



## Darwin Initiative Main: Annual Report

### Darwin Initiative Project Information

Project reference	30-019
Project title	Building resilient landscapes and communities for Rukiga's cranes and wetlands
Country/ies	Uganda
Lead Partner	Margaret Pyke Trust (MPT)
Project partner(s)	International Crane Foundation ("ICF"); Rugarama Hospital ("RH"); and London School of Hygiene & Tropical Medicine ("LSHTM").
Darwin Initiative grant value	£404,983
Start/end dates of project	1 <sup>st</sup> August 2023 to 31 <sup>st</sup> July 2026
Reporting period (e.g. Apr 2023 – Mar 2024) and number (e.g. Annual Report 1, 2, 3)	1 <sup>st</sup> August 2023 to 31 <sup>st</sup> March 2024 Annual Report 1
Project Leader name	Kathryn Lloyd
Project website/blog/social media	<b>Website:</b> <a href="https://margaretpyke.org/environment/projects">https://margaretpyke.org/environment/projects</a> <b>Twitter:</b> @MargaretPyke @savingcranes @TheEWT @LSHTM <b>Facebook:</b> @MargaretPykeTrust @InternationalCraneFoundation @EndangeredWildlifeTrust @RugaramaHospital
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#### 1. Project summary

##### Where the project is located and who the project is relevant to

The project is located in south-western Uganda, in the Rushebeya-Kanyabaha wetland of Rukiga District (see Annex 3.1). There are 16 project communities, located in the parishes of Kafunjo, Rutengye, Buchundura, Nyakashebeya, Kitanga, Kitunga, Nyakagabagaba, Birime, Kitojo, Kyerero, Kandago, Mparo Town Council/Sindi ward, Muhanga Town Council, Nyarurambi, Nyakasiru, and Nyabirerema. There are also 15 outreach health centres, benefitting these communities. The project is relevant for 50,000 people living within the project area, the majority of whom rely on the health of the wetland for subsistence agricultural livelihoods and food, and everyone depends on the wetland for drinking water. Pressures on wetland health therefore impact both local biodiversity and the entire human community within the project area.

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

The Rushebeya-Kanyabaha wetland is under increasing human pressures from a growing human population needing farmland. The wetlands are vital for humans (for food and water security, and preventing flooding) and Uganda's national bird, the Endangered Grey Crowned Crane (*Balearica regulorum*) (for nesting habitat). Our project empowers communities to conserve wetlands and cranes. To achieve this, we are scaling our integrated human and environmental health approach (commenced in 2021 under project reference 27-002, which received A++ in its final report review) to landscape level, and strengthening 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 50,000 people who live in its catchment, and conserve Endangered Grey Crowned Cranes and other threatened species.

### **The biodiversity challenges**

The wetland reduced in size by 33% between 1986 and 2020, 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 Endangered Grey Crowned Crane, for which the wetland is a critical nesting habitat and the Sitatunga (*Tragelaphus spekii*), which is almost extinct locally. 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. Restoring degraded ecosystems, including wetlands, and preventing the extinction of Threatened and Endangered species, are the first two priority areas in Uganda's National Biodiversity Strategy and Action Plan ("**NBSAP**"). Pressures on Rukiga's wetlands are an example of how a lack of livelihoods, compounded by human population growth and larger family sizes than couples would choose, affect biodiversity and the natural resource base, negatively impacting ecosystem health, human health and poverty.

### **The human development and wellbeing challenges (poverty reduction)**

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. The lack of health services in the region, specifically family planning, leads to unintended pregnancies; families are having, on average, five children, one more than they would choose. Unintended pregnancies increase pressure on family income and 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, overgrazing, heavy use of pesticides, and declines in fallow practices, among others, all threaten the wetland and its ecosystem services, 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. In addition, when women are experiencing multiple unintended pregnancies, they are far less able to retain a livelihood during the pregnancy and afterwards, whereas improved health reduces the number of productive working days lost, reducing poverty. No country has successfully reduced poverty when they have had the human fertility rate the project site has, which is why the project was designed to respond to these interconnected human health, environmental and livelihood challenges in an holistic way.

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

The problems were identified by long-term knowledge of partners working locally and qualitative research and engagement with communities and stakeholders (including during our 2018 Darwin funded scoping trip). The problems were confirmed by a comprehensive literature review. For instance, Uganda's NBSAP refers to human population increase, gender inequality and poverty as a driver of wetland biodiversity loss and that wetlands are rapidly being degraded for agricultural

land and urban settlement. The NBSAP recognises the connections between these issues for wetland biodiversity and poverty alleviation. In 2021 at the start of project reference 27-002, project partners also conducted comprehensive qualitative research to establish the environmental, livelihood and human health issues being faced by project communities in the Rukiga District to ensure their needs, wishes, and solutions were incorporated into project design. Across all wetland communities, a consistent set of environmental and livelihood challenges were articulated, which related to changing seasons and rainfall patterns (leading to crop failures), soil erosion and flooding (caused by tree cutting, unsustainable agricultural techniques, planting of invasive eucalyptus trees, and burning of uplands/wetland vegetation), and encroachment of farming on wetlands (leading to degradation of natural wetland resources). In addition, there were very consistent human health challenges identified, which related to inadequate health services (too far away, lacking supplies and trained staff, and poor staff attitudes), family planning issues (caused by irregular services, lack of knowledge on side effects, and poorly trained staff), malnutrition (caused by lack of available nutritious food), and links between alcoholism and domestic violence. In all communities, respondents articulated a clear understanding of the direct connections between livelihoods, their environment, and their health.

### **How the project is designed to address the challenges**

Given the connected human health, livelihood and environmental challenges community members told us they were facing, we are implementing an integrated programme of climate-smart agricultural livelihoods, healthcare training and service provision, wetland, upland and crane conservation and community capacity building, directly responding to the calls of the community. The project seeks to build resilient landscapes and communities for Rukiga's cranes and wetlands. Key activities provide climate-smart livelihoods and healthcare services (reducing unintended pregnancy), coupled with habitat restoration, and soil and water conservation, enabling long-term wetland health for people and cranes. In the next three years we will expand our approach to landscape level, which will transform environmental and human health across the whole wetland, in addition to responding to the climate-shocks, which have had an increasing impact on human communities and the wetland over the last three years. Our project is designed to respond to these issues, supporting communities to build human and ecosystem climate-resilience due to the growing scale and frequency of such climate shocks.

## **2. Project stakeholders/ partners**

### **The partnership and development**

The partnership brings together conservation, healthcare and academic organisations. As project lead, Margaret Pyke Trust ("**MPT**") provides project partners with support on project management and design as well as reporting and financial and administrative management. MPT also leads on the implementation of its sexual and reproductive health training and service delivery improvement programme (referred to as "**USHAPE**") and integrated conservation, livelihood and human health community training. Rugarama Hospital ("**RH**") delivers all healthcare project actions. RH works with MPT and the International Crane Foundation ("**ICF**") to design and deliver community education integrating wetland and crane conservation, climate-smart agriculture, and family planning. ICF delivers all wetland and crane conservation actions including monitoring wetland health and cranes, supporting community members with climate-smart livelihoods and sustainable farming techniques. The London School of Hygiene & Tropical Medicine ("**LSHTM**") supports project monitoring and evaluation, in particular it has designed the data collection protocol, many of the M&E tools, securing research ethical clearance, and training project partners in qualitative research skills. The partnership was based on demand stemming from Uganda, which was identified through all project partners' work there. The project design began in 2018, during our Darwin 'Scoping Award' workshop, and has been regularly updated and enhanced to integrate findings from our qualitative research and recommendations provided by the Darwin Initiative mid-term review in March 2022. All partners work together in an integrated manner, meaning that all project activities are regularly

mapped, with actions and implementation interlinked and reviewed each month, through both in-person and online meetings, to ensure delivery is collaborative. All partners share decision-making responsibility but each lead on the particular area of expertise that they bring to the partnership. This is essential to implement a coherent package of activities that makes the connections between the environmental, climate change, livelihood and human health issues that people told us they are facing.

