

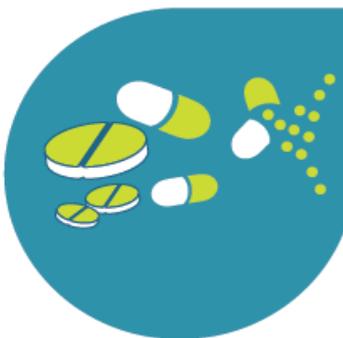


Republic of Kenya

**COMMUNICATION STRATEGY ON
PREVENTION AND CONTAINMENT OF**

ANTIMICROBIAL RESISTANCE

2018 - 2022



National Action Plan for the Prevention and Containment of
Antimicrobial Resistance, Nairobi, Kenya: Government of
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ABBREVIATION

| | |
|----------------|---|
| AMR | Antimicrobial Resistance |
| AMS | Antimicrobial Stewardship |
| AMU | Antimicrobial Use |
| CPD | Continuous Professional Development |
| CHEWS | Community Health and Extension Workers |
| CHV | Community Health Volunteers |
| COFEK | Consumer Federation of Kenya |
| CS | Cabinet Secretary |
| CSO | Civil Society Organization |
| CoPs | Communities of Practice |
| DVS | Directorate of Veterinary Services |
| EPN | Ecumenical Pharmaceutical Network |
| FAO | Food and Agriculture organization |
| GARP-K | Global Antibiotic Resistance Partnership Kenya |
| INGO | International Non Governmental Organizations |
| IECs | Information Education and Communication materials |
| KES | Kenya Shillings |
| KENTTEC | Kenya Tsetse Trypanosomiasis Eradication Council |
| MoALF | Ministry of Agriculture Livestock and Fisheries |
| MoE | Ministry of Education |
| MoH | Ministry of Health |
| NASIC | National Antimicrobial Stewardship Interagency Committee |
| OIE | World Organization for Animal Health |
| PS | Principal Secretary |
| ReAct | Action on Antibiotic Resistance |
| RPLRP | Regional Pastoral Livelihoods Resilience Project |
| SOCO | Single Overarching Communication Outcome |
| SWOT | Strengths Weaknesses Opportunities and Threats |
| WHO | World Health Organization |

DEFINITION OF KEY TERMS

Antimicrobial Agent: Any substance of natural, semi-synthetic, or synthetic origin which at in vivo concentrations kills or inhibits the growth of microorganisms by interacting with a specific target

Antimicrobial Resistance (AMR): The ability of a microorganism to multiply or persist in the presence of an increased level of an antimicrobial agent relative to the susceptible counterpart of the same species.

Antibiotic: A substance often derived from microorganisms particularly moulds, with bactericidal (kill bacteria) or bacteriostatic (inhibit the growth of bacteria) properties.

Antibiotic Resistance: The ability of a microorganism, specifically bacteria, to multiply or persist in the presence of an increased level of an antibiotic relative to the susceptible counterpart of the same species.

Antibacterial: A substance that acts against bacteria

Antimicrobial Stewardship: a coordinated program that promotes the appropriate use of antimicrobials (including antibiotics), reduces costs of care, improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms

Biosecurity: A strategic and integrated approach that encompasses the policy and regulatory frameworks (including instruments and activities) that analyse and manage risks in the sectors of food safety, animal life and health, and plant life and health, including associated environmental risk.

One Health - is the integrative effort of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals, and the environment.

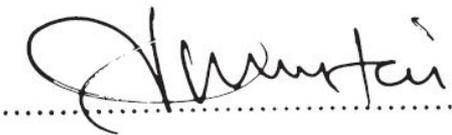
FOREWORD

Antimicrobial resistance is a global public health concern that has threatened the very core of modern medicine and effective response to infectious diseases. Effective antimicrobial drugs are vital for both preventive and curative measures, protecting patients from potentially fatal diseases and ensuring that treatment, complex procedures, such as surgery and chemotherapy, can be provided at low risk. The misuse and overuse of these antimicrobials in human medicine and food production have put every nation at risk considering that only a few antimicrobial agents are in development. Without concerted and immediate action on a national scale, Kenya stands to diminish the tremendous gains made in the fight against infectious diseases.

