The SEEP NETWORK

THE PROMISING PRACTICES CASE STUDY SERIES

With support from with support from
Small Enterprise Foundation (SEF) and
Rural AIDS and Development Action Research Programme (RADAR)

CASE STUDY:

Intervention with Microfinance for AIDS and Gender Equity, South Africa

A Microfinance Plus Gender and HIV Education Program

The HIV & AIDS and Microenterprise Development Working Group of The SEEP Network,
**"Intervention with Microfinance for AIDS and Gender Equity, South Africa.
A Microfinance Plus Gender and HIV Education Program."**

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Intervention with Microfinance for AIDS and Gender Equity, South Africa

A Microfinance Plus Gender and HIV Education Program

prepared by

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Acronyms

ASO	AIDS support organization
BDS	business development services
IMAGE	Intervention with Microfinance for AIDS and Gender Equity
MCP	Microcredit Program (SEF)
PLA	Participatory learning and action
PLHIV	People living with HIV
PWR	Participatory Wealth Ranking
RADAR	Rural AIDS and Development Action Research Program
SEF	Small Enterprise Foundation
SFL	Sisters for Life
TCP	Tšhomišano Credit Program (SEF)
VCT	Voluntary counseling and testing

Exchange rate:

South Africa Rand (ZAR) 7.95 = US$ 1, as of March 18, 2008

Preface

The consequences of HIV & AIDS are unprecedented and far-reaching. For many families, concerns about poverty subsume concerns about the effects of HIV & AIDS. Poverty and social factors, such as gender inequality, also increase the risks to which women are exposed, as well as their vulnerability to contracting HIV. Income and savings become crucial tools and safeguards as households struggle to build and protect their economic resources to offset the impact of HIV & AIDS. Engaging in business and gaining access to support services may, moreover, provide women with alternatives to risky sexual behavior.

Microenterprise development services[1] can help families cover basic expenses, ensure the well-being of their children, increase their incomes, and build their savings. In addition, the close relationship between providers of microenterprise services and their clients offers a powerful platform from which to launch awareness and community mobilization initiatives that go beyond the mitigation of the economic impact of HIV & AIDS to address issues of HIV prevention.

Microfinance practitioners have created an innovative system that provides poor people access to capital, which in turn supports their economic activities. However, most microfinance institutions (MFIs) do not have information about how HIV & AIDS affect their operations or their clients, nor do they have the background to address the societal factors that underlie HIV & AIDS. A better appreciation of client realities could allow MFIs to develop demand-driven innovations that protect their institutions. Such awareness could also guide MFIs to collaborate with AIDS support organizations (ASOs).

The **economic development** (ED) sector is developing effective ways to meet the non-financial needs of microentrepreneurs. ED initiatives typically seek to create access to market opportunities for microentrepreneurs and increase business growth in the various sectors in which they work. The services offered by ED initiatives include business management training, entrepreneurial development, and facilitation of linkages between microenterprises and growing markets. New lessons are emerging, however, that may help ED providers meet client needs that microfinance is not suited to address.

Development practitioners involved in **HIV & AIDS programming** traditionally come from the public health or social welfare fields. Although they often understand the need for sustainable economic interventions, they may not have the necessary background either to design and implement such interventions effectively or to examine potential development tools in the context of the social and economic needs of HIV-affected populations.

[1]In general, the field of microenterprise development is comprised of initiatives in microfinance and economic development (also referred to as business development services).

Effective AIDS program responses have opened opportunities for more economic initiatives in AIDS-impacted communities. For example, with the availability of life extending anti-retroviral therapies, people living with HIV are able to regain and extend their productive capacity and stay involved in their enterprises and communities. Increased education and awareness campaigns have been effective in reducing stigma, which encourages community members to be more inclusive of HIV-affected households.

Sharing information about current initiatives and sound practices in both the microenterprise industry and the HIV & AIDS field should lead to a better understanding of the issues faced by households coping with this disease. Clarifying these issues and better defining potential strategies to address them will in turn lead to more effective collaboration and program design, helping to catalyze strategic alliances between microenterprise development organizations and AIDS support organizations.

The purpose of The SEEP Network "Promising Practices" case studies series is to describe a variety of microenterprise services that:

- reach deeply into the poor socioeconomic strata of a given community and/or geographic area;
- show the potential to reach significant scale;
- enable clients to plan for future crises, anticipate needs for lump-sums of cash, improve income flows, enhance the profitability of economic activities, and avoid selling productive assets; and
- seek to go beyond the economic dimension of clients' lives to address the underlying factors that contribute to the spread of HIV & AIDS (e.g., through collaboration with ASOs or educational initiatives, such as informing clients about HIV & AIDS issues in order to change their behavior and mobilize community action).

I. Context

HIV & AIDS in South Africa and the Limpopo Province

National surveys at antenatal clinics in South Africa showed a consistent and dramatic increase of HIV-positive pregnant women from 1990 through 2002.[2] At the end of 2006, 29.1 percent of women attending public antenatal clinic in South Africa were HIV positive. By 2010, over 5 million people in the country will likely have died of AIDS.[3]

The rise of HIV among the 4 million inhabitants of Limpopo Province in northern South Africa, the focus of this case study, has followed the same dramatic upward trend, albeit in lower numbers. As of 2006, it was estimated that 20.6 percent of women frequenting antenatal clinics in the province were HIV-positive.[4]

Purpose of Intervention

The Small Enterprise Foundation (SEF), a microfinance institution committed to providing microcredit and savings services to rural, historically disadvantaged communities, desired to respond more effectively to the growing HIV epidemic.[5] In addition, SEF was concerned about the impact of the epidemic on its own financial and institutional well-being. The Rural AIDS and Development Action Research Program (RADAR)—a collaboration between the School of Public Health at the University of the Witwatersrand and the London School of Hygiene and Tropical Medicine—was interested in the design and evaluation of broader social responses to the epidemic and developed a participatory approach to changing individuals' behavior to reduce the spread of HIV & AIDS.

