





# **Darwin Initiative Main Annual Report**

To be completed with reference to the "Project Reporting Information Note": (<a href="https://www.darwininitiative.org.uk/resources-for-projects/information-notes-learning-notes-briefing-papers-and-reviews/">https://www.darwininitiative.org.uk/resources-for-projects/information-notes-learning-notes-briefing-papers-and-reviews/</a>).

It is expected that this report will be a **maximum** of 20 pages in length, excluding annexes)

Submission Deadline: 30th April 2022

# **Darwin Initiative Project Information**

Project reference	27-002			
Project title	Healthy wetlands for the cranes and people of Rukiga, Uganda			
Country/ies	Uganda			
Lead partner	Margaret Pyke Trust			
Project partner(s)	International Crane Foundation; Rugarama Hospital; and London School of Hygiene & 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 2021 – Mar 2022) and number (e.g. Annual Report 1, 2, 3)	1 <sup>st</sup> April 2021 – 31 <sup>st</sup> March 2022. Annual Report 2			
Project Leader name	David Johnson			
Project website/blog/social media	Website: <a href="https://margaretpyke.org/environment/projects/">https://margaretpyke.org/environment/projects/</a> Twitter: <a href="mailto:@MargaretPyke@savingcranes@TheEWT">@TheEWT</a> Facebook: <a href="mailto:@MargaretPykeTrust@InternationalCraneFoundation@EndangeredWildlifeTrust@RugaramaHospital">Margaretpyke.org/environment/projects/</a> Twitter: <a href="mailto:@Margaretpyke.org/environment/projects/">@TheEWT</a> Facebook: <a href="@MargaretPyke@savingcranes@TheEWT">@TheEWT</a> Facebook: <a href="mailto:@MargaretPykeTrust@InternationalCraneFoundation@EndangeredWildlifeTrust@RugaramaHospital">MargaretPyke@savingcranes@TheEWT</a> RugaramaHospital			
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	30 <sup>th</sup> April 2022			

# 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 a 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 project actions directly respond to, 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 (due to unintended pregnancies) than they would like. This increases pressure on family income and increases the need to convert further land into farmland. 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. In the reporting period, project partners have also undertaken comprehensive qualitative ethnographic research to establish the environmental and human health needs, wishes, issues and solutions project communities have. All research findings have been integrated into project design.

# **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 10 outreach health centres, benefitting these communities (see Annex 4.1 for a project site map).

# 2. Project stakeholders/ partners

# Description of project partners' roles, and summary of planning, decision making and M&E processes

The partnership brings together conservation, healthcare and academic organisations. As project lead, Margaret Pyke Trust ("MPT") provides project partners with support on project management and design as well as reporting and financial and administrative management. MPT also 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) and integrated conservation, livelihood and human health community training. 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.

Rugarama Hospital ("RH") delivers all healthcare project actions at the project outreach health centres and provides mobile outreach health services delivered in community spaces (such as churches or village halls) in those sites without a dedicated clinic building. Outreach health centres are small clinics, owned by the Church of Uganda and Uganda Government, with a small team of medical staff providing basic healthcare to beneficiaries. 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 integrating 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).
- Monitoring of crane breeding pairs and nests, supported by 'Crane custodians' (ICF trained local volunteers).
- Establishing 'model farms' demonstrating sustainable farming techniques, training beneficiaries on wetland and crane conservation.
- Supporting Community Conservation Group ("CCGs") members to undertake alternative sustainable livelihoods.

The London School of Hygiene & Tropical Medicine ("LSHTM") supports 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 research (including interviews and focus group discussions), which are analysed by all project partners.

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. In addition this year, project design has been updated to respond to the findings of our ethnographic research baseline (which concluded July 2021), of which all project partners were actively involved. All project partners are also involved in monitoring and evaluation processes.

# Project partners' achievements, lessons, strengths or challenges

Project partners work in a truly collaborative manner, the strength of which was acknowledged by the independent reviewer appointed by the Darwin Initiative this year to undertake a mid-term review. The mid-term review 'aide memoir' report highlighted that "Under the leadership of Margaret Pyke Trust, the three implementing partners have built a strong partnership. This is exemplified by the way they share resources, jointly implement activities, and regularly have meetings. Two examples of good partnership practice that were identified include 1) sharing transport resources as the teams move to the field to carry on their field activities and 2) partners have synchronised health and conservation messages used in creating awareness within communities". (Evidence of our shared project vehicle can be found in Annex 2.22). The partnership has been working on project implementation for 16 months, although prior to this we collaborated extensively to develop project implementation plans, engaging local leaders, seeking ethical clearance for work and other preliminary actions. In the project period, the partnership has strengthened significantly, as we have

worked extensively together to develop community training materials combining conservation and human health messages. This process has strengthened our understanding of each other's work and sectors.

