



CIVIC SOCIAL PROTECTION FOUNDATION (CSP)

ORGANIZATIONAL ANNUAL PROGRESS REPORT



YEAR: 2021

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ACRONYMS

ARV	Antiretroviral
CHW	Community Health Workers
CLM	Community led Monitoring
CSOs	Civil Society Organizations
CSP	Civic Social Protection Foundation
CTC	Complex Transitional Care
DC	District Commissioner
F	Female
GBV	Gender Based Violence
HIV	Human Immune Virus
IGA	Income generating activities
KFA	Key Focus Areas
LSF	Legal Services Facility
M	Male
MACSNET	Manyara Regional Civil Society Network
NACOPHA	National Council of People Living with HIV and AIDS
PLHA	People Living with HIV and AIDS
PLWHIV	People Living with HIV
RAS	Regional Administrative Secretary
SP	Strategic Plan
TA	Treatment Advocates
TC	Town Council
VEO	Village executive Officer

ACKNOWLEDGEMENTS

CSP Secretariat would like to convey its sincere gratitude to all partners, Government and Government agencies for their support and all collaboration that have been extended for the whole year in the struggle towards achieving preventing, managing and overcoming situations that adversely affect people's wellbeing in Tanzania. Specifically, we recognize the support from various partners for their effort to provide us financial and capacity resources that have been useful in the fight against people's access to their rights in Tanzania. Several organizations including Legal Services facility (LSF) and National Council of People living with HIV and AIDS (NACOPHA) that we have collaborated with to address multiple challenges facing marginalized communities in Tanzania, such as actions against GBV practices and other forms of inhumane. Government and Government leaders, Authorities, Ministries and departments that have provided support and collaboration in implementing the interventions are also highly acknowledged. We also appreciate the collaboration and efforts from community radios that played a great role in raising community knowledge through legal education and unveiling harmful actions that are subjugated to marginalized groups including women and children. Community radios included; Sauti ya Injili Moshi, Radio Habari Njema Mbulu, Smile Radio and Manyara FM both from Babati town.

As CSP progressed through the year 2021, we are indebted to our members and development partners for their contributions both in cash and in kind in enabling successfulness of CSP objectives as planned in its 2021 – 2025 strategic plan. We would also like to recognize the job done by Board of Directors who effectively did their responsibilities in guiding and supporting up the Secretariat throughout implementation of the planned activities from January to December 2021.

CSP also acknowledges the secretariat for its efforts and ambition to see the organization evolving and making an effective learning and sharing platform where other stakeholders can learn/share and collectively seek to bring their experience and skills in community support, lobbying and influencing the Government, key policy and decision-makers. Finally, we would like to request for more collaboration, support and synergy from all the above-mentioned stakeholders towards 2022 to impact more goods and services to the needy community.

Nemence Iriya



**Executive Director– CSP Secretariat
December 2021.**

EXECUTIVE SUMMARY

Civic Social Protection Foundation (CSP) is a membership organization drawn from different parts of Tanzania, who have willingly joined their efforts to fight for equity and equality among all citizens of Tanzania regardless of their social and economic status. The organization was established and registered in 2007 by the name of Manyara Regional Civil Society Network (MACSNET) upon which members in early 2019 decided to make changes from MACSNET to Civic Social Protection Foundation (CSP) and hence the name adopted and being in fully operational in early 2019. CSP has five Key result areas (KFA) which are **1: Human right** **2: Livelihood and economic empowerment** **3: Health**, **4: Policy advocacy** and **5: Organizational Development**. Generally, all programs that are implemented and which are expected to be implemented by CSP will fall in one or more of the above Key Focus Areas. CSP targeted beneficiaries are youths, Children, women and elderly.

Therefore, this report summarizes activities implemented from January to December 2021. It analyses the results achieved through activities implementation at all levels of hierarchy. During the year, CSP aimed at empowering individuals to gain capacity for providing access to legal services and reduce all forms of oppressions and insubordination especially to the needy community. Furthermore, the organization aimed at increasing access to justice to all in particular to women and the marginalized community through provision of legal services which are offered freely. In this sense the organization has remarkably succeeded in increasing access to justice to all in particular to women, children and PLWHIV. This can be evidenced by increased number of individuals empowered with legal knowledge to **161,518** through all interventions whereby Men were **70,725** and Women being **90,793**. In addition, from the capacity building through training conducted by CSP a total number of **1,478** people capacitated on different aspects of human right whereby **667** were men and **811** were women. The fact is that the legal education and trainings impacted to provision of legal aid whereby a total of **748** community members received legal assistance from the organization in 2021 whereby Men were **247** and Women **501** exceeding that of men. This is attributed by the fact that most of legal education interventions attracted more women than men. When compared to the last year 2020 achievements, the results are little bit lower due to two main reasons which are; the outbreak of Covid 19 where limited gathering and events were held and others held for short period which resulted to having short period for providing legal education. Another reason was limited funding which also resulted to limited activities being implemented. However, the organization staff continued providing support and mentorship to the needy community especially in the areas of legal empowerment, employment opportunities for youth women economic empowerment and women and girls rights.

CHAPTER ONE

1. INTRODUCTION

Civic Social Protection Foundation (CSP) is an individual membership organization drawn from different parts of Tanzania who joined their efforts to fight for equity and equality among all citizens of Tanzania regardless of their social and economic status.

CSP envisions **“A Community which enjoys their rights and social wellbeing in Tanzania”** and aspires to attain its vision through **“preventing, managing and overcoming situations that adversely affect people’s wellbeing in Tanzania”**.

Whereas members are convinced that this organization would best serve the purposes, they also believe that CSP will have a very strong base for building a better future and facilitating a welfare and social-economic development of the marginalized communities and individuals in Tanzania. CSP main focus areas are Human right, Livelihood and economic empowerment, policy advocacy and Organizational development. CSP primary beneficiaries include youth, women, children and elderly as its first beneficiary groups.

The report is organized into six chapters whereby chapter one presents introduction, chapter two presents Implementation status, chapter three presents’ issues of Organizational development, chapter four presents’ challenges faced, achievements and the way forward, chapter five presents financial report invested to realize results and chapter six presents success stories.

