

Applicant: **Johnson, David**  
Organisation: **Margaret Pyke Trust, with the Population & Sustainability Network**  
Funding Sought: **£325,902.00**  
Funding Awarded: **£325,902.00**

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## **DIR26S2\1002**

### **27-002 Healthy wetlands for the cranes and people of Kabale Uganda**

Kabale's wetlands 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 aims to empower 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.

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## Section 1 - Contact Details

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### PRIMARY APPLICANT DETAILS

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**Title** Mr  
**Name** David  
**Surname** Johnson  
**Organisation** Margaret Pyke Trust, with the  
Population & Sustainability Network

**Website (Work)**

**Tel (Work)**

**Email (Work)**

**Address**

### GMS ORGANISATION

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Type	Organisation
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<b>Name</b>	Margaret Pyke Trust, with the Population & Sustainability Network
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**Phone (Work)**

**Email**

**Website**

**Address**

## Section 2 - Title, Dates & Budget Summary

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### Q3. Project title:

27-002 Healthy wetlands for the cranes and people of Kabale Uganda

### What was your Stage 1 reference number? e.g. DIR26S1\100123

DIR26S1\1653

### Q4. Country(ies)

**Which eligible country(ies) will your project be working in? Where there are more than 4 countries that your project will be working in, please add more boxes using the selection option below.**

<b>Country 1</b>	Uganda	<b>Country 2</b>	<i>No Response</i>
<b>Country 3</b>	<i>No Response</i>	<b>Country 4</b>	<i>No Response</i>

**Do you require more fields?**

No

## Q5. Project dates

**Start date:**

01 June 2020

**End date:**

31 March 2023

**Duration (e.g. 2 years, 3 months):**

2 years and 10 months

## Q6. Budget summary

<b>Year:</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>	<b>Total request</b>
<b>Amount:</b>				<b>£</b> 325,902.00

**Q6a. Do you have matched funding arrangements?**

Yes

**What matched funding arrangements are proposed?**

Our project is a critical element of MPT's organisational strategy. Consequently, MPT has decided to use its own funds to cover the staff time costs of the Project Leader, David Johnson, to ensure a higher percentage of Darwin funding is invested in project actions in Uganda. This amounts to £ of matched funding during the project period.

By bringing together conservation and health partners, as well as the London School of Hygiene & Tropical Medicine (LSHTM), we aim to not only establish the conditions necessary to enable long-term conservation of Grey Crowned Cranes and improve human health, but also generate data of sufficient academic rigour to support our work to change conservation policy. We seek to demonstrate the importance to conservation, as well as health and gender, of removing barriers to family planning. As a result, this project is also of strategic importance to LSHTM which has a newly established Climate and Health Centre and therefore matched funding has been secured for the staff time costs of the Monitoring and Evaluation Lead, Professor Susannah Mayhew, amounting to £ during the project period.

MPT has a Memorandum of Understanding with the Uganda Protestant Medical Bureau (UPMB) an objective of which is seeking new partnerships to improve reproductive health provision in rural Uganda. Therefore, this project is also of strategic importance to UPMB, by creating a partnership with UPMB's Rugarama Hospital (Rugarama) and MPT's conservation partners. Rugarama has therefore agreed to use its

own funds to cover the staff time costs of the Public Health Lead, Dr Gilbert Mateeka, amounting to £4,065 of matched funding during the project period.

**Q6b. Proposed (confirmed and unconfirmed) matched funding as % of total project cost (total cost is the Darwin request plus other funding required to run the project).** 15

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## Section 3 - Project Summary

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### Q7. Summary of project

**Please provide a brief summary of your project, its aims, and the key activities you plan on undertaking. Please note that if you are successful, this wording may be used by Defra in communications e.g. as a short description of the project on [GOV.UK](http://GOV.UK).**

**Please write this summary for a non-technical audience.**

Kabale's wetlands 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 aims to empower 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.

## Section 4 - Lead Organisation Summary

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### Q8. Lead organisation summary

**Has your organisation been awarded a Darwin Initiative or IWT Challenge Fund award before (for the purposes of this question, being a partner does not count)?**

No

**If no, please provide the below information on the lead organisation.**

**What year was your organisation established/ incorporated/ registered?** 01 January 1969

**What is the legal status of your organisation?**  NGO

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**How is your organisation currently funded?**

In the 2018/2019 financial year, we were funded:

- 44%: by trusts, foundations and individuals;
- 36%: by the EU and other large donors;
- 17%: by course fees (we charge delegates who attend our courses - we provide the broadest range of contraceptive training in the UK); and
- 3%: by investment income.

Our diverse funding base is growing. For instance, we have secured two new donors, providing c. £ each per annum, this quarter alone.

Our relationships with the overwhelming majority of our donors is very long-term. The income trend is growth, from diversifying sources, enabling expansion.

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**Describe briefly the aims, activities and achievements of your organisation. Large organisations please note that this should describe your unit or department.**

**Aims**

Our vision is “a world where everyone can choose freely whether and when to have children, for the benefit of people and the planet”. We aim to change global policy to recognise the importance of family planning for not only women’s and girls’ health but also environmental health.

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**Activities**

- Designing and implementing integrated conservation and family planning projects;
  - Providing the broadest range of family planning training for clinicians in the UK, and bespoke family planning training in Uganda; and
  - Promoting the greater health, gender and conservation outcomes resulting from health / conservation partnerships.
-

**Achievements**

As the sole IUCN member with 50 years' family planning expertise, we have:

- Changed policies and programmes of multiple conservation NGOs and the EU regarding family planning / environment; and
  - Launched the Thriving Together campaign, a global first campaign bringing together over 160 environmental and family planning organisations.
- 

**Provide details of 3 contracts/projects held by the lead organisation that demonstrate your credibility as an organisation and provide track record relevant to the project proposed.**

**These contracts/awards should have been held in the last 5 years and be of a similar size to the grant requested in your Darwin application.**

**Contract/Project 1 Title**

Improving public (including reproductive) health around Bwindi Implementable Forest National Park, Uganda, benefiting human and non-human primates.

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**Contract Value/Project budget (include currency)**

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**Duration (e.g. 2 years 3 months)**

5 years

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**Role of organisation in project**

Our role as project lead requires us to develop, implement and monitor a bespoke family planning training programme designed to address the context of rural southwest Uganda, and implement the training and education on other public health issues affecting chimpanzee health.

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**Brief summary of the aims, objectives and outcomes of the project**

Aims:

To reduce human-induced impacts on chimpanzees in Bwindi Impenetrable Forest National Park, Uganda, and improve human health.

Objectives:

- To ensure clinical service providers can provide a full range of family planning methods, associated counselling, and ensure women have choice, to reduce unplanned pregnancy; and
- To provide community education on family planning, hygiene and sanitation.

Outcomes (project ongoing):

- 108,000 people have received education on project issues;
- 6,500 women have received family planning counselling and services;
- 250 clinicians have been trained; and
- Our bespoke training programme has been accredited by the Uganda Protestant Medical Bureau.

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**Client/independent reference contact details (Name, e-mail)**

Joyce Cohen (Associate Director, Yerkes National Primate Research Center, Emory University):

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**Contract/Project 2 Title**

Thriving Together: Family planning and biodiversity conservation

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**Contract Value/Project budget (include currency)**

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**Duration (e.g. 2 years, 3 months)**

2 years 6 months

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**Role of organisation in project**

Uniquely, with expertise in both environmental conservation and reproductive health, our role is to create the first ever cross-sector environmental health / reproductive health alliance, and then lead the resulting movement to seek environmental policy and programmatic change.

