

Youth and Women Empowerment (YAWE) Foundation

Annual Report 2016



Strength Through Unity & Understanding
Yawe F. NGO Registration Number S.5914/5441

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List of acronyms

ABC:	Abstinence, Be faithful, and Condom use
AIDS:	Acquired Immune Deficiency Syndroom
ANC:	Antenatal Care
ART:	Anti Retroviral Therapy
BCC:	Behaviour Change Communication
CDC:	Centre for Disease Control
CDO:	Community Development Officer
CORPs:	Community Own Resource Persons
CSF:	Civil Society Fund
CSW:	Commercial Sex Workers
DHO:	District Health Officer
FP:	Family Planning
HC:	Health Centre
HCT:	HIV Counselling and Testing
HIV:	Human Immunol Deficiency Virus
IEC:	Information Education Communication
JCRC:	Joint Clinical Research Centre
KUSA:	Kabarole Unique Stars Association
MARPs:	Most At Risk Populations
NGO:	Non Governmental Organisation
PLHA:	People Living wth HIV/AIDS
PMTCT:	Prevention of Mother To Child Transmission
RHU:	Reproductive Health Uganda
SCIPHA:	Strengthening Civil Society for Improved HIV/AIDS and OVC Service Delivery in Uganda
SMC:	Safe Male Circumscision
STDs:	Sexually Transmitted Infections.
STIs:	Sexually Transmitted Infections
VHTs:	Village Health Team

Foreward Messsage from Executive Director



I would like to express my sincere gratitude to God for enabling Yawe foundation move all this long. The year 2016 was a year of great success, great honour and excellence. Yawe foundation was able to attract new partnerships and on a remarkable note winning the intercultural Achievement Award which was a worldwide competition, but Yawe representing Uganda managed to be among the 5 winning countries for this Award by the Federal ministry of foreign Affair Austria. All these achievements meant Yawe has an increased obligation on the scope and sustainability of HIV and OVC service

delivery to the communities where Yawe Foundation is serving.

Yawe foundation staff, local and international volunteers moved an extra mile to work long hours and they were busy throughout the year without holidays. I therefore wish to extend my sincere appreciation to the Yawe family members for their tireless efforts which made us shine throughout the year 2016, regardless of all challenges encountered in our journey of 2016. During the year Yawe foundation reached out to the most vulnerable members of the society such as disabled, children and young people living with HIV who are total orphans and widows because they are our core point of focus to address the challenges they face. I would like to proudly say Yawe took this noble cause seriously and a good number of clients were reached with the most needed services which they wouldn't have received without the passion and care Yawe had extended to them. Details of how many beneficiaries we reached throughout the year 2016 will be explained in this report. Sustainability of our interventions is a major task we are faced with day by day. However Yawe foundation has continued to embrace initiatives that will enable us have a sustainable service delivery. Yawe foundation will continue to consolidate the achievements and partnerships and above all doing exemplary work and I promise all our partners that always expect better results as we take seriously all contributions from partners to maximize impact on the lives of our beneficiaries we have touched.

To all our partners and sponsors thank you for the job well done may the Almighty God reward you abundantly. Thank you so much

A handwritten signature in blue ink, which appears to read "Akora George William".

Akora George William
Executive Director

Back ground information

Youth and Women Empowerment (YAWE) Foundation started as a Community Based Organization established in 2000 by a group of youth and women. It later legally registered with National NGOs Board as NGO in 2004 (Registration NGO number S.5914/5441). YAWE Foundation is located along side Bwamba road, Rwengoma, Fort Portal Municipality and operates in Kabarole district, western Uganda. Since its inception YAWE Foundation has been involved in activities directly targeting the orphans and vulnerable children (OVCs), youth and other vulnerable people in the community. It has a revolutionary idea of organizing the youth, women and other vulnerable people under one forum, offering them a platform of co-operation for the promotion of human rights, HIV/AIDS awareness campaigns, and encourages activities of self reliance through capacity building of community members in entrepreneurship and business enterprises management.

YAWE Foundation activities aim at improving the welfare of OVCs especially those living with HIV/AIDS in Kabarole district. YAWE Foundation operates a youth friendly health centre in Kabarole district which offers a wide range of youth friendly health services including, HIV Counseling and Testing (HCT), Psychological consultation, Immunization, Family planning services, Antenatal care, diagnosis and treatment of Sexually Transmitted Infections (STIs).

