Application form:

**Major development project**

or phased projects   
(budget between DKK 500,000 and 5 million)

**February 2013**

This form must be used to apply for funding of major development projects or phased development projects. It is divided into four parts:

1. **Cover page with basic information**Applicant, partners, synthesis, title, amount applied for, etc.
2. **Application text**This part is built around a structure, which must be adhered to in the description of the major development project. Instructions on how to fill in this framework are reproduced at the end of the form.
3. **Budget summary**The main items of the budget drawn up for the project. Please, note that the budget summary must be elaborated upon in the annex ‘*Budget format’.*
4. **List of annexes**This is to indicate the obligatory and supplementary annexes that support the application.

**Instructions**The instructions elaborate on what should be included under each section and subsection in order to have the application assessed.

**Please, note:**

* NUMBER OF PAGES: Part 2 ‘Application text’ must not exceed 25 pages. Applications longer than that will be turned down.
* SIZE OF ANNEXES: The length of supplementary annexes must not exceed 30 pages.
* LANGUAGE: The project description must have been drawn up in between the Danish applicant organisation and its local partner. Consequently, a document must be available in a language commanded by the local partner. The actual application, however, can only be submitted in Danish or English.

The application form and all annexes must be submitted in three printed copies to:

**CISU - Civil Society in Development, Klosterport 4A, 3.sal, DK-8000 Aarhus C, Denmark**

In addition, the application form and Annexes A-C must be sent electronically to: [civilsamfundspuljen@cisu.dk](mailto:civilsamfundspuljen@cisu.dk).

Annexes D-F may also be submitted in an electronic format, although this is not required.

1. Cover page

|  |  |  |  |
| --- | --- | --- | --- |
| Ref. no. (to be filled out by CISU) | | | |
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MAJOR DEVELOPMENT PROJECT

(from DKK 500,000 to 5 million)

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| --- | --- | --- | --- |
| **Project title:** | ***Pesticide use, Health and Environment – Uganda 2013-17*** | | |
| Danish applicant organisation: | DIALOGOS | | |
| Other Danish partner(s), if any: | 1. DASAM (Danish Society of Occupational and Environmental Medicine) through its international committee ICOEPH (International Centre for Occupational, Environmental and Public Health) Sdr. Boulevard 29, 5000 Odense C, Denmark.  2. Danish Universities (KU, AU, SDU), but especially Department of International Health, Immunology and Microbiology, (ISIM) University of Copenhagen, Faculty of Health Sciences, Denmark and Department of Agriculture and Ecology University of Copenhagen, Faculty of Life Sciences, Denmark. | | |
| Local partner organisation(s): | Ugandan National Association of Community and Occupational Health (UNACOH) | | |
| Country(-ies): | Uganda | | GNI per capita: 510$ |
| Project commencement date: 1/10-13 | | Project completion date: 30/9-17 | Number of months: 48 |
| Contact person for the project: Erik Jørs, erik.dialogos@gmail.com | | | |
| **Amount requested from the Civil Society Fund**: 4.862.801 DKK | | **Annual cost level:** 1.215.700 DKK  (Total amount requested divided by number of project years) | |
| Is this a re-submission? [x] No | | | |
| Is this a: [ x ] C. An intervention conceived from the outset as divided into several project phases, of which this phase is number [ 2 ] out of [ 3 ]  Do you want a response letter in (choose one): [ x ] English | | | |
| **Synthesis** (maximum 10 lines – must be written in Danish, even if the rest of the application is in English) | | | |
| Pesticidforbrug stiger nærmest eksponentielt i udviklingslandene for at øge landbrugsproduktionen. Pga. manglende viden om korrekt anvendelse og sikkerhedsforanstaltninger ses mange forgiftningstilfælde og forurening af drikkevand og fødevarer. Dialogos har med den ugandiske NGO UNACOH gennem de sidste 3 år arbejdet på at forebygge de skadelige følgevirkninger af pesticidbruget i Uganda, hvor bønder og sundhedspersonaler er blevet undervist i sprøjtesvage/økologiske metoder, brug af værnemidler, diagnostik og behandling af forgiftninger. Der er udviklet oplysnings- og undervisningsmaterialer, afprøvet nye metoder til spredning af information, ny viden er skabt og formidlet af bla. ugandiske og danske studerende. I planlagte fase 2 vil undervisning og formidling blive fortsat for at styrke erfaringsgrundlaget, ligesom advocacy og samarbejde med key stakeholders bliver udbygget for at dele strategier, materialer og erfaringer fra fase 1, så disse kan anvendes og gøres bæredygtige. | | | |

|  |  |  |
| --- | --- | --- |
| 2/4-13 |  |  |
| Date |  | Person responsible (signature) |
| Odense |  | Erik Jørs |
| Place |  | Person responsible and position (block letters) |

2. Application text

A. THE PARTNERS

A1 The Danish Organisation

Dialogos was founded in 1994 and currently the number of members is around 150. Dialogos is an organisation of volunteers with high professional standards and experience among its members from organisations in Denmark as well as from working experience with major Danish NGO’s, consultancy firms and Danida. The work carried out in Denmark is voluntary and unpaid, but when working abroad the consultants are paid. Dialogos has a part time secretary, a home page and a mail system, where most communication among members takes place as they are spread all over Denmark. Dialogos has during the years proved to be able to work together with local as well as international NGOs, with local agencies, universities and ministries, and international organisations. The projects in Bolivia and Nepal have got substantial budgets, which have been handled to the satisfaction of Danida and the Civil Society Fund. Dialogos has been working in developing countries since 1994, and has acquired experience within the fields of Primary Health Care (Intercultural Medicine) and Occupational and Environmental Medicine (Pesticides, Health and Environment’, and Mercury substitution among small scale gold miners) where the projects are seen as innovative in their fields. Due to this Dialogos is now partnering with international NGO Blacksmith Institute and GEUS on a pilot mining project in Bolivia with funds from EU and the Danish embassy.

Dialogos and ICOEPH has been working for the past 8 years on Integrated Pest Management and Pesticides, health and environment in Bolivia and Uganda and through that gained experience on pesticide problems seen in most developing countries. The experts on pesticides, medical doctors and agronomists have been working with pesticides scientifically in Denmark and internationally, serving as advisors and Danish experts on the subject. This group has helped with the elaboration of adequate teaching materials, informative materials and programs, the revision of curricula in relevant training courses, educational programs, scientific studies documenting the magnitude of the problem and the effect of the interventions etc. The group has presented the results at international conferences and has seen studies documenting the same problem with pesticides in many developing countries, and noted the obvious need for activities to prevent poisonings of humans and pollution of the environment.

A.2 Other Danish partners

Dialogos has agreed on technical collaboration with the following Danish organisations:

1**. DASAM through its international committee ICOEPH**

The number of DASAM members is around 165 specialists in environmental and occupational health. DASAM was founded in 1980 and ICOEPH as the international committee of DASAM was founded in 2004. ICOEPH has been working together with Dialogos in the Plagbol project and the first phase of PHE Uganda. ICOEPH has been collaborating on pesticide research and education together with Danish, Bolivian, Ugandan and American universities. ICOEPH has also been involved in public awareness rising in Denmark about occupational health and environment in developing countries on conferences and in the media. Latest ICOEPH has conducted a course on Occupational Health and Safety in Ghana and Tanzania together with local colleagues from NGO’s and Universities.

ICOEPH has on request from the WHO been included in the group of international specialists on occupational medicine working to develop strategies and materials to improve the health of workers at a global level especially on vulnerable workers in mining and agriculture, and ICOEPH is now chairing an international WHO mining network on OHS. This means that the experiences and materials developed in the Dialogos projects might have a global impact e.g. has authorities from Mongolia through WHO just visited the CISU financed mining project on the Philippines to get inspiration for their work to reduce mercury pollution due to small scale gold mining. Moreover ICOEPH is member of ICOH (International Commission on Occupational Health) and forming part of their group agricultural health, where by our experiences also do have a substantial influence on ICOH policies regarding pesticides.

**2. Danish Universities**

Global Health is an area where Danida has granted funds to promote collaboration between Danish universities and Universities in the south. ICOEPH is coordinating an initiative on Occupational Health and Safety under this umbrella due to our experiences from the Dialogos projects. We collaborate on education on Global Occupational and Environmental Health and Safety and involves students research collaboration with universities abroad on topics related to the Dialogos projects. The three faculties of Medicine, Public Health and KU-Life are involved.

ICOEPH and Dialogos has a working agreement on the proposed project activities, where Dialogos will be responsible for the project and for administration of funds, while ICOEPH will deliver and coordinate the technical input concerning guidance of the local partner in the elaboration of teaching materials, documentation studies, evaluations, student supervision etc. The other partners will assist in focused activities like planning and guidance of documentation collection, inputs to elaboration of materials, supervision of students etc. and collaboration agreements are made ad hoc.

A.3 Counterpart organisation’s history, mission and experience

UNACOH were formed in 1987, it brings together health professionals, individuals and organizations interested or active in the improvement of health in Uganda. It was registered as a Non-Governmental Organisation in 1991. UNACOH enjoys a membership of about 1,000 from 80 Districts in the country and has 21 established District Branches: Bugiri, Iganga, Jinja, Kabarole, Kampala, Kamwenge\*, Kasese, Kayunga, Kyenjojo, Masaka, Masindi, Mayuge, Mbale, Mbarara, Mpigi, Mukono, Pallisa, Rakai, Rukungiri, Sembabule, Wakiso. UNACOH targets to establish branches in all the districts of Uganda. The National Executive Committee is elected every two years at every second Annual General Meeting. Latest election was in 2011.

UNACOH is a local voluntary membership Ugandan NGO, with an elected 10 persons National Executive Committee (NEC), headed by the President. The General Meeting elects the NEC every two years. The day to day activities of UNACOH are carried out by a National Secretariat, headed by an appointed Executive Director, assisted by support staff. In addition there are 21 UNACOH District Branch Executive Committees which organise district specific activities.

