

**"Keeping an eye on Equity:
Community visions of equity in health"
TRAINING WORKSHOP ON PHOTOGRAPHY
SKILLS: WORKSHOP REPORT**



**Training and Research Support Centre
in the Regional Network on Equity in Health
in east and southern Africa (EQUINET)
in co-operation with the pra4equity network
and the Ifakara Health Institute**



**Bagamoyo Tanzania
February 7-10 2009**

**Report produced by TARSC
Meeting held with support from SIDA**

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Cover Photo TARSC (RL), Magomeni 2007

1. Background

The process under the theme “**Keeping an eye on equity: Community visions of equity in health**” , is being implemented in sites where participatory reflection and action (PRA) work is taking place through facilitators of the PRA work on people centred health systems. It will be connected to the dialogue around these processes and integrated within the field work visits. We aim through the programme to produce photographs that present peoples visions of “justice” or “equity” in health focusing on the PRA work on people centred health systems in EQUINET, ie empowering people to identify and address health issues they prioritise, strengthening communication between communities and health workers; giving people more control over the resources they need to be healthy and showing what we mean by people centred health systems in dealing with particular health issues of importance to communities. We hope that the photos will enlarge the lives of the people involved. We hope to enable show diversity of views, allow for both painful and hopeful images to surface, to pose questions, probe, give visions of solutions. The project aims to

- bring out and display images of health equity issues from a community lens as a means to encourage local community discussion and
- strengthen capacity of selected groups to use photo media to raise awareness and communicate voice on issues
- Display an exhibition of the photos at the EQUINET conference in Uganda in Sep 2009
- produce an EQUINET publication of community photography on health equity

The regional training workshop on photography skills hosted by the Regional network for equity in health in east and southern Africa (EQUINET) and TARSC, in association with the pra4equity network and, Ifakara Health Institute in Bagamoyo Tanzania from February 7 to 10 2009 thus aimed to build skills in photography in sites where participatory reflection and action (PRA) work is taking place in the facilitators of the PRA work and in a community level member involved in the process, and to explore the use of photography to communicate experiences, issues and images from the PRA work on PHC responses to AIDS and people centred health systems.

The training involved 14 delegates from east and southern Africa (shown below), resource persons from TARSC and a consultant photographer, Warren Nelson from South Africa (See delegate list in Appendix 1)

| COUNTRY and area | PRA FACILITATOR and PRA project focus | COMMUNITY PHOTOGRAPHER |
|--|---|---|
| Zimbabwe, Victoria Falls | Dumi Masuku, Together For Children Project, PHC and community responses to support of orphans and vulnerable children | Maria Chigama (female) lives in Chinotimba, Victoria Falls, is a volunteer Field Worker with Together For Children Project, helps with facilitation during PRA workshops and in organizing and following up participants and follows up cases in the community. |
| Kenya, Rachuonyo District, Western Kenya | Jacob Ongala, RHE PHC responses to treatment of PLHA | Samson Ouma Juma (male) Kenyan aged 24. He completed his high school education in 2002 and holds of Certified Public Accounts (CPA) stage I. He is a member of Victory Fellowship Centre, a local church in Kaisipul |

| | | |
|------------------------------|---|---|
| | | Division where he serves as youth leader. He is involved the PRA work mobilizing community members with HIV to form or join support groups then link then with health workers and local institutions providing nutritional support for HIV and AIDS related services. |
| Uganda, Kamwenge rural | Aaron Muhinda HEPS Womens maternal health and PTMCT | Josely Musingye (female) lives in Kamwenge, and is a teacher by profession and a district woman chairperson. She is part of the team working on the women's maternal health and PMTCT PRA project. |
| South Africa, Cape urban | Ashraf Ryklief, IHRG Addressing Health workers OHS issues | Dorothea Renatha Baatjies is a health worker at Brooklyn Chest TB Hospital, a union member and shop steward of HOSPERSA and participant in the PRA activity of the Public Health Sector (PHS) Trade Union OH&S Forum. |
| Zambia, Lusaka Urban | Clara Mbwili, LDHB Communications between health workers and communities in health planning | Adah Zulu Lishandu (female) is a health worker who is one of the pioneers of the PRA work and her HC is being recognised as a model centre. |
| DRC, Bunia | Amuda Baba, IPASC Overcoming stigma in access to HIV treatment | Meso Ulola (male) is a IPASC graduand who lives in the community. He has college education and is an active member of the PRA team. |
| Tanzania, Bagamoyo periurban | Mwajuma Masaigana, TARSC Selemani Mbuyita IHI | Selemani Ally Joe, Msichoke Seaweed Group and Cooperative Society. Involved in the programme in rural and urban Bagamoyo on Malaria in children through Ifakara Health Institute, Bagamoyo Centre in collaboration with the district. He is also a Community Health Worker. |

The meeting was held in the context of EQUINETs overall work on building people centred health systems (see www.equinet africa.org).

As background to the meeting a manual of handouts providing information to support the training was prepared, materials for the photographers organised and background information circulated on expectations, existing skills, key issues arising from the PRA work. The handouts and background information is not included in this report. We don't aim in this report to provide all of exchanges and skills inputs that took place in the meeting, but to capture through pictures and report the major skills areas covered and agreed areas of follow up of action arising from the meeting.