SEF and RADAR formed a parallel[6] partnership to design and implement the "Intervention with Microfinance for AIDS and Gender Equity" (IMAGE) program. Organizationally, the two partners exist and administer their respective components of the intervention independently. The program, however, is viewed by field staff and clients as an integrated package.

While microfinance as a vehicle for mitigating the economic impact of HIV & AIDS is key, IMAGE was fundamentally designed to address issues of HIV prevention. The program specifically focuses on the central roles that poverty and gender-based inequalities (and violence) play in fueling the epidemic in South Africa.

[2]This percentage was less than 1 % in 1990 and reached a high of 28 % in 2002. See UNAIDS/WHO (World Health Organization), "South Africa: Epidemiological Fact Sheet—Update 2004," (Geneva, Switzerland: UNAIDS/WHO, 2004), available on the "HIV InSite" website of the University of San Francisco, http://hivinsite.ucsf.edu/pdf/UNAIDS/Southafrica_en.pdf .

[3]UNAIDS/WHO, "South Africa," 2004. The statistics in this publication were collected and analyzed in collaboration with the national government and research institutes of South Africa.

[4]Ibid.

[5]This section draws heavily from Julia Kim, "Social Interventions for HIV & AIDS Intervention with Micro-finance for AIDS and Gender Equity," IMAGE Study, Monograph No. 2 (Acornhoek, South Africa: Intervention, Rural AIDS and Development Action Research Program [RADAR], University of the Witwatersrand, 2002).

[6]In some cases, organizations simply share a client base (i.e., a linked service), in which a non-governmental organization (NGO) may work with existing MFI clients, although not necessarily during MFI client meetings. The IMAGE partnership functions in parallel, i.e., it coordinates the delivery of a combined product and/or service by two independent organizations.

Development practitioners who design and implement HIV awareness and prevention programs are aware that information alone is not enough to change individuals' behavior and reduce their risk of contracting HIV. There is growing recognition among these practitioners that structural factors such as poverty, the mobility of population groups, and gender inequality facilitate the spread of HIV & AIDS. Yet, despite this understanding of structural factors, few programs target these mutually reinforcing elements in an integrated fashion.

IMAGE is a combined microfinance plus education program that seeks to explicitly address key structural factors driving the HIV & AIDS epidemic by integrating the delivery of gender and HIV education into the operations of an existing microfinance institution, such as SEF. It aims to assess both the ability of households and communities involved with microfinance programs to cope with the effects of HIV & AIDS and avoid the disease. The initiative has five objectives:

1. Expand access to an existing microfinance initiative for women from the poorest households in a group of villages in rural South Africa, using this access as a means to facilitate improvements in household welfare and individual empowerment.
2. Develop a participatory approach to gender awareness and HIV education for SEF clients and mainstream this approach into existing SEF microfinance activities.
3. Investigate whether the attitudes and skills gained through participation in the program, in combination with its social and economic benefits, can support patterns of decision making that reduce vulnerability to both gender-based violence and HIV.
4. Use a range of quantitative, qualitative, and participatory methods to describe and document related processes and outcomes at multiple levels.
5. Implement and evaluate this intervention within the framework and policy environment of a South African National Department of Health HIV & AIDS Pilot Initiative.

The IMAGE project received funding from the Anglo American Chairman's Educational Trust, AngloPlatinum, Department for International Development (UK), Ford Foundation, Henry J. Kaiser Family Foundation, HIVOS, South African Department of Health and Welfare, and Swedish International Development Cooperation Agency (SIDA).

Description of Target Group

IMAGE is being implemented in rural villages of Sekhukhuneland, a district of the former homeland region of Lebowa in Limpopo Province, which is located in northeast South Africa. IMAGE clients are from three ethnic groups: Northern Sotho, Shangaan, and Venda. Sixty percent of these households live below the poverty line and only one-third of the local population are formally employed.

As is true for most people in Limpopo Province, IMAGE clients work in the informal sector. They live in remote villages without access to agricultural land, surviving on a combination of informal employment, self-employment, and access to state and affective transfers. (Most depend on government grants and remittances from employed relatives for cash flow.) Thus, the target market is rural but not agricultural.

IMAGE works with clients of SEF's Tšhomišano Credit Program (TCP), whose clients are all female.[7] About 85 percent of these women do not have a functioning business when they join the program; most start marginal businesses, such as hawking fruit, vegetables, or clothing; running small shops *(spazas)*; selling new or used clothing; or offering dressmaking services. On average, each business employs 1.4 individuals, including the owner.

[7]Tšhomišano is a northern Sotho word that means "working together." IMAGE and SEF clients are the same.

II. Description of Methodology

Summary of Intervention Design

The IMAGE program combines three very important elements:

- Introducing microfinance (via SEF) that focuses on the poorest women in a given community
- Mainstreaming "Sisters for Life," a series of participatory education sessions on gender awareness and HIV & AIDS, into SEF operations
- Designing and carrying out a prospective, randomized community intervention trial to evaluate and document the impact of IMAGE at the individual, household, and community level.

The Small Enterprise Foundation: Pro-poor Microfinance

The goal of SEF is to work toward the elimination of poverty and unemployment in a sustainable manner by providing credit for self-employment, combined with savings mobilization and a methodology that substantially increases poor people's chances of successful self-employment.[8] The organization uses a solidarity group lending methodology similar to that of Grameen Bank of Bangladesh. SEF commenced operations in January 1992 and offers two programs to its clients:

- the Microcredit Program (MCP)
- the Tšhomišano Credit Program (TCP)

Both products use "solidarity groups" of five members to extend loans to very poor clients. Interpersonal commitments are used instead of collateral or background checks to ensure repayment. Between four and ten solidarity groups come together to form a village center. The center elects a management committee, with a chairperson, secretary, and treasurer.

