



Darwin Initiative Main Project Annual Report

To be completed with reference to the "Writing a Darwin Report" guidance: (<http://www.darwininitiative.org.uk/resources-for-projects/reporting-forms>). It is expected that this report will be a **maximum** of 20 pages in length, excluding annexes)

Submission Deadline: 30th April 2018

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, Budongo Conservation Field Station (BCFS)
Darwin grant value	£ 295,000
Start/end dates of project	1 st April 2016/31 st March 2019
Reporting period (e.g., Apr 2017 – Mar 2018) and number (e.g., Annual Report 1, 2, 3)	April 2017 – March 2018, Annual Report 2
Project Leader name	Dr. Gladys Kalema-Zikusoka
Project website/blog/Twitter	https://www.iied.org/are-health-investments-paying-for-endangered-wildlife ; https://www.iccs.org.uk/project/can-health-investments-benefit-conservation-and-sustainable-development ; http://www.ctph.org/one-health/
Report author(s) and date	Dr. Gladys Kalema-Zikusoka, April 2018

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 are being used to expand the integrated health and conservation approach to Mt. Elgon National Park - a mountain national park under pressure from encroachment - and Budongo Forest Reserve, home to another great ape, the critically endangered chimpanzee.

Bwindi Impenetrable National Park (BINP) occurs within one of the poorest and most densely populated regions of Africa, yet is a critical conservation priority due to 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. Frequent direct interactions between gorillas and local people have led to two scabies skin disease outbreaks in the BINP mountain gorillas that resulted in the death of an infant and morbidity in the two gorilla groups that only recovered with Ivermectin anti-parasitic treatment. Other potentially fatal human disease transmission to gorillas include intestinal parasites and bacteria and respiratory viruses and bacteria. Indirectly, poor health can lead to an inability to work effectively, poor school attendance and mortality. This in turn is thought to cause greater dependence on illegal harvesting of park resources, such as medicinal plants, and an 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.

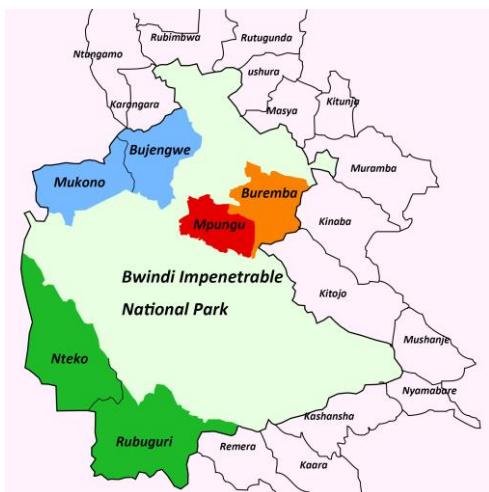
Conservation Through Public Health (CTPH) has been undertaking a programme of primary health care and conservation education around BINP for the last ten years. This approach has reduced gender differences, with women getting more involved in conservation and men getting more involved in family planning. 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 community health improvements and conservation attitudes of the BINP community has not been independently evaluated. Nor 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.

As health has not been a focus of Darwin, this project aims to bring new knowledge on the value of health investments to conservation.

Map 1. Bwindi Impenetrable National Park and surrounding parishes



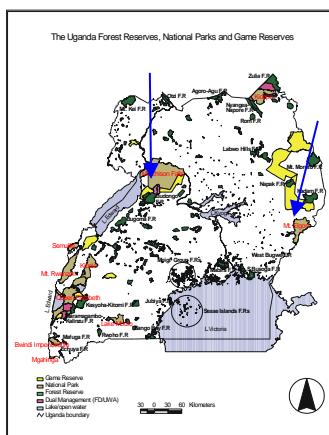
Blue: Treatment parishes where CTPH started integrated programs in Kanungu District in 2005

Orange: Control parish and 1st scale up parish during this project

Red: Control parish and 2nd scale up parish during this project

Green: Parishes where CTPH started integrated programs in a different district, Kisoro in 2010

Map 2. Uganda showing Budongo Forest Reserve and Mount Elgon National Park (blue arrows)



The project has initially been implemented in Bwindi Impenetrable National Park (BINP), in south western Uganda and then extended to Mt. Elgon National Park in eastern Uganda and Budongo Forest Reserve in north western Uganda. All these sites are protected areas. Bwindi Impenetrable National Park is an Afromontane forest in south western Uganda and 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. Bwindi is also home to unhabituated chimpanzees, elephants and over 300 bird species among other biodiversity. Mt. Elgon is a mountainous National Park with a low level of mountaineering tourism, which has faced a long spell of degradation and deforestation as a result of encroachment and illegal cattle grazing by the nearby local communities. These communities face 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 north western Uganda, home to the critically endangered Chimpanzees and under a different

management – National Forestry Authority. Budongo is a primate tourism destination and is near Murchison Falls National Park, which is among the top five tourist destinations in Uganda.

2. Project partnerships

Conservation Through Public Health as the lead project implementer has led the stakeholder engagement on this project. This includes coordinating and guiding activities of the key project implementers, Oxford University, the project lead researcher and IIED, the project lead in research to policy engagement; and making plans for expansion with the key scaling up partners, Uganda Wildlife Authority and Jane Goodall Institute, and others including Budongo Conservation Field Station, District Natural Resource Officers and District Health Officers.

CTPH has engaged partners through formal meetings, one to one project management meetings through Skype conference calls or face-to-face meetings, and regular updates on email and a dedicated Whatsapp forum for Uganda-based partners.

- **Formal meetings**

In May 2016, CTPH convened all implementing partners for an inception workshop held at Lake Victoria Hotel in Entebbe where the project was launched and theory of change development began, as well as recommendations of individuals for the project advisory committee, reported in the year 1 report.

In February 2017, CTPH held a meeting with the Advisory Committee members who gave advice on general aspects of the project and how best to engage local stakeholders, reported in the year 1 report.

In April 2017, CTPH convened all implementing partners and members of the Advisory Committee for a meeting at the Entebbe office, to review project progress in the first year and plan for project implementation in the second year. (Annex 5)

In June 2017, CTPH held a meeting with Oxford University and scaling up partners to start the process of designing Theories of Change and baseline surveys at the scaling up sites and plan for baseline surveys and subsequent project implementation sites within their core project areas. This includes selecting priority parishes with least access to health services and most conservation challenges (Annex 6)

In March 2018, a partner review meeting was held at CTPH's Gorilla Health and Community Conservation Centre to review the project progress in year 2 and plan for the third year of the project. A main focus of the partner review meeting, which was also attended by the Darwin project internal evaluators from LTS, was presentation of the preliminary research report by Oxford University based on independent evaluation of CTPH's Bwindi model for scaling up to Mount Elgon National Park and Budongo Forest Reserve. This included information on baseline surveys conducted at Mount Elgon and Budongo Forest. (Annex 7)

- **One to one project management meetings**

CTPH organises skype conference calls to coordinate project activities and/or discuss urgent issues on the project with Oxford University and IIED to review project progress, planning and timing of activities and conduct interviews for new project personnel as the need arises. Some of these meetings have been face to face when in the same country, immediately before or after the formal partner meetings, and when Gladys went to the UK for a biodiversity fellowship with Oxford University in January and February 2018.

