

**Evaluation of the Impact of the UNESCO Intervention Relating to People with Albinism Carried out
Within the Framework of the UN Development Assistance Plan (UNDAP 2011-2016) in Tanzania
Conducted between July and August 2016**



United Nations
Educational, Scientific and
Cultural Organization



Report

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August, 2016

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LIST OF ABBREVIATIONS

ACERWC-African Committee of Experts on the Rights and Welfare of the Child
CBO-Community Based Organization
CDO-Community Development Officer
CWA-Children with Albinism
FGD-Focus Group Discussion
KII-Key Informant Interview
MoHCDGEC - Ministry of Health, Community Development, Gender, Elderly and Children.
NBS- National Bureau of Statistics
NGO-Non Government Organization
OHCHR-Office of High Commissioner for Human Rights
OPRAS-Open Performance Review and Appraisal System
PWA-People with Albinism
RCT-Randomized Control Trial
SPSS-Statistical Package for Social Science
SWO-Social Work Officer
TAS-Tanzania Albinism Society
UNDAP- UN Development Assistance Plan
UNESCO-United Nation Educational Scientific and Cultural Organization
UN-United Nations
URT-United Republic of Tanzania
UTSS-Under the Same Sun

EXECUTIVE SUMMARY

Introduction

The term people with albinism (PWA) refers to people born with little or no pigment called melanin in their eyes, skin or hair. Thus, albinism, in all simplicity, is a hereditary absence of pigmentation or coloration in a person, animal, or plant. People with albinism in many parts of the world, notably in Tanzania and surrounding areas, face risk of attacks and suffer from discrimination, stigma and social exclusion. Within the Tanzanian context, the widespread discrimination and attacks against people with albinism stems largely from unsubstantiated beliefs that people with albinism are cursed and regarded as people with misfortune, or it is sometimes believed that they are not human beings at all or that their body-parts are magical and will bring wealth and good fortune.

Within the framework of the UN Development Assistance Plan (UNDAP 2011-16) in Tanzania, the UNESCO Dar es Salaam Office has carried out a pilot intervention to promote the wellbeing and rights of persons with albinism. Though UNESCO has carried out nationwide media campaigns, the community based activities have been carried out in four selected districts; Misungwi, Sengerema, Msalala and Bariadi. The overall objective of the intervention was to utilise community based strategies to promote the protection of people with albinism and the prevention of further stigma, discrimination and violence affecting their daily lives. The specific objectives were: to empower local Government and local leaders to mobilise and sensitise communities in relation to people with albinism through utilisation of the socio-cultural approach; to promote positive attitudes, perceptions and practices towards people with albinism amongst community and family members; to improve quality of services and care provided to children with albinism at Buhangija and Mitindo primary schools through training of care givers; and to promote inclusive education for people with albinism through introduction of the concept of zero tolerance against discrimination and bullying in pilot schools. We did not assess the last objective¹. The purpose of this impact evaluation is therefore to systematically assess the effectiveness of the UNESCO Intervention for the purpose of examining its relevance, efficiency, effectiveness, inclusiveness and sustainability.

¹ This activity was only carried out in September 2016.

The evaluation approach consisted of the following methods of data collection; desk review, survey questionnaire, self-administered questionnaire, focus group discussion, key informant interviews, and analysis of calls to a radio programme. A total of 162 survey questionnaires were collected, 28 In-depth interviews were conducted, 16 Focus group discussions, 18 Self-administered questionnaires and a one hour radio programme.

Key findings and Conclusions:

- i) **Relevance** - UNESCO's intervention remains valid and relevant in the Tanzanian development context in addressing social problems among people with albinism, as well as in contributing to the national agenda on combating killings and mutilation of people with albinism.
- ii) **Effectiveness** - Findings show that there have been changes in peoples' knowledge, attitudes and behaviour towards people with albinism. The intervention was instrumental in empowering government and local leaders to mobilise and sensitise communities in relation to people with albinism. Significantly, community action plans formulated with UNESCO's support are being implemented and services targeting people with albinism have been introduced. In addition, community members have positive perceptions of interventions carried out by UNESCO both directly through attendances in trainings, and indirectly through messages received from those trained, and through radio programmes aired on community radios to counter discrimination and violence towards PWA. Similarly, the intervention positively increased caregivers' knowledge and brought about positive behavioural change in relation to their care of PWA.
- iii) **Efficiency** - Overall, on the basis of reports from UNESCO intervention key actors, the intervention activities have been running uninterruptedly throughout the period though with limited resources. The combination of various key stakeholders and use of the socio-cultural approach in the trainings conducted enabled the tapping into community based understanding, ideals and perceptions, and solutions to improve practices towards PWA.
- iv) **Inclusiveness** - We see the intervention as mainly inclusive in its involvement of a wide range of beneficiaries and combination of activities.
- v) **Sustainability** - While there are promising indicators pointing towards the sustainability of the UNESCO intervention, such as the inclusion of local government officers at district level, commencement of new plans targeting people with albinism, and strong support from a majority of

stakeholders, there are a number of challenges that threaten the long-term survival of the intervention beyond its life cycle. These include for example, dismissal and transfers of caregivers and head teachers at centres for children with albinism.

Challenges: Several challenges were noted including:

- i) The key players involved in the implementation of the UNESCO intervention at district level are not full time staff working on the intervention.
- ii) Trainings were in Swahili and some of the participants were not fluent Swahili speakers and thus did not understand all that was communicated in the trainings.
- iii) Male parents of children with albinism and out-of-school children were not direct beneficiaries of the intervention.
- iv) There was a lack of frequent visits and monitoring of the intervention by the responsible government authorities in the districts.
- v) Caregivers are employed on short term employment contracts.
- vi) No participant manuals were given to those trained.

Lessons learned:

- i) Empowering various key stakeholders and engaging community members in order to reduce stigma, discrimination and mutilation was the main feature of key practices that were employed by UNESCO through participatory methods. These have improved interaction between various stakeholders and the community. Those who attended training taught other community members and now openly speak out against discrimination of PWA in the trainings and after the training. Furthermore, community members now report to gender and children's desk in police stations if they become aware of strangers not known to the community.
- ii) Caregivers and other key stakeholders are passionate and positive about the UNESCO intervention which contributed to its success.
- iii) This was a pilot study without a full baseline to assess inputs, activities, outputs, outcomes and impacts. Hence there is no definitive means of evaluating intervention effectiveness and efficiency.

Recommendations

- i) There is a need for UNESCO to collaborate with: the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), the Department of Social Welfare, Ministry of Finance and Planning, the Department of People with Disability and Elderly Persons Section; the Ministry of Education, Science and Technology (MoEST); and the Prime Minister's Office, Policy, Parliament, Labour, Employment, Youth and Disabled on how best to scale up the intervention activities to other districts and wards.
- ii) We recommend that the parties above convene a meeting to discuss the contribution of the intervention in improving people's knowledge, attitude and behaviour towards PWA and agree on ways to ensure sustainability of the intervention activities.
- iii) There is a need for MoHCDGEC and districts to reconsider the short term employment contracts of three months given to caregivers so as to ensure continuity of knowledge acquired to benefit the centres.
- iv) Additionally, there is need to introduce programmes on sexuality education and capacity building targeting adolescent in the centres.
- v) An expansion of the intervention should particularly focus on male parents, younger community members, female community members, out-of-school children, older children living in centres, and traditional and non-believers.
- vi) Baseline data should be collected to feed into an expansion of the intervention. This will also allow mapping of different stakeholders for synergies.

PART I: BACKGROUND

1.1 Tanzania Country Context

According to the Population and Housing Census report (National Bureau of Statistics [NBS] and Office of the Chief Government Statistician Zanzibar, 2012), the population of Tanzania was 44.9 million with a 3 percent average annual growth rate in 2012. The Tanzanian population is very young with a median age of 18.7, implying that almost half of the population is below this age. Analysis of the 2012 population statistics shows that 45 percent of the population is below the age of 15 (0-14) and 19.4 percent of the population is aged 15-24.

1.2 Overview of the situation of people with Albinism in Tanzania

In Tanzania, there are 2,641,802 (6%) people with disabilities, while there are 16,477 (0.04%) people with albinism (NBS 2012). A person with disability is an individual with "loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical, mental or social factors" (URT 2010: 7). Disabled people are often stigmatised, discriminated against and segregated from the rest of the population, thus they are at higher risks of suffering from health, social, and economic shortcomings.

The term, people with albinism (PWA) refers to people with little or no pigment called melanin in their eyes, skin, or hair. Thus, albinism in people is a hereditary absence of pigmentation or coloration which occurs when both parents carry the recessive albinism gene. People with albinism in many parts of the world, notably in Tanzania and surrounding areas, face risk of attacks and suffer from discrimination, stigma and social exclusion.

Within the Tanzanian context, the widespread discrimination and attacks against people with albinism stem largely from unsubstantiated beliefs that people with albinism are cursed and regarded as people with misfortune, or even that they are not human beings at all. There are beliefs that the body parts of people with albinism have magical powers and are hence used as key ritual ingredients for amulets increasing wealth and power. In Tanzania at least 75 people with albinism have been murdered for these purposes since 2000, and many more have been attacked. As a result, PWA, especially women and children with albinism fear for their safety and their lives. In the run up to the election in 2015, the Government intensified

its efforts to refer children with albinism to special centres for shelter and security. However, despite the good protective intentions, the African Committee of Experts on the Rights and Welfare of the Child have found that the centres are no longer temporary and are not serving the best interest of the child.

1.3 About the Intervention

Within the framework of the UN Development Assistance Plan (UNDAP 2011-16) in Tanzania, the UNESCO Dar es Salaam Office has carried out an intervention to promote the wellbeing and rights of PWA. This intervention consists of four components, the impact of three of which is measured in this impact evaluation. Though UNESCO has carried out nationwide media campaigns, the community based activities have been carried out in four selected districts; Misungwi and Sengerema² in Mwanza; Msalala in Shinyanga and Bariadi in Simiyu and the impact evaluation was carried out in these districts. The four components of the intervention were as follows:

1. Community sensitization and awareness raising on issues relating to people with albinism through community radios and nationwide digital media campaigns;
2. Engaging the community in fighting discrimination and violence against people with albinism through the sensitisation, mobilisation and capacity building (training) of key community stakeholders (socio-cultural approach);
3. Training of caregivers in centres for children with albinism on appropriate care for children with albinism;
4. Promoting inclusive education for people with albinism through introducing the concept of zero tolerance against discrimination and bullying in pilot schools.

The fourth aspect of the intervention will not be assessed at this time as the intervention has only been initiated recently in September 2016.

1.3.1 Objectives

The overall objective of the intervention is to utilise community based strategies to promote the protection of people with albinism and the prevention of further stigma, discrimination and violence affecting their daily lives. It aims to implement institutional change through educating and mobilising local Government to act to

² During the term of the intervention, the district of Sengerema was split into two districts, Sengerema and Buchosa. The villages in which UNESCO had concentrated their efforts are now in the Buchosa district.

promote and protect the rights of people with albinism and to work through media interventions and with key community stakeholders in order to change mind-sets regarding people with albinism.

Specifically, the intervention objectives are:

- i. To empower local Government and local leaders to mobilise and sensitise communities in relation to people with albinism;
- ii. To promote positive attitudes, perceptions and practices towards people with albinism amongst community and family members;
- iii. To improve quality of services and care provided to children with albinism at Buhangija and Mitindo primary schools through training of care givers.

1.3.2 Expected Results

Results expected from the intervention included:

- (i) Increased community-based support, care and protection to people with albinism through established structures, systems and/or mechanisms in the intervention areas;
- (ii) Reduced incidence and/or prevalence of abuse, discrimination and attack of people with albinism in the intervention areas.

1.4 Purpose of the Evaluation

Since 2015, UNESCO has carried out an intervention relating to people with albinism within the framework of the UN Development Assistance Plan (UNDAP 2011-2016) in Tanzania. Interventions at community level were carried out within four districts, namely, Misungwi and Sengerema in Mwanza; Msalala in Shinyanga and Bariadi in Simiyu, areas which reported higher prevalence of attacks against PWA. The purpose of this assignment was to systematically assess the effectiveness of the UNESCO intervention for purposes of examining its relevance, effectiveness, inclusiveness and sustainability. The evaluation report includes findings, challenges and lessons learned as well as recommendations for future activities. Table 1 highlights the core objectives of the assignment and the accompanying core questions addressed.

