The IMAGE programme:
Addressing structural drivers of HIV through microfinance & community action

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CSIS, June 11, 2010
Washington D.C.

Overview

1. The IMAGE Programme:
   - Using microfinance to address linkages between gender, HIV, & development
2. Why tackle these together?
   - Programme impacts on: poverty, women's empowerment, gender-based violence, and HIV risk
3. Lessons & Implications for Programs/Policy
   - Scaling up, implications, lessons learned

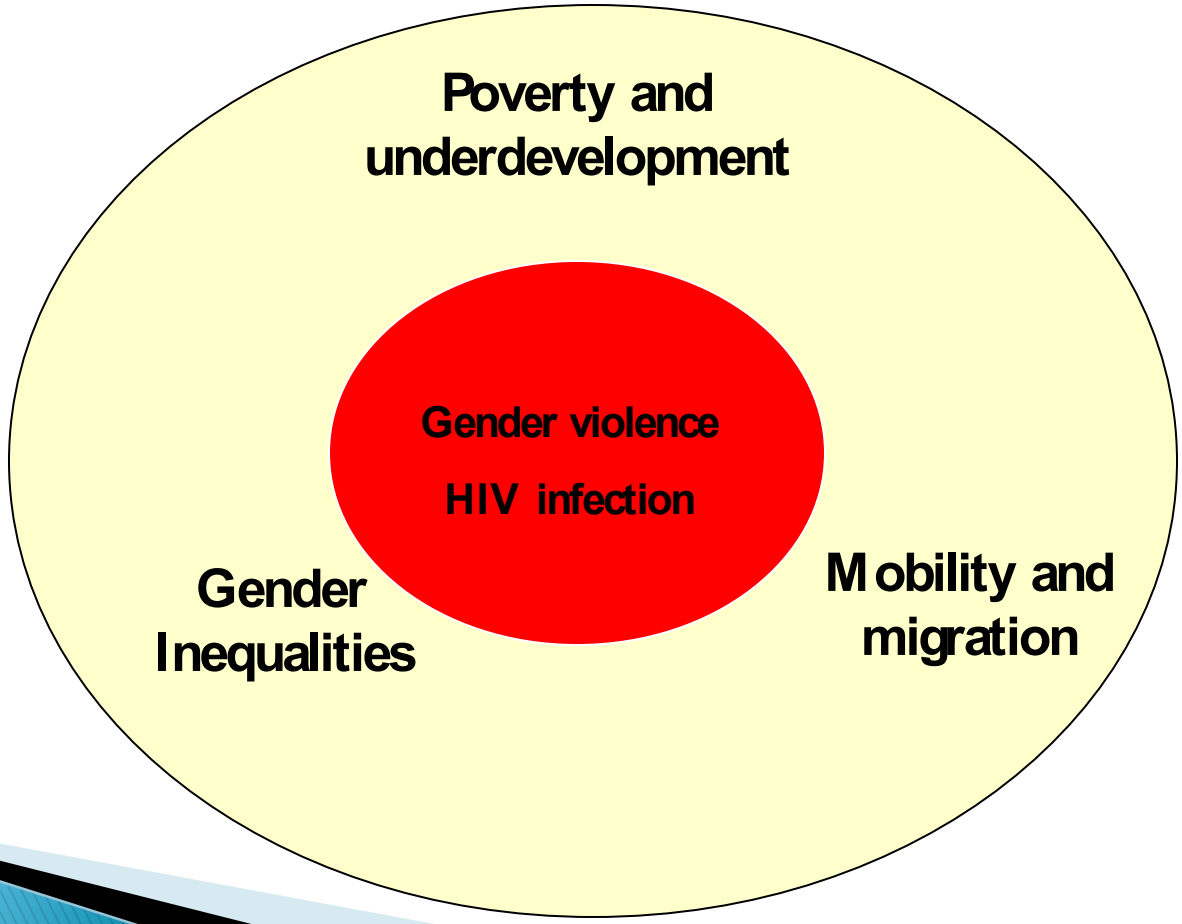
South Africa's challenge

HIV/AIDS and intimate partner violence (IPV) are major public health challenges in SA