CHAPTER TWO

2. IMPLEMENTATION STATUS

KRA: HUMAN RIGHT

2.1 COMMUNITY MOBILIZATION AND ENGAGEMENT TO ADDRESS LINKAGES FOR GENDER BASED VIOLENCE AND HIV SERVICES FOR CHILDREN, ADOLESCENTS AND YOUNG WOMEN IN 15 COUNCILS OF DODOMA, MANYARA & SINGIDA REGIONS

CSP is the organization that has been championing GBV interventions in Tanzania since its establishment. During 2021 CSP implemented interventions at the community levels that complemented the efforts undertaken by NACOPHA through the HEBU TUYAJENGE project to address the existing social-cultural barriers in the efforts to fight GBV. The process involved a designing and implementation of strategy which has led to the identification of the number of GBV cases at the community level and link them to appropriate and relevant support services including CTC services, legal aid services, primary health services, clinical and psychosocial services, law and enforcement services and linkages/referrals to the Government authorities at different levels.

The main goal of the intervention was to contribute to the “reduced HIV prevalence in Tanzania” through community empowerment that will build ownership of the problem, foster joint problem solving and offer comprehensive support to GBV survivors and their families. CSP collaborated with NACOPHA to empower communities to instil the spirit of joint accountability (responsible and upstanding men holding other men accountable for the safety of women and children), while at the same time, using Community-Led Monitoring (CLM) to ensure service providers are held accountable for services received (or lack thereof), by GBV survivors.

Therefore, the following activities were implemented.

2.1.1 Project Introduction, sensitisation and engagement with regional and district level authorities

One of the activities implemented by CSP was to engage regional and district authorities who are key stakeholders and guardians of the policies and laws governing issues around GBV and HIV in Tanzania. The engagement essentially built a good understanding for sustaining buy-in and ownership of respective authorities before the commencement of the intended activities.

The sensitisation activity took place to create ownership of the project to the Government leaders at the regional and district council levels. The sensitisation activity introduced to leaders about the objectives of the planned capacity building activities to be done in their jurisdiction areas. The leaders were made aware of the importance of the intervention and the complementarities inherited in the activity to support the government initiatives on key objectives areas of reducing GBV amongst PLWHIV. The sensitisation activity increased understanding to regional authorities on additional intervention already done by NACOPHA.

The project was successfully introduced to the Regional and District Council officials including Regional Administrative Secretary (RAS), Head of Community Development Department, Regional Community Development Officers, Regional Medical Officer, Regional Social Welfare Officer and Regional Gender desk officer. Other were district council officials including; district gender desk officers, district community development officers and district social welfare officers from the Dodoma City Council, Kondoa DC, Kondoa TC, Bahi DC and Kongwa DC. A total of **150** leaders participated among whom **58** were women and **92** men. Both Regional and district authorities were successfully engaged to understand the linkage between GBV and HIV, and why such kinds of interventions are important to be executed in the communities. The two levels of authorities principally agreed and were active to support the implementation of the project activities.

2.1.2 Local Government leaders from village and ward levels capacitated on how to support Treatment Advocates using existing Government structures to address HIV related stigma and GBV cases at their locality

In achieving an important milestone in addressing HIV related stigma and GBV cases; there is a need to involve political and local government leaders in the process of implementing this intervention. By doing so, the project tried to redirect health attitudes and behaviors for people to fight against GBV and reduce HIV infections. Local leaders in particular political leaders are the critical pillar for great potential impact on health outcomes. Local leaders were involved because of their inherent influence on the public to improve health attitudes and beliefs. The Local Government leaders are one of the service providers and implementers of policy and guidelines as related to the prevention and management of GBV actions in society. A total of **525** local government leaders (Chairpersons and the Village executive offices) attended the sessions, with male **328** and female **197**.

The empowerment sessions carried to them increased their knowledge and skills on their role and obligations in supporting TAs located in their areas to address GBV cases and HIV stigma in the society. From the training, it was known that increased understanding will offer room for improved referral processes when it comes to a case related to GBV and HIV. Therefore, the local leaders were trained on *gender-based violence* issues to include *sexual violence, the role of treatment advocates and how to work with them, the role of paralegals and police gender desk*. The leaders were provided channels for making the best referral when they received cases and the linkages existing between the sectors. Therefore, it was urged that the presence of TAs and paralegals should be taken as an opportunity. To complete this activity, 2 participants (Chairperson and VEO) were invited from 3 villages in each ward which are mostly affected with GBV among 75 wards in 15 councils.

2.1.3 Treatment Advocates (TAs) capacitated on referrals (modality & pathways), and linked to paralegal support for the identified GBV cases from their locality

The treatment advocates (TAs) are important players in the role of identification of GBV cases for women and children at a community level. The TAs link victims to appropriate and relevant

support services; these include HIV services, legal aid services, primary health services, clinical & psychosocial services, law enforcement services and linkages/referrals to the Government authorities at different levels. The objectives of the session were; to capacitate Treatment Advocates to identify GBV cases against women and children, link Treatment Advocates with Paralegals to facilitate a collaborative working relationship between them and capacitate Treatment Advocates to handle GBV cases. The capacity building sessions were meant to expose treatment advocates to the techniques and modalities which will later facilitate their role of doing identification of GBV cases for women and children at the community level and link them to appropriate and relevant support services including HIV services, legal aid services, primary health services, clinical & psychological services, law enforcement services and linkages/referrals to the Government authorities at different levels. Altogether, the session emphasized supporting TAs on key issues of determining and handling GBV cases, maintaining a database of GBV cases identified, but lastly, the session touch based on developing of referral system to link with other services providers. To ensure the services are available in 15 district councils in which the project covered; two (2) TAs were capacitated from 75 wards. Therefore, a total of **150 (M: 65 F: 85)** treatment advocates were involved in the training.

2.1.4 Community Health workers at village and ward level from 15 councils capacitated on how to work with TA's for identifying and providing treatment and psychosocial support to HIV and GBV survivors

It is acknowledged that health workers play a very crucial role to reduce the isolation of GBV survivors and increase their options for safety and better health; from HIV prevention to testing, treatment, and long-term care. A consultative and strategy development session was done with Health Facility workers from villages and ward levels in 15 councils to capacitate them on how to work with TA's in identifying, providing treatment as well as psychosocial support to HIV and GBV survivors. Health workers are responsible for the provision of health and psychosocial support to victims of GBV.