- **Regular email updates**

Email is the most frequent method to discuss management of the project with the UK-based partners – Oxford University and IIED.

- **Dedicated Whatsapp group**

This has been the most popular method of communication with Uganda-based project implementers and stakeholders because of the local culture, not many people have easy access to email and people can get Whatsapp signals even in very remote parts of the country. We use the forum to inform partners about progress on the project and dates for upcoming meetings, and get their feedback about related issues such as a Marburg haemorrhagic fever disease outbreak that occurred in Kween District in 2017, thought to have originated from bats in a cave at Mount Elgon National Park, where the District Health partners on this project were engaged in disease outbreaks and response.

- **Achievements**

The Whatsapp group has kept local project partners interested and engaged in the Darwin funded project, and enabled them to report relevant emerging issues such as the Marburg disease outbreak at Mount Elgon National Park and give updates on related project activities at Mount Elgon and Bwindi, funded by other donors.

There have been cost savings on the project because Oxford University and IIED have timed activities on this project with other activities they are doing in Uganda on other Darwin funding projects so that some travel costs have been shared to reduce on our project.

We have been able to obtain counterpart funding for this project through donors to CTPH and in kind support from Oxford University in the form of salary for the lead investigator and an Oxford University biodiversity fellowship for CTPH lead investigator.

- **Challenges**

This is the first time that CTPH has managed researchers who are conducting an independent evaluation on the organization. There was a delay in Year 1, because of the illness of the Oxford researcher originally named in the proposal, which led to an LTS-approved extension to the research elements of the project of 6 months. However, the project has now caught up to the original timetable (with the exception of the gorilla health data analysis), due to another highly experienced Oxford researcher (Dr. Henry Travers) being available to take on the role, and the involvement of additional researchers to carry out other elements of the research under Dr. Travers' supervision (Fran Olsthorn and Peter Musinguzi).

If there had been stronger coordination between CTPH head office and project staff at the field level, the weaknesses in the datasets would have become apparent more quickly. Also more intensive engagement between CTPH and the Oxford research team would have helped both partners to develop a joint understanding of the context, the research process, and the anticipated outputs, allowing more collaborative adaptive management as the constraints on the research became apparent.

- **Lessons**

When working with partners conducting independent research on CTPH, CTPH needs to get more engaged with the aims, methods and outputs of the research, both at the beginning and throughout.

3. Project progress

3.1 Progress in carrying out project Activities

The log frame has changed, please find attached the revised version in **Annex 4**

3.2 Progress in carrying out project Activities

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***

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

This activity is now complete, and was carried out as anticipated and reported on in the year 1 annual report.

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 unclean datasets to Ben Evans and Henry Travers on gorilla faecal parasite analysis of habituated groups. However these were not in a form that was suitable for analysis. The gorilla parasitology data from 2005 to 2017 is still being cleaned by CTPH in order to enable analysis to take place using R and R studio open source software including a spatial and temporal comparison of pathogen infection rates and parasite burdens in different gorilla groups and interactions with the human local community and community livestock.

CTPH compiled data on VHCT monthly community outreach from January 2009 to November 2017 and VSLA monthly data from 2011 to 2017. Unfortunately substantial issues with the VHCT datasets meant that much of the data could not be used. The VSLA monthly data was scanned copies of hard copy notes recorded by VHCTs at each of their VLSA meetings.

Arrest and forest use data regularly collected by UWA was made available to Fran Oolsthorn (an MSc student at Imperial College London with experience in tropical fieldwork) , via CTPH, after approval of research permission from UWA and Uganda National Council of Science and Technology (UNCST). This was used in her research, as a general comparison to her own field surveys.

CTPH introduced the Oxford researchers to the local health centres, and a number of attempts were made to access their Village Health Team datasets. Unfortunately a prohibitive fee was to be charged for accessing the datasets, and to the best of our knowledge, the information contained within them would

not have added to the robustness of the analysis (because the date of first data collection was after the CTPH intervention started, and therefore would not provide a baseline, and because the indicators collected do not overlap fully with those collected by the CTPH teams). Therefore these datasets were not pursued (although if the situation changed, it would be possible to revisit them). It was also difficult for Oxford researchers to obtain other complementary datasets from the health centres providing services to treatment and control parishes.

Records from Human and Gorilla Conflict resolution (HUGO) community volunteers (who chase gorillas from community land) were also made available, and valuable general information and guidance was also provided to give context to the analysis.

This activity is now complete, and was carried out to the best of the researchers' ability, given the limitations mentioned above. Where necessary, CTPH will take on the role in year 3 of compiling additional information from the local health centres to complete the impact evaluation.

1.3 Data collected from a representative sample of all 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 were carried out in both treatment and control sites. In preparation for the surveys 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 began in control areas to allow for CTPH to rollout with funding from Disney Conservation Fund to the control area of Buremba Parish in Mpungu Sub County.

Following the Year 1 research, a gap in understanding was identified, due to the complex relationship between the VHCT programme and other activities being carried out by external organisations. A need to understand the mechanisms underlying the results being obtained from the quantitative surveys was identified. Therefore, with LTS approval, a more detailed study was carried out to disentangle the impact of the CTPH VHCT programme from that of the VHT programme implemented by Bwindi Community Hospital. Qualitative surveys were conducted using focus group discussions and key informant interviews to complement the quantitative surveys. An additional Ugandan researcher, Peter Musinguzi, was recruited for this purpose. EJ, Henry and Gladys interviewed him prior to recruiting him, and was found to be suitable for the task, based on his experience coding impact evaluation on an NGO in western Kenya working with bee keepers.

This activity is now complete with a preliminary report written, see [Annex 10](#) (but see below for the plan for additional research to improve understanding of CTPH's earlier impact in Y3).

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

Forest transects (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 Oolsthorn (Imperial MSc student) collected data on transects from May to June 2017. Her work was supervised by Prof E.J. Milner-Gulland, Dr Gladys Kalema-Zikusoka and Dr Henry Travers, and completed in September 2017 when she submitted a report. ([Annex 8](#)).

This activity is now complete and was carried out as anticipated.

1.5 Datasets analysed and research report written

Quantitative and qualitative datasets were analysed and a near-final report was presented at the project meeting at the end of Year 2. Following feedback from CTPH and partners, and finalisation of the analyses, the report will be written up as an IIED report, and a publication will be prepared involving all partners. The report finalisation will be on hold, however, until the additional research is complete (September). Hence although this activity is broadly on track, final delivery will be somewhat delayed. The gorilla health data will be analysed using R and R studio software in year 3 quarter 1 based on recommendations from a researcher at ICCS (Thomas Pienkowski) supervised by Prof EJ Milner Gulland during that time Dr. Gladys did a biodiversity fellowship with Oxford University in year 2 quarter 4.

