Amplify Final Report

Our hope is that this final report template will help you create an engaging story about the work you completed in partnership with Amplify. Our storytelling experts have created the following template to help you document the accomplishments and lessons learned from your pilot project, so you can share them in a concise and compelling way with future partners, prospective donors, and the world!

This report has 4 sections:

1. Summary of what happened
2. Reflections
3. Human stories
4. Your own stories

Please complete this report by Friday, June 21 and return to selam@ideo.org and allie@ideo.org. Thanks!

1. Summary of what happened:

**Pre-Amplify:** Think back to where you were before applying to Amplify - where were you starting from? What did you think would be successful? Who were you reaching with your product/service at that point, and how?

Prior to Amplify, SignHealth Uganda was collaborating with Uganda National Association of the Deaf (UNAD) with technical & financial support from DCW in exploring efforts to ensure that deaf young people have access sexual reproductive health in Uganda. This was mainly done through structured interventions including of training peer leaders, awareness workshops with health workers and community leaders. This enabled us to identify the deaf youth and partners in the three project areas of Kampala, Masaka and Jinja on issues sexual reproductive health and HIV/AIDS.

Most of the effort was geared towards reaching out to the deaf young people and service providers and other partners working with young people who enable deaf people benefit from existing development programs

The bulk of the initial planning and technical delivery of interventions was by project team and relevant resource persons as need arose. We had planned to only focus on deaf young people and provide them with SRHR Information through training workshops and peer to peer education.
The amplify program inputs during piloting and design phase introduced the team to the human centered (HCD) right from the “bootcamp” that inspiring routine reflections and interaction informed by the active involvement and leadership of the target group (DYP themselves).

Activities: Look back at your initial work plan—what activities were planned, and what activities actually occurred throughout your pilot period? If there were significant shifts, what were they and why did they happen?

The maiden activities that were tested both during the prototyping and pilot were the guerrilla theatre (surprise drama to attract and provoke discourse on issues of DYP) and meeting points for deaf young people themselves (including meeting at churches, business areas and sports functions) to chat about SRH. These core interventions were fully embraced by the target groups and carried through the pilot phase.

During the design phase, with technical resource persons from IDEO.org, the project derived further insights and reflection that shaped the turn of the pilot period. In addition to the core activities targeting deaf youth themselves the project was enriched with specific outcomes targeting the parents the general community leading to activities listed below;

Conducted guerrilla theater sessions at national and community level in all the 3 project locations (Jinja, Masaka and Kampala Districts). These were scripted and executed by the DYP themselves with occasional guidance from the project team on the likely audiences and themes of public events.

The guerrilla theatre was also a central feature in community outreach events dubbed “YAKA” that were characterized by cocktail of community mobilization and awareness activities including dance and drama, sports and talent shows. These helped to showcase the skills and potentials of DYP besides breaking the stigma and exclusion. YAKA events were also instrumental in identification more deaf children that have been previously hidden by their parents.

Additional design work for the pilot phase also enriched the awareness package for health workers and other community educators with production handy tools including SRHR booklets and job aids. These improved packages have not only simplified the delivery of SRHR messages by schools and health workers, but have also ensured accessible and deaf friendly services in each location including Naggulu Health Centre in Kampala, TASO in Jinja and Masaka Regional referral Hospital. While at the
health facilities, deaf youth have been trained in sexual reproductive health with focus on HIV/AIDS, pregnancy control, family planning, STDs among others.

Among all the interventions were conducted, the team continues to ride high with the “highest game changing” innovation of the “Communication Board”. This idea evolved with the help of IDEO designers who worked with the implementation team, DYP and their families to unlock the puzzle of parent’s failure to communicate with their own children. Parents who had failed to grasp the communication tips in various training sessions are now able to generate and sustain a cordial conversation with their children.

Additional Information Education and Communication (IEC) materials were produced including guides for new families, SRH posters and charts with basic signs.

The team has also captured visual documentaries and clips on champions and best practices to be shared with stakeholders.

There were also specific efforts undertaken to follow-up on child rights issues and protection efforts with engagements with law enforcement agencies and child rights actors to safeguard the vulnerable deaf child following increased reports on incidents of abuse and neglect in the community.

