EOI_TB Research Accelerator Program

EoI No: TBacc/2026/2

The Indian Council of Medical Research invites Expression of Interest (EoI)

for

Delhi TB Free Slum Demonstration Project

under the

ICMR TB Research Accelerator Program

Indian Council of Medical Research
(Department of Health Research, GoI)
V. Ramalingaswami Bhawan,
P.O.BoxNo.4911,AnsariNagar, New
Delhi - 110029, India

REQUEST FOR EXPRESSION OF INTEREST (EOI)

Delhi TB Free Slum Demonstration Project

Invitation for Expression of Interest

EOI No: EoI No: TBacc/2026/2

The Indian Council of Medical Research (ICMR) invites Expressions of Interest (EOI) from eligible Non-Governmental Organizations (NGOs) and Community Based Organizations (CBOs) with demonstrated experience in community-based public health implementation for engagement as implementation partners under the Delhi TB Free Slum Demonstration Project. The EOI contains details of the proposed project, scope of work, eligibility criteria, application requirements, indicative budget requirements and evaluation process.

EOI Schedule

Activity	Timeline
Publication of EOI	14.08.26
Last date for submission of EOI application	29.08.26

Submission of EOI Application

The prescribed application format and all supporting documents along with an indicative budget, shall be submitted electronically in PDF format to:

Email ID: icmr.trac@gmail.com

(Kindly mention “Delhi TB Free Slum Demonstration Project” in the subject line of the email.)

Addressed to:

Head,
Division of Communicable Diseases,
Indian Council of Medical Research,
V. Ramalingaswami Bhawan
Ansari Nagar,
New Delhi – 110029

ICMR reserves the right to cancel this EoI and/or publish a fresh EOI with or without amendments, without liability or any obligation for such EoI and without assigning any reason. Information provided at this stage is indicative and ICMR reserves the right to amend/add any further details in the EoI, as may be desired by the Competent Authority of ICMR and duly notified on the ICMR website.

Declaration:

1. We have read and understood the complete EOI document No. TBacc/2026/2 dated 14.08.2026, including the scope of work, eligibility criteria and requirements specified therein.
2. We understand the purpose and objectives of this EOI and the proposed role of the NGO/CBO implementation partner.
3. We hereby declare that the information and documents submitted as part of this EOI application are true and correct to the best of our knowledge.
4. We agree to abide by the roles and responsibilities outlined by ICMR for the selected implementation partner(s).
5. We understand that submission of an EOI does not confer any right to selection or funding and that ICMR reserves the right to accept or reject applications in accordance with the EOI.

Authorized Signatory

Name:

Designation:

Seal:

Date:

1. Background

Tuberculosis (TB) continues to remain a major public health challenge in India despite substantial expansion of diagnostic and treatment services under the National Tuberculosis Elimination Programme (NTEP). Although improvements in case detection and access to molecular diagnostics have strengthened programme performance, urban populations continue to contribute substantially to the burden of TB because of population density, migration, socioeconomic vulnerabilities and heterogeneous access to healthcare services.

Delhi represents an important setting for evaluating approaches for urban TB burden reduction due to its large migrant population, urban slum settlements and public–private healthcare landscape. Findings from the National TB Prevalence Survey and routine programme reports indicate that urban populations continue to contribute significantly to TB burden and may require implementation approaches tailored to local contexts.

Urban slum populations may experience additional vulnerabilities due to household crowding, population mobility, undernutrition, barriers to continuity of care and fragmented healthcare-seeking pathways. These factors may contribute to delayed diagnosis, interruptions in treatment and challenges in delivery of preventive services.

Evidence from programme implementation and published literature suggests that isolated interventions may have limited impact in reducing TB burden in such settings unless delivered through coordinated approaches spanning screening, diagnosis, treatment support, preventive treatment and continuity of care. However, there remains limited operational evidence regarding how such integrated intervention packages can be delivered with adequate coverage and sustained implementation intensity under routine programme conditions.

Accordingly, ICMR proposes to establish an implementation and demonstration platform in selected urban slum populations of Delhi to evaluate integrated community-based approaches for TB burden reduction. The project will operate in collaboration with the NTEP, with the Central TB Division, MoHFW and Delhi Government & local Municipal officials as important stakeholders. The project aims to generate evidence on implementation feasibility, operational requirements and scalability of integrated service delivery approaches.