Table 1: Objectives and Key Evaluation Questions

Objectives	Key Questions
1. Establish the relevance of the programme	<ul style="list-style-type: none"> • To what extent the objectives of the programme are still valid? • Is the design of UNESCO's intervention appropriate to the needs of

	PWA, caregivers, stakeholders and community?
2. Assess the efficiency of the programme.	<ul style="list-style-type: none"> ▪ What is the relationship between outputs and inputs? ▪ What alternative efficiency approaches could have been adopted to achieve the same outputs?
3. Establish the effectiveness of the intervention	<ul style="list-style-type: none"> ▪ To what extent the objectives of the intervention were achieved or likely to be achieved? ▪ What factors influenced the achievement or non-achievement of the objectives? ▪ To what extent the completion of the intervention activities lead to the desired outputs and in turn outcomes? ▪ How adequate were the intervention activities chosen to lead to the desired outputs and outcomes?
4. Establish the inclusiveness of the intervention	<ul style="list-style-type: none"> ▪ Who were the beneficiaries of the intervention? ▪ Were there any important stakeholders not included in the intervention activities? ▪ Were the activities comprehensive enough to deal with the problem?
5. Assess the sustainability of the UNESCO intervention	<ul style="list-style-type: none"> ▪ Are the benefits of the intervention likely to continue after donor funding and support has been withdrawn?

Table 2: Indicators to be used to Assess Attainment or Non-Attainment of UNESCO's intervention Objectives

SN	Objectives	Quantitative indicators	Qualitative indicators
1	Assess whether the intervention has led to improved knowledge, positive attitude, perceptions and practices towards people	<ul style="list-style-type: none"> • % of community members with improved knowledge and positive perceptions • % of community members who are assertive and able 	<ul style="list-style-type: none"> • Positive views expressed by sampled community members, PWA and stakeholders and attribution of these views to their

	with albinism	<p>to speak out on any potential violations to PWA and their rights</p> <ul style="list-style-type: none"> • Number of community members who have heard sensitisation programmes through community radios • Number of programmes aired 	<p>positive experiences of the intervention</p> <ul style="list-style-type: none"> • Information received regarding PWA and sources of information
2	Assess whether the intervention has led to improved capacity and willingness of local Government and local leaders to mobilise and sensitise communities in relation to people with albinism	<ul style="list-style-type: none"> • Number of District Trainers who report rolling trainings to community members. • Whether information is being spread in informal setting • Number of by-laws implemented • Number of work plans implemented and to what extent by districts • Number of community members and parents of children with albinism reporting taking action to solve their problems • Number of cases reported in relation to attacks and 	<ul style="list-style-type: none"> • Sampled community members and stakeholders speak out confidently about the problems confronting PWA outlining/describing concrete steps they have taken in addressing the identified problems. • Additionally, the ways in which identified problems and solutions were tackled at community /government levels

		numbers of cases handled	
3	<p>Assess whether the intervention has led to improved quality of services and care provided to children with albinism at Buhangija centre and Mitindo primary school through training of care givers</p>	<ul style="list-style-type: none"> • number of children reporting positive treatment by caregivers • number of reported incidence of child abuse at the centres 	<ul style="list-style-type: none"> • During interviews, the extent to which caregivers are able to describe specific skills they have in dealing with PWA and the extent to which they attribute such experiences to UNESCO • During interviews, the extent that children with albinism report positive change in treatment by caregivers • Whether caregivers report behavioural changes as a result of training received by UNESCO

PART II: EVALUATION APPROACH AND METHODOLOGY

2.1 Introduction

The objectives of this study called for a broad range of data to address them. Additionally, in order to form a comprehensive picture to enable the evaluator to make an accurate assessment of the UNESCO intervention effectiveness, efficiency, relevance, inclusiveness and sustainability, it was necessary to scrutinise in detail the data collected. Consequently, it was necessary to collect both quantitative and qualitative data for complimentary and triangulation purposes. In this part of the report, we present the methodological approaches adopted. The presentation of the methodology is organised into six sections: description of study area, sampling procedures and description of respondents, research approach, data collection methods, data analysis, and ethical considerations.

2.2 Study Area

The regions under study were Mwanza, Shinyanga, and Simiyu regions. The districts included are those that benefited from UNESCO'S interventions. The districts were Misungwi and Sengerema in Mwanza; Msalala in Shinyanga and Bariadi in Simiyu.

2.3 Sampling Procedure and Respondents

This evaluation was conducted in 4 districts participating in UNESCO's intervention as indicated in Table 4 below. The sampling process proceeded as follows:

- i) In Bariadi and Sengerema, one village each was randomly sampled. In Misungwi and Msalala districts, villages with Mitindo Primary School and Buhangija centre were purposively sampled to also allow for the assessment of objective 3 in table two above. Thus a total of 4 districts and 4 villages were reached.
- ii) Basic information about UNESCO's intervention was collected from all 4 participating districts, including stakeholders and beneficiaries reached.
- iii) From each of the 4 participating villages, participants/respondents were selected as follows:
 - a) Heads of Mitindo and Buhangija school were supposed to be interviewed however, both heads

were not present therefore their deputies who were trained by UNESCO were interviewed.

- b) Two Focus Group Discussions (FGDs) (with male and female caregivers) were carried out in Mitindo and Buhangija schools.
- c) Focus groups discussions were conducted in each village; one with male members and a separate group with female members.
- d) One FGD with key informants traditional healer, traditional leader, religious leader, traditional birth attendant, Village Executive Officer, and Village Champions³ were conducted in each village;
- e) At least two parents of PWA from each village, 1 male and 1 female were selected to be interviewed to understand whether community members have been affected by UNESCO's intervention. Only 6 parents were included in the interviews.
- f) At least two District Trainers were interviewed in each district.
- g) Three Community Radio Journalists were interviewed in Sengerema, Msalala and Misungwi districts.
- h) A questionnaire was self-administered to 9 religious leaders, 6 district officers, 1 head teacher, and 2 journalists in order to explore more on practice relating to PWA at district level.
- i) Four Community Development Officers were interviewed in each district
- j) Three Police officers were interviewed from Sengerema, Bariadi and Msalala districts
- k) Four Key informants (KIs) from Tanzania Albinism Society, one from each, district, were interviewed.
- l) Six PWA were interviewed.
- m) Forty community members in each village were randomly selected to complete a survey questionnaire. It included both males and females. Two additional community members were added making a total of 162 respondents.

Table 3: Distribution of Sample, Person and Location

Type of Respondents	Sample size	Females	Males	Method	Total Respondent
Women	1 FGD of 6-8	6-8		FGDs	24-32

³ Village Champions are community members that are particularly motivated and active in mobilizing their communities to protect the rights and wellbeing of PWAs.

Men	1 FGD of 6-8		6-8	FGDs	24-32
Caregivers	1 FGD of 2-3 per centre	3	2	FGDs	5 ⁴
Key informants (traditional healer, traditional leader, religious leader, traditional birth attendant, Village Executive Officer, Village Champion)	1 per village	6-8		FGDs	24-32
Children with albinism	1 per centre	6-8			12-16
Heads of centres/teacher	1 per centre			KIIs	3
Parents of PWA	2 per village/centre	4	2		6
District trainers	1 per district				4
Community radio journalist	1 per district				5
Community development officer/Social worker	2 per district				10
Religious leaders	2 per district				9
Police Officer	1 per district				4
CBOs (TAS)				KIIs	4
People with albinism	2 per village	3	2	KIIs	5
Community members for Survey	Per village	20	20	Survey	162
Radio Sengerema	1 hour programmes aired				28

⁴ Only 2 caregivers in Buhangija were interviewed

Table 4: Districts, Villages, and Schools selected

Region	Mwanza	Simiyu	Mwanza	Shinyanga
District	Sengerema	Bariadi	Misungwi	Msalala
Village	Nyakasungwa	Nkololo	Idetemya	Mhandu
School			Mitindo	Buhangija

Table 4 above indicates the districts, villages and the school selected for data collection.

2.3 Research Approach

The evaluation study made use of a triangulation approach, qualitative and quantitative data collection methods. The researcher employed triangulation research methodologies in analysis by using survey information already collected by UNESCO and other research in the area in assessing intervention results. This allowed comparison to increase reliability. In order to assess levels of change of knowledge, attitudes and practice surrounding albinism, quantitative and qualitative data collection methods were used.

The researcher sought consent from respondents to gain their willingness to participate, and introduced the purpose of the evaluation before asking for consent. The researcher also ensured confidentiality, anonymity and welfare of the respondents.

2.4 Data Collection Methods

Both quantitative and qualitative data were collected in this evaluation. These included key informant interviews, self-administered questionnaires, focus group discussions, narratives, survey, and a radio programme. The three specific forms of data gathered are as indicated in Table 5 below.

Most interviews and focus group discussions were conducted in Kiswahili, the national language and the language of the majority of Tanzanians. Nevertheless, we used a translator for some of the interviews as participants could not speak Swahili fluently. Proceedings were recorded through note taking and

supplemented with pictures of interesting features emerging from the field. A number of case studies were also captured.

Table 5: Type and Sources of Data Collected

Type of Data	Source	Tool
1. Trends in improved knowledge, positive attitude, perceptions and practices towards PWA	-Documents on PWA in Tanzania, notably reports on situation of children with albinism in Tanzania, situation of centres holding displaced PWA and other research reports. -UNESCO activity report documents.	-Documentary analysis guide
2. Key indicators in improved capacity and willingness of local government and local leaders to mobilise and sensitise communities in relation to people with albinism	-Local leaders and local government response to interviews -Community quantitative and qualitative views on these matters	-Survey -Interview guide -Focus group discussion -Self-administered Questionnaire
3. Overview of whether the intervention has led to improved quality of services and care provided by caregivers	-PWA response to interviews -Relative of PWA response to interviews -Response by caregivers and Head of Schools	-Interview guide -Focus group discussion
4. Views on effectiveness, relevance and impact of UNESCO intervention	-Interviews with key informants (District Community Development Officers/Social Welfare Officers, Village executive Officers, Head Teachers, Caregivers, CBOs, parents and community members)	-Interview guide -Focus group discussion -Narratives -Survey -Self-administered questionnaire

2.5 Data Management and Analysis

2.5.1 Quantitative Data

A codebook for quantitative data was created which included: variable name, variable description, variable format etc. Thereafter, data was entered into a Statistical Package for Social Sciences (SPSS), computer software for further processing. This was followed by a data cleaning process. This process involved checking the data carefully for errors, accuracy, and identifying and handling missing values. Checking data for accuracy meant responding to questions such as: “Are the responses legible? Are the responses complete? Are the important questions answered? Is all relevant contextual information included (e.g. data, time, and place)?” Descriptive statistics, such as percentages, were performed and reported to describe the data. The data has mainly been presented in graphs.

2.5.2 Qualitative Data

The analysis of data in this study combined both deductive and inductive strategies. In this regard, we neither approached the data with a rigid set of pre-conceptions nor fully inductively, but rather a combination of the two. This was based on the assumption that a better and broader understanding of the phenomenon under investigation would be informed by both research objectives/questions and emerging insights from the data. The analysis, however, proceeded through the following three main steps: preparing and organising data, creating categories/themes, and coding, presentation and interpretation.

Data processing began in the field where the researcher checked the Key Informant interviews (KIs) and Focus Group Discussions (FGDs) for completeness and correctness. KIs, self-administered questionnaires and FGDs were thematically transcribed and coded on the basis of the objectives of the study and research questions and presented in related themes in comparison to the quantitative survey carried out by UNESCO and other researchers. See photos of interviews and discussions below.

2.6 Ethical Considerations

The study adhered to ethical standards in relation to research. These included obtaining a research permit to conduct the study from the responsible authorities at the national and local level. The ethical obligation to protect participants' privacy and confidentiality was maintained throughout the conduct of this study. Before administering questionnaires or initiating any interviews or focus group discussions, participants were

informed of the purpose and nature of the study, and their rights to participate or withdraw from the study at any particular moment. They were also told that the information provided would be kept confidential, and would not be linked to their identity in any way. Once everything was clear to the participants they were asked to provide oral informed consent as proof that they willingly decided to participate in the study. We consulted the teachers from the centres before interviewing or carrying out FGDs with the children.

2.7 Methodological Limitations

This evaluation study suffers several methodological limitations inherent in the design of the UNESCO intervention, as well as the choice of the evaluation design. Firstly, the pilot intervention was not designed in the form of a randomised control trial (RCT). As such, the evaluation methodology was not designed to test for effects of specified treatment variables. Consequently, the impact established in this evaluation is largely based on the respondents' opinion rather than the manipulation of experimental variables, as is the case with RCTs. Therefore, this evaluation has only established associations between the UNESCO intervention and some observed positive attributes in the target audience as reported by the respondents without establishing a cause-effect relationship.

