

## Darwin Initiative Main Annual Report

### Darwin Project Information

Project reference	27-002
Project title	Healthy wetlands for the cranes and people of Rukiga, Uganda
Country/ies	Uganda
Lead organisation	Margaret Pyke Trust
Partner institution(s)	International Crane Foundation; Rugarama Hospital; and London School of Hygiene and Tropical Medicine.
Darwin grant value	£325,902
Start/end dates of project	1 <sup>st</sup> January 2021 – 31 <sup>st</sup> October 2023
Reporting period (e.g. Apr 2020 – Mar 2021) and number (e.g. Annual Report 1, 2, 3)	1 <sup>st</sup> January 2021 – 31 <sup>st</sup> March 2021. Annual Report 1
Project Leader name	David Johnson
Project website/blog/social media	<b>Website:</b> <a href="https://margaretpyke.org/environment/projects/">https://margaretpyke.org/environment/projects/</a> <b>Twitter:</b> @MargaretPyke @savingcranes @TheEWT <b>Facebook:</b> @MargaretPykeTrust @InternationalCraneFoundation @EndangeredWildlifeTrust @RugaramaHospital
Report author(s) and date	Kathryn Lloyd, David Johnson and Uwimbabazi Sarah (Margaret Pyke Trust), Adalbert Aine-omucunguzi and Phionah Orishaba (International Crane Foundation), Dr Gilbert Mateeka and Cissy Nampijja (Rugarama Hospital), and Claire Relton (The Endangered Wildlife Trust).  30 <sup>th</sup> April 2021

### 1. Project summary

#### The problem our project is trying to address

The wetlands of Rukiga in Uganda are under increasing human pressures from a growing human population needing farmland. The wetlands are vital for humans (for food and water security, and preventing flooding) and Uganda's national bird, the Endangered Grey Crowned Crane (for nesting habitat).

Our project empowers communities to conserve wetlands and cranes. Key activities provide alternative sustainable livelihoods and healthcare services (reducing unplanned pregnancy), coupled with habitat restoration, and soil and water conservation, enabling long-term wetland health for people and cranes. The project is relevant for 13,500 local people and it is establishing the conditions necessary to enable long-term conservation of Grey Crowned Cranes and improve human health.

#### The biodiversity challenges

Pressures on Rukiga's wetlands are an example of how lack of livelihoods, compounded by population growth and larger family sizes than couples would choose, affect biodiversity and the natural resource base, negatively impacting ecosystem health, human health and poverty.

Drivers of biodiversity loss, which are directly responded to by project actions, are:

- A growing human population with finite land/natural resources available for subsistence farming;
- A current lack of alternative livelihood options meaning communities have little choice other than converting remaining wetland/hillslope indigenous forests for agriculture;
- Unsustainable harvesting of wetland plants; and
- Water pollution from human activities.

### **Human development and wellbeing challenges (poverty alleviation)**

Families lacking the healthcare services needed to choose freely if and when to have children are having larger families. This increases pressure on family income and increases the need to convert further land. Women are far less able to retain any livelihood during and after unintended pregnancy, whereas improved health reduces the number of productive working days lost, reducing poverty. No country has successfully reduced poverty when they have had the human fertility rate the project site has. In addition, households lack access to alternative sustainable livelihoods, and rely predominantly on subsistence farming, which is seasonal and dependent on available water and fertile land.

### **How we identified these problems**

The problems have been identified by long-term knowledge of Ugandan partners working locally and engagement with communities and stakeholders (including during our Darwin Scoping Award trip in 2018). The problems have been confirmed by a comprehensive literature review. For instance, Uganda's National Biodiversity Strategy and Action Plan ("**NBSAP**") under the Convention on Biological Diversity refers to human population increase, gender inequality and poverty as a driver of wetland biodiversity loss and that wetlands are rapidly being eroded for agricultural land and urban settlement. The NBSAP recognises the connections between these issues for wetland biodiversity and poverty alleviation.

### **Project location**

The project is located in south-western Uganda, in the Rushebeya wetland of Rukiga district. There are eight project sites, located in the communities of Nyabirerema, Kyerero/Butare-Ahamurambi, Nyarurambi, Nyakarambi, Nyakagabagaba, Kitojo, Kihanga-Sindi, and Burime. There are also five outreach health centres, located in the communities of Nyabirerema, Muhanga, Nyakarambi, Kihanga-Sindi and Nyakagabagaba (see Annex 4 for the project map).

## **2. Project partnerships**

The partnership brings together conservation and healthcare organisations. As project lead, Margaret Pyke Trust ("**MPT**") provides project partners with support on project management, reporting requirements and financial and administrative management, and leads on the implementation of its sexual and reproductive health training programme (referred to as '**USHAPE**', the 'Uganda Sexual Health and Public Education' training and family planning service improvement model). MPT's Uganda Manager, in collaboration with Rugarama Hospital's project staff, the Community Engagement Manager and two Project Nurses, deliver USHAPE training to project partners and beneficiaries (see section 3.1 and Annex 5 for USHAPE training evidence and samples of training materials and training timetable the training materials themselves run to many hundreds of pages, but can be shared if requested).

Rugarama Hospital ("**RH**") delivers all healthcare project actions at the project outreach health centres. Outreach health centres are small clinics, owned by the Church of Uganda, with a small team of medical staff providing basic healthcare to beneficiaries (see Annex 6 for outreach health

centre evidence including photos). RH liaises with the District Health Officers for Kabale and Rukiga Districts, and the Diocesan Health Coordinator for the Diocese of Kigezi (which supervises all Church of Uganda health facilities, including RH and its outreach health centres). RH is working with MPT and the International Crane Foundation to design and deliver community education on wetland and crane conservation, and family planning.

The International Crane Foundation (“**ICF**”) delivers all wetland and Grey Crowned Crane conservation actions including:

- Monitoring of wetland health (water turbidity, soil quality, and mapping of wetland encroachment), supported by Crane Conservation Groups (ICF trained, Government registered, local community groups) (see Annex 7 for evidence of Community Conservation Group registration and training);
- Monitoring of crane breeding pairs and nests, supported by ‘Crane custodians’ (ICF trained local volunteers) (see Annex 8 for Crane Custodian training, and Annex 9 for ICF crane monitoring);
- Establishing ‘model farms’ demonstrating sustainable farming techniques, training beneficiaries on wetland and crane conservation; and
- Supporting Community Conservation Group members to undertake alternative sustainable livelihoods.

The London School of Hygiene and Tropical Medicine (“**LSHTM**”) delivers actions relating to project monitoring and evaluation, in particular designing the data collection protocol, many of the M&E tools and securing research ethical clearance. LSHTM has trained and is working with MPT and ICF to undertake qualitative ethnographic data collection (interviews and focus group discussions), which are analysed by all project partners (see Annex 10 for evidence of ethical clearance approval letter from Makerere University).

The partnership has only been working on project implementation for three months, although prior to this we collaborated extensively to develop project implementation plans, engaging local leaders, seek ethical clearance for work and other preliminary actions. In the project period, the partnership has strengthened significantly. It opened a project office at RH, at which all project partners work (see Annex 11 for a photo of the team meeting in the project office), they share a project vehicle when conducting fieldwork (see Annex 12 for a photo of the newly purchased project vehicle), and collaborate on project planning and implementing actions (see section 3.1). Particular achievements include the truly cross-sector project design and collaboration, with the project office, including conservation staff, based at a hospital, partners from both conservation and healthcare are working together to implement project actions in an integrated way.

The partnership is based on demand stemming from Uganda, which was identified through all project partners’ work in Uganda. The project design was established in 2018 during our Darwin ‘Scoping Award’ workshop in Uganda, at which all project partners were present and actively engaged.

Project partners regularly consult with local institutions such as District Council, Sub-County Council, Local Council leaders and chairpersons in the planning and implementation of project actions. In addition to key offices such as the Environment, District Health, and Diocesan Health Offices (which supervises all Church of Uganda health facilities, including RH and its outreach health centres). This approach has worked well as Local Councils have been very supportive of our project, for example they have donated land for the project to use in its soil and water conservation activities (see section 3.1). In addition, through consultation with local institutions, new partners have been identified and engaged in the project that were not previously involved, for example RH have invited two Government-run outreach health centres, to train their staff in USHAPE family planning training, so to better reach project beneficiaries with improved healthcare services. Prior to project

implementation, project partners briefed Tom Sengalama, Climate Change and Natural Resources Adviser, UK Foreign, Commonwealth and Development Office in Uganda. Mr Sengalama is supportive of the project and project partners will continue to keep him informed as the project progresses (see our original application for a letter of support from Mr Sengalama).

### **3. Project progress**

#### **3.1 Progress in carrying out project Activities**

##### **Output 1 Activities**

Planning sessions with 22 Local Council Leaders of the Sub-Counties and Parishes to announce the project and further develop project implementation plans were undertaken in February 2021 (see Annex 13 for a sample of attendance lists from the meeting with Rukiga District council leaders). This enabled us to get further project buy-in and support to identify eight community groups, with whom we will work in their capacities as 'Community Conservation Groups' (**CCGs**). The groups have been established by community members to provide support such as micro-finance for the purchasing of farming equipment or seeds, or to provide micro-loans for funeral or healthcare costs. The eight selected groups will support us, once trained primarily by ICF, to undertake activities relating to wetland restoration, wetland and crane monitoring, establish model farms demonstrating soil and water conservation and waste management techniques to community members, and community environmental education, in exchange for alternative sustainable livelihood support. In order for ICF to work effectively with community groups, the groups need to be registered with local government as 'community-based organisations' (we used the non-current 'sustainable enterprise' name in our application form). Of the eight groups selected, two had already registered since the baseline of 0 was recorded in 2019, therefore we supported the remaining six groups to register with local government (this responds to Activity 1.1 in our application form, see Annex 7.1 for a sample of registration certificates).