YAWE Foundation works with other partners in the district such as the District Health Office and networks of people living with HIV. It has established a strong network of Young People Living with HIV/AIDs (YPLHIV) in Kabarole and the neighbouring districts with the aim of empowering them to overcome stigma, improve treatment adherence, and positive living. This has been a unique intervention that has brought on board the young positives on the campaign to achieve Zero new HIV/AIDS related death, Zero stigma and discrimination, and Zero new HIV transmission

We operated in the following sub counties of Kabarole district; Bukuuku, Busoro, East division, Hakibaale, Karambi, Kasenda Sub county, West division, East division, South division, Mugusu, Buheesi, Ruboona Town Council, Kichwamba, Kibiito Town Council, Kibiito, Kisomoro, and Rwimi Town Council.

Organization Vision

An enlightened health society with sustainable socio-economic development

Mission

To create improved standard of living among the community through social support and income generating projects through sustainable socio-economic development where unity and solidarity amongst communities allow the advancement to improved livelihoods.

Objectives

- i. To mobilize, organize the youth and women under one forum and offer platform of cooperation to foster development.
- ii. Rise community awareness on primary health concern including STDs and HIV/AIDS.
- iii. Promote poverty eradication strategies through promotion of skills, talent and resources mobilization.
- iv. To promote social economic welfare of the vulnerable in the community e.g women, youth and people with disabilities.
- v. Enhance proper community management of natural resources (environmental protection)
- vi. To link member groups with other development partners for sharing information, experience and resources.

Our Programs

1. Information & Medical Center

- Health education & medical consultation services
- Static outpatient clinic
- Community outreaches to provide health education and other health services
- HIV/AIDS prevention campaigns
- HIV counseling and testing (HCT), care and treatment.
- Annual Candlelight event
- Psycho social and material support to orphans and vulnerable children (OVC)
- Food and nutrition education and support

2. Vocational and life skills development

- Providing Vocational & life skills training to young people
- Providing entrepreneurship skills training
- Computer application training, electronic information sharing and E-learning

3. Social economic empowerment projects

- Income generating projects such as animal husbandry, bakery etc
- Handcraft making,
- Savings and Credit

4. Human rights promotion and protection

- Civic education and human rights awareness
- Promoting gender equity

5. Environment/climate change and sustainable agriculture

- Community sensitization on climate change
- Promoting good farming methods and kitchen gardening, use of wood saving cooking stoves etc.

6. Water, hygiene and sanitation

- Promoting community hygiene and sanitation.
- Hygiene and sanitation clubs in schools
- Wash program in communities and schools.

Our core values

- Honest and integrity
- Hard work
- Team work
- Non Discrimination
- Respect for humanity

Yawe Information and Medical Centre



Youth receive vaccination during a community out reach

Achievements

In the year 2016 we made significant and tremendous achievements. It has been a year of hard work and determination. The following were some of the achievements:

- Successfully implemented the Baylor sub grant of OVC project where the medical team was fully involved in doing HIV counseling and testing for targeted OVC, Identification and assessment of OVC infected and affected by HIV and referring them service providers for OVC services.
- Acquired sterilizer donated by Esold and friend from Austria.
- There was increased client/ patient turnover coming to access medical services at our static clinic.



Students from Salford University of Manchester offering medical services during a community outreach

