November 2004

ICROSS - LONG RANGE STRATEGIC PLAN 2004-2008

(Evidence and rights based approach to creating change)

Our aim is to reduce disease, suffering and poverty among the most disadvantaged and marginalised communities through development projects designed and implemented by the people themselves. We work through the people's languages, their belief and value systems. Using evidence based-planning methodologies we aim to increase community self-reliance, reduce disease and create sustainable responses to poverty.

Overview

ICROSS is an international Non-governmental organisation working in partnership with civil society organisations, non-governmental organisations, governments and bilateral agencies including the Japanese, Ireland Government, multi-lateral organisations such as the Global Fund, the European Union, the World Health Organisation and other United Nations agencies.

ICROSS is working with its partners preparing for new challenges within a rapidly changing world of rising poverty, increased hunger, resurging and new diseases, and extensive needs. ICROSS dedicates itself to addressing the underlying causes of disease, poverty and social injustice by creating a dynamic facilitative presence in the areas in which we work. **This strategic plan is the result of an ongoing dialogue with partners, stakeholders and all ICROSS offices in six countries.**

Strategic directions

- **Develop and maintain Partnerships based on shared goals and collaboration to create measurable change.**
- **Develop and implement, through long-term partnerships evidence and rights based approaches to reducing poverty and suffering**
- **Create a dynamic proactive organisation that responds to the changing needs, problems, decisions and complexities of an uncertain future.**

Who we are

ICROSS (International Community Relief of Suffering and Starvation) is a non-government organization, established in Ireland in 1979 as a registered charity. ICROSS is also registered in Kenya, Tanzania, Canada and the United Kingdom.

Where we work

ICROSS began its work among pastoral communities in East Africa in 1980. Over the past twenty years, we gradually extended the coverage of our work from central Kenya to vulnerable communities in the Western Provinces of Kenya, particularly in the areas of HIV/AIDS. We work in Samburu, Kajiado, Nakuru, Bungoma, Nzoia, Siayia, Bondo, Buret and Mumias in Kenya and Arusha, Dodoma and Monduli in Tanzania. In addition, we provide technical and material support

to an extensive network of partner national local NGOs and mission-based projects in seven African countries and in Asia.

What we do

ICROSS works with the resources, capabilities and capacities of poor marginalized communities seeking to strengthen their capacity to improve their own health and livelihoods through the rights based approaches of participation, inclusion and community empowerment processes. ICROSS has fully documented its vast experience in disease prevention and control amongst these disadvantaged communities. This experience is informing national and international best practice on critical areas such as HIV/AIDS prevention, home-based care for those infected with HIV/AIDs and succession planning for orphans and vulnerable children through our Children in Distress Programme. It also specialises in developing innovative cost effective approaches to poverty reduction.

How we work

Our values include living as equals among those we work with and for, learning their languages and culture, inculcating a respect for diversity of beliefs and dedicating ourselves to long-term commitment to the poor, those who are socially excluded and those who are victims of social injustice.

People in the communities are empowered to take full responsibility for the changes and developments that drive the development of ICROSS. Community participation starts right from needs identification through implementation, monitoring and evaluation. Communities, families and individuals are involved in all decisions that impact, however remotely, upon their lives.

ICROSS believes that the most effective vehicle for development work is the communities' own belief systems and traditions. People have the right to choose and the right to plan their own future, consequently, anthropological research is a key part of our work. ICROSS has advocated the use of anthropology and long-term strategies since 1983, anthropological methodologies and insights are integrated into project design and delivery processes, this way ICROSS believes is essential if development initiatives care to be sustained. [1,2,3]

ICROSS is **"evidence led"** using results based operational research and management in programmes, ICROSS identifies existing community groups and cultural mechanisms through which to:

- Obtain meaningful contextual information about a specific situation
- Design and implement development programmes including community based information and communication, home-care and disease prevention interventions.[4,5,6,7,8,9]

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[1] Meegan, M. et al. 2001. **Effect on neonatal tetanus mortality after a culturally based health promotion programme. LANCET** London

[2] Meegan, M. 2000. **Results of the field experience of fly control in Kenya.** LANCET

[3] Meegan, M. et al. Dec. 1996. Solar Disinfection of drinking water and diarrhoea in Maasai children: a controlled field trial, Lancet Vol. 348: 1695 – 1697. London

[4] Meegan, M., McCormick, J. 1996. **Dietary surveys of proto-nilotic mothers in northern Kenya.** LANCET. London

[5] Meegan, M. et al. 1995. **Comparing Liquid crystal thermometer readings and mercury thermometer readings of infants and children in a traditional African setting. Implications for community-based health,** School of Public Health, Journal of Tropical & Geographical Medicine Vol. 47 (2). London

[6] Meegan, M. 1994. **The application of ethnography and anthropological methodologies in epidemiological research in East Africa**. London

[7] Meegan, M., Morley, D., Brown, R. 1994. **Child weighing by the unschooled: a report of a control-led study of growth monitoring over 12 months of Maasai children using direct recording scales,** London University, Transactions of the Royal Society of Tropical Medicine & Hygiene. London.