Thanks to the resource persons, the participants, to our hosts Mwajuma Masaiganah and Selemani Ally Joe in Bagamoyo, to the chair and people of Magomeni community where the field exercise was implemented and to the staff of the Paradise Hotel for their participation in the training exhibit. This report is compiled by TARSC (Rene Loewenson).

2. Welcome, expectations

Mwajuma warmly welcomed delegates to Tanzania and Bagamoyo, and delegates all introduced themselves and their organisations. Rene introduced the aims and process of the workshop and its aims (as outlined above).



Mwajuma gave a warm welcome to Bagamoyo

Delegates outlined their expectations as:

BY THE TIME WE LEAVE BAGAMOYO we aim to

- have acquired skills to use photography to communicate health messages
- learned how to take good photos that can be used to communicate with the community, policy matters and improve people's health
- understand the communication of messages, community voice and issues in photographs, including through captions
- know what we have to do our village / community
- have shared experiences with other countries

Generally people expected to have learned skills to use photography to communicate community voice and issues from the participatory work being done on strengthening people centred health systems.

BY THE TIME WE MEET AT THE EQUINET CONFERENCE IN SEPTEMBER we aim to

- have shared the eye on equity process with our PRA teams
- have taken photos that communicate health issues for decision making in our community

- have many photos with captions that involved the community and health workers and that bring across their messages
- have shared the photos, used them to strengthen the PRA work to improve people's health and mainstreamed photography in our PRA work
- have used photography for community voice to be transmitted / heard using photos
- be able to link the current project with the EQUINET multicountry programme in east and southern Africa

Generally people expected to have put together a body of captioned photographs that communicate community voice and issues from the participatory work being done on strengthening people centred



Discussing how photography links to PRA ...Barbs, Amudah Adah Meso Samson Aaron Dumi

health systems, and to have integrated this work within the ongoing participatory processes in health to raise issues locally and more widely.

It was noted that the conference will be the first opportunity to share the information more widely in the region.

3. Understanding equity in health and the role of photography

In a participatory session participants in buzz groups, participants identified the words that come to mind when they think about “equity and justice in health” . The facilitators provided some key terms that are often associated in work on equity in health with these terms and those that participants had recorded were placed against the commonly used concepts they most closely matched to, as shown overleaf:

FAIRNESS

Equal access to services
 Services for everyone
 Equal treatment for all
 No favouritism in access to services
 No economic apartheid
 Same irrespective of health
 No exploitation

RESOURCES MATCHED TO NEEDS

Distribution of health resources according to felt needs
 Priority given to peoples health needs
 Health to be prioritised over other things

SOLIDARITY

Showing empathy
 Support and compassion
 Inclusiveness relationships
 Not to mistreat people
 Community to feel cared for

POWER TO INFLUENCE RESOURCES

Communication
 Making decisions and acting
 Community participation in health services
 Recognition of community voice

PEOPLES WELL BEING

Increasing wellness in the community
 Physical, social, mental , psychological wellbeing
 Justice not exploiting vulnerable people
 General wellbeing

OTHER Observe peoples rights and national laws; Underlining Rule of law

It was observed that the eye on equity work aims to communicate these issues of health equity through the specific work and circumstances at community level, not only in terms of unfair or unjust situations, but also in terms of the actions people are taking to strengthen power and justice in health.

This was followed by a discussion of the experiences and issues arising in the work underway on participatory approaches in health and in responses to AIDS, exploring how they relate to these concepts of equity. We realised that different issues, situations and images may capture part of the conceptual picture above, while the group of work as a whole may be needed to communicate the spectrum of issues inherent in the concepts of equity and justice in health.

A series of photographs portraying community level issues relating to health, HIV and AIDS were shared and discussed, to explore the impact of and messages in the photos, and what dimensions of health equity they reflect.

In the discussion it was noted that many of the pictures portrayed solidarity and social caring, and fewer the images of power and action on resources being directed to need. After looking at existing photographs delegates in their country teams visualized the images that they felt communicate some of the key messages coming out of their own work. The discussion on the photographs and these images highlighted a number of issues about photography as a medium for communicating equity:

- not all places can be photographed, and people may be portrayed as victims or actors
- pictures are often a window to a situation- lead the view to reflect beyond the picture. Photos that go beyond the obvious, draw people in and evoke response can make outsiders to a situation feel like 'insiders'.
- complex pictures may have many interpretations
- it may take more than one photograph to send a message about relations, actions and change

4. Introduction to cameras and elements of a good photograph

Warren explained the parts of a camera, what they do and how photographs are made. He then introduced teams to the camera's showing how to use them, to hold them, to take flash cards in and out and how to care for the camera.

Maria and Meso practising



Ashraf, Samson, Jacob, Selemani testing light settings in photos of Maria



Framing the image?

"The camera sees the world differently than you do. Colours are different, highlights blow out to show nothing, details are lost in shadows. It takes lots of practice to understand how the real world translates into the world of pixels. After a while you will be able to look at a scene and make the right choices."

In the afternoon he introduced the basic skills on taking photographs, in terms of placing the subject, foreground, background, lighting and when to use the flash.

The content and advice is captured in the meeting handouts so is not repeated here.



Jacob, Selemani, Warren comparing photos

Participants practised taking photographs of each other in and out doors and using different flash settings to test the skills, with feedback from Warren.



Adah, Warren

In the later part of the session the photographs that people had brought from their home areas were discussed in terms of their composition, common mistakes and the lessons learned from the day.