### **Particular achievements, lessons, strengths or challenges with the partnership**

Our strength comes from our partnership and integrated project design, as all partners collaborate on many activities, especially those with community members, meaning that we are able to share the costs of certain activities, such as the training of peer educators, known as “Conservation and Health Mobilisers” (community members who provide community education on conservation and family planning, referring people for healthcare services, and monitoring cranes and wetlands) and community talks. Challenges also come from this integrated design (although the benefits far outweigh the challenges) as it takes more time and coordination to achieve the implementation of our more complex programme design. Partners make sure they are clearly communicating, planning site visit schedules together each quarter to ensure journeys are not doubled and money is not wasted. Overall, all partners are extremely happy with the partnership and in July 2023 and February 2024, partners met in Uganda to agree a long-term strategy to continue project implementation after this grant has ended in 2026. Since 2021, our particular achievements have been the:

- Increase in crane breeding pairs in the project site by 200% (from 11 to 33);
- Increase of crane chicks fledging by 146% (from 13 to 32);
- Support of 248 households to benefit from climate-smart sustainable agricultural livelihoods (baseline 0);
- Planting of Napier Grass on hillslopes and establishment of nurseries to reduce soil erosion and improve water clarity (which has increased from 19cm to 55.6cm based on turbidity tests); and
- Delivery over 6,400 healthcare services including almost 2,000 family planning services.

### **British High Commission, local institutions, local communities and technical specialists’ involvement**

We have extensively briefed key British High Commission staff in Kampala on our project, including Matthew Little, the Deputy Development Director, and the Darwin Initiative leads in Uganda, Hugh King, the Climate and Environment Advisor, and Lydia Nandawula, the Climate Policy Officer, who spoke at our project workshop in Kampala in July 2023 and visited our project site in Rukiga beforehand. We also worked with Wamiti Wanyoike, the ICF/EWT East Africa Research and Monitoring Specialist to build the capacity of our staff and Mobilisers (in their role as ‘crane custodians’) to identify and monitor crane behaviour, collect accurate and reliable data, and provide targeted protection efforts, and Emile Nsengurumye, an East African Agricultural Specialist who supported our team to undertake climate-smart agriculture training for Extension Officers in Rukiga District (Annex 3.10). Local communities have been extensively consulted to ensure their voices are heard and responded to through research led by LSHTM through their “Uganda Medical Research Council/Uganda Virus Research Institute and London School of Hygiene & Tropical Medicine Uganda Research Unit in Kampala”, including through the implementation of a household survey, which was undertaken in November 2023 (Annex 3.17). Due to the successes we have seen in our project to date, in March 2024, ICF was invited by the British High Commissioner in Uganda, H.E. Kate Airey OBE, to a reception honouring the Duke of Edinburgh (who was in attendance), which included high-level dignitaries and enabled networking with multi-sectoral organisations.

### 3. Project progress

#### 3.1 Progress in carrying out project Activities

##### Progress made against output 1 activities

ICF, RH and MPT jointly identified 40 new Conservation and Health Mobilisers (“**Mobilisers**”) (volunteers from project communities who support project activities through the undertaking of peer education on healthcare, conservation and livelihoods, and activities relating to wetland and crane conservation and monitoring) (Activity 1.1, Annex 3.3). In February 2024, 28 Mobilisers received a one-day training course linking wetland and crane conservation, livelihoods and family planning (Activity 1.2, Annex 3.3), and in March 2024, 15 Mobilisers received a one-day training course on crane custodianship, including monitoring cranes using ICF’s ‘Survey 123’ mobile phone reporting app (Activity 1.3, Annex 3.3). More Mobilisers will be trained in both training courses in year 2. ICF staff were trained in how to identify and ring crane chicks by an expert who travelled from South Africa (see section 2) and during the training, ICF staff and selected Mobilisers identified and ringed 7 Grey Crowned Crane chicks (Activity 1.4, Annex 3.4). In total 15 chicks were identified but eight were deemed too young to ring, so the team will return in the coming weeks to ring them. In January 2024, 28 Mobilisers attended a five-day training on health mobilisation at Rugarama Hospital (Activity 1.5, Annex 3.3). More Mobilisers will be trained in health mobilisation in April 2024. This year, MPT, ICF, RH and LSHTM developed a communications plan (Activity 1.6, Annex 3.5), which is now being implemented and reviewed at monthly team meetings. MPT, ICF and RH, with support from key Mobilisers, ran 31 community talks over the seven project period months (the project commenced in August 2023 and talks began in September, following a comprehensive scoping exercise to the new project sites), reaching 3,755 community members with messages on conservation, human health, cranes, and the interlinkages between them (Activity 1.8, Annex 3.6). MPT, ICF and RH developed materials for radio broadcasts and delivered three radio talk shows (one per quarter), which are aired on two local/regional radio stations (Voice of Victory FM and Kigezi Radio), and shared project messages and themes (Activity 1.9, Annex 3.7). In addition, 15 project clinics (three more than we initially planned to support) promoted outreach services through loudspeaker announcements and other media.

##### Progress made against output 2 activities

ICF identified eight new Conservation and Health Groups (“**CH Groups**”) (Activity 2.1, Annex 3.8), signed Conservation and Health Agreements with 16 groups (comprising the eight new groups and eight groups previously supported under project reference 27-002) (Activity 2.3, Annex 3.8), and supported the groups to register as ‘community-based organisations’ (output 2.1, Annex 3.8). ICF trained 180 group leaders on group set-up, group dynamics, leadership and governance (Activity 2.2, Annex 3.8), the number trained was less than anticipated (we planned for 250), as once we had identified the new groups, we found that the number of group leaders was less than we had estimated prior to project commencement. MPT and RH trained all 16 groups (comprising 1,037 people, which was twice as many as we anticipated we would reach) in family planning and nutrition (Activity 2.4, Annex 3.8). ICF has maintained the three Napier Grass nurseries that were established under project reference 27-002 (the land for which was donated by the local council in support of our project design), and after significant consultation and evaluation, ICF selected two sites for the Calliandra nurseries, which will be located at a safe distance from the edge of the wetland (in line with our risk register). They will be located on two CH Group members’ farmland; the procurement of planting materials has already commenced and they will be planted next financial year (Activity 2.8, Annex 3.9).

##### Progress made against output 3 activities

RH recruited a new project nurse and clinical officer to support the project outreach clinics to provide improved healthcare services to community members, and MPT trained them in their USHAPE family planning skills training. Both are now fully trained and are joining the rest of the project healthcare team on outreach each month (Activity 3.1, Annex 3.11). Following the scoping period, which took place in the first three months of project implementation, LSHTM, RH and MPT completed the needs assessment of project outreach clinics. The analysis found that more outreach clinics (15) required support than initially thought (12), this was to ensure that all project communities living adjacent to the wetlands were adequately served with quality healthcare

(Activity 3.2, Annex 3.12). 29 healthcare staff (17 more people than initially planned) from 15 healthcare facilities were trained by MPT and RH over six days on family planning skills provision (USHAPE training), which provided delegates with the theoretical and practical skills needed to provide family planning services (Activity 3.3, Annex 3.11). During this period, RH implemented a monthly programme of healthcare outreach to the 15 project clinics, which provided 2,973 people (2,257 women and 716 men) with improved healthcare services, of which 538 were women received a family planning method of their choice (Activity 3.3, Annex 3.2). The needs assessment process also provided MPT and RH an opportunity to engage the 10 existing project clinics to provide mentorship and to ensure all staff trained under project 27-002 were still confident in family planning skills (Activity 3.5). Mentoring is provided monthly during outreach healthcare provision.

#### **Progress made against output 4 activities**

ICF ran a one-day training session on the process of community-supported environmental byelaws governing soil and water conservation practices for 25 local council leaders (five more than initially planned). The training provided the local leaders with the knowledge and skills needed to formulate and enforce community-supported environmental byelaws effectively, which would ensure that the project's wetland, soil, and water conservation techniques and climate-smart livelihood practices were embedded in local structures for long-term sustainability. This activity supports local leaders to become aware of existing byelaws and to create new ones in line with best practice, therefore strengthening environmental sustainability and protecting their wetlands (Activity 4.1, Annex 3.13). ICF trained seven Agricultural Extension Workers (two more than initially planned) in climate-smart agriculture, 'backyard agriculture', finance and accessing markets, mixed cropping, compost use and environmental waste disposal (Activity 4.2, Annex 3.10). Now trained, the Agricultural Extension Workers will support ICF to train the CH Groups from year 2 onwards (Activity 2.7). RH and MPT ran a six-day training session on family planning skills with 25 Ministry of Health clinical staff, to ensure that staff working at the free Government-run facilities in the district also had quality skills, this benefits the poorest members of the community in particular as although poorly resourced, government facilities always free (Activity 4.3, Annex 3.11).