Trainings on bookkeeping and group dynamics were conducted with 128 members of the eight CCGs in March 2021 (this also responds to Activity 1.1 and contributes to Activity 1.4 in our application form). The training provided learning on how groups can effectively manage their financial records, and provided guidance on skills such as leadership, communication, decision-making, people management, cooperation, and behavioural change. 64 members from the eight CCGs were trained in bookkeeping (comprising 41 female and 23 male), and 64 members were trained in group dynamics (comprising 37 female and 27 male) (see Annex 7.2 for samples of training attendance records, photos and training materials).

Training on crane monitoring was conducted in March 2021 with 30 'Crane Custodians' (comprising 8 females and 22 males) (see Annex 8 for a sample of training attendance records, training materials and photos of training). Crane Custodians are lay-person volunteers selected in collaboration with Local Council Leaders, as they are interested, influential and socially responsible members of their communities. The training provided the Crane Custodians with information on how to undertake 'Survey 123'; a mobile phone app, with specially designed forms to monitor crane sightings and incidents (i.e. deaths through road traffic accidents or collisions with power lines) (see Annex 9.2 for a screenshot of the Survey 123 app form). The Crane Custodians use the app to report on crane data, which is submitted through the app to the project team for analysis. The training also provided practical information on how to safely monitor cranes and safeguard breeding pairs, in addition to information on crane and wetland conservation, which Crane Custodians will use to undertake community awareness activities in their villages. At the training, Crane Custodians were provided with equipment for crane monitoring including mobile phones, Wellington boots, umbrellas and uniforms (clothes made in a local fabric) (these activities respond to Activity 1.5 in our application form).

Crane monitoring was undertaken throughout the reporting period. A protocol has been developed to monitor long-term population trends of Grey Crowned Cranes in Rukiga district. The team will use Fixed Route Surveys as a means to understand crane population trends and habitat use over the long-term. The Fixed Route Survey map shows the location of four routes spread across the district. We had initially planned on sharing this map in Annex 9.1 but due to concerns as to the illegal trade in cranes, we have elected to redact evidence on this point. The four fixed routes will be used throughout the entire project period to assist understand whether crane populations in the region are stable, increasing or decreasing over the course of the project and in years following. Fixed Route Surveys will be repeated every two to three months, so that seasonal changes in movements can be understood. In February, ICF conducted the first fixed route surveys. Baseline data indicates that along these four routes, there were an average of 2.62 ( $\pm 4.033$ ) cranes sighted per km. In addition, crane breeding site surveys were conducted from January to March. We are currently in the midst of the breeding season. A total of 11 breeding pairs were identified, four pairs unfortunately lost their chicks to predation, while seven pairs produced 13 chicks in total, which suggests a nesting success of 1.18 chicks per nesting female (these activities respond to Activity 1.6 in our application form, see Annex 9.3 for photos of crane nest monitoring). Monitoring of these chicks will continue to fledging age, in order to determine overall breeding success. Throughout the course of the project, we will attempt to locate additional breeding sites and nesting pairs in order to increase the sample size to improve the accuracy of our calculations of breeding success in the project area.

### **Output 2 Activities**

One acre of land has been acquired and cleared in preparation of establishing model farms in Rwamucucu sub-county, which will be used by CCGs to demonstrate soil and water conservation, including Napier grass and bamboo nurseries, and waste disposal techniques to community members. The Rwamucucu Sub-County Leader generously donated the land to the project (these activities respond to Activity 2.1 in our application form, see Annex 14 for a photo of the land being sprayed to prepare it for establishing the model farm). In addition, water turbidity tubes were purchased in February and have arrived at the project site from South Africa ahead of training in their use, scheduled for next quarter. Water turbidity tubes are used to collect and track data from wetlands on pollution run-off from homesteads and soil erosion from uplands (this activity responds to Activity 2.6 in our application form).

Planning sessions were undertaken in January and February with the two District Health Officers for Kabale and Rukiga Districts, the Diocesan Health Coordinator for the Diocese of Kigezi, and 12 staff at all four outreach health centres (see Annex 6.1 for a photo of the meeting with Muhanga Health Centre II). After the meetings, RH finalised the programme to reopen the four existing unused/under used outreach health centres (this activity responds to Activity 2.3 in our application form). Through these consultations, RH also established that, in order to better serve the project site communities with health services an additional three outreach health centres could be included in project actions. RH will implement a mobile outreach health centre (a temporary clinic set up in a public building such as a school and/or church) in Kihorezo and will support two government-run health centres, to receive USHAPE family planning training, benefitting more people than initially estimated with improved family planning services.

### **Output 3 Activities**

The recruitment of four project nurses was undertaken by RH in April 2020 and in January 2021. The nurses are leading on the roll out of family planning service delivery at the outreach health centres. The project nurse recruited in April 2020 is MPT's USHAPE Manager, who was subsequently trained by MPT in USHAPE training and teacher training so that she could deliver USHAPE training for our project. In January, MPT and RH delivered USHAPE family planning training to increase the three project nurses' (recruited in January) knowledge of family planning skills, such as family planning counselling of community members, provision of contraceptive

methods such as implants and pills, family planning awareness raising through community talks, and engaging hard to reach populations. The nurses passed the final exam with an average score of 94 percent (these activities respond to Activities 3.1 in our application form, see Annex 5.1 for post-training report). In March, MPT and RH also delivered USHAPE family planning training to 28 project staff (comprising 20 females and 8 males) at RH, which increased knowledge of family planning and family planning skills. Delegate's average pass mark in the final exam was 85 percent (this activity responds to Activity 3.2 in our application form, see Annex 5.3 for photos of the training and a sample of exam results, in addition see Annex 5.2 for the USHAPE training programme and Annex 5.4 for a sample of USHAPE materials, used in all USHAPE training).

In February 2021 four outreach health centres were opened: Muhanga Health Centre II, Nyakarambi Health Centre II, Nyabirerema Health Centre II, and Kihanga Health Centre III. In February and March, 109 (comprising 100% female) community members received healthcare services, of which 51 received family planning services. Services provided by the project nurses and the outreach health centre staff included basic healthcare, family planning counselling and service provision, general health education, cervical cancer screening, and sexually transmitted infection screening (these activities respond to Activity 3.5 in our application form, see Annex 6 for photos of family planning services being offered and outreach health centre records).

Training in the implementation of project data collection and monitoring and evaluation tools relating to healthcare delivery was provided by MPT and RH to nine project staff (the three female project nurses and six other healthcare staff, comprising four females and two males) in February and March. The training provided guidance on how to implement the London Measure of Unplanned Pregnancy (“**LMUP**”) and how to screen patients for unmet need for family planning. LMUP, developed by UCL Institute for Women's Health, is used to evaluate rates of unplanned pregnancy. The tool comprises six questions, which healthcare providers ask of every woman visiting the outreach health centres, to establish if their current or last pregnancy was planned for or if it was unintended. Similarly, screening for unmet need for family planning enables healthcare providers to track the percentage of family planning need in the patient population. MPT and LSHTM developed the USHAPE Screening Questions tool, which comprises four questions that the healthcare providers ask of all women of reproductive age, to track the number of women who do not want to get pregnant now but who are not using contraception. These tools will be implemented next quarter and will be analysed monthly (unmet need) and biannually (LMUP) (these activities respond to Activity 3.7 in our application form, see Annex 15 for samples of the tools).

#### **Output 4 Activities**

IUCN World Conservation Congress (“**WCC**”) has been postponed until September 2021. During the reporting year we have finalised the outline of 15 events at the “Biodiversity & Family Planning” pavilion, with “Healthy wetlands for the cranes and people of Rukiga, Uganda” featuring in four events and being the sole focus of one of those four. In addition, planning for our WCC plenary session has continued with partner organisations who we want to bring in to work with us on the event. On 29 April 2021 IUCN announced that World Conservation Congress will become a hybrid event, partially held in Marseilles, partially online. We have not yet been advised by IUCN as to whether we can retain the “Biodiversity & Family Planning” pavilion stated in our application. However, we have been advised that it is likely that we will be offered at least equal virtual opportunities. At present, we are hoping for the best, but planning for the worst, which would be that we would only be able to hold two events at the virtual Congress relating to the project (these activities respond to Activities 4.1 and 4.2 in our application form).

Damian Carrington of the Guardian informed us last year that the Guardian might be interested in taking an article on this project and the links between wetland conservation, Grey Crowned Cranes, poverty alleviation, and family planning but later in the project cycle when data is being

generated as to impact. We have secured an opinion piece in IUCN's prestigious "Crossroads" publication, which we anticipate being published in May/June. Subject to editing, the article will refer to this project, and the support of the project by the Darwin Initiative (these actions respond to Activity 4.3 in our application form).

Ethical clearances have been secured from Makerere University School of Social Science Research Ethics Committee and Uganda National Council for Science and Technology by LSHTM this year. This has enabled LSHTM to initiate baseline qualitative ethnographic data collection, in collaboration with MPT and ICF, in project sites, which commenced in March. Also in March, LSHTM trained three female staff from LSHTM, MPT and ICF in qualitative research skills, including in-depth interview techniques, focus group discussion management, and the qualitative protocol including research ethics (these activities respond to Activity 4.5 in our application, see Annex 16 for the training agenda).

### **3.2 Progress towards project Outputs**

**Output 1:** Community Conservation Agreements secured with Community Conservation Groups supporting: (a) sustainable livelihoods; and (b) conservation actions including habitat restoration, and management and monitoring of wetlands and cranes.