Alongside the final phase of the project, the team also benefitted from additional interventions led by DCW, including an intensive child protection/safeguarding training and an end line evaluation of amplify project available.

**Spending:** Look back at your initial budget—what did you think you’d spend the Amplify grant on? Where did you actually spend it? If there were significant changes, what were they and why?

The Initial total Amplify project budget was: $153,160, with additional income from accumulated exchange gains of $3,996 leading to a total 157,128.5 of available for the project.

Accumulated Amplify expenses amounted to: $157,257. The notable areas of expenditure included:

Program Activities geared towards DYP, parents and community taking over a two thirds of the budget at $98,636, with a moderate variance (increase) of %3,030 from the budget line of 95,333.2. This helped to cater for additional innovations particularly communication materials including the most popular Communication Board as designed and outsourced with support from the designers from IDEO.org.

Other expenditure lines included: Staff Payments at 45,286;

Essential project equipment at 2,105.

Office running costs at 11,230.

Towards the end of the project, there were discussions with DCW to evaluate the project as offered by IDEO.ORG. Subsequently, a total of $3,553 was used for the
project evaluation which will inform any future projects with deaf young people. At the
time of reporting, the evaluation report was still being worked on.

**Impact:** Based on the goals you set, what impact did you hope to have after 12 months of piloting? Tell us about your plans for impact when starting Amplify, and the impact you have been able to achieve thus far. Remember, impact can be achieved in terms of depth (severely impacting one life in profound ways) and breadth (reaching many people).

While the project has come to an end, the team has observed several lasting impressions on the lives of DYP and their families as a group and individually beyond what was anticipated as highlighted here under 3 main areas of outcomes:

With regard to DYP themselves, the increased interaction and awareness on Sexual reproductive health through meeting points, check in sessions and support from their peers and health workers; DYP have known about their sexuality. A survey the end of the project indicates that 74% of 120 deaf young persons reported change in sexual practice. In addition, 71% of the deaf young people who participated in the project reported have clear knowledge on the use of condoms. More so after the training in sexual reproductive health, 79% of the DYP reported being afraid of getting HIV/AIDS. Before the intervention, only 20 of the deaf youth in each area had tested for HIV but during the project period over 120 tested for HIV/STIs, many are visiting the health centers on their own testimonies derived on those living positively with HIV (4 self-confessed) and emerging change of life (e.g. reduced reports on sexual networks) and taking informed choices.

In the area of family awareness and support, most of the parents in the 3 locations (Masaka, Kampala and Jinja) can easily relate & communicate better with their children at home and reaching out to services, courtesy of the communication board, follow-up guidance and mentoring. The Communication Board has been being shared amongst parents and 80% of those reached during post-test/reviews have reported better communication and improved relationships at home with their deaf children. The parents have also reported that they are now capable of having SRHR talk at home as the have the confidence to manage such following the newly acquired skills in sign language.

All the deaf schools (9) in the project areas have reported increased enrollment of the deaf children which could be partly attributed to increased community awareness /YAKA events and family sensitivity.

During the project, were able to directly interface with a total of 380 Deaf youth between ages of 11 – 24. The all reported increased knowledge on SRHR. They have better attitudes towards use of contraceptives and are able to seek medical advice and attention when need arises.
Besides, community leaders such as the Community services department in Jinja have earmarked the deaf youth in Jinja the disability grant while in Kampala the DYP have been allowed to register in different divisions towards benefiting in local government projects /grants.

After undergoing a three months training in sign language, over 60 health workers both from Masaka and Jinja have reported improved skills in communicating with the deaf people when the visit their hospitals, some have also reported increased number of deaf who willing go for medical services as they are sure they will communicate with the health workers and will be served better.