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**Brief summary of the aims, objectives and outcomes of the project**

Aims:

To change conservation policy on relevance of family planning to biodiversity.

Objectives:

- Build a cross sector health/conservation alliance;
- Research and publish a landmark publication, tailored for conservationists, on relevance of family planning to biodiversity;
- Change organisational policies; and
- Pass a Motion at IUCN World Congress to establish a cross-Commission Task Force led by MPT.

Outcomes (project ongoing):

- 160+ organisations endorsed the Thriving Together statement ([www.ThrivingTogether.Global](http://www.ThrivingTogether.Global));
- “Removing Barriers to Family Planning, Empowering Sustainable Environmental Conservation” published;
- 20+ conservation NGOs changed their policies; and
- Motion approved by IUCN Motions Working Group.

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**Client/independent reference contact details (Name, e-mail)**

Suzanne Fournier (Manager, Saving Lives at Children’s Investment Fund Foundation):

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**Contract/Project 3 Title**

Enhancing the ability of two marginalised rural South African communities to know and exercise their sexual, reproductive, and gender human rights.

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**Contract Value/Project budget (include currency)**

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**Duration (e.g. 2 years, 3 months)**

2 years

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**Role of organisation in project**

TVEP, our project partner, is South Africa’s leading NGO combatting sexual and gender based violence (SGBV) in rural Limpopo Province. Our role, as project lead, was to develop a new programme for TVEP, integrating family planning community education, and family planning clinical training, in their SGBV model.

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## Brief summary of the aims, objectives and outcomes of the project

### Aims:

To empower communities to know, advocate for, and exercise their reproductive and other human rights.

### Objectives:

- Train adults and youth on rights;
- Train staff of government departments (clinics, police and courts) so they can comply with their mandates to adequately provide the services which are essential for communities to fully exercise their rights; and
- Support communities to “own” the project.

### Outcomes (project ongoing):

- Significant increase in knowledge (1,200 adult and 4,000 youth trained);
- Increased capacity of service providers;
- Increased community agency; and
- Model developed to include family planning and rolled out elsewhere.

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### Client/independent reference contact details (Name, e-mail)

Aurelie Voix (Member of the European Union Delegation to South Africa):


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**Have you provided the requested signed audited/independently examined accounts? If you select "yes" you will be able to upload these. Note that this is not required from Government Agencies.**

Yes

**Please attach the requested signed audited/independently examined accounts.**

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 [Note on 2017-2018 Accounts MPT](#)


 05/12/2019


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 [2018-2019 Accounts MPT](#)

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## Section 5 - Project Partners

### Q9. Project partners

**Please list all the partners involved (including the Lead Organisation) and explain their roles and responsibilities in the project. Describe the extent of their involvement at all stages, including project development.**

**This section should illustrate the capacity of partners to be involved in the project. Please provide Letters of Support for the Lead Organisation and each partner or explain why this has not been included.**

**N.B: There is a file upload button at the bottom of this page for the upload of a cover letter (if applicable) and all letters of support.**

**Lead Organisation name:** Margaret Pyke Trust, with the Population & Sustainability Network ("MPT")

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**Website address:** [www.margaretpyke.org](http://www.margaretpyke.org)

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**Details (including roles and responsibilities and capacity to engage with the project):**

MPT is the only member of the IUCN with 50 years' family planning expertise. MPT has significant experience and expertise developing cross-sector conservation and reproductive health partnerships and programmes. MPT has undertaken similar work in Uganda for over four years.

Role includes:

- training partner organisations on integrated environmental and human health approaches;
- training Rugarama staff on MPT's USHAPE family planning training programme; and
- completion of integrated environmental / human health community education programme.

Responsibilities include:

- project management;
- communications and project promotion to journalists and others;
- IUCN World Conservation Congress 2020 events; and
- budget holding and reporting.

Capacity

MPT has worked with each partner organisation for several years, and introduced them to design the project collaboratively. The project is a key part of MPT's strategic plan, and therefore matched funding has been secured to ensure its Chief Executive can dedicate 10% of his time to the project, at no cost to Darwin. MPT's Project Manager will dedicate 20% of her time to the project.

The project is key to MPT from a programmatic, advocacy and strategic perspective, guaranteeing the highest level of engagement.

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**Have you included a Letter of Support from this organisation?**  Yes

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**Have you provided a cover letter to address your Stage 1 feedback?**  Yes

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**Do you have partners involved in the Project?**

Yes

**1. Partner Name:** International Crane Foundation ("ICF")

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**Website address:** www.savingcranes.org

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**Details (including roles and responsibilities and capacity to engage with the project):** ICF works worldwide to conserve cranes and their ecosystems. It has worked in Uganda for 20 years, operating within the African Crane Conservation Programme (ACCP), a partnership with the Endangered Wildlife Trust (EWT). The partnership operates with Nature Uganda until 1 April 2020, when it will operate out of its own ICF-Uganda office.

Role includes:

- training and mentoring Community Conservation Groups on their chosen livelihoods (goat keeping, 'zero grazing' cows, bee keeping, potato crops, climbing beans and function and event support), markets access and governance;
- training and mentoring on wetland, soil and water conservation, agricultural practices, sustainable waste disposal and monitoring;
- undertaking crane and habitat quality surveys;
- establishing model farms; and
- promoting environmental health.

Responsibilities include:

- Community Conservation Groups established and registered;
- wetland restoration and management;
- collecting and analysing environmental data; and
- liaison with Uganda's CBD focal point.

Capacity

ICF's Jimmy Muheebwa is the primary conservation expert involved with project design (since inception, prior to the Scoping Award) and has the closest relationships with the project communities. Strategically, ICF has resolved to consider cross-sectoral working in all future projects, so this project could have positive implications for its programmes worldwide.

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**Have you included a Letter of Support from this organisation?**  Yes

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**2. Partner Name:** Rugarama Hospital ("Rugarama")

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**Website address:** www.rugaramahospital.com

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**Details (including roles and responsibilities and capacity to engage with the project):**

Rugarama is a Uganda Protestant Medical Bureau (UPMB) hospital. MPT has a Memorandum of Understanding with UPMB relating to family planning and cross-sector environmental/human health in rural Uganda. Rugarama works with Uganda's Ministry of Health and has particular expertise relating to outreach clinics in rural areas.

Role includes:

- providing public health (including family planning) services at outreach clinics;
- training Village Health Team volunteers; and
- providing community education.

Responsibilities include:

- running clinical outreach;
- collecting health data;
- liaison with the Ministry of Health; and
- promotion of health services and education.

Capacity

The Memorandum of Understanding between MPT and UPMB means our project is a priority for Rugarama and UPMB. Dr Gilbert Mateeka, the Medical Superintendent, has led the Rugarama team involved with project design since inception (prior to the grant of the Scoping Award). As with MPT and LSHTM, Dr Mateeka believes the value of the project (and integrated approach itself) are so important that Rugarama is covering his time cost (15% of his time) using core funding, to free additional Darwin funds for new health staff and actions from the Darwin budget.

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**Have you included a Letter of Support from this organisation?**  Yes

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**3. Partner Name:** London School of Hygiene & Tropical Medicine ("LSHTM")

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**Website address:** www.lshtm.ac.uk

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**Details (including roles and responsibilities and capacity to engage with the project):**

LSHTM is a leading research university. LSHTM's cross-disciplinary research draws on world-leading expertise to address public and global health challenges; it has a dedicated Climate and Health Centre. LSHTM has a unique range of work integrating clinical, population and social sciences. Professor Susannah Mayhew dedicated her sabbatical year (including time spent on the Scoping Award) to work on the evaluation of cross-sector environmental / human health projects.