Identification and selection of the eight CCGs and the subsequent support provided to register six of the groups with the local government as 'Community-based organisations', resulted in all eight groups being registered (see section 3.1 and Annex 7.1 for certificates). The CCGs will, in the next financial year, negotiate Community Conservation Agreements outlining conservation actions including wetland restoration, wetland and crane monitoring, establish model farms demonstrating soil and water conservation and waste management techniques to community members, and community environmental education, in exchange for alternative sustainable livelihood support. Grey Crowned Crane breeding pairs have increased from 15 (2019 baseline) to 19 in 2021 and monitoring continues, using Survey 123 along the four fixed routes (see section 3.1 and Annex 9.1 and 9.2 for fixed route map and Survey 123 example), and breeding sites identified off the routes. It is highly likely that we will achieve this output as engagement with the eight CCGs is frequent and positive, and the groups' levels of interest is high, with planning already having commenced with a number of groups with regards to their chosen livelihoods.

**Output 2:** Community members participate in activities that benefit human and environmental health.

The acquisition of land on which demonstrations will be held next financial year will enable project partners to train community members how to implement soil and water conservation methods, sustainable agriculture practices and environmentally sound waste disposal methods. Progress on this indicator will be measured through monitoring the number of households that have adopted the practices. Community member attendance (first time and follow-up visits for family planning services) to the outreach health centres has increased from 0 (2019 baseline) to 51 this financial year, measured using health centre records. Water clarity tubes purchased this financial year will enable project staff, CCGs and Crane Custodians to be trained in their use and to measure water clarity scores in the next financial year, which will be measured using training records and water clarity scores indicating wetland pollution from homestead, run-off and erosion of soil from uplands into the wetlands. It is likely that we will achieve this output as outreach health centre staff received USHAPE family planning training at the end of March, after which time we expect engagement with community members on family planning to increase, in addition to the opening of a fifth health centre in the following financial year.

**Output 3:** Healthcare providers deliver family planning services, which are taken up by community members.

The opening of four outreach health centres providing family planning services has increased from 0 (2019 baseline) to four this year, measured using health centre records (see section 3.1 and Annex 6 for health centre photos and service delivery records). In addition, the training of nurses in USHAPE family planning skills training obtaining over 80 percent increased from 0 (2019 baseline) to 31 in the reporting year (see section 3.1 and Annex 5 for USHAPE training records), measured using USHAPE post-training reports, including pre- and post-exam results. The training of nine outreach health centre staff and project nurses in the implementation of the LMUP tool will enable health centres to commence the measurement of unplanned pregnancies in project site communities next financial year, measured by analysis of the LMUP reports (see section 3.1 and Annex 15 for the LMUP tool). It is likely that we will achieve this output as good progress has already been made, despite the fact that we are only three months into our 34-month project.

**Output 4:** Increased awareness, among conservation policy makers and project implementers, of the relevance to biodiversity conservation of integrating family planning and conservation actions, by reference to the project.

See (see section 3.1) “Output 4 Activities” – the situation has changed in respect to IUCN World Conservation Congress on the day prior to submission of this report, we remain confident that at the hybrid Congress that we will increase awareness, but we cannot say, as of today, exactly how IUCN changes will impact our plans. The securing of an opinion piece in IUCN’s prestigious “Crossroads” publication will further engage conservation policy makers and project implementers.

### **3.3 Progress towards the project Outcome**

**Outcome:** Conditions established to enable improved long-term wetland health, benefitting the eight communities of Nyabirerema, Kyerero/Butare- Ahamurambi, Nyarurambi, Nyakarambi, Nyakagabagaba, Kitojo, Kihanga-Sindi, and Burime near Kabale’s (being around 13,500 people) and Grey Crowned Cranes, through wetland restoration and management, healthcare service provision, community education and sustainable livelihood provision.

With only three months of project activities having been undertaken, it is a little early to focus in too much detail on the progress towards the project Outcome other than to say we remain confident that we will do so and we are not aware of anything to highlight that the indicators for measuring the intended Outcome are inadequate. We believe we are on track to achieve the Outcome by the end of funding, although that is not to say that we believe that at the end of the funding period that we would want to end activities in the area.

With the eight CCGs already registered and with 267 registered members (comprising 141 females and 126 males) of those CCGs (representing 267 households), the crucial first stage to reach the targets in indicators 0.1 and 0.2 has been achieved on schedule (see Annex 7.3 for a sample of the CCG members lists). Visits made by community members to the four outreach health centres in the reporting year increased from 0 (2019 baseline) to 109, and this was achieved in a brief three month window when the majority of the project staff time was spent on training clinicians, rather than service delivery. We have no reason to be concerned that by the end of month 34 the target in indicator 0.3 will not be met, given this strong start. We anticipate numbers will increase quickly following further training and the subsequent reopening of another outreach health centre. Of the four outcome indicators, indicator 0.4 is the one where relatively little work has been undertaken in the first three months, although that was planned.



### 3.4 Monitoring of assumptions

#### Outcome assumptions

**Assumption 1:** No major shocks to the local economic situation, healthcare system or otherwise hampering the undertaking of livelihood or health activities (such as Ebola or other major health outbreak, civil unrest, or political instability).

**Comments:** The outbreak of the COVID-19 pandemic has been a major shock to Uganda's healthcare system and economy, which has understandably affected our work. We chose to delay project implementation by seven months (June 2020 to January 2021) to enable RH to respond to the urgent COVID-19 healthcare crisis. Once the project commenced, project partners redesigned project plans to ensure activities adhered to the Government of Uganda's 'Standard Operating Procedures', specifically with regards to large gatherings such as training events. Where project partners implemented training events, only small events could take place, for example, ICF reduced the number of delegates and focus on cascade training (where those participants selected to attend training were supported to train other members in their community groups who were not able to attend). The Ugandan general elections were held on 14<sup>th</sup> January and did not affect project implementation.

**Assumption 2:** No major weather related events (such as landslides due to heavy rains) destroying land subject to livelihood activities or damaging roads (preventing training activities taking place).

**Comments:** No change in assumption. There have been no major weather related events and we continue to closely monitor weather events through our regular contact with Community Conservation Groups, Crane Custodians, and Health Centre staff.

**Assumption 3:** The Government continues to allow the registration of Community Conservation Groups and does not make any legislation impacting family planning provision.

**Comments:** This assumption still holds. The Government has not announced any new legislation impacting family planning provision and we do not anticipate it to do so in the foreseeable future, as Uganda has committed to scale up the use of family planning methods to address its high total fertility, maternal mortality, and teenage pregnancy rates. Nor do we anticipate the Government changing its support of Community Conservation Groups and this year, officials have been extremely supportive of the project, contributing to its development and implementation.

#### Output 1 assumptions

**Assumptions 1, 2 and 3:** In our application, these are a direct repeat of Outcome assumptions 1, 2 and 3. Therefore, please refer above.

**Assumption 4:** Regional Grey Crowned Crane population and other biodiversity do not experience significant declines caused by external factors outside of project control (new or emerging threats such as extreme weather events.)

**Comments:** This assumption still holds. No significant decline has been witnessed through project crane monitoring and no extreme weather events are expected, however this situation is monitored regularly.

#### Output 2 assumptions

**Assumptions 1 and 2:** In our application, these are a direct repeat of Outcome assumptions 1 and 2. Therefore, please refer above.

**Assumption 3:** No major pollution event within project watershed from new or unanticipated source.

**Comments:** No change in assumption. There has been no major pollution event reported or monitored, and no new source is anticipated to affect the project site.

### **Output 3 assumptions**

**Assumption 1:** In our application, this is a direct repeat of Outcome assumption 1. Therefore, please refer above.

**Assumption 2:** No major weather related events (such as landslides due to heavy rains) damaging roads (preventing outreach clinics operating and/or training activities taking place).

**Comments:** No change in assumption. There have been no major weather related events and therefore the clinics have opened, healthcare services have been provided and training has taken place.

**Assumption 3:** Healthcare workers employed within the first year.

**Comments:** This assumption holds true. Three project nurses were employed and trained in January 2021.

**Assumption 4:** As at present, none of Rugarama Hospital's nurses or the area's Village Health Teams have had USHAPE family planning training. It is possible that in-migration from elsewhere in Uganda to Kabale of nurses or VHT volunteers we have trained elsewhere would increase baseline at project commencement to above 0.

**Comments:** This assumption holds true. There have been no in-migration of staff to RH or VHTs into the project area.

**Assumption 5:** The Crude Birth Rate and Unplanned Pregnancy Rate, taken from the latest Demographic and Health Survey, is accurate (used for the London Measure of Unplanned Pregnancy indicator).

**Comments:** This assumption holds true. This remains the most accurate national data source.

### **Output 4 assumptions**

**Assumption 1:** IUCN conference takes place as planned and is not cancelled/postponed due to political, environmental or other shocks.

**Comments:** This assumption still holds true, however, see 3.1 above "Output 4 Activities".

**Assumption 2:** Damian Carrington, the Guardian's environment editor, has already notified us that the Guardian wants to cover the project when funding is obtained, the assumption is that once funding is obtained the Guardian will still wish to publish this article.

**Comments:** This assumption still holds.

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

#### **Project impact in our original application form**

Anthropogenic pressures on the wetlands of Rukiga, Uganda, are reduced resulting in decreased poverty and improved human health, increased biodiversity, and long-term conservation of Grey Crowned Cranes and their habitat.

#### **The contribution our project is making to the higher-level impact on biodiversity conservation**

Through crane monitoring and building the capacity of Crane Custodians to safeguard breeding cranes, the project is contributing to current data and conservation of the globally Endangered Grey Crown Cranes. Planting of Napier Grass on hillslopes to reduce soil erosion and subsequent deposition in Rushebeya-Kanyabaha wetland will improve the health of the wetland and its ability to support biodiversity. Participation of local communities in restoring Rushebeya-Kanyabaha wetland and wetland management will contribute to improved wetland and biodiversity conservation in the area. Moreover, wetland restoration will reduce the amount of peat exposed to the atmosphere, reducing greenhouse gas emission and its subsequent effects on biodiversity.