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. This has enabled project partners to work cost-effectively, sharing journeys to project site where possible and also engaging in more government departments (from both environment and health sectors), increasing awareness of the project. A minor challenge that project partners faced this year related to communication. For instance, the term 'outreach' was understood by LSHTM to mean healthcare service delivery given outside of health centres buildings, as this was their experience working in West Africa, however RH refers to 'outreach' as being healthcare provided outside of a hospital, in small community health centres. This seemingly small difference led to some minor confusion in project planning.

#### Involvement of relevant stakeholders

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 in the last reporting year two councils 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 four Government-run outreach health centres (two additional such facilities since last year), 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 was supportive of the project and project partners (see our original application for a letter of support from Mr Sengalama). In the reporting period, ICF recruited a technical specialist, Mr Betonde Micheal, an Agricultural Extension Worker with extensive knowledge of agricultural practices and conditions in the project site conditions. This was appropriate, as ICF do not have this knowledge in-house, so this strengthened project activities.

# 3. Project progress

# 3.1 Progress in carrying out project Activities

### **Output 1 Activities**

Community Conservation Agreements (the "Agreements") were negotiated with each of the eight Community Conservation Groups ("CCGs") and signed by all parties (project partners and CCGs) in September 2021 (this responds to activity 1.2 and see Annex 4.2 for a sample of an agreement). The Agreements cover project partners' commitments to provide alternative sustainable livelihood supplies, mentoring, training, and healthcare services and information. They also cover the CCG members' commitments to undertake (in exchange for alternative sustainable livelihood support) wetland restoration, wetland and crane monitoring, soil and water conservation, waste management, and community environmental education. Monitoring and evaluating actions pursuant to Agreements are undertaken monthly (this responds to activity 1.5). Each CCG has a monitoring committee, which is responsible for reporting on wetland conservation activities, they submit bi-monthly reports to ICF, to monitor compliance with Agreements (this responds to activity 1.3, see Annex 4.3 for a sample of a monitoring committee report).

Training and mentoring of 244 (140 women and 104 men) CCG members on their selected livelihoods was completed in September 2021. The groups had requested supplies enabling them to grow potatoes and climbing beans as there is significant local demand. A consultant Agricultural Extension Worker with significant local expertise was recruited to provide the training, which focused on agronomic practices in the production of potatoes and climbing beans. CCG members learnt information such as how to adequately space and care for seedlings, organic and inorganic fertiliser utilisation, pest management techniques, and harvesting and post-harvesting techniques (this responds to activity 1.4, see Annex 4.4 for photos of the training and a sample of the attendance list).

248 CCG members (136 women and 112 men) were provided with livelihood supplies in two phases, in line with local growing seasons; phase one was provided in September 2021 and phase two in February 2022. The total number of livelihood supplies provided to CCGs amounted to 4,960kg of climbing bean seed, 22,320kg of potato tubers, 1,984kg of fertiliser, and 24 knapsack spray pumps (this responds to activity 1.2, see Annex 4.5 for a photo and sample of an attendance record for livelihood provision). Each of the CCGs provided post-harvest reports, showing the crop yields achieved with the livelihood provisions. Reports show that CCGs harvested 24,813kg of potato and 11,617kg of climbing beans (this responds to activity 1.2, see Annex 4.6 for a sample of a post-harvest report).

Crane monitoring was undertaken throughout the year. ICF conduct fixed route surveys along four routes every two months to count the number of cranes. In January-March 2022 there were an average of 2 cranes sighted per km. In addition, crane breeding site surveys were conducted every two months throughout the breeding period (which runs October to April each year). A total of 33 breeding pairs were identified, five pairs abandoned their nests before laying eggs, 11 pairs unfortunately lost their eggs before hatching, nine pair lost chicks to predation, while eight pairs successfully raised 18 chicks, which suggests a nesting success of 0.555 chicks per nesting female (these activities respond to activity 1.6, see Annex 4.7 photos of crane nest monitoring and a map of crane breeding sites). We had initially planned on sharing this map in Annex 4.7 but due to concerns as to the illegal trade in cranes, we have elected to redact evidence on this point. Crane monitoring is undertaken using 'Survey 123', which is 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 4.8 for a sample of a report submitted via the app). 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. Crane Custodians (community volunteers trained last year) submitted 149 ad-hoc reports using 'Survey 123' to report crane sightings, incidents and nest locations (this responds to activity 1.5, see Annex 4.8). Crane Custodians have worked in their communities to raise awareness of the benefits of wetlands for environmental and human health, through their activities crane custodians have noted that there are fewer fires in the wetland (as people know the value of wetland vegetation for flood prevention, water filtering etc.)

The qualitative baseline data collection was undertaken, including 40 key informant interviews and 20 focus group discussions with community members. The findings have been used to improve project implementation to ensure conservation and health issues are responded to. Project communities reported that they face a number of environmental challenges, including soil erosion, flooding, deforestation, encroachment of farming on wetlands, lack of trench digging, and climate change. In addition to a number of health challenges, including in adequate family planning services, a lack of trained family planning providers, malnutrition, alcoholism and domestic violence. The findings also highlighted that the community made the connection between their health and the health of their environment (this responds to activities 1.7, 2.5 and 3.8, see Annex 4.9 for a sample of the report).

