



**HEART
OF THE
MATTER**





Sustainable
Livelihoods
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The Heart of the Matter was supported by an international engagement grant awarded to the Sustainable Livelihoods Foundation in November 2015. This photobook has been produced through a collaboration between a group of long-term adult residents of the township of Delft in Cape Town, and a team of cardiovascular disease research scientists at Stellenbosch University. SLF would like to thank all participants for their time, energy and commitment throughout the making of this book – and for their willingness to exchange their knowledge and share their ideas.



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THE HEART OF THE MATTER

This book is the first of its kind. It has been created through a unique partnership between a group of long-term residents of the township of Delft in Cape Town, and a team of cardiovascular disease research scientists at Stellenbosch University (SUN). It responds to the heart disease epidemic that is growing steadily across South Africa.

Currently, heart disease (also known as cardiovascular disease (CVD)) accounts for 18 per cent of all deaths in South Africa. CVD risk factors such as hypertension, obesity and diabetes mellitus are on the rise nationally. Links between lifestyle – including what people eat and drink – and the development of CVD are well documented.

Millions of South Africans who live in poor areas are increasingly likely to develop CVD. Limited access to healthy, fresh food in urban townships and informal settlements is a major driver of this growing susceptibility. Within these challenging and often traumatic contexts there is little information available about the relationship between diet, lifestyle and health, and customary attempts at health communication are usually ineffective. Even where diet and lifestyle

changes are possible, there is a lack of awareness about the need to make these changes – and the consequences of not making them.

In response to the escalating epidemic, CVD research is an expanding field of inquiry and discovery at several South African Universities and research institutions. These biomedical research endeavours could benefit from gaining a wider perspective on the realities of vulnerable contexts, including a more nuanced understanding of the different types of food currently being eaten by at-risk populations, the multiple and complex reasons behind specific food choices, and what healthy eating means to those who are in danger of developing heart disease.



In January 2016, the Sustainable Livelihoods Foundation initiated a participatory engagement project, taking a visual methods approach to catalyse direct and grounded knowledge exchange between residents of a South African township and CVD research scientists. The project is called The Heart of the Matter (HOTM); this book was developed through a photo-voice process undertaken within the HOTM project. All of the images were captured by the participants from Delft, within their home community. Along with their narratives, the images have provided a platform for reflection and response from the research team, enabling an interactive process of co-learning for all involved.

Globally there is growing recognition of the value and importance of deeper, two-way engagement

between biomedical scientists and the communities that are affected by the diseases they research. We hope that this book provides a useful example of how the in-depth knowledge of community members and scientists can be exchanged on level ground for mutual benefit.

The Heart of the Matter is supported by a Wellcome Trust International Engagement grant.

Gill Black – Project Leader



PHOTOVOICE METHOD

This novel book is the result of a participatory photovoice approach which has explored accessibility to food, key factors influencing eating choices, and perspectives on what healthy eating means in the urban South African township of Delft, Cape Town. Images captured by the Delft participants in their home community – and accompanying narratives – have been used as a platform to facilitate dialogue and knowledge exchange between the township residents and a team of cardiovascular disease research scientists.

In January 2016, through their existing networks in Delft, SLF identified a group of 14 adults who were keen to participate in The Heart of the Matter project. The group was made up of 5 males and 9 females; their ages ranged from 35 to 65. All of these participants are parents, and a subset are also grandparents, who have to consider feeding children when purchasing and preparing food.

Six members of the Cardiovascular Research Group, based in the Medical Faculty of Stellenbosch University (at Tygerberg Hospital), also came forward to take part in the project. The focus group included 2

post-doctoral fellows, 1 PhD student, 1 MSc student, 1 senior lecturer and the research team leader, Prof. Hans Strijdom.

The photovoice process began at the end of January and was complete by the end of March 2016. All workshops were facilitated by a combination of at least 2 SLF team members (Gill Black, Nabeel Petersen, Nava Derakhshani and Joanna Wheeler).



1. INCEPTION

The Heart of the Matter inception workshop, held in Delft Public Library over 3 consecutive days, was attended by all members of the Delft and Tygerberg focus groups. This introductory workshop provided an introspective and reflective space for all of the participants to consider what they eat on a weekly basis and the factors that influence these choices. Through the collective production and sharing of visual documentation, all participants gained grounded and direct insight into each other's normal diets. This process enabled the Tygerberg group to gain first-hand insight into the lifestyle and dietary challenges of people who live in an urban township with

high prevalence of obesity, type II diabetes and hypertension.

As part of the inception workshop, the SUN researchers created large posters which they used to give a collective presentation providing basic information about heart function, heart disease, risk factors and prevention. Role play enabled the participants to work together and deepen their shared understanding about the causes and effects of heart disease, and to have some fun while doing so.



2. PHOTOGRAPHY TRAINING

A 3-day photography training workshop, held at SLF in Wynberg, was attended by all 14 Delft participants. Workshop facilitation was led by Ashraf Hendricks, a professional photojournalist with international experience in the photovoice method. SLF team members provided facilitation support on each of the 3 days.

Workshop activities provided an introduction to various types of photography as well as training in ethical, technical, creative and journalistic aspects of taking pictures. Strong emphasis was given to the consent process to be followed when taking photographs of people. Consent and assent forms were developed with input from the Delft participants and were translated and made available in English, Xhosa and Afrikaans. Written, informed consent or assent has been obtained for every person that can be visibly identified in the photographs included in this book.

The photography training prepared the Delft participants to use disposable cameras and to engage in the photovoice method. The workshop wrapped up with each Delft participant being issued with a 27-exposure disposable camera, and a journal.

3. TAKING PHOTOGRAPHS

Over 11 consecutive days, the photovoice participants captured images in their home community that illustrated their perspectives on food availability in Delft, their own food choices, and how diet is linked to health. The photographers used their journals to record details about what type of food featured in each photograph (if any did) and where, when and why each picture was taken – as well as who (if anyone) appeared in the photographs. At the end of the photography process, the disposable cameras were collected by the SLF team. All photographs were developed and printed in colour.



4. IMAGE REFLECTION

A workshop held over 2 days at SLF provided an opportunity for the Delft participants to see their photographs for the first time, and to re-view the preliminary information they had recorded about each image in their journals. The photographers shared and discussed their photographs with each other through an interactive floor-gallery process, and were then asked to write a short sentence – for all of their own photographs – summarising their main reason for capturing each image. If food featured in the photograph, the participants were also asked to briefly explain why they buy and/or eat that particular type of food. A participatory analysis of all of these summaries and explanations revealed that the photographs were illustrating seven overarching social themes: The Bigger Picture in Delft; Poverty; Illness; Other Reasons to Eat Food; Community Support; Cooking for Children; Culture & Tradition; What Healthy Food Is. Through a small number of images, some of the photographers had wanted to convey other reasons for their food choices, including affordability.

After organising all of their photographs according to these themes, the photographers were supported by the SLF team to work with the preliminary information they had recorded in their journals and to develop a short written narrative to accompany each image. The photographers also decided upon titles for their pictures. An additional reflection session was subsequently held at Delft Public Library for 4 Delft participants who had wanted to take more photographs and spend extra time working on their narratives and titles.

The 11 Delft residents who were able to participate fully in the photovoice process selected a total of 95 photographs, with accompanying narratives and titles, for inclusion in this book.





5. ENGAGEMENT WITH SCIENCE

During a 1-day engagement workshop held in the SLF studio, the photographers presented and explained their photographs, titles and narratives to the Tygerberg team. This interaction opened up the opportunity for deeper engagement between the Delft residents and the scientists. The photographs that the photovoice participants had selected for inclusion in the book – and their accompanying narratives – were then made available to the CVD researchers via Dropbox. This online sharing enabled the scientists to spend more time reflecting on the images and their respective captions and descriptions. The Tygerberg team then provided written responses – either to specific photographs, individual photographers, or in more general terms about their own participation in The Heart of the Matter project – which have been incorporated into the book.

6. PARTICIPATORY BOOK DESIGN

This photobook was designed through a participatory design approach structured around an egalitarian design movement that believes all those who have a vested interest in the outcome of a design should participate equally in its development.

The process was facilitated by the photobook designer, who specialises in this methodology. She facilitated 2 design workshops in collaboration with the Delft health ambassadors. In the first workshop, the participants collectively designed the overall layout of the book, the progression of its chapters and the photos to be used to represent each chapter. Additionally, the participants developed their own logo and name, which can be viewed on page 54. The second workshop focused on designing the cover and providing the designer with feedback of progress to date.

This participatory design approach has helped to integrate the participants' voices and vision into the design of the book, honouring their involvement in the project and enhancing the overall feel of the design.



