



VISION, MISSION &

STRATEGIC PLAN

2010-2014



## VISION, MISSION AND STRATEGIC PLAN 2010-2014



To help optimize Kenya's health policy,  
systems and service delivery

By ensuring robust and relevant research is conducted  
Through development of capacity and skills

By gathering meaningful evidence  
Through co-ordination and synthesis

By making this knowledge readily available to all  
Through a central platform for all stakeholders

By promoting stakeholder buy-in  
Through participatory processes and performance

By developing evidence-to-policy linkages  
Through advocacy and collaborations

By building sustainability in all these areas  
Through a National Health Research Strategy



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## Abbreviations and acronyms

AERC	African Economic Research Consortium
AFRO (WHO)	World Health Organization Regional Office for Africa
AGM	Annual General Meeting
AIDS	Acquired Immunity Deficiency Syndrome
AMREF	African Medical & Research Institute
APHRC	African Population and Health Research Centre
AU	African Union
BL(s)	Business Line(s)
BoM	Board of Management
CNHR	Consortium for National Health Research
COFM	Council of Founder Members
COHRED	Commission for Health Research and Development
CoRe(s)	Centre(s) of Research Excellence
CSR	Corporate Social Responsibility
DfID	Department for International Development UK
EPET	External Programme Evaluation Team
ERC	Ethical Review Committee
ESAC	Expert Scientific Advisory Committee
GoK	Government of Kenya
HIV	Human Immunodeficiency Virus
HRCS	Health Research Capacity Strengthening
ICAN	Information, Communications and Networking
ICIPE	International Centre of Insect Physiology and Ecology
IDRC	International Development Research Centre
KEMRI	Kenya Medical Research Institute
KNAS	Kenya National Academy of Sciences
KSP	Knowledge Sharing Platform
M&E	Monitoring and Evaluation
MDG(s)	Millennium Development Goal(s)
MoH	Ministries of Health
MTRH	Moi Teaching Referral Hospital
NCAPD	National Coordinating Agency for Population and Development
NCST	National Council of Science and Technology
NEPAD	The New Partnership for Africa's Development
NGO	Non Governmental Organization
PPP	Public Private Partnerships
R4H	Research For Health
REACH	Regional East African Community Health
RLG	Research Leadership Grants
RM	Resource Mobilization
RTF(s)	Research Training Fellowship(s)
SWOT	Strengths, Weaknesses, Opportunities and Threats
TB	Tuberculosis
TOR(s)	Terms of Reference
WP(s)	Work Package(s)

## Executive summary

Kenya's health systems are already severely challenged by a heavy disease burden in a rapidly increasing population. Even if resources are significantly increased, they will need to be used with maximum efficiency to meet national health needs.



Such efficiency will be possible only if policy-making, systems design and service delivery are guided by scientific evidence of high quality – robust, relevant and contextualized. For this to happen, four essential ingredients are:

- the right quality of evidence must exist  
research inputs
- relevant evidence must be readily available  
research outputs
- the evidence must be used  
policy confidence
- evidence-policy process must be embedded  
sustainability

The Consortium for National Health Research (CNHR) has been established to address all these issues.

## Vision, mission and strategy

CNHR's vision is a Kenya in which health services are optimized (whatever the circumstances or resources) because they are delivered by systems that are designed by policies which are based on profound, precise, specific, tested knowledge: scientific evidence.

CNHR's mission is to make this physically possible, by co-ordinating existing research efforts; by encouraging and enabling more; by processing and presenting research in a way that is most accessible and relevant to policy needs; by creating a "meeting point" shared by all stakeholders (including policy makers and researchers) where all can connect and collaborate; and by making all these systems sustainable and formalized in a National Health Research Strategy.

This strategic plan:

- assesses the current situation on all these fronts
- identifies necessary remedial action, with reasons and aims
- designs the concept and broad structure of that remedy
- budgets the funds, personnel and facility resources required
- details roles and the legal and operational frameworks
- sets a timetable and measurable outcomes



“Our objective is to strengthen health research capacity to help improve the health of Kenyans.