Please also relay your final figures from your Amplify project below:

**Reach:**

# of families who receive communications tool

Disaggregation for each indicator:
- Male/Female: 335 / 415
- Rural/Urban: 420 / 330
- Age range:
  - Under 10: 50
  - 10-18: 245
  - 18-40: 370
  - 40-60: 85
  - 60+: __
- Disability status (# reached with a disability): 625

# of service providers who receive communications tool

Disaggregation for each indicator:
- Male/Female: 145 / 165
- Rural/Urban: 160 / 150
- Age range:
  - Under 10: __
  - 10-18: __
  - 18-40: __310
  - 40-60: __
  - 60+: __
- Disability status (# reached with a disability): 60
Engagement

- # of families using the communications tool to communicate with their deaf children: 750
- # of service providers using communications tool to communicate with deaf youth patients about SRH: 83

Outcome:

- % of families who shift their perception about the potential of their deaf children: 85%

2. Reflections:

*Reflect to move forward:* We’ve heard from you that sometimes there isn’t enough time to reflect and synthesize all of the work you’ve done. Use the next section to document learnings, take stock of how far you’ve come, and remind yourself of the big picture.

**Pre-pilot:**

*You started the reflection process early. Upon selection as an Amplify winner, your initial questions were:*

Following the selection to test our innovative ideas in promoting access to SRH information among DYP and Boot Camp mentoring in HCD, 3 key questions emerged:

- How to reach to DYP with little or no sign language skills?
- How to handle cases of DYP with a history of sexual abuse?
- What could be the friendly SRH messages for DYP and their parents?

With additional iteration and interactions with the DYP, there were follow-up questions on the two sets of ideas selected for prototyping (meeting points and guerrilla theatre):

- How can theatre/drama be an appropriate way of mobilizing and passing over SRH information to the Deaf young people out of school and the general community?
- There were also related questions such: How many deaf youth could be mobilized/identified; which are the best locations and how to elicit feedback
After your Prototyping period, the lessons you learned were:

As shared above, the prototyping period mainly tested two key initiatives: Guerilla theatre/drama and meeting points. These innovations which were planned with and led by DYP themselves widened the gates of organizational and program learning including the following lessons:

- **The HCD approach is workable:** The first lesson emerged from the very nature of planning and delivery of the project. With insights on Human Centered Design (HCD), project beneficiaries (DYP) who were given space to evolve their own preferred way of execution of the project were able to lead the identification participants, appropriate venues and how to conduct drama and share SRHR information.

- The related lesson was that DYP can learn and reach more through their own peers as there a lot of enthusiasm, buy in and hardly any resistance to all innovations of the project.

- **Guerilla theatre as a key tool for community mobilisation and awareness.** Through drama the deaf were able to mobilize and inform families and the general public about issues that affect them including SRHR and other deaf related information in an interesting way. Many of the parents and community leaders were able to relate to the concerns raised by the Deaf performers and need to support and protect them from abuse and neglect. Theatre /Drama draw attention to the public. All the audiences were glued to the skits up to the end with eagerness and shared their impressions.

- **Convenient places and times for Deaf Youth:** As many of the DYP are scattered, protected at home or looking to earn a living, it was found easier to mobilize though their own points of convergence such as churches, informal business places such as saloons, “Rolex” (food joints) and sports. The most appropriate timing was on weekends at for both in school and out of school.

- Possible to bond and empower the less active and active through meeting points. The meeting points explored, especially on the quiz and games increased esteem among the hitherto inactive DYP as they would be teamed together with their more informed peers with group awards and
celebration of success. A lot feedback was derived with comments such as “…me happy, get new friends”, me also win …with lots of cross learning and excitement.

- The piloting and design phase also provoked additional learning with inspiration from the IDEO designers including the need for more inclusive events with both deaf and hearing youth; reaching out to families to promote parental support and conducting more outdoor activities to attract massive community engagement.
- Acquisition of basic sign language skills enabled parents hold SRHR talks at home. Through the use of the communication board, parents were more willing and confident to talk more sensitive issues with their deaf children.
- Young Deaf People taking the lead in matters pertaining to their rights has more impact than otherwise. We learnt that since the Guerilla Theater and YAKA events were youth led, the local community were more receptive and challenged their stereotypes, prejudice and negative attitudes against deafness as they could see, for the first time, deaf young people showcasing their skills including awareness creation.

