

# WHO OWNS THE STORY?

Live financial testing of charity vs participant led storytelling in fundraising

Jess Crombie and David Girling

March 2022



# RESEARCH QUESTION

How do audiences respond financially and emotionally to stories of poverty controlled and created by the image 'subjects' in their own words, as opposed to fundraising materials designed by an INGO?

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We would also like to thank everyone at Amref Health Africa in Kenya and the UK for their unbelievable support. In Kenya, we would like to thank Elizabeth Ntonjira, Global Communications Director at Amref Health Africa for being brave and taking the risk to develop and test a different way of storytelling. Also in Kenya we are indebted to Maureen Cherongis, Media and External Relations Officer at Amref Health Africa for her unflappable organisation and communication skills - we are so grateful for your calm and consistent high spirits! In the UK we must first pay our sincere gratitude to Rachel Erskine, Communications Manager, who was the linchpin for making this research possible. Here we are three years after that first brainstorming coffee from Italo in Bonnington Square - Grazie Millie! Thank you also to Eilidh Naismith, Fundraising Officer for crunching all of the data into bite-sized manageable chunks and to Sheena Bourke, interim Head of Fundraising for trusting us in their

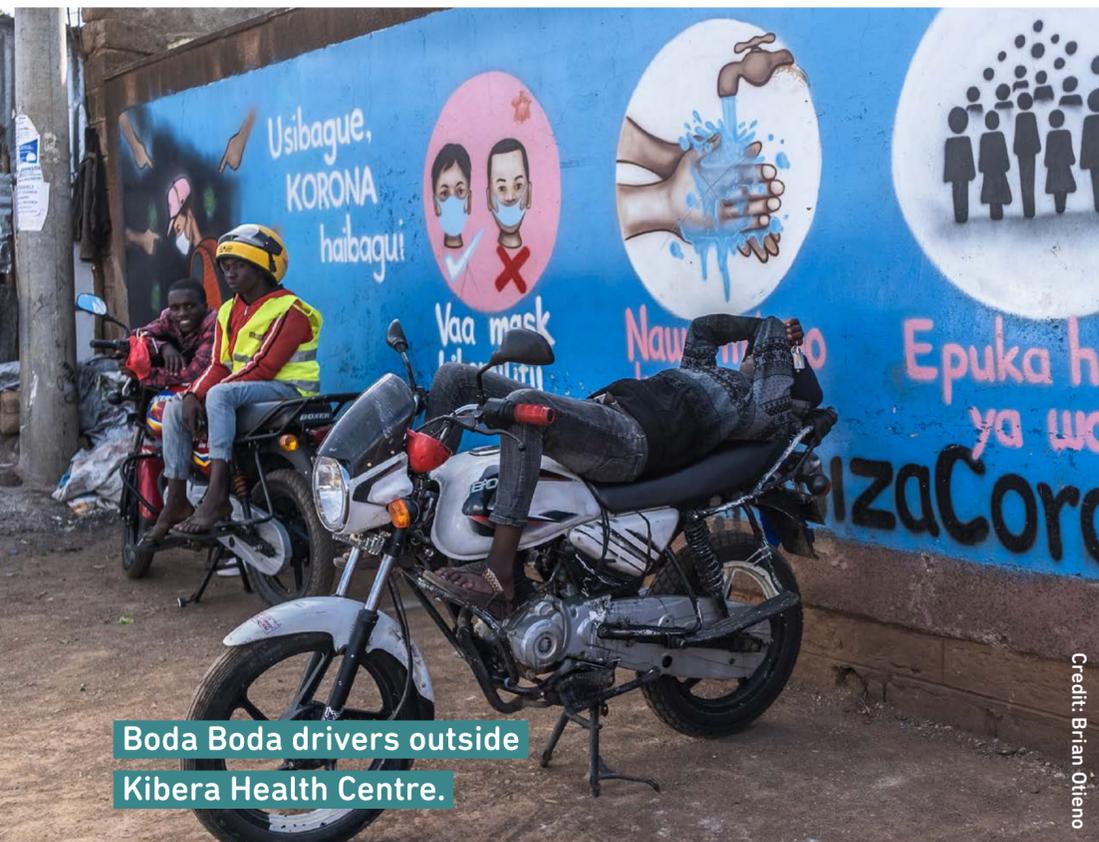


Credit, all images: Brian Otieno

# ACKNOWLEDGEMENTS

fundraising process. You had faith in the process and were committed to more ethical storytelling and changing the narrative - kudos. Amanda Ribbons for help with the pre-design and final artwork for the fundraising packs. Robin Stannard for bringing the creative solutions and managing the endless rounds of amends on this report design. Last and so very much not least - thank you to every single donor who supported both fundraising packs and to those who completed the questionnaires.

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Boda Boda drivers outside Kibera Health Centre.

Credit: Brian Otieno

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David Girling is an Associate Professor in the School of International Development at the University of East Anglia. David is a Chartered Marketer with over 25 years' marketing, communications and PR experience in the public and non-profit sector. He has been actively involved on a number of committees and judging panels including The Chartered Institute of Marketing Higher Education Group, The Chartered Institute of Marketing Charity Group, HEIST Awards for Marketing Excellence and the Radi-Aid Awards. He teaches humanitarian communication, media production, marketing and branding at both undergraduate and postgraduate level and is Course Director for the MA in Media and International Development.



## Roles in this research

### Amref staff:

Rachel, Maureen, Elizabeth, Sheena and Eilidh, from both Amref UK and Kenya who supported the research plans and delivery logistics.

### Contributors:

The people who generously shared their stories with the four participants so that they could create their fundraising packs.

### Facilitator:

Natalia, who ran the workshops in Kenya.

### Photographer:

Brian Otieno

### Participants:

Fatuma, Kevin, Patrick and Repha, the four Community Health Workers who participated in the workshop.

### Researchers:

Jess and David, the two academics who designed and led the research.

# CHAPTER 1

# RESEARCH CONTEXT

## CHAPTER 1 RESEARCH CONTEXT

**International non-governmental organisations (INGOs) are often criticised for their use of imagery and messaging in advertising appeals. Some of these criticisms dissect the use of negative, positive and neutral images. However, there are also some fierce debates concerning white saviourism, stereotyping, oversimplified narratives, othering and post-colonialism.**

This research was carried out during and following a number of events that caused the aid sector to consider their communications work: the COVID-19 pandemic; the significant increase of debate and conversation around the need for anti-racism policies and behaviours following the murder of [George Floyd](#); and several scandals in how the humanitarian sector interacts with those that we serve. It also happened during a period of broader understanding of the need to recognise colonial histories and how we attempt to decolonise. All of these factors influenced the discussion both on INGO practices and communications, highlighting the need for a more inclusive and ethical lens. What this research recognises is that when we tell stories, we are not telling them in a vacuum, we add these stories to the wider communications and media environment. For our audiences these stories inform them about a place or situation as much as they deliver our specific objectives.

In many cases large INGOs helicopter in specialist photographers, filmmakers and storytellers to produce fundraising and advocacy materials. If organisations approached their story gathering and telling with participation and shared editorial decision making with story 'subjects' as an objective, how would this impact their appeals? How do you measure the impact of a different approach: increased donations or an improvement in the perceptions of distant others?

We add these findings into the existing body of research investigating how INGOs tell their stories, namely *The People in the Pictures: Vital perspectives Save the Children's image making* by Siobhan Warrington and Jess Crombie, *Radi-Aid research: a study of visual communications in six*

*African countries* by David Girling, *Seeing and being the visualised 'other': humanitarian representations and hybridity in African diaspora identities* by Edward Ademolu, and *Shifting the Lens on Ethical Communications in Global Development: A Focus on NGOs in Ireland* by Eilish Dillon.

This however, as far as we are aware, is the first piece of research to test different approaches to storytelling with a real financial ask in a live fundraising environment, and attempt to deliberately challenge who has the power to shape narrative with a view to changing the stories told by the sector. Amref were prepared to put their income on the line to learn how audiences would respond, showing real commitment to investigating different storytelling techniques. It is a small study, but it is significant because it adds brand new data which we hope will help organisations feel confident to change the ways they gather, produce and tell the stories of the people with whom they work.

Rachel Erskine, Communications Manager at Amref Health Africa UK explains, "Amref made a public commitment to ethical storytelling and representation in fundraising and communications. In practice, this means - among other things - creating opportunities for the people we support to tell their own stories directly to the UK public. Partnering with UEA and UAL on 'Who Owns the Story?' was a way for us to take that commitment to the next level and really put our money where our morals are by testing the widely-held assumption that differently-told stories won't move supporters to take action. We jumped at the chance to contribute to a pioneering piece of research that will be useful not just for the Amref family, but for the sector as a whole. We were also curious to see what stories participants would choose to tell - and how our supporters would react!"

"Previous research conducted by Jess and David - notably, *The People in the Pictures* and *Radi-Aid Research* - has helped to shape our thinking over the past couple of years, so we were delighted to partner with them on this important next step."



Kevin Garo, Amref Health  
Worker, Kibera.

# CHAPTER 1 RESEARCH CONTEXT



Photography workshop, Kibera Health Centre.

## Limitations

Before we outline the research, we want to acknowledge that there are challenges to a piece of work of this kind, and areas that we would possibly undertake differently if we were to repeat this research. We are sharing this for transparency, but also to share insights for anyone else who might wish to work in this way.

Due to our limited funding, we had only one week to train the participants, and for them to consider their stories, create their images, write their copy and design their packs. Ideally, we would have been able to extend this time, which would have helped the participants feel more confident making images, as there were some technical issues with the photography that we think could have been overcome relatively easily with more training and practice.

While the process of selecting just one participant created pack was carried out democratically and understood to be the process by all participants from the start, it was still disappointing for the three participants whose packs were not used in the research. In the future it might be that we would ask the participants to work as a team to create one pack, but we would certainly wish to remove any competitive element from the process.

The test, designed not to acquire new donors, but instead to see how donors engaged when a story was created by a participant rather than by Amref, was carried out with existing donors rather than a cold audience. We can therefore assume that the exact design and content of fundraising materials might be less important in terms of motivating a donation to this audience, as opposed to a new audience, who may well have responded differently. Something to test in the future...

While the donor donation rate was very healthy, the response rate to the final survey was low, this is not to discount how interesting the responses are in terms of helping us understand supporter motivations, but to recognise that a larger response rate may have gathered different, or more detailed conclusions in this area.

Lastly, this research acknowledges the intrinsically colonial nature of 'gathering stories' from unpaid others. We also recognise the need for a systematic review of the structures and working policies of the global INGO sector, but this is beyond the scope of this research. We are instead looking at providing data and inspiration to start making changes within communications and fundraising practises that may help to shift the power in terms of story telling and ways of working. This may feel minor compared to the larger structural issues, but we believe that encouraging the consideration of different ways of working in terms of what stories are told is a part of the process of recognising intrinsic power imbalances and decolonising the INGO sector.



Each participant was given a Canon IXUS camera to take their photographs.

# CHAPTER 2

# FUNDRAISING PACKS: A COMPARISON

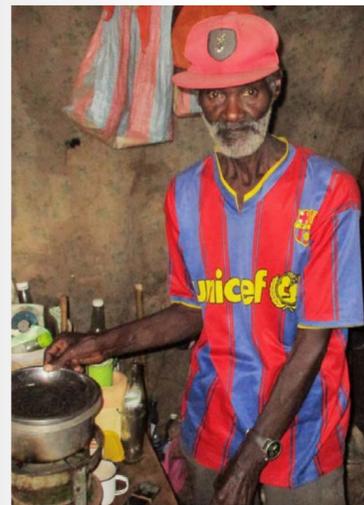
## CHAPTER 2 FUNDRAISING PACKS: A COMPARISON

Two fundraising packs (printed multi page leaflets) were created and sent out to their UK supporter database. One of these was created by one of the Community Health Workers and told directly in their voice (henceforth known as the 'participant created pack') and one was created by Amref and told in the voice of the INGO (henceforth known as the 'Amref created pack').

In this chapter we review and compare the two packs, and draw analysis.



**THEY DESERVE BETTER,  
IF NOT THE BEST...**



"My name is Patrick and I am a Community Health Volunteer here in Kibera, Nairobi. Have you ever encountered an elderly person who is lonely, frustrated, sick and has no hope either in your household, village, town or your country? This group of people need special attention and I place a question to humanity: when was the last time you paid a visit to an elderly person in your community? And do you know their needs? As community members we have a role to play as humans in helping these people live a dignified life."

Mr Cheke prepares a meal inside his house at Mashimoni, Kibera.

Participant created pack

**VACCINE  
SOLIDARITY  
WITH AFRICA**



NO TIME TO WASTE: HELP SAVE LIVES!

Dear [name],

Here in the UK, everyone is talking about the COVID-19 vaccine: when they'll get it, if they haven't got it yet, when their loved ones might get it, the plans they'll make once they're protected. For most people in Africa, being vaccinated against COVID-19 is a much more distant prospect.

**This is the largest and most complex global vaccination campaign in history – but it has been strikingly unequal. As it stands, only one in ten people in Africa will be fully vaccinated by the end of this year.**

The pandemic won't be over for anyone until it is over for everyone, and Amref is uniquely positioned to support the roll-out of vaccination programmes across Africa.

The challenges are numerous. First, African governments need to be able to acquire enough doses. Those vaccines then need to be safely stored and transported to the places and communities where they will be administered. The health workers who will deliver them need to be vaccinated themselves, as well as being trained to address people's fears and the widespread myths and misinformation surrounding the vaccine.

In the meantime, the people and communities that Amref supports are also facing immediate concerns and worries: loss of work and income, difficulties in accessing routine healthcare, a rise in sexual and gender-based violence, as well as the mental health impact of the pandemic. Helping them face these challenges are the committed health workers who have been at the forefront of the COVID-19 response for more than a year.

At Amref, we have fresh admiration for the incredible health workers who have worked so hard during the pandemic, here in the UK and around the world – as I'm sure you do, too. **Day after day, these health heroes have selflessly cared for other people and put their own lives at risk.**

Amref created pack

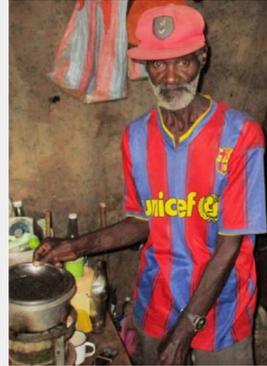
# CHAPTER 2 FUNDRAISING PACKS: A COMPARISON



An elderly man called Tom stands outside his house. Tom lives alone in a one-room house in Mashimoni, Kibera.

An elderly woman (Ake) sits outside her house where she lives alone, in Mashimoni, Kibera.

## THEY DESERVE BETTER, IF NOT THE BEST...



Mr Cheke prepares a meal inside his house at Mashimoni, Kibera.

“My name is Patrick and I am a Community Health Volunteer here in Kibera, Nairobi. Have you ever encountered an elderly person who is lonely, frustrated, sick and has no hope either in your household, village, town or your country? This group of people need special attention and I place a question to humanity: when was the last time you paid a visit to an elderly person in your community? And do you know their needs? As community members we have a role to play as humans in helping these people live a dignified life.”