### **Output 2 Activities**

16 model farms were established this year. Model farms are used by CCG members to demonstrate soil and water conservation techniques, waste disposal, and sustainable farming techniques to the wider community. 16 peer farmers were selected (10 men and 6 women) from all of the eight CCGs and received training from the sub-county Agricultural Extension Worker (a government official mandated to support communities to engage in agricultural best practice) in March 2022. Training focused on soil and water conservation techniques, such as trenching (how to dig trenches effectively and the ideal trench length and depth), Napier Grass planting (how to plant and space rows of grass on hillslopes in smallholder farms), and methods of composting and safe disposal of non-compostable waste. The Agricultural Extension Worker was engaged in training to ensure sustainability after project completion and to ensure best practice in line with local requirements (this responds to activity 2.1, see Annex 4.10 for photos and a sample of the post-training report).

A communications plan was completed in October 2021, mapping activities designed to engage community members with messages on soil and water conservation methods, agriculture practices, sustainable waste disposal methods, and human health including family planning (such as promoting time/dates of clinics). The plan comprises nine activities, which enable project partners to share messages on the aforementioned topics, and are designed to engage a variety of people of all ages. The communication plan includes announcements being given in churches, meetings with men's and women's groups, activities in primary schools, the use of community volunteers (known as 'conservation and health mobilisers') as peer-educators, loudspeaker messages and posters at health centres, community festivals, peer farmers, and radio announcements (this responds to activity 2.4, see Annex 4.11 for a sample of the communications plan). Project partners started the implementation of the communications plan in January 2022, to ensure that Covid-19 restrictions did not negatively affect community engagement. For example, schools were closed in 2020 due to covid and only reopened in January 2022, churches reopened in November 2021, and restrictions on gatherings meant that public meetings with large groups was allowed before the end of January 2022.

Project partners trained and mentored 749 community members (548 women and 201 men) on soil and water conservation methods, agriculture practices, sustainable waste disposal methods, and family planning. This was delivered in churches, in schools, and in men's and women's groups. In addition, an estimated 240,000 people received information on soil and water conservation methods, agriculture practices, sustainable waste disposal methods, and family planning via radio broadcasts on Rukiga FM, which is broadcast across the Rukiga District and neighbouring districts to approximately 7.5 million people (this responds to activity 2.2, see Annex 4.12 for photos of training). In addition, three Napier grass nurseries have been established (on land donated by local government last year), and planting materials have been distributed to 248 farmers (approximately 500 stems each). Farmers have planted the stems on terraces above the wetland to reduce soil erosion, which contributes to poor water clarity (this responds to activity 2.2, see Annex 4.13 for photos of the Napier grass nursery and Napier grass in a farmer's field).

141 community members (65 women and 76 men) received training in water clarity testing in the wetlands using a "water turbidity test" in July 2021 (this responds to activity 2.6, see Annex 4.14 for a sample of the training attendance records). Water clarity tests are undertaken each month at 15 locations around the wetland to measure water quality. Average results are taken to inform project partners as to the health of the wetland and the instance of factors affecting water turbidity such as soil erosion and pollution from homestead run-off (this responds to activity 2.6, see Annex 4.14 for a sample of water clarity test results). The results of water clarity testing have been used in training with CCGs, Crane Custodians, and peer farmers to raise awareness of how human

actions can negatively impact wetland health (this responds to activity 2.6, see Annex 4.14 for photos of water clarity results being used in training).

### **Output 3 Activities**

Responding to information established in the project's qualitative baseline data collection this year (see activity 1.7), project partners expanded healthcare service delivery from four outreach clinics to 10 (this responds to activity 3.5, see Annex 4.15 for a sample of the healthcare outreach programme from this year). This was to enable all project communities to have better access to healthcare services, as our research showed that some communities were spread over a larger area that initially thought, and others were separated from their nearest health clinic by the impassable wetland. As a result, we are now working with four government-run facilities, which will further enhance long-term project sustainability.

This year, 43 healthcare workers (30 women and 13 men) from 10 clinics received USHAPE family planning training, and now have improved healthcare knowledge and skills. The nurses passed the final exam with an average score of 85 percent (this responds to activity 3.2, see Annex 4.16 for photos of training and an overview of training provision). USHAPE training provides 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. In addition, 11 healthcare workers (7 women and 4 men) have received USHAPE training and now have the skills to lead USHAPE training and community training (this responds to activity 3.6, see Annex 4.16 for a sample of the USHAPE trainer level training materials).

Training materials linking wetland and crane conservation, livelihoods and family planning have been developed this year, which will be used to further train health/conservation staff in the coming year (this responds to activity 3.2, see Annex 4.17 for a sample of the messages developed this year). 3,210 people (2,607 women and 603 men) were mobilised this year by Village Health Teams (peer educators) and project staff, by radio broadcasts and via church announcements to attend outreach clinics for health services (this responds to activity 3.4, see Annex 4.18 for a sample of an outreach report). 6,003 people (5,342 women and 661 men) received training this year on the health and poverty alleviation benefits of improved reproductive health (this responds to activity 3.3, see Annex 4.18 for photos).

