HIGHLAND ENDEMIC REGION FOUNDATION

TERMS OF REFERENCE

Consultancy for the Development of the

HERF Strategic Plan 2026–2031

and Monitoring & Evaluation Framework

Integrating Malaria & NCDs through a Rights-Based, Community-Led Approach

June 2025

Assignment Type	Consultancy
Expert Days	7 days
Reporting To	Chairperson, HERF Board
Deliverable	Strategic Plan 2026–2031 and M&E Framework

1. Background

The Highland Endemic Region Foundation (HERF) is a civil society platform anchoring community-based organisations, faith-based organisations, and Non-Governmental Organizations operating across Kenya's Highland Endemic Region. HERF currently delivers malaria prevention, community-led monitoring (CLM), and human rights and gender (HRG) programming.

Since its establishment, HERF has demonstrated a distinctive capacity to convene diverse community actors, generate equity-disaggregated evidence from the grassroots, and translate community findings into structured advocacy with county governments and national health institutions.

The period 2025–2026 has marked a strategic inflection point for HERF. The organisation has undertaken a Strategic Realignment process — formalised in the HERF Strategic Realignment 2025–2030 document — expanding its programmatic scope from malaria-only to an integrated malaria and non-communicable disease (NCD) approach. This expansion is grounded in growing evidence of the malaria-NCD double burden across the Rift Valley highlands, the convergence of risk factors and service delivery pathways, and the alignment with Kenya's Universal Health Coverage agenda under the Social Health Authority Act 2023 and the Kenya Health Sector Strategic Plan 2023–2027.

The Realignment identifies five programme areas:

- Strategic Engagement and Policy Influence
- Integrated Prevention and Health Promotion
- Resilient and Equitable Health Systems
- Multi-Sector Partnerships and Climate-Health Integration
- Community-Led Monitoring and Evaluation

These five pillars are underpinned by cross-cutting commitments to human rights and gender, disability inclusion, indigenous rights, IDP protection, climate-health integration, and sustainable financing.

To translate this Realignment into an actionable strategic plan for the period 2026–2031, HERF is seeking to engage a qualified consultant to facilitate a participatory strategic planning process, resulting in a comprehensive Strategic Plan and an accompanying Monitoring and Evaluation Framework.

2. Purpose of the Assignment

The purpose of this consultancy is to facilitate the development of the HERF Strategic Plan 2026–2031 — a comprehensive, actionable, and results-oriented strategic document that:

- Translates the HERF Strategic Realignment into a fully elaborated five-year plan with clear objectives, strategies, and measurable results;

- Defines the institutional architecture, governance arrangements, and secretariat functions required for an expanded malaria-NCD mandate across 13 counties;
- Establishes a resource mobilisation and sustainability pathway that reduces dependence on a single funding source;
- Produces a standalone Monitoring and Evaluation Framework aligned with the five programme areas and Kenya's national health information systems; and
- Positions HERF as a credible, rights-oriented, and technically capable civil society foundation within Kenya's health ecosystem.

3. Specific Objectives

3.1 Situational Analysis

- Review the current epidemiological, health systems, and policy environment for malaria and NCDs across the 13-county region.
- Assess HERF's internal capacities, governance structures, and programmatic performance under the current Global Fund GC8 cycle.
- Conduct a SWOT and PESTLE analysis incorporating the malaria-NCD integration lens and climate-health dimensions.
- Map key stakeholders — county governments, AMREF, Global Fund, Ministry of Health, SHA, civil society networks, and development partners — and assess partnership landscape.
- Review alignment with KHP 2014–2030, KMS 2023–2027, KHSSP 2023–2027, SHA Act 2023, and Kenya Climate Adaptation Plan.

3.2 Strategic Direction

Support HERF to define or refine:

- Vision and Mission (incorporating the expanded malaria-NCD mandate);
- Core values and operating principles;
- Five programme areas and their strategic objectives for 2026–2031;
- Theory of Change linking community-level action to county and national health outcomes;
- Institutional positioning and value proposition within Kenya's evolving health architecture.

3.3 Institutional Strengthening

Develop recommendations on:

- Governance structures for a Foundation with an expanded mandate (Board of Directors, Secretariat, Community Advisory Committee);
- Network coordination mechanisms for 13-county HERF operations;
- Membership engagement and CBO/CSO capacity strengthening strategy;
- Transition pathway from donor-dependent to diversified financing model.

3.4 Programmatic Priorities

For each of the five programme areas, define:

- Strategic objectives and priority interventions for 2026–2031;
- Key target populations, including marginalised groups (PWDs, indigenous communities, IDPs);
- Integration points and coordination mechanisms across the five pillars;
- Cross-cutting HRG, disability, climate-health, and sustainability requirements.

3.5 Monitoring, Evaluation and Learning Framework

Develop a standalone M&E Framework that includes:

- An outcome-level results framework with indicators for each programme area;
- Key performance indicators (KPIs) at impact, outcome, output, and process levels;
- Data sources, collection frequency, and responsible parties;
- Alignment with HMIS, iMonitor+, county health scorecards, and KHSSP annual review processes;
- Learning and adaptive management mechanisms;
- Annual State of Health county report template.