MCP is SEF's original credit package and is offered only to clients in the upper half of the population living below the poverty line. It was not SEF's intention that their clients be among the less poor in any given community. In 1994, however, it became clear that SEF was failing to reach the very poor. Several reasons accounted for this apparent failure:

- Membership of better-off members actively deterred the very poor from joining the program because the latter do not have the same confidence as the less poor and are easily intimidated by them. (The very poor often rely on handouts from the less poor.)
- The more fortunate were less likely to accept the risk of guaranteeing the re-payment of poorer people's loan. (The very poor are far more vulnerable than the less poor.)

[8]This section is taken from Small Enterprise Foundation, "Organizational Profile," (Tzaneen, Limpopo, South Africa: SEF, 2004).

- The very poor generally assume that any new program is not for them.

Thus, in 1996, SEF launched TCP to focus exclusively on households that fall among the poorest 30 percent of inhabitants of the province, using Participatory Wealth Ranking (PWR) to identify them.[9] (See the "Image Impact Evaluation" section below.) The program's motivational techniques, loan utilization checks, and ongoing follow-up processes have been adjusted to address their needs. In addition, clients do not need to have an existing business to qualify for the program.

As of February 2004, MCP represented 51 percent of total SEF clients and 59 percent of its overall principal, while TCP represented 49 percent of all clients and 41 percent of total principal.[10] The current average loan made through MCP is ZAR 1,211 (about US$ 180), while for TCP, it is ZAR 754 (about US$ 113). The average principal outstanding for the two programs is ZAR 724 (US$ 108) and ZAR 467 (US$ 70) for MCP and TCP, respectively.

Table 1 SEF Institutional Performance Ratios, as of June 2004

Number of clients	22,210
Principal outstanding	ZAR 18.7 million (approx. US$ 2.79 million)
Loans disbursed since inception	167,768
Value of loans disbursed since inception	ZAR 170 million
Financial sustainability	96%*
Bad debt write-off since inception	0.54% of all loans disbursed
Portfolio at risk (< 30 days)	0.4%

* SEF expected to attain full financial sustainability during the second half of 2004.
Source: SEF, June 2004.

[9]TCP defines the "household subsistence" level as the poverty line. In 2001, this level stood at ZAR 920 (approximately US$ 137) per family of five per month. About 40% of households in the Limpopo Province live on less than half of this amount.

[10]Small Enterprise Foundation, "Socio-Economic Development Aspects of SEF's Work," (Tzaneen, Limpopo, South Africa: SEF, February 2004).

Table 2 TCP Loan and Repayment Terms	
Terms	**Monthly/biweekly installment per ZAR 100 borrowed**
16 weeks, payable every 2 wks	ZAR 14.50
24 weeks, payable every 2 wks	ZAR 10.00
4 months, payable monthly	ZAR 29.00
6 months, payable monthly	ZAR 20.50
10 months, payable monthly	ZAR 14.00
Source: SEF, 2004.	

All SEF client groups are required to open a group savings book at the post office (Post Bank). These accounts earn 1-percent interest per annum. TCP clients are required to save; otherwise they may not be permitted to increase the size of their next group loan. There is no penalty or disincentive for savings withdrawals, provided minimum balances are maintained. Withdrawals below these balances may be made without penalty when there is an emergency.

"Sisters for Life": RADAR's Gender and HIV Awareness Education

"Sisters for Life" (SFL) is the gender and HIV training component of the IMAGE program. It was developed by RADAR, which is part of the School of Public Health at the University of the Witwatersrand. IMAGE starts from the premise that microfinance initiatives can provide a strategic entry point for established, all-women peer groups who meet regularly over an extended period. SEF and RADAR feel that integrating HIV prevention efforts within a context of increased access to economic resources address many of the structural factors creating a high-risk environment for women to contract HIV in South Africa.

SFL mainstreams participatory learning and community mobilization sessions into TCP biweekly center meetings. The sessions take place at the beginning of these meetings and are marketed to clients as a compulsory part of an integrated package (a loan plus education). The educational component is comprised of two phases:

> *Phase One:* Ten structured, one-hour training sessions based on participatory learning and action (PLA) principles are offered, which RADAR developed and piloted specifically for the collaborative IMAGE program. The curriculum examines gender, domestic violence, and HIV & AIDS issues that have been identified as priorities by rural women. Topics include gender roles, gender inequality and cultural beliefs, the body, sexuality and relationships, and domestic violence, as well as more conventional topics relating to HIV prevention. Sessions are structured to give participants an opportunity to strengthen their confidence and skills in communication, critical thinking, and leadership.

They are also designed to complement values promoted by SEF, such as mutual respect, personal responsibility, and group solidarity. RADAR-trained facilitators lead the sessions during regular TCP center meetings. To build continuity between the biweekly sessions, "homework" activities are assigned as a way for women clients to reflect on how the sessions relate to their ongoing experiences.

Phase Two: This is an open-ended program that allows women to develop and implement responses appropriate to their own communities. Throughout phase 1, participants are encouraged to identify both obstacles and opportunities for engaging men and youth in their communities. Key women who have been identified in phase 1 as "natural leaders" are brought together for further training in leadership and community mobilization. Taking these skills back to their respective centers, they are then responsible for leading their peers in developing an action plan to implement what the women consider to be appropriate responses to priority issues. In this phase, RADAR facilitators continue their relationship with the centers, using the one-hour sessions to provide support to and guidance of the action plan.