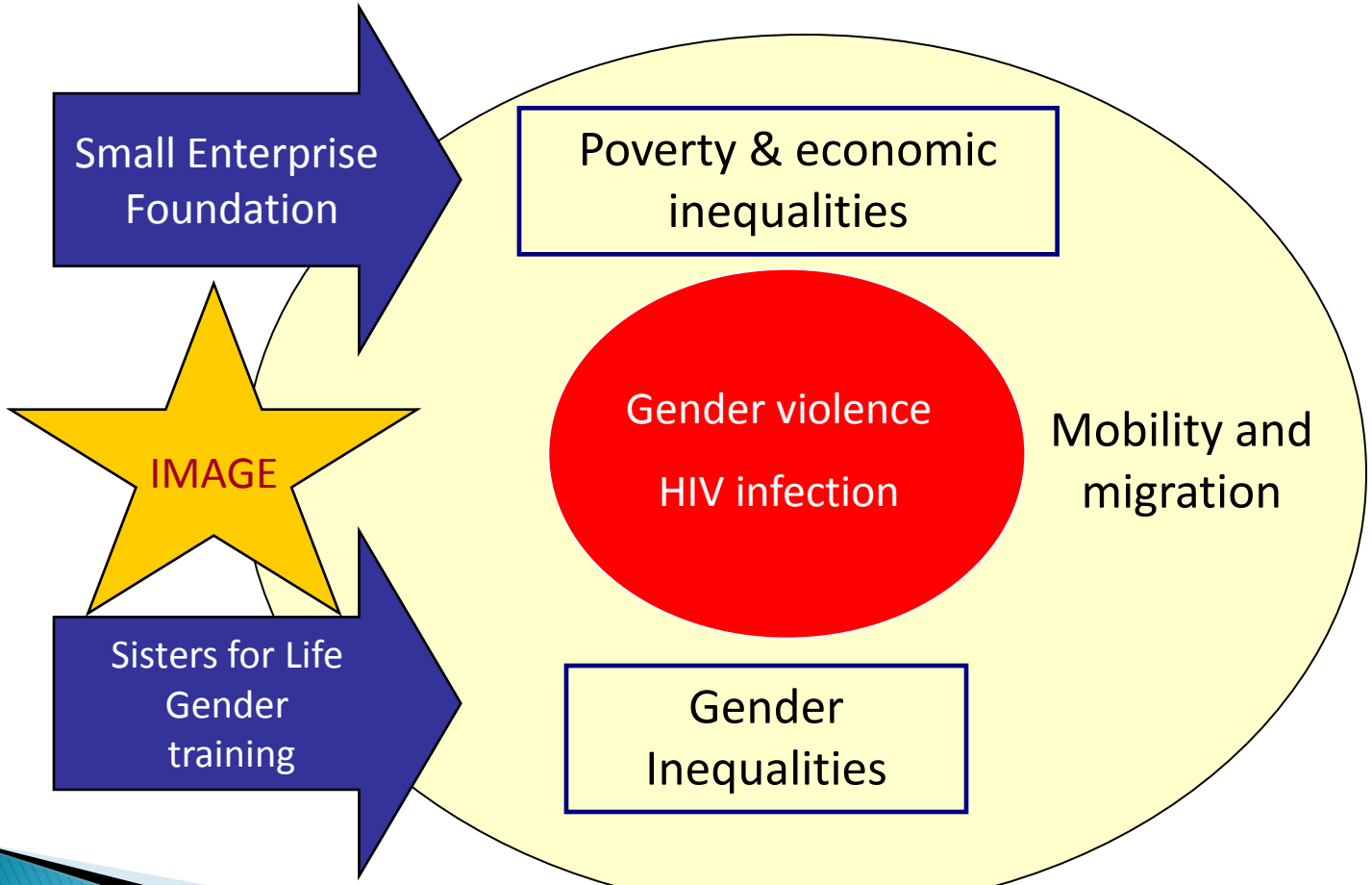
- Women and girls make up 55% of total infections (SA national survey)
- 1 out of 4 women in SA report having been in abusive relationship
- IPV profoundly impacts upon a women's ability to negotiate safer sex
- Women with violent partners >50% more likely to be HIV infected than other women

