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# **DIR29S2\1025**

## **Building resilient landscapes and communities for Rukiga's cranes and wetlands**

The Rushebeya-Kanyabaha wetland is vital for Endangered Grey Crowned Cranes. We will scale our integrated human and environmental health approach to landscape level, and strengthen human and ecosystem resilience against climate shocks. Through an enhanced and expanded programme of wetland and crane conservation, climate-smart agricultural livelihoods, and healthcare actions, we will reduce anthropogenic pressures on the wetland, build the climate resilience of 30,000 people who live in its catchment, and conserve Grey Crowned Cranes and other threatened species.

# DIR29S2\1025

Building resilient landscapes and communities for Rukiga's cranes and wetlands

## Section 1 - Contact Details

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### PRIMARY APPLICANT DETAILS

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|              |              |
|--------------|--------------|
| Title        | Ms           |
| Name         | Eve          |
| Surname      | Mosley       |
| Tel (Mobile) | + [REDACTED] |
| Email (Work) | [REDACTED]   |
| Address      | [REDACTED]   |

### GMS ORGANISATION

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| Type           | Organisation        |
|----------------|---------------------|
| Name           | Margaret Pyke Trust |
| Phone (Mobile) | [REDACTED]          |
| Email          | [REDACTED]          |
| Website (Work) | [REDACTED]          |
| Address        | [REDACTED]          |

## Section 2 - Title, Ecosystems, Approaches & Summary

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### Q3. Title:

Building resilient landscapes and communities for Rukiga's cranes and wetlands

### What was your Stage 1 reference number? e.g. DIR28S1\1123

DIR29S1\1087

### Q4. Key Ecosystems, Approaches and Threats

Select up to 3 biomes that are of focus, up to 3 conservation actions that characterise your approach, and up to 3 threats to biodiversity you intend to address, from dropdown lists.

**Biome 1**

Intensive land-use systems (agric., plantations and urban)

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**Biome 2**

Palustrine wetlands (flooded forests, wetlands, marshes, floodplains)

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**Biome 3**

Freshwater (streams, rivers and lakes)

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**Conservation Action 1**

Species management (harvest, recovery, re-introduction, ex-situ)

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**Conservation Action 2**

Education & awareness (incl. training)

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**Conservation Action 3**

Livelihood, economic & other incentives (incl. conservation payments)

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**Threat 1**

Agriculture & aquaculture (incl. plantations)

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**Threat 2**

Biological resource use (hunting, gathering, logging, fishing)

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**Threat 3**

Climate change & severe weather

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## Q5. Summary of project

Please provide a brief summary of your project: the problem/need it is trying to address, 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 the website.

Please write this summary for a non-technical audience.

The Rushebeya-Kanyabaha wetland is vital for Endangered Grey Crowned Cranes. We will scale our integrated human and environmental health approach to landscape level, and strengthen human and ecosystem resilience against climate shocks. Through an enhanced and expanded programme of wetland and crane conservation, climate-smart agricultural livelihoods, and healthcare actions, we will reduce anthropogenic pressures on the wetland, build the climate resilience of 30,000 people who live in its catchment, and conserve Grey Crowned Cranes and other threatened species.

## Section 3 - Title, Dates & Budget Summary

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## Q6. Country(ies)

Which eligible host 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.

|           |             |           |             |
|-----------|-------------|-----------|-------------|
| Country 1 | Uganda      | Country 2 | No Response |
| Country 3 | No Response | Country 4 | No Response |

Do you require more fields?

No

## Q7. Project dates

|                |              |                                    |
|----------------|--------------|------------------------------------|
| Start date:    | End date:    | Duration (e.g. 2 years, 3 months): |
| 01 August 2023 | 31 July 2026 | 3 years                            |

## Q8. Budget summary

| Year:   | 2023/24     | 2024/25     | 2025/26     | 2026/27    | Total request |
|---------|-------------|-------------|-------------|------------|---------------|
| Amount: | £110,656.00 | £118,579.00 | £122,749.00 | £52,999.00 | £404,983.00   |

Q9. Proportion of Darwin Initiative budget expected to be expended in eligible countries: %



Q10a. Do you have matched funding arrangements?

Yes

What matched funding arrangements are proposed?

The Margaret Pyke Trust (the Trust) will commit:

- £[REDACTED] from the Robert Luff Foundation, a long-standing supporter of the Trust's research work in Uganda;
- £[REDACTED] from the CHK Foundation to promote the project internationally;
- Support from its Chief Executive ([REDACTED] of his time) and [REDACTED] additional support from the Project Leader, with a combined value of £[REDACTED]
- Pro-bono legal advice to enact consortium contracts, worth £[REDACTED]

The International Crane Foundation (ICF) will commit:

- A crane ringing expert to travel to Uganda for 10 days to provide training on ringing juvenile cranes (in-kind value of £[REDACTED])

•To source venues for project activities from local government, reducing training costs (in-kind value of £ [REDACTED])

London School of Hygiene & Tropical Medicine (LSHTM) will commit [REDACTED] of the time of Professor Susannah Mayhew with an in-kind value of £ [REDACTED]

We will seek matched funding for some livelihoods activities in 2025/26, worth approximately £ [REDACTED]

**Q10b. Total confirmed & unconfirmed matched funding (£)** £ [REDACTED]

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Q10c. If you have a significant amount of unconfirmed matched funding, please clarify how will you fund the project if you don't manage to secure this?

£20,904 for the livelihoods activities is unconfirmed. Both the Trust and ICF have in-house fundraising teams who can commit to raise this by the 2025/26 financial year. If funding is not secured, we will reallocate funding from the CHK Foundation for communications activities.

## Section 4 - Problem statement

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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. What is the need, challenge or opportunity?**

**For example, what are the drivers of biodiversity loss that the project will attempt to address? Why are they relevant, for whom? How did you identify these problems? Please cite any evidence you are using to support your assessment of the problem (references can be listed in a separate attached PDF document).**

Rushebeya-Kanyabaha wetland in Rukiga, South-West Uganda, has reduced in size by 33% between 1986 and 2020(5), largely driven by expanding subsistence agriculture, due to enduring poverty and rapid human population growth. The remaining intact elements of the wetland and its catchment are rich in biodiversity, notably the Sitatunga (*Tragelaphus spekii*), which is almost extinct locally, and the Endangered Grey Crowned Crane (*Balearica regulorum*), Uganda's national bird, for which the wetland is a critical nesting habitat. Restoring degraded ecosystems, including wetlands, and preventing the extinction of Threatened and Endangered species, are the first two priority areas in Uganda's NBSAP(8).

The people in the wetland catchment are largely subsistence farmers. The lack of health services, specifically family planning, leads to families having, on average, five children, one more than they would choose(6). As families grow, those who depend on farming have little choice but to convert additional wetland for farming to support their needs. Parents sub-divide land for their children, increasing pressure generation by generation. The resulting unsustainable agricultural practices, drainage and overgrazing, heavy use of agricultural pesticides, declines in fallow practices, groundwater extraction and uncontrolled wetland fires all threaten the wetland and make the available land less able to support future generations. This is further exacerbated by drought-related changes in land use and other climate shocks.

The project partners have been collaboratively working in part of the Rushebeya-Kanyabaha wetland to improve wetland, crane and human health since January 2021 through Darwin-funded project 27-002. In the last two years we have generated tangible benefits for the wetland, cranes and 13,500 people in Rwamucucu county. To date, this project has:

- Increased the number of breeding pairs of cranes in the project site by 200% (from 11 to 33);

- Increased the number of crane chicks fledging by 146% (from 13 to 32);
- Established Conservation and Health Agreements covering 200 hectares of wetland;
- Supported 248 households to benefit from climate-smart sustainable agricultural livelihoods (baseline 0);
- Planted Napier Grass on hillslopes and established nurseries to reduce soil erosion and improve water clarity (which has increased from 19cm to 55.6cm based on turbidity tests);
- Delivered over 6,400 healthcare services including almost 2,000 family planning services.

These are considerable gains, which have helped establish the conditions to enable the conservation of the Rushebeya-Kanyabaha wetland and its cranes. The growth in crane numbers in our site exceeds that seen by ICF elsewhere in Uganda. However, there is a large proportion of the wetland catchment in Kashambya sub-country which remains unserved by project 27-002, where 16,500 people live. Having seen the benefits accruing to existing project participants they have asked to join the project. The existing gains are limited by being implemented in a small area, not at landscape level, where we could have greater impact transforming environmental and human health. In the last three years, climate shocks have had an increasing impact on human communities and the wetland, and there is a significant need to build human and ecosystem climate-resilience, given the growing scale and frequency of such shocks.

## Section 5 - Darwin Objectives and Conventions

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### Q12. Biodiversity Conventions, Treaties and Agreements

**Q12a. Your project must support the commitments 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.**

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

### Q12b. National and International Policy Alignment

**Using evidence where available, please detail how your project will contribute to national policy (including NBSAPs, NDCs, NAP etc.) and in turn international biodiversity and development conventions, treaties and agreements that the country is a signatory of.**

Uganda's NBSAP states biodiversity loss "mainly emanates from habitat conversion, high population growth rate, climate change, poverty, and poor farming practices" whilst recognising that "biodiversity resources also support some of the poorest and most vulnerable"(8). In response, the NBSAP promotes agro-diversity, gender-responsive interventions, and the need to develop alternative rural livelihoods. 58% of Ugandan pregnancies are unintended, a primary reason Uganda's population is projected to double between 2020 and 2060, and why Uganda has multiple national policies promoting greater access to reproductive health services(9,10,11). By integrating climate-smart agricultural practices, human health service provision improvement and wetland conservation actions, we respond to the drivers of biodiversity loss identified by the NBSAP and the Ugandan government's health and environmental policies. Our project contributes to the Post-2020 Global Biodiversity Framework target of halting and reversing biodiversity loss to achieve a nature positive world by 2030.

In September 2022, the Ugandan Government updated their Nationally Determined Contribution, stating

that one priority adaptation action was to “Implement integrated health related climate interventions considering policies on water and sanitation, education, social protection and reproductive healthcare.” The new NDC re-emphasises the need to advance gender equality to reduce poverty and improve performance in climate action. Both the Ugandan NDC and National Climate Change Policy highlight the importance of projects, such as ours, taking into account the interactions between population dynamics, climate change and development, the need to support community-based adaptation strategies for rural populations with agricultural livelihoods, the conservation of wetlands and catchments, and strengthening health systems. Our community-based approach to wetland conservation contributes directly to Uganda’s revised NDC commitment to increase wetland coverage from 8.9% in 2020, to 9.57% in 2025, and approximately 12% by 2030 through the implementation of wetland management practices such as restoration of degraded wetlands. The Trust has been invited to enter a tripartite Memorandum of Understanding (MoU) with the Ministry of Water and Environment and the Ministry of Gender to provide advice on integrating reproductive healthcare into its climate policy. This project will inform this policy work, by highlighting what action could look like in reality.

