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**Project Title:** **The girl child and HIV/AIDS**

**Location:** Zimbabwe  
Manicaland Province-Chipinge District  
Mashonaland East Province-Mutoko East District

### **Key Objectives/Outcomes:**

To use video films in a participatory way to stimulate discussion and dialogue on the issue of girl child marriages in relation to HIV/AIDS, retention in care and adherence to treatment. This process will create awareness of the risk among girl child brides/expectant girls thus creating informed and empowered communities with the capacity to make individual and collective informed decisions/choices to safe guard the rights and wellbeing of the vulnerable girl child through the elimination of girl child early/forced marriages and unwanted pregnancies among girls.

### **Africa Women Filmmakers Trust**

Africa Women Filmmakers Trust is registered in Zimbabwe as a Trust and with the National Arts Council of Zimbabwe as an Arts Organization. AWFT is one of the organizations that pioneered the use of participatory media in development communication. AWFT has used the participatory process in tackling social issues, educating communities on the provisions in law on inheritance, creating awareness on the HIV/AIDS prevention, economic issues, entrepreneurship, and participatory democracy. Africa Women Filmmakers Trust is in the process of producing a documentary film focusing on ending girl child marriages with support from the Canadian Embassy. AWFT would like to use this video film in its media campaign aimed to end girl child marriages and improving in retention in care and adherence to treatment among expectant girls testing HIV positive and improving adherence among those already on treatment. The project will be implemented in Mutoko East District in Mashonaland East Province.

### **Project Purpose/Objectives**

Child marriages are generally viewed within a contest of force and coercion involving pressure and emotional blackmail on the girl child with no capacity to give their full consent. In Zimbabwe, girl child marriages are common. Child marriages perpetuate inter-generational cycles of poverty and stifles development. It is also an obstacle to promoting gender equality, achieving universal primary education, promoting children's rights and improving health.

A significant number of girl children are getting pregnant before the age of majority. It has been noted that sometimes the pregnancies leads to early/forced marriage. In most instances

it's the health aspect of giving birth at a very young age that underscores the risk of being a child bride.

AWFT observed during a situation analysis held in Mutoko East District in 2015 that girl child expectant mothers when they discovered their HIV positive status during their initial visit for antenatal care inspite of the counseling, they would not return back hence do not access ARV prophylaxis to reduce/prevent child mother transmission and are also lost in both care and treatment. This project therefore aims to create awareness and encourage communities to collectively make a commitment to stop girl child marriages and among girls who are already pregnant, the project will highlight the importance of testing for HIV, and remaining in care and treatment. Issue of sexual violence in relation to care and treatment among the girl child brides will also be addressed.

### **Strategy**

AWFT will use the Participatory Video Screening Workshop approach which involves engaging participants in deliberations/conversations among themselves which will be facilitated by AWFT. This gives an opportunity for participants to discuss openly a range of issues related to girl child marriages thereby enabling them to have ownership of the outcome of the deliberations and provision of sustainable solutions to the problem of girl child marriages. The process will enable the discussion of social norms, harmful traditional practices, dispel myths and broadly consider the challenges and disadvantages faced by the adolescent girls in their community. Some of these discussions will be video recorded and shown to the same and other communities thus enabling both vertical and horizontal learning/communication to take place. The facilitated process is meant to lead to a collective problem solving whereby communities may come up with solutions to end child marriages in their community, supporting or investing more in the education of the girl child and enabling the girl child to make informed choices regards marriage, schooling, reproductive health and other personal issues and possibly lead to more democratic community and household decision making as well as delaying the age of first marriage and pregnancy and highlighting the importance of testing, retention in both care and treatment among those testing HIV positive.