The Ministries responsible for health and agriculture, through the multi-sectoral AMR Secretariat developed the communication strategy through a consultative process culminating in national validation workshop.

This strategy is essential for creating awareness, influencing behavior change and containing the emergence and spread of AMR. The strategy will facilitate exchange of information among the stakeholders: within the national government, between national and county governments, among the county governments, between the government and the private sector, farmers, the public, patients, professionals and other stakeholders. The Strategy recognizes the diversity in the different sectors and emphasizes that an all-out effort is needed to effectively combat AMR.

This strategy will enable the government achieve its policy objective of improving awareness and understanding of antimicrobial resistance through effective communication, education and training.



Principal Secretary

State Department for Livestock



Principal Secretary

Ministry of Health

ACKNOWLEDGEMENT

We wish to acknowledge the Cabinet Secretaries for the Ministries responsible for Health and Agriculture for providing support in the development of this Communication strategy. We recognize the contribution of the Principal Secretaries for Health, State Department of Agriculture, Livestock, Fisheries & Blue Economy. We thank the Directors of Medical Services, Veterinary Services, Livestock Production, Fisheries and Agriculture for facilitating the process of developing this strategy.

The development of this Communication strategy was made possible through the Regional Pastoral Livelihoods Resilience Program of the Ministry of Agriculture and Irrigation with support from World Bank. We appreciate the contributions of the University of Nairobi (Faculty of Veterinary Medicine), Kenya Plant Health Inspectorate Services (KEPHIS), Kenya Tsetse and Trypanosomiasis Eradication Council (KENTTEC), Food and Agriculture Organization of the United Nations (Kenya), Kenya Veterinary Association (KVA) and Ecumenical Pharmaceutical Network (EPN)/ReAct.

Finally, we appreciate the tireless efforts of the AMR secretariat comprising Dr. Allan Azegele, Dr. Jane Lwoyero, Dr. Peter Kimondo, Dr. Eveline Wesangula, Dr. Charles Kandie, Dr. Jarred Nyakiba, Ms. Susan Githii, Ms. Felista Kiberenge, Ms. Veronica Kamau, Ms. Daisy Muriuki, Ms. Teresia Karanja, Mellon Kabole and Dr. Othieno Joseph who offered the technical backstopping and took lead in the development of the Communication Strategy.

INTRODUCTION

The AMR challenge is envisioned as the next greatest public health challenge. Research has shown an increase in the level of resistance against antibiotics. Human behavior as shown in the abuse and misuse of antimicrobials has been attributed to the problem of AMR. It is therefore imperative to address this human behavior component of the problem. The AMR Policy outlined the need to create awareness on the AMR resistance through the development of a Communication Strategy.

This communication strategy was developed through a multi sectoral one-health participatory approach. A team comprising agricultural, veterinary and human health professionals held a series of discussions and were able to appreciate and share the AMR problem from their diverse professional backgrounds. This laid the foundation upon which this strategy is anchored.

Recognizing the great negative impact that AMR will have on human and animal health this Communication strategy proposes behavior change interventions targeting various audience groups. This strategy provides guidelines for messages development, channel choice and feedback collection. The proposed approaches and guidelines are subject to change in tandem with the changing audience dynamics.

JUSTIFICATION

The general population is at risk of exposure to antimicrobial resistant microorganisms through human-human-animal transmission, food, the environment or other transmission routes. Where antimicrobials are available over the counter the general public procures for use either on self or animals. This is because lack of awareness on antimicrobial resistance among the service providers in human health and agriculture has contributed to the emergence and spread of AMR. Technical personnel handling antimicrobial agents have knowledge gaps and communicating the risks of AMR will be very important not only to the general public but also to policy makers and others involved in the antimicrobial supply chain including medical and veterinary practices.