5. Visual literacy and captioning drawing on themes from PRA work in health

In a session on visual literacy participants discussed the images that move from reflection on problems to action on problems.

“Visual literacy is about interpreting and giving meaning to the myriad of images that confront us every day. Visuals, however, are not only about the individual interpretation of content; they are also a reflection of a particular social context that produced the image, and the social relationships within which the image is embedded. Seen this way, photographs are concerned as much with the social as with the individual construction of meaning. They have the potential to move people into action. Take, for example, a photograph of a group of women washing clothes in an open sewer. Such an image can potentially generate a range of questions when seen by the viewer/s: why are these women washing their clothes in dirty, unsafe water? Why are there no clean and healthier alternatives in this community? Leading to the most important questions: is this happening in our communities too? And: what can we do about it? In our work as health facilitators and activists, we aim to move people from a point of questioning and reflection, to thinking about what change is needed. This is the power of the visual – to play a part in this process.”

It was observed that the words that go together with the photos can also be an important contributor to sending a message that encourages reflection and action.

In an exercise, one group of participants were given a photograph without caption, and another the matching caption without the photo. The group with the caption visualized the image and the group with the photo discussed the story the photo was telling. The groups then exchanged and saw the "other half" of the story.

It was evident that caption and photograph can tell more, or provoke discussion on the photo. After a discussion of other photos and captions, the basic elements of a caption were presented, as summarized in the meeting handouts.



Barbs, Warren, Dorette and Rene discussing messages from one of the teams

| Sample Photo Caption (fictional) | |
|--|--|
| Category | Notes |
| <ul style="list-style-type: none"> • File Name/Reference ID: hotline.jpg | <p>File Name: We must be able to make a clear connection between each image and its corresponding caption.</p> |
| <ul style="list-style-type: none"> • Caption: Community counselor Patricia Ndhlovu answers questions from young people in Kibare camp about where they can find treatment for sexually transmitted infections | <p>Caption: The first sentence describes the photo in the present tense, using an "action" verb ("answers") and includes WHO, WHAT, and WHERE. The second sentence gives context to the photo and may explain why it's important.</p> |
| <ul style="list-style-type: none"> • Date (if not stated in the text of the caption): 2007 | <p>Date: The year is sufficient (e.g. 2004). However, you may be as detailed as you like.</p> |
| <ul style="list-style-type: none"> • Country (if not stated in caption): Kenya | <p>Country: You may also want to include additional information such as the village, town, district, or region.</p> |

Tips for captions...

- Be brief, but in clear and flowing sentences
- Don't not point out the obvious
- Avoid phrases like as "pictured above."
- Don't make assumptions about what someone in a picture is thinking or feeling- the viewer should be allowed to decide for themselves what the feelings or emotions are.

- Avoid characterizing a picture as beautiful, dramatic, grisly or other descriptive terms that should be evident in the photograph. Explain something about the picture that is not obvious to the viewer, like the situation you took it in...
- Make sure that the words accurately reflect the picture.
- Always, always, check spelling, including of names if you use them

Delegates developed key messages from their participatory work on health, in terms of the problems they are addressing and the changes, learning taking place, outlined below. **These are issues that country teams would want the eye on equity project to communicate through the photography.**

| COUNTRY and area | KEY MESSAGES TO COMMUNICATE FROM THE PRA WORK ON HEALTH |
|---|---|
| Zimbabwe, Victoria Falls | <p>Problems/ issues</p> <ol style="list-style-type: none"> 1. We don't involve children in identifying their problems 2. Children are not accessing ARV treatment adequately 3. We undermine the use of herbs in treating ailments <p>Changes/ learning</p> <ol style="list-style-type: none"> 4. Improved referral system among stakeholders 5. Community participation in clearing dirt helps address health issues in the community 6. Community HBC helping sick people in their homes have made the sick feel loved and cared for |
| Kenya, Rachuonyo District, Western Kenya | <p>Problems/ Issues</p> <ol style="list-style-type: none"> 1. We do not have adequate food for the PLWHIV 2. There are few health workers at HIV clinics compared to clients 3. We have discrimination among women which hinders them from getting HIV test, disclosing status or seeking proper medical care <p>Changes/ learning</p> <ol style="list-style-type: none"> 1. Local institutions are linking up and are providing nutritional support to the PLWHIV 2. HIV/AIDS persons are forming or joining existing support groups to address their health concern 3. We are sensitizing the community with HIV/AIDS information to reduce stigma and discrimination amongst families and households with persons living with HIV/AIDS |
| Uganda, Kamwenge rural | <p>Problems/ issues</p> <ol style="list-style-type: none"> 1. In our community people still have HIV/AIDS stigma 2. Men do not support their wives to attend PMCTC services 3. Little awareness about importance of PMCTC services We are working with the <p>Changes/ learning</p> <ol style="list-style-type: none"> 4. Community encouraging them to go for couple counseling and HIV testing 5. We have learnt once the community is mobilized they are able to work on problems affecting them 6. We have learnt that it is very important to work with leaders both at community and district level to mobilize the community for any change |