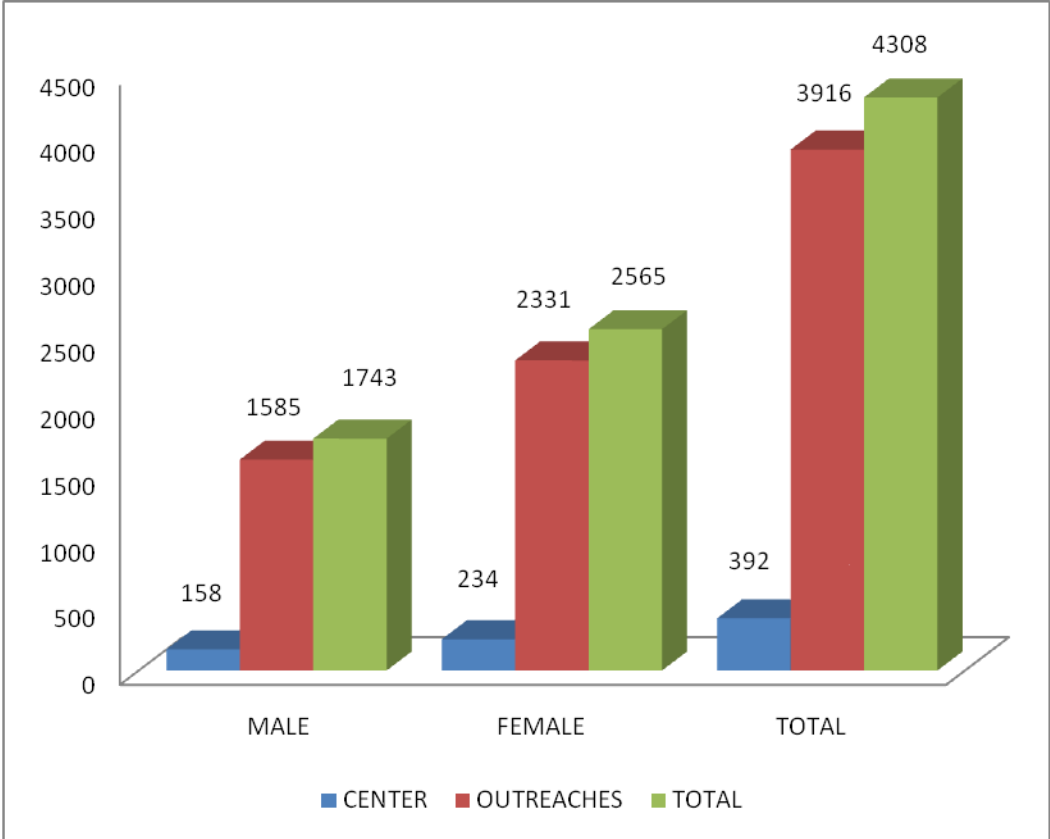
- We conducted a medical outreach to Bubukwanga Refugee Camp in Bundibugyo district offer health services to people affected by tribal clashes/conflicts between Bakonjo and Bamba who live at footsteps of mount Rwenzori; there was an acute humanitarian crisis in terms of food, hygiene and medical services.
- We partnered with other CSOs such as RHU, SOS children village to conduct a medical outreach week at Mpanga market where we offered a wide range of medical services such as HIV counseling and testing, general treatment, cervical cancer screening, health education and family planning.
- We conducted health talks in schools such as Kazingo primary school and Nyakasura Secondary school. We taught pupils and students how to protect themselves against communicable diseases such as STDs, water born diseases, air born diseases and also did HIV counseling and testing.
- Acquired Motor Cycle to facilitate transport for coordination of community intervention activities from MIVA Austria.
- We hosted Miss Uganda 2016 and conducted a medical outreach at Booma grounds; she participated in health education and mobilization the youth for HCT services. She advised the youths to prevent themselves from the scourge of HIV and other sexually transmitted diseases by abstaining from premarital sex, correct and consistence use of condoms and for those who are married to be faithful to their partners.
- We conducted immunization outreaches to primary and secondary schools immunizing girls against cancer of cervix with HPV vaccine to girls between 9 and 10 years. Girls in secondary schools were immunized with Tetanus toxoid vaccine to protect themselves and their unborn babies against tetanus.



George, E.D offering a health talk during a community outreach in Kasenda S/County

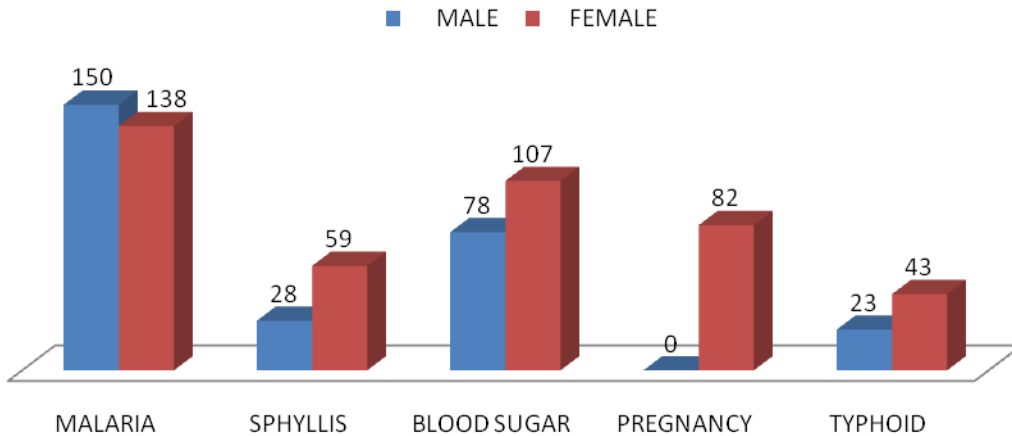
- From February to August 2016 we hosted groups of students every two weeks from University of Salford Manchester UK doing nursing and medicine who supported our team during community outreaches to offer medical services
- Built the capacity of Kabarole Unique Stars Association (KUSA). Kusa is a network of young people living with HIV/AIDS. Three capacity building workshops in leadership and advocacy were conducted and more than 60 youth were trained.

Total Clients served.