UNACOH aims at promoting a positive health culture and influencing healthy public policies in Uganda through advocacy, education and research by involving public health professionals and other persons interested in public health such as policy makers, health media practitioners, social scientists and teachers, among others. The objectives includes Health Advocacy to decision makers; Exchange of Health information locally, nationally and internationally; Promoting a positive health culture among the public; Health Research including operational research; Implementing health projects.

UNACOH has been involved in several health activities during the years, se annex. As professionals in the field of occupational and environmental health they are used to work with different groups of working populations and in the districts, so working with farmers and farmers’ families is part of their professional experience. The president of UNACOH has professionally published about pesticides, and recently UNACOH has been involved in surveys on safe use of pesticides and review of health facility records on pesticide poisoning in three districts in Uganda, and on the health, environmental and socio-economic effects of tobacco growing in two districts in Uganda. UNACOH has worked on nutrition and early childhood development, HIV/AIDS, Occupational health of health care workers, community mobilisation and empowerment for health, among others. Besides, each year UNACOH organises an annual scientific conference where professionals and others interested in health research and health action present the results of their work.

(Further information about status, annual report, governing body members and CVs of core personnel can be forwarded on request.)

Contacts have been made during phase one with other Ugandan organisations that have been positive and willing to collaborate in the project activities. The important collaborators are:

* Farmers organised in **farmers groups** at village level.
* The **Uganda National Farmers’ Federation (UNFFE**) and more than 80 district **Farmers’ Associations** are essential for the contacts and for organising the educative and informative sessions at the local level. Moreover they have been giving training courses for their members to improve their technical agricultural skills and do have some informational materials that the project can benefit from.
* The **District Agricultural Offices and National Agricultural Advisory Services (NAADS),** who are important for the education of farmers through local extension service.
* **The Uganda National Agro-inputs Dealer’s Association** (**UNADA**) and **Crrop-Life** (importers organisation) has experience in organizing and celebrating courses for their members to get them certified to sell agro-inputs.
* **Districts Health Care System** with their curative and preventive health care workers.
* **Makerere University** has several **units** interested in collaboration. The **Faculty of Agriculture** has a natural interest in IPM and student education; they have experience in scientific studies, education of farmers and have already some established partnership with Copenhagen University on research programs, student mobility and Phd projects. The **College of Health** **Sciences** through it’s **School of Public Health** is doing preventive health work, documenting studies and students education.
* **Ministry of Health, Ministry of Agriculture** will participate in the development of materials for farmers, extension workers and health care workers at a superior level. Directly they can be involved in revision of laws and regulations concerning pesticides and in revision of curricula in the health and agricultural careers.
* **National Environment Management Authority,** **NEMA** (operative branch of Ministry of Environment) is interested, as they also have an obligation of securing a good environment, and pesticides is one of the major environmental hazards.

UNACOH will sign working agreements for phase 2 with these institutions.

Working agreement has been signed between Dialogos and UNACOH, see annex.

A.4 The cooperative relationship and its prospects

UNACOH and Dialogos/ICOEPH have been in contact through their members since the 199os. However active collaboration started in 2007, when the idea of working together on pesticides safety was first discussed. So far UNACOH and Dialogos/ICOEPH have carried out preliminary record review on pesticides poisoning in 3 districts in Uganda in 2008, and then implemented Phase 1of the Pesticides, Health and Environment (PHE) Uganda Project from June 2010.

The Phase2 project now applied for will further cement the working relationship between UNACOH and Dialogos/ICOEPH through continued collaboration on a project of common interest. UNACOH provides the organisational structure through which the project is implemented in Uganda. UNACOH makes all the necessary liaison, contacts and administrative interventions necessary for smooth project implementation in Uganda. Dialogos/ICOEPH provides the organisational structure through which the project is supported from Denmark. Dialogos/ ICOEPH mobilises financial resources, technical expertise and international contacts necessary for project implementation. Through PHE Uganda Project UNACOH and Dialogos are able to demonstrate her role in advocating for health action on this increasingly important issue in Uganda and the world, and the benefit of North-South collaboration in promoting health. This improves the profile of the institutions and strings to international networks are created. ICOEPH is now partnering with WHO and ICOH as described above and during the coming phase UNACOH is invited to join these networks as well as others working on OHS at a regional and global level.

B. PROJECT ANALYSIS

**B.1 How has the project been prepared?**

See section F.

**B2. In what context is the project placed?**

**The country**

Uganda is one of the beneficiary countries of Denmark’s Development Programme since 1989. Health and Agriculture have been beneficiary sectors, along with roads, justice, law and order, among others. The Danish support has assisted Uganda to improve health through better service delivery and agricultural productivity through support to farmers. However pesticides safety for improved health and productivity of farmers was not directly addressed until Phase1 of the Pesticides, Health and Environment (PHE) Uganda Project which was supported by the Denmark CSO Fund since June 2010.

**Health Sector**

During the immediate post‐independence era (1962‐1971) Uganda was one of the countries with best health indices and a vibrant health care system in Africa. Two decades of civil unrest followed and the health care system collapsed. After the war, Government of Uganda started reconstruction and rehabilitation programmes first focusing on putting in place the political and economic environment conducive to growth. Since early 1990s, Government of Uganda has given high priority to improvement of the health status of people as evident in the development and implementation of the first National Health Policy and the Health Sector Strategic Plans (HSSP) I and II. However Health indicators remain poor and disparities exist among different geographical parts of Uganda.

Uganda, as is the case with other African countries, is experiencing a double burden of disease namely, communicable diseases and emerging Non Communicable Diseases. Pesticides Poisoning is one of the challenging yet less talked about NCDs, since most Ugandan farmers now use pesticides without adequate knowledge of hazards and their control. This is compounded by the low level of education attained, especially by the rural farmers.

The Ministry of Health depends on fixed health facilities from HCII through HCIII, HCIV, general hospitals, 13 regional referral hospitals and Mulago National Referral Hospital to provide health services. None of these facilities has had a poisoning information and treatment programme. Even the National Drug Authority which is supposed to regulate medicinal chemicals imported into or used in Uganda does not yet have in place a system to deal with poisoning, let alone pesticide poisoning. Therefore the pesticides poisoning problem in Uganda is not yet adequately addressed as there is little knowledge on the prevention, diagnosis and treatment of pesticides poisoning. However PHE Phase 1 has attempted to address this issue in Pallisa and Wakiso Districts.

**Agricultural Sector**

Uganda is an agricultural nation, as 87% of the population is engaged mainly in agriculture. There are around 3 million smallholder households, and they produce the bulk of agricultural commodities. Agriculture contributes roughly 22.5% of the country’s Gross Domestic Product (GDP), more than 70% of the working population, accounts for 48% of the country’s exports and provides a large proportion of the raw materials industries. Commercialisation of agriculture is on the rise even for smallholders who grow different vegetables to sell to the local market; this has compelled farmers to intensify use of inputs like fertilisers and pesticides in order to realise more yields on the farm.

FAO statistics show that the import value (1000$) of pesticides in Uganda has been on an increase: 13,894 (year 2005), 20,511 (year 2007) and 32,575.5 (year 2010). On top of that it is estimated that there is big percentage of pesticides smuggled into the country over non-secured borders. Amongst small holders, spraying twice a week is common depending on whether it is the dry or wet season. The spraying is generally higher in the wet season due to higher pressure of insect pests, diseases and weeds. In addition to growing crops, smallholder farmers also spray animals with Acaricides approximately twice a month or more frequently. In commercial flower farms, pesticides take up a very big portion of the farm’s production budget; with almost all farms directly importing their pesticides. Large amounts of pesticides are sprayed and the application is far more frequent than in small holders.

It is the mandate of MAAIF through the Agricultural Chemicals Control Board (ACCB) to ensure that all people involved in handling pesticides have adequate technical knowledge of the products they are handling. However due to the enormous magnitude of the task, MAAIF has collaborated with other organisations such as UNFFE, UNADA, Croplife, UFEA, and UNACOH, among others, to carry out training on pesticides safety. The National Environment Management Authority (NEMA) also promotes training of farmers, extension workers in the safe use of agrochemicals and other people involved in handling different kinds of chemicals in the country. Organic farming is promoted by the local NGO, National Organic Movement in Uganda (NOGAMU) and other local organic organisations like CARITAS and KULIKA Uganda. UNACOH, ithe PHE Project districts of Pallisa and Wakiso, has promoted Integrated Pest Management (IPM) which includes reducing use of pesticides, while also promoting features of organic farming.

**Donor support**

Uganda’s Health and Agricultural Sectors receive support from DANIDA, USAID, SIDA, WHO, International Fund for Agricultural Development (IFAD), the European Commission (EC), Danida, the African Development Bank (ADB), the German Technical Cooperation (GTZ), the Food and Agriculture Organization (FAO) and the International Development Association (IDA)/World Bank, the UK Department for International Development (DFID) and the Royal Netherlands Government, among others. However the pesticides safety has not hitherto received specific donor support.

**B.3 Problem analysis**

**Increasing use of Pesticides in farming**

**A general problem in Africa**

Each year around 30% of the US$900 million pesticides marketed in developing countries do not meet internationally accepted quality standards. They are posing a serious threat to human health and the environment, according to a joint statement from the UN Food and Agriculture Organization (FAO) and the World Health Organization (WHO). In developing countries, pesticides are mainly used for agriculture, but also for public health, such as insecticides for controlling malaria vectors. The FAO and WHO statement said that the problem of poor quality pesticides is particularly widespread in sub-Saharan Africa, where quality control is weak. Pest management commentators in West, East and southern Africa agree that one major consequence is the rapid decline in quality of pesticides and their effective regulation and control at retail level, following privatisation. Pesticides are increasingly sold through informal networks of small distributors and hawkers, many of whom have no technical knowledge of pesticide hazards or safe handling. Products are usually imported in bulk and repackaged into all kinds of containers for local retail but these rarely carry adequate or any labelling. Restricted and banned pesticides can still be purchased, suggesting that illicit trade, often across national borders, is a major problem. In Uganda, for example, farmers in 1999 were still buying dieldrin from small traders despite this active ingredient being severely restricted for several years.