Beyond the ABCs: Structural drivers of the HIV epidemic…

E Sumartojo, *AIDS* 2000



The IMAGE Study: Testing a structural intervention to address HIV & Gender-base violence

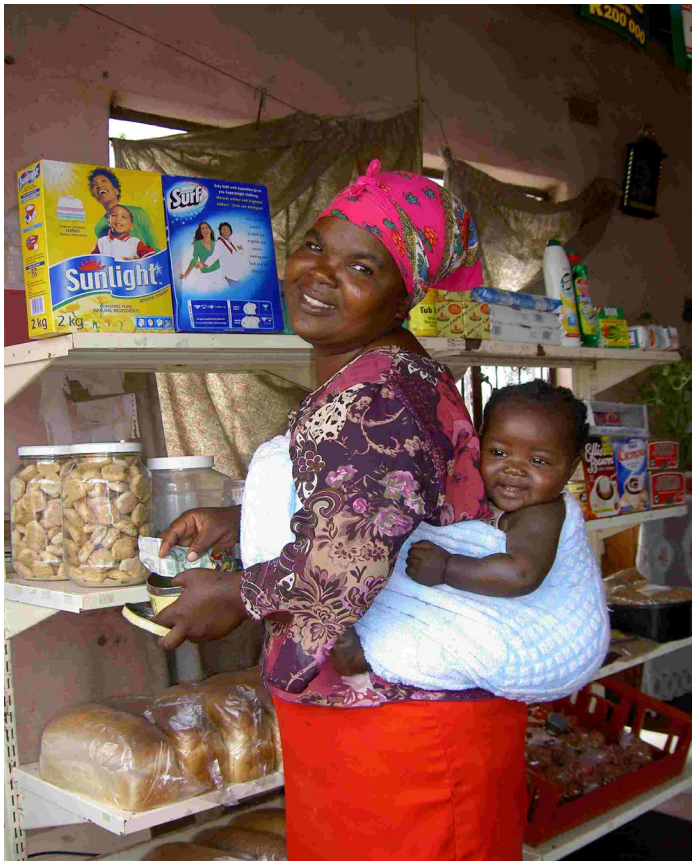


The IMAGE Intervention:
Microfinance + Gender/HIV Training

Microfinance (SEF): Groups of 5 women guarantee each others' loans

Training: 1-hr participatory session integrated into loan centre meetings every 2 weeks

- 6 month structured curriculum, focusing on Gender roles, domestic violence, sexuality
- 6 month community mobilization phase: Develop Village Action Plans around GBV and HIV



Evaluation: Cluster- Randomized Trial

(LSHTM & University of the Witwatersrand)

2001-2004

- 8 villages in rural Limpopo (pop 64, 000)
  - Matched on size and accessibility; randomly selected
- Participants (Intervention + control)
  - Women matched by age and poverty-status
  - Face-to-face interviews: Baseline and 2 years later
  - Adjusted for baseline differences & village-level clustering
- Concurrent qualitative research
  - 3 full-time anthropologists

Results: Impacts on Economic Well-being

(Pronyk P. et al, The Lancet, 2006)

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

Yet women's empowerment: About more than money…

"matla a hlabulogo" **= "the power to do better, "be enlightened"**

"You can have money and still not be empowered"

"Empowerment is when you are able to use your mind and use your money well"

Impacts on Women's Empowerment :

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

Improvements in:

- Reported self confidence, autonomy, challenging gender norms, social capital, collective action

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

"I do not think we would have made it working as individuals"

Intimate partner violence

- After 2 years, risk of physical & sexual intimate partner violence reduced by 55%

(aRR 0.45 95% CI 0.23-0.91)

HIV Risk *A*mong young IMAGE participants (age<35):

- Increased communication about HIV:

aRR=1.46 (1.01 – 2.12)