4. Scope of Work and Phases

Given the 7 expert-day budget, the assignment is structured as a concentrated, desk-based and virtually-facilitated consultancy. All stakeholder engagement shall be conducted virtually, with each session not exceeding 0.5 days.

Phase I — Inception and Document Review (1.5 days)

- Hold a virtual inception meeting with HERF leadership and the Strategic Planning Steering Committee.
- Review all relevant documents including the HERF Strategic Realignment 2025–2030, HRG community position papers, county budget advocacy materials, and Kenya national health policy documents.
- Develop and submit an Inception Report with a refined methodology, workplan, and stakeholder engagement schedule.

Phase II — Virtual Stakeholder Consultations (up to 1.5 days)

Conduct virtual consultations (0.5 days per session) with up to three stakeholder groups, which may include:

- HERF member organisations and CBO representatives;
- County health teams and county government officials from selected counties;
- Ministry of Health and development partners;
- Community members including persons with NCDs, malaria survivors, PWDs, and indigenous community representatives.

The consultant shall design virtual consultation tools (structured interview guides, online feedback forms) to maximise input within the time-constrained format.

Phase III — Situational and Institutional Analysis (1.0 day)

- Synthesise desk review and stakeholder consultation findings into a Situational Analysis Report covering: epidemiological context, health systems landscape, organisational capacity, partnership analysis, SWOT, and PESTLE.
- Map HERF's current Theory of Change and identify adaptations required for the malaria-NCD integration.

Phase IV — Strategic Plan Drafting (2.0 days)

- Develop the full draft Strategic Plan 2026–2031 structured per Section 6 below.
- Articulate strategic objectives, priority interventions, and an Implementation Matrix for each of the five programme areas.
- Develop a Resource Mobilisation and Sustainability Framework identifying diversified funding pathways.
- Present draft to the Steering Committee for review prior to validation.

Phase V — M&E Framework Development (0.5 days)

- Develop the standalone Monitoring and Evaluation Framework (see Section 9 for required content).
- Ensure all indicators are SMART, disaggregated by sex, disability status, and marginalised population category where relevant.
- Align the framework with existing data systems (iMonitor+, community scorecards) and national reporting requirements.

Phase VI — Validation and Finalisation (0.5 days)

- Facilitate a virtual validation session (0.5 days) with the Board and a representative sample of HERF members.
- Incorporate validation feedback and submit the final Strategic Plan and M&E Framework.

5. Deliverables and Timeline

Deliverable	Activity Period	Due (Expert Day)
Inception Report and Workplan	Day 1–1.5	Day 1.5
Desk Review and Situational Analysis Report	Day 1.5–3	Day 3
Stakeholder Consultation Summary (Virtual)	Day 3–4	Day 4
Draft Strategic Plan 2026–2031	Day 4–6	Day 6
M&E Framework	Day 6–7	Day 7

Validation Session (Virtual, 0.5 days)	Day 6.5	Day 7
Final Strategic Plan and M&E Framework	—	Day 7

6. Expert Day Allocation

Phase / Activity	Expert Days
Phase I: Inception and Document Review	1.5
Phase II: Stakeholder Consultations (Virtual — up to 3 sessions × 0.5 days)	1.5
Phase III: Situational and Institutional Analysis	1.0
Phase IV: Strategic Plan Drafting	2.0
Phase V: M&E Framework Development	0.5
Phase VI: Validation (Virtual, 0.5 days) and Finalization	0.5
TOTAL	**7.0**

Note: All stakeholder engagement sessions shall be conducted virtually. Each session shall not exceed 0.5 expert days. The consultant is encouraged to use asynchronous tools (shared online questionnaires, document annotation, written feedback rounds) to supplement live sessions and maximise stakeholder input within the allocated time.

7. Expected Structure of the Strategic Plan

The Strategic Plan 2026–2031 shall include the following components:

1. Executive Summary
2. Introduction and Organisational Background
3. Situational Analysis (Epidemiological, Health Systems, Policy Environment)
4. Stakeholder and Partnership Analysis
5. SWOT and PESTLE Analysis
6. Strategic Issues and Challenges for 2026–2031
7. Vision, Mission, Core Values and Operating Principles
8. Theory of Change
9. Five Programme Areas: Strategic Objectives and Priority Interventions
10. Implementation Matrix (objectives, activities, lead, timeline, budget estimate)
11. Governance, Institutional Arrangements and Secretariat Structure
12. Partnership Framework
13. Resource Mobilisation and Sustainability Strategy
14. Monitoring, Evaluation and Learning Framework (summary; full framework as standalone annex)
15. Risk Management Framework

16. Communication and Visibility Framework
17. Annexes (stakeholder consultation summary, document review list, validation report)

8. Methodology

The assignment shall employ a participatory and evidence-based approach adapted for a virtual, time-efficient format:

- Desk review of HERF programme documents, Global Fund GC8 reports, Kenya national health policies (KHP, KMS, KHSSP, SHA Act), and county-level health data;
- Virtual key informant interviews and structured consultations with targeted stakeholder groups;
- SWOT and PESTLE analysis integrating the malaria-NCD integration lens;
- Theory of Change approach mapping community-level inputs to county and national health outcomes;
- Results-based management framework for the M&E component;
- Asynchronous stakeholder feedback mechanisms (online surveys, written comment rounds) to supplement live sessions.

