Tuberculosis Implementation Framework Agreement (TIFA)

Call for Health Commitment Grant (HCG) Concept Paper (CCP)

Strengthening NTP capacity in DR-TB (Drug Resistant TB) management in Zimbabwe through implementation of DR-TB surveillance system

CCP No: ZW-37594-CCP-01

Part A: Cover Page

CCP Issuance Date: March 26, 2026
Questions Due Date/Time: April 2, 2026, 6pm EDT, Washington, DC
Form Submission Due Date/Time: April 10, 2026, 6pm, EDT, Washington, DC

The Tuberculosis Implementation Framework Agreement (TIFA), implemented by JSI Research & Training Institute, Inc. (JSI), is announcing a call for concept papers (CCP) from eligible and qualified organizations as part of a subaward selection process. Organizations selected through this CCP will be invited to participate in a co-design process to implement a DR-TB case based surveillance system (DR-TB Tracker) in order to improve case holding, and overall patient management in all DR-TB sites across the 4 provinces (Mashonaland West, Matabeleland North, Harare and Bulawayo) in Zimbabwe, in coordination with the Zimbabwe National TB Program (NTP) under the Ministry of Health and Child Care (MoHCC). The TIFA project is funded by the U.S. Department of State and is subject to all applicable regulations and provisions.

Under this CCP, JSI/TIFA intends to issue one USD 250,000 fixed amount grant. The award period will not exceed 10 months, with priority given to immediate start-up. Successful applicants will proceed to the co-design phase, where they will be required to develop a comprehensive activity plan and a detailed, cost-justified budget emphasizing value for money. Prospective organizations interested in submitting a concept note are strongly advised to review this CCP to fully understand the eligibility criteria and submission requirements.

This document is a CCP only, and in no way obligates JSI/TIFA or U.S. Department of State to make any award; nor does it commit JSI to pay for any costs incurred in preparation or submission of comments/ suggestions or a concept paper. All preparation and submission costs are at the applicant's expense.

This CCP includes the following parts:

PART A:	Cover Page
PART B:	Instructions
PART C:	Program Description
PART D:	Concept Paper Submission Form

All questions and correspondence pertaining to this solicitation are to be sent to: tifa.zimbabwe@jsi.org.

JSI is committed to the highest standards of ethics and integrity in procurement. JSI has zero tolerance for fraud and strictly prohibits bribes, kick-backs, gratuities, and any other gifts in-kind or in monetary form. JSI also strictly prohibits collusion (bid rigging) between organizations, and between organizations and JSI staff. JSI selects organizations on merit and will only engage organizations who demonstrate strong business ethics. Organizations must not participate in bid-rigging or attempt to offer any fee, commission, gift, gratuity or any compensation in-kind or in monetary form to JSI employees. Organizations who do so will be disqualified from doing business with JSI. Additionally, JSI has a conflict-of-interest policy that requires staff to disclose when there is a potential conflict of interest due to the staff-member's relationship with an organization, and if necessary, to refrain from participation in a solicitation involving that organization. If at any time your organization has concerns that an employee has violated JSI policy, you may submit a report via JSI's Code of Conduct Helpline at: www.jsi.ethicspoint.com.

Part B: Instructions

1. ELIGIBILITY INFORMATION

This CCP is open to all organizations legally registered in Zimbabwe, fulfilling all statutory tax and reporting requirements, with a demonstrated track record of implementing infectious disease surveillance systems, preferably TB surveillance systems in Zimbabwe.

2. SUBMISSION INSTRUCTIONS

Concept papers must be submitted by the deadline established on the Cover Page of this CCP. Concept papers received after this due date and time will not be accepted for consideration.

a. Interest

All organizations interested in submitting concept papers must indicate their interest by notifying JSI/TIFA through the email provided on the Cover Page, with the subject line "CCP No: ZW-37594-CCP-01". This will ensure all interested organizations are provided with responses to questions and any other communication related to the CCP.

b. Questions

All questions regarding this CCP must be in writing and submitted by the date/time and email address indicated on the Cover Page. Questions and requests for clarification, and the responses thereto, will be circulated to all organizations who have expressed interest in this CCP.

Only written responses provided by JSI will be considered official and carry weight in the CCP process and subsequent evaluation. Any answers received outside the official channel, whether received verbally or in writing, from any other employees of JSI or the Tuberculosis Implementation Framework Agreement (TIFA) Project, or any other party, will not be considered official responses regarding this CCP.

c. Submission Requirements

Applicants must send a completed and signed concept paper/s using a Submission Form included in Part D of this CCP.