#### **Progress made on cross-cutting activities**

In addition to the activities listed under the project outputs, there are also three cross-cutting activities undertaken by project staff. The first relates to a monthly Zoom meeting, at which all project team members participate. This year there have also been two in-person meetings in Uganda, including a project launch workshop in August 2023 and a long-term strategic planning workshop in February 2024. It was at these in-person meetings that all staff attended safeguarding training (see section 12). At the monthly Zoom meetings partners sign off monthly workplans, ensuring all project partners are integrating their work and project activities, and updates are provided on standing items including fundraising, safeguarding, and M&E (Activity X.1). The second relates to qualitative and quantitative research being undertaken by LSHTM, which this year included 16 focus group discussions, 12 key-informant interviews and a household survey, which engaged 2,664 households to enable a longitudinal analysis of project actions and impact to be monitored throughout project implementation (Activity X.2). The in-depth analysis of this research is still to be undertaken as it requires matched funding. The last relates to partners' promotion of the project and dissemination of evidence and learnings at various fora, which this year included the production of a project brief (Activity X.3, Annex 3.15), which summarises the achievements of our project under project reference 27-002 and details the aims of this current project. In addition, on in September 2023, the team presented its project and learnings to 27 senior representatives of conservation donors (the Environmental Funders Network), and conducted a training on our project and the benefits of implementing cross-sector conservation, health and livelihoods projects to 37 staff members from ICF and the Endangered Wildlife Trust from across the globe (Activity X.3, Annex 3.18). Finally, MPT hosted a high-level event at UNFCCC COP28, at which The Rt Hon Andrew Mitchell MP, the UK Government's Minister of State (Development and Africa), provided the key note speech (Activity X.3, Annex 3.15), where the project was promoted.

## **3.2 Progress towards project Outputs**

### **Output 1**

28 Mobilisers were trained in February 2024 and in the coming months they will be supported to actively promote crane conservation, wetland conservation and human health through a process of peer education, community talks, drama and song creation/performance (Output 1.1, Annex 3.3). The total number of Mobilisers now totals 74, which is an increase from 46 from 2022 baseline. Mobilisers' activities are monitored by project team members in monthly meetings, via WhatsApp group chat and through surveys submitted via ICF's 'Survey 123' app. We have evidence (through LSHTM qualitative research conducted in November 2023. See Section 7) that Mobilisers are extremely effective at reaching those most remote communities and connecting people with project activities and messages. We are working with 26 peer farmers, having selected 10 peer farmers this year (an increase from 16 at baseline in 2022) from the CH Group membership, who will be trained next year (Output 1.2). In addition, 3,755 people have been trained by project staff (an increase from zero in 2022 baseline) on the importance of crane and wetland conservation, the benefits of climate-smart agriculture and family planning, and the linkages between them (Output 1.3, Annex 3.6). This is significantly more than we anticipated we'd train (year one target was 800 people). We can attribute this to the successes we are seeing through our work with Mobilisers. We will consider amending our indicator via a change request in order to increase our anticipated reach in this regard.

### **Output 2**

16 CH Groups in the project site are now registered with the local government (an increase from eight at 2022 baseline) as 'community-based organisations' (Output 2.1, Annex 3.8). Registration enables groups to access local government support and to sell their produce collectively, therefore gaining greater returns. CH Groups each signed a Conservation and Health Agreement with project partners, which will outline the livelihood support they will receive in exchange for conservation action. They are in the process of receiving livelihood materials and will be trained in the coming months (Outputs 2.2, and 2.3). Two sites for Calliandra (*Calliandra calothyrsus*) nurseries have been selected from land provided by members of CH Groups, and procurement of the equipment and plants needed to cultivate the nurseries has commenced (Output 2.4). In addition, three existing Napier Grass (*Pennisetum purpureum*) nurseries (established under project reference 27-002 on land donated by the local council) have been maintained (Output 2.4, Annex 3.9).

### **Output 3**

29 nurses have been trained in USHAPE family planning skills, scoring an average of 91% in post-exam scores (Output 3.1, Annex 3.11). The total number of trained nurses has now increased from 77 (55 women and 22 men at 2022 baseline) to 106 (79 women and 27 men), which has exceeded our target indicator for this project. All nurses are now delivering family planning services in the 15 project health clinics, where services were barely provided before. The total visits to project health clinics has exceeded our target for year one, with 2,973 people (2,257 women and 716 men) visiting for a range of healthcare services (an increase from zero at 2022 baseline) (Output 3.2a, Annex 3.2). This can be attributed to the fact that we are now working in more health clinics (15) than we initially planned for (12), however, through effective planning and budget management we have been able to maximise our budget, ensuring that more community members are being served with healthcare each month. We will consider amending our indicator via a change request to increase our anticipated reach in this regard. In addition, 538 women have visited out project health clinics for family planning services (an increase from zero in 2022 baseline) (Output 3.2b, Annex 3.2). Healthcare delivery data is recorded using project monitoring and evaluation records and verified through analysis of Ministry of Health data sent to us each month.

### **Output 4**

25 council leaders (2 women and 23 men) (an increase from zero in 2022 baseline) completed a training on the design and enactment of environmental byelaws governing soil and water conservation practices in the Rushebeya-Kanyabaha wetland and its catchment (Output 4.1, Annex 3.13). Leaders made action plans and will be mentored and supported in the coming months to ensure training is implemented and byelaws enacted. Despite planning to engage the

same number of men and women in this process, the reality of Uganda's patriarchal society (see section 6) is that more men hold these positions of power than women. Although we were only able to engage those currently in power, there will be local elections during the project period, so potentially more women could be elected. Six Rukiga District agricultural extension workers (3 women and 3 men) have completed training in climate smart agriculture (Output 4.2, Annex 3.10) (an increase from zero in 2022 baseline and one more than our target indicator for this year). They will be included in all livelihood activities throughout the project to ensure sustainability of our approach after project completion. Next financial year they will commence exchange visits with project staff in this regard. 20 Ministry of Health clinical staff (12 women and 8 men) have been trained in USHAPE family planning skills and scored 91% in post-exam scores (Output 4.3, Annex 3.11). This is an increase from nine at 2022 baseline, with the total number of Ministry of Health clinical staff now trained totalling 29, which has exceeded our target for this project. More training of clinicians will be undertaken next financial year and so we will consider amending this indicator in the next financial year.

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

We are making good progress towards our project outcome and we believe we will achieve it by project end in 2026. Fledged Grey Crowned Cranes monitored in the 2023/2024 breeding season totalled 32 (which matches the baseline of 32 in the 2021/22 baseline) (Outcome indicator 0.1, Annex 3.4). We consider this an appropriate indicator and although we did not record an increase this breeding season, our crane breeding monitoring is significantly strengthened by the work of Mobilisers, the number of which did not increase until the very end of this financial year (through training under output 1.1 in March 2024), we therefore expect the number of cranes monitored will increase in the next breeding season (output indicator target is 64). The area of wetland, upland and farmland subject to Conservation and Health Agreements has not yet been measured, this will take place next financial year (Outcome indicator 0.2a). Conservation and Health Agreements with CH Groups were only signed in March 2024 (Annex 3.8) after a thorough negotiation with every member. This important participatory process took longer than anticipated as we decided to select groups with significantly greater membership (target for the project was 16 groups with 498 members but we engaged 16 groups with 1,037 members). We are positive that we will have a far greater impact in wetland communities and we anticipate that the area subject to agreements will therefore increase beyond the target, so we will consider amending this indicator in due course. The number of households leaving a five-metre buffer zone for crane breeding on their land in the wetland remains at the baseline of zero (outcome indicator 0.2b), as this work will commence the next financial year, as it is linked to the outputs of the CH Group members. We consider this an appropriate indicator, especially as we have engaged significantly larger groups than anticipated at application stage. From the 1,037 CH Group members, 100 women will be selected next financial year to be engaged in backyard vegetable growing (an increase from zero at 2022 baseline) (Outcome indicator 0.3). Progress has been made this financial year as we have started working with local NGO, 'The Mushroom Training and Resource Centre' ("*MTRC*") (Annex 3.14), as we have identified that mushroom growing is an excellent backyard gardening crop that community members are keen to engage in, as it is easy to grow and highly valued locally. Through the new partnership with MTRC, the women will have an assured mushroom market and distribution network. We estimate that by project end 2,900 unintended pregnancies will have been averted for women and girls living in the wetland catchment (an increase from baseline of 0 in 2022) (Outcome indicator 0.4). This will be calculated using 'Impact 2', a socio-economic mathematical model, created by 'MSI Reproductive Choices', to estimate the social and economic benefits of providing family planning services. We will use project healthcare data collected as part of our routine data collection processes, however as healthcare delivery commenced relatively recently, with 538 women receiving family planning services this year, the sample size is not large enough to generate an estimated unintended pregnancy figure. This will be possible in the next reporting period however as more data will have been generated.

