[AMR-MPTF-KENYA]
MPTF OFFICE GENERIC FINAL PROGRAMME[1] NARRATIVE REPORT
- **REPORTING PERIOD: FROM *12. 2020* TO *05.2023***

Programme Title & Project Number	**Country, Locality(s), Priority Area(s) / Strategic Results[2]**
• Programme Title: Preventive Approaches to Containment of AMR • Programme Number *(if applicable)* • MPTF Office Project Reference Number:[3] *ID: 00124994*	*(if applicable)* *Country/Region* Kenya/ National and 15 Counties *Priority area/ strategic results*
Participating Organization(s)	**Implementing Partners**
• Organizations that have received direct funding from the MPTF Office under this programme. FAO, WHO and WOAH	• National counterparts (government, private, NGOs & others) and other International Organizations • Ministry of Health and • Ministry of Agriculture and Livestock Development
Programme/Project Cost (US$)	**Programme Duration**
Total approved budget as per project document: 1,000,000 MPTF /JP Contribution[4]: • *WOAH (400,000)* Agency Contribution *WHO (300,000)* Agency Contribution *FAO (300,000)* Government Contribution *(in Kind) Government staff to work on the project.* Other Contributions (donors) *Government linkages with private sector and Civil society and other partners like ILRI, USAID, REACT,* **TOTAL: 1,000,000**	Overall Duration *(30 months)* Start Date[5] *(01.12.2020)* Original End Date[6] *(1.12.2022)* Actual End date[7]*(31.05.2023)* Have agency(ies) operationally closed the Programme in its(their) system? Yes ☐ No ☐ Expected Financial Closure date[8]:

[1] The term "programme" is used for programmes, joint programmes, and projects.
[2] Strategic Results, as formulated in the Strategic UN Planning Framework (e.g., UNDAF) or project document.
[3] The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as "Project ID" on the project's factsheet page on the MPTF Office GATEWAY.
[4] The MPTF/JP Contribution is the amount transferred to the Participating UN Organizations – see MPTF Office GATEWAY
[5] The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the MPTF Office GATEWAY
[6] As per approval of the original project document by the relevant decision-making body/Steering Committee.
[7] If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see MPTF Office Closure Guidelines.
[8] Financial Closure requires the return of unspent balances and submission of the Certified Final Financial Statement and Report.

Programme Assessment/Review/Mid-Term Eval.
Evaluation Completed ☐ Yes ☐ No Date: *dd.mm. yyyy* Evaluation Report - Attached ☐ Yes ☐ No Date: *dd.mm. yyyy*

Report Submitted By
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List of Acronyms

AMC	Antimicrobial Consumption
AMR-MPTF	Antimicrobial Resistance-Multi Partner Trust Fund
AMR-NAP	Antimicrobial Resistance-National Action Plan
AMS	Antimicrobial Stewardship
AMU	Antimicrobial Use
CASIC	County Antimicrobial Stewardship Interagency Committee
COVID-19	Coronavirus Disease
CPD	Continuous Professional Development
DVS	Directorate of Veterinary Services
ECHO	Extension for Community Healthcare Outcomes
FAO	Food and Agriculture Organization of the United Nations
HAIs	Healthcare Associated Infections
ILRI	International Livestock Research Institute
IPC	Infection prevention and control
KAP	Knowledge, Attitudes, and Practices
KVA	Kenya Veterinary Association
M&E	Monitoring and Evaluation
MOALD	Ministry of Agriculture and Livestock Development
MOH	Ministry of Health
NASIC	National Antimicrobial Stewardship Interagency Committee
SEVET	Self Employed Veterinarians
TOTs	Training of Trainers
TRANSFORM	Transformational Strategies for Farm Output Risk Mitigation
USAID	United States Agency for International Development
VMD	Veterinary Medicines Directorate
VS	Veterinary Services
WAAW	World AMR Awareness Week
WHO	World Health Organization
WOAH	World Organisation for Animal Health