PHOTOVOICE THEMES

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1. THE BIGGER PICTURE IN DELFT

Health and healthy living remain great concerns in South African urban and suburban communities such as Delft. Members of these communities face daily struggles, as access to affordable healthy foods is not always a reality. The community has turned to themselves to find support and solutions to these daily problems. – Frans





Cheslyn, you go boy (Top left)

This is one of 13 enthusiastic youth that start with me a vegetable garden. And he also advocates the necessity of urban gardening with others. This photo was taken in his garden on Sunday afternoon. Urban gardening is our bigger picture. In that way we can feed more people healthy food. We need to cultivate the youth to do these type of jobs so one day when we are not there, they know how to do it for themselves. – Adiel

Miss Rochelle Wrenn (Bottom left)

Miss Rochelle Wrenn works tirelessly and has the passion to work in the community. She is one person who loves what she does. She is not only a community worker but is also a part of my urban gardening group and she uses the veggies in her project to feed the elderly. The photo was taken in her garden in the Hague. – Adiel





Walk about (Above)

I made a start to a healthy way of life. I started to walk every morning half way to work since being the workshops. My lift then meets me on the way to work. But I love the walk and I can feel the difference. – Soeraya

Mobile shop (Four photos below)

This shop is nearby my house. They are more cultural and everyone can buy from this shop. It's cheaper than the shops in shopping malls and you get everything from them. Everything we need for everyday use we get from the shop. It's easier to get what we want and need in the household from them. It's good for our community, for instance most of the parents don't have R10 for a bottle of cooking oil, then they buy R3 cooking oil. Even R2 rice or R1 sugar. It's supportive for the community. It's a walking distance away from people's houses and it's easy to get there. It is much easier to get to them and I don't have to take a taxi to go to Bellville, Mitchells Plain or Parow. Sometimes a person doesn't have enough money to go to a big shopping mall and then you'll just go to the mobile shops. – Denise

SCIENTISTS' RESPONSE _____

From my perception, the bigger picture in Delft it's their strong, united community. Helping each other and working together is by far the greatest tool the members of the community have to overcome obstacles. It is heart-warming to see so many volunteers and community leaders to rise and make a difference, be it starting a vegetable garden or helping out a family with their water crisis. Every small effort makes a big difference and the community is smart to understand that. – Sana





A youngster on a mission (Above)

The youth don't really care what they eat and how they eat. This is her everyday way of eating and it is very unhealthy because you don't get the necessary foods for a child her age. She is eating chips, mebos (preserve made from dried fruit and sugar), sweets, cake and Fusion cooldrink. – Soeraya

SCIENTISTS' RESPONSE

Other factors such as culture and tradition, illness and poverty are also factors that heavily influence food choices and may lead to 'not always the healthier choice'. As health and healthy living/eating are closely related, this community also face many health problems like diabetes, blood pressure problems and heart disease. Thus, support from within the community, education about these matters and support from organisations remains crucial in Delft. – Frans





A girl with no parents (Above)

The food in this photo is cow's heart and tripe. The meat comes from Wellington. I buy and cook this food to feed myself and my family. The woman in the photograph who is selling the food is very young. Her mother and father were killed in a taxi accident. She is raising her younger brothers and sisters. This food stall is her main source of income – she also uses the money to pay her own school fees. It is common in Delft for

young girls who are still at school to open food stalls to make money to raise other children or pay school fees. This girl is kept busy by running this (informal) business. It is keeping her off the streets and away from drugs and prostitution. The stall is there every day of the week. The photo was taken one afternoon in March 2016 on Mango Street in Delft. – Priscilla



Places of worship (Above)

This is the Mosque in the Hague (Delft). The photo was taken on Saturday afternoon, when healthy food is given to under-privileged youth. The bigger picture is to get more of these community structures into our area. – Adiel



No title (Top left)

The food in the photo is mealies and tripe being sold on the street in Delft South, Suburban. I took the photo during the early evening in March 2016. This stall is open every day, Monday to Saturday. I took this picture to show the availability of healthy food (mealies) side by side with unhealthy food (tripe) at the same stall. This picture shows a typical scene in Delft. It shows what everyday life looks like in my community. – Priscilla

Itshatshalazini (Middle left)

This is a photo of all the braai stands by the circle in Delft. You can find all sorts of things like intestines, boerewors, meat, skaap kop (sheep head), chicken feet and other braai things by this circle. Everyone buys from them. This is the bigger picture in Delft where you can find street food everywhere. The food is affordable and you don't have to wait long. – Nandipha



Water crises (Bottom left)

This picture shows the lack of availability of basic requirements in Delft. There is no water in this girl's house. Both of her parents died from health-related reasons. The municipality will not come and fix the water without the IDs of the parents because the house is in their name. The girl does not have her parents' ID books. A member of her family who also lives in the house has TB and does not have water to swallow the TB treatment. The photograph was taken on Gabriel Street in Delft South, March 2016. It shows what some young people who don't have their parents are having to do to survive. I am a community leader. I give this young girl water from my own house. – Priscilla



2. POVERTY

Food cupboard – The food cupboard is empty because I took this picture on the day before all pay day. I only buy groceries on the first of the month, and by the end of the month this is all that is left. I am waiting on all pay day. Taken at my home in Deft on 29 February 2016. – Koolsum





Dis daai tyd van die maand

(It's that time of the month – Top left)

I took this photo of my cupboard before I went grocery shopping. It is empty, and this is how it goes in the house. We always have to think about food, children and eating healthy, even if there is no money. – Pieter

Dis min maar dit gaan in

(It's a little but it goes in – Middle left)

This is what a cupboard in Delft really looks like on any given day. This is my groceries cupboard in the middle of the month, on a Friday evening. Your food determines your health. This photograph gives you an indication of the real situation in my community. – Adiel



Food cupboard (Bottom left)

This is my cupboard at my home on the first Monday after the photovoice training. There is not very much food in the cupboard. I did my shopping at the weekend. This is all I could afford. Jungle oats, coffee, baked beans, Fusion cool drinks and pasta. This food is for me, my 2 daughters and my son. I am diabetic. I don't make food with oil. They must eat what I eat. – Nadia

SCIENTISTS' RESPONSE

The photo of the emptier cupboard at the end of the month clearly illustrates how carefully people need to plan until the next income becomes available. Because of limited choices at the end of the month, unhealthier options remain the only choice and meals become more unbalanced. Healthy eating habits are thus not always as simple a choice to be made, but forced upon by poverty and external factors. – Frans





Anathi's spaza shop (Above)

This is a stall run by a lady that is trying to make ends meet. This is her business she started from SASSA money. She was struggling to find a job before she started this business. She sells sweets, scones, muffins, chips and lollipops. Her business is outside the clinic.

– Nandipha



Fruit stall at the day hospital (Above)

The owner of this fruit and vegetable store is at the sidewalk at the Day Hospital every day with fresh fruit in the morning. He supports our community by giving them if they can't buy and if he sees if people are not well then he calls them and he just gives to them and tells them 'you don't have to pay'. I buy from him and if I don't have enough I say I don't have enough and he says 'Ok it's fine'. – Denise



Supper (Above)

This picture shows the children I look after eating pap for supper. I took the photograph the day before all pay day. It is all I could afford and I bought it at the Somali shop. Kids have to eat before they go to sleep so that their sugar levels don't drop. Normally I serve this pap for breakfast, with amazi (sour milk). When I don't have money I make them pap for supper; sometimes even for lunch. Taken at my home in Delft on 29 February 2016. – Koolsum

SCIENTISTS' RESPONSE

It is obvious that most of the challenges that the community faces roots from poverty. However, it is inspirational to see such a community thrive to survive and 'make it work' with what they have. – Sana

Despite limited finances, the community to a large extent seem to work together to ensure some food security for the vulnerable. The community actually have more than and can do more than they realise. – Shantal

3. ILLNESS

Patient can't keep food down –

Marium, eating braised chicken with rice after she requested it. Marium has a chronic illness. I have discovered that she must make the decision about what she wants to eat, otherwise it doesn't stay down. The photograph was taken at home in Delft, at Marium's house. I took it because I wanted to show how I work with her through her illness. – Koolsum





Gentle inhaler (Top left)

My husband is asthmatic. They sent him to Karl Bremmer Hospital last month to get X-rays. He has had asthma for many years. He is still smoking and he don't want to listen. He smokes about 9 or 10 cigarettes a day. I wanted to take this photograph just to show how ill this man is. He don't eat healthy and he still smokes. I want people to learn from this photograph. – Fatima



Joseph Johnson in his house in Delft in the afternoon

(Top middle left)

Mr Johnson had a triple bypass and a fourth operation. His diet had to change drastically so did the family's. Mommy had to make food for Daddy and the whole family had to change their diet into healthy diets too. It was a little hard at the beginning but they are into it now. Congratulations to the Johnson family. Because of you Joseph, your whole family benefits. Just keep up that diet and life will treat you well. – Adiel



Audrey, a veteran of TB

(Bottom middle left)

Miss Audrey Julies from Belhar has TB. With her treatment and new diet she is looking much more better. This photo was taken on a Sunday morning. – Adiel



Sulaiman Ambrose, Diabetes 2

(Bottom left)

Mr Sulaiman Ambrose in his lounge on Sunday afternoon in the Hague. Mr Sulaiman has diabetes type 2 and the reason I put it here is because he is constant and using treatment and eating regularly. Veggies and fruit is part of his diet taken out of this workshop. Before he didn't eat fruit regularly. Now he eats it daily and I've noticed improvement in a short period of time. You should add vegetables to that diet and everything will be OK. Your family is proud of you. You go, son. – Adiel

SCIENTISTS' RESPONSE

The community's awareness on the effects of healthy eating on illnesses should be an encouraging and motivating factor for making healthy choices. It is admirable the way in which families and friends come together to help the sick. – Sana



Friends for life (Above)

This is a photo of a friend who is sick, with a Community Care Worker. She has been sick for longer than 3 years and stopped her medication at one point. She became very sick when she stopped her treatment. She is now better since getting support from a Community Care Worker, taking her medication and eating healthy. She can't eat junk food or bad food anymore. Is there any help for people from Delft? Many of them suffer from HIV/AIDS or are affected by it. Everyone talks about it but nothing gets done. There are many people that writes stories about peoples' lives and illness but nothing comes of it. This photo has a bigger picture. We need help but can the Government help? The Community Care Worker encouraged the patient to eat healthy, take care of herself and take her medication. – Pieter

Message from Suleigah (woman on the right)

'The biggest problem presently in Delft is drug abuse, alcohol abuse, teenage pregnancy, TB and HIV amongst our teenagers. Unemployment is also a big problem leading to poverty. Housing is also a big problem, leaving people to live in shacks. Delft has no support structures for our people where they can go to talk and get the support they need by understanding their situation and what they can do to change their circumstances. HIV is above all biggest problem and concern amongst our people.'