Table 3 "Sisters for Life" Phase 1 Curriculum

Session	Goals
1—Introduction	• Helps participants and facilitators get to know one another and feel comfortable • Gives overview of program
2—Reflecting on Culture	• Considers traditional wedding songs, names, and proverbs about women; explores their content and meaning • Helps participants understand how gender roles and conditioning are reinforced from an early age
3—Gender Roles	• Considers the different work loads and responsibilities of men and women • Analyzes how much of women's time is devoted to others and how much to themselves
4—Women's Work	• Explores the implications of women's heavy workloads on their health and well-being • Helps participants understand the difference between sex and gender • Explores and challenges the notion of culture and how it reinforces gender roles and stereotypes
5—Our Bodies, Our Selves	• Helps women become more comfortable speaking about their body, sexuality, and their feelings about them • Explores women's understanding of their bodies, particularly in relation to menstruation and sexual intercourse

TABLE 3 "SISTERS FOR LIFE" PHASE 1 CURRICULUM, CONTINUED	
Session	**Goals**
6—Domestic Violence	• Explores a range of experiences that constitute domestic violence • Explores attitudes, beliefs, and experiences of such violence • Helps participants understand how domestic violence is perpetuated; links this discussion to prior sessions on gender roles and culture
7—Gender and HIV	• Covers basic understanding of HIV & AIDS, including prevention, transmission, and myths • Explores reasons why women (especially young women) are at high risk • Links the social context of women's risk to previous sessions on gender roles, culture, and domestic violence
8—Knowledge Is Power	• Introduces voluntary counseling and testing (VCT); lets women know where it is available • Prepares participants to think about VCT; opens discussion on reasons for testing, fears, and concerns • Brings home reality of HIV by speaking to an individual living with AIDS
9—Empowering Change	• Explores why negotiating safer sex with partner is difficult • Explores why speaking to youth about sex and HIV is difficult • Offers practice in communication skills; participants exchange strategies and/or personal experiences
10—Way Forward	• Summarizes and links all previous sessions • Explores obstacles and opportunities for greater involvement of youth and men • Links phase 1 to upcoming leadership training and community mobilization in phase 2
Source: IMAGE, 2007.	

IMAGE Impact Evaluation

An impact study of the IMAGE program was conducted over three years, 2001–2004, in eight villages, which collectively accounted for 9,800 households and 64,000 people. The RADAR team began designing the impact study in 1998 using a prospective, randomized, community-matched approach, taking into consideration best practices in both HIV & AIDS prevention and microfinance impact assessment when choosing the framework, tools, and methodology of the study.

The study sought to monitor and evaluate the impact of combining access to financial services, information, and/or awareness of HIV and gender-related issues on three cohort groups: (1) individual women, (2) households, and (3) communities. In order to factor in a self-selection bias and attribute impact to the IMAGE program, the study included control groups that were matched to each of the three cohort groups.

Box 1 Cohort Groups of the IMAGE Impact Study

Individual women: Loan recipients and direct participants in economic activities, loan center meetings, and the "Sisters for Life" training sessions. A non-IMAGE control or "match" for each woman was identified in the same community who had similar characteristics, but who was not yet participating in IMAGE.

Households: Young people in the households of women loan recipients who participate in IMAGE. Individuals in the household might experience the effects of the "Sisters for Life" training indirectly. Male and female household members between the ages of 14 and 35 were part of the data set for impact assessment, as this age range is most at risk for contracting HIV. Non-IMAGE control households were identified in the same community.

Communities: The central unit at which the intervention operates. Villages where no pre-existing services were available were randomly selected and invited to participate in the program. As with the other cohort groups, each community that participated was matched to a similar community that did not participate in IMAGE. Randomly selected individuals between the ages of 14 and 35 were included in the data set.

Using a cluster-randomized design, the IMAGE impact study was conducted between September 2001 and March 2005 in Limpopo Province, South Africa. Within the study site, four villages were randomly allocated to receive the intervention (microfinance plus education) at the start of the study and four comparison villages did *not* receive the intervention. (The intervention was subsequently rolled out to the comparison villages at the end of the study). The study protocol underwent peer-review by *The Lancet* and was registered with the National Institutes of Health. Both quantitative methods (face-to-face questionnaires) and qualitative methods (non-participant observation, focus group discussions, field diaries) were used to assess changes in economic well-being, women's empowerment, intimate partner violence (IPV), and sexual behavior. Results have recently been published and are summarized in section III. [11]

[11]Additional references: P.M. Pronyk, J.R. Hargreaves, J.C. Kim, et al., "Effect of a Structural Intervention for the Prevention of Intimate Partner Violence and HIV in Rural South Africa: Results of a Cluster Randomized Trial," The Lancet, 368 (Dec 1, 2006): 1973–83; and J.C. Kim, C. Watts, J.R. Hargreaves, et al. http://web.wits.ac.za/Academic/Health/PublicHealth/Radar/SocialInterventions/InterventionwithMicrofinanceforAIDSGenderEquity.htm; , "Understanding the Impact of a Microfinance-Based Intervention on Women's Empowerment and the Reduction of Intimate Partner Violence in the IMAGE Study, South Africa," American Journal of Public Health 97, no. 10 (2007): 1794–1802. http://www.ajph.org/cgi/content/abstract/97/10/1794

Harmonizing Institutional Perspectives

During the early stages of IMAGE, it was important to provide a forum for the SEF and RADAR staffs to learn about each other's field of work. It was also critical to create a joint vision for IMAGE. This process occurred at both the senior management and field staff levels. For senior management, a two-day workshop on "Gender, HIV/AIDS, and Microfinance" was held.

SEF and RADAR field staffs then attended a one-week workshop, which covered these topics:

- AIDS epidemic in South Africa
- Links between gender inequality, poverty, and HIV & AIDS
- Gender-based violence and HIV & AIDS
- HIV risk, transmission, and prevention
- Myths and/or misconceptions regarding HIV & AIDS
- Voluntary counseling and testing (VCT)
- Occupational risks and workplace policies
- Impact of AIDS on microfinance
- Synergy between microfinance and HIV & AIDS prevention

Throughout the pilot, SEF and RADAR staffs instituted ongoing joint management and field team meetings to discuss and resolve issues relating to program integration, implementation, and action research.