#### **The contribution our project is making to a higher-level impact on human development and wellbeing (poverty alleviation)**

Our project will provide communities with alternative sustainable livelihoods, which will directly respond to poverty alleviation. The training and support provided to the eight CCGs in group dynamics and bookkeeping this year was in preparation for alternative sustainable livelihoods provision. The aim of these enterprises is to increase household income and reduce poverty in the project communities. Our project also provides family planning healthcare, which enables people to choose their desired family size and avoid unintended pregnancy. Unintended pregnancies place a financial burden on families, and women who are able to stop or delay childbearing when desired are better able to participate in livelihoods, enabling them to support their families with additional income and in the long-term, contribute to the economy.

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

Our Grey Crowned Crane monitoring, habitat restoration/management, establishment of wetland buffer zones, and Conservation Agreement protection of wetlands/uplands contributes to SDG 15 and 16. In particular, target 15.1 (wetland restoration and sustainable use) target 15.3 (soil restoration), and target 15.5 (protection of threatened species and reducing habitat degradation), and targets 6.3 and 6.6 (improving water quality, reducing pollution and restoring wetlands).

Our provision of alternative sustainable livelihoods and improved farming practices enabling income generation and improved food production contributes to SDGs 1 and 2. In particular, targets 1.1 and 1.2 (poverty reduction), targets 2.1 and 2.2 (reduction of hunger and increasing access to nutritious and sufficient food), targets 2.3 and 2.4 (increase agricultural productivity and incomes of small-scale food producers, in particular women, and implementation of resilient agricultural practices that increase productivity and production, and that help maintain ecosystems).

Our provision of reproductive health services contributes to SDGs 3 and 5. In particular, target 3.7 and target 5.6 (ensuring universal access to sexual and reproductive healthcare services, including for family planning, and the integration of reproductive health into programmes), targets 3.1, 3.2, 3.3 and 3.8 (improving infant and maternal health and wellbeing), and target 5.5 (ensuring women's equal opportunity – by enabling women to balance their productive – livelihood – and reproductive roles).

By responding to multiple SDGs, we mutually reinforce and amplify impact across SDGs. Our multi-sector approach contributes to SDG 17's call for multi-stakeholder partnerships.

This year we have contributed to all of the above SDGs, to the extent reasonably possible within merely three months of project implementation.

## 5. Project support to the Conventions, Treaties or Agreements

A fuller response to this question will be possible in later reports, with only three months of project activities being undertaken, much of the work has been on training and set up, rather than these higher level actions, which will increase in frequency throughout the project period. To the extent we can report after three months:

This project is directly contributing to numerous Aichi Targets, specifically:

- Strategic Goal B (Reduce direct pressures on biodiversity and promote sustainable use), particularly targets 5, 7 and 10;
- Strategic Goal C (Improve the status of biodiversity by safeguarding ecosystems, species and genetic diversity), particularly targets 11, 12; and
- Strategic Goal D (Enhance the benefits to all from biodiversity and ecosystem services), particularly targets 14 and 15.

Project actions respond to pressures Uganda's National Biodiversity Strategy and Action Plan ("NBSAP") under the Convention on Biological Diversity refers to: human population increase, gender inequality and poverty as a driver of wetland biodiversity loss and that wetlands are rapidly being eroded for agricultural land and urban settlement. The NBSAP recognises the connections between these issues for wetland biodiversity and poverty alleviation. Interaction with host country convention focal points includes the commitment to share data with the National Environment Management Authority.

This project is also responding to the Convention on the Conservation of Migratory Species of Wild Animals as the Grey Crowned Crane is a priority species under the African Eurasian Migratory Waterbird Agreement ("AEWA"). The International Single Species Action Plan for the Conservation of the Grey Crowned Crane was approved by the Meeting of the Parties to AEWA in 2015. Uganda, an AEWA signatory, uses the International Plan as a baseline, adapted the plan and finalised the Uganda Single Species Action Plan in 2018. Our project directly contributes to a number of activities in both plans, reducing the key threats of habitat loss, human and livestock disturbance, benefiting people through alternative livelihoods, and building resiliency.

Most specifically, this project addresses the following activities outlined in the International Species Action Plan:

- 2.1.3 Ensure organised and regulated use of sites by local communities;
- 2.1.4 Raise awareness about their impact on Grey Crowned Cranes;
- 2.2.3 Raise awareness on ecosystem services of wetlands;
- 3.2.1 Provide alternative livelihoods to reduce extent of agriculture and protect ecosystem services;
- 3.2.2 Provide best practice guidelines for environmentally friendly agriculture;
- 3.2.3 Support communities to implement these guidelines;
- 4.1.1 Develop standardised monitoring protocols and conduct population surveys;
- 4.2.2 Conduct monitoring; and
- 4.11.1 Develop protocols to measure the effectiveness of conservation and encourage uptake of the protocol.

This project also responds to the United Nations Framework Convention on Climate Change. The average annual rainfall in Uganda is not predicted to change significantly over the next 60 years, but the timing will shift and the occurrence of extreme events will increase. Already, Rukiga has experienced this, with an increase in landslides due to heavy downpours, in a landscape now devoid of indigenous vegetation. Rukiga has Uganda's highest malaria mortality rate, due to the increasing night temperatures facilitating the distribution of the Anopheles mosquito where they previously did not occur. Our project is increasing community resilience by expanding climate smart agriculture and diversifying livelihoods, implementing wetland restoration reducing evaporation rates and improving ecosystem services of flood attenuation and water management, and reducing the amount of peat exposed to the atmosphere, reducing greenhouse gas emissions (Uganda is the African country emitting the most greenhouse gas emissions due to wetland loss).

We have been working with Dr. Akankwasa Barirega, Commissioner for Wildlife at the Uganda Ministry of Tourism, Wildlife and Antiquities, which houses the convention on Migratory species and focuses on conserving the Grey Crowned Crane. Dr. Barirega is the UNEP, CMS and AEWA National Focal Point and we have been working with him this year to develop a Memorandum of Understanding covering project actions.

## **6. Project support to poverty alleviation**

Our project is contributing to a reduction in poverty through the implementation, support and mentoring of communities in alternative sustainable livelihoods and in the provision of family planning healthcare services and education.

A direct poverty impact of our project's alternative sustainable livelihood provision (see Outcome indicator 0.2) is the increased household financial security it provides and support in accessing new markets to sell produce. Households engaging in alternative sustainable livelihoods are able to engage in alternative income generating activities in addition to subsistence farming, which relies on favourable weather conditions, good soil quality and adequate land for cultivation, all of which is under threat from a growing population needing access to farmland. The direct beneficiaries of the alternative sustainable livelihood provision are the 262 Community Conservation Group members living in the project sites adjacent to the wetland. This financial year we trained the Groups on bookkeeping and group dynamics (see Annex 7), to help them to manage themselves effectively once the livelihoods are provided in the coming financial year.

The reproductive health service improvements have only begun in the last few weeks, but a direct impact on poverty will be the reduction in unintended pregnancies that we will be able to demonstrate in later time periods. With 13,500 community members benefiting from greater healthcare services and healthcare providers with greater knowledge, skills and confidence in family planning service provision and community engagement on family planning education (see outcome indicator 0.3 and output indicators 2.2 and 3.1) many families will benefit. Families lacking the healthcare services needed to choose freely if and when to have children, are having larger families. This increases pressure on family income and increases the need to convert further land. Women are far less able to retain any livelihood during and after unintended pregnancy, whereas improved health reduces the number of productive working days lost, reducing poverty. A reduction in unintended pregnancy therefore, in the long-term, reduces human pressure on the wetland and uploads, leading to improved ecosystems services. This financial year we reopened four outreach health centres and provided healthcare services to 109 of beneficiaries, including 51 for family planning services (see Annex 6). An additional indirect poverty impact is increased awareness about the value of cranes and wetlands and increased awareness of the importance of family planning, through our community education on crane and wetlands and family planning.

## **7. Consideration of gender equality issues**

Gender equality is impossible, in any context, without unrestricted access to reproductive health services. The project therefore has a particular focus on gender equality, given the provision of such services is a key project element. A significant amount of reproductive health training of Rugarama Hospital clinicians has been undertaken in the quarter. Disaggregated data highlights that of the clinicians trained 24 were women and eight were men (total 32). All 32 of these clinicians scored 80% or more, passing their qualification (see output indicator 3.2 and Annex 5). In terms of upskilling professional qualifications of Rugarama Hospital staff there has been a disproportionate focus on training of women. Provision of healthcare services (including reproductive health services) commenced in February 2021. In later project periods, we will report in detail on the direct gender equality impacts of the service delivery project activities, but at this initial stage we can confirm that 109 women and 0 men were provided with health services. Evidence from health centres confirms that men are less likely to use health centres except for dental treatment and HIV testing, however we anticipate that more males are likely to engage, once promotion begins next year.

The Community Conservation Groups have been established with disaggregated data highlighting that collectively the membership of these groups is made up of 142 women and 120 men (see outcome indicator 0.2 and annex 7), ensuring that women are disproportionately represented within decision-making structures. Given the patriarchal nature of the communities, we believe that relative over-representation in the number of women within these structures is necessary to ensure the collective voice of women is equal to the collective voice of men. Of the 30 Crane Custodians appointed to date, 8 are women and 22 are men (see annex 8).

