



Social Norms Change at Scale: Insights from IMAGE

By Muvhango Lufuno

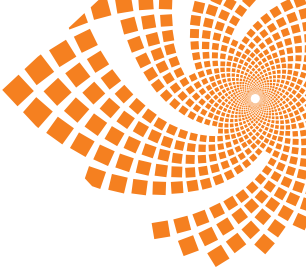
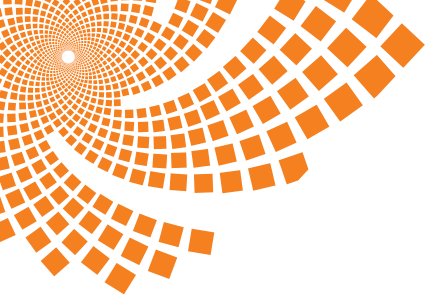
The Approach

The Intervention with Microfinance for AIDS and Gender Equity (IMAGE) is a structural intervention for HIV specifically designed to explore the interaction between microfinance, gender inequalities, and HIV prevention. It is based on the premise that economic and gender inequalities create an environment that increases the risk of intimate partner violence (IPV) and HIV among women and that IPV is an independent risk factor for HIV infection. Therefore, IMAGE seeks to create an enabling environment for behavior change that engages poverty and gender-based inequalities as key structural factors driving the HIV epidemic.

IMAGE and a nonprofit microfinance organization, the Small Enterprise Foundation (SEF), developed a partnership based on the shared goal of designing and delivering this combined intervention, beginning as a university-based pilot research project. In its current form, the program combines group-based microfinance with a gender and HIV training curriculum delivered at fortnightly loan center meetings over 12 months. IMAGE targets women in deeply impoverished rural areas in South Africa with the goal of improving communities' economic well-being and independence, reducing vulnerability to HIV and gender-based violence (GBV), and fostering robust community mobilization to address common concerns (such as rape, domestic violence, and teenage pregnancy).

The IMAGE intervention has two key parts:

- **The microfinance component** is delivered in partnership with the Small Enterprise Foundation, which administers loans exclusively to the poorest women in rural villages to develop income-generating activities. The program uses participatory wealth ranking by local community members for households in their neighborhood, with those below the poverty line being invited to participate in the program. Based on the microfinance model inspired by the Grameen model, groups of five women serve as guarantors for each other's loans, with all five having to repay before the group is eligible for additional credit. Loans are used to support a range of small businesses (e.g., selling fruits and vegetables or secondhand clothes), and loan centers of approximately 40 women meet fortnightly to repay loans, apply for additional credit, discuss business plans, and receive mentorship on business-skills development. The microfinance component is financially self-sustainable, with the interest from loan repayment covering operating costs. In addition to facilitating social and economic well-being, this component provides an entry point and client base for the Sisters For Life curriculum.
- **The Sisters For Life (SFL) component** is a participatory gender and HIV training program fully integrated into routine loan center meetings and delivered alongside microfinance services. Sisters For Life is delivered by a separate team of facilitators who spend a minimum of four to six months in training, and the program's two phases are delivered over 12 months. Phase 1 (the first six months) consists of 10 one-hour training sessions on topics such as gender roles, cultural beliefs, power relations, self-esteem, domestic violence, and HIV.



Participatory methods aim to increase confidence and communication skills and to encourage critical thinking about the links between GBV and HIV. Phase 2 (the second six months) encourages wider community mobilization to engage youth and men in the intervention villages. Loan centers elect women deemed “natural leaders” by their peers to undertake a further one-week intensive training on leadership skills and community mobilization in a training facility away from their village. They return to their loan centers and work with their centers over six months to develop “village-level action plans” that address a range of challenges, including priority issues such as HIV and GBV.

