Health Commitment Grants — India

Request for Application
Creating a risk-pooling benefits model for those diagnosed with TB
TIFA2.0/2026/013

Posted date: 11th September, 2026
Questions Due: 15th September, 2026 to tifa.bharat@jsi.org
Submissions due: 22nd September, 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 80 subawards to over 28 implementing partners, supporting national program priorities across various thematic areas within the NTEP framework.

About the subject

India accounts for over 26% of global tuberculosis cases, with more than 25 lakh annual notifications. Achieving the WHO End TB Strategy target of zero catastrophic costs requires eliminating health expenditures that exceed 20% of household income, which standard health economics calculations define to include indirect wage loss. A study across 1482 DS-TB patients noted that factoring in lost income within the total treatment costs elevates the total treatment cost to ~Rs. 30,000-60,000, causing catastrophic costs among 56-61% of patients (1). Furthermore, evidence suggests that loss of wages accounts for 83% of total indirect costs (2). Some PwTB are also forced to take up a lesser paying job due to TB symptoms, adding to lost income. Since a sizable Indian working population (over 43 crores) are employed in the informal sector with little sick leave or insurance benefits, the indirect cost of TB is assumed to be higher in this segment.

The economic shock is concentrated among vulnerable breadwinners, as over 75% of TB patients in India fall within the primary working age group of 15 to 45 years. While the National Tuberculosis Elimination Program provides free diagnostics and nutritional support through the Nikshay Poshan Yojana at ₹1,000 per month, there is scope to leverage new sources of funding to support TB patients.

The purpose of this activity is to demonstrate a pooled financial benefits model that secures patients. Risk-pooling and insurance mechanisms offer a viable strategy to tap into funding channels beyond primary government health budgets, such as building and construction worker welfare funds, corporate social responsibility grants, and employer co-contributions, safeguarding livelihoods and supporting complete treatment adherence.

We invite applications from Indian organisations to undertake the following:

Goal	Sample activities	Expected outputs
Demonstrate an integrated, scalable TB financial protection and active case finding model for vulnerable informal workers across industrial and high-risk employment sites to improve early case detection, mitigate catastrophic wage loss, and establish sustainable social protection through public-private convergence.	Identify and engage industrial sites (construction, labour, trucking, etc.) and gain employer buy-in to enroll workers under the pilot.	Industrial and construction site/s engaged with developer buy-in, resulting in informal workers being enrolled under the pilot
	Conduct Active Case Finding (ACF) and Non-Communicable Disease (NCD) health check-up camps across targeted worksites.	Integrated on-site health camps held regularly, successfully screening 85% enrolled workers for TB symptoms and common occupational/NCD comorbidities.
	Link presumptive patients identified during camps to NTEP/ NCD Care and diagnostic services.	90% of presumptive TB cases provided diagnostic vouchers for quality-assured testing (NAAT/sputum/X-ray), registered on Nikshay, and routed into public health facilities and Differentiated Care Models (DCM).
	Establish operational linkage with public schemes (Nikshay, state BOCW Welfare Boards, e-Shram, PM-JAY, etc.) and structure co-financed, bundled insurance models for sustainable scale-up.	Inter-departmental referral protocols established and a costed, co-financed bundled insurance roadmap (leveraging CSR, employers, and state welfare funds) presented for national replication.
	Create a risk-pooled financial benefits package, delivering a fixed cash benefit to enrolled workers diagnosed with TB.	A validated risk-pooled insurance product underwritten by partner insurers, delivering a direct benefit transfer to 100% of confirmed TB cases upon Nikshay verification.

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. Total number of industrial/construction sites engaged and workers successfully onboarded
2. Percentage of the enrolled workforce screened for TB and non-communicable diseases (NCDs) once through on-site health camps (100%)
3. Percentage of presumptive TB cases identified during ACF camps who complete quality-assured testing (NAAT/X-ray) and get registered on the Nikshay portal (Target: 100% referral and diagnostic linkage).
4. Percentage of verified TB-positive workers receiving the DBT
5. Proportion of the insurance premium pool funded by employers, CSR partners, or government platforms (e.g., BOCW Welfare Board) versus donor grant funding (tentative)

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 developing risk-pooling benefits model. Experience in conducting case finding efforts among the target group. 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 5 months or less (before the end of 31 March 2027).
- **Availability:** Availability to participate in a mandatory Co-Design workshop.

Application Submission:

- **Platform:** Applications must be submitted via the **TIFA Bharat Portal** (https://tifabharat.org/).
- **Deadline: 22nd September, 2026, at 18:00 IST.**
- **Inquiries:** Questions may be directed to **tifa.bharat@jsi.org** until 15th September 2026, at 18:00 IST. Responses will be shared with all eligible applicants by 17th September , 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 an online workshop 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 and innovation. Soundness of the risk-pooled financial benefits package workflow within the given timeline. Quality of the field delivery plan for conducting on-site Active Case Finding (ACF) and Non-Communicable Disease (NCD) health check-up camps, enrolling workers, and feasibility of NTEP linkage pathway.

2. **Organizational Experience and Field Capacity (30%)**: Assessment of the organization's proven track record in executing public health interventions and social protection initiatives for mobile, informal, or migrant workforces. Demonstrated liaison capabilities with corporate developers, contractors, transport fleet owners, and gig platform aggregators to gain site permissions and worker access. Experience in developing blended financing models with private funding. Established institutional relationships with the Central TB Division (CTD), State TB Cells, District TB Officers (DTOs), and primary healthcare facilities.

3. **Digital Innovation and Data Systems (20%):** Quality and user-accessibility of the proposed digital onboarding architecture. Robustness of the cloud-based live dashboard to monitor site-level enrollment, screening and linkages to testing. Strategy for secure data management and verification workflows interfacing with the government Nikshay portal.

4. **Operational Feasibility (20%):** Operational readiness to mobilize field teams, launch site activities within 15 days of award, and complete all milestones within a strict 4.5-5-month timeline. Expertise and structure of the Project Management Unit (PMU) and field personnel.

Funding and Timeline:

- **Budget Range:** The total funding for this project is between $100,000 and $150,000 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).
- **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.