



Darwin Initiative Main Project Annual Report

Important note: *To be completed with reference to the Reporting Guidance Notes for Project Leaders:*

it is expected that this report will be no more than 10 pages in length, excluding annexes

Submission Deadline: 30th April 2017

Darwin Project Information

Project reference	23-023
Project title	Can Health Investments Benefit Conservation and Sustainable development?
Host country/ies	Uganda
Contract holder institution	Conservation Through Public Health (CTPH)
Partner institution(s)	Oxford University, International Institute of Environment and Development (IIED), Uganda Wildlife Authority (UWA), Jane Goodall Institute (JGI) - Uganda
Darwin grant value	£ 295,000
Start/end dates of project	1 st April 2016/31 st March 2019
Reporting period (e.g., Apr 2016 – Mar 2017) and number (e.g., Annual Report 1, 2, 3)	April 2016 – 31 st March 2017, Annual report 1
Project Leader name	Dr. Gladys Kalema- Zikusoka
Project website/blog/Twitter	http://eepurl.com/cIUa2f
Report author(s) and date	Dr. Gladys Kalema- Zikusoka, April 2017

1. Project rationale

This project is evaluating whether health investments have led to gorilla conservation and sustainable development outcomes in Bwindi Impenetrable National Park. Results from the evaluation will be used to expand the integrated health and conservation approach to Mt. Elgon national park - a mountain national park and by another conservation NGO working with great apes in Budongo Forest Reserve.

Bwindi Impenetrable National Park (BINP) occurs within one of the poorest and most densely populated regions of Africa, yet is a critical conservation priority for its high level of endemism and biodiversity, including the Critically Endangered mountain gorilla. Local people have severe unmet health needs, which impact on conservation outcomes both directly and indirectly. Directly, frequent interactions between gorillas and local people lead to potentially fatal disease transmission to gorillas, including scabies, intestinal parasites, viruses and bacteria and. Indirectly, poor health can lead to an inability to work effectively, poor school attendance and mortality, causing greater dependence on illegal harvesting of Park resources, such as, medicinal plants and inability to take up new livelihoods. Improving human health in communities adjacent to protected areas is likely therefore to be critical to achieving both conservation and poverty alleviation outcomes.

Conservation Through Public Health (CTPH) has undertaken a programme of primary health care and conservation education around BINP for the last nine years. This approach has reduced gender differences, with women getting more involved in conservation and men getting

more involved in family planning. While the CTPH team has seen more support for conservation as a result of the health program, the evidence for these results is largely anecdotal and the link between the two has not been proven. Neither has the potential general applicability of this approach been evaluated.

We therefore seek to evaluate this integrated approach to conservation and health as a holistic replicable model for sustainable development; and to test its potential for scalability within a great ape protected area - Budongo Forest, with Critically Endangered chimpanzees, facing the same threats of disease transmission from closely related humans, and non great ape protected area - Mount Elgon National Park, facing similar threats of poor community park relations, high human population densities and high levels of illegal activities in the park.

Health has not been a focus of Darwin; this project will bring new knowledge on the value of health investments to conservation.

Briefly describe the location (with a map if possible) of the project.

The project will initially be implemented in Bwindi Impenetrable National Park (BINP), in Western Uganda and later will be implemented in Mt. Elgon National Park and Budongo Forest Reserve. All these sites are protected areas. Bwindi Impenetrable National Park is an Afromontane forest in Southwestern Uganda. It gets its name from the 'Impenetrable' nature of the habitat, which, until recently, has remained pristine for quite a long time. This forest is home to the critically endangered Mountain Gorilla with about 400 individuals, which is half of the world's population for the subspecies, and is the top tourist destination in Uganda. Mt. Elgon is a mountainous National Park, which has faced a long spell of degradation and deforestation as a result of encroachment by the nearby local communities. These communities are facing frequent landslides as a result of poor soil and land practices, which has caused them to move deep into the forest. Uganda Wildlife Authority manages both these sites. Budongo Forest is a tropical rain forest in Northwestern Uganda, home to the critically endangered Chimpanzees and under a different management – National Forestry Authority. Budongo has some tourism and is near Murchison Falls National Park, which is among the top five tourist destinations in Uganda

2. Project partnerships

Partner	Partnerships
Conservation Through Public Health (CTPH)	CTPH is the lead project Implementer, coordinating all project activities involving research and advocacy and keeping track of all partner activities. CTPH has taken primary responsibility for collating existing data and collecting new information. CTPH will raise awareness of the potential of the approach and exchange lessons with other organizations through the Uganda Poverty and Conservation Learning Group (U-PCLG). CTPH will host forums for evidence informed outputs to be disseminated to national and international audiences.
Uganda Wildlife Authority (UWA)	CTPH has an MOU with UWA since being established in 2003. UWA has attended the inception and review meetings for this project. They have also provided guidance and permits for the research that is ongoing. UWA is a primary stakeholder in adopting the research findings and actively participating in the roll out to Mount Elgon National Park through engaging the top management, Conservation Area Manager/Chief Park Wardens, community conservation and veterinary staff. This project will influence policy change within UWA to enable a smooth roll out and replication in other protected areas in Uganda.
Jane Goodall Institute (JGI)	JGI has attended the inception and review meetings.

	As a primary stakeholder, JGI will adopt the research findings and actively participate in the roll out to Budongo Forest Reserve through engaging the Country Director and staff and Budongo Forest Conservation Station. This project will influence institutional policy change within JGI for replication in Uganda and potentially other countries where JGI is working.
Institute for the Environment and Development (IIED)	IIED has started doing blogs on the project, trained CTPH in communications, developed a theory of change for the project, and provided guidance on the policy implications of the research. They also invited CTPH CEO and Project Lead, to a Communications training week in London. Phil Franks who has replaced Dilys Rose as Policy Engagement lead, will coordinate the development of briefing papers from the research findings, research report, blogs and working paper, as well as, provide website updates on the project on the Uganda Poverty and Conservation Learning Group (U-PCLG) website.
Oxford University (OU)	Prof. E.J Milner Gulland from Oxford University is leading the independent evaluation, which forms the main research component on the project. She is providing technical support and guidance and coordinating research activities. Under EJ's supervision, Project researcher Henry Travers is leading the analysis of the social impacts of the CTPH project and Fran Olsthoorn is leading the analysis of the ecological impacts of the CTPH Project. Henry Travers has done pilot interviews with key stakeholders in preparation for the baseline surveys in the treatment and control sites. E.J. has introduced project implementers and scaling up partners to social impact evaluation during the inception workshop and annual project review meeting. EJ will provide guidance on statistical modelling for the project and supervise the project's research outputs, ensuring robustness and credibility. The initial researcher Ben Evans was not able to continue on the project due to personal reasons, which led to a 6-month delay, and has been replaced by Henry Travers.

3. Project progress

3.1 Progress in carrying out project Activities

Activity 1.1. Before-after control intervention strategy variables and data collection tool developed at inception workshop

The Before-after-control intervention strategy variables were discussed following Oxford University's presentation on the BACI method and the project's Theory of Change. Participants also had the opportunity to comment on the proposed data collection tools developed by Oxford University, both at the workshop itself and in discussions with project researcher Ben Evans during a visit to Bwindi thereafter. Following that, the data collection tools including protocols and questionnaires for the first phase of data collection were developed, piloted and approved by the Oxford team. Research Ethics approval was given by Oxford University and the National

HIV/AIDS Research Committee in Uganda. (Annex 4a: Data collection Questionnaire Protocol).

