



## **Terms of Reference for Consultation on Reviewing NSP VI and Developing NSP VII (Monitoring and Evaluation (M&E) Consultant)**

### **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 remains among the **30 high TB burden countries globally**, with an estimated **122,000 TB cases reported in 2023** and approximately **18,400 TB-related deaths**. Despite progress in diagnosis and treatment expansion, nearly **24% of TB cases are missed annually**, reflecting persistent gaps in case detection. Drug-resistant TB (DR-TB) outcomes also remain suboptimal, with a treatment success rate of only **70%**, highlighting the need for strengthened diagnostic, treatment, and adherence strategies.

Although leprosy was officially eliminated as a public health problem in 2006, sporadic cases continue to be reported in a few councils, necessitating continued surveillance and integration of leprosy interventions into broader TB control strategies. These interventions will be reviewed and costed in NSP VII, ensuring consistency with the WHO Global Leprosy Strategy.

The current National Strategic Plan VI (2020–2025) was developed through broad stakeholder engagement and emphasizes a patient-cantered approach. Its focus areas include quality improvement, strengthening community systems, diagnostic expansion, and targeted support for vulnerable populations. The plan has also prioritized tackling socioeconomic, gender, and human rights barriers while scaling up integrated management of DR-TB, TB/HIV co-infection, and comorbidities.

### **Rationale for Reviewing NSP VI and Developing NSP VII**

As NSP VI comes to an end in 2025, development of a new **strategic framework (NSP VII, 2026/27–2030/31)** is critical to sustain progress, address unfinished goals, and respond to emerging TB and leprosy trends. NSP VII will build on the lessons learned from NSP VI while placing greater emphasis on **early detection, universal access to treatment, and prevention strategies**.

The development process will be guided by the **WHO People-Cantered Framework for TB Strategic Planning**, which integrates:

- **Epidemiological analysis and patient pathway studies,**
- **Costing and resource optimization,** and
- **Participatory prioritization of interventions** through national and subnational consultations.

This approach ensures that NSP VII will be **patient-cantered, data-driven, and multi-sectoral**, with strategic actions tailored to reach vulnerable and underserved populations. By combining **technical rigor with inclusive dialogue**, the plan will serve as a **roadmap to end TB and sustain leprosy control in Tanzania** over the period 2026/27–2030/31

### **Overall Responsibilities**

- Support programmatic review of M&E interventions.
- Contribute to the writing of the Monitoring and Evaluation Plan for NSP VII (2026/27–2030/31).

### **Key Responsibilities**

- Review the country's M&E and strategic information systems, including progress and challenges.
- Lead the process of compiling key recommendations, lessons, and best practices related to M&E from programme reviews.
- Collaborate closely with the Lead Consultant to ensure that M&E aspects are fully integrated into NSP VII.
- Draft detailed descriptions of the NSP VII M&E section, including priority actions and background rationale.
- Develop the NSP VII Monitoring and Evaluation Plan, specifying processes, indicators, and evaluation methods.

### **Qualifications**

- Advanced degree in Public Health, Biostatistics, Epidemiology, or related discipline.
- Minimum of 7 years' experience in monitoring and evaluation of TB, HIV, or broader health programs.

- Proven track record in designing and implementing national-level M&E frameworks, preferably in TB/Leprosy control.
- Strong knowledge of DHIS2, TB surveillance systems, and WHO M&E standards.
- Excellent 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.

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The deadline for the submission is 16:00 hours East African Time on 5<sup>th</sup> December 2025.

All proposals should be electronically submitted to [procurement@cssc.or.tz](mailto:procurement@cssc.or.tz), copying [director@cssc.or.tz](mailto:director@cssc.or.tz)

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