Professor Susannah Mayhew's role includes:

- developing M&E framework;
- training project staff on M&E protocols;
- M&E oversight; and
- evaluation analysis.

Professor Susannah Mayhew's responsibilities include:

- gaining ethical clearances;
- ensuring data are robust;
- leading on the project analysis report; and
- leading on the submission of peer reviewed journal articles.

Capacity

There are very few integrated conservation and human health projects globally, and none like the one in this application (wetlands, livelihoods, family planning and conservation action). Analysis of this project is a key priority for Professor Mayhew, based on her specialisation, guaranteeing the highest level of engagement and so matched funding has been secured. Professor Mayhew will dedicate her time, at no cost to Darwin.

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**Have you included a Letter of Support from this organisation?**

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Yes

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**4. Partner Name:**

*No Response*

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**Website address:**

*No Response*

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**Details (including roles and responsibilities and capacity to engage with the project):** *No Response*

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**Have you included a Letter of Support from this organisation?**  No

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**If no, please provide details** *No Response*

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**5. Partner Name:** *No Response*

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**Website address:** *No Response*

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**Details (including roles and responsibilities and capacity to engage with the project):** *No Response*

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**Have you included a Letter of Support from this organisation?**  No

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**If no, please provide details** *No Response*

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**6. Partner Name:** *No Response*

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**Website address:** *No Response*

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**Details (including roles and responsibilities and capacity to engage with the project):** *No Response*

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**Have you included a Letter of Support from this organisation?**  No

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**If no, please provide details** *No Response*





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**If you require more space to enter details regarding Partners involved in the project, please use the text field below.**

*No Response*

**Please provide a cover letter responding to feedback received at Stage 1 if applicable and a combined PDF of all letters of support.**

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 [Margaret Pyke Trust Letters of Support](#)  
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## Section 6 - Project Staff

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### Q10. Key project staff

**Please identify the key project personnel on this project, their role and what % of their time they will be working on the project.**

**Please provide 1 page CVs for these staff, or a 1 page job description or Terms of Reference for roles yet to be filled. These should match the names and roles in the budget spreadsheet.**

**If your team is larger than 12 people please review if they are core staff, or whether you can merge roles (e.g. 'admin and finance support') below, but provide a full table based on this template in the pdf of CVs you provide.**

Name (First name, Surname)	Role	% time on project	1 page CV or job description attached?
David Johnson	<b>Project Leader</b>	10	Checked
Jimmy Muheebwa	Grey Crowned Crane, Wetlands and Livelihoods Lead	75	Checked
Dr Gilbert A. Makeeka	Public Health Lead	15	Checked
Professor Susannah Mayhew	Monitoring and Evaluation Lead	10	Checked





**Do you require more fields?**

No

**Please provide 1 page CVs (or job description if yet to be recruited) for the project staff listed above as a combined PDF.**

**Ensure the file is named clearly, consistent with the named individual and role above.**

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 [Margaret Pyke Trust CVs](#)  
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## Have you attached all project staff CVs?

Yes

## Section 7 - Problem Statement & Conventions

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### Q11. Problem the project is trying to address

**Please describe the problem your project is trying to address in terms of biodiversity and its relationship with poverty. For example, what are the drivers of loss of biodiversity that the project will attempt to address? Why are they relevant, for whom? How did you identify these problems?**

Pressures on Kabale'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 are:

- a quickly growing human population with finite land/natural resources available for subsistence farming;
- 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.

Project actions respond directly to each driver.

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.

The project will be relevant for 13,500 local people.

The problems have been identified by long-term knowledge of Ugandan partners working locally and engagement with communities and stakeholders (including during our Scoping Award trip). The problems have been confirmed by a comprehensive literature review. For instance, Uganda's National Biodiversity Strategy and Action Plan (NBSAP) under the CBD 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.

The project would establish the conditions necessary to enable long-term conservation of Grey Crowned Cranes and improve human health.

### Q12. Biodiversity Conventions, Treaties and Agreements

**Q12a. Your project must support the objectives of one or more of the agreements listed below.**

**Please indicate which agreement(s) will be supported and describe which objectives your project will address and how.**

- Convention on Biological Diversity (CBD)
- Convention on the Conservation of Migratory Species of Wild Animals (CMS)
- Convention on Climate Change (CCC)
- Global Goals for Sustainable Development (SDGs)

**Q12b. Biodiversity Conventions**

**Please detail how your project will contribute to the objectives of the agreement(s) your project is targeting. You should refer to Articles or Programmes of work here.**

CBD

Our project contributes 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 NBSAP identifies as relevant to wetlands, (see question 11).

Data shared with the National Environment Management Authority will support evidence-based decision-making.

CMS

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, we 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.

#### CCC

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, Kabale has experienced this, with an increase in landslides due to heavy downpours, in a landscape now devoid of indigenous vegetation. Kabale 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 aims to increase community resilience by:

- expansion of climate smart agriculture and diversifying livelihoods;
- wetland restoration reducing evaporation rates and improve ecosystem services of flood attenuation and water management; and
- reduce 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).

The IPCC's 2014 Fifth Assessment Report notes the value of family planning for improving health, slowing population growth and reducing greenhouse gas emissions. Our project therefore contributes in a small way to stabilising greenhouse gas emissions, whilst we focus on activities mitigating the adverse effects of climate change and promote sustainable development.

#### SDGs

See below.

### **Q12c. Is any liaison proposed with the CBS / ABS / ITPGRFA / CITES / CMS / Ramsar / CCC focal point in the host country?**

Yes

#### **If yes, please give details.**

Our letter of support from Uganda's CMS focal point, Dr Barirega of the Ministry of Tourism, Wildlife and Antiquities, highlights our ongoing liaison. We have worked with Dr Barirega to develop the Grey Crowned Crane Single Species Action Plan for Uganda, which outlines activities to stabilise the East African crane sub-species population and its current range and area of occupancy.

In July 2019, Uganda hosted the first workshop of the African-Eurasian Migratory Waterbird Agreement's International Grey Crowned Crane Working Group (developed under CMS). Kerry Morrison of ICF is the Group's coordinator.

## **Q12d. Global Goals for Sustainable Development (SDGs)**

### **Please detail how your project will contribute 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 target 15.1 (wetland restoration and sustainable use);
- 15 target 15.3 (soil restoration);
- 15 target 15.5 (protection of threatened species and reducing habitat degradation); and
- 6 targets 6.3 and 6.6 (improving water quality, reducing pollution and restoring wetlands).

Our provision of alternative sustainable livelihoods (already chosen by the community) and improved farming practices enabling income generation and improved food production contributes to SDG:

- 1 targets 1.1 and 1.2 (poverty reduction);
- 2 targets 2.1 and 2.2 (reduction of hunger and increasing access to nutritious and sufficient food); and
- 2 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 SDG:

- 3 target 3.7 and 5 target 5.6 (ensuring universal access to sexual and reproductive healthcare services, including for family planning, and the integration of reproductive health into programmes);
- 3 target 3.1, 3.2, 3.3 and 3.8 (improving infant and maternal health and wellbeing); and
- 5 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.

## **Section 8 - Method, Change Expected, Gender & Exit Strategy**

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### **Q13. Methodology**

**Describe the methods and approach you will use to achieve your intended Outcome and Impact. Provide information on:**

- **How you have analysed historical and existing initiatives and are building on or taking work already done into account in project design. Please cite evidence where appropriate.**
- **The rationale for carrying out this work and a justification of your proposed methodology.**
- **How you will undertake the work (materials and methods).**
- **How you will manage the work (roles and responsibilities, project management tools, etc.).**

We developed our project collaboratively, informed by the communities' livelihoods wishes, our Ugandan partners' understanding of local conservation and health needs and which livelihoods have market access, and the UK partners' understanding of integrating actions across sectors, to generate greater environmental and human health outcomes. Our project builds on our existing initiatives, integrating them into a unique cross-sector approach. Our evaluation of this project will look at the impact the project has on environmental and human health, and the benefits to communities of livelihood provision, and the interconnections between them.