| | |
|--|--|
| <p>South Africa, Cape urban</p> | <p>Problems/ issues</p> <ol style="list-style-type: none"> 1. The increase in TB/HIV co-injected patients admitted/ treated at facilities 2. The shortages of health care workers in the facilities 3. There is and increased risk / danger of contracting an occupational disease <p>Changes/ learning</p> <ol style="list-style-type: none"> 1. We have learned /informed ourselves of TB as an occupational hazard to health care workers 2. We inspected a health facility to familiarise us with the conditions and interviewed some health care workers 3. We communicated the changes required to improve the prevention of occupational TB with the managers of the facility |
| <p>Zambia, Lusaka Urban</p> | <p>Problems/ issues</p> <ol style="list-style-type: none"> 1. Poor communication between health workers and community members 2. Poor information sharing within district system to community level 3. Lack of proper water and sanitation facilities in some of our cholera prone communities <p>Changes/ learning</p> <ol style="list-style-type: none"> 4. We are sitting down together with the community to resolve issues concerning health and the health center 5. We are sharing PRA process with other health center and their communities 6. We have learnt that it is possible to scale up the PRA activities through membership |
| <p>DRC, Bunia</p> | <p>Problems / issues</p> <ol style="list-style-type: none"> 1. Ignorance about HIV/AIDS, testing services and treatment services 2. Sensitization methods inappropriate 3. Non involvement of community members in health problems <p>Changes/ learning</p> <ol style="list-style-type: none"> 4. Involving community members in identifying priority planning and acting 5. We are training community based sensitisers about HIV/AIDS 6. The community is organising its own sensitisation activities |
| <p>Tanzania, Bagamoyo periurban</p> | <p>Problems / issues</p> <ol style="list-style-type: none"> 1. Health workers do not have adequate working tools 2. There is a problem in environmental sanitation in the villages especially of lack of latrines 3. Community members do believe and attend to traditional healers that attending to a dispensary / health clinic <p>Changes/ learning</p> <ol style="list-style-type: none"> 4. Having no adequate working tools leads poor service provision 5. Community health literacy programmes can support our communities to understand better the way they live and in improving their lives 6. HIV patients will attend clinics and will get access to ARVs |

Without sharing these they captioned images that they felt communicated these messages. Another team looked at these descriptions and tried to “read” from them the messages sent. In the discussion delegates discussed the need to complement images

with captions that communicate the key messages around the problems or learning. However it was again noted that the messages can be complex and may call for a “photo essay” or sequence of photographs that tell a story. The purpose of the photo essay is communicate a story through a sequence of images to the viewer.

6. Photography skills and field exercise in Magomeni Community

A session was then held to further deepen the photography skills in terms of cropping, shapes, creating space, proximity or distance) lighting, creative use of shutter speed and depth of field - long exposure shots and focus and capturing movement.



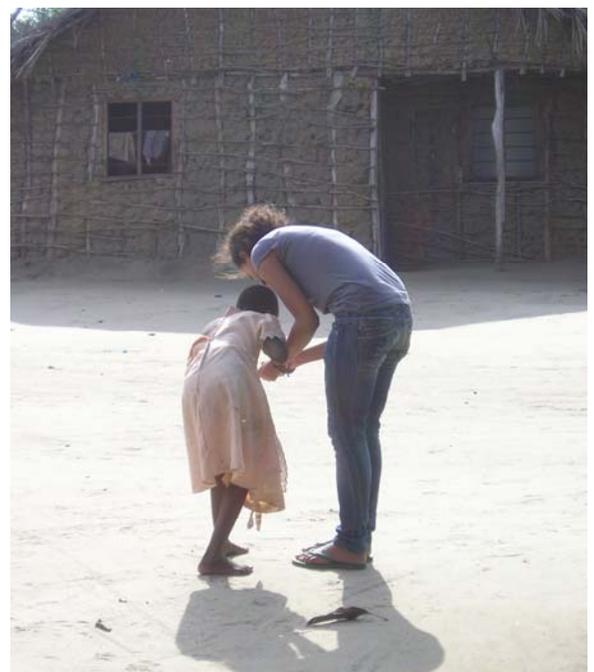
Ethical issues and permissions were discussed, in line with the information contained in the handouts.

Adah showing how its done!

Mwajuma introduced the site for a field exercise to practice photography skills, in Magomeni community, a nearby peri-urban community to the venue. The chairman of the local committee for the area was briefed on the training purpose, and took the delegates through the community to give them the opportunity to take photographs, after obtaining general permissions.



The photographers fascinated with the children in Magomeni Maria



The children in Magomeni fascinated by photography...with Thandiwe

The team in Magomeni



The country teams then uploaded their photos to the computer, and chose five per team for discussion, giving them captions.

The photos are not included in this report and are separately recorded.

They were reviewed, in terms of the content, technique, captions and overall messages.

The points raised in the discussion and feedback are captured below:

ON THE PHOTOGRAPHS

- Wow! Wonderful photographs!
- Composition- remember the rule of thirds
- Include the human element - but remember in some situations this may not be necessary
- Take time to take photos- eg position yourself not to cut body parts out of the photo
- Try not to get other photographers in the photo
- A series of photos can be like a film- different angles in the same room, lots of photos one after the other, coming from further to closer
- Photograph selectively to show your message- show intention
- In your photos are you capturing whats actually there- or what you want to see?