Final Lesson Learning Workshop for the Kenya AMR-MPTF project

FINAL PROGRAMME REPORT FOR KENYA

EXECUTIVE SUMMARY

- The Kenyan AMR-MPTF project has immensely contributed to the accelerated implantation of the Kenyan AMR-NAP. This is evident in the support provided to the country in investing in preventive approaches that would eventually reduce the spread and emergence of AMR while reducing the need for use of antimicrobials.
- The country highlights success achieved by the Ministry of Health (MOH) in training 242 healthcare workers in infection prevention and control (IPC) and antimicrobial stewardship (AMS). A pre and post assessment in the six project sites showed remarkable improvement in hand hygiene compliance and use of personal protective equipment (PPE) following IPC training as the foundation for infection control. This intervention potentially reduces hospital acquired infections (HAIs) among patients, caregivers, and healthcare workers. The trained healthcare workers were also enabled to conduct IPC/AMS monitoring & evaluation activities in their counties. These training sessions also provided an opportunity to disseminate national IPC and AMS guidelines that had been developed before the project.
- Through the project an antimicrobial consumption (AMC) focused inspection tool was developed and used to strengthen enforcement of regulation along the distribution chain of antimicrobials in the health sector and piloted in two counties. This noble intervention has the capacity to inform policy in streamlining the processes.
- In addressing one of the major drivers of antimicrobial use (AMU) in Kenyan farms, the project has promoted farm hygiene and biosecurity to reduce the need for antimicrobials. A collaboration between WOAH, FAO, the Ministry of Agriculture and Livestock Development (MOALD) together with the public and private veterinarians and veterinary paraprofessionals, realized the long-awaited development of farm biosecurity guidelines for dairy, pig and poultry production. These guideline documents accelerated the training of veterinary professionals and farmers on farm biosecurity and optimization of use of antimicrobials in the animal sector. The trained professionals continue disseminating the skills and knowledge imparted to them through training the farmers they serve and other veterinary professionals through continuous professional development programmes.
- A pilot project conducted in poultry farms on practical implementation of biosecurity measures showed incredible reduction in infections and a reduced use of antimicrobials. This practical experience continues to encourage other farmers to embrace hygiene and farm biosecurity.

- A first in the history of the Directorate of Veterinary Service (DVS) and the Veterinary Medicines Directorate (VMD) was the support provided to stakeholders' animal health and the veterinary pharmaceutical industry in developing a post market surveillance framework for veterinary medicinal products to be used by the regulator in safeguarding the quality of veterinary antimicrobials. In the same breadth, support for the regulatory review process saw the revision of regulations empowering the VMD to better regulate veterinary medicines. A communication strategy for the post marketing surveillance and data collection tools for post market surveillance have also been developed.

- Thanks to AMR-MPTF, we have new knowledge! A Knowledge, Attitude and Practices (KAP) study undertaken to understand AMU in crops, identify areas of interventions and support compilation of best practice, revealed a more urgent concern on the use of non-composted animal manure that needs to be addressed. As opposed to what was initially thought. Farmers use alternative methods to control diseases and pests in their crops and to enrich the soil instead of using antimicrobials. Use of raw manure as fertilizer in farms may lead to AMR through the spread of resistant bacteria and AMR genes in the environment further contaminating the food chain.

- An increased outreach to the public and professionals on awareness of AMR risks has been achieved by reaching out to counties which had not been possible before the project.

I. Purpose

- The "preventive approaches to containment of AMR" project sought to improve the understanding of AMR risks and how to mitigate against them among the different target groups using a One Health (OH) approach; while sustainably establishing foundations that spur improved behaviour and practices for optimized use of antibiotics in the human, animal, and plant health sectors.

II. Assessment of Programme Results

i) Narrative reporting on results:

Activities under the MPTF project focused on strengthening AMR governance and coordination between and within Government Ministries and their stakeholders in regulating AMU in the human and animal health sectors and increasing public awareness and advocacy. The key activities included.

- Scale up enforcement of regulation along the supply and distribution chain of antimicrobials in human and animal health.
- Strengthening Inter-Ministerial Coordination Committee on AMR.
- Capacity building health workers on infection prevention and control as well as rolling out national AMS guidelines in healthcare facilities.
- Develop a reporting system and database to support county level antimicrobial consumption in humans and Improve reporting on AMU in animals.
- Undertake KAP surveys.
- Improved capacity to design awareness raising behaviour change and educational activities.