A communication strategy is essential for creating awareness, influencing behavior change and containing the emergence and spread of AMR. This strategy is developed to ensure exchange of information among the stakeholders: within the national government, between national and county governments, among the county governments, between the government and the private sector, farmers, the public, patients, professionals and other stakeholders.

The objective is to provide relevant and accurate information to persons handling antimicrobials with the intention of minimizing the risk burden of AMR. In so doing this document gives direction on how to develop and disseminate effective information and educational materials on AMR and preventive measures for infection control. The strategy also aims at promoting sustainability and transparency in understanding the risks of AMR.

This communication strategy therefore provides platforms for awareness raising, communication for behavior change, developing partnerships, lobbying and negotiating and publications from research to inform policy on AMR.

SCOPE

The Communication Strategy confines itself to information gaps based on the primary, secondary and tertiary audience groups identified. It outlines the guidelines to be used in the development of messages targeting these audience groups. The strategy proposes channels and approaches that can be employed in the reaching the various audiences.

The Communication Strategy is guided by principles of communication and is amenable to dynamics in the communication field. It is a pioneer document that will be improved based on the feedback from the proposed interventions.

AMR COMMUNICATION OBJECTIVE

To improve awareness and understanding of antimicrobial resistance through effective communication, education and training

AMR COMMUNICATION SPECIFIC OBJECTIVES

- i. Create Awareness on AMR among the primary audience
- ii. Improve understanding of AMR among secondary audience groups
- iii. Advocate for better policy framework for AMR
- iv. Develop and maintain collaborations with other partners in AMR

SITUATION ANALYSIS

1. SWOT ANALYSIS

| | |
|--|--|
| STRENGTHS <ul style="list-style-type: none">• Global, national and multi-sectoral efforts and support• Presence of expertise on AMR• Robust civil society• Existence of established governance structures• Existence of secretariat• AMR Policy and National Action Plan• AMR surveillance strategy• Robust mass media• Previous and ongoing successful campaigns | WEAKNESSES <ul style="list-style-type: none">• Inadequate data• The covert nature of AMR hence low prioritization• Low awareness on AMR• Inadequate regulations• Weak enforcement of existing regulations• Inadequate resources• Unethical practice by professional |
| OPPORTUNITIES <ul style="list-style-type: none">• Commitment and support from government and development agencies• Rich pool of expertise to the grass roots that can be trained• Existence of research institutions• Benefit of reduced cost of medical care• Presence of an organized medicine distribution chain• Existence of training systems for information diffusion | THREATS <ul style="list-style-type: none">• Corruption• Transboundary nature of AMR problem• Easy movement of persons and goods due to globalization |

2. AUDIENCES ANALYSIS

(2.1 AUDIENCE SEGREGATION)

| | |
|---|--|
| Blockers (Active resisters) <ul style="list-style-type: none">➤ Pharmaceutical Suppliers➤ Intensive livestock farmers➤ Drug manufacturers➤ Activists | Champions (Active supporters) <ul style="list-style-type: none">➤ CHEWS/CHVS➤ Veterinarians and Medics➤ COFEK➤ Medical Insurance Co.➤ INGO- GARP, EPN➤ Patients associations➤ Food processors➤ Activists |
| Avoiders (Passive resisters) <ul style="list-style-type: none">➤ Hotel industry➤ Quacks➤ Slaughterhouse management➤ Food vendors➤ Market intermediaries | Silent Boosters (Passive Supporters) <ul style="list-style-type: none">➤ Animal and human health workers➤ Policy makers➤ Guardians➤ Farmers/pastoralists |