Pilot phase:
Now that you’ve completed a year of piloting, what were the most important learnings or insights that you took away? How did you develop those learnings or encounter those insights? Tell us what led you to those “ah-ha” moments.

While a lot has been realized and lessons, the following insights and moments stand out

- The break though of the Communication Board: a lot has been shared and the biggest innovation throughout the pilot is design work towards the magnetic communication board. This board has not only been the biggest tool for sign language amongst the family members, without stress, it is currently used by teachers to induct deaf children in sign language and sentence construction.
  “our children can now easily construct sentences due to your boards” - teacher at Good Samaritan school, Masaka;
  “You have helped me get closer to my girl” -parent, Jinja.
  “We also need this board at the hospital” – health worker, Masaka.

The communication board is the most yearned for product by families, schools, service providers and surprisingly Deaf young people themselves (with limited SL skills) to start a conversation.

- Inspiring the community through YAKA events: The Yaka event is a convergence of exciting many activities such as music dance and drama, inclusive sports and talent competitions involving the deaf and the hearing young people. These have helped to raise awareness about the issues of DYP,
their talents and attracted families and massive crowds of over 2,000 people in key events in community centers and slums where poorer families reside. Notable moments include an awareness event at national level at Kampala City Council grounds the elevated the standing of DYP in the community after the defeated a team of hearing young people in the final football match; other events in Masaka, Jinja and Kampala also created a lot of community enthusiasm and mobilisation of families to support their children.

- Building deaf friendly service points, empowering experts: It has been quite refreshing that DYP who are the beneficiaries were able to offer SL training and work with service providers to build friendly service points. In addition the health SRH kits (booklets and Job Aids) have equipped health workers with relevant tools hence improving the health pathways deaf people
- Engaging with and supporting service providers learn SL achieved great milestones. The project engaging health centers enables young deaf people, who are now informed of their SRHR; seek services from the health centers. SHU trained the health workers on sign language to ensure that the deaf youth seeking services at such centers get quality service. These saw the numbers of deaf youth seeking services at health centers increase geometrically.

What was the biggest programmatic/product adjustment or iteration you made during Amplify’s support period? How did user-feedback contribute to that adjustment?

The communication board. While all said, the process began with the realization after series of field consultations with DYP and their parents, the team continued to learn that parents were unable to pick up the signs or conversation with their children through the pre-exiting approaches (training workshops and charts). The design team also worked closely with DCW team in Nairobi to ensure the tool was deaf friendly and captured the major elements on basic communication. The communication board offered the timely break through as the most effective and interactive tool for initiating a conversation in deaf communication – more so, with the magnetic, eye catching pictures, local language and common signs used and identified by beneficiaries themselves. Its versatility has transcended beyond training for parents to reaching schools and other service points.

In terms of organizational programming, guerilla theater/drama has become a central feature of community awareness activities and more so, with plots and skits designed and executed by the DYP themselves. The drama team has been on different moments invited to stage their drama at both national and local functions including celebration of the Day of African Child, Disability Day and Girl child days graced by high ranking dignitaries such as the First Lady and Vice president of Uganda.

The project team and DYP, who is now an essential program staff, have become
Designers themselves.

Other vital modifications include the inclusive sports, talent development and community awareness activities that have helped to demystify the potential of deaf young people; the team also took on issues of child protection with guidance from IDEO and DCW in response to reports of child abuse in the community.

During Amplify you may have experimented with new products and services to reach your beneficiaries, as well as new ways of working as a team. What are you most proud of trying out during the Amplify program?

As elaborated before, a lot came on board but the following still standout:

- **The communication Board**: breaking communication barriers, starting a conversation and improving relationship among deaf people, their families and communities.
- **The guerrilla theatre and related Yaka events**: getting closer to the community, demystifying deafness, talent exposure and mobilisation of families and communities to support deaf young people.
- **Meeting points on SRH and gender based mentoring**: increased esteem and empowerment of DYP to protect themselves.
- **Project branding**: Well-designed SRH charts, booklets, T-Shirts, Fliers, banners and other youth friendly IEC materials.