- **Outcomes**

  From the project document, the two project outcome areas were as below,
  Outcome 1: Use of antimicrobials optimized in critical sectors.
  Outcome 2: Improved understanding of AMR risks and response options by targeted groups
  For the first outcome area, the target has not been achieved. Only a draft tool for AMU data collection for the veterinary pharmaceutical industry was developed and this is only one stakeholder in the veterinary medicine supply chain that has been targeted. The draft document could not be finalized as a stakeholder workshop for the review and validation of what was developed by a small group needs to be carried-out. Other stakeholders including the Agrovet shops where farmers get their veterinary medicines need to be mapped-out and a tool for collecting data at this level developed too. This was not possible within the allocated time. The development of a similar tool for human health was not developed within the time of the project. These tools would have been key to the development of the integrated AMU database which was not done. Benefits at this level are yet to be realized as the processes are not complete. Behavioural changes will effectively be assessed once the projected systems are up and running.

  The outcome on improving the understanding of AMR risks and response options by targeted groups was partially achieved. Given that the project set out to decentralize the AMR awareness creation from the national level to the counties, this led to six targeted counties being reached during the project cycle. The targeted audiences were public health and animal health professionals, patients in hospitals and healthcare centres, farmers and the public with AMR awareness messaging relating to response options and behaviour change for specific audience groups. However, designing and assessing the understanding of AMR risks and response among targeted audiences could not be done within the short project time limit. This also affected the publication of newsletters as earlier planned.

- **Outputs**

  The project document identified three output areas for interventions. These were strengthening systems for biosecurity and infection prevention and control (IPC) in Kenya, strengthening systems for the optimization of antimicrobial use in human and animal health as well as improving the capacity to design awareness raising behaviour change and educational activities within the two sectors. Success was recorded in developing and dissemination guideline documents, training of professionals within the sectors and having some health facilities submitting reports on hand hygiene audits, waste management and surgical site infections during the project period. Being cognisant of the importance of these interventions for the country and the limited scope of the project, it would be beneficial to support a scale -up of what was started within the project to attain a critical mass of professionals that will contribute to the achievement of the desired change in the country.

  A number of regulatory frameworks for antimicrobial consumption (AMC) and antimicrobial use (AMU) have been developed or revised. Some of these regulatory frameworks like the legal notices and draft pharmacovigilance plan, tools, and communication strategy could only be drafted pending stakeholder validation and approvals, others like the revision of the pharmacy inspection tool could only be piloted on a small scale. Completion of these regulatory tools would go a long way in strengthening systems for optimized use of antimicrobials in both sectors.
  One nation-wide AMR awareness campaign was achieved by use of print, broadcast, and social media. The harmonization of implementation of the existing AMR communication strategy was realized through joint planning of awareness raising events, joint development of awareness messages targeting different target groups and sectors.

- **Qualitative assessment:**

  The project has been successful as most of the targets were achieved despite some components not having been completed. The involvement of key partners like the counties, universities, private and public sector, civil society, and the youth has strengthened collaboration and commitment in implementing the AMR-NAP in Kenya. Continued dissemination of responsible and prudent use guidelines for antimicrobials in animals and farm biosecurity guidelines has been catalyzed by the Kenya veterinary Association even after the project closure. A USAID funded project- "Transformational Strategies for Farm Output Risk Mitigation (TRANSFORM)" is now using the farm biosecurity guidelines developed during this project to advocate for improved production practices in the dairy and poultry value chain by training farmers. Community engagement, sustainability and social accountability have been the driving force during this project implementation to entrench the best practices for posterity. The achievement of results was affected by the change in both the project management and technical WHO and FAO staff mid-project causing delays in implementation of some activities as elaborated in the project document.

ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWPs** - provide details of the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why.