Secondly, there was no baseline data for the intervention other than a questionnaire consisting of six questions that checked attitudes and perceptions of community members. Nevertheless, due to financial limit in this evaluation we interviewed fewer respondents compared to the baseline survey.

Thirdly, we planned to interview head teachers and caregivers in Buhangija and Mitindo centres. However, we were only able to interview two in Buhangija and three in Mitindo as others trained by UNESCO no longer worked at the centres. The head teacher of Buhangija had been transferred to another school, and at Mitindo we spoke to a teacher who attended UNESCO training as the head teacher was not available at the time of our visit.

PART III: RESULTS

3.1 Introduction

This part of the report presents the results/findings of the evaluation study based on the surveyed questionnaire to test knowledge and perceptions towards people with albinism. The first section looks into the general understanding of what albinism is. The second section looks at misconceptions about albinism and readiness to report violence or discrimination towards people with albinism. In the third section, we present the findings that assess the intervention achievements in the main intervention aspects, namely relevance, efficiency, effectiveness, inclusiveness and sustainability. The fourth section of the report presents the challenges experienced during the implementation of the intervention.

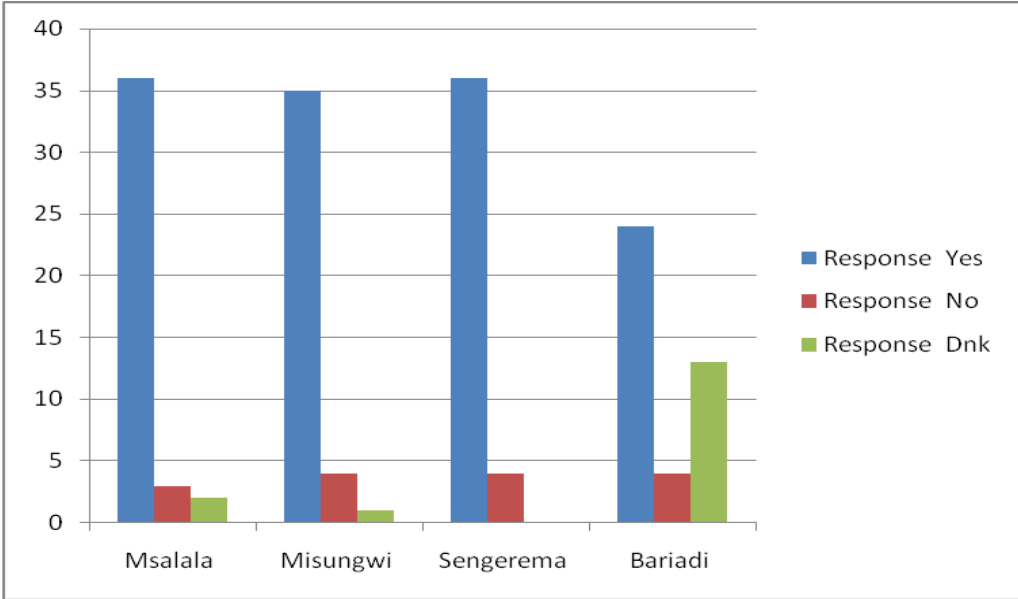
3.2 Albinism: Meaning

Specifically, we questioned people's understanding of who a person with albinism is and the causes of albinism. For instance, across the districts where the intervention has been implemented, a good number of participants (80.9%) correctly replied that albinism is a genetically inherited condition resulting from both parents carrying the genes of albinism. In this context, in Sengerema district 90.0% answered correctly, in Msalala 87.8%, followed by Misungwi at 87.5% and lastly Bariadi at 58.5%. (see graph 1 below).

Apart from the quantitative data, qualitative data also indicates similar levels of knowledge of participants. Most participants in FGDs with children with albinism and community members, both males and females, understood what albinism is as demonstrated in the quantitative data. For example, in a FGD conducted in Msalala district, with male community members, members were of the view that;

“Albinism is directly related with genes...a child may inherit albinism from his or her parents if they have albinism genes....it depends if biologically both families have those genes then it is possible to get a child with albinism”. (FGD/Male/Msalala)

Graph 1: Albinism is a genetically inherited condition resulted from both parents carrying the genes of albinism



The data indicates that people who were indirectly reached by the intervention activities understood what albinism is, even though they might not be able to explain the scientific definition correctly, but they recognized key concepts around the definition. Youth aged 18 - 25 (25%) had the lowest understanding.

3.3 Misconceptions about Albinism

Generally quantitative and qualitative data collected indicated that people possess accurate knowledge about people with albinism. However, the evaluation team noted that traditional believers⁵, younger people and female community members were more likely to hold misconceptions regarding PWA.

3.3.1 Albinism is Contagious

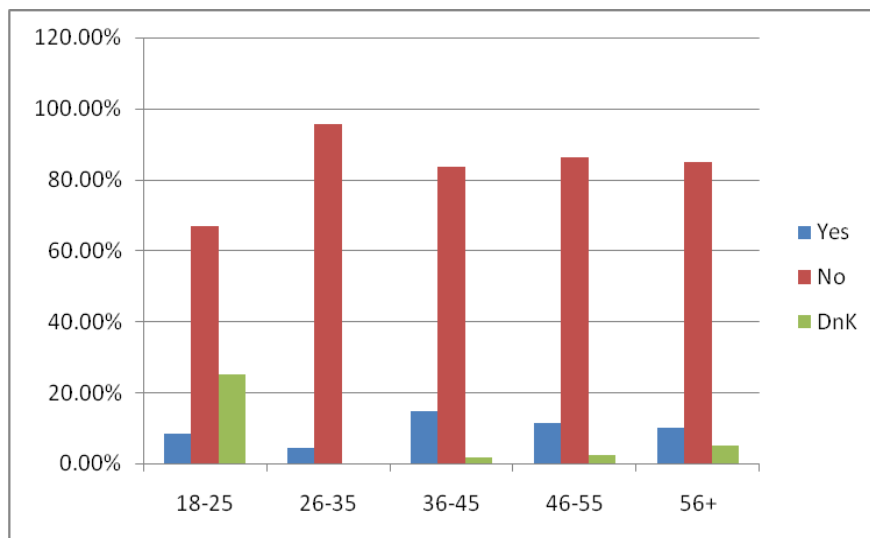
There are still some misconceptions about people with albinism. For example, it is noted that there are still some people who think that albinism is contagious. Across age groups, those between 36 to 45 years which think albinism is contagious amounted to 14.8%, followed by those aged between 46 to 55 (11.4%). In addition, young people gave a significant number of incorrect responses (8.3%). Generally, people disagree that albinism is contagious across all age groups. See graph 2 below.

⁵ A person who maintains rituals and beliefs that are characteristic of traditional African religions who is not a member of foreign religious beliefs such as Muslim and Christianity and does not claim to have no religion.

Information collected from qualitative methods also indicates that people are aware that one cannot get albinism by associating with a person with albinism. Therefore, the majority of community members involved in the discussions disagree that albinism is contagious. In one of the FGDs, a participant explained that;

“Albinism is not a disease which can be contracted from one person to the other...it is a normal condition which all animals may have..you can’t get albinism by eating, sharing, working together with a person with albinism”. (FGD/Male/Bariadi)

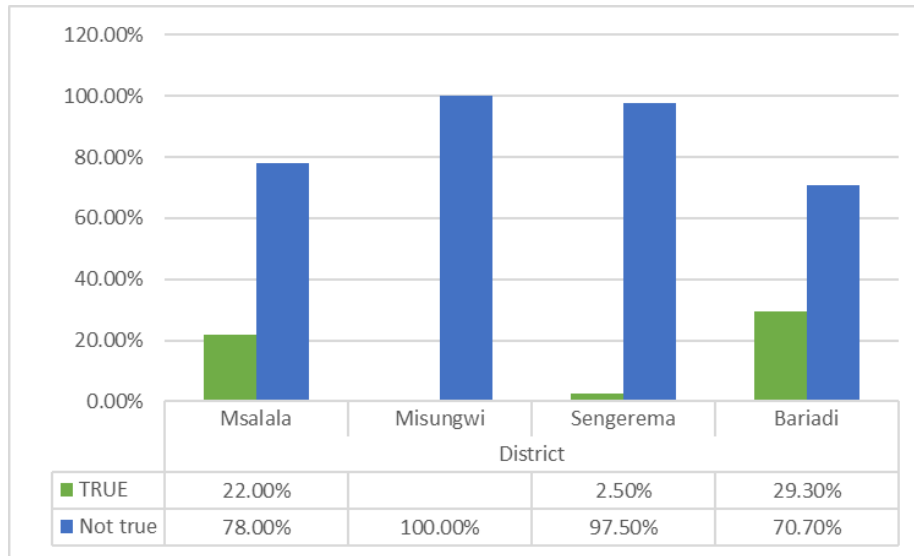
Graph 2: Albinism is Contagious



3.3.2 People with albinism never die, they are not human - they are ghosts

The evaluation also tested people's understanding about whether people with albinism die. Although a large number responded correctly, 50% of traditional believers responded incorrectly. Interestingly, all Muslims said it is not true (100.0%), followed by Christians (87.7%), and those without religion (85.0%). Understanding across districts indicates that people in Bariadi district (29.3%) are least knowledgeable followed by Msalala district (22%), and Sengerema (2.5%). See graph 3 below.

Graph 3: People with Albinism Never Die. They are not Human - they are Ghosts



This question was also asked during interview sessions and participants answered that people with albinism do die but because their population is low it is difficult to get information. Participants explained that PWA are few and thus people think they disappear. Other respondents explained that children born with albinism are often killed either at birth or later, hence people think that they disappear.

"The existing culture of burying dead people in the house makes easy killing children with albinism during birth by those who are present. When a child is born with albinism it is a secret of those few present. A mother may be forced not to reveal and relatives are informed that the child was born dead, while in truth the child is murdered and buried immediately in the house without other members seeing the child. Usually it is a traditional birth attendant, mother and mother-in-law who are present during birth" (Interview, CDO, Misungwi district).

"The only problem which makes other people think that people with albinism don't die is because of their population...they are few in numbers, it is difficult for a person from another village to know the death of a person with albinism only those close to him/her....but they do die and I have witnessed that" (Deputy Head teacher/ Male/Buhangija Centre)

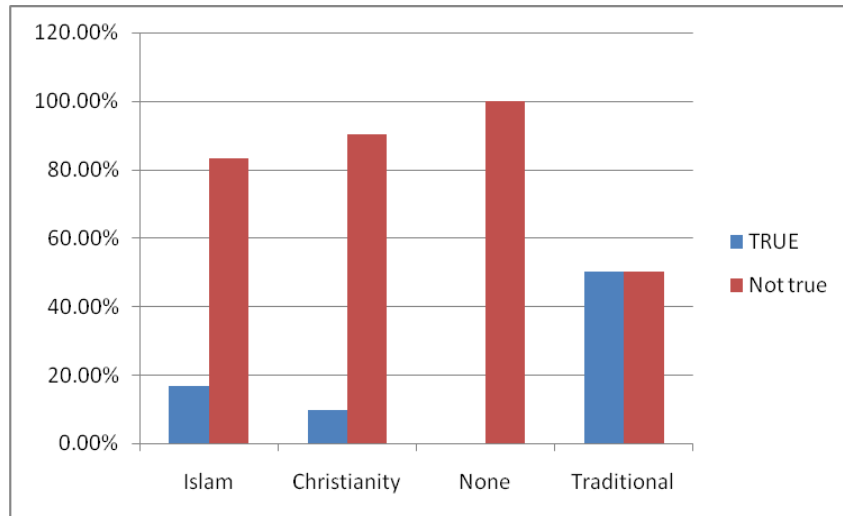
3.3.3 Body parts of a person with albinism have magical powers – bringing wealth, success and good luck

Another important aspect of this Evaluation was to check whether people still consider that the body parts of a person with albinism can be used to bring wealth, success and good luck. It was decided to ask all participants regarding their religion as religion is considered to influence people's beliefs. The findings indicate that those who hold traditional beliefs are most likely to believe that the body parts of a person with albinism have magical powers. The data indicates that (50.0%) of those who hold traditional beliefs said it is true that body parts can be used to bring success, wealth and good luck. Some Muslims, (16.7%) agreed with this premise, followed by Christians (9.8%).

