The IMAGE programme:
Empowering women through microfinance and community action to reduce violence against women.

Muvhango Lufuno (Director)

UNFPA/SVRI : Lessons from Scaling up interventions on VAW.

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Overview

1. Background: The IMAGE intervention.
2. Evaluation / impacts
3. Scale-up
4. Lessons learned.
HIV/AIDS and intimate partner violence (IPV) are major public health challenges in SA

- Women and girls make up 55% of total infections (SA national survey)

- 1 out of 4 women in SA report having been in abusive relationship

- IPV profoundly impacts upon a women’s ability to negotiate safer sex

- Women with violent partners >50% more likely to be HIV infected than other women
Root Causes & consequences: Structural drivers of the HIV epidemic.

E Sumartojo, AIDS 2000
Beyond ABC….Testing a structural intervention.

**Key research question:** Can IMAGE empower women and reduce intimate partner violence?

- Small Enterprise Foundation
- Sisters for Life Gender training
- Poverty & economic inequalities
- Gender violence
- HIV infection
- Gender Inequalities
- Mobility and migration
The IMAGE Intervention:

A) Microfinance (SEF):
- MFI with 100,000 active clients
- 20 yrs record with repayment at 99%
- Based on Grameen Bank model - SEF
  Gives loan to poor rural women for income generation activities.
- Groups of 5 women guarantee each others’ loans

B) SFL Gender & HIV Training: 1-hr participatory session integrated into loan centre meetings every 2 weeks

- Phase 1 = 6 month structured curriculum, focusing on culture, Gender roles, domestic violence, sexuality & HIV/AIDS
- Phase 2 = 6 month community mobilization phase: Develop Village Action Plans around GBV and HIV
Evaluation: Cluster- Randomized Trial  
(LSHTM & University of the Witwatersrand)  
2001-2004

- Protocol peer-reviewed and registered: Lancet, NIH  
  - It compared intervention vs. control villages (8 villages in rural Limpopo)  
  - All outcomes pre-defined

- Participants (Intervention + control)  
  - Women matched by age and poverty-status  
  - Face-to-face interviews baseline differences & village-level clustering

- IPV Primary outcome: Experience of physical and/or sexual violence in the past year  
  - 4 Questions drawn from WHO multi-country study instrument  
  - Face-to-face interviews with 860 women where done at baseline and 2 years later

- Both quantitative and qualitative research run Parallel  
  - 3 full-time anthropologists – non-participant observation, interviews, focus groups
Results: Impacts on Economic Well-being

Economic impacts:
- High loan repayment (99%)
- Increased food security, expenditures, household assets

“Now that we have money we are able to say how we feel without fearing that your husband will stop supporting you.”

- IMAGE participant
"I used to be very poor. I cleaned other people’s houses, I was forced to beg for food…

Now I feel like a madam, I can pay my children’s school fees and at night I sleep in the light where before I watched the light in the other houses"
Impacts on Women’s Empowerment

- Kim et al. *AJPH* 97 (10), Oct 2007

**Improvements in:**

- Reported self confidence,
- Autonomy in decision making,
- Challenging gender norms,
- Social capital,
- Collective action

“I do not think we would have made it working as individuals”
Intimate partner violence

After 2 years, risk of physical & sexual violence was reduced by 55% (aRR 0.45 95% CI 0.23-0.91)

Impacts on HIV risk
See Pronyk et al. AIDS 22, 2008

i.e. - Increased communication about HIV
- Increased VCT
- Reduced unprotected sex
How was violence reduced?

Within own relationships:

- Shifts in attitudes towards violence
- Gained income earning status & negotiating power
- More confident to leave abusive relationships
- There were reduced conflicts over finances
- Improved communication & conflict resolution

“Now that we have money we are able to say how we feel without fearing that your husband will stop supporting you.”