ON THE CAPTIONS

- Can use provocative questions or statements as a caption
- Can make reference to universal declarations, to social and economic issues eg gender equity to give the photo weight
- Be careful about being overly descriptive - go beyond the obvious to the underlying meanings
- Use direct quotes or stories where appropriate to evoke and personalise
- Its fine to mix different styles of captions in a series of photos
- The same picture can be captioned in different ways, depending on the intended message and focus of attention
- A caption can be very short (one word, no word) as long as it has the core information. Sometimes an image says more than words
- Don't distort the facts but you can put in your own interpretation

ON THE MESSAGE

- Its often the choice and sequence of photos that sends messages rather than a single individual photo (the photo essay)
- Think of the sequence of Photo's as a story
- Think about the strongest photo to communicate the message and sequence the others around this
- Use your captions to signal your message - use them wisely so you don't confuse the message
- A brief written introduction can also set the context and message

After the review photos were selected for an exhibit to staff members at the hotel as part of the training to obtain their feedback. In the discussion on the photos the staff members raised issues about the needs in a community so nearby that indicated that messages on inequality had been communicated. The quality of the photographs also impressed the staff. It was however noted that this was a training exercise only and that meaningful forms of action need to come from processes more embedded within and linked to the community, through facilitators in the area, such as the PRA processes that the work will be linked to in participants own areas.

7. Albums, sharing and reviewing photographs and next steps.

Teams were given notebooks to keep diaries of key issues to document and to be referred to when adding captions to photos, including factual information, quotes and stories. The teams worked with photos taken to learn how to upload and download them to a storage device and to computer, using the flickr site. A practical was done to show how to use the website flickr that has been set up for the project to review and exchange on the photographs taken. A handout was provided on how to use flickr.

Participants were also showed how to compress a file:

- highlight photo, right click, open with Microsoft office picture messages
- Go to edit pictures
- Go to compress pictures
- Choose documents, web or email compression (note more efficient the compression, the lower the quality)
- Save in a different folder, different name. Do not delete the original



Dumi and Amuda grappling with flickr

Finally teams discussed how to select images to use. Some questions were provided to guide selection.

1. Is the photo pleasing to the eye? Well cropped, in focus, good composition?
2. What do you think is the key message in this photo? Is it clear/understandable to other people looking at this photo?
3. What is the image saying about health equity and justice? Is it clear/understandable to other people looking at this photo?
4. Do you think it is an accurate representation of what people in the image think or feel?
5. Can the photo be improved (both the technical aspects and the message itself)? Is it possible and/or worthwhile to go back to retake this image to make it stronger?
6. What is the relationship between the image and any text? Does the text (quotes, story, etc) deepen our understanding of the message in the image? How can it be improved?
7. Does the image move people to take action on the issue addressed in the image?

The next steps for the process were discussed and agreed on

- Participants take the first set of photographs in their communities relating to the agreed theme and uploading them to flickr by **March 10 2009**.
- All participants and the resource people will comment on the photos to each other to give feedback on what others see, their reactions, give technical guidance, raise issues on what is communicated to mentor the country teams by **March 17 2009**

- Participants take the next set of photographs in their communities relating to the agreed theme and upload the photos and captions to flickr by **May 27 2009**.
- A set of the photos with texts agreed with photographers will be selected for the exhibit and the exhibit will be prepared for the conference **July / August 2009**
- The country teams and resource people will meet at Munyonyo Conference centre Uganda on 20 September before the PRA regional meeting and EQUINET Conference in Uganda to review the exhibit, discuss the country and theme issues, and reflect on shared issues and messages. These will be captured and included in the exhibit. The team will reflect on the process and how it can be carried forward in any future phase **September 22 2009**
- The exhibit will be prepared for the conference and set up (**21-22 Sep 2009**) and displayed at the conference with people from country teams there to tell some of the story (or capture the responses!) Photographers will also take photos at the conference capturing images of the process and these will be shown on the last day through projection (**23-25 September 2009**).
- We will also publish a book on the work including the photos and transcripts under the title "Keeping an eye on equity: Community Visions of equity in health" EQUINET will produce a book on the work including the transcripts with the authors permissions and inputs. (**October – November 2009**)

In the discussion of these steps teams and resource people raised a number of issues

- Security of camera is important. Teams need to store cameras and carry them in a safe pouch if you can and carry the camera across your shoulder, or waist pouch. The camera's should be insured if possible under the organization insurance policy. It was agreed that teams would complete the programme even if problems were faced with the camera's through using other camera's available.
- Teams were encouraged to get onto skype
- Question about purchasing a small photo printer for each team. However replenishing paper can be problematic so this will be discussed at the review meeting in September
- On the selection of photos for sending the message teams were advised to not worry too much at first- can make point of the messages when selecting and ordering photos later on. It was again observed that it may not be possible to not portray all issues in one photo alone and that it will often take a series of photos to tell a story. If necessary, use message section in flicker to tell us if you think certain pictures go together telling a particular story
- The PRA facilitators will
 - Help integrate photography into country work
 - Set up regular meetings and joint programme
 - Provide support supervision ie downloading /uploading, photo selection and captioning, ensuring computer and internet availability and ensuring deadlines are met
- The photographers had various concerns with their role, in need more support for skills building through mentoring, in covering distances needed, in getting permission, in charging camera's in a rural setting and in access to computers and low internet supply. On taking the photos it was noted that teams are in the community, so were advised to carry on with daily life/work and photograph along

8. Evaluation and closing

Delegates completed an evaluation form on the meeting. The full results are shown in Appendix 3. All delegates found the course relevant and useful. The trainers were felt to be very good and the materials good.