The Endangered Grey Crowned Crane is a priority species under the African Eurasian Migratory Waterbird Agreement (AEWA), which was negotiated under CMS, and the International Single Species Action Plan for the Conservation of the Grey Crowned Crane. Uganda, an AEWA signatory, uses the International Plan as a baseline and our project directly contributes to activities in both the International and Ugandan plans, reducing the key threats of habitat loss, human and livestock disturbance, benefiting people through alternative livelihoods, and building resilience.

Our multi-sector approach of providing climate-smart agriculture support benefitting livelihoods, which improves farming practices, enabling income generation and greater food production, providing training and mentoring to support improved healthcare service delivery, and working to protect wetlands and catchments, ensures we directly support multiple Sustainable Development Goals including SDG 1 (poverty), SDG 3 (health), SDG 5 (gender equality), SDG 6 (clean water), SDG 13 (climate action) and SDG 15 (life on land).

## Section 6 - 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 contribute towards your Impact. Provide information on:**

- how you have reflected on and incorporated **evidence and lessons learnt** from past and present similar activities and projects in the design of this project.
- the specific approach you are using, supported by **evidence that it will be effective, and justifying why you expect it will be successful** in this context.
- how you will undertake the work (activities, materials and methods)
- what will be the **main activities** and where will these take place.
- how you will manage the work (governance, roles and responsibilities, project management tools, risks etc.).

Through our project, 30,000 people living in the wetland catchment are more climate-resilient, better able to access quality healthcare and support their families through climate-smart agriculture, and actively support wetland and crane conservation. Long-term, this will contribute to wetland restoration by 5% and the wetland supporting species richness, including the long-term coexistence of future generations of

cranes and people. To achieve this, we will deliver an integrated conservation and human health approach, using training, mobilisation, livelihood inputs and healthcare to support community members, leaders and government with the skills, knowledge and resources to adopt climate-smart and conservation-supporting practices. By addressing the root causes of pressures on wetlands and families, we will generate lasting benefits for communities.

Project design is rooted in extensive ethnographic research, ensuring local people's needs and solutions are built into the project. The research is endorsed by local and national government. Our current Darwin Initiative project, 27-002, also based on this research, works in a sub-section of the wetland (Rwamucucu sub-county) to create the conditions to enable improved long-term wetland health, benefiting cranes and people. The 27-002 model is included within recent Darwin Initiative-funded research (of which the Trust's Chief Executive was co-author) which highlights synergistic action on conservation and medical provision can be highly effective(7). This new project will refine and evolve approaches from 27-002, and extend them across the remaining areas of the wetland (Kashambya sub-county).

Our improved project design replaces livelihood provision with climate-smart agricultural support, which is better value for money and provides deeper resilience to future climate shocks. Scaling to landscape level allows us to strengthen wetland conservation and build sustainability.

As outlined in Q11, biodiversity and poverty challenges in this wetland have interconnected drivers, and a traditional conservation approach would not address the various, complex issues causing anthropogenic pressures. Our innovative integrated model goes beyond a multi-sector response that remains siloed in its delivery, and fully integrates implementation to uses an interconnected response. Our recent work proves that our approach works. Now a landscape approach is needed.

The main activities we will deliver are:

- Informing 4,400 people on the importance of wetland and crane conservation, climate-smart agriculture and family planning, and the connections between them: Project partners, 86 Conservation and Health Mobilisers (CHMs), 56 peer farmers, and 12 health clinics will deliver community talks with key adult/youth groups, use radio shows, loudspeaker announcements, speak in churches and health centres, and use posters/flyers.
- Conservation of cranes, soil water and wetlands. ICF will: train 16 Conservation and Health Groups (CHGs) and 56 peer farmers to raise awareness of and encourage wide implementation of these practices.
  - o Train 10 local leaders to promote trenching and planting of Calliandra and Napier Grass on entire hillslopes to stabilise soil and provide livestock fodder.
  - o Establish and maintain two Calliandra and three Napier Grass nurseries to provide shoots to people across the catchment. Calliandra is nitrogen-fixing, which will improve soil quality, and both plants prevent soil erosion when planted alongside trenches in upland farms.
  - o Promote use of organic fertiliser (from household scraps and livestock dung) to enhance soil fertility.
  - o Train 40 new CHMs (bringing the total number to 86) who will volunteer to reduce human-crane conflict and monitor cranes, and undertake community talks.
  - o Support 86 CHMs to engage landowner farmers in wetlands to set aside five metres of land adjoining the riverbank to be restored for crane breeding.
- Promoting climate-smart agricultural livelihoods. ICF, five agricultural extension workers, 498 CHG



members and 56 peer farmers will promote climate-smart agricultural practices on 'model farms', such as planting Calliandra, mixed cropping, crop rotation and fallow practices, and vertical farming.

- Providing healthcare including family planning, nutrition and other services. Rugarama Hospital and the Trust will train and mentor staff at 12 rural healthcare clinics serving wetland communities. Clinics will be supported by Rugarama Hospital staff on promoted monthly 'outreach days'.

- Embedding wetland, crane and climate-smart agricultural practices in local council structures. ICF will train 20 local leaders in the design and implementation of environmental byelaws; and five agricultural extension workers in climate-smart agriculture. Rugarama Hospital and the Trust will train Ministry of Health staff in USHAPE family planning service improvements. This will ensure sustainability and amplification of project results across the local area.

Project partners share resources and jointly plan and implement activities. Overall project implementation is overseen by the Project Leader. Monthly M&E processes ensure lessons learnt are incorporated into project design and mid- and end-line research will further ensure project design remains an iterative process.

## Q14. Capability and Capacity

**How will you support the strengthening of capability and capacity in the project countries at organisational or individual levels, please provide details of what form this will take, who will benefit, and the post-project value to the country.**

Our international, cross-sectoral partnership has a successful collaboration track record. We respect each other's expertise, and building capability and capacity is something that takes place multi-directionally, not only from the lead to partners, or from international to national staff.

We will directly build capacity of:

- 4,400 community members on crane and wetland conservation, the benefits of climate-smart agriculture and family planning, and the linkages between them;

- 40 integrated CHMs (bringing the total to 86) on conservation, human health, the connections, and how using cross-sector messaging enables additional entry points on gendered topics, to further increase uptake; and

- Over 30 local government and civil servants on various aspects of Conservation and Health Group governance, climate-smart agriculture, and family planning services.

Our experience is that each community member trained passes on their knowledge to at least one other. This way, we reach almost 30% of the wetland catchment community. By also training CHMs and local government, we ensure that interventions indirectly encourage whole community adoption of climate-resilient and conservation-supporting practices.

15 out of the 19 staff are based in Uganda, and four are based in the UK. Implementing the project builds individual and institutional capacity: in cross-sectoral project and budget management, data collection, reporting, and technical knowledge.

Through this grant, the Trust and LSHTM (the only funded partners headquartered in the UK) will begin to implement an exit strategy (outlined further in Q19) to enable the work to be taken forward by Ugandan

organisations at grant end. LSHTM has built research and M&E capacity to ensure effective ongoing monitoring and adaptive management.

Drawing on 27-002, we have expanded a global support network of organisations looking to advance cross-sectoral policy and programmes work on human and environmental health. We will continue to support new organisations or individuals wishing to engage in this work.

## Q15. Gender equality

**All applicants must consider whether and how their project will contribute to reducing inequality between persons of different gender. Explain how your understanding of gender equality within the context your project, and how is it reflected in your plans. Please summarise how your project will contribute to reducing gender inequality. Applicants should, at a minimum, ensure proposals will not increase inequality and are encouraged to design interventions that proactively contribute to increased gender equality.**

Patriarchal norms in the wetland catchment have a detrimental impact on men and women. Ethnographic research at the project site, led by LSHTM and implemented by project partners, found that when circumstances prohibit men's abilities to provide for their families, alcohol abuse and domestic violence increases. Barriers to family planning, including contraceptive myths, impact women and girls' ability to engage in conservation and livelihoods, as early or frequent pregnancies restrict life choices and risk health. Data shows men are less likely to use health services (other than for dental treatment and HIV testing).

We increase the availability of voluntary, rights-based family planning services, work with people of all genders to address myths and misconceptions and the cross-sector project design increases opportunities for women to access services. Anecdotal evidence from the project site suggests integrating family planning services with biodiversity activities means some women can gain permission to attend clinics. Offering a range of services, including those used by men, increases the likelihood of men's engagement.

Livelihood interventions engage an equal number of men and women, to increasing women's access to knowledge and resources while ensuring that the project does not undermine men's role as family providers, and therefore unintentionally exacerbate alcohol abuse and domestic violence. Project staff are trained to provide referrals to local support for survivors of domestic violence.

We ensure women's equal participation in trainings, Community Conservation Groups and as model farmers and community mobilisers. In some activities we ensure a greater number of women participants to counterbalance patriarchal norms that favour male voices.

Baseline, end-line and monitoring will represent men's and women's voices, and focus groups and consultations will ensure opportunities for men and women to input separately. Indicators are disaggregated. The project staff is composed of 10 women and five men.

## Q16. Awareness and understanding

**How will you raise awareness and understanding of biodiversity-poverty issues in your stakeholders, including who your stakeholders are, what approaches/formats/products will you use, how you will ensure open and free access to all data, and how will you know that the messages are understood?**

Project stakeholders include people living in the wetland catchment (present and future), local leaders, civil

servants and government staff, conservationists, healthcare providers and academics. Project partners also have long-standing relationships (some formalised in MoUs) with relevant district and national stakeholders, including Rukiga District, the Ministry of Tourism, Wildlife and Antiquities, the District Health Offices of Rukiga and Kabale and the Diocese of Kigezi. Letters of support from these stakeholders are included with this application.

Within the project we will use a range of strategies to raise awareness of wetland and crane conservation, links between people's actions on uplands and the impact it has on wetland functions and people's health, family planning and others. (set out in Q13). By training trainers, CHMs and local government, and using posters, flyers and radio, we ensure that information is available to the widest possible audience and not ringfenced to a select group. Demonstrations of the effectiveness of techniques encouraged through the project will be undertaken on model farms, led by 56 project-trained peer farmers, which will allow community members and local government to see evidence of how implementing climate-smart agriculture can lead to poverty reduction as well as conserve the wetland and cranes.