Health workers are also responsible for providing testing for HIV to GBV victims to establish the HIV status and provide referrals to Treatment Advocates to support in retaining them on treatments as well as provide evidence and linkage to legal entities/structures like police gender desk and courts. The session acted as a link between health workers and new TA's responsible for GBV. It aimed at developing a joint plan for the best referral pathways and linkages between GBV and HIV. The workshops were held at the regional level in Dodoma and Singida where **75 (M: 32, F: 43)** participants from 25 wards attended from Dodoma, Manyara and Singida regions. Generally, the topics covered during the training were; sex and gender, GBV, act like a man & act like a woman, care and support for GBV and PLWHIV and roles and responsibilities of CHW.

2.1.5 PLWHIV groups empowered on GBV and protection of women and children living with HIV from GBV

CSP in considering that GBV is a contributing factor of HIV infection and vice versa, members of empowerment groups were capacitated with techniques to support women and children who fear discrimination, physical violence and rejection by their families if they disclose their HIV-positive status. The skills-building included how to engage the community to eliminate harmful cultural customs, values and practices which contribute to GBV actions towards women and children living with HIV.

The intervention moulded them to be good ambassadors to convey the message to government officials to increase accountability in their daily responsibilities to ensure they reduce acts of violence against women and children in their communities. The skills-building has demonstrated the ability of group members to engage communities on how to eliminate harmful cultural customs, values and practices which contribute to GBV actions towards women and children living with HIV. The training managed to reach **300 (M: 125 F: 175)** PLWHIV. The main topics covered were; laws that prevent GBV, End GBV in our life and the Community, HIV and GBV relations, Sexuality, Reproductive Health and Communication for PLHA, Power dynamic, learning about the gender concept, gender awareness and power concept.

In general, all the training conducted by the CSP over the past one year resulted in a large community being empowered to deal with all kinds of human rights abuses and resulted to the increased number of women seeking for their rights.

2.2 COMMUNITY SENSITIZATION AND EMPOWERMENT THROUGH NATIONAL EVENTS.

2.2.1 16 days of activism to end Gender Based Violence

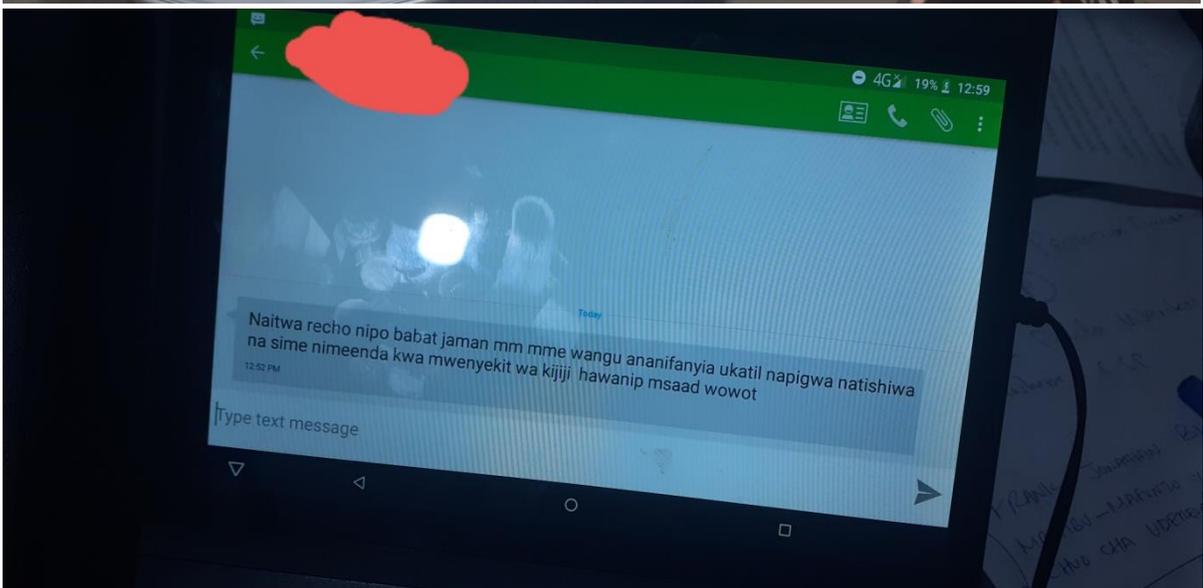
Basically, this activity was implemented by CSP under LSF funding; this was planned from the fact that CSP is a major stakeholder in combating GBV in the community including women, children, young ladies and people living with HIV. Given the magnitude of this problem, CSP expanded the implementation area from Manyara to Dodoma and Singida regions. This activity focused on providing education on gender-based violence in the community, including People Living with HIV.

Because this activity focused on awareness creation on GBV issues and in particular related to PLHIV, CSP collaborated with treatment advocates (TA) from 5 wards in each Council in each mentioned region where by paralegals being skilled in providing legal aid and education collaborated with TA in doing community sensitization and mobilization through various ways. Particular attention was given to violence against people living with HIV while encouraging the entire population to check their HIV health status. While TA's and paralegals were given community mobilization and sensitization task, CSP had a role of providing technical support and assistance where needed. More attention was given on gender-based violence especially to women and children due to the fact that they are direct victims of GBV actions in the community.

The objectives of the activity included:

- Increased community awareness on GBV issues and how it relates to HIV,
- Increased capacity of treatment advocates to effectively deal with GBV cases,
- Identify and provide support to the GBV affected women and children in the 3 regions of Manyara, Dodoma and Singida regions,
- Empowered communities with legal knowledge and skills in Manyara, Dodoma and Singida regions and
- To improve collaboration and networking between paralegal, treatment advocates and CSP on GBV cases by creating good referral systems.

The sensitization exercise was conducted through village meetings, community groups, religious houses, clinics, open markets and through community radios.



Above Picture is a treatment advocate as a representative of PLWHIV and CSP lawyer providing legal education through radio; the second picture portrays one of the messages received showing how GBV is rampant.



Some pupils at Bahi district Council in Dodoma region being empowered on GBV issues by one of the treatment advocates.