**Where do you stand now?**

Now that your Amplify pilot is coming to a close, how would you say that your Amplify idea is unique? What sets your idea apart? What sets you apart from other organizations working in your field?

Our Amplify idea is such a unique participatory intervention that uses human centered design to touch and link all the 3 key pillars of deaf intervention in one product:

While the team began by planning with and empowering DYP to drive their own agenda through meeting points and guerilla theatre; the additional learning and iteration brought on board families spiced up with the magnetic board (perhaps, the first of its kind anywhere in the known world). The wider community and service providers were brought with Yaka events and related exciting deaf awareness moments.
This entire package can be executed in the same event, location and community towards an inspiring “big bang” and reflection on issues of the deaf.

This idea has also helped to confront the perceived taboo around sexuality and SRH issues at family and community level due to the highly implicit and innovative ways of induction. These including the guerrilla theater and covertly initiated discourse on sexuality, have broken through traditional barriers to introduce the subject of sexuality. More so parents can start with the communication board for a hierarchical dialogue towards sensitive aspects of sexuality and relationships.

“Our parents never used to talk to us above sex”…‘we are not able to meet and chat about HIV and sex”…, “I know where to go for support”. All quotes from DYP.

To disseminate SRHR, we had thought of traditional training workshops for young people, which is still the case with many organizations, but through Amplify, we adopted an ‘outside-the-box thinking’ idea of where we came up with different almost “crazy” ideas the Yaka events, guerrilla theater and meeting points to reach more young people and share knowledge.

Amplify project was so flexible and a living project which adapts to the changing working environments. This was a key departure from other conventional projects that are inelastic and do not allow further innovation once approved. With Amplify there was always a chance for iteration, learning and justification to try different ways to handle community issues.

**What are some questions or critiques that you get frequently from partners or funders, which you have trouble responding to? (i.e. “Why do you spend so much on travel costs?”) What is your response? We ask this question so our team can help you develop potentially a more optimistic and design-forward response. We want to help you to succeed with all your partnership discussions!**

While there has been massive support for this intervention, the team finds it a little challenging to navigate technical questions around the following elements:

- Questions relating to Data and monitoring and learning (M&L): How many deaf people are there in the community, what proportion are you reaching, how to do you attribute your contribution? As comparable data is not easily available for the kind of groups we work with, our team still needs linkage to rigorous M&E systems and best practices tailored to vulnerable groups.
- Estimating and justifying per capita investment for vulnerable groups: Many funders/development partners are inclined towards high numbers on reach yet the people we work with require more of HCD and repetitive interventions before making a breakthrough such as breaking family and community barriers, building peer groups and supporting frequent travels to harness the
Now that you’ve run your pilot for a significant period of time, what is your Theory of Change (TOC) that ties your product or service/program to significant impact in the world? I.e. “The [insert description of your product/service/program] will cause [insert effect] because of [insert reason/manner of creating the effect/change], which will in turn create positive impact in the form of [insert change you hope to see].” Tell us your TOC in the form of the sentence above, and add any explanation you think is relevant.

This theory of change is anchored on interventions aimed enabling DYP to live healthy lives, achieve their full potential and become activities members of society.

The IDEO Amplify project will create more opportunities for the DYP and increase their knowledge and understanding on sexual reproductive health through mobilizing them to come together and participate in different meeting points and know about their SRH rights; because of having acquired knowledge and information on SRHR, which will in turn create positive impact in the form of young deaf people make better and informed choices; and ultimately live health lives which will in turn help them achieve their potential and be active and valued members of their communities.

Where would you like your project to go from here? How many people would you like to reach with this product or service, and what impact will this have if you are successful? Think BIG! What kind of support would you need to make this happen?

Among the many dreams and aspirations, based on the learning from the pilot:

The team seeks to market the program outputs and outcomes especially the communication board and guerrilla theater to inspire families and communities on issues of deaf young people in other areas of Uganda, East Africa and beyond.

In turn, we seek to become a center of excellence in working with DYP and their families as derived from HCD and innovative interventions where they have been at the fulcrum of planning and actual program delivery.