Kiddo (Above left)

Kiddo had a stroke and is diabetic. This photo was taken at the hospital in Mitchells Plain. In 2014 he could not walk, feed himself or talk properly. Today, he can feed himself and is beginning to walk again. His speech has improved. Many people get stroke and can have permanent damage, and many people do not recover from this. He is eating very healthy since his stroke and is getting treatment and support. Kiddo's wife eats what he eats and had to change her diet and lifestyle too. – Pieter



Andrew the great (Above right)

This is a photograph of my friend Andy having supper with his family at their home in Delft. Their meal is rice, sausage, bredie (stew), mashed potatoes, tomatoes & pumpkin. Andy has diabetes, low blood pressure and heart problems. He is having a healthy supper before taking his medication. Because he is ill he must always eat well, to maintain his health. I wanted to show that my friends can eat healthy. – Phumi



Daily dose (Above left)

Ashraf, my husband, is taking his medication at 2:30 am before he goes to work. He must have it as his daily dose. If he doesn't take it, he will get sick. It is for his heart, blood pressure and diabetes. I took this photograph because I want to show people how important it is to take medication before the day starts. — Soeraya



Mr Jacobus (Above right)

Sometimes people don't think about healthy eating as important. To me it is important to send a message to youth so that they can see and understand what healthy eating means and is. Mr Jacobus used to be ill with high blood pressure and diabetes. Now he has to be very careful with what and how much he eats. — Pieter

SCIENTISTS' RESPONSE

The community seems to realise that our diets have an impact on our health. Unhealthy diets and other lifestyle factors such as smoking and lack of exercise may also increase our risk of heart disease and diabetes. The need to eat healthy food becomes more urgent when your state of health demands the change from an unhealthy diet and can have very beneficial changes.

— Shantal

4. COMMUNITY SUPPORT

Helping hand – My daughter helps me to prepare food while I wash the kids. I look after 10 vulnerable kids at my home. It's our supper-time and she is cooking veggies and rice. Her support is important to me. – Koolsum





Community (Top left)

This is a cow's head. It does not have a lot of fat on it. Boiling it does not use a lot of electricity. On Saturday mornings I cook for the old women who don't have husbands. It is like a soup kitchen. I can feed 20 women with one cow's head. The vendor is Johannas; this is his stall in TRA 5, Delft South. – Priscilla

Cow intestines (Bottom left)

These are cow intestines. The woman in the photograph is my friend and this picture was taken at her house on a Saturday morning. I took this photo to show what types of food are sold in Delft. I don't like this food. It has a lot of fat. I do buy it sometimes though, to support my friend. It is already cooked when I buy it. She cooks it in water and adds a little bit of red wine. I give it to my neighbour's children because they love it. It costs about R10 or R12 for a bowl about the size of a large carton of yogurt. It can be eaten straight from the bowl. Sometimes she mixes it with tripe. I want to support this woman. Her husband is drinking a lot. She is raising 2 children. – Priscilla



SCIENTISTS' RESPONSE

It is such an inspiration to see people like Koolsum who go out of their way to make a difference. Taking care of the 10 vulnerable kids can be very challenging especially when one faces challenges of one's own. It is noteworthy to see how the values are passed on to the next generation. Family members working together to help the community strengthens the core and helps radiate positivity more easily towards others. – Sana

A lot can be achieved when the community works together. It all starts in the home. The pictures depict a sense of pride in the community. Even foods that are considered waste to some communities, such as offal, also have nutritional value. People are resourceful and the value of food is realised. In this community people tend to help each other and even business men and women help to support the community. – Shantal



Sidewalk store (Above)

This photo was taken outside on the sidewalk. This is a sidewalk store because it stands on the sidewalk every day, outside the police station. It is an everyday thing. It's more accessible for everyone to just go over the road and buy there. I buy my chips and cigarettes there. – Denise



Huis winkeltje (Little house store) (Left)

I have a good relationship with this guy. He helps the community. Anything we need I can get from him and pay him at the end of the month. Not everyone is willing to help you like this. It's like we have little, but we always survive. – Pieter

SCIENTISTS' RESPONSE _____

'We have little, but we always survive' – This quote sums up the community in my eyes. The community thrives to survive. Being united is their greatest power which will enable them to survive no matter what obstacle comes their way. – Sana



Relaxing (Above)

Lena enjoys eating potato chips while relaxing in her office at work. This lady is a great asset to her community. Three times a week she makes food for hungry and vulnerable children in Delft. She likes to cook akhni and breyani because it's a fulfilling meal. This picture was taken to show my appreciation of Lena's community support work. – Denzil

SCIENTISTS' RESPONSE

What stood out for me from this session is the support that the Delft community have for each other. There is a Zulu proverb that states: 'umuntu ngumuntu ngabantu'. This proverb means that a person is who they are because of the people around them. Everyone needs a helping hand now and then. From how they buy food items to support each other to taking care of kids around the community, the support this community shows for each other is overwhelming. – Eva

It is heart-warming to see the community work together in this way. Having support within the community is vital for the overall well-being of the members. We often neglect the psychological health and focus more on the physical health. Being there for one another and working together is the community's biggest strength and a quality that needs to be encouraged. – Sana

5. OTHER REASONS TO EAT FOOD

Boerewors rolls – This is a photograph of a food stall run by a family, at a market in Gatesville. The vendors are selling rolls, boerewors sausages and fried brown onions mixed with green pepper. The boerewors is also fried in oil. I didn't buy any of this food because I don't like it, but I took the photograph because I saw how much other people at the market were enjoying it. This is very popular type of food. It is easy to eat while walking around. The picture shows what types of food are available/affordable (R12/R15 per roll) and taste good. – Nadia





Supper-time (Top left)

It was all pay, so I am spoiling myself with boiled chicken and potatoes plus 2 slices of bread. I am not sure if I will get to eat chicken again before the next all pay day. Taken at home in Delft. I wanted to show how I can use food to treat myself. – Koolsum

Family time supper (Middle left)

This is a family I know enjoying time together after the young girl was discharged from hospital. She had been suffering from cellulitis and was admitted for 2 weeks. Her immune system is still weak, but this child wanted chicken after hospital food, as a treat. Eating this food will encourage the child to get better. – Koolsum



SCIENTISTS' RESPONSE

No doubt boerewors relished with some fried brown onions can make your mouth water. Food that tastes really good can trump the health card for many. Being affordable and delicious is a dangerous combination. I'm a strong believer of eating and treating yourself in moderation. That said, a boerewors roll once in a while won't be too harmful. – Sana





Lady preparing supper (Above)

My neighbour, Precious, makes supper for her family. Sausage, rice and onions. Precious goes to after-school classes. When she comes home she has to cook, after a long day. This food is what she can afford, it is easy to prepare, and it is nice. Taken on 8 March 2016, in the evening, in Delft. – Phumi

SCIENTISTS' RESPONSE

It is commendable to see Precious make an effort to educate herself. Her food choices depend greatly on convenience and affordability, which I see are common stumbling blocks for many members in the community. – Sana



Seafood fantasy (Above)

This photo was taken at my sister's house in Mitchells Plain. This is my mom enjoying herself with seafood. This is her favourite and she eats it 3 times a week. And if she has seafood like crayfish in the house, she will have it every day. – Soeraya



Tuck shop (Top left)

This is my friend. He visits me often and has become like a child to me. I buy some groceries from him. It is important to support my community. Some of the things in his shop are cheap and I can afford them. Some things are even cheaper than Pick n Pay and Shoprite. But not everything is cheap. His shop is close to my house and I don't need taxi fare when visiting his tuckshop. – Pieter

Tuck shop (Bottom left)

I buy my groceries at the Somali tuck shop. It's near my house and it's affordable. I don't need to take a taxi or ask anyone else to help me. I buy 10 kg of White Star, 10 kg of rice, 10 kg of sugar. Because of my budget I have to buy in bulk. – Koolsum





Motjies caravan fastfood (Above)

There are two ladies selling vetkoekies/magwinya with different fillings like Russians, livers, patties, fries from this caravan. The business is not their own business. They are employed by the owner of the caravan. As you can see, the caravan is close to the clinic so it is a good place to get something quick to eat for those that are ill. There are many stalls selling things outside the clinic. This kind of food is nice, affordable and quick to prepare. – Nandipha



Andile's fast food (Above)

This man is selling magwinya (vetkoek/fried bread) in a container. He bought a container for the business and is selling magwinya with Russians and sauce and fries. You can also have it with meat, fries, patties, fish, chicken livers or viennas. It is unhealthy food but he is selling this food in order to make a living. For R8 you get magwinya with fries, burger, cucumber and tomato. He gives you a big gwynya so it's affordable and you'll get full for the whole day. Maybe you can eat a snack later in the day but this meal keeps you full. – Nandipha



No title (Top left)

This is a photograph of lungs, kidney, liver and heart of sheep. I buy this food when I have my family together – my brothers and my sisters. I only buy it once in a while. It makes the pot bigger. I wanted to show people that you can make a nice big pot of food and save electricity. I do like this meat, but not every day. We boil this meat with beef stock, and a little bit of salt. We add carrots and green pepper and a few potatoes. Everything goes in one-time. When you buy it, the people (traders) give you a bit of fat, but I don't take it! The photograph was taken in TRA 5 in Delft South, about 6 o'clock in the evening. – Priscilla

Curry in a hurry (Middle left)

This photo of mutton curry was taken on a Wednesday afternoon. I like it because of the spiciness. I would eat this once a week – it is a standard meal during the middle of the week. I have realised from our interaction with the scientists that this is an unhealthy meal because it contains a lot of oil and too much oil is not good for you. I have spoken to my wife about this, but in this sub-economical area if she can't get olive oil she will use any type of oil that she can get. – Denzil



Get more for less money

(Bottom left)