## **8. Monitoring and evaluation**

In relation to the connection between Outputs, Activities and the Outcome, we chose to supplement the logical framework with a Theory of Change. This has been developed following the Open Standards for the Practice of Conservation and uploaded on to the Miradi database, with the project being used as a flagship Miradi project (see annex 17 for a sample of our project's Theory of Change). All indicators of success are being recorded on Miradi, with the qualitative and quantitative measurements of success being reviewed and analysed as part of the work of the London School of Hygiene & Tropical Medicine. Our aim is that this project can be used as a model project in terms of monitoring and evaluation of cross-sectoral projects. There have been no material changes made to the M&E plan. All partners share the M&E work, overall coordination is undertaken by MPT, with ICF leading on the uploading on Miradi. The only area identified for improvement is that ICF are continuing to offer further training in respect of Miradi.

## **9. Lessons learnt**

### **What worked well this year**

Our approach to using local and local government structures as the point of entry to the communities worked well. We have built strong relationships with local leaders, including at the District level (the highest local level), the Chief Administrative Officer, at the County Level, the District Community Development Officer and Environment Officer, at the Sub-County Level, the Council Chiefs and Chairpersons, and at the Local Council Level (the smallest local level), Local Council Leaders. Local government engagement has therefore considerably strengthened our project, for example Local Council Leaders have offered us a plot of land on which to establish our soil and water conservation (model farms) demonstrations, and the Environment Officer's regular attendance at project planning meetings has enabled us to further identify areas of wetland for restoration. In addition, our work with the District Health Officers for Rukiga District

and neighbouring Kabale District, and the Diocesan Health Coordinator for the Diocese of Kigezi have been instrumental in project planning for healthcare provision. They released staff from both Government and Church of Uganda health facilities (and hired additional staff to provide cover) so that they could join USHAPE training. For example, they advised us on which communities used each outreach health centre, which resulted in us identifying two additional Government outreach health centres to involve in our project, in order to better support our project site communities with healthcare. In addition, through our ongoing engagement with community members in the project sites, community leaders have requested we consider setting up demonstration sites for soils and water conservation using bamboo in addition to Napier grass. This was not something we had previously considered and so are grateful to the community for their inputs.

### **What we would have done differently**

From an administrative perspective, if we had to do it again, we would choose to start the project earlier in the financial year so to reduce the pressure administrative/financial management pressure on project partners who had only just started project implementation. This financial year we started work in January 2021, due to COVID-19 delays, however this was not how we had initially planned to operate. We would also engage institutions granting ethical clearance earlier in the year. Academic institutions in Uganda closed due to COVID-19 and when they reopened, they had a directive to focus on research regarding COVID-19, which delayed other applications such as ours. In addition, COVID-19 restrictions on large gatherings meant that we were unable to invite all desired participants to our training events. If we could do it again, without COVID-19 restrictions we would have invited more community members to training events, as it increases engagement and buy-in.

### **Recommendations we would make to others doing similar projects**

From a monitoring and evaluation perspective, we would recommend engaging institutions granting ethical clearance as early as possible, to avoid potential delays and additional pressure at the start of project implementation. We would also recommend starting project implementation earlier in the financial year (i.e. not in the last quarter), to avoid the risk of losing budgets that have not been able to be spent in the financial year, due to inevitable delays in the first three months of any project implementation. In addition, we would recommend working in cross-sector partnerships to enable greater impacts for project beneficiaries and ecosystems alike.

### **How we will build this learning into the project and future plans**

We will continue to work closely with government and diocesan officials to support project implementation and engagement with project communities. We will continue to closely monitor projected budgetary spend each quarter, as we did in quarter 4, so to avoid any potential issues at year-end. We will ensure ongoing ethical clearance is obtained with ample time for potential unexpected delays or future COVID-19 impacts. We will ensure to continue to engage community members to guide our ongoing project planning and implementation, and to ensure learning is cascaded and updated when needed. In addition, we will implement the soil and water conservation demonstrations using bamboo, in addition to Napier grass, as was requested by community leaders.

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

Not applicable as this is our first annual report.

## **11. Other comments on progress not covered elsewhere**

The design of the project has been enhanced, as the delayed start date enabled us to secure funding to increase the work of LSHTM, which is now undertaking ethnographic and other research to help us shape the community education aspects of the project. Ugandan researchers

are currently thoroughly investigating the specific environmental, livelihood and health challenges and how the project communities make decisions about and respond to these challenges to adapt the means of communication education. There are no specific difficulties or particular risks.

## **12. Sustainability and legacy**

We believe that after merely three months into the project it is premature to respond more fully to this question at present. The priority in the first three months has been training, set up and further baseline work.

## **13. Darwin identity**

The most significant promotional tool has been our YouTube video our project, made by an Emmy Award winning film maker. The Darwin Initiative logo features in this very well received video (Annex 18). An article for IUCN's Crossroads has been written, stating the financial support of the Darwin Initiative, with publication assumed to be in summer 2021. There have been numerous social media posts from the project partners, with the Darwin Initiative tagged. The Trust has also used the project in its advocacy work, promoting both the project, and the Darwin Initiative's support, at meetings of the IUCN's National Committee UK and as part of its submission to the Dasgupta Review.

## **14. Impact of COVID-19 on project delivery**

COVID-19 impacts many project activities on a daily basis, but we do not feel that the extent of the impact will be material in the long run. There have been changes to the way we have undertaken activities, often additional work has been generated, but we do not anticipate any longer-term delays. An example of the kind of changes implemented is that we were forced to reduce the number of training delegates for training courses, to allow for social distancing. Furthermore, during the selection process of the CCGs, we were unable to meet all CCG members at one time, as we would ordinarily do, but meet only with executive committee members, with us requesting the executive committee consult their members. We do not believe there will be a material impact on the Outcome because of these kinds of changes.

We are adhering to the Ugandan Government's Standard Operating Procedures on COVID-19 to assure the health and safety of project staff and beneficiaries. It should be remembered that one of the project partners is a hospital, and we are therefore particularly well placed to respond in a pandemic. The provision of health services to the project communities, which previously had little to no clinical service provision, means we are able to assist with the response to the pandemic.

## **15. Safeguarding**

Please tick this box if any safeguarding or human rights violations have occurred  during this financial year.

If you have ticked the box, please ensure these are reported to [ODA.safeguarding@defra.gov.uk](mailto:ODA.safeguarding@defra.gov.uk) as indicated in the T&Cs.

Given the nature of the Margaret Pyke Trust's work, it has comprehensive safeguarding policies, procedures and training. In the last quarter the Margaret Pyke Trust (**MPT**) supported ICF and RH to review and update their safeguarding policies and provided training on those policies. No updating of MPT's own policy has been required, although this policy is reviewed quarterly. There have been no safeguarding concerns in relation to the project. Given the importance of safeguarding this is a standing item considered every month by project partners, so that all project partners are always cognisant of its importance, rather than it being a topic only considered at the time of making an application and/or periodic donor reporting.



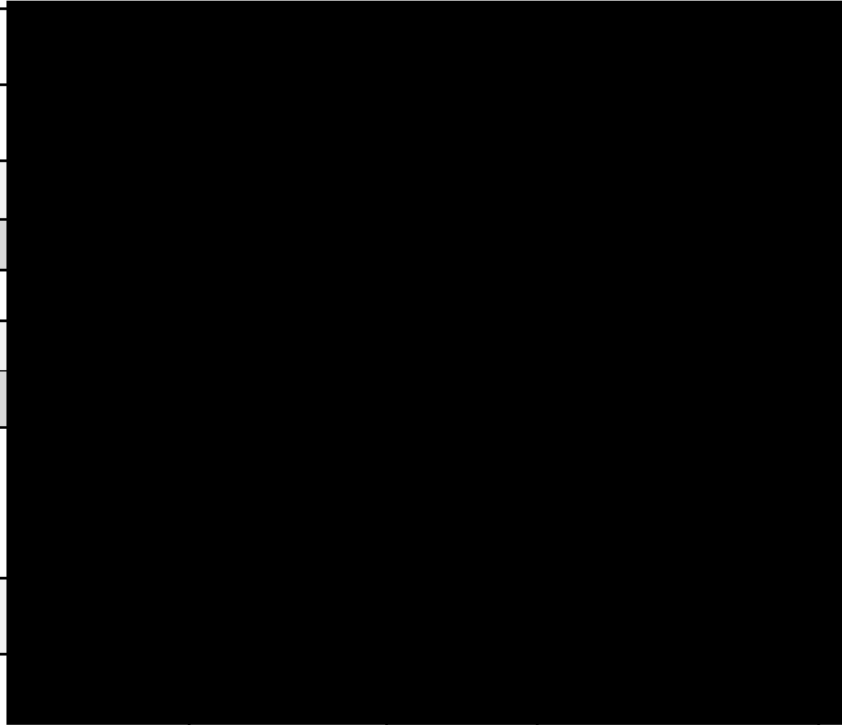
## 16. Project expenditure

**Table 1: Project expenditure during the reporting period (1 April 2020 – 31 March 2021)**

Project spend (indicative) since last annual report	2020/21 Grant (£)	2020/21 Total Darwin Costs (£)	Variance %	Comments (please explain significant variances)
<b>Staff costs</b>				
Kathryn Lloyd				
Sarah Uwimbabazi				
Nataliya Cuttell				
Adalbert Aine-Omucunguzi				
Phionah Orishaba				
Monitoring and Evaluation Assistant (To be appointed)				
Cissy Nampijja				
Saviour Asiimwe				
Immaculate Akacungura				
<b>Staff costs total</b>				
<b>Consultancy costs</b>				
-				
<b>Consultancy costs total</b>				
<b>Overhead Costs</b>				
Margaret Pyke Trust				
International Crane Foundation				
Rugarama Hospital				
<b>Overhead costs total</b>				
<b>Travel and subsistence</b>				
International travel				
National travel				
Fieldwork travel and subsistence				
<b>Travel and subsistence total</b>				
<b>Operating Costs</b>				
Alternative sustainable livelihood provision and training of Community Conservation Groups on livelihoods and conservation actions (Activities: 1.1, 1.2, 1.4, 1.5)				

