scale-up.
	Secure the necessary formal approvals from the State TB and RBSK programmes for the developed modules and conduct on-ground upskilling of teams.	
	Draft cadre-wise SOPs for pediatric TB screening in schools and Anganwadi centres, along with diagnostic linkages.	
	Organize State- and District-level Training of Trainers (ToT) workshops to establish a pool of certified master trainers.	Over 90% of targeted MHT personnel, programme nodal, and frontline cadres fully trained and certified across implementation geographies.
	Roll out training for MHT Medical Officers, paramedics (Staff Nurses/Pharmacists), and community cadres (ASHAs/AWWs)	
	Deploy trained MHTs using standardized SOPs to perform systematic pediatric TB screening during routine RBSK outreach.	
	Aggregate field learnings, analyse pre and post intervention impact on the key programmatic indicators synthesizing evidence for NTEP and RBSK programmes.	Project Learning Report documenting on ground finding, implementation experience, impact of the intervention and recommendations serving as a strategic policy document for NTEP and RBSK programmes.

Implementation geography will be finalized during co-design in consultation with Central Tuberculosis Division and Child health division, Ministry of Health & Family Welfare.

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. **Integrated Training Needs and KAP Assessment:** Conduct a baseline assessment of training needs, knowledge, attitudes, and practices (KAP) among targeted MHT cadres to identify cadre-specific capacity gaps and inform the training strategy.
2. **Training Coverage Rate:** 90% of targeted MHT medical officers, paramedics, and frontline community cadres successfully trained on pediatric TB screening and diagnostic referral workflow protocols as per NTEP.
3. **Project Learning Report:** A report capturing cross-state learnings and evidence from TNA and skill-building interventions, with recommendations for streamlining paediatric TB screening for CTD and RBSK program

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 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 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 1st week of September 2026)

Application Submission:

- **Platform:** Applications must be submitted via the **TIFA Bharat Portal** (https://tifabharat.org/).
- **Deadline: 31 August 2026, at 18:00 IST.**
- **Inquiries:** Questions may be directed to **tifa.bharat@jsi.org** until 21 August 2026, at 18:00 IST. Responses will be shared with all eligible applicants by 25 August 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 submitted application.
4. **Co-Design:** The top-ranked organization will be invited to a multi-day workshop in New Delhi 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 (30%)**
   - Evaluation of the proposed methodology's clarity, innovation, and programmatic alignment with both RBSK 2.0 and NTEP operational frameworks.
   - Quality of the proposed TNA/KAP assessment methodology, pediatric TB screening workflows
   - Approach to systematically document implementation learnings and translate them into actionable recommendations for program refinement and scale-up.
2. **Organizational Experience and Capacity (20%)**
   - Demonstrated liaison capability with CTD, STCs, and RBSK program teams at national and state level, along with existing technical staff readiness.
3. **Curriculum Development & Pedagogical Strategy (20%)**
   - Quality and feasibility of the strategy to design short, interactive, cadre-wise learning packages (MOs, Paramedics, Frontline Cadres).
   - Assessment of the organization's proven track record in executing large-scale health capacity-building and outreach interventions within public health systems.
4. **Operational Feasibility and Health Systems Strengthening (15%)**
   - Demonstrated experience of the project team in pediatric TB and child health programmes, with a proven track record of working with state health systems and programmes across multiple states.
   - Demonstration of operational readiness to launch within 15 days of award and meet tight grant timelines (ending March 2027).
5. **Coordination Mechanism, & Reporting (15%)**
   - Robustness of internal and external governance mechanisms for continuous coordination between District/State NTEP and RBSK authorities.

Funding and Timeline:

- **Budget Range:** The total funding for this project is between $400,000 - $500,000 USD. JSI will issue up to two awards to one or more 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.