

Five Year Plan ICROSS 2004-2008

(Evidence and rights based approach to eradicating poverty)

All ICROSS projects are determined by community need and clearly definable outcomes (measurable results). In most cases, these results are quantified by impact on the quality of life expressed either in prevalence and incidence reduction, mortality reduction or other epidemiological or ethnological indices. The communities we work with are mainly in remote semi desert areas and have demonstrably high mortality and morbidity.

(NB Key Donors are noted below each programme)

Programme	2004	2005	2006	2007	2008
HIV/AIDS /Tuberculosis and Communicable Disease Programme					
1. AIDS prevention & home care of terminally ill (target population 420,000 45% funded in total) ICROSS Ireland, Community REACH, United States Agency for International Development (USAID), Elizabeth Taylor AIDS Foundation (ETAF)	<ul style="list-style-type: none"> Extend care of people living with human immunodeficiency syndrome and acquired immunodeficiency syndrome (adults and children) /Children in Distress (Nakuru, Bondo, Siaya, Nyanza, and Rift Valley Province(s) through home care network Reach 400 villages 250 women groups to extend the home care network in (Nakuru, Bondo, Siaya, Nyanza, and Rift Valley Province(s) Global Fund Stigma project begins 	<ul style="list-style-type: none"> Conduct impact assessment in Homecare areas Reach more terminal patients Provide psychological support to carers Create local networks of support Through ICROSS support extend care of people living with human immunodeficiency syndrome and acquired immunodeficiency syndrome (adults and children) /Children in Distress (Nakuru) 	<ul style="list-style-type: none"> Develop dissemination strategy on Lessons Learnt in home care Expand to meet new needs Strengthen Ministry of Health referral of critical patients Improve sanitation and nutrition Through ICROSS support extend care of people living with human immunodeficiency syndrome and acquired immunodeficiency syndrome (adults and children) /Children in Distress (Nakuru) 	<ul style="list-style-type: none"> Implement dissemination strategy and assess potential for scale up Expand homecare to 2 new districts 	<ul style="list-style-type: none"> Expand homecare to South Africa

Programme	2004	2005	2006	2007	2008
2. Malaria control in high prevalence districts (proposal to Global Fund)	<ul style="list-style-type: none"> • Clinical Interventions • At village level through traditional healers • Malaria prevention training • Baselines • Siaya, Busia, Migori and Kisii 	<ul style="list-style-type: none"> • Reach 210,000 people in malaria control 	<ul style="list-style-type: none"> • Create rapid response systems for early intervention of malaria outbreaks • Extend treatment 	<ul style="list-style-type: none"> • Prevention and treatment of malaria programme 	<ul style="list-style-type: none"> • Handover malaria projects to local communities & Ministry of Health • Develop next malaria strategy
3. Female circumcision and HIV reduction (target population 54,000) Royal College of Surgeons	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 4-year clinical follow-up results released • Harm reduction pilot for phase 2 • 5 nomadic communities (in district Kajiado, Turkana, West Pokot, and Samburu in the Rift Valley Province) • Impact on 300 female/male circumcisions • Ethnographic and clinical data collection 	<ul style="list-style-type: none"> • Second phase of female circumcision programme in 5 tribal communities 	<ul style="list-style-type: none"> • Hygiene and sanitation programme for female circumcision 	<ul style="list-style-type: none"> • Design next response based on evidence • Share progress on harm reduction
4. AIDS orphans and vulnerable children Bondo, Kisii, Nakuru and Siaya	<ul style="list-style-type: none"> • Reach 65,000 children in distress through • Strengthened community systems • Nutritional support for vulnerable children • 	<ul style="list-style-type: none"> • Interventions for AIDS orphans and other vulnerable children including educate and psychosocial support • Publish <i>where there is no parent</i> 	<ul style="list-style-type: none"> • Extend AIDS orphans and other vulnerable children programmes to 160,000 people • Extend support to local groups to help AIDS orphans and other vulnerable children in communities 	<ul style="list-style-type: none"> • Scale up programme based on evidence and needs 	<ul style="list-style-type: none"> • Together with partners & communities design next response to AIDS orphans and other vulnerable children
5. Voluntary Counselling and Testing in Kisii	<ul style="list-style-type: none"> • Improve HIV/AIDS awareness • Boost sero-positivity testing capacity in Kisii district • Complement government's effort in bringing health services to the communities 	<ul style="list-style-type: none"> • Scale up HIV/AIDS activities in the district • HIV prevention campaign • Sexually transmitted infections prevention campaign 	<ul style="list-style-type: none"> • Assess programmes in 1st 18 months • Extend support and reach • Develop cultural • Handover projects 	<ul style="list-style-type: none"> • Share lessons learnt • Provide technical transport 	<ul style="list-style-type: none"> • Re-assess 18 months after handover

