The IMAGE study: a cluster-randomised controlled trial to measure the impact on domestic violence and HIV risk of a combined microfinance and participatory training intervention

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SEF
Small Enterprise Foundation

www.hivtools.lshtm.ac.uk

RADAR
Rural AIDS & Development Action Research Programme
School of Public Health
University of the Witwatersrand
The Intervention with Microfinance for AIDS & Gender Equity (IMAGE Study)
Microfinance as a prevention tool to address social determinants of vulnerability

- Poverty & economic inequalities
- Intimate partner violence
- HIV infection
- Mobility and migration
- Gender Inequalities

Small Enterprise Foundation
Sisters for Life participatory training

www.hivtools.lshtm.ac.uk
Study objectives

- To assess the impact of the IMAGE intervention on recipients economic and social empowerment & past year risk of physical and/or sexual violence
- To identify the broader benefits to adolescents in women’s household and in the wider community
- To explore the impact on HIV risk behaviours
- To assess the costs of the intervention in the trial, and when scaled up
IMAGE Phase 1: Participatory gender/HIV training

- Compulsory 1-hr participatory training integrated into fortnightly loan centre meetings run by SEF
- Ten 1-hour sessions before loan repayment meetings

**Focus:**
- **Gender and HIV:** gender norms, domestic violence, sexuality, HIV/AIDS

**Skills:** communication, conflict resolution, solidarity, leadership
IMAGE Phase 2: Community Mobilisation

Goal: To take lessons learned and begin engaging men and youth in communities

- Select “Natural leaders”
- 1-week training: Leadership & Community Mobilisation
- Identify priority problem: Village-level Action Plans
Study design: cluster randomized trial

- 8 villages in rural Limpopo (pop 64,000)
- 4 villages given intervention. Comparable 4 villages given the intervention at end of study
- Women receiving loans selected using participatory wealth ranking to identify poorest women
- Quantitative surveys at baseline and 2-3 yrs
- Separate teams led intervention & evaluation work

Small number of clusters means have limited statistical power
DIRECT EFFECTS
IMAGE Participants + Controls (n=860)

Economic well-being
Empowerment

INDIRECT EFFECTS
14-35 yr old + controls
Households (n=1455)
Communities (n=2858)

Knowledge
Communication
VCT
Social mobilization
Sexual Behaviour

Primary outcomes
HIV risk behaviors 14-35 yr old IMAGE participants

Secondary analysis
Intimate partner violence

HIV infection

Diffusion

Social determinants pathway variables

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Enrolment & intervention uptake

- 860 women enrolled
- Follow-up rates 90%, 84% (I,C)
- 1,750 loans disbursed
- Total value USD $ 290 000
- Repayment rates 99.7%.
- Typical businesses: selling produce, used/new clothes, creches, food stalls
Economic well-being

<table>
<thead>
<tr>
<th>Asset value</th>
<th>Risk ratio</th>
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<tbody>
<tr>
<td>HH Asset value:</td>
<td>1.15 (1.04-1.28)</td>
</tr>
<tr>
<td>Savings</td>
<td>1.84 (0.77-4.37)</td>
</tr>
<tr>
<td>Expenditure</td>
<td>1.23 (0.47-3.2)</td>
</tr>
<tr>
<td>Food Security</td>
<td>1.00 (0.81-1.26)</td>
</tr>
<tr>
<td>School Enrolment</td>
<td>1.01 (0.97-1.06)</td>
</tr>
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**Broader measures of empowerment**

- Self confidence: Risk ratio 1.15 (0.83-1.6)
- Challenges gender roles: Risk ratio 1.57 (0.87-2.81)
- Communication with partner: Risk ratio 1.14 (0.90-1.44)
- Communication with other household members: Risk ratio 1.58 (1.21-2.07)
- Progressive attitudes towards violence: Risk ratio 1.49 (0.86-2.6)
- Autonomy HH decisions: Risk ratio 1.64 (0.85 – 3.17)
Past year experience of intimate partner violence reduced by 55% (aRR 0.45 95% CI 0.23-0.91)

Past year experience of physical/sexual partner violence
- pushed you
- hit you
- forced sex
- scared to say no to sex

Risk ratio

0.1 1 10

0.45 (0.23-0.91)

Impact on HIV risk behaviours

- Female participants aged 14-35 years old were also asked questions about HIV risk behaviours

- Young intervention participants:
  - had higher levels of HIV-related communication (aRR 1.46 95% CI 1.01-2.12)
  - were more likely to have accessed voluntary counselling and testing (aRR 1.64 95% CI 1.06-2.56)
  - less likely to have had unprotected sex at last intercourse with a non-spousal partner (aRR 0.76 95% CI 0.60-0.96)

However, limited evidence of broader diffusion of impact over 2/3 year evaluation timeframe.
What did IMAGE cost?

- Provider perspective
- SEF financially sustainable, and so zero cost
- Economic costing of additional costs above routine MF delivery
  - During trial – excluding research costs
  - After scale up to additional 2,458 clients
- Some ‘cost-savings’ from improved loan performance not factored into costing
- Material development annuatised over 10 yrs, staff training 5 yrs
- 3% discount rate
Pilot & scaled up costs (US$2004)

- **Trial Incremental cost = US $43/client**
- **Scale-up Incremental cost = US $13/client**

- **2001-2004**
  - 430 households
  - www.hivtools.lshtm.ac.uk

- **2005-2007**
  - 4500 households (**30,000**)

- **2008-2010**
  - 15,000 households (**80,000**)
Programme and policy lessons

- Adding “gender & HIV” did not threaten MFI delivery
- Synergy of piggy-backing SFL into poverty alleviation
- Importance of participatory intervention approach – changing social norms cannot be done on a superficial level
- Impact result of both MF & participatory components of intervention (see poster by Ferrari et al)
- Donor agencies should encourage inter-sectoral partnerships that may broaden the health & social impacts of economic development initiatives
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