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 Information Management System (LIMS)

CCP No: ZW-37594-CCP-04

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 laboratory information management systems in 173 mWRDs sites (153 Xpert sites and 20 Truenat sites) and 65 digital x-ray sites across all the 10 provinces (Bulawayo, Harare, Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West, Masvingo, Matabeleland North, Matabeleland South and Midlands) in the country to promptly and prospectively send back diagnostic results to ordering clinicians/to patients to return to care. The implementation of TB LIMS will improve the TB diagnostic capacity to return results thereby fostering linkage of patients to care and minimizing the initial loss to care. Furthermore, this activity will bolster the overall diagnostic capacity and network functionality, thereby contributing to the achievement of national targets for tuberculosis and infectious diseases. The implementation of these interventions will be executed in coordination with the Zimbabwe National TB Program (NTP), which operates under the purview of 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 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 TB lab LIMS 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-04". 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 and TB LIMS within the public health sector. ● Proven capacity to implement TB LIMS in Zimbabwe (preferably in 10 listed provinces). ● 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. ● 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 LIMS.	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 TB Lab diagnostic network connectivity and functionality as well as enhancing the quality of lab services in Zimbabwe.
Place of Performance: The proposed scope for the implementation of TB LIMS will be carried out in 173 mWRDs sites (153 Xpert sites and 20 Truenat sites) and the 65 digital x-ray across all the 10 provinces (Bulawayo, Harare, Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West, Masvingo, Matabeleland North, Matabeleland South and Midlands).

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 TB under reporting (about 10% of diagnosed patients) and 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 has 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 the transport of PT samples, communication gaps with PT providers, delayed or absent feedback on PT results, and a failed 2023 PT round for BDQ.

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 support enhancement of the capacity of the lab information management system (LIMS). The implementation of the TB laboratory information management systems will improve TB case detection, reduce TB under reporting, and the initial loss to follow up by fostering the return of TB diagnostic platform results to the ordering clinicians as well as to patients to return to care. Additionally, this will enhance the overall diagnostic capacity and network functionality in order to achieve national and global TB/infectious disease targets. 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 TB lab diagnostic network connectivity and functionality and overall quality of lab services through the implementation of TB lab LIMS in 173 mWRDs sites (153 Xpert sites and 20 Truenat sites) and 65 digital x-ray sites across all the 10 provinces in the country to promptly and prospectively send back diagnostic results to ordering clinicians/to patients to return to care.

Activities will include:

- **Rollout of the TB LIMS**: Strengthening of the diagnostic connectivity, functionality through the use of laboratory information management systems (LIMS). The applicant should work with NTP and the Directorate of lab services to fine tune the capacity and the roll out of the TB LIMS module to be able to promptly and prospectively send back diagnostic platform results [all linkable platforms e.g. molecular platforms – (Xpert, Truenat, and Pluslife), digitals x-rays and DR-TB Tracker] to clinicians/to patients to return to care/to national and provincial/District lab/TB supervisors. For the x-rays, the possible results to transmit include Normal x-ray, Active TB disease suggestive, Inactive/healed TB, Other lung conditions that need follow up, Other lung conditions that do not need follow up and Extrapulmonary abnormalities to be specified as cardiovascular, muscle, bone etc). The applicant will also support development of Dashboards to support visualization of data on key indicators for action.
- **Training, Data management and reporting:** The applicant will capacitate providers at supported sites to implement TB LIMS and ensure LMIS is linked to DHIS II to foster systematic analysis and use LIMS data for corrective action to achieve the desired impact of the TB lab data. 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:

Enhanced NTP capacity in the TB Lab Diagnostic network

- **Full Operationalization of the TB LIMS :** 100% of designated 173 mWRDs sites (153 Xpert sites and 20 Truenat sites) and 65 digital x-ray sites have functional LIMS Module with capacity to promptly and prospectively return results across all the 10 provinces in the country .
- **Ownership of DR-TB program:** inclusion of TB LIMS in the NTP budgets thereby promoting ownership and sustainability.

Programmatic Efficiency and Sustainability

- **Improved TB case detection and linkage to care :** An improvement in TB case detection, improved and linkage to care of diagnosed cases coupled with a reduction in under reporting and initial loss to follow up (by 10% margin across the board).

- **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 LIMS 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/zPZmxPXBPtWmVS8p9

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 LIMS in an infectious disease lab

☐ Roll out of LIMS for TB 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 LIMS strengthening 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)