Activity 1.2. Collation of datasets on human and gorilla health from CTPH, gorilla conservation and health partners and from secondary data

CTPH collated and provided datasets to Henry Travers on gorilla faecal parasite analysis of habituated groups, VHCT monthly community outreach, and the VSLAs. Arrest and forest use data regularly collected by UWA will be made available to Fran, after approval of research permission from UWA and Uganda National Council of Science and Technology (UNCST). The initial Oxford University researcher, Ben Evans, visited CTPH field station at Bwindi Impenetrable National Park and held meetings with CTPH team to discuss how to collate the data sets. He collated past data sets from CTPH Village Health and Conservation Team monthly data collection over the past 8 years starting from 2008 to 2015. He also collated information on gorilla parasite types and infection rates on data collected since 2005. CTPH introduced him to the local health centres and he started to collect health data from them. CTPH requested UWA to provide the project team with their MIST and SMART data with GPS points for the locations of gorilla ranges, gorilla samples collected, law enforcement arrests and snares, Human and Gorilla Conflict resolution (HUGO) community volunteers records who chase gorillas from community land, and other data to support the research.

Activity 1.3. Data collected from 5,200 treatment and control households using household surveys

Data collection from 5,200 treatment and control households using household surveys was postponed from Year 1 Q3 and Q4 to Year 2 Q1. In the main data collection period key informant interviews, focus groups, household surveys and direct observations on forest transects will be carried out in both treatment and control sites. In preparation for the surveys that will be conducted in June 2017, questionnaires were developed and tested in February 2017. In Q4 of Year 1, key informant interviews were conducted with representatives from the main stakeholder groups in order to validate the CTPH project's implied theory of change, and develop a consensus theory of change for evaluation during the main data collection period in Y2. Surveys will begin with control areas to allow for CTPH to rollout with funding from Disney Conservation to the control area of Buremba Parish in Mpungu Sub County.

Scaling of VHCTs started at Mount Elgon in Q2 of year 1 and was brought forward because of timing of availability of counterpart donor funding from Global Development Network. Thus the baseline survey at Mount Elgon will be conducted in year 2 quarter 2, and information gathered during the implementation will inform the baseline survey design to be carried out at Mount Elgon National Park to understand health status, attitudes and forest use prior to intervention with funding from the Darwin Initiative.

Activity 1.4. Forest transects walked (10 per area), and data collected on forest use

Forest transects walked (10 per area), and data collected on forest use was postponed from Year 1 Q3 and Q4 to Year 2 Q1. Approval was given from the Darwin Initiative to shift the activity to Y2 quarter 1, and Fran the researcher, will begin collecting data on transects in May. This activity was delayed due to the loss of project researcher Ben Evans, as he was originally meant to do this part of the data collection. Fran Oolsthorn is an MSc student at Imperial College London with experience in tropical fieldwork. Her work will be supervised by Prof E.J. Milner-Gulland, Dr Gladys Kalema-Zikusoka and Dr Henry Travers, and will be completed by July 2017.

Activity 3.1. Inception workshop held to develop a theory of change and associated monitoring and evaluation tasks

An inception workshop was held in Entebbe, Uganda on 27th May 2016 and 36 participants attended including all project partners and some Advisory committee members, to develop consensus for a common understanding of the project objectives and introduce the project to key stakeholders who would be involved in the implementation during the three years. These included project partners: Oxford University, IIED, UWA, JGI; key stakeholders: Budongo Forest Conservation Station, Bwindi Community Hospital, Ecotrust and local government

officers from districts surrounding Bwindi, Budongo and Mount Elgon including Kanungu, Masindi, Bukwo, Bulambuli and Kween Districts, and NEMA as an advisory committee member. During the workshop, presentations were made linking the project to the Convention on Biological Diversity (CBD), introduction to impact evaluation and the before after control intervention (BACI) method to be used in the project. An outline of a monitoring and evaluation plan and communication plan were developed and completed by a smaller group after the workshop. The Theory of Change was developed and feedback was given on the first draft. Advisory Committee Members were selected and their roles discussed. These comprised of seven (7) members from both government agencies and CBOs. Opening remarks were given by Bwindi Chief Warden representing the UWA ED; and closing remarks were given by the District Health Officer of Kanungu District, representing the Ministry of Health, Uganda.

(Annex 4b Darwin Project Inception Report, Annex 4c Theory of change)

3.2 Progress towards project Outputs

Outputs:

Output 1. *Evaluation to establish causative relationships between apparent health improvements and improved conservation outcomes, for 5,200 households in three frontline parishes at Bwindi, using a Before-After-Control-Intervention evaluative design*

This activity has been postponed by 6 months. In preparation for the surveys, pilot interviews were conducted to validate CTPH's theory of change for its intervention, and data collection tools were refined.

Output 2. *Change in the management of the Bwindi project by CTPH, based on evaluation findings, leading to improved project outcomes.*

This is planned for year 2 and year 3

Output 3. *Community health programmes are included as part of conservation management by at least one additional national park in Uganda - Mount Elgon National Park - and one additional conservation agency in Uganda within the NGO sector - Jane Goodall Institute (in Budongo Forest Reserve), by end of year 3.*

The inception workshop under activity 3.1 was conducted and a Theory of Change has been developed. This will guide the implementation of the related activities which are planned for year 2. (Ref Annex : Inception workshop Report)

The baseline surveys at Mount Elgon will be carried out in Year 2 quarter 2, before Budongo Forest in Year 2 quarter 3, because CTPH received funding from GDN and started to implement activities at Mount Elgon. There are currently 90 trained VHCTs in Mt. Elgon. We estimate training 50 VHCTs in Budongo to make a total 140 VHCTs in the 10 parishes of the roll out location. This is an increase from 93 VHCTs in 9 parishes. We are requesting to revise this deliverable.

Output 4. *Better understanding of linkages between primary healthcare and conservation among target audiences in Uganda and internationally*

Some progress has been made towards understanding potential linkages between primary healthcare and conservation, which will be validated during this project. CTPH CEO gave a presentation at an IIED Seminar on Bwindi, when she attended the IIED Communications Week in February. Project partners got a further understanding of these linkages at the Inception workshop held in May 2016, Advisory Committee meeting held in February 2017 and annual review meeting held in the first week of April 2017.

Main activities are planned for year 2 and 3 starting with sharing of the research framework and preliminary results through a workshop with PCLG, UWA, JGI, National Forestry Authority, National Environment Management Authority and other stakeholders.

In June 2017, Oxford University will share the research framework and preliminary results, during a meeting with project partners and used to design the baseline survey for Mount Elgon and Budongo Forest. Local dissemination to Bwindi participants and VHCTs will be conducted through regular meetings. CTPH will also share preliminary results at a research workshop held in Bwindi organized by Institute of Tropical Forest Conservation (ITFC) in November 2017. A meeting will be held in Kanungu District with VHCTs and people from control parishes in Y2 Quarter 4 after analysis is completed

3.3 Progress towards the project Outcome

The expected Outcome of the project is that: The interactions between primary health care and biodiversity conservation are understood, the evidence-base strengthened, and the approach rolled out, improving conservation and poverty outcomes in Uganda and internationally.