Recognizing the importance of sustained household engagement and longitudinal community-level implementation, the project proposes engagement of Non-Governmental Organization (NGO) / Community Based Organization (CBO) implementation partners to support

community-facing components including population enumeration, community mobilization, active surveillance, treatment support, linkage to services and implementation documentation. Diagnostic confirmation, treatment initiation and programme reporting will continue to remain aligned with existing programme mechanisms and technical oversight arrangements.

Through this Request for Expression of Interest (EOI), ICMR seeks to identify organizations with relevant implementation capability and experience to participate in subsequent stages of project planning and operationalization.

2. About the Proposed Project

The proposed Delhi TB Free Slum Demonstration Project is proposed as an implementation and demonstration initiative to evaluate integrated approaches for reducing tuberculosis (TB) burden in urban slum populations through coordinated community-based interventions embedded within existing programme systems.

The project seeks to establish and operationalize a delivery platform that combines community-level implementation support with standardized diagnostic, treatment and reporting pathways under the National Tuberculosis Elimination Programme (NTEP). The project is intended to evaluate how integrated interventions can be implemented at scale and sustained under routine operational conditions in urban settings.

The proposed implementation model recognizes that reduction of TB burden requires coordinated action across multiple stages of the TB prevention and care continuum, including early identification of individuals at risk, timely diagnosis, treatment initiation, treatment completion, prevention of future disease and reduction of vulnerabilities associated with TB transmission and poor outcomes.

Implementation activities under the project are expected to be delivered through structured engagement of NGO/CBO implementation partners working in coordination with programme and technical institutions. Community-facing implementation activities may include household-level engagement, facilitation of screening activities, support for continuity of care, community surveillance and linkage with existing services. Diagnostic confirmation, treatment initiation, programme reporting and technical oversight will remain aligned with established NTEP mechanisms and institutional governance arrangements.

The project is expected to adopt a population-based approach within selected urban slum populations of Delhi, with interventions delivered at household and community level. In addition to implementation activities, the project proposes embedded implementation learning components to generate evidence regarding implementation feasibility, operational requirements, implementation performance and scalability.

The findings generated through the demonstration project are expected to inform future programme implementation approaches for urban TB burden reduction and contribute to evidence generation for adaptation in similar high-burden settings.

The proposed project duration, implementation geography and operational arrangements will be finalized subsequently in accordance with technical, administrative and implementation requirements.

3. Scope of Work for NGO/CBO Implementation Partners

Selected NGO/CBO implementation partners will implement the community-facing components of the proposed project in designated urban slum populations of Delhi, with support from NTEP staff. Activities are expected to be implemented in coordination with programme authorities and under the technical oversight mechanisms established for the project. The project is tentatively proposed to be implemented across three sites, with each site covering a population of approximately 1.5–1.75 lakh for a period of three years.

The scope of work is expected to include the following components.

3.1 Population Enumeration and Household Registration

NGO/CBO partners shall establish a population registry for the intervention area through household-level enumeration.

Indicative activities include:

- household listing and unique household identification;
- registration of resident population;
- updating household composition during implementation;
- identification of migrant and mobile populations;
- geo-tagging of households, where applicable;
- collection of baseline demographic and household information.

3.2 Vulnerability Assessment and Risk Stratification

NGO/CBO partners assess vulnerabilities relevant to TB prevention and care.

Indicative activities include:

- household-level vulnerability assessment;
- identification of individuals with nutritional vulnerability;
- identification of individuals with diabetes and other relevant co-morbidities;
- documentation of prior TB and household TB exposure;
- identification of barriers to access and continuity of care;
- support periodic reassessment during implementation.

3.3 Community-Based Screening and Active Case Finding (ACF)

NGO/CBO partners shall implement community-based screening activities, based on NTEP guidelines.

Indicative activities include:

- community mobilization for screening activities;
- facilitation of household-based symptom screening;
- support organization of mobile screening activities;
- mobilization for chest X-ray and molecular testing;
- facilitation of sample collection and referral;
- follow-up of presumptive TB cases until diagnostic completion.

Diagnostic confirmation shall remain aligned with approved programme pathways.

3.4 Longitudinal Community Surveillance and Referral Support

NGO/CBO partners shall establish mechanisms for early identification of symptomatic individuals between formal screening rounds.

Indicative activities include:

- periodic household visits;
- identification of individuals developing TB symptoms;
- facilitation of referral for diagnostic evaluation;
- tracking of referral completion;
- support follow-up of symptomatic individuals;
- documentation of implementation processes.