	Achieved Indicator Targets	**Reasons for Variance with Planned Target (if any)**	**Source of Verification**
Outcome 1[9] Use of antimicrobials optimized in critical sectors			
Indicator 1.A % change in level of compliance to regulatory schedules **Baseline:** 29% **Planned Target:** 39% (Baseline + 10%)	Indicator target achieved: 57%	None - no variance	Endline study report
Indicator 1.B Tools for Country level AMC/AMU data collection developed for human and animal health. **Baseline:** AMU annual reporting to OIE global database occurs but with lots of challenges; AMR/AMU data available from pilot sites. **Planned Target:** 2 sets of AMU/AMC tools developed for human and animal sectors	Indicators target not achieved: Draft tool for AMU data collection in animal health developed.	A tool for collection of AMU data from the veterinary pharmaceutical industry was developed but needs validation through a stakeholder's engagement process.	Data collection tools documents
Indicator 1.C AMC/AMU databases developed in the MoH and MoALFC **Baseline:** AMU/AMC database for human and animal health does not exist **Planned Target:** Databases developed in MoH and MoAFC	Indicator target not achieved:	Incomplete development of data collection tools which were to have been the foundation of the AMU database. Since the country demanded for a joint database, there was not sufficient time to finalize the development of data collection tools, conceptualize the joint database, have access to expertise to design the joint database and recruit a consultant to deliver on the work.	
Output A. Systems for biosecurity and IPC strengthened			

[9] Note: Outcomes, outputs, indicators, and targets should be **as outlined in the Project Document** so that you report on your **actual achievements against planned targets**. Add rows as required for Outcome 2, 3 etc.

Indicator A.1: National IPC and good practices guidelines developed and/or disseminated. **Baseline:** No biosecurity guidelines developed; MOH guidelines available with limited distribution and implementation **Planned Target:** Biosecurity guidelines available and disseminated; IPC guidelines disseminated;	Indicator target achieved. Three (3) farm biosecurity guidelines documents for diary, poultry and pig value chains developed, reviewed, and validated by Aug 2021. The three farm biosecurity guidelines documents were disseminated to 29 veterinarians and 30 paraprofessionals from 15 counties during various training sessions. Dissemination of guidelines continued through Self Employed Veterinarians (SEVET) continuous professional development programmes and TRANSFORM project. IPC guidelines published on the MOH website and ECHO platform used for further dissemination. 70 (13 female) sub-national public and private animal health workers sensitized on Infection Prevention Control (IPC) and biosecurity guidelines with reference to antimicrobial resistance, in October 2022 Dissemination planned during the 2023 annual Kenya Veterinary Association (KVA) conference in April 2023	None - no variance	Biosecurity guidelines documents Participant attendance sheets during dissemination IPC guidelines Website
Indicator A.2: Number of trained professionals on IPC and farm biosecurity **Baseline:** 200 **Planned Target:** 3,090 (Guidelines for Dairy, Poultry and Pigs)	Indicator target not achieved. 30 (14 male, 16 female) sub-national veterinary Paraprofessionals trained as Trainers of Trainers (ToTs) on farm biosecurity measures 29 (22 male, 7 female) sub-national veterinarians trained on AMR-NAP implementation, responsible use of antimicrobials and Farm Biosecurity The Kenya veterinary Association (KVA) Self Employed Veterinarian (SEVET) trained 500 participants (in 2022) and 530 participants (in 2023) reached during Continuous Professional Development (CPDs) on farm biosecurity. 121 sub-national personnel trained on IPC drawn from 6 counties.	An over ambitious target was set for the dissemination of developed guideline documents. Training of more veterinarians and veterinary paraprofessionals on farm biosecurity. Printing of finalized documents and dissemination to wider audiences. More CPDs workshops on farm biosecurity for private animal health practitioners.	Participant attendance sheets Copies of the signed farm biosecurity guideline documents
Output B: Systems for optimized use of antimicrobials strengthened in critical human and animal sectors			
Indicator B.1: Number of regulatory frameworks for AMC/AMU in human and animal health revised/ developed/updated.	Indicator target not achieved: One post-market surveillance Plan for veterinary medicines developed. Draft data collection tools and a draft communication strategy for pharmacovigilance of veterinary medicines developed.	This draft post market surveillance plan document and the draft legal notices will require stakeholder review and validation before they can be finalized.	Surveillance plan document Draft legal notice document