A mapping of the communities' environmental, health and poverty alleviation needs has been undertaken and action planning will be undertaken with all Community Conservation Groups to ensure the communities' needs are placed at the centre of all actions.

Using a logical framework, we will undertake activities supporting our Outputs that collectively create multiple pathways to achieving our ultimate goal of reducing anthropogenic pressures on Kabale's wetlands.

The M&E framework will be finalised by all partners, with the design process, and analysis, led by Professor Mayhew. The framework and data analysis will be informed by the approach used by LSHTM in the Integra Initiative evaluation and contribution analysis methods (used previously by LSHTM to assess social and policy impact of programmes in sub-Saharan Africa). Our approach focuses on not only impact-evaluation but also process-evaluation (i.e. "how" impact is achieved). Our framework will be informed by, and align with, ICF frameworks which follow the Open Standards for the Practice of Conservation.

Data collection will be undertaken by project staff. The M&E tools will assess the extent to which the Outputs are met and the extent to which they have collectively contributed to the Outcome and Impact.

The impact of our activities to conserve wetlands, restore uplands, support households through alternative sustainable livelihoods (already chosen by the community, see above) and improve health will be monitored at baseline, intermediate points and at endline by means including:

- water turbidity tests, tracking pollution run-off from homesteads and soil erosion from uplands;
- soil quality tests, tracking the impact sustainable farming practices have on uplands;
- wetland mapping, tracking wetland buffer zone implementation;
- 'Survey 123' counts, tracking crane breeding pairs;
- clinic records, pre- and post-training exam scores, and London Measure of Unplanned Pregnancy surveys, tracking healthcare service provision, contraceptive uptake and unintended pregnancy;
- Community Conservation Agreements, Community Conservation Group records, photographs and other documents, tracking buffer-zone creation and monitoring, wetland harvest regulations, replanting of *Cyperus* spp and removal of alien species; and
- both quantitative surveys (respondent driven sampling surveys for key populations and providers) and

qualitative surveys (in-depth interviews and focus group discussions with community members, Community Conservation Group members and healthcare providers), tracking acceptability and impacts of project actions and the interrelations between them.

We will look at improved active participation of women and people living with disability in project activities, with a focus on the impact of integrating project actions as a pathway to achieving such participation.

## **Q14. Raising awareness of the potential worth of biodiversity**

**If your project contains an element of communications, knowledge sharing and/or dissemination please provide a description of your intended audience, how you intend to engage them, what the expected products/materials will be and what you expect to achieve as a result.**

**For example, are you expecting to directly influence policy in your host country or is your project a community advocacy project to support better management of biodiversity?**

MPT's strategic plan is to change global conservation policy to recognise the critical importance of family planning not only to women's and girls' health and empowerment but also to planetary health and biodiversity. Our aim is to increase the number of conservation organisations collaborating with reproductive health organisations, and including family planning actions within conservation programmes where barriers to family planning lead to:

- high rates of unintended pregnancy / population growth and resulting environmental pressures; and
- negative infant and maternal health outcomes.

We will use evidence from this project as an example to further our advocacy and seek to directly influence:

- conservation and reproductive health NGOs (to change their internal policies to consider cross-sector working);
- IUCN (our motion "Importance to conservation of removing barriers to voluntary family planning" has been accepted for World Conservation Congress); and
- Governments, donors and academics.

We argue that conservation organisations need not own wind turbines to support policy changes promoting renewables. Similarly, conservation organisations need not own clinics to support policy changes promoting removal of barriers to family planning. We will promote the positive human and environmental health outcomes of the unique alliance behind this project to demonstrate the importance of biodiversity to maintaining human health, and the importance of reproductive and public health to support conservation of biodiversity.

We are an active IUCN member (and sole member with 50 years' family planning expertise) and have representation on three IUCN Commissions and the UK National Committee ExCo. We also coordinate the Thriving Together movement of 160 conservation and reproductive health organisations. We will use these networks to communicate on both the project outcomes concept. We have planned a regional capacity-building workshop in year two as a key part of this process.

## **Q15. Capacity building**

**If your project will support capacity building at institutional or individual levels, please provide details of what form this will take and how this capacity will be secured for the future.**

Institutional

We will build the capacity of:

- all direct project staff (and key additional staff from project partners) on the connections between human and environmental health and how greater conservation, health and gender outcomes are possible through partnership working. By training more broadly than direct project staff, we embed our approach at the institutional level; and

- Rugarama's staff and Village Health Team volunteers on family planning promotion, counselling and delivery, using our USHAPE (Uganda Sexual Health and Public Education) training programme. The "training of trainers" modules ensures there will be a large cohort of trainers, beyond direct project staff. The mentoring modules ensure peer support and ongoing education as the norm (this has been a successful approach of our work at Bwindi Community Hospital).

We will hold a regional capacity-building workshop for conservation and health NGOs in year two. We already have a database of conservation and health organisations which are keen to learn about this approach.

Individual

Using diverse media (including posters, workshops and radio broadcasts), we will build the community's capacity on environmental and human health issues, and the connections between them. People do not live their lives in silos, and so training will reflect the interactions between environmental health, human health (especially family planning), livelihoods (which are dependent on environmental health), sustainable farming techniques, wetland and Grey Crowned Crane conservation, pollution and waste management, soil and water conservation and demands on natural resources.

Sustainable livelihood provision is coupled with mentoring to provide specialist advice, financial literacy training, and support to help members form cooperatives and access markets. We therefore ensure skills and livelihoods which are capable of leading to long-term financial benefit. Trained community members are also supported to engage in peer-education, to pass on learning on livelihoods to their neighbours.

## **Q16. Gender equality**

**All applicants must consider whether and how their project will contribute to reducing inequality between persons of different gender. Explain how your project will collect sex disaggregated data and what impact your project will have in promoting gender equality.**

Our project promotes gender equality because:

- there will be equal gender representation in Community Conservation Groups;
- gender equality is impossible without unrestricted access to reproductive health services. Our inclusion of family planning action helps reach target 5.6 of SDG 5 (Gender Equality) which seeks "universal access to sexual and reproductive health services". Family planning is fundamental to enable:

(a) girls to stay in school to complete education. When girls leave school due to unintended pregnancy, it

perpetuates the cycle of poverty and high fertility;

(b) women to choose freely their family size, and plan childbearing around other desires (i.e. participating in livelihoods). This reduces the economic burden of parenthood which disproportionately impacts women; and

(c) avoidance of negative health outcomes of early or tightly spaced (in time) pregnancies;

- our community education integrating human and environmental health messages is a proven method of reaching men with family planning messages (lack of male support for contraceptive use is a local barrier to family planning). Similarly, women are more likely to attend “health” education, than “environmental” education. By integrating human and environmental health messages we can reach more women with livelihood training;

- Uganda’s patriarchal society holds strong social and cultural norms shaping men’s and women’s roles. Generally speaking women have responsibility for unpaid domestic work and childcare and men head households, hold more livelihoods and make financial decisions, often taking >90% of their wives’ income. Our project has been designed with this in mind; and

- our clinical outreach benefits all, and is particularly relevant for the disabled community, who are less able to travel long distances (as is currently necessary for want of outreach clinics).

Monitoring and evaluation will ensure community level data is disaggregated by gender (and the majority by age too).