3. EVALUATION CRITERIA

JSI/TIFA will evaluate CCP submissions based on the following criteria:

No.	Evaluation Criteria	Maximum Points
1	**Organizational Capacity and Past Performance:** ● Demonstrated technical expertise with roll out and functionalization of national-level web-based infectious disease surveillance platforms, including TB surveillance systems, and proven capacity for large-scale data migration and entry of patient backlogs (e.g., patient data from 2023 to the present). ● Demonstrated experience in engaging and successfully partnering with the Ministry of Health and Child Care (MoHCC) and the National TB Program (NTP) and sub-national structures preferably across 4 provinces (Mashonaland West, Matabeleland North, Harare and Bulawayo).	30
2	**Technical Approach and Methodology:** ● Extent to which technical approach is comprehensive, logical, feasible, evidence-based, innovative, and leads to the achievement of the objectives and outcomes outlined in the program description.	40
5	**Management Structure and Staff Qualifications:** ● Logistical capacity to manage the project effectively across several provinces, preferably Mashonaland West, Matabeleland North, Harare and Bulawayo provinces. ● Expertise and experience of the proposed project lead and core team members in project management and community based engagement.	20
6	**Cost Effectiveness and Budget:** ● Reasonableness and justification of the proposed budget to determine a costed, sustainable model.	10
	Total	**100**

4. QUALIFICATION AND SELECTION

JJSI will convene a technical selection committee to evaluate eligible applications based on the evaluation criteria indicated above. Applicants may be invited to present their concept note before the selection committee in person or virtually for 15 to 30; in this case, they will be informed at least 2 days in advance. The selection of an organization to advance to the full co-design process will be at the sole discretion of JSI. JSI will notify organizations in writing if they are selected or not selected to take part in the co-design process. JSI reserves the right to reject any and all CCPs received, or to cancel the CCP. Selection to participate in the co-design process does not guarantee a Subaward. Organizations whose CCP submissions are not selected will be notified.

5. LANGUAGE

The concept papers, as well as correspondence and related documents, must be in English.

6. INCURRING COSTS

JSI/TIFA is not liable for any cost incurred by organizations during preparation or submission of concept papers. The costs are solely the responsibility of the organization.

Part C: Program Description

Purpose: To improve DR-TB treatment outcomes through rolling out of a DR-TB case-based surveillance system (a DR-TB tracker).

Place of Performance: Mashonaland West, Matabeleland North, Harare and Bulawayo Provinces.

I. Background and Problem Statement

Zimbabwe remains a high-priority country on the WHO list of 30 high-burden nations for Multidrug-Resistant Tuberculosis (RR/MDR-TB) and TB/HIV co-infection. Despite a robust expansion of WHO-recommended molecular rapid diagnostic testing (mWRD) platforms—including 188 GeneXpert machines, 21 Truenat platforms, and 122 Pluslife point-of-care solutions—case finding remains critically sub-optimal. In 2024, only 242 RR/MDR-TB cases were detected out of an expected 660, representing a 37% detection rate. This gap left 418 cases undiagnosed, a situation that perpetuates ongoing community transmission, amplifies drug resistance, and contributes to a high DR-TB mortality rate of 19%.

This low detection is compounded by significant underutilization of existing technology, with GeneXpert utilization currently at only 30%. In 2024 alone, over 13,000 drug-susceptible TB cases went undetected, missing vital opportunities for drug-resistance screening. Furthermore, while first-line drug susceptibility testing (DST) coverage is near universal, second-line DST coverage stagnates between 56% and 69%. This diagnostic "blind spot" is worsened by inconsistent contact tracing, as not all index DR-TB patients have their household contacts screened or investigated for infection.

Systemic gaps in the laboratory-to-clinician feedback loop further undermine the national response. Approximately 10% of patients who submit specimens never receive their results because the current Laboratory Information Management System (LMIS) lacks the capability to transmit results prospectively. This breakdown in communication prevents a prompt return to care and is exacerbated by the absence of an established national system to ensure that every diagnosed DR-TB case is successfully initiated on treatment. Consequently, there is no efficient mechanism to track resistance patterns for novel medicines to inform future policy.