In a mixed FGD with traditional healers and community leaders, participants stated that the body parts of people with albinism do not have magical powers and cannot bring success or wealth. They pointed out that this was a misconception because if it were true, people with albinism would themselves be rich. One of the participants explained that;

"It is never true, those are just misconceptions people have towards our fellow human beings...there were times people with bald heads were hunted and killed for the same reason but that era ended, then they started hunting people with 'M-Palm" looking sign and that era too ended....therefore, even killing of people with albinism is another era which needs to be ended". (IDI/Female Police Officer/Sengerema)

Graph 3: Body parts of a person with albinism have magical powers – bringing wealth, success and good luck



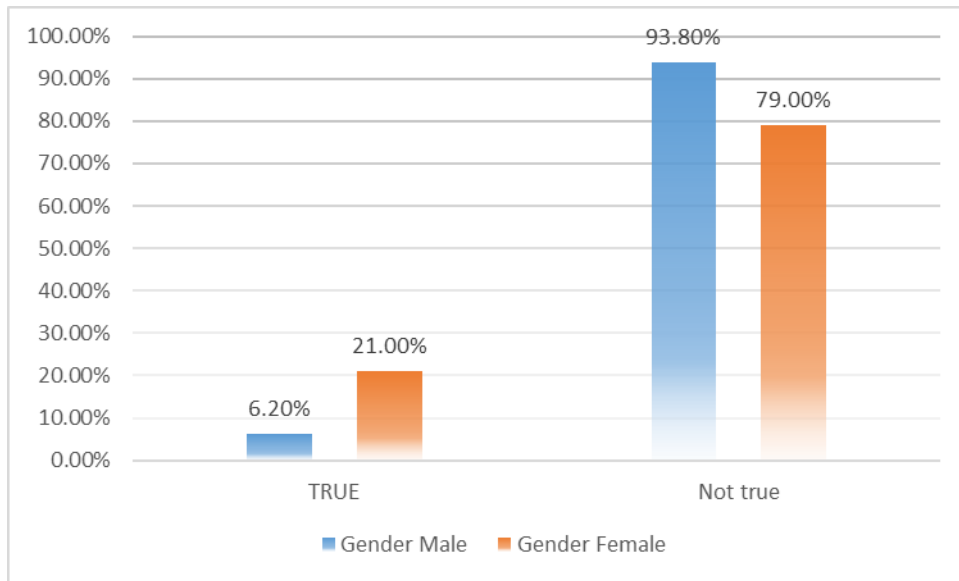
3.3.4 It is the mother’s “fault” if a child has albinism

The Evaluation further explored whether people believed that it is a mother's fault if a child is born with albinism. The majority (86.4%) of the respondents answered the question correctly, as indicated in table 6 below.

% within District				
		It’s the mother’s “fault” if a child has albinism.		Total
		True	Not true	
District	Msalala	14.6%	85.4%	100.0%
	Misungwi	7.5%	92.5%	100.0%
	Sengerema	7.5%	92.5%	100.0%
	Bariadi	24.4%	75.6%	100.0%
Total		13.6%	86.4%	100.0%

Nevertheless, results indicated that women were less informed. Twenty one percent (21.0%) of females across all the districts said it is the mother’s fault, while 6.2% males said it is the mother’s fault. In this regard, comparison across the four districts of men and women reveal that Bariadi (24.4%) is least informed, followed by Msalala (14.6%) (see graph 4 below). With regards to religion, traditional believers were least informed (50%) followed by Muslims (25%), then non-believers (15%).

Graph 4: It’s the mother’s “fault” if a child has albinism



Qualitative data also indicates that the majority of community members understand that it is not someone’s fault when a child is born with albinism, as demonstrated below;

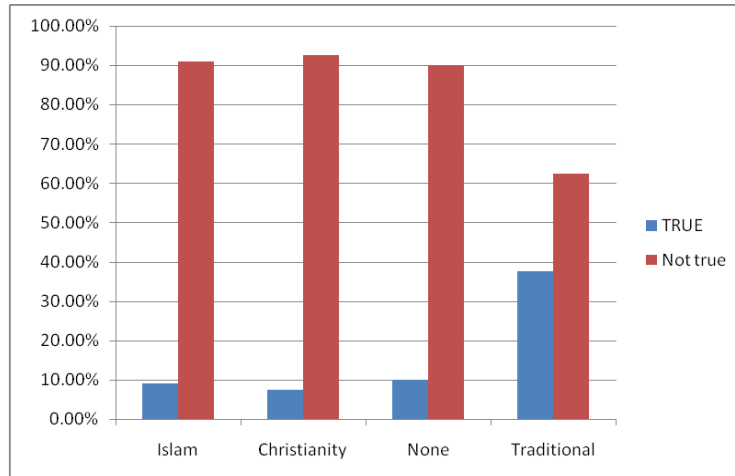
“It is never a mother’s fault when a child is born with albinism...but there are some people who think so, and may lead into divorce....A child is born with albinism because both of the parents have genes which may lead to that situation” (FGD/Male/Bariadi)

3.3.5 Albinism is a curse from gods or from dead ancestors and contact with a person with albinism will bring bad luck, sickness or even death

In addition to testing the above questions, this evaluation examined people’s knowledge on albinism in relation to the belief that albinism is a curse from the gods, dead ancestors or whether being in contact with a person with albinism can bring bad luck, sickness or death. The data indicates that a higher percentage

of traditional believers (37.5%) wrongly agreed with that statement as compared to people of other religious beliefs and those without religion (non-religious followers (10.0%), Islam (9.1%) and Christians (7.4%). See graph 5 below.

Graph 5: Albinism is a curse from the gods or from dead ancestors, being in contact with a person with albinism will bring bad luck, sickness or even death



Across almost all the districts, group discussions and interviews conducted reveal that people are well informed on this question, as most disagreed with the contention that albinism is a curse from the gods or dead ancestors. For instance, in one of the FGDs it was explained that;

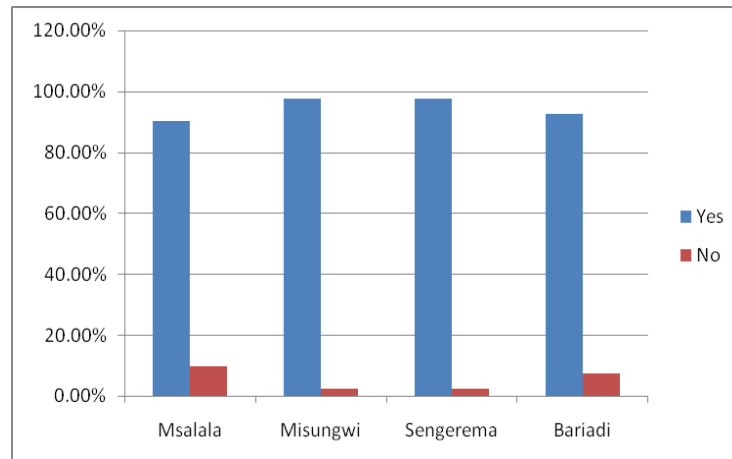
“It is never a curse as other people think....previously people associated albinism with curse or bad luck...other people hid their children because they had albinism while others strangled them to death....but as time pass by people have become aware that a person with albinism is like a normal person only that his/her skin lacks melanin...and that if a father and mother have albinism genes there is a possibility of giving birth to a child with albinism” (FGD/Male/Msalala)

3.3.6 Reporting violence against people with albinism

The UNESCO intervention also motivated individuals to take action against stigma, violence, and discrimination towards people with albinism. This facilitated a reduction of mutilation and mistreatment of PWA. Across the districts, the majority of community members responded that they will take action by

reporting any violence committed against people with albinism. Misungwi and Sengerema districts had the highest response (97.6%), while Bariadi and Msalala districts had positive responses of 92.7% and 90.2% respectively. See graph 6 below.

Graph 6: I will report on any violation or potential violation to PWA and their rights when it happens



Similar responses were shown in information collected through qualitative data. Most of the people interviewed are ready to take action and report violations towards people with albinism. During one interview with a police officer it was explained that;

“We have seen some changes with the community members...it is true that we have been receiving information from some community members on any possible threats against our fellows and sometimes people report to us about the traditional healers whom they think they might cause threat to the people with albinism”
(IDI/Male/Police Officer/Bariadi)

Nevertheless, traditional believers (25%) were least ready to report, while only 89.9% of female respondents were ready to report violations as compared to 100% male. Qualitative responses indicate that there is still fear among women that if they report a violation or potential violation, their anonymity will not be maintained and that this would have a negative effect on the security of themselves and their families.

3.4 Findings of the Evaluation Based on Key Evaluation Criteria

One minimum indicator of an intervention's impact is its presence as measured by the level of awareness among key stakeholders of the intervention. Thus, in this evaluation we assessed the level of awareness and perceived impact of the intervention among key participants through interviews, focus groups discussions, and a one-hour radio programme aired by Radio Sengerema; "Voice of People with Disability", *Sauti ya Walemavu*. The evaluation sought to investigate the relevance, effectiveness, efficiency, inclusiveness, and sustainability of the UNESCO intervention relating to people with albinism. In this section, we highlight the key intervention achievements based on these evaluation criteria.

3.4.1 Relevance

The relevance of the UNESCO Intervention was assessed with respect to validity of the objectives, as well as the relationship and responsiveness of UNESCO to the International and national agenda and community-based problems. The study found that, the intervention is in line with the targets of the resolution of the 37th UN Human Rights Council meeting which highlighted the need for awareness-raising campaigns for effective action to combat and eliminate attacks against persons with albinism and to adopt specific measures to protect and preserve the right to life and to security of persons with albinism, as well as their right not to be subject to torture and ill-treatment. The intervention also responds to a joint UN initiative working to combat increased levels of attacks, discrimination and stigma. Figures of attacks and mutilations vary due to lack of reporting and documentation. Since 2000, 75 people with albinism have died in Tanzania as a result of attacks. A report by the Office of the High Commissioner for Human Rights (OHCHR) indicates that between 2000 and 2013, 30 people have been attacked and their body parts mutilated (2013). Under the Same Sun reports 156 cases of violence, with 60 survivors left severely mutilated (Smith 2015). The intervention also responds to a need by the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) for improving child protective centres, which are no longer temporary and are not serving the best interest of the child (ACERWC 2016).

In Tanzania, the UNESCO intervention responds to the Tanzanian Constitution that clearly states in Article 14: "Every person has the right to live and to the protection of his life by the society in accordance with law". It also acts in response to the Tanzania Disability Act of 2010 enacted by the Parliament of the United Republic of Tanzania, acknowledging international and national agreements to protect the rights of people with disability as well as the dignity of all people. Furthermore, the Disability Act recognises the role of Non-

Governmental Organisations (NGOs) and Intergovernmental Organisations (IGO) such as UNESCO in the provision of services to people with disabilities. "The Strategy for Growth and Poverty Reduction", usually known as MKUKUTA, highlights the importance of targeting specific groups with special needs in the development endeavour and recognises the need to involve each individual in order to achieve sustainable development.

The objectives of UNESCO's intervention namely; empowering local Government and local leaders, promoting positive attitudes, perceptions and practices towards PWA and improving quality of services and care provided to people with albinism, are relevant to tackling problems faced by PWA. Activities included training of caregivers, community sensitisation and awareness raising through community radios and community engagement through the involvement of various stakeholders. This improved community-based support, care and protection, and has reduced incidence and/or prevalence of abuse, discrimination and attack of people with albinism. Additionally, campaign videos were broadcasted, posters placed on roadside billboards, and social media content broadcasted to mobilise society at the regional and national levels in relation to people with albinism. It is therefore reasonable to argue that the objectives of the UNESCO intervention are still valid and appropriate in addressing the social problems among people with albinism, as well as in contributing to the national agenda on combating killings and mutilation of people with albinism. Some of the specific contributions of the intervention are highlighted in the next section.

3.4.2 Intervention Effectiveness

The UNESCO intervention aimed at: empowering local government and local leaders to mobilise and sensitise communities in relation to people with albinism; promoting positive attitudes, perceptions and practices toward PWA; and improving quality of services and care provided to children with albinism. In this section, we highlight and discuss how plans and activities enabled various stakeholders and the community to mobilise to protect the rights and wellbeing of people with albinism. Sources of information or data to address these objectives are interviews and focus group discussions with teachers, caregivers, traditional healers, traditional leaders, religious leaders, traditional birth attendants, Village Executive Officers, and Village Champions, parents of PWA, PWA, district trainers, community radio journalists, Community Development Officers (CDOs), Social Welfare Officers (SWOs), Police Officers and community members.

Additional questionnaire were given to CDOs, SWOs, and religious leaders to assess change in practice in both institutions.