At a national level, all partners will use project evidence in work with Ugandan and other government ministries to strengthen national biodiversity and climate policies. Project design and data will be included within the training programme to be developed between 2023-2024 by the IUCN Biodiversity & Family Planning Task Force, which will indirectly share it with over a thousand conservation practitioners from over 70 countries.

Ethnographic research at midline and end-line will measure the changing views of community members over the lifespan of the project, and allow us to ensure that messages are understood, and inform adaptive management of the programme.

## Q17. Change expected

**Detail the expected changes to both biodiversity and poverty reduction, and links between them, 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) and the potential to scale the approach.**

**When talking about how people will benefit, please remember to give details of who will benefit, differences in benefits by gender or other layers of diversity within stakeholders, and the number of beneficiaries expected. The number of communities is insufficient detail – number of households should be the largest unit used.**

By July 2026, 30,000 people living in the wetland catchment will be more climate-resilient, better able to access quality healthcare and support their families through climate-smart agriculture, and actively support wetland and crane conservation. This includes:

- Grey Crowned Crane chicks that fledge increase from 32 to 64;
- Wetland, upland and farmland subject to Conservation and Health Agreements increases from 200 to 500 hectares;
- Households leaving a five-metre buffer for crane breeding on their land in the wetland increases from five (25m<sup>2</sup>) to 15 (75m<sup>2</sup>);
- 100 women earn an income from backyard vegetable growing; and

- An estimated 2,900 unintended pregnancies are averted for women and girls living in the wetland catchment.

While these indicators measure conservation, livelihood and health impacts separately, they are each critical to the success of the other. Through such an integrated approach we are able to deliver stronger overall outcomes across every area. By averting unintended pregnancies, we ensure women's ongoing engagement in the project and income-generating activities. The climate-smart agriculture/income generating activities support households to leave buffer zones and reduce unsustainable agricultural practices that pressure the wetland and affect crane numbers.

By implementing a cross-sectoral project through an integrated model, we ensure that work undertaken through the project is sustainable. Without addressing the root causes of anthropogenic pressures, any conservation work will be undone within generations. Thus, integrating poverty reduction and access to rights-based family planning is integral to our design. Additionally, by demonstrating the benefits climate-resilient and conservation-supporting practices generate for people, including increasing household resilience to climate shocks, we increase the likelihood of these being adopted and sustained long-term.

Long-term, beyond the end of the project, we expect to see the following changes:

- Reduced anthropogenic pressures on Rukiga's wetlands: communities who continue to implement climate-smart agricultural practices and are able to have the number of children they want due to access to family planning services, can support their families on smaller plots of land without engaging in unsustainable agricultural practices;
- At least 5% increase in the wetland due to restoration efforts: increasing adoption of buffer zones in the wetland and slowed or halted wetland conversion leads to restoration of the wetland and supports a level of wetland health that supports ecosystem resilience to climate change; and
- At least 5% increase in the number of active and successful Grey Crowned Crane breeding sites in South-West Uganda: as human-wildlife conflict reduces and suitable nesting habitat grows, more cranes successfully breed.

All of which leads to communities and cranes coexisting, benefitting from healthier wetlands. Additional impact-level results include greater gender equality for women and girls who are better able to decide if, when and with whom to have children, have greater access to and control over finance, and live in a community where women's leadership is more visible and accepted.

There is potential to scale this approach as it is relevant to all areas of biodiversity concern where community members have, like at our project site, made the connections between their own health, livelihood and environmental challenges.

## 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 why and how you expect your Outputs to contribute towards your overall Outcome and, longer term, your expected Impact.**

4,400 community members trained in the importance of crane and wetland conservation, the benefits of climate-smart agriculture and family planning, and the linkages between them, can share this information within their communities. Through community trainings, and training CHMs and peer farmers, we will grow the level of knowledge within communities. This will result in reduced human-wildlife conflict, and increased community conservation activities, including increased adoption of buffer zones.

498 people in will commit to Community Health Agreements protecting wetland areas, and will be supported to adopt climate-smart agricultural practices, which produce greater agricultural output with reduced pressure on land and ecosystem resources. This will result in greater income, especially for women, and enable adoption of buffer zones.

Improved voluntary, rights-based family planning services, for 30,000 people, allow them to decide if, when and with whom to have children. Based on existing service uptake in the area we project that the services provided within the project will prevent 2,900 unintended pregnancies in the project site over their lifespan.

By creating an enabling environment in the wetland catchment to support long-term conservation and protection of human rights, through training local government structures, we can ensure the long-term sustainability of project outcomes.

## **Q19. Exit Strategy**

**How will the project reach a sustainable point and continue to deliver benefits post-funding?**

**How could post-project scaling of the approach (if proven) be delivered: through new finance or through uptake by stakeholders or other mechanisms? Are there any barriers to scaling and how will these be addressed?**

**How will the required knowledge and skills remain available to sustain the benefits?**

Focussing on human and ecosystem climate-resilience inherently creates long-term sustainable protective factors against future climate shocks. We will focus on Kashambya sub-county, but by providing gradually diminishing support to communities in Rwamucucu sub-county (supported under 27-002), we can reach landscape level, and also develop and trial our exit strategy with those 248 households. Where 27-002 established the conditions for crane conservation, this project will see those conditions demonstrate significant conservation impact. But within this project, we will evidence that within five years of inception, it is possible to establish the conditions for a significant decrease in financial support.

The Trust plans to step away from direct implementation within the wetland at the end of the grant. Both Rugarama Hospital—as it is a critical part of the health infrastructure—and ICF—as Rukiga has a significant crane population and is therefore one of its priority areas—will continue to operate in the area and promote the integrated approach to human and environmental health.

In order to effect this, we have integrated substantial sustainability components, including:


- Training agricultural extension workers to ensure ongoing technical support on climate-smart agricultural practices;
- Training local government to ensure ongoing CHG governance and therefore provide avenues for market access and micro-loans;
- Supporting local councils to work with communities to align environmental byelaws with the remit of this project, ensuring clarity for all community members on agreed agricultural and environmental practices; and


- Training CHMs, trainers and peer farmers, to establish the capability and capacity within the local community (not the implementing partners) for peer-to-peer knowledge sharing which will continue.


In the coming three years, the Trust will continue to advocate for this approach to be eligible for funding from more sources: from more biodiversity conservation, health and development donors.

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

 [6.a. Supporting Documentation DIR29S1-1087](#)

 09/12/2022

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 pdf 876.39 KB

## Section 7 - Risk Management

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### Q20. Risk Management

**Please outline the 6 key risks to achievement of your Project Outcome and how these risks will be managed and mitigated, referring to the [Risk Guidance](#). This should include at least one Fiduciary, one Safeguarding, and one Delivery Chain Risk.**

**Projects should also draft their initial risk register using the [Risk Assessment template](#) provided, and be prepared to submit this when requested if they are recommended for funding. Do not attach this to your application.**

| Risk Description  | Impact | Prob. | Gross Risk | Mitigation Header  | Residual Risk |
|---|--------|-------|------------|--|---------------|
| <b>Fiduciary</b><br>Project funds or assets are misappropriated by project staff, leading to an inability to fund project activities. | Severe | Rare  | Unlikely   | Mitigated by working with respected long-term Trust partner organisations, under sub-grant agreements with comprehensive financial reporting obligations, payments made only quarterly, and agreements completed after financial due diligence checks. Project partners have all received sub-grants from the Trust previously and consistently managed the funds well and reported on use professionally. | Minor         |

|   |          |          |       |  |       |
|---|----------|----------|-------|--|-------|
| <p><b>Safeguarding</b></p> <p>Project partner staff act other than in accordance with best international practice in terms of safeguarding.</p>   | Major    | Possible | Major | <p>Mitigated by the Trust having a well-established safeguarding policy and procedures; the Trust's organisation-wide safeguarding lead being the Project Leader; Trust staff having undertaken substantial safeguarding training themselves and provided safeguarding capacity building training of other Ugandan organisations; and including safeguarding provisions within the Trust's sub-grant agreements.</p> | Minor |
| <p><b>Delivery Chain</b></p> <p>Project partners fail to implement the project's integrated model, resulting in siloed or uncoordinated delivery of conservation and human health activities which should reinforce each other.</p> | Moderate | Possible | Major | <p>Mitigated through collaborative development of project design, planning of activities, and joint management and M&amp;E meetings. All partners have participated in cross-sectoral training and are committed to the integrated delivery model.</p>   | Minor |
| <p><b>Risk 4</b></p> <p>Covid 19, Ebola, or another pandemic disrupts project activities and prevents movement.</p>   | Major    | Possible | Major | <p>Mitigated by ensuring key project partner staff live within Rukiga District (so should travel between Districts be restricted, staff can continue to work) and project partners (which includes a hospital) having expertise in relation to operating under pandemic restrictions (and benefitting from some lock down exemptions).</p>   | Minor |

|               |  |          |          |          |   |       |
|---------------|--|----------|----------|----------|---|-------|
| <b>Risk 5</b> | Communities with many needs are frustrated that the project cannot address needs outside of project scope (such as better school provision). | Moderate | Unlikely | Moderate | Mitigated by having undertaken detailed ethnographic research to understand community perceptions of community needs and their solutions; adapting project messaging based on that research; and project actions including healthcare provision and agricultural livelihood support and therefore responding to social as well as environmental concerns. | Minor |
|---------------|--|----------|----------|----------|---|-------|

|               |   |       |          |          |   |       |
|---------------|---|-------|----------|----------|---|-------|
| <b>Risk 6</b> | Jealousy among community member(s) who benefit less directly from project activities hampering project activities or project outputs. | Minor | Possible | Moderate | Mitigated by focussing livelihood activities on agricultural training and education (so peer farmers can empower neighbours to implement alternative and climate-smart farming methods), rather than focussing on provision of equipment. | Minor |
|---------------|---|-------|----------|----------|---|-------|

## Section 8 - Implementation Timetable


### Q21. 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 Word 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.

 [8. Implementation Timetable DIR29S1-1087](#)

 09/12/2022

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 pdf 183.6 KB

## Section 9 - Monitoring and Evaluation



## Q22. Monitoring and evaluation (M&E)

**Describe 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](#)).**

One of the great strengths of our project is the calibre of the evaluation and research analysis, as well as the extensive, cross-sectoral dataset which measures a broad range of biodiversity, poverty and gender indicators. We already have baseline data for our project, thanks to a combination of ethnographic and other data collected by partners. The baseline will be refreshed using Respondent-Driven Sampling (RDS) surveys (more below), in February/March 2023 ahead of project inception.