The indicators are adequate for measuring outcomes. The project is likely to achieve the outcomes by end of the funding. We have started to make progress towards the following indicators

0.1 An assessment of the effectiveness of CTPH's Bwindi project in bringing about poverty alleviation and biodiversity conservation outcomes, using robust impact evaluation methodology

0.2 Recommendations for improvements to the Bwindi CTPH project are implemented.

During this project period, progress has been made on strengthening the evidence-base to promote the better understanding of the interactions between primary health care and biodiversity conservation. This includes the collation of historical data on community health from Mukono and Bujengwe parishes, and the data on gorilla health monitoring as well as pilot interviews to test and refine the baseline survey tool for the treatment and control areas. Baseline survey for Bwindi Mount Elgon and Budongo Forest will be implemented in year 2 to inform the roll out of the model in the Bwindi control parish and Mount Elgon parishes early in year 1, and Budongo Forest later in year 2.

3.4 Monitoring of assumptions

Assumption 1: Evidence of health-conservation link accepted as sufficiently conclusive to warrant continued/expanded use of intervention [Given anecdotal evidence to date on the positive impact of the project we are confident that this will be the case]

Comments: This assumption is still valid

Assumption 2: Continued supportive relationship and close partnership with UWA and the district local government at Bwindi means we are able to continue to implement and improve our project, based on the evaluation results. [CTPH is committed to acting on evaluation results. UWA is a project partner and we have eight years of close collaboration with local partners at Bwindi]

Comments: This assumption is still valid

Assumption 3: Lessons learnt from Bwindi are applicable to Budongo and Mt Elgon, and partners remain keen to take the approach forward, and to adapt it based on our evaluation [CTPH works closely with the partners, and already has funding and commitments to scale up the programme to these locations]

Comments: Lessons learnt are applicable particularly for Budongo where one of the main threats to Great Apes is the risk of disease transmission from closely related humans. At Mount Elgon the theory of change will be adjusted to focus more on the benefits of integrating health with conservation in improving conservation attitudes and relations between the park and the community. There are no great apes at Mount Elgon so disease from humans is not considered a threat to biodiversity. However diseases such as Tuberculosis and Brucellosis that can spread between wildlife and livestock, and can also affect people will be taken into

consideration, because they can reduce productivity and increase their dependence on the park for medicinal plants to meet their health needs and take away income that would go towards other basic needs.

Assumption 4: Other parties are interested in our findings and willing to use them in their own work. [We have close working relationships with national-level stakeholders, who have already expressed their interest to take on board our findings.]

Comments: This assumption is still valid

3.5 Impact: achievement of positive impact on biodiversity and poverty alleviation

Project partners in Mt Elgon have capacity on the ground to roll out the programme and their work has been informed by a knowledge sharing trip to Bwindi. The Mt. Elgon implementers are confident in their ability to scale to their districts as the project provides the support needed for a successful rollout. The 90 trained VHCTs bring about an added advantage of improving the health services of the communities in these parishes.

The communications strategy has targeted international academics, national academics, national conservation and health groups, international conservation and health practitioners and VHCTs and local people. Thus the outputs have been developed to reach each of the five target groups. IIED and CTPH have worked together closely to identify opportunities and to create the communications products. So far Dr. Gladys has participated in the IIED Communications Workshop and a blog has been published on the IIED and CTPH websites to promote the project.

4. Contribution to the Global Goals for Sustainable Development (SDGs)

SDG1: No Poverty - End poverty in all its forms everywhere

This project seeks to address poverty by addressing the health needs of communities living around protected areas

SDG3: Improved health and well being of local communities

This project main focus is to evaluate the impact of health interventions on biodiversity conservation and sustainable development. Through behaviour change communication of the VHCTs there will be increased practices of hand washing, usage of toilet facilities, drying racks for utensils and drinking of boiling water, usage of modern family planning and good health seeking behaviour. We will track **the** number of homes with hand washing facilities, drying racks, toilets and clean water storage containers, and women on modern family planning, savings on expenditure on health due to reduction of hygiene related diseases and savings on expenditure on education due to more manageable family sizes

SDG 17: Partnerships

Promote global partnerships to achieve the goal and objectives of Gorilla Conservation Coffee. The company demonstrates a successful North-South partnership as it was created between CTPH, a local Ugandan NGO, and WWF Switzerland, an international NGO. Further, the company promotes South-South partnership through the partnership of the Bwindi Coffee Growers Cooperative, which is also a shareholder in the organization. Partnerships are necessary to achieving SDG targets and on a smaller scale to achieving Gorilla Conservation Coffee social, environmental and financial targets.

SDG 15: Life on Land

Reduce threats to gorillas and their habitats. This will be achieved through targeted health interventions of people living around Bwindi Impenetrable National Park and protected areas. People from communities living near protected areas can enter the forest to illegally poach and/or gather resources to meet their basic needs. This project aims to reduce illegal activities including poaching and deforestation; limit contact between people and gorillas; improve

health-seeking behaviour of local communities and improve attitudes to gorillas and other critically endangered species and forest conservation.

5. Project support to the Conventions, Treaties or Agreements

This project is addressing the following CBDs strategic goals by generating evidence for the linkages between health and conservation:

B: Reduce direct pressures on biodiversity and promote sustainable use: It will improve conservation attitudes and promote better health and family planning. This will address high human population growth, and enable people to take up new livelihoods, reducing poverty and dependence on the forest to meet basic needs;

C: Improve the status of biodiversity by safeguarding ecosystems, species and genetic diversity: Improved human health will reduce risks of disease transmission between people and gorillas, particularly those interfacing with mountain gorillas on community land;

D: Enhance the benefits to all from biodiversity and ecosystem services: Mountain gorillas bring in significant tourism revenues for Uganda, which are shared with local communities. Improving the health of mountain gorillas helps to protect a sustainable source of income from ecotourism.

In Uganda the main drivers of biodiversity loss include human-wildlife conflicts, encroachment and poverty, which are exacerbated by high human population growth rates. This project will highlight the value of health interventions as part of an integrated approach to reducing poverty and biodiversity loss. It particularly addresses Aichi target 1 (awareness of biodiversity value), 2 (integrating biodiversity into planning), 12 (preventing extinction) and 14 (safeguarding ecosystem services).

6. Project support to poverty alleviation

This project is working to alleviate poverty through improving the health and wellbeing of the people. Health is an important dimension of poverty. Improving health practices with conservation attitudes through behaviour change communication leaves a long lasting impact. The VHCT programme is sustained by group livelihoods projects and VSLAs, which directly improve the income of the VHCTs. The other community members benefit from the services provided by the VHCTs. The wildlife will benefit from the improved conservation attitudes, which are hoped to lead to reduced or regularized resource harvesting.

Direct impacts of this project will include the improved health service delivery through improved services by the VHCTs and increased income from the Livelihood projects and VSLAs. Behaviour change communication also includes promoting good nutrition and sustainable agriculture, which contributes to food security. Through training the VHCTs we are improving literacy, and gender equality, where at least one third of the VHCTs are required to be women. At Bwindi half the VHCTs are women. This has resulted in women getting more involved in conservation and natural resource management and men in family planning. The VSLAs increase income of the women in their families earning them greater respect from their spouses and more participation in decision making and planning at home.

The improved understanding of the benefits from this approach will lead to increased rollout to other parts of the country and internationally.

7. Project support to gender equality issues

The [International Development \(Gender Equality\) Act](#) came into force in May 2014, ensuring that gender equality is an explicit objective in UK Government funded projects.