2.2 AUDIENCE ANALYSIS-PRIMARY, SECONDARY AND TERTIARY

| Audience | Description | Information Gaps | Channel |
|----------|---|---|---|
| Primary | Caregivers/CHWs Community animal health workers / | <ul style="list-style-type: none"> • Low awareness on AMU/AMR • Low knowledge levels | <ul style="list-style-type: none"> • Seminars • Learning tours • Mass Media Interpersonal |
| | Human and Veterinary Professionals | <ul style="list-style-type: none"> • Poor awareness of the impact and magnitude of AMR • Lack of adequate IEC materials • Low awareness on importance of observance of ethical practices • Unethical practices - treatment before confirmation of diagnosis | <ul style="list-style-type: none"> • Conferences/Workshops/Seminars • Continuous Professional Development (CPDs) • Journals and other publications • Social media – facebook page, twitter account, blogs • IECs • Websites • Interpersonal channels • Exchange programmes to visit success stories |
| | Public/consumers | <ul style="list-style-type: none"> • Low levels of awareness • Ignorance on importance of withdrawal periods of products after antimicrobial use • Ignorance on disposal use of expired antimicrobials • Lack of awareness on risks of self-medication and sharing of medicines • Lack of adequate IEC materials | <ul style="list-style-type: none"> • Mass Media • IECs • Social media • Talk shows e.g. TV morning shows • Skit and drama • Road shows • Barazas • Press briefs • Websites • One Health AMR week |
| | Traders (chemists, Agrovets) | <ul style="list-style-type: none"> • Low knowledge level on proper handling and disposal of antimicrobials • Unethical practices • Lack of adequate IEC materials | <ul style="list-style-type: none"> • Conferences • Mass Media • Social media • Continuous Professional Education |

| | | | |
|--|---|--|--|
| | Journalists | <ul style="list-style-type: none"> • Inadequate up to date information • In-accurate information updated and • Inadequate relevant information • Improper packaging of information and targeting of audience • Lack of understanding of their role in reaching out to the public on AMR | <ul style="list-style-type: none"> • Conference/workshops • Breakfast meetings • Interpersonal • Social media |
| | Opinion leaders (Chiefs and Village elders) | <ul style="list-style-type: none"> • Very low levels of awareness • Misinterpretation of information | <ul style="list-style-type: none"> • Seminar • Radio • Social Media |
| | Learning institutions, primary, secondary, tertiary | <ul style="list-style-type: none"> • Inadequate content in curriculum on AMU | <ul style="list-style-type: none"> • Publications - Bulletins, Journals • Seminars and Workshops • Mass Media • IEC materials |
| | Farmers and pastoralists | <ul style="list-style-type: none"> • Low levels of awareness on risks of improper use of antibiotics due to high levels of Illiteracy and ignorance | <ul style="list-style-type: none"> • Barazas • IECs • Social Media • Mass Media (electronic, print, radio and TV) • Shows and exhibitions |
| | Alternative and traditional medicine practitioners | <ul style="list-style-type: none"> • Low levels of awareness • High Illiteracy levels | <ul style="list-style-type: none"> • Seminar • Mass Media • Barazas • Interpersonal |
| | Pharmaceuticals manufacturers | <ul style="list-style-type: none"> • Lack of warning information on the risks of improper use of antimicrobials on the labels | <ul style="list-style-type: none"> • Seminar • Media (electronic, print, radio) • Bulletins |

| Audience | Description | Information Gaps | Channel |
|-----------|------------------------------------|--|---|
| Secondary | NGOs/CBOs | <ul style="list-style-type: none"> • Low awareness and lack of updated information on AMU and AMR • Lack of collaboration among stakeholders to ensure harmonized information on AMU | <ul style="list-style-type: none"> • Seminars • Websites • Social media • Media (electronic, print, radio) |
| | Human and Veterinary Professionals | <ul style="list-style-type: none"> • Poor awareness of the impact and magnitude of AMR • Lack of adequate IEC materials • Low awareness on importance of observance of ethical practices • Unethical practices - treatment before confirmation | <ul style="list-style-type: none"> • Conferences/Workshops/Seminars • Continuous Professional Development (CPDs) • Journals and other publications • Social media – facebook page, twitter account, blogs • IECs • Websites • Interpersonal channels • Exchange programmes to visit success stories |
| | Learning institutions | <ul style="list-style-type: none"> • Lack of policy direction on training on AMU | <ul style="list-style-type: none"> • Websites • Social media • Media (electronic, print, radio) • Journals and publications |
| | Media houses | <ul style="list-style-type: none"> • Inadequate accurate, updated and relevant information • Improper packaging of information • and targeting of audience • Use of language that is too technical | <ul style="list-style-type: none"> • Seminars • Documentary • Advertisements/ Public Service Announcements |