As one of CSP capacity development component to community, legal education creates community awareness to different individual and communal rights and where to get legal aid in resolving such kind of rights violation. In respect to this and considering that Manyara, Dodoma and Singida are among the highly affected regions on GBV issues (Manyara being the second in the country); this activity was implemented by CSP in collaboration with treatment advocates and some paralegals in order to increase community understanding on types of GBV, sources, how to avoid and where to get assistance in case a person is subjected to GBV actions. Hence, collectively; number of people reached through community sensitization was: **55,952 (Male: 24,367; Female: 31,585)**. During the empowerment village meetings, women meetings, religious meetings, celebrations, commemorations, groups, school interventions and health centers were employed which made number of women to be higher as compared to men.

2.2.2 Commemoration of International Women's Day

Women are one of the key target groups of the organization and hence it has been also working in collaboration with government and other partners in ensuring that community realizes women rights. Therefore, CSP collaborated with the Government at regional and Council levels during preparation and commemoration of international women's day held on 8th March, 2021. The objectives of this intervention was to collaborate with the government to provide legal education on women rights, prepare and give a room for women paralegals to provide legal education on women rights, provide legal aid to all clients who approached CSP tent during the day and to

sensitize the community on existence of CSP and its relation with paralegal organizations. The implementation of this activity took place in form of Peaceful Demonstration, Introducing CSP and Paralegal Organizations, Provision of Legal Education, Provision of Legal aid, exhibition and Speech from Guest of Honor. As a result of legal education about **68 (men: 23 women: 45)** clients visited CSP exhibition booth to seek for legal advice and assistance. An estimated number of **2,500** women and **800** men received legal education and thus made a total number to reach **3,300**.



Some women (including paralegal women in white t-shirts representing CSP) participating in peaceful demonstration at Babati on 8th March, 2021 during women commemoration day

2.3 LEGAL EMPOWERMENT THROUGH CSP LEGAL CLINIC

2.3.1 Legal Education

As a legal aid provider, CSP in 2021 apart from collaborating with stakeholders in doing community sensitization and mobilization on legal aid services, also continued to provide legal education to the community through community radio, (FM Manyara, Smile FM and Sauti ya Injili), community groups and social gatherings. During this period part of the key legal education provided focused on analyzing the constitution of the United Republic of Tanzania and this came mainly after the death of the former president of Tanzania Mr. John Joseph Pombe Magufuli and the modalities used to replace his successor. Through this analysis the community gained a better

understanding of the constitution. Other topics which were covered include marriage law, child law and labor laws especially in work places. Thus for this period it was estimated to reach **105,566** people (**M: 46,358 F: 59,208**); however a total number of **563 (M: 244, F: 319)** sms and **204 (M: 99, F: 105)** calls were received.

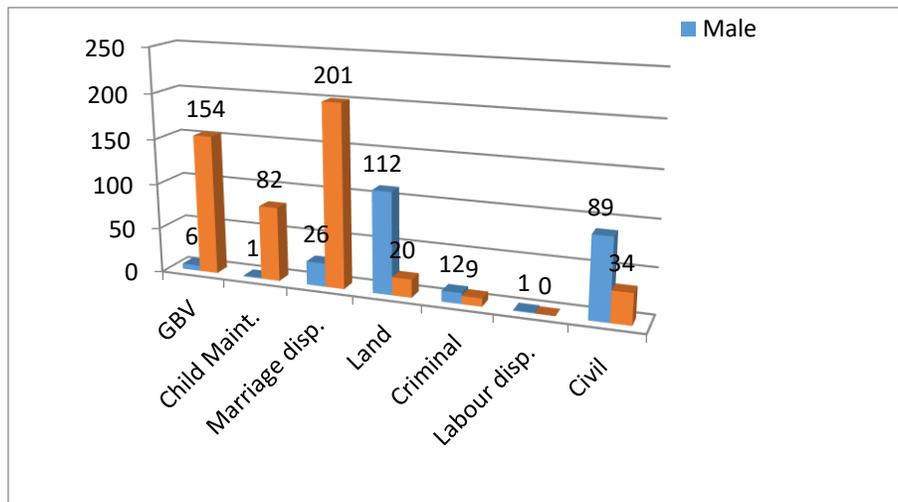


CSP staff providing legal education through radio.

2.3.2 Provision of legal aid Services

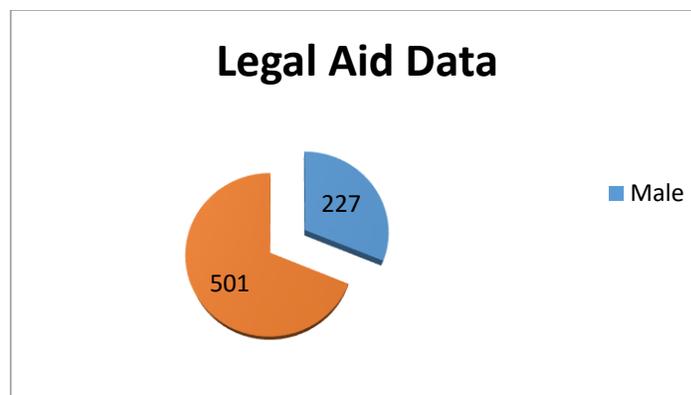
Legal aid service is one among strong pillars of CSP which in most cases done after provision of legal education and sensitizations. On other words legal aid services is a result of legal education through increased understanding on types of cases in relation to relevant laws and where the victims can get an aid. Therefore; having been understanding about the legal aid services which is provided at CSP office, there was routine individuals who was reporting their cases to CSP legal office for seeking support on how to access their rights. Mostly the clients included PLWHIV that have been subjected to various violence as a result of their HIV status. This was also a result of sensitization from TA on how and where to report GBV cases for PLWHIV. The activity resulted into having increased number of cases received from clients from 540 to **680** whereby **224** belonged to Males and **456** to female. Results on the cases are presented in the chart below.

Figure 3: Legal Aid Data



From the chart, marriage disputes are the vast majority of reported cases by women and that has resulted from the provision of sensitization education to the community through an approach which is friendly to women. GBV is also highly reported something portraying that women whether in marriage or not suffer from GBV actions; this is an indicator and alarm to CSP, government and other stakeholders that the community still is in high need of sensitization on human rights on marriage issues and GBV practices especially in central zone. Other reported cases were land and civil cases which were highly reported by men as compared to women. However, number of resolved cases is higher than the referred ones which indicate organization ability to provide legal aid services as part of human right in its key focus areas.

Figure 4: Proportion of male & female clients who received legal assistance from CSP



The chart above illustrates that in the reporting year female cases were more reported to CSP than men which is a result of various interventions by the organization that reached more women than men. This may be an impact it is behavioral change of the community that leads to the increased number of women seeking for their rights.