The intervention has been evaluated as a randomized control trial conducted from 2001 to 2004 in rural Sekhukhuneland in South Africa’s Limpopo province. It compared villages receiving the full intervention package with a similar number of comparison villages. Using questions drawn from the World Health Organization’s violence against women study instrument to measure risk of violence, the study involved asking women directly during each interview about their experiences with different acts of physical and sexual violence by male partners ever and in the past 12 months. After two years, relative to matched controls, the intervention group demonstrated a 55 percent lower risk of physical or sexual violence from an intimate partner, as well as improved access to HIV counseling and testing and reduced HIV risk behavior.^{1,2} The study also demonstrated impacts on other indicators of empowerment (including improvement in self-confidence, challenging gender norms, autonomy in decision-making, and collective action), as well as impacts on poverty (in form of increased household expenditure and assets, and increased membership in savings groups). A study of the relative benefits of IMAGE found that while microfinance on its own produced economic benefits, only the combined IMAGE model facilitated wider gains in empowerment, social well-being, and health—including the observed reductions in the risk of HIV and violence.³



Where and How it is Being Used

Since the program pilot ended in 2004, the IMAGE intervention has been rolled out in South Africa by the original implementers and is now a non-governmental organization (NGO) that works closely alongside the Small Enterprise Foundation. The SEF has over 100,000 active clients across eight provinces of South Africa; IMAGE is integrated into this microfinance program, which continues to provide a client base and platform for IMAGE implementation, targeting new participants each year. Furthermore, as one of the few initiatives proven to prevent IPV, IMAGE has inspired similar programs in Tanzania, Kenya, Burundi, Zimbabwe, and Peru by new implementers (mainly NGOs that have adapted the original model for their setting).

¹ Pronyk, P. M., Hargreaves, J. R., Kim, J. C., Morison, L. A., Phetla, G., Watts, C., ... & Porter, J. D. (2006). Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: A cluster randomised trial. *The Lancet*, 368(9551), 1973-1983.

² Kim, J. C., Watts, C. H., Hargreaves, J. R., Ndhlovu, L. X., Phetla, G., Morison, L. A., ... & Pronyk, P. (2007). Understanding the impact of a microfinance-based intervention on women’s empowerment and the reduction of intimate partner violence in South Africa. *American Journal of Public Health*, 97(10), 1794-1802.

³ Kim, J., Ferrari, G., Abramsky, T., Watts, C., Hargreaves, J., Morison, L., ... & Pronyk, P. (2009). Assessing the incremental effects of combining economic and health interventions: The IMAGE study in South Africa. *Bulletin of the World Health Organization*, 87, 824-832.



Understanding Scale

IMAGE conceptualizes and applies scale-up in five ways: First, scale-up has occurred through **institutionalization** in the form of transition from a university-based pilot research project to an established service-based NGO rolling out a program; it also involved adapting the organizational and managerial aspect during the transition. Second is **horizontal** scale-up or replication—in South Africa, it involved expanding geographic coverage and increasing reach in terms of the targeted population, as well as adapting the program’s operational aspects in terms of scale-up. **Multiplicative** scale-up occurred in the form of providing mentorship and guidance to new parties intending to implement the program in their regions, and **additive** scale-up occurred as IMAGE attempted to scale up by working with a new partner using an economic empowerment strategy in the form of self-help groups in South Africa (described below as a “challenging story”). Finally, scale-up has occurred through **dissemination**; IMAGE has made “how-to” information (including the Sisters For Life training manual) freely available to parties interested in its approach, although it is unknown how this information is being used or applied.

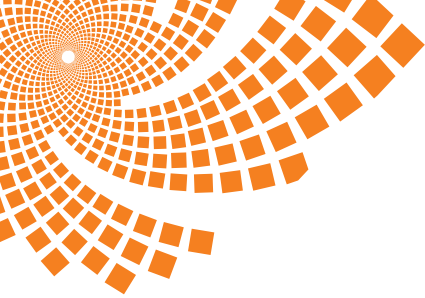
Going to Scale: A Success Story

IMAGE is unique in its institutionalization and its strong strategic, cross-sectoral partnership with a proven microfinance partner. Between 2007 and 2017, IMAGE expanded from a pilot project involving 800 women to scale up locally and reach over 35,000 poor rural women across three South African provinces. IMAGE is now an NGO that works closely alongside its microfinance partner—meaning it has transitioned from “proof of concept” to an operational, service-based GBV prevention program.