Ricoffy is a branded name and the product is affordable in Delft. It is also available in smaller units. If you can't afford a 750 ml tin, you can always buy a smaller unit of 340 ml or a packet of coffee pricing R1 per packet. I normally have 3 cups of Ricoffy per day; 1 before, 1 with and 1 after lunch. The picture was taken at Delft Police Station. I work there, in the victim empowerment room. – Denzil



SCIENTISTS' RESPONSE

Denzil realises that people choose foods because they need to make it last longer. Buying more for less is a reality for everyone in the community. Filling foods that are adorable like rice and 'mieliemeel' is a good example of food that is affordable that can go a long way. It is not always the healthier choice, but adding healthier foods like a vegetable sauce or stew with those foods can help to sustain the family in a healthier way. – Frans

6. COOKING FOR CHILDREN

Enjoying supper — On this day I cooked lentils and rice. It is a healthy meal that the kids enjoy. It makes them feel full. They prefer rice for supper as bread doesn't fill them up. I am feeding HIV-positive kids among these orphans. Taken at home in Delft at supper-time, 3 March 2016. — Koolsum





Breakfast (Above)

These three kids are all HIV positive. For breakfast they enjoy brown bread with peanut butter and an apple as they need fruit, as much fruit as possible. Breakfast is important as they have to take their HIV medication. These are vulnerable children that come to me through the Department of Social Development. Taken at my home in Deflt. – Koolsum

Lunch time (Below)

For lunch, I made the kids a peanut butter sandwich. I had nothing else, and the kids must eat. I provided what I had. I have to make do. Taken at home in Delft on 1 March 2016. – Koolsum



SCIENTISTS' RESPONSE

Cooking a healthy meal for a large group of people especially when on a budget can be very challenging. Lentils are a good source of protein amongst beans, sprouts and pulses. It is heartening to see Koolsum make such smart, healthy choices that won't exceed her budget and yet provide a healthy, wholesome meal for the children. – Sana

Cooking for children is an important part of daily life in the community. There are many orphans who rely on community leaders to provide them with food and shelter. Providers of food try to be considerate when cooking for children in terms of what they prepare and how often they provide meals but there are many times when only the very basic foods can be provided. If everyone in the community does a little to help, then a lot can be achieved. – Shantal



Grandma cooking for children (Above)

It is very important for kids to eat vegetables. Lena is the grandmother feeding her grandchildren with healthy food. The reason why she gives the children this food is because it's easier to cook and then both of them can eat. She gets the vegetables from the crèche because she can't afford to buy it for them every day. They enjoy eating the vegetables and they stay healthy. – Denise



Pa se kinders (Above)

This is Zieyaad and Leilagh Ambrose in their lounge on a Sunday afternoon in the Hague. If healthy eating starts here, with the youth, then 50 per cent of the problem is solved. But it should also start with the parents: 'you are saved'. People need to know that every illness starts with eating habits. Cooking for children is a job. You don't just cook what you want to cook. You must think of them and their livelihoods. – Adiel

SCIENTISTS' RESPONSE

It is pleasing to see such happy faces. Children are the future of tomorrow. I agree with Adiel that healthy eating begins here. Although it is never too late to start eating healthily but it is of a greater benefit when we begin with these healthy habits from a young age. – Sana

Adiel is also concerned about the health of his family. The well-being of the family is not only a concern of the mother but as important also a concern of the father. – Frans



Fresh meat (Top left)

Sheila is a business woman who sells red meat in the street. The meat you can see in this photograph is pork. Sheila's meat is always fresh and most Saturdays I go and buy from her. I feed my family with Sheila's meat. I feed 7 children, 5 of my own children and 2 grandchildren. This photograph was taken in TRA 5, Delft South. – Priscilla

Klein begin: Van niks maak ons iets (Middle left)

Delft is an underprivileged community. Although we struggle, we survive. Even if we don't have money, we live. This is how my neighbour cooks for her children on a daily basis. – Pieter



Community crèche (Bottom left)

This is my pastor's mother-in-law who works at the church crèche. She cooks for children every day. Few of them receive support from the Government. I wanted to show that there are people who do this type of work in Delft. I can see it makes a difference for vulnerable children in my community. This photo was taken in the church. – Pieter

SCIENTISTS' RESPONSE _____

A pastor's wife feeds disadvantaged children. The importance of prominent community members like this is here underscored. Their concern about their communities is real and very important.
– Frans





7. CULTURE AND TRADITION

Local is lekker - This is the trend in Delft. Street food vending became the culture in our community because of joblessness. This is the way to go if we want to survive. Everything is cheaper, and it is healthy. The food is also traditional. Local is lekker. Taken on a Saturday afternoon. — Adiel



National braai day (Top left)

This photo was taken on a Friday evening in March. I love this food! Braai sausage, chicken and pork chops. I have it every end of the month on the weekend. It's more like a cultural/traditional thing, we have to put something on the fire because in the olden days in the 1960s and 1970s the time when there was no electricity in Delft and we normally cooked food on the fire. We do this to show recognition of what my father and grandfather have taught me about outdoor life and how to cope without electricity. I want to show how our family is so used to having a braai on a Friday at the end of the month. It doesn't feel like the end of the month if there is nothing on the fire. The end of the month is how you celebrate your salary. It's how we use the extra money so that everybody in the family can benefit from it. – Denzil



Roadside Nandos (Middle left)

A woman is selling food like tripe, trotters, chicken feet and sausage on the side of the road. This woman stands here in all weather, through the summer and winter. She has been doing this for years. She is an old woman. In winter time she wears a hat and a jacket. She greets everyone. She is still going strong. I don't know her. We don't speak the same language but she is always there on the corner. I don't buy this food. But there is a lot of people who buy from her. It is popular. The taxis stop there and they buy from her and they take it home to have supper with it. I don't buy from her because I don't like that type of food. It's too fatty. I can't eat fatty food because I have diabetes. – Fatima



Braai meat (Bottom left)

This photograph was taken while I was celebrating with my friends. When it's almost pay day we braai and it's called 'Chillaz Day'. We empty our wallets by putting out money for drinks and meat. We do it every week or month, so it's our culture. This meat is nice and prepared easily. Taken in Delft on 8 March 2016 in the evening. – Phumi



Braai corn (Above left)

This is corn that I would eat with friends or family. It's one of our cultural foods. I came across a street trader and bought one to eat. I grew up eating braai corn. I was raised in the Eastern Cape where farming is important because we plant and cultivate corn and beans and make delicious soup from them. The photo was taken on 8 March 2016 in Delft in the evening. – Phumi



Umbona (Above right)

Umbona is a traditional snack. In this photograph it is still raw but you can cook it in many ways. Corn is healthy and it is corn season. Here it shows how fresh the corn is. – Phumi

SCIENTISTS' RESPONSE

Poverty drives people to open their own roadside stalls and sell traditional foods as it is popular. It is noticeable that also healthy foods are available but because of lack of facilities, the freshness of the food is sometimes compromised. These roadside stalls are accessible and convenient and an important contribution to the needs of the community as it provides income for the owners and their families of these roadside stalls and a wider variety of options to the people passing by. – Frans

I agree with Phumi that corn can serve as a great healthy traditional meal. It can be eaten in several ways and often is not expensive thus making it ideal for those that are on a budget. – Sana



A lady selling mealies in the street

This is a photo of a lady that sells boiled mealies for a living in Delft. She only boils the mealies in water on a fire. The mealies are R10 each for a mealie that is big enough to feed one person. This kind of mealie is harder than the mealies you find at Woolworths or Pick n Pay, but it's nicer because it's natural, healthy, affordable and filling. – Nandipha



Umleqwa (Top left)

This is a photograph of my father preparing umleqwa (chicken). My father likes traditional chicken, and he cooks it so nice. Culturally when we travel long distance we prefer to eat this type of a chicken, or when you did well on your exams a chicken would be slaughtered as a token of appreciation for your success. Sometimes when you go to traditional healers because you are experiencing bad luck, a chicken will be slaughtered as a cleansing. Taken on 8 March 2016 at my place in the evening. – Phumi



Spicy chicken (Middle & bottom left)

This is a photo of my sister, Debbie, preparing fried chicken and potatoes for a Sunday lunch. In her family everybody expects their fried chicken and potatoes on a Sunday. The picture shows that the food is very nice and that my sister takes pride in preparing the food. It's an example of how food can connect family and bring them together. – Denzil

SCIENTISTS' RESPONSE _____

To overcome the problem of freshness of meat, people sell live animals in the community, such as chickens. The slaughter of these animals happens at their home or on the roadside. This is a way of ensuring freshness and preferred by the community. – Frans





Fasta pasta (Top left)

This photo of cold noodle salad was taken on a Saturday afternoon at a friend's house in Delft. I don't eat this food. In my younger days my mother overfed me with spaghetti and macaroni! It is eaten within my household within my family. When the family are eating this I will have 2 slices of toast and tea – that is my alternative. The salad was made as an accompaniment to a braai. Braais are traditional and popular. Noodles (pasta) are very healthy and easy to prepare. Pasta is a very popular type of food within Delft – the pasta can replace rice. It is very quick to make. It makes a meal go further; and fills you up.