2.4 CAPACITY DEVELOPMENT TRAININGS

As one of its responsibilities CSP had the opportunity to conduct capacity development training on human right issues as outlined below:

2.4.1 Scale Up Leadership for PLWHIV Governing Structures

CSP in collaboration with NACOPHA was identified as one of the organizations with enough skills in Gender Based Violence and Leadership. Following that NACOPHA commissioned CSP to conduct capacity building training to leaders from cluster of PLWHIV. The main goal was to capacitate them on human rights issues especially gender-based violence, inheritance and stigma to PLWHIV. So treatment advocates and Konga leaders were empowered on how to deal with acts of GBV and stigma against PLWHIV. The training enabled the organization to expand its network especially in Gender and human right from the PLWHIV perspective as well as initiating new collaboration and networking with existing structures of PLWHIV in the community. The training brought in 67 leaders whereby Men were **21** and Female **46**.

2.4.2 Engaging Government Leaders to Advocate Policy Change on GBV Prevention

The one-day training involved women councillors in Dodoma region where CSP was to provide GBV training to political leaders with the aim of making them ambassadors to their wards they represent in their councils. Participants were empowered to deal with GBV cases and stigma against PLWHIV including the reporting to CSP as well as paralegal organizations in their region. Therefore, a total number of **211 (Male 4 Female 207)** councillors were capacitated.

KRA: ORGANIZATIONAL DEVELOPMENT

2.5 Governance meetings (Management, AGM & Board)

Due to financial constrain the organization had to reduce the number of staff from 7 to 5. However, as the key staffs were available, monthly staff meetings continued to be held to discuss the organization's progress and plans for the future. For the reporting period 10 meetings were held out of 12 and main issues discussed during the meetings includes; Implementation of CSP daily tasks challenges and the way forward, development of 4 years CSP strategic plan, development of various funding proposals and fund-raising activities. Board quarterly meetings continued to be held according to a schedule whereby board members discussed the activity implementation status, financial reports for the respective period, fundraising activities, organizational asserts and membership issues. The board also continued to require the secretary to work full-time regardless of whether the organization has enough financial resources. Annual general meeting was also convened where all members forming CSP met and updated on various issues of the organization including implementation report, financial audit report, membership status and confirmation of Auditing firms.

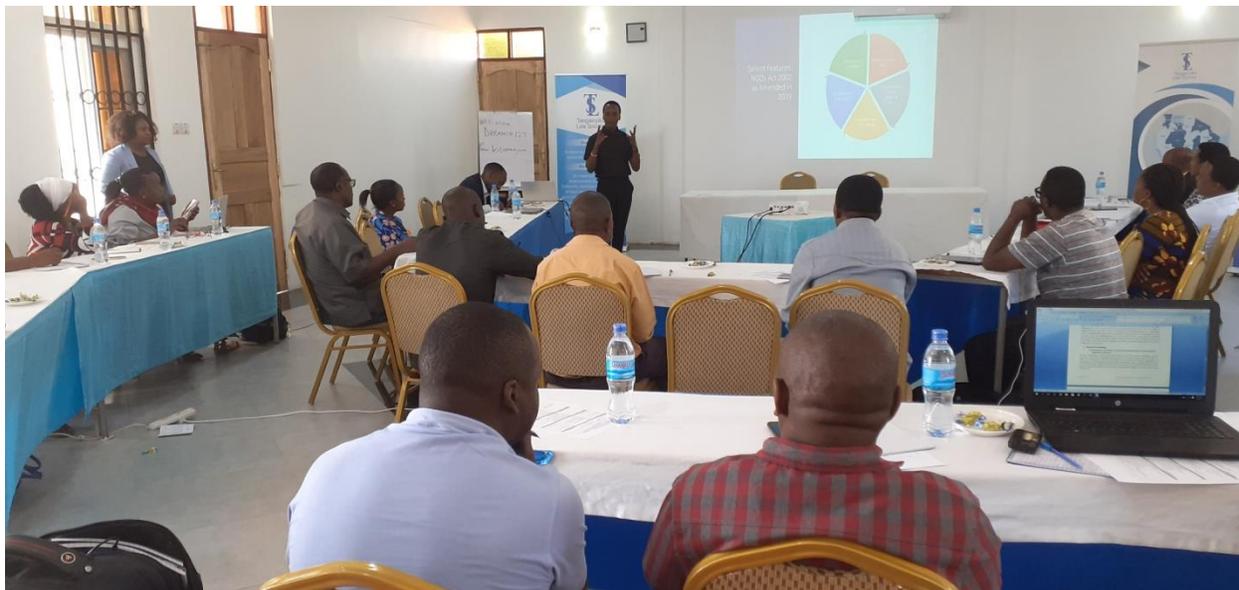
2.6 Networking and Collaboration

During 2021, there were different collaborations and cooperation established and maintained, carried out between CSP and donors, Government, networks where CSP is a member, CSO's, community and other stakeholders. Specifically, CSP through different ways-maintained collaboration with organizations and networks through meetings, trainings, workshops and seminars. Legal Services Facility and NACOPHA were some CSO's/Donors organizations which had strong collaboration with CSP, while Policy Forum, TANGO and THRDC were organizations which CSP collaborated in various ways including capacity building, workshops, strategic meetings etc. Quarterly Ministerial meetings for evaluating NPA-VAWC implementation was conducted quarterly and CSP as a member participated in those meetings to give update on how it has contributed to the implementation of NPA-VAWC in Manyara and beyond. In collaboration with Legal Services Facility, CSP participated in the session on civic Space in a post pandemic world to mark the 60 years of Tanzanian independence. The aim of the two days session which was held at MSTCDC Arusha was to discuss on strategies which will be used by CSO's to regain and maintain its Civic space which has been squeezed by the Government in one side and affected in a way by COVID 10 pandemic.