Ake, an elderly community member, trying to walk to her house in Mashimoni, Kibera.

Tom, an elderly man is trying to manoeuvre his way to his house with bad terrain and poor infrastructure in Mashimoni.

### OUR ELDERLY PEOPLE HAVE A RIGHT TO HEALTHCARE.

“Sometimes the right to healthcare can be limited by their mobility. We can do better by providing this right to people like Ake who cannot walk to the health facility by bringing the services to their doorstep. The Community Health Volunteers have the capacity and the will to provide the elderly with services like blood pressure screening, monitoring blood sugar levels and distribution of commodities like medicines.”

### ELDERLY PEOPLE ALSO HAVE DIFFICULTIES TRYING TO MANOEUVRE.

“Tom, an elderly community member is finding it so hard to find his way around Kibera. There are many more elderly people in my society with the same challenge, we can make their lives easier by making sure that they are able to access the important services in our society. If the community health volunteers are well trained, facilitated and equipped then our elderly population will have reason to smile.”



Ake stands outside her house.



Mr Chege sits inside his house at Mashimoni, Kibera.



Community Health Volunteer from Amref (Patrick) is helping an elderly person (Tom) to check his blood pressure.

“Elderly people deserve better, and we can see a reflection of their sadness, fatigue and poverty from my images. I know they represent many more elderly persons in our society who deserve a smile. An intervention in medical care, economic empowerment and formation of support groups where they discuss their challenges and success. I know this can be achieved with the support of the communities, health facilities and well wishers who want to see change.”

Text, photography and design concept by Patrick Malachi, Amref Community Health Worker.



## PARTICIPANT CREATED PACK

### Front cover

The participant created pack starts with three images showing three people affected by the issues described. These are accompanied by a large, unmissable, red headline: “They deserve better, if not the best...”, the ellipsis leading us to the next sentence.

The font is large, and there is not much text, more space is given to the imagery. The text on this page, and the following is delivered in a first person narrative from Patrick, who introduces himself in the opening line “My name is Patrick and I am a Community Health Volunteer here in Kibera, Nairobi.”

### Inside spread:

This pack continues in Patrick’s voice. On both sides of the spread he talks about two elderly people he has met, and shows images he has taken of them navigating their way around Kibera. The images are illustrative and directly related to the stories Patrick is telling. He also explains what Community Health Workers like himself can do to help people like those shown in the stories.

### Back page:

Patrick finishes by explaining his vision for elderly people, and how he wants everyone to help “I know they represent many more elderly persons in our society who deserve a smile”. The images show the elderly people featured, but also reveal Patrick himself, seen in a small image taking a man’s blood pressure.

Amref’s logo appears on this back page, as stipulated during the design workshop.

# CHAPTER 2 FUNDRAISING PACKS: A COMPARISON

**VACCINE SOLIDARITY WITH AFRICA**

**amref health africa**

**NO TIME TO WASTE: HELP SAVE LIVES!**

Dear [name],

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The challenges are numerous. First, African governments need to be able to acquire enough doses. Those vaccines then need to be safely stored and transported to the places and communities where they will be administered. The health workers who will deliver them need to be vaccinated themselves, as well as being trained to address people's fears and the widespread myths and misinformation surrounding the vaccine.

In the meantime, the people and communities that Amref supports are also facing immediate concerns and worries: loss of work and income, difficulties in accessing routine healthcare, a rise in sexual and gender-based violence, as well as the mental health impact of the pandemic. Helping them face these challenges are the committed health workers who have been at the forefront of the COVID-19 response for more than a year.

At Amref, we have fresh admiration for the incredible health workers who have worked so hard during the pandemic, here in the UK and around the world – as I'm sure you do, too. **Day after day, these health heroes have selflessly cared for other people and put their own lives at risk.**

**VACCINE SOLIDARITY WITH AFRICA**

This is a global threat that requires a global response, rooted in solidarity and a shared responsibility. Led by our headquarters in Nairobi, we are launching the **VACCINE SOLIDARITY** campaign which aims to deliver new interventions to support governments to deliver a comprehensive COVID-19 vaccination programme across the continent.

**The COVID-19 vaccine is every human's right** and health workers will play a critical role in vaccination efforts across Africa – from administering the vaccine to mobilising communities and tackling misinformation – to ensure the most marginalised people and hardest-to-reach communities are not left behind.

One of these health workers is Patrick Malachi (pictured), who I would like to introduce you to today. He is one of the extraordinary Community Health Workers we work with in Kibera, Nairobi: Africa's largest informal settlement. Kibera is home to approximately one million people, many of whom are unemployed and live on less than one US dollar per day. Access to basic services, including electricity, clean water, and medical care, is limited.

**Where you live should not determine whether you live.**

Community Health Workers are members of the local community who volunteer their time to bridge the gap between the community and essential health services. They have been at the forefront of the fight against COVID-19, making household visits and holding socially distanced public information forums to ensure their communities are well-informed on the ways they can protect themselves and others from COVID-19.

**With the generous support of people like you here in the UK, we have provided training for over 270,000 health workers – most of them Community Health Workers - since the first cases were confirmed on the continent. Through face-to-face training and mobile and online learning, we have equipped them with the skills and knowledge to advise their communities on how to access the care they need and ultimately save lives.**

**You've helped us get this far. And now we're facing a new challenge.**

As trusted members of the community, Community Health Workers are well-placed to dispel myths and misinformation about COVID-19 and other conditions, creating demand for vaccine uptake and ensuring no-one is left behind.

**"I think the challenge that needs to be overcome is making sure the community members are able to see the importance of what they are being told – that is continuous and continuous sensitisation,"** says Patrick, who has been a Community Health Worker for over ten years.

**"We give priority to mothers who are pregnant, and to households which have older people living there. These people are prone to many diseases, so we prioritise them to make follow-ups and visit them frequently."**

For more than 60 years, we've been connecting some of Africa's most remote and marginalised people and communities with life-saving care. With your support, Amref Health Africa is committed to achieving vaccine equity. We'll make sure no-one is left behind. We will ensure vaccines arrive at their destinations safely – even in remote areas – and that they can be stored in the appropriate conditions. We will ensure that the vaccine is administered by well-trained health workers. We will create the conditions for a successful vaccine campaign: one that has communities at its heart.

**By giving a gift today, you will help us continue to champion the incredible work that people like Patrick do and accelerate vaccine uptake across Africa.** By getting behind our campaign, you will be supporting the many health heroes working tirelessly in their communities to tackle the pandemic and save lives.

**Play your part in ending the pandemic. Stand in Vaccine Solidarity with Africa.**

Thank you and best wishes,

*Camilla Knox-Peebles*  
Camilla Knox-Peebles  
Chief Executive, Amref Health Africa UK

**Thank you so much**

**amref health africa**

## AMREF CREATED PACK

### Front cover

There are no images, instead the front cover is a letter addressed specifically to the supporter to whom it is mailed. As it is a letter, there is a lot of text, with an interesting and quite complex explanation of the reasons that global vaccination inequality is happening and what the effects are of this.

It is unmistakably from Amref, with the logo prominently displayed front and top, alongside a red text box explaining the issue being discussed: "vaccine solidarity with Africa".

### Inside spread

These pages are stylishly designed and laid out, with high quality images taken by the professional photographer in Nairobi.

This is where we see our first image, a shot of Patrick, filling an entire page, with an explanation of who he is, further explanation of the problems of vaccine equality, and what the Community Health Workers can do to support. Patrick wears a tabard in the image which shows the Amref logo, again delivering the message that this is from Amref.

In bold the text also explains the role of the supporter in terms of facilitating Amref's interventions.

### Back page

Another beautifully shot image, this time showing Patrick taking the blood pressure of a person in Kibera. The patient is not named. The text overlaying the image contains a quote from Patrick, and the final text finishes the letter from the Amref CEO asking for a gift from the supporter.

## CHAPTER 2 FUNDRAISING PACKS: A COMPARISON



Image showing Patrick, from the Amref created pack.

### Analysis

Patrick's images in the participant created pack are lower quality in terms of composition and lighting, although they do a very good job in conveying narrative. The design is simple, with images placed next to text, rather than text being overlaid, giving the pack a 'homemade' aesthetic. The lower quality may communicate authenticity and believability in a way that higher quality images do not, and may also help supporters feel that money has not been unnecessarily spent on the production values of the pack. In these times with greater scrutiny on charity spending, this kind of aesthetic can be reassuring to supporters.

Patrick's text is written as if he is speaking directly to the supporter, which is true as the way he created it was to deliver his message verbally rather than in written form, which was his preference. The tone of voice is emotional, you can tell that Patrick is personally invested in the well-

being and health of the people who are described. This form of delivery feels intimate, we are hearing his opinions and ideas directly from his experience of being a Community Health Worker.

Another point of potential supporter connection that the participant-led pack delivers is that every person pictured is also named, something commonly seen as ethical good practice as it humanises people instead of showing them as props for a message; it also helps to create intimacy and attachment.

While the placing of the Amref logo on the back of the participant-created pack was not Patrick's choice, the effect of this is a contribution to the sense that it is Patrick's message being delivered, rather than Amref's message, again building on the sense of authenticity and this being news delivered from direct lived experience.

The participant created pack also chooses not to include two tactics commonly understood to be important for fundraising, firstly asking for a gift, and secondly explaining clearly the unique role of the supporter to take action to help save or support the people pictured.

Amref's information is delivered in the voice of the CEO rather than an impersonal voice of Amref, and the fact that the supporter is named in the letter shows personalisation that is likely to appeal or even generate greater engagement from a supporter. The pack is extremely informative, but at no point is the text emotional with a focus on facts and potential impact rather than personal stories.

The Amref created pack is stylish and clearly well designed, with beautifully shot photography, which makes the pack more aesthetically appealing, and cleverly placed logos which mean whatever page you choose to look at you cannot miss that it is from Amref.

The pack also clearly outlines the role of the supporter, who is given a focus and a clear action to take, with plenty of reasons to take supportive action.

The two packs, while both traditional in the sense that they are paper, A5 with four pages, and posted to supporters, engage very differently. The participant created pack is a voice direct from Kibera - it feels unedited, raw, intimate and live. The Amref created pack is about making a rational argument, and delivering it in a professional way. One pack delivers authenticity and emotion, the other reassuring levels of knowledge and expertise.



Image showing Ake, from the contributor led pack.

# CHAPTER 3

# AUDIENCE RESPONSES TO THE APPEALS

# CHAPTER 3 AUDIENCE RESPONSES TO THE APPEALS

This chapter presents analysis of the quantitative and qualitative data from the research project fundraising appeal.

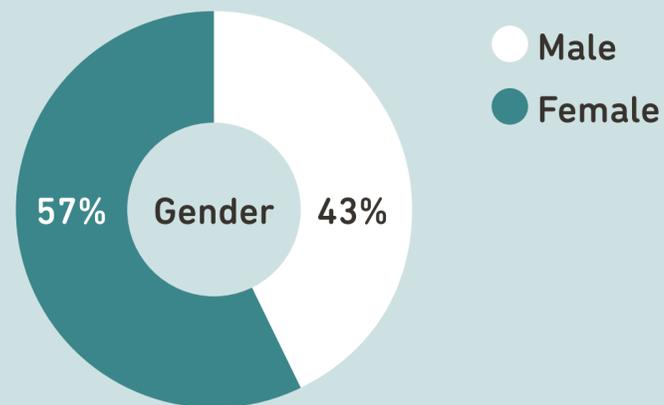
<p><b>FINANCIAL RESPONSE</b></p> <p>The two fundraising packs were distributed by post during July 2021 to existing supporters on the Amref UK database</p>		<p><b>Data analysis</b></p> <p>The overall Summer Appeal (excluding Gift Aid) raised a total of <b>£13,911</b> which is above the original target which was set at £11,000.</p>	
<p><b>Participant created pack</b> 898 supporters</p>	<p><b>Key findings</b></p> <p>1 The participant created pack raised more money than the Amref created pack.</p> <p>2 The participant created pack raised an average of 38% more than the quarterly fundraising packs usually sent out by Amref in previous appeals.</p>	<p><b>Participant created pack</b></p> <ul style="list-style-type: none"> <li>• A total of 88 gifts were donated totalling £6708</li> <li>• The average gift was £76.23</li> <li>• Male donors - 42 gifts - average - £82.14</li> <li>• Female donors - 42 gifts - average - £72.26</li> <li>• 4 unknown</li> </ul>	<p>Based on previous data for this subset of supporters, the average gift is £47.69. Therefore this pack initiated a 38% increase compared to previous appeals.</p>
<p><b>Amref created pack</b> 896 supporters</p>		<p><b>Amref created pack</b></p> <ul style="list-style-type: none"> <li>• A total of 110 gifts were donated totalling £6105</li> <li>• The average gift was £55.50</li> <li>• Male donors - 50 gifts - average - £68.30</li> <li>• Female donors - 60 gifts - average - £44.83</li> </ul> <p><small>*Personal supporter data available was limited to gender and age, we did not have access to other supporter characteristics such as race.</small></p>	<p>Based on previous data for this subset of supporters, the average gift is £48.91. Therefore this pack initiated a 12% increase compared to previous appeals.</p>

# CHAPTER 3 AUDIENCE RESPONSES TO THE APPEALS

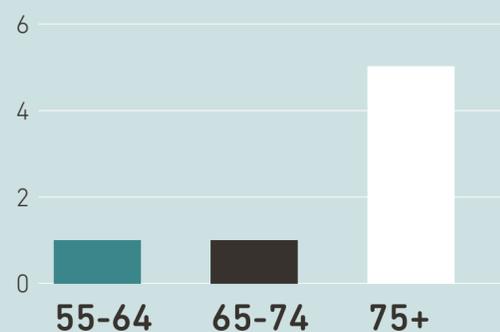
## EMOTIONAL RESPONSE

A questionnaire was sent to all supporters who contributed to Patrick's pack with a thank you letter from Amref. Seven supporters completed the questionnaire, which represents an 8% response rate. As with all surveys, these people don't speak for all Amref supporters but their responses are still interesting and worth analysis.

### Demographics



### Age



## Key findings

- 1 80% of respondents interpreted the appeal as someone who is being helped by Amref but who is also helping themselves.
- 2 83% of respondents had an emotional connection with the story.
- 3 71% believed the appeal was different to other appeals they have seen.
- 4 Respondents valued Patrick telling the story using his own words and images. This highlighted that community members are able to make their own decisions for their own communities.
- 5 Respondents actively recognised that this leaflet was attempting to overturn some stereotypes or saviourist narratives, and this made them feel more inclined to donate.
- 6 The text and photographs were considered accurate, concise, personal and real. They provided a strong sense of how people live in Kibera.
- 7 All of the contributors were aged 55+ and the focus on elderly people struggling strongly resonated with the respondents.
- 8 Stories told directly from participants or contributors gave a greater sense of authenticity for supporters, and more engaging connection.