[8] Meegan, M., O'Riodan, T. Aug. 1993. **Africa on the precipice: an ominous but not yet hopeless future.** JAMA Vol. 270: 629 – 631. New York

[9] Meegan, M. Oct. 1993. **A Framework for Survival.** Lancet Vol. 342: 1100-1101. London

Because ICROSS works in a culturally sensitive way, we gain, and retain the trust of those we work with. It is this trust that supports the development of interventions and helps to ensure the sustainability of the programmes.

ICROSS' long term strategy works through rights based approaches, recognizes and supports Government strategic plans such as the National Poverty Reduction Strategy, The National AIDS Strategic Plan, National Health Sector Strategic Plan; National Malaria Control Strategy Paper including WHO supported Roll Back Malaria programme. ICROSS plays an active role in providing data that supports evidence based policy development and through documented best practice provides research outputs that inform policy, planning and practice at all levels. ICROSS has contributed to WHO guidelines in Child Survival, Trachoma and Diarrhoeal control.[10,11,12,13]

ICROSS recognizes that for strategic objectives to translate into effective and measurable development achievements, it is important that they are linked explicitly to programming systems and formal monitoring and accounting structures within the organization.

ICROSS has adopted results based management calling for clear objectives, indicators and targets, to monitor and measure how a department or project is performing.
Each project and activity has established performance indicators reflecting their objectives, ensuring there is cross organizational learning regarding how and whether such data feed into assessments of impact.

Over the next five years ICROSS will adopt the following strategic directions recognizing and adhering to the principals of rights based approaches which provide a framework which informs our understanding of the interrelated institutions and processes which impact upon poverty and rights.

Partnerships
We work with partners who share common goals.

Government partnerships have always been central to our implementation in sustaining change. ICROSS has close working relationships with the local government administrations, in particular the Ministry of Health, District Development Committees, District Commissioners and with District Officers and Chiefs.

Many of our relationships have stood the test of time as with the London Institute of Child Health, The Mercy fund, Tom Dooly and Ireland Aid together, AMREF and The Little Way Association, our partnerships include long-term relationships that span decades with NGOs such as AIDLINK, Family Health International, Teaching Aids at Low Cost, Little Way, Marie Stopes International.

Critically ICROSS has close working relationships with a multitude of nomadic communities, tribal groups, women's groups and local leaders across East Africa.

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[10] Meegan, M, et al. Jan. 1996. **Prevalence of enteropathogens in stools of rural Maasai children under five years of age in the Maasailand region of the Kenyan Rift Valley,** East African Medical Journal.73 (1): 59-62. London

[11] Meegan, M. et al. Feb. 1996. **Inactivation of Fecal Bacteria in Drinking Water by Solar Heating,** Applied and Environmental Microbiology. 62 (2): 399-402. London

[12] Meegan, M., Conroy, R. 1996. **Disinfection of Drinking water using solar radiation (evaluation & field trials).** Dublin

[13] Meegan, M., McCormick, J. 1992. **Rethinking Famine Relief.** Lancet. London.

Our partners in development include JICA, Japanese Embassy, Lions Doctors, CIDA and Development Co-operation Ireland.

New partnerships include Family Health International and IMPACT. Our publications are internationally recognized and our research partners include Johns Hopkins University, Imperial College London, London University, The Institute of Child health, Trinity College, The Royal College of Surgeons in Ireland, McMaster University, Ministries of health, and the London School of Hygiene and Tropical Medicine, London. New partnerships with Ghent University are creating exciting new possibilities as we discuss strategies to meet the challenges ahead.

Making an impact
ICROSS has fully researched, demonstrated and documented long-term shifts in mortality and morbidity through numerous collaborative studies, all published in major peer review journals. We continue to share ways in which real and measurable changes take place in communities. Our research has been cited in Parliament in the UK, in political and Medical forums and publications. Our work has been cited over 16,000 times and reported in Washington and London as examples of development which works; including the House of Lords, Department of foreign Affairs Canada and more recently in a one hour documentary on Canadian Television September 2004 and an Irish television documentary in March 2005.

Resources

Human Resources
ICROSS employs 48 programme staff, a small technical support team of six who provide logistical support to the field and in order to promote and foster sustainability the remaining 42 staff are hired from within local communities. In 2003, the organisational capacity of ICROSS was reviewed, systems and protocols where strengthened and management, financial and technical staff and teams where trained to increase their capacities thereby allowing for further expansion of programmes.