Blatant adulteration of products approved for grain storage by unauthorised dealers is a key problem in Tanzania and has become a major issue since liberalisation of input supplies. A survey of farmers’ maize stores in Benin asked smallholders about their current pest management practices, compared with five years before. The percentage of farmers using approved products for grain treatment had dropped from 13% to 0% in one province, while those applying field pesticides (i.e. products not approved for storage use) had increased from 24% to 53%. Misuse of organophosphates and fumigants carries the greatest risks to human and livestock health. There are anecdotal reports of acute poisonings in Ghana when highly toxic phosphine has been applied to grain or used as rat poison. The experience of farmers and researchers in northern Ghana is that organic farming approaches can be successful and are often more productive and cost-effective than reliance on chemical pesticides. But they are not being widely pursued in Ghana because farmers have little information about them.

Ghana was one of the first countries on the continent to sign the Rotterdam Convention on Prior Informed Consent for importation of pesticides and the Ghanaian Environmental Protection Agency has banned nine problem pesticides in WHO Classes Ia, Ib and II. Zimbabwe has set up a coloured triangle code for pesticide labels to indicate hazard levels and recommended safety precautions.Whilst more effective control and regulatory mechanisms are obviously necessary, including stricter penalties for non-compliance, these mechanisms require adequate funding for training staff and for implementation. Of equal importance is the need to raise awareness amongst the general public, key stakeholders and decision makers to the costs of pesticide use, and to encourage the promotion of safer more sustainable alternatives to the dependency on chemical control of pests.

**The situation in Uganda**

Overtime, Ugandans approach to agriculture is slowly shifting from subsistence to commercial agriculture with every farmer trying to increase production so as to sell a bigger part of the farm produce. This has translated into farmers using more inputs like improved seeds, artificial fertilisers and synthetic pesticides.Most smallholder farmers supply the local markets with fresh vegetables on a daily basis and production is extremely intensive with crop duration of less than two for some vegetables. There is high pest infestation and disease infection on the vegetables and other crops like cotton and so is the spraying with pesticides.

The smallholders lack adequate knowledge on safe pesticide use and the funds to take action on unintended pesticide problems. For example most farmers don’t use personal protective clothing when spraying, others unblock the nozzle of the knapsack sprayer by blowing in with their mouth, others store pesticides in their bedrooms and disposal of empty pesticide containers in water ways in a wide spread practice. Also most tomato farmers often spray the fresh tomatoes towards or even after harvesting before taking them to the market, thus it is not uncommon to find tomatoes with pesticide residues on sale. It has also been noted that due to farmers’ ignorance of the pesticides naming, they end up buying one pesticide different times under different trade names; this has resulted into pests on the farm getting used to the same chemical and hence forth developing resistance thus leaving farmers frustrated.

Commercial flower farms give their employees, especially the spray team basic training on pesticide safety but due high labour turn over, trained employees quit their jobs and more are recruited and in most not trained since the farm finds it costly to train each and every employee who is recruited, this leaves many employees at risk as they handle large amounts. Also the trainings normally target the spray men leaving out other employees who work in the sprayed green houses.

Among other inputs, pesticides are easily accessible in most local shops since more agrochemical shops open up especially during specific growing seasons when spraying frequencies are high. Unfortunately a number of these agro dealers have no qualifications and technical knowledge to properly guide the farmers on pesticide use practices, thus farmers stand big risks of being intoxicated, not benefitting from the pesticide production wise, polluting the environment and possible intoxication of people in the household; all resulting from all sorts of inadequate knowledge and improper practices.

A survey conducted by Uganda National Association of Community and Occupational Health (UNACOH) in Pallisa and Wakiso Districts in January 2011 indicated that out of the 318 farmers interviewed, 73.6% of farmers did not use protective gear while handling pesticides, 20.3% of the farmers said they used the mouth to blow into a blocked nozzle, thereby directly exposing themselves to potential pesticide contamination, 18% of applicators mentioned washing the knapsack sprayer after use, 9 % mentioned reusing the empty pesticide containers for other storage purposes. 36% reported having felt ill immediately after spraying and also mentioned experiencing symptoms like skin irritation, headache, back pain, blurred vision, abdominal pain, and extreme tiredness. 72.7% mentioned suicide cases in their community and these were mainly attributed to domestic misunderstandings, failure to repay bank loans, improper storage and easy access by children in the home. 38% of farmers who experienced some poisoning symptoms didn’t seek any medical attention, most of them just rested at home. 61.5% of the interviewed health workers had no idea about how pesticides are classified. 93.75% of the agro dealers confessed to the fact that they had difficulties interpreting the information that is normally provided on the pesticide labels. Only 62.5% of the agro dealers that participated in the study were licensed pesticide dealers. Though against government rules and regulations, 68.75% of the respondent agro dealers admitted to re-packaging pesticides in their shops; the only reason cited for carrying out this practice was that the smaller measurements were more affordable to the rural poor farmers who are the ones who actually ask for the smaller quantities. It was also found that many vegetable farmers spray their tomatoes with Dithane towards harvesting or even after harvesting before taking them to the market. They apparently do this to extend the shelf life of the tomatoes and it is not uncommon to find tomatoes with white stains on our local markets.

A number of entities including UNADA, NEMA, CropLife, and the Ministry of Agriculture have put efforts in place to produce information materials on pesticide safety but these materials almost non existent where they are needed most in the rural areas where small holders are. There are inadequate measures by the Ministry of Agriculture to sensitise the public on general pesticide safety.

There is need for massive movements to raise public awareness on pesticide safety and pooling of different materials available on proper pesticide use.

The extension services to guide farmers have continued to be ineffective and the extension workers lack skills on pesticide proper use.

Though cases of pesticide poisoning are very common, reporting of these cases is non-existent at the health centres.

There is an undeniable great need for legislation and inspection of trade in pesticides to be coordinated and strengthened.

**B.4 Stakeholder analysis**

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| --- | --- | --- | --- | --- |
| **STAKE-**  **HOLDER** | **Role played in**  **phase 1** | **Perceived role in this project phase 2** | **Priority** | **Perceived benefits from this project** |
| UNACOH | Key implementer | Key implementer | VERY HIGH | -Capacity building of the organisation  -increased membership and networking |
| DIALOGOS | Key Danish Collaborator | Key Danish Collaborator | VERY HIGH | - Strengthened partnership with UNACOH  - Advocacy at International level  - Education and research opportunities for Danish students |
| Ministry of Health (MOH) | -Steering committee member  -guidance on IEC materials | -Steering committee member  -improving the IEC materials | HIGH | -integrating pesticide poisoning diagnosis, treatment and reporting in the Ministry system  -Co-authoring of IEC materials  -training for their staff health workers/health edu-cators and VHT members |
| Ministry of Agriculture, Animal Industry and Fisheries (MAAIF) | -Steering committee member  -Review and approval of booklets | -Steering committee member  -participate in training of farmers, agro dealers and extension workers  -review of new IEC materials | HIGH | -training of their technical staff (extension workers)  -Co-authoring of IEC materials |
| Mulago Hospital | None | - Installing a Poisoning center | MEDIUM | Knowledge on running a Poisoning Center |
| Makerere University School of Public Health (MakSPH) | -Steering committee member  -training of health workers and educators  -conducting of follow up and baseline survey  -review of IEC materials | -Steering committee member  -training of health workers/ educators and VHT members  -conducting of operational research on the project (by students)  -review of materials | VERY HIGH | -Incorporation of project materials in their curriculum  -Research opportunities |
| Makerere University School of Agricultural Sciences | -Steering committee member  -training of farmers  -conducting of follow up and baseline survey  -review of IEC materials | -Steering committee member  -training of farmers  conducting of operational -research on the project (by students)  -review of IEC materials | VERY HIGH | -Incorporation of project materials in their curriculum  -Research opportunities |
| Uganda Flower Exporters Association (UFEA) | None | -organising training for flower farmers | HIGH | -Training for their members  -collaboration with Danish IPM firm |
| National Environmental Management Authority (NEMA) | Steering committee member | -Steering committee member  -guidance on piloting a proper disposal system in the project area  -providing materials on pesticide safety  -Review of materials of disposal | HIGH | -incorporating project materials in their work |
| Uganda National Farmers Federation (UNFFE) | Steering committee member | -Steering committee member  -selection of new farmers  -training of farmers and extension workers  -providing materials on pesticide safety  -Review of materials | VERY HIGH | -training of their members  -acquisition of project training and information materials |
| CropLife Uganda | None | -Training of agro dealers  -Providing training and information materials | VERY HIGH | - acquisition of project training and information materials |
| National Organic Movement of Uganda (NOGAMU) | -Provision of IPM materials  -Steering committee member | -Provision of IPM materials  -Steering committee member  -Training of farmers | VERY HIGH | - acquisition of project training and information materials |
| Agency for Transforma-tion | None | -drafting district by laws on pesticide safety | MEDIUM | -acquisition of project materials to use in their agriculture and environmental work |
| UNADA | -Steering committee  -selection of agro dealers | -Steering committee  -selection and training of agro dealers | VERY HIGH | - acquisition of project training and information materials  -Recruiting new members |
| Pallisa and Wakiso District Local Government | -District pesticide committee members  -Selection of project beneficiaries  -Participation in trainings for target groups | -District pesticide committee members  -Selection of project beneficiaries  -Participation in trainings for target groups | VERY HIGH | -training of district staff (extension workers, health workers and educators) |
| Health educators | -acquired training on pesticide safety  -dissemination of knowledge on pesticide safety  -participated in radio talk shows | -participating in training of school children and community members on pesticide safety | VERY HIGH | -knowledge and skills from the project  -participation in project visits to schools |
| Clinical Health Workers | -acquired training on pesticide poisoning prevention, diagnosis, treatment and reporting  -registering and reporting poisoning cases using the developed form | -acquiring training on pesticide poisoning prevention, diagnosis, treatment and reporting for the new health workers  -the phase 1 trained health workers will participate in training of new health workers  - registering and reporting poisoning cases using the developed form | VERY HIGH | -knowledge and skills from the project |
| Village Health Team members | None | -acquiring training pesticide poisoning prevention and reporting  - registering and reporting poisoning cases in the villages | VERY HIGH | -pesticide safety materials, knowledge and skills from the project |
| Public health spray men | None | -acquiring training on pesticide safety | VERY HIGH | -pesticide safety knowledge, skills and materials from the project |
| Small holder farmers | -acquired training on IPM  -Trained fellow farmers in their village groups  -participated in radio talk shows | -training of the new farmers  -full participation in all project activities | VERY HIGH | -pesticide safety knowledge, skills and materials from the project |
| Agro dealers | -acquired training on pesticide safety to guide their customers | -training of new agro dealers | VERY HIGH | -pesticide safety knowledge, skills and materials from the project |
| Agricultural extension workers | -Acquired project training on pesticide safety  -trained farmers through project visits to the villages | -training of new extension workers, farmers and agro dealers | VERY HIGH | -pesticide safety knowledge, skills and materials from the project |

C. PROJECT DESCRIPTION

C.1 Target group and participants

**District level**

The project in phase two will spread out to operate in 29 Sub Counties in Wakiso and Pallisa, where the phase one took place in a limited number of villages. The targeted groups are smallholder farmers, agro dealers, employees in commercial flower farms, extension workers, village health team members, public health spray men, health care workers and health educators.

