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 site Concilia and Centers of Excellence (CoE)

CCP No: ZW-37594-CCP-02

Part A: Cover Page

CCP Issuance Date: April 3, 2026
Questions Due Date/Time: April 10, 2026, 6pm EDT, Washington, DC
Form Submission Due Date/Time: April 17, 2026, 6pm, EDT, Washington, DC
Form Submission Link: https://forms.gle/hSqrpgfKEr2NbWTdA

Updated April 9

The Tuberculosis Implementation Framework Agreement (TIFA), implemented by JSI Research & Training Institute, Inc. (JSI), announces a call for concept papers (CCP) from eligible and qualified organizations as part of a competitive subaward selection process. Organizations selected through this CCP will receive an invitation to participate in a co-design process aimed at establishing Drug-Resistant Tuberculosis (DR-TB) site Concilia across all DR-TB sites within the four designated provinces of Zimbabwe (Mashonaland West, Matabeleland North, Harare, and Bulawayo). These Concilia will be tasked with guiding site enrolments, regimen selection, and the management of complex or difficult cases, including the assignment of site treatment outcomes. Concurrently, the selected organization will support the establishment of two DR-TB Centers of Excellence (CoE), one in the province of Harare and one in Bulawayo. These CoEs will serve as the national Concilia referral centers, providing supervision and support to the Concilia site teams within their respective regions. The establishment of both site Concilia and CoEs is intended to enhance case retention and overall patient management, and will be conducted in close 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 thus subject to all applicable regulations and provisions.

JSI/TIFA plans to allocate one fixed amount grant totaling USD 250,000 to support the establishment of the site Concilia in 4 provinces of (Mashonaland West, Matabeleland North, Harare and Bulawayo as one CCP and another CCP of USD 250,000 to support the establishment of 2 COEs (one in Harare and one in Bulawayo) including the support activities to the site Concilia. The grant's duration for each of the CCP will not exceed ten months, with immediate commencement being prioritized, and all activities concluded on or before March 31, 2027. Successful applicants will advance to the co-design phase, where they will be required to develop a comprehensive activity plan and a detailed, cost-justified budget that emphasizes demonstrable value for money. Prospective organizations interested in submitting concept papers for these two CCPs are strongly encouraged to thoroughly review this Call for Concept Papers (CCP) to fully comprehend the stipulated 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 management of infectious disease, preferably management of DR-TB 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-02". This will ensure all interested organizations are provided with responses to questions and any other communication related to these CCPs.

b. Questions

All questions regarding these CCPs 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 these two CCPs.

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 these CCPs.

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, Geographic Coverage, and Past Performance:** ● Demonstrated knowledge of Zimbabwe's National TB, DR-TB, and DR-TB Preventive Therapy (TPT) guidelines, and the local operational context. ● 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. ● Demonstrated expertise in the implementation of DR-TB Concilia and CoE. ● Demonstrated leveraging/piggybacking on available resources.	40
3	**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 DR-TB control and management, particularly implementing site Concilia and CoE.	20
4	**Cost Effectiveness and Budget:** ● Reasonableness, cost-effectiveness, and justification of the proposed budget to determine a costed, sustainable model.	10
	Total	**100**

4. QUALIFICATION AND SELECTION

JSI 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 establishment of DR-TB site Concilia and CoE.

Place of Performance: Mashonaland West, Matabeleland North, Harare and Bulawayo Provinces for the Concilia, Harare and Bulawayo provinces for the CoE.

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%.

Additionally, the programmatic management of drug-resistant TB suffers from declining DR-TB treatment outcomes as a result of poor case holding. For instance, the RR/MDR-TB treatment success rate (TSR) steadily declined from 81% in 2011 to 42% in 2019. The fall in TSR is associated with very low cure rates of about 30% and high mortality (19%), with a large number of patients being non-evaluated (35%) and (4%) LTFP% (lost to follow up

More still, several previous DR-TB program reviews highlighted that DR-TB multidisciplinary teams (Concilia) with the prerequisite training and expertise in DR-TB management were non-existent at DR-TB sites. Onsite Concilia are required to promptly guide facility site enrolments, regimen selection and management of difficult/complex cases including preventing simple cases from becoming complex and assigning site treatment outcomes. Currently, Concilia are at national and Provincial level. Lack of onsite Concilia is reported to be contributing to the poor quality of DR-TB care and the observed poor DR-TB treatment outcomes. Equally, the reviews observed that there were no DR-TB CoE to serve as referral sites including providing technical and clinical support to DR-TB treatment facilities/site Concilia regarding the management of complex and difficult cases where clinical management is unclear or complicated.