– Denzil



Akhni (Middle left)

I took this photograph at the Gatesville market on a Saturday afternoon. The akhni was being issued out to the less fortunate; sometimes she [the vendor] would give out food free to the children. It is healthy because there was meat, lentils, rice and potatoes. We as Muslims prefer akhni because it is one of our favourite dishes. The meat is braised and then the rice and potatoes are added. Me and my family eat akhni regularly, it is part of our culture and our religion. – Nadia



Nice homemade bread (Bottom left)

This bread is going to be eaten by me and my family. I make it myself. I prefer homemade bread because I save money for 2 or 3 days. It doesn't get stale quickly and my parents love eating it. You can limit the ingredients like sugar, salt & yeast for health reasons. When I was young I got burned by water. When I was at Cape Technicon the Wendy house I was living in also burnt down. The traditional healer suggests that in order to cleanse this curse we should brew beer with this homemade bread, and eat the bread while it is still hot. This photo was taken on 4 March 2016 at my place in the afternoon. – Phumi



Koeksisters (Above left)

Every Sunday morning, from when we were small, my mother used to send us to go buy koeksisters. As I grew up, I learned to make it myself. Now I prepare koeksisters on Saturday night for me and my family to have with tea on Sunday morning. It is our Muslim culture, it is our tradition, and it's good. This photograph was taken at my home, in Delft. – Soeraya

Traditional sweet day (Above right)

Every Sunday afternoon, after our afternoon nap at my house, there must be a sweet thing to eat – like cake or tarts. In the picture is a milk tart. The extended family comes to visit and we eat this at my house, in Delft. After all the healthy food that we had at lunch time, it is a treat for our sweet tooth. We also have these sweet things at parties. – Soeraya



Party time (Above left)

It was my brother-in-law's 50th birthday and always in the family when it's somebody's birthday we celebrate with cake, sweets and peanuts. – Soeraya

Pollution (Above right)

My mommy is a diabetic and has a heart problem and smoking is very unhealthy for her but she says smoking is her comfort. After each meal she needs to have a smoke. – Soeraya

SCIENTISTS' RESPONSE

Culture and tradition form an integral part of our identity, more so for black Africans. We are collective population group, within that collectives we also contain culture-specific notions of what it means to be healthy. This is influenced by our environment and daily demands. I believe there are many practices within our culture that were not necessarily unhealthy; some of the photos show that, such as cooking corn on braai, eating steamed bread and grilled meat. I strongly believe that preparation and quantity may influence more the perception whether that food is healthy or not. We can't change our traditions but if those practices are detrimentally affecting our health we must consider the importance of those practices. – Nyiko

Culture is an integral part of many people's identity. The community is very diverse and this can serve as an asset to them. Traditional food can be both healthy and unhealthy. The type of food and frequency of eating it plays a role. It warms my heart to see such great cultures and tradition being followed by the community members. – Sana

8. HEALTHY FOOD IS ...

Healthy meal – This is a photograph of all the veggies I bought to prepare and cook supper. I am a diabetic with high cholesterol and I also have angina, so myself and the kids eat as much veggies as we can. I've learned a lot about healthy food from this project, that's why I choose these. It's healthy and affordable. Taken at my home in Delft in the afternoon.
– Koolsum





Fruit & veg market (Above left)

A young boy was coming to buy tomatoes at this stall on a Wednesday afternoon. The stall has been there since the beginning of Leiden, 8 years already. All of the people in Leiden are going there. They don't have the money to travel to the shops, so they go here. It is cheaper than going to the shops anyway. An onion is only R1, a tomato is R1. A pineapple is only R4. It's very, very cheap. I buy there because it is cheaper, and I do eat this food. I like it, yes! We got fresh fruit every day. I especially like the potatoes, they are fresh. It is R15 for half a bag. It is all good quality produce. It doesn't cost more than going to Shoprite. I run a soup kitchen in Delft. I work together with the owner of this stall – he provides me with his veggies free of charge, to make soup for the community. He also makes soup for one side, and I make soup for the other. The owner just goes off in the bakkie and gets the food and comes back again. He is a Rasta. He is a very nice person. We sometimes work together. So this picture is also representing elements of poverty and community support. – Fatima

Healthy food (Above right)

Fruit is needed in any person's life. We buy fruit or vegetables from this stall every single day. It is not so expensive. It's healthy and I enjoy eating healthy food. I buy fruit for the kids for school. They like apples, pears, bananas, grapes and peaches. So do I! This photo was taken in the Main Road at the Fruit market in Delft, late on a Thursday afternoon. – Nadia

SCIENTISTS' RESPONSE

It is good to see that community members like Nadia recognise the importance of fruit and vegetables in everyday eating habits, but she finds it difficult to afford fruit and vegetables, but buys from roadside stalls, as it's cheaper there. – Frans



No title (Above)

This is my mealies stall, which is run by my daughter. It is open from Monday to Saturday, in the afternoon. These mealies come from Grabouw. I have been selling mealies for many years in different communities. I decided to sell mealies because I also wanted to add to the grant I get from the government (SASSA). Mealies don't get rotten – even if it is out for 3 days, because they are covered (in their sheath). Mealies are very popular. I believe that they are healthy. Taken in the Main Road, Delft at about 7 o'clock in the evening – Priscilla



Vusi's fruit & vegetable stall (Above left)

This is a photo of 2 stalls in front of the clinic in Delft. The man in the back sells fruit and vegetables and in the front is a person who sells fried fish. I buy fruit from the man but I don't like to buy fried fish from just anyone because sometimes you don't know if the oil is fresh. Sometimes it's old and black oil which is not good for me because I have eczema and I can't just eat fried fish anywhere. The fruit and vegetables from the man in the back is healthy and I buy my fruit from him. – Nandipha



Rasta's fruit & vegetable stall (Above right)

This fruit and vegetable stall in Leiden belongs to a young man that is just starting his business. He is maybe 18 years old. It is a new stall so he sells healthy fruit and vegetables but it's not the freshest. His fruit is ok, but the vegetables is not good. I only buy fruit from him. – Nandipha



An apple a day keeps the doctor away (Bottom left)

Fresh fruit and veggies is very good for your health. At least 1 fruit per day. The freshness of the fruit and veggies is very important to your health. Ivan's fruit and veggies is the only stall in Delft selling the freshest fruit and vegetables 6 days per week. I am a very loyal customer who normally buys apples and grapes regularly from Ivan's store. Ivan's prices are very low and compatible. His products are nearby and he is the only fruit seller in the area. For us working at Delft SAPS the only place where we can have lunch is at the Somali shops and the Caltex Fresh Stop. The food that they sell is not always so healthy. We will buy food containing a lot of fat. Whereas from Ivan we buy a variety of nutritional fruit. – Denzil



Skinless chicken (Top left)

For our family Sunday lunch I make chicken in the oven. Chicken skin is fatty and not good for the heart or for cholesterol, so – because of my husband's health – I remove the skin and bake it without oil. The skin contributes to the dogs' food. This photograph was taken in my kitchen, in Delft. – Soeraya

Delicious (Middle left)

This photograph was taken at my home in Delft, with my family around the table on a Sunday afternoon. Our meal is oven baked chicken, yellow rice, butternut, baked potatoes, and steak and kidney pie. I wanted to take this picture because it shows a healthy meal. There are vegetables, and none of the food was cooked with oil. It looks good and tasted lekker! – Soeraya



Healthy dish (Bottom left)

Seafood is expensive and it's healthy. You can have it fried, grilled and in Paella. It is very easy to prepare. You can get seafood at most restaurants in the community. – Soeraya





Ekasi Restaurant (Above)

I am a member of the Neighbourhood Watch. When I have an evening meeting at the police station for the NHW I go to Ziyanda to get plates of food to take home for the evening meal. I know that Ziyanda makes good food that is healthy and filling. Sometimes I phone her and she brings the food to me. I get from Ziyanda about once a month. When I buy from Ziyanda I am buying for my family, for the evening meal. She also makes 'marew' porridge. It is like sourmilk with maize meal. I buy this too. – Priscilla



A healthy burger (Above left)

Not all junk food is always unhealthy. This is a very nice hamburger with fresh vegetables and a fresh roll. This picture was taken at the victim empowerment room at Delft SAPS. This hamburger was not cooked in oil and it does not consist of a lot of calories. I will have a burger like this once a week for lunch because of the affordability and the availability. – Denzil



Pie in the sky (Above right)

This chicken pie was made by my wife on a Sunday morning. I eat it very seldom because it's not easy to prepare, takes time and it's not so cheap. This food is my favourite. The pie was made with chicken, which is more healthy than red meat, and it doesn't contain a lot of oil. The chicken came from Shoprite nearby. – Denzil

SCIENTISTS' RESPONSE

It is so important to really understand what comprises healthy food other than just generalising certain food dishes to always be unhealthy. The same perceived unhealthy dishes such as burgers, pizzas and fried meat can be healthy if the right method of cooking and substituting of the ingredients occur. – Sana

Denzil demonstrates that junk food can be prepared in a healthier way at home where one can cut down on the amount of oil and salt used. These foods also taste good. This is an important alternative to buying unhealthy foods such as hamburgers and is just as enjoyable. – Frans



Monthly stock (Above left)

On this day I bought rice, lwisa, sugar, morvite, samp and beans from the Somali shop. I don't have to spend taxi fare; it's all here in the local shop. It saves time. What I cook, I eat, together with the kids.
– Koolsum



Occasional meal (Above right)

This is a photograph of a meal of boiled eggs and veggies. I must only eat one egg a week as I suffer from high cholesterol. I also use amasi because some of the children I look after are Xhosa, and drinking sour milk is part of their culture.
– Koolsum



Raw ingredients (Below right)

The food in this picture is ready to be prepared. A few nutritious groceries. I myself enjoy this food with the kids. Even Ensure milk powder I give the kids with HIV when their immune system is weak. This photograph was taken at my home in Delft.
– Koolsum



My cupboard (Above left)

This is the contents of my cupboard. All participants were asked to take photos of the food in their cupboards or on their shelves when they got back from the photo training. I have healthy food in my cupboard; pasta, beans, samp, tomato sauce, lettuce, lentils, mayonnaise, potatoes, morvite, tinned fish. There is also Twizza (fizzy drink) and Rama (margarine) in the photo, but these are not inside the cupboard. I eat a lot of pasta. The photo was taken at my house on the day after our photo training. It was the first photograph I took. I had not been shopping – these were all my foods.
– Priscilla



My grocery cupboard (Above right)

In my grocery cupboard I have Fattis & Monis macaroni, brown lentils, spaghetti, brown sugar, green split peas, oats, foil, toothpicks, baked beans, red wine, Oros, fish oil, spices, soups and tuna. I live with my parents and this is the food I eat with my family. I want to show that I always try to provide my family with food that can be easily prepared and is healthy. Thursday morning at around 08H40 at my place.
– Phumi

SCIENTISTS' RESPONSE

It is impressive to see the community's awareness on healthy food. On the other hand, it saddens me to see such an intelligent group of people being constrained by finances to achieve their healthy eating goals. – Sana

SCIENTISTS' OVERALL REFLECTIONS

HANS STRIJDOM

This was the first time that I was introduced to the 'photo-voice' concept. I really like the idea, and found that it is a brilliant way to get information across in a very personal, intimate fashion without making the photographer feel that his/her personal space is being invaded. It allowed the Delft participants to lead the observer along to see things through their eyes. Something that might have been too challenging if it was done via a personal visit for example. When looking at the photos and the narratives, I felt as if I was transferred into their lives at that moment, which was a truly moving experience. I was also really impressed by how the photographers succeeded in portraying something really complex by means of what on face value appears to be a very simple and straightforward image.