3.4.2.1 Local Government and Local Leaders Empowerment

Evidence from interviews and focus group discussions with local government, local leaders and community members show that they strongly acknowledge the empowering role that UNESCO's intervention had on local government and traditional and religious leaders. Furthermore, a questionnaire filled in by government and religious leaders indicates positive transformations in practices relating to PWA. They were of the view that the intervention was instrumental in empowering them to mobilise and sensitise communities in relation to people with albinism. During interviews and focus group discussions, respondents reported that leaders have mobilised and sensitised community members about PWA. Moreover, government leaders cooperate more in resolving challenges affecting PWA. Preaching in churches and mosques, use of traditional dance groups, advocacy in village and hamlet meetings, and teaching people in groups have been instrumental in enlightening community members. (See case one in box 1). In consequence of this, they also reported a decline in incidences and/or prevalence of abuse, discrimination and attacks of PWA. Additionally, stakeholders put in place a system for coordinating, reporting and dealing with cases of attacks or potential attacks. Some comments from participants are below:

"I was trained in May and July 2015, and since then, I have been teaching others not to discriminate PWA. Imagine I am a Community Development Officer (CDO), but did not know why PWA are like that. When UNESCO trained me I realised there is a lot I did not know. Together with other 2 CDOs that attended training we agreed to attend Ward meetings held every three months, where we get some time to educate others about PWA. Since then I have been doing that in three Wards. I also talked to women in our church, and an Imam we were trained together with has been teaching in Mosques in Usagara". (Interview, Community Development Officer, Msalala)

" Through UNESCO project, I was able to meet and develop work plans with community police, traditional healers, teachers, and traditional birth attendants to spread information motivating positive attitudes towards PWA....Changes are there though I had only little time to do UNESCO activities due to lack of permission from my boss, I can do more as the response is high. People now understand that they can also bear an albino child". (Interview, Police, Sengerema)

"I received information about a child with albinism who was threatened to be killed. I took the case to a social welfare officer for counselling. Later, the child was taken to Buhangija centre in Shinyanga for security ". (Interview, Police, Bariadi)

The above quoted remarks, as well as the story in the box below, are clear examples of the positive effect of UNESCO's role in empowering leaders, government and local, to mobilise and sensitise community members. Many government and traditional leaders said they had learnt about albinism through UNESCO trainings and had passed on their new knowledge to other community members. The findings further show that in all the areas that UNESCO implemented its intervention, there has not been any attacks of PWA in the past year (though there was one threat reported in Bariadi district). Furthermore, most respondents reported a reduction in discrimination of PWA. People with albinism and parents of children with albinism supported this claim.

Another positive effect of the intervention is the formulation of district plans for the 2016/2017 fiscal year, in which significant new activities and services targeting PWA can be seen in areas of health, education, security, awareness raising and community based support. In Misungwi district council, there are plans to issue identity cards to PWA who cannot pay for health services, enabling them to get free health services in government health facilities. Additionally, community sensitisation to ensure the registration of all children with albinism (CWA) of primary school age is carried out through ward development committees. In Msalala district council, dental and skin check-ups for CWA now take place at Kahama government hospital every four months. Additionally, Baloha FM raises awareness and mobilises people on the importance of authorities ensuring the labour rights of PWA in places of employment, on the need for sustainable security especially for students with albinism, and on special courses for life skills for PWA. Stories addressing the rights of PWA are also broadcast. In Sengerema district, a skin-care clinic is now in place for PWA at Sengerema hospital to ensure appropriate care of PWA. Moreover, the district now ensures CWA of primary school age are not excluded from admission and there is provision for education in schools to eliminate discrimination against CWA. In Bariadi district, campaigns targeting specific groups are held to educate the community. In Msalala and Bariadi districts, task forces have been formed to follow-up on security of PWA. Generally, all districts emphasize the importance of educating people to prevent discrimination against PWA. These actions show that in each of the districts in which the intervention took place, the priorities, plans and activities of local Government authorities underwent significant change. Each district made marked progress in providing appropriate services towards PWA.

In Sengerema religious institutions have plans in place to provide eyeglasses, lotion and clothes to PWA in their community. Furthermore, religious leaders visit PWA to identify their needs and use village meetings to educate the people in order to reduce negative perceptions and misconceptions. Generally in all districts, religious leaders put an emphasis on awareness raising and mobilisation to prevent discrimination of PWA.

Box 1: Case One

District Trainer 'X' Empowered to mobilise and sensitise Community on PWA

I attended UNESO's training about PWA twice last year, and once this year. I did not know that the cause of albinism is from genes of both parents and need for use of cream and long sleeved clothes to protect their skin. I realised the potential of using village meetings, church, and women groups to sensitise others. Together with religious leaders, traditional leaders and traditional healers we developed village plans that we have been implementing since last year. These included identification of newcomers in each village so that when a problem arises they can report to the police; identification of people with albinism in our area and have managed to take 23 children to Buhangija Centre, we have identified 50 children with albinism of 5 to 13 years who will be taken to Moshi to a school owned by Roman Catholic Sisters. Community members have accepted that they also have the responsibility to assist PWA, they even gave part of the money they got after training to assist PWA. Educating people is a catalyst in mobilising community to recognise and assist PWA as before it was viewed as the responsibility of the government only. Nowadays people know that it is the responsibility of community members to ensure people with albinism are safe.

3.4.2.2 Promoting Positive Attitudes, Perceptions and Practices towards People with Albinism

Evidence from interviews and focus group discussions with community members indicate that their knowledge has notably improved. Community members have more positive perceptions of PWA through the various interventions carried out by UNESCO both directly through attendance in trainings, and indirectly through messages received from those trained as demonstrated from the remarks below. Moreover, community radio staff trained by UNESCO broadcast programmes about PWA on community radios, including Radio Kahama and Radio Sengerema. A total of 160 key stakeholders were trained by UNESCO in 2015. The high engagement of participants was noted by journalists, district leaders and evaluators. For example, one community radio collaborated with a local singer and aired a song "Tanzania

na maadili", Tanzania with ethics. In June 2016, a total of 240 community stakeholders were trained by district trainers in four workshops, one in each of the districts.

"I was trained in May 2016, and so far have aired two radio programmes on PWA through our programme called "Sauti ya Walemavu", Voice of People with Disability. In these programmes, I interviewed the Chairperson of Tanzania Albinism Society on challenges incurred by PWA and strategies in dealing with them. We also have a jingle for promotion aired every Saturday. The Chairperson of TAS talked about ways in which communities regard people with albinism and listeners were able to call and get his response. The next plan is to have the Chairperson come with a medical doctor so they can respond to questions. As well I have submitted a budget request to visit Geita as recently there has been an attack on a person with albinism. I further need to collect data with the Social Welfare and community members for preparation of another program. The training by UNESCO enabled me to increase my understanding on PWA and how to structure my programme. (Interview with a journalist, Sengerema District).

"I heard from a fellow woman while fetching water in the river. She participated in the training and informed us of the importance of seeing PWA as humans. Before, I was even afraid of standing close to a person with albinism". (FGD, Female community members, Bariadi District).

"I heard about treating well people with albinism in a hamlet (about 50 households) and Zengo (about 150 households) meeting I attended in May. In Idetemya, our local government and religious leaders are on the forefront against discriminating PWA. Another meeting was of a traditional healer and traditional birth attendant who visited us in June 2016. They told us not to discriminate or even stigmatize PWA. They urged us to like them because they are also humans. We fundraised for clothes and cream for PWA in our area. No any killing or discrimination incidence has been reported in our area in the past one year". (FGD, Female community members, Misungwi District).

"Before UNESCO's training, teachers used to make our children work in the sun. I also gave them chores and farm work in the sun because I did not know it was an issue. Taking care of the children is now my priority. If they have to come to the farm with me, we start early in the morning and let our children with albinism return home when the sun comes out. Sometimes their sibling sisters and brothers complain why we let them off to rest early, but we have explained and they now understand. We agree that when they return home they complete work at the house that does not involve staying out in the sun. Teachers also allow them to sit in front of the class, although there is still challenge in not having enough desks. In the health centre, they receive services like any other patient without discrimination." (Interview with a parent of children with albinism, Sengerema District).

The UNESCO intervention has had significant success in improving community member's knowledge, attitudes and practices towards PWA. Responses to questionnaires clearly show that the various mobilisation and sensitisation exercises have enabled community members to be ready to speak out in relation to any potential violations of the rights of PWA, with 100% of males and 88.9% of females respectively ready to speak out in relation to a violation or potential violation of the rights of a person with albinism. When comparing a survey carried out in 2015 before the commencement of the intervention and a survey carried out in this study at the end of one year period of the intervention, a positive change is noted in the 6 areas explored as verified below.

The understanding of community members on whether albinism is a genetically inherited condition or not, has increased by about 14% (from 67% to 80.9%) with the understanding of males (90.1%) higher than that of females (71.6%) (see table 7 below). Sengerema district has improved the most (about 58%) with a current figure of 90% compared to 32% before intervention. Bariadi was the only district that showed a decrease in understanding (5.5%), with 64% before intervention and 58.5% after intervention.

Ninety point seven percent (90.7%) of community members responded correctly to question two on "whether albinism is a curse from gods or from dead ancestors, being in contact with a person with albinism will bring bad luck" (96.3% and 85% of male and female respectively) as compared to 88% before the start of intervention. This is just an increase of 2.7%, which is generally insignificant. Community members from Msalala and Misungwi districts remain the least informed on this question, 14.6% and 15% respectively.

A good number of community members, 85.1% (93.8% and 76.2% of male and female respectively), responded correctly to question three on whether albinism is contagious. Thus, there is no significant change since the beginning of the intervention where 85% of people responded correctly to the said question.

Although no substantial increase of people (86.4%), 87.7% male and 85.2% female, correctly answered question four on whether "people with albinism never die, they are not human, they are ghosts" prior to the intervention (88%), a good number of people in Misungwi district responded correctly as compared to before the start of intervention (100% as compared to 80%). People in Msalala and Sengerema districts remained the least knowledgeable on this issue with 22% and 29.3% respectively answering this question incorrectly.

Moreover, findings show that there is a significant improvement of people's understanding on whether "body parts of a person with albinism have magical powers and thus bring wealth, success and good luck", with 88.9% (97.5% male and 80.2% female) correct responses as compared to 65% before the start of intervention. Specifically, people's perception and understanding in Misungwi district has greatly increased from 57% to 97.5% before and after implementation of the intervention.

There is only 7.4% increase in understanding of community members' to the question of whether "it is a mother's fault if a child has albinism" (79% and 86.4% before and after intervention respectively). Across districts, more men (93.8% than women 79%) were able to respond correctly to the question. People in Bariadi district are least knowledgeable with only 75.1% answering the question correctly. An improvement in people's knowledge is most noticeable in Misungwi district, from 71% prior to the intervention to 92.5% after the intervention.

Table 7: Comparing Perceptions and Attitudes towards PWA before and after Intervention Across Districts

	YES/TRUE		NO/NOT TRUE		I DON'T KNOW	
	Before	After	Before	After	Before	After
Q1	67%	80.9%	26%	9.3%	7%	9.9%
Q2	12%	9.3%	88%	90.7%		
Q3	11%	11.2%	85%	85.1%	5%	3.7%
Q4	12%	13.6%	88%	86.4%		
Q5	35%	11.1%	65%	88.9%		
Q6	21%	13.6%	79%	86.4%		

1. Albinism is a genetically inherited condition resulted from both parents carrying the genes of albinism
2. Albinism is a curse from the gods or from dead ancestors, being in contact with a person with albinism will bring bad luck, sickness or even death.
3. Albinism is contagious.
4. People with albinism never die. They are not human – they are ghosts.
5. Body parts of a person with albinism have magical powers – bringing wealth, success and good luck.
6. It's the mother's "fault" if a child has albinism.

The findings suggest that people would report violence or potential violence to PWA and violations of their rights. However, males (100%) were more likely to report incidences than females (88.9%).

Generally, the findings are indicative of the fact that more women than men still have negative attitudes and perceptions towards people with albinism. Noticeably, a greater number of women (21%) hold the view that it is their fault if a child has albinism. Furthermore, it is evident that people who are traditional believers are more likely to have mistaken perceptions, attitudes, and practices towards PWA as evidenced by their responses to questions four, five and six stating: "4. People with albinism never die, they are not human – they are ghosts"; "5. Body parts of a person with albinism have magical powers – bringing wealth, success

and good luck"; and "6. It's the mother's "fault" if a child has albinism" (50% answered incorrectly). Furthermore, 37.5% of traditional believers responded incorrectly to question 3 on whether "albinism is a curse from the gods or from dead ancestors, being in contact with a person with albinism will bring bad luck, sickness or even death", and 25% were not ready to report on any violation or potential violation of the rights of a PWA.