### **3.4 Monitoring of assumptions**

#### **Outcome Assumptions**



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

**Comments:** There was an Ebola outbreak in Uganda in 2021/2022, however it was contained and eradicated shortly after. Project partner, Rugarama Hospital, is responsible for monitoring this situation as they are in constant contact with the Ministry of Health. This risk is monitored in our Risk Register, which is updated quarterly.

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

**Comments:** No change in assumption. There were minor landslides in the project area this financial year, caused by heavier rains than usual, however it did not affect project implementation, except for causing longer journeys for project staff travelling to and from remote project communities due to poor roads. We continue to closely monitor weather events and have started work to establish the first weather station in Rukiga to better assist project team members and beneficiaries (see section 11).

**Assumption 3:** *No significant changes to inflation in the UK or Uganda, or a weakening of currencies affecting exchange rates.*

**Comments:** No change in assumption.

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

**Comments:** This assumption holds as there were no population declines, nor any external factors outside the project's control which occurred to impact this assumption. This year ICF conducted the first crane census in Uganda, which included a count of Rukiga's cranes, which will benefit the monitoring of this assumption.

### **Output 1 Assumptions**

**Assumption 1:** *Conservation and Health Mobilisers selected have the necessary skills and knowledge to undertake their roles effectively.*

**Comments:** This assumption holds as this financial year we have trained 28 new Mobilisers and audited the 46 existing Mobilisers to identify those needing refresher training, which will be undertaken in the coming months.

**Assumption 2:** *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.*

**Comments:** This assumption holds as this financial year we have extensively engaged CH Group members in order to negotiate their preferred climate-smart agricultural livelihood practice, which the project team will support them with. We have also identified the climate-smart backyard gardening activity (mushroom growing), which will be promoted widely throughout the project community.

**Assumption 3:** *Training is effective, and trainees retain the knowledge, share knowledge with others, and change their practices as a result of the training.*

**Comments:** This assumption holds as training materials were evaluated at the start of the project period and improvements made, where necessary. This was based on the results of audits undertaken at the close of project reference 27-002 of both previously trained healthcare workers, CH Group members and Mobilisers. Training will continue next financial year and continue to be reviewed regularly.

**Assumption 4:** *The widespread and deep community support which is currently the case continues and is not impacted by any currently unidentified or unexpected event.*

**Comments:** This assumption holds and was confirmed through qualitative research conducted by partner LSHTM this financial year. Research findings found the project partners are respected, activities are supported and have been requested by communities throughout the project district, and local government is extremely supportive.

### **Output 2 Assumptions**

**Assumption 1:** *The Government continues to allow the registration of Conservation and Health Groups and does not make any legislative changes impacting healthcare provision.*

**Comments:** This assumption holds. The CH Groups were all registered and we are not aware of any potential changes to the law impacting their status. The Government did not announce any new legislation impacting healthcare provision, although a new potential risk is being monitored in our risk register (see section 10).

**Assumption 2:** *No major pollution event within project watershed from new or unanticipated source.*

**Comments:** No change in assumption. There were no major pollution events reported or monitored.

### **Output 3 assumptions**

**Assumption 1:** *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 will divert focus from general healthcare provision to emergency healthcare provision.*

**Comments:** See Outcome assumption 1 comment.

**Assumption 2:** *Women and men continue to be supportive of family planning provision.*

**Comments:** This assumption holds and was confirmed through qualitative research conducted by partner LSHTM this financial year. Research findings indicated that project communities have continued to support family planning, they have requested family planning services at more clinics (which is in part why we expanded our work to more healthcare facilities this year) and they continue to use family planning services regularly.

**Assumption 3:** *Supply chain of family planning commodities remains stable.*

**Comments:** This assumption holds. There have been no issues with commodities. Partner Rugarama Hospital monitors this each month.

### **Output 4 assumptions**

**Assumption 1:** *Government officials remain receptive to engaging in capacity development activities.*

**Comments:** This assumption holds and government officials have continued to be very supportive, attending a workshop we held to promote our project in the month prior to project launch (an activity undertaken under project reference 27-002), where national and local government officials pledged their support. In addition, our main point of entry into project communities has been through local government leaders; they are keen for our work to expand, have donated land for project nurseries and are seeking ways to integrate project activities into local work plans and byelaws.

**Assumption 2:** *No major disasters of other events affect Rukiga, Uganda.*

**Comments:** This assumption holds as there have been no major disasters or other events of concern in Rukiga or Uganda.

**Assumption 3:** *Staff turnover within government structures remains at current levels.*

**Comments:** This assumption holds as there have been no recorded turnovers of staff. However, this is monitored and any new staff will be invited to join a future training when necessary.

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

**The impact of our project in our original application form:** *“The Rushebeya-Kanyabaha wetland is restored by 5% and supports species richness, including the long-term coexistence of future generations of cranes and people”.*

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

Through crane monitoring (Annex 3.4), livelihood provision and building the capacity of Mobilisers (Annex 3.3) (through their ‘Crane Custodians’ role) to safeguard breeding cranes, the project is contributing to current data and the conservation of the globally Endangered Grey Crown Cranes. Planting of Calliandra and Napier Grass (Annex 3.9) on hillslopes to reduce soil erosion and subsequent deposition in Rushebeya-Kanyabaha wetland will improve the health of the wetland and its ability to support biodiversity. Participation of local communities in restoring Rushebeya-Kanyabaha wetland (by leaving buffer zones) and wetland management will contribute to improved wetland and biodiversity conservation in the area. Moreover, wetland restoration will reduce the amount of peat exposed to the atmosphere, reducing greenhouse gas emission and its subsequent effects on biodiversity.

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

Our project is providing communities with climate-smart agricultural livelihoods (Annex 3.9), which will directly respond to poverty reduction. The training and support provided to the 16 CH Groups in group dynamics and bookkeeping this year (Annex 3.9), was in preparation for climate-smart agricultural livelihoods provision in April 2024. The aim of these livelihoods is to increase household income and climate change resilience, and reduce poverty in the project communities. Our project also provides family planning healthcare (Annex 3.2), which enables people to choose their desired family size and avoid unintended pregnancy. Unintended pregnancies place a financial burden on families, and women who are able to stop or delay childbearing when desired are better able to participate in livelihoods, enabling them to support their families with additional income and in the long-term, contribute to the economy.

## **4. Project support to the Conventions, Treaties or Agreements**

Our project directly responds to the **Kunming-Montreal 2030 Global Targets**, in particular: Target 7 by reducing pollution risks and reducing excess nutrients lost to the environment through more efficient nutrient cycling and reducing the overall risk from pesticides (through training on improved agricultural practices including trenching and Napier grass planting); Target 8 by minimizing the impact of climate change on biodiversity and increasing climate adaptation through nature-based solutions and/or ecosystem-based approaches; Target 10 by ensuring areas under agriculture are managed sustainably (through monitoring Conservation and Health Agreements with CH Groups); Target 22 by ensuring inclusive, effective and gender-responsive representation and participation in decision-making; and Target 23 by furthering gender equality through a gender-responsive approach.

The project design is supported by **Uganda’s National Biodiversity Strategies and Action Plan (“NBSAP”)**, which 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”. By integrating sustainable and climate-smart agricultural practices with public health improvements, including

those focussed on reproductive health, we respond to the drivers of biodiversity loss identified by the NBSAP.

This project responds to the **Convention on the Conservation of Migratory Species of Wild Animals (CMS)** as the Grey Crowned Crane is a priority species under the African Eurasian Migratory Waterbird Agreement (“**AEWA**”). The International Single Species Action Plan for the Conservation of the Grey Crowned Crane was approved by the Meeting of the Parties to AEWA in 2015. Uganda, an AEWA signatory, used the International Plan as a baseline, adapted the plan and finalised the Uganda Single Species Action Plan in 2018. Our project directly contributes to a number of activities in both plans, reducing the key threats of habitat loss, human and livestock disturbance, benefiting people through alternative livelihoods, and building resiliency. AEWA milestones in our project include significantly increasing awareness in communities of the importance of conserving cranes, sensitising them to stop crane disturbance, capture and poisoning and build the capacity of staff to deal with crane poisoning. We safeguard cranes and enable reporting of any incidents to local authorities, directly contributing to reducing direct threats to cranes. Also, provision of Napier Grass and Calliandra contributes to securing habitats through environmentally friendly agriculture practices (reducing people’s need to remove wetland vegetation). ICF have signed an MoU with the Ministry of Tourism, Wildlife and Antiquities which has led to the implementation of the National Single Species Action Plan for Grey Crowned Cranes. This year ICF worked with the AEWA focal person in the Ministry of Tourism, Wildlife and Antiquities, Mr. Stephen Fred Okiror, on the 2023 annual report for the Crane Specialists Working Group under AEWA. Mr Okiror is a Senior Wildlife Officer in the Ministry.