**Direct target groups** for training will be selected by their respective organisations and authorities:

* Health care workers (100), health educators (29) and village health team members (HCWs) (250) will be selected by the district health authorities. Majority of the HCWs will be females.
* Farmers (300) will be selected with a primary target of a UNFFE extension link farmer at each parish. Expected sex ratio 66% males, 34% females.
* Extension workers (40-60) will be selected from the production department at each Sub County primarily among NAADS extension workers. Expected sex ratio 90% males, 10% females.
* Agro dealers (40-60) will be selected in different local agro chemical shops with guidance from production department at the district and preferably members of UNADA. Expected sex ratio 50% males, 50% females.
* Commercial flower farmers (30 )will be selected by Uganda Flower Exporters Association. Expected sex ratio 50% males, 50% females.
* Schoolchildren will be reached by an effort to include ‘pesticide, health and environment’ ad a theme in teaching environmental issues in the schools by offering a guide to teachers and teaching materials on the subject. Expected sex ratio 50% males, 50% females.

**Indirect target groups** are the population (thousands) in the districts reached by the trained resource persons, radio, SMS messages and distribution of informative materials.

**National level**

**Direct target groups** will be:

* Stakeholders from ministries, organisations of farmers and agro dealers will be targeted by including them in project steering committee and working together in advocacy efforts, producing, sharing and dissemination of Information, Education and Communication materials (IEC-materials):
* Students (10-20) and teachers from Makerere University will be targeted through operational research on the project and revision of teaching modules to include relevant project thematic at the university. Expected sex ratio 50% males, 50% females.
* Doctors (10) from Mulago Hospital by education in handling of poisoned patients and giving advice at distance to HCWs treating poisoned patients. Expected sex ratio 50% males, 50% females.
* UNACOH as an organisation will be strengthened to advice and advocate for specific matters on Pesticides, Health and Environment, but also more broadly on Occupational and Environmental Health and Safety matters. Expected sex ratio 50% males, 50% females.

**Indirectly** farmers and agro dealers will be targeted by advocating their organisations to strengthen, mainstream and spread IEC on IPM and safe pesticide use. HCWs will be targeted by advocacy efforts to mainstream developed teaching materials at national level. Poisoned patients will benefit by advocating for the implementation of a national poisoning centre that can advise on treatment of poisoned patients. Workers will benefit from the work of UNACOH to advocate for improving working conditions at national level.

**International level**

In Denmark students from Danish Universities Faculties of Medicine and Public Health will receive teaching on Occupational Health and Safety at a Global level where one of the themes are including experiences from this project. Students from KU-life will receive specific teaching on Pesticides, Health and Environment at a Global Level. At least 4 students will be involved in research and thesis writing together with fellow students from Uganda.

Materials developed on the project are asked for and shared through WHO and ICOH networks, so they can be downloaded for use and inspiration at global level for training of farmers and HCWs. Actually materials are going to be used in a sister project in Nepal, where materials are adapted to local needs and translated into Nepali.

C.2 The project’s objectives and success criteria (indicators)

**General objective:** To improve the life of the Ugandan population by reducing the negative health and environmental effects of pesticide use.

**Specific objectives:**

1. To strengthen the ability of the civil society to advocate for and undertake concrete actions to promote a sustainable agricultural production and prevention of negative health and environmental effects caused by pesticide use in the two districts of Wakiso and Pallisa.
2. To facilitate the use of new knowledge, strategies and materials developed in the project at national and international level.
3. To strengthen sustainability and the institutional capacity of UNACOH in its mandate as a CSO to enhance its ability for advocacy and to give technical support to organizations of the civil society, public and private institutions in the field of Occupational and Environmental Health and Safety.

|  |  |
| --- | --- |
| **Indicators** | **Means of verification** |
| Objective 1   * Activities to promote knowledge of IPM (Integrated Pest Management) and safe use among farmers, other pesticide users and agrodealers are celebrated by district members of the Agrodealers Association (UNADA and Crop Life), NAADS (district agricultural extensionists) and District Branch of Farmers Federation (UNFFE). * Use of IPM methods and safe use has increased by among 80% of the trained pesticide users. * Seventy percent of the agro-dealers in the districts are advising their customers on safe use procedures. * IEC (Information, Education and Communication) activities to create awareness about prevent pesticide intoxications are undertaken by village health teams and the district health educators. * Awareness the general population about pesticide dangers and prevention has increased by 50%. * Treatment of pesticide intoxications has improved in 80% of the districts the health facilities. | Interviews with key-stakeholders and target groups |
| Objective 2   * Educational and informative materials developed in phase 1 on IPM and ‘Pesticides, Health and Environment are revised, published and in use by stakeholders from civil society and government institutions. * Education at Makerere University (School of Public Health and College of Agriculture) on IPM and ‘Pesticide Health and Environment’ is strengthened with educational plans and materials. * A model and materials for teaching in public schools have been developed and tried out. * The knowledge from the project is shared nationally, regionally and globally through UNACOH webside and other virtual platforms. * Scientific and popular articles about knowledge created on the project have been published in national and international papers. | Interviews with key-stakeholders and target groups  Inspection of materials and articles produced |
| Objective 3   * UNACOH has streamlined its democratic governance, accounting and administrative procedures to become a UN green category organisation and conforming to the CUAM system promoted by Uganda National NGO Forum. * A strategic plan to consolidate UNACOH and yearly operational plans are followed * UNACOH is a member of three International networks on OHS and pesticides. * UNACOH has two other longer term financed projects in the field of Occupational, Environmental and Public Health. * UNACOH is recognized by the government of Uganda and the WHO as a national and regional OHS resource centre. | Interviews with staff and stakeholders  Revision of plans and results |