Participatory Wealth Ranking

SEF and RADAR staffs determined that IMAGE would be piloted among TCP clients of SEF. As mentioned earlier, TCP clients are exclusively women and are among the poorest 30 percent of residents living in Limpopo Province. In order to ensure that the IMAGE program reaches women at this economic level, SEF uses a Participatory Wealth Ranking (PWR) tool. The PWR exercise is conducted as follows:

1. Community leaders are contacted and their approval sought for participation in IMAGE and the PWR.
2. If necessary for very large communities, SEF staff mobilizes volunteers to "map" communities by neighborhood.
3. Three reference groups are chosen to rank households in each neighborhood. The results are averaged across the reference groups to achieve accuracy in ranking. Objectivity is achieved by determining a cut-off line in terms of wealth for each community. This line is established by referring to a set of characteristics that SEF, through experience, has determined are typical of

households just below and just above the poorest 30-percentile of residents in the province. These same characteristics are used across all villages. Thus, in a very poor village, possibly more than 30 percent of the population will be found among the poorest residents of province, and in a richer community, less than 30 percent will fall into this group.

4. Women who are identified as being members of the target group are invited to become clients (loan recipients) of TCP. The goal of SEF is to reach 20 percent of the poorest women as clients.

All loan delivery and recovery processes for IMAGE clients are the same as they are for any TCP client. The difference lies in the integration of the "Sisters for Life" educational component at the beginning of the biweekly meetings conducted by each SEF loan center.

"Sisters for Life" Gender and HIV & AIDS Awareness Training

During preparation stages for the IMAGE program, RADAR staff underwent intensive training in the "Sisters for Life" curriculum, which included developing skills in facilitating participative learning and action. The aim of the training was to provide facilitators with opportunities for experiential learning, direct feedback regarding development of their skills as facilitators and educators, an opportunity to become comfortable addressing gender and/or sexuality issues by exploring and discussing their own perceptions and attitudes, and ongoing follow-up and consultation.

Training for SFL facilitators was structured in four stages:

Stage 1: RADAR senior staff demonstrates the sessions by delivering a week-long "Sisters for Life" training to facilitators who participate in the training activities on the role of the TCP clients themselves (training simulation).

Stage 2: SFL facilitators then practice delivering the sessions to a local PLHIV (people living with HIV) support group, directly observed by RADAR senior staff who provide feedback and correction (one week).

Stage 3: This is field practice, during which facilitators-in-training deliver three "Sisters for Life" workshops to a local youth group, a church women's group, and a women's agricultural project, respectively (two months).

Stage 4: Ongoing mentorship and support for facilitators by senior RADAR staff. Support provided on-site during "Sisters for Life" training sessions with TCP loan recipients (six months).

As explained earlier, SFL sessions last approximately one hour and take place at the beginning of center meetings, prior to loan disbursal and repayment activities. Both RADAR and SEF staff members are present throughout the entire meeting.

III. Positive Results

Quantitative Results

After two years, the following impacts were observed in the IMAGE study:

Economic Well-Being

- More than 1750 loans were disbursed, and repayment rates were high (99.7 percent).
- Compared to controls, women in the intervention group experienced improvements in assets, expenditures, and membership in informal savings groups (stokvels).

Women's Empowerment

- The intervention group also demonstrated a consistent pattern of improvement in multiple indicators of empowerment, including self confidence, challenging gender norms, autonomy in decision making, and communication with partners about sex and HIV.
- Community mobilization—Women organized more than 60 village events and formed two new village committees to address rape and crime in the community. Leading numerous HIV marches and the area's first "16 Days of Activism" march to end domestic violence, they made headlines in their local newspaper.

Intimate Partner Violence (IPV)

- After two years, the past year's physical and/or sexual risk from an intimate partner was reduced by more than 50 percent.
- Qualitative data suggests this resulted from a range of responses enabling women to challenge the acceptability of such violence, expect and receive better treatment from partners, leave abusive relationships, give support to those experiencing abuse, and raise public awareness about IPV.

HIV Risk Behavior (measured in those < 35 years of age)

- Among IMAGE participants, there were higher levels of communication about HIV within households, significant increases in those going for counseling and testing for HIV, and higher levels of condom use in most recent sex with non-spousal partners.
- Wider indirect effects on HIV risk at the community level were not observed over the brief 2–3 year study duration.

Inter-generational Benefits

- Beyond impacts on direct participants (loan recipients), surveys with young people living in IMAGE households revealed that they talked to their parents more openly about sex and HIV.

The Value-Added of Gender/HIV Training

- New research from the IMAGE study compares the original combined intervention package of microfinance plus training against microfinance services alone. Preliminary findings suggest that, although microfinance by itself provides clear economic gains, the combined intervention leads to broader benefits, particularly in relation to women's empowerment and the reduction of intimate partner violence.
- In addition, the results of the IMAGE study and its selection by the World Health Organization as one of 12 Global Case Studies by the Commission on the Social Determinants of Health have stimulated policy change in South Africa where a new impetus to address gender-based violence and foster participation in microfinance has been included in the new National Strategic Plan for HIV/AIDS.

Qualitative Results

Women TCP clients participating in IMAGE now feel very free to discuss issues relating to sexuality, domestic violence, gender roles, and HIV & AIDS. This was not at all the case for participants prior to the intervention, nor is it currently the case for women clients who belong to other SEF loan centers where IMAGE does not operate.

Examples of impact go beyond mere discussions among IMAGE participants:

- Women at TCP center meetings openly discuss their own or close family members' sero-status and discuss how to get HIV prevention messages out to others in the community. They also give each other advice on how to advise neighbors or young children who bring their family problems to them. Several women have begun to provide couples counseling regarding relationships and family problems. This is recognized by the wider community as a valuable service and these women have gained the status of informal social workers in the eyes of their peers.
- "The condom woman." The first step for many women in IMAGE is to begin discussing sexuality and the facts of HIV & AIDS with their children. After initial discussions with her children, one woman started talking to young people in her community. Encouraged by their interest, she decided she needed visual aids to accurately demonstrate condom use. On her own initiative (and at her own expense), she began carving wooden models of a penis to use during condom demonstrations.
- Other women started giving talks on HIV & AIDS prevention at local clinics and churches with groups of interested young people, as well as at burial society meetings. They aim for community participation to reinforce morality and respect for women. They also are keen to reinforce the advantages of faithfulness among sexual partners and married couples.
- Several groups of women have established rape associations and collaborate with the police to address sexual violence against women. They also spread awareness in their community about gender violence and how to stop it.