Over the next five years we will:  
Work with the government, to formulate appropriate policies for the regulation of research for health

Support institutions to improve their capacity to conduct high quality and relevant research for health

Support groups to establish programs for systematic synthesis of research results for use by policy makers, researchers and other stakeholders

Lobby government, development partners and other stakeholders to invest in research for health

Facilitate action that might synergize implementation of the four aims above and broadly related activities.”

- Board of Management



Launching the HRCS initiative, from left, British High Commissioner Rob Macaire, Minister for Medical Services Prof Anyang Nyongo, and COFM chairman Prof Fabian Esamai

## 3 Introduction

The vision of better health demands evidence-based policy and decision making. Providing that evidence requires research systems to find better ways of generating, packaging and delivering knowledge, in a multidisciplinary, trans-disciplinary and multi-institutional context.



### The problem

Kenya has a high burden of both communicable and non-communicable diseases. Healthcare resources are limited and, especially among the poor in rural and urban sectors, they are further stretched by conditions of poverty (e.g. malnutrition). Despite much research work, many Kenyans suffer from preventable diseases. Women, children, the rural and urban poor, and other disadvantaged groups are most prone.

Kenya does have a relatively well-established research portfolio but this has not translated into better health for the majority; there seems to be a disconnect between the research being undertaken and national efforts to reduce morbidity and mortality.

Based on a recognition of this disconnect between researchers, policy makers and other national stakeholders, in 2006 a broad-based national Task Force of experts was established, consisting of a team of respected health researchers and government policy makers, to evaluate and propose ways of strengthening health research capacity. It made the following observations:

- a) Kenya's large pool of health researchers is ageing and current incentives do not assure a "next generation" of scientists nor reverse the "brain drain" to the north
- b) Most health research conducted in Kenya is solitary, unco-ordinated and funder-dictated; it is often duplicated and rarely networked between researchers or with key stakeholders
- c) Regulation of research is inadequate, with many critical health research activities not regulated at all.
- d) There is no central body to collect, synthesize and package research in a form that could be used by policy makers, so good evidence is often not meaningfully used in the formulation, implementation and evaluation of health policy.
- e) Direct Government allocation for health research - currently less than 2% of the Ministry of Health budget - is insufficient.
- f) Kenya lacks well articulated research priorities on health-related issues, and relies on the National Health Sector Strategic Plan II-2005-2010 and Vision 2030 for guidance. Although these are useful documents, they do not emphasize the need for more health-systems research, nor a broader, intersectoral approach to science, technology and health.

Part of the disconnect between evidence and health status thus lies in the type of research being undertaken, and/or failure to translate evidence into policy and practice. The type of research for health supported by CNHR should therefore be driven by national health priorities, and also – in both subject and form - target the most disadvantaged in society.

In establishing priorities, CNHR will especially support multi-and trans-disciplinary approaches to address social, cultural and economic issues.

## The needs

Having identified the need for better legislation, better co-ordination, stronger funding, attractive career paths for young scientists, and assured linkage between research producers and users, the Task Force recommended a “Research for Health” strategic approach, through:

The establishment of the Consortium for National Health Research (CNHR) as an independent platform to articulate and support a national health research agenda and related activities.

The Task Force recognized it was essential to develop and nurture direct organic linkages across the spectrum - from the science behind health problems through to the social and political processes through which these problems are addressed. In this regard, the Task Force recommended that multi-disciplinary research and inter-institutional collaboration be factored into all activities supported by CNHR.

## The Consortium

The Consortium of National Health Research (CNHR) was registered as an NGO in September 2007 as a multi-stakeholder forum bringing together national organisations involved in health research, care and delivery in Kenya. These include major teaching and referral hospitals, universities, research institutions, government agencies, non-governmental organisations, and other research groups concerned with “research for health”.

The major objective is to improve the quality of health through:

- promotion of high-quality research that is prioritized, regulated and co-ordinated
- increased practice of evidence-based health policy formulation
- research capacity building with improved career pathways
- creation of strategic, collaborative partnerships

## CNHR establishment

The first complement of staff reported for work in October 2008. The Consortium's first project was The Health Research Capacity Strengthening (HRCS) Initiative - a five-year programme supported by the Wellcome Trust, the Department for International Development (DfID) and the International Development Research Centre (IDRC), aiming to:

- strengthen capacity for generating new health research knowledge
- improve its use in evidence-based decision making, policy formulation and implementation.