Following training undertaken in four health centres last year, the first London Measure of Unplanned Pregnancy ("LMUP") surveys were piloted in four health centres. Following the expansion of healthcare provision to 10 clinics, an additional training was held this year to train new staff. In October 2021, 14 people (10 women and 4 men) were trained on how to implement LMUP surveys in their health clinic. Surveys are collected in each of the 10 health clinics once every six months, and trends will be analysed in coming project years once more data has been collected (this responds to activity 3.7, see Annex 4.19 for the training attendance record and a sample of the survey results). The training provided guidance on how to implement the 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 (see Annex 4.19 for the survey template).

# **Output 4 Activities**

Our project featured twice at the International Union for Conservation of Nature (IUCN) World Conservation Congress. The first was at an online event titled, "Healthy Wetlands for the Cranes and People of Rukiga, Uganda", which was attended by 52 delegates from 23 countries (and was available to all 9,500 delegates as a recording afterwards). The second was via a virtual poster titled "Removing Barriers to Family Planning Empowering Sustainable Conservation in the SDG era", which included a link to our project video and was available to all 9,500 delegates to view during and after the conference (this responds to activity 4.1, see Annex 4.20 for a screenshot of the event on the IUCN conference website and the virtual poster).

We have briefed both UK and Ugandan journalists on our project, which resulted in our project featuring in a Guardian article, and in three local news broadcasts in south-west Uganda (on Uganda Western Region TV stations, 'TV West', and 'Star Rays TV') and one national broadcast (on Urban TV Uganda), (this responds to activity 4.2, see Annex 4.21 for a link to our Guardian article and link to the Urban TV Uganda broadcast). In the year we have also undertaken additional and substantial project promotional activities (see section 3.2, output 4).

# 3.2 Progress towards project Outputs

<u>Output 1:</u> 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.

Community Conservation Agreements that were negotiated with the eight CCGs this year and signed by 248 household representatives (see Annex 4.2), outline the livelihood support that community members have received in exchange for conservation actions benefitting wetland habitat and cranes. The total measured upland and farmland subject to Community Conservation Agreements has increased from 0 hectares (2020) to 300.48 hectares this year. Total wetland farmland is currently being measured and will be reported on in the next period. Grey Crowned Crane breeding pairs have increased from 19 (2021) to 33 (2022) and monitoring continues, using Survey 123 along the four fixed routes (see Annexes 4.7 and 4.8) and breeding sites identified off the routes by Crane Custodians. It is highly likely that we will achieve this output as engagement with the eight CCGs and 30 Crane Custodians is frequent and positive, and their levels of interest is high, as was reflected in our mid-term review.

<u>Output 2:</u> Community members participate in activities that benefit human and environmental health.

This year community members began their participation in activities that benefit human and environment health, 248 households are implementing soil and water conservation methods, sustainable agriculture practices, and environmentally sound waste disposal methods (see Annex 4.6). 16 peer farmers, trained in Q4 this year, work to increase community members' participation further, through the establishment of 'model farms' on which demonstrations will take place (see Annex 4.10).

A communication plan has been implemented this year (see Annex 4.11), which will ensure the wider community is made aware of wetland and crane conservation and human health issues and solutions. Our mobilisation with Crane Custodians and Village Health Teams (both are community volunteers) has raised awareness of our improved family planning services, resulting in 965 (all women) community members attending for family planning services. In addition, Crane Custodians and CCG members have been undertaking water clarity tests on wetland water, and have recorded an increase in average water clarity scores from 19 (2019 baseline) to 55.6 (2022) (see Annex 4.14). The results of water clarity testing is used by CCG members, Crane Custodians, and peer farmers to raise awareness in their communities about how human actions can negatively impact wetland health.

<u>Output 3:</u> Healthcare providers deliver family planning services, which are taken up by community members.

The increase in project healthcare providers trained (47 nurses, from 10 outreach clinics, scoring over 80% in final exams) to provide better healthcare services and increased engagement with community members has increased opportunities for people to take up family planning services (see Annex 4.16). In addition, healthcare providers have begun undertaking London Measure of Unplanned Pregnancy surveys in all 10 outreach clinics to measure rate of unplanned pregnancy experienced by community members (evidence shows that when community members are better able to take up family planning services, rates of unplanned pregnancies decrease) (see Annex 4.19). It is likely that we will achieve this output as good progress has already been made, despite the fact that our full plan for community engagement only began in Q4 of this year. This will increase next year, meaning more awareness will be raised in communities as to family planning service availability.

<u>Output 4:</u> 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.

Significant engagement at high-level events with conservation policy makers and project implementers has been undertaken this year, with the project featuring at:

- International Union for Conservation of Nature's World Conservation Congress. In September 2021, the Trust hosted the event, "Healthy wetlands for the cranes and people of Rukiga, Uganda" and promoted the e-speaker pitch "Removing Barriers to Family Planning Empowering Sustainable Conservation in the SDG era". (See Annex 4.20);
- The Conservation Coaches Network Global Rally. This network of conservation implementers working to improve standards of conservation practice across the world featured our project at their November 2021 annual event; and
- UNFCCC's COP26 in Glasgow. At the official side event "No pot of gold for community adaptation and system resilience", our project featured, including making reference to the support of the Darwin Initiative (see Annex 4.23 for evidence).

