Tuberculosis Implementation Framework Agreement (TIFA)

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

Strengthening TB Laboratory and Diagnostic Network System in Zimbabwe through implementation of TB Lab Quality Management System (QMS)

CCP No: ZW-37594-CCP-03

Part A: Cover Page

CCP Issuance Date: April 9, 2026
Questions Due Date/Time: April 16, 2026, 6pm EDT, Washington, DC
Form Submission Due Date/Time: April 23, 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 strengthen the TB Lab diagnostic connectivity and functionality through the implementation of the Tuberculosis (TB) Lab QMS (Quality Management System) in 153 Xpert sites, 20 Truenat sites distributed across the 10 provinces (Bulawayo, Harare, Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West, Masvingo, Matabeleland North, Matabeleland South and Midlands) in the country and the 2 reference labs: NTBRL in Bulawayo and NMRL in Harare. The implementation of TB lab QMS will improve the accuracy and reliability of results; enhance Laboratory efficiency and productivity; improve the biosafety and biosecurity; and support accreditation and international recognition. Furthermore, this will improve TB patient outcomes and the overall TB control efforts, simultaneously strengthening the entire health system to achieve national TB and infectious disease targets. The implementation of these interventions will be conducted 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.

JSI/TIFA intends to issue two USD 250,000 each for fixed amount grants. One USD 250,000 grant will support the implementation of QMS in 153 Xpert sites and 20 Truenat sites in 10 provinces of Zimbabwe (Bulawayo, Harare, Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West, Masvingo, Matabeleland North, Matabeleland South and Midlands). The other USD 250,000 will support the implementation of QMS in the 2 reference labs (NTBRL in Bulawayo and NMRL in Harare). The award period will not exceed 10 months for each of the CCP, 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. Eligible and qualified organizations are invited to submit applications for one or both opportunities.

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 TB Lab QMS for infectious disease laboratories, preferably for TB laboratories 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-03". 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, Geographic Coverage, and Past Performance:** ● Proven experience and track record in TB diagnostics including network optimization, TB QMS (EQA, Proficiency Testing, equipment calibration and other components of QMS with focus on pre-analytic, analytic and post analytic processes and procedures) within the public health sector. ● Proven capacity to implement TB LIMS in Zimbabwe (preferably in 10 listed provinces and the 2 reference labs - NTBRL and NMRL). ● Demonstrated knowledge of Zimbabwe's National TB, DR-TB, and Lab 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 all the 10 provinces in the country.	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 World Health Organization (WHO) recommended molecular rapid diagnostics, mWRDs (Xpert, Truenat, pluslife) including Digital X-rays testing platforms.	40
3	**Management Structure and Staff Qualifications:** ● Logistical capacity to manage the project effectively across several provinces, preferably in all the 10 provinces in the country (Bulawayo, Harare, Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West, Masvingo, Matabeleland North, Matabeleland South and Midlands) and the 2 reference labs (NTBRL in Bulawayo and NMRL in Harare). ● Expertise and experience of the proposed project lead and core team members in project management and TB diagnostic network optimization, maintenance and quality assurance, particularly in the implementation of TB Lab QMS.	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

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 the quality of TB lab services and the efficiency of TB Lab diagnostic network through the implementation of TB Lab QMS in Zimbabwe.
Place of Performance: The proposed scope of will include implementation of QMS in 153 Xpert sites and 20 Truenat sites in 10 provinces of Zimbabwe (Bulawayo, Harare, Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West, Masvingo, Matabeleland North, Matabeleland South and Midlands). And 2 reference labs (NTBRL in Bulawayo and NMRL in Harare).

I. Background and Problem Statement

Zimbabwe has an extensive laboratory diagnostic network comprising of 188 Xperts (of which 18 are XDR machines), 2 MIGT machines, 20 Truenat machines, 122 pluslife rapid molecular point-of-care testing solutions, 3 Line Probe Assay (in Harare, Bulawayo, Mutare), 65 digital X-ray units, 230 microscopy sites and 2 National TB Reference Labs both of which are ISO15189 accredited. To move samples to testing labs, the country uses a hub and spoke model integrated sample transport across the 65 districts.

Despite the extensive diagnostic network, ready access to mWRDs remains uneven, particularly at lower-tier health facilities and remote districts with only 164 facilities having a mWRD on site coupled with cartridge stock-out and machine downtime due to erratic servicing contracts. Worse still, only 39% of the population lives within 5 km of a testing facility or a potential referring facility within 40 km of a testing facility and coverage improves to 83% within 20 km of testing or potential referring facilities. Thus, a significant proportion of the population is served through sample transport, yet this comes with delays related to sample transmission and return of results. The sample transit is reported to range from 6-9 days from peripheral sites to the reference labs as per the 2024 Pre Drug resistant survey lab

assessment. This delay beyond the recommended 72 hours contributes to the high contamination rate of LJ (26%) and MGIT (18%) culture (The DRS lab assessment report, 2014). Due to the above challenges, many presumptive TB patients only have access to smear microscopy, which is less sensitive than molecular tests. Again, despite the high HIV prevalence of 11% among adults aged 15-49 years, a situation where TB tends to be subclinical requiring x-ray to support diagnosis, x-ray coverage is only 4%. Thus, a significant number of patients are diagnosed clinically (34% of 2024 notification) as per the 2025 Global TB report.

