



Health Commitment Grants — India

Request for Application

Geospatial AI for Tuberculosis Active Case Finding, Diagnostic Optimization, and Programmatic Intelligence TIFA2.0/2026/012

Posted date: 8th September 2026

Questions Due: 11th September 2026 to tifa.bharat@jsi.org

Submissions due: 18th Sep 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 the National Tuberculosis Elimination Program (NTEP) and Department of State (DOS-US Government), we identify country priorities and openly compete for opportunities. Organizations are invited to apply for subawards and, if selected, are guided through a co-design process. 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 60 subawards to over 25 implementing partners, supporting national program priorities across various thematic areas within the NTEP framework.

Background and context

Active Case Finding (ACF) is a core strategy of the TB Mukht Bharat Abhiyaan, but untargeted screening yields high Numbers Needed to Screen (NNS) to find missing cases. For example, standard campaign rounds across urban TB Units have required screening nearly 20,000 individuals to confirm a single pulmonary TB case. Usually, such hot spots are mapped at standard geo-spatial layer units like wards, blocks, etc. However, in dense intra-urban settings housing tens of thousands of residents, ward-wide blanket screening is operationally infeasible. Innovative approaches are needed to better target vulnerable geographies or sub-geographies to improve TB ACF efficiency and accelerate TB case finding.

To address this challenge, AI-NETRA is an innovative geospatial AI platform designed by [frontcort](https://frontcort.com) to assist NTEP to overcome these challenges through field-level AI Active Case Finding (AI-ACF)

Pilot evidence from Pune demonstrated that AI-guided targeting TB screening increased the proportion of confirmed cases among identified presumptive from 1.2% to 4.3%, significantly reducing the cost per detected case. In frontline worker surveys 92% reported workload reduction. NTEP now seeks to validate

this approach at scale. This Request for Application solicits organizations with strong field-level TB implementation experience and an existing footprint to rapidly deploy AI-NETRA across 30 districts in 10 states, with Chandigarh prioritized for initial execution.

Scope of Work

The selected organizations will be responsible for designing the overall 30-district framework while prioritizing initial rollout and execution in Chandigarh. The final list of remaining districts and states will be refined and formally finalized with the selected agency during the post-selection co-design phase in close consultation with CTD.

We invite applications from Indian organisations to undertake the following:

- Framework design and deployment: Design the multi-state 30-district operational framework while immediately launching data ingestion, model training, and field execution in Chandigarh as the phased priority site.
- Data integration and geocoding: Securely ingest historical Nikshay data, conduct per-district geocodability audits, and integrate open geospatial layers (building footprints, morphology, population density, slum deprivation indices).
- Hotspot and micro cluster generation: Generate H3 hexagon hotspots and cluster units (minimum 5 building footprints, down to 100 sq. meters) for field teams.
- Prospective field execution: Coordinate with District TB Officers (DTOs) and frontline workers to validate AI micro plans prior to door-to-door execution, embedding the workflow into routine NTEP operations.
- Monitoring: Implement AI-DNO algorithms for optimal sample transport and deploy AI-KPI dashboards for real-time tracking of NNS, referral precision, and cluster yield.
- Governance and compliance: Maintain strict compliance with the Digital Personal Data Protection (DPDP) Act 2023, hosting all data on India-based servers under ISO 13485, ISO 14971, IEC 62304, and ISO 42001 quality and AI management standards.

Goal	Sample activities	Expected outputs
Deployment and Scaling of Geospatial AI (AI-NETRA) for Targeted Active Case Finding and Diagnostic Network Optimization under TB Mukh Bharat Abhiyaan	Deploy AI-ACF Microplanning - Subdivide hotspot hexagons into micro-clusters (min. 5 building footprints).	Ranked daily micro plans generated for field teams in active districts.
	Execute Prospective AI-Guided ACF: Train frontline health workers on AI micro plan validation. Link identified presumptive cases to molecular testing (NAAT).	Significant reduction in Number Needed to Screen (NNS) compared to standard ACF. Increased yield of confirmed pulmonary TB cases per screening round.
	Use the application to manage sample transportation to nearest sites with capability to process samples immediately. Monitor sample turnaround time.	Reduced sample turnaround time (TAT) and transport distance. Live AI-KPI dashboard integrated with existing Nikshay workflows.

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. Urban ACF Screening Yield (Primary Endpoint): NNS per confirmed pulmonary TB case (AI-targeted vs. standard ACF within the same district).
2. Referral Precision: Percentage of tested presumptive TB cases confirmed via NAAT.
3. Unnotified Pocket Penetration: Proportion of detected cases originating from micro-clusters with zero notifications in the preceding 24 months.
4. Diagnostic Efficiency: Mean reduction in sample transport distance and laboratory turnaround time achieved through AI-DNO.
5. Operational Adoption: Percentage of frontline workers routinely utilizing AI-NETRA micro plans without creating parallel register reporting.

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 4-5 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 fourth week of September).

Application Submission:

- **Platform:** Applications must be submitted via the **TIFA Bharat Portal** (<https://tifabharat.org/>).
- **Deadline:** 18th September 2026, at 18:00 IST
- **Inquiries:** Questions may be directed to tifa.bharat@jsi.org until 11 Sep 2026, at 18:00 IST. Responses will be shared with all eligible applicants by 14th Sep 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 scheduled for 4th week of September 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, operational innovation, and quality of the proposed strategy to execute geospatial AI screening, validate micro-clusters, integrate AI-DNO sample routing, and lower NNS in urban settings.
- **Organizational Experience and Capacity (20%):** Assessment of the organization's proven track record in managing large-scale public health programs, executing active case finding campaigns, and working directly with CTD/NTEP state and district teams.
- **Digital and Innovative Strategy (20%):** Approach and experience with health information systems and digital integration. Demonstrated strength in health data integration (Nikshay), spatial modelling, software compliance (ISO standards/DPDP Act), and user-friendly frontline worker interfaces.
- **Operational Feasibility and Prioritized Rollout (15%):** Robust plan to design the complete 30-district framework while swiftly launching prioritized execution in Chandigarh, ensuring rapid start-up and efficient resource utilization.
- **Coordination Mechanism & Health Systems Integration (15%):** Quality of coordination protocols with CTD, STCs, and DTOs, including monthly review mechanisms and seamless embedding into routine NTEP workflows.

Funding and Timeline:

- **Budget Range:** The total funding for this project is between \$250,000 to \$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 4-5 Months (before the end of March '27).
- **Implementation strategy:** Immediate prioritization of Chandigarh for initial field deployment, followed by phased wave rollout across the remaining CTD-approved districts.
- **Consortium & Sub-awarding:** Consortium proposals with subawards are not permitted.