The findings show that young people aged 18 - 25 years are more likely to have negative perceptions and attitudes towards PWA. Twenty five percent (25%) of people within this age category responded wrongly to questions one, two and three as detailed above. Furthermore, 33.3% responded wrongly to questions five and six. Question one asks whether "albinism is a genetically inherited condition resulting from both parents carrying the genes of albinism". From the analytical point of view, it could be said that young people were not reached by those trained. Maybe this is because they are busy with farming activities and did not participate in the workshops, otherwise it might be surmised that those trained by UNESCO were more likely to share their knowledge with others of the same age. We did not receive a matrix of intervention activities and outputs indicating age groups reached and thus have no basis for comparison.

A radio programme broadcasted by Radio Sengerema for one hour with 28 respondents, generally indicates that although people's perceptions are changing for the better, there are still many people with misconceptions about PWA.

"People still have wrong perception about PWA. When you meet a person with albinism you have to spit on yourself so that you do not give birth to a person with albinism". (Interview, Participant seven, Voice of People with Disability, Sengerema Radio).

Therefore, generally, we may argue that the UNESCO intervention has successfully promoted positive perceptions, attitudes and practices towards PWA in the intervention area. Nevertheless, more efforts need to be aimed at female community members, traditional believers (who may be the majority in isolated, rural areas) and young people who are populous in Tanzania as stated by the country demographic health survey (NBS 2012). By changing the perceptions of young people today we ensure better results and sustainability in changed perceptions in the future.

Questionnaires administered to local government and church leaders reveal various improvements in practices relating to PWA. In Sengerema district council, a total of 103 PWA were identified in the 2015 census. Sengerema Community Radio was used to sensitize people against discrimination of PWA. Girls with albinism who were considered to be at risk of attack due to their circumstances were transferred from day to boarding schools to ensure their safety. The district employed a Community Development Officer with albinism in order to promote the idea that PWA are as capable of carrying out work as anyone else. In Msalala district council, there are currently 47 PWA, of which 22 from poor families were enrolled in a health insurance fund. Moreover, the district put in place mechanisms to identify new visitors to the district in order to reduce the risk of attack and carried out sensitisation campaigns to promote the use of sunscreen among people with albinism. In Bariadi, progress included the formulation and ongoing work of safety committees to protect PWA, participation of family members in the care of CWA, and a reported reduction of discrimination and cruelty against PWA. In Misungwi district council, PWA from poor families were enrolled in a health insurance fund. This work carried out to identify PWA within communities, to sensitise communities in relation to issues faced by PWA and concrete efforts to ensure appropriate services for PWA show that a marked improvement has occurred in local Government policy, planning and activities in relation to PWA as a result of UNESCO's intervention. It is also clear that efforts to mobilize the communities in support of PWA have been quite successful as community members have been active in promoting the wellbeing of PWA.

3.4.2.3 Improvement of Quality of Services and Care Provided to Children with Albinism

Buhangija centre in Shinyanga houses 314⁶ children, between the ages of 1 and 20. The centre has 16 caregivers, only 3 of which were trained by UNESCO. Mitindo in Mwanza has 227 children between the ages of 1 and 18. Among them 93 children have albinism (43 female and 50 male). There are more children with albinism (CWA) compared to children with hearing impairments (82) and children with visual impairments (50). Interviews with caregivers, teachers and children strongly suggest out that the intervention positively increased caregivers knowledge about PWA, and how to provide services and care to children at Buhangija and Mitindo Centres as demonstrated by their remarks below:

⁶ We did not manage to get the number of children with albinism at Buhangija centre despite several follow-ups.

"The training that UNESCO provided was enlightening on how to handle children when they have just arrived at the centre and those who have been staying here. We learned who are people with albinism, how to greet children when they first arrive at the Centre, children's needs, how to stay with them and how to take care of them. The training improved my knowledge, especially on the causes of albinism. For example, I now know how to care for children, I listen to children when they approach me with an issue, I inquire of their upbringing at home to know how to assist them. When they come to school I am not supposed to hit if they are arrogant. Nowadays, I use corporal punishment moderately". (FGD with Caregivers, Mitindo Centre).

"Lesson by UNESCO has greatly improved our understanding of PWA, their rights, and care and services of children with albinism. We now understand that when children stay in the sun their skin is affected. After the training, we taught other teachers in our staff meetings. We also taught older children on how to take care of their skin and look after the younger children to ensure they dress properly. Generally, the training has improved the way we look after the children". (FGD, Caregivers, Buhangija Centre).

"Caregivers are very sensitive on how we dress, persistently reminding us to put on long sleeved shirts and dresses covering our body well. They do not allow us to play or work in the sun. In class we sit in front and during examination we are given much longer time than the normal set time". (FGD, children with albinism, Buhangija Centre).

"Caregivers normally tell us to be clean, make sure that we wear clothes with long sleeves, wear hats, not to expose ourselves to the sunrays" (FGD, Children with albinism, Mitindo Centre)

A study carried out in 2011 by Under the Same Sun (UTSS) reported that discrimination of CWA by teachers and caregivers and by fellow students without disabilities was common. It was normal for teachers and caregivers to apply corporal punishment, to use abusive or insulting language and there were reported cases of children being flogged. (UTSS 2011:24, 49). Findings showed that discrimination against CWA was rampant, 78% and 85% in Buhangija and Mitindo centres respectively (ibid). Violence against CWA was reported at 62% at Mitindo centre (23, 49). This study did not employ a survey method with CWA. Nevertheless, qualitative information from FGDs and interviews with CWA, caregivers and teachers, as cited above, indicates an improvement of care and services to children with albinism in the two centres. A significant change appears to have occurred since the study by UTSS as caregivers now consider the

situation of CWA as better compared to children with hearing and visual impairments. Furthermore, CWA supported this, stating that they believed themselves to be in a better situation than children with other disabilities. CWA explained that they have more attention from visitors and non-government organisations than children with visual and hearing impairments. There are fewer teachers for deaf and visually impaired students, few materials for visually impaired children, and only one typewriter for visually impaired children. Caregivers also noted less support to other children with disabilities in both centres, as demonstrated below.

"NGOs incline on assisting CWA. I think this is wrong. If you say children with disability, it also includes those who have visually and hearing-impairment. Most of the people who come here are interested to hear about children with albinism only. This makes other children feel bad. But they have more problems. People with albinism can work like other people, but is different for other disabled children. I am a caregiver although I have albinism" (FGD with caregivers (citation from a caregiver with albinism), Buhangija centre).

Despite the success of the UNESCO intervention in boosting provision of care and services to children through training of caregivers, there are some challenges remaining. Generally, games, sports and leisure services are still minimal in Buhangija and Mitindo centres. This was also noted in the UTSS study in 2011. Children with albinism complained of not being able to enjoy going home during school vacation or having the freedom to attend church or mosque for prayers. There is still fear for their safety when they return to their parents' home. Some parents do not visit their children at the centres and some have completely abandoned their children. Corporal punishment is still being used, although caregivers and teachers reported that they had minimised its frequency. Buhangija centre is particularly disadvantaged as it has less room per child and they do not have a radio or television for children's use. Caregivers look after between 8 to 15 younger children, while older children get less attention due to shortage of caregivers.

3.4.3 Efficiency

Utilisation of the socio-cultural approach was the key implementation strategy of UNESCO's intervention on people with albinism. A socio-cultural approach is based on "the concept that human activities take place in cultural contexts, are mediated by language and other symbol systems, and can be best understood when investigated in their historical development" (John-Steiner and Mahn 1996). This approach considers that behavior is shaped by socialisation taking place in a specific cultural context, therefore, it is through the

same socialisation process that behaviour change needs to be targeted. It considers that all activities must be tailored to the local context, that a diverse range of key community stakeholders must be targeted and considers these community stakeholders as key partners in transforming harmful cultural beliefs as they are their custodians. These key community stakeholders are all leaders within their community and serve a key role in influencing their fellow community members. They consist of religious leaders, traditional leaders, traditional healers and midwives and other individuals who are respected and looked up to within their own community.

Qualitatively, on the basis of interviews and focus group discussions conducted with key stakeholders, it is clear that UNESCO is running efficiently in the sense that activities were carried out since May 2015 to July 2016 as planned. Several Key informants (traditional healers, traditional leaders, religious leaders, traditional birth attendants, Village Executive Officers, Village Champions, caregivers, parents of children with albinism, community radio journalist, representatives of CBOs, Police Officer, District trainers, male and female community members) reported participating in UNESCO's trainings. Furthermore, key stakeholders and community members reported themselves satisfied with the impact that these trainings have had in the community. It has enabled the communities to increase community-based support, care and protection of PWA and has led to a reduction of incidences and/or prevalence of abuse, discrimination and attacks of PWA.

The use of the socio-cultural approach enabled identification of community based knowledge and tapped into existing understanding, ideals and perceptions to improve practices towards PWA. Recruitment of participants through trainings allowed various stakeholders within the community, local government, community and police force, to collaborate and bring about positive change towards PWA. The use of various methods of outreach to community, for example, through preaching in church and mosque, teaching in local government meetings, improving care giving to CWA, and use of police for security has enabled key community stakeholders to reach out to various people in various setting.

It was possible to track the flow of resources into the intervention, as well as the timeliness and value for money of the intervention. A report by UNESCO indicates that the costs were very minimal covering mostly

the costs of running the workshops. Experts were only paid subsistence allowances. As such we conclusively consider this intervention to be mainly efficient.

3.4.4 Inclusiveness

Beneficiaries of the intervention included several key informants in the community. These are traditional healers, traditional leaders, religious leaders, traditional birth attendants, village executive officers, village champions, caregivers, parents of children with albinism, people with albinism, and male and female community members. Other important stakeholders like head teachers, heads of health centres, teachers, caregivers, community radio journalists, representatives of CBOs, Police Officers, and local government leaders also benefited from the intervention activities. This enabled the development of a combination of strategies and approaches from the community, district, police, and community radios, to mitigating problems, hence, the use of a holistic approach to end stigma and discrimination against people with albinism. The use of a participatory approach in the trainings was beneficial as it promoted the greater engagement of all stakeholders. The involvement of different stakeholders has improved coordination of safety of PWA in the intervention areas. It also allowed districts to have coordinated work plans.

Nonetheless, the coverage of the intervention is still small taking into consideration the fact that the number of wards included in the intervention were few, only three in each district. A respondent in a radio interview stressed the need to educate people, especially people in rural areas who hold misconceptions about PWA. The non-inclusion of male parents of children with albinism was also highlighted as an issue in FGDs. The evaluators noted the non-inclusion of out-of-school children.

"I remember there was a training last year and they only invited my wife. She does not understand Swahili well. So I went with her to the training, but was told to leave as it is only mothers who can attend. I think as a father I also deserve to learn about children with albinism. These are my children and I have the responsibility of looking after them." (Interview with a father of children with albinism. Msalala District).

"Let me just say that we generally still have a tough job ahead of us to ensure that people value all Tanzanians equally, even disabled people. People with albinism are just humans like us... In fact education has not reached out to enough people and that is why until today community members discriminate them... As you know there are people who have not gone to school. There are places in the village that people do not listen to radio or watch television, stakeholders need to get to these people in one way or the other." (Interview, Voice of People, Radio Sengerema).

Nevertheless, this was just a pilot intervention and taking into consideration the wide range of stakeholders who benefitted from the intervention and who are key to motivating positive change in the community, we can conclusively see the intervention as mainly inclusive in considering beneficiaries.

3.4.5 Sustainability

Sustainability is an essential feature for the survival of any intervention. It is essential to ensure that the intervention survives with or without donor funding or support for the intervention to bear sustainable outcomes. Two qualitative indicators are critical in assessing the prospects of the sustainability of the UNESCO intervention. Firstly, is there a sense of ownership among participants and is there a willingness to carry forward the intervention activities beyond the life cycle of the intervention. Secondly, there should be willingness of the leadership to mainstream the intervention activities in their routine institutional framework.

There are several elements embedded in the UNESCO intervention that may serve as indicators of the prospects for sustaining the intervention beyond its lifespan. Firstly, as pointed out elsewhere, most of the UNESCO activities are in line with the country's development agenda. For example, a focus on engaging the community in fighting discrimination and violence against people with albinism is in line with Tanzania's aims of sensitising the public in order to change attitudes and improve political involvement of the disabled.