LSHTM provide M&E strategic guidance, in line with results from our ethnographic research. All project team members are responsible for M&E and will collect routine quantitative and qualitative data including:

- Crane breeding data, including GPS data, submitted via ICF's 'Survey 123' ArcGIS app, on breeding pairs, eggs, chicks, fledged chicks and adolescent cranes, and crane sightings and incidents (power lines fatality, poisoning etc.);
- Conservation activities undertaken by CHGs, including number of trenches dug, Napier grass and Calliandra shoots planted, people reached with peer farmer demonstrations, climate-smart agricultural practices implemented, and others;
- Peer farmers will be visited by agricultural extension workers and project staff to monitor their work and provide mentoring;
- CHMs will report activities promoting project messages, referrals to health centres and family planning methods given;
- Community mobilisation activities, including people who attended talks/dramas, those mobilised for healthcare services, messages shared, speaker observations, questions asked and responded to;
- Training reports, including date, name, nationality, and gender of participants, post-training reports; photos; and for professional trainings, pre- and post-survey skills assessments; and
- Comprehensive quantitative data for healthcare outreach service delivery, including men and women attending, service provided, experience of sexual and gender-based violence. Using a peer-reviewed open-source tool called Impact 2(12), we can calculate the estimated impact our family planning services have delivered, including the number of unintended pregnancies averted, and reduction in unmet need for family planning.

We will undertake continuous evaluation and adaptive monitoring of project progress using the Conservation Standards (Miradi software). Data validation is undertaken monthly by the Project Leader. Analysis of project data and ethnographic research data is overseen by Professor Mayhew (LSHTM) and her colleagues at the Uganda Research Unit. Through in-depth interviews and focus-group discussions, RDS surveys at baseline and endline will capture:

- 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 climate-smart agriculture activities and family planning use, and the impact of their involvement on gender roles and norms;
- community involvement in conservation activities and new livelihoods opportunities and perceived consequences of involvement/non-involvement for their families; 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.

|   |              |
|---|--------------|
| <b>Total project budget for M&amp;E in GBP (this may include Staff, Travel and Subsistence costs)</b> | £ [REDACTED] |
| <b>Percentage of total project budget set aside for M&amp;E (%)</b>                                   | [REDACTED]   |
| <b>Number of days planned for M&amp;E</b>   | 332          |

## Section 10 - Logical Framework

### Q23. Logical Framework (logframe)


Darwin Initiative projects will be required to monitor and report against their progress towards their Outputs and Outcome. 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.


- [Stage 2 Logframe Template](#)

The **logframe template** (N.B. there is a different template for Stage 1 and Stage 2) needs to be downloaded from Flexi-Grant, completed and uploaded as a PDF within your Flexi-Grant application – **please do not edit the logframe template structure (other than adding additional Outputs if needed) as this may make your application ineligible.**

**Please upload your logframe as a PDF document.**

 [10. Logical Framework DIR29S1-1087](#)

 09/12/2022

 17:29:07

 pdf 106.39 KB

Impact:

The Rushebeya-Kanyabaha wetland is restored by 5% and supports species richness, including the long-term coexistence of future generations of cranes and people.

Outcome:

30,000 people living in the wetland catchment are more climate-resilient, better able to access quality healthcare and support their families through climate-smart agriculture, and actively support wetland and crane conservation.

## Project Outputs

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### Output 1:

4,400 community members are directly trained in the importance of crane and wetland conservation, the benefits of climate-smart agriculture and family planning, and the linkages between them, and can share this information with their communities.

---

### Output 2:

498 people are (a) engaged in crane and wetland conservation; and (b) practicing climate-smart agriculture.

---

### Output 3:

30,000 people have access to improved voluntary rights-based family planning services.

---

### Output 4:

An enabling environment is created in the wetland catchment and its communities to support the long-term realisation of biodiversity conservation and the human rights to health, water, decent work and to decide if, when and with whom to have children.

---

### Output 5:

*No Response*

---

## Do you require more Output fields?

**It is advised to have fewer 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 The International Crane Foundation (ICF), Rugarama Hospital (RH) and Margaret Pyke Trust (MPT) jointly identify new 40 Conservation and Health Mobilisers.

1.2 MPT, ICF and RH run a one-day training course linking wetland and crane conservation, livelihoods and family planning with 40 new Conservation and Health Mobilisers.

1.3 ICF runs a one-day training course with 40 Conservation and Health Mobilisers on crane custodianship, including monitoring cranes using 'Survey 123' reporting app.

1.4 86 Conservation and Health Mobilisers support ICF staff to identify and ring 20 Grey Crowned Crane

chicks per year.

1.5 MPT and RH run a five-day training on health mobilisation with 40 Conservation and Health Mobilisers.

1.6 MPT, ICF, RH and the London School of Hygiene & Tropical Medicine (LSHTM) develop a communications plan.

1.7 86 Conservation and Health Mobilisers implement community talks to raise awareness of crane and wetland conservation, human health, including family planning and nutrition, and climate-smart agriculture.

1.8 MPT, ICF and RH, with support from 86 Conservation and Health Mobilisers, run four community sessions per quarter (100 attendees per session) on conservation, human health, cranes, and the interlinkages between them.

1.9 MPT, ICF and RH develop material for radio broadcasts and deliver one radio talk shows per quarter sharing project messages and themes, which are aired by two radio stations.

1.10 12 project clinics promote outreach services through loudspeaker announcements and other media.

## Output 2

2.1 ICF identifies eight new Conservation and Health Groups.

2.2 ICF delivers training to 250 members of Conservation and Health Groups on group set-up, management and governance, and supports groups to register as 'community-based organisations' with local government.

2.3 ICF, RH MPT and LSHTM develop and signs Conservation and Health Agreements with the eight new Conservation and Health Groups, with revision after one year.

2.4 MPT and RH deliver human health, including family planning and nutrition training to eight new Conservation and Health Groups.

2.5 ICF undertakes annual audits and all other actions agreed with the Conservation and Health Groups, pursuant to the eight new and eight existing Conservation and Health Agreements.

2.6 ICF trains and mentors 498 members of Conservation and Health Groups (and wider community) on agro-ecosystem recovery, wetland and catchment restoration and management, planting, trenching, terracing, and use of model farms.

2.7 ICF, with five agricultural extension workers (trained under activity 4.2), train 498 households on climate-smart agriculture, 'backyard agriculture', finance and accessing markets, mixed cropping, compost use and environmental waste disposal.

2.8 ICF establishes two Calliandra and maintain three Napier Grass nurseries and distribute the stems to CHGs and widely to communities in the wetland catchment.

## Output 3

3.1 RH recruits and onboards one new project nurse, who receives training from MPT in project implementation and family planning training.

3.2 LSHTM, RH and MPT complete the needs assessment of three new project clinics, and develop a programme of healthcare service provision, including the full method mix of family planning.

3.3 RH and MPT run a six-day training session on family planning skills provision, to be attended by project staff and 12 staff from three new project clinics (Year 1) and repeated (Year 2 and 3) to allow for changes in staff cohort in project clinics.

3.4 RH supports 12 project clinics on 'outreach days' in accordance with agreed delivery timetables, where an increased range of healthcare services is available to clients.

3.5 RH and MPT provide ongoing mentoring and support to 48 staff members at 12 project clinics.

#### Output 4

4.1 ICF runs a one-day training session on the process of community-supported environmental byelaws governing soil and water conservation practices for 20 local council leaders; and provides ongoing mentoring afterwards.

4.2 ICF runs a one-day training session on climate smart agricultural services with five agricultural extension workers on climate-smart agricultural services; and provides on-going mentoring afterwards.

4.3 RH and MPT run a six-day training session on family planning skills, with 25 Ministry of Health clinical staff; and provide on-going mentoring afterwards.

#### Cross-cutting activities

X.1 All partners participate in inception meeting, regular project management and M&E meetings, and closeout meetings.

X.2 LSHTM, with the support of all partners, undertakes baseline, end-line, focus group discussions, and respondent driven sampling interviews.

X.3 All partners promote the project, and disseminate evidence and learnings at various fora and events.

## Section 11 - Budget and Funding

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### Q24. 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 all Darwin Main should be using the over £100,000 template. Please refer to the [Finance Guidance](#) for more information.**

- [Budget form for projects over £100k](#)


**Please ensure you include any co-financing figures in the Budget spreadsheet to clarify the full budget required to deliver this project.**


**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 the Lead Partner's accounts at the certification page at the end of the application form.**

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 [11. Budget DIR29S1-1087](#)

 09/12/2022

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 xlsx 98.55 KB

## Q25. Funding

Q25a. Is this a new initiative or does it build on existing work (delivered by anyone and funded through any source)?

Development of existing work

**Please provide details:**

This project builds on 27-002, which will close in October 2023.

The Ugandan government will implement the Green Climate Fund project "Building Resilient Communities, Wetland Ecosystems and Associated Catchments" in South-West and Eastern Uganda until 2025. This project incorporates climate change resilience into wetland management, and reduces anthropogenic threats to wetlands and cranes and support communities to improve livelihood techniques and build climate resilience. Project partners were invited to attend the local government's Green Climate Fund meetings, to showcase the project and provide community members with healthcare services at a 'mobile' clinic, in addition ICF and the Trust are in regular contact with government on potential synergies and collaborations.

ICF are implementing a transboundary crane ringing programme, funded by the Whitley Award and implemented by Rwanda Wildlife Conservation Association, ICF, Nature Uganda and Nature Tanzania. The programme rings Grey Crowned Cranes to study migratory route and lifespan. Our project will benefit from training in ringing (as outlined in matched funding) and we will ring juvenile chicks in the Rushebeya wetland to contribute data.

Our activities are closely coordinated with other biodiversity conservation organisations working in the area, including Nature Uganda, which implemented a Darwin Initiative project in the neighbouring district.

Q25b. Are you aware of any current or future plans for similar work to the proposed project?

Yes

**Please give details explaining similarities and differences, and explaining how your work will be additional and what attempts have been/will be made to co-operate with and learn lessons from such work for mutual benefits.**

In the coming three years, the Trust plans to expand its portfolio of projects integrating conservation, livelihood and health outside Uganda. In 2023 as a preliminary step, the Trust has been asked (and is funded) to analyse potential sites in 15 concessions in sub-Saharan Africa. Whilst the geographic areas are different, learnings will be shared between projects for mutual benefit.