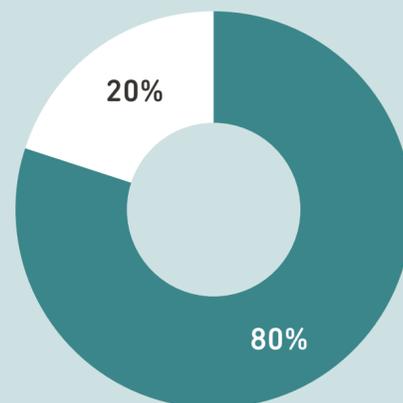
## CHAPTER 3 AUDIENCE RESPONSES TO THE PARTICIPANT CREATED PACK

### Data analysis

**Q1: When you saw the story about Patrick did you think he was:**

80% of respondents saw the story as someone who is being helped by Amref and who is helping themselves.

20% of respondents saw the story as someone who is being helped by Amref.



**Q2: When you look at this leaflet, in your own words can you describe who you see, what they are doing and who is helping them?**

As expected, donors interpreted the fundraising pack in different ways. One respondent focussed on the evidence that they could see in the images; taking the patient's blood pressure and listening to the problems encountered not only by the older people population but also the community health workers. Two of the respondents saw authenticity and truth in the stories, highlighting that the packs told the stories of real people coping in difficult circumstances. One other respondent explained that they had lived in both East and West Africa and did not need to read information to understand what is going on across the continent, perhaps feeling that this was not new or even particularly interesting information.

These answers also show the two opposite poles of donor recognition of participant agency with on the one hand a donor acknowledging that their financial gift was about provision of "support for self help", and on the opposite side the assumption that there was "little hope of help til Amref...step in". These positions show that some donors exist in a space where they recognise that their help is support for people to do what they

are already doing - helping themselves, while other donors still subscribe to the narrative of saviourism, where a person is passively without hope until a charity steps in to save them.

**Q3: Why did you donate to this request from Amref? Can you describe what it was that made you feel you wanted to give a gift.**

There was a clear connection created between Patrick's story subjects and the supporters due to shared lived experience. Patrick's leaflet was about being elderly, the majority of the donor respondents were above 75, and everyone has a shared experience of the Covid-19 pandemic in which we were living at the time of the research being carried out.

Supporters also recognised the differences in their experiences when they compared their lives with those depicted in Patrick's leaflet, with one person recognising their relatively high standard of living, and another making the point that they had received both doses of the Covid-19 vaccine and now we need to protect "other communities".

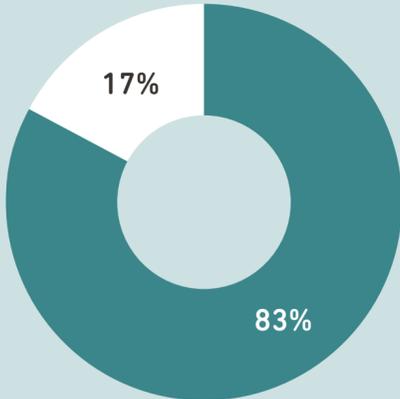
One supporter acknowledged the colonisation of Kenya and how this has denied many individuals a share in the wealth and opportunities that the "white colonisers" extracted in the past. They commented that they wished they could "give more" as "we owe it" to the people who live with the legacy of colonialism. This response to give as part of self-imposed reparations is unusual as a motivation to give to charity, and we speculate that potentially the environment of the last 18 months with much more focus in the media on the legacy of the Transatlantic slave trade and colonialism may have caused donors to consider the impact of giving within the colonial frame.



Image from contributor led pack.

Credit: Patrick Malachi

# CHAPTER 3 AUDIENCE RESPONSES TO THE APPEALS



**Q4: Did you have an emotional connection with the story?**

83% Yes 17% No

**Q4: Why?**

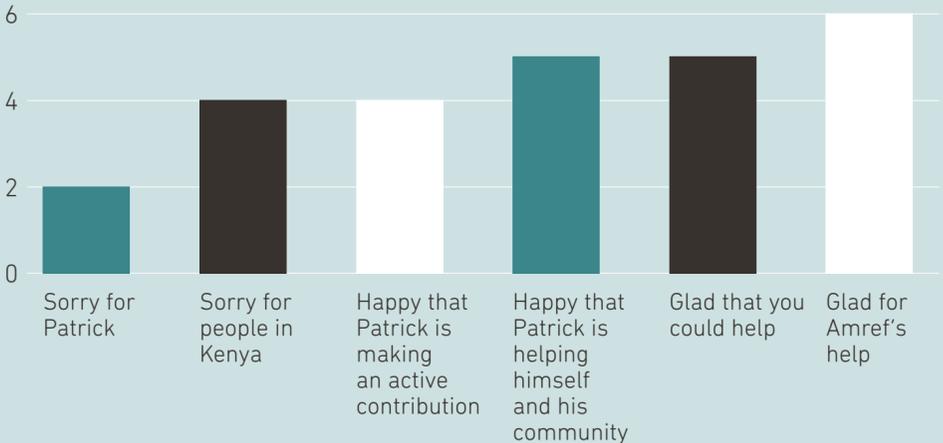
In this set of answers supporters again acknowledged their connection to Patrick and the story they had read. Two of the supporters had lived on the continent of Africa in the past and therefore felt that they

understood first hand the conditions that some people live in. As with question 3, supporters talked about the devastating effects of Covid-19, of which everyone has lived experience, and the inequalities due to unequal distribution of vaccines. Supporters also mentioned that they sympathised with the problems faced by older people as they were either older people themselves or looked after their parents - thus understanding the need for the extra support required for this section of the community.

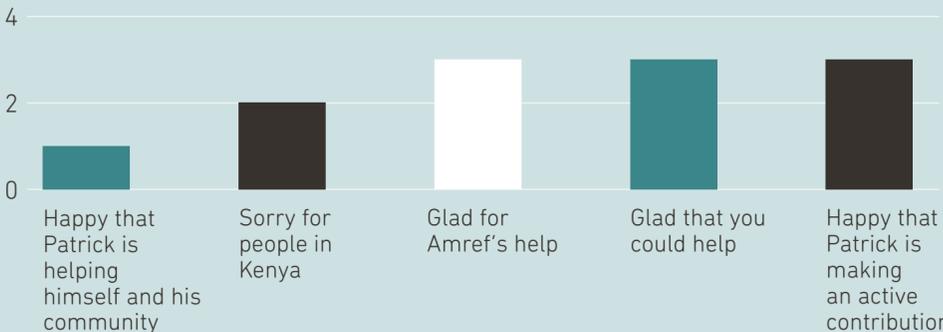
There was a recognition of the need for everyone to work together to make the world better for everyone, which displayed the supporter's feelings of unfairness and injustice and their hope that their action could in some small way contribute towards a more just existence.

One supporter also communicated the message about how "a relatively small injection of money/help" can improve someone's life. This is a narrative that has been promoted for many years by charities - that a small donation can make a big difference, for example 'just £5 can save a life with one vaccination'. While this narrative is not wholly untrue, it is also a simplification of the much more complex and expensive set of actions needed to deliver any aid or development support. It has created a narrative where donors are led to believe that even their small intervention can have an enormous impact, a narrative that has contributed significantly to saviourist belief structures from donors.

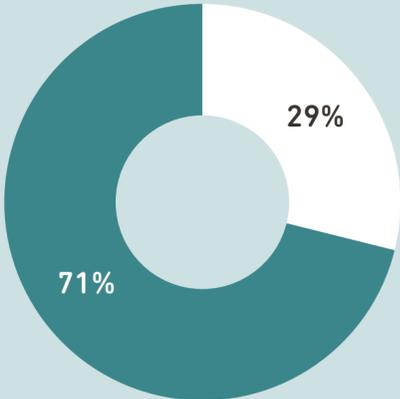
**Q5: How did the images make you feel?**



**Q6: How did the text make you feel?**



We were interested to note that while the majority of donors felt glad for Amref's help and that they could also help, something we would expect as they have decided to donate, the next highest vote was happiness that Patrick was able to help himself. This may have been wrapped up in their happiness that they played a part in Patrick's ability to support his community, but could also demonstrate that they enjoy seeing narratives where people actively help themselves rather than passively waiting to be saved.



**Q7: Did this leaflet seem to be different to any other stories you have seen from Amref UK before?**

Yes - 5 No - 2

**Q7: Why?**

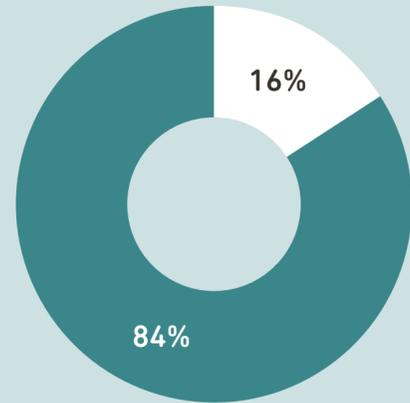
Supporters were pleased that the text and images were taken and written by one of the community health workers who lives in the community

they are representing. They appreciated that this form of storytelling provides a more personal and real account of life in Kibera. One supporter said, "I liked the fact you let Patrick tell his story. Some other charities produce similar material, but this was outstanding in being entirely in his hands."

Another appreciated how the fundraising materials provided agency "It highlighted the actions of people trained to help their own community as insiders not outsiders." And once again we heard from those who recognised the need for shifts in narrative away from the binary colonial model of saviour/recipient; "It's good to see the old paternalistic model of charitable donation give way to a realisation that Africans are capable of making their own decisions about how to help their community."

This analysis reinforces the idea that supporters prefer stories where multiple actors (including themselves) are working together to improve a situation, a narrative that challenges binary saviourist stories and gives real opportunity for a shift away from stereotyped representations of passive 'beneficiaries' waiting to be saved.

## CHAPTER 3 AUDIENCE RESPONSES TO THE APPEALS



Q8: Did this leaflet seem to be different from any other charity communication you had seen before?

● Yes – 5    ● No – 1

Q8: Why?

Supporters were pleased that the fundraising materials were written and produced by somebody working in the community with the support

of Amref. They believed that the materials were “direct and gave a strong sense of how people live.” As one supporter said “It gave less emphasis to the donor charities, and more to the work of Africans themselves”. Another supporter made a similar comment by saying the leaflet was “informative, concise, clear photos and encouraging outlook - positive, from someone on the ground.”

These comments showed that supporters value authentic storytelling, and that what this means for them are stories told about and by the people that they wish to support. They crave that connection to the participant over the connection to the charitable organisation itself.

We made the decision not to share the original leaflet with supporters as part of the thank you letter sent out with survey, as we were interested in what they recalled of the leaflet. However, we think this may have contributed to the low response rate as supporters may not remember the leaflet at all, and also as one person indicated in their survey response, they found the questions “leading” without the leaflet to reference. In hindsight, including the leaflet as a reminder may have contributed to a better response rate.



Ake walking to her house in Kibera, one of the images from the Participant created pack.

Credit: Patrick Malachi

# CHAPTER 4

# PARTICIPANT EXPERIENCE ANALYSIS

## CHAPTER 4 PARTICIPANT EXPERIENCE ANALYSIS

After the leaflets had been created, the researchers interviewed three of the four participants (the fourth was sadly unavailable due to poor wifi and despite multiple attempts to speak with him), to ask them how they had found the experience of being part of this research project.

### Key findings

- 1 Participants enjoyed being in control of the narrative, and felt pride that they were able to communicate the story of their community.
- 2 Participants recognised that being able to control the narrative meant a more authentic story was delivered.
- 3 Insider image makers feel high levels of responsibility towards contributors and spent time considering how they could present their stories in a way that the contributor would find satisfying.
- 4 Contributors expressed to participants that they felt more comfortable being photographed by someone they knew or who lived in the same community. This included giving consent, which had previously felt intimidating when gathered by outsiders.



Fatuma Asteb, Amref Health Worker, Kibera.

## CHAPTER 4 PARTICIPANT EXPERIENCE ANALYSIS

### Data analysis

#### Q1. What did you like most about the project as a whole?

Participants enjoyed learning camera skills primarily, although alongside this was enjoyment at being in control of what story was told and recognition that it was about their real lived experience, not someone's idea of their experience. Patrick stated in the post-research conversation that "I liked the approach - the way the project was set up. That is I could tell my own story. I think that this is good as it is from the bottom up." Previous research 'The People in the Pictures' and 'Which picture do you prefer?' found similar results, with participants often communicating their preference for stories where they were able to control the narrative and deliver what they felt was their authentic lived experience.

#### Q2. What did you dislike about the project?

Participants found the consent process onerous, but also shared comments that reinforced the importance of a consent process that is more than a form, but is instead a dialogue between the person gathering the story and the person sharing their story. As Repha stated "many NGOs have been coming here in Kibera taking photos, and then they don't give back the feedback, that's why they (the contributors) fear it. I had a consent form, it really helped, it really helped."

Anywhere that there are people gathering stories, but especially in a place like Kibera where there are often camera people and crews making multimedia materials, the need to explain, encourage questions, give feedback, come back and explain again is all part of helping a participant feel good about their contribution rather than causing anxiety. The fact that the people creating the stories also lived in Kibera and were therefore relatable and accessible for follow up questions is also important to note when considering whether to work with teams who are 'insiders' or 'outsiders'.

#### Q3. Did you feel valued as part of this research? If so, in what way?

Participants felt responsible for the people whose stories they were gathering. This demonstrates that when someone is personally connected to the stories they are gathering, they are highly motivated to make sure that the story is going to have an impact.

#### Q4. Did the process of taking photographs change the way you see your role?

The participants were aware of their active role as they had been working with Amref previous to the workshop, but they also communicated that this project further helped to cement the understanding of their ability to act in this role. Patrick communicated that the project helped to further embed the feeling that he is "the agent of change in my community and my society."

#### Q5. Did you enjoy taking photographs or did it make you feel awkward?

There was recognition that being an insider, rather than an outsider, made the process of gathering the image significantly different for the contributors, helping them feel comfortable with the process.

#### Q6. How did it feel to be asked to be in control of a message that was being delivered to people in other countries?

All participants communicated the pride that they felt in being the vehicle for their chosen message reaching people outside of Kibera. This was rooted in being able to help others, but also in being able to control the narrative themselves rather than being part of a narrative imposed upon them from outside. Patrick stated that "I feel appreciated that we came with a story about my community, I am the one who developed a story, rather than the world telling my stories."

#### Q7. Do you think that participatory photography could be used in other initiatives in Kibera? If so, what kind of initiatives?

As Patrick described, "The best thing is that you are talking directly to the real people, they have the best knowledge, the true picture of what they are saying." This comment again reinforced the recognition that the stories the participants were telling were "real", a "true picture" of what is going on and what concerned those who lived in Kibera, rather than an outsider narrative.



Kevin Garo, Amref Health Worker, Kibera.

# CHAPTER 5

# CONCLUSIONS AND RECOMMENDATIONS

## CHAPTER 5 CONCLUSIONS AND RECOMMENDATIONS

**This project demonstrates that there is another way of gathering and sharing the stories of people living in poverty around the world. Until now, there has been much positive and enthusiastic discussion amongst INGO communications and fundraising professionals about how to change the way we tell stories, but no one has ever put their money on the line to test whether participant-led fundraising is possible.**

This research proves without doubt that it is possible to enable participant-led choices regarding storytelling, and still raise as much money as if you had created the fundraising materials yourself. We hope that this data will inspire others to change so that they are working in partnership with the people whose stories they share.