Baseline: National guidelines on AMS in health-care settings developed **Planned Target:** Disseminate AMs curriculum and implement AMS guidelines in 6 counties.	Draft legal notices on prohibition of use of antimicrobials AMU as growth promoters and on the prohibition of the use of critically important antimicrobials (Fluoroquinolones, third and fourth generation Cephalosporins and Colistin) without a risk analysis Inspection tool for pharmaceutical inspectors reviewed and piloted to include aspects of AMS in two counties.	Draft data collection tools and a communication strategy for pharmacovigilance of veterinary medicines developed will need to be reviewed and validated by stakeholders within the veterinary medicines supply chain. The Covid-19 pandemic slowed down the planned implementation of AMS guidelines. The coordination involved in dissemination of the guidelines required more than two years of the project to reach the desired target.	Draft pharmacovigilance data collection tools Draft communication Strategy for pharmacovigilance of veterinary medicines
Indicator B.2a. National Guideline on AMS in health care disseminated at county level. **Baseline:** AMS developed in healthcare settings with limited dissemination **Planned Target:** Established AMS programs (6 counties)	Indicator target achieved. AMS guidelines disseminated in 6 target county referral facilities i.e., Busia, Uasin Gishu, Kiambu, Machakos, Embu & Mombasa; the facilities have established AMS programs;	None - no variance	Participant attendance register Activity reports detailing dissemination and trainings
Indicator B.2b: Guidelines for prudent use of antimicrobials in animals disseminated to veterinarians/ paraprofessionals. **Baseline:** 0 **Planned Target: One G**uidelines Document	Indicator target achieved. Guidelines on prudent use of antimicrobials in animals shared with 29 County veterinarians and 30 veterinary paraprofessionals during various trainings; SEVET continuously disseminated during their continuous professional development (CPD) programmes.	None - no variance	Participant attendance register Activity reports detailing dissemination and trainings
Outcome 2[10] Improved understanding of AMR risks and response options by targeted groups			
Indicator 2A % increase in AMR awareness and response by target group **Baseline:** 31% **Planned Target:** 41% **(**Baseline +10%)	Indicator target achieved: 57%	None - no variance	endline report
Indicator C.1 Number of national targeted AMR awareness campaigns	Indicator target achieved. Supported WAAW 2021 celebrations at national level that enabled, i) convening of a 1-day meeting to train the media on AMR, ii) convening	None - no variance	Activity reports for WAAW

[10] Note: Outcomes, outputs, indicators, and targets should be **as outlines in the Project Document** so that you report on your **actual achievements against planned targets**. Add rows as required for Outcome 2, 3 etc.

Baseline: Awareness campaigns limited to national level **Planned Target:** 6 counties participating in AMR awareness campaigns	a high-level meeting which launched the WAAW celebrations in Kenya and, iii) launching of various documents to support the implementation of Kenya's AMR-NAP. Supported WAAW 2021 at subnational level by enabling **Bungoma County** Antimicrobial Stewardship Interagency Committee (CASIC) to hold a farmer field day that educated more than 150 farmers and other key stakeholders. During WAAW 2021, various awareness creation materials (pull up banners, horizontal banners, branded t-shirts, and branded caps) were developed, printed, and disseminated at national level as well as to **five (5) County** Antimicrobial Stewardship Inter-Agency Committees (CASICs).		
Indicator C.2 The implementation of the communication strategy harmonized. **Baseline:** Disjoint implementation **Planned Target:** Harmonized implementation	Indicator target achieved. Harmonized AMR messages developed for joint awareness creation (WAAW) 2022, and disseminated	None - no variance	Harmonized messages Activity reports for WAAW

iii) Evaluation, Best Practices and Lessons Learned

- A baseline Assessment was carried out on the three output areas of the project to inform the situation before the implementation of the project. baseline assessment results were used to inform some of the project baseline and targets. An end of project assessment was conducted after completion of implementation of project activities. A lessons' learning and project closure workshops were conducted. The results of the baseline and endline assessments were used by the AMR coordinating committee to inform the future AMR work plan which subsequently informed the revision of the first AMR-NAP.

- Delays in project implementation were encountered due to several factors. COVID-19 containment measures leading to a restriction of travel within the different areas of the country lead to postponement of some planned activities. Other activities were conducted virtually while some activities in the health sector like awareness raising and capacity building on both IPC and appropriate use of antibiotics were aligned to the relevant covid -19 response plans.
  The country held a national election during the project cycle. Implementation of activities were postponed during the political campaigns and voting period.

  Procurement of consultants to support implementation of specific activities took more time than anticipated and this resulted in delayed implementation. This was also the case for procurement of services plagued by long institutional procurement procedures leading to partial implementation of activities. This had not been envisaged since some of these procedures changed in the last half of the project time and nothing could be done to have some of the affected activities covered. However, one of the consultancies was converted into a workshop at the country's request and was successful.