The sessions were largely all felt to be relevant and useful. Most felt the handouts to be clear and useful. Some sessions were easily understood- on equity in health; on photography as a tool to communicate; and on key elements of a good photo. Less well understood were the sessions on how camera's work and working with photos to set up the visual story. However no-one felt they did not understand the material. Delegates found some difficulty with the work on captioning and felt more time was needed for work on visual literacy, captioning and communication and to work on examples of captioning and to create the visual story. Resource people will need to give greater support on captioning during the process and at the followup meeting in September.

Generally time was an issue, with a request for more time from some, especially for more smaller group discussions with facilitators, more access to computers.

In the next six months delegates plan to use photography to improve their interaction with communities and health workers, to improve technical skills on photo taking and creating visual stories, to strengthen and integrate photography in PRA work and use photos to promote equity in community and for the EQUINET Exhibition and to use photos to communicate equity issues, such as vulnerable children's lives. Participants were positive about the training, expressed a desire for more training on photography and in time exchange with programmes in other countries.

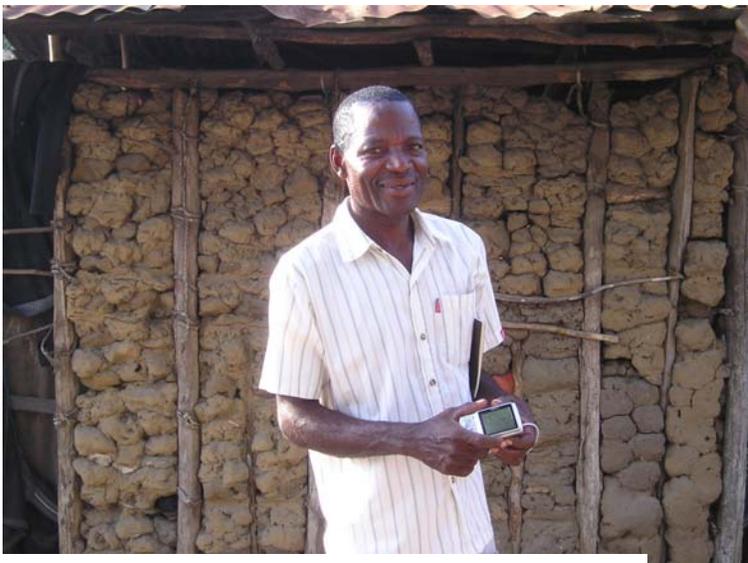
In the closing Mwajuma wished everyone safe journeys and good health in the follow up for the facilitators and organisers, and Ashraf on behalf of the participants commended the work and expressed the shared excitement for the follow up and exchange until the team next meets in Uganda at the exhibition.



So now, equipped, on to next steps!
Warren and Clara

Appendix 1:Participant list

| COUNTRY and area | PRA FACILITATOR | COMMUNITY PHOTOGRAPHER |
|--|--|--|
| Zimbabwe, Victoria Falls | Dumi Masuku masukudumisani@yahoo.com | Maria Chigama mariachigama@yahoo.com |
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Selemani Ally Joe Bagamoyo

Appendix 2: Programme - Keeping an eye on Equity: Community Visions of equity in health

DAY ONE – Saturday 7TH FEBRUARY

| TIME | SESSION CONTENT | SESSION PROCESS | ROLE |
|---|--|--|-------------------|
| 830am | Introductions and welcome Aims and aspirations of the process | Welcome, delegate and facilitator introduction Introduction to the process and workshop Aspirations of the project | Mwajuma Rene |
| Communicating equity and justice in health | | | |
| 9.30am | Equity and justice in health | Participant and EQUINET understanding of equity and justice in health Discussion of situations in the community that reflect these words generally, relating to AIDS | Rene Barbara |
| 11.00am | TEA | | |
| 11.30pm | Photography as a tool to communicate equity messages | Discussion of photos relating to health and AIDS to draw out health issues, what makes the picture interesting, how it reflects previous session's discussions on health equity. Discuss recommendations on how to make the pictures more effective. | Barbara Warren |
| 13.00pm | LUNCH and RELAX | | |
| Introduction to photography | | | |
| 14.00pm | Camera's and how they work | Explanation of the parts of a camera, functions of different parts, basics of photography theory, taking flash cards in and out; how to hold the camera, how to care for the camera Handout 1: How does a camera work? | Warren |
| 15.00pm | TEA | | |
| 15.15pm | Key elements of a good photograph – part 1 | Composition (foreground, background, subject placement etc) Handout 2: Elements of a good photograph | Warren |
| 16.30pm | Photography exercise: images of people | People take photo's of each other - (posed unposed; expressions; self portraits; peer portraits- exercises eg self portraits) | Warren |
| 17.15am | Discussion of photos | Discussion of photos <ul style="list-style-type: none"> • Composition • Communication of message • Issues and ethics in taking photos of people • Review of common mistakes- fingers over lens; camera shake; taking pictures from too far; unintentional cropping etc Queries and questions Handout 4: Common mistakes | All |
| 18.15 | END OF DAY | | |