### **Participatory Educational Screening Workshops**

Participatory educational screening workshops have a specific aim and objective hence structured. The video is used to provide specific information and to stimulate discussion on the subject with a specific aim....in this case, for the community to realize that child marriage is a problem that needs to be collectively tackled so that the practice comes to an end or is stopped. It will also provide an opportunity of participants to know more about the most devastating child birth injury giving hope to those who are already victims hope by informing them of the availability of corrective surgery to end this humiliating injury. The discussions that follow after the video screening is guided so that community members are able to come

up with resolutions of how they are going to end child marriage in their area and how they are going to implement and monitor that they achieve their objective of ending child marriage in their respective communities. The approach gives ownership of the process, content, resolutions to the beneficiaries and AWFT's role is that of a facilitator.

**Key risks:**

The major risks to this intervention are gender inequality in the community; cultural barriers to attitudinal change with respect to girls' rights and opportunities hence the need to involve all stakeholders in the community. Thirdly, lack of opportunities for girls finishing education may lead community participants to question the logic in investing in the education of the girl child in a country with over 80% unemployment. It should be noted and highlighted that education and skills training equip girls with survival skills.

**Outcome**

Retention in care and treatment among girl child expectant mothers improved

Child mortality rate decrease

Communities reject child marriage

Girl child marriage delayed until they are mature

Adolescent girls have increased voice, value and agency within their families and communities

**Theory of change**

Participatory Community Video screening workshops whose deliberations are routinely recorded and packaged and also screened during these participatory community video screening workshops is an effective methodology in creating awareness on the detrimental effects of girl child marriages to their health and general well being as it promotes and encourages dialogue, discussions and debate in the community thereby building a sense of community collective problem solving and promotes the development of a more democratic community which stimulates participants to take action for social change through creating supporting mechanisms and tackling issues of gender power relations at community level thereby encouraging girl child/expectant mothers who are HIV positive to go into and remain in both care and treatment (improves retention in care and adherence to treatment) hence reducing the incidences of new infections and improves the health of these girls and chances of survival of their children hence child mortality rate decreased.

**Table 1: Project Timeline**

The girl child and HIV/AIDS				
	Month 1	Month 2	Month 3	Month 4
Project Activities	Planning	Planning    Video    Screening Workshops	Participatory Video Screening Workshops	Final Report Auditing
	Video Film Editing			
	Mobilization			
<b>Monitoring and Evaluation</b>				

**Table 2: Monitoring Evaluation Logframe**

Assessment and Planning	Input	Activities	Output	Outcome	Impact
Drafting Proposal	Staff Funds Equipment Materials Vehicle	Planning Mobilization Video Editing Video Screening Workshops Report/Audit	- video film edited -22 educational video screening workshops conducted -4 500 individuals directly reached -10 000 individuals indirectly reached -1 district -1 province	-Generate demand for HIV testing among youths and adolescents/expectant mothers -more child expectant mothers access ARV prophylaxis -child mortality rate decrease -public aware of the health effects associated with girls giving birth before they reach maturity -Public aware of the plight of the girl child and fight for their rights -women	-retention in care and treatment improved among girl/adolescent brides -child marriages decrease -more girl children stay in school -empowered communities in terms of girl child rights
Program Development Data	Program Based Data			Population based, Biological, Behavioral and Social Data	

## Evaluation LOGFRAME

Project Structure	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<b>Goal</b> Ending Girl Child marriages Improving the general health of child/adolescent brides/mothers	Improve retention in care and treatment among girls/adolescent brides Decrease in the incidences of new HIV infections Informed and empowered public	National data Baseline Survey End of Project Survey	-Funds Available  -Conducive environment
<b>Purpose</b> Raise awareness among the participants on the risks of girls getting pregnant before maturity To challenge communities to come up with solutions that encourage and support girl brides/expectant mothers to get tested for HIV and for those testing positive to remain in care and treatment	Number of awareness campaigns Number of people reached by age and gender ( men and boys, women and girls) Number of expectant mothers opting for HIV prophylaxis Reduced incidences of HIV Improvement in retention in care and treatment	Periodic or/and end of project reports and program records Workshop records	-Participants accessible  -stability and peaceful environment
<b>Output</b> 1 video film 1 process video produced	-22 workshops conducted - Number of participants by sex and age -Number of girls/expectant child brides retained in care and treatment	Periodic or/and end of project reports	
<b>Activities</b> -Video film edited -Video film produced -mobilization -video screening workshops - Monitoring and Evaluation	<ol style="list-style-type: none"> <li>1. Video film edited</li> <li>2. Process video film produced</li> <li>3. Screening workshops conducted</li> <li>4. Periodic Monitoring Report, Formative Evaluation Report, Process Evaluation Report and Outcome Evaluation.....note: Impact Evaluation report (optional)</li> </ol>	Periodic and/or end of project reports	