The outstanding take-home message for me from this exercise was how the Delft participants care for their community. I was also really touched by how creatively many of the Delft participants went about to make the most of their meals with limited resources. I was struck by the realisation that for many, nothing goes to waste (e.g. the cow's head which was cooked by one of the participants to feed community members).

The concept of caring for those who do not have something to eat was also very much emphasised by the one participant who looks after orphans/homeless children and how very challenging it is for her to feed all of them every day.

The fact that it is not always possible to buy (expensive) healthy food was demonstrated more than once, and that when it comes to existential matters, anything will do as long as it feeds a hungry stomach. This made me understand that it is sometimes really difficult for many communities in our city, country and world to always stick to a healthy diet.

All the photographers told a very special and personal story. All in all, a very touching experience for me.

My participation in the Heart of the Matter project has been an eye-opener. As a senior scientist who spends a lot of his time behind a computer: designing research projects; writing grant applications; working out budgets; and supervising post-graduate students, it was a wonderful experience to engage with the Delft community.

It brought me back to earth in a way, and made me realise that our research must always be relevant, and to the benefit of society. This is why I will encourage my colleagues to get involved in projects such as this.

Having said that, I must also state that this project confirmed that we, as a group, are doing relevant research, and it has strengthened my resolve to continue with what we are doing. Heart research is important, as it involves diseases that are mostly preventable through community awareness and information, lifestyle changes and listening to your body when it is trying to tell you something.

MASHUDU (EVA) MTHETHWA

The interaction between cardiovascular researchers and the Delft community has helped raise understanding, interest and awareness of heart health and diseases, as well as proper nutrition for heart health. Although this engagement did not affect how we conduct research, it has helped broaden our knowledge with regard to cultural and social issues that may influence heart health.



SHANTAL WINDVOGEL

It is clearly evident how much value the community derived from this project. This is depicted in their newfound approach to risk factors for heart disease and is evident in the photos which they have taken. The organisers (SLF) had a vision of bringing together scientists with the community and they have not only succeeded, but I believe they have given the community participants an opportunity to open our eyes to the challenges they face in trying to lead healthy lives. I think that there has been a tremendous turn around in the approach of both groups of participants to each other and to heart disease.

We can learn a lot from our communities. I think that engaging with the community really does allow us to get to the heart of the matter. It reminds us of why we are doing the research that we do and how important and relevant our research is.

I have realised the value of having our research ultimately translated to our communities in an understandable manner. At the end of the day, these are the people we are doing it for.

FRANS EVERSON

Being part of the 'Heart of the Matter' project has been a very interesting experience. Interaction with the Delft community members has given me a new perspective and has also been a great learning experience. I found the organisation of contact sessions between organisers (SLF), community members and scientists very interactive and productive with opportunities for both scientists and community members to contribute and communicate with answering questions and finding solutions at the same time.

Cardiovascular disease is the leading cause of mortality and morbidity globally and also a major health concern in South Africa. Interacting with communities affected by this devastating disease remains important in terms of understanding specific risk factors and other indirect social factors that may contribute to heart disease in these communities. Gaining knowledge and understanding from the perspective of the community members themselves renders insight that the laboratory cannot offer. These contact sessions also add to the community understanding in terms of what is being done in research. Thus, a unique opportunity is created where the two 'worlds' can interact and gain better perspectives and understanding through the exchange of information.





SANA CHARANIA

The engagement with the community was very insightful and has reaffirmed my understanding of the community that I do research on. It has led me to have more of a human approach to the work that I do.

I feel like now I will have a deeper understanding of the people that participate in our research.

This project has made me more aware of the communities and the challenges that they face and how those are stumbling blocks for us, as researchers, to extract the exact underlying information that we are looking for. More than anything it reaffirmed my ambition to continue with research that can have large-scale positive impacts on the communities such as Delft.

NYIKO MASHELE

The overall project has broadened my mind regarding the influence of tradition, culture and community of the individual's perception regarding food. The interactive approach to the project has helped me understand the complex environment that the Delft group is exposed to on a daily basis.

It is vital for researchers to communicate their research to the general public, be it through workshops or media outlets. These forms of communication and interactions may help educate not only caregivers but also children, thus giving the knowledge to make better choices regarding their own health.

Taking part in the project has not changed how I proceed with my research; however, it has reinforced my interest in the psychosocial risks for heart disease. In particular the relationship between the body and mind, understanding the role nutrition plays in this paradigm.

NABEEL PETERSEN (SLF Project Manager)

Having participated in this project as the day-to-day manager provided me with general insight into the local food choices available for community members in Delft, which is easily visible when walking the streets of local townships and communicating with local residents. Assisting in the overall facilitation of this photovoice and overall engagement process, including my daily interaction with community members, illustrated the complexity as well as the constant negotiation processes involved in food choice and health on a daily basis that involves consideration of budget, contingency, health, safety and convenience. This is by no means a standardized $1+1=2$ formula, but requires immediate and complex rationalising when considering food options, dependents and budget. Capturing rich visual data on community practice is an art form as well as a research tool, and these talented photographers have been phenomenal at giving readers their insider perspectives on community practice.

I was astounded, excited and gifted by the relationship forged between scientist and community resident, each party providing distinct yet complementing knowledge to each other during workshop exchanges that collectively unveiled the social dynamic spurring the incremental rates of heart disease in our communities. The scientists provided us all with information on heart and bodily function, whereas the community residents allowed us to situate incremental rates of heart disease within community health and food practices.

This has been an incredibly humbling and enlightening experience. I have gained phenomenal insight by the interactions between these parties and I thank you all for the valuable insight you bring to me and perhaps more so the biomedical sciences and its movement towards community engagement. It is inspiring and exciting to be facilitating processes which strive for egalitarian collaborative knowledge sharing and knowledge construction involving science and 'knowledge from the margins'. These kinds of engagement processes striving towards community development and health awareness is truly the '*heart of the matter*' and is perhaps the key to healthy and informed communities and biomedical research.



HEART DISEASES

High Blood Pressure



CORONARY ARTERY DISEASE



It makes the heart work harder to pump the blood



GENERAL HEALTH INFORMATION

What happens when the heart is sick?

What happens if we don't take care of our hearts? Our heart and blood vessels may become unhealthy or 'sick'. When the heart and blood vessels cannot or are prevented from working well or doing their work, we say in the medical field that one develops cardiovascular disease. Cardio means 'heart' and vascular refers to the vessels that carry blood. And we all know that disease means sickness. So, basically cardiovascular disease is a fancy word to say sickness of the heart and blood vessels.

What is the cardiovascular system?

The heart is a muscle that pumps blood with oxygen and nutrients to all the different parts of your body. The oxygen comes from the air we breathe and the nutrients from the food we eat. Our bodies need the nutrients for energy to continue working. Our heart is thus very important to make sure that all the different parts of your body get enough food, water, oxygen and nutrients to continue to work properly.

How do I know if I am at risk for heart disease?

- Do you avoid exercise?
- Do you smoke or drink excessively?
- Do you like to eat until you are really full with every meal?
- Are you unhappy with your weight?
- Eating a lot of salty and fatty foods?
- Do you sleep little (about less than 8 hours at night)?
- Are you and/or your family members diabetic or do you suffer from high blood pressure or have heart problems?

If you answer yes to a number of these questions, you may be well on your way to having an unhealthy heart and developing heart problems.

How do I prevent heart disease?

- Stay active, walk more, exercise. Doing 30–40 minutes of exercise at least 5 times a week can reduce your chances of having heart problems by more than 2 times.
- Keep your weight in check! Overweight and obesity is one of the major causes of heart problems.
- Try to get a peaceful 7–8 hours of sleep each night.
- Avoid stress! Stress makes your heart beat faster and become more tired.
- Visit your doctor! Make sure your blood pressure, lipid levels and sugar levels stay in check.

Ways you can help your body and heart by changing your eating habits

- Eat more garlic and bell pepper in your daily cooking.
- Cut down on table salt (less than 15 mg of salt a day). This can be done by cutting down on too many spices, canned foods and other salty snacks like potato chips.
- Use olive oil or canola oil for cooking and restrict your oil consumption to less than 1 litre per person per month.
- Increase your intake of teas like green tea or rooibos and herbs. This will help you keep the bad cholesterol in your blood in check.
- Rather drink water with meals than other drinks.
- Try to wait 6 hours between meals and don't eat late at night.
- Remember, breakfast is the most important meal of the day, not dinner.
- Try to eat two servings of fish a week (not fried).
- You should minimise the use of alcohol.

PROJECT PARTNERS



The Delft Health Ambassadors

The Delft Health Ambassadors are comprised of a group of 14 committed and passionate Delft Community residents who voluntarily participated in this photovoice project. The project aimed to capture and provide insight into local food choices, habits and health practices in Delft and its relationship to cardiovascular diseases.