C.3 Outputs and activities

|  |  |
| --- | --- |
| **Outputs** | **Activities** |
| **Objective 1**  1.1 A baseline for planning and evaluation exists | 1.1.1 Conduct a baseline and a follow up survey amongst stakeholders with use of questionnaires, focus group discussions, key person interviews and national statistics. |
| 1.2 Key stakeholders are advocating at District level to mainstream prevention and adequate handling of pesticide poisonings. | 1.2.1 Quarterly planning meetings in project steering committee  1.2.2 Quarterly planning meetings in district pesticidecomittee, one in each district  1.2.3 Conduct Radio Programmes for awareness raising in districts, 8 in each district  1.2.4 Seminars to revise training materials, policies and curriculi of target groups, 4 in each district  1.2.5 Annual convent for all trained groups at district level, one in each district  1.2.6 Realise SMS campaigns to stakeholders with key messages |
| 1.3 VHTs are conduc-ting IEC on ‘pesticides, health and environment’, reports and refers poisoned patients at community level. | 1.3.1 Train 250 VHTs for 3 days in advocacy, IEC prevention methods and reporting of pesticide poisonings at community level.  1.3.2 Realize quarterly supervision/refreshment training of the trained VHTs through SMS and or actual visit in their villages. |
| 1.4 HCWs and health educators are realising IEC activities and handling acute cases of pesticide poisonings in the districts. | 1.4.1 Train new and phase 1 HCW from each of the 100 health centers across the two project districts on a three days course year one  1.4.2 One-day refresher training of HCWs per year from year two  1.4.3 Supervision of the HCWs on quarterly meetings in district from year two  1.4.4 Training of Health educators in 29 sub counties on a three days course to raise awareness in schools and villages from year one  1.4.5 School training (teachers and pupils) by staff and health educators for development of materials and method  1.4.6 Supervision and refreshment training of Health Educators on quarterly meetings from year two |
| 1.5 Spray men in public health vector programmes are using safe pesticide handling | 1.5.1 Workshops for public health spraymen in the two districts year one  1.5.2 Supervision of public health spraymen on yearly meetings from year two |
| 1.6 Trained farmers are practising IPM and safe pesticide use to spread new knowledge and practices in the two project districts | 1.6.1 Training of new and phase 1 farmers (300) in a total of 15 training days per farmer from year one  1.6.2 Realise supervision meetings in villages during the last two years of project |
| 1.7 NAADS extension workers, UNFFE trainers and UNADA agro dealers are advising farmers and other users to ensure that IPM and safe pesticide practices is widely known and practiced in the two project districts | * + 1.7.1 Train UNADA agro dealers; UNFFE and NAADS extension workers (120) during 3 days on IPM, safe pesticide handling and knowledge sharing.   + 1.7.2 Realise quarterly on spot supervision and evaluation of the performance of the agro dealers in their shops together with UNADA and DAO |
| 1.8 UFEA is promoting IPM and safe pesticide handling among flower farmers | * + 1.8.1 Train 30 UFEA flower farmers in high level IPM practices   + 1.8.2 Facilitate knowledge sharing and information materials amongst the project, big farms and small holders. |
| **Objective 2**  2.1 A national pesticide poisoning center and registration of poisonings is functioning at country level | 2.1.1 Execute stakeholder meetings with Ministry of Health to advocate for inclusion of pesticide poisoning in the health reporting system and the establishment of a National Poisoning Centre on ad hoc meetings with relevant authorities.  2.1.2 Training of 10 specialists to run a pesticide poisoning center is realised in collaboration with the Danish Poisoning Center at Bispebjerg Hospital. |
| 2.2 Education on prevention and treatment of pesticide poisonings are taking place in districts outside project area | 2.2.1 Execute stakeholder meetings with Ministry of Health, School of Public Health at Makerere University and others to advocate for inclusion of prevention and treatment of pesticide poisonings into the curriculums of health educations pre- and postgraduate.  2.2.2 Meetings with Ministry of Agriculture, UNFFE, UNADA, UFEA, Crop Life, and College of Agriculture at Makerere University undertaken to advocate for a strengthening of training on IPM and safe use in the curriculum of their trainings of farmers, extensionist and spray men in vector programmes. |
| 2.3 Information and training materials on ‘pesticides, health and environment’ for Village Health Teams (VHTs) and Health Care Workers (HCWs) are available in and outside project area | 2.3.1-5 Revise, print and disseminate one new VHT booklet, one new VHT IEC flip chart , second edition of the booklet for HCWs, one referral forms for VHTs and HCWs, 1 new booklet for vector spray men, 5 posters and 5 phamplets.  2.3.6 Create a virtual basket of informative, IEC and training materials with input from relevant stakeholders on health issues.  2.3.7 Training materials are available globally through UNACOH web-side and promoted via our international contacts in ICOH, WHO, FAO a.o. |
| 2.4 Information and training materials for farmers, spray men in public health programs and domestic pesticide users are accessible in and outside project area | 2.4.1-5 Revise, print and disseminate 6 booklets, one booklet for flower farmers, 1 flipchart, 5 posters and 5 phamplets  2.4.6 Produce and broadcast a documentary video about the project IPM and safe use issues.  2.4.7 Create a virtuel basket of informative, IEC and training materials with input from relevant stakeholders.   * + 1. Training materials are made available globally through UNACOH   web-side and promoted via our international contacts in ICOH, WHO, FAO a.o. |
| 2.5 Training materials and curriculum for education of children in public schools on ‘pesticides, health and environment’ is available | 2.5.1 One booklet for education of children produced and evaluated  2.5.2 Manual for the use of the material and curriculum for the training produced and evaluated  2.5.3 Materials printed and distributed in the two districts  2.5.4 Training materials are available globally through UNACOH web-side and promoted via our international contacts in ICOH, WHO, FAO a.o. |
| 2.6 New knowledge for advocacy purposes produced | 2.6.1 A study on pesticides poisonings (numbers, reasons, pesticide used, knowledge among personnel about diagnostics and treatment) at Mulago hospital and in the districts health centres is undertaken and published.  2.6.2 A study on systems for disposal of pesticide containers and obsolete pesticides is undertaken and published.  2.6.3 A study on food safety and pesticide residues in vegetables is undertaken and published.  2.6.4 A study on use of personal protective equipments and obstacles for use is conducted and published.  (Studies are realised in collaboration between project, Makerere University and Danish Universities.) |
| **Objective 3**  3.1 UNACOH secretariat is strengthened in areas of human resources, corporate governance, advocacy and resource mobilization | 3.1.1 Conduct a yearly seminar for UNACOH staff and board in organisation development (institutional capacity development, policy papers, resource mobilisation, membership development, operational plans etc.)  3.1.2 Staff Training (at least one relevant course per year |
| 3.2 Increase in the number of UNACOH active members by 25% per year. | 3.2.1 Build a homepage for sharing materials and ongoing/upcoming activies in project and UNACOH  3.2.2 Produce and disseminate 2 Newsletter annually for members and others  3.2.3 Conduct a yearly national conference including OHS and pesticide, health and environment in Uganda  3.2.4 Review the UNACOH membership database, follow up the members and update the database  3.2.5 Involving members in UNACOH district activities.  3.2.6 Revival of old and opening of new district branches |
| 3.3 UNACOH has increased district, national, regional and international partnerships | 3.3.1-3 Participate in National and International events on pesticides, health and environment.  3.3.4 Become a member of at least 3 international networks related to OHS and ‘pesticides, health and environment’.  3.3.5 Perform meetings and adjust accountability procedures to consolidate UNACOH as a ‘national institution of reference on OHS’.  3.3.6 UNACOH has increased the number of ‘memoranda of understanding’ with other key OHS stakeholders at district level, national and international level. |
| 3.4 An active UNACOH sustainability plan is in place | 3.4.1 Develop a resource mobilization strategy  3.4.2 Develop and implement a UNACOH business plan  3.4.3 Institute a project development program with at least one major project developed and funded each year.  3.4.4 Form a bank of professionals that can be drawn in occasionally to help perform the Foundation’s activities. |

C.4 Strategy: how does the project cohere?

1. **What methods and modus operandi will be employed by the project and why.**

Pesticide intoxication of humans and pollution of the environment is a growing problem that needs to be addressed. The problematic has only been addressed by few projects, and there is a lack of knowledge of what is happening and how to give solutions, so the project can be seen as innovative in its field. Maybe that’s why we see a great interest to work with this problematic among the partners which is the most important prerequisite to be able to obtain sustainable changes. The pesticide use and associated problems is complex; on the one hand pesticides increase yields, and on the other pesticides lead to intoxications and environmental pollution. At the moment we do not believe that pesticide use can be avoided in the bulk of agricultural production or in vector control in Public Health Programmes, although the use can and must be minimized by the UN promoted **Integrated Pest Management** strategies and the exploration of new methods in organic farming. IPM is understood as an effective, economically sound and environmentally sensitive approach to pest management that relies on a combination of common-sense practices that enhances, rather than destroys, natural controls. In IPM pesticides are used sparingly and selectively always using the less toxic options and promoting the use of appropriate personal protection to minimize negative health effects.

The project is primarily promoting **capacity building** and **awareness rising** in the population, through sharing of knowledge among partners and target groups. The knowledge in the primary target groups and among key stakeholders is shared by working together, through seminars and courses, and it is expected that these groups will pass on their knowledge to colleagues and farmers, as a sort of **‘training of trainers’** principle. Broader more general information directed at secondary target groups is given by folders, pamphlets, radio, SMS messages and in newspapers and scientific papers. Based on our experience we assume that bringing new knowledge through teaching and information to farmers, health personnel, agro dealers, vector spray men and others will help them to alter their current practices and lead to a change in behaviour in relation to pesticides handling and the prevention and treatment of pesticide poisoning. It is our experience that this is a sound assumption if the new knowledge is understood and if it can help to improve performance and income of the target groups.

As **advocacy** towards decision makers and politicians is crucial, it is an increasing part of the project especially in this second phase where working together with key-stakeholders in project steering and activities for their target groups will pave the way for mainstreaming the strategy and the project materials in their organisational activities. Advocacy will also be directed at more control with import and sale, better extension services especially on IPM, more focus on pesticide toxicity in foods and environment, and improved registration and treatment of intoxications by facilitating the development of a national poisoning center at Mulago Hospital in Kampala. The strength of the project will be an **in-depth documentation** of the actual situation concerning e.g. number and reasons for intoxications, obsolete pesticide problems, safe storage and use of personal protective equipment, residues of pesticides in food, soil and water. A knowledge that is useful not only to guide the project in its strategy and for evaluation purposes, but also of utmost importance for **advocacy** towards the decisions makers that deals with pesticides and can take appropriate actions to find sustainable solutions. An evaluation of the effects of the interventions performed and materials produced is also valuable, if the experiences shall be of use for a wider range of institutions and farmers nationally, regionally and globally, thus giving the project the possibility of a larger coverage than normally could be expected for the size of the project.

Many entities are involved in exports, imports, sale, use, legislation, information, teaching etc. Therefore efficient solutions have to be elaborated in a broad collaboration among authorities from various professional fields, farmers and consumers. The project is an **interdisciplinary** project, which will be reflected by coordination and mutual activities realised with the corresponding entities and by employing staff with the relevant skills. The project will use existing systems and structures, with UNACOH playing mainly coordination and technical expertise roles. The project will not duplicate roles or activities of other organisations. Instead the project will use existing Government and CSO systems to advocate for, promote, pilot or implement activities in support of safe pesticides use and appropriate handling of persons with pesticides poisoning. As the pesticide dealers are the ones having almost a daily and direct contact with the farmers, when they come to buy pesticides, we want to include this group closer in a second phase and a new international collaborator from the pesticide producers apart from UNADA named ‘Crop Life’ is very interested in this. Consumers groups are hardly seen in Uganda, but will certainly be created in the years to come, with knowledge, such groups might also be able to advocate for safer products and a cleaner environment.

The outreach activity from Kampala to the districts means that the project employees will be 15-20 days in the field every month operating from a district office. In phase one we have seen some activities realised by external funds apart from the budgeted project funds.

Especially the students and Danish universities and Clinics of Occupational Medicine have used many man hours and funds for realising documentation studies, something that will continue in phase 2. In other projects we have had WHO to put funds into mutual training and we think this possibility might be explored as well in this second phase of the project, especially when it comes to registering of intoxications and creating a poisoning centre. The time spent by the various stakeholders is also paid by them selves as they put their own salaries when realising mutual training and elaboration of materials.

1. **The sequence of the main project elements**

During the first phase the project settled in the local regions, and trained wit farmers groups, health care workers and a few extensionist and agro dealers. At central level good working connections were established especially with the university, but also god relations were established to the Ministries of Health and Agriculture, Farmers Union, Ecological Farmers and Agro dealers Association as all of them participated in the project steering committee. Teaching materials for farmers and health care workers were developed and are know with the Ministries of Health and Agriculture for their approval and later printing and distribution. Approval by the authorities is helping the ultimate goal to mainstream these materials for use in the health care system and by agricultural extensionists. In this second phase the local base will be enlarged to create more experiences and new educational materials, and this time also with a focus on the Village Health Worker system run by the health authorities as a kind of barefoot doctors in the villages, focus on flower farmers and spray men in vector programmes, groups that were not included in phase 1. The other groups are still part of the educational efforts and awareness rising in close connection this time with the organisations presenting them to seek sustainability by developing strategies and materials specifically to target their beneficiaries. In the second phase at central level advocacy for mainstreaming and diffusion of materials and knowledge to teaching institutions and other district by authorities and other CSO’s is started, something that will probably be completed if not before then in a third and final phase. UNACOH as an CSO on Occupational Health and Safety will be strengthened by revision and improvement of their strategies and administrative procedures. We hope that they can diversify their donors and also reach some donors with bigger funds for projects than the actual small activities funded from other donors than Denmark.