| | | | |
|--|---|---|--|
| | Dispensers, Pharmacists, Agrovets, | <ul style="list-style-type: none"> • Low awareness on the dangers of dispensing antimicrobials OTC | <ul style="list-style-type: none"> • Conferences • Media (electronic and print, documentary, radio) • Interpersonal • Social media • Website • Champion • Awareness campaigns with catchy slogans |
| | Human, vet and agricultural Professional associations | <ul style="list-style-type: none"> • Poor awareness of the impact and magnitude of AMR | <ul style="list-style-type: none"> • Conferences/Workshops and Seminars • Continuous Professional Development • IECs • Journals and other publications • Social media • Websites • Peer review platforms/CoPs |
| | Academia, researchers, | <ul style="list-style-type: none"> • Lack of sharing information • Low levels of awareness on risks of AMR • Lack of targeted research agenda on AMR | <ul style="list-style-type: none"> • Journals and Bulletins • Symposia • Exhibitions • Seminar |

| Audience | Description | Information Gaps | Channel |
|----------|---|---|--|
| Tertiary | Policy makers | <ul style="list-style-type: none"> • Low levels of awareness on AMU • Lack of policy direction on AMR | <ul style="list-style-type: none"> • Seminars • Breakfast meetings • Symposia and Exhibitions • Lobbying session |
| | Politicians | <ul style="list-style-type: none"> • Low levels of awareness | <ul style="list-style-type: none"> • Seminars • Lobbying session |
| | NGOs | <ul style="list-style-type: none"> • Low awareness and lack of updated information • Lack of awareness on their role in fighting AMR • Lack of collaboration in information development, sharing among different health actors | <ul style="list-style-type: none"> • Networking forum (social media - WhatsApp, twitter, website) |
| | Medical financiers – NHIF and other health insurers | <ul style="list-style-type: none"> • Low levels of awareness on AMRs • No information on insurance covers on AMR | <ul style="list-style-type: none"> • Seminars • Media (electronic, print, documentary) |
| | CSOs & CBOs | <ul style="list-style-type: none"> • Low awareness and lack of updated information • Lack of awareness of role in fighting AMR • Lack of collaboration in information development, sharing among different health actors | <ul style="list-style-type: none"> • Seminars • Networking forum (social media - whatsapp, twitter, website) • Journals • Media (electronic, print, documentary) |
| | National Government, County Government, | <ul style="list-style-type: none"> • Low awareness and lack of updated information | <ul style="list-style-type: none"> • Seminars/Symposia and Exhibitions • Media (electronic, print, documentary) • IEC materials |

| | | | |
|--|----------------------|---|---|
| | RECs-IGAD, EAC, | <ul style="list-style-type: none"> • Low levels of awareness on AMR | <ul style="list-style-type: none"> • Seminars/Workshops • Project Proposals • Symposia and Exhibitions • Mass Media |
| | Development partners | <ul style="list-style-type: none"> • Limited collaboration and information sharing • Lack of awareness on impact and magnitude of AMR | <ul style="list-style-type: none"> • Project Proposals • Breakfast meetings • Lobbying sessions |

