



Terms of Reference for Consultation on Reviewing NSP VI and Developing NSP VII (TB Expert 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-centered 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-Centered 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-centered, 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

- Provide technical support in developing NSP VII (2026/27–2030/31), under the leadership of the Lead Consultant.
- Support the development of the Global Fund Funding Request for the TB component.

Key Responsibilities

- Review the country TB situation, including progress and challenges.
- Compile draft inputs from programme internal reviews, data consolidation, and root cause analysis workshops.
- Collaborate with the Lead Consultant, M&E Consultant, and thematic leads to map and quantify interventions, outputs, and outcomes for costing purposes.
- Collect and review unit cost data (tariffs, service delivery costs, HR inputs, commodity prices) in consultation with MoH, NTLP, and partners.
- Apply WHO-recommended costing methodologies (e.g., OneHealth Tool/Excel-based models) to produce a fully costed TB and Leprosy Strategic Plan, disaggregated by intervention and year.
- Conduct a TB gap analysis (including program prioritization and optimization), SWOT analysis, and funding landscape assessment.
- Capture consensus from consultative workshops to set NSP VII priorities, targets, and monitoring indicators.
- Collaborate with local experts, costing specialists, and modelling consultants to ensure alignment across strategic areas.
- Draft detailed descriptions of strategic areas, priority actions, and background information for NSP VII, including a robust monitoring framework.

Qualifications

- Advanced degree in Medicine, Public Health, Epidemiology, or related field.
- At least 10 years of experience in TB programming, policy, and strategy development at national/regional levels.
- Proven expertise in strategic planning, health sector costing, and Global Fund application processes.
- Demonstrated experience in leading or contributing to national TB strategic plans in high-burden countries.
- Strong analytical, facilitation, and 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
4 Ali Hassan Mwinyi Road
P.O. Box 9433 Dar es Salaam, Tanzania

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/>