COMMUNITY BASED PRIMARY HEALTH CARE					
1. Training traditional birth attendants (population of 40,000) Development Cooperation Ireland	<ul style="list-style-type: none"> • 240 Traditional birth attendants trained in Life Saving Skills (LSS) in the Rift Province (Kajiado, Samburu) • Impact assessment 	<ul style="list-style-type: none"> • Monitoring and evaluation and dissemination of impact results 			
2. Tribal health programmes Training health workers (target population 67,000)	<ul style="list-style-type: none"> • Completion of baselines (Kajiado and Samburu Districts in Rift Valley Provinces) • Complete training ICROSS technical support • 3 dispensaries built and staff trained community PHC • Water supply and protection programmes strengthened • Train 220 new health workers (Kajiado district I the Rift Valley province) • Measure community health against baselines (2004) 	<ul style="list-style-type: none"> • Impact assessment • Target malnutrition anaemia • Water borne diseases • Infant mortality • Maternal mortality • Underweight children 			

GOVERNMENT CAPACITY BUILDING					
Programme	2004	2005	2006	2007	2008
1. Surgical training in Kajiado (Dr Sequeira Lions Westlands/ICROSS Ireland/ICROSS Canada)	<ul style="list-style-type: none"> • Train 2 local surgical teams each year transferring skills to approximate 45 surgical staff over 4 years • Completing of an average of 380 major operations and 600 procedures a year 	<ul style="list-style-type: none"> • Promote technical and medical support to Ministry of Health 			
Clinical and Public health					
1. Epidemiology, Preventive health unit, Technical / medical resources to support and develop medical / health and HIV programme in East Africa, Provision of consultancy to other NGOs, groups		<ul style="list-style-type: none"> • Develop team capacities through needs based training programme • Provide consultancy in development anthropology, Health Programme Impact Evaluation and Project Design, monitoring and evaluation • Assist in transfer of specialised skills to Ministry of Health and local groups • Increase technical resources / reach 	<ul style="list-style-type: none"> • Implement effective disease control • Modelling and cost effectiveness measurements 	<ul style="list-style-type: none"> • Work with donors and communities in scientific indices based assessment of programmes 	<ul style="list-style-type: none"> • Handover programme • Design next consultancy plan

Programme	2004	2005	2006	2007	2008
Children's/Women's RIGHTS (CHILD-TO-CHILD)					
1. Health education (Lorngosua, Singiraine, Norgumut)	<ul style="list-style-type: none"> • Morbidity baseline • Train 3400 in 5 areas in Kajiado district • Controls established • Using traditional healers and grandmothers introduce key health messages to children and youth 	<ul style="list-style-type: none"> • Monitoring and evaluation • Follow disease prevention at home and village-level 	<ul style="list-style-type: none"> • Impact assessment of programme efficacy by disease reduction 	<ul style="list-style-type: none"> • Design next phase of health education summary results 	

Poverty Reduction and Community Empowerment	2004	2005	2006	2007	2008
1. Capacity building of local women's groups	<ul style="list-style-type: none"> • Create and support local resource network (local languages, community ownership) • Micro-finance, income generation in pastoral desert communities 	<ul style="list-style-type: none"> • Create 30 new women groups • Create legal advice and legal aid • Support for women's groups. • Strengthen 230 existing groups • Provide direct technical support for 400 groups in East Africa 	<ul style="list-style-type: none"> • Create 40 new women groups • Develop networks of women groups • Train networks in local fundraising 	<ul style="list-style-type: none"> • Create 30 new women groups • Create virtual women's health resources • Advice helplines and legal advice 	<ul style="list-style-type: none"> • Create 30 new women groups • Assess and evaluate women groups institutions and networks
2. Support to Girls and Basic Education		<ul style="list-style-type: none"> • Work with Ministry of Education, teachers and local communities to identify girls for school sponsorship • Provision of 30 classrooms in 8 pastoralist communities • Develop girls education proposals for donors 	<ul style="list-style-type: none"> • Network girls • Child-to-child health programmes • Create school-school support for vulnerable children 	<ul style="list-style-type: none"> • Establish child rights institutions in all projects 	<ul style="list-style-type: none"> • Review progress of girls programmes implementation for 2004-2007
3. Child survival (Maternal child) using mothers of high risk children (24,300 in Samburu and Maasai)	<ul style="list-style-type: none"> • Baselines • Controls – Ministry of Health • Interventions impact • Target severely malnourished in 5 areas • Disease control • Diarrhoea control • Safe motherhood 	<ul style="list-style-type: none"> • Extension to control areas • Extend child survival and emergency • Prevention of 11 key diseases • Immunisation • Primary health care 	<ul style="list-style-type: none"> • Impact analysis • Train mothers and health workers in child survival • Train 700 mothers in community health • Extension of primary health care • Material support to a further 11,000 children 	<ul style="list-style-type: none"> • Target malnourished children in arid areas • Evaluation of impact on disease • Ongoing training 	<ul style="list-style-type: none"> • Review progress of implementation of child survival programmes • Design next 5 year plan for child survival • Handover project