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

2.1. Strategic plan developed for implementation of priority actions at Bwindi, based on research findings

Recommendations from the preliminary research report were developed and reviewed at the year 2 partners meeting. From these a strategic plan is being developed for implementation of priority actions at Bwindi based on research findings and availability of funds.

This activity is on track, as anticipated in the proposal.

2.2. Implementation of priority actions at Bwindi

Some priority actions at Bwindi have started to be implemented, notably resuming quarterly meetings with the first set of VHCTs recruited in 2007, which had stopped to test the model for sustainability and affordability. The other actions will be implemented once the strategic plan has been developed in year 3 Q 3.

This activity is on track, as anticipated in the proposal.

2.3. VHCTs implement revised project with input from project participants, and report back to CTPH

In year 3 quarter 1, CTPH will hold a quarterly meeting to present, discuss and validate research findings with the VHCTs, and then develop an action plan for priority actions to be implemented in year 3 of the project.

This activity is on track, as anticipated in the proposal.

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.

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

This activity was completed in year 1 as reported in the last annual report.

3.2. Baseline survey carried out at Mount Elgon and Budongo to understand health status, attitudes and forest use prior to intervention of this project

In year 2 quarter 4, a baseline survey was conducted by Oxford University researchers, Peter Musinguzi and his assistant Moses Musiimenta, a social scientist, who comes from the Bwindi local community and had also supervised research assistants during the qualitative baseline survey led by Dr. Henry Travers.

The field component of this activity is now complete, and was carried out as anticipated. Analysis of the data is currently on-going and the report will be produced by end of Year 3 Q1.

3.3. Design for CTPH roll-out agreed and action plan prepared for the two new sites based on research recommendations

The design for CTPH roll out and action plan was agreed by the relevant partners based on partner meetings held in April and June 2017 and taking into account the research results presented in March 2018. This includes introduction of the project to local leaders, selection of VHCTs from government-supported VHTs, training them to implement health and conservation behaviour change communication, service delivery and referrals at household level and at village health talks and collection of monthly data, training in managing group income generating projects and VSLAs, and assigning locally based supervisors from the government or supporting NGOs to provide support supervision for the VHCTs and their leaders, who then collate the monthly data and share it with CTPH, UWA and District local governments for timely health and wildlife management.

This activity is ongoing, and proceeding to plan.

3.4. Selection and training of 120 VHCT members in 6 parishes, minimum 30% women.

Though the project was designed for roll out to occur after the independent evaluation, counterpart funding from Global Development Network enabled the activity to occur at Mount Elgon National Park earlier than planned where recommendations from the evaluation will be used to improve the roll out. 85 Mount Elgon VHCTs were selected from 5 parishes located adjacent to the protected area in three districts, Bukwo, Kween and Bulambuli and trained by CTPH together with UWA and District Health and Natural Resource officers (DNROs) in year 1 quarter 2 through counterpart funding from the Global Development Network Japanese Social Development Fund. A decision was made for the VHCTs to be supervised by DNROs who would then share information with UWA and District Health Officers. VHCTs started to collect monthly data, and after consistently collecting data for 6 months. VHCTs from each district were given a group cattle income-generating project as their choice to sustain their volunteer efforts. The VHCTs were trained by CTPH to provide adequate livestock husbandry and health and trained to set up and manage a VSLA. The VHCTs consist of 60% men and 40% women. Selection of Budongo VHCTs is imminent.

This activity is ongoing, ahead of plan at Mt Elgon and proceeding to plan at Budongo.

3.5. Roll-out of CTPH model to Mount Elgon and Budongo, targeting 6,000 households for improved health care and reduced threat to the Parks

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 though the baseline survey at Mount Elgon was conducted in year 2 quarter 4, information gathered during the implementation informed the project baseline survey design. This should make for a more robust baseline, which takes local conditions into account in the selection of the treatment and control parishes.

Roll out of the model at Budongo Forest will start in year 3 quarter 1 as planned. An additional local scaling up partner, Budongo Conservation Field Station (BCFS) has been identified for implementation of the project at Budongo Forest, working closely with JGI Uganda. A tripartite MOU between CTPH, JGI and BCFS and MOU between CTPH and the Masindi District Local Government will be developed in Year 3 quarter 1 to enable smooth implementation of the project.

This activity is ongoing, and proceeding to plan in Budongo, and ahead of plan in Mt Elgon.

3.6 Post survey of random sample at Mount Elgon and Budongo to assess changes in conservation attitudes and health behaviour change

This is scheduled for year 3 quarter 4, and proceeding to plan.

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

4.1 A communication framework document is published and shared

IIED is taking the lead in developing the communication framework document in year 3. Initial discussions on the communications strategy were started at the year 1 inception meeting, as reported last year. Specific activities remain to be agreed amongst project partners dependent on resources available.

This is on track for delivery in Y3 as planned.

4.2 Sharing of preliminary findings through a workshop

Preliminary findings were shared through an implementing partner review meeting held at CTPH field office in Buhoma, Bwindi Impenetrable National Park in March 2018. Also present at the meeting was the Darwin internal evaluators from LTS, Victoria Pinion and Irene Karali. Participants gave preliminary feedback on the findings, and a decision was made to conduct further contribution analyses to complete the story, as well as capturing CTPH's local advocacy efforts that resulted in interventions being replicated by other local stakeholders in the control parishes. This will provide supplementary evidence of

CTPH's contribution to observed improvements in key health and conservation indicators to complement the primary findings of the quantitative and qualitative surveys already completed. A researcher from Oxford University, AnnalyseMoskeland, has been recruited to undertake this work and will begin fieldwork in Q2 of Year 3. The final research report will incorporate this component.

This activity was completed on time, as anticipated.

3.3 Progress towards project Outputs

Outputs:

Output 1. *An evidence base of the outcomes of integrating healthcare with biodiversity conservation is built using a Before-After-Control-Intervention evaluative design and other evaluation approaches.*

This output has been modified in the log frame. (Annex 4). Progress towards achieving this output is on track and largely complete. Progress against the output indicator is as follows:

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.

See activity 1.1 above.

1.2 Collation and analysis of records of gorilla disease in space and time, for correlation with human health indicators.

This output has been delayed, gorilla health data is being cleaned by CTPH and will be completed in year 3 quarter 1.

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.

The originally anticipated evaluation has been completed on time, albeit with a modified design that gives weaker causative inference than a BACI design, due to the limited availability of baseline information. Additional research to complete the picture is planned for year 3.

A quantitative survey of a random sampling of 20% of 5,200 households was conducted in year 2 quarters 1 and 2. Initially a Before-After-Control-Intervention evaluative design was planned for implementation in treatment parishes where CTPH has had direct project interventions and control parishes where CTPH has not directly implemented projects. However, due to a lack of robust baseline data from both treatment and control areas, a comparative study of current levels of indicators in control and treatment areas was undertaken. 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. The research showed that there were very few significant differences between treatment and control parishes.