9. Monitoring and Evaluation Framework — Required Content

The standalone M&E Framework shall be a distinct deliverable (not merely a chapter of the Strategic Plan) and shall include:

9.1 Results Framework

An outcome-level results framework with the following levels:

Level	Statement	Verification Source	Timeline
Impact	Reduced malaria morbidity and NCD burden in the 13-county Rift Valley region	KMIS / KDHS / County HMIS data	2031
Outcome 1	County governments integrate HERF evidence into malaria-NCD policies and budgets	County budget allocations; policy documents with HERF citation	Annual
Outcome 2	Communities have increased access to integrated malaria-NCD prevention and care services	CHP coverage data; facility utilisation reports	Annual
Outcome 3	Marginalised populations (PWDs, fisherfolk, IDPs, indigenous communities) equitably access health services	Disaggregated SHA enrolment; HRG community data repository	Semi-annual
Outcome 4	Multi-sector platforms actively coordinate on shared malaria-NCD-climate determinants	Platform attendance and action logs	Annual
Outcome 5	Community-generated data drives accountability and adaptive management	Scorecard uptake; government response to shadow reports	Annual

9.2 Programme Area KPIs and Data Sources

For each of the five programme areas, the M&E Framework shall specify KPIs, review mechanisms, and data sources:

Programme Area	Key Performance Indicators	Review Mechanism	Data Sources
01 — Strategic Engagement & Policy Influence	# policy briefs produced; # county TWG appearances; # budget consultations attended with evidence inputs	Quarterly monitoring via secretariat; Annual Policy Engagement Report	Meeting minutes; Policy briefs; Budget consultation reports
02 — Integrated Prevention & Health Promotion	# integrated campaigns delivered; # households reached; # IEC materials in local languages produced and distributed	Semi-annual review by Programme Committee	CHP visit registers; Campaign reports; IEC distribution records
03 — Resilient & Equitable Health Systems	# SHA enrolment drives for indigenous/IDP communities; # supply shortage reports submitted to county; % facilities with integrated malaria-NCD pathway	Semi-annual county-level review	SHA enrolment data; Facility assessment reports; County health stakeholder meeting records
04 — Multi-Sector Partnerships & Climate-Health	# county multi-sectoral health platform sessions convened; # sectors actively engaged; Climate-health advocacy brief produced	Annual Partnership Review	Partnership MoUs; Platform minutes; Climate-health brief
05 — Community-Led Monitoring & Evaluation	# community scorecards deployed; # counties with Community Health Monitoring Committees; Annual State of Health report published	Annual Community Health Equity Review (public)	Scorecard data; Committee reports; Annual State of Health county reports

10. Required Qualifications

10.1 Professional Experience

- Minimum eight (8) years of experience in health systems strengthening, strategic planning, or civil society organisational development in Kenya or East Africa;
- Demonstrated experience facilitating multi-stakeholder strategic planning processes with CBOs, CSOs, or health networks;
- Experience supporting malaria programmes, NCD programming, or integrated health programmes at county or national level in Kenya;
- Familiarity with the community systems strengthening principles, and donor compliance requirements;
- Experience developing monitoring and evaluation frameworks aligned with national health information systems (DHIS2/KHIS, iMonitor+ or similar);
- Strong analytical, facilitation, and technical writing skills with demonstrated ability to produce high-quality deliverables under tight timelines.

10.2 Desirable Qualifications

- Demonstrated experience working on malaria, community systems, and health policy — with direct experience building multi-stakeholder coalitions and representing communities within national and global health platforms;
- Experience in health financing and Universal Health Coverage programming, including proposal development, grant performance oversight, sustainability and transition planning, and engagement with international bodies;
- Published technical works in community health systems, community rights and gender analysis for health programs;
- Postgraduate qualification in Public Health, Health Systems, or a related discipline, with additional training in monitoring and evaluation.
- Experience with climate-health integration or multi-sectoral health platforms at county level;
- Prior work with or within the Rift Valley health ecosystem.

11. Reporting Arrangements

The consultant shall report directly to the Chairperson of the HERF Board of Directors and shall work closely with the Secretary. The HERF Secretariat shall coordinate day-to-day activities.

The Secretary shall provide feedback on deliverables within three (3) working days of receipt. The consultant shall incorporate all feedback and submit revised versions within two (2) working days of receiving consolidated comments.

12. Ownership and Confidentiality

All reports, data, materials, and outputs generated under this assignment — including the Strategic Plan, M&E Framework, consultation summaries, and all supporting documents — shall remain the sole property of the Highland Endemic Region Foundation. The consultant shall maintain strict confidentiality and shall not disclose, publish, or otherwise disseminate information obtained during the assignment without prior written authorisation from HERF.

The consultant shall return or destroy all confidential materials upon conclusion of the assignment as directed by HERF