## Evaluation Plan Schedule

Description	Type of Evaluation And Purpose	Days	Source of Data	Methodology
Baseline Survey	Formative Evaluation (informs the design of the program)	1 days questionnaire design and finalization 1 day testing 1 days questionnaire administration 2 days data analysis	Program development data (Demographic information, surveys and incidence data)	Quantitative (survey) and Qualitative -pre-test (knowledge, attitude and behavioral) Post-test (knowledge, attitude and change in behavior)
Video Editing	Process /Implementation Evaluation  (evaluation measuring effectiveness and efficiency of the process used-information used to improve program implementation)	14 days Editing	Program based data	Multi-methods mixed approach: -quantitative -qualitative –mixed approach e.g. -observations -case studies/ testimonials -interviews (structured and unstructured) -focus group discussions
Mobilization		8 days workshop		
Participatory Educational Video Screening workshops		45 days		
Process Video Produced				
Participatory Evaluation Conducted	Summative/Outcome Evaluation <b>Outcome levels evaluated</b> <b>efficiency</b>  <b>program effectiveness</b>  <b>program cost effectiveness</b>  <b>Participation</b> Activity records <b>Satisfaction</b> Participant Evaluations <b>Declarative and Procedural Learning</b> Pre-post-tests <b>Competence</b> Observations during implementation <b>Performance</b> Self-reported performance/behavior changes <b>Relevance</b>	4 days		Mixed method approach used: Administration of the post-test quantitative questionnaire Qualitative
Follow-up after two to three years	Impact Evaluation	10 days	Population based, behavioral and social data	Mixed method approach: Quantitative and Qualitative
Report Writing	Outcome Evaluation Report Final Impact Evaluation Report writing and Presentation	3 days  Optional		

## Budget

<b>Description</b>	<b>Description</b>	<b>Days</b>	<b>Unit cost</b>	<b>Total Cost US\$</b>
<b>Baseline Survey</b>	Questionnaire Design-Pre-Test Questionnaire testing Questionnaire Administration Data Capturing and Analysis	1 day 1 day 1 day 2 days	500 700 1 000 Flat Fee	2 200
<b>Video Editing</b>	Editing Editing Guide drafting Editing Supervision Editor Voice Over + Recording	Flat Fees	400 800 400 120	19 200
<b>Mobilization</b>		8 days	600	
<b>Participatory Educational Video Screening workshops</b>	Administration Video screening <b>3 Facilitators (Subsistence and Allowances)</b> 1 Team Leader @ US\$100 per day 3 Assistant @US\$50 per day Transport @ US\$100 per day	22 days	1 500 2 200 3 300 2 200	
<b>Process Video Produced</b>	Shooting and editing of process video	Flat Fee	2 000	
<b>Participatory Evaluation Conducted</b>	Administering post-test Qualitative Data collection Analysis	4 days	1 500	1 500
<b>Follow-up after two to three years</b>	Optional Impact Evaluation	Optional	Optional	Optional
<b>Report Writing</b>	Final Analysis of Data and Report writing and Presentation	3 days	200	200
<b>Administration &amp; ICT</b>	Flat Fee		1 500	1 500
<b>Contingency</b>	Flat fee		1 000	1 000
<b>Total</b>				17 320

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