## **Q17. Change expected**

**Detail the expected changes this work will deliver. You should identify what will change and who will benefit a) in the short-term (i.e. during the life of the project) and b) in the long-term (after the project has ended).**

**Please describe the changes for biodiversity and for people in developing countries, and how they are linked. When talking about people, please remember to give details of who will benefit and the number of beneficiaries expected. The number of communities is insufficient detail - number of households should be the largest unit used. If possible, indicate the number of women who will be impacted.**

Short-term changes directly benefiting Kabale’s marginalised rural community and all species relying on wetland health, including Grey Crowned Cranes, include:

- 60 hectare increase in wetland subject to Community Conservation Agreements;
- 200 hectare increase in wetland, upland and farmland subject to Community Conservation Agreements;
- 250 households benefitting from new alternative sustainable livelihoods;
- 160 households benefitting from direct project training on new alternative sustainable livelihoods;
- 200 households implementing soil and water conservation methods, agriculture practices and sustainable waste disposal;



- 13,500 people benefiting from outreach clinics (c.6,890 women benefiting from 2,400 family planning consultations);
- 4 newly created Community Conservation Groups (around 120 individuals, of which 50% women);
- 10 additional breeding pairs of Grey Crowned Cranes monitored; and
- improved water clarity.

Short-term changes directly benefiting project staff (of which c. 70% female) include:

- 31 nurses and Village Health Team volunteers with greater capacity to provide healthcare services; and
- 85 project staff with increased capacity on cross-sector benefits of integrated programming.

These short-term changes mean we can establish the conditions necessary to enable long-term conservation of Grey Crowned Cranes and improve human health and, additionally, increase community resilience in a changing socio-economic and climate situation.

Long-term changes directly benefiting Kabale's marginalised rural community and all species relying on wetland health, including Grey Crowned Cranes, include:

- reduced anthropogenic pressures on Kabale's wetlands;
- stabilised and eventually increasing Grey Crowned Crane population in the region;
- at least a 10% increase in the number of active and successful breeding sites;
- at least a 10% increase in wetland extent due to restoration efforts;
- a reduction in soil erosion and an improvement in soil fertility and water management in the catchment, leading to improved wetland function;
- wetland health and ecosystem services improve by at least 10% on the baseline;
- communities and cranes benefitting from healthier wetlands and coexisting in the same landscape;
- greater livelihood diversity and resulting poverty reduction;
- sustainable livelihoods that are fully integrated into the livelihoods of communities (i.e. they are able to troubleshoot when challenges arise and share expertise peer to peer);
- reduced pressures on families and wetlands, due to averted unintended pregnancies, which also ensures better infant and maternal health outcomes (all of which alone, even without livelihoods, leads to poverty reduction);
- more women involved in livelihood actions, when they are able to time and space their pregnancies, and therefore greater gender equality; and
- cross-sector working embedded in organisational thinking.

Additionally, ecosystems, species and human communities remote from the project site (which cannot be

identified yet) will benefit, due to the evidence generated of the greater environmental and human health outcomes from cross-sectoral working. The greater awareness among conservation policy makers and project implementers of the relevance to biodiversity of family planning will benefit gender equality at the institutional and community level, and support reaching biodiversity targets.

## **Q18. Pathway to change**

**Please outline your project's expected pathway to change. This should be an overview of the overall project logic and outline how you expect your Outputs to contribute towards your overall Outcome and, longer term, your expected Impact.**

Grey Crowned Cranes depend on ever diminishing wetlands to nest. Kabale's human communities depend on these same finite ecosystems for food security and livelihoods. Lack of family planning services leads to larger families. A cycle of poverty and poor healthcare provision increases pressures on families and wetlands, so wetlands become progressively less capable of supporting cranes and livelihoods. To break the cycle we considered these interrelated challenges.

Combining conservation, livelihood and healthcare Outputs means each Output amplifies the impact of others. For instance, a woman who can access family planning AND take up a livelihood can choose their family size, avoid negative health outcomes, support family finances, retain the livelihood (by avoiding an unwanted pregnancy), and engage in conservation action. As pressures on families and ecosystems reduce, the ecosystems are better able to support human and non-human species. Greater conservation, health and gender outcomes result from such integrated projects.

To establish the conditions necessary to enable long-term conservation of Grey Crowned Cranes and improve human health requires integration of actions responding to the interrelated livelihood, conservation and health issues that lead to increasing anthropogenic pressures. Then we can secure the health of the habitats needed for crane and human health.

## **Q19. Exit Strategy**

**State whether or not the project will reach a stable and sustainable end point. If the project is not discrete, but is part of a progressive approach, give details of the exit strategy and show how relevant activities will be continued to secure the benefits from the project. Where individuals receive advanced training, for example, what will happen should that individual leave?**

Our project seeks to establish the conditions necessary to enable long-term conservation of Grey Crowned Cranes and improve human health. By establishing those conditions, we ensure sustainability, whilst allowing for further activities subsequently.

Those with the capacity to undertake alternative and sustainable livelihoods can continue to do so should we exit. For every selected livelihood, community group members will be trained in its management and linked to local government for provision of extension services. The support from local government will continue after project end. We will provide training in group dynamics, strengthening group governance.

Rugarama Hospital will continue to operate. Those who have avoided unplanned pregnancy will always have avoided that pregnancy. The reduced human pressures will last. The family planning methodology follows a "whole institution approach" to embed it. Project nurses will receive advanced training, but should they leave, the "training of trainers" component ensures there is a sufficient cohort of staff who can step in, this is fundamental.

We will train 90 staff and so we are not reliant on only a very small group.

ICF is committed to working in the region due to its significant Grey Crowned Crane population, building on project actions.

**If necessary, please provide supporting documentation e.g. maps, diagrams, references etc., as a PDF using the File Upload below:**

*No Response*

## **Section 9 - Existing works, Ethics & Safeguarding**

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### **Q20a. Harmonisation**

**Is this a new initiative or a development of existing work (funded through any source)?**

**Please give details.**

This is a new initiative, designed and developed thanks to support from a 2018 Darwin Scoping Award. Our multi-organisation partnership enables integration of complementary actions in conservation, poverty alleviation and human health, which has not previously happened. This integration responds to the related environmental and public health challenges.

Whilst the partnership itself is new, the specific project actions are based on tried and tested environmental, public health and poverty alleviation interventions implemented by the project partners elsewhere in southwest Uganda, albeit implemented separately.

For instance, ICF has used Conservation Agreements and Crane Custodianship in southwest Uganda since 2014. The healthcare intervention is based on Rugarama's existing outreach model and MPT's existing USHAPE training model (being implemented at Rugarama's sister hospital, adjacent to Bwindi Impenetrable Forest National Park, since 2016). The latter project addresses human-induced pressures on the forest and chimpanzees. MPT's experience in implementing cross-sector projects led to the design of this 'population, health and environment' (PHE) project. PHE projects combine conservation and human healthcare activities alongside alternative sustainable livelihood provision. PHE is an environmental and human health approach which has been implemented elsewhere, notably in marine and freshwater ecosystems, although the project's wetland setting is a further PHE development.

**Q20b. Are you aware of any other individuals/organisations/projects carrying out or applying for funding for similar work?**

No

### **Q21. Ethics**

**Outline your approach to meeting the Darwin Initiative's key principles for research ethics as outlined in the [Guidance](#).**

Ethical approval

Robust M&E involves interviewing and surveying individuals from beneficiary communities and project implementers. Our approach is to comply with Ugandan and UK best practice. We will obtain ethical

approval from the London School of Hygiene & Tropical Medicine's Ethics Review Committee and Uganda's National Council of Science and Technology. We will comply with the reporting requirements and protocols of both. Medical ethics review boards have the most stringent criteria of any sector, ensuring the highest possible ethical standards for the project and the protection of the rights, privacy and safety of participants and project implementers. We will seek prior informed consent from all interview, survey and focus group participants.