As part of the Trust's work to demonstrate the replicability of the approach in this project, the Trust's new strategy (2023-2028) includes seeking funding to replicate this project with Nature Uganda in the neighbouring district. This similar project, but with different partners, will support the evidence base.

Via the IUCN Biodiversity & Family Planning Task Force (on which sit representatives of the Trust, ICF, Nature Uganda and others) implementers of this approach will share data, advocate for policy change and provide training.

The Trust is collaborating with organisations globally which are interested in advancing evidence of the impact of integrated environmental and human health projects, including other Darwin Initiative grantees such as Durrell Wildlife Conservation Trust and Blue Ventures. The Trust will actively share learnings from this project with others to strengthen the global delivery of such integrated projects.

## 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. If you are requesting more than 10% capital costs, please provide your justification here.**

None

## Q27. Value for Money

**Please demonstrate why your project is good value for money in terms of impact and cost-effectiveness of each pound spend (economy, efficiency, effectiveness and equity). Please make sure you read the guidance documents, before answering this question.**

**Economy:** Inflation will be a major consideration in coming years and one that we have taken seriously. Procurement of consumables and travel will follow robust processes. All project partners have agreed to a 10% overhead rate.

**Efficiency:** We have focussed project resources on high-impact, sustainable interventions: delivering 'training of trainers', supporting peer farmers and CHMs to ensure sustained, cascaded impact within communities. We have committed £178,868 matched funding.

**Effectiveness:** The demographic realities of this context mean that traditional approaches to conservation cannot and will not work over the course of several generations. The effectiveness of the theory of change has been evidenced through project 27-002, and this project will demonstrate how it can be delivered at scale.

**Equity:** This project focuses on a hard-to-reach site, highly vulnerable to road damage during rains. Project materials are produced in the Rukiga language, and key project staff speak Rukiga as a first language. Integrating unbiased, youth-friendly and otherwise accessible reproductive healthcare removes barriers to all women and girls' involvement due to early or frequent pregnancies.

**Additionality:** The project is highly complementary to existing local environmental policies, programmes and services. Environmental byelaws will support local government's remit to protect uplands and wetlands. Forging links between different local government departments, our project creates opportunities for more effective and better public service provision. Planned activities do not displace existing services

but reinforce accountability to the government. The health services provided within this project will generate an estimated £155,000 in savings to the Ugandan health system(12).

## Section 12 - Safeguarding and Ethics

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### Q28. 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 Partner has the following policies in place and that these can be available on request:**

**Please upload the lead partner's Safeguarding Policy as a PDF on the certification page.**

|  |         |
|--|---------|
| <b>We have a safeguarding policy, which includes a statement of our commitment to safeguarding and a zero tolerance statement on bullying, harassment and sexual exploitation and abuse</b>  | Checked |
| <b>We have attached a copy of our safeguarding policy to this application (file upload on certification page)</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 share our safeguarding policy with all 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 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 |

**Please outline how you will implement and strengthen your safeguarding policies in practice and ensure that all partners apply the same standards as the Lead Partner. If any of the responses are “no”, please indicate how it is being addressed.**

The Trust undertakes sexual and reproductive health training in Ugandan hospitals. Consequently, safeguarding is central to the Trust's activities. The Trust has provided safeguarding training (and helped draft safeguarding policies) for several Ugandan organisations, including project partners (which were last briefed on safeguarding responsibilities, best practice and supported to create or update their policies in 2021).

The Trust regularly reviews and updates its safeguarding policy (last updated in August 2022) and will



undertake a further review of project partners' safeguarding policies in spring 2023, ensuring they align with global standards on sexual exploitation and abuse and sexual harassment.

## Q29. Ethics

**Outline your approach to meeting the key principles of good ethical practice, as outlined in the guidance.**

Project design has been informed by ethnographic research with substantive changes to project activities resulting from community feedback. Community knowledge and feedback is respected and utilised. Research was undertaken with ethical approval from LSHTM's Ethics Review Committee and Uganda's National Council of Science and Technology.

Our partnership approach with the local and national government is deeply embedded. We follow a rights-based approach; project design ensures that the human rights to healthcare and gender equality (among human rights others), are fundamental project components and further national plans. The project's Conservation and Health Agreements form a core activity and support the Uganda National Environment Act (2019), which states that wetland resources shall be utilised in a sustainable manner compatible with the continued presence of wetlands and their hydrological functions and service, and Uganda's decentralisation policy in the Local Government Act Amended (2020), which supports community structures' participation in 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.

We commit to make empirical and scientific research data related to conservation work as widely available as possible.

## Section 13 - FCDO Notifications

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### Q30. FCDO Notifications

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

No

**Please indicate whether you have contacted FCDO Embassy or High Commission to discuss the project and attach details of any advice you have received from them.**

Yes (no written advice)

## Section 14 - Project Staff

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### Q31. Project staff

**Please identify the core staff (identified in the budget), their role and what % of their time they will be working on the project.**

Please provide 1-page CVs or job description, further information on who is considered core staff can be found in the [Finance Guidance](#).

| Name (First name, Surname) | Role  | % time on project | 1 page CV or job description attached? |
|----------------------------|---|-------------------|--|
| Kathryn Lloyd              | <b>Project Leader</b>                             | 30                | Checked                                |
| Sarah Uwimbabazi           | Uganda Manager                                    | 50                | Checked                                |
| David Johnson              | Project Director                                  | 10                | Checked                                |
| Adalbert Aine-omucunguzi   | Grey Crowned Crane, Wetlands and Livelihoods Lead | 30                | Checked                                |

**Do you require more fields?**


Yes


| Name (First name, Surname) | Role                          | % time on project | 1 page CV or job description attached? |
|----------------------------|-------------------------------|-------------------|--|
| Phionah Orishaba           | Community Education Assistant | 100               | Checked                                |
| Philip Agaba               | Acting Hospital Director      | 60                | Checked                                |
| Peter Akonyera             | Acting Medical Superintendent | 60                | Checked                                |
| Susannah Mayhew            | Research and Evaluation Lead  | 5                 | Checked                                |
| <i>No Response</i>         | <i>No Response</i>            | 0                 | Unchecked                              |
| <i>No Response</i>         | <i>No Response</i>            | 0                 | Unchecked                              |
| <i>No Response</i>         | <i>No Response</i>            | 0                 | Unchecked                              |
| <i>No Response</i>         | <i>No Response</i>            | 0                 | Unchecked                              |


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.

 [14. Project Staff CVs DIR29S1-1087](#)

 08/12/2022

 16:04:28

 pdf 1.03 MB

Have you attached all project staff CVs?

Yes

## Section 15 - Project Partners

---

### Q32. Project Partners

Please list all the Project Partners (including the Lead Partner - i.e. the partner who will administer the grant and coordinate the delivery of the project), clearly setting out their roles and responsibilities in the project including the extent of their engagement so far and planned.

This section should demonstrate the capability and capacity of the Project Partners to successfully deliver the project. Please provide Letters of Support for all project partners or explain why this has not been included.

The partners listed here should correspond to the Delivery Chain Risk Map (within the Risk Register template) which you will be asked to submit if your project is recommended for funding.

**Lead partner name:** Margaret Pyke Trust (the Trust)

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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):**

The Trust has a decade's experience building and coordinating partnerships of health and conservation organisations to deliver programmes integrating environmental and human health action. The Trust has agreements with the Uganda Protestant Medical Bureau (UPMB), of which Rugarama Hospital is a member, relating to replicating this approach with other hospitals, with ICF to scale up the approach, and with LSHTM to further evidence generation on how greater conservation, gender and health outcomes can be achieved by cross-sectoral action. The project uses the Trust's family planning training methodology, designed for the specific health challenges of South-West Uganda. The Trust is managing this training in three hospitals.

The Trust is responsible for project coordination, health training and cross-sectoral messaging. The Trust will use the project in its policy work, including via the IUCN Biodiversity & Family Planning Task Force (which it chairs and was a result of a resolution at IUCN World Conservation Congress co-sponsored by the Trust, ICF and others) and under the anticipated MOU with the Ugandan government, increasing references to reproductive health in Ugandan climate and biodiversity policy.

Given the importance of the project, to the Trust's strategy, substantial staff time will be dedicated using matched funding.

**Allocated budget (proportion or value):**

£ 

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**Represented on the Project Board**  Yes

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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

---

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

Yes

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

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

---

ICF, in partnership with the Endangered Wildlife Trust, focusses its conservation efforts on Africa's four resident and threatened crane species in sub-Saharan Africa, namely the Grey Crowned (Balearic regulorum), Black Crowned Crane (Balearica pavonina), Wattled Crane (Bugeranus carunculatus), and Blue Crane (Anthropoides paradiseus). The partnership has worked in Uganda for 20 years, to conserve Grey Crowned Cranes and their habitats.

Role:

- Providing livelihood and conservation training to a variety of stakeholders;
- Providing livelihood and conservation inputs and supporting ongoing implementation and management; and
- Facilitating community mobilisation.

Responsibilities:

- Running trainings, talks and mobilisation interventions;
- Supporting CHGs, CHMs and peer farmers with ongoing mentoring;
- Develop mobilisation materials; and
- Supporting Calliandra and Napier Grass nurseries.

Capabilities and capacity:

ICF has experience working in areas where high human populations exert increasing demand and pressure on resources resulting in high threats to cranes, other biodiversity and the people that also depend on these resources. ICF has wide experience in establishing and registering CHGs; training and mentoring CHGs on their livelihoods, wetland conservation, soil and water conservation; establishing model farms; promoting environmental health through community messaging (awareness); and undertaking crane and habitat quality surveys and collecting and analysing environmental data.

**Allocated budget:**

£ [REDACTED]

**Represented on the Project Board**

Yes

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

Yes

**2. Partner Name:** Rugarama Hospital

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**Website address:** [www.rugaramahospital.com](http://www.rugaramahospital.com)

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Rugarama Hospital is a Uganda Protestant Medical Bureau (UPMB) healthcare facility based in Rukiga, South-West Uganda. The Trust has an MoU 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 healthcare services (including family planning) at outreach clinics;
- training CHMs; and
- providing community health education.

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

Responsibilities include:

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

Capacity:

The MoU between the Trust and UPMB means our project is a priority for Rugarama and UPMB. Rugarama Hospital has engaged in this work since the original scoping study and has previously allocated core funding to the implementation of the project, due to its strategic importance for them.