### Conclusions

**Participant led fundraising appeals can be as, or more effective at raising funds than charity led appeals.**

The participant created packs were sent to supporters as any pack would be sent, no message explained that this was something different, so for a supporter they would experience this pack initially as any other from Amref.

This conclusion challenges the dominant sector opinion that in order to raise funds, stories must be selected and created by professional fundraisers, following well tested and evidenced sets of decisions and actions. While we are not disputing this route as being effective, we would also encourage the development sector to consider and test participant led methods of gathering and creating fundraising materials. It is important to note that by participant led we do not mean participatory, a type of story creating that has been well used to good effect within the sector, what we refer to are fundraising materials where all editorial decisions are led by the participant themselves from start to finish.

**Stories produced by people from the communities in which the programmes are happening can create a stronger emotional bond with donors.**

Patrick's participant created pack contained several elements that demonstrated his personal knowledge and lived experience in the issues he was discussing. His pack brought authenticity and intimacy due to the way he chose to tell the story of the older people in Kibera.

Our donor responses showed that this appeal created a strong emotional connection between the donor audiences and Patrick because, as one of our donor's stated, the story was "produced and written by somebody working in the community in Kenya", and was therefore a more authentic view of life in that part of Nairobi. In the communications environment in which we now live, where [trust in media organisations is lower than it has been before](#), and 'fake news' could exist in every story, finding a way to communicate with less mediation and more direct access to those with lived experience helps to build trust and bring audiences closer to those they might seek to engage with or help.

**Participant led stories feel more authentic to donors.**

Patrick also inadvertently picked a subject matter which resonated with Amref's older audience, by selecting to talk about the experiences of older Kibera residents. Amref had planned to talk about the effects of Covid-19 on life in Kibera, a story which may have performed as well, but one in which Patrick did not have a particular interest. Patrick having the power to select a topic that mattered to him happily resulted in a topic being selected which worked well for the intended audience, something we could not always guarantee would happen.

What it also resulted in, which is more reliable, was a story told in a much more engaging way due to the story teller's personal care and passion for the topic they had chosen, in this case the problems facing older people. This mirrors one of the key findings from the Radi-Aid Research which "highlighted the need for more diversity by for example using images of people of all ages and different races, and generally showing that people have something to offer." Girling (2018, p5).



Fatuma Asteb, Amref Health Worker, Kibera.

## CHAPTER 5 CONCLUSIONS AND RECOMMENDATIONS



Patrick Malachi at work.

Credit: Brian Otiemo

### It is not necessary to outline to a supporter their role when communicating an issue.

Fundraising lore says that you must clearly ask for a gift, and that you must explain the role of the supporter. The participant created pack overturns that idea as Patrick does not once mention the role of the supporter, or ask for a donation, yet his pack raised more money.

The benefit of not having to outline the critical role of a supporter is also another way to avoid saviourist fundraising tactics which lead supporters to believe that only they can save the person or people depicted in the materials. These techniques perpetuate binary belief structures where the world is composed of saviours on one hand, and 'beneficiaries' (a word deliberately avoided in this research due to its patronising and passive implications) on the other. By removing the supporter from the narrative, but also delivering a story that is both engaging and informative, the participant led pack proves that it is possible to prioritise the role of the active participant and still raise money.

### Participant-led storytelling challenged some of the saviourist narratives INGOs are accused of perpetuating, with both participants and donors recognising this and reacting positively.

Both our participants and our audiences noted that this project and the way the participant led fundraising pack was created challenged problematic power imbalances with their roots in colonial era ways of working. One of our donors stated that *"It's good to see the old paternalistic model of charitable donation give way to a realisation that Africans are capable of making their own decisions about how to help their community"*. One of our participants stated that they *"liked the approach - the way the project was set up. That is I could tell my own story. I think that this is from the bottom as it comes up."* The legacy of colonialism has continuing impact in the INGO sector in terms of flows of decision making and power, with majority White staff making decisions about and on behalf of majority People of Colour. This type of project, where decision making was shared, resulted in positive donor responses, and participants feeling good about their potential to impact what outsiders hear about their community. Rather than reinforcing the old stereotypical view that by including participants in communications work INGOs are 'giving a voice to the voiceless', a phrase steeped in racist and colonial views, this project recognised that everyone has a voice, and aimed to facilitate a platform for participants to share their ideas and opinions. A decision designed to result in a story which might be a part of challenging saviourist narratives.

## CHAPTER 5 CONCLUSIONS AND RECOMMENDATIONS

### RECOMMENDATIONS

**1** Share this report and data with teams within the INGO sector to help them understand the potential in alternative methods of fundraising and mitigate the fears of colleagues who may be nervous to change their ways of working.

**2** If you wish to carry out this test, start with a smaller audience base to mitigate financial risk. However there must be real financial risk to motivate everyone involved in the project, and to ascertain how real donors respond to actual fundraising content.

**3** When considering the ethics of INGO storytelling for raising money, as many organisations are now doing, review how your organisation might share editorial decision making power for your fundraising materials with the people who help deliver your programmes and those who are supported by these programmes.

**4** Ask your CEO and Board to support this type of fundraising. Working in this way will require not just logistical changes, but also a cultural shift to recognise participants and contributors as more than 'beneficiaries' or 'case studies', and it will take support from the top to carry out this type of work.

**5** Approach the work as a change for life, not just one test. Like Amref, when you have carried out this type of work, consider how you can keep participants' voices, inputs and ideas at the forefront of your storytelling.

**6** If you do carry out this work, share your results with the sector. Amref have generously shared all of this data so that the development sector can learn from this first exploration into participant led fundraising, adding to this from other tests will only strengthen our ability to work in this more ethically sound way.

**7** Many appeals still focus on children. This research proved that stories of older generations resonated with Amref's audience. Consider different generations in the communities you work in as the focus of your fundraising and communications materials.

## CHAPTER 5 CONCLUSIONS AND RECOMMENDATIONS

### RECOMMENDATIONS

Finally, to anyone reading this and wondering whether it was a success because Patrick was special and a brilliant undiscovered communications talent, we want to say put the idea aside immediately. Anyone, whether as near as your local shop, or as far as a plane ride away, will have a story to tell. And, because they are the ones who have lived through the event or situation they are describing, they will tell it fully and with the nuances and contexts that help humanise us all.

This research is really about trusting that by working in this way, we won't just be doing something ethically sound, we will also together be able to create more powerful, more interesting and ultimately more effective stories. Win win.



Patrick Malachi at work.

Credit: Brian Otiemo

# CHAPTER 6

# APPENDICES

# APPENDIX 1: HOW THE FUNDRAISING PACKS WERE CREATED

## Selecting the participants - why community health workers?

Amref has worked with Community Health Workers (CHW) in Kibera for many years. All CHWs have excellent links into the community and many have held their positions for some time and therefore are well known within Kibera. It was decided to approach four CHWs (two male and two female) to take part in the research project. Amref Kenya selected the four people that they thought would be suitable for the project in terms of being able to speak English, their interest in communications work, and their availability.

CHWs work voluntarily for Amref, but for this project the participants, the participants were paid a small daily stipend of 1500 KES and were also given the cameras used in the research at the end of the project as a gift to thank them for their participation.

## Why choose Kibera as a location?

Kibera was chosen as a research site because Amref have worked in Kibera for many years and manage a Health Centre which is well respected and used by many in the community. Amref's headquarters and Kenya Country Office are based less than three miles from Kibera, which meant logistically setting up and running the workshops was less time consuming for busy Amref staff.

Kibera was also chosen as it is one of the world's most photographed and filmed 'slum' populations in the world. Kenyan author Rasna Warah in her book 'UNsilenced' explains that the frequent depictions in the media and by INGOs, coupled with well-publicised visits by celebrities and politicians, and Kibera's easily accessible location meant that "enterprising travel agents began to offer "Kibera slum tours", where tourists could see the face of African poverty first hand." (2016:p36) Warah quotes Kibera



resident Kennedy Odede, who now runs his own charity in Kibera, describing an experience from when he was 16: "I was outside my 100-square-foot house washing dishes, looking at utensils with longing because I hadn't eaten in two days. Suddenly a white woman was taking my picture. I felt like a tiger in a cage. Before I could say anything she had moved on" (p37). This pervasive view of Kibera as a place to be visited and viewed by outsiders to see or show poverty, meant a project which attempted to engage residents in controlling their own narrative felt particularly fitting.

## Workshop facilitation

The research was due to happen in March 2020, however due to the COVID-19 pandemic it was postponed for one year. In March 2021 Natalia Jidovanu was selected due to her experience as a photographer, photography trainer and participatory photography consultant living in Nairobi.

Four Canon Ixus 185 digital cameras which cost approximately £125 each were purchased in Nairobi.

## Workshop overview

Participant training and content creation lasted for five days. This time period mimicked the typical times that INGOs give to story gathering.

Jess and David stayed updated with workshop progress via WhatsApp updates and more formal daily debrief sessions with the facilitator. Post-workshop interviews were also held with the facilitator and three of the participants.

## Day one - fundraising, storytelling and basic photography skills

- Designing a fundraising letter
- The fundamentals of storytelling using images
- Basic photography skills including lighting, composition and the rule of thirds.
- Brainstorming to help each participant decide what topic they wanted to make their fundraising pack about.

Their chosen topics highlighted the range of issues most important to the Community Health Workers:

**Fatuma – child malnutrition** with a story focusing on a one year old child and their family, and their financial difficulties in providing healthy meals.

**Kevin – sanitation and health.** Specifically issues such as poor sanitation, access to water, purifying water, waste disposal and garbage collection.

**Patrick – problems with elderly members of the community** who he feels are often neglected, specifically accessibility issues, the need for economic empowerment and disease. His idea was to focus on two people – one male and one female.

**Repha – maternal and child healthcare** by focussing on pregnant women and one woman who had her child two weeks ago. She wanted to explore prenatal care, and showing postnatal care by documenting the new baby in their home.

# APPENDIX 1: HOW THE FUNDRAISING PACKS WERE CREATED

## Day two - photography

Participants spent the day gathering images to fit the topic they had decided that their leaflet would be about. This included approaching community members and taking their photographs, with consent. Natalia arranged to meet each participant for approximately 30-60 minutes during the day to help troubleshoot any specific technical issues.

## Day three - editing

Writing the accompanying headline and captions for the fundraising pack

Designing the fundraising pack. The only restrictions were that the pack must be a four page A5 booklet, and that Amref's logo must appear at least once on the back page.

## Day four - fundraising packs mocked up

A designer, Amanda, based in the UK who regularly works on Amref's fundraising materials was given the day to mock up the participant's designs in a draft format.

## Day five - design and feedback

Participants reviewed and approved or amended the fundraising pack designs, mocked up by the UK-based designer.

Participants reviewed the designs mocked up by Amanda and gave feedback.

Participants, researchers and facilitators all anonymously voted on which pack would be sent to supporters of Amref.



Images taken from  
the workshops.

Credit: Brian Otieno

# APPENDIX 1: HOW THE FUNDRAISING PACKS WERE CREATED

## Selecting the pack to be shared with supporters

At the end of the workshop we ended up with four finished fundraising packs. In order to select which pack would be used in the research testing we held a vote, every person involved with the project was given one vote, this meant we had a total of 12 votes (2 x researchers, 3 x Amref staff, 4 x participants, 1 x workshop facilitator, 1 x professional photographer, 1 x designer). These were the vote results:

<b>Patrick</b>	<b>Repha</b>	<b>Kevin</b>	<b>Fatuma</b>
<b>5</b>	<b>5</b>	<b>2</b>	<b>0</b>

We ended up with a tie break between Repha and Patrick's packs, so we decided that we would default to the participant's preferences as the entire process was ultimately designed to be led by them and their wishes. Without revealing who voted for which participant from that group, the majority voted for Patrick which meant that this was the final pack we would release to Amref supporters.

## Writing the copy for Patrick's participant created pack

After Patrick's design was selected, the researchers met with him to ask how he would like to create his copy. Patrick said that he had all of the ideas in his mind, and that he would like to explain verbally what he wanted to say to the supporters. The researchers agreed to transcribe verbatim what Patrick wanted to include as copy, and over a 15 minute period, without prompting or responding to any questions other than 'what do you want to say to the Amref supporters?', he delivered his copy.

The researchers then sent the transcript to Patrick over email, he reviewed this, selected the pieces of text that he felt would be most engaging and it was supplied to the designer.

## Generating content for the Amref created pack

Alongside the workshops to create the participant created pack, we needed to gather photography and interviews with the participants so that Amref could create their fundraising pack. This included gathering professional photography, and interview transcripts.

Professional photographer Brian Otieno was hired for three days to make the images for the Amref created pack, and also gather some 'behind the scenes' images of the participant's process.

Brian met with the four participants throughout the week depending on their schedule. He was given a reasonably detailed brief typical of the type provided to professional photographers by Amref (see Appendix 3) to gather 20-30 images per participant.

Maureen Cherongis, Amref's Media and External Relations Officer, met with each of the participants to conduct a semi-structured interview to gather information to inform the copy that Amref would write for their fundraising pack. Each interview was conducted individually and took between 12 and 20 minutes (for a full list of questions asked by Amref see Appendix 4)

## Ethical Considerations

Ensuring that the storytelling process prioritised ethical considerations was paramount to this research project. As part of the GCRF funding it was a requirement to submit a detailed application for ethical approval to the School of International Development ethics committee at the University of East Anglia. UAL also requested a detailed research ethics statement, submitted for approval, as part of their Research Funding application.

Strict measures were taken to prevent any potential physical, psychological or disclosure dangers whilst participants were contributing to the research project. As part of the participatory photography training all participants were taught about the importance of informed consent. Each participant was provided with an information sheet about the project (see Appendix 5) and a consent form (see Appendix 6).

Extra care was taken to ensure that participants understood the purpose of the research and how their images would be used in a live appeal for Amref, potentially on multiple communications channels including social media. The Amref consent form was used and completed by any individuals who agreed to be photographed. The information about the

research was also presented verbally in a manner which was easily understandable.

There was a full explanation of how their images will be used, within which it was made clear that anyone with access to the internet might be able to see the images. It was reiterated that images might be used in a different format i.e. in an annual report, a poster or shared on social media.

The workshop facilitator and the Kenya based Amref staff initially talked through with potential participants using a general information sheet, about who we are and what we hoped to achieve with the research. After reading it to them, they had the opportunity to ask any questions they had about any part of the process. It was made clear to the participants that they can withdraw at any point and we provided our contact details in case individuals would want to withdraw at a later date.

## Amref's process

The Fundraising team in London drafted the appeal according to the usual process, which has several stages. The copy drew on the transcript of an interview with Patrick Malachi conducted by Nairobi-based Media and External Relations Officer Maureen Cherongis.