“You can buy him cigarettes from your profit. Because of SEF’s money we are experiencing fewer problems in our households”

JC Kim et al. AJPH 97 (10), Oct 2007
How was violence reduced?

**Within loan centers:**

- Speaking openly in centre meetings about abuse
- Confronting members who are contributing to other women’s abuse
- Solidarity and support when women leave violent relationships

“We are able to overcome abuse when we are in SEF because we get support from the women in the groups. When you engage yourself with other women and listen to their problems that will help you to cope.”

JC Kim et al. *AJPH* 97 (10), Oct 2007
Women as agents of community change...

- HIV awareness campaigns in schools, churches & youth groups
- Establishing village-based counselling groups to support survivors of DV & rape
- Assisting orphans and elderly to access social grants
- “Municipality Summits”: Building bridges with local government to improve service delivery...
For more information....

  Effect of a structural intervention for the prevention of intimate partner violence and HIV in rural South Africa: Results of a cluster randomized trial

  Understanding the impact of a microfinance–based intervention on women’s empowerment and the reduction of intimate partner violence in South Africa

  A combined microfinance and training intervention can reduce HIV risk behaviour among young female participants: results from the IMAGE Study.
Question: Would microfinance *without* training have been as effective?

Recent study compared 3 groups:

- IMAGE (MF + SFL)
- Controls (Nothing)
- MF alone (without training)

- Cross-sectional analysis performed on data collected 2 years post-intervention

(Kim et al, WHO Bulletin 2009)
Results: Microfinance alone...


- **Microfinance Alone**
  - Only economic impacts
  - **Poverty**
    - Household assets
    - Food security
  - **Empowerment**
    - No impacts
  - **HIV Risk**
    - No impacts
Synergy: “more bang for your buck”

- **Microfinance**
  - Poverty
    - Household assets
    - Food security
  - Empowerment
    - Self confidence
    - Autonomy in decision making
    - 55% reduction in IPV
  - HIV Risk
    - Increased Communication
    - Increased HIV testing
    - Condom use

Multiple MDG Impacts = synergy
IMAGE scalable, Cost effective & Replicable

Scaling up
- Successful transition from research pilot (450 women) to sustainable program: 30,000 women in 3 provinces of SA
- IMAGE clients have become trainers

Sustainable & cost-effective
- Cost of MF is neutral as it is recovered through interest rates on loans
- Additional cost of training = $13/client

Replicable in other settings?
- Opportunity: >1000 MFIs currently provide services to 7 million people in sub-Saharan Africa
- IMAGE is currently supporting replication in other countries including Zimbabwe, Kenya, Tanzania & Peru with support form interAmerican Development bank

Pilot Study: Additional cost = US $43/client
Scale-up: Additional cost = US $13/client
Emerging lessons from scale up.

Scale-up goals

- Explore IMAGE integration within SEF / MF.
- Create a model for integrating SFL within MF
- Reach more clients
- Document lessons learned as best practice model to relevant stakeholders.
What was scaled-up and where?

- The SFL gender and HIV training in South Africa
  - To cover more participants beyond pilot,
  - To cover other provinces of South Africa.

- IMAGE Intervention: support replication: in other settings / countries.
When was the decision to scale-up taken?

- **From the beginning** – To provide intervention to control/comparison group from trial.

- **At the end of pilot** – After seeing the success of the pilot, SEF board took decision to scale-up IMAGE.

- After +5 yrs of reasonable scaling up: Received request/proposal to support to scale-up/replicate IMAGE in other countries.
Mechanisms used for scale-up

- **Key role payers**: SEF leadership commitment and RADAR researchers, enthusiasm and credibility of expertise. (Searching for each other = opportune moment)

- **Scale-up Models**: 3 phases.
  - Parallel (with Academic institution)
  - Linked
  - Parallel (NGO) model.

- **Roles and responsibilities**: Kept roles separate (respect areas of expertise (MF vs Gender/ HIV)).