These committed residents, aged between 35 and 65, who have to consider feeding children when purchasing and preparing food, captured photographs and shared the perspectives on the community, food and cardiovascular diseases. They have aptly named themselves the Delft Health Ambassadors as they wish to relay their newfound knowledge on cardiovascular disease and the content they've captured within the community to the rest of the Delft community.

The Cardiovascular Research Group

The Faculty of Medicine and Health Sciences (FHMS) is one of 10 faculties at Stellenbosch University. Its overarching aim is to develop future health professionals who will promote health, prevent disease and provide optimal healthcare through innovation and leadership.

It was established in 1956 and has since developed into one of the leading health sciences faculties in Africa. It has a diverse student body of approximately 3 900 undergraduate students enrolled in one of 5 undergraduate programmes (MBChB, Physiotherapy, Occupational Therapy, Human Nutrition and Speech, Language and Hearing Therapy) and 80 postgraduate programmes. The Faculty's total staff complement comprises more than 1 400 individuals who are employed by Stellenbosch University, the Government of the Western Cape and other partner employers.

The FHMS is widely recognised for its world-class research on high-priority conditions in Africa, such as TB, HIV/AIDS and neuropsychiatric disorders. Our research group (the Cardiovascular Research Group) was founded in 1960 and is located in the Division of Medical Physiology, Department of Biomedical Sciences in the Faculty of Medicine and Health Sciences.

Due to the fact that cardiovascular disease remains a major cause of morbidity and mortality in South Africa, the mandate of our research programme is to pursue research into in vivo, ex vivo and in vitro aspects of different pathophysiological states of the cardiovascular system, with special attention to the South African perspective. Our group consists of 40 members (researchers, academic staff, research and technical assistants and postgraduate students), and is headed by Professor Hans Strijdom.

The Sustainable Livelihoods Foundation (SLF)

The Sustainable Livelihoods Foundation (SLF) is a South African non-governmental organisation with not-for-profit status. SLF was established in 2010. Its core objective is to work with disadvantaged people to advance the realisation of human potential through developing and sharing knowledge, empowering people to self-action and engaging with authorities to improve policies, services and practice. SLF works principally in urban areas, responding to the multiple challenges as well as opportunities of the emergent city.

Our work spans four thematic areas, namely, (i) enquiry into the challenge of economic informality, self-employment and micro-enterprise development, (ii) enabling the participation of individuals and collectives in health awareness, (iii) linking people to urban conservation, and (iv) understanding how ordinary citizens act against violence and social conflict and supporting actions to strengthen their experience of citizenship. Where project opportunities permit, we strive to explore the interconnections between these themes.

Since inception, SLF has established solid working relationships and partnerships with academic institutions and civil society organisations. These relationships enable us to exchange knowledge and expertise, with SLF able to add value through grounded understanding of the challenges and opportunities within poor and marginalised communities. Additionally, we have established good working relationships with senior government officials in the implementation of projects and sharing of knowledge.

One of SLF's most recognised strengths is our approach to public engagement. We have successfully used an array of participatory methodologies to work with communities to translate their developmental needs into action. Through participatory approaches we have sought to empower participants to take their own solutions forward. Our work in this respect includes digital storytelling and collaborative video on health awareness and insecurity, the use of photovoice to reflect everyday life and its challenges, the interactive design of safety signs to reduce violence and conflict, and community mapping and problem solving through workshops. Wherever possible we have sought to integrate technology solutions into our engagement activities, thus helping to strengthen and amplify the voice and role of community members as agents of change. Our work has been recognised through winning national and international awards.

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PARTICIPANT BIOGRAPHIES

KOOLSUM ISMAIL

Delft health ambassador



My name is Koolsum. I was born in District Six. After being evicted from District Six, we were thrown in Bonteheuwel. I grew up in Bonteheuwel and got married there. I have 4 daughters and moved to Belhar. After losing my husband I lost my house and moved around again. My adopted name is Koolsum Circus. In 1998 I got a house in Delft. I called my new house A New Beginning.

All the experience I picked up made me want to shelter kids and empower myself. I am currently involved in the Neighbourhood Watch and I shelter 8 orphans. This makes me feel whole. I appreciate the opportunity SLF gave us. It is a platform where I felt safe to share. It really contributed to my empowerment. After 20 years in Delft I now feel confident at the age of 58 with my 4 daughters, 3 sons-in-law, 13 grandchildren and 1 great grandchild.

HANS STRIJDOM

Cardiovascular disease research scientist



I was born in Pretoria, but grew up in Cape Town. After matriculating, I studied Medicine at Stellenbosch University, and worked as a medical doctor in South Africa and the UK for a number of years before taking up an academic position as lecturer at the Medical Faculty of Stellenbosch University in 1998. This is where I have been working ever since. After completing my PhD, I took over managing of the Cardiovascular Research Group in our department. The main focus of our research is to look at ways by which the heart can be protected against damage and heart attacks. Heart disease is the top cause of death in the world, and it is rising rapidly in Africa and South Africa as well. I am attracted to heart research, as many diseases affecting the heart are preventable. When Gill Black approached me in 2015 to participate in the 'Heart of the Matter' project, I had no hesitation, as it gives our research team an opportunity to engage with the community out there, and to learn what their daily struggles and challenges are in terms of health and wellness.

PRISCILLA MCENTEE

Delft health ambassador



I have lived in Delft for 22 years. I am from Cokimvaba. I love to work with my community and to talk about their problems. I love to talk with my family, community members and children to know the differences in Delft. I joined the Community Neighbourhood Watch because I think it's important to be safe and help the police with crime in Delft South. I joined this project to learn and know more to help others. I am the rock in my community.

FRANS EVERSON

Cardiovascular disease research scientist



Science has always interested me and that's why I have chosen it as a career path. In 2003 I had the opportunity to go to South Korea to teach. I have enjoyed the experience and after completing my first year there, I came back to South Africa to complete a qualification in education. The following few years I spent as a science teacher, but also wanted to get back into research and expand my own education. I joined the cardiovascular research team at Stellenbosch University, Tygerberg campus. Since then, I have completed my MSc degree and am currently busy with my PhD. I decided to join the Heart of the Matter project as I felt that I could get involved and give back to the community in that way. I also enjoy interacting with people and from my experience as an educator I know the importance of projects such as this to communities.

ASHRAF HENDRICKS

Photovoice facilitator & Photographer



Ashraf Hendricks is a news & documentary photographer and photovoice facilitator based in Cape Town, South Africa. He was educated in graphic and website design but has always been passionate about photography and community. He has since left the design world in favour of his passion for photography. He has photographs and stories published in numerous local and prominent international websites and newspapers. He facilitated the photography training workshop and photovoice training for this specific project. He has facilitated photovoice projects in Nepal and Cape Town in which he taught underprivileged youth and adults the fundamentals of photography and the ways in which photography can be used to raise the voices of the voiceless and address social issues in communities.

SOERAYA DAVIDS

Delft health ambassador



My name is Soeraya Davids. I am married with 3 kids and 3 grandkids. I am from Cape Town, Western Cape. I live in Delft, Cape Town. I volunteer at Delft Victim Empowerment Room at Delft, SAPS (South African Police Services). I am helping people who experienced trauma and I am very passionate about my community. I got involved in this programme to better my lifestyle and help others with similar health problems.

ADIEL TOMLINSON

Delft health ambassador



I am Adiel Tomlinson. I stay in The Hague, Delft. I am 53 years old. Coming from a family background and have very strong family values. I am passionate about sport and education. Having been an educator I saw it as a necessity to be a part of this workshop in order to take this knowledge further into the community. I do not only want this knowledge to be available in Delft but everywhere I go. In fact, this was the missing link to my training of kids and how to feed them in my own work.

SANA CHARANIA

Cardiovascular disease research scientist



Ms Sana Charania is currently doing research on the link between HIV, ART and Cardiovascular risk and diseases. She is getting trained by Prof. Hans Strijdom and is currently doing a master's degree. As a young researcher she has high ambitions and hopes to accomplish a PhD. Her interest particularly lies in the fields of HIV and cardiovascular diseases (CVD). She believes that the increase in CVD around the world and especially in SA is of immense concern and has led to great scope for research in the field. SA being a developing country has many more challenges with regard to CVD. That said, she aspires to shed light on some of the major risk factors of CVD. Having many members in her family diagnosed with CVD, the matter resonates deeply within her as a researcher and as the eldest daughter in her family. For her research she works closely with various communities and thus found it fundamental to be exposed to and be part of the Heart of the Matter project. The project serves as an opportunity for her to have a better insight on the community and their perspective on things.

GILL BLACK

Project leader &
facilitator



I started out as a biomedical infectious diseases researcher in 1993. My experience as a health scientist in Kenya, Brazil, Malawi and South Africa, and extensive interactions with research participants in each of these contexts, catalysed my transition to the Sustainable Livelihoods Foundation (SLF) which I co-founded in 2010. I now work to engage with people living in townships and informal settlements about the public health issues and biomedical research activities that most affect their lives. I have developed a passionate interest in visual participatory methods (VPM) as platforms for action research and to foster transformative health and science practice. I have been fortunate to gain experience in a range of VPM including interactive design of health communication materials, digital storytelling, applied theatre, photovoice and collaborative video. During my life at SLF I have led multiple health-related community engagement initiatives including several that have focused on tuberculosis and HIV. The Heart of the Matter has opened up an exciting opportunity for me to facilitate knowledge exchange between members of the public and cardiovascular disease scientists. I have loved working with – and am very grateful to – every person who has been involved in this project. Hopefully I can take my learning forward and contribute to enhanced community engagement in biomedical science.