The VHCTs involved in this project include both men and women, and at least 30% of the VHCTs are women,

----- Through the project's approach where VHCTs conduct couple peer education and village health talks, women have become conservation leaders in their communities, while the men have also become health leaders in their communities.

-----This year there has been a greater understanding of the links between CTPH's health interventions and perceptions and attitudes towards conservation through pilot interviews in preparation for the baseline surveys

8. Monitoring and evaluation

Monitoring and Evaluation has been built into the project deliverables to ensure that we are on track and completing activities and achieving the planned outputs, outcomes and impact. During the inception workshop, participants got brief overview of the log frame. At the annual partner project review meeting we reviewed the log frame in more details and discussed the feasibility of completing deliverables, and revised timelines and budgets. New deliverables were added in order to ensure that the project outcome would be achieved (please see the Tables in the project workshop report).

9. Lessons learnt

What worked well was engaging all current and scaling up partners at the inception meeting, beginning with the end in mind. For example, participants were able to suggest more varied members of the Advisory Committee including Ministry of Gender, Culture and Social Development. When we invited them for the Advisory Committee meeting, we were able to look more holistically at the gender dimension of poverty that the project is trying to address. Frequent skype calls between key project implementers in Uganda and UK also helped with coordination the project.

What didn't work well was not having enough time to discuss details of the project at the beginning of year 1. This led to some delays of getting research permissions in Uganda. After the inception workshop, the lead project implementers and their teams could have benefitted from an additional day to discuss the project details. We have seen the benefits of the annual project review meeting held at the beginning of April 2017, which was two days long, allowing fuller and more detailed discussions to be held (see Workshop Report).

Though we had a setback with the lead researcher leaving due to medical reasons, Oxford University was able to quickly find another experienced researcher who has already worked extensively in Uganda (on an IWT-funded project which has just finished), so that we will be able to catch up on project deliverables. We have also recruited a Masters student who will be carrying out the field survey part of the research under close supervision of the Oxford team.

We need to be aware that there are other approaches to impact evaluation than BACI designs, and these can be just as robust, and often more appropriate for complex situations where datasets are patchy or short-term. We discussed our datasets in detail in the project workshop, and clarified that the impact evaluation is not likely to be a full, statistical, BACI, but instead a more context-appropriate mix of data analysis, participatory evaluation with beneficiaries of the CTPH project, and reflexive evaluation by the project team. We also highlighted that supporting adaptive management of the CTPH programme in order to best achieve its aims, is the goal of the research element of the project, along with putting in place robust systems for design and monitoring of the roll-out projects. This needs to be borne in mind when designing the impact evaluation methodology, suggesting that a participatory approach would be more suitable than a purely statistical approach.

We needed to take into account counterpart funding from other CTPH donors to implement CTPH programs in new locations, in terms of the timing of the rollout, and discuss more fully when best to roll out the programs in new parishes. However the annual project review meeting clarified this based on the research question we are addressing in the project, and we agreed that even though the rollout at Mount Elgon had to start its training element earlier than anticipated, this will not affect the overall project delivery.

Recommendations include engaging all partners at the beginning and discussing projects in more details at the beginning. Looking for a local researcher to build CTPH's capacity in research is a good recommendation that came out of the project review meeting and Advisory Committee meetings, but may take some time to find them and this could have started earlier if we had had a more detailed project meeting in May 2016.

We will build this learning into the project by updating all project partners better through the local Whats App group that has been established and having internal monthly meetings within

CTPH to track project progress, which will be shared with the key implementing partners in the UK and through the local Whats App group.

10. Actions taken in response to previous reviews (if applicable)

This is the first report.

11. Other comments on progress not covered elsewhere

The annual project review meeting proposed having a local researcher attached to the project to build CTPH and UWA's research capacity on social impact evaluation.

The lead researcher had to drop out due to medical reasons, which delayed the project by 6 months. We overcame this by Oxford replacing him with another experienced researcher who has led Darwin-funded research with UWA on Wildlife Crime in Uganda.

The project does not face any additional risks not already put in the assumptions.

12. Sustainability and legacy

Seven indicators were added to raise the profile of the project at a local, national and international level; and increase interest and capacity from the project. They are all planned for year 3 apart from the first indicator, which will begin in year 2, and are given in the table below.

2.3.4 Evidence of local dissemination at 3 sites through radio, media and meeting minutes (with LC1, LC3)

4.6.7 Minutes of workshop in London while Gladys is visiting

4.6.9 Evidence of talks at Makerere University (ppts) – Year 3

4.6.10 Evidence of UWA dissemination at international events– Year 3

4.6.11 Evidence of presentations at all-party parliamentary groups– Year 3

4.6.12 Evidence of local awareness poster campaigns (at 3 sites) – Year 3

4.6.14 Darwin Fellowship application form, submitted for Ugandan project researcher– Year 3

The planned exit strategy is to have robust and convincing research results and recommendations for more systemic scaling up of the CTPH model. There has been funding found for Mount Elgon and Mpungu control parishes at Bwindi, and there is increased interest from other donors who would like to know how our health interventions have resulted in conservation and sustainable development outcomes. We plan to ensure a sustained legacy through scientific publications and policy briefs on the project; and disseminating to local, national and international stakeholders and donors.

13. Darwin identity

The Darwin Initiative Logo appeared on all the publications and presentations made during this project period. This project has been mentioned in the CTPH and IIED websites and blogs

The UK Government Logo appeared on all the publications and presentations made during this project period

The Darwin initiative funding was recognised as a distinct project with a clear Identity from other projects and CTPH programs

The Darwin Initiative is well understood in the country especially by conservation and community development organisations

----- The CTPH twitter account, @CTPHuganda has linked back to the Darwin initiative. We also developed a joint blog with IIED about the Darwin project which has gone onto the CTPH website.

14. Project expenditure

Table 1: Project expenditure during the reporting period (1 April 2016 – 31 March 2017)

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Project spend (indicative) since last annual report	2016/17 Grant	2016/17 Total Darwin Costs (£)	Variance %	Comments (please explain significant variances)
Staff costs (see below)			82%	Ben Evans didn't continue
Consultancy costs	–	–		
Overhead Costs			107%	
Travel and subsistence			124%	Henry Travers took over fieldwork
Operating Costs			88%	
Capital items (see below)			7%	
Monitoring & Evaluation (M&E)		–	0%	
Others (see below)	–	–	0%	
TOTAL				

Annex 1: Report of progress and achievements against Logical Framework for Financial Year 2016-2017