CNHR's role embraces these aims and adds other key activities required to improve the health of Kenyans.

## CNHR's prevailing circumstances

The three most crucial factors identified by a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis were:

- CNHR is a relatively new organization, with a unique institutional mandate for grant-making towards a broad range of activities in research for health
- There is assured five-year funding of the HRCS Initiative
- The concept has substantial buy-in among a broad range of institutions - private, public, research and academic.



## 4 Strategy

CNHR's strategy must take a long-term view, with five-year objectives defining the institutional framework that will shape a responsive and inclusive national health research system.



Priorities are to:

- attract and retain young scientists through a capacity strengthening programme
- disburse funds in support of multi-disciplinary research
- actively manage and translate research knowledge and evidence
- encourage collaboration among the full range of research organizations to foster more effective exchange/use of existing resources.

Arising from participatory engagement of all stakeholders and assessment of political, economic, social and institutional dynamics in Kenya, four core goals that respond to the aims have been identified:

- better co-ordination and regulation of health research
- strengthened capacity for health research
- increased sharing and utilisation of research results
- assured sustainability of health research activities

## GOAL 1

Enhanced coordination and regulation of health research in Kenya

### Expected Outcomes

- framework for co-ordination of health research
- legal framework for ethical health research
- promotion of a national health research policy
- a trust or endowment fund to attract and disburse research funds from donors, in line with national priorities

### Strategic Actions

- working with the relevant government institutions to develop an institutional framework for coordination of health research activities through a strategic plan, formal CNHR linkages with stakeholders, a better connect with civil society, and building capacity within staff and governance bodies
- facilitating participatory research planning (programming and prioritization) through national fora
- working with existing Institutional Review Boards (IRBs), researchers, relevant government departments and agencies to strengthen regulation for ethical health research



Stakeholders discuss CoRes

## GOAL 2

### Strengthened capacity for health research in Kenya



#### Expected Outcomes

- promotion and funding of high-quality multi- and trans-disciplinary research for health
- stable and viable health research career structures
- training young researchers within attractive career structures
- establishment of centres or communities of research excellence

#### Strategic Actions

- funding research and training through provision of competitive grants for basic biomedical, applied clinical and operational and health systems research
- supporting individual and institutional capacity-building through provision of grants for institutional and infrastructural support
- supporting the establishment of communities and networks of research excellence to facilitate sharing of resources and institutional collaborations
- raising the profile of science among the young Kenyans through sponsoring relevant educational activities and supporting short-term research internship programmes
- working with teaching and research institutions to establish attractive and rewarding career paths for researchers
- working with training institutions to strengthen undergraduate and postgraduate training programmes

## GOAL 3

### Increased sharing and utilisation of health research results



#### Expected Outcomes

- fora for sharing health research findings among researchers, policy makers and other stakeholders
- a health research repository and translation of health research evidence into policy and practice

#### Strategic Actions

- facilitating the establishment of national Knowledge Sharing Platforms (KSP) through provision of competitive grants to collaborating institutions.
- supporting the gathering, synthesis, translation and packaging of research evidence to policy and practice
- developing and implementing a Communications Strategy to increase awareness among and within stakeholder groups
- facilitating linkages and information sharing among stakeholders and related networks
- facilitating national fora for sharing scientific results and best practices
- identifying strategic platforms for sharing best practices
- mobilizing influential groups to influence policy and practice
- developing a feedback system to determine and enhance utilization of research results

## GOAL 4

### Assured sustainability of health research activities in Kenya

#### Expected Outcomes

- effective lobbying, communication, and advocacy skills and systems within the national health system
- successful competition for national and international financial support resulting in increased resources for research for health

#### Strategic actions

- developing and implementing an effective Resource Mobilization Strategy targeting both local and international partners
- strengthening national proposal development and writing skills of researchers to enable them compete locally and international for research funding
- marketing CNHR programmes activity through appropriate packaging to attract support from diverse sources
- identifying additional (traditional and non-traditional) resource providers to complement and increase CNHR's capacity to implement its programmes
- continual review, assessment and management of risks to ensure sustainability and long-term viability of CNHR's programmes