Contributions by beneficiary communities
Beneficiary communities contribute to the cost of the programmes that are implemented through voluntary services, labour and materials. Over 40% of the actual cost of all projects is donated in kind.

Funding
The future depends on ICROSS growing in Ireland and UK. Our work has been funded by the Irish, Japanese, and the Canadian Governments, the Global Fund, Development Corporation Ireland, AIDLINK, Elizabeth Taylor AIDS Foundation, the Mercury Trust and by ICROSS in Ireland and Canada.

The Way forward
Today there are more people living in absolute poverty than ever before. More people are hungry and sick than ever before. Twenty four thousand people die of hunger every day in those countries that have been labeled under-developed.

The way forward is to create sustainable solutions leading to radical change through addressing the underlying causes of rising poverty in Africa. ICROSS will not be addressing this critical issue alone – but in partnership with its many partners and friends, with the communities, families and individuals whom we are here to work with and for.

The strategic directions of ICROSS outlined above will allow us to become more effective and proactive tripling our reach over the next 5 years, guided by evidence based operational research (a key principal of ICROSS) as demonstrated in our published research, our commitment to rights-based approaches and our partnership through community and cultural ownership.

The activities outlined in the 5-year plan will bring to life the mission and vision of ICROSS. The way forward is in collaboration and close partnership with all those whose lives we seek to positively affect, allowing us to evolve organically while responding rapidly to changing situations and needs.

The action plan over the next 5 years depends on ICROSS's ability to access new resources internationally supporting our progress as an organisation able to respond to communities needs within an ever-changing environment. Internationally, ICROSS will need to triple its fund-raising ability by 2005 and will need to be able to attract new donors as it scales up to meet the massive challenges ahead.

Future programme priorities
HIV/AIDS, TB and Malaria prevention, gender rights, children's health, community empowerment, supporting the creation of local capacity

Aim and objectives

The aim of our work is the long-term control of disease and the alleviation of poverty within vulnerable communities To achieve this the communities we work with must be empowered to take ownership of development initiatives, to participate effectively in decision making, to bring about relevant changes in their lifestyles and behaviour and take full responsibility for the improved health and development of their communities. This will be our focus during the implementation of our future programmes and activities. They will form the basis for determination of future priorities.

Amongst traditional communities, respected community members provide the most effect vehicle for bringing about change. It is for this reason that our work focuses on supporting and facilitating local change agents such as the traditional healers and birth attendants. We will be guided by our vast experience in this area when determining future programme needs and priorities.

Summary of the ICROSS 5-year plan (2004-2008)
In the next 5 years, ICROSS will bring about measurable improvements in the health and nutrition status of the members of the vulnerable communities. In the case of HIV/AIDS, our focus will continue to be the support of home-based care that will help alleviate the pain and suffering of the HIV patients and their carers.

Over the next five years we are focusing on HIV/AIDS a disease of poverty as much as a viral infection, which is destroying Africa and devastating whole nations. Working with countries to prevent the spread of HIV/AIDS as well as helping them to care for the dying is essential. The scale of suffering among children orphaned from AIDS has not yet been fully understood and ICROSS is at the front in targeting its interventions towards the protection of children in distress. In addition ICROSS recognizes women's rights and the ability of communities to respond to the spread of poverty as central to the direction and success of our programmes.

Activities lie in these five priority areas:

HIV/AIDS, TB and Malaria prevention
Homecare of terminally ill, AIDS orphans and vulnerable children, TB awareness, detection and control, malaria control, maternal transmission education, voluntary counseling and testing, training in disease control.

Community Based Primary Health Care
Training TBAs, reduction of maternal deaths, gender rights awareness, commercial sex workers support, female circumcision harm reduction, safe motherhood education and girls.

Children's Rights
Child-to-child sanitation and hygiene, paediatric disease control, child survival, immunisation, primary health care, infant mortality control, AIDS orphans and vulnerable children's rights, child health promotion.

Poverty Reduction and Community empowerment
Training health workers in desert areas, trachoma blindness control, diarrhoeal control, tribal community health programmes, surgical training, desertification projects.

Creating capacity including Government Capacity Building
Disease surveillance, women group developments, technical support to small organisations, legal and material support, water and sanitation projects, ICROSS resource leverage, partnership development and networking.

Future Needs
To implement these programmes we will target a population of more than 1.5 million people many of whom barely survive in some of the harshest terrains in the world or in urban slums, on the edges of Africa's growing cities. Over the next five years ICROSS will require approximately $1 million per year. Fifty percent of these funds will be generated from our current donors. However, we recognize the need to increase our on-going efforts to attract more donors to these cost effective programmes.
Updates and latest information are available on www.icross.ie, www.icross-international.net, www.icross.ca

Dr E Sequeira MD – Chairman BoD Kenya
Dr W Nyambati PhD Public Health ICROSS Kenya
Dr M Elmore Meegan FRSHTM – International Director

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