Project summary	Measurable Indicators	Progress and Achievements April 2016 - March 2017	Actions required/planned for next period
<p>Impact</p> <p>Insert agreed project Impact statement</p> <p>Can Health Investments benefit Conservation and Sustainable Development?</p>		<p>(Report on any contribution towards positive impact on biodiversity or positive changes in the conditions of human communities associated with biodiversity e.g. steps towards sustainable use or equitable sharing of costs or benefits)</p>	
<p>Outcome(Insert agreed project Outcome statement)</p> <p>The interactions between primary health care and biodiversity conservation are understood, the evidence-base strengthened, and the approach is rolled out, improving conservation and poverty outcomes in Uganda and internationally.</p>	<p>(Insert agreed Outcome level indicators)</p> <p>0.1 An assessment of the effectiveness of CTPH's Bwindi project in bringing about poverty alleviation and biodiversity conservation outcomes, using robust impact evaluation methodology</p> <p>0.2 Recommendations for improvements to the Bwindi CTPH project are implemented.</p> <p>0.3 The approach is rolled out to Mount Elgon National Park and Budongo Forest Reserve, based on the evidence from the evaluation.</p> <p>0.4. Better recognition of the value of the CTPH approach, and how best to implement it, at national and international levels.</p> <p>0.5 Analysis of data, production of findings and recommendations in</p>	<p>(Report on progress towards achieving the project Outcome, e.g., the sum of the Outputs and assumptions)</p>	<p>(Highlight key actions planned for next period)</p>

	project report where agreed set of recommendations for action, based on research findings, developed into a 5-year prioritised Strategic Plan		
<p>Output 1. (Insert agreed Outputs with activities relevant to that Outputs in lines below. Activities relevant to more than one Output should be cross-referenced rather than repeated)</p> <p>Evaluation to establish causative relationships between apparent health improvements and improved conservation outcomes, for 5,200 households in three frontline parishes at Bwindi, using a Before-After-Control-Intervention evaluative design</p>	(Insert original Output level indicators)	(Report general progress and appropriateness of indicator, and reference where evidence is provided e.g. <i>Evidence provided in section 3.2 of report and Annex X</i>)	
<p>Activity 1.1 Insert activities relevant to this Output</p> <p>Agreement of variables to be assessed, and of sampling strategy, for BACI designed study, and collation of existing datasets (CTPH data, hospital referrals), by mid year 1.</p>		<p>(Report completed or progress on activities that contribute toward achieving this Output), and what will be carried out in the next period</p> <p>1.1.1 Sampling Strategy was finalised and sampling protocols agreed upon. Data collection tools were designed, tried and agreed upon as in section 3.2 above.</p>	
<p>Activity 1.2 Collation and analysis of records of gorilla disease in space and time, for correlation with human health indicators, by mid year 1.</p>		<p>1.2.1 Data sets have been collated from various sources as reported in section 3.2 above.</p> <p>Analysis is planned for year 2.</p>	
<p>Activity 1.3 Survey carried out of 5,200 households in Bujengwe and Mukono parishes (2,600 participating households; treatment) and Mpungu Sub county (2,600 non-participants, control), looking at health status, uptake of CTPH activities, attitudes to the Park and the project, understanding of health/conservation links, social norms around Park and health, and suggested improvements to the project, by mid year 2.</p>		<p>1.3.1 Data from both treatment sites of Mukono and Bujengwe and control sites of Mpungu will be obtained in year 2 Q1</p>	

<p>Activity 1.4 Survey of human use of the Park (e.g. firewood, honey, bush meat) and gorilla encounters; a) through indirect questioning as part of the household survey, and b) through direct observation of human signs on 10 transects in each of the control and treatment areas (by mid year 2)</p>	<p>Activities for this output were moved to year 2</p>	
<p>Activity 1.5 Analysis of data, production of findings and recommendations in project report (by end year 2).</p>	<p>1.5.1 The research report will be completed by end of Y2. IIED will need to move budget for publishing to Y3</p>	
<p>Output 2. (Insert agreed Output) Change in the management of the Bwindi project by CTPH, based on evaluation</p>	<p>(Insert agreed Output level indicators)</p>	<p>(Report general progress and appropriateness of indicator)</p>
<p>Activity 2.1 Agreed set of recommendations for action, based on research findings, developed into a 5-year prioritised Strategic Plan (with timescales) during the Research Workshop (end year 2)</p>	<p>This is planned for year two and no revisions have been done to it.</p> <p>The Strategic Plan will be developed to implement research findings in Mpungu and Buremba parishes within Mpungu Subcounty for rollout and other areas to learn from to scale up the model. The strategic plan reflects the new and improved model. This is critical to complete by end of year 2 along with a strategic planning workshop. The plan is to target the two gorilla ranging parishes currently with the ongoing Disney funding activities and then the second parish in Y3.</p>	
<p>Activity 2.2 CTPH, UWA and local partners implement specific changes to their Bwindi project, based on the Strategic Plan (mid year 3).</p>	<p>This output has been modified to include two more deliverables (2.2.1, 2.2.2) which are planned for year 2 and 3 with changed approach as decided by the strategic plan.; The other deliverables remain as in the proposal</p> <p>2.2.1 Revised data collection tool for VHCTs (all 3 sites), modified to include attitudes and behaviour,</p> <p>2.2.2 Report of visit of DHO from Bwindi to share experiences with partners at Mt Elgon & Budongo</p> <p>2.2.3 Training workshops will be held for UWA, JGI, MoH staff on supervising VHCTs and Minutes produced in Year 3</p> <p>2.2.4 Training workshops held for VHCTs Bwindi, Mt Elgon, Budongo (for new and current VHCTs, including on collecting attitude & behaviour data) and Minutes/photos produced in year 3</p>	

<p>Activity 2.3. Village Health and Conservation Teams report improved attitudes towards the Park and the project, and improved uptake of healthcare by 2,600 participants, as well as willingness to join by neighbouring communities, including control households (end year 3).</p>		<p>This activity is planned for year 2 and 3. It has been modified to include an additional deliverable 2.3.4 below. VHCTs will report back from control and treatment parishes in Bwindi. A feedback mechanism will be designed to assess changes and added on to the existing VHCT monthly data collection surveys. CTPH will take lead on feedback mechanism with support from Oxford University.</p> <p>2.3.1 Report on VHCTs experiences on changes in attitudes</p> <p>2.3.2 Evidence of dissemination through UPHEWG (meetings & factsheets)</p> <p>2.3.3 Minutes of Dissemination meetings through U-PCLG, including training in impact evaluation by OU</p> <p>2.3.4 Evidence of local dissemination at 3 sites through radio, media and meeting minutes (with LC1, LC3) (added)</p>
<p>Output 3. Community health programmes are included as part of conservation management by at least one additional national park in Uganda - Mount Elgon National Park - and one additional conservation agency in Uganda within the NGO sector - Jane Goodall Institute (in Budongo Forest Reserve), by end of year 3.</p>		
<p>Activity 3.1 Inception workshop held to develop a theory of change for Bwindi and the two roll-out sites and associated monitoring and evaluation tasks (early year 1)</p>		<p>The Inception workshop was held and work shop report produced as in section 3.2 above</p> <p>A theory of change drafted and later finalised.</p> <p>Research protocols drafted and later tested and finalised.</p>
<p>Activity 3.2 Baseline survey of local people's health status, attitudes and social norms, local forest use, and wildlife health status performed in Budongo and Mount Elgon, led by partner organisations, using the surveys designed for Bwindi, in order to provide the Before-Control</p>		<p>3.2 Baseline survey report to be produced for - Budongo & Mt Elgon - Planned for year 2. Oxford University will advise on the design of the survey, which will be conducted by CTPH and JGI in Mt. Elgon and Budongo Forest, respectively.</p>