Local leadership and respect of traditional knowledge

We designed our project with Ugandan partners. The project is extensively informed by their experiences. We consulted community groups directly during the design phase; we will continue to seek their views during project implementation. A first step in the baseline evaluation will be to understand how communities make sense of their environmental and health challenges, how they currently seek to address them, and how they can be supported.

Particular project aspects

Conservation Agreements form a core part of the project. They support the Uganda Wetland Policy (1995), which empowers local communities to develop solutions to wetland degradation, and Uganda's decentralisation policy in the Local Government Act (1997), which supports community structures' participation in development. USHAPE family planning training has Ugandan accreditation and is based on World Health Organisation guidelines. The Uganda Protestant Medical Bureau is regulated by national quality standards. Project design (and therefore actions researched) follows a human rights approach to development.

We will meet all UK and Ugandan legal and ethical obligations, including relevant access and benefit sharing legislation pertaining to the utilisation of genetic resources and associated traditional knowledge.

## **Q22. Corruption**

**Explain how you have considered any risk of corruption that may affect the success of this project, and how you plan to manage this.**

We undertook a corruption risk assessment in relation to the project design in the last quarter of 2019. This resulted in us making changes to the financial mechanisms relating to alternative sustainable livelihood provision compared to the first round application. Revolving loans were originally chosen by Community Groups as the livelihood option of choice. However, loans are readily available within the Kabale region, they do not allow for long-term sustainable development of livelihoods due to the larger number of livelihoods chosen for loans, which makes it more difficult to ensure effective training, mentorships and trouble-shooting within the livelihood, and unless intensively monitored and managed, could be open to inequitable and corrupt use of funds. For this reason, we have chosen rather to provide agreed upon specific livelihood options.

We can therefore demonstrate that our institutional policies (see question 29), procedures and training to mitigate the risk of corruption have already been implemented in relation to our current project.

Having undertaken this corruption risk assessment (and implementing the necessary programme design changes) we now deem the overall risk of corruption affecting project success to be low. Nevertheless, risk of corruption will be kept under constant review.

## **Q23. Safeguarding**

**Projects funded through the Darwin Initiative must fully protect vulnerable people all of the time, wherever they work. In order to provide assurance of this, projects are required to have appropriate safeguarding policies in place. Please confirm the lead organisation has the following policies in place and that these can be available on request:**

<b>We have a safeguarding policy, which includes a statement of your commitment to safeguarding and a zero tolerance statement on bullying, harassment and sexual exploitation and abuse</b>	Checked
<b>We keep a detailed register of safeguarding issues raised and how they were dealt with</b>	Checked
<b>We have clear investigation and disciplinary procedures to use when allegations and complaints are made, and have clear processes in place for when a disclosure is made</b>	Checked
<b>We have shared our safeguarding policy with downstream partners</b>	Checked
<b>We have a whistle-blowing policy which protects whistle blowers from reprisals and includes clear processes for dealing with concerns raised</b>	Checked
<b>We have a Code of Conduct in place for staff and volunteers that sets out clear expectations of behaviours - inside and outside the work place - and make clear what will happen in the event of non-compliance or breach of these standards</b>	Checked

## **Section 10 - Funding and Budget**

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### **Q24. Funding and budget**

**Please complete the appropriate Excel spreadsheet, which provides the Budget for this application. Some of the questions earlier and below refer to the information in this spreadsheet. Note that there are different templates for projects requesting over and under £100,000 from the Darwin budget.**

- [Budget form for projects under £100,000](#)
- [Budget form for projects over £100,000](#)


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**Please refer to the [Finance for Darwin/IWT Guidance](#) for more information.**


**N.B: Please state all costs by financial year (1 April to 31 March) and in GBP. The Darwin Initiative cannot agree any increase in grants once awarded.**

**Please upload your completed Darwin Budget Form Excel spreadsheet using the field below.**

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 [Margaret Pyke Trust Budget](#)

 05/12/2019

 17:28:45

 xlsx 63.22 KB

## Q25. Value for Money

**Please explain how you worked out your budget and how you will provide value for money through managing a cost effective and efficient project. You should also discuss any significant assumptions you have made when working out your budget.**

We developed a draft budget together during our Scoping Award trip. We finalised the budget together subsequent to further research based on our current experiences implementing similar activities elsewhere in Uganda's Western Region, including:

- MPT implementing its USHAPE family planning training intervention at Bwindi Community Hospital (90 km away);
- ICF undertaking wetland conservation and livelihood generation actions, of the kind included in the project, in communities neighbouring the project site; and
- Rugarama delivering healthcare outreach in communities neighbouring the project site.

We will provide value and be cost effective for reasons including:

- staff delivering project actions live locally, keeping transport and accommodation costs low (and we rely on staff, not more costly external consultants);
- the time cost of the most expensive project staff are covered by matched funding, meaning Darwin funds are focused on direct Ugandan project costs;
- the project includes family planning provision. Evidence shows that: (a) for every USD\$1 invested in family planning, society reaps USD\$120 in lifetime benefits such as reductions in maternal and child deaths, reduced poverty and increased per capita income; and (b) up to USD\$6 can be saved on interventions aimed at achieving other (including environmental) SDGs;
- all materials will be purchased locally; and
- the Darwin project will be used as an example in our advocacy to help change global conservation policy, which will have far-reaching benefits for people, cranes and ecosystems outside the scope of this project.

Significant assumptions include:

- no significant exchange rate fluctuations;
- no significant change in second-hand vehicle valuations between now and project commencement (the one substantial capital cost); and
- continuing Ugandan economic stability.

## Q26. Capital items

**If you plan to purchase capital items with Darwin funding, please indicate what you anticipate will happen to the items following project end.**

The only capital items to be purchased with Darwin funding will be:

- one second-hand project vehicle;
- one new laptop; and
- one new projector.

These capital items are necessary to facilitate the environmental and human health training activities and clinical outreach.

These capital items will be registered in the name of Rugarama. In the sub-grant agreement between MPT and Rugarama there will be obligations on Rugarama:

- to continue to use these capital items, beyond the project period, to benefit the project communities and the Darwin project;
- not to sell the capital items, without MPT's consent, to ensure MPT can comply with the Darwin provisions on set off, should capital items be sold; and
- to liaise with other in country project partners and share vehicle use where reasonably practicable and to benefit ongoing Darwin project work.

## Q27. Match funding (co-financing)

**Are you proposing co-financing?**

Yes

### Q27a. Secured

**Provide details of all funding successfully levered (and identified in the Budget) towards the costs of the project, including any income from other public bodies, private sponsorship, donations, trusts, fees or trading activity, as well as any your own organisation(s) will be committing.**

Donor Organisation	Amount	Currency code	Comments
Margaret Pyke Trust (own funds)		GBP	See Q6a for details
London School of Hygiene & Tropical Medicine		GBP	See Q6a for details
Rugarama Hospital (own funds)		GBP	See Q6a for details

No Response

0

No Response

No Response

### Q27b. Unsecured

**Provide details of any matched funding where an application has been submitted, or that you intend applying for during the course of the project. This could include matched funding from the private sector, charitable organisations or other public sector schemes. This should also include any additional funds required where a donor has not yet been identified.**

Date applied for	Donor Organisation	Amount	Currency code	Comments
No Response	No Response	0	No Response	No Response
No Response	No Response	0	No Response	No Response
No Response	No Response	0	No Response	No Response
No Response	No Response	0	No Response	No Response

### Do you require more fields?

No

## Section 11 - Open Access and Financial Risk Management

### Q28. Outputs of the project and Open Access

**Please describe the project's Open Access plan and detail any specific funds you are seeking from Darwin to fund this.**

All of the crane and environmental data collected in our project will be 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 the EWT's 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.