A qualitative survey was conducted in the treatment parishes in year 2 quarter 3 through key informant interviews with Bwindi Community Hospital, Kayonza Government Health Centre III and Uganda Wildlife Authority, and four focus group discussions with 12 participants including LC1, women, youth Bataka group, HUGO and Batwa representatives. One to one interviews were also held with VHCTs working directly with CTPH and VHTs. The research aimed to understand the role of VHCTs in relation to the broader landscape of health interventions in the treatment area. It also gathered information on the VHCTs' perceptions of their work, in order to give context to the quantitative survey findings.

1.4. Survey of human use of the 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.

This was completed in year 2 quarter 2. See activity 1.4 above

1.5. Analysis of data, production of preliminary findings and recommendations in project report.

This was largely completed in year 2, with the final report completed after correlation of gorilla health data, additional hospital based human health data and other data from further contribution analyses.

Output 2. Strategic plans to guide changes in management of the Bwindi project by CTPH, based on the evidence base, are developed.

This output is ongoing, as per the anticipated timescale in the proposal. Progress against the output indicators is as follows:

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)

This is planned for year 3, based on completion of preliminary research report which was presented at the end of year 2. The research findings recommended areas of improvement in the current programs, which we would like to use to strengthen and scale the model to other frontline parishes:

- (i) Hold quarterly training meetings with VHCTs to enable timely adaptive management by regularly reviewing data collected to address challenges, improve on project delivery and initiate different education campaigns to promote gorilla and forest conservation.
- (ii) Since CTPH has been collecting intestinal helminths parasite data since 2005, comparative data should be regularly collected from humans and livestock, to see where to intensify deworming in the local community
- (iii) Improve data collection tools to better capture conservation indicators and hold more regular meetings with VHCTs to review their data in a timely manner for quality control and timely adaptive management
- (iv) Promote the use of energy saving cook stoves to reduce deforestation
- (v) Provide more regular technical support to the VHCTs in VSLA management
- (vi) Hire a Monitoring and Evaluation Specialist to ensure quality data for effective adaptive management

Oxford University has offered to provide capacity-building support in year 3 to enable data analysts at CTPH to better manage the collection, quality control and processing of datasets, including producing a short guidance manual.

2.2. CTPH, UWA and local partners implement at least 2 specific changes to their Bwindi project, based on the Strategic Plan (mid year 3).

This is to be commenced in year 3.

2.3. Village Health and Conservation Teams report improved attitudes towards the Park and the project, and improved uptake of healthcare by over 10,000 participating households in target villages, measured through a 20% increase in number of model households that have gained knowledge about disease transmission between humans and wildlife and the importance of forest and wildlife conservation, acquired any of the following: hand washing facilities, drying racks, drinking boiled water, planting trees, using energy saving cook stoves (end year 3).

This is to be commenced in year 3

3. Guidelines to include community health programmes 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), are developed and implemented.

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)

Completed and reported upon in the year 1 annual report.

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).

The baseline surveys at Mount Elgon were conducted in Year 2 quarter 4 in January 2018 before Budongo Forest in Year 2 quarter 4 in February 2018.

3.3 Completed design 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).

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)

CTPH received funding from GDN in 2015 and started to implement activities at Mount Elgon in 2016. There are currently 85 trained VHCTs in Mt. Elgon. We estimate training 30 VHCTs in Budongo to make a total of 120 VHCTs in the 6 parishes of the roll out location. This is an increase from 93 VHCTs in 9 parishes and we were granted permission to revise this deliverable.

This output is ongoing, as per the anticipated timescale in the proposal.

3.5. *Conservation Through Public Health programmes are implemented by UWA – Mount Elgon Conservation Area Management and JGI-Uganda - Budongo Forest Reserve, through new VHCT teams (by mid year 3).*

This activity began in year 1 at Mount Elgon and will commence in year 3 at Budongo

3.6 *Follow-up survey at Mount Elgon and Budongo Forest to assess short-term changes in attitudes and health practices, by assessing over 10,000 participating households in target villages, measured through a 20% increase in number of model households that have gained knowledge about disease transmission between humans and wildlife and the importance of forest and wildlife conservation, acquired any of the following: hand washing facilities, drying racks, drinking boiled water, planting trees, using energy saving cook stoves (by end year 3)*

This will commence in year 3.

4. A communication and dissemination strategy to increase the understanding of linkages between primary healthcare and conservation among target audiences in Uganda and internationally, is developed.

4.1 *A communication framework document is published and shared*

IIED has started to develop this, see outline in [Annex 11](#).

4.2 *In Year 3, 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.*

This will commence in year 3.

4.3 *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*

One research workshop was held with local stakeholders at Bwindi where preliminary results of the research were shared. The workshop with international stakeholders in London will be held in year 3 based on availability of counterpart funds.

4.4 *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 3).*

This activity will commence in year 3.

4.5. *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.*

This activity will commence in year 3.

4.6. *By mid-year 3, village-level dissemination carried out through the VHCTs in the 44 participating villages at Bwindi to report back on research findings and planned changes to the project based on their input.*

This activity will commence in year 3.

4.7. 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.

This activity began in year 1 at Mount Elgon and will commence in year 3 at Budongo.

3.4 Progress towards the project Outcome

The integration between access to primary healthcare with biodiversity conservation in Uganda is mainstreamed for sustainable use of Protected Areas

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

Research was conducted using a robust impact evaluation methodology. Additional research is planned for Year 3 to fill in some identified gaps.

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

Recommendations were made based on the quantitative and qualitative research, which are being put in a strategic plan for adoption and implementing in year 3.

0.3 The approach is rolled out to Mount Elgon National Park and Budongo Forest Reserve, based on the evidence from the evaluation.

The approach started to be rolled out to Mount Elgon in year 1 based on counterpart funding from GDN JSDF, and 85 VHCTs have been trained reaching 4,250 households so far with some impacts at household level evaluated by a GDN consultant through Most Significant Change methodologies.

The approach will be rolled out to Budongo Forest in year 3 quarter 1, where one additional partner has been identified, BCFS supporting VHCTs and JGI supporting sustainability of the VHCTs through group income generating projects and VSLAs

0.4 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

Data have been collected and analysed, and preliminary findings and recommendation presented in a report during a project review meeting held in Year 2 quarter 4. Following the additional research and consultations, these will be developed into a strategic plan.

0.5 Recommendations from the evaluations are included in national biodiversity policies.

Through research to policy engagement, in year 3, during workshops with local and international partners, recommendations from the evaluation will be used to influence national policy in the conservation, health and sustainable development sectors.

3.5 Monitoring of assumptions

The assumptions are as follows:

Outcomes

Assumption 1. Evidence of health-conservation link accepted as sufficiently conclusive to warrant continued/expanded use of intervention.

Comments: This assumption has changed to focus more on adaptive management and less on the evidence, showing how to strengthen the link between health and conservation, where research will

identify areas that need to be changed, and use these for the roll out. Scale up is not dependent on the link.

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.