- Other groups have formed "Women against Crime" committees. One of their activities focuses on rowdy shebeens (unlicensed taverns). In collaboration with the community police forum, these committees succeeded in forcing the shebeens to comply with legal hours of operation. Another achievement was convincing the local tribal chiefs to call a community meeting to talk about crime, its impact on the community, and what to do to stem its occurrence.
- One famous example of the power of communal action involved a local hospital notorious for its poor services. Women participants in the IMAGE program mobilized others who were concerned about the poor services and after their attempts to create a dialogue with the hospital administration failed, they staged a sit-in. This action succeeded in gaining the administration's attention. The women were then able to put forth their concerns to the CEO of the hospital and obtain the changes they demanded.
- On an individual level, women have chosen to get involved in other community activities related to HIV & AIDS, such as joining a group of home-based caregivers providing assistance to people with AIDS.

IMAGE has conducted multiple focus group discussions, as well as interviews by key informants with women and their partners. It has also conducted participatory activities with young people—some of whose mothers participated in IMAGE and some of whose mothers did not. These latter activities centered on identifying the potential differences in how these children learned about sexuality and the nature of household communication, among other topics. Results of this analysis strongly suggest that young people living in IMAGE-participant households have a much higher level of openness and understanding of the issues of HIV & AIDS since their mothers joined the program.

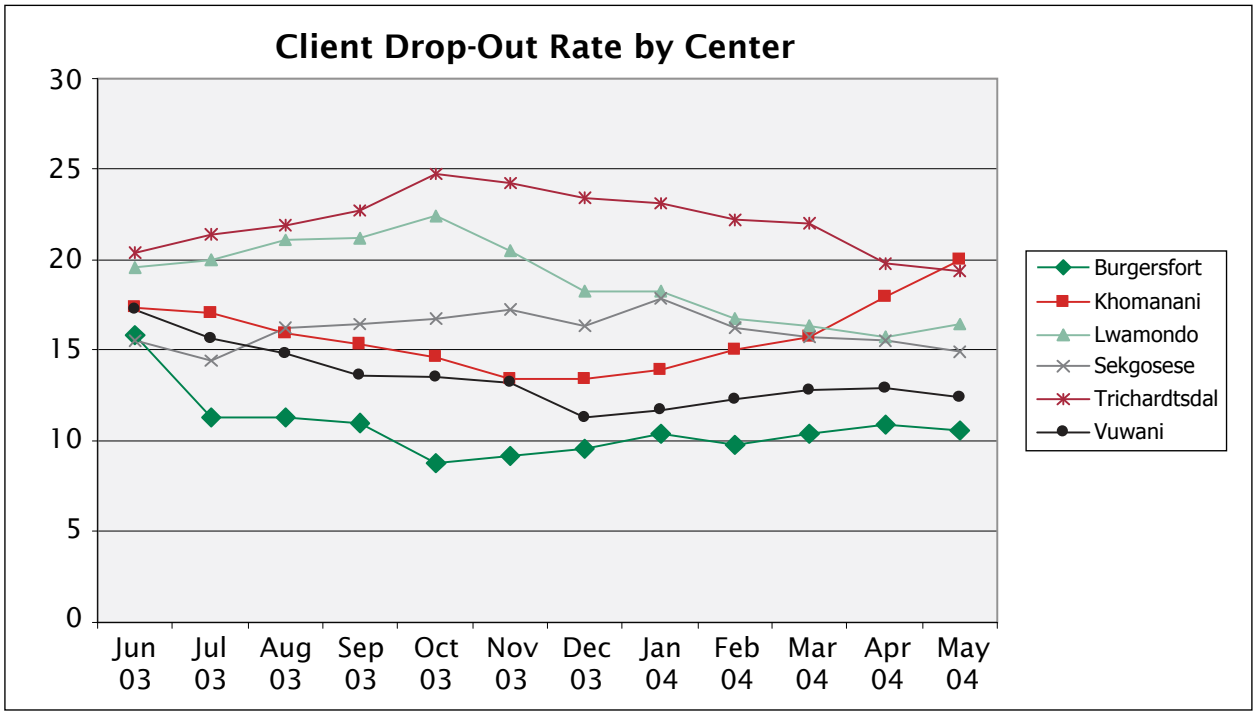
Operational Results

The impact of IMAGE is not limited to the apparent change in women's attitudes and their ability to catalyze communal action. The operational performance of SEF loan branches where IMAGE is operating has been consistently positive in several areas. One indicator is the client dropout rate. As figure 1 demonstrates, the Burgersfort branch (which offers IMAGE) reports that dropout rates for its TCP poverty focused program are consistently lower than SEF's institutional average (figure 1).

Another indicator of operational performance is the trend in center vulnerability measuring repayment trends, attendance, etc. SEF staff compiles information about attendance, repayment, arrears, and savings compliance for all centers in each branch. These indicators often provide SEF an early warning system, allowing staff to address problems before they become irreversible.