A CNHR researcher in the RLG program

## 5 Implementation

### Structural organization of the Consortium



Debriefing a cohort of interns in 2009

The Consortium's governance comprises:

- the Council of Founder members (COFM)
- a Board of Management (BOM)
- a Secretariat headed by a Director

The COFM's role is oversight, advocacy and communicating CNHR's objectives and mandate. The Council appoint the BOM and the auditors, and serve as trustees of the Consortium's property.

The BOM formulates and implements strategies and appoints a Director responsible for day-to-day management.

Funders are represented on both the COFM and BOM.

Two committees have been established to ensure the quality and relevance of Consortium activities. The Expert Scientific Advisory Committee (ESAC) is an "independent expert" committee that reviews proposals submitted to CNHR for funding and advises the Board; the External Programme Evaluation Team (EPET) reviews CNHR's overall performance.

## Cost-effective Pathways; building on current frameworks

Two major implementation strategies have already been identified:

- the Research Leadership Grant (RLG) - competitions that provide a framework for capacity strengthening; spearheaded by ESAC-selected research leaders; career advancement for both the research leaders and the young scientists mentored under the award.
- establishment of Centres (or Communities) of Research Excellence (COREs) which act as resource-sharing hubs for research, training and career advancement in areas aligned to Kenya's development goals. COREs offer opportunities for dual appointments both in teaching and research positions, enable standardization of postgraduate research training, resource sharing and establishment of attractive research career paths for young Kenyans. To begin, two COREs are being established: one in health systems research and another to host a Knowledge Sharing Platform (KSP) that will collect, synthesize and communicate relevant research evidence to inform practice and policy.

Such programmes will help make Kenya a nation that:

- values and promotes high-quality research for health
- has a central co-ordination and networking system
- has COREs to spearhead multi-institutional research and training
- has an increased proportion of young scientists with attractive career pathways in research
- has a legal framework to conduct ethical health research that informs health policy and practice to improve the well-being of its people

Within the health system, research will be:

- better regulated and coordinated
- continually informing and being informed by policy
- well-funded by government
- increasingly regarded as a stable and attractive career option
- supported by ongoing training initiatives
- increasingly engaging multi-disciplinary, multi-institutional and transsectoral teams
- increasingly able to attract adequate and diversified funding for its operations

## Monitoring and Evaluation of Performance

CNHR has made firm commitments to deliver on agreed targets and considers such delivery of prime strategic importance. The Consortium has established an External Programme Evaluation Team (EPET) which is mandated to perform regular program reviews (mid- and end-of term). As an additional program assessment tool, CNHR has also adopted a monitoring and evaluation framework based on Outcome Mapping, which was developed by members of its governance organs and the secretariat.



CNHR members after a successful AGM



The COFM in session

## 6 Financial framework

Mobilising resources (financial, human, political) for long-term sustainability is a core role of CNHR. Strategy plans will require substantial new investment additional to funds presently committed.



### Sources

CNHR will seek new investors and leverage the commitment of current funders. CNHR will identify the most effective approaches to mobilise resources for scaling up and sustaining the activities beyond the current funding period. Some of the approaches currently being considered include:

- lobbying local industries for corporate social responsibility (CSR) grants.
- engaging philanthropists
- negotiating revenue agreements for commercially viable products derived from health research
- lobbying the Ministry of Health to allocate at least 2% of its budget for health research as per the Abuja declaration, thus freeing some resources that CNHR would otherwise have committed to helping some programmatic activities.
- lobbying for matching funds from other development partners
- setting up an endowment fund with provisions for multi-funder sourcing
- registering for foreign tax exemption to allow external funds to be tax deductible at source

## Driving forces

These activities will be elaborated through a Resource Mobilisation Strategy complimented by a Corporate Communications and Marketing Strategy.

They have been informed by a SWOT analysis. The key message will be that resources will be optimally used to strengthen health research capacity that is essential for national development.