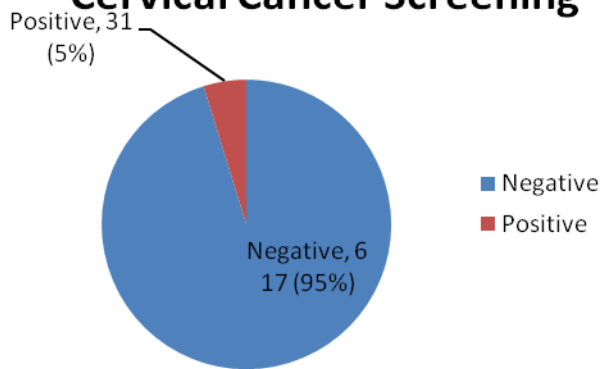


Yawe reached out to 3916 (males 1585 and 2331 females) through outreaches and 392 (158 males and 234 females) at Yawe medical center with different health services.

Laboratory tests

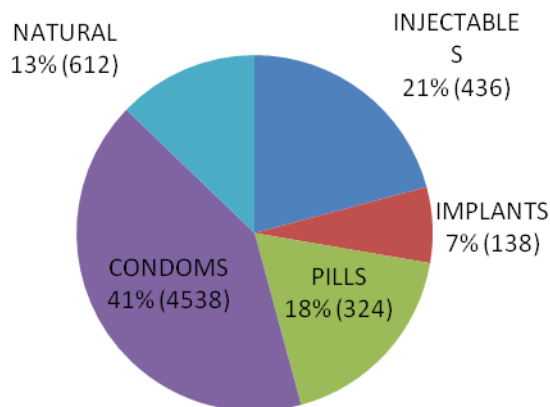


Cervical Cancer Screening



Provided Cervical cancer screening to 648 women; 95% (617) women screened were negative and 5% (31) were positive. All those who were positive were referred to Reproductive Health Uganda for treatment.

Family Planing Services



Reached 6048 people with reproductive health services including adolescents and adults; 13% (612) received natural family planing memthods, 7% (138) implants, 18% (324) pills, 21% (436) injectables, and 41% (4538) condoms.

Immunization services

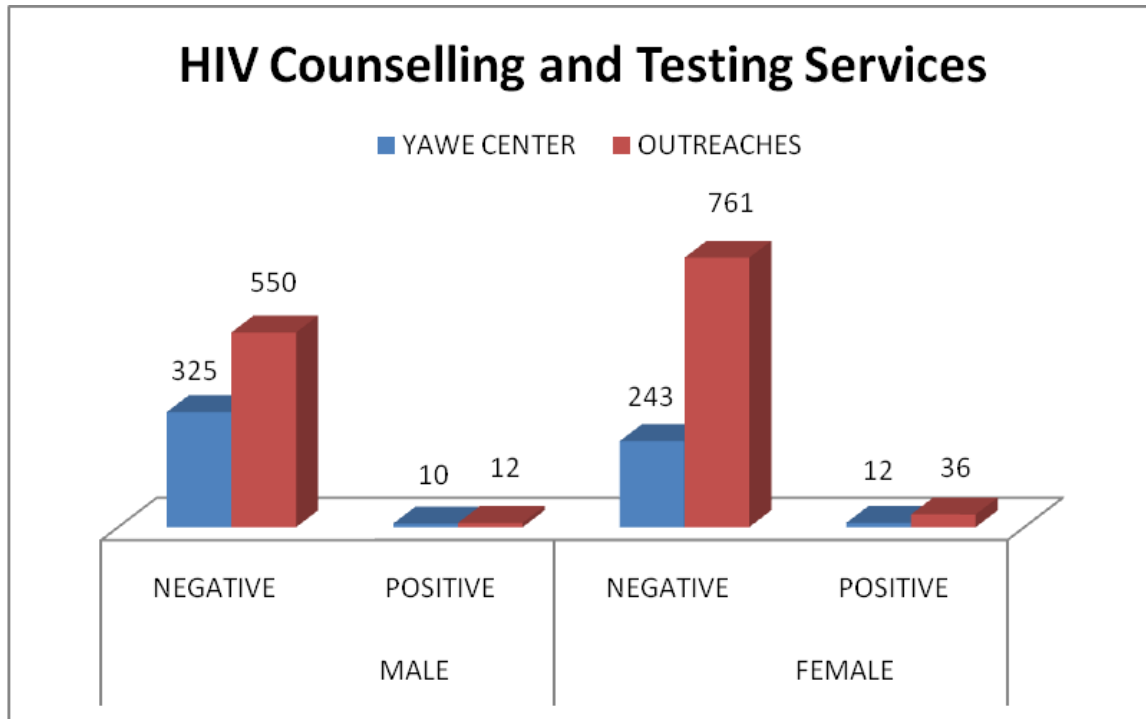
Vaccine	Female	Male	Total
Protection at birth	189	157	346
BCG	28	24	52
Polio O	25	20	45
Polio 1	78	59	137
Polio 2	72	68	140
Polio 3	64	58	122
IPV	59	54	113
DPT-HepB+Hib 1	78	59	137
DPT-HepB+HIB 2	72	68	140
DPT-HepB+Hib 3	64	58	122
PCV 1	78	59	137
PCV 2	72	68	140
PCV 3	64	58	122
Rota virus 1	00	00	00
Rota virus 2	00	00	00
Rota virus 3	00	00	00
Measles	48	45	93
Vitamin A	189	179	368
Deworming	287	285	572
HPV	948	00	948
Tetanus	1439	284	1723