More still, the sending back of lab results to the ordering clinician and to the patient to return to care remains a challenge, with about 10% of the clients who have their specimens sent to the laboratory do not receive results (DHIS II data). This situation arises because the Lab Information Management System (LIMS) module that is in place, currently lacks the capability of sending results promptly and prospectively, resulting in poor linkage to care (initial loss to follow up). For example, the initial loss to follow up was 7% among 2018 and 6% among the 2024 cohort.

Although Zimbabwe possesses a national External Quality Assurance (EQA) provider, the Zimbabwe National Quality Assurance Programme (ZINQAP), which historically administers Proficiency Testing (PT) for various laboratory disciplines, including TB microbiology, several challenges persist. These include delays in PT sample transportation, deficiencies in communication with PT providers, protracted or absent feedback on PT results, and a failure in the 2023 PT round for BDQ, thereby raising concerns regarding the quality and efficiency of laboratory services.

Capacity for multi-disease (TB, HIV, Covid 19, SARS, Ebola and other viral hemorrhagic/infectious conditions) whole Genome Sequencing is being developed but the sequencing facilities face issues with reagent supply, maintenance of sequencing equipment, power stability, laboratory biosafety infrastructure and shortage of locally trained scientists proficient in genomic wet-lab techniques and bioinformatics analysis to run, analyze, and interpret WGS data for pathogens (including TB).

This grant is therefore specifically designed to optimize the implementation of the lab Quality Management Systems (QMS). Implementation of the TB Lab Quality Management System will improve the quality of TB lab services and the efficiency of TB Lab diagnostic network in targeted labs for this grant. Additionally, this will improve TB patient outcomes and TB lab systems. During implementation, 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 the national TB lab diagnostic network capacity and functionality to improve TB case detection and linkage to care.

II. Technical Approach

The successful applicant will propose an innovative, feasible and cost-efficient implementation approach for the proposed activities aimed at improving the quality of TB lab services and the efficiency of TB Lab diagnostic network through the implementation of QMS in TB laboratories in 153 Xpert sites and 20 Truenat sites in 10 provinces of Zimbabwe (Bulawayo, Harare, Manicaland, Mashonaland Central,

Mashonaland East, Mashonaland West, Masvingo, Matabeleland North, Matabeleland South and Midlands) as one CCP of USD 250,000 and another CCP of USD 250,000 for the implementation of QMS in the 2 reference labs (NTBRL in Bulawayo and NMRL in Harare).

Activities will include:

- **Optimize Conduction of TB Lab QMS**: Strengthening of quality of lab services and the efficiency of the TB Diagnostic network through implementation of TB **Lab QMS** (EQA, Proficiency Testing, equipment calibration and other components of QMS with focus on pre-analytic, analytic and post analytic processes and procedures.
- **Training, Data management and reporting:** The applicant will enrol and involve all target TB labs mentioned above in the implementation TB Lab QMS and ensure that TB QMS is integrated into national laboratory information systems including reporting of results to foster systematic analysis and use QMS data for corrective action to achieve the desired impact of the QMS programme. This should be executed in line with national guidelines and global normative guidance.
- **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 other diagnostic equipment at supported sites, thereby minimizing award costs and fostering MoHCC ownership.

III. Expected outcomes:

Through this grant, the awardee will:

Improved Quality and efficiency of TB lab services

- **Full Operationalization of QMS:** 100% of designated 153 Xpert sites, 20 Truenat sites and the 2 reference labs are fully participating in QMS across the 10 provinces .
- **Improved Quality of lab services:** Registered improvement in accuracy and reliability of TB results; improved Laboratory efficiency and productivity; improved the biosafety and biosecurity; and more labs accredited.
- **Ownership of DR-TB program:** inclusion of TB QMS in the NTP budgets thereby promoting ownership and sustainability.

Programmatic Efficiency and Sustainability

- **Improved TB Patient outcomes and TB lab systems:** An improvement in TB patient outcomes with strengthened lab systems.
- **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 TB Lab QMS 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/ixVG7KUmK9ppnfRo8

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 QMS in an infectious disease lab

☐ Roll out of QMS in laboratories

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 10 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 TB lab 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 TB Lab QMS 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)