2.7 Staff Development

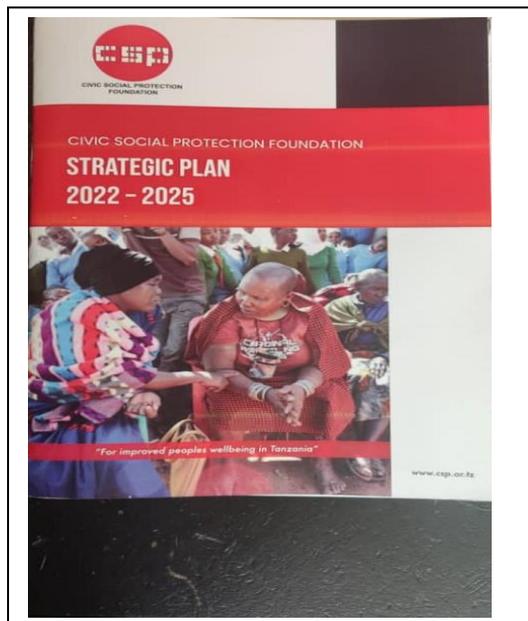
The organization had an opportunity for staff capacity development training where some of its staffs attended various capacity development trainings. The training on NGO capacity building in different operational aspects of an organization was organized and conducted by the Tanganyika Law Society (TLS) with the aim of enhancing the capacity of Civil Society Organizations (CSOs) to feed the public accurately and unbiased information on democratic governance and citizen decision-making processes.

CSP also continued to conduct internal mentoring where the board through the executive director continued to undertake staff capacity development through coaching and mentorship as the need arose; through mentoring the daily activities of the secretariat continued to be carried out with great efficiency and thus further brought positive results to the organization.



Capacity development training session in Dodoma organized TLS where CSP attended to develop its capacity.

2.8 Development of CSP four years strategic plan.



As a way of aligning organizational focus and creation of proper and relevant interventions which would align and address needs for CSP beneficiaries and other stakeholders, CSP engaged in the development of its four years 2021 – 2025 strategic plan. The process was very participatory where members, board, staff, external stakeholders including Government representatives participated. The process took about one year to accomplish where currently CSP has its Strategic plan in Place. Generally, the plan has five key result areas which are 1) Human right, 2) Livelihood and economic empowerment, 3) Health, 4) Policy advocacy and 5) Organizational development.

CHAPTER THREE

3. GENERAL ACHIEVEMENTS, CHALLENGES AND WAY FORWARD

3.1 Achievements

- The organization managed to provide legal services to the wider community in Manyara, Dodoma and Singida regions using a little resource it had,
- Strengthen relationship with key Government ministries and departments including Ministry of constitution and legal affairs, Ministry of health, community development, gender children and elderly, Ministry of labor, youth and disabled as a way of strengthening attainment of our key strategic areas smoothly,
- Enhanced collaboration and networking with Civil Society Organizations especially those dealing with human right issues which resulted to community empowerment especially people living with HIV on GBV and stigma,
- The organization has managed to develop its four years (4) Strategic Plan (SP).
- CSP managed to strengthen its Monitoring and Results system to be able to effectively document the results, analyze, report and disseminate them through different means including CSP website and
- CSP has maintained the existed relationship and strategize for more and strategic relationship with community radios which resulted to being offered with community programs to provide education at no or at low cost.

3.2 Challenges

- Inadequate financial resources to implement CSP strategic plan and
- Inadequate sustainability programs in place. CSP having two plots, one located in Babati town and another in Dodoma town, it has not adequately established and conducted fundraising events to generated revenues sufficiently to develop the two plots.
- Lack of volunteers in the organization who can in one way support in the fund-raising activities of the organization.

3.3 The Way Forward

- The management is struggling and putting more effort in resource mobilization and maintaining organizational development in order to leverage more interventions and increase geographical coverage to reach more beneficiaries.
- To vigorously search for volunteers especially in the areas of fund raising
- To develop and operationalize the new resource mobilization strategy to ensure continuous resources availability for the organization.
- To forge strategic relation with potential partners in order to increase funding opportunities i.e. organizing meeting with donors, fund raising and proposal development and

- Maintaining the existing relationship and strategize for more and strategic relationship with media.

CONCLUSION

In addition to the implementation of all planned organizational activities, CSP also continued to provide legal support and it commits itself to be close to the community in order to providing them with legal assistance and moral support. However, some targets set in the annual plan could not be attained due to lack of funds or lack of committed basket funding. We are struggling to ensure the organization is subjected to basket funding in order to minimize inconveniences. We urge our stakeholders and partners to continue offering their cooperation including visiting our social media pages to see our work as well as various events that showcase our community work. The organization is also open to all local, national and international development partners who are willing to collaborate with it to achieve its goal, mission and lastly its vision of making sure community enjoys their right. CSP will continue to do all it can to bring intended benefit to its key beneficiaries important to improve their wellbeing.

CHAPTER FOUR

4.0 FINANCIAL REPORT

CIVIC SOCIAL PROTECTION FOUNDATION(CPS)

STATEMENT OF FINANCIAL POSITION AS AT 31ST DECEMBER 2021

	NOTES	2021 Tshs	2020 Tshs
ASSETS			
Non-Current Assets			
Property, Plant & Equipment	8	27,985,278	29,988,749
		27,985,278	29,988,749
Current Assets			
Debtors - Office Imprest	9	(2,065)	(2,064)
Cash & Bank Balances	10	31,147,450	19,855,788
		31,145,385	19,853,724
Total Assets		59,130,663	49,842,473
NET ASSET AND LIABILITIES			
Movement in Net Assets		21,555,452	21,555,452
Accumulated Surplus/Deficit		35,786,611	26,787,020
		57,342,063	48,342,472
Current Liabilities			
Accounts Payable	11	1,788,600	1,500,000
		1,788,600	1,500,000
Total Net Asset and Liabilities		59,130,663	49,842,473

Approved by those charged with Governance and signed on their behalf by:

.....
Mr. Nemence Iriya
Executive Director

.....
Date

15/03/2022



.....
Mr. Jackson Muro
Board Chairperson

.....
Date

15/03/2022

CHAPTER FIVE

5.0 PROGRAM SUCCESS STORIES

Success stories are direct result of the implementation of the interventions throughout a year. Hence, this section is specifically for highlighting some of the direct results attained at the level of changing of individual and group behavior, attitude and practice that are also e changes resulting from legal services provided over the past one year. Therefore in 2021, the following were some stories indicating different successes at individual and community level.

5.1 CSP RESTORES MY HAPPINESS

Introduction

Many married women face GBV actions which may result to uninformed and wrong decisions. This story tells about a woman who planned to commit suicide at the same time kill her biological child as a result of GBV actions committed on her by her partner.