In other specific ways, we seek to build a standing army of professional DYP conducting, SL training, guerrilla theatre and other talent development events. If possible we could build the team into a marketable product available for cost sharing and hire.
The above aspirations and engagement with other development partners would help to integrate issues DYP in development programs, reach more vulnerable people in hard to reach areas and build a deaf friendly communities in Uganda and beyond.

Lastly, we are looking for more strategic partners to build on the gains from the Amplify Project and scale widely in Uganda. Deaf Child World DCW is one of the close partners we are seeking help from in reaching out for technical and financial support.

3. Human Stories:

*Human-centered design is all about people*—we’d love for you to *tell us about the people at the center of your work who inspired you. Think of this as a “case study.”*

*Pick 1-3 human stories that provide more details about how you encountered your major learnings. Tell us about the users of your product or service, how they taught you important things throughout this process, and helped you to do your best work. Quotes are great if you have them!*

Specific case stories are attached separately and as hint;

The team remembers the story of a one Mayi (not real name) in Kalangala, Masaka area. Her daughter (10 years) was raped but it took over 4 days for the mother to know about it due to communication problem. “I couldn’t know what Jane was talking about she was crying a lot .” Until I took her to One (Mentor parent) who found her in a sorry state down there”. The case was followed up and the suspect apprehended through Mayi’s ordeal and her inability to talk to her own daughter, a communication board had to emerge, with the technical help from the design team from IDEO.Org.

“I no longer fear to stand in the public, I can do what others (hearing) do” –Malaki, a DYP peer leader who has inspired many DYP and parents through his creativity in Guerrilla theatre and debates. He was one of the DYP discovered in Jinja and could not participate much at the start during meetings and training sessions involving many people . His confidence grew with the role in drama and meeting points.
4. Your Own Stories:
You've spent more than a year testing and piloting an innovative product, service or program, with human-centered design as your guide. How did this process affect you and/or your organization? What did you find challenging or difficult? What did you find most beneficial? Tell us about those times when you felt something - be it confusion, frustration, difficulty, joy, pride, satisfaction - and what cause you to feel that way.

While Sign Health Uganda has for the past 10 years been working on issues of Deafness, it has been an interesting but challenging shift in using human centered approach to actively work with DYP. Prior the Amplify projects, DYP were basically utilized as volunteers and field mobilisers but they had become a central part of the organization with all benefits of staff and decision making. Structures had to be overturned to accommodate the new approach as committed by the team.

Working with 8 DYP as new staff and field facilitators are now a pride and best practice which makes SignHealth standout in human rights based, people centered programming and reasonable accommodation. This will remain part of organizational planning and programming in the foreseeable future.

The amplify experience has also been a unique and rare opportunity of working with a funding partner – The project team had a chance to work directly with the IDEO designers and DCW who were ,hitherto one the funding partners in unlocking the contextual puzzles of reaching DYP and their families , getting through the dust in the field , iterating and testing out ideas such as the communication board as well as the fun of experiencing the life of DYP by taking part in the actual drama, dances and talent competition events).

The guerilla thereafter and meeting points were wild ideas coming out the "bootcamp"! The team in Uganda was expecting a project with known activities (training of youth, families and service providers…) and when the package was introduced, there was a little frustration from the program team. Fortunately however , when young people were engaged , they got excited and happily took up leadership with two DYP (male and female ) selected to lead guerrilla theatre and meeting points in each of the 3 locations (Jinja , Masaka and Kampala). The rest is a celebration of a team of over 50 DYP as champions available to their peers and communities with different talents and skills.

As an organization, SignHealth , peer leaders and its partners (DCW) have been amplified as high level champions in working with deaf children and young people – several invitations and complements have been shared :

“You are a noble organization “- Mayor Nakawa-Kampala
“These people (DYP) are extremely talented and disciplined, how to you make it”- Technical Chairman- National Football Federation, after a Yaka event in Kampala.
“We all need this (communication) board” – Hospital Administrator, Masaka.

Media clips and stories are also available.

Thanks for taking the time to complete this final Amplify Report. We hope it has been helpful in reflecting on where you came from, all that you have learned and accomplished, and where you need to go next!