- **Funding**: Separate source of funding (MF / SFL)

- **Opportunities**: SEF being a strong MFI in SA, large client base, SFL did not threaten the MF/SEF operation.
Adaptation of the intervention for scale-up.

What was adapted.
1. Model / management
2. Organizational policies
3. Staffing Recruitment
   - (less qualified = longer training)
4. Staff complement vs Monitoring/ supervision
   - (small group & direct)

1. Staff Training
   (intensive & focus on personal transformation, done by consultant)

Impact
1. Parallel (NGO) feasible but sustainability?
2. Aligned to match partner (dis/advantages)?
3. Advanced skills
   - (shorter training, Quality?)
4. Large group
   - Use systems in place (paper based challenging, then moved to online/ remote)
5. Less intensive
   - (Improved facilitation skills but limited personal transformation, done by existing trainers)
Adaptation cont...

- **What was adapted.**
  1. **Curriculum:**
     - Updated information
     - Modify Community mobilization (CM) to save costs) due to limited funding and to fit in new settings)
     - Informal adaptation to fit local languages / social norms.
  2. **Resources (Mobilise)**
  3. **Replication model (SA vs other countries)**

- **Impact**
  1. **Less collective mobilisation**
     - Delayed (skills and costs involved)
     - Less collective mobilisation
     - Reasonably going well.
  2. **Limited funding**
     - Research investment vs programme) sustainability
  3. **Successful in other (Tanzania and Peru) and not so successful in Zimbabwe and Kenya).**
What was done to ensure sustainability?

- Partnership with credible MF (15 yrs)
  - (nation wide)
  - Good model (Grameen bank)
  - over 100,000 active clients
  - Self sustainable

- Partnership model: Parallel model (SFL + MF) = integrating SFL on to MF operations.

- Separate management and responsibilities / expertise (NGO model) + (legal status?)
  - Focusing on what you do best.

- Joint management (Advisory board)
- Separate funding
Enablers

- Strong commitment from leaderships.
- IMAGE matched current policy agendas
  - MF practitioners felt IMAGE aligns with broad MF goal of women empowerment.
- Funding environment favours Microfinance (MF) & cost neutral.
  - International donors increasingly more likely to fund MF projects that incorporate developmental goals (e.g. widespread recognition of the need to address disadvantage and vulnerability driving the HIV epidemic
  - Donor interest on SFL (develop communities they operate in)
- SEF as an industry leader
  - SEF’s unique characteristics and respected as a financially-sound organisation, which could help bring other MFIs on board
- Evidence gap as an opportunity
  - perceived lack of evidence on the impact of microfinance and training programmes on HIV and violence outcome emerged as a potential facilitator for replicating the approach.
Challenges

1. SFL reliance on MF’s good performance (if bad it does not work well)
2. Limited funding
3. Donor preferred areas.
4. Lack of major advocacy programmes for the IMAGE approach
   ◦ (weak marketing of the approach outside academic publications)
5. Sectoral separation / vertical systems (MF and HIV)
   ◦ HIV and microfinance exist within different sectors that do not interact at policy, funding, or operational levels.
6. Impact Evaluation (scale-up) : not known if achieving similar impacts.
The important issues that shape the degree to which research findings are taken forward

- Sound programme design (scalability and cost effective)
- Intervention’s credibility / evidence of success
- Engagement of relevant decision makers / policy makers
- Sustainable engagement platforms to enforce implementation monitor progress
- Limited bureaucracy (e.g. SFL, SEF and board of directors)
- Capacity and resources to scale-up
What could help scale up efforts in ESA?

- Exchange knowledge and experiences from scaling up (like this meeting)

- Adapt successful interventions
  - (opposed to re-inventing the wheel)

- Develop guiding principles for the design / adaptation of specific interventions.

- Support the design, implementation and monitoring and evaluation of interventions / scale-up.
Implementing partners

- IMAGE
- Small Enterprise Foundation (SEF)

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