## 5. Project support for multidimensional poverty reduction

Our project is contributing to a reduction in poverty through the implementation, support, training and mentoring of communities in climate-smart agricultural practices (Outputs 1 and 2) and in the provision of family planning healthcare services and education (Output 3). A direct poverty reduction impact for the 1,037 CH Group members (representing 1,037 households comprising an estimated 7,259 people, considering average household size in the area is seven people per household) includes increased household financial security. Through Conservation and Health Agreements the members commit to saving a certain amount of money each month to improve their financial resilience. This year, groups negotiated between themselves as to the savings they can afford to make each month, which was then written into the Agreements that CH Group signed with project partners. We found (under project reference 27-002) this to be an effective way to ensure all members reach their savings goals (as they did under that project). Savings can be used however members wish, under previous Agreements, many chose to use them as collateral for micro-finance to buy farming equipment or other livelihood materials (without further support from project partners), or used them to pay for vital expenses such as school fees or medical costs etc. We have found that this significantly benefits women, who often cannot own land and require male approval to access finance or bank loans. In addition to the livelihood support, we provide reproductive (and other) health services each month. This year we have reached 2,973 (Annex 3.2) people directly with healthcare services, of which 538 were women who received their desired contraceptive method. Avoiding unintended pregnancy leads to direct impacts on poverty reduction, as families lacking the healthcare services needed to choose freely if and when to have children, are having larger families than they want. This increases pressure on family income and increases the need to convert further wetland into farmland. Women are far less able to retain any livelihood during and after unintended pregnancy, whereas improved health reduces the number of productive working days lost, reducing poverty.

## 6. Gender Equality and Social Inclusion (GESI)

Please quantify the proportion of women on the Project Board <sup>1</sup> .	60%
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<sup>1</sup> A Project Board has overall authority for the project, is accountable for its success or failure, and supports the senior project manager to successfully deliver the project.

Please quantify the proportion of project partners that are led by women, or which have a senior leadership team consisting of at least 50% women <sup>2</sup> .	50%
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GESI Scale	Description	Put X where you think your project is on the scale
<b>Not yet sensitive</b>	The GESI context may have been considered but the project isn't quite meeting the requirements of a 'sensitive' approach	
<b>Sensitive</b>	The GESI context has been considered and project activities take this into account in their design and implementation. The project addresses basic needs and vulnerabilities of women and marginalised groups and the project will not contribute to or create further inequalities.	
<b>Empowering</b>	The project has all the characteristics of a 'sensitive' approach whilst also increasing equal access to assets, resources and capabilities for women and marginalised groups	X
<b>Transformative</b>	The project has all the characteristics of an 'empowering' approach whilst also addressing unequal power relationships and seeking institutional and societal change	

We have selected “Empowering” but believe we are close to being “Transformative”. We have taken the GESI context into account in designing our project by recognising the importance and extent of the patriarchal norms in the project communities and then responded to many of those norms. Achieving gender equality is impossible, in any context, without unrestricted access to reproductive health services. This is made clear by Sustainable Development Goal target 5.6 (Gender equality) which states “Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences”. Our project includes significant and substantial actions improving reproductive health services. In terms of ensuring meaningful participation for all engaged in the project, we have undertaken qualitative research to gain the meaningful input, on which we have acted, from across society. We have ensured that this research has been representative and has included focus group discussions with separate groups of women, men and young people, as well as ensuring key informant interviews were undertaken with those of different genders and from different age groups. Qualitative research highlighted that when circumstances prevent men’s ability to provide for their families, alcohol abuse and domestic violence increases, that 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. We have developed project actions to take these realities into account. By ensuring at least 50% of CH Group members are women, that backyard gardening (ordinarily undertaken by women) is promoted, that women can access healthcare services and other such actions are embedded in programme design, we have ensured the situation is more equitable for women. Additionally, the majority of the project team staff are women, and the majority of those trained by the project team are women. The cross-sectoral nature of the project has opened up learning opportunities for all staff (majority women) to increase their capacity and further their careers: at least 10 project team members have presented at conferences on the project, opportunities which for most had not happened previously. In terms of lessons learned, we believe that taking such an approach is the only way to ensure sustainable outcomes are

<sup>2</sup> Partners that have formal governance role in the project, and a formal relationship with the project that may involve staff costs and/or budget management responsibilities.

achieved. Outside the scope of the funded work, we are using data from this project to encourage policy change supporting greater uptake of such cross-sector holistic conservation projects with a focus on health and gender. We are achieving “societal change” locally and believe the data generated can also help us address unequal power relationships (and seek institutional and societal change) beyond the project site, which would mean that our project would be considered “Transformative” rather than merely “Empowering” and we would be grateful for your feedback on this point, in case we have undersold the project in this answer.

## **7. Monitoring and evaluation**

To monitor and evaluate the project, project partners use Conservation and Health Agreements to monitor livelihood and environment activities and impacts, and data collected using the Survey 123 app reports periodically about the breeding and sightings of the cranes. ICF staff, CH Group members and Mobilisers are responsible for conservation monitoring and reporting. RH monitors health service delivery and community health education provision. Health reports are captured weekly and contain recommendations on improving healthcare delivery. MPT monitors USHAPE family planning training implementation using an M&E framework contained within its Implementation Guide. An audit is also undertaken monthly by MPT to track the effectiveness of USHAPE training and healthcare service provision being implemented. LSHTM supports the development of a robust project evaluation framework. Additionally, LSHTM undertakes qualitative research to establish, at key evaluation periods (the last was undertaken in November 2023), the detailed views and wishes of community members to gain a greater understanding of how they perceive the connections between their health, livelihood and environmental challenges. LSHTM has identified numerous project improvements, such as planting bamboo to strengthen hillslopes and improve livelihoods, which project communities requested and is being considered by project partners. In addition, the recent qualitative research conducted revealed that the project team needed to adapt the way in which healthcare services were delivered, leading to an increased frequency and distribution of healthcare services (from ten to 15 clinics). LSHTM recruited an external partner from the Uganda Research Unit in Kampala to lead the evaluation of our project’s impact, including a household survey, which was conducted in January 2024, the results of which will be shared with project partners in the coming months. In relation to the connection between Outputs, Activities and the Outcome, we have chosen to supplement the logical framework with a Theory of Change (see Annex 3.16). There have been no material changes made to the M&E plan, however project actions have been updated in response to findings from the recent qualitative research, which has in-turn updated our research indicators (those unrelated to Darwin indicators but those which relate to our wider qualitative research led by LSHTM). All partners share the M&E work, overall coordination is undertaken by MPT. All partners discuss M&E on their monthly team calls.

## **8. Lessons learnt**

### **What worked well**

Our project design, which integrates environmental, human health and livelihood actions, works very well. Evaluation of our project activities and impact (under project reference 27-002) undertaken July to November 2023, has found that we have had a greater impact on those communities where education on the interconnections between these themes was promoted, in comparison to the areas that received the same activities but they were delivered separately and not in an interconnected way. LSHMT-led academic analysis of our project design found that the interconnections were extremely well received by community members and it, in fact, promoted greater enthusiasm to undertake project activities and promote the approach more widely. Qualitative research conducted this year has shown that Mobilisers, peer farmers, and Crane Custodians were far more motivated to do their work as they felt they were better able to help their neighbours with a range of issues they were facing (rather than just focusing on one issue, such as health or farming). We have found our approach of using local leadership structures as the point of entry to the communities worked well. We have built strong relationships with local

leaders at all levels which significantly strengthened our project, for example Local Council Leaders provided us land free of charge on which to establish our Napier grass nurseries, and the Environment Officer's regular attendance at project planning meetings has enabled us to further identify areas of wetland for restoration. In addition, our work with the District Health Officers for the project District and its neighbouring districts, and the Diocesan Health Coordinator for the region have been instrumental in project planning for healthcare provision. They advised us on which communities used each outreach health centre, which resulted in us identifying additional Government outreach health centres to involve in our project, in order to better support those most in need in our project communities. We found that local leaders were keen to adopt our conservation and livelihood activities, which we have built into our project design through byelaws creation (Output 4.1), which shows their desire to integrate our processes into local policies. Finally, by encouraging CH Group members to save money, we have directly helped women to build assets and save for economic security, which is particularly important in Uganda's patriarchal society, where often women are inhibited from exercising agency and self-determination.