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**Allocated budget:** £ ██████████

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**Represented on the Project Board**  Yes

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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:** <https://www.lshtm.ac.uk/>

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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.

This project will benefit from staff inputs from LSHTM in the United Kingdom and also from the LSHTM Medical Research Council/Uganda Virus Research Institution (LSHTM-MRC-UVRI), based in Kampala, Uganda.

LSHTM's role includes:

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

- Leading on the baseline, midline and end-line, including overseeing RDS surveys and evaluation;
- Ensuring data are robust;
- Overseeing M&E; and
- Training project staff on M&E and research protocols.

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.

---

**Allocated budget:** £ [REDACTED]

---

**Represented on the Project Board**  Yes

---

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

---

---

**4. Partner Name:** *No Response*

---

**Website address:** *No Response*

---

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

*No Response*

---

**Allocated budget:** £0.00

---

**Represented on the Project Board**  Yes  
 No

---

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

---

---

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

---

**Website address:** *No Response*

---

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

*No Response*

---

**Allocated budget:** £0.00

---

**Represented on the Project Board**  Yes  
 No

---

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

---



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

---

**Website address:** *No Response*

---

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

---

**Allocated budget:** £0.00

---

**Represented on the Project Board**  Yes  No

---

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


---


---

**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.**


 [15. Letters of Support DIR29S1-1087](#)


 09/12/2022


 14:37:52

 pdf 3.38 MB

 [15. Cover Letter DIR29S1-1087](#)

 09/12/2022

 14:37:44

 pdf 180.34 KB

## Section 16 - Lead Partner Capability and Capacity

---

### Q33. Lead Partner Capability and Capacity

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

Yes

If yes, please provide details of the most recent awards (up to 6 examples).

| Reference No | Project Leader | Title  |
|--------------|----------------|--|
| 27-002       | David Johnson  | Healthy Wetlands for the Cranes and People of Rukiga, Uganda |
| No Response  | No Response    | No Response  |
| No Response  | No Response    | No Response  |
| No Response  | No Response    | No Response  |
| No Response  | No Response    | No Response  |
| No Response  | No Response    | No Response  |

Have you provided the requested signed audited/independently examined accounts?

If yes, please upload these on the certification page. Note that this is not required from Government Agencies.

Yes

## Section 17 - Certification

---

### Certification

On behalf of the

Trustees

of

Margaret Pyke Trust

I apply for a grant of

£404,983.00

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 project key project personnel, cover letter, letters of support, a budget, logframe, Safeguarding Policy 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>                                  | Eve Mosley   |
| <b>Position in the organisation</b>          | Head of Development  |
| <b>Signature (please upload e-signature)</b> |  <a href="#">20220706 090011</a><br> 09/12/2022<br> 17:11:03<br> jpg 1.28 MB |
| <b>Date</b>                                  | 09 December 2022   |

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

|   |  |
|---|--|
|  <a href="#">17. MPT Accounts to 31 March 2022</a> |  <a href="#">17. MPT Accounts to 28 February 2021</a> |
|  04/11/2022  |  04/11/2022   |
|  15:25:40  |  15:25:29   |
|  pdf 792.66 KB                                     |  pdf 1.22 MB  |

**Please upload the Lead Partner's Safeguarding Policy as a PDF**

|  |
|--|
|  <a href="#">17. MPT Policy - Safeguarding Policy</a> |
|  04/11/2022   |
|  15:23:44   |
|  pdf 219.55 KB  |

## Section 18 - Submission Checklist

### Checklist for submission

|   | <b>Check</b> |
|---|--------------|
| <b>I have read the Guidance, including the "Darwin Initiative Guidance", "Monitoring Evaluation and Learning Guidance", "Risk Guidance" and "Financial 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 attached the below documents to my application</b>  |         |
| • <b>my completed logframe as a PDF using the template provided</b>   | Checked |
| • <b>my budget (which meets the requirements above)</b>   | Checked |
| • <b>my completed implementation timetable as a PDF using the template provided</b>   | Checked |
| <b>I have included a 1 page CV or job description for all the Project Staff identified at Question 31, including the Project Leader, or provided an explanation of why not.</b> | Checked |
| <b>I have included a letter of support from the Lead Partner and partner(s) identified at Question 32, or an explanation of why not.</b>  | Checked |
| <b>I have included a cover letter from the Lead Partner, outlining how any feedback received at Stage 1 has been addressed where relevant.</b>                                  | Checked |
| <b>I have included a copy of the Lead Partner's safeguarding policy, which covers the criteria listed in Question 28.</b>   | Checked |
| <b>I have been in contact with the FCDO 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 Partner, or provided an explanation if not.</b>  | Checked |
| <b>I have checked the Darwin Initiative website immediately prior to submission to ensure there are no late updates.</b>  | Checked |
| <b>I have read and understood the Privacy Notice on the Darwin Initiative website.</b>  | Checked |

### **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 the application form, including personal data, will be used by Defra as set out in the **Privacy Notice**, available from the [Forms and Guidance Portal](#).

This **Privacy Notice must be provided to all individuals** whose personal data is supplied in the application form. Some information may be used when publicising the Darwin Initiative including project details (usually title, lead partner, project leader, location, and total grant value).

Project Title: DIR29S1 Building resilient landscapes and communities for Rukiga's cranes and wetlands

**Implementation timetable**

|                 | Activity   | No. of Months<br>(36 project months) | Year 1 (23/24)<br>(Starts August 2023) |    |    |    | Year 2 (24/25) |    |    |    | Year 3 (25/26) |    |    |    | Year 4 (26/27)<br>(Ends July 2026) |    |    |    |
|-----------------|--|--------------------------------------|--|----|----|----|----------------|----|----|----|----------------|----|----|----|------------------------------------|----|----|----|
|                 |  |                                      | Q1                                     | Q2 | Q3 | Q4 | Q1             | Q2 | Q3 | Q4 | Q1             | Q2 | Q3 | Q4 | Q1                                 | Q2 | Q3 | Q4 |
| <b>Output 1</b> | <b>4,400 community members have better access to information about the importance of crane and wetland conservation, the benefits of climate-smart agriculture and family planning, and the linkages between them.</b>   |                                      |  |    |    |    |                |    |    |    |                |    |    |    |                                    |    |    |    |
| 1.1             | The International Crane Foundation (ICF), Rugarama Hospital (RH) and Margaret Pyke Trust (MPT) jointly identify new 40 Conservation and Health Mobilisers.   | 2                                    |  | X  | X  |    |                |    |    |    |                |    |    |    |                                    |    |    |    |
| 1.2             | MPT, ICF and RH run a one-day training course linking wetland and crane conservation, livelihoods and family planning with 40 new Conservation and Health Mobilisers.  | 1                                    |  |    |    | X  |                |    |    |    |                |    |    |    |                                    |    |    |    |
| 1.3             | ICF runs a one-day training course with 40 Conservation and Health Mobilisers on crane custodianship, including monitoring cranes using 'Survey 123' reporting app.  | 1                                    |  |    |    | X  |                |    |    |    |                |    |    |    |                                    |    |    |    |
| 1.4             | 86 Conservation and Health Mobilisers support ICF staff to identify and ring 20 Grey Crowned Crane chicks per year.  | 3                                    |  |    |    |    | X              |    |    |    | X              |    |    |    | X                                  |    |    |    |
| 1.5             | MPT and RH run a five-day training on health mobilisation with 40 Conservation and Health Mobilisers.  | 1                                    |  |    |    | X  |                |    |    |    |                |    |    |    |                                    |    |    |    |
| 1.6             | MPT, ICF, RH and the London School of Hygiene and Tropical Medicine (LSHTM) develop a communications plan.   | 1                                    |  | X  |    |    |                |    |    |    |                |    |    |    |                                    |    |    |    |
| 1.7             | 86 Conservation and Health Mobilisers implement community talks to raise awareness of crane and wetland conservation, human health, including family planning and nutrition, and climate-smart agriculture.              | 30                                   |  |    |    | X  | X              | X  | X  | X  | X              | X  | X  | X  | X                                  | X  |    |    |
| 1.8             | MPT, ICF and RH, with support from 86 Conservation and Health Mobilisers, run four community sessions per quarter (100 attendees per session) on conservation, human health, cranes, and the interlinkages between them. | 33                                   |  |    |    | X  | X              | X  | X  | X  | X              | X  | X  | X  | X                                  | X  |    |    |
| 1.9             | MPT, ICF and RH develop material for radio broadcasts and deliver one radio talk shows per quarter sharing project messages and themes, which are aired by two radio stations.   | 13                                   |  | X  | X  | X  | X              | X  | X  | X  | X              | X  | X  | X  | X                                  | X  |    |    |

Project Title: DIR29S1 Building resilient landscapes and communities for Rukiga's cranes and wetlands

|                 | Activity  | No. of Months<br>(36 project months) | Year 1 (23/24)<br>(Starts August 2023) |    |    |    | Year 2 (24/25) |    |    |    | Year 3 (25/26) |    |    |    | Year 4 (26/27)<br>(Ends July 2026) |    |    |    |
|-----------------|---|--------------------------------------|--|----|----|----|----------------|----|----|----|----------------|----|----|----|------------------------------------|----|----|----|
|                 |   |                                      | Q1                                     | Q2 | Q3 | Q4 | Q1             | Q2 | Q3 | Q4 | Q1             | Q2 | Q3 | Q4 | Q1                                 | Q2 | Q3 | Q4 |
| 1.10            | 12 project clinics promote outreach services through loudspeaker announcements and other media.   | 34                                   |  |    | X  | X  | X              | X  | X  | X  | X              | X  | X  | X  | X                                  | X  |    |    |
| <b>Output 2</b> | <b>498 people are (a) engaged in crane and wetland conservation; and (b) practicing climate-smart agriculture.</b>  |                                      |  |    |    |    |                |    |    |    |                |    |    |    |                                    |    |    |    |
| 2.1             | ICF identifies eight new Conservation and Health Groups.  | 2                                    |  | X  |    |    |                |    |    |    |                |    |    |    |                                    |    |    |    |
| 2.2             | ICF delivers training to 250 members of Conservation and Health Groups on group set-up, management and governance, and supports groups to register as 'community-based organisations' with local government.  | 4                                    |  |    | X  | X  |                |    |    |    |                |    |    |    |                                    |    |    |    |
| 2.3             | ICF, RH MPT and LSHTM develop and sign Conservation and Health Agreements with the eight new Conservation and Health Groups, with revision after one year.  | 2                                    |  |    |    |    | X              |    |    |    | X              |    |    |    |                                    |    |    |    |
| 2.4             | MPT and RH deliver human health, including family planning and nutrition, training to eight new Conservation and Health Groups.   | 1                                    |  |    |    |    | X              |    |    |    |                |    |    |    |                                    |    |    |    |
| 2.5             | ICF undertakes annual audits and all other actions agreed with the Conservation and Health Groups, pursuant to the eight new and eight existing Conservation and Health Agreements.   | 3                                    |  |    |    |    |                | X  |    |    |                | X  |    |    |                                    | X  |    |    |
| 2.6             | ICF trains and mentors 498 members of Conservation and Health Groups (and wider community) on agro-ecosystem recovery, wetland and catchment restoration and management, planting, trenching, terracing, and use of model farms.                    | 24                                   |  |    |    | X  | X              | X  | X  | X  | X              | X  | X  | X  | X                                  | X  |    |    |
| 2.7             | ICF, with five agricultural extension workers (trained under activity 4.2), train 498 households on climate-smart agriculture, 'backyard agriculture', finance and accessing markets, mixed cropping, compost use and environmental waste disposal. | 12                                   |  |    |    | X  | X              | X  | X  | X  | X              | X  | X  |    |                                    |    |    |    |
| 2.8             | ICF establishes two Calliandra and maintain three Napier Grass nurseries and distribute the stems to CHGs and widely to communities in the wetland catchment.   | 36                                   |  | X  | X  | X  | X              | X  | X  | X  | X              | X  | X  | X  | X                                  | X  |    |    |