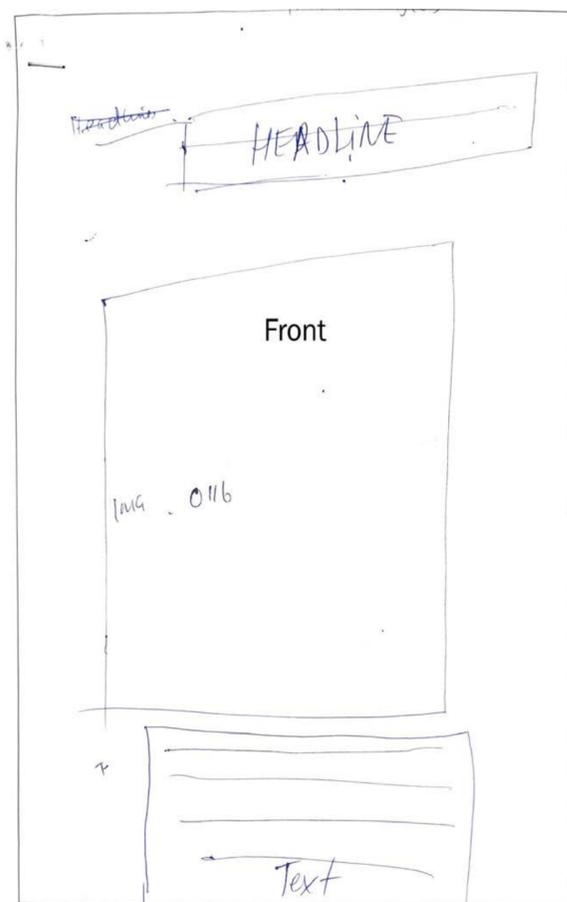
For the look and feel, Amref worked with their regular freelance designer (who had also designed the participant created pack, to Patrick's instructions), and selected images from the series taken by Brian Otieno. Because Patrick had chosen a portrait brochure format for his mailing, Amref decided to mirror this with the mediated appeal. A donation form and shopping list were also included that were identical to those sent out participant led pack.

Amref send out quarterly postal appeals to their database of 2,600 supporters. This was their summer appeal, in a typical year, summer tends to be one of the lower-profile appeals.

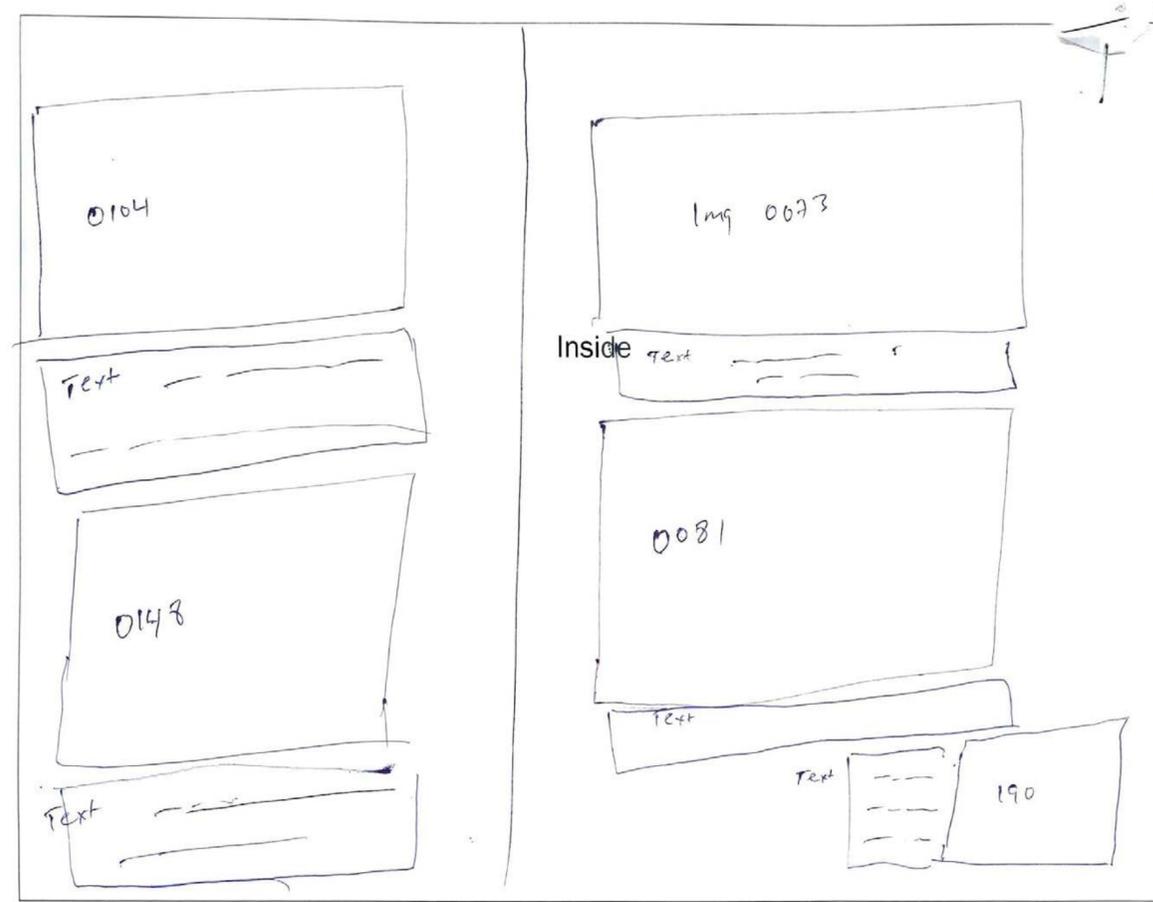
The mailing list was split in two alphabetically. Half of the supporters received the participant led pack, and half received Amref led pack.

# APPENDIX 2: DESIGNS AND IMAGES OF ALL PARTICIPANT PACKS

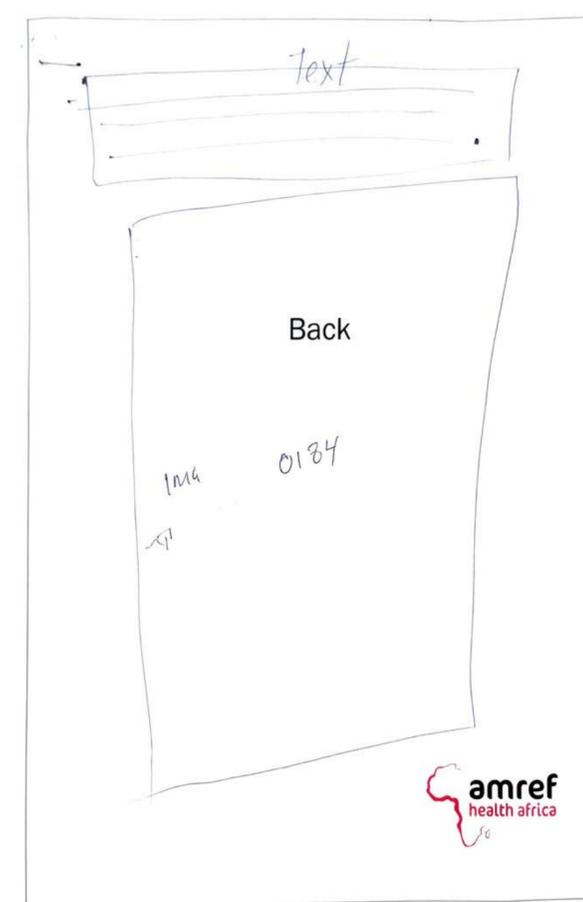
Fatuma's draft design:



Cover



Inside spread



Back page

## APPENDIX 2: DESIGNS AND IMAGES OF ALL PARTICIPANT PACKS

Fatuma's images:



# APPENDIX 2: DESIGNS AND IMAGES OF ALL PARTICIPANT PACKS

Fatuma's mocked up design (no amends were made between her draft and the final design):

## MALNUTRITION IN CHILDREN UNDER FIVE



Dorcas carries her babies, Julius and Juliana, who are twins and are 3.5 months old. Julius weighs 5.3 kg and Juliana weighs 4kg.

23/03/2021 12:57

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Cover

Dorcas is burping her baby Juliana after breastfeeding.



23/03/2021 12:55

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The supplement Dorcas is taking to increase her breastmilk.



23/03/2021 13:05

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The twins Juliana and Julius playing on the sofa.



23/03/2021 12:49

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Dorcas is carrying one of her twins, Juliana.



23/03/2021 12:51

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23/03/2021 13:19

The twins and their mother basking in the sun on the corridor at their home in Kibera.

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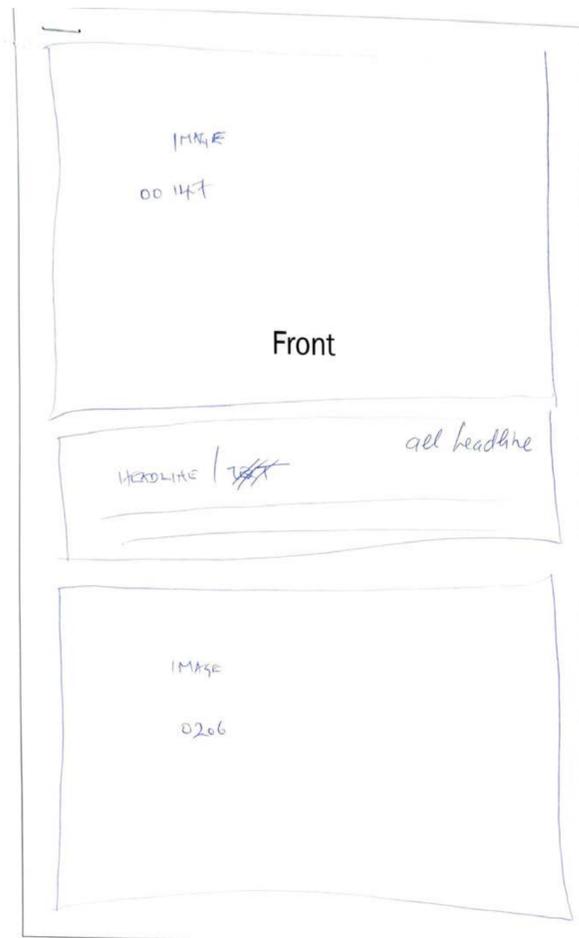


All photography © Fatuma ????????

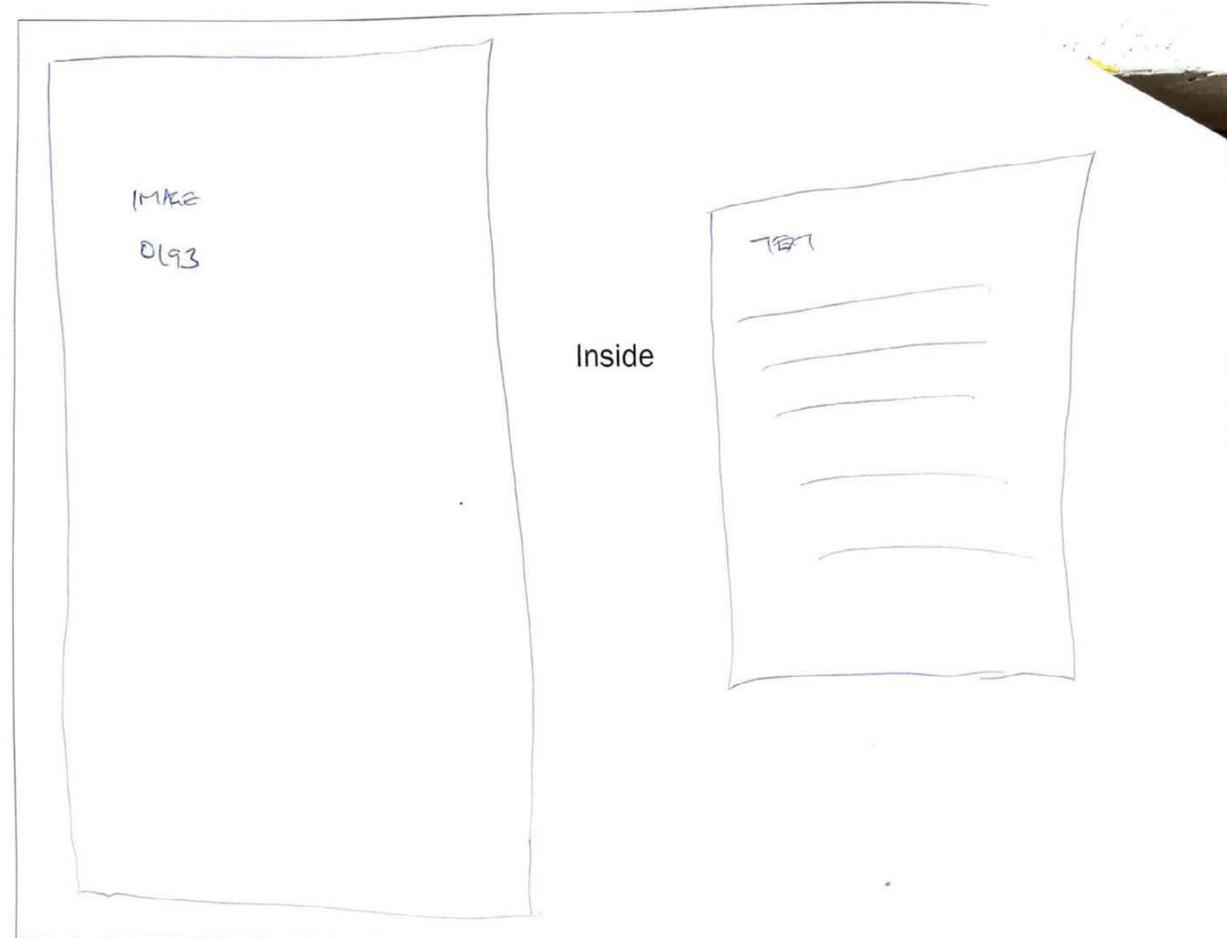
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## APPENDIX 2: DESIGNS AND IMAGES OF ALL PARTICIPANT PACKS

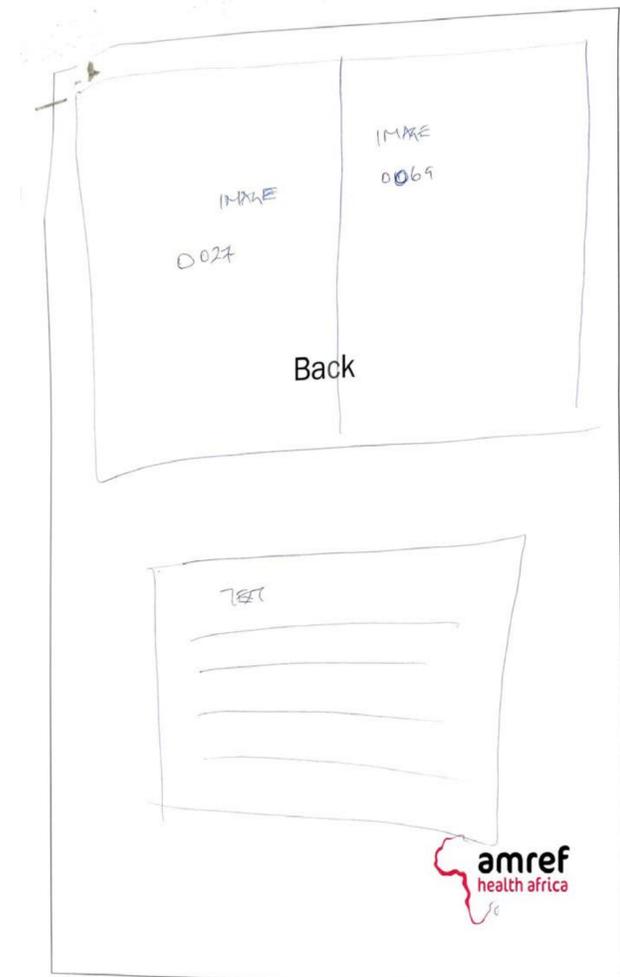
Kevin's draft design:



Cover



Inside spread



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# APPENDIX 2: DESIGNS AND IMAGES OF ALL PARTICIPANT PACKS

Kevin's images:



# APPENDIX 2: DESIGNS AND IMAGES OF ALL PARTICIPANT PACKS

Kevin's mocked up design:



Pipes with water running along the river that has been turned into a dumping site. This is very dangerous to humans because most of these pipes have leakage.