The Story

“Kwa kweli siwezi kuendelea kuishi maisha ya uchungu kiasi hiki na wanangu; sasa nimeamua kuchukua uamuzi mgumu kwangu na kwa wanangu ili niondoke kwenye hii dunia ili huyo mwanaume anayenitesa aishi kwa amani” (For sure I and my children can’t live this hard life anymore; I have now decided to make difficult decision to leave this world so that that the husband can live peacefully”) These are words the client uttered before visiting CSP offices. Tumaini Mushi 38 years old is a resident of Maisaka Ward (Maisaka Kati Street) in Babati Town Council. She has been under presumption of marriage for about fifteen years now. She has been experiencing tortures, humiliations associating with physical, psychological and sexual violence from her husband (in short she is a victim of all types of GBV); she is always been forced to have sexual intercourse (without her consent) and without considering presence of children on the spot (i.e. sometimes in front of children);. After listening to the legal education program provided by CSP through radio Manyara FM concerning GBV, Ms. Tumaini contacted the CSP legal officer and finally she visited the organization offices where she met with a lawyer.

CSP Intervention

After giving detailed explanation about the actions with deep sympathy, the CSP lawyer began by giving her counseling to calm her down. The lawyer advised her that all the tortures she was subjected to were a violation of human rights and that CSP could not remain silent as to provide legal aid to any GBV actions is one of its main role thus assured her of help. The lawyer went on to say that the matter should be reported to police gender desk. The lawyer supported her to go and report the case to police gender desk and she finally arrived and explains her case to GBV officer.



A client in CSP offices bitterly weeping while explaining how she has been suffering from GBV.

Results of Efforts from Civic Social Protection Foundation (CSP)

At the police station she explained the scenario and all the surrounding circumstances of the case as directed by CSP lawyer. Following that Police summoned her partner and informed him about his partner's accusations and at that stage he was given a stern warning to stop the actions with the condition that if anything of that nature will be repeated then he will be charged and be sent to the court. After a long discussion, Tumaini raise a concern that she can't continue staying with the husband anymore in the same house as she knows that he will still subject her to GBV actions. Thereafter, she finally requested a separation where she can settle first before deciding if she will again rejoin the husband. Finally, it was decided that the dispute will be settled by the elders in their community accordance with their traditions and customs considering that the two are believers of different religions.



Conclusion

Currently preparations for the elders' meeting are underway. Similarly, after being sternly warned by the police, a man stopped the violence to his partner as it is what upsets this client mostly. The client returned to CSP looking full of joy and hope while acknowledging ***"Sina hofu tena maana naiona kesho yangu ikiwa nzuri sana"*** She said and added that ***"Tangu juzi nilipotoka hapa ofisini kwenu matumaini yangu yalirudi na kama unavyoniona leo nafurahi siliti tena kama siku ile; najiona nimetua mzigo. Kwa taarifa yenu nilishapanga nikoroge sumu ninywe na wanangu tufe maana sikutaka niwaache wanangu hai kwa kujua watateseka. Baada ya kutoka hapa hiyo juzi nilikwenda kumwomba Mungu msamaha na sirudii tena kuwaza vile; asanteni sana CSP hakika mmerudisha furaha yangu"*** ("I am not afraid anymore because I see my future being very good" She said and added that "When I left your office the day before yesterday my hopes have returned and as you can see today I am happy and no longer like that day; I now feel to have dropped the burden in my heart. For your information I planned to poison myself and my children because I did not want to leave them alive knowing they would suffer. After leaving here the other day I went to ask God for forgiveness and never again to think like that; thank you very much CSP you have definitely restored my happiness"). She finished speaking happily.

5.2 TREATMENT ADVOCATE RESTORES VICTIM'S HOPE

Introduction

PLWHIV in the community has continued to receive negative attitudes and perceptions as they are considered as not supposed to be part of the community by some people. . This is due to negative perception that PLWHIV are just about to die and can't be involved in any societal development issues and they are not supposed to be mingling with society or other people in the society.

The Story

“Eti kwa sababu naishi na VVU ndio nikoseshwe amani kiasi hiki wakati mume wangu ananipenda; jamani hii ni haki kweli?”(Should I suppose to be isolated that much with a society am living in due to the fact that I am HIV positive while my Husband is in so with me?) Ramla Nyerere (also known by a nickname as Dodi) a 27-year-old woman (living with HIV) from Mrara Street, Babati Ward, Babati town council in Manyara region is the victims of GBV and is also HIV positive. For a long time, she has been harassed and detested by her mother-in-law who wants to separate her from her husband Mr. Boki on the pretext that she would infect him with HIV regardless of the fact that the two lives peacefully and lovely and blessed with two children while the husband is HIV negative; Ramla decided to have been starting the HIV treatment in order to ensure that the husband is not easily contract HIV. This situation psychologically hurts Dodi for a long time that she lives suspicious life in the community as her mother-in-law spreads to the community members on her health status whereby community perception becomes negative to Dodi and hence becomes isolated and gossiped by some community members.

Treatment Advocate's intervention

After meeting with Treatment Advocate (TA), (Hadija Matola), she decided firstly to encouraging and offered her psychological counseling. As if that wasn't enough TA referred her to Civic Social Protection Foundation (CSP) offices for further legal aid and to facilitate that she accompanied to CSP office to introduce her for the first time. As a Legal Aid Provider, CSP held in-depth discussions with the client and later visited her at her home where she and her husband were advised to be patient while the problem was sought for a lasting solution.



A client in the CSP offices bitterly describes how she is being abused for living with HIV.

Results of Efforts from Treatment Advocate and Civic Social Protection Foundation (CSP)

CSP in collaboration with TA managed to meet with the mother (who abuses her) and explained her on the allegations from Ramla while insisting on the psychological and legal consequences and implications to the client; the mother admitted to committing acts of violence against her daughter-in-law due to her health condition. Along with that confession she seemed to understand that what she used to was against the law and humanity as well and thus wanting to meet Ramla and her parents so that the dispute could end in a peaceful way.