To address these gaps, a web-based DR-TB tracker was developed within the national DHIS2 repository to align documentation and reporting with WHO standards. This digital application is designed to capture granular, patient-level data for longitudinal monitoring, including automated consultation scheduling, the identification of missed appointments, and the management of clinical side effects. However, while the framework exists, the tracker is not yet fully operationalized across all DR-TB sites within Zimbabwe's four provinces, leaving a significant gap in real-time program oversight.

This grant is specifically designed to bridge these systemic and programmatic challenges by financing the rollout of this case-based surveillance system in four provinces. By transitioning from aggregate data to

individual patient tracking, the project aims to improve treatment success rates—which currently sit at 69%, below the 75% national target—and ensure the Ministry of Health and Child Care (MoHCC/NTP) assumes full ownership of these services. Ultimately, the objective is to enhance program sustainability, strengthen national policy through better resistance tracking, and improve the overall quality of care for DR-TB patients.

II. Technical Approach

The successful applicant will propose an innovative, feasible and cost-efficient implementation approach for the proposed activities aimed at improving DR-TB outcomes and overall quality of care through the implementation of a DR-TB case-based surveillance system in four provinces.

Activities will include:

- **Nationwide Rollout of the DR-TB Tracker**: Provide comprehensive support to the NTP to deploy a DR-TB tracker, a cased-based surveillance web-based platform across all DR-TB sites in four provinces in the country (DR-TB site list). The objective is to institutionalize real-time tracking to improve patient retention, clinical follow-up, and the overall quality of the DR-TB care continuum.
- **Infrastructure Optimization and Sustainability**: Ensure project cost-efficiency and long-term viability by leveraging existing site resources. The applicant must maximize the utility of currently deployed hardware (computers), established internet connectivity, and existing power systems at DR-TB sites, thereby minimizing award costs and fostering MoHCC ownership.
- **Data Migration and Backlog Regularization:** To ensure a comprehensive longitudinal record, the applicant will facilitate the retrospective entry of clinical data for all active patients and those with pending outcomes, covering the period from January 2023 to the present. This will provide the necessary baseline for accurate cohort analysis and national reporting.

III. Expected outcomes:

Through this grant, the awardee will:

Enhanced Case-Based Surveillance and Data Integrity

- **Full Operationalization of the DR-TB Tracker:** 100% of designated DR-TB sites across four provinces will have a functional, web-based case-based surveillance system integrated into the national DHIS2 repository.
- **Regularization of Clinical Records:** A comprehensive digital database will be established, containing verified longitudinal data for all active and pending DR-TB cases from January 2023 to the present, ensuring no patient is lost to follow-up during the transition.
- **Elimination of Data Silos:** Reduction in the "lost result" gap from 10% to <2% through improved digital transmission of laboratory results to ordering clinicians and patients.

Programmatic Efficiency and Sustainability

- **Increased Infrastructure Utilization:** Improved GeneXpert and mWRD utilization rates (targeting an increase from 30% to at least 60%) by linking diagnostic outputs directly to the digital tracker for clinical action.
- **Institutionalized MoHCC Ownership:** The Ministry of Health and Child Care (MoHCC) and the National TB Program (NTP) will demonstrate full technical and operational ownership of the DR-TB Tracker, evidenced by the integration of system maintenance into national health budgets.

IV. Monitoring, Evaluation and Learning (MEL):

Instead of operating as a stand-alone project MEL system, the approach will be integrated within current Government MEL systems to reinforce national ownership and sustainability.

V. Deliverables and Reporting Requirements:

Specific deliverables and reporting requirements will be defined and agreed upon as part of the co-design process with the successful applicant/s and are not defined in this CCP. The deliverables will include documented lessons learned, best practices, and evidence-based recommendations that will be used to inform national scale-up and sustainability and will be shared with NTP and other relevant stakeholders.

Part D: Concept Paper Submission Form

Instructions

This form must be completed by your organization and signed by an official representative. Please submit your application via this **Concept Paper Form** (or copy and paste this link into your browser: https://forms.gle/YCcojMxFyLCAHCtv9

Please note the following points:

- **Concept Paper Form** consists of seven sections. Please ensure that all sections are **completed**.
- **Please** submit a summary budget as Annex 2.
- **No Drafts:** Once the online form has been started, you cannot save a draft.
- **Offline Preparation:** For your convenience, the concept paper template is included below. We encourage you to complete the form offline and copy-paste your answers into the online form.
- **Character Limits:** Please take note of the maximum character count. The form imposes a character limit for each response. Please respect these limits, as responses exceeding them will be truncated, and you risk losing part of your content.
- **No Email Submissions:** Do not submit this form by email. The TIFA project only accepts submissions received via the web form.