DAY TWO – Sunday 8th February

| TIME | SESSION CONTENT | SESSION PROCESS | ROLE |
|--|------------------------|---|---------|
| 8.15am | Recap | Feedback, questions on day 1 sessions | Rene |
| Deepening skills in photography | | | |
| 8.45am | Visual literacy | Discussion of photos and visualization of health equity and understanding of visual literacy Handout 5 | Barbara |
| 945am | Key elements of a good | Key elements of a good photograph part 2- | Warren |

| | | | |
|--|--|---|-----------------|
| | photograph part 2 | cropping, shapes, creating space, proximity or distance) lighting, creative use of shutter speed and depth of field and movement; Handout 6 | |
| 10.45am | TEA | | |
| 1115am | Key elements of a good photograph part 2 | Continued....Using photos that delegates have brought or taken for the discussions | Warren Thandiwe |
| Presenting the work and communicating message | | | |
| 12noon | Captioning and communicating message | Exercise with own and other photographs to prepare words about what the photo is, why they took it, what it intends to communicate. Introduction to storyboarding and photo-essays Handout 7 | Rene Thandiwe |
| 1300pm | LUNCH | | |
| 1400pm | Themes and stories from PRA work | Discussion of themes and stories from the PRA work on health in EQUINET- <ul style="list-style-type: none"> • Learning from work on AIDS and health • messages to communicate • implications for who we are trying to communicate with, influence and • the photography | Rene |
| 1530am | TEA | | |
| 1545pm | Field exercise | Field exercise near the venue to take photos – Magomeni community - to apply practical learning and communicate issues on health equity | Mwajuma and all |
| 1745pm | Return and relax, dinner | | |
| 1900pm | Work on photos | Teams upload own photos and work on messages and visual stories | All |
| 2000pm | END OF DAY | | |

DAY THREE – Monday 9th February

| TIME | SESSION CONTENT | SESSION PROCESS | ROLE |
|--------|-----------------------|--|----------------|
| 845am | Recap | Feedback, questions on day 2 sessions | Mwajuma |
| 915am | Review session | | |
| 915am | Review of photography | Slide show and discussion on photos stories to discuss- <ul style="list-style-type: none"> • Composition • Communication of message • Choices- colour or black and white (either on the computer once you've taken the photo or changing the setting on the camera); horizontal/ portrait framing + Exercises to use concepts, eg different choices with same subject • Review of common mistakes • Queries and questions | All |
| 1030am | TEA | | |
| 1100am | Review of photography | Slide show and discussion on photos stories continued... | All |
| 1200pm | Summary discussion | Summary discussion on issues in taking photos: <ul style="list-style-type: none"> • Conditions and challenges in own environments • Concerns (eg own and camera security) • Ethical issues | Warren and all |

| | | | |
|--------|--|---|--------------------------------|
| | | Taking pictures of strangers Handout 8 | |
| 1300pm | Lunch | | |
| 1400pm | Setting up the visual story | | |
| 1400pm | Working with photos to set up the visual story | Working with photos taken to set up the visual story: <ul style="list-style-type: none"> • Uploading and downloading to the storage device and to computer, printing and using flickr (30 min) • Editing, selecting images- exercise to generate discussion on the photos taken – (technique and message) (60 min) Handout 9 | Thandiwe Barbara Warren |
| 1530am | TEA | | |
| 1545pm | Working with photos to set up the visual story | Working with photos taken to set up the visual story continued... <ul style="list-style-type: none"> • Working with text- captions; quotes; stories; capturing oral information; bio information; digital storytelling (60 min) Use of own album, participant diaries (30 min) Handout 9 | Rene Barbara Thandiwe |
| 1715pm | Next steps | Introduction to next steps Handout 10 | Rene |
| 1745pm | Own time | Teams each discuss and plan their follow up process and questions they want to address on the last day | |

DAY FOUR– Tuesday 10th February

| TIME | SESSION CONTENT | SESSION PROCESS | ROLE |
|--------|---------------------------------|--|--------------------|
| 845am | Recap | Feedback, questions on day 3 sessions | All |
| 915am | Review session | | |
| 915am | Setting up an edited collection | Group work setting up an edited collection (with captioning) of the photos taken to communicate one of the key themes identified on equity and justice in health. Discussion and evaluation of choices, issues | Warren All |
| 1100am | TEA | | |
| 1115am | Setting up an edited collection | Organising, archiving, labeling photos; using flickr for review | Warren Thandiwe |
| 1200pm | Next steps and questions | Discussion of next steps and questions from teams: timelines, issues in implementing the work; Reflection on aims and aspirations of the project | Rene |
| 1300pm | Lunch | | |
| 1400pm | Presentation | Presentation of the edited collection as a slide show (to hotel / others?). Discussion | Mwajuma, Warren |
| 1445pm | Closing | Concluding issues, Participant evaluation and closing | Mwajuma Rene |

Appendix 3: Evaluation results

Table 1: Relevance of Photoskills course to Participant's work

| | # | % |
|--------------|-----------|------------|
| Relevant | 13 | 100 |
| Not Relevant | 0 | 0 |
| TOTAL | 13 | 100 |

Table 2: Usefulness of overall course

| | # | % |
|-------------------|-----------|------------|
| Very Useful | 13 | 100 |
| Useful | 0 | 0 |
| Partly Useful | 0 | 0 |
| Not Useful at all | 0 | 0 |
| TOTAL | 13 | 100 |

Table 3: Quality of Trainers

| | # | % |
|--------------|-----------|---------------|
| Very good | 12 | 92.3 |
| Good | 1 | 7.7 |
| Poor | 0 | - |
| Very Poor | 0 | - |
| TOTAL | 13 | 100.00 |

Table 4: Quality of materials

| | # | % |
|--------------|-----------|--------------|
| Very good | 6 | 46.2 |
| Good | 7 | 53.8 |
| Poor | 0 | - |
| Very Poor | 0 | - |
| TOTAL | 13 | 100.0 |