- Increased VCT by 64%

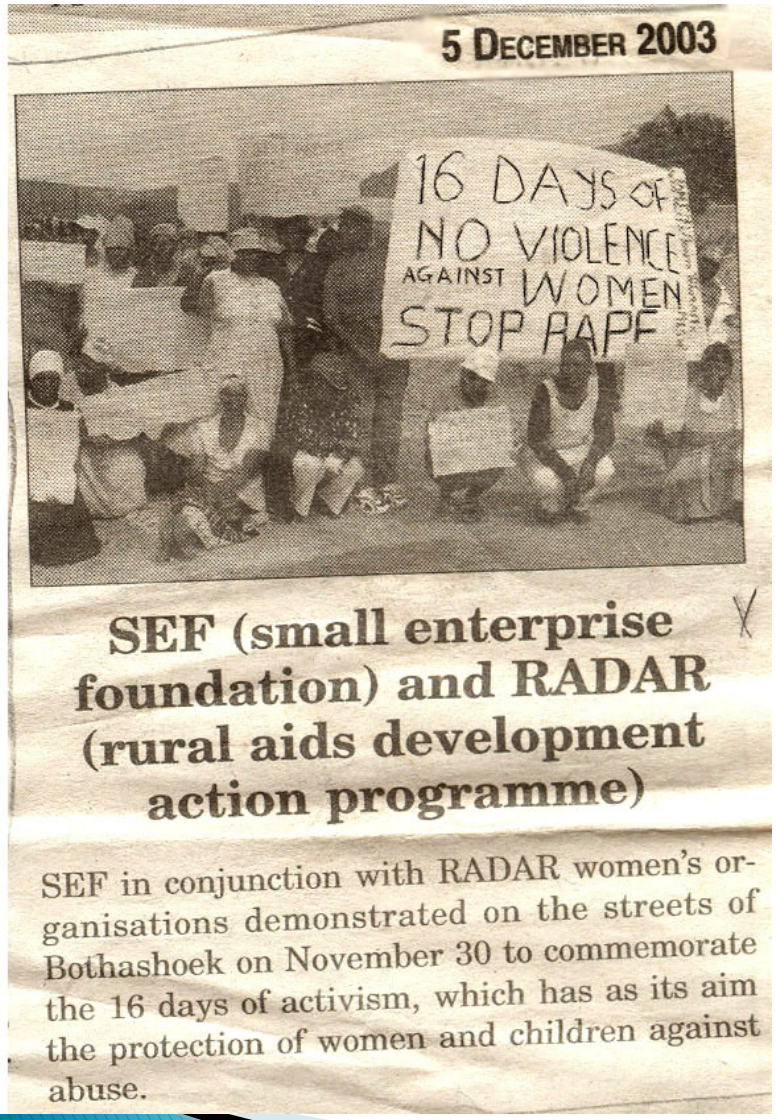
aRR=1.64 (1.06 – 2.56)

- Reduced unprotected sex by 24%

aRR = 0.76 (0.60 – 0.96)

(Pronyk et al. *AIDS* 22, 2008)

Women as agents of community change…



5 DECEMBER 2003

16 DAYS of NO VIOLENCE AGAINST WOMEN STOP RAPE

SEF (small enterprise foundation) and RADAR (rural aids development action programme)

SEF in conjunction with RADAR women's organisations demonstrated on the streets of Bothashoek on November 30 to commemorate the 16 days of activism, which has as its aim the protection of women and children against abuse.