Project Title: DIR29S1 Building resilient landscapes and communities for Rukiga's cranes and wetlands

|                 | Activity   | No. of Months<br>(36 project months) | Year 1 (23/24)<br>(Starts August 2023) |    |    |    | Year 2 (24/25) |    |    |    | Year 3 (25/26) |    |    |    | Year 4 (26/27)<br>(Ends July 2026) |    |    |    |
|-----------------|--|--------------------------------------|--|----|----|----|----------------|----|----|----|----------------|----|----|----|------------------------------------|----|----|----|
|                 |  |                                      | Q1                                     | Q2 | Q3 | Q4 | Q1             | Q2 | Q3 | Q4 | Q1             | Q2 | Q3 | Q4 | Q1                                 | Q2 | Q3 | Q4 |
| <b>Output 3</b> | <b>30,000 people have access to improved voluntary rights-based family planning services.</b>  |                                      |  |    |    |    |                |    |    |    |                |    |    |    |                                    |    |    |    |
| 3.1             | RH recruits and onboards one new project nurse, who receives training from MPT in project implementation and family planning training.   | 2                                    |  | X  |    |    |                |    |    |    |                |    |    |    |                                    |    |    |    |
| 3.2             | LSHTM, RH and MPT complete the needs assessment of three new project clinics, and develop a programme of healthcare service provision, including the full method mix of family planning.   | 2                                    |  | X  |    |    |                |    |    |    |                |    |    |    |                                    |    |    |    |
| 3.3             | RH and MPT run a six-day training session on family planning skills provision, to be attended by project staff and 12 staff from three new project clinics (Year 1) and repeated (Year 2 and 3) to allow for changes in staff cohort in project clinics.           | 3                                    |  |    | X  |    |                |    | X  |    |                |    | X  |    |                                    |    |    |    |
| 3.4             | RH supports 12 project clinics on 'outreach days' in accordance with agreed delivery timetables, where an increased range of healthcare services is available to clients.  | 33                                   |  |    | X  | X  | X              | X  | X  | X  | X              | X  | X  | X  | X                                  | X  |    |    |
| 3.5             | RH and MPT provide ongoing mentoring and support to 48 staff members at 12 project clinics.  | 33                                   |  |    | X  | X  | X              | X  | X  | X  | X              | X  | X  | X  | X                                  | X  |    |    |
| <b>Output 4</b> | <b>An enabling environment is created in the wetland catchment and its communities to support the long-term realisation of biodiversity conservation and the human rights to health, water, decent work and to decide if, when and with whom to have children.</b> |                                      |  |    |    |    |                |    |    |    |                |    |    |    |                                    |    |    |    |
| 4.1             | ICF runs a one-day training session on the process of community-supported environmental byelaws governing soil and water conservation practices for 20 local council leaders; and provides ongoing mentoring afterwards.   | 6                                    |  | X  | X  |    |                |    |    |    | X              |    |    |    |                                    |    |    |    |
| 4.2             | ICF runs a one-day training session on climate smart agricultural services with five agricultural extension workers on climate-smart agricultural services; and provides on-going mentoring afterwards.  | 3                                    |  |    |    | X  |                |    | X  |    |                | X  |    |    |                                    |    |    |    |
| 4.3             | RH and MPT run a six-day training session on family planning skills, with 25 Ministry of Health clinical staff; and provide on-going mentoring afterwards.   | 1                                    |  |    |    |    |                |    | X  |    |                |    |    |    |                                    |    |    |    |

Project Title: DIR29S1 Building resilient landscapes and communities for Rukiga's cranes and wetlands

|                                 | Activity  | No. of Months<br>(36 project months) | Year 1 (23/24)<br>(Starts August 2023) |    |    |    | Year 2 (24/25) |    |    |    | Year 3 (25/26) |    |    |    | Year 4 (26/27)<br>(Ends July 2026) |    |    |    |
|---------------------------------|---|--------------------------------------|--|----|----|----|----------------|----|----|----|----------------|----|----|----|------------------------------------|----|----|----|
|                                 |   |                                      | Q1                                     | Q2 | Q3 | Q4 | Q1             | Q2 | Q3 | Q4 | Q1             | Q2 | Q3 | Q4 | Q1                                 | Q2 | Q3 | Q4 |
| <b>Cross-cutting activities</b> |   |                                      |  |    |    |    |                |    |    |    |                |    |    |    |                                    |    |    |    |
| X.1                             | All partners participate in inception meeting, regular project management and M&E meetings, and closeout meetings.                          | 36                                   |  | X  | X  | X  | X              | X  | X  | X  | X              | X  | X  | X  | X                                  | X  |    |    |
| X.2                             | LSHTM, with the support of all partners, undertakes baseline, end-line, focus group discussions, and respondent driven sampling interviews. | 9                                    |  | X  | X  |    |                |    |    | X  | X              |    |    |    | X                                  | X  |    |    |
| X.3                             | All partners promote the project, and disseminate evidence and learnings at various fora and events.  | 36                                   |  | X  | X  | X  | X              | X  | X  | X  | X              | X  | X  | X  | X                                  | X  |    |    |



Project Title: DIR29S1-1087 Building resilient landscapes and communities for Rukiga’s cranes and wetlands

| Project Summary  | SMART Indicators   | Means of Verification  | Important Assumptions  |
|--|--|--|--|
| <p><b>Impact:</b> The Rushebeya-Kanyabaha wetland is restored by 5% and supports species richness, including the long-term coexistence of future generations of cranes and people.</p>   |  |  |  |
| <p><b>Outcome:</b><br/>30,000 people living in the wetland catchment are more climate-resilient, better able to access quality healthcare and support their families through climate-smart agriculture, and actively support wetland and crane conservation.</p> | <p><b>0.1</b> Fledged Grey Crowned Crane chicks increase from 32 (2021/22 breeding season baseline) to 64 (2024/25 breeding season).</p>   | <p>0.1.1 Survey 123 reports.</p>   | <p>No major shocks to the local economic situation, healthcare system or otherwise hampering the undertaking of livelihood or health activities (such as a new Covid variant, Ebola or other major health outbreak, civil unrest, or political instability).</p> <p>No major weather-related events (such as landslides due to heavy rains) damaging roads (preventing outreach clinics operating and/or training activities taking place).</p> <p>No significant changes to inflation in the UK or Uganda, or a weakening of currencies affecting exchange rates.</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> |
|  | <p><b>0.2.a</b> Area of wetland, upland and farmland subject to Conservation and Health Agreements increases from 200 hectares (2022 baseline) to 500 hectares by July 2026.</p> <p><b>0.2.b</b> The number of households leaving a five-metre buffer zone for crane breeding on their land in the wetland increases from five, with 25m<sup>2</sup> total (2022 baseline) to 15, with 75m<sup>2</sup> total by July 2026.</p> | <p>0.2.1 Registration certificates.</p> <p>0.2.2 Signed Conservation and Health Agreements (and Agreements updating them).</p> <p>0.2.3 Land maps.</p> <p>0.2.4 Project reports.</p> |  |
|  | <p><b>0.3</b> 100 women earn an income from backyard vegetable growing by July 2026 (from a baseline of 0 in 2022).</p>  | <p>0.3.1 Conservation and Health Group Reports.</p> <p>0.3.2 Livelihoods reports.</p>  |  |
|  | <p><b>0.4</b> An estimated 2,900 unintended pregnancies are averted for women and girls living in the wetland catchment (baseline of 0).</p>   | <p>0.4.1 Clinic reports.</p> <p>0.4.2 Analysis of healthcare service delivery data using “Impact 2” tool.</p>  |  |

Project Title: DIR29S1-1087 Building resilient landscapes and communities for Rukiga's cranes and wetlands

|  |  |   |   |
|--|--|---|---|
| <p><b>Output 1:</b> 4,400 community members are directly trained in the importance of crane and wetland conservation, the benefits of climate-smart agriculture and family planning, and the linkages between them, and can share this information with their communities.</p> | <p><b>1.1</b> 86 Conservation and Health Mobilisers (43 women and 43 men) have been trained and are actively promoting crane conservation, wetland conservation and human health (from a baseline of 46 (16 women and 30 men).</p>   | <p>1.1.1 Training records (including attendance registers).</p> <p>1.1.2 Project reports.</p> <p>1.1.3 Conservation and Health Mobiliser reports.</p> <p>1.1.4 Photographs of project activities.</p> | <p>Conservation and Health Mobilisers selected have the necessary skills and knowledge to undertake their roles effectively.</p> <p>Climate-smart agricultural practices are perceived to result in net benefits for landowners as well as biodiversity and climate-resilience, and landowners are incentivised to adopt them on their own farms.</p> |
|  | <p><b>1.2</b> Number of Peer Farmers trained and actively demonstrating climate-smart agricultural techniques on model farms (cumulative):<br/>                     Baseline (2022): 16 (6 women and 10 men)<br/>                     Y1: 26 (11 women and 15 men)<br/>                     Y2: 36 (16 women and 20 men)<br/>                     Y3: 46 (21 women and 25 men)<br/>                     Y4: 56 (26 women and 30 men)<br/>                     Total by project end: 56 (26 women and 30 men)</p> | <p>1.2.1 Training records.</p> <p>1.2.2 Photographs of project activities.</p>  | <p>Training is effective, and trainees retain the knowledge, share knowledge with others, and change their practices as a result of the training.</p> <p>The widespread and deep community support which is currently the case continues and is not impacted by any currently unidentified or unexpected event.</p>                                   |
|  | <p><b>1.3</b> Number of people that have been trained by project staff on the importance of crane and wetland conservation, the benefits of climate-smart agriculture and family planning, and the linkages between them:<br/>                     Baseline (2022): 0<br/>                     Y1: 800<br/>                     Y2: 1,600<br/>                     Y3: 1,600<br/>                     Y4: 400<br/>                     Total by project end: 4,400</p>   | <p>1.3.1 Project reports.</p> <p>1.3.2 Conservation and Health Group reports.</p>   |   |