3.5 Support for Treatment Continuity and Differentiated TB Care

NGO/CBO partners shall support continuity of care activities for individuals diagnosed with TB.

Indicative activities include:

- counselling and patient education;
- support treatment adherence;
- support follow-up of treatment interruptions;
- facilitate linkage to differentiated support approaches;
- support follow-up after treatment completion;
- support identification and management referral of co-morbidities including diabetes.

Treatment decisions shall remain under programme-approved clinical pathways.

3.6 Contact Investigation and TB Preventive Treatment (TPT) Support

NGO/CBO partners shall implement prevention activities among eligible populations as per NTEP guidelines.

Indicative activities include:

- identification and listing of household contacts;
- mobilization for contact screening;
- support referral for eligibility assessment;
- support follow-up of individuals initiated on TPT;
- documentation of TPT uptake and completion.

Eligibility determination and initiation of preventive treatment shall remain under programme-approved mechanisms.

3.7 Community Engagement and Behavioural Support Activities

NGO/CBO partners shall conduct activities intended to improve community participation and continuity of engagement.

Indicative activities include:

- community awareness activities;
- stigma reduction approaches;
- counselling and behaviour support;
- engagement with community leaders and local structures;
- facilitation of household participation.

3.8 Digital Systems, Monitoring and Documentation

NGO/CBO partners shall support implementation monitoring and reporting as per NTEP guidelines.

Indicative activities include:

- digital data capture;
- support implementation dashboards;
- maintenance of implementation records;
- participation in review meetings;
- support quality assurance processes.

3.9 Support for Embedded Sub-studies

Selected NGOs/CBOs may be required to support implementation evaluation activities embedded within the project.

Indicative activities may include:

- implementation documentation;
- support for mortality estimation activities;
- support geospatial data collection;
- facilitation of operational learning activities.

4. Eligibility Criteria

Organizations applying under this EOI should demonstrate technical, operational, financial and administrative capacity to support implementation of community-based public health interventions in urban settings.

Organizations may apply individually or as a consortium/partnership arrangement. In case of consortium applications, one organization shall be designated as the lead implementing partner.

4.1 Essential Eligibility Criteria

Applicants shall meet all of the following requirements:

4.1.1 Status and Registration

- Registered as a Society, Trust, Section 8 Company, or other legally recognized not-for-profit entity under applicable laws in India.
- Registration should be valid at the time of application.
- Possession of PAN and applicable statutory registrations.
- Registered on NGO-Darpan portal (where applicable).

4.1.2 Organizational Experience

- Minimum **five years of operational experience** in implementation of community-based public health, social development or health systems programmes.
- Demonstrated experience in field implementation and community engagement activities.

4.1.3 Financial and Administrative Capacity

- Availability of audited financial statements for the previous **three financial years**.
- Demonstrated capacity for financial management, reporting and administrative oversight.
- No record of blacklisting/debarment by any Government authority during the previous five years.

4.1.4 Human Resources and Field Capacity

- Ability to deploy and supervise field implementation teams.
- Experience in managing community-based operations and field logistics.
- Availability of organizational systems for monitoring and reporting.

4.2 Desirable Eligibility Criteria

Preference may be given to organizations with one or more of the following:

4.2.1 Public Health and Programme Experience

- Experience in implementation of programmes related to:
    - tuberculosis;
    - communicable diseases;
    - urban health;
    - maternal and child health;
    - HIV;
    - nutrition;

4.2.2 Experience in Vulnerable and Urban Populations

Experience working in:

- urban slums;
- migrant populations;
- vulnerable communities;
- household-based implementation models.
- Preference will be given to organizations having established sites in Delhi/or having prior field experience of working in urban slums of Delhi.

4.2.3 Experience with Government Systems

Prior collaboration with:

- Ministry of Health and Family Welfare;
- National Health Mission;
- NTEP;
- State Health Departments;
- Municipal bodies;
- research institutions.

4.2.4 Monitoring and Digital Capability

- Experience in digital data collection and reporting.
- Experience in programme monitoring and implementation documentation.

4.2.5 Research and Evaluation Experience

Prior experience supporting:

- implementation research;
- operational research;
- surveys;
- evaluation activities.

4.3 Consortium Applications

Organizations may apply jointly.