## Poor Sanitation in Kibera



A bridge over the river that has been turned into a dumping site in Mashimoni. This can lead to health issues for the residents.



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The river that passes through Mashimoni and has been turned into a dumping site.



Community members from Mashimoni fetch water from a truck. The water is from NMS (Nairobi Metropolitan Services) and is offered twice a week.

Community Health Volunteer Kevin instructs a resident on how to treat the drinking water (Mashimoni).

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All photography © Kevin ??????????

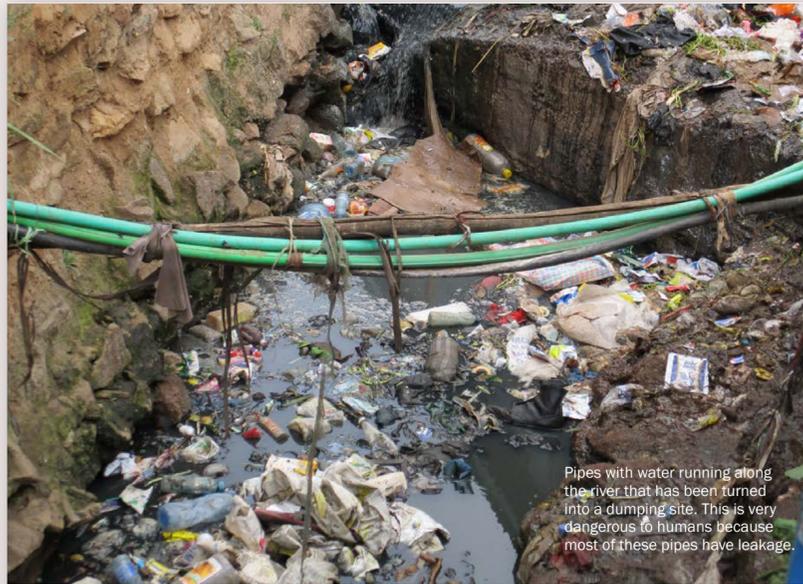
Cover

Inside spread

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## APPENDIX 2: DESIGNS AND IMAGES OF ALL PARTICIPANT PACKS

Kevin made one amend to the front cover for his final design:



Pipes with water running along the river that has been turned into a dumping site. This is very dangerous to humans because most of these pipes have leakage.

### Poor Sanitation in Kibera

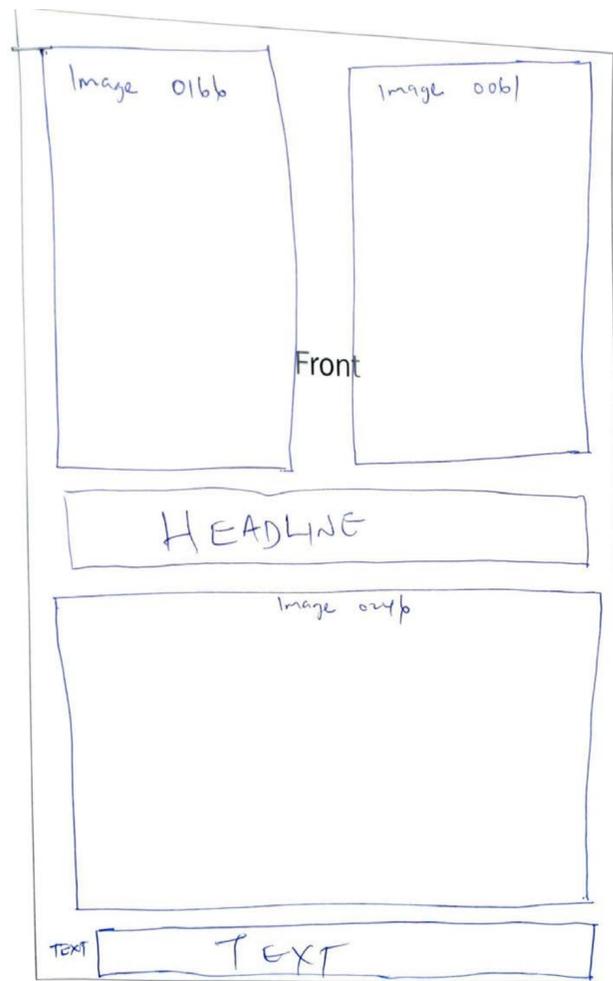


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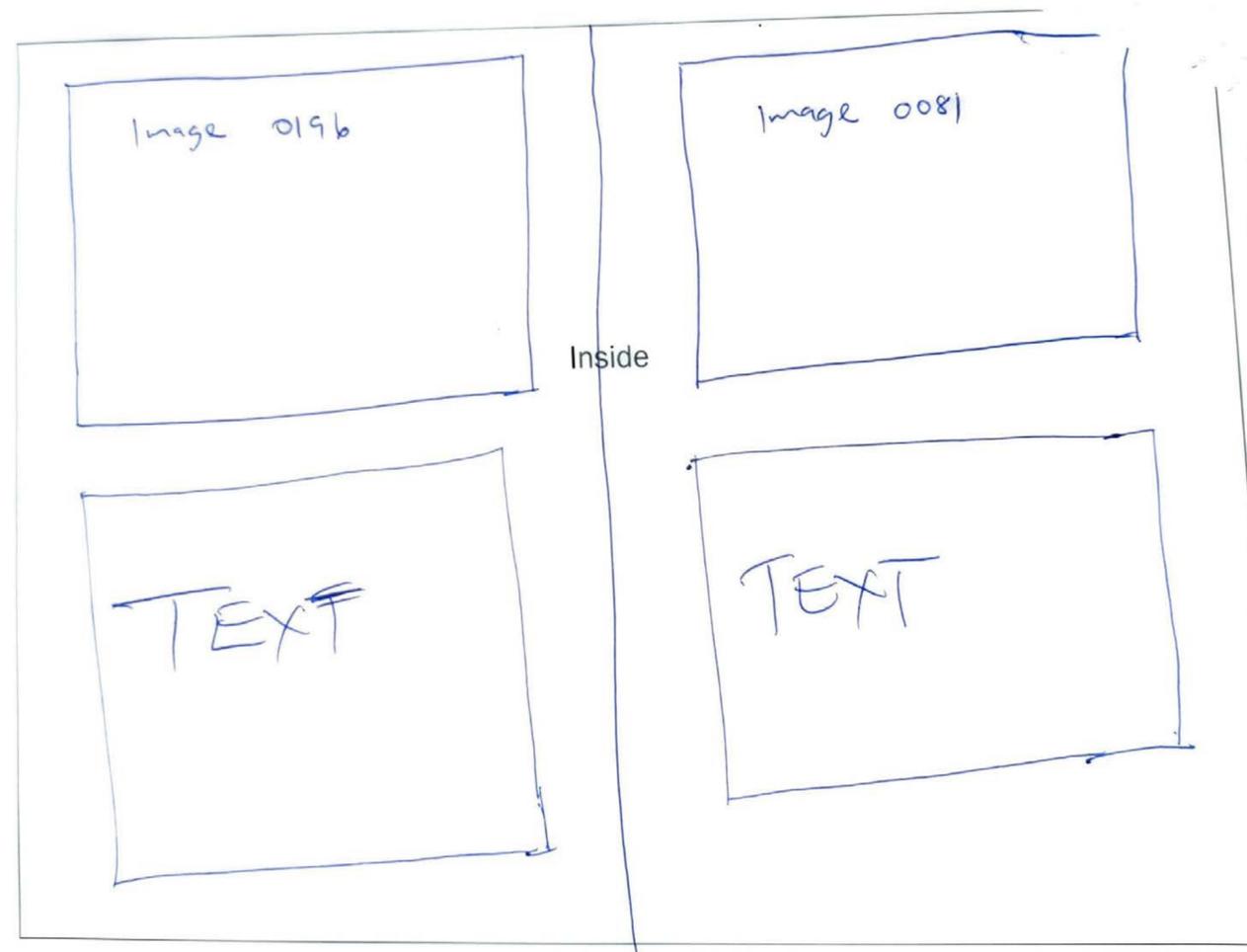
A bridge over the river that has been turned into a dumping site in Mashimoni. This can lead to health issues for the residents.

## APPENDIX 2: DESIGNS AND IMAGES OF ALL PARTICIPANT PACKS

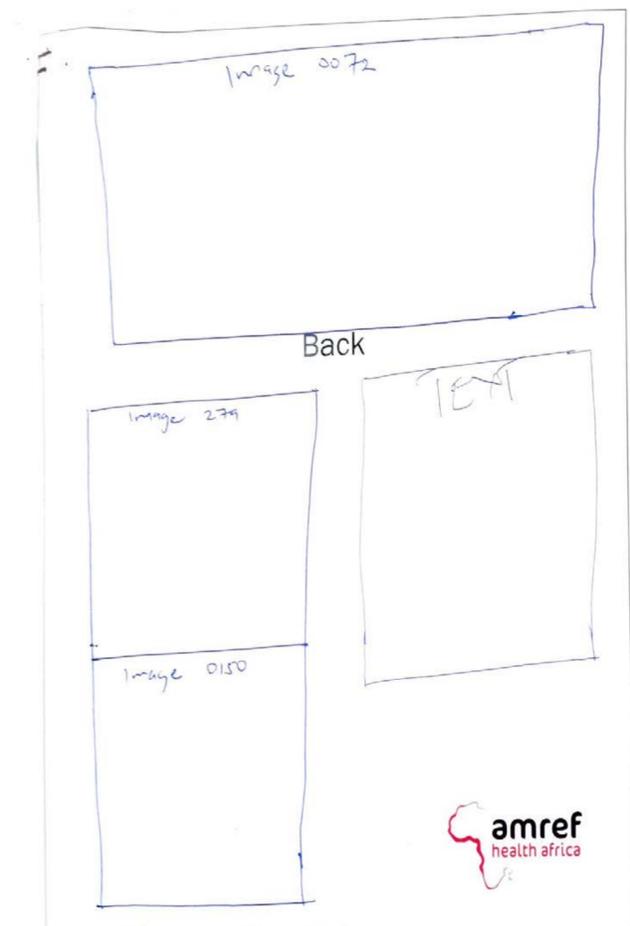
Patrick's draft design:



Cover



Inside spread



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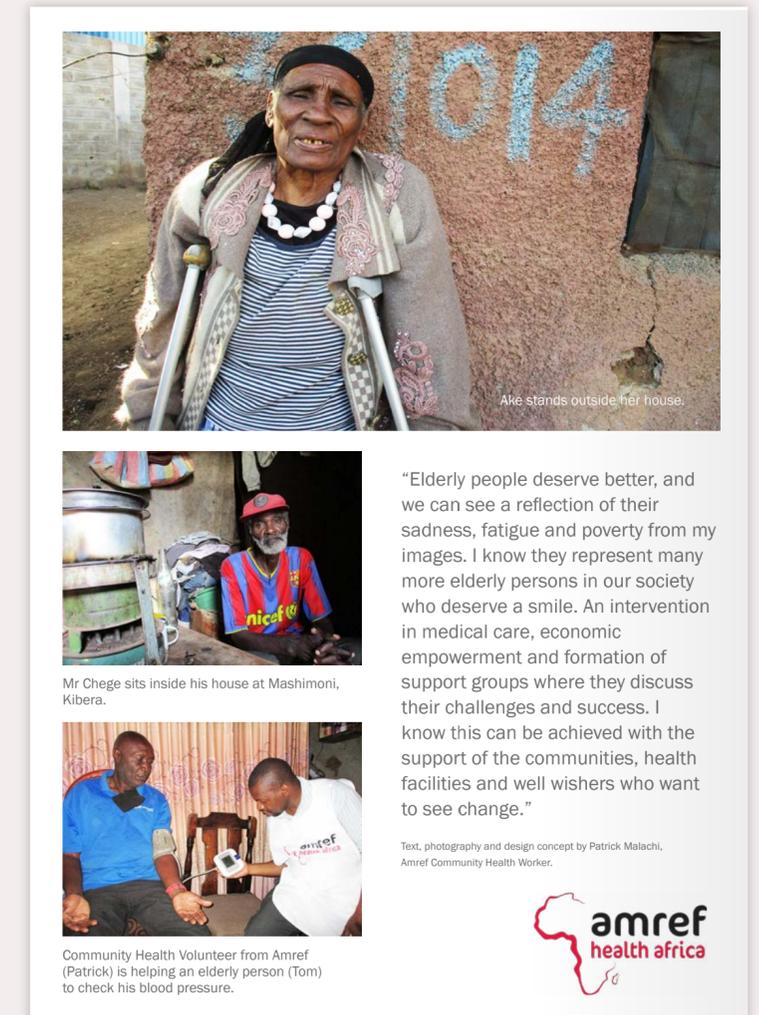
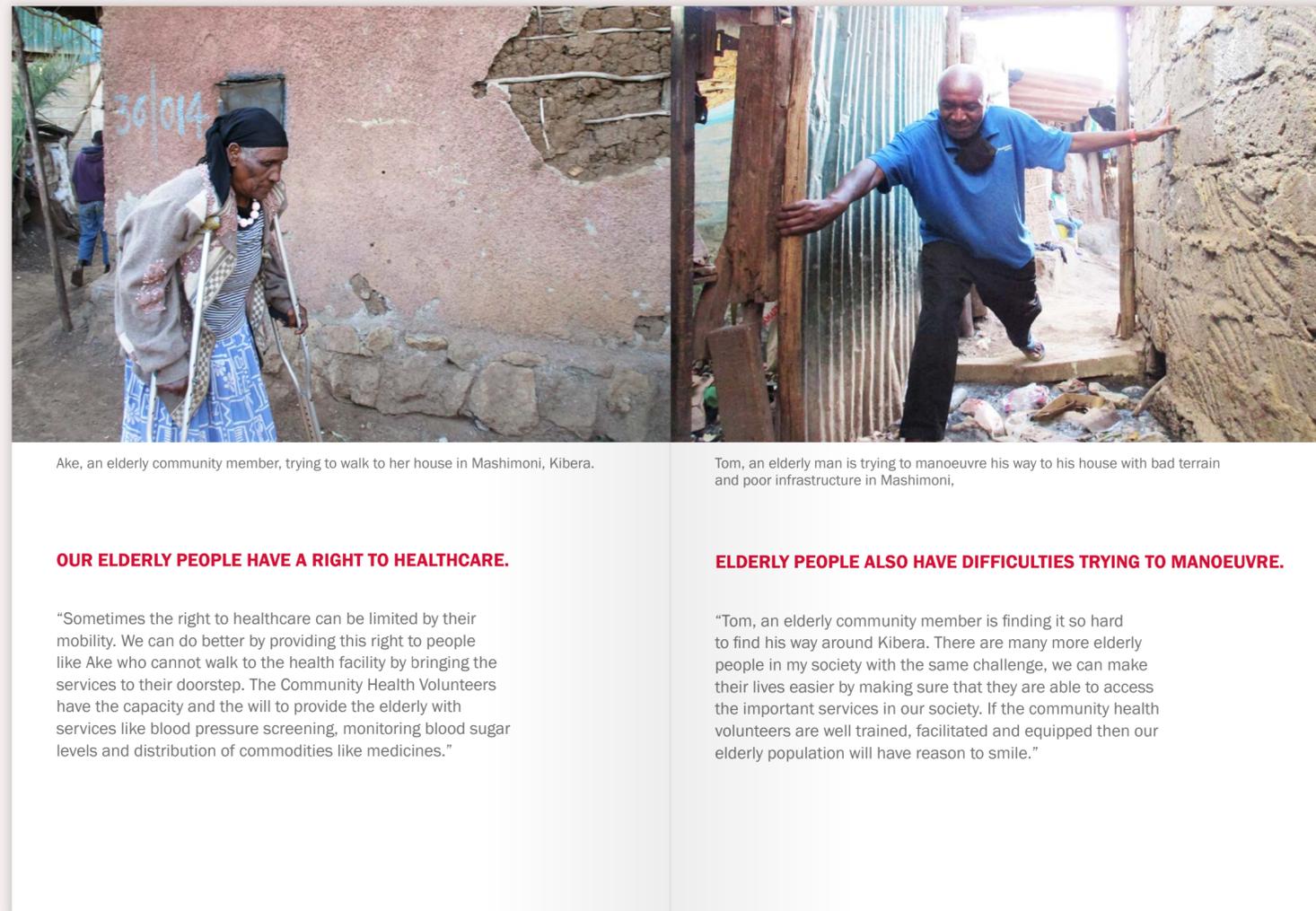
## APPENDIX 2: DESIGNS AND IMAGES OF ALL PARTICIPANT PACKS

