Tuberculosis Implementation Framework Agreement (TIFA)

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

Strengthening Programme Management and Documentation in Zimbabwe through facilitating DTLCs and DHIOs to collect, clean, and collate TB data before its entered into DHIS II at facility level.

CCP No: ZW-37594-CCP-05

Part A: Cover Page

CCP Issuance Date: April 13, 2026
Questions Due Date/Time: April 20, 2026, 6pm EDT, Washington, DC
Form Submission Due Date/Time: April 27, 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 Call for Concept Paper (CCP) will be invited to participate in a co-design process aimed at enhancing data quality across several dimensions: accuracy, consistency, completeness, timeliness, and the utilization of data for action at all levels. This objective will be achieved through the capacitation and facilitation of District TB/Leprosy coordinators and District Health Information Officers (DHIOs) in 15 high-notification districts. These personnel will be trained to collect, clean, and collate health facility data (encompassing both notification and outcome data) on a monthly basis prior to its entry into DHIS II at the facility level. The implementation of this intervention is anticipated to improve the capacity of facility teams, enhance the quality of TB data, reduce disease misclassification, minimize underreporting to facilitate effective resource planning, and foster linkage of all diagnosed cases. The execution of these interventions shall be conducted in coordination with the Zimbabwe National TB Program (NTP), operating 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 data quality improvement for infectious disease laboratories, preferably for 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-05". 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 capacity to implement TB recording and reporting preferably across the 15 high volume TB notification districts (Harare, Mashonaland West, Midlands, Matabeleland North, Manicaland, Mashonaland Central, Bulawayo). ● Demonstrated knowledge of Zimbabwe's National TB, DR-TB, TB Preventive therapy and lab guidelines including the country TB M&E plan, 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 ability to design and implement a robust TB recording and reporting system to improve TB data accuracy, consistency, completeness and timeliness	40
3	**Management Structure and Staff Qualifications:** ● Logistical capacity to manage the project effectively across several districts, preferably across the 15 high volume TB notification districts (Harare, Mashonaland West, Midlands, Matabeleland North, Manicaland, Mashonaland Central, Bulawayo). ● Expertise and experience of the proposed project lead and core team members in project management and TB data quality assessment and improvement, including continuous TB data quality improvement, particularly in the implementation of TB recording and reporting.	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 strengthen TB data recording and reporting in order to improve the capacity of facility teams in data management, enhance the quality of TB data thereby ultimately reducing TB disease misclassification, minimizing under reporting to enable effective resource planning and fostering of linkage of all diagnosed TB cases

Place of Performance: The proposed scope work for the strengthening of TB recording and reporting will be carried out in the 15 high volume TB notification districts in Zimbabwe (2 in Harare, 3 in Mashonaland West, 3 in Midlands, 1 in Matabeleland North, 3 in Manicaland, 1 in Mashonaland Central, 2 in Bulawayo).

Background and Problem Statement

Tuberculosis remains a significant public health challenge in Zimbabwe. Consequently, the country remains on the WHO list of the 30 high-burden countries with Rifampicin resistant/Multi-Drug-Resistant Tuberculosis (RR/MDR-TB) and TB/HIV co-infection. Although there is a high tuberculosis incidence rate of 203 cases per 100,000 people, TB notification is still low. In 2024, only 20,286 TB cases were reported out of an expected 23,000, leaving 2,714 cases undetected. The incidence of Multidrug-resistant or rifampicin-resistant TB (MDR/RR-TB) stands at 660 cases (range 410–910) per annum, representing an incidence rate of 4 (2.5 -- 5.5) cases per 100,000 population. Just like drug susceptible TB, RR/MDR-TB detection remains low, with only 242 reported out of the 660 RR/MDR-TB cases expected in 2024 (Global TB report, 2025). Initial loss to follow up is currently at 6% among the 2024 cohort.

In Zimbabwe, the TB programme collects and reports TB data through DHIS 2 as aggregate rather than patient level data. There are on-going efforts by the MoHCC to roll out a patient level Electronic Health Record (EHR), though its roll out is hampered by several infrastructural challenges (TB NSP 2021-2025). Due to the wide use of a paper-based system, especially in rural settings, about 10% of the TB cases are not fully registered or accurately reported into DHIS II (NTP program reports). This under-reporting is hampering effective TB resource planning. For instance, according to the Medicine Distribution Review done in 2024 in 14 health facilities, 18.4% of the facilities had stocked out of first line TB medicines but

did not report any TB cases. Furthermore, 18% of the facilities had reported stock consumption but no TB cases were reported. This implies that stock in about 18% of health facilities was consumed by patients not reported

Further still, data analysis and use at local facility levels is often weak, limiting the ability to act on performance gaps or trends related to TB prevention, diagnosis and care. For example, in a bid to delineate the causes of mortality among DR-TB patients, a mortality audit was conducted in May 2024. Under this assessment, poor documentation and data use was highlighted as a major gap. For example, out of the 68 DR-TB patients' records assessed, 8 out of 13 HIV positive clients were initiated on ARVs within two weeks of diagnosis, while 3 out 8 were initiated within a month with no documented justifiable indications for the delay.