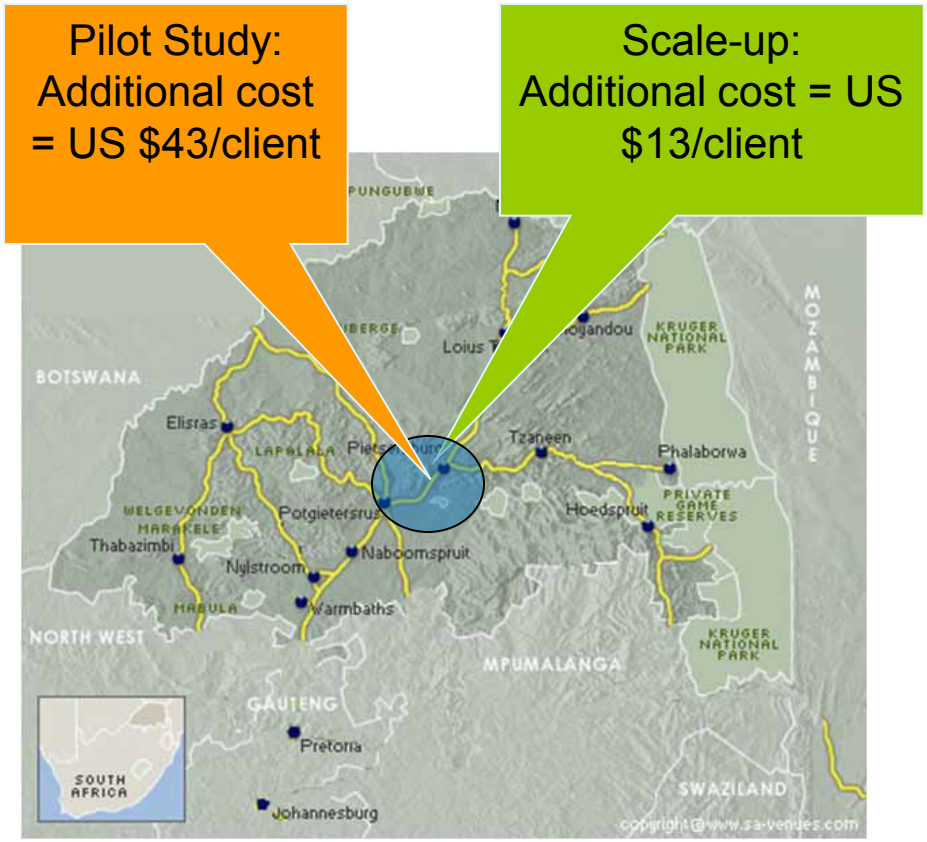
- Speaking openly in centre meetings about abuse
- HIV awareness campaigns in schools, churches & youth groups
- Establishing village-based counselling groups to support survivors of DV & rape
- Assisting orphans and elderly to access social grants
- "Municipality Summits": Building bridges with local government to improve service delivery...

Looking ahead…

- Scaling up
- Lessons learned
- Program/Policy implications

IMAGE Going to scale…

- Scaling up
  - from research pilot (450 women) to sustainable program: 12,000 women in 160 villages
  - IMAGE clients have become trainers
- Economies of scale
  - Cost of MF recovered through interest rates on loans
  - Additional cost of training = $13/client
- Developing IMAGE as learning site:
  - To support South-South learning & replication across different settings
  - >1000 MFIs currently provide services to 7 million people in sub-Saharan Africa



Question: Would microfinance *without* training have been as effective?

Recent study compared 3 groups:

- IMAGE
- Controls
- MF alone (without training)

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

(Kim et al, WHO Bulletin 2009)

Results: Microfinance alone…

(Source: Kim J et al, WHO Bulletin, 2009)

Microfinance Alone

Only economic impacts

Poverty
- Household assets
- Food security

Empowerment
- No impacts

HIV Risk
- No impacts

The value of X-sectoral interventions for X-MDG progress

What are policy implications?

Synergy: “more bang for your buck”

Microfinance

+

Gender/HIV

+

Community

Multiple **MDG Impacts = synergy**

Poverty

- Household assets
- Food security

Empowerment

- Self confidence
- Autonomy
- 50% reduction in IPV

HIV Risk

- Communication
- VCT
- Condom use

Programme Lessons…

1. It is possible to reduce GBV, and to do so within programmatic timeframes
   - Challenges belief that gender norms & GBV "culturally entrenched" and resistant to change

2. Importance of meeting "basic needs" as part of health interventions
   - Synergy: piggy-backing onto poverty alleviation programme meant regular contact > 1 year
   - Microfinance: *one* entry point for linking economic interventions to gender/HIV…Need to explore others (literacy programs, job skills training, etc.)