HIV prevention care and treatment services

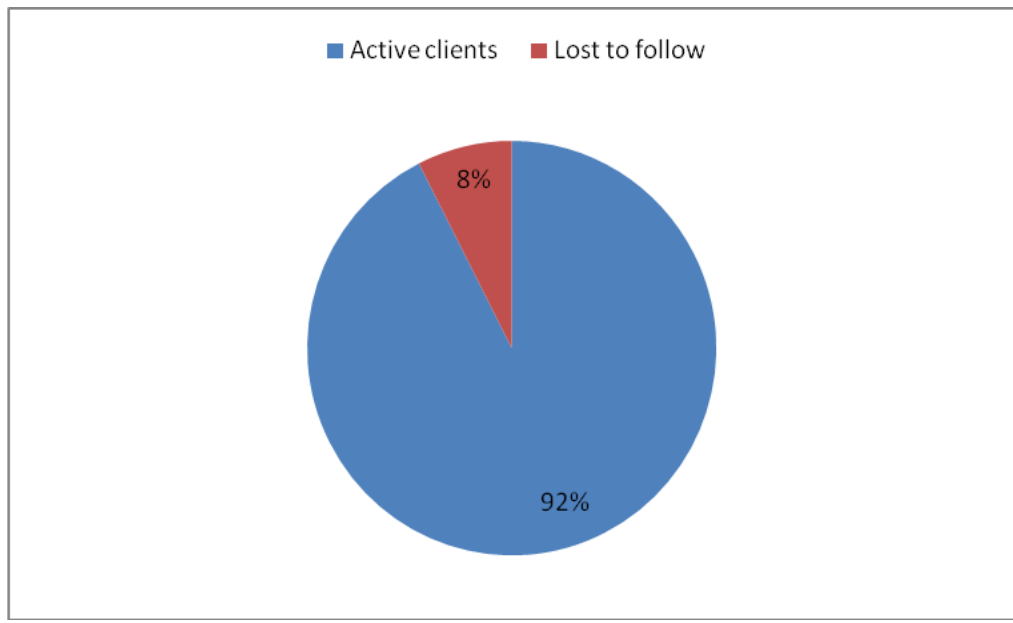
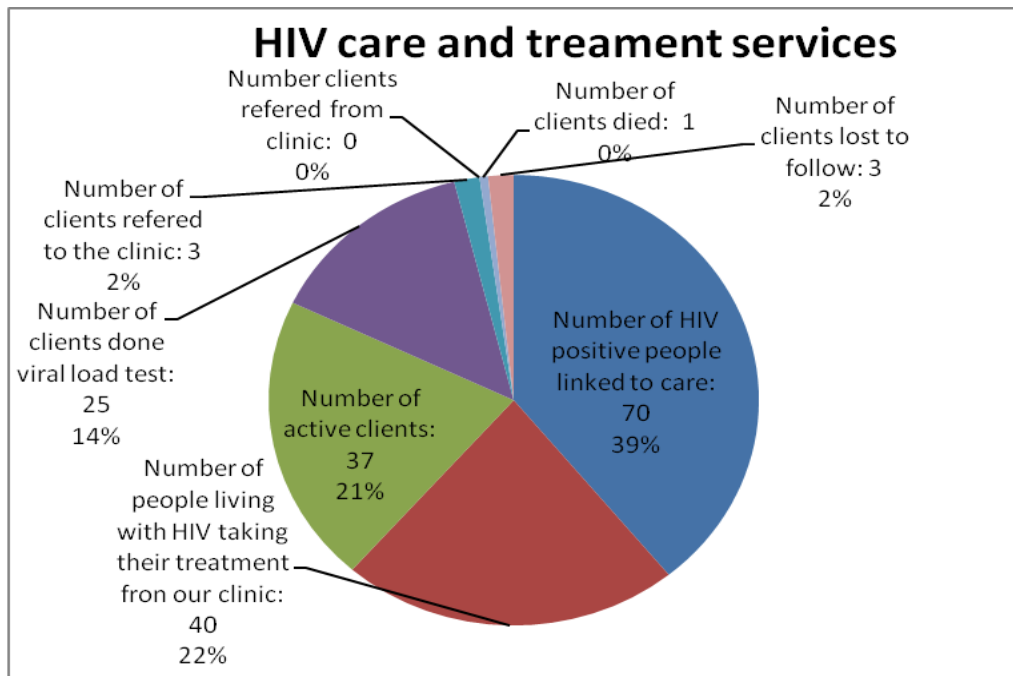
Yawe Foundation combined HIV/AIDS prevention program contributes to achieving the UNAIDS 2016–2021 global strategy for ending HIV epidemic which is a call to reach the 90-90-90 treatment targets whereby: By 2020, 90% of all people living with HIV will know their HIV status. By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression. The 90-90-90 treatment targets aims at closing the testing gap and to protecting people living with HIV who are still not accessing treatment.