TB recording and reporting is also affected by human resources challenges. A total of 1,848 health facilities are served with a workforce of 80,457 providers of which 75% are in the public sector; 79.7% are nurses and midwives, 7.5% are physicians. However, the country suffers from high staff attrition (up to 50%) resulting in loss of built capacities. The high turnover of Health workers and poor motivation coupled with lack of training in accurate data collection, reporting and interpretation are reported to affect data quality (NSP 2021-2025). This scenario minimizes availability of quality data required for evidence-based decision-making at all levels. More still, feedback loops between reporting levels (from management structures) are inadequate and often late, so frontline staff often do not receive this useful information to improve services based on the data they submit (Zimbabwe Program Review, 2022, RDQA Reports 2024).

Timeliness of case reporting is a problem, with reports sometimes delayed by weeks, hindering real-time monitoring and rapid corrective action. Incomplete data entry into digital systems, frequent stockouts of reporting tools, logistical constraints (e.g., transportation of paper reports), and occasional lack of internet to submit reports into DHIS II further impair timely and complete reporting (Zimbabwe Program Review, 2022; Zimbabwe DHIS2 maturity profile assessment report of 2022; RDQA reports 2024). Again, whereas the country has put efforts in place to collect data and report on PBMF indicators, completeness for some is not 100% as per the 2022 Zimbabwe Data Collection, Reporting, and Analysis Capacity (ARC) Assessment Report.

Therefore, this grant is specifically designed to strengthen TB data recording and reporting in order to improve the capacity of facility teams in data management, enhance the quality of TB data (from 90% to 100% accuracy, completeness, and timeliness) thereby ultimately reducing TB disease misclassification, minimizing under reporting (from 10% to < 2%) to enable effective TB resource planning and fostering of linkage of all diagnosed TB cases (from 6% to < 2 %) in the 15 high notification districts stated above. During implementation, ensure the Ministry of Health and Child Care (MoHCC/NTP) assumes full ownership of these services. Ultimately, the objective is to improve the quality of TB data/information in terms of accuracy, consistency, completeness, timelines and the use of data for action at all levels.

I. Technical Approach

The successful applicant will propose an innovative, feasible and cost-efficient implementation approach for the proposed activities aimed at improving recording and reporting in grant focus 15 high volume TB notification districts - Harare City, Sanyati, Kwekwe, Gweru, Nkayi, Mutare, Mount Darwin, Chegutu, Chipinge, Emakhandeni, Zvishavane, Makonde, Mutasa, Chitungwiza city, and Northern Suburbs. By location (2 in Harare, 3 in Mashonaland West, 3 in Midlands, 1 in Matabeleland North, 3 in Manicaland, 1 in Mashonaland Central, 2 in Bulawayo).

Activities will include:

- **Training and Facilitating DTLCs and DHISs**: Strengthening of TB recording and reporting through training and facilitating District TB/Leprosy coordinators (DTLCs) and District Health Information Officers (DHIOs) in the 15 high notification districts to work with the health facility teams to collect, clean, collate health facility data (both DS-TB and DR-TB notification and outcome data) on a monthly basis before entering it into DHIS II including the DR-TB Tracker at facility level.
- **Training facility teams on data management and reporting:** The applicant will ensure that that while at the health facility, the DTLCs and the DHIOs do build the capacity of facility HCWs (not only TB focal persons, but the entire facility team) using standardized training materials on TB/DR-TB case definitions, TB/DR-TB disease classification, data collection, collation, analysis procedures including cohort and cascade analysis, data visualization tools (trend charts, cascade charts), reporting into DHIS II and DR-TB tracker and data use & programme Management (stock review for medicines, cartridges and HMIS tools). To achieve this, the DTLC and DHIOs will regularly take the facility staff through TB case definitions, TB disease classification (both DS-TB and DR-TB), TB regimen in use, outcome definitions, including recording and reporting TB data (DS-TB and DR-TB) using standardized materials with visuals to ensure data accuracy, consistency, completeness, and timeliness of reporting, including zero reporting. Similarly, the two will support generation and resolution of data queries for all reporting health facilities within their area of jurisdiction. Lastly, the duo will promote local data ownership and use for action.
- **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 human resources, hardware (computers), established internet connectivity, existing power systems, and other data tools at supported sites, thereby minimizing award costs and fostering MoHCC ownership.

III. Expected outcomes:

Through this grant, the awardee will:

Enhanced NTP capacity in TB recording and reporting

- **Full Operationalization of onsite TA support:** 100% of designated 15 high TB notification districts located within 7 provinces have improved data quality in terms of accuracy, consistency, completeness and timeliness improved (from an average of about 90% to 100%).

- **Ownership of TB Data Quality Improvement program:** inclusion of site data improvement TA support from DTLCs and DHIOs in the NTP budgets thereby promoting ownership and sustainability.

Programmatic Efficiency and Sustainability

- **Reduction in under reporting/increase in notification/reduction in commodity stock out:** Reduction in under reporting (from 10% to < 2%), increase in TB case detection by 8%, reduction in commodity stock out
- **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 enhancing TB recording and reporting through DTLCs and DHIOs TA support to facilities evidenced this TA 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/N1bmVeDTEyvq4UgHA

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 Recording and Recording/data quality assurance in an infectious disease program

☐ Roll out of Recording and Recording/data quality assurance in a TB program

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 Recording and Recording/data quality assurance 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 Recording and Recording/data quality assurance 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)