## Built-in boosts

As far as researchers are concerned, boosts to sustainability are intrinsic to the current programme design. For instance, better skills will enable researchers to compete more effectively for other grants; policy briefs will create more demand and support from policy makers - especially increased government funding for health research.



## 7 Future outlook

CNHR needs to build on the HRCS initiative and retain the buy-in from its key stakeholders, while attracting more resources for its additional activities.



Linked to this will be a continuous demonstration that the Consortium is helping and adding value to national efforts to improve the health of Kenyans.

The Consortium will brand itself by highlighting its successes, and use the brand as a platform to market itself to other stakeholders and future funders. Learning arising from the Monitoring and Evaluation process adopted by CNHR will position it to create additional opportunities to successfully market its achievements.

Beyond the HRCS project scope, CNHR will scale-up ongoing activities (e.g. increase the number of grants awarded), broaden its range of activities (e.g. funding for operational sustainability), and address emerging issues (in consultation with stakeholders). Some of these broad areas include supporting product development in the area of drugs and “point of care” diagnostic devices and supporting operational research, especially demand-driven commissioned research from the ministries of health that address gaps in the National Health Sector Strategic Plan. Some of these activities could eventually evolve into fundable business lines supported through CNHR. Eventually CNHR’s capacity will grow to the extent that it will be in a position to offer additional specialist services such as grant management-related support and courses to other institutions nationally and regionally.

# Annex A

## Strategic actions

### GOAL 1: enhanced co-ordination and regulation of health research

AVAILABLE	NOT AVAILABLE	ACTION
<ol style="list-style-type: none"> <li>1. National health priorities articulated in Vision 2030 and National Health Strategic Plan</li> <li>2. Linkage with relevant government stakeholders including ministries of health and the National Council for Science and Technology</li> <li>3. Institutional stakeholders within Kenya committed to CNHR Objectives, both established and emerging</li> <li>4. Independent, transparent, representative and accountable CNHR Governing Structure consisting of CoFM and BoM.</li> <li>5. Lean motivated CNHR Secretariat</li> </ol>	<ol style="list-style-type: none"> <li>1. Overall Strategic Plan for CNHR</li> <li>2. Effective communication &amp; marketing strategy</li> </ol>	<ol style="list-style-type: none"> <li>1. Develop a medium to long-term strategic plan</li> <li>2. Develop an institutional communication and marketing strategy</li> <li>3. Formalize CNHR linkages with its stakeholders</li> <li>4. Develop an informed better-connect with civil society and population at large</li> <li>5. Consensus building with national stakeholder on:               <ul style="list-style-type: none"> <li>• Health research priorities</li> <li>• Policy and regulatory framework</li> </ul> </li> <li>6. Build critical HR capacity within CNHR Secretariat</li> <li>7. Capacity development of CNHR staff and governance bodies</li> </ol>

## GOAL 2: strengthened capacity for health research in Kenya

AVAILABLE	NOT AVAILABLE	ACTION
<ol style="list-style-type: none"> <li>1. National awareness of the importance of research for health.</li> <li>2. Committed health research and teaching institutions willing to engage in research for health and training.</li> <li>3. A number of senior researchers able to undertake multi-disciplinary research for health.</li> <li>4. Qualified young Kenyan's willing to take on careers in health research.</li> </ol>	<ol style="list-style-type: none"> <li>1. Emphasis on health systems as a priority research area</li> <li>2. Effective organic institutional partnerships and collaborative multidisciplinary linkages</li> <li>3. Sufficient opportunities for well mentored research training in health research at postgraduate and postdoctoral levels (Junior Research Leaders)</li> </ol>	<ol style="list-style-type: none"> <li>1. Issue of targeted research and training calls addressing clinicians and health systems</li> <li>2. Capacity building in proposal development.</li> <li>3. Strengthening key skill gaps</li> <li>4. Identifying and supporting community/centres of research excellence (CoReS)</li> </ol>