<p>elements of a BACI design for future monitoring and evaluation in these locations (by mid year 2).</p>	<p>Henry, the researcher, needs support from CTPH, JGI and District Governments to design the survey. We target to conduct the survey in the second half of year 2 through VHCT household surveys.</p>
<p>Activity 3.3 Design completed of integrated conservation and health programme in Budongo and Mount Elgon, informed by the preliminary findings of the evaluation, and presented at Research Workshop (by end year 2).</p>	<p>3.3.1 Action plan for Budongo 3.3.2 Evidence of approval for Budongo action plan (minutes of meeting, incl local leaders) 3.3.3 Action plan for Mt Elgon 3.3.4 Evidence of approval for Mt Elgon action plan (minutes of meeting, incl local leaders) All Planned for year 2 Action plans for new sites and rollout design will need JGI, UWA and District input. Design for rollout can be agreed for Q1 Year 3</p>
<p>Activity 3.4. Recruitment and training of new VHCTs at Mt Elgon and Budongo, comprising 93 local people in 93 villages and 9 parishes with at least 50% women (by end year 2)</p>	<p>Planned for year 2 as in section 3.2 above</p>
<p>Activity 3.5. New conservation through public health programmes implemented by UWA – Mount Elgon Conservation Area Management and JGI-Uganda - Budongo Forest Reserve, through new VHCT teams, aiming to improve health outcomes for 7,000 households, with appropriate monitoring and evaluation frameworks in place (by mid year 3).</p>	<p>Planned for year 2 Q3 as in section 3.2 above The target has been revised to 7,000 households and needs to be reported to Darwin</p>
<p>Activity 3.6 Follow-up survey at Mount Elgon and Budongo Forest to assess short-term changes in attitudes and health practices (by end year 3)</p>	<p>Planned for year 2 Q4 3.6.1. Conduct post-survey at the end of Y3. The team will modify data collection tool for VHCTs in Mt. Elgon and Budongo to capture attitudes at the outset (form from 2.3). Change in process of how data is collected in a realistic manner Data to be analysed by CTPH to look at change with guidance from OU. Training for VHCTs in collecting data around attitudes and changes in attitudes and how to evaluate attitudes. CTPH to hold training with input from someone (with support from OU to find).</p>

<p>Output 4: . Better understanding of linkages between primary healthcare and conservation among target audiences in Uganda and internationally</p>		
<p>Activity 4.1 At beginning of year 2, a workshop held in Uganda, with the Poverty and Conservation Learning Group, Uganda Wildlife Authority, Jane Goodall Institute and the Ugandan government's National Environmental Management Authority and National Forestry Authority to share the research framework and preliminary findings from the Bwindi evaluation and Budongo/Mt Elgon baseline survey with national-level stakeholders in Uganda.</p>		<p>4.1 ITFC workshop presentation delivered to share preliminary results planned for year 2. The research framework will be used during the meeting in June 2017 for Oxford University to help with improving the design of the baseline survey.</p>
<p>Activity 4.2 By end of year 2, two Research Workshops will be held to present the results of the Bwindi impact evaluation with local stakeholders in Uganda and international stakeholders in London</p>		<p>4.2 Minutes and or presentations of Research Workshop sharing Bwindi evaluation results & adopting Strategic Plan – Year 2</p>
<p>Activity 4.3 A Research Report and a Policy Brief are published, disseminated physically and virtually by IIED and CTPH, and uploaded on CTPH and IIED websites and mentioned on CTPH and IIED social media facebook and twitter pages (by end of year 2).</p>		<p>4.3.1 Policy briefs produced -Year 2 4.3.2 CTPH blogs through IIED/PCLG- Year 2-3 4.3.3 Evidence of talks to involve Makerere university public health department, meetings to engage researcher – Year 2 4.3.4 International dissemination materials to be produced</p>
<p>Activity 4.4. By end of year 3, at least one paper submitted to a high impact peer-reviewed journal, describing the evaluation of the Bwindi project, and presented in at least one international conference.</p>		<p>4.4.1 Copy of submitted journal paper – Year 3 4.4.2 Conference abstracts and presentations –Year 3</p>
<p>Activity 4.5. By mid-year 3, village-level dissemination carried out through the VHCTs in the 44 participating parishes at Bwindi to report back on research findings and planned changes to the project based on their input.</p>		<p>4.5.1 Minutes/photos of VHCT meetings sharing results Bwindi- Year 2 4.5.2 Dissemination materials for sharing results at Bwindi (local langs) –Year 2. Local dissemination to Bwindi participants and VHCTs will be conducted through meetings. Need to hold specific meeting in Kanungu with VHCTs and people from control parishes in Y2 after analysis is completed (Feb/Mar 2018). 4.5.3 Darwin Y2 report –Year 2</p>

<p>Activity 4.6. In early Year 3, village-level dissemination in Budongo and Mt Elgon to launch the new CTPH programmes in their areas, featuring the newly appointed VHCTs.</p>	<p>Launch of roll out (between 3.5 and 3.6) beginning of Y3. During launch events in each site make sure that partners from other areas are invited to share the information.</p> <p>Six indicators were added to this output as indicated below to improve on the evidence of our achievements. They are all planned for year 3.</p> <p>4.6.1 Minutes of VHCT meetings to launch project at Mt Elgon– Year 3</p> <p>4.6.2 Dissemination materials on project at Mt Elgon (local langs) – Year 3</p> <p>4.6.3 Minutes of VHCT meetings to launch project at Budongo– Year 3</p> <p>4.6.4 Dissemination materials on project at Budongo (local langs) – Year 3</p> <p>4.6.5 Evidence of Biodiversity fellowship for Gladys at Oxford</p> <p>4.6.6 Evidence of Gladys talks at OU, IIED, ZSL</p> <p>4.6.7 Minutes of workshop in London while Gladys is visiting (added)</p> <p>4.6.8 Talk at ZSL available online</p> <p>4.6.9 Evidence of talks at Makerere University (ppts) – Year 3(added)</p> <p>4.6.10 Evidence of UWA dissemination at international events– Year 3(added)</p> <p>4.6.11 Evidence of presentations at all-party parliamentary groups– Year 3(added)</p> <p>4.6.12 Evidence of local awareness poster campaigns (at 3 sites) – Year 3(added)</p> <p>4.6.13 Minutes of Y3 final project workshop– Year 3</p> <p>4.6.14 Darwin Fellowship application form, submitted for Ugandan project researcher– Year 3(added)</p> <p>4.6.15 Darwin final report – Year 3</p>

Annex 2: Project's full **current logframe as presented in the application form** (unless changes have been agreed)

Project summary	Measurable Indicators	Means of verification	Important Assumptions
<p>Impact:</p> <p>Integration of conservation and development is mainstreamed through recognition that investments in primary health care can provide an entry point to alleviating poverty and improving biodiversity conservation outcomes.</p>			
<p>Outcome: (Max 30 words)</p> <p>The interactions between primary health care and biodiversity conservation are understood, the evidence-base strengthened, and the approach is rolled out, improving conservation and poverty outcomes in Uganda and internationally.</p>	<p>0.1 An assessment of the effectiveness of CTPH's Bwindi project in bringing about poverty alleviation and biodiversity conservation outcomes, using robust impact evaluation methodology</p> <p>0.2 Recommendations for improvements to the Bwindi CTPH project are implemented.</p> <p>0.3 The approach is rolled out to Mount Elgon National Park and Budongo Forest Reserve, based on the evidence from the evaluation.</p> <p>0.4. Better recognition of the value of the CTPH approach, and how best to implement it, at national and international levels.</p> <p>0.5 Analysis of data, production of findings and recommendations in project report where agreed set of recommendations for action, based on research findings, developed into a 5-year prioritised Strategic Plan</p>	<p>0.1 Minutes of project meetings, evaluation report, peer-reviewed publications, conference presentations</p> <p>0.2. CTPH project documents showing approval and implementation of recommendations</p> <p>0.3. Minutes of collaborative meetings with JGI and UWA, management plans for projects approved, results of preliminary baseline studies in project reports</p> <p>0.4. Minutes of workshops and policy briefings to Ministries, discussion forums (U-PCLG, PHE), showing interest in taking up the approach, and international interest in the media, downloads of reports, and engagement with CTPH.</p> <p>0.5 Strategic Plan agreed at research workshop documented in workshop minutes.</p>	<p>Evidence of health-conservation link accepted as sufficiently conclusive to warrant continued/expanded use of intervention [Given anecdotal evidence to date on the positive impact of the project we are confident that this will be the case]</p> <p>Continued supportive relationship and close partnership with UWA and the district local government at Bwindi means we are able to continue to implement and improve our project, based on the evaluation results. [CTPH is committed to acting on evaluation results. UWA is a project partner and we have eight years of close collaboration with local partners at Bwindi]</p> <p>Lessons learnt from Bwindi are applicable to Budongo and Mt Elgon, and partners remain keen to take the approach forward, and to adapt it based on our evaluation [CTPH works closely with the partners, and already has funding and commitments to scale up the</p>