Patrick's images:



# APPENDIX 2: DESIGNS AND IMAGES OF ALL PARTICIPANT PACKS

Patrick's mocked up design:



Cover

Inside spread

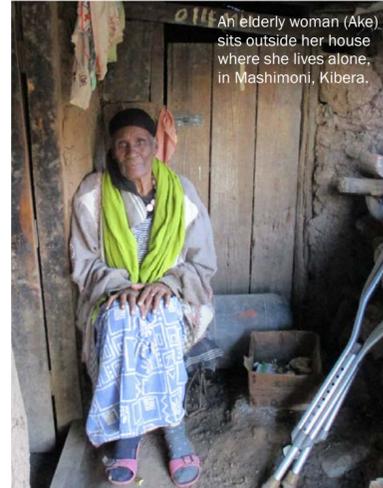
Back page

## APPENDIX 2: DESIGNS AND IMAGES OF ALL PARTICIPANT PACKS

Kevin made one amend to the front cover for his final design:

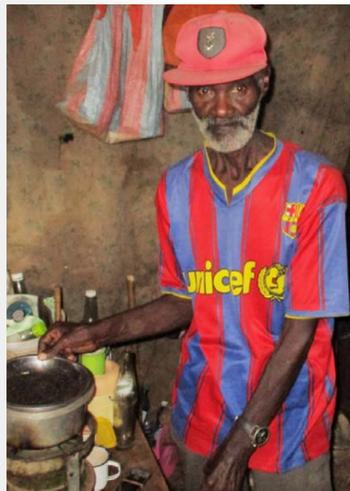


An elderly man called Tom stands outside his house. Tom lives alone in a one-room house in Mashimoni, Kibera.



An elderly woman (Ake) sits outside her house where she lives alone, in Mashimoni, Kibera.

**THEY DESERVE BETTER,  
IF NOT THE BEST...**

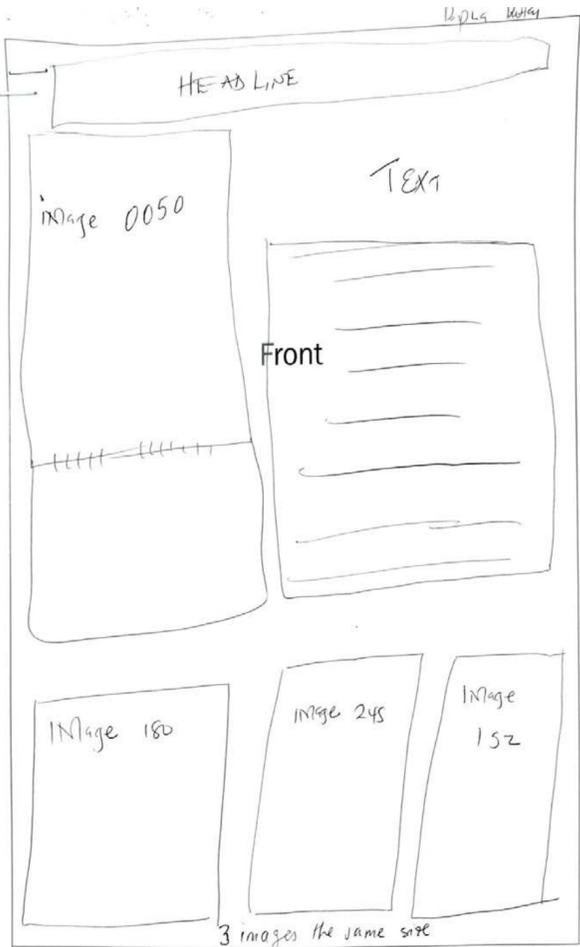


“My name is Patrick and I am a Community Health Volunteer here in Kibera, Nairobi. Have you ever encountered an elderly person who is lonely, frustrated, sick and has no hope either in your household, village, town or your country? This group of people need special attention and I place a question to humanity: when was the last time you paid a visit to an elderly person in your community? And do you know their needs? As community members we have a role to play as humans in helping these people live a dignified life.”

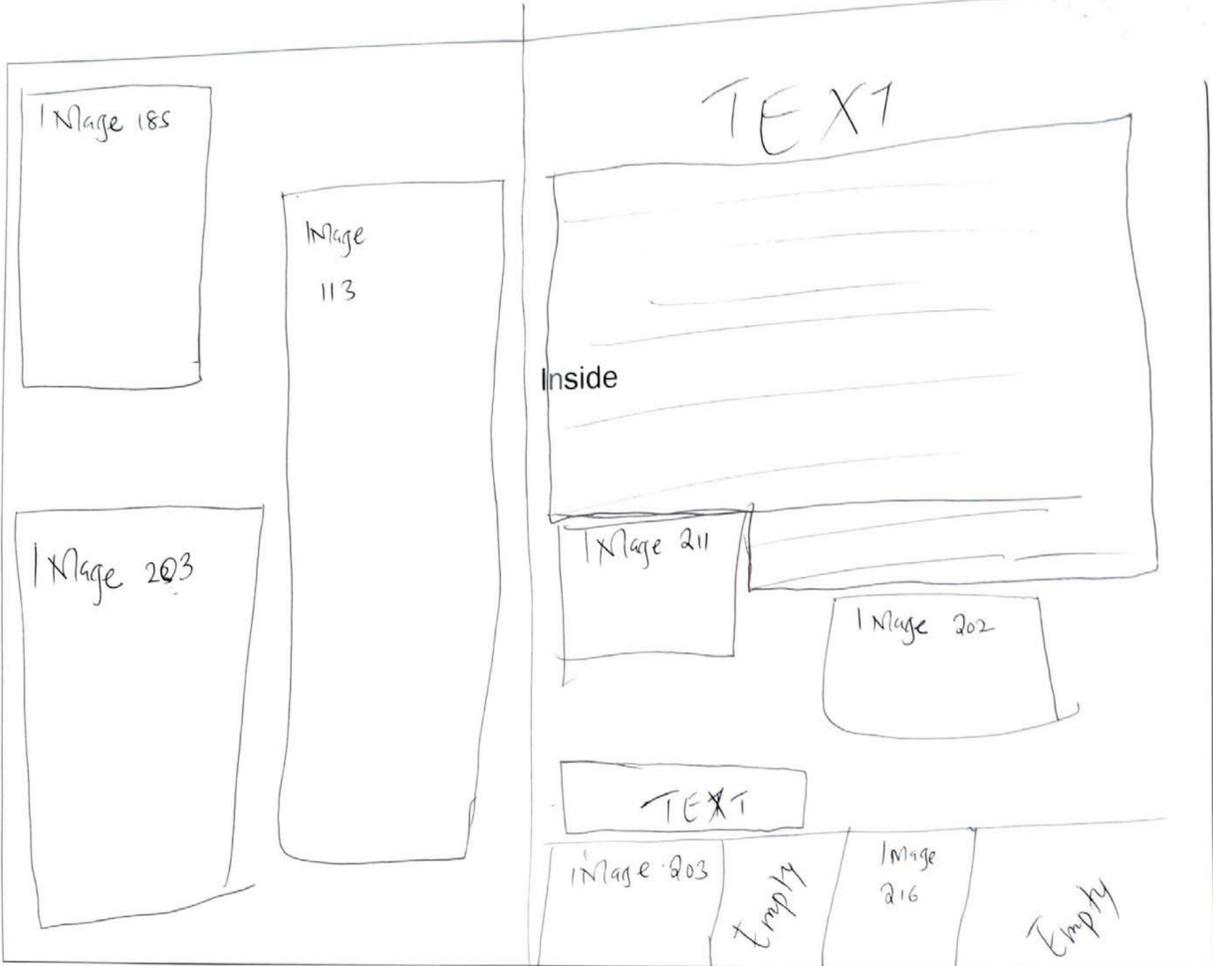
Mr Cheke prepares a meal inside his house at Mashimoni, Kibera.

# APPENDIX 2: DESIGNS AND IMAGES OF ALL PARTICIPANT PACKS

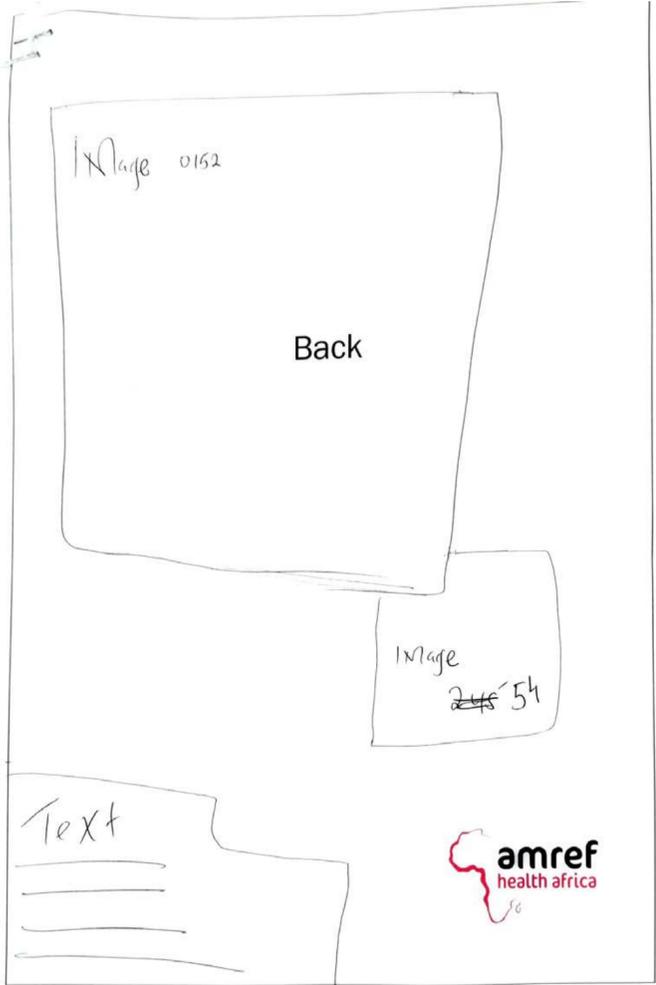
Repha's draft design:



Cover



Inside spread



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# APPENDIX 2: DESIGNS AND IMAGES OF ALL PARTICIPANT PACKS

Repha's images:



# APPENDIX 2: DESIGNS AND IMAGES OF ALL PARTICIPANT PACKS

Repha's mocked up design (no changes were made between the mock up and the final design):

## MATERNAL AND CHILD HEALTH IN KIBERA



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Mercy has just arrived home after the antenatal clinic visit.



Healthcare workers give health talks to pregnant women at the Amref clinic in Kibera.



Anne Akinyi checks her blood pressure at the Amref clinic in Kibera.



Jane Moraa is bonding with her 2 weeks old baby at their home in Soweto East, Kibera.



Mary checks her weight during the antenatal clinic visit at the Amref clinic in Kibera.



Elizabeth checks her blood pressure during the antenatal clinic visit at the Amref clinic in Kibera.



Jane Moraa is breastfeeding and bonding with her two week old baby at their home in Soweto, East, Kibera.



Beatrice is given a tetanus injection during the antenatal clinic visit at the Amref clinic in Kibera.



Weight measurements taken during antenatal clinic visits.



Healthcare worker takes MUAC measurements for pregnant women during antenatal clinic visits at the Amref clinic in Kibera.



Mercy checks her blood pressure during the antenatal clinic visit at the Amref clinic in Kibera.

### SUB HEADING TEXT

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Top: Jane Moraa is bonding with her two week old baby at their home in Soweto East, Kibera.

Bottom: Mercy at home, after attending the antenatal clinic.

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All photography © Repha ?????????



Cover

Inside spread

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# APPENDIX 3: PHOTOGRAPHER BRIEF

## TERMS OF REFERENCE

**Freelance Photographer, Nairobi, Kenya**  
**Amref Health Africa UK // March 2021**

Amref Health Africa UK is seeking a freelance photographer to document its work in Kibera informal settlement, as well as the wide-ranging impacts of the COVID-19 pandemic on Kibera's residents. The imagery – and associated stories, to be collected by Amref Health Africa's Nairobi-based Communications team – will form the basis of our 2021 Summer Appeal to UK-based supporters, itself part of a wider drive to support the roll-out of the COVID-19 vaccination in Kenya and across the continent.