Comments: This assumption has not changed

Assumption 3. Capacity to implement evaluations findings in Budongo and Mt Elgon is effectively developed.

Comments; This assumption has not changed

Assumption 4. Other parties are interested in our findings and willing to use them in their own work.

Comments: This assumption has not changed.

Outputs

Output 1. An evidence base of the outcomes of integrating healthcare with biodiversity conservation is built, based on 5,200 households in three frontline parishes at Bwindi and using a Before-After-Control-Intervention evaluative design, is built.

The following assumptions have not changed:

Continued community willingness to participate in the studies.

External factors support the implementation of the survey to inform timely action.

This assumption does not hold completely true:

Previous years' ecological and social data are available to allow statistical comparisons.

Though the available data has been identified, in some cases the data is incomplete and in other cases the data is still in the process of being sorted and cleaned. We have carried out statistical comparisons where possible, but these were not as extensive as had been hoped. In response, we have adapted the evaluation to include more qualitative elements (the VHCT interviews and the tracing of indirect impact through influencing others).

Output 2. Strategic plans to guide changes in management of the Bwindi project by CTPH, based on the evidence base, are developed.

The assumptions were:

Evaluations generate clear and feasible recommendations for improvements. This has held true. 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.

There is a will to act on the part of local stakeholders (including UWA and CTPH) based on the evaluation. This has held true.

There will be time for VHCTs to register improvements in perceptions of the project in the last 6 months of the project. We expect this to hold true.

Output 3. Guidelines to include community health programmes 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), are developed and implemented.

Continued commitment by JGI, UWA and other key partners on this project, and funding to roll out. This assumption has not changed though we have added other key partners like BCFS.

Evaluations at Bwindi have applicable lessons for rollout in Budongo and Mount Elgon, by the end of year 2. This has held true.

No unforeseen circumstances preclude the roll-out of the programme. This has held true.

Output 4. A communication and dissemination strategy to increase the understanding of linkages between primary healthcare and conservation among target audiences in Uganda and internationally, is developed.

The output has changed to be SMARTer.

The assumption associated with this output is still valid (National-level and international target audiences are interested in learning about the potential of health as a conservation and sustainable development approach).

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

The project log frame has been modified to change the impact of the project to Improved community health and enhanced biodiversity in protected areas of Uganda, which is enabling the project to be more aligned towards having a positive impact on biodiversity and poverty alleviation. Recommendations from the independent evaluation have been developed in year 2 of the project and will be used to improve the wellbeing of communities bordering protected areas in Uganda, while will in turn have a positive impact on biodiversity through reducing their dependence on the protected areas to meet basic needs for health care, food and fuel wood. This project is strengthening a monitoring and evaluation framework to measure how health interventions can contribute to conservation outcomes.

Over 11,000 homes are expected to benefit from this project through roll out activities of VHCTs at Bwindi Impenetrable and Mount Elgon National Parks and Budongo Forest Reserve. Threats to biodiversity including critically endangered species and fragile habitats in three protected areas will be reduced in this project.

The communications strategy that is progressively being developed during the three years of the project is targeting international academics, national academics, national conservation and health groups, international conservation and health practitioners and VHCTs and local people. Outcomes include a better recognition of the value of integrated conservation and health interventions to poverty alleviation and biodiversity conservation.

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. In year of the project we have conducted evaluations to strengthen health service delivery as well as group income projects and VSLAs for VHCTs at implementing and roll out sites. At Mount Elgon National Park, 85 VHCTs from 43 villages in 5 parishes have reached 60,024 people in 10,004 homes with some outcomes at household level evaluated by a GDN consultant through Most Significant Change methodologies. A financially sustainable community based service delivery model of VHCTs supported by group income generating projects and VSLAs pioneered at Bwindi, was adapted and implemented at Mt. Elgon. This led to increased household savings among the VHCTs.

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 an increase in the number of homes with hand washing facilities, usage of toilet facilities, drying racks for utensils and drinking of boiling water, usage of modern family planning and good health seeking behaviour. We tracked 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. At Mount Elgon there were increased referrals for new family planning methods (3,289 women) and suspect patients with malnutrition, TB, HIV/AIDS, scabies and other diseases; and increase in households with pit latrines, hand washing facilities and clean water storage containers.

SDG 5. Gender equality and empowerment of all women and girls

This project was developed when anecdotal evidence through initialing the CTPH model showed that there were benefits of integrating conservation and health care at Bwindi Impenetrable National Park, including reducing gender differences, where women are more involved in natural resources management and men in family planning. In year two at Mount Elgon the project increased leadership skills among women, increased engagement of women in conservation and natural resource management and increased involvement of men in family planning.

SDG 15: Life on Land

Reduce threats to gorillas and other endangered species, other wildlife and their fragile habitats. This is being achieved through targeted health interventions among 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. At Mount Elgon there has been increased planting of trees by local communities, and reduction in human and park-wildlife conflict as a result of project interventions.

SDG 17: Partnerships

Promote global partnerships to achieve the goal and objectives of the project. In the second year of the project, CTPH has formed partnerships with 8 main partners from Uganda and the UK to achieve the goals of the project to improve community health and enhance biodiversity conservation. These include Oxford University, IIED, UWA, JGI, BCFS, Bwindi Community Hospital, and District local governments of Kanungu, Bukwo, Kween, Bulambuli and Masindi and VHCTs from the protected areas communities. Furthermore relations between UWA and the local communities improved at Mount Elgon. We have also been able to raise counterpart funding for the project from GDN, Disney Conservation Fund and National Geographic. Counterpart funding from GDN resulted in positive outcomes at Mount Elgon that are contributing to the impact of this project, and were reported in an Ecohealth Africa Newsletter, [Annex 14](#).

5. Project support to the Conventions, Treaties or Agreements

This project is addressing the following CBDs strategic goals by building the evidence base of the outcomes of integrating health care with biodiversity conservation:

B: Reduce direct pressures on biodiversity and promote sustainable use: The project is improving conservation attitudes and promoting better health and family planning as seen in the roll out to Mount Elgon. 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. At Bwindi gorillas there has not been another scabies outbreak since CTPH activities began and analysis of the gorilla health parasitology data will further determine if gorillas health status is improving as community health is improving. The same benefits will be rolled out to Budongo Forest to reduce the risk of disease transmission between people and chimpanzees.

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). The impact evaluation is strengthening the CTPH model to enable healthier gorillas and human wellbeing at current and roll out parishes around Bwindi Impenetrable National Park. People living around Mount Elgon National Park have started to plant trees and improve their attitudes towards UWA based on project interventions in year 2.

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.

Notable achievements this year include a financially sustainable community based service delivery model of VHCTs supported by group income generating projects and VSLAs pioneered at Bwindi, being adapted and implemented at Mt. Elgon, which led to increased household savings among the VHCTs.

7. Project support to gender equality issues

The VHCTs involved in this project include both men and women, and this year at Mount Elgon 40% of the VHCTs we have engaged in the project 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 refers to the Ouput indicator 3.4 in the log frame.