<p>Training of community members on soil and water conservation methods, agricultural practices, sustainable waste disposal methods, and family planning (Activities: 2.1, 2.2, 2.4, 3.3, and 3.4)</p>	
<p>Rugarama Hospital cost for implementing the healthcare outreach service delivery package (Activities: 2.3 and 3.5)</p>	
<p>Training for direct project staff and broader partner organisation staff (Activities: 3.1, 3.2, and 3.6)</p>	
<p>Operating costs total</p>	
<p><b>Capital items</b></p>	
<p>4x4 truck for health outreach</p>	

Projector for training staff and community members	
Laptop for training staff and community members	
<b>Capital items total</b>	
<b>Monitoring &amp; Evaluation (M&amp;</b>	
-	
M&E total	
<b>Others</b>	
Training equipment costs (pelvic models, contraceptive implant arms, condom demonstrators etc.)	
Other total	
<b>GRAND TOTAL</b>	



## Annex 1: Report of progress and achievements against Logical Framework for Financial Year 2020-2021

Project summary	Measurable Indicators	Progress and Achievements April 2020 - March 2021	Actions required/planned for next period
<p><b>Impact</b> Anthropogenic pressures on the wetlands of Kabale, Uganda, are reduced resulting in decreased poverty and improved human health, increased biodiversity, and long-term conservation of Grey Crowned Cranes and their habitat.</p>		Project launch and set up is going well, but after only three months of activities we would not yet expect to be reporting against the impact.	
<p><b>Outcome</b> Conditions established to enable improved long-term wetland health, benefitting the eight communities of Nyabirerema, Kyerero/Butare-Ahamurambi, Nyarurambi, Nyakarambi, Nyakagabagaba, Kitojo, Kihanga-Sindi, and Burime near Kabale's (being around 13,500 people) and Grey Crowned Cranes, through wetland restoration and management, healthcare service provision, community education and sustainable livelihood provision.</p>	(Project duration is 34 months all references below to 'month' refer to 'project month'). Note Change Request One will effectively change month 1 from June 2020 to January 2021).		
	0.1 By end of month 12, area of Kabale's wetlands subject to Community Conservation Agreements (covering wetland restoration and management), increased from 0 hectares (2020 baseline) to 100 hectares.	After month 3, the eight Community Conservation Groups are established and registered (the first step to enable the negotiation and agreement of the Community Conservation Agreements).	Negotiate and sign Community Conservation Agreements.
	0.2 By end of month 34, households benefiting from new sustainable livelihoods (taken up due to the integrated approach to livelihood training, conservation action and/or family planning provision) increased from 0 households (2019 baseline) to 250 households (disaggregated by sex of livelihood holder, with at least 50% women).	Livelihoods are negotiated with the Community Conservation Groups, as part of the above Community Conservation Agreement process.	Negotiate and sign Community Conservation Agreements, including livelihood selection and subsequent provision.
	0.3 By end of month 34, visits (first time and follow-up visits) made by community members in the eight communities to the outreach clinics (existing but currently under-used and	After two months of being reopened, 109 visits have been made to the outreach health centres, of which all 109 were women.	Train outreach health centre staff (in USHAPE training) to improve their skills at raising awareness in the communities of healthcare services, which should increase monthly visits.

	un-used), increased from 0 visits to 7,000 visits (disaggregated by sex).		
	0.4 By end of month 34, number of project organisation staff (both conservation and health) showing high awareness of cross-sector benefits of integrated programmes, and trained to deliver these, increased from 5 to 90.	The launch of the project and USHAPE training at RH has increased knowledge for 31 project staff.	Training of more project staff, in addition to the roll-out of integrated community education on cross-sector benefits of integrated conservation and health programmes, which will further increase project staff knowledge.
<b>Output 1.</b> Community Conservation Agreements secured with Community Conservation Groups supporting: (a) sustainable livelihoods; and (b) conservation actions including habitat restoration, and management and monitoring of wetlands and cranes.	1.1 By end of month 12, Community Conservation Groups registered with local government as 'Sustainable enterprises' have increased from 0 Groups (2020 baseline) to 8 Groups.	This was achieved in month 3 of the project. It was an appropriate indicator as groups need to be registered in order for Community Conservation Agreements to be negotiated. 8 Community Conservation Groups are registered with local government as 'Sustainable enterprises' (also known as 'Community-based organisations'). Evidence provided in section 3.1 of the report and Annex 7.1.	
	1.2 By end of month 12, wetland, upland and farmland subject to Community Conservation Agreements, increased from 0 hectares (2020 baseline) to 200 hectares.	This will happen in the next reporting period, as planned. Appropriate indicator.	
	1.3 By end of month 24, Grey Crowned Crane breeding pairs (monitored using the 'Survey 123') have increased from 15 breeding pairs (2019 baseline) to 25 breeding pairs.	19 breeding pairs monitored. Appropriate indicator. Evidence provided in section 3.1 of the report and Annex 9.	

	1.4 By end of month 34, households benefiting from new sustainable livelihoods (taken up due to direct training received and which were chosen by the Community Conservation Groups) increased from 0 households (2019 baseline) to 250 households (disaggregated by sex of livelihood holder, with at least 50% women).	Progress on this indicator will be made in the next reporting period, as planned. Appropriate indicator.	
Activity 1.1. Train Community Conservation Groups on their set up, management and governance, and support them register as “sustainable enterprises” with local government.		Completed.	
Activity 1.2. Negotiate Community Conservation Agreements with Community Conservation Groups, and revise Agreements after 2 years, to allow for supplementary livelihood and conservation actions.		Sill to do.	Negotiation and implementation of Agreements with the eight Community Conservation Groups.
Activity 1.3. Undertake annual audits, monitoring and evaluating actions undertaken pursuant to Community Conservation Agreements (and planning variations if required).		Sill to do.	After the above is completed, an audit will take place after one year.
Activity 1.4. Train/mentor Community Conservation Groups on selected livelihoods (goat keeping, ‘zero grazing’ cows, bee keeping, potatoes, climbing beans and function/event support), finances and market access.		Sill to do.	This will happen next financial year after Agreements signed.
Activity 1.5. Support and mentor community members to undertake wetland conservation and monitoring.		Progress has been made, as 30 Crane Custodians have been trained in wetland conservation and monitoring.	Next year we will train the Community Conservation Group members in this also.
Activity 1.6. Collect and analyse breeding, trend, and other mapping data on cranes.		Progress has been made as fixed point monitoring and nest monitoring of cranes was started this period. This will continue every few months for the duration of the project.	This activity will continue and will be reviewed regularly.
Activity 1.7. Undertake baseline, endline, focus group discussions, and RDS interviews		Progress has been made as baseline data on cranes has been taken (see above), baseline on wetlands and RDS interviews still to do.	Training of ICF staff and Community Conservation Groups in use of water clarity tubes (to gather wetland baseline data and ongoing data). RDS

			interviews will be conducted in April-June period.
<b>Output 2.</b> Community members participate in activities that benefit human and environmental health.	2.1 By end of month 34, households implementing soil and water conservation methods, sustainable agriculture practices, and environmentally sound waste disposal methods increased from 0 households (2019 baseline) to 200 households.	Land has been acquired this year for demonstrating these practices in communities. Next quarter model farms will be opened to support this output. Appropriate indicator. See section 3.1 and Annex 14.	
	2.2 By end of month 34, community member attendance (first time and follow-up visits for family planning services) to the project outreach clinics (existing but currently unused or under-used) increased from 0 (2019 baseline) visits to 2,400 (disaggregated by sex).	51 family planning users have used the outreach health centres in the three-month project period this year. Appropriate indicator. See section 3.1 and Annex 6).	
	2.3 By end of month 34, water clarity scores (which indicate a reduction in wetland pollution from homestead runoff and erosion of soil from uplands into the wetlands) increased from 19 (2019 baseline) to 90.	Water clarity tubes have been purchased this year. Training will occur next year. Appropriate indicator. See section 3.1.	
Activity 2.1. Establish model farms to demonstrate soil and water conservation methods, agriculture practices, and sustainable waste disposal methods.		Progress has been made as one acre of land has been acquired for model farms.	Training of Community Conservation Group members in these skills and the setup of model farms to allow groups to demonstrate skills and train wider community.
Activity 2.2. Train and mentor 3,000 community members on soil and water conservation methods, agriculture practices, sustainable waste disposal methods, and family planning.		Still to do.	See above.
Activity 2.3. Develop and implement programme to reopen the 4 existing unused/under used clinics (and timetable of how the nurses will rotate between them).		Completed.	One more outreach health centre will be opened, and two government-run outreach health centres will be trained in USHAPE family planning, to increase

		the impact of the project healthcare actions.
Activity 2.4. Develop and implement a communications plan (radio, church announcements, and posters) promoting time/dates of clinics and other environment and health messages.	Radios and shows have been identified and informed.	Plan to be finalised and delivered on local radio.
Activity 2.5. Undertake baseline, endline, focus group discussions, and RDS interviews.	Healthcare baseline has been collected and training for outreach healthcare staff on monitoring and evaluation has been done.	RDS interviews will be done next year and data collection on model farms will start once they open next year.
Activity 2.6. Undertake water clarity tests in the wetlands, using a “water turbidity test” and use results to raise community awareness about the impact of human activities on water quality and wetland functionality.	Still to do although tubes were purchased this year.	Training staff on their use and implementing regular water clarity tests and data analysis.
<b>Output 3.</b> Healthcare providers deliver family planning services, which are taken up by community members.	3.1 By end of month 12, number of family planning outreach clinics providing services (in existing buildings which are currently unused or under-used) increased from 0 (2019 baseline) clinics to 4 clinics.	This is completed. Appropriate indicator. See section 3.1 and Annex 6.
	3.2 By end of month 24, the number of nurses and Village Health Team volunteers scoring at (or above) 80% in USHAPE family planning skills provision increases from 0 nurses / VHT volunteers (2019 baseline) to 31 nurses /volunteers.	This will happen next reporting year. As of writing, Nurses in the Outreach health centres were trained in USHAPE family planning skills were trained in mid-April 2021 (next reporting year) and Village Health Teams will be identified and trained later in the next year. Appropriate indicator. Evidence of USHAPE training can be found in Annex 5.
	3.3 By end of month 34, a 50% reduction in unplanned pregnancies (using the London Measure of Unplanned Pregnancy) from baseline.	9 project staff were trained on to how to implement the London Measure of Unplanned Pregnancy this year. The measure will be implemented in all health centres next year. Appropriate indicator. See section 3.1 and Annex 15.
Activity 3.1. Select and train 4 nurses on the USHAPE family planning training methodology (designed for rural Kabale) to run outreach clinics (including refresher training).	Completed.	