1. **How the project benefits poor or marginalised groups and how their ownership of the project is promoted**

The target groups we work with is mainly small scale farmers that are hardly earning enough to live a good life, sometimes even survive, especially in Pallisa where the Teso people are sometimes suffering draught. The bugandan in Wakiso are better of growing vegetables for the nearby markets in Kampala, but are still not rich farmers. The farmers have been taking part in the discussion of a phase 2 after having participated in phase 1, and many of their ideas and wishes for a second phase has been incorporated, e.g. increasing the area of training with more beneficiaries, distribution of more materials, yearly gatherings with other trained groups, training of agro dealers, SMS campaigns and radio and support to a poisoning center.

1. **How women’s and men’s equal participation and gain from the project will be secured**

In the first phase we asked the farmers to select among themselves not only males but also females for training in the project, which gave good results. In this phase we will do the same asking the target groups and authorities to select among both genders, although it might be difficult among health care workers as most nurses and nurses aid are women.

1. **How coherence and balance between capacity building, advocacy and possible strategic deliveries form part of the project strategy**

Our focus is on capacity building, awareness rising and advocacy for mainstreaming of the innovative materials and strategies developed by the project. We are not undertaking strategic deliveries as this theme with intoxications of pesticides is a new upcoming problematic growing each year due to the increase in pesticide use. The farmers association, agro-extensionists service, health care workers and others do not have the knowledge, materials or strategies in place so very little is done at the moment in this aspect, something the project is trying to change.

1. **How the project strengthens the local partner’s and/or target groups’ capacity and role as part of civil society.**

In phase one the staff got some experience in running a bigger project day by day. The accountability was streamlined and one from the staff was in Copenhagen for training. The organisation participated in several national and international events to strengthen their professional skills and to be known as an CSO working in the field of Occupational Health and Safety.

In phase two objective three is devoted to strengthen the organisation, with a improvement of staff skills, organisation strategies and administration, strengthening of their network of volunteers and national and international connections. The organisation is given a face lift by introducing a newsletter and an improved organisation home-page. Institutional and individual trainings are foreseen in the activity plan and budget for this objective.

1. **How the project will secure support from important stakeholders and possible enter into relevant networking or alliances (cf. B.4).**

In phase one contact and in some cases working relations were established to most of the relevant stakeholders. They have been part of the project steering committee in phase one and will now become more active in the project when benefiting their target groups by developing materials, realising education and advocating for mainstreaming of the activities. Agreement of Collaboration will be signed at the start of phase 2 with these collaborators.

* **Describe if and how the project feeds into other activities in a Danish or international context.**

The activities are building on experiences from a similar project in Bolivia, with an impressing impact on the way pesticide problematic are tackled by other CSOs and authorities in Bolivia and regionally. The materials elaborated in phase 1 are being used as templates in a similar Nepal project staring this April. Solutions to pesticide intoxications are a priority for WHO, and WHO are being presented for the materials developed and will if found of an acceptable quality spread them globally through their channels. The work by Dialogos and ICOEPH on pesticide poisonings and mercury poisonings in mining have lead to participation in WHO Global Network to improve working conditions globally, were our experiences are fed into the outputs of the Network. In Denmark the experiences are used for teaching students in health and agricultural careers and some of them go abroad to work together with fellow students from Ugandan universities on project matters.

**TIME LINE: PHASE 2**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activities 2013-17**  **Divided into semesters** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **Objective one: To strengthen the ability of the civil society to advocate for and undertake concrete actions to promote a sustainable agricultural production and prevention of negative health and environmental effects caused by pesticide use in the two districts of Wakiso and Pallisa.** | | | | | | | | |
| 1.1.1 Conduct a baseline and a follow up survey | x | x |  |  |  |  | x |  |
| 1.2.1 Semi annual planning meetings in project steering committee  1.2.2 Semi annual planning meetings in district pesticide committees  1.2.3 Conduct Radio Programmes for awareness raising in districts  1.2.4 Seminars to revise training materials, policies and curricula  1.2.5 Annual convent for all trained groups at district level  1.2.6 Realise SMS campaigns to stakeholders with key messages | x  x  x | x  x  x  x  x  x | x  x  x  x | x  x  x  x  x | x  x  x  x | x  x  x  x  x | x  x  x  x | x  x  x  x  x |
| 1.3.1 Train 250 VHTs  1.3.2 Realize semi annual supervision and refreshment training of VHTs |  | x | x | x | x | x | x |  |
| 1.4.1 Train new and phase one HCW from each of the 100 health centers  1.4.2 One-day refresher training of HCWs per year from year two  1.4.3 Supervision of the HCWs  1.4.4 Training of Health Educators  1.4.5 Refreshment of Health Educators  1.4.6 Supervision of Health Educators |  | x  x | x  x | x  x  x  x | x  x  x  x | x  x  x  x | x  x  x  x |  |
| 1.5.1 Workshops for public health spray men  1.5.2 Supervision of public health spray men |  |  | x | x | x | x | x |  |
| 1.6.1 Training of farmers  1.6.2 Supervision of farmers |  | x | x | x | x | x | x |  |
| * + 1.7.1 Train UNADA agro dealers; UNFFE and NAADS extension workers   + 1.7.2 Realise on spot supervision and evaluation of the agro dealers |  | x | x | x | x | x | x |  |
| * + 1.8.1 Train 30 UFEA flower farmers in high level IPM practices   1.8.2 Facilitate knowledge sharing and information materials flower farmers |  | x | x | x | x |  |  |  |
| **Objective 2: To facilitate the use of new knowledge, strategies and materials developed in the project at national and international level.** | | | | | | | | |
| 2.1.1 Execute stakeholder meetings with Ministry of Health for advocacy poisoning center  2.1.2 Training of 10 specialists to run a pesticide poisoning center | x | x | x |  |  |  |  |  |
| 2.2.1 Execute stakeholder to advocate for inclusion of poisonings into the curriculum’s of health educations pre- and postgraduate.  2.2.2 Meetings stakeholders to advocate for a strengthening of training on IPM and safe use in the curriculum for training of farmers, extensionist and spray men in vector programmes. | x  x | x  x | x  x | x  x | x  x | x  x | x  x |  |
| 2.3.1-5 Revise, print and disseminate one new VHT booklet, one new VHT IEC flip chart , second edition of the booklet for HCWs, one referral forms for VHTs and HCWs, 1 new booklet for vector spray men, 5 posters and 5 pamphlets.  2.3.6 Create a virtual basket of informative and training materials  2.3.7 Training materials are made available globally through web-sides | x  x | x  x | x  x | x | x  x | x  x | x  x |  |
| 2.4.1-5 Revise, print and disseminate 6 booklets, one booklet for flower farmers, 1 flipchart, 5 posters and 5 pamphlets  2.4.6 Produce and broadcast a documentary video on IPM and safe use  2.4.7 Create a virtual basket of informative and training materials for IPM  2.4.8 Training materials are made available globally through web-sides | x  x | x  x | x  x | x  x | x  x  x | x  x  x | x  x | x  x |
| 2.5.1 One booklet for education of children produced and evaluated  2.5.2 Manual for the use of the material and curriculum for the training produced and evaluated  2.5.3 Materials printed and distributed in the two districts  2.5.4 Training materials are available globally through web-side |  |  |  | x  x | x  x | x  x | x |  |
| 2.6.1 Study on pesticides poisonings  2.6.2 Study on systems for disposal of pesticide containers and obsolete pesticides  2.6.3 Study on food safety and pesticide residues in vegetables  2.6.4 Study on use of personal protective equipments and obstacles for use  Studies are realised in collaboration with Makerere and Danish Universities |  | x | x  x | x  x | x  x  x | x  x  x | x  x | x |
| **Objective 3: To strengthen sustainability and the institutional capacity of UNACOH in its mandate as a CSO to enhance its ability for advocacy and to give technical support to organizations of the civil society, public and private institutions in the field of Occupational and Environmental Health and Safety.** | | | | | | | | |
| 3.1.1 Conduct a seminar for UNACOH staff and board  3.1.2 Individual staff Training |  | x  x | x  x | x | x | x | x |  |
| 3.2.1 Build a homepage for sharing materials and ongoing/upcoming activities 3.2.2 Produce and disseminate 2 Newsletter annually  3.2.3 Conduct a yearly national conference on OHS including pesticide, health and environment in Uganda  3.2.4 Review the UNACOH membership database and follow up members  3.2.5 Involving members in UNACOH district activities.  3.2.6 Revival of old and opening of new district branches |  | x  x  x  x  x  x | x  x | x  x  x  x  x | x | x  x  x  x  x | x | x  x  x  x  x |
| 3.3.1-3 Participate in National and International events on OHS  3.4 Become a member of at least 3 international networks related to OHS  3.3.5 Consolidate UNACOH as a ‘national institution of reference on OHS’.  3.3.6 UNACOH has increased the number of ‘memoranda of understanding’ with other key stakeholders at district level, national and international level. |  | x  x | x  x | x  x | x  x  x  x | x  x | x  x | x |
| 3.4.1 Develop a resource mobilization strategy  3.4.2 Develop and implement a UNACOH business plan  3.4.3 Institute a project development program with at least one major project developed each year  3.4.4 Form a bank of professionals to help perform Foundation’s activities. |  | x  x  x | x  x  x | x  x | x | x  x | x | x  x |

C.5 Phase-out and sustainability

The stakeholders and target groups existed many years before this project and will continue to exist after the project is phased out. In case of phase out after this second phase we will see to that the goods acquired in the project is donated to the Farmers Union and UNACOH to strengthen their ability to continue operations. The partners can be expected to continue coordination even after the project stops, due to having experienced working together, and the fact that their responsibilities within the field of pesticides will become easier to fulfil coordinating with each other. Regarding UNACOH given more knowledge at expert level will improve sustainability. Besides, UNACOH is the one Ugandan partner in this project whose core interest, and permanent mandate, is to promote the health and safety of persons in their living and working environment, wherever they may be living and whatever work they may be doing. Farmers, forming the majority of community members and the majority of workers in Uganda, are naturally UNACOH’s leading target beneficiary. And that is why they are the lead Ugandan counterpart for the project.