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. Since the inception workshop, the log frame has been revised to adapt to some changes in the project design brought about by changes in the project implementation, and to have more SMART indicators for the outputs and outcomes to ensure that the activities and outputs contribute to the project Outcome. We have added one additional indicator in the outcomes. We have also removed killer assumptions in the log frame. We have also developed a monitoring and evaluation plan, see [Annex 9](#).

The outcome indicators of achievement are:

- 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 methodologies
- 0.2 Recommendations for improvements to the Bwindi CTPH project are adopted and implemented.
- 0.3 The approach is rolled out to Mount Elgon National Park and Budongo Forest Reserve, guided by evidence from the evaluation.
- 0.4 Analysis of data, production of findings and recommendations in project report where agreed set of recommendations for action, based on research findings are developed into a 5-year prioritised Strategic Plan
- 0.5 Recommendations from the evaluations are included in national biodiversity policies.

We are measuring these through means of verification in the log frame. The three main implementing partners, CTPH, Oxford University and IIED share the M&E work.

Additionally CTPH internal mechanisms for monitoring progress on the project include weekly internal team meetings and annual partner meetings. In March 2018, CTPH revised the theory of change for CTPH model and the project, through hiring an impact evaluation expert to facilitate the process.

Areas of improvement are:

- (i) CTPH getting more engaged with the aims, methods and outputs of the research, both at the beginning and throughout.
- (ii) CTPH staff getting training in monitoring and evaluating data sets for after collection to improve the quality and adaptive management.
- (iii) CTPH hiring an experienced Impact and Learning Officer with a core function of program monitoring and evaluation

9. Lessons learnt

- Administrative: the project would have benefitted from also having regular meetings with other implementing partners, UWA and JGI.
- Management: CTPH needed to get more involved in the design of the evaluation that Oxford did. Questionnaires and field protocols were sent to key staff for comments and the overall design was discussed at project meetings, but it may have been better if time had been taken to explain the technical details of the research methods in more detail to CTPH staff in person. CTPH staff may have had a better understanding of the nature of the research, and the adaptations required to the design due to data availability. They may also have been less lax in collecting key

information for the researchers such as VSLA record books because they did not understand the importance and urgency.

- Technical: The BACI design only achieves desired results when appropriate baselines and controls are available. Where there is an absence of adequate controls, then other designs have to be used to meet the goals of the project.
- M&E: we learnt that we need to have more SMART indicators and remove killer assumptions, this required updating the CTPH ToC, and project ToCs and revising the log frame accordingly.

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

We have responded to issues raised in last year's annual report and partners were in agreement where we had a conference call to discuss the project and responded to it (see addendum). The first issue was making the monitoring and evaluation more robust, which we have done by hiring an impact evaluation expert to facilitate a session to revise the theories of change of both the CTPH project and the Darwin-funded project, as well as the project log frame, to make the indicators SMARTer. We have also acted upon the following:

- (i) Described in greater detail how the various partner relationships are being managed and their inputs coordinated.
- (ii) Reported on the potential impacts of the delay in data collection. In the second year we caught up with data collection and analysis of the social impact evaluation component of the research. However after the project review meeting we were tasked to do additional research to capture the full contribution of CTPH's approach to conservation, which will be completed in year 3. The gorilla health data is being cleaned for analysis using R open source software and will be completed in the first quarter of year 3. The delay in analysis of research data is not affecting the scaling to Mount Elgon and Budongo, because the Theory of Change and log frame of the project have been revised to state that the research is informing more effective scale up of the model for improved conservation and sustainable development outcomes rather than determining whether or not there should be scale up of the approach to other protected areas.
- (iii) Added some baselines against which to track progress towards quantifiable project indicators, primarily around the number of households that will change through adoption of good public health and conservation practices as a result of the project interventions.
- (iv) Added an indicator on committed funding for scale-up.
- (v) Reviewed the impact statement in the log frame to improve its clarity and make reporting by changing from against it easier/clearer from "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" to "Improved community health and enhanced biodiversity in and around Protected Areas of Uganda."
- (vi) In this annual report, we have reported progress during the reporting period with clear evidence including how we are addressing gender.
- (vii) Discussed with Darwin internal evaluator the changes that need to be made to the log frame, and have made track changes. We have changed the project design so that the outputs and outcomes are not dependent on research findings, but rather that research findings inform better implementation of outputs to achieve better project outcomes for both conservation and health.
- (viii) After the comments on the year 1 annual report, we explained to the Darwin Initiative why the capital and M&E lines had not been spent because purchase of computers was postponed to year 2, and the year 2 annual review meeting was postponed from March 2017 in year 1 to April 2017 in year 2, because of availability of key project staff from the UK to attend the meeting at CTPH office in Entebbe Uganda.

11. Other comments on progress not covered elsewhere

- The design of the project has been enhanced with the recent visit of Darwin internal evaluators from LTSI in March 2018, who advised us on how to ensure that project outputs and outcomes are met through the research informing scale up and policy engagement rather than the research determining scale up and policy engagement. This was the biggest risk to the project, which has been addressed by revising the Theory of Change and log frame accordingly. We thank LTSI for their very helpful advice and engagement with this project.
- Significant difficulties encountered during the year included delays in data collection and analysis to provide conclusive research findings, which through constructive feedback at partner review meetings are being addressed in year 3.

- The main risk faced by the project is not being able to have enough time to have measurable impact on all intended project beneficiaries particularly in new scale up sites scheduled for year 3 with new NGO and government partners, at Budongo Forest. We are addressing this issue through adding an additional locally-based NGO partner, Budongo Forest Conservation Station who will work closely with Jane Goodall Institute and National Forest Authority to introduce the project to local leaders and key stakeholders and roll it out to frontline parishes. CTPH already obtained counterpart funding from Global Development Network and Disney Conservation Fund in year 2 and National Geographic in January 2018, and started scaling up during years 1 and 2 respectively to 5 parishes at Mount Elgon National Park and 1 additional parish, a control parish at Bwindi Impenetrable National Park.

12. Sustainability and legacy

Seven indicators were added in year 1 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 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)

4.6.9 Evidence of talks at local or international conferences (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

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 subcounty 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 seeking additional funding for Budongo Forest, 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 including presentations and workshop and meeting agendas. This project has been mentioned in the CTPH, IIED and Oxford University ICCS 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 and now also being increasingly recognised by health organizations in the government.
- 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 is on the CTPH website.

14. Project expenditure

Table 1: Project expenditure during the reporting period (1 April 2017 – 31 March 2018)

Project spend (indicative) since last annual report	2017/18 Grant (£)	2017/18 Total Darwin Costs (£)	Variance %	Comments (please explain significant variances)
Staff costs (see below)			88%	Some CTPH staff worked for 5 months
Consultancy costs			100%	Payment to a local Ugandan researcher attached to Oxford University
Overhead Costs			102%	This includes combined overhead

				costs for implementing partners
Travel and subsistence			168%	Henry Travers took over the fieldwork carried over from year 1 and required additional resources
Operating Costs			109%	The Bwindi baseline survey was carried over from year 1 to year 2
Capital items (see below)			131%	Purchase of capital items was postponed to year 2. This was purchase of tablets used during research
Monitoring & Evaluation (M&E)			56%	The year 2 annual review meeting was postponed from March to April 2017 because of availability of key project staff from the UK
Others (see below)				
TOTAL				

Highlight any agreed changes to the budget and **fully** explain any variation in expenditure where this is +/- 10% of the budget. Have these changes been discussed with and approved by Darwin?