Secondly, the UNESCO intervention activities involved local government officers at district level, particularly community development officers and social welfare officers who have the responsibility of overseeing activities related to disabled people. Additionally, UNESCO trained village executive officers, community police, and teachers who are key community stakeholders, thus developing work plans that are incorporated in their work activities. Therefore, the knowledge incurred will continue to be useful in performing their duties. Some of the CDOs/SWOs have incorporated the work plans developed during and after training by UNESCO in their annual Open Performance Review and Appraisal System (OPRAS), particularly in Misungwi district as demonstrated by remarks below:

"We planned to teach 18 ward community development officers so that they may further teach community members in their areas. Through district staff meetings, we taught all staff in the department of social welfare and community development. In three wards, issues on albinism are now a permanent agenda and feedback is provided in ward level meetings. This is possible because the three of us who attended the training incorporated UNESCO activities in our OPRAS annual plan". (Interview with CDO, Misungwi District).

Generally, the community work plans that were developed in the context of the UNESCO intervention were operational in all the districts with Bariadi and Misungwi districts showing most progress in implementation. Bariadi and Misungwi have Tshs 3 million and 4 million budget, respectively, allocated to support activities specifically targeting PWA. Misungwi district had allocated additional funds, Tshs 3,105,000, to provide identity cards for free health-care to PWA. Msalala and Sengerema districts did not have funds for activities specifically targeting PWA though activities which benefit PWA were included under other budget lines such as health, community development etc. In Sengerema district, although Tshs 15 million have been allocated for activities targeting people with disability in 2016/2017 none has been spent as of yet due to the need to first generate income internally. The district expects to raise money from other organisations/stakeholders to support activities in the budget year 2016/2017.

Thirdly, the majority of stakeholders who were interviewed during the evaluation expressed strong approval for the UNESCO intervention, observing that it was relevant and useful in empowering them to sensitise and mobilise people in addressing negative attitudes and perceptions towards PWA. The regional council of Mwanza provided a car for interventions by UNESCO.

Despite several promising indicators pointing towards the sustainability of the intervention, there are a number of challenges that threaten the long-term survival of the intervention beyond its life cycle. Firstly, some of the caregivers at Buhangija centre who were trained were dismissed and their head teacher was transferred to another station. There was also a high turnover of staff in community radios though it should be noted that the radios continued to broadcast programmes about PWA despite some of the staff who were trained by UNESCO leaving. Secondly, the districts have limited funds which might impact on the services they can provide for PWA. All CDOs/SWOs interviewed expressed interest in putting activities in their institutional budgets but only two districts have allocated resources specifically for people with albinism. Otherwise, the budget for PWA appears under people with disabilities or is mainstreamed within the budget.

"I planned to visit schools and to attend village meetings to motivate students and community members to report in case of threat or when there are strangers in their areas. I am yet to do that... working regulations limit my movements, I have to execute them first ". (Interview with Police, Bariadi District).

3.5 Challenges Facing the Implementation of the Intervention

Several challenges were observed during interviews with key players of the UNESCO intervention that have constrained the effective implementation of the intervention. Some of the challenges are highlighted below:

i) Efficiency

Several factors seem to have affected the efficiency of UNESCO intervention, including the following:

- The key players involved in the implementation of the UNESCO intervention at district level are not full time staff working on their respective interventions. As such, their availability and work habits are regulated by their employers' institutional policy framework. In some districts visited, it was observed that CDOs/SWOs and teachers who were trained to implement the intervention in their respective areas during the inception of UNESCO intervention had been transferred from one station to another, are on short work contracts of up to three months and some of their contracts were terminated during the lifetime of the intervention, and this affected the smooth implementation of the community-based activities. Moreover, there was a high turnover of staff in community radios.
- Some of the interviewed respondents noted that the trainings were in Swahili and some of the participants were not fluent Swahili speakers and thus did not understand all that was communicated in the trainings.
- There was a lack of systematic visits and monitoring by the responsible government authorities (Community Development Officer/Social Welfare Officer) in the districts to monitor rolling out of community work plans developed by trainees. Consequently, some respondents were of the view that due to lack of follow up, there was some laxity in the implementation of activities.
- While it is clear from anecdotal evidence that the numbers of community members in the intervention area having gained positive knowledge on people with albinism have increased, and thus reaching out to larger number of primary target audience (see qualitative interviews above), it is not possible to trace

the actual number of UNESCO beneficiaries due to a lack of a clear monitoring mechanism to track activities.

ii) Inclusiveness

- Beneficiaries of the intervention did not include male parents of children with albinism. The two male parents interviewed complained of not understanding why they are not required to learn and take care of their children as well as women. A father of three children with albinism explained that:

"When my wife returned from training she informed me that the children need sunscreen lotion, cream and clothes to cover their body. She also told me that we are not supposed to let the children work when it is sunny. She wanted money from me to buy those things. At the beginning I resisted as we needed money for secondary school fees for our older daughter. She had to bring a neighbour that also attended the training to convince me that the children's skin need careful care as I continued giving them tasks in the sun." (Interview with a father of children with albinism,

Additionally, older children aged 14 and above housed at the centres were not involved in the trainings by UNESCO. These children assist in provision of care and service to the younger children there are insufficient caregivers. Moreover, training on sexual education was lacking to older children in the centres. Sexuality education may include instruction on abstinence, contraception, pregnancy, sexually transmitted diseases and human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS)

iii) Sustainability

- At the inception of the UNESCO intervention, intervention implementers received training. Nevertheless, as already explained, due to dismissal of some caregivers at Buhangija Centre only 3 trained caregivers remain. Caregivers are employed on short contractual basis, which affects their job stability in the centres they are working. The head teacher of Buhangija Centre was transferred and a new one has been posted to the centre.

PART IV: LESSONS LEARNED, CONCLUSIONS AND RECCOMENDATIONS

The UNESCO intervention involves socio-cultural approach trainings to empower stakeholders to sensitise and mobilise communities to reduce practices of discrimination, persecution and stigma of people with albinism. Key to this approach is an empowerment strategy to enable community members, local government and local leaders, and community radios to take appropriate measures to autonomously address the problems of people with albinism. This evaluation study aimed to assess the relevance, effectiveness, inclusiveness, efficiency and sustainability of UNESCO intervention. The evaluation was informed by both qualitative and quantitative measures using survey, self-administered questionnaires, interviews, focus group discussions, and a community radio programme. In this part of the report, we present the lessons learned, key conclusions and recommendations emerging from the findings of the study.

4.1 Lessons Learned

- Empowering various key stakeholders and engaging community members through participatory methods and use of trainings with a social cultural approach was the main feature that was employed by UNESCO to change people's knowledge, attitudes and behaviour towards people with albinism. UNESCO utilised the socio-cultural approach to tap into community knowledge and strategies to alleviate negative attitudes. The lessons learned are that these trainings have built the knowledge of key stakeholders and community members. It has also led to cooperation between various stakeholders based on mutual understanding of a need for change towards people with albinism. Those who attended trainings taught other community members and now openly speak out against discrimination of PWA in the trainings and after the training. Furthermore change in behaviour of community members can be observed, for example, community members now report to gender and children's desk in police stations in cases of strangers being spotted in the community.
- Each district formulated a community work plan with the support of UNESCO and is currently carrying out activities aimed at continuing to raise awareness regarding PWA as well as providing services for PWA within their districts. A clear shift in policy and planning may be observed in each of the intervention districts.
- Caregivers and key stakeholders are passionate and positive about the UNESCO intervention which contributed to its success. This is a positive factor for expansion of the intervention to include other

wards not included in this first phase of the intervention. The interest by male parents of children with albinism to participate in the intervention is an added advantage as they often make the decisions regarding how the household income is spent. A broader geographical intervention would be helpful as many wards were not included in this phase. This will require training of more caregivers, stakeholders and community members in order to expand the advocacy to other wards. The use of community radios to run programmes is helping to raise awareness.

- The UNESCO intervention had an implementation plan, which enabled monitoring and reporting and in turn enabled evaluation of implementation and results chain at UNESCO level. Nevertheless, since there was no systematic approach by district officials to follow-up rolling out training of trainers, the process relied on the goodwill of those trained in planning and carrying out of district plans.

4.2 Conclusions

We conclude that, overall, the UNESCO intervention is relevant and to a large extent has been successful in meeting the intended objectives. This is reflected in several successful aspects of the programme as highlighted below:

- The participatory approach of UNESCO is the hallmark of the intervention's success. Through trainings with a socio-cultural approach, UNESCO has provided caregivers, teachers, government and local leaders with a unique platform to sensitise communities and promote positive attitudinal and behavioural change towards people with albinism. As such, UNESCO has become an important avenue for championing leadership to alleviate discrimination, stigma and mutilation of PWA.
- The benefits of the UNESCO intervention are widely appreciated by various stakeholders, including community members and PWA themselves.
- UNESCO has been able to improve the ways that caregivers and teachers care for children with albinism in Buhangija and Mitindo centres. For example, pupils were appreciative of how caregivers and teachers cared for them. In addition, caregivers testified that they had gained new knowledge on how to deal with and care for children with albinism.
- It is evident that community members have significantly higher level of comprehensive knowledge about PWA than prior to the start of the intervention through participation in trainings and information received from those trained.
- Each district formulated a community work plan with the support of UNESCO and is currently implementing these work plans. The districts plans for the coming year show that they intend to

continue raising awareness regarding PWA as well as continuing to provide services for PWA within their communities.

- The UNESCO intervention is widely and broadly supported by a wide array of key stakeholders, including teachers, head teachers, caregivers, police officers in charge of gender and children desk, and district authorities. Additionally, the UNESCO objectives and its implementation approach are relevant and complimentary to the national development policy frameworks. All these factors provide a fertile ground for sustaining the UNESCO intervention beyond donor funding if strategically included in the districts planning.

4.3 Recommendations

Despite the many positive aspects of the UNESCO intervention, there are clear challenges that need to be addressed, both operationally and programmatically, in order to ensure its smooth continuity. Some of the challenges are highlighted below followed by recommendations on how to address them.

- Given the potential of the UNESCO intervention in equipping various stakeholders with knowledge to sensitise and mobilise community members towards people with albinism and bring about policy change at a district level, there is a need for UNESCO to collaborate with: Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), Department of Social Welfare, Department of People with Disability and Elderly Persons Section, and Prime Minister's Office, Police, Parliament, Labour, Employment, Youth; Ministry of Finance; and Planning and Disabled on how best to scale up the intervention activities to other districts and wards that are not yet in this phase. There are two possibilities in achieving this:
 - UNESCO, MoHCDGEC and Prime Minister's Office could look for other partners and persuade them to support the intervention in other districts.
 - MoHCDGEC could adapt the UNESCO model to become part of the district system. For example, rolling out the knowledge received from UNESCO trainings could be part of the district officers' role so that CDOs/SWOs set aside time in their calendar and OPRAS output to undertake sensitisation and mobilisation of communities towards people with albinism.
- Although the centres were started as temporary places of refuge for children with albinism, they are no longer temporary and the number of younger children is increasing. Therefore it is recommended that:
 - MOHSW and districts reconsider changing the short term employment contracts of caregivers to two or four year contracts so as to ensure sustainability to benefit CWA in the centres.

- Introduce programmes on sexuality education and capacity building targeting adolescents in the centres. More programmes, especially, on community radios should be encouraged to continue to raise awareness.
- The evaluation approach was predominantly qualitative due to the lack of baseline data and a clear monitoring and evaluation framework by district officials, which clearly thwarted the delineation of the impact of the intervention on specific indicators. Additionally, the UNESCO intervention was not designed in the traditional Randomised Control Trials (RCTs). Consequently, the findings reported in this evaluation are only indicative rather than conclusive effects of UNESCO as no causal-effect association can be made. For effective evaluation of UNESCO in future, it is recommended that:
 - Baseline data should be collected to feed into second phase of intervention.
 - MoEVT, MoHCDGEC, and UNESCO could use the RCT approach to test the effect of trainings to a specific set of outcome variables (attitudes and behaviours changes related to people with albinism).
- There can be a failure to act together by various stakeholders with regards to PWA. There is a need for mapping of different stakeholders to ensure synergies. Identification of different stakeholders and their role can be done during baseline data collection.
- There was less involvement and engagement of male parents of PWA, children with albinism housed in the centre and out-of-school children. We recommend that the next phase of UNESCO's intervention should target male parents and out-of-school children. Additionally, UNESCO could devise an in-house training for older children from age 14 who are housed in the centres, their teachers and caregivers.
- The study indicates that younger people, women and traditional believers have less understanding towards people with albinism, thus there is a need to specifically target these groups in the next phase.
- We recommend that the parties (UNESCO, MoHCDGEC, Ministry of Finance and Planning, Prime Minister's Office) convene a meeting to strategise on how best to ensure continuity in improving people's attitude and perceptions towards PWA in general. At this forum, issues and scenarios for sustaining the intervention activities could then be discussed, ways to act together, and choices made. The evaluation team will be happy to take part and technically facilitate such a meeting.