## GOAL 3: increased sharing and utilization of research results

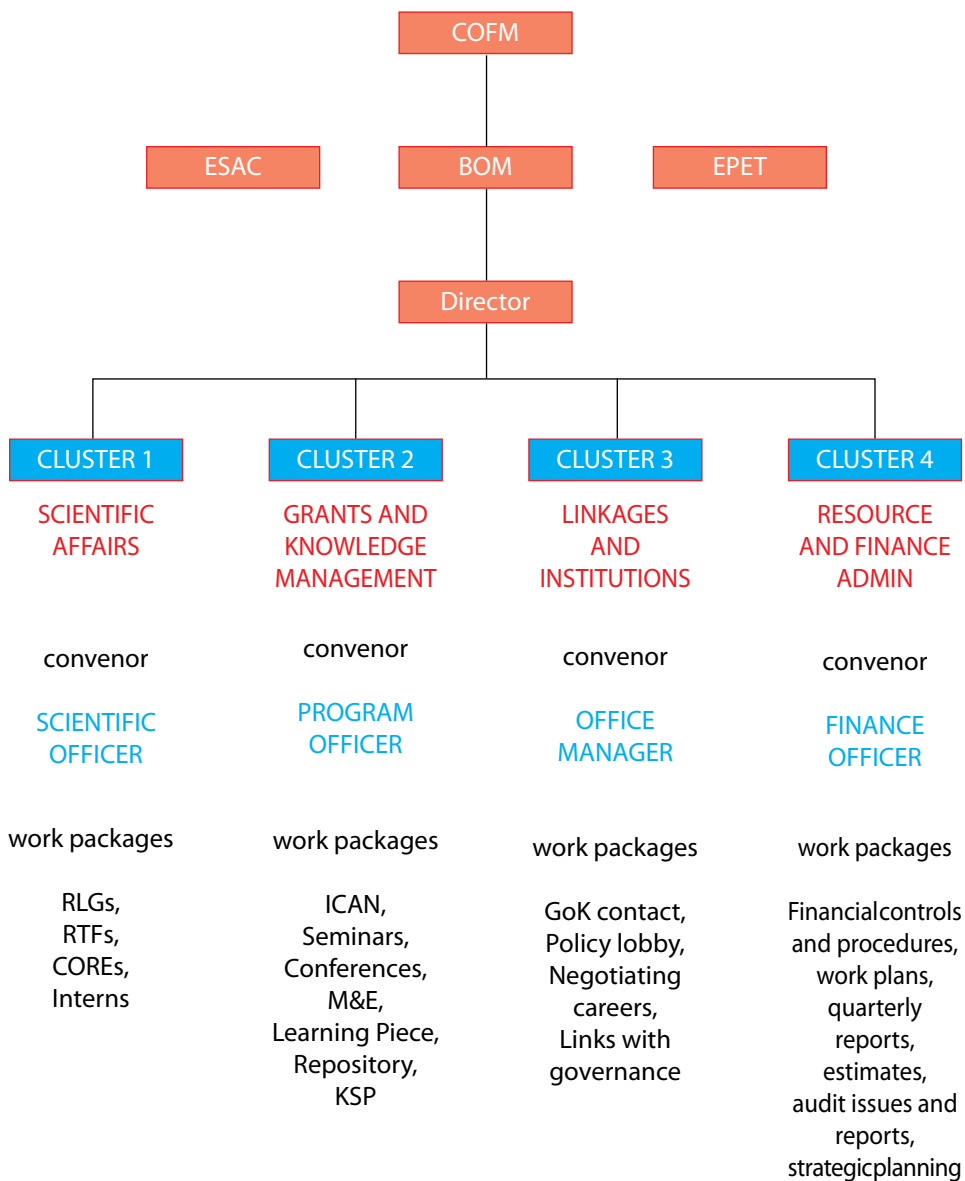
AVAILABLE	NOT AVAILABLE	ACTION
<ol style="list-style-type: none"> <li>1. CNHR has access to data, information, research results and knowledge</li> <li>2. CNHR has consumers who include researchers, policymakers, funders, trainers etc.</li> <li>3. CNHR has a wide stakeholder base</li> </ol>	<ol style="list-style-type: none"> <li>1. Appropriately packaged research results</li> <li>2. Knowledge Sharing Platforms to gather synthesize, package and disseminate research evidence</li> <li>3. Utilization of Results</li> </ol>	<ol style="list-style-type: none"> <li>1. Raise awareness by marketing and communication</li> <li>2. Identify resources from within and outside the stakeholders base (e.g. cross-border links with REACH, AERC, APHRC etc)</li> <li>3. Package research results for various target audiences, and disseminate through brochures, conferences etc</li> <li>4. Consult with stakeholders to establishing best practice platforms</li> <li>5. Mobilize influential groups to influence policy and practice</li> <li>6. Develop and implement an M &amp; E system for getting feedback on evidence of utilization of research results</li> <li>7. Organise an annual forum to discuss research priorities Issue of targeted research and training calls addressing clinicians and health systems</li> </ol>