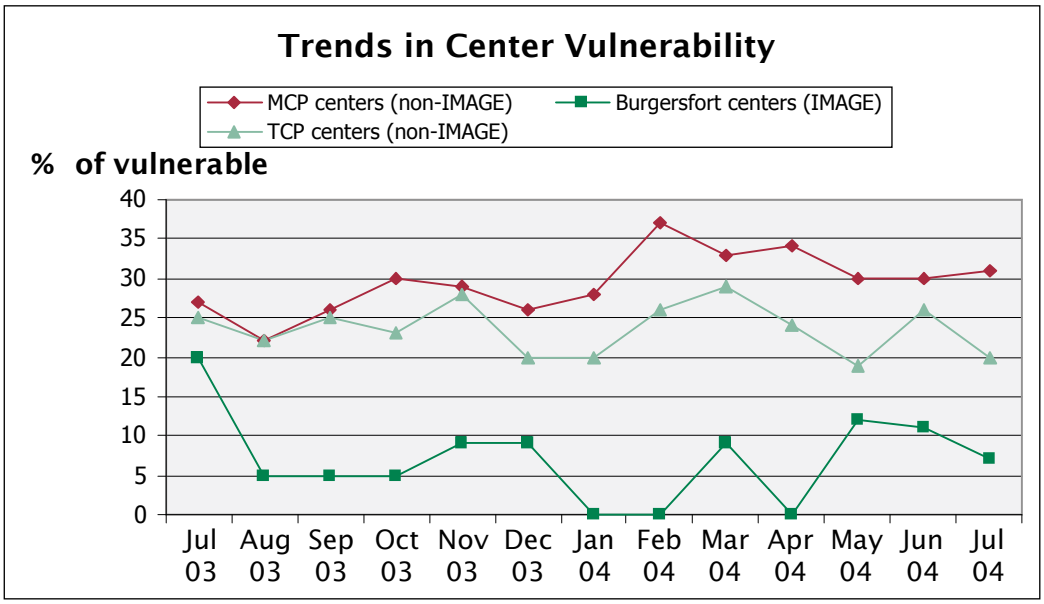
Figure 2 shows the vulnerability trends of non-IMAGE MCP and TCP centers and compares them to the Burgersfort branch, which is comprised solely of TCP centers that offer IMAGE. As the graph demonstrates, the Burgersfort centers consistently outperformed both MCP and TCP centers that do not offer IMAGE. Although further analysis to explain the relationship between IMAGE and the vulnerability performance of individual centers has not yet been conducted, the trend is not in dispute and has been consistent over one year.

Figure 1 Client Dropout Rate by SEF Center, June 2003–May 2004



Source: SEF, "Quarterly Performance Reports, 2003–2004."

Figure 2 Vulnerability Trends in MCP and TCP Centers



Source: SEF, "Quarterly Performance Reports, 2003–2004."

IV. Cost to the Institution

A detailed economic analysis of the IMAGE intervention was undertaken—critical to the sustainability and replicability of the intervention. Initial analysis suggests that, during the trial period, the cost of the "Sisters-for-Life" training program was approximately US$ 30 per client. As the initiative was taken to scale, and economies of scale were realized, these costs were reduced to approximately $10.

Strengthening the capacity of MFIs so they can clearly integrate health and development perspectives requires additional inputs, including expertise, training, staff, and time. However, while incremental costs may be incurred, the associated benefits and savings may be substantial. A single HIV infection or AIDS death has a dramatic and far-reaching effect, draining resources from both household economies and health-sector services alike. In addition, each incident of gender-based violence prevented carries savings to the health sector, the judicial and police sectors, and to households. In order to support innovations in HIV & AIDS and gender violence programming, donors may need to offer MFIs the flexibility of accounting for these additional inputs separately from routine core financial business.

At the same time, it is worth noting that billions of dollars in new funding have recently been made available for HIV & AIDS programming in countries most affected by the epidemic. Major investments for enhanced programming over the next five years have been announced by a number of actors, including WHO and UNAIDS; Global Fund against AIDS, Tuberculosis and Malaria; World Bank MAP programme; US Presidential Emergency Plan For AIDS Reduction (PEPFAR), several large philanthropic foundations, bilateral development agencies, and others. In addition to financing initiatives to improve access to care and support, this unprecedented commitment of resources also has the potential to re-invigorate prevention programs. This in turn may present another "external" source of funding for integrating HIV & AIDS programming into MFIs—and one that does not directly compete with the drive toward institutional sustainability. While generating an "inter-sectoral response to HIV & AIDS" has become common parlance in many settings, there are few concrete examples of programs that work—particularly among the marginalized, high risk communities where MFIs routinely operate.

IV. Challenges and Pitfalls Plus Lessons Learned

Lessons Learned

The following observations and lessons from the IMAGE program are based on several data sources, including structured non-participant observation of loan center meetings, in-depth interviews with IMAGE participants and drop-outs, routinely collected SEF loan performance and attendance data, and field diaries of "Sisters for Life" trainers.[12]

It is important to build a joint vision at all levels of staff of both participating organizations.

Good will, trust, and common objectives are essential ingredients in creating a successful collaboration. Ongoing communication among senior management and field staff is critical to coordinating efforts at the practical level. Building awareness of the importance of the issues highlighted by IMAGE was a process, not a one-time event. Therefore, time and attention are needed to deliberately inculcate positive attitudes toward an educational component such as the content of the Sisters for Life training. Awareness raising must be given priority, particularly during the initial stages of design and implementation.

The differing work conditions of RADAR and SEF field staff needed to be harmonized.

The way in which the staff of the two organizations approach and carry out their respective work differs by virtue of the very nature of their tasks. Similarly, each organization measures and weighs staff performance differently. At times this caused some frustration among loan officers.

Integrating the one-hour "Sisters for Life" sessions into center loan meetings did not lead to client dropouts.

IMAGE staff was initially concerned that spending an extra hour at loan center meetings might cause clients to drop out of the joint program. However, as illustrated in the operational results shown in the previous section, dropout rates at IMAGE loan centers have actually been substantially lower than the SEF average. Interviews with dropouts revealed that women who did exit the program did so for reasons other that the "Sisters for Life" training (e.g., business failure, new social commitments, moving away from the area, etc.).

Creating a parallel partnership between SEF and RADAR has enabled each to create excellence in service delivery.