In addition to the inclusion of the project within the important policy for a mentioned above, we have ensured conservation policy makers and project implementers learned about the project with articles published as follows:

- In May 2021, the project was promoted in the International Union for Conservation of Nature's Crossroads publication in the piece "Gender is linked to the biodiversity and climate crises. When will our policies reflect this?" (see Annex 4.23 for evidence).
- In July 2021, the International Union for Conservation of Natures' Commission on Environmental, Economic & Social Policy promoted the project in its news article, "Benefitting human and environmental health in south western Uganda" (see Annex 4.23 for evidence).
- In March 2022, the Endangered Wildlife Trust, one of the largest conservation organisation in Sub-Saharan Africa, promoted the project in its "Conservation Matters" publication, under the title, "Healthy wetlands: people and cranes in Uganda" (see Annex 4.23 for evidence).
- In March 2022, The Darwin Initiative Newsletter on "Charismatic Conservation" featured our project as the first project in that publication.

Finally, the project has been included as a best practice approach by the Conservation Measures Partnership ("CMP"). CMP is an international community of conservation-oriented NGOs, government agencies, funders, and private businesses that work collectively to guide conservation globally. CMP has undertaken a range of "Population, Health & Environment" learning initiatives, with the project being a core part of that work, focusing on educating conservation practitioners on how and why barriers to family planning are relevant to biodiversity programming (see Annex 4.23 for evidence). In varying ways, all project partners view this project

as key to implementing their strategies. As a result, there is a disproportionate focus on the project in the project partners' advocacy work. Given the unusual design of the project, with such a focus on working across sectors, the partners are receiving many requests to present on and speak about the project. As increasing amounts of data are generated as time passes, this will only increase. It is the strong belief of the project partners that the model will be replicated by others, within the next 24 months.

# 3.3 Progress towards the project Outcome

<u>Outcome</u>: 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 in Rukiga (being around 13,500 people) and Grey Crowned Cranes, through wetland restoration and management, healthcare service provision, community education and sustainable livelihood provision.

Significant progress has been made towards the project Outcome this year. We have exceeded outcome indicator 0.1, as area of Rukiga's wetlands subject to Community Conservation Agreements (covering wetland restoration and management), increased from 0 hectares (2020 baseline) to 200 hectares (2021). We are on track to achieve outcome indicator 0.2 as this year. 248 households have benefitted from new sustainable livelihoods (136 women and 112 men). Additional work is planned for next year to engage more community members who are not already members of CCGs (and so have directly benefitted from this year's livelihood provision) but who own land in wetlands and other wetlands users. This will include significant engagement with local leaders and other community groups not currently supported by the project. We are on track to achieve project outcome 0.3, as visits in the eight project communities to the outreach clinics since the project started, increased from 0 visits (2020 baseline) to 3,319 (2,716 women and 603 men). It should be noted that healthcare provision (and therefore visits) could not be undertaken fully until month 7 of the project (July 2021), as healthcare staff needed training and mentoring in order to fully provide quality healthcare services. Data from visits in the last six months on this year indicate that, based on our now full delivery of healthcare services in 10 clinics, we will exceed this indicator. In addition, in January 2022, we began implementation of our communications plan to increase awareness in project communities of healthcare services. including training key community members to become "Health and Conservation Mobilisers", engaging men's and women's groups, and making monthly announcements in churches. From our experience working in neighbouring districts, we know this will significantly increase visits to health clinics. Work has continued towards achieving project outcome indicator 0.4, as this year the preparation of more detailed training materials necessary to undertake detailed training with project organisation staff commenced, as after 12 months of project implementation, 31 project organisation staff having been trained to an introductory level (0 at 2020 baseline). The more advanced training is planned to take place next year, after which we anticipate we will achieve this outcome indicator.

# 3.4 Monitoring of 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 ongoing COVID-19 pandemic has been, and continues to be, a major shock to Uganda's healthcare system and economy, which has understandably affected our work (see section 13). The Ugandan general elections were held on 14 January 2021 and did not affect project implementation, there has been no political instability in Uganda which has impacted the project.

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 Community Conservation Groups are all registered and we are not aware of any potential changes to the law impacting their status. 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.

### **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, there have been no population declines, nor have any external factors outside the project's control occurred impacted this assumption. There are, in fact, positive signs of increases in relation to both Cranes and, as an unintended consequence of the project, Sitatunga, an almost extinct animal in the Rukiga-Rushebeya wetland (only ten are remaining). At Mid Term Review, Defra's independent reviewer reported that "There were verbal accounts from community members that reduced hunting is a result of community sensitisation about the wildlife conservation primarily for the cranes, hence the Sitatunga population is likely to grow in the coming years."