## GOAL4:increasedcapacityforfinancialsustainabilityofactivities

AVAILABLE	NOT AVAILABLE	ACTION
<ol style="list-style-type: none"> <li>1. Initial Funding for a limited time</li> <li>2. A registered organisation with established structures</li> <li>3. A track record of attracting external funders</li> <li>4. An effective governance structure and assured financial resource</li> </ol>	<ol style="list-style-type: none"> <li>1. Guaranteed funding beyond the current commitment</li> <li>2. A Strategic plan to enable leveraging of the COFM, BOM, influential stakeholders in resourceful networks</li> <li>3. Platform for engaging other potential funders</li> </ol>	<ol style="list-style-type: none"> <li>1. Resource Mobilization: <ul style="list-style-type: none"> <li>• Clearly unpack the current HRCS into fundable business lines, units, products</li> <li>• Develop and implement a Resource Mobilization Strategy</li> <li>• Identify potential resource providers (Implement a donor scoping study)</li> </ul> </li> <li>2. Governance: <ul style="list-style-type: none"> <li>• COFM, BOM, Staff term (for plenary discussion)</li> <li>• Risk Assessment; how to build and sustain the quality membership in governance organs and the secretariat</li> </ul> </li> </ol>

# Annex B

## Organisation and management



## Council of Founder Members and represented institutions

Professor Fabian Esamai - Chairman  
[Moi University](#)

Dr. Pat Naidoo (Funders' Representative)  
[International Development Research Centre \(IDRC\)](#)

Dr. Paul Kizito  
[National Coordinating Agency for Population and Development \(NCAPD\)](#)

Professor Bill Lore (INRUD)  
[Ecumenical Pharmaceutical Network](#)

Mr. Kepha Mogere Ombacho  
[Ministry of Public Health](#)

Dr. Amit N. Thakker  
[Kenya Healthcare Federation](#)

Dr. Omar Aly  
[Moi Teaching and Referral Hospital \(MTRH\)](#)

Professor Walgio Orwa  
[Great Lakes University of Kisumu](#)

Dr. John Githure  
[International Centre of Insect Physiology and Ecology \(ICIPE\)](#)

Professor Jacob T. Kaimenyi  
[University of Nairobi](#)

Dr. Patrick Orege  
[Kenya Medical Research Institute \(KEMRI\)](#)

Prof. Dominic Makawiti  
[Maseno University](#)

Dr. Jane Carter  
[African Medical & Research Foundation \(AMREF\)](#)

## Board of Management

Professor Wilson Odero  
Acting Chair

Dr. Val Snewin  
Funders Representative, Wellcome Trust

Mr. Tom Oluoch  
Secretary

Mr. Fredrick Murunga  
Board member

Professor Richard Muga  
Board member

Dr. Judith Bwonya  
Board member

Dr. Alex Ezeh  
Board member

Professor James Kahindi  
Board member

## CNHR Secretariat

Professor Gilbert Kokwaro - Director

JPR Ochieng– Odero - Scientific Officer

Lucy Mbugua - Program Officer

Leonard Ndinyo - Finance Officer

Abdul Said - Office Manager

Winnie Mandi - Program Assistant

Anthony Maina - Accountant

Alice Nderitu - Executive Secretary

CNHR's Core Values  
Shared Vision  
Empowerment  
Commitment  
Integrity  
Innovation  
Making a Difference  
Excellence

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