Overall, what has made IMAGE successful? First, there was a good choice of implementing partner—a proven microfinance organization—and a decision to keep separate roles based on the expertise of each, as well as joint and participatory management. The Small Enterprise Foundation made Sisters For Life a compulsory part of its microfinance program, formally incorporated Sisters For Life into its mandatory reporting on social performance, made provisions for regular reporting to an IMAGE Advisory Board (comprised of its and IMAGE’s senior managers), and trained its staff on Sisters For Life, among other effective measures. Second, success created further demand: a successful pilot and demonstrated impact to the microfinance program meant demand for scale-up within the microfinance program. Third, IMAGE’s success can be attributed to staff capacity-building; this involves investment in quality staff training for up to six months that is based on personal reflection and development.

Although IMAGE successfully scaled up in South Africa, it also faced challenges that needed to be addressed during the process:

- **Dependence on its partner for client base and delivery platform.** When the microfinance program does not go well, Sisters For Life also does not go well. For example, if the center meeting does not happen because of poor attendance (that is, women do not come to meetings because they do not have money to repay the loan), Sisters For Life training will not be conducted. To address this challenge, IMAGE developed screening criteria for loan center groups/meetings prior to implementing Sisters For Life to improve the chances of success.
- **Community mobilization costs in relation to outcome.** The community mobilization phase was costly, involving hosting training in a facility away from participants’ village, and



sometimes took longer than expected since it is participant-driven and takes longer to get stakeholders on board. IMAGE resolved this challenge by revising the Phase 2 curriculum and training women in it during center meetings, as in Phase 1. Community mobilization facilitators were then selected to lead community mobilization activities.

- **Differences in organizational culture.** There were often comparisons of company benefits by IMAGE and Small Enterprise Foundation staff (for example, working hours, travel and car allowances, laptops, and salary)—affecting staff morale and leading to dissatisfaction. To address this, the two organizations aligned their policies and terms of employment as much as possible; for areas that could not be aligned, the organizations clarified to staff why the benefits would remain different.
- **Impact of technology on attendance.** Clients had been compelled to bring their cash in person to center meetings to repay loans, but this shifted due to the advent of online banking. As a result, center meetings experienced limited attendance, which in turn affected training attendance. IMAGE and the Small Enterprise Foundation agreed to enforce mandatory attendance and make it a criterion for assessment on the individual risk profile when requesting further loans (that is, a client not attending meetings regularly does not qualify for further loans or increases in loan amount).



Going to Scale: A Challenging Story

IMAGE unsuccessfully scaled up with a different partner in a South African province following a request by a major donor agency. The scale-up effort was with a credible new partner running a self-help group program. Stakeholders designed a work plan with realistic time frames and estimated targets, and IMAGE and the partner undertook background work for over a year that included engagement with partners and local stakeholders (provincial level to local), a feasibility assessment, program planning and design, operational plan development, curriculum adaptation, staff training (for at least three months), and establishing a monitoring and evaluation system. This was accompanied by regular feedback and discussions on progress. Unfortunately, the donor withdrew funding just as implementation was ready to begin, feeling that the effort was taking too long to “get off the ground” and showing no results (that is, no report on a reached target). The donor failed to recognize the importance of this stage and wanted to see immediate results.

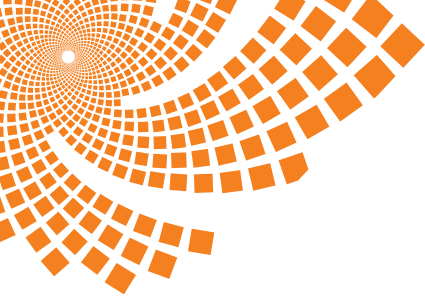
The Takeaway: What Made it Ineffective?