Poverty Reduction and Community Empowerment	2004	2005	2006	2007	2008
1. Trachoma blindness control trial 2	<ul style="list-style-type: none"> • Trachoma intervention • Train field teams in identifying trachoma • Trachoma control trial 	<ul style="list-style-type: none"> • Measure impact on trachoma 	<ul style="list-style-type: none"> • Publish results • Design trachoma blindness control programme based on evidence 		
2. Diarrhoeal Control intervention 4 (52,000 children in 4 high mortality areas)	<ul style="list-style-type: none"> • Target 52,000 children in 3 areas • Train mothers and teachers 	<ul style="list-style-type: none"> • Measure impact of diarrhoea control and prevention of water borne diseases 			
3. Water and sanitation	<ul style="list-style-type: none"> • Provide water protection • 6 desert communities 				
4. Desertification addressed through: tree planting	<ul style="list-style-type: none"> • Plant 12,000 trees 	<ul style="list-style-type: none"> • Plant 70,000 trees 	<ul style="list-style-type: none"> • Plant 100,000 trees 	<ul style="list-style-type: none"> • Plant 150,000 trees 	<ul style="list-style-type: none"> • Plant 150,000 trees
MANAGEMENT AND ADMINISTRATION					
1. International structure ICROSS	<ul style="list-style-type: none"> • Link to international bodies • Increase public relations • Increase profile • Increase International collaboration • Shared strategic plan • Increase resources • Professionalise ICROSS through organisational development • Increase field visits from Ireland and UK 	<ul style="list-style-type: none"> • Extend spirit and message • Increased input into programmes from on-going support and talks from International Director 	<ul style="list-style-type: none"> • Extend spirit and message • Increased ICROSS consultancies 	<ul style="list-style-type: none"> • Lectures from International Director • On-going ICROSS International programme development 	<ul style="list-style-type: none"> • Increased input into programmes from on-going support and talks from International Director • On-going ICROSS International programme development

Programmes	2004	2005	2006	2007	2008
2. Build National Capacity	<ul style="list-style-type: none"> All projects with qualified Kenyan project managers 	<ul style="list-style-type: none"> Increased input into programmes from on-going support and talks from International Director 	<ul style="list-style-type: none"> Increased input into programmes from on-going support and talks from International Director 	<ul style="list-style-type: none"> On-going ICROSS International programme development 	<ul style="list-style-type: none"> On-going ICROSS International programme development
3. Build and support Field Capacity	<ul style="list-style-type: none"> Increased input into programmes from on-going support and talks from International Director 	<ul style="list-style-type: none"> Increased input into programmes from on-going support and talks from International Director 	<ul style="list-style-type: none"> On-going ICROSS International programme development 	<ul style="list-style-type: none"> On-going ICROSS International programme development 	<ul style="list-style-type: none"> On-going ICROSS International programme development
4. Fund-raising Capacity	<ul style="list-style-type: none"> Full-time ICROSS Ireland and UK fund-raiser 	<ul style="list-style-type: none"> Lectures Fundraising Ongoing ICROSS International programme development 	<ul style="list-style-type: none"> International Director to lobby for donor policy change and work closely with ICROSS Ireland/UK/USA 	<ul style="list-style-type: none"> International Director to lobby for donor policy change and work closely with ICROSS Ireland/UK/USA 	<ul style="list-style-type: none"> International Director to lobby for donor policy change and work closely with ICROSS Ireland, United Kingdom, United States of America
5. International Director	<ul style="list-style-type: none"> Regular visits to support UK, Ireland, USA in developing fundraising plan and business plan 	<ul style="list-style-type: none"> Regular visits to support UK, Ireland, USA in developing fundraising plan and business plan 	<ul style="list-style-type: none"> Regular visits to support UK, Ireland, USA in developing fundraising plan and business plan 	<ul style="list-style-type: none"> Regular visits to support UK, Ireland, USA in developing fundraising plan and business plan 	<ul style="list-style-type: none"> Regular visits to support UK, Ireland, USA in developing fundraising plan and business plan
FINANCES					
1. Financial resources required to realise goals	<ul style="list-style-type: none"> US\$745,000 	<ul style="list-style-type: none"> US\$920,000 	<ul style="list-style-type: none"> US\$935,000 	<ul style="list-style-type: none"> US\$990,000 	<ul style="list-style-type: none"> US\$995,000