All publications arising from this project will be Open Access. We have budgeted £for journal open access publishing fees to enable the main findings to be freely available in a leading international journal; additionally, we will seek open access funding for further publications. If no further funding is secured then publications will be made available by depositing the accepted, pre-proof manuscripts in the LSHTM Research Online repository, a publicly accessible platform which complies with UK open access



requirements.

## Q29. Financial Risk Management

**Explain how you have considered the risks and threats that may be relevant to the success of this project, including the risks of fraud or bribery.**

In spring 2019, we undertook an external risk management assessment where our policies, procedures and activities were analysed from the perspective of financial risk and more broadly. As a result, we updated our anti-bribery, anti-corruption and fraud, financial management and whistle blowing policies, on which all staff are trained. Staff are also trained on the provisions of the Bribery Act and the need to undertake searches with the Office of Financial Sanctions Implementation prior to making international payments.

ICF has also recently completed a similar exercise, and all staff undertake anti-corruption training.

All partners consider financial risk management as part of overall risk assessment processes (including the corruption risk assessment referred to above). Additionally, MPT sub grantees were subject to financial due diligence checks prior to the grant of the Scoping Award. We will repeat these checks prior to any sub-grant, as is our usual practice.

We will instruct our lawyers to prepare contracts, and assess specific project risks. Sub-grantees will be required to report quarterly on activities and expenditure, and our in-country manager will monitor project actions to mitigate risk. Should Darwin have additional requirements we would happily implement them.

## Section 12 - Logical Framework

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### Q30. Logical Framework

Darwin projects will be required to report against their progress towards their expected Outputs and Outcome if funded. This section sets out the expected Outputs and Outcome of your project, how you expect to measure progress against these and how we can verify this.

#### **Impact:**

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>Project summary</b>	<b>Measurable Indicators</b>	<b>Means of verification</b>	<b>Important Assumptions</b>
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<p><b>Outcome:</b></p> <p>Conditions established to enable improved long-term wetland health, benefitting Kabale's 13,500 people and Grey Crowned Cranes, through wetland restoration and management, healthcare service provision, community education and sustainable livelihood provision.</p>	<p>(Project duration is 34 months all references below to 'month' refer to 'project month').</p>	<p>0.1 (a) Signed Community Conservation Agreements.</p>	<p>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).</p>	
	<p>0.1 By end of month 12, area of Kabale's wetlands subject to Community Conservation Agreements (covering wetland restoration and management), increased from 40 hectares to 100 hectares.</p>	<p>0.1 (b) Land maps.</p>	<p>0.2 (a) Community Conservation Group Reports.</p>	<p>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).</p>
	<p>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).</p>	<p>0.2 (b) Focus Group Discussion Report on impact of integrated approach to alternative sustainable livelihoods and environmental / human health at household level.</p>	<p>0.2 (c) Photographs (of activities and fixed-point locations).</p>	<p>The Government continues to allow the registration of Community Conservation Groups and does not make any legislative changes impacting family planning provision.</p>
	<p>0.3 By end of month 34, visits (first time and follow-up visits) made by Kabale's community members to the outreach clinics (existing but currently under-used and un-used), increased from 0 visits to 7,000 visits (disaggregated by sex).</p>	<p>0.2 (c) Photographs (of activities and fixed-point locations).</p>	<p>0.3 Clinic records.</p>	
<p>0.4 By end of month 34, number of project organisation staff (both conservation and health) showing high awareness</p>	<p>0.4 (a) Project Staff pre- and post-intervention study report.</p>	<p>0.4 (b) Project Impact and M &amp; E Report.</p>		
	<p>0.4 (c) Training attendance records.</p>			

of cross-sector benefits of integrated programmes, and trained to deliver these, increased from 5 to 90.

<p><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.</p>	<p>1.1 By end of month 12, Community Conservation Groups registered with local government as 'Sustainable enterprises' have increased from 4 Groups to 8 Groups.</p>	<p>1.1 (a) Registration certificates. 1.1 (b) Signed original Community Conservation Agreements and revised Agreements.</p>	<p>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).</p>
	<p>1.2 By end of month 12, wetland, upland and farmland subject to Community Conservation Agreements, increased from 100 hectares (2019 baseline) to 300 hectares.</p>	<p>1.1 (c) Annual audit on Community Conservation Agreements. 1.2 (a) Community Conservation Group Reports.</p>	<p>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).</p>
	<p>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.</p>	<p>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.</p>	<p>The Government continues to allow the registration of Community Conservation Groups.</p>
	<p>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 160 households (disaggregated by sex of livelihood holder, with at least 50% women).</p>	<p>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.</p>	<p>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.)</p>

**Output 2:**

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.

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).

2.3 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 (a) Project reports.

2.1 (b) Community Conservation Group reports.

2.1 (c) Photographs of conservation and livelihood activities (including fixed point monitoring).

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.

No major shocks to the local healthcare system or otherwise hampering the provision of training and healthcare (such as Ebola or other major health outbreak, civil unrest, or political instability).

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).

No major pollution event within project watershed from new or unanticipated source.

**Output 3:**

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.

3.2 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.

3.3 By end of month 34, a 50% reduction in unplanned pregnancies (using the London Measure of Unplanned Pregnancy) from baseline.

3.1 (a) Clinic records.

3.1 (b) Posters advertising outreach services at each site.

3.1 (c) Photographs of outreach clinics.

3.2 USHAPE Report, including pre- and post-training exam scorecards and Focus Group Discussion analysis.

3.3 London Measure of Unplanned Pregnancy Report.

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.

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

Healthcare workers employed within the first year.

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.

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).

**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.

4.1 By end of month 1, 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).

4.2 By end of month 16, have at least one national newspaper article published on the project and the links between conservation of wetlands, Grey Crowned Cranes and family planning.

4.3 By end of month 24, 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.

4.1 (a) Survey Report of IUCN delegates attending our events.

4.1 (b) IUCN Congress Report.

4.2 Link to newspaper article.

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.

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

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.

4.5 By end 2023, peer reviewed journal article submitted for publication.

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**Output 5:**

*No Response*

*No Response*

*No Response*

*No Response*

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**Do you require more Output fields?**

**It is advised to have less than 6 Outputs since this level of detail can be provided at the Activity level.**

No

**Activities**

**Each activity is numbered according to the Output that it will contribute towards, for example, 1.1, 1.2, 1.3 are contributing to Output 1.**

## OUTPUT 1

1.1 Train Community Conservation Groups on their set up, management and governance, and support them register as “sustainable enterprises” with local government.

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.