PHUMELELO MAXSON MNGOMEZULU

Delft health ambassador



I am Phumelelo Maxson Mngomezulu. I am 39 years old. I was born in the dusty streets of Gugulethu in Cape Town. I have one child. I live in Delft, Northern Suburbs. I am passionate about books and people. I am currently doing voluntary work at Voorbrug Library assisting the community. I am also a qualified Emergency Care Practitioner. I have worked for the Department of Health for many years. This gave me an interest in the project. I have been involved in many community development projects such as Alive2Green and SLF. This project gave me an opportunity to spread the message of how to eat and live a healthy lifestyle.

NYIKO MASHELE

Cardiovascular disease
research scientist



I was born and raised in Soweto, Johannesburg and attended school in the West Rand. I matriculated from West Ridge High School and moved to Stellenbosch to start my university studies. I have always loved travelling. After my undergraduate studies, I moved to the North West province to do my postgraduate studies in cardiovascular physiology. My interest in the heart was sparked by the high number of loved ones who have died from cardiovascular-related deaths. The sudden death of my father-in-law, from a heart attack, motivated me to seek out a postdoctoral fellowship and contribute to cardiovascular science.

During my postgraduate studies I received training and experience in epidemiological studies that focused on risk factors for cardiovascular disease. These included psychosocial risk factors. This sparked my interest in the mental aspect to cardiovascular disease and how emotional well-being may influence one's health. Projects like the Heart of the Matter, lets us scientists understand more about the individual environment and its effect on health.

NABEEL PETERSEN

Project manager &
facilitator



I am the Project Manager for this project focused on engagement processes between the cardiovascular disease researchers and the Delft residents, who are all phenomenal leaders in their communities. I've studied Social and Cultural Anthropology in Cape Town, Amsterdam and Turin because of my interest in people's worldviews, their expression, testing creative research methods and challenging creativity. I then chose to study International Social Development so that I could find ways to work with community members so that they could use their world-views and ideas to design their own development trajectory, and/or work directly with communities to design their own interventions or strategies. I have worked for SLF and in various places because I am very excited by and happy to work with people as collaborators. This project has provided me with incredible insight into this specific community, newfound knowledge on heart disease and the opportunity to meet wonderful people who are all working towards positive change and health in their communities. I am grateful to all participants for sharing their worlds and allowing us to see it through their eyes.

NANDIPHA SELANA

Delft health ambassador



I grew up in Cape Town. I now live in Delft with my son who is 15 years old. I love him dearly. Currently, I am working for a Legal Tax company and also providing pensioners and the community with tea on weekends.

I am also sharing ideas with HIV+ people so that they may uplift themselves and not think that getting sick is the end of life. I am passionate about it as I have some background from studying at school. I love what I do. My home language is isiXhosa but I am fluent in isiZulu, English and Afrikaans. I am a worshipper in my church as I love God and wanted to know more about his Word.

JOANNA WHEELER

Project facilitator



Joanna Wheeler has worked consistently with a commitment to increasing the voices of those less heard through citizen action. She is a researcher, facilitator and trainer in participatory processes, including creative storytelling approaches. From 2003 to 2014, Joanna was a researcher in the Participation, Power and Social Change team at the Institute of Development Studies, where she helped to lead the Development Research Centre on Citizenship, Participation and Accountability (Citizenship DRC) and worked closely with other researchers in a very broad range of contexts (including Argentina, Mexico, Brazil, Jamaica, Nigeria, Kenya, Angola, South Africa, India and Bangladesh). She was co-director of Participate: Knowledge from the margins for post-2015 from July 2012 to January 2014. Currently she holds a postdoctoral fellowship with the University of KwaZulu-Natal. Her current research is on local power and violence in Cape Town, the relationship between citizens and informal governance in an urban context; and, on the role of participatory visual methodologies in citizen action. Other central research interests include agency and citizenship in contexts of violence, accountability and power; participatory research methodologies, communication for social change, and global collaborative knowledge networks.

PIETER PRINSCENS

Delft health ambassador



My name is Pieter Presence. I am 53 years old and have been living in Delft for 20 years. I am a skilled handyman and work in construction and building. I have been a community leader in this community since I moved here from Eerste River. My door is always open to the community, 24 hours a day, 7 days a week. No problem is too small to talk about and fix from housing issues to crime in the community. I am also a Neighbourhood Watch member trying to reduce crime in my community.

SHANTAL WINDVOGEL

Cardiovascular disease research scientist



Shantal Windvogel is a lecturer and researcher at the Division of Medical Physiology in the Faculty of Medicine and Health Sciences, Stellenbosch University. She was born in the friendly city of Port Elizabeth and later obtained BSc, BSc Honours and PhD (Medical Biosciences) degrees from the University of the Western Cape. She joined the Programme on Mycotoxins and Experimental Carcinogenesis (PROMEC) unit of the Medical Research Council as a research intern and later a postdoctoral fellow. This was followed by an appointment as a lecturer and module coordinator for Human Biology (Occupational Therapy, Physiotherapy) at the University of the Western Cape. Since joining Stellenbosch University she has lectured medical, dental and allied health students and supervised Honours, Masters and Doctoral-level students. She is the module convenor for a physiology service module, has been an examiner for the College of Medicine of South Africa, and an external examiner for the Cape Peninsula University of Technology and the University of the Western Cape. She researches the effects of nicotine exposure, antioxidants and cardiovascular disease risk. Shantal is also a member of the Stellenbosch University Animal Ethics Research Committee, is interested in tobacco control advocacy and enjoys nature and cooking.

DENISE MATROOS

Delft health ambassador



I am 54 years old and have lived in Delft for 27 years. I was born in Elsie's River and grew up in Bishop Lavis. I love helping the community because Delft is a community of poverty and finding work is a big problem. This is why there is so much crime and murders in Delft. And this is where I developed this passion to work in the community. I am a volunteer at the Victim Empowerment Room at the South African Police station in Delft.

MASHUDU (Eva) MTHETHWA.

Cardiovascular disease research scientist



I was born and raised in the Limpopo province. I spent most of my childhood days in a small village, called Tshisaulu, in Venda before moving to Polokwane, where I attended Florapark Comprehensive High School. As a child I was very interested in learning about other cultures, so decided to do my undergraduate degree in Kwa-Zulu-Natal at the University of Zululand. After graduating I joined the cardiovascular research group in North-West University, where I did my honors at Potchefstroom. This is where my interests in cardiovascular physiology developed. At that stage, I was doing epidemiological research, and my research focus was HIV-1 infection and cardiovascular function in Africans. It was quite fascinating to me, how most diseases, including diabetes and HIV could affect the heart. Although, I greatly enjoyed the research, a part of me wanted to experience the laboratory-based or basic sciences research. That is when I joined Prof. Hans Strijdom at Stellenbosch University, Tygerberg in 2009. The transition broadened my knowledge of cardiovascular research. Under his leadership, I obtained an MSc and a PhD degree.

NAVA DERAKHSHANI

Project facilitator



Nava has a passion for environmental sustainability and believes that social equality and access to resources are significant determinants for ecological care. She is interested in the dynamics and dynamism of urban systems, informality, resilience and food security. She has worked in climate advocacy, urban food resilience and has carried out her Masters research embedded in a rural community in Ethiopia learning about traditional agricultural practices.

Within the Sustainable Livelihoods Foundation Nava is involved with research, facilitation, documentation and communication within the various intersecting themes of the organisation. Furthermore, she works to integrate the power of the arts for effective communication, emphasising the value of visual and social mediums in communication today. Outside of the office she is an avid gardener with the aspiration to set up an urban neighbourhood farm, a multimedia artist and an open-hearted photographer.

NADIA APPOLIS

Delft health ambassador



My name is Nadia Appolis. I am 52 years old. I was born in Woodstock and stayed in Manenberg. I then moved to Delft where I have been for 26 years. I have learned a lot in this project. I help out by the Delft police station and I help prepare food for prisoners. I loved being a part of this project because I am diabetic. I have 4 children.

ORLI SETTON

Graphic designer &
facilitator



Orli Setton is a graphic designer and facilitator who has worked in the non-profit sector for several years. She is passionate about using her design skills for social activism and change. Currently she is completing her masters with a focus on collaborative and participatory design. An egalitarian design movement that believes that all those who have a vested interest in the outcome of a design solution should participate equally in its development.

Using her skills as a facilitator she designed this book in collaboration with the Delft health ambassadors.

To find out more about her work visit her website:
www.orlissetton.weebly.com

FATIMA PETERSEN

Delft health
ambassador



My name is Fatima. I am staying in Delft and I work at the Victim Empowerment Project room. I also run a community soup kitchen in Delft. I am a very proud community worker and I receive sponsorship from companies. Most of my clients come visit me at home after hours for meditation. In my free time I bake for fun.

DENZIL WILLIAMS

Delft health
ambassador



I am a volunteer at the Delft SAPs (South African Police service) Victim Empowerment Room assisting victims of rape and abuse. I also help at CID.

SLF ONGOING COMMITMENT

SLF is committed to fostering knowledge exchange between biomedical scientists and the people that are most affected by the health challenges that they investigate. We follow the rationale that a balanced, participatory co-learning approach opens up new and exciting possibilities for mutual learning. Two-way engagement can increase awareness about priority health issues among at-risk communities and enable scientists to re-consider and re-evaluate the questions that drive their research endeavours. The Heart of the Matter has demonstrated new and innovative ways in which the deep-seated knowledge of community members can be made accessible to scientists. It has illustrated how scientists can reflect upon and respond to this knowledge, and how they can reciprocate by providing relevant and helpful feedback. This project has also shown how a community engagement process can be designed to support scientists to show their humanity and bridge the extensive gap that still exists between biomedical research and research participants. The valuable learning that SLF has experienced through facilitating The Heart of the Matter will be taken forward to inform our future work. – Gill



Good health makes life better.
We want to improve health
for everyone by helping great
ideas to thrive.



Sustainable
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