Annex 1: Report of progress and achievements against Logical Framework for Financial Year 2017-2018

Project summary	Measurable Indicators	Progress and Achievements April 2017 - March 2018	Actions required/planned for next period
<p>Impact</p> <p>Improved community health and enhanced biodiversity in Protected Areas of Uganda.</p>		<p>At Mount Elgon National Park, roll out of the VHCT model has resulted in improved hygiene, family planning usage and conservation outcomes through planting of more trees</p>	
<p>Outcome</p> <p>The integration between access to primary healthcare with biodiversity conservation in Uganda is mainstreamed for sustainable use of Protected Areas</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 adopted and 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 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>0.5 Recommendations from the evaluations are included in national biodiversity policies.</p> <p>0.6 Committed funding for scale up is obtained</p>	<p>An assessment of the effectiveness of CTPH's Bwindi project in bringing about poverty alleviation and biodiversity conservation outcomes was done, using robust impact evaluation methodology, and additional assessment will be done in year 3</p> <p>Recommendations for improvements to the Bwindi CTPH project were developed based on research findings, and are being reviewed for adoption and implementation in year 3</p> <p>The approach was rolled out to Mount Elgon National Park in year 1 and to control parishes of Bwindi in year 2. The continued roll out to these sites and Budongo Forest Reserve in year 3 will be shaped by evidence from the evaluation.</p> <p>Analysis of data, production of findings and recommendations in project report has started and an agreed set of recommendations for action, based on research findings, will be developed into a 5-year prioritised Strategic Plan in year 3</p>	<p>Additional contribution analyses to be completed to fill in gaps identified during the social impact evaluation</p> <p>Secondary data to be obtained from the local health centres and hospitals</p> <p>Gorilla health data analyses to be completed and correlated with human and livestock interaction</p>

		Committed funding for scale up was obtained from 3 donor agencies enabling the roll out to begin in year 1 at Mount Elgon and Year 2 in Bwindi control parishes, from Global Development Network, Disney Conservation Fund and National Geographic.	
<p>Output 1.</p> <p>An evidence base of the outcomes of integrating healthcare with biodiversity conservation is built, based on 5,200 households in three frontline parishes at Bwindi and using a Before-After-Control-Intervention evaluative design.</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 adopted and 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 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>0.5 Recommendations from the evaluations are included in national biodiversity policies.</p> <p>0.6 Committed funding for scale up is obtained</p>	<p>The output indicator was changed from “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” to</p> <p>“An evidence base of the outcomes of integrating healthcare with biodiversity conservation is built, based on 5,200 households in three frontline parishes at Bwindi and using a Before-After-Control-Intervention evaluative design” to enable project outcomes to be achieved through allowing additional research methodologies to be used.</p> <p>1.1 Variables were assessed, sampling strategy agreed upon, and collation of data sets took place in year 1 (apart from the gorilla data).</p> <p>1.2 Collation of data sets of gorilla disease in space and time began by CTPH providing unclear gorilla health data to Oxford University in year 1 which started to be cleaned by CTPH in year 2 for analysis in year 3.</p> <p>1.3 Surveys were conducted in 20% of households in treatment and control parishes using a robust sampling design and preliminary report with analysis completed in year 2.</p> <p>1.4 Survey of human use was conducted by Oxford in year 2 and a full report completed</p> <p>1.5 Analysis of data, production of findings and recommendations in project report was completed for the above studies and shared at a project review meeting at the end of year 2, which recommended further contribution analysis to be conducted.</p>	
Activity 1.1 Before-after control intervention strategy variables and data collection tool developed at inception workshop		Completed and reported upon in year 1 annual report	

Activity 1.2. Collation of datasets on human and gorilla health from CTPH, gorilla conservation and health partners and from secondary data		Data sets were collated from CTPH on VHCT data, gorilla health data was compiled but needed to be cleaned, secondary data from UWA was collected, secondary data from health partners was not collected
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.		Surveys were conducted on a representative sample of 20% of 5,200 households in treatment and control parishes. Evidence provided in section 1.3 of the preliminary report and annex 10
Activity 1.4. Forest transects walked (10 per area), and data collected on forest use		Forest transects walked, in section 1.4 of the report and annex 8
Activity 1.5 Datasets analysed and research report written		Preliminary research report written in section 1.5 of the report and annex 10.
<p>Output 2.</p> <p>Strategic plans to guide changes in management of the Bwindi project by CTPH, based on the evidence base, are developed.</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 at least 2 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 over 10,000 participating households in target villages, measured through a 20% increase in number of model households that have gained knowledge about disease transmission between humans and wildlife and the importance of forest and wildlife conservation, acquired any of the following: hand washing facilities, drying racks, drinking boiled water,</p>	<p>The output indicator was changed from “Change in the management of the Bwindi project by CTPH, based on evaluation”</p> <p>to</p> <p>“Strategic plans to guide changes in management of the Bwindi project by CTPH, based on the evidence base, are developed”</p> <p>These recommendations have started to be developed based on the preliminary research report. in section 2.1 of the report and annex 10.</p> <p>These will be based on partner engagement and availability of funds</p> <p>VHCTs have started to report on this at Mount Elgon and will continue to do so in year 3 of the project at the roll out sites.</p>

	planting trees, using energy saving cook stoves (end year 3).	
Activity 2.1. Strategic plan developed for implementation of priority actions at Bwindi, based on research findings		To commence in year 3
Activity 2.2. Implementation of priority actions at Bwindi		To commence in year 3
Activity 2.3 VHCTs implement revised project with input from project participants, and report back to CTPH		To commence in year 3
Output 3.	<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 Completed design 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 villages and 9 parishes with at least 50% women (by end year 2)</p> <p>3.5. Conservation Through Public</p>	<p>The output indicator was changed from "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." to "Guidelines to include community health programmes 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), are developed and implemented."</p> <p>Inception workshop reported in year 1 annual report</p> <p>Baseline survey conducted, in 1.3 section of the report</p> <p>Design of integrated conservation and health programme in Budongo and Mount Elgon based on completed report in year 3 quarter 1.</p> <p>Recruitment and training of new VHCTs at Mount Elgon occurred in year 1 and 2, in section 3.4 of the report. The same activity will occur at Budongo in year 3.</p> <p>CTPH programs started to be implemented by UWA at Mount Elgon in year 1, in section 3.4 of the report. The same program is planned to begin in year 3 at Budongo Forest by JGI-Uganda and BCFS.</p> <p>Follow up survey to commence in year 3 quarter 4.</p>