### 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).



## Section 13 - Implementation Timetable

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### Q31. Provide a project implementation timetable that shows the key milestones in project activities

**Provide a project implementation timetable that shows the key milestones in project activities. Complete the Excel spreadsheet template as appropriate to describe the intended workplan for your project.**


#### Implementation Timetable Template


**Please add/remove columns to reflect the length of your project. For each activity (add/remove rows as appropriate) indicate the number of months it will last, and fill/shade only the quarters in which an activity will be carried out. The workplan can span multiple pages if necessary.**

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 [Margaret Pyke Trust Implementation Timetabl](#)



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## Section 14 - Monitoring and Evaluation

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### Q32. Monitoring and evaluation (M&E) plan

**Describe, referring to the Indicators above, how the progress of the project will be monitored and evaluated, making reference to who is responsible for the project's M&E.**

**Darwin Initiative projects are expected to be adaptive and you should detail how the monitoring and evaluation will feed into the delivery of the project including its management. M&E is expected to be built into the project and not an 'add' on. It is as important to measure for negative impacts as it is for positive impact. Additionally, please indicate an approximate budget and level of effort (person days) to be spent on M&E (see [Finance Guidance for Darwin/IWT](#)).**

All partners are involved with M&E plan development, in a process led by Professor Mayhew from LSHTM, which will align with, and strengthen, existing indicators under the Open Standards framework used by ICF. Our M&E Team consists of representatives of each partner organisation and will be collectively responsible for monitoring project progress, establishing any necessary adaptations, and reviewing data. This process will be realised through quarterly M&E Team calls and annual M&E Team meetings at which progress against indicators will be presented. Primarily, ICF and Rugarama will gather M&E data, with oversight from MPT. Professor Mayhew will lead on analysis.

After the baseline surveys and interviews are completed and analysed an M&E Team meeting will discuss the implications of the findings for final intervention design. After endline surveys are completed and analysed, findings will be shared with all stakeholders and implications for future intervention design and

scale-up will be discussed for co-creation of scalable cross-sector initiatives.

M&E tools will assess the extent to which the indicators have been met and the extent to which they have collectively contributed to the Outcome and project Impact. In addition to the specific data sources indicated in the log-frame “means of verification”, dedicated M&E survey and interview tools will be developed and implemented at baseline and endline to capture data on the processes of implementation (to inform future scale-up) and qualitative aspects of the project that are critical for understanding the cross-sector impact and benefits of our integrated approach (including how communities and providers have experienced and perceived the benefits).

Respondent Driven Sampling (RDS) surveys for key populations, conducted at baseline and endline, will capture data on the cross-sector benefits of the project, including extent of:

- awareness of connections between environmental and human health, poverty alleviation and livelihoods, and how respondents address them;
- the extent of involvement of women and men in conservation and sustainable livelihoods activities AND family planning use (Outcome indicator 0.4; triangulation of other data sources for Outcome indicators 0.1,0.2 and 0.3);
- community involvement in conservation activities and new livelihoods opportunities and perceived consequences of involvement/non-involvement for their families (relating to Output indicators 1.2; 1.4); and
- community use of healthcare services, especially family planning and their views on availability, acceptability and perceived consequences of use/non-use of these services for their families (relating to Output indicators 2.2; 3.3).

Qualitative in-depth interviews and focus group discussions with community members, Community Conservation Group members and healthcare providers, conducted at baseline and endline, will capture data on perceptions and experiences of:

- involvement in conservation activities and new livelihoods opportunities and the consequences of these for their families (Output indicators 1.2; 1.4);
- availability, acceptability and use of health services, especially family planning, and the consequences of this for their families (Output indicators 2.2; 3.3); and
- healthcare providers in delivering family planning in the context of this integrated programme, including challenges as well as benefits (Output indicator 3.2; Outcome indicator 0.4).

**Total project budget for M&E in GBP (this may include Staff, Travel and Subsistence costs)**

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<b>Number of days planned for M&amp;E</b>	597
<b>Percentage of total project budget set aside for M&amp;E (%)</b>	14

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## Section 15 - FCO Notifications

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### Q33. FCO Notifications


**Please state whether there are sensitivities that the Foreign and Commonwealth Office will need to be aware of should they want to publicise the project's success in the Darwin competition in the host country.**


No


**Please indicate whether you have contacted your Foreign Ministry or the local embassy or High Commission (or equivalent) directly to discuss security issues (see [Guidance Notes](#)) and attach details of any advice you have received from them.**

Yes, written advice

**Please attach details of any advice you have received.**

 [Email from Tom Sengalama, Climate Change and Natural Resources Adviser DFID, at British High Commission in Uganda](#)

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## Section 16 - Certification

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### Q34. Certification

**On behalf of the**

Trustees

**of**

Margaret Pyke Trust, with the Population & Sustainability Network

**I apply for a grant of**

£325,902.00

**I certify that, to the best of our knowledge and belief, the statements made by us in this application are true and the information provided is correct. I am aware that this application form will form the basis of the project schedule should this application be successful.**

(This form should be signed by an individual authorised by the applicant institution to submit applications and sign contracts on their behalf.)

- I have enclosed CVs for key project personnel, letters of support, budget and project implementation timetable (uploaded at appropriate points in application).
- Our last two sets of signed audited/independently verified accounts and annual report are also enclosed.

Checked

<b>Name</b>	David Johnson
<b>Position in the organisation</b>	Chief Executive
<b>Signature (please upload e-signature)</b>	 <a href="#">David Johnson Signature</a>  05/12/2019  16:01:09  jpg 11.67 KB
<b>Date</b>	05 December 2019

## Section 17 - Submission Checklist

### Checklist for submission

	<b>Check</b>
<b>I have read the Guidance, including "Guidance Notes for Applicants" and "Finance Guidance".</b>	Checked
<b>I have read, and can meet, the current Terms and Conditions for this fund.</b>	Checked
<b>I have provided actual start and end dates for the project.</b>	Checked
<b>I have provided my budget based on UK government financial years i.e. 1 April - 31 March and in GBP.</b>	Checked
<b>I have checked that our budget is complete, correctly adds up and I have included the correct final total at the start of the application.</b>	Checked
<b>The application been signed by a suitably authorised individual (clear electronic or scanned signatures are acceptable).</b>	Checked
<b>I have included a 1 page CV or job description for all the key project personnel identified at Question 10, including the Project Leader, or provided an explanation of why not.</b>	Checked
<b>I have included a letter of support from the the Lead Organisation and main partner organisation(s) identified at Question 9, or an explanation of why not.</b>	Checked
<b>I have included a cover letter from the Lead Organisation, outlining how any feedback received at Stage 1 has been addressed where relevant.</b>	Checked
<b>I have been in contact with the FCO in the project country/ies and have included any evidence of this. If not, I have provided an explanation of why not.</b>	Checked
<b>I have included a signed copy of the last 2 annual report and accounts for the Lead Organisation, or provided an explanation if not.</b>	Checked

**I have checked the Darwin website immediately prior to submission to ensure there are no late updates.** Checked

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**I have read and understood the Privacy Notice on GOV.UK.** Checked

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### **We would like to keep in touch!**

**Please check this box if you would be happy for the lead applicant (Flexi-Grant Account Holder) and project leader (if different) to be added to our mailing list. Through our mailing list we share updates on upcoming and current application rounds under the Darwin Initiative and our sister grant scheme, the IWT Challenge Fund. We also provide occasional updates on other UK Government activities related to biodiversity conservation and share our quarterly project newsletter. You are free to unsubscribe at any time.**

Checked

### **Data protection and use of personal data**

Information supplied in this application form, including personal data, will be used by Defra as set out in the latest copy of the Privacy Notice for Darwin, Darwin Plus and the Illegal Wildlife Trade Challenge Fund available [here](#). This Privacy Notice must be provided to all individuals whose personal data is supplied in the application form. Some information, but not personal data, may be used when publicising the Darwin Initiative including project details (usually title, lead organisation, location, and total grant value) on the GOV.UK and other websites.

Information relating to the project or its results may also be released on request, including under the 2004 Environmental Information Regulations and the Freedom of Information Act 2000. However, Defra will not permit any unwarranted breach of confidentiality nor will we act in contravention of our obligations under the General Data Protection Regulation (Regulation (EU) 2016/679).