### **What did not work well / what we would have done differently / building lesson into future plans**

We had planned to provide CH Group members with their livelihood supplies in March 2024, however, we took the strategic decision to more than double the group membership, to enable more people to benefit from livelihood support, which resulted in group negotiations taking longer than expected and therefore delayed the signing of the Conservation and Health Agreements. We have therefore delayed livelihood provision until the start of April 2024, which is still in alignment with growing seasons. If we had to do something differently, we would have chosen to provide the livelihoods slightly earlier in the year as planned, however we felt that the benefits to the wetland and community members would be far greater (through the support of larger groups) than if we had supported smaller groups. We did not want to rush this important step and we believe this decision is better for the overall project outcomes. Next year we will renegotiate the livelihood support with the 16 CH Groups and therefore we will ensure to start the negotiation period earlier in the year to avoid this slight delay again. We do not need to make changes to our project plan, however, as stated in Section 3, we are considering amending some indicators.

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

We would definitely recommend working in cross-sector partnerships to enable greater impacts for project beneficiaries and ecosystems alike. From an M&E perspective, we would recommend engaging institutions granting ethical clearance as early as possible, to avoid potential delays and additional pressure at the start of project implementation.

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

This is the first annual report for this project, therefore there were no issues raised against previous annual reports. However, the Darwin Expert Committee identified some areas where they felt our application could have been stronger. We responded to the requests for further information in our letter to the Darwin Initiative dated 31 October 2023. In addition, in response to the request to strengthen sections of our logframe, we conducted an in-person strategic planning workshop in February 2024. This two-day session ensured all project team members were present and contributed to the amendments to logframe indicators. In the follow-up that took place after this workshop in March 2024, we finalised the amendments to the logframe and MPT submitted a change request in early April 2024. MPT have just received feedback from Darwin and are in the process of making final edits. Our new logframe, once approved by Darwin will be reported against in the next financial year.

## **10. Risk Management**

Our project has a risk register, which we have submitted with this report. Project partners review it quarterly and also update it on an ad hoc basis, especially when risks are shared by team

members in our monthly call. No significant adaptations have been made this year to the project design to address risk as it was not necessary. We have kept the risk relating to the location of the Calliandra nurseries in mind when planning this activity, and we have selected locations more than 1,000 metres away from the wetland edge, as advised. There were two new risks that have arisen since project commencement: British nationals were killed by terrorists in an area of Western Uganda, however it was not close to the project at all; and there has been some elected officials and media opposing sexual and reproductive health and rights service provision in Uganda. Both were discussed by the leaders of project partner organisations and neither was considered to be a risk to project implementation, however we are continuing to monitor the situations closely.

## **10. Sustainability and legacy**

When we commenced the project (in 2021, under project reference 27-002), we intended to establish the conditions to enable long-term wetland health benefitting Rukiga's people and cranes. We achieved this aim and now, through this new grant, will be expanding and further embedding our approach across the whole wetland, rolling out our successful integrated design to all existing and new project communities, benefitting many more people and cranes. Our project has been promoted extensively by UK and Ugandan media outlets, which has increased the profile of the project in Uganda. In addition, we have been working closely with national and local government representatives in all areas of our work from the UK and Uganda. Notably, in July 2023, our project site was visited by Lydia Nandawula, the Climate Policy Officer at the British High Commission in Kampala, who is responsible for the Darwin Initiative projects in Uganda. She joined us ahead of a workshop we held under the previous grant, in Kampala, at which she also provided the key notes speech. Ms Nandawula expressed great interest in our project's innovative design and its potential benefit for other High Commission supported projects across Uganda. In the months following the workshop MPT has been in discussion with her regarding our project data and the possibility of the British High Commission in Uganda providing direct funding to support our project's future implementation. In Uganda, we have been working with senior representatives from the Ministry of Tourism, Wildlife and Antiquities and the Uganda Wildlife Authority, who presented at our community festivals, alongside the Rukiga District Resident Commissioner. Local government and local council leaders are always invited to speak at our community events, in recent months this included the Conservation and Health Agreements signing ceremony (Annex 3.8). They have supported our project greatly and are committed to seeking ways to collaborate further, including embedding our approach in local plans and byelaws (outputs 4.1, 4.2, and 4.3). In addition, our work at the UNFCCC in December 2023 (Annex 3.15) significantly strengthened interest in our project at the national and international level, resulting in an MOU being signed between MPT and the Ugandan Government. In regard to open access, all of the crane and environmental data collected in our project is done so via 'Survey 123', which is linked directly to the Endangered Wildlife Trust's central database and holds all of the ICF/EWT Partnership's data. The EWT is an Associate Node for the Global Biodiversity Information Facility ("GBIF") and as such has undertaken to make empirical and scientific research data related to conservation work as widely available as possible, having due regard to copyright and ownership considerations. All data collected under this project will be made publicly available according to GBIF global standards in line with a commitment to scientific data sharing. A note though that no breeding site locations will be shared publicly due to the risk of illegal trade in eggs and crane chicks. In addition, the entire suite of MPT's USHAPE family planning training materials are freely available to download on the MPT website.

## **11. Darwin Initiative identity**

Project partners have promoted the project widely (Annex 3.15). The Darwin Initiative and UK Development logos have been used in all promotion and on project documents including training materials and community talk messages. In addition, project partners have branded the project



vehicle (purchased under our previous grant) with the Darwin Initiative logo and UK Aid logo. We will update the logos this year to remove the UK Aid logo and include UK Development, as advised. We use social media platforms, events (including at the most recent UNFCCC COP28 in an event hosted by MPT, at which The Rt Hon Andrew Mitchell MP, the UK Government’s Minister of State (Development and Africa) was key note speaker), and articles to promote our project, all of which promote the UK Government’s contribution to the project. We have been in frequent contact with the Darwin Initiative in the UK and in Uganda, having briefed them on our project, securing their involvement in our workshop in July 2023 in Kampala and site visit to the project site. The Darwin Initiative funding is recognised as a distinct project with a clear identity, it does not form part of a larger project, although matched funding is being secured to enhance or further develop additional areas that are not funded under the Darwin grant. There is a good understanding of the Darwin Initiative in Uganda, and we contribute to this through our work with national and local government officials.

**12. Safeguarding**

<b>Has your Safeguarding Policy been updated in the past 12 months?</b>	Yes
<b>Have any concerns been reported in the past 12 months</b>	No
<b>Does your project have a Safeguarding focal point?</b>	Yes, the lead focal point is project leader, Kathryn [REDACTED] (MPT), and each partner organisation also has their own Safeguarding Lead. There are therefore four Safeguarding Leads, who are members of the project ‘Safeguarding Oversight Committee’, which meets monthly. The committee is also in the process of drafting a safeguarding risk assessment.
<b>Has the focal point attended any formal training in the last 12 months?</b>	Yes – the focal point has undertaken the 5 module ‘Safeguarding matters’ training, which is in line with safeguarding policy and best practice against Sexual Exploitation, Abuse and Sexual Harassment (SEAH). <a href="https://safeguardingsupporthub.org/learning">https://safeguardingsupporthub.org/learning</a>
<b>What proportion (and number) of project staff have received formal training on Safeguarding?</b>	Past: 100% (17) Planned: 0% 0 (this is because training of all staff was conducted in quarter 4 of this year, therefore no additional training is planned until next year when a refresher will be given.)
<b>Has there been any lessons learnt or challenges on Safeguarding in the past 12 months? Please ensure no sensitive data is included within responses.</b>	No
<b>Does the project have any developments or activities planned around Safeguarding in the coming 12 months? If so please specify.</b>	Yes, the ‘Safeguarding Oversight Committee’ will meet, now all organisations’ focal points have completed the SEAH online training. They will draft a project safeguarding risk assessment. This will be reviewed regularly, along with our risk register.
<b>Please describe any community sensitisation that has taken place over the past 12 months; include topics covered and number of participants.</b>	All of our community training and talks (Annex 3.6) include discussions on family planning (to correct myths and misconceptions, which removes barriers for women wanting to access services, which in particularly engages men, who often stop women accessing family planning services for cultural reasons), and we screen for gender-based violence at our project clinics and refer for services when necessary.
<b>Have there been any concerns around Health, Safety and Security of your project over the past year? If yes, please outline how this was resolved.</b>	No