SECTION I – ORGANIZATION INFORMATION AND STRUCTURE

1.1 Organization Full Legal Name	
1.2.a Organization Address	
1.2.b Unique Entity ID (UEI-SAM) , if available *(guidance for applying for a UEI will be shared)*	
1.3 Name of point of contact for this submission	
1.4 Phone number of point of contact	
1.5 Email for point of contact	

1.6 What type of entity is your organization? (check all that apply)

☐ Local organization registered in Zimbabwe (NGO, research institutions, private sector, etc.)

☐ International organization registered in Zimbabwe

1.7 Is your organization legally registered and in compliance with legal and tax requirements in the country where the work will take place?

☐ Yes ☐ No

1.8 Is your organization willing to sign a contractual agreement with JSI and has a bank account able to receive payments from the U.S.-based organization?

☐ Yes ☐ No

1.9 Health Expertise: Has your organization implemented projects within the past 3 years in these technical areas? Check all that apply.

☐ Roll out of infectious disease web-based surveillance systems

☐ Roll out of TB case-based surveillance systems

SECTION II – Organizational Capacity and Past Performance

2.1 Describe your organization's mission, vision, and primary areas of expertise, as well as its advantages and capabilities. (1,000 characters maximum)

2.2a Describe your organization's experience managing programs in Zimbabwe and how it aligns with the program description of this Call for Concept Papers (or similar) (1,500 characters maximum)

2.2.b Summarize your experience with grants and programs funded by the U.S. Government. (1,500 characters maximum)

2.3 Describe your experience in providing services to the Government of Zimbabwe specifying any previous work with the National Tuberculosis Control Program (NTLP), as well as any collaboration with other stakeholders in the sector. (1,500 characters maximum)

2.4. Describe your organization's experience over the past 3 years working in the four provinces for which you are submitting this concept paper. (1,500 characters maximum)

SECTION III - TECHNICAL APPROACH AND METHODOLOGY

3.1 Brief description of the issue the subaward will address, including a brief description of the provincial context and key stakeholders. (1,500 characters maximum)

3.2 Implementation approach of proposed interventions to ensure impact and value for money. (3,000 characters maximum)

3.3 List the main proposed activities, the expected results, and the timeline in **Annex 1 "Proposed Activities".**

3.4 Describe how your proposed approach will strengthen existing DR-TB systems, tools, practices, and human resources to promote the sustainability of interventions after the grant ends (1,500 characters maximum)

3.5 Describe how the proposed DR-TB activities align with the "End TB Strategy" and the three pillars of the America First Global Health Strategy—making America safer, stronger, and more prosperous. (1,500 characters maximum)

SECTION IV: MONITORING AND DATA MANAGEMENT

4.1 Describe your monitoring methods, as well as the tools you will use to track, measure, and report on activities, objectives, and results of the grant. If you plan to include specific indicators, please list them below. (2,000 characters maximum).

SECTION V: MANAGEMENT STRUCTURE AND STAFF QUALIFICATIONS

5.1 Describe how your organization plans to effectively manage the implementation of this grant, including 1) the proposed personnel (number, positions, summary of profiles, and experience) and 2) the organizational setup. (2,000 characters maximum)

SECTION VI: – BUDGET AND BUDGET JUSTIFICATION

The maximum budget allocated is 250,000 USD. Therefore, the proposed budget must not exceed this limit. Applicants are strongly encouraged to minimize operating costs and focus their efforts on life-saving activities.

Organizations invited to the co-design phase will be required to submit a detailed budget by activity. This budget will be subject to a rigorous evaluation focused on optimizing resources to achieve the expected results.

6.1 Please indicate the estimated amount of funding requested from TIFA (in USD): _____

6.2 Please attach **Annex 2 "Summary Budget"** for your budget.

SECTION IV - CERTIFICATION

By typing my name and title below, I certify that I am an authorized representative of my organization, and the information included in this EOI Submission Form is true, accurate, and complete. I understand that a false or intentionally misleading statement may result in no further consideration by JSI.	
Name:	**Title:**

ANNEX 1

Proposed Activities (Excel file attached to the CCP)

ANNEX 2

Summary Budget (Excel file attached to the CCP)