### **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.

#### **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: IUCN World Conservation Congress was twice postponed, although Congress was held in September 2021 and we submitted a change request in relation to the change of date.

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: We hope that later in the project we will gain a second article in the Guardian, although in this report we state that the project has already been covered by the Guardian.

#### 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 is reducing the amount of peat exposed to the atmosphere, reducing greenhouse gas emission and it subsequent effects on biodiversity. As stated in the Mid Term Review Aide Memoire, and above, we are also pleased that an

additional and unintended outcome of the project is the increase in number Sitatunga, which is locally "almost extinct".

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

Our project is providing communities with alternative and sustainable livelihoods, which is directly responding to poverty alleviation. The training and support provided to the eight CCGs in group dynamics and bookkeeping further builds business skills and capacity. The aim of these enterprises is to increase household income and reduce poverty. Our project is providing family planning (and other) healthcare services, which enable 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. Project support to the Conventions, Treaties or Agreements

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 that 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.

# **AEWA and Aichi Targets relates milestones**

- Our project has trained Crane Custodians to sensitize communities to stop crane capture
  and poisoning and built the capacity of staff to deal with crane poisoning. Through
  Community Conservation Agreements, the community groups that we supported with
  alternative livelihoods committed to start safeguarding cranes and to report any incidents
  to local authorities. This contributes to reducing direct threats to Grey Crowned Cranes;
- We hold regular awareness campaigns in project communities to educate people about the
  importance of conserving cranes and the wetlands and ecosystem goods and services that
  the people derive from these ecosystems. Through these campaigns, communities have
  agreed to undertake practices that promote sustainable use of wetlands. Our awareness
  campaigns contribute directly to promoting public education and awareness to secure Grey
  Crowned Cranes and their habitat.
- Our provision of alternative sustainable livelihoods and improved farming practices especially Napier Grass planting has enabled income generation and improved food production which contributes to securing habitats through environmentally friendly agriculture practices. The improved farming practices are expected to increase agricultural productivity and incomes of small-scale food producers, in particular, women, and the implementation of resilient agricultural practices, which increase productivity and production and help maintain ecosystems).
- ICF has signed an MoU with the Ministry of Tourism, Wildlife and Antiquities to lead the implementation of the National Single Species Action Plan for Grey Crowned Cranes.

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). Through Conservation Agreements, community groups have agreed to plant Napier Grass on hillslopes to reduce soil erosion and the amount of soil carbon exposed to the atmosphere. So far, 248 households have planted Napier Grass. We have also established three Napier Grass nurseries that will provided a sustainable source for seedlings. Our project will start distributing the seedlings to communities at landscape level in May 2022. Additionally some households that have land in wetlands have committed to leaving a buffer of wetland vegetation and the river to allow space for cranes to breed. The vegetation will also cover peat that would otherwise be exposed to the atmosphere by agriculture. This will reduce greenhouse gas emissions. 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 this year, with whom this year we signed a Memorandum of Understanding covering project actions.

# 5. Project support to poverty reduction

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. The direct beneficiaries of the alternative sustainable livelihood provision are the 248 CCG members (representing 248 households containing an estimated 1,740 people, considering average household size in the area is seven people per household) living in the project sites adjacent to the wetland. In addition to the training on livelihoods, the CCG members have been trained on bookkeeping and group dynamics (see 2020-2021 annual report for evidence), to help them to manage themselves effectively once the livelihoods are provided in the coming financial year. Furthermore, in signing Community Agreements this year, CCG members have each committed to saving UGX 3,500 (GBP 0.74) per month accumulating UGX 10 million (GBP 2.220) annually in mandatory savings. It is estimated by the World Bank that Uganda's annual per capita income in 2020 was UGX 480,000 (GBP 104), while the average household monthly expenditure in rural areas is UGX 269,197 (GBP 58). CCG member households are anticipated to accumulate UGX 17.4 million (GBP 3,700) this year from two seasonal shares bought from the livelihood materials provided by this project, which can then be used to buy more quality seed and fertiliser without addition support from the project.

Reproductive (and other) health services have been provided for 12 months. Avoiding unintended pregnancy will lead to direct impacts on poverty reduction although reduction in unintended pregnancies will able demonstrated 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 wetland into farmland. 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 wetlands and uplands, leading to improved ecosystems services. The project now supports ten outreach health clinics, more than was initially planned. The project has directly provided healthcare services to 3,210 people (2,607 women and 603 men), including 965 (all women) for family planning services. However, as the project trained the healthcare workers in all ten health clinics (which now provide services every day, rather than on the one day per month funded by the project), the project has indirectly provided 19,973 people (11,582 women and 5,048 men), of which 6,844 people (5,250 women and 35 men) received improved family planning services. 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.