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Appendixes

Guide Questions - Focus Group Discussion and Key Informant Interviews

Background:

This questionnaire has been developed as part of the tools in conducting impact evaluation study for a UNESCO intervention relating to people with albinism carried out within the framework of the UN Development Assistance Plan (2011-16) in Tanzania. Among other things the programme aimed at sensitizing communities and raises awareness on issues relating to people with albinism; engage communities in fighting discrimination and violence against people with albinism; and train more caregiver for children with albinism and enhance appropriate care while promoting inclusive education and zero tolerance against discrimination and bullying in selected schools. This tool has been designed in effort to extract information that shall answer to what extent have the above first three objectives been realized in the past 1 year of the intervention.

Focus Group Discussion with Community Members/ Interviews with Key Informants at Community Level

My name is..... I am here representing UNESCO in their endeavour to evaluate its intervention regarding people with albinism in your area, a programme that started in 2015-2016. As you may be aware, this programme started in order to utilise community based strategies to address and promote the protection of people with albinism and the prevention of further stigma, discrimination and violence affecting their daily lives. We have selected you as a respondent in this evaluation work so that we can discuss about the activities and objectives of the UNESCO intervention that have just phased out in 2016. We would like to ask you some questions pertaining to the intervention in order to learn of its successes and challenges. Your answers will be confidential. You are requested to be as open and truthful as possible. There is no penalty for refusing to participate.

Date of Interview __/__/2016

Place of Interview: District _____ Ward _____ Village _____

(Record name, gender, age, marital status, role in UNESCO intervention in notebook)

Section 1: Assessing levels of awareness on issues relating to people with albinism

1. Who are people with albinism and why do you think albinism happen?
2. What is the effect of being in contact with a person with albinism? Probe on individual, family, and societal effects.
3. Who are people with albinism?
4. Whose fault is it if a child has albinism?
5. Do you receive regular information/advice/training on issues relating to people with albinism? *Probe: What is the frequency?*
6. Which are sources of information regarding issues relating to people with albinism (*list and ask to prioritize - most to least important; probe whether people recall of receiving any direct training from UNESCO Trainers*)
7. Which information have you individually heard being communicated through the mentioned media? (*specificity on topics covered*)
8. Which local institution/leader do you regard to be the most responsible and most active for creating awareness or sensitise public on issues relating to people with albinism? (*establish relevance of local institutions/leaders*)
9. Has there been an increase or decrease of incidences of abuse, discrimination and prosecution of PWA in your community for the past one year? Probe on number of incidence, reported cases and how the issues where handled, if any.
10. In general how has the different activities conducted by UNESCO led to positive attitude, perceptions and practices towards PWA in your community?

For Parents of Children with Albinism

1. Who are people with albinism and why do you think albinism happen?
2. What is the effect of being in contact with a person with albinism? Probe on individual, family, and societal effects.
3. Who are people with albinism?
4. Whose fault is it if a child has albinism?
5. How would you describe your experience as a parent with a child with albinism? Probe on whether parents are accepted or they still suffer any form of discrimination?

6. Are you aware of any other challenges that face people with albinism? Probe on health challenges?
7. Where do you go for advice if your child has a problem? Probe on health and discrimination problems.
8. Do you receive same or different treatments when you report a case of your child with albinism? Has the treatment changed for the past one year? Probe about cases of sickness to a health centre, or cases of discrimination to a police station, school, and local government office.
9. Do you receive regular information/advice/training on issues relating to people with albinism? *Probe:* What is the frequency?
10. Has there been an increase or decrease of incidences of abuse, discrimination and prosecution of PWA in your community for the past one year? Probe on number of incidence, reported cases and how the issues were handled, if any.
11. In general how has the different activities conducted by UNESCO led to positive attitude, perceptions and practices towards PWA in your community?

Focus Group Discussions with Children with Albinism

1. Who are people with albinism and why do you think albinism happen?
2. What is the effect of being in contact with a person with albinism? Probe on individual, family, and societal effects.
3. Who are people with albinism?
4. Whose fault is it if a child has albinism?
5. Do you receive regular information/advice/training on issues relating to people with albinism? *Probe:* What is the frequency?
6. Which are sources of information regarding issues relating to people with albinism (*list and ask to prioritize - most to least important; probe whether people recall of receiving any direct training from UNESCO Trainers*)
7. Which information have you individually heard being communicated through the mentioned media? (*specificity on topics covered*)
8. In the past one year, have there been changes in the ways that caregivers/community members treat you? Probe on whether positive or negative and how? Separate for caregivers and community members.

9. Has there been an increase or decrease of incidences of abuse, discrimination and prosecution of PWA in your community/centre for the past one year? Probe on number of incidence, reported cases and how the issues were handled, if any.

Focus Group Discussions/Interviews with Key Informants (other than Community members)

Assessing effectiveness of community engagement initiatives (sensitization, mobilization and capacity building)

1. In the past one year, what methods did your community propose/use to protect and prevent attacks against PWA?
2. What were the details of new initiatives that your community leadership/local government took to protect and prevent attacks against children with albinism? (Probe on whether any new work plans introduced were implemented)
3. What specific effects can you attribute to trainings which were undertaken in your community to enhance the participation of community engagement against PWA? (probe on whether there are new by-laws introduced)
4. Which was the most effective activity that prompted/activated the participation of the large section of the community? (*establish most effective/well received initiatives - case study*)
5. How appropriate were the UNESCO activities in response to problems facing PWA in your area?
6. What is your general opinion about the training received by UNESCO?
7. What specific measures that you were not able to implement and why?
8. How can the UNESCO improve the way they implemented the intervention
9. In general how has the different activities conducted by UNESCO led to positive attitude, perceptions and practices towards PWA in your community?
10. How can successes resulting from the intervention activities be sustained?

For Trainers Only

11. What activities are the districts Training-of-Trainers currently undertaking? (*Probe: Training - location, topic, target groups*)
12. How many community members reached? What issues were covered? What materials used? Check proof of records if available and materials used.

13. What were the challenges in rolling out the trainings?

Key informant Interview with Journalists

1. How many programmes that you aired in your community radio in relation to PWA? Probe on topics
2. Which was the most effective radio programme that prompted/activated the participation of the large section of listeners? (*establish topic and most effective/well received initiatives*)
3. What specific topics that you were not able to implement in your radio programme and why?
4. What is your general opinion about the training received by UNESCO?
5. How appropriate were the UNESCO activities in response to problems facing PWA in your area?
6. How can the UNESCO improve the way they implemented the intervention?
7. In general how has the different activities conducted by UNESCO led to positive attitude, perceptions and practices towards PWA in your community?
8. How can successes resulting from the intervention activities be sustained?

Focus Group Discussions with Care Givers/Interviews with Head of Centres

Section 3: Assessing care-giving activities and appropriate care for children with albinism

1. What do you consider to be the best practise in care-giving activities and appropriate care for children with albinism?
2. What are the challenges facing children who are housed at the centres for children with disabilities
3. What are the challenges facing care-givers working at the centres for children with disabilities
4. What is your general view on the trainings by UNESCO? Probe on knowledge received and appropriateness in the experience of rolling out.
5. Have the training improved your capacity as care-givers?
6. In general how has the different activities conducted by UNESCO led to positive attitude, perceptions and practices towards PWA? in your centre?
7. How can successes resulting from the intervention activities be sustained?

Questions for Community Radios

1. Who are people with albinism and why do you think albinism happen?

2. What is the effect of being in contact with a person with albinism? Probe on individual, family, and societal effects.
3. Is the situation of people with albinism better or worse in your community? Why?
4. Do you receive regular information/advice/training on issues relating to people with albinism? *Probe:* The frequency and sources?

Survey Tool: Community Members

Tick what is correct below:

B1: Gender	B2: Marital Status	B3: Age	B4: Religion	B5: Occupatio n	B:6 Education (Record highest)
A)Male	A)Married (Monogamy)	A) 18-25	A) Islam		
B) Female	B)Married (Polygamy)	B) 26-35	B) Christianity		
	C) Divorced	C) 36-45	C) Other		
	D) Separated	D) 46-55	D) None		
	E) Single	E) 56+			

7. Albinism is a genetically inherited condition resulted from both parents carrying the genes of albinism
 - A) Yes
 - B) No
 - C) Do not know

8. Albinism is a curse from the gods or from dead ancestors, being in contact with a person with albinism will bring bad luck, sickness or even death.
 - A) True
 - B) Not true

9. Albinism is contagious.

- A) Yes
 - B) No
 - C) Do not know
10. People with albinism never die. They are not human – they are ghosts.
- A) True
 - B) Not true
11. Body parts of a person with albinism have magical powers – bringing wealth, success and good luck.
- A) True
 - B) Not true
12. It's the mother's "fault" if a child has albinism.
- A) True
 - B) Not true
13. I will report on any violation or potential violation to PWA and their rights when it happens?
- A) Yes
 - B) No

**Self-administered Questionnaire for Government Officers in Relation to Practices Relating to
People with Albinism Carried Out by UNESCO Dar es Salaam Office**

This questionnaire has been developed as part of the tools in conducting impact evaluation study for a UNESCO intervention relating to people with albinism carried out within the framework of the UN Development Assistance Plan (2011-16) in Tanzania. Among other things the programme aimed at sensitizing communities and raises awareness on issues relating to people with albinism; engage communities in fighting discrimination and violence against people with albinism; and train more caregiver for children with albinism and enhance appropriate care while promoting inclusive education and zero

tolerance against discrimination and bullying in selected schools. This tool has been designed to extract information relating to this intervention.

Position/post _____

District _____

Question 1a)

Which of these plans did you have to support People with Albinism (PWA) in 2014?

	Health	Education	Security	Awareness raising	Community based support (food, clothes, housing etc)
Plan	1. 2. 3.				

Question 1b)

Which of these plans do you have to support PWA in 2016?

	Health	Education	Security	Awareness raising	Community based support (food, clothes, housing etc)
Plan	1. 2. 3.				

Question 2a)

Which activities did you carry out in support of people with albinism in 2014? (describe)

	Health	Education	Security	Awareness raising	Community based support (food, clothes, housing etc)
Activity	1. 2. 3.				

Question 2b)

Which activities did you carry out in support of People with Albinism in 2016? (describe)

	Health	Education	Security	Awareness raising	Community based support (food, clothes, housing etc)
Activity	1. 2. 3.				

Question 3a)

What was your budget allocation for PWA in 2014?

Question 3b)

What was your budget allocation for PWA in 2016?

Question 4)

What changes did you observe in people's behavior relating to people with albinism within your communities in the past 2 years?

Self-administered Questionnaire for Religious Leaders and Head Teachers in Relation to Practices Relating to People with Albinism Carried Out by UNESCO Dar es Salaam Office

This questionnaire has been developed as part of the tools in conducting impact evaluation study for a UNESCO intervention relating to people with albinism carried out within the framework of the UN Development Assistance Plan (2011-16) in Tanzania. Among other things the programme aimed at sensitizing communities and raises awareness on issues relating to people with albinism; engage communities in fighting discrimination and violence against people with albinism; and train more caregiver for children with albinism and enhance appropriate care while promoting inclusive education and zero tolerance against discrimination and bullying in selected schools. This tool has been designed to extract information relating to this intervention.

Position/post _____

District _____

Question 1a)

Which of these plans did you have to support People with Albinism (PWA) in 2014?

	Health	Education	Security	Awareness raising	Community based support (food, clothes, housing etc)
Plan	1. 2. 3.				

Question 1b)

Which of these plans do you have to support PWA in 2016?

	Health	Education	Security	Awareness raising	Community based support (food, clothes, housing etc)
Plan	1. 2. 3.				

Question 2a)

Which activities did you carry out in support of people with albinism in 2014? (describe)

	Health	Education	Security	Awareness raising	Community based support (food, clothes, housing etc)
Activity	1. 2. 3.				

Question 2b)

Which activities did you carry out in support of People with Albinism in 2016? (describe)

	Health	Education	Security	Awareness raising	Community based support (food, clothes, housing etc)
Activity	1. 2. 3.				

Question 3)

What changes did you observe in people's behaviour relating to people with albinism within your communities in the past 2 years?