The parallel approach has allowed each organization to maintain its sector focus, provide specialized support to clients and staff, and preserve discrete cost centers. It also allowed their respective field officers

[12]Operational lessons have also been published in P.M. Pronyk, K.C. Kim, J.R. Hargreaves et al., "Integrating Microfinance and HIV prevention: Perspectives and Emerging Lessons from Rural South Africa," Small Enterprise Development 16, no. 3 (September 2005): 26–38.

(i.e., loan officers and "Sisters for Life" facilitators) to become highly skilled in their respective technical areas. This created a very important capacity in the program, as the paragraph demonstrates.

Highly developed facilitation skills are critical to the effectiveness of the "Sisters for Life" training.

Building a relationship between SEF field officers and TCP clients was the key to gaining successful acceptance of the "Sisters for Life" training. At first, TCP clients resisted talking about sexuality, gender roles, violence, and HIV & AIDS. SEF loan officers were similarly dubious about the relevance of "Sisters for Life." As the training progressed, however, particularly after the eighth session when women spoke with a person living with AIDS, the lessons delivered by the facilitators really hit home. The growing awareness of SEF clients and their loan officers of the importance of gender issues in the transmission of HIV, and of IMAGE clients' own vulnerability (including their children's), appeared to stimulate an important shift in attitudes towards the training. This observation also underlines the need to ensure quality facilitation skills from the start of an educational program and to maintain them over time.

IMAGE can reach youth through TCP clients.

Approximately two-thirds of SEF clients are older than 35, yet the epidemiology of HIV in high-prevalence settings suggests that those most vulnerable to HIV are women between 15 and 25 and men between 20 and 30 years of age.[13] One strategy to reach this target group might be active recruitment of younger clients. However, standard recruitment for TCP may be just as effective. While not themselves at highest risk, older women in Limpopo are respected in their communities and may be a powerful force for shifting social norms.

Among IMAGE communities, half of adult men do not regularly sleep at home. With these individuals absent for long periods, the authority to define and address priority issues often rests with older women. Therefore, IMAGE clients have the potential to be important brokers for change in their communities. With respect to HIV, this leadership can take the form of improved communication or collective action, or more subtly via mentorship and role modeling for the young.

Challenges

Scale Up and Expand IMAGE

Following the conclusion of the impact study, SEF has continued to roll out IMAGE in additional branches in Limpopo Province. In 2004, an additional 5000 clients were reached, and plans were underway to expand IMAGE to reach a further 15,000 clients. Reaching a critical mass of clients and

[13]UNAIDS/WHO, "South Africa," 2004.

effecting changes in their behavior could have a significant impact on gender-based violence and HIV in the province. However, scaling up a pilot program is always a challenge and choosing the ideal methods to operationalize IMAGE will be very important.

Create Strong Institutional Structure and Cost Effectiveness

In order to scale up the IMAGE program, an optimal institutional structure must be created. As explained above, the parallel SEF/RADAR structure served IMAGE well during the pilot. However, RADAR has an action research mandate under the authority of the University of the Witwatersrand; it was not meant to become a development non-governmental organization as such. Another structure will therefore be needed to continue the IMAGE approach over the long run. While a parallel system was useful for testing the efficacy of the IMAGE intervention in the context of a pilot program with a limited number of clients, bringing the intervention to scale may require greater harmonization of existing SEF systems and processes. Striking an optimal balance between parallel and unified programs remains an important area for further operational research.

Recognize IMAGE Program's Inherent Limitations from the Relatively Short Evaluation Time

Despite the thoroughness of the impact evaluation design, it has clear limitations. The three-year study may be too short to explore the more indirect impacts fully (e.g., diffusion of the intervention effects to influence HIV risk among young people living in the IMAGE villages). Finally, a relatively small number of villages enrolled in the pilot phase of IMAGE, which may make definitive impact assessment statistically difficult. Nevertheless, the impact study is among the first to apply a community randomized design to evaluate a microfinance program and the first such study of a structural intervention for the prevention of HIV & AIDS and gender-based violence in a developing country.

Need Continued Impact Monitoring and Cost Effectiveness

The randomized community trial study designed and implemented for the IMAGE pilot was a one-off research effort. It would be costly and time consuming to conduct this type of study every time the program was implemented in a new SEF branch. On the other hand, it will be important to monitor and evaluate the impact of IMAGE over time. SEF and RADAR staffs are well aware of this challenge and are committed to finding a balanced approach to future impact monitoring.

Create the Necessary Enabling Environment to Support Continued Innovation within Microfinance and HIV & AIDS Programming

Even if the IMAGE program is able to show that an integrated approach can assist communities to prevent the transmission of HIV & AIDS on a measurable level, it does not guarantee that policy makers or donors will be convinced to pursue such an approach. Many influential microfinance professionals are

not comfortable with microfinance as anything other than an extension of the financial sector, so there will be resistance to the idea that microfinance can play a greater role. Similarly, health professionals are very skeptical about the ability of a microfinance institution to affect health and HIV & AIDS-related issues. Several important questions need to be asked in this area. First, is microfinance truly an effective way to address the needs of those groups most vulnerable to HIV infection? If so, who should fund such interventions? And finally, will such activities compromise the pervasive emphasis on sustainability that currently dominates the microfinance sector?

The Way Forward

Expanding prevention strategies to encompass broader social and economic interventions raises a spectrum of challenges at advocacy, institutional, programmatic, and research levels. These include persuading donors and policymakers to think outside of short-term, vertical, disease-focused funding mechanisms; addressing gender within institutional cultures; creating effective partnerships across sectors; stimulating and sustaining community participation; and maintaining balance between intervention flexibility and rigorous study design.[14]

[14]J.C. Kim, C.H. Watts, J.R. Hargreaves et al., "Conference abstract," *International AIDS Conference 2004* (Acornhoek, South Africa: Rural AIDS & Development Action Research Program, School of Public Health, University of the Witwatersrand).

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