### 13. Project expenditure

**Table 1: Project expenditure during the reporting period (1 April 2023 – 31 March 2024)**

Project spend (indicative) since last Annual Report	2023/24 Grant (£)	2023/24 Total Darwin Costs (£)	Variance %	Comments (please explain significant variances)
Staff costs (see below)				
Consultancy costs				
Overhead Costs				
Travel and subsistence				
Operating Costs				
Capital items (see below)				
Others (see below)				
<b>TOTAL</b>	<b>110,656</b>	<b>111,474</b>	<b>0.7%</b>	

**Table 2: Project mobilised or matched funding during the reporting period (1 April 2023 – 31 March 2024)**

	Secured to date	Expected by end of project	Sources
Matched funding leveraged by the partners to deliver the project (£)			Robert Luff Foundation MPT core costs Anonymous donor
Total additional finance mobilised for new activities occurring outside of the project, building on evidence, best practices and the project (£)			Anonymous donor

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

Unexpected positive developments, which fall outside of our project logframe, and which we would like to share with the Darwin Initiative, include:

- ICF, in partnership with the Endangered Wildlife Trust (“ICF/EWT”) and the Uganda National Meteorological Authority, are in the early stages of establishing the first weather station in Rukiga District. This will significantly enhance our climate-smart agriculture initiatives, fostering sustainable practices, climate change resilience, and food security.
- In February 2024, a cross-national delegation comprising staff from ICF/EWT in Kenya, Rwanda, Zambia, and South Africa joined project team members in Kabale, Uganda, to visit our project site in Rukiga District and learn more about our project’s integrated programme design. The week-long workshop was extremely successful and ended in action planning, with an aim to replicate the model in their respective countries.

- Project partners have identified a need for latrines in certain project villages, the lack of which is a barrier preventing girls from staying in school, especially when menstruating. ICF have previously supported a school with a latrine in Rukiga District and it has been decided that this strategy will continue more widely in our project areas, where possible (and with matched funding). Linked to this, partners are in the preliminary phases of developing a menstrual hygiene initiative aimed at supporting young girls in select primary schools across Rukiga District. RH has particular health education expertise but we are seeking potential partners to collaborate on this, in particular in regard to reusable menstrual hygiene products, which we are hoping to also build into our climate-smart livelihood activities (as women can coordinate to manufacture reusable menstrual pads as a business venture).

**12. OPTIONAL: Outstanding achievements or progress of your project so far (300-400 words maximum). This section may be used for publicity purposes.**

I agree for the Biodiversity Challenge Funds to edit and use the following for various promotional purposes (please leave this line in to indicate your agreement to use any material you provide here).

<b>File Type (Image / Video / Graphic)</b>	<b>File Name or File Location</b>	<b>Caption including description, country and credit</b>	<b>Social media accounts and websites to be tagged (leave blank if none)</b>	<b>Consent of subjects received (delete as necessary)</b>
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No

## Annex 1: Report of progress and achievements against logframe for Financial Year 2023-2024

Project summary	Progress and Achievements April 2023 - March 2024	Actions required/planned for next period
<p><b>Impact</b></p> <p>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>Agreements signed this year with groups (with membership far larger than we initially planned) will guide the wetland conservation activities, including wetland restoration in the coming project years. In addition, our work training and strengthening healthcare facilities will significantly benefit human communities from now onwards. This, alongside our awareness raising activities, will ensure that in the coming project years the wetland will be restored able to better support cranes, humans and other species.</p>	
<p><b>Outcome:</b> 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>Outcome indicator 0.1:</b> Fledged Grey Crowned Crane chicks increase from 32 (2021/22 breeding season baseline) to 64 (2024/25 breeding season).</p>	<p>Progress made. 32 chicks fledged in the 2023/2024 breeding season. Appropriate indicator.</p> <p>Annex 3.4</p>	<p>Crane monitoring will continue. The breeding season ended March (it commenced in October) and chicks hatched late in this breeding season will continue to be monitored by Conservation and Health Custodians and staff. Crane ringing of chicks will commence now staff and 15 Custodians have been trained this year (Annex 3.4).</p>
<p><b>Outcome indicator 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>Progress made. Agreements were signed in March 2024 with 16 groups. A measurement of land has not yet been undertaken as the agreements have only just been signed. Appropriate indicator.</p> <p>Annex 3.8</p>	<p>A measurement of land will commence later in 2024.</p>
<p><b>Outcome indicator 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>Progress made. The 16 groups were selected and Agreements signed, which outlines conservation action in return for livelihood provision, training and support. Appropriate indicator.</p> <p>Annex 3.8</p>	<p>Training and mentoring will commence next year. Agricultural Extension workers will be involved in the promotion of buffer zones and project staff will monitor compliance.</p>
<p><b>Outcome indicator 0.3:</b> 100 women earn an income from backyard vegetable growing by July 2026 (from a baseline of 0 in 2022).</p>	<p>Progress made. Women will be selected from existing Conservation and Health Groups, who have recently signed an Agreement with project partners. The backyard vegetable has been selected as</p>	<p>We have approached a local NGO “The mushroom training and resource centre” to provide assistance in order to commence our backyard gardening activities with women. Mushrooms are highly valued and</p>

	<p>mushrooms, as they are in demand locally. Appropriate indicator.</p> <p>Annex 3.14</p>	<p>through this partnership the project team beneficiaries will have an assured market and distribution.</p>
<p><b>Outcome indicator 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>Progress made. We have trained healthcare staff in 15 outreach health centres in Rukiga, all are now delivering family planning services. This year, 2,973 people received healthcare services, of which It is too early to measure unintended pregnancies averted. Appropriate measure.</p> <p>Annex 3.2</p>	<p>Healthcare delivery will continue and we will seek to support yet more clinics and communities, if possible.</p>
<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>Output indicator 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>Progress made. 28 Mobilisers (20 men and 8 women) were trained in February 2024. Appropriate indicator.</p> <p>Annex 3.3</p>	<p>More mobilisers will be trained in April 2024.</p>

<p><b>Output indicator 1.2</b> Number of Peer Farmers trained and actively demonstrating climate-smart agricultural techniques on model farms (cumulative):  Baseline (2022): 16 (6 women and 10 men)  Y1: 26 (11 women and 15 men)  Y2: 36 (16 women and 20 men)  Y3: 46 (21 women and 25 men)  Y4: 56 (26 women and 30 men)  <b>Total by project end: 56 (26 women and 30 men)</b></p>	<p>Progress made. Groups have signed their Agreements and 10 peer farmers have been selected from the group membership.   Annex 3.8</p>	<p>Peer farmers will be trained in 2024.</p>
<p><b>Output indicator 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:  Baseline (2022): 0  Y1: 800  Y2: 1,600  Y3: 1,600  Y4: 400  Total by project end: 4,400</p>	<p>Progress made. 3,755 people trained.   Annex 3.6</p>	<p>We will continue our training and consider adjusting our indicator as we are managing to reach more people than we first anticipated.</p>
<p><b>Output 2:</b> 498 people are (a) engaged in crane and wetland conservation; and (b) practicing climate-smart agriculture.</p>		
<p><b>Output indicator 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>Completed. 16 groups are registered. Appropriate indicator.   Annex 3.8</p>	<p>No further actions required.</p>

<p><b>Output indicator 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>Progress made. Groups have been selected and Agreements with all groups have been signed. Appropriate indicator, however we aimed to sign only 498 group members but we have actually signed 1,037 members, which is far greater than we initially planned. We might submit a change request as potentially this indicator needs to be amended to reflect the larger size of Group we have worked with, compared to what was initially planned.</p> <p>Annex 3.8</p>	<p>Training will take place in 2024.</p>
<p><b>Output indicator 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>Progress made. Appropriate indicator, however we aimed to sign 498 group members but we have actually signed 1,037 members, so we anticipate that we will exceed this indicator. We will consider amending this indicator, as above.</p> <p>Annex 3.8</p>	<p>Training will take place in 2024.</p>
<p><b>Output indicator 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>Progress made. Two sites have been selected for the Calliandra nurseries and procurement has started on the equipment and plants needed to cultivate the nurseries. Three Napier grass nurseries have been maintained. Appropriate indicator.</p> <p>Annex 3.9</p>	<p>The Calliandra nurseries will be planted in 2024.</p>
<p><b>Output 3:</b> 30,000 people have access to improved voluntary rights-based family planning services.</p>		
<p><b>Output indicator 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>Target exceeded. 29 nurses were trained this year, scoring an average of 91% in family planning skills training. Number exceeded as we are now working in more health centres than anticipated.</p> <p>Total number of nurses trained 106. Indicator appropriate.</p> <p>Annex 3.11</p>	<p>Mentoring and monitoring of nurses will commence to ensure skills are being used and their confidence and skills are growing.</p>