Project activities will be tried mainstreamed not only on project areas but nationally by trying to complement and strengthen activities already undertaken by key stakeholders. If the project succeeds in introducing new or improved informative and educative materials to key stakeholders means sustainability of the strategy and materials developed by the project together with stakeholders. The same goes for improving or changing curriculum in teaching institutions. Change of practices among farmers will be sustainable if they see an advantage for their health or economy. For health care workers the same can be said if there is a growing request for treating pesticide intoxications as it seems to be the case at the moment. The project is not introducing new structures or putting new tasks upon stakeholders, merely advocating for an improvement of the things they are already doing. By producing strategies and materials of high quality we have experienced other organisations (including farmer’s organisations), operative branches of ministries, teaching institutions and other NGO’s adopt the theme, our teaching materials and they themselves ask and pay for courses, which is a reflection of the necessity of the intervention and its sustainability.

Through ICOEPH the strategies and materials produced might become useful worldwide as WHO wants to promote these materials and experiences on ‘pesticide, health and environment’ trough their channels.

If the capacity of awareness raising and advocacy in the civil society organisations is improved then some legal and institutional changes might be realised leading to sustainability of actions taken to full fill the objectives of the project. Some examples could probably in this second phase be:

* Change/improvement of curricula in universities, technical schools and public schools.
* Changes in the control of imports and sales e.g. by promotion of a positive list of less toxic pesticides.
* Change in official policy and programs of farmers training in field schools through ministry of agriculture.
* Extension of UNFFE farmers training
* Extension of UNADA and Croplife farmers training and certification

Changes like these have an effect beyond the local areas where the project will work and might influence the hundreds of thousands of people.

C.6 Assumptions and risks

**Main assumptions and risks**

1. The Government of Uganda and national authorities and organisations will support in the promotion and collaboration.
2. The district local governments and their authorities will support in the promotion and collaborate in the project.
3. The target groups and their organisations are interested in training and they are ready to share acquired knowledge after a ‘training of trainer’ concept
4. The private organisations are willing to cooperate and support the project.
5. It is possible to make the different stakeholders work together.
6. No major unrest in the country will hamper the activities of the project.
7. The currency is more or less stable.
8. Bringing new knowledge through teaching and information is assumed to promote changes in behaviour and practices, if the target groups can see a benefit.
9. It is assumed that the funds for the project are administered in a sound way to avoid misuse and corruption.

The macro-level risk is clearly a change in either the Government, or a change in the direction of national policies. However, it is hoped that by effectively raising awareness, knowledge and understanding of project issues among the target groups, the project will foster an environment in which the public demand their rights and seek due accountability from governments and providers.

D. PROJECT ORGANISATION AND FOLLOW-UP

D.1 Division of roles in project implementation

The project will be democratically conducted in the sense that a steering committee will be formed with the participation of the stakeholders at national level, and a district pesticide committee in each district.

UNACOH is responsible for the day to day work on the project, Dialogos/ICOEPH deliver specialist input and Dialogos supervises UNACOH on overall project management and day to day matters when requested. UNACOH is held responsible towards Dialogos for project activities and funds transferred to Uganda, while Dialogos is responsible towards CISU as the donor.

The project will be implemented by the staff with a part time (50%) coordinator specialised in occupational health, a health educator (public health specialist), an agronomist specialised in IPM, two district field officers (one health and one agriculture), a part time secretary, an office attendant and a driver employed by UNACOH. To support the core staff of UNACOH consultants from Uganda and Dialogos/ICOEPH will be hired for special tasks like elaboration of teaching and information materials, the carrying out of small research projects, revision of budgets etc.

In Denmark a steering committee will be formed to be responsible for the technical management and guidance of the project. The committee will consist of volunteers from Dialogos, ICOEPH and the other collaborators. As can be seen from the CV’s that can be requested from Dialogos, the Danish partners will use experts with relevant knowledge and experience to guide the project whether it is in occupational safety and health, agriculture and pesticides, research, education, information or administration.

**In Uganda:** The day to day work is organised as seen in this table where the gray parts of the table is project staff or consultants and the white key beneficiaries and stakeholders. The tasks of the staff and consultants we can control but the tasks of the target groups and stakeholders are what we expect to be possible building on experiences in phase 1.

|  |  |
| --- | --- |
| **PROJECT STEERING COMMITTEEE**  Members: UNACOH, MOH, MAAIF, MUSPH, MUAgric, CropLife, UFEA, UNFF, NEMA, Pallisa District, Wakiso District, with Secretariat of PC, and 2APCs | * Review project reports of previous quarter * Review project plans for next quarter and year * Give strategic direction to project * Make necessary contacts for the project |
| **PROJECT COORDINATOR** | * Receive and translate into action guidance from Project Steering Committee * Liaise with DIALOGOS * Liaise with Government (Central & Districts) and with institutions and organisations * Coordinate the Health and Agricultural functions of the project at central level * Overall responsible for development of training and IEC materials * Be responsible for celebration of monthly evaluation and planning meeting among the staff * Be responsible for the implementation of Objective 3. * Harmonise project activities with UNACOH activities |
| **Asst. Project Coordinator (Health)** | * Liaison * Developing training and IEC materials * Conduct training of VHTs, HCWs and Health educators * Supervise the District Project Officers (Health) and the trained target groups * Monitoring and Evaluating activities * Facilitate documentary studies together with University |
| **District Project Officers (Health)** | * Liaison between UNACOH and District * Distribute IEC materials * Conduct training of VHTs with Health Educators * Supervising the VHTs * Monitoring and Evaluating activities |
| **District pesticide committees** | * Review project reports of previous quarter * Review project plans for next quarter and year * Give strategic direction to project * Make necessary contacts for the project * Advocate for implementation of regulations for companies spraying in vector programmes and shopkeepers selling pesticides at district level. |
| **29 Health Educators** | * Assist in developing IEC and training materials * Participate in training of VHTs and farmers * Distribute IEC Materials |
| **100 Clinical Health Workers** | * Diagnosis, treatment, documenting and reporting pesticide poisoning * Health Education to Health centre Clients/patients |
| **250 Village Health Team members** | * Distributing IEC Materials * Sensitising persons * Identifying and referring persons suspected to have acute pesticide poisoning * Record keeping and reporting of referred persons |
| **Asst. Project Coordinator (Agriculture)** | * Liaison * Developing training and IEC materials * Conduct training of IPM farmers, Agriculture Extensions workers, agrodealers and spray men * Supervising the District Project Officers (Agriculture) and the trained target groups * Monitoring and Evaluation including surveys * Facilitate documentary studies together with University |
| **District Project Officers (Agriculture)** | * Liaison between UNACOH and District * Distributing IEC materials * Conduct training of target groups * Monitoring and Evaluation including surveys |
| **120 Agriculture Extensionists, UNFFE district branch officers and UNADA agrodealers** | * Assist in developing IEC and training materials * Participate in training and giving advice to IPM farmers * Distribute IEC materials |
| **60 Spray men (public health)** | * Carry out responsible spraying practices * Disseminate information on safe use of pesticides |
| **30 UFEA flower farmers** | * Assist in developing IEC and training materials * Participate in training and giving advice to flower farmers * Distribute IEC materials |
| **250 IPM Farmers** | * Practice IPM * Disseminate information about IPM * Educate fellow farmers |
| **5000+ Farmers** | * Benefit from IEC Materials, Radio programmes, SMS messages and direct contact with IPM farmers * Adopt IPM methods |
| **External consultants** | * Assist on trainings of IPM farmers but also at higher levels for flower farmers and agricultural officers and in universities on spraying techniques * Assist training on pesticide toxicology when advocating for implementation of national poisoning center * Assist in elaboration of educational and informative materials * Assist in documentation studies by supervising staff and students * Assist in organisational development of UNACOH and accountability * Assist in baseline and evaluation |

D.2 Monitoring and evaluation in project implementation

The project will be monitored on a monthly basis by project personnel meetings within UNACOH. The project steering committee and district pesticide committees will meet quarterly and revise project plans, quarterly reports and accountability and provide technical input were needed.

In Denmark a project group is formed that will meet quarterly to revise project plans, quarterly reports and accountability and provide technical input and supervision to the project where needed. A person from this group will have the direct day to day communication with the project personnel. Ad hoc meetings will be held when found necessary. From this technical project group expertise will be provided from Denmark or during visits in Uganda when needed.

At the beginning a baseline survey including health and agricultural matters of relevance to the project will be done. When reviewing and evaluating the project this baseline survey will be repeated to document expected positive changes in knowledge and behaviour as seen from indicators. Information is gathered by means of questionnaires, interviews and statistics in the districts and at national level. Data will be analysed using sound statistical procedures and standard statistical programs.

E. INFORMATION WORK

E.1 Has project-related information work in Denmark been planned?

•       What will be the objective of the information work?  
The PHE Phase 2 will be a very good vehicle to explain overall philosophy of the project in an African context. The status of the African (here Ugandan) environment, the farmers practical work and the education of them to be better producers needs to be told. Covering Phase 2 of a PHE-project will allow special journalistic perspectives, since there is both experience and a renewed process to study.  
•       What will be the subject of this information work?Set out the target  
groups for the information work.  
The objective of information work in Denmark will be to inform the general public about the philosophy, reality, the work and the results of PHE. Apart from Dialogos' own media information will be carried at the development [websiteverdensnyt.dk](http://websiteverdensnyt.dk/), the leading organic/environment/climate website [organictoday.dk](http://organictoday.dk/) and likely in mainstream websites as [avisen.dk](http://avisen.dk/). Attempts will be made to carry information further into main stream media.  
•       Which methods, media and activities will be employed (radio,  
website, brochure, theatre or the like)?  
web, photo, video and print  
•       Who will be responsible for preparing the information work  
(including whether external specialists will be engaged)?  
All information concerning the PHE Phase 2 will be executed be seasoned professionals with established and close ties to Dialogos.  
•       Who is going to carry out the information work?  
ll information concerning the PHE Phase 2 will be executed be seasoned professionals with established and close ties to Dialogos.  
•       What effect is the information work expected to produce?  
  
