



Terms of Reference for Consultation on Reviewing NSP VI and Developing NSP VII (Leprosy Elimination Expert)

Background:

The Christian Social Services Commission (CSSC) is an ecumenical body established in 1992 by the Christian Council of Tanzania (CCT) and Tanzania Episcopal Conference (TEC) to coordinate and strengthen the delivery of health and education services by member churches in Tanzania. CSSC coordinates a network of more than 900 church-owned health facilities, the majority of which are rural-based, contributing nearly 14% of all health facilities in Tanzania, and 1000 Church-based education institutions providing 10% of all education services offered in Tanzania.

Ministry of Health, through Global Fund Cycle 7 (GFC7) Grant support, implements essential TB/HIV Community-based Program (Oct 2025 – Dec 2026) in support of the national effort to sustain and expand community HIV and TB services. The GFC7 community-based program is implemented in collaboration with Lead CSO – Christian Social Services Commission (CSSC) and four Sub-sub recipients (SSRs) - TAYOA, NACOPHA, MKUTA and STEPS. The GFC7 program focuses on the provision of community-based TB/HIV services across 185 councils. It prioritizes peer-led service delivery and integration with Local Government Authorities.

The main goals of the program are:

- Reduce new HIV infections by 85% (from 2010 baseline) by 2025.
- Reduce mother-to-child transmission (MTCT) to <4% at the end of breastfeeding by 2025.
- Reduce AIDS-related deaths by 80% from the 2010 baseline.
- Reduce HIV-related stigma to <5% by 2025.
- Reduce TB incidence and mortality through enhanced detection, treatment, and prevention.

Country Status and Current NSP Overview

Tanzania achieved national-level elimination of leprosy as a public health problem in 2006; however, pockets of transmission persist. Sporadic cases continue to be reported in specific councils, with clusters of household contacts and occasional Grade-2 disabilities at diagnosis—signalling delayed case detection and the need for intensified surveillance. Children remain part of the burden, indicating ongoing local transmission, while stigma and fear of discrimination contribute to under-reporting and late presentation.

Under NSP VI (2020–2025), leprosy services have been integrated into the National Tuberculosis and Leprosy Programme, emphasizing early detection, disability prevention, and access to Multi-Drug Therapy (MDT). Despite progress, challenges remain: limited active case-finding in high-risk areas, insufficient household contact examination, suboptimal

disability management, weak social support systems for persons affected by leprosy, and inadequate rehabilitation and referral pathways.

With NSP VI ending in 2025, development of NSP VII (2026/27–2030/31) presents an opportunity to reinforce elimination gains, prevent disability, reduce stigma, and ultimately interrupt ongoing transmission. NSP VII will align with the WHO Global Leprosy Strategy pillars of:

- Early case detection and prompt MDT,
- Prevention of disabilities through effective management and PEP,
- Zero discrimination and stigma,
- Integration within PHC and TB platforms for sustainability.

The People-Centered Framework will guide strategic planning, with strong epidemiological analysis, patient pathway assessment, participatory consultations, and costing of targeted interventions.

Overall Responsibilities

- Provide technical leadership in developing the leprosy elimination component of NSP VII (2026/27–2030/31), under the coordination of the Lead Consultant.
- Support the development of the Global Fund Funding Request for leprosy activities and integrated TB/Leprosy interventions.

Key Responsibilities

- Review the country leprosy epidemiological situation, including trends, hotspot councils, Grade-2 disability at diagnosis, paediatric cases, and previous elimination benchmarks.
- Map key challenges and opportunities in early detection, PEP rollout, disability prevention, stigma reduction, and community-based surveillance.
- Compile inputs from programme reviews, subnational consultations, root-cause analysis workshops, and existing operational data.
- Collaborate with the Lead Consultant, TB Expert, and M&E Consultant to quantify leprosy interventions—active case finding, contact tracing, disability management, PEP, and referral pathways—for costing.
- Define appropriate service delivery models, including integration within PHC, district hospitals, and community structures.
- Review and document leprosy medicine supply needs (MDT, PEP medications), disability care supplies, and rehabilitation requirements for costing and forecasting.
- Ensure that proposed interventions align with WHO Global Leprosy Strategy, Zero-Leprosy Roadmap, and patient-centered principles.
- Draft background sections, strategic priorities, results framework, and implementation modalities for the leprosy component of NSP VII.
- Recommend indicators and targets for NSP VII and the Global Fund request (e.g., reduction in Grade-2 disabilities, number of household contacts screened, PEP coverage, MDT completion).
- Contribute to the design of stigma reduction and social inclusion strategies, including engagement with organisations of persons affected by leprosy.
- Support the development of a monitoring, evaluation, and operational research agenda related to leprosy elimination.

Qualifications

- Advanced degree in Medicine, Public Health, Epidemiology, Dermatology, or related field.
- At least 7–10 years of technical experience in leprosy control, elimination programmes, NTD programming, or integrated TB/Leprosy services.
- Demonstrated experience in national-level strategy development, disease elimination planning, and implementation of WHO-recommended leprosy interventions.
- Knowledge of MDT supply chains, disability prevention, rehabilitation, and community-based approaches.
- Proven experience collaborating with government, partners, and affected communities.
- Strong analytical, facilitation, and technical writing skills.

Timeline

The consultation process is expected to be completed within 2 months, with detailed milestones for each phase of the project.

Budget

The budget for consultation services will be determined based on the scope and deliverables. Consultants are requested to submit a detailed financial proposal.

Evaluation Criteria

Proposals will be evaluated based on:

- Technical expertise and relevant experience (40%)
- Methodology and approach (30%)
- Cost-effectiveness (20%)
- Delivery timeline (10%)

Submission Guidelines

Interested consultants or firms are invited to submit:

- A detailed technical proposal outlining the approach and methodology.
- Profiles of the key personnel involved in.
- Relevant experience and case studies.
- A financial proposal including a cost breakdown.
- Applicants will not be required to protect their submitted documents with a password.

Executive Director
Christian Social Services Commission
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The deadline for the submission is 16:00 hours East African Time on 5th December 2025.

All proposals should be electronically submitted to procurement@cssc.or.tz, copying director@cssc.or.tz

This advert can also be accessed through <https://cssc.or.tz/>