  Some delays resulted from logistical challenges due to institutional procedures and processes as well as competing national priorities. The project implementing team at the ministries was lean in numbers but had to juggle a huge workload occasioning delays in work plan. Similarly, a change in key project personnel from the Tripartite team as well as the national team. A virtual on-boarding session for the new team members with sharing of project documents and progress were used by the project coordinator to overcome this challenge.

  Some of the regulatory review process started under the project like the development of legal notices could not be completed due to the long consultative process required for consensus building. The draft legal notices can be finalized when the government funding or other resources become available to the implementing team.
  Most of the listed risks had been identified during project planning and were handled as planned in the risk matrix.

  Important lessons learnt in this project included,

- The importance of early engagement of all relevant stakeholders from the project conception, planning and implementation phases.
- Leveraging on the existing established country structures for the project implementation and other ongoing processes to support implementation and create synergies between programmes go a long way in facilitating country buy-in, sustainability of interventions and fast tracking of desired results.
- The need to develop the monitoring and evaluation (M&E) framework for the project before the project implementation begins. This will inform the activity implementation plan.
- Strengthening capacity-building on M&E for the country AMR Secretariat and to ensure sustainability for the monitoring of progress and evaluation of implementation of AMR-NAPs.

- Towards the second half of the project cycle, lethargy and non-responsiveness crept on to the project team. We believe sharing leadership roles and responsibilities on a rotational basis for convening meetings and reporting would have eased the situation for better project governance.
- The project concept note development was done within a fleeting time limit which could not have allowed sufficient stakeholder consultation. This limited how wide the project team could get stakeholders involved in project planning. The inadequate stakeholder consultation was addressed by creating awareness about the project during implementation among relevant stakeholders engaged.
- The participants of the lessons learning workshops should ideally be composed of the project team and only the stakeholders that participated in the implementation of the project. Drawing participants from the wider sector representation derails discussions as those who were not engaged during the project come with their own perspectives of what the project should have been since they lack the understanding of the project goal and scope.
- Sustainability of interventions for the desired outcome can be enhanced through community engagement. This is where better understanding of drivers of inappropriate AMU/AMC behaviour is experienced for changing attitudes and imparting knowledge. The limitation in the project time and scope could not attain this.

iv) A Specific Story (Optional)

Problem / Challenge faced: The challenge of organizational changes affecting key project personnel was encountered during the implementation of this project. The main project focal points from WHO, FAO and the Ministry of Health who led the project concept note and project proposal development processes as well as the launching of the project implementation were only available during the first year of implementation. In the second year of the project, the project team had to deal with a change in the focal persons and received new focal points who had not initially been part of AMR work except the representative of the Ministry of health. Both the management and technical team representatives from FAO and WHO changed.

Programme Interventions: The change in the representation from the Ministry of Health was a smooth one since the new colleague had been a member of the NASIC and understood the project. For the two focal points from WHO and FAO, the Project coordinator had to conduct an onboarding for the technical teams to get an understanding of the project proposal including the planned activities and budget. Details of the implementation progress was shared and the expectations for the remaining implementation period discussed with new colleagues. Support from other members of the project team was very instrumental in ensuring that the implementation continued as close as possible to what had been initially planned.

Result
The change in key project team members delayed implementation of some activities. It also takes time before the new focal points get to connect with the country team to continue with implementation from where the previous focal person left. Considering that some activities had been planned for joint implementation like conducting a social anthropological study to help design interventions that will influence behaviour change across the public health and veterinary service providers (One Health study) and publication/development of newsletters and peer articles on AMR progress and NAP implementation were not implemented.

Lessons Learned: There is a need to have more than two representatives from the Tripartite and country ministries forming part of the project core project team. This would ensure uninterrupted continuation of the project in case of such changes occurring.

Using one word describe the role that this collaborative project has played towards the fight against AMR in the country

Mentimeter

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Participants perceptions on the AMR-MPTF project in Kenya

Dr Fasina Folorunso (FAO) Opening the AMR-MPTF lesson learning workshop-Kenya.


Preventing Antimicrobial Resistance Together
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