			programme to these locations] Other parties are interested in our findings and willing to use them in their own work. [We have close working relationships with national-level stakeholders, who have already expressed their interest to take on board our findings.]
<p>Outputs:</p> <p>1. Evaluation to establish causative relationships between apparent health improvements and improved conservation outcomes, for 5,200 households in three frontline parishes at Bwindi, using a Before-After-Control-Intervention evaluative design</p>	<p>1.1 Agreement of variables to be assessed, and of sampling strategy, for BACI designed study, and collation of existing datasets (CTPH data, hospital referrals), by mid year 1.</p> <p>1.2. Collation and analysis of records of gorilla disease in space and time, for correlation with human health indicators, by mid year 1.</p> <p>1.3. Survey carried out of 5,200 households in Bujengwe and Mukono parishes (2,600 participating households; treatment) and Mpungu Subcounty (2,600 non-participants, control), looking at health status, uptake of CTPH activities, attitudes to the Park and the project, understanding of health/conservation links, social norms around Park and health, and suggested improvements to the project, by mid year 2.</p> <p>1.4. Survey of human use of the</p>	<p>1.1 Project meeting minutes of the Inception workshop, agreed research protocol document.</p> <p>1.2-1.4. Project meeting minutes from interim project workshop (end year 1), field reports, Darwin year 2 report, project research report at Research Workshop (end year 2).</p> <p>1.5. Evaluation report, meeting minutes of Research Workshop (end year 2), presentations to project partners and other stakeholders in Uganda, peer-reviewed paper, conference presentations internationally (in year 3).</p>	<p>Willingness of the community to participate in the study [Community feels positively towards CTPH and preliminary discussions have suggested they will be happy to participate]</p> <p>Quality of records for previous years, both ecological and social, is good enough for statistical comparisons to be made. [CTPH has worked hard to ensure robust data collection, and ecological datasets were collected with international partners; we have back-up options should the datasets be less robust than hoped]</p> <p>Surveys produce the necessary datasets, and analysis proceeds, in a timely fashion in order to inform action. [Experienced researchers with good track record, and strong oversight by project leader and core team.]</p>

	<p>Park (e.g. firewood, honey, bushmeat) and gorilla encounters; a) through indirect questioning as part of the household survey, and b) through direct observation of human signs on 10 transects in each of the control and treatment areas (by mid year 2)</p> <p>1.5 Analysis of data, production of findings and recommendations in project report (by end year 2).</p>		
<p>2. Change in the management of the Bwindi project by CTPH, based on evaluation findings, leading to improved project outcomes.</p>	<p>2.1. Agreed set of recommendations for action, based on research findings, developed into a 5-year prioritised Strategic Plan (with timescales) during the Research Workshop (end year 2)</p> <p>2.2. CTPH, UWA and local partners implement specific changes to their Bwindi project, based on the Strategic Plan (mid year 3).</p> <p>2.3. Village Health and Conservation Teams report improved attitudes towards the Park and the project, and improved uptake of healthcare by 2,600 participants, as well as willingness to join by neighbouring communities, including control households (end year 3).</p>	<p>2.1. Strategic Plan agreed at research workshop (by end Year 2), documented in workshop minutes.</p> <p>2.2. Minutes of final workshop (end year 3) showing action against deliverables.</p> <p>2.3. Field reports from VHCT leaders, direct observation by CTPH staff, and discussions with local leaders in participating and neighbouring areas, presented at final workshop (end year 3).</p>	<p>There are clear recommendations for improvements coming out of the evaluation, which can be implemented easily and quickly, without major financial commitments. [Impact evaluations typically produce a range of recommendations of varying priority and timescale - we will take a progressive adaptive management approach in order to ensure CTPH can make short-term changes that are feasible with a high return on investment in the short run; longer term actions will be captured in the Strategic Plan]</p> <p>There is a will to act on the part of local stakeholders (including UWA and CTPH) based on the evaluation. [The fact that the initiative to do this evaluation comes from CTPH means there is a strong will to act on its conclusions]</p> <p>There will be time for VHCTs to</p>

			register improvements in perceptions of the project in the last 6 months of the project [Robustly measurable improvements in outcomes and impact are not feasible, but short-term improvements in attitudes, perceptions and project team/participant activities should be discernable]
<p>3. Community health programmes are included as part of conservation management by at least one additional national park in Uganda - Mount Elgon National Park - and one additional conservation agency in Uganda within the NGO sector - Jane Goodall Institute (in Budongo Forest Reserve), by end of year 3.</p>	<p>3.1 Inception workshop held to develop a theory of change for Bwindi and the two roll-out sites and associated monitoring and evaluation tasks (early year 1)</p> <p>3.2 Baseline survey of local people's health status, attitudes and social norms, local forest use, and wildlife health status performed in Budongo and Mount Elgon, led by partner organisations, using the surveys designed for Bwindi, in order to provide the Before-Control elements of a BACI design for future monitoring and evaluation in these locations (by mid year 2).</p> <p>3.3 Design completed of integrated conservation and health programme in Budongo and Mount Elgon, informed by the preliminary findings of the evaluation, and presented at Research Workshop (by end year 2).</p> <p>3.4. Recruitment and training of new VHCTs at Mt Elgon and Budongo, comprising 93 local people in 93</p>	<p>3.1. Minutes of project inception workshop.</p> <p>3.2 Documented evidence (project reports, conservation agency reports, meeting minutes) of design of new projects, including report of the Research Workshop at end of year 2, with the Theory of Change and planned project structure laid out.</p> <p>3.3 Presentations and reports by UWA/JGI to the Final Workshop of the project (end year 3), as well as published Project Plans, including M&E strategy, for each of the new sites.</p> <p>3.4. Minutes of training workshops, lists of names of VHCT team members in each location.</p> <p>3.5. Programme reports, meeting minutes, websites.</p>	<p>Continued commitment by JGI and UWA, who are partners on this project, and funding to roll out, remains secure.</p> <p>The lessons learnt at Bwindi can be translated to the situations of Budongo and Mount Elgon, and timely delivery of evaluation results enables these lessons to be integrated into their project designs by the end of year 2. [Timely delivery will be ensured by strong project leadership and clear milestones. Preliminary scoping meetings and site visits by CTPH, JGI and UWA suggests these two sites are suitable for the CTPH approach]</p> <p>The baseline surveys can be completed prior to programme roll-out, in order to get a true baseline for the project evaluations. [Project timetables will be agreed by all partners in advance; protocols will be prepared and tested at Bwindi in</p>