The effects is expected to be better information of the Danish public and improvement of the general understanding of the importance of development work and transfer of knowledge to people, who need it.

F. PHASED PROJECTS

F.1 The combined intervention divided into phases

The project is divided into three phases, of which this is the application for the second phase. The length of the total project is intended to be 10 years with the overall objective “To improve the life of the Ugandan population by reducing the negative health and environmental effects of pesticide use.”

The pesticide use and associated problems is complex; on the one hand pesticides increase yields, and on the other pesticides lead to intoxications and environmental pollution. As the problem is complex it needs to be tackled from various angles involving various stakeholders like farmers, pesticide importers and dealers, agricultural extensionists, spray men in public health programmes, health care workers and village health care teams. Also the private and public institutions representing them such as district and national health and agricultural authorities, Farmers Union, Pesticide dealer and importers, private spray companies and Universities and schools are involved.

Phase 1 started June 2010 and will finish September 2013, after a no cost extension of 4 month. The first phase focused on capacity building and raising awareness in the target group and among the stakeholders and to a lesser extent advocacy.

The specific objectives of this phase have been:

1. Prevention, registration, diagnosis and treatment of pesticide poisonings is improved in the health clinics in 2 districts.

2. The number of cases of pesticide poisoning is lowered by promoting IPM strategies among farmers from 20 villages in 2 districts.

3. The civil society, especially emphasising Uganda National Farmers Federation and district village farmers groups, are aware of pesticide dangers and able to advocate for concrete actions in the ‘district pesticide committees’ and the National Agricultural Chemicals Board to ensure a sustainable food production.

An external evaluation took place in December 2012 and its major conclusions were:

*Generally the project has made an impact within the project area. The PHE project activities as implemented by the UNACOH staff have contributed a great deal to the general awareness on pesticides safety and usage as well as knowledge on IPM strategies*

*Collected evidence confirms the impressions that the project is highly relevant and has been embraced by all the key stakeholders. This notwithstanding, gaps still exist, as some farmers are still slow in adapting to change. In addition there is need to intensify on the integration of project activities into ongoing district programmes. It is also noted that given the importance of the PHE project, the geographical coverage of the project is too small as expressed by the Chief Administrative Officer, Pallisa, “We have problems explaining why the project is only focusing on a few sub counties. In future we would like other sub counties to be included so that it has a wider multiplier effect”*

*The team observes that there is an enabling environment that supports the project’s objectives and there is s evidence that excellent working relationships have been developed between UNACOH and governments institutions as well as other collaborating agencies. There is also substantial good will from the district local government authorities towards UNACOH and PHE Project and this should be capitalized on for the sustainability of the project.* (see annexed evaluation report).

The project is now settled in the project area, have created good relations to the target groups and stakeholders, have started capacity building and raising awareness in the district about IPM and ‘Pesticides, Health and Environment’. At national level good relations has been created to Ministry of Health and Ministry of Agriculture, as well as Makerere University. These as well as the farmers unions and pesticide dealers association has formed part of the project steering committee, and are all willing to continue and widen the collaboration. It is something new for them to sit around the same table and discuss and share ideas but seems to be a positive experience for all parties. Materials have been developed with help from the University and are now been evaluated by the Ministries, they will provide a foreword and ministerial approval in a second edition. WHO has asked for copies of these materials to evaluate them and make them accessible at their homepage once the Ugandan Ministries have finished their evaluation and eventual suggestions for improvement. The materials are also introduced to CISU financed pesticide project in Nepal as an inspiration for elaborating their own materials in Nepali.

The second phase of the project is planned to start in October 2013 and will finish September 2017. This phase will still focus on capacity building and raising awareness in the target groups (farmers, pesticide dealers, spray men, agricultural extensionists, health care workers and Village Health Teams) and among the stakeholders. But this time to a greater extent the project will advocate for mainstreaming of the elaborated strategies and materials as well as/or elaboration of mutual strategies and materials that stakeholders can use for their target groups. At national level advocacy for strengthening the education on IPM in agricultural training institutions and universities will take place as well as advocacy for strengthening education on toxicology (Pesticides, Health and Environment) in the health care education at the Universities.

The specific objectives of this phase will, as mentioned above, be:

1. To strengthen the ability of the civil society to advocate for and undertake concrete actions to promote sustainable agricultural production and prevention of negative health and environmental effects caused by pesticide use in the two districts of Wakiso and Pallisa.

1. To facilitate the use of new knowledge, strategies and materials developed in the project at national and international level.
2. To strengthen sustainability and the institutional capacity of UNACOH in its mandate as a CSO to enhance its ability for advocacy and to give technical support to organizations of the civil society, public and private institutions.

This shift with more emphasis towards advocacy and institutional strengthening of UNACOH is done to start working on the sustainability of the changes and new ideas introduced by the project. It is our experience from a similar project in Bolivia, that if you create evidence based knowledge and experience in local settings, and produce the relevant materials for teaching and disseminating information, then it is possible to get success with advocacy for a change of curriculums in teaching institutions and working plans and strategies in key Ministries. And this is what we aim for in this phase and will finish in the third and last phase of this project, when project activities will phase out but hopefully continue as mainstream activities among target groups and stakeholders.

At the international level experiences have been shared by ICOEPH and UNACOH at international meetings on Occupational Health and Safety, and in articles written to popular and scientific papers. This is an effort that will be continued through out the project. Ideas are changed and new knowledge created when students and researchers from Denmark work together with colleagues in Uganda, which is knowledge sharing at global level; knowledge which is used in education in Danish Universities as well. Through the project UNACOH has made contacts with professional networks in FAO and WHO as well as with ICOH. These contacts will be strengthened in this second phase.

UNACOH as an organization has been strengthened considerably with the UNACOH Secretariat being guided by a professional supervisor on accountability and organizational development. One UNACOH staff member had training in Denmark on organizational development. It is still necessary to further strengthen the organization so that by the end of the project it will be a strong Civil Society Organization on Occupational Health and Safety, advocating for the farmers’, workers’ and children’s right to a healthy working life and environment. Last year, 2012, UNACOH celebrated its Silver Jubilee (25 years of service) with a conference in Kampala, where among the participants were representatives from the project target groups and stakeholders as well as the WHO representatives from Uganda and Africa. They all expressed their wish for a strengthened UNACOH as a CSO in Occupational Health and Safety (OHS) and Public Health (PH) as an example for neighboring countries where very few CSOs of this kind exist.

3. Budget summary

|  |  |  |
| --- | --- | --- |
| **Budget summary** |  | **Currency** |
| Indicate the total cost (i.e. including contributions from the Civil Society Fund as well as others) | 5.712.801 | DKK |
| Of this, the Civil Society Fund is to contribute | 4.862.801 | DKK |
| Of this, indicate the amount to be contributed by other sources of finance, including self-funding by the Danish organisation or its local partner, if any | Estimated 850.000 | DKK |
| Indicate total cost in local currency  (to be administered by counterpart) | 1.649.247.430 | Ugx |
| Indicate exchange rate applied | 445 Ugx /1 DKK |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Main budget items:** |  |  | Financing plan | |
|  | Full amount |  | Of this, from Civil Society Fund | Of this, from other sources |
|  |  |  |  |  |
| 1. Activities | 2.574.267 |  | 2.074.267 | 500.000 |
| 1. Investments | 202.858 |  | 202.858 | 0 |
| 1. Expatriate staff | 0 |  |  |  |
| 1. Local staff | 1.385.714 |  | 1.285.714 | 100.000 |
| 1. Local administration | 303.335 |  | 303.335 | 0 |
| 1. Project monitoring | 289.000 |  | 179.000 | 110.000 |
| 1. External evaluation | 78.000 |  | 78.000 | 0 |
| 1. Information in Denmark (max 2% of 1-7) | 81.500 |  | 41.500 | 40.000 |
| 1. Budget margin (min 6% and max 10% of 1-8) | 300.000 |  | 300.000 | 0 |
| 1. Project expenses in total (1-9) | 5.214.674 |  | 4.464.674 | 0 |
| 1. Auditing in Denmark | 80.000 |  | 80.000 | 0 |
| 1. Subtotal (10 + 11) | 5.294.674 |  | 4.544.674 |  |
| 1. Administration in Denmark (max 7% of 12) | 418.127 |  | 318.127 | 100.000 |
| 1. Total | 5.712.801 |  | 4.862.801 | 850.000 |

4. ANNEXES

**OBLIGATORY ANNEXES**

The following annexes must be submitted both in print by post and electronically by email:

1. Basic information about the Danish applicant organisation
2. Fact sheet about the local organisation
3. Budget format

Annex B is filled in and signed by the local partner. It can also be submitted in a copied/scanned version.

The following annexes about the Danish organisation must be submitted in print by post:

1. The organisation’s statutes
2. The latest annual report
3. The latest audited annual accounts

**SUPPLEMENTARY ANNEXES (max 30 pages):**

|  |  |
| --- | --- |
| Annex no. | Annex title |
| G | Evaluation report december 2012 resumen |
| H | Aggreement of Collaboration Dialogos and UNACOH (forwarded on request) |
| I | Aggreement of Collaboration Dialogos and ICOEPH (forwarded on request) |
| J | Concept proposal for organisational development of UNACOH (forwarded on request) |
|  |  |
|  |  |
|  |  |
|  |  |

***Notice****: All annexes should be submitted in print in three copies (no magazines, books, newspaper cuttings or ring binders, but copies of relevant excerpts thereof).*