ICROSS Dept of Epidemiology and Medical Anthropology, Research, monitoring and evaluation summary 2004-2005

HIV / AIDS

Continuous monitoring and evaluation from the International Director of all supervisory activities of the research programme calendar

	Title	Problem	Study	Partner	Status
1	Behavioural assessment of vulnerable children	In addition to the practical problems suffered by vulnerable children, many also suffer psychological and behavioural problems.	To identify which factors leave a child most prone to psychological and behavioural problems.	Royal College of Surgeons Ireland	Phase 2 in design stage
2	A socio-economic comparison study of orphaned and non-orphaned children	Parenthood affects various socio-economic activities of children e.g. school attendance and performance, land status, etc	To examine the effects of loss of parent(s) on various socio-economic aspects	Institute of Child Health London	Analysis stage in progress
3	Orphans and Other Vulnerable Children study Orphanhood and school attendance survey in rural Kenya	Apart from disease orphans are faced with various socio-economic problems like disinheritance, poor school performance Orphanhood and parents illnesses affect child school attendance	To identify the effects of orphanhood on various socio-economic aspects of children's life To identify the effect of orphanhood and illnesses on school attendance	Institute of Child Health London	In analysis stage
4	Positive outcomes for children orphaned by AIDS	What problems do AIDS orphans face in their day-to-day lives	Investigate into what positive outcomes have been experienced by AIDS orphans in 5 countries	Duke University	Data collection stage
5	Assessment of the impact of homecare intervention for PLWA with medical support. (10-year study 1999-2009)	People die neglected and in poor conditions at home from full-blown Aids with multiple associated opportunistic infections.	Examine the clinical impact of introducing good homecare (identifying opportunistic infections and treatment, improved sanitation and some medical support) on the number of infections preceding death.	Royal College of Surgeons Ireland Stony Brook University	Raw data awaiting analysis.
6	Examination of psychological needs during a home care programme.	Home carers, PLWA and children in affected households all suffer stress, trauma, anxiety and depression.	Develop a map of needs for households affected by Aids.	Royal College of Surgeons Ireland Stony Brook University	In design stage.

	Title	Problem	Study	Partner	Status
7	HIV/AIDS Stigma assessment in Nakuru district	What causes stigma associated with HIV/AIDS in HIV+ patients and the community in general	The need to know why the community is stigmatized about HIV/AIDS and what can be done to improve the situation	Halifax University	Data collection on-going
8	TB Risk factor and control study (6 Districts—Kenya) (start date March 2005)	Significant rise in cumulative prevalence of TB in HIV and non HIV populations	Clinical epidemiological, multi-centre study prospective. Hospital and village surveillance and follow-up	Stony Brook University	In design stage

Public Health

	Title	Problem	Study	Partner	Status
9	Female circumcision harm reduction programme	Non sterile female circumcision (particularly in areas which undertake group circumcision) causes infection and spread of STDs	Examine cultural acceptability and impact of providing sterile female circumcision kits for group circumcision. 1 year	Royal College of Surgeons Ireland	In design phase
10	Malarial control in high endemic areas of Kenya and Tanzania. (Start March 2005)	Malaria kills over 5 million Africans a year	Using traditional healers (building their role) to ensure distribution and use of bed mosquito nets in high risk malaria areas. 2 years	To be confirmed	In design stage
11	Kenyan sex worker's behavioural interventions- Would knowing their HIV status make a difference?	What determines the behaviour of commercial sex workers and what makes them behave the way they do?	The understanding of the desire for Kenyan sex workers to be tested for HIV and their intended behaviour change impact if their status was known	Victoria University Canada	Submitted for publication
12	Trachoma control trial	How can fly populations be reduced so as to reduce the spread and prevalence of trachoma	The use of locally made fly-traps to control fly populations so as to reduce trachoma spread and prevalence	Teaching aids at low cost Liege University Belgium	Oct 2004
13	Study of efficacy of Direct Observation Therapies (DOTS)	How effective is direct observation therapy in tuberculosis management	To examine how effective direct observation therapy is in tuberculosis management	Stony Brook University	Design stage
14	Testing of water filter designs	Which water filter is the most effective to use in water filtration	To determine among four water filter designs which one is the most effective design to use	Teaching Aids at Low Cost Liege University	In trial stage