Yawe Foundation program activities aim at improving the welfare of OVCs especially those living with HIV/AIDS in Kabarole district. Yawe Foundation operates a youth friendly health centre in Kabarole district which offers a wide range of youth friendly

health services including, HIV Counseling and Testing (HCT), Psychological consultation, Immunization, Family planning services, Antenatal care, diagnosis and treatment of Sexually Transmitted Infections (STIs). Our combined HIV prevention interventions also targets key populations such as sex workers, men who have sex with men, people who inject drugs, transgender people, prisoners, plantation workers, bodaboda operators and truckers.



Conducted HIV prevention campaigns and Offered HCT services to 1052 females and 897 males and 48 females and 22 males were found positive. All those who tested positive were referred to health facilities for care and treatment services.



92% (37) of HIV positive clients enrolled for care and treatment services are active and only 8% (3) are lost to follow.

Candle light memorial function



Candle light memorial function at Rwengoma Church of Uganda in West Division

Yawe Foundation annually organises annual candle light memorial function. It is a day to remember and pray for our dear ones who died of HIV and also remind the living that AIDS still exist and we need to work together to stop its spread and also support people living with HIV to live positive and healthy lives. Annual candle light memorial function was carried out in West Division at Rwengoma Church of Uganda on 21st August 2016. It was attended among others by local council and religious leaders as well as community members. Health education and services were offered which included HIV

counseling and testing, cervical cancer screening, health education on ABC HIV prevention strategy.

Psychological support



YAWE youth learning life skills during psychosocial days

YAWE Foundation supports over 500 orphans and vulnerable children and adolescents both socially and psychologically. Most of the children are living with HIV and coming from different sub counties of Kabarole District. Most of the children are in school and a few are not due to financial limitations. YAWE Foundation has organized these youth into support groups so that they can support each other through sharing knowledge and experience.

Psychosocial program is one of the appropriate interventions YAWE Foundation has used to address OVCs psychosocial concerns

Every Saturday is a psychosocial day for the youth at our centre and a lot of activities take place. We offer general health talks, reproductive health services, HIV Counseling and Testing services, Mentorship relationships, and leadership skills training, peer education, music dance and drama, brass band training as well as sharing meals.



Trainees during a health talk at YAWE

OVC service delivery



Yawe Staff registering a child for SMC at Karambi HC III

OVC service delivery aims at improving the welfare of OVCs in the district under “OVCs Service Delivery project”. The project is aimed improving OVCs service delivery through the following activities;

1. Identifying, assessing and enrolling OVCs infected and affected by HIV/AIDS

Worked with the ART Clinic in charges of the health centers in the Sub Counties of operation to generate a list of Exposed infants and OVC in HIV care below 18 years in each sub county of operation. We obtained referrals for OVC identified for assessment from each health facility. After identifying OVCs enrolled in care at the health centers, we worked with the health centers and VHTs within the Sub Counties of operation to assess HIV positive OVCs and other vulnerable children. We carried out household assessment of HIV positive OVCs and other vulnerable such as victims of GBV

violence. OVCs who were critically vulnerable were referred to different institutions/service providers for support

Worked with the ART Clinic in charges of the of the health centers in the Sub Counties of operation to generate a list of infected and affected OVCs below 18 years in each sub county of operation. The table below shows all OVCs identified and assessed.

Table showing number of OVC home assessed

Sub county	1-4yrs		5-9yrs		10-14yrs		15-18yrs		Total		Total of OVCs
	M	F	M	F	M	F	M	F	M	F	
Karambi	11	7	21	13	18	26	13	15	63	67	130
East Division	11	9	18	12	10	8	1	3	40	32	72
West Division	1	2	3	0	0	1	1	2	4	5	9
Busoro	7	5	4	6	6	5	3	3	20	19	39
Kasenda	5	6	2	6	2	2	0	3	9	15	24
Mugusu	6	2	4	7	6	5	2	3	18	17	35
Kichwamba	6	3	3	3	3	3	2	3	14	12	26
South Division	0	0	4	1	0	0	0	4	4	4	8
Total	47	34	59	48	45	50	22	36	172	165	343

We successfully accessed 343 affected and infected OVC from 8 Sub Counties we were assigned to assess. These sub counties include Karambi, East Division, West Division, Busoro, Mugusu, Kasenda, Kichwamba, and South Division.