IMPLEMENTATION FRAMEWORK
SPECIFIC OBJECTIVE ONE:
CREATE AWARENESS ON AMR AMONG THE PRIMARY AUDIENCE

| Audience | Activity | Output | Responsibility | Time line | Resources | Budget (Kes) |
|---|---|---|--|---|---|----------------------|
| All | Development of Messages | | MoH/DVS | 1 st Year | Workshop Participants | 2 m |
| All | IEC Materials Development and Review | 100 Billboards put up 1,000,000 Brochures developed 500,000 Posters 2 Workshops | MOH/DVS/ County Government Development Partners | 1 st Year | Workshops Printing Dissemination Translation | 50 m |
| Public/ Consumers | Sensitization campaigns | -Barazas -Skit and drama -Road-shows | County Government Development Partners | Continuous | Human Resource Road shows countrywide | 10m |
| | Mass media campaign - electronic Print | Radio – Adverts, Talk shows, Publicity TV – Adverts, Talk shows, News & Documentary Print – Adverts, News, Feature & Opinion articles | MOH/DVS/ County Government Development Partners | Continuous But hyped during the AMR Awareness week | Advertisement fee Documentary development Translation | 30m |
| Suppliers/Stockist human and vet medicines | -Continuous Professional Education -Conferences/ Seminars | -2 national conferences -5 international conferences | MOH/DVS/ County Government | Continuou s | -Research Publications -Conference facilities | 20m |
| | | -5 Seminars | Development Partners | | | |
| Caregivers/CHWs Community animal health workers | Seminars & Workshops | -2 seminars | County Government | 1 st -5 th Years | Human Resource | 5m |
| Journalists | -Training workshops | -2 Trainings | MOH/DVS/ Development Partners | Year 2 & Year 4 | Facilitators Participants | 1m |
| Farmers | -Awareness creation and Sensitization | -Promotional Materials -Training Seminars | County Government | Continuous | Facilitators Participants | 5m |
| Food Vendors | -Awareness creation and Sensitization | -Promotional Materials -Training Seminars | County Government | Continuous | Facilitators | 2m |
| Alternative and traditional medicine practitioners | -Awareness creation and Sensitization | -Inter-personal Communication -5 Workshops | MOH/DVS | Continuous | Facilitators Conference facility | 7.5m |
| Pharmaceutical Manufacturers | -Training -Awareness creation and Sensitization | -2 Workshops -Promotional Materials | MOH/DVS/ Development Partners | 1 st & 4 th Year | Facilitators Conference Facility | 2m |
| Students in Human/Vet Medicine Institutions | -Awareness creation and Sensitization | -Journals -Handbooks -Essay competition | MOH/DVS | Continuous | Prize money | 1m |
| Sub-Total | | | | | 108.5 million | |

**SPECIFIC OBJECTIVE TWO:
IMPROVE UNDERSTANDING OF AMR AMONG SECONDARY AUDIENCE GROUP**

| AUDIENCE | ACTIVITY | OUTPUT | RESPONSIBILITY | TIME LINE | RESOURCES | BUDGET (KES) |
|--|--|--|--|--|---|--------------|
| NGO'S &CBOs in medical and veterinary medicine sector | -Train on their role in combating/containing AMR -Train on the impact of AMR -Develop a collaborative framework to combat AMR | NGO's trained on AMR | All sectors (national/county) | 1 st to 4 th Year. | Human resources Advertisements Web hosts Conference facilities | 5 m |
| Learning institutions | -Support learning institutions to including AMU/AMR in curriculum -Support development of training materials on AMR/AMU | Curriculum developed with AMR/AMU Training materials developed | M.O.E M.O.H M.O.A.L.F | 1 st to 3 rd Year. | Conferences Workshops Participants resource | 4.5m |
| Professionals &professional bodies/ associations | -Develop training modules for specific CPDs on AMR -Offer refresher courses on AMU/AMR | Training modules developed | Professional bodies | 1 st &2 nd Year. | Human resources Conference facilities Printing services | |
| Dispensers, pharmacists & agrovetts | Support development of training guidelines on AMU | Training guidelines developed | Professional bodies (KPA, PSK,KMPDU,KVA,KVB) M.O.H. M.O.A.L.F. | 2 nd Year. | Human resources Conference facilities Printing services | 3.5m |
| Farmers, pastoralists associations | Develop manuals on good hygiene practices, GAPs, GVPs Train on Importance of using vaccines in disease prevention Train on importance of observance of withdrawal periods. | Manuals developed Operators trained on vaccine use Operators trained on observing withdrawal periods | M.O.A.L.F | 2 nd Year. | Human resources Conferences Printing services | 3.5m |
| Sub Total | | | | | | 36.5 m |