Activity 3.2. Train 90 health / conservation staff and 6 Village Health Team volunteers (community members who live in the project site and mobilise communities) on human and environmental health including refresher training.	Progress has been made as 31 project staff have been trained.	More training will take place next year.
Activity 3.3. Train community members on health and poverty alleviation benefits of improved reproductive health.	Progress has been made as staff were trained this year, who will train community members next year.	Training of community members will start next year.
Activity 3.4. Mobilise the community with Village Health Teams, announcements in churches, radio broadcasts, and other means on when outreach clinics will take place.	Still to do.	Village Health Teams will be selected and trained next year. Radio broadcasts will be started next year also.
Activity 3.5. Reopen and deliver services from 4 existing (but not currently in use) outreach clinics.	Completed.	
Activity 3.6. Undertake the "train the trainers" training of healthcare staff.	Still to do.	This will be done later next year after staff are trained first in USHAPE family planning training.
Activity 3.7. Undertake and analyse surveys of pregnant women who visit the outreach clinics, using the London Measure of Unplanned Pregnancy.	Still to do although training on how to implement the London Measure of Unplanned pregnancy has been done this year.	The London Measure will be implemented in April.
Activity 3.8. Undertake baseline, endline, focus group discussions, and RDS interviews	Baseline healthcare data has been collected as the health centres are now open. RDS interview training was undertaken this year.	RDS interviews will start April and healthcare data will continue to be collected and analysed.
<b>Output 4.</b> Increased awareness, among conservation policy makers and project implementers, of the relevance to biodiversity conservation of integrating family planning and conservation actions, by reference to the project.	4.1 By end of month 12, at IUCN World Conservation Congress, delegates (project implementers, policy makers, academics and donors) demonstrate an increased level of understanding of the relevance of family planning to biodiversity, and the Darwin project itself, demonstrated by a 50% increase from baseline (pre-event) to end line (post-event).	Planning is well advanced for this, with implementation taking place in the following reporting period (see section 3.1).
	4.2 By end of month 21, have at least one national newspaper article	Indicators 4.2, 4.3 and 4.4 are for later periods.

	published on the project and the links between conservation of wetlands, Grey Crowned Cranes and family planning.	
	4.3 By end of month 27, hold a regional capacity building workshop focussed on conservation and reproductive health organisations, on the positive human and environmental health outcomes, and importance to biodiversity, of family planning.	
	4.4 By end of 2023, one project analysis report published with project partners including the London School of Hygiene & Tropical Medicine, and presented at a relevant policy conference.	
Activity 4.1. Present project at not fewer than two events in our “Biodiversity & Family Planning” pavilion at IUCN World Conservation Congress 2020 (WCC).	An activity for a later period.	WCC to be held in September 2021, when this activity will be undertaken.
Activity 4.2. Refer to our project in our WCC plenary session, “Removing barriers to family planning, empowering sustainable conservation in the SDG era”.	An activity for a later period.	WCC to be held in September 2021, when this activity will be undertaken.
Activity 4.3. Brief international, UK and Ugandan journalists on the project and the links between wetland conservation, Grey Crowned Cranes, poverty alleviation, and family planning.	An activity for a later period.	Will not be undertaken in the next period, but closer towards the end of the project.
Activity 4.4. Organise and hold a regional capacity-building workshop focussed on conservation and reproductive health organisations.	An activity for a later period.	Will not be undertaken in the next period, but closer towards the end of the project.
Activity 4.5. Undertake analysis of project data, compile and publish a project report.	An activity for a later period.	Will not be undertaken in the next period, but closer towards the end of the project.
Activity 4.6. Present project impact, outcome, pathway to change, and lessons learnt at both a primarily health and a primarily conservation relevant policy conference.	An activity for a later period.	Will not be undertaken in the next period, but closer towards the end of the project.

Activity 4.7. Draft journal article(s) and submit for publication to peer reviewed journal(s).	An activity for a later period.	Will not be undertaken in the next period, but closer towards the end of the project.
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## Annex 2: Project's full current logframe as presented in the application form (unless changes have been agreed)

Please note: This is the latest log frame which was changed as per our agreed Change Request One submitted 29<sup>th</sup> September 2020.

Project summary	Measurable Indicators	Means of verification	Important Assumptions
<b>Impact:</b> Anthropogenic pressures on the wetlands of Kabale, Uganda, are reduced resulting in decreased poverty and improved human health, increased biodiversity, and long-term conservation of Grey Crowned Cranes and their habitat.			
<b>Outcome:</b> Conditions established to enable improved long-term wetland health, benefitting the eight communities of Nyabirerema, Kyerero/Butare-Ahamurambi, Nyarurambi, Nyakarambi, Nyakagabagaba, Kitojo, Kihanga-Sindi, and Burime near Kabale's (being around 13,500 people) and Grey Crowned Cranes, through wetland restoration and management, healthcare service provision, community education and sustainable livelihood provision.	(Project duration is 34 months all references below to 'month' refer to 'project month'). Note Change Request One will effectively change month 1 from June 2020 to January 2021.	0.1 (a) Signed Community Conservation Agreements.	No major shocks to the local economic situation, healthcare system or otherwise hampering the undertaking of livelihood or health activities (such as Ebola or other major health outbreak, civil unrest, or political instability).
	0.1 By end of month 12, area of Kabale's wetlands subject to Community Conservation Agreements (covering wetland restoration and management), increased from 0 hectares (2020 baseline) to 100 hectares.	0.1 (b) Land maps.	No major weather related events (such as landslides due to heavy rains) destroying land subject to livelihood activities or damaging roads (preventing outreach clinics operating and/or training activities taking place).
	0.2 By end of month 34, households benefiting from new sustainable livelihoods (taken up due to the integrated approach to livelihood training, conservation action and/or family planning provision) increased from 0 households (2019 baseline) to 250 households (disaggregated by sex of livelihood holder, with at least 50% women).	0.2 (a) Community Conservation Group Reports.	The Government continues to allow the registration of Community Conservation Groups and does not make any legislative changes impacting family planning provision.

	0.3 By end of month 34, visits (first time and follow-up visits) made by community members in the eight communities to the outreach clinics (existing but currently under-used and un-used), increased from 0 visits to 7,000 visits (disaggregated by sex).	0.2 (b) Focus Group Discussion Report on impact of integrated approach to alternative sustainable livelihoods and environmental /human health at household level.	
	0.4 By end of month 34, number of project organisation staff (both conservation and health) showing high awareness of cross-sector benefits of integrated programmes, and trained to deliver these, increased from 5 to 90.	0.2 (c) Photographs (of activities and fixed-point locations).	
		0.3 Clinic records.	
		0.4 (a) Project Staff pre and post-intervention study report.	
		0.4 (b) Project Impact and M & E Report.	
		0.4 (c) Training attendance records.	
<b>Output 1:</b> Community Conservation Agreements secured with Community Conservation Groups supporting: (a) sustainable livelihoods; and (b) conservation actions including habitat restoration, and management and monitoring of wetlands and cranes.	1.1 By end of month 12, Community Conservation Groups registered with local government as 'Sustainable enterprises' have increased from 0 Groups (2020 baseline) to 8 Groups.	1.1 (a) Registration certificates.	No major shocks to the local economic situation or otherwise hampering the undertaking of livelihood activities (such as Ebola or other major health outbreak, civil unrest, or political instability).
	1.2 By end of month 12, wetland, upland and farmland subject to Community Conservation Agreements, increased from 0 hectares (2020 baseline) to 200 hectares.	1.1 (b) Signed original Community Conservation Agreements and revised Agreements.	No major weather related events (such as landslides due to heavy rains) destroying land subject to livelihood activities or damaging roads (preventing training activities taking place).