2. Monitoring of OVCs and their families for adherence support, GBV screening and for other psychosocial support through home visits.

We worked with HC III of Karambi, Kichwamba and Mugusu to identify OVCs on HIV treatment at the health facilities with adherence problems and then planed home visit exercise with VHTs for adherence support and Gender based screening.

The table below contains number of OVCs monitored for adherence

Sub county	1-4yrs		5-9yrs		10-14yrs		15-18yrs		Total		Total visited
	M	F	M	F	M	F	M	F	M	F	
Kichwamba	2	2	0	0	3	0		1	5	3	8
Mugusu	0	0	2	4	2	4	0	1	4	9	13
Karambi	1	1	0	0	1	1		1	2	3	5
Total	3	3	2	4	6	5	0	3	11	15	26

Most of the OVCs visited were under the care of their mothers and most mothers complained that their husbands abandoned their families because of excessive drinking. We talked with the children and their care takers about dangers of poor adherence. Most children reported that they would be willing to take their ARVs but it weakens them up during the day when they take it in the morning and they cannot concentrate at school. Also they attributed this to lack of enough food at home because sometimes they have to take ARVs on empty stomach.

Children and their care takers reported that their families have limited income to support them for school fees and other scholastic materials. All the OVCs visited reported that at times they miss exams and their term reports were withheld in the school because of school debts.

3. Follow up of HIV positive OVCs, Exposed infants/children, Lost to follow up, Missed appointments and SGBV survivors.

Follow up was done in the following Sub Counties; Karambi, West Division, East Division, South Division, Kicwamba, Mugusu, Busoro and Kasenda.

We worked with the staff of selected health facilities to generate list of lost to follow, missed appointments, and OVC of SGBV survivors. The numbers of OVC followed up is shown in the table below;

We identified OVC, and worked with VHTs for follow ups in their communities. The table bellow contains details of OVCs who were followed up for missed appointments, exposed infants, lost to follow and gender based violence.

OVCs followed up

HEALTH CENTRE	HIV +		EXPOSED INFANTS		LOST TO FOLLOW		SGBV		TOTAL	
	M	F	M	F	M	F	M	F	M	F
KARAMBI	19	27	2	0	0	1	0	1	21	29
KAGOTE	1	4	0	0	0	1	0	0	1	5
KATOJO	0	0	0	0	0	0	0	0	0	0
KATARAKA	3	5	2	1	2	2	0	0	3	6
KICWAMBA	3	3	0	0	0	0	0	0	3	3
MUGUSU	3	5	0	0	0	0	0	0	3	5
KASUSU	3	2	0	0	0	0	0	0	6	5
MUCWA	0	0	0	0	0	0	0	0	0	0
KASWA	6	5	2	3	0	0	0	0	8	8
KIDUBULI	0	1	0	0	0	0	0	0	0	1
KASENDA	2	9	2	3	0	0	0	1	4	13
TOTALS	40	61	8	7	2	4	0	2	49	75

The follow up of HIV positive; exposed infants, lost to follow, SGBV of OVCs was done and a number of children were home visited and some of them were not followed up due to failure to locate some of their homes due to wrong home directions given at the health centers.

We found out that most HIV positive OVC have a lot of social needs back home mainly school fees. The lost to follow OVCs were not found because they changed home addresses, some shifted others got employment in others areas, others lost employment where they had registered as their home address. So following them was complicated since get their current address and contacts. The HIV exposed infants looked healthy as they were taken good care of by their mothers or guardians and those whose mothers were alive were having mixed feeding, that is to say breastfeeding up to one year as well as soft foods.

4. Support integrated OVC camps for viral load, CD4 count, Safe Male Circumcision, of OVCs, Sexual prevention and Gender norms messaging.

We supported two integrated camps for Safe Male Circumcision in Sub counties of Karambi and South Division. The two camps took place at the same time for one week at different health centers. The male OVCs aged 10 – 24 years were prepared for circumcision a month ago; they were immunized against tetanus. Children were picked from surrounding areas and driven to health centers where actual circumcision was taking place. At the centre the children were registered and given cards as well as consent forms by their parents or guardians.

After registration they were given a second dose of tetanus injection and this was followed by a health talk again about the benefits of SMC and the temporary challenges they have to bear with shortly after circumcision. They were told how to handle their penises to avoid pain and bleeding. Also to ensure cleanliness of the penis to avoid infections, by using tissue paper every after urinating to keep the penis dry. Health talk was elaborate enough and OVCs had all their questions answered fully. The children/OVC embraced SMC and turned up in big numbers.