This grant is therefore specifically designed to support the establishment and operationalization of onsite Concilia and CoEs, with clear terms of reference and standardized reporting formats to document their monthly meetings and activity outputs. Through the establishment of onsite Concilia and two Centers of Excellence (CoE), the project aims to improve the quality of care in drug-resistant tuberculosis (DR-TB) management and enhance overall treatment outcomes. Currently, the treatment success rate stands at 69%, which is below the national target of 75%. During the implementation phase, it is essential to ensure that the Ministry of Health and Child Care (MoHCC/NTP) assumes full ownership of these services. Ultimately, the objective is to enhance program sustainability and strengthen national DR-TB capacity by institutionalizing site Concilia to improve the quality of DR-TB care and overall treatment outcomes.

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 establishment of the site Concilia in 4 provinces of (Mashonaland West, Matabeleland North, Harare and Bulawayo as one CCP of USD 250,000 and another CCP of USD 250,000 to support the establishment of 2 COEs (one in Harare and one in Bulawayo) including the support activities to the site Conciliaia.

Activities will include:

- **Rollout of the DR-TB site Concilia and 2 CoE**: Provide comprehensive support to the NTP to constitute and establish onsite DR-TB Concilia across all DR-TB sites in four stated provinces in the country and one CoE in each of the provinces of Harare to serve the Northern and Bulawayo the Southern region. The objective is to institutionalize onsite DR-TB Concilia to assist in making appropriate decisions on DR-TB enrollment, regimen selection, monitoring of treatment response, assessing/managing side effects, assigning interim and final outcomes and running fixed monthly clinical patient reviews, supporting generation of DR-TB reports while ensuring quality of DR-TB care across the continuum. The applicant will develop CoE TORs to guide implementation, but overall, the CoEs will provide technical and clinical support to DR-TB treatment facilities/Concilia teams within their zones. The CoEs serving as referral sites, will support management of complex and difficult cases where management of a DR-TB patient is unclear or complicated, supporting regimen selection/design/change/stoppage, and ensuring quality of DR-TB care in line with national DR-TB guidelines and established Concilia TORs. Additionally, the CoE will function as the national Concilia within their regions and will create WhatsApp groups to improve communication and coordination of DR-TB sites in their jurisdictions. The CoE are also expected to support onsite Concilia through monthly facilitative support supervision and mentorship particularly to high volume but poorly performing sites before spreading this support to other sites . The NTP, provincial and district technical structures will provide oversight and logistical support.
- **Training, Data management and reporting:** The applicant will support training of DR-TB Concilia and CoEs in DR-TB management and Ambulatory care as well as recording and reporting using the

national tools/including the DR-TB Tracker being rolled out. Additionally, the training should cover assignment of interim and final outcomes (Interim and final treatment cohort analysis, ensuring that the total number of patients assigned outcomes is equal to the number notified in the period under review) This will iron out selecting reporting.

- **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, existing power systems, and lab services at DR-TB sites, thereby minimizing award costs and fostering MoHCC ownership.

III. Expected outcomes:

Through this grant, the awardee will:

Enhanced NTP capacity in DR-TB Management

- **Full Operationalization of the Onsite Concilia and 2 CoE:** 100% of designated DR-TB sites across four provinces will have a functional onsite Concilia and two CoEs established to serve the country.
- **Improved Treatment outcomes:** An improvement on favourable DR-TB treatment outcomes across all sites with a reduction in unfavorable outcomes: deaths, failures, loss to follow up, non-evaluated.
- **Ownership of DR-TB program:** Ownership of site DR-TB programs by site Concilia teams thereby promoting sustainability and overall quality of care.

Programmatic Efficiency and Sustainability

- **Increased Treatment outcomes:** Improved treatment success from an overall 69% to at least 75% at national level.
- **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-Concilia and CoE, evidenced by their integration 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/hSqrpgfKEr2NbWTdA

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 site multi-disciplinary management teams and CoE for management of an infectious disease

☐ Roll out site multi-disciplinary management teams (Concilia) and CoE for management of DR-TB

☐ Other: describe

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)