This example provides a critical lesson: Reliance on donor funding and donor influence over programming can either facilitate or limit ethical social norms change work. More specifically, a donor’s focus on numbers and desire to create the maximum impact with a minimum investment—and within the shortest time frame—is more likely to compromise ethical scale-up of social norms programming.



Reflections

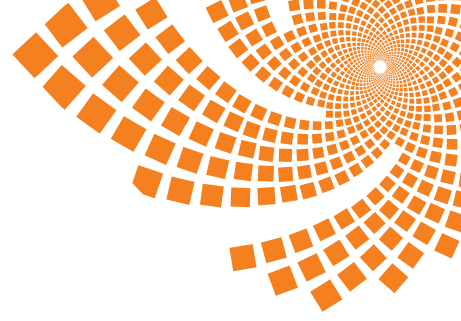
Social norms change is about challenging deeply rooted ideas on what is seen as “natural.” Therefore, as discussed in the [Stepping Stones](#) case study, it requires “programming led by people in or close to the communities who have had time and support to internalize and process the



ideas.” This process is time-consuming and resource-intensive. However, when done properly, it has a far-reaching impact that could last a lifetime and for generations to come. Therefore, social norms change programming should be seen as a long-term investment for lasting impact—beyond numbers. We have found that some of the ingredients that contribute to successful programming include:

- Stick to your expertise—don’t try to do everything.
- Don’t compromise on key elements that are critical for the success of the approach.
- Think of quality over numbers.
- Set a realistic time frame and target.
- Invest in quality staff capacity-building/training that is based on personal reflection.
- Be willing to invest on a longer-term basis.

Note: Following the IMAGE adaptation in other settings—including Tanzania, Kenya, Burundi, Zimbabwe, and Peru—we have seen variation in the effectiveness of adaptation. However, as part of the reflection process and to inform future improvements in programming, detailed documentation of lessons learned about what did—and didn’t—work (and where) is currently being planned. IMAGE and its university partners are currently planning a report about the IMAGE scale-up in South Africa to help guide future implementers, providing an in-depth understanding of learning and decision-making processes. It will also include lessons learned from adaptation (including curriculum-related) and provide an analysis of what did and didn’t work in other programs that had planned to implement or successfully implemented IMAGE. The report will also discuss the implications of the institutional change when transitioning from a research study conducting a trial to an implementing agency.



For Reference: IMAGE Scale-Up Framework

HOW IMAGE can be scaled	WHO should be involved	WHAT needs to happen	WHEN should it happen
<p>Communicate with IMAGE staff.</p> <p>Use the two components (microfinance and the Sisters For Life gender training), each on one area of expertise.</p> <p>Maintain fidelity to original intervention model.</p> <p>Select a microfinance partner based on IMAGE consultation, depending on desired model of intervention.</p>	<p>IMAGE staff.</p> <p>Separate gender-training and microfinance partners.</p> <p>Local recruits who speak local languages and are familiar with local cultural norms.</p>	<p>Maintain independent financing for both the microfinance and Sisters For Life components.</p> <p>Maintain joint management and communication between partners.</p> <p>Provide quality staff training focused on personal reflection, personal development, and technical skills.</p> <p>Enforce effective client retention strategies; Sisters For Life (or gender training) is a compulsory part of microfinance.</p> <p>Maintain key messages and participatory delivery method during the adaptation process.</p> <p>Establish a hands-on equality management system, including feedback for trainers.</p> <p>Use mobile and real-time monitoring dashboards to track intervention quality and progress.</p>	<p>Implementing partners internalize scale-up goals and engage in reflexive thinking throughout the scale-up; on average, it takes six months to produce a good Sisters For Life trainer.</p> <p>Implement over a 12-month period.</p>

Suggestion citation: Muvhango, L. (2018) “Social Norms Change at Scale: Insights from IMAGE,” *CUSP 2018 Case Study Collection*, Case No. 2, Community for Understanding Scale Up.