# 6. 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 RH clinicians and clinicians from 10 health clinics has been undertaken. Disaggregated data highlights that of the clinicians trained 49 were women and 23 were men (total 73) All 73 clinicians scored 80% or more, passing their qualification (see output indicator 3.2). In terms of upskilling professional qualifications of healthcare staff there has been a disproportionate focus on training of women. Provision of healthcare services (including reproductive health services) commenced in February 2021. To date, the project has directly provided 2,607 women and 603 men with healthcare services, and indirectly provided 11,582 women and 5,048 men with healthcare services. Evidence from health clinics confirms that men are less likely to use health clinics except for dental treatment and HIV testing. It is for this reason that we have ensured these Darwin Initiative Annual Report Margaret Pyke Trust (Year 2)

services are included in our service delivery, however we anticipate that more men are likely to engage, once promotion by Conservation and Health Mobilizers begins next year. 136 women and 112 men from the eight Community Conservation Groups benefitted from alternative sustainable livelihoods provided by the project (see outcome indicator 0.2), 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. Of the 23 project staff, 14 are women and 9 are men.

# 7. Monitoring and evaluation

To monitor and evaluate the project, project partners use the conservation agreements to monitor livelihood and environment activities and impacts, and data collected using the Survey 123 app reports periodically about the breeding and sightings of the cranes. ICF staff, CCG members and Crane Custodians are responsible for conservation monitoring and reporting. RH monitors health service delivery and community health education provision. Health reports are captured weekly containing expenses and recommendations including daily reports on healthcare outreach programmes, all provided for monitoring. MPT monitors USHAPE implementation using a monitoring and evaluation framework contained within its USHAPE Implementation Guide. This enables monitoring of all the levels of training in family planning service provision, levels of family planning need within the community, and family planning method provision and other services. An audit is also undertaken monthly by MPT to track the effectiveness of USHAPE training and healthcare service provision being implemented. Surveys (the London Measure of Unplanned Pregnancy) are used to monitor unintended pregnancies, every six months.

LSHTM supported the development of a robust project evaluation framework. Additionally, LSHTM undertook ethnographic research to establish, over a six-month period, the detailed views and wishes of community members and gain a greater understanding of how they perceived the connections between their health, livelihood and environmental challenges. LSHTM identified numerous project improvements, such as planting bamboo to strengthen hillslopes and improve livelihoods, which project communities requested, which are being considered for the next phase of project implementation.

In addition, the ethnographic research revealed that the project team needed to adapt the way in which healthcare services were delivered, leading to an increased frequency and distribution of healthcare services (from four to ten clinics, with services provided more frequently than originally planned).

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 4.24 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 LSHTM. 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, however project actions have been updated in response to findings from our qualitative baseline research, which has in-turn updated our research indicators (those unrelated to Darwin indicators but those which relate to our wider qualitative research led by LSHTM). 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.

### 8. Lessons learnt

### What worked well this year

Our approach to using local and local government structures as the point of entry to the communities continues to work 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 expressed interest in replicating the establishment of Napier Grass nurseries in neighbouring areas, due to the successes project partners have shared with them. We have also seen increased numbers of cranes sighted around the wetland and two additional unintended impacts reported in focus groups as part of our mid-term review was that there has been decreased fires in the wetlands reduced hunting of the Sitatunga, an almost extinct animal in the Rukiga-Rushebeya wetland (only ten are remaining). There were verbal accounts from community members that reduced hunting is a result of community sensitisation about the wildlife conservation primarily for the cranes, hence the Sitatunga population is likely to grow in the coming years.

### What we would have done differently

With the restriction on project budget, there is nothing that we could have done differently this year, however some CCG members have received acts of jealously from their neighbours who are not benefiting from livelihood support (as they were not members of the CCGs, despite it being available to them). This has resulted in some CCG members' farms being vandalised to a small extent. Project partners are

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

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 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 continue to implement community sensitisation, to increase conservation benefits and to reduce conflict between community members.

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

Not applicable.

# 10. Other comments on progress not covered elsewhere

The project has been enhanced over the last year, as finding from LSHTM's baseline data collection highlighted issues communities were facing and the solutions they had (see section 7), this included increasing the project outreach health clinics from 4 to 10 in the year, to better reach project communities (see section 3.1, output 3 activities). There are no specific difficulties or particular risks.

# 11. Sustainability and legacy

### Evidence of increasing interest resulting from the project

The project has been promoted extensively by Uganda media outlets and by an international newspaper (see output 4.2), this has increased the profile of the project in Uganda, and also

within the global conservation community (see section 3.2, output 4). There is very significant interest in this project and its integrated conservation health and human health project design, for example the Conservation Measures Partnership has selected the project as a key case study at part of its Population Health and Environment learning initiative (see Annex 4.23).

#### Open access plan

All of the crane and environmental data collected in our project is collected using Survey 123 which is linked directly to the Endangered Wildlife Trust's central database which holds all of the ICF/EWT Partnership's data. The EWT is an Associate Node for the Global Biodiversity Information Facility ("GBIF") and as such has undertaken to make empirical and scientific research data related to conservation work as widely available as possible, having due regard to copyright and ownership considerations. All data collected under this project will be made publicly available according to GBIF global standards in line with a commitment to scientific data sharing. A note though that no breeding site locations will be shared publicly due to the risk of illegal trade in eggs and crane chicks. This year, project partners made the entire suite of USHAPE training materials freely available to download on the MPT website. The project partners are also currently engaging in discussions and seeking funding to replicate the approach with new partners, with the work with the Conservation Measures Partnership, stated above, also seeking to share data and project information widely within the sector.