	<p>Health programmes are implemented by UWA – Mount Elgon Conservation Area Management and JGI-Uganda - Budongo Forest Reserve, through new VHCT teams (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 assessing over 10,000 participating households in target villages, measured through a 20% increase in number of model households that have gained knowledge about disease transmission between humans and wildlife and the importance of forest and wildlife conservation, acquired any of the following: hand washing facilities, drying racks, drinking boiled water, planting trees, using energy saving cook stoves (by end year 3)</p>	
Output 3.1 Inception workshop held to develop a theory of change and associated monitoring and evaluation tasks		Reported in year 1 of the annual report
Output 3.2 Baseline survey carried out at Mount Elgon and Budongo to understand health status, attitudes and forest use prior to intervention		Completed as planned, in section 3.2 of the report.
Output 3.3 Design for CTPH roll-out agreed and action plan prepared for the two new sites		This will be completed in year 3 quarter 1.
Output 3.4 Selection and training of 93 VHCT members in 9 parishes, minimum 30% women.		This began at Mount Elgon in year 1 where 85 VHCTs were selected and 40% are women, in section 3.4 of the report.
Output 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		Roll out began at Mount Elgon in year 1 with counterpart funding from GDN, in section 3.5 of the report.
Output 3.6 Post survey of random sample at Mount Elgon and Budongo to assess changes in conservation attitudes and health behaviour change		This will commence in year 3.
<p>Output 4. A communication and dissemination strategy to increase the understanding of linkages between primary healthcare and conservation among target audiences in Uganda and</p>	<p>4.1 A communication framework document is published and shared</p> <p>4.2 In Year 3, a workshop held in Uganda, with the Poverty and</p>	<p>The output indicator changed from “Better understanding of linkages between primary healthcare and conservation among target audiences in Uganda and internationally”</p> <p>to</p>

<p>internationally, is developed.</p>	<p>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>4.3 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>4.4 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>4.5. 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>4.6. 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, featuringthe</p>	<p>“A communication and dissemination strategy to increase the understanding of linkages between primary healthcare and conservation among target audiences in Uganda and internationally, is developed.”</p> <p>A communication framework started to be developed and will be completed in year 3</p> <p>An inception workshop with U-PCLG, JGI, NEMA and NFA was held to introduce the project in year 1. A national level workshop to share results of the project is planned for year 3 jointly with the U-PCLG where NAPHENET will also be invited.</p> <p>The research workshop was held with local stakeholders as a project review meeting at CTPH field office in Bwindi in year 2 quarter 4. The final report is planned to be shared with international stakeholders in the UK based on availability of counterpart funds.</p> <p>IIED research report and policy brief, is planned for year 3</p> <p>Oxford University publication based on impact evaluation findings is planned for year 3</p> <p>Village level dissemination by CTPH is planned for year 3.</p>
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	newly appointed VHCTs.	
Activity 4.1 Sharing of preliminary findings through a workshop		Completed at the end of year 2, see section 4.1 of the report, annex...
Activity 4.2 Sharing of research results through a Research Workshop.		To be implemented in year 3 with national level stakeholders
Activity 4.3 Write and publish Research Report and policy briefs, and online materials to share results		To be commenced by IIED in year 3
Activity 4.4 Submit a manuscript and conference abstract describing the evaluation and its results.		To be implemented in year 3
Activity 4.5 Sharing of results to local audiences in Bwindi through VHCT meetings and dissemination to participants.		To be implemented in year 3
Activity 4.6 Meetings to launch new programmes with VHCTs in Mt Elgon and Budongo		Meetings were held with Mount Elgon stakeholders in year 1 of the project. Meetings will be held with Budongo local stakeholders in year 3 quarter 1.

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 programme to these locations]</p> <p>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</p>

			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 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>1.1 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>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 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>

<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 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-</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 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</p>
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	term changes in attitudes and health practices (by end year 3)		within a few months. [experience at Bwindi suggests this is realistic. Longer-term outcomes will be measured in future M&E]
4. Better understanding of linkages between primary healthcare and conservation among target audiences in Uganda and internationally	<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 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</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 4.5Photographs, 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>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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<p>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)</p> <p>1.6 Before-after control intervention strategy variables and data collection tool developed at inception workshop</p> <p>1.7 Collation of datasets on human and gorilla health from CTPH, gorilla conservation and health partners and from secondary data</p> <p>1.8 Data collected from 5,200 treatment and control households using household surveys</p> <p>1.9 Forest transects walked (10 per area), and data collected on forest use</p> <p>1.5 Datasets analysed and research report written</p> <p>2.1. Strategic plan developed for implementation of priority actions at Bwindi, based on research findings</p> <p>2.2. Implementation of priority actions at Bwindi</p> <p>2.3. VHCTs implement revised project with input from project participants, and report back to CTPH</p> <p>3.1 Inception workshop held to develop a theory of change and associated monitoring and evaluation tasks</p> <p>3.2. Baseline survey carried out at Mount Elgon and Budongo to understand health status, attitudes and forest use prior to intervention</p> <p>3.3. Design for CTPH roll-out agreed and action plan prepared for the two new sites</p> <p>3.4. Selection and training of 93 VHCT members in 9 parishes, minimum 30% women.</p> <p>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</p> <p>3.6 Post survey of random sample at Mount Elgon and Budongo to assess changes in conservation attitudes and health behaviour change</p> <p>4.1 Sharing of preliminary findings through a workshop</p> <p>4.2. Sharing of research results through a Research Workshop.</p> <p>4.3. Write and publish Research Report and policy briefs, and online materials to share results</p> <p>4.4. Submit a manuscript and conference abstract describing the evaluation and its results.</p> <p>4.5. Sharing of results to local audience in Bwindi through VHCT meetings and dissemination to participants.</p> <p>4.6. Meetings to launch new programmes with VHCTs in Mt Elgon and Budongo</p>
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We are submitting a request to change the project log frame to a revised log frame based on a revised Theory of Change for the project, see annexes 4, 12 and 13.

Annex 3: Standard Measures

Table 1 Project Standard Output Measures

Cod e No.	Description	Gende r of peopl e (if releva nt)	Nationa lity of people (if relevant)	Year 1 Total	Year 2 Total	Year 3 Total	Total to date	Total planned during the project
6A	Number of people to receive other forms of education/training	30% female	Uganda	85	85	120	120	120
11 A	Number of papers to be published in peer reviewed journals	NA	NA	0	0	0	0	0
11 B	Number of papers to be submitted to peer reviewed journals	NA	NA	0	0	1	1	1
14 A	Number of conferences/seminars/ workshops to be organised to present/disseminate findings	NA	NA	3	3	3	3	3
14 B	Number of conferences/seminars/ workshops attended at which findings from Darwin project work will be presented/ disseminated.	NA	NA	1	1	1	1	1
23	Value of resources raised from other sources (e.g., in addition to Darwin funding) for project work			£25,000	£25,000	£25,000	£75,000	£75,000

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.	