Project Title: DIR29S1-1087 Building resilient landscapes and communities for Rukiga's cranes and wetlands

|   |   |  |   |
|---|---|--|---|
| <p><b>Output 2:</b> 498 people are (a) engaged in crane and wetland conservation; and (b) practicing climate-smart agriculture.</p> | <p><b>2.1</b> 16 Conservation and Health Groups in the project site are registered with the local government as 'community-based organisations' by March 2024 (from a 2022 baseline of eight).</p>  | <p>2.1.1 Registration certificates.<br/>2.1.2 Signed Conservation and Health Agreements.</p>                                 | <p>The Government continues to allow the registration of Conservation and Health Groups and does not make any legislative changes impacting healthcare provision.</p>       |
|   | <p><b>2.2</b> 498 Conservation and Health Group members (274 women and 224 men) have completed a one-day training on climate-smart agriculture, finance and accessing markets, and are equipped to begin implementing the techniques on their land (from a 2022 baseline of zero).</p>                          | <p>2.2.1 Conservation and Health Group Reports.<br/>2.2.2 Training records and attendance lists.<br/>2.2.3. Photographs.</p> |   |
|   | <p><b>2.3</b> 498 Conservation and Health Group members (274 women and 224 men) have completed a one-day training in agro-ecosystem recovery, management and monitoring (from a 2022 baseline of zero).</p>   | <p>2.3.1 Conservation and Health Group Reports.<br/>2.3.2 Training records and attendance lists.<br/>2.3.3 Photographs.</p>  |   |
|   | <p><b>2.4</b> Two Calliandra (<i>Calliandra calothyrsus</i>) nurseries have been established by March 2025 and maintained for the remainder of the project; and three existing Napier Grass (<i>Pennisetum purpureum</i>) nurseries are maintained through the project, including replanting by March 2026.</p> | <p>2.4.1 Conservation and Health Group Reports.<br/>2.4.2 Project reports.<br/>2.4.3 Photographs.</p>                        |   |
| <p><b>Output 3:</b> 30,000 people have access to improved voluntary rights-based family planning services.</p>                      | <p><b>3.1</b> Number of nurses and Conservation and Health Mobilisers scoring at least 80% in family planning skills training: From 2022 baseline of 77 (55 women and 22 men) to 100 (72 women and 28 men) in 2026.</p>   | <p>3.1.1 Exam scores and reports.<br/>3.1.2 Photographs.<br/>3.1.3 Training attendance list.</p>                             | <p>No major shocks to the local healthcare system or otherwise hampering the undertaking health activities (such as Ebola, Covid or other major health outbreak), which</p> |

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|   |  |   |   |
|---|--|---|---|
|   | <p><b>3.2.a</b> Total visits to project health clinics:<br/>Baseline (2023): 0<br/>Y1: 2,049 (1,488 women and 561 men)<br/>Y2: 5,523 (4,308 women and 1,215 men)<br/>Y3: 3,701 (2,946 women and 756 men)<br/>Y4: 1,227 (957 women and 270 men)<br/>Total by project end: 12,500</p> <p><b>3.2.b</b> Average number of women visiting project health clinics for family planning services:<br/>Baseline (2023): 0<br/>Y1: 500<br/>Y2: 1,200<br/>Y3: 820<br/>Y4: 280<br/>Total by project end: 2,800</p>   | <p>3.2.1 Healthcare service delivery records.</p> <p>3.2.2 Photographs.</p>   | <p>will divert focus from general healthcare provision to emergency healthcare provision.</p> <p>Women and men continue to be supportive of family planning provision.</p> <p>Supply chain of family planning commodities remains stable.</p> |
| <p><b>Output 4:</b> An enabling environment is created in the wetland catchment and its communities to support the long-term realisation of biodiversity conservation and the human rights to health, water, decent work and to decide if, when and with whom to have children.</p> | <p><b>4.1</b> 20 council leaders (10 women and 10 men) have facilitated the design and enactment of environmental byelaws governing soil and water conservation practices in the Rushebeya-Kanyabaha wetland and its catchment by end of 2024.</p> <p><b>4.2</b> Five Rukiga District agricultural extension workers (3 women and 2 men) have completed training in climate smart agriculture and conduct exchange visits by March 2025.</p> <p><b>4.3</b> 25 Ministry of Health clinical staff (18 women and 7 men) score at least 80% in USHAPE family planning skills provision by March 2025 (from a baseline of 9).</p> | <p>4.1.1 Meeting attendance records.</p> <p>4.1.2 Meeting report and byelaws report.</p> <p>4.2.1 Training records and attendance lists.</p> <p>4.2.2 Photographs.</p> <p>4.3.1 Exam scores and reports.</p> <p>4.3.2 Photographs.</p> <p>4.3.3 Training attendance list.</p> | <p>Government officials remain receptive to engaging in capacity development activities.</p> <p>No major disasters of other events affect Rukiga, Uganda.</p> <p>Staff turnover within government structures remains at current levels.</p>   |

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**Activities**

**Output 1: 4,400 community members have better access to information about the importance of crane and wetland conservation, the benefits of climate-smart agriculture and family planning, and the linkages between them.**

1.1 The International Crane Foundation (ICF), Rugarama Hospital (RH) and Margaret Pyke Trust (MPT) jointly identify new 40 Conservation and Health Mobilisers.

1.2 MPT, ICF and RH run a one-day training course linking wetland and crane conservation, livelihoods and family planning with 40 new Conservation and Health Mobilisers.

1.3 ICF runs a one-day training course with 40 Conservation and Health Mobilisers on crane custodianship, including monitoring cranes using 'Survey 123' reporting app.

1.4 86 Conservation and Health Mobilisers support ICF staff to identify and ring 20 Grey Crowned Crane chicks per year.

1.5 MPT and RH run a five-day training on health mobilisation with 40 Conservation and Health Mobilisers.

1.6 MPT, ICF, RH and the London School of Hygiene & Tropical Medicine (LSHTM) develop a communications plan.

1.7 86 Conservation and Health Mobilisers implement community talks to raise awareness of crane and wetland conservation, human health, including family planning and nutrition, and climate-smart agriculture.

1.8 MPT, ICF and RH, with support from 86 Conservation and Health Mobilisers, run four community sessions per quarter (100 attendees per session) on conservation, human health, cranes, and the interlinkages between them.

1.9 MPT, ICF and RH develop material for radio broadcasts and deliver one radio talk shows per quarter sharing project messages and themes, which are aired by two radio stations.

1.10 12 project clinics promote outreach services through loudspeaker announcements and other media.

**Output 2: 498 people are (a) engaged in crane and wetland conservation; and (b) practicing climate-smart agriculture.**

2.1 ICF identifies eight new Conservation and Health Groups.

2.2 ICF delivers training to 250 members of Conservation and Health Groups on group set-up, management and governance, and supports groups to register as 'community-based organisations' with local government.

2.3 ICF, RH MPT and LSHTM develop and signs Conservation and Health Agreements with the eight new Conservation and Health Groups, with revision after one year.

2.4 MPT and RH deliver human health, including family planning and nutrition training to eight new Conservation and Health Groups.

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2.5 ICF undertakes annual audits and all other actions agreed with the Conservation and Health Groups, pursuant to the eight new and eight existing Conservation and Health Agreements.

2.6 ICF trains and mentors 498 members of Conservation and Health Groups (and wider community) on agro-ecosystem recovery, wetland and catchment restoration and management, planting, trenching, terracing, and use of model farms.

2.7 ICF, with five agricultural extension workers (trained under activity 4.2), train 498 households on climate-smart agriculture, 'backyard agriculture', finance and accessing markets, mixed cropping, compost use and environmental waste disposal.

2.8 ICF establishes two Calliandra and maintain three Napier Grass nurseries and distribute the stems to CHGs and widely to communities in the wetland catchment.

### **Output 3: 30,000 people have access to improved voluntary rights-based family planning services.**

3.1 RH recruits and onboards one new project nurse, who receives training from MPT in project implementation and family planning training.

3.2 LSHTM, RH and MPT complete the needs assessment of three new project clinics, and develop a programme of healthcare service provision, including the full method mix of family planning.

3.3 RH and MPT run a six-day training session on family planning skills provision, to be attended by project staff and 12 staff from three new project clinics (Year 1) and repeated (Year 2 and 3) to allow for changes in staff cohort in project clinics.

3.4 RH supports 12 project clinics on 'outreach days' in accordance with agreed delivery timetables, where an increased range of healthcare services is available to clients.

3.5 RH and MPT provide ongoing mentoring and support to 48 staff members at 12 project clinics.

### **Output 4: An enabling environment is created in the wetland catchment and its communities to support the long-term realisation of biodiversity conservation and the human rights to health, water, decent work and to decide if, when and with whom to have children.**

4.1 ICF runs a one-day training session on the process of community-supported environmental byelaws governing soil and water conservation practices for 20 local council leaders; and provides ongoing mentoring afterwards.

4.2 ICF runs a one-day training session on climate smart agricultural services with five agricultural extension workers on climate-smart agricultural services; and provides on-going mentoring afterwards.

4.3 RH and MPT run a six-day training session on family planning skills, with 25 Ministry of Health clinical staff; and provide on-going mentoring afterwards.

### **Cross-cutting activities**

X.1 All partners participate in inception meeting, regular project management and M&E meetings, and closeout meetings.

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X.2 LSHTM, with the support of all partners, undertakes baseline, end-line, focus group discussions, and respondent driven sampling interviews.

X.3 All partners promote the project, and disseminate evidence and learnings at various fora and events.