For the past year, Amref has been implementing a wide-ranging response to the ongoing COVID-19 crisis in East, West, and Southern Africa. Many of our pre-existing projects have been adjusted to ensure that vital health services are still available to the communities we support.

Our work in Kenya addresses challenges related to sexual and reproductive health and rights and maternal, neo-natal and child health, and seeks to sustainably strengthen health systems throughout the country. In Nairobi, Amref runs a number of projects through the Amref Community Health Centre in Kibera informal settlement (commonly referred to as "Amref Kibera"). We also support a network of Community Health Workers (CHWs) who live and work in Kibera. CHWs have been at the forefront of the COVID-19 response in Kenya and across the continent; this is likely to continue as the vaccine is rolled out. In recent months, Amref has provided CHWs with training in the prevention of COVID-19 through our mobile learning app, Leap (as well as ensuring they have adequate Personal Protective Equipment, or PPE).

The photographer will work closely with Amref staff to document life in Kibera at the moment: specifically, the work and concerns of the CHWs Amref supports. These images, along with accompanying profiles / personal stories (collected by an Amref staff member who will accompany the photographer), will be used to report back to our donors, both individual and institutional; to raise our profile; and to leverage further funding so we can extend the reach and impact of our work in Kenya and beyond.

### Itinerary

**Dates and locations:** Monday 22nd, Friday 26th, and Saturday 27th March 2021 – Kibera, Nairobi

The photographer will meet with and photograph a pre-selected sample of CHWs who are active in Kibera and have an existing relationship with Amref, all of whom will be interviewed by Amref Health Africa's Communications Officer. These stories will accompany the photos.

### Deliverables: What do we need?

- A total of **80 – 120 images** (at a minimum), to be furnished in a digital format and in high definition (i.e. suitable for both print and web publication).
- A mixture of landscape and portrait formats, but landscape to be prioritised.
- Dynamic action shots taken as the CHWs do their rounds / go about their days, interacting with the community members they support, performing any tasks, consulting Leap on their mobiles, and so on. (It would be great to get a couple of zoomed-in shots of Leap in use so that we see the content.)
- Close-up portraits to accompany case studies collected by Amref's Communications Officer (ideally three to four in-depth case studies, depending on what is possible in the time available). We'd like to keep the focus firmly on the CHWs, but through them, tell the story of the health challenges Kibera residents are facing. These may include COVID-19 itself, and its secondary impacts (e.g. reduced availability of medicines; reduced access to clean drinking water; longer waiting times for routine services; difficulties in accessing health facilities; reluctance to go to health facilities). It would also be good to touch on other challenges related to COVID-19 (e.g. loss of work, economic pressures, disruption to education) inasmuch as they are a feature of people's daily lives.
- A mix of posed and natural shots, with natural, documentary-style images to be prioritised.
- We aim to capture a strong sense of who each CHW is, and what drives them. We want to get a sense of them as a person, the fullness of their life, and their role in / relationship with the community they serve.

- Several candid, street photography-style images of life in Kibera, in which the people featured have either given informed consent (with proof of consent recorded), or are unidentifiable (in line with Amref Health Africa's photo consent policy).
- It will also be helpful to show some of the changes wrought by COVID-19, e.g. the wearing of masks, public health messaging, social distancing.
- A few shots of the Amref logo in situ: on the wall of the Amref Kibera clinic; on t-shirts worn by CHWs, etc.
- A few shots of shopping list items in situ, e.g. Leap being used on a mobile phone, handwashing stations, PPE (masks and gloves). NB. It is unlikely that these will be branded.

The images will be published via the following platforms / channels (not an exhaustive list):

- Amref UK's website, e-newsletter, and social media (combined monthly audience of over 75,000).
- Fundraising appeals (these images and stories will be the focus of our 2021 Summer Appeal to individual supporters).
- Amref Health Africa UK 2020 and 2021 Impact Report (print and online versions).
- Bi-annual supporter magazine, Mambo Vipi (print).
- Progress reports to donors and proposals to prospective donors.

Images may also be printed and displayed at an exhibition or event in the UK or in Kenya (in which case we will inform the photographer and invite them to attend). They will also be shared with our global communications colleagues, on condition that they are correctly attributed each time they are used.

**NB. Amref Health Africa is constantly striving to depict the places we work and the people we work with in a nuanced, authentic, and accurate way. This photography assignment is part of this ongoing process of learning and improving.**

Examples of this kind of imagery can be found [on our website](#), alongside [our commitment to ethical storytelling](#).

# APPENDIX 3: PHOTOGRAPHER BRIEF

## Terms and Conditions

- **Duration of assignment:** Two (2) 'field' days of photography, paid at the photographer's standard daily rate of £300. When compiled with an additional one (1) day of work at the participatory workshop (detailed elsewhere), this comes to three (3) full days of work, plus reverse tax: a total of £1,080, to be paid by the University of East Anglia.
- **Location of assignment:** Kibera informal settlement, Nairobi (likely to include some time spent at the Amref Kibera clinic).
- The photographer will have the use of an Amref Health Africa car and driver during the shoot.
- The payment will be made by the University of East Anglia.
- The photographer agrees to supply the deliverables by COB UK time on **Monday, 5th April**.
- Copyright will remain with the photographer. The photographer gives Amref UK licence to use the images as required (including for fundraising / marketing purposes), and for an indefinite period of time. (As per Amref Health Africa's Global Image Consent Policy, images are automatically archived after five years; three for under-18s.)
- Amref UK will ensure that the images are correctly attributed each time they are used.
- The photographer agrees to mention Amref Health Africa when they share the images in print or digital format.
- The in-country Amref team will ensure that informed consent is obtained in each case. **Without a valid consent form, signed by the subject (or by a parent / guardian in the case of a child under 18, or by a witness if the person is unable to sign themselves), the photos cannot be used by either party. The details of this process are set out in Amref Health Africa's Global Image Consent Policy.**

## Person Specification

Amref UK is seeking an experienced freelance photographer, preferably with experience of working with non-profit organisations. They should be able to provide references from previous clients along with examples of similar commissions from their portfolio. They should have an interest in the work Amref is doing, a sound understanding of our approach to communications and, ideally, a pre-existing awareness of the challenges our work (in Kenya and beyond) seeks to address. They will need to supply their own equipment. They must have the right to work in Kenya.

## Contacts

- **Amref Health Africa HQ in Nairobi:**  
Maureen Cherongis, Media and External Relations Officer
- **Amref Health Africa UK:**  
Rachel Erskine, Communications Manager

# APPENDIX 4: QUESTIONS ASKED BY AMREF TO PARTICIPANTS FOR THE AMREF-LED PACK

## Getting to know you

- How long have you worked with Amref?

---
- Can you describe your job role to me?

---
- Where do you live?

---
- Do you have a family? If so, how many children?

---
- Did you grow up in Kibera? If so, what was it like? If not, where did you grow up and what was it like?

---
- Can you describe your education

---

## Being a Health Worker

- How did you hear about this role and why did you decide to take it on?

---
- Do you enjoy this work? Can you tell me about an element you particularly find enjoyable?

---
- Do you feel you learn in this role?

---
- What would you say is the impact of your work in Kibera?

---

- Do you ever experience any challenges?

---
- How do you manage to find the time to conduct this voluntary role alongside your need to earn a living?

---
- What are the typical health challenges you observe in Kibera?

---
- How do you try to tackle these?

---
- What more needs to be done?

---
- How has covid 19 impacted people here?

---
- What needs to be done, do you think?

---

## Storytelling

- Did you have any experience with communications work before this project?

---
- During this project what story have you focused on? Can you tell me more about this - specifically who have you told the story about? Where have you been to gather stories? And what materials have you gathered in those locations?

---

- Did you feel comfortable doing this?

---
- Are there certain images that you would not feel comfortable taking? If so, what would these be?

---
- When you see traditional charity communications how do these make you feel? Can you think of anything you really liked or really disliked?

---
- Can you describe to me what dignified and undignified images look like in your opinion?

---
- Many NGOs believe that using more 'positive' rather than 'negative' images, or 'hopeful' rather than 'hopeless' is one solution to help reduce the creation of negative stereotypes. Do you think that this is a useful solution?

---

## Question based around consent gathering

- If you photographed any people, when you asked for their consent did this feel comfortable or not? How did they respond?

---
- Is there anything else you would like to tell me or talk about today?

---

# APPENDIX 5: INFORMATION SHEET FOR PARTICIPANTS

## Introduction to the research

In the last year there have been large developments in the media and charity sector globally – changing what we deem acceptable and what we see as best practice, particularly in the area of how we tell stories (photos, written materials and films) and who we tell them about, and the amount of agency we allow the people we feature in our storytelling (referred to here as ‘participants’).

Visuals are particularly powerful, memorable, and hold strong potential to attract attention and trigger emotions. They are also important tools for expanding visibility, fostering social justice and raising money. But visuals can also perpetuate hierarchies, stereotypes, and sensationalist representations, so it is essential that we get the balance right.

In order to explore different methods of fundraising and storytelling to try and find that good balance, Amref Health Africa is working with two academic researchers, Jess Crombie (University of the Arts London) and David Girling (University of East Anglia). We aim to partner with Community Health Workers in Kibera who we can work alongside to produce impactful and engaging communications, co-designed and co-created together.

The idea is to create two sets of fundraising materials, one told directly in the voice of the participant (pack one) and one told using traditional NGO storytelling techniques (pack two). These two packs will be released to audiences in the UK, the Netherlands, Canada and Sweden (final list TBC), and will be used to raise awareness of, and funds for, Amref’s work. As participants, each one of you will be trained to gather photography, and will create a fundraising pack, but only one will be released to audiences, we will choose together which one we release using a voting system. However everyone’s stories will be told through other channels, mainly online - so your work will not go to waste.

## Why have I been asked to take part?

Because you work as a Community Health Worker in Kibera you have been asked to take part in this research project. You have a really important and interesting story to tell: no-one knows your community, the health challenges they are facing, and the changes they are making the way you do. This is an opportunity for you to tell your story to people in the UK using your own words and images. What is it that you would like them to know?

## What does taking part mean?

Taking part means that you will be asked to attend a series of workshops over the week of the 22 March. The timeline will be:

- **Monday 22 March 09.00 - 04.00:** workshop to learn storytelling and camera skills.
- **Tuesday 23 March:** spending the day photographing / documenting your day and the work you do to support your community.
- **Wednesday 24 March 09.00 - 1.00:** workshop to edit your images and create your design.
- **Friday 26 March 10.00 - 1.00:** workshop to view the designs and decide how to tell your story.

## Do I need to prepare for the workshops?

You don’t need to prepare anything except arranging your time so that you are free at the times of the workshops and can spend the day taking photographs on the 23 March.

## Do I have to take part?

It is up to you if you take part. You can change your mind at any time. This will not affect any future work with Amref. If at any point you have a question or concern, please don’t hesitate to raise it.

## Will I receive any compensation for my time?

You will receive a 1500 KS stipend, and 1000 KS for lunch for each day that you take part in the workshops.

## What will happen to the results of my participation?

The findings from the study will be published in a report, we will send you copies of this, and make sure that the results are shared fully with you. We will provide you with hard copies of a selection of your images.

## Who is my point of contact at Amref Health Africa?

Media and External Relations Officer Maureen Cherongis, who you already know. You can contact her on [number redacted for this report].

# APPENDIX 6: CONSENT FORM

## AMREF HEALTH AFRICA

### Media Consent & Release Agreement December 2019

**Amref Health Africa (Amref) is a global organisation with the purpose of partnering with communities in Africa for lasting health change in Africa. In order to raise funds for its activities and report on its projects, Amref needs to inform the public and market its activities. The images and footage taken by Amref or its photographer(s), videographers, writers may be used for future communications or fundraising materials for Amref on various Amref or relevant partner channels. To do so, we require your consent.**

In all of our images, videos and stories, Amref endeavours to portray the people we work with in an accurate, nuanced, and respectful way: as individuals who are in control of their lives and have the power to effect change. Instead of speaking for them, we provide a platform for them to tell their own stories.

#### We ask that you please read and permit the following.

Please note, by signing this form, you are acknowledging and agreeing to the following:

- Consent to Amref to permit the taking of photographs of you, filming you and interviewing you (Content);
- Amref has the right, but it is not obliged to, use, reproduce, fix in any medium, communicate to the public, transmit and/or disseminate, license to third parties and/or publicly display the Content;
- Consent to use the Content – as shown to you – for publication during the following period of \_\_\_\_\_ years;
- Possible publication vehicles are worldwide and include, but are not limited to: news media (including print, radio, television and online) print and online publications, social media (Twitter, Facebook, Instagram, etc.) You acknowledge that Amref can use the Content with any technical medium and/or broadcast system, either known or developed in the future, with no particular limitation;

- Amref cannot be held responsible for final content and visuals used by external media. The original photographs, filming and interviews may exist in external media as outlined in (d) over which Amref has no control.
- No financial or other remuneration or compensation shall be provided by Amref for recording/photographing/interviewing you or for subsequent playback or transmission of the Content in any form nor for publication thereof by Amref or its partners.
- Amref is not responsible for any expense or liability as a result of your participation in this recording/photography, including medical expenses due to any sickness or injury incurred as a result.
- You hereby waive your right, claims or interest you may have to control the use of your identity or likeness in whatever media used.

If you have questions after the interview/event, or would like to withdraw your consent at any time, please contact Amref communications at [this field is filled in by the office commissioning the photography].

Amref is committed to communicating with all our communities and partners in a transparent and mutually beneficial way. If you would like to change the way we contact you, please let us know at any time. If you would like to know more, please ask us or visit our Privacy Policy on our global website at [www.amref.org](http://www.amref.org).

I am over the minimum age of consent (aged 18 years and over) and I have full legal capacity to grant this consent and release.

#### Participant information:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

#### Permissions:

Permission is given to Amref to use (part of) the following footage/material taken on \_\_\_\_\_ as shown to me on this date:

- Photo of me
- Video of me
- Audio of me
- Release of information, including my name, age, city/town/village, country (home or work addresses, phone numbers will not be made public) as agreed to in the consent form.

For use in the following:

- Publication or broadcast on Amref or affiliate or partner websites, print, online and social media channels or through any technical medium and/or broadcast system, either known or developed in the future.
- Publication or broadcast in various news media (including print, radio, television, online and social media).
- Other (including Amref promotional, fundraising and annual materials).

I recognise that Amref Health Africa cannot be held responsible for final content and visuals used by any external media and organisations to which Amref has not granted permission.

Date: \_\_\_\_\_

Place/Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Participant signature: \_\_\_\_\_

- I wish to remain anonymous by not using my real name in published materials [check box]

I am under the minimum age of consent; my parents or guardians agree to this consent and release.

## APPENDIX 6: PHOTOGRAPHER BRIEF

### Participant information:

First Name:

Last Name:

Place/Address:

Phone:

I, the undersigned, being the parent or guardian of the above person, do hereby consent to the above consent and release.

Legal guardian's / parent's signature:

For approval:

Amref Health Africa [signature]

Photographer [signature]

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