**SPECIFIC OBJECTIVE THREE:
ADVOCATE FOR BETTER POLICY FRAMEWORK FOR AMR**

| Audience | Activity | Output | Responsibility | Time Frame | Resources | Budget |
|--|--|--|---|-----------------------|--|---|
| Policy makers | Launch Policy, NAP, and Communication Strategy in Counties at Regional Level (Four clusters Mwingi, Machakos, Nakuru, Eldoret) | Number of counties where it has been launched. Number of participants per counties. | PS Health PS Agriculture | 1 st Year. | DSA, Logistics, promotional and IEC materials | 8m |
| Politicians | Lobbying of AMR with Agric, Health, Education, Parliamentary Committees | Buy in by the committees | CS Health CS Agriculture | 1 st Year. | 50 members from 3 committees in Parliament | 3m |
| Medical financiers – NHIF and other health insurers | Sensitization meeting at NHIF Headquarters | Sensitization Meeting Held | NASIC | 2 nd Year. | Transport, Breakfast, Conference materials | 100,000.00 |
| National Government, County Government, | Select and Train Workshops County focal persons for health and agriculture in 47 counties in the four clusters | 2 AMR Focal staff (Health and Agriculture) who have gone through a 5-day training in all 47 Counties in 4 Clusters | NASIC County Government | 1 st Year. | Venues, DSA, Logistic (Class of 30 per for 4days | 10m |
| RECs-IGAD, EAC, | <ul style="list-style-type: none"> Develop a concept note to be shared at regional meeting by Kenya’s representatives | AMR Agenda harmonized at regional level and supported by regional legislation, policy | National Government Agriculture and Health | 2 nd Year | Breakfast Meeting, Logistics, | Representation at EAC - 1m Breakfast meeting for Foreign Affairs and EAC Ministry |
| RECs-IGAD, EAC, | <ul style="list-style-type: none"> Develop a concept note to be shared at regional meeting by Kenya’s representatives Sensitize Foreign Affairs and EAC Ministry | AMR Agenda harmonized at regional level and supported by regional legislation, policy framework and a strategy. | National Government Agriculture and Health | 2 nd Year | Breakfast Meeting, Logistics, | Representation at EAC - 1m Breakfast meeting for Foreign Affairs and EAC Ministry 40,000.00 |
| Development partners | <ul style="list-style-type: none"> Develop a concept note on countries direction. Sensitive Development Partners in a Breakfast Meeting | Consensus on the Country’s direction and support for activities. | National and County Government Agriculture and Health. | 1 st Year | Breakfast meeting | 500,000.00 |
| | | | | | | 21, 640,000 |

SPECIFIC OBJECTIVE FOUR:

DEVELOP AND MAINTAIN COLLABORATIONS WITH OTHER PARTNERS IN AMR

| Audience | Activity | Output | Responsibility | Timeline | Resources | Budget |
|-------------------------------|--|--|--|----------------------|--|----------------------|
| Academia, researchers, | Hold a One Health Symposium whose main focus is AMR and AMU invite all relevant Universities | Number of universities participating in the symposium | NASIC Universities Professional bodies | 2 nd Year | Support studies to enrich local data and present at symposium, Conferencing, Publication of journals | 20m |
| CSOs, | Stakeholder Consultative Forum at Regional Level plus County Focal persons | <ul style="list-style-type: none"> Improved coordination of AMU and AMR activities in the counties Number of CSOs sensitized | County and National Government Health and Agriculture Ministries | 2 nd Year | Venue, DSA | 10m |
| Sub Total | | | | | | 30 Million |
| GRAND TOTAL | | | | | | 195, 640, 000 |

*The Development of this Communication Strategy on
Prevention and Containment of Antimicrobial Resistance was
Sponsored by Regional Pastoral Livelihoods Resilience Project.*