# Exit strategy

Our exit strategy is still valid. All project partners are committed to working in the project area long-term. This year project partners committed to seek additional funding to extend the project period past the end of this current Darwin project term (34 months), and to expand to a neighbouring region with a new conservation partner.

### Sustained legacy

We have purposefully involved local government leaders in our project actions and meetings (from both the conservation and healthcare sectors), to increase ownership and involvement. The result this year has been local council leaders committing to implement Napier Grass nurseries in more villages, to enable more community members to access natural materials needed to combat soil erosion. The involvement of government Agricultural Extension Worker in project training has made the important connection between project actions and existing local government structures designed to support community members to improve their agricultural techniques. Finally, the District Environment Office is mandated to monitor fire outbreaks, arson and wildfires, project trained Crane Custodians are now supporting them to report fire outbreaks, which has resulted in few fires being observed in the wetlands. Project legacy is to ensure close involvement with local government departments, to enable project actions to be taken over from project partners at project end and replicated elsewhere.

# 12. Darwin identity

Project partners have promoted the project widely this year (see section 3.2, output 4, and Annexes 4.21 and 4.23). The Darwin Initiative logo was used in all promotion. In addition project partners have branded the project vehicle with the Darwin Initiative logo and UKAid logo (see Annex 4.22), as per the conditions of our grant, in addition to informing the Defra Newsdesk. We have also used social media platforms to promote our projects and events and articles promoting our project.

# 13. Impact of COVID-19 on project delivery

The Ugandan Government implemented various levels of COVID-19 restrictions on its citizens throughout the project period, which has impacted our planned project timetable and required us to adapt our project activities slightly. From 30th March to 22nd September 2021, there was a ban on gatherings and various social distancing protocols were imposed. However, between

June and August, COVID restrictions were increased to include a ban on inter-district travel (except for healthcare providers who were granted special dispensation to continue travel for healthcare service provision). This directly impacted ICF's activities as its work involves travelling around the wetlands, across district lines. For example, the negotiation of the Agreements with CCGs (Activity 1.2) was planned to take place in June and July, so that livelihood provisions were distributed to CCGs before the start of the planting season in early August. However due to strict lockdown restrictions in place until 22nd August, this was delayed until late August, resulting in a shorter Agreement negotiation period than initially planned and some CCG members being unavailable for livelihoods training (Activity 1.4). However, those CCG members who were unable to attend livelihoods training have subsequently received cascade training from CCG leaders and will receive mentoring from ICF staff. This delay was anticipated at the start of this project year, so it did not result in major issues. It has not had an impact on budget as it was able to be undertaken within the planned project quarter. COVID-19 has also delayed the implementation of our communication plan (see Annex 4.11), which guides our community awareness raising activities, as the ban on gatherings was not fully lifted until 25th January 2022, and schools remained closed until that time also.

# 14. Safeguarding

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

Given the nature of the MPT's work, it has comprehensive safeguarding policies, procedures and training. Last year the 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.

# 15. Project expenditure

Table 1: Project expenditure during the reporting period (1 April 2021 – 31 March 2022)

Project spend (indicative) since last Annual Report	2021/22 Grant (£)	2021/22 Total Darwin Costs (£)	Variance %	Comments (please explain significant variances)
Staff costs (see below)			-2.6%	
Kathryn Lloyd			-27.7%	Due to pay rise and more time spent on project
Sarah Uwimbabazi			1.0%	Due to UGX currency volatility
Nataliya Cuttell			46.9%	Less time spend on project finance
Adalbert Aine-Omucunguzi			-3.7%	Due to UGX currency volatility
Phionah Orishaba			-3.7%	Due to UGX currency volatility
Gilbert Tayebwa/Tumusiime John Rushariza			84.2%	Work managed more by existing staff members
Cissy Nampijja/Sarah Rukundo			-7.1%	Due to pay rise and more time spent on project

				Due to pay rise and
				more time spent on
Savious Asiimwe			-7.1%	project
				Due to pay rise and
				more time spent on
Immaculate Akacungura			-7.2%	project
Consultancy costs	0	0	0%	
Overhead Costs			-3.2%	Due to UGX currency
				volatility
Travel and subsistence			-8.8%	Due to increasing fuel
				costs and UGX
				currency volatility
Operating Costs			-0.6%	Due to UGX currency
				volatility
Capital items (see below)			0%	
Monitoring & Evaluation			0%	
(M&E)	_	_		
Others (see below)			0%	
TOTAL	110,446	112,956	-2.3%	

### OPTIONAL: Outstanding achievements of your project during the 16. reporting period (300-400 words maximum). This section may be used for publicity purposes

I agree for the Darwin Initiative Secretariat to publish the content of this section (please leave this line in to indicate your agreement to use any material you provide here).