3. Choose good partners: stick to what you do well
   - Difficulties of changing target groups to suit health agenda (e.g. SHAZ targeting adolescent women in Zimbabwe – MF unsuccessful)

Programme Lessons…

4. Can work ‘indirectly’ to affect most vulnerable groups:
   - Empowerment: working across *generations*, challenging gender norms - older women as “cultural gatekeepers”; breaking inter-generational risk of IPV
   - Poverty - Worked to improve *household* economic well-being vs. giving loans directly to young women (vs. SHAZ, TRY)
   - Men – empowering *women* to find creative ways of engaging with men (Chiefs and local leaders, police, school principles

Structural interventions take time…
Need both quick wins AND long-term change

Quick wins: Programmatic interventions

- Demonstrate feasibility & suggest pathways for affecting health outcomes
- Yield practical lessons & cross-sectoral partnership models
- Provide "metaphor" for what might be possible by addressing structural factors & HIV prevention on ***wider*** scale
- But don't mistake a "quick win" for a "magic bullet"…

Long term change: Policy implications

- Individual programs *on their own*, unlikely to impact on poverty or HIV on a national scale (MF a "foothold" out of poverty, but not the whole ladder…)
- A metaphor: Need to ask "what is the policy level implication?"

Scaling up “principles” as well as programs

Not just about scaling up
programs

(e.g. Microfinance)

But using as impetus for wider
policy change
(“the thin edge of the wedge”)

At Country level:

- UNDP: Mainstreaming gender/HIV in NSPs, PRSPs
- Incentivizing girls’ education / eliminating school fees
- Human rights & legislation
  - Domestic violence legislation
  - Customary Laws & gender norms
  - Women’s property & inheritance rights

Embedding structural interventions within National AIDS & Development Plans

SA National HIV/AIDS Strategic Plan (2007-2011):

- Goal 18: Focus on the human rights of women and girls, mobilize to stop gender-based violence and advance equality in sexual relationships
- Objective 1.2: Roll-out integrated microfinance and gender education interventions starting in the poorest and highest HIV burden areas

(e.g.) Scaling up & replicating IMAGE Programme

"Top down"

Create an "enabling policy environment"

to support structural change over time

"Bottom up"

Scale up programmes

Why have we not seen more of this?

Obstacles and challenges to addressing structural drivers

1. Working across disciplines is challenging
   - Vertical funding & institutional structures make cross-sectoral innovation difficult: donors, UN agencies, academic institutions, health & development ministries…
   - Ford Foundation Global Review (2007) – few X-sectoral programs for HIV
   - Working outside comfort zones - real & perceived risks
   - Donors need to incentivize & invest in cross-sectoral, cross-disciplinary work

2. Research primarily geared towards the biomedical
   - Need greater investment in evaluating structural approaches (e.g. DFID RPC)
   - Developing strong theoretical frameworks & pathway variables (e.g. women's empowerment, IPV, sexual behaviour, VCT – not just biological markers)

3. Time: "Staying the course" vs. "keeping up with the Jones"
   - Structural change takes time…not getting distracted by pursuit of the technological magic bullet
   - Role of donors: chasing after the next "shiny new toy"?

Implications for PEPFAR/USAID

The Opportunity

- PEPFAR's women/girl-centered approach: can champion innovation in this area
- USAID & GHI: Well-positioned to integrate HIV focus into existing initiatives
  - Broad approach to health & development
  - USAID already working on critical sectoral entry points: microenterprise development, agriculture, education etc…

The Challenge

- How can existing & programs funding structures be aligned to encourage innovation & reward X-sectoral collaboration?
- Importance of developing multi-sectoral indicators ("what gets measured gets done")
- Building the evidence base & encouraging innovation
- Scaling up successful models, replicating in other settings, and mobilizing for broader policy change

Conclusions…

1. HIV: After 25 years…there have been no technological magic bullets. Importance of prevention…

2. Not "either/or": Existing interventions (condoms, ART, PMTCT) will be *more* effective if also address structural drivers ("Combination Prevention")

3. It is possible to address health & development together and to demonstrate measurable impacts even in the short term

4. "Going to scale" requires both program expansion/replication & supporting wider policy change

5. Future investment should support multi-sectoral programming to address women's social & economic empowerment & vulnerability to HIV

6. PEPFAR/USAID well positioned to take this forward…

Acknowledgements

- Small Enterprise Foundation
- London School of Hygiene and Tropical Medicine (LSHTM)
- University of the Witwatersrand
- Anglo-Platinum Mines