	<p>villages and 9 parishes with at least 50% women (by end year 2)</p> <p>3.5. New conservation through public health programmes implemented by UWA – Mount Elgon Conservation Area Management and JGI-Uganda - Budongo Forest Reserve, through new VHCT teams, aiming to improve health outcomes for 9,300 households, with appropriate monitoring and evaluation frameworks in place (by mid year 3).</p> <p>3.6 Follow-up survey at Mount Elgon and Budongo Forest to assess short-term changes in attitudes and health practices (by end year 3)</p>		<p>year 1. UWA/JGI will be included in the team developing and testing these protocols, so they are able to implement them swiftly, and make any necessary alterations for their circumstances]</p> <p>No unforeseen circumstances preclude the roll-out of the programme. [funding sources are already confirmed, and in principle agreement has already been given]</p> <p>The programme will produce measurable change in participants' attitudes and hygiene/health practices within a few months. [experience at Bwindi suggests this is realistic. Longer-term outcomes will be measured in future M&E]</p>
<p>4. Better understanding of linkages between primary healthcare and conservation among target audiences in Uganda and internationally</p>	<p>4.1 At beginning of year 2, a workshop held in Uganda, with the Poverty and Conservation Learning Group, Uganda Wildlife Authority, Jane Goodall Institute and the Ugandan government's National Environmental Management Authority and National Forestry Authority to share the research framework and preliminary findings from the Bwindi evaluation and Budongo/Mt Elgon baseline survey with national-level stakeholders in Uganda.</p> <p>4.2 By end of year 2, two Research</p>	<p>4.1, 4.2 Workshop proceedings</p> <p>4.2. Policy brief available online, list of organisations receiving the hard copy.</p> <p>4.3. Paper accepted, abstract in conference proceedings</p> <p>4.4 and 4.5 Photographs, field team reports, final Darwin report.</p>	<p>National-level and international target audiences interested in learning about the potential of health as a conservation and sustainable development approach [there is increasing international interest in this approach, as evidenced by Darwin Initiative call priority; national-level audiences already interested in the CTPH project]</p>

	<p>Workshops will be held to present the results of the Bwindi impact evaluation with local stakeholders in Uganda and international stakeholders in London</p> <p>4.3 A Research Report and a Policy Brief are published, disseminated physically and virtually by IIED and CTPH, and uploaded on CTPH and IIED websites and mentioned on CTPH and IIED social media facebook and twitter pages (by end of year 2).</p> <p>4.4. By end of year 3, at least one paper submitted to a high impact peer-reviewed journal, describing the evaluation of the Bwindi project, and presented in at least one international conference.</p> <p>4.5. By mid-year 3, village-level dissemination carried out through the VHCTs in the 44 participating parishes at Bwindi to report back on research findings and planned changes to the project based on their input.</p> <p>4.6. In early Year 3, village-level dissemination in Budongo and Mt Elgon to launch the new CTPH programmes in their areas, featuring the newly appointed VHCTs.</p>		
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Activities (each activity is numbered according to the output that it will contribute towards, for example 1.1, 1.2 and 1.3 are contributing to Output 1)

- 1.1 Before-after control intervention strategy variables and data collection tool developed at inception workshop
- 1.2 Collation of datasets on human and gorilla health from CTPH, gorilla conservation and health partners and from secondary data
- 1.3 Data collected from 5,200 treatment and control households using household surveys
- 1.4 Forest transects walked (10 per area), and data collected on forest use
- 1.5 Datasets analysed and research report written

- 2.1. Strategic plan developed for implementation of priority actions at Bwindi, based on research findings
- 2.2. Implementation of priority actions at Bwindi
- 2.3. VHCTs implement revised project with input from project participants, and report back to CTPH

- 3.1 Inception workshop held to develop a theory of change and associated monitoring and evaluation tasks
- 3.2. Baseline survey carried out at Mount Elgon and Budongo to understand health status, attitudes and forest use prior to intervention
- 3.3. Design for CTPH roll-out agreed and action plan prepared for the two new sites
- 3.4. Selection and training of 93 VHCT members in 9 parishes, minimum 30% women.
- 3.5. Roll-out of CTPH model to Mount Elgon and Budongo, targeting 9,300 households for improved health care and reduced threat to the Parks
- 3.6 Post survey of random sample at Mount Elgon and Budongo to assess changes in conservation attitudes and health behaviour change

- 4.1 Sharing of preliminary findings through a workshop
- 4.2. Sharing of research results through a Research Workshop.
- 4.3. Write and publish Research Report and policy briefs, and online materials to share results
- 4.4. Submit a manuscript and conference abstract describing the evaluation and its results.
- 4.5. Sharing of results to local audience in Bwindi through VHCT meetings and dissemination to participants.
- 4.6. Meetings to launch new programmes with VHCTs in Mt Elgon and Budongo

Annex 3: Standard Measures

Please expand and complete Table 1: new projects should complete the Y1 column and also indicate the number planned during the project lifetime. Continuing project should cut and past the information from previous years and add in data for the most recent reporting period. Quantify project standard measures over the last year using the coding and format from the Darwin Initiative Standard Measures (see website for details: <http://darwin.defra.gov.uk/resources/>) and give a brief description. Please list and report on relevant Code No's. only. The level of detail required is specified in the Standard Measures Guidance notes under 'definitions and reporting requirements' column. Please devise and add any measures that are not captured in the current list. Please note that these measures may not be a substitute for output level objectively verifiable indicators in the project logframe.

Table 1 Project Standard Output Measures

Code No.	Description	Gender of people (if relevant)	Nationality of people (if relevant)	Year 1 Total	Year 2 Total	Year 3 Total	Total to date	Total planned during the project
Established codes								

In Table 2, provide full details of all publications and material produced over the last year that can be publicly accessed, e.g. title, name of publisher, contact details, cost. Mark (*) all publications and other material that you have included with this report.

Table 2 Publications

Title	Type (e.g. journals, manual, CDs)	Detail (authors, year)	Gender of Lead Author	Nationality of Lead Author	Publishers (name, city)	Available from (e.g. weblink or publisher if not available online)

Annex 4 Onwards – supplementary material (optional but encouraged as evidence of project achievement)

This may include outputs of the project, but need not necessarily include all project documentation. For example, the abstract of a conference would be adequate, as would be a summary of a thesis rather than the full document. If we feel that reviewing the full document would be useful, we will contact you again to ask for it to be submitted.

It is important, however, that you include enough evidence of project achievement to allow reassurance that the project is continuing to work towards its objectives. Evidence can be provided in many formats (photos, copies of presentations/press releases/press cuttings, publications, minutes of meetings, questionnaires, reports etc.) and you should ensure you include some of these materials to support the annual report text.

Checklist for submission

	Check
Is the report less than 10MB? If so, please email to Darwin-Projects@ltsi.co.uk putting the project number in the Subject line.	
Is your report more than 10MB? If so, please discuss with Darwin-Projects@ltsi.co.uk about the best way to deliver the report, putting the project number in the Subject line.	
Have you included means of verification? You need not submit every project document, but the main outputs and a selection of the others would strengthen the report.	
Do you have hard copies of material you want to submit with the report? If so, please make this clear in the covering email and ensure all material is marked with the project number.	
Have you involved your partners in preparation of the report and named the main contributors	
Have you completed the Project Expenditure table fully?	
Do not include claim forms or other communications with this report.	