<p><b>Output indicator 3.2.a</b> Total visits to project health clinics:  Baseline (2023): 0  Y1: 2,049 (1,488 women and 561 men)  Y2: 5,523 (4,308 women and 1,215 men)  Y3: 3,701 (2,946 women and 756 men)  Y4: 1,227 (957 women and 270 men)  Total by project end: 12,500</p>	<p>Y1 exceeded with 2,973 people (2,257 women and 716 men) received healthcare services this year. Appropriate indicator.  Annex 3.2</p>	<p>Healthcare delivery will continue, potentially with more health facilities if needed.</p>
<p><b>Output indicator 3.2.b:</b> Average number of women visiting project health clinics for family planning services:  Baseline (2023): 0  Y1: 500  Y2: 1,200  Y3: 820  Y4: 280  Total by project end: 2,800</p>	<p>Y1 exceeded with 538 women visiting for family planning services. Appropriate indicator.  Annex 3.2</p>	<p>Family planning services will continue to be available at all health centres.</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>Indicator exceeded as 25 council leaders (2 women and 23 men) completed a training. Target to reach more women was affected as more men are in positions of power than we first anticipated. Appropriate indicator.  Annex 3.13</p>	<p>Mentoring will commence in April 2024 and will continue for 3 months.</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>Indicator exceeded. 6 District Agricultural Extension staff (3 men and 3 women) operating within our project areas in Rukiga were trained. Appropriate indicator.  Annex 3.10</p>	<p>Follow on training will be undertaken later in 2024.</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>Progress made. 20 (12 women and 8 men) Ministry of Health clinical staff were training, scoring an average of 91% in USHAPE family planning skills training. Appropriate indicator.  Annex 3.11</p>	<p>More training to be undertaken in 2024.</p>



## Annex 2: Project’s full current logframe as presented in the application form (unless changes have been agreed)

Project Summary	SMART Indicators	Means of Verification	Important Assumptions
<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.			
<b>Outcome:</b> 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.	<b>0.1</b> Fledged Grey Crowned Crane chicks increase from 32 (2021/22 breeding season baseline) to 64 (2024/25 breeding season).	0.1.1 Survey 123 reports.	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).
	<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.	0.2.1 Registration certificates. 0.2.2 Signed Conservation and Health Agreements (and Agreements updating them). 0.2.3 Land maps. 0.2.4 Project reports.	
	<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.		
	<b>0.3</b> 100 women earn an income from backyard vegetable growing by July 2026 (from a baseline of 0 in 2022).	0.3.1 Conservation and Health Group Reports. 0.3.2 Livelihoods reports.	No significant changes to inflation in the UK or Uganda, or a weakening of currencies affecting exchange rates.
<b>0.4</b> An estimated 2,900 unintended pregnancies are averted for women and girls living in the wetland catchment (baseline of 0).	0.4.1 Clinic reports. 0.4.2 Analysis of healthcare service delivery data using “Impact 2” tool.	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).	
<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	1.1 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).	1.1.1 Training records (including attendance registers). 1.1.2 Project reports.	Conservation and Health Mobilisers selected have the necessary skills and knowledge to undertake their roles effectively.

<p>between them, and can share this information with their communities.</p>		<p>1.1.3 Conservation and Health Mobiliser reports.</p> <p>1.1.4 Photographs of project activities.</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>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>1.2</b> Number of Peer Farmers trained and actively demonstrating climate-smart agricultural techniques on model farms (cumulative):            Baseline (2022): 16 (6 women and 10 men)            Y1: 26 (11 women and 15 men)            Y2: 36 (16 women and 20 men)            Y3: 46 (21 women and 25 men)            Y4: 56 (26 women and 30 men)            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><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:            Baseline (2022): 0            Y1: 800            Y2: 1,600            Y3: 1,600            Y4: 400            Total by project end: 4,400</p>	<p>1.3.1 Project reports.</p> <p>1.3.2 Conservation and Health Group reports.</p>	
<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.</p> <p>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>No major pollution event within project watershed from new or unanticipated source.</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.</p> <p>2.2.2 Training records and attendance lists.</p> <p>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.</p> <p>2.3.2 Training records and attendance lists.</p> <p>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.</p> <p>2.4.2 Project reports.</p> <p>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.</p> <p>3.1.2 Photographs.</p> <p>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 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>3.2.a</b> Total visits to project health clinics: Baseline (2023): 0 Y1: 2,049 (1,488 women and 561 men) Y2: 5,523 (4,308 women and 1,215 men) Y3: 3,701 (2,946 women and 756 men) Y4: 1,227 (957 women and 270 men) 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: Baseline (2023): 0 Y1: 500 Y2: 1,200 Y3: 820 Y4: 280 Total by project end: 2,800</p>	<p>3.2.1 Healthcare service delivery records.</p> <p>3.2.2 Photographs.</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>4.1.1 Meeting attendance records. 4.1.2 Meeting report and byelaws report.</p>	<p>Government officials remain receptive to engaging in capacity development activities.</p> <p>No major disasters or other events affect Rukiga, Uganda.</p> <p>Staff turnover within government structures remains at current levels.</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>4.2.1 Training records and attendance lists. 4.2.2 Photographs.</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>4.3.1 Exam scores and reports. 4.3.2 Photographs. 4.3.3 Training attendance list.</p>	

#### 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.

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.

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.

## Annex 3: Standard Indicators

Table 1 Project Standard Indicators

DI Indicator number	Name of indicator	Units	Disaggregation	Year 1 Total	Year 2 Total	Year 3 Total	Total to date	Total planned during the project
DI-D01	Hectares of habitat under sustainable management practices	Hectares of wetland, upland and farmland under Conservation Agreements	None	None				500
DI-D01	Hectares of habitat under sustainable management practices	Metres <sup>2</sup> of wetland buffer zone left intact for crane breeding	None	None				75m <sup>2</sup>
DI-D11	Number of people benefitting from improved sustainable agriculture practices and are more resilient to weather shocks and climate trends.	Conservation and Health Group members benefitting from improved climate-smart agricultural practices/live lihoods	Women and Men	None				1,087
DI-A06	Number of people with improved access to services or infrastructure for improved well-being.	Number of people who have benefitted from improved healthcare services in project area.	Women and Men	2,973 (2,257 women and 716 men)				12,500

DI Indicator number	Name of indicator	Units	Disaggregation	Year 1 Total	Year 2 Total	Year 3 Total	Total to date	Total planned during the project
DI-A03	Number of local/national organisations with improved capability and capacity as a result of project.	Number of Conservation and Health Groups supported to register with local government as 'community-based organisations' and trained in climate-smart agricultural livelihoods		None				16
DI-A04	Number of people reporting that they are applying new capabilities (skills and knowledge) 6 (or more) months after training.	Number of healthcare clinicians trained in USHAPE family planning training.	Women and Men	29				100
DI-A04	Number of people reporting that they are applying new capabilities (skills and knowledge) 6 (or more) months after training.	Number of Conservation and Health Mobilisers trained and delivering talks, referring people for services and conserving cranes	Women and men	28 (20 men and 8 women)				86 (43 women and 43 men)

DI Indicator number	Name of indicator	Units	Disaggregation	Year 1 Total	Year 2 Total	Year 3 Total	Total to date	Total planned during the project
DI-A01	Number of people from key national and local stakeholders completing structured and relevant training.	Number of council leaders and Rukiga District Agricultural Extension Workers trained on climate-smart agriculture	Men and women	29 (26 men and 5 women)				29

**Table 2 Publications**

Title	Type (e.g. journals, best practice manual, blog post, online videos, podcasts, CDs)	Detail (authors, year)	Gender of Lead Author	Nationality of Lead Author	Publishers (name, city)	Available from (e.g. weblink or publisher if not available online)
USHAPE training materials	Training materials (PowerPoints, handouts etc.)	Margaret Pyke Trust, 2024	Female	British	Margaret Pyke Trust	<a href="https://margaretpyke.org/ushape/">https://margaretpyke.org/ushape/</a>