Conclusion

Finally, both sides (Ramla’s mother-in-law and her parents met and the mother re-apologized in front of them and went on to promise that she will never disturb his son’s family as they are legal couple so she considers them all her children. The mother says in Swahili quote: ***“Nikiri tu kutoka moyoni mwangu kumnyanya huyu mke wa mwanangu kwa sababu ya hali ya afya yake lakini naomba nikiri tena kwamba nimetambua makosa yangu na wanangu mnisamehe mimi pia ni mwanadamu sirudii tena na najuta”***

(“I just confess from the bottom of my heart to abuse my son's wife because of her health condition but I would like to acknowledge again that I have realized my mistakes and that I ask my children to forgive me I am also a human being I will never abuse and I now regret for it”). She finished.

5.3 SHE FINALLY RETURNS TO A FREE LIFE

Introduction

GBV acts including beatings of women have continued to grow in Manyara region making it the second region in the Country where GBV is mostly practiced regardless of the existence of many policies and strategies in place for prevention, management and overcoming the actions including the currently ending National Plan of Action to end Violence against Women and Children (NPA-VAWC). The NPA VAWC is structured in a way that there is supporting committees

from National to local levels. Women and children in Manyara areas are the most affected groups with GBV as most of the violence are the result of outdated and uninformed traditions and cultures that have been persisted in the community violence to women in any form but mostly sexual violence and physical violence. These results into having difficult living conditions for women and their children hence reduced their wellbeing.

The Story

Ms. Asha, a woman living with HIV/AIDS is a resident of Matufa village in Magugu ward, Babati district in Manyara region. She is one of the women who have gone through difficult times being beaten by her husband. These recurring actions have caused her physical and even mental pains. She has become a person living without peace due to several physical beatings from her partner without apparent reason.



Ms. Asha, a victim of GBV having face scars resulted from several physical beatings from her husband.

Treatment Advocate's interventions

Having met with TA, Ms. Asha described how she was subjected to GBV resulting from her HIV status. She explained to TA that she has been beaten by her partner frequently when she questions the fate of their relationship and this is after realizing that the man has two other wives where he has been going secretly. She explained that the husband been having other women as his wives is not the big deal but asking him about his marital status is her right as he has been living with him for almost five years. She narrates that the frequent GBV actions normally disturbed her to the extent of failing to follow her ARV drugs schedule..



Ms. Asha (living with HIV) at her room looking somehow recovered from beatings by her partner.

Results of Efforts from Treatment Advocate and Civic Social Protection Foundation (CSP)

Despite being warned by TA and Government officials on the tendency of beating the wife, the man went on beating her. After re-reporting, TA decided to get further assistance and referred her to Civic Social Protection Foundation (CSP) for legal aid; she received initial counseling and in some days later a CSP lawyer visited her at her residence when he found that she was continued to be subjected to physical beating to the extent that she could not even walk. The lawyer suggested that the matter be reconsidered and involved local government officials and some elders where the perpetrator was informed of the consequences of beating his partner. In the meeting the partner was found guilty and according to their tradition and culture he was told to pay a goat for his partner as she was severely injured and bleeding profusely. Her partner did as he was ordered and stopped beating her. Asha was also advised by TA and CSP lawyer to surrender living with such kind of a man as far as they have not married officially. After getting clear understanding and Asha decided not to continue living with him and they voluntarily separated and currently she lives peacefully after separation.

Conclusion

After separation, Asha appeared to have regained her hope and continued to take ARV drugs. Her health is still improving and she has been able to currently to return to her previous work where she was employed in a sugar factory. She is now getting salary and other benefits/income where she is now able to plan for her own development and future from the salary saving.

5.4 AM NOW HAPPY AND FEELING SECURED

Introduction

Community empowerment and sensitization in all human right aspects by different stakeholders in Manyara region is one the engagement that have been persisted for quite long period. However, most of the intervention's targets women, children, pastoralists, hunters and gathers, but rarely and very few interventions are targeted towards PLWD as primary beneficiaries. Given that this group has remained isolated and unattended especially in rural and pastoralist areas where disability is believed to be a curse to the specific family. In this story the family is abandoned by a father/guardian after having a disabled child; this family finds itself in a difficult time after finding itself with no daily service from the father.

The Story

"Jamani naomba wasamaria wema wanisaidie nimezidiwa". ("Damn I ask the good Samaritans to help me I'm overwhelmed") Ms. Helen Emanuel a resident of Partimbo ward in Kiteto district, Manyara region is the wife of two children. She is a victim of the abandonment of a disabled child by her husband who sold the family house and disappeared to unknown place leaving his wife in a difficult situation. Currently is supported by her compassionate neighbors though the support cannot completely afford to run a family without her husband. Ms. Helen struggles to among other needs look for treatment support for her son living with disability without success or response from her husband. Apart from this she is also been isolated by then surrounding community as they are pastoralists and lacks even the opportunity to work or carry out any income generating activity as the 6-year-old child has become too heavy for her while she has no someone to take care of the child so that she can go for small businesses. Following the 16 days of activism, paralegals who were providing legal education on GBV door to door met with Ms. Helen Emanuel who gave them the whole story.



This section has been blocked for specific reason.

Helen Emanuel with her disabled child during short conversation with one of paralegal in Kiteto.

Intervention from paralegal

One of members of Kiteto paralegal Unit Mr. Mohamed Hamadi Chumvi from Partimbo ward after meeting the client reported the scenario to Civic Social Foundation (CSP) seeking for further advice on how to treat the case. One of the advices provided was that a paralegal report the victim's status to Kiteto district council Social development officer who would further bring the matter to her attention and work on it while at the same time working together with the paralegal in question. This is to say that paralegals in collaboration with CSP have been able to disclose the living conditions of this family.



Helen in street selling vegetables as her only means of affording life while carrying her disabled child.

As part of continued effort, some paralegals regularly takes the initiative to visit the mother and bring her some needs as a way of motivating her and as a lesson to community around that disabled child does not supposed to make result into family fragmentation.



Some of the paralegals who visited Ms. Helen and brought her some supporting stuffs.

Conclusion

Although efforts to help the mother continue, the mother appeared happy after being visited by paralegal and receiving the assistance and admitting that she had never been visited by group of people who brought her some basic needs. *"Kwa kweli sikutegemea kama siku ile mlipokuja mngeweza kurudi hapa tena mkiwa na hizi zawadi mikononi mwenu. Mimi sina cha kuwapa lakini Mungu mwenyewe atawabarikia siku zote"* ("I really did not expect that the day you came you would come back here again with these gifts in your hands. I have nothing to give you but God Himself will always bless you").