In such cases:

- one organization shall act as the lead applicant;
- roles and responsibilities shall be clearly described;
- consortium arrangements shall be supported by written agreement;

4.4 Exclusion Criteria

Applications may not be considered if:

- mandatory documents are incomplete;
- the organization is blacklisted or under legal restriction;
- there is material conflict of interest;
- there is evidence of misrepresentation;
- the organization lacks demonstrable implementation capacity.

5. Application Submission

Eligible organizations interested in participating under this Request for Expression of Interest (EOI) shall submit their application in the prescribed format along with all supporting documents specified in this EOI.

The application should provide sufficient information and documentary evidence to enable assessment of the applicant's eligibility, organizational capability, technical expertise, operational capacity and previous experience relevant to implementation of the activities outlined under **Section 3 (Scope of Work)**. The information furnished will form the basis for technical evaluation of the applicant's suitability for participation as an implementation partner under the proposed Delhi TB Free Slum Demonstration Project.

The application shall comprise the following sections:

5.1. Organizational Experience and Technical Capability Relevant to the Scope of Work

Applicants shall demonstrate their organizational capability and previous experience relevant to implementation of large-scale community-based public health programmes. The objective of this section is to assess the applicant's experience in implementing activities comparable to those described in the Scope of Work, irrespective of the disease area, programme or funding agency under which such activities were undertaken.

The response under this section should not exceed 15 pages (excluding annexures).

5.1.1 Organizational Profile and Public Health Experience (Maximum 2 pages)

- Organizational mandate and core areas of work
- Years of experience in public health implementation
- Geographic areas of operation
- Experience working with vulnerable and underserved populations
- Experience implementing large-scale field programmes

5.1.2 Community-Based Population Interventions (Maximum 2 pages)

- Household surveys or enumeration
- Community outreach programmes
- Population registration or beneficiary listing
- Vulnerability or risk assessments
- Community mobilization
- Scale of implementation, population covered and major outcomes

5.1.3 Screening, Outreach and Service Delivery (Maximum 2 pages)

- Community-based screening programmes
- Outreach camps
- Referral services

- Early identification of beneficiaries
- Facilitation of access to diagnostic or treatment services
- Examples from any health programme

5.1.4 Longitudinal Community Engagement and Continuum of Care (Maximum 2 pages)

- Beneficiary follow-up
- Community-based support systems
- Treatment/service adherence support
- Patient navigation
- Home visits
- Continuity of care
- Chronic disease management
- Linkage with health facilities

5.1.5 Preventive, Behaviour Change and Community Empowerment Interventions (Maximum 2 pages)

- Preventive health programmes
- Behavior change communication
- Health promotion
- Community participation
- Peer support programmes
- Stigma reduction
- Health education
- Household/family-centred interventions

5.1.6 Programme Management, Monitoring and Digital Systems (Maximum 2 pages)

- Programme implementation and supervision
- Field team management
- Digital data collection
- Monitoring and evaluation
- Management information systems
- Quality assurance
- Programme reporting

5.1.7 Research, Documentation and Learning (Maximum 1 page)

- Operational or implementation research
- Programme evaluation
- Community surveys
- Documentation of implementation experiences
- Dissemination of findings
- Collaboration with research/academic institutions

5.1.8 Human Resources and Institutional Capacity (Maximum 1 page)

- Organizational structure
- Technical and managerial expertise
- Field workforce
- Supervisory mechanisms
- Institutional infrastructure

5.1.9 Major Public Health Projects Implemented (Maximum 2 pages)

Project	Health Area	Funding Agency	Total Budget received	Geographic Area	Population Covered	Duration	Major Activities	Role of Organization	Key Achievements

5.2. Indicative Budget:

Applicants shall submit an indicative budget for implementation of the proposed activities for one implementation site covering an approximate population of 1.5–1.75 lac, as specified in the Scope of Work for a period of three years. The budget should provide an activity-wise and budget head wise estimate, together with a brief justification for each item.

The indicative budget may include, as applicable, human resources, community/field activities, travel and local conveyance, training and capacity building, IEC/community engagement activities, digital data collection and monitoring, field logistics, consumables, administrative/operational expenses, and other costs directly related to implementation of the proposed scope of work.

The budget submitted at the EOI stage shall be considered tentative and for assessment/planning purposes only. The final budget, scope of activities and associated financial arrangements shall be determined subsequently for the selected/shortlisted organization(s), subject to applicable ICMR/Government of India norms and approval of the Competent Authority.