Table 5: Understanding of Sessions

| Session | Understood all of it | | Understood most of it | | Did not understand | | TOTALS |
|---------------------------------|----------------------|------|-----------------------|------|--------------------|---|--------|
| | # | % | # | % | # | % | |
| Camera and how they work | 4 | 30.8 | 9 | 69.2 | 0 | - | 13 |
| key elements of a good photo 1 | 6 | 46.2 | 7 | 53.9 | 0 | - | 13 |
| Equity and justice in health | 11 | 84.6 | 2 | 15.4 | 0 | - | 13 |
| photography tool to communicate | 10 | 76.9 | 3 | 23.1 | 0 | - | 13 |
| visual literacy | 6 | 46.2 | 7 | 53.9 | 0 | - | 13 |

| | | | | | | | |
|--|---|------|---|------|---|---|----|
| key elements of a good photo 2 | 8 | 61.5 | 5 | 38.5 | 0 | - | 13 |
| captioning and communicating message | 6 | 46.2 | 7 | 53.9 | 0 | - | 13 |
| working with photos to set up the visual story | 5 | 38.5 | 8 | 61.5 | 0 | - | 13 |

Table 6: Relevance and usefulness of the sessions

| Session | Relevant and useful | | somewhat useful | | Not useful and relevant | | TOTALS |
|--|---------------------|-------|-----------------|------|-------------------------|---|--------|
| | # | % | # | % | # | % | |
| Cameras and how they work | 11 | 84.6 | 2 | 15.4 | 0 | - | 13 |
| key elements of a good photo 1 | 11 | 84.6 | 2 | 15.4 | 0 | - | 13 |
| Equity and justice in health | 12 | 92.3 | 1 | 7.7 | 0 | - | 13 |
| photography tool to communicate | 12 | 92.3 | 1 | 7.7 | 0 | - | 13 |
| visual literacy | 12 | 92.3 | 1 | 7.7 | 0 | - | 13 |
| key elements of a good photo 2 | 13 | 100.0 | 0 | - | 0 | - | 13 |
| captioning and communicating message | 9 | 69.2 | 4 | 30.8 | 0 | - | 13 |
| working with photos to set up the visual story | 10 | 76.9 | 3 | 23.1 | 0 | - | 13 |
| Exercise: images of people | 10 | 76.9 | 3 | 23.1 | 0 | - | 13 |
| Field exercise and discussion | 12 | 92.3 | 1 | 7.7 | 0 | - | 13 |
| PRA work themes | 11 | 84.6 | 2 | 15.4 | 0 | - | 13 |
| setting up an edited collection | 11 | 84.6 | 2 | 15.4 | 0 | - | 13 |
| next steps | 11 | 84.6 | 2 | 15.4 | 0 | - | 13 |

Table 7: Clarity and Usefulness of Handouts

| Handout | Clear and useful | | Partly clear and useful | | Not at all clear/useful | | TOTALS |
|--------------------------------|------------------|------|-------------------------|------|-------------------------|---|--------|
| | # | % | # | % | # | % | |
| How does a camera work | 11 | 84.6 | 2 | 15.4 | 0 | - | 13 |
| Taking better pictures | 11 | 84.6 | 2 | 15.4 | 0 | - | 13 |
| Equity and justice in health | 11 | 84.6 | 2 | 15.4 | 0 | - | 13 |
| Common mistakes in photography | 11 | 84.6 | 2 | 15.4 | 0 | - | 13 |
| Visual Literacy | 10 | 76.9 | 3 | 15.4 | 0 | - | 13 |
| What makes a photo memorable | 10 | 76.9 | 3 | 15.4 | 0 | - | 13 |

| | | | | | | | |
|--------------------------------------|----|------|---|------|---|---|----|
| | | | | | | - | |
| Captioning and communicating message | 11 | 84.6 | 2 | 15.4 | 0 | - | 13 |
| Interacting with people for photos | 11 | 84.6 | 2 | 15.4 | 0 | - | 13 |
| setting up a visual story | 11 | 84.6 | 2 | 15.4 | 0 | - | 13 |
| next steps | 11 | 84.6 | 2 | 15.4 | 0 | - | 13 |

Table 8: Summary of changes to be made to improve course

| Change required | # |
|---|---|
| Addition of more training days | 3 |
| Discussions need more time, done in small groups with facilitators and presentations done | 2 |
| Allocation of more time to visual literacy, captioning and communicating | 2 |
| More examples on captioning | 2 |
| Improve Health at Facility | 1 |

Table 9: Summary of responses on participants' changes to topics covered or process

| Change required | # |
|--|---|
| More time for visual story creation and captioning | 2 |
| Allow everyone to use a computer | 1 |
| Get handouts on every topic for revision | 1 |
| Photo editing and printing | 1 |

Table 10: Summary on use of skills in participants' work in the next 6 months

| Description | # |
|---|---|
| Improved interaction with community and health workers, and others | 5 |
| Improved technical skills on photo taking and creating visual stories | 4 |
| Strengthen and integrate in PRA work | 3 |
| use photos to promote equity in community and Equinet Exhibition | 2 |
| Use photos to communicate vulnerable children's lives | 1 |

Table 11: Summary of other comments

| |
|--|
| More training on photography to enhance skills |
| Positive compliments x 7 |
| Need to have exchange programs with teams in other countries |
| Timely and relevant, pple prefer to use photos |