	1.3 By end of month 24, Grey Crowned Crane breeding pairs (monitored using the 'Survey 123') have increased from 15 breeding pairs (2019 baseline) to 25 breeding pairs.	1.1 (c) Annual audit on Community Conservation Agreements.	The Government continues to allow the registration of Community Conservation Groups.
	1.4 By end of month 34, households benefiting from new sustainable livelihoods (taken up due to direct training received and which were chosen by the Community Conservation Groups) increased from 0 households (2019 baseline) to 250 households (disaggregated by sex of livelihood holder, with at least 50% women).	1.2 (a) Community Conservation Group Reports.	Regional Grey Crowned Crane population and other biodiversity do not experience significant declines caused by external factors outside of project control (new or emerging threats such as extreme weather events.)
		1.2(b) Land maps.	
		1.2 (c) Photographs of conservation activities (including fixed point monitoring).	
		1.3 Annual Reports on crane numbers and breeding success.	
		1.4 (a) Focus Group Discussion Report on impact of alternative sustainable livelihoods at household level.	
		1.4 (b) Photographs of livelihood activities (including fixed point monitoring).	
		1.4 (c) Training attendance records.	
		1.4 (d) Project Reports.	
<b>Output 2:</b> Community members participate in activities that benefit human and environmental health.	2.1 By end of month 34, households implementing soil and water conservation methods, sustainable agriculture practices, and	2.1 (a) Project reports.	No major shocks to the local healthcare system or otherwise hampering the provision of training and healthcare (such as Ebola or

	environmentally sound waste disposal methods increased from 0 households (2019 baseline) to 200 households.		other major health outbreak, civil unrest, or political instability).
	2.2 By end of month 34, community member attendance (first time and follow-up visits for family planning services) to the project outreach clinics (existing but currently unused or under-used) increased from 0 (2019 baseline) visits to 2,400 (disaggregated by sex).	2.1 (b) Community Conservation Group reports.	No major weather related events (such as landslides due to heavy rains) destroying project land or damaging roads (preventing outreach clinics operating and/or training activities taking place).
	2.3 By end of month 34, water clarity scores (which indicate a reduction in wetland pollution from homestead run-off and erosion of soil from uplands into the wetlands) increased from 19 (2019 baseline) to 90.	2.1 (c) Photographs of conservation and livelihood activities (including fixed point monitoring).	No major pollution event within project watershed from new or unanticipated source.
		2.2 (a) Photographs of family planning promotion activities and outreach clinics.	
		2.2 (b) Clinic records.	
		2.2 (c) Focus Group Discussion Report.	
		2.3 Water Clarity Report containing 'water turbidity test' scores.	
<b>Output 3:</b> Healthcare providers deliver family planning services, which are taken up by community members.	3.1 By end of month 12, number of family planning outreach clinics providing services (in existing buildings which are currently unused or under-used) increased from 0 (2019 baseline) clinics to 4 clinics.	3.1 (a) Clinic records.	No major shocks to the healthcare system, such as an Ebola or other major health outbreak, civil unrest, or political instability, which will divert focus from general healthcare provision to emergency healthcare provision.

	3.2 By end of month 24, the number of nurses and Village Health Team volunteers scoring at (or above) 80% in USHAPE family planning skills provision increases from 0 nurses / VHT volunteers (2019 baseline) to 31 nurses /volunteers.	3.1 (b) Posters advertising outreach services at each site.	No major weather related events (such as landslides due to heavy rains) damaging roads (preventing outreach clinics operating and/or training activities taking place).
	3.3 By end of month 34, a 50% reduction in unplanned pregnancies (using the London Measure of Unplanned Pregnancy) from baseline.	3.1 (c) Photographs of outreach clinics.	Healthcare workers employed within the first year.
		3.2 USHAPE Report, including pre- and post-training exam scorecards and Focus Group Discussion analysis.	As at present, none of Rugarama Hospital's nurses or the area's Village Health Teams have had USHAPE family planning training. It is possible that in-migration from elsewhere in Uganda to Kabale of nurses or VHT volunteers we have trained elsewhere would increase baseline at project commencement to above 0.
		3.3 London Measure of Unplanned Pregnancy Report.	The Crude Birth Rate and Unplanned Pregnancy Rate, taken from the latest Demographic and Health Survey, is accurate (used for the London Measure of Unplanned Pregnancy indicator).
<b>Output 4:</b> Increased awareness, among conservation policy makers and project implementers, of the relevance to biodiversity conservation of integrating family planning and conservation actions, by reference to the project.	4.1 By end of month 12, at IUCN World Conservation Congress, delegates (project implementers, policy makers, academics and donors) demonstrate an increased level of understanding of the relevance of family planning to biodiversity, and the Darwin project	4.1 (a) Survey Report of IUCN delegates attending our events.	IUCN conference takes place as planned and is not cancelled/postponed due to political, environmental or other shocks.



	itself, demonstrated by a 50% increase from baseline (pre-event) to end line (post-event).		
	4.2 By end of month 21, have at least one national newspaper article published on the project and the links between conservation of wetlands, Grey Crowned Cranes and family planning.	4.1 (b) IUCN Congress Report.	Damian Carrington, the Guardian's environment editor, has already notified us that the Guardian wants to cover the project when funding is obtained, the assumption is that once funding is obtained the Guardian will still wish to publish this article.
	4.3 By end of month 27, hold a regional capacity building workshop focussed on conservation and reproductive health organisations, on the positive human and environmental health outcomes, and importance to biodiversity, of family planning.	4.2 Link to newspaper article.	
	4.4 By end of 2023, one project analysis report published with project partners including the London School of Hygiene & Tropical Medicine, and presented at a relevant policy conference.	4.3 (a) Workshop programme.	
		4.3 (b) Workshop delegate register.	
		4.4 (a) Project analysis report.	
		4.4 (b) Policy conference programme.	
		4.5 Copy of submission to academic journal.	
<p><b>Activities</b> (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><b>OUTPUT 1</b></p> <p>1.1 Train Community Conservation Groups on their set up, management and governance, and support them register as “sustainable enterprises” with local government.</p>			

- 1.2 Negotiate Community Conservation Agreements with Community Conservation Groups, and revise Agreements after 2 years, to allow for supplementary livelihood and conservation actions.
- 1.3 Undertake annual audits, monitoring and evaluating actions undertaken pursuant to Community Conservation Agreements (and planning variations if required).
- 1.4 Train/mentor Community Conservation Groups on selected livelihoods (goat keeping, 'zero grazing' cows, bee keeping, potatoes, climbing beans and function/event support), finances and market access.
- 1.5 Support and mentor community members to undertake wetland conservation and monitoring.
- 1.6 Collect and analyse breeding, trend, and other mapping data on cranes.
- 1.7 Undertake baseline, endline, focus group discussions, and RDS interviews

## **OUTPUT 2**

- 2.1 Establish model farms to demonstrate soil and water conservation methods, agriculture practices, and sustainable waste disposal methods.
- 2.2 Train and mentor 3,000 community members on soil and water conservation methods, agriculture practices, sustainable waste disposal methods, and family planning.
- 2.3 Develop and implement programme to reopen the 4 existing un-used/under used clinics (and timetable of how the nurses will rotate between them).
- 2.4 Develop and implement a communications plan (radio, church announcements, and posters) promoting time/dates of clinics and other environment and health messages.
- 2.5 Undertake baseline, endline, focus group discussions, and RDS interviews. 2.6 Undertake water clarity tests in the wetlands, using a "water turbidity test" and use results to raise community awareness about the impact of human activities on water quality and wetland functionality.
- 2.6 Undertake water clarity tests in the wetlands, using a "water turbidity test" and use results to raise community awareness about the impact of human activities on water quality and wetland functionality.

## **OUTPUT 3**

- 3.1 Select and train 4 nurses on the USHAPE family planning training methodology (designed for rural Kabale) to run outreach clinics (including refresher training).
- 3.2 Train 90 health / conservation staff and 6 Village Health Team volunteers (community members who live in the project site and mobilise communities) on human and environmental health including refresher training.
- 3.3 Train community members on health and poverty alleviation benefits of improved reproductive health.
- 3.4 Mobilise the community with Village Health Teams, announcements in churches, radio broadcasts, and other means on when outreach clinics will take place.
- 3.5 Reopen and deliver services from 4 existing (but not currently in use) outreach clinics.
- 3.6 Undertake the "train the trainers" training of healthcare staff.

3.7 Undertake and analyse surveys of pregnant women who visit the outreach clinics, using the London Measure of Unplanned Pregnancy.

3.8 Undertake baseline, endline, focus group discussions, and RDS interviews

#### **OUTPUT 4**

4.1 Present project at not fewer than two events in our “Biodiversity & Family Planning” pavilion at IUCN World Conservation Congress 2020 (WCC).

4.2 Refer to our project in our WCC plenary session, “Removing barriers to family planning, empowering sustainable conservation in the SDG era”.

4.3 Brief international, UK and Ugandan journalists on the project and the links between wetland conservation, Grey Crowned Cranes, poverty alleviation, and family planning.

4.4 Organise and hold a regional capacity-building workshop focussed on conservation and reproductive health organisations.

4.5 Undertake analysis of project data, compile and publish a project report.

4.6 Present project impact, outcome, pathway to change, and lessons learnt at both a primarily health and a primarily conservation relevant policy conference.

4.7 Draft journal article(s) and submit for publication to peer reviewed journal(s).

## Annex 3: Standard Measures

**Table 1 Project Standard Output Measures**

Code No.	Description	Gender of people (if relevant)	Nationality of people (if relevant)	Year 1 Total	Year 2 Total	Year 3 Total	Total to date	Total planned during the project
Established codes								
6A	Family planning skills training for healthcare workers		Ugandan	31 people trained			31	120 people trained
6B	Family planning skills training for healthcare workers		Ugandan	31 weeks			31	93 weeks
6A	Training community members on livelihoods, wetland and crane conservation and monitoring, and soil and water conservation methods, agriculture practices, sustainable waste disposal methods and family planning		Ugandan	30 people trained			30	297 people
6B	Training community members on livelihoods, wetland and crane conservation and monitoring,		Ugandan	6 weeks			6 weeks	273 weeks

	and soil and water conservation methods, agriculture practices, sustainable waste disposal methods and family planning							
14A	Regional capacity building workshop focusing on conservation and reproductive health organisations		Ugandan	0			0	1 event
14B	Conferences we will present the project at		International	0			0	4 events
22	Matched funding estimate			██████			██████	██████
20	Physical assets to be handed over			██████			██████	██████

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

**Table 2 Publications**

Title	Type (e.g. journals, manual, CDs)	Detail (authors, year)	Gender of Lead Author	Nationality of Lead Author	Publishers (name, city)	Available from (e.g. weblink or publisher if not available online)
None						

## Checklist for submission

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