Way forward: more camps for SMC are needed to reach each parish

Formation of new VSLA among care givers and OVC households

Village saving and lending Associations (VSLA), are village groups that are formed to build the capacities of households so as to meet the day to day needs of the OVCs through training income generating activities. Forming these groups were seen as one method that can be used to increase the house hold income and also it aims at capacity building of individual so as to proper care for OVCs . From the home assessment that we conducted in 8 sub counties in Kabarole district, we identified some families who are able to at least save 500shs per week and encouraged them to form groups. We initiated the formation of 3 new VSLA among caretakers and OVC house hold heads.

The table below shows details of new VSLA groups formed.

Sub county	Parish	VSLA formed	Male	Femal e	Total
West Division	Rwengoma	Self Help VSLA	17	07	24
West Division	Buteebe	Yawe caregivers Association	03	12	15
Bukuuku	Kazingo	Busoma B Positives VSLA	06	14	20

In Bukuuku Sub County we initiated one group among the positive household caretakers who showed interest in forming a group called Busoma B Positives VSLA. The group is composed of 20 members who agreed to sit every Monday of the week in one of the group member's house, their share is 500/=

In west division we initiated two groups among the caregivers and positives OVCs. For the caregivers it is called Yawe caregivers Association and it comprises of 15 members. They meet every Sunday in Rwengoma and they their total share is 1000/=.

Also in west division there is Self Help VSLA which was formed by the young positive OVC in Rwengoma who showed interest in forming the group. The groups has 24 members who meet every Saturday at the Youth centre and their total share is 1000/= per week.



Self Help VSLA during meeting in Rwengoma, West Division

Monitoring and supporting existing VSLA groups

Monitoring and supporting existing Village Saving and Lending Associations (VSLA) groups was carried out in three sub counties where VSLA groups were formed by the field agents. These sub counties include Bukuuku, Hakibaale and West Division. The main goal for this activity was to monitor and support the groups to operate within the concepts of VSLA and also support field agents to mentor the groups.

The details of the group monitored are contained in the table below

Sub county	parish	VSLA monitored and supported	Male	Female	Total
Hakibaale	Kiburara	1.Kiburara tugonzangane caregivers	12	18	30
	Kiburara	2.Kiburara positives	7	15	22
	Mahamba	3.Mahamba VSLA	11	18	29
Bukuuku	Kiguma	1. Kyamuhmira agaitaikene group.	13	22	35
	Kazingo	2.Kazingo VSLA	4	14	18

	Nyakitojo	3.Nyakitojo VSLA	7	14	21
	Kazingo	4. Busoma B Positives VSLA	6	14	20
		Abagurusi na bakaikuru twenyimukye group	29	37	64
West division		1.Self Help VSLA	17	7	24
		2.Yawe caregivers Association	3	12	15
Total			109	171	278

In Bukuuku, during the monitoring exercise we played a very big role in assisting the field agents in mobilizing the members. In this sub county it was a big challenge for the field agents to get members since there were already existing groups.

In addition we support field agents during meetings in mobilization and management. For example in Bakaikuru Nabagurusi Tweyimukye group and Kyamuhmira Agatairene groups the members were more than 30 in one group and we encouraged the members to form another group for easy management. This is because each VSLA group should have not more than 30 members.



Abagurusi na bakaikuru twenyimukye group during meeting.

In Hakibaale Sub County, the people appreciated the idea in some parishes where they were few existing groups. For example in Mahamba VSLA more members were willing to join the group.

In west division, VSLA groups and the members are willing to keep in the group and encourage their fellow members to form other groups.

Challenges in monitoring existing VSLA groups were; lack of training manual, lack of facilitation of field agents and absenteeism of members on meeting days.

Leadership Capacity Building Trainings

Peace Corps Glow/Bro Mini Leadership Camp At Yawe Foundation



Youth pose for a picture after the training camp at Yawe

On January 28, 2016, Yawe Foundation together with Peace Corps Uganda conducted a GLOW/BRO Mini Leadership Camp for the Kabarole Unique Stars Association (KUSA) members (21 males and 20 females). Camp GLOW (Girls Leading Our World) is a Peace Corps program started over 20 years ago by three volunteers in Romania

that has become the agency's biggest gender empowerment initiative. Through the Camp GLOW program, Peace Corps Volunteers worldwide create local camps that aim to empower children, adolescents, and young adults by providing education that encourages self-confidence and to think beyond traditional gender roles and norms. The success of the program has led to other camps using the GLOW model, like Camp BRO (Boys Respecting Others). For this particular camp, Peace Corps Volunteers (PCVs) Andrew Coy and Danielle Parker combined the GLOW/BRO models to create a one-day mini camp for both female and male youth in the YAWE community.

The camp's overall objective was for youth to gain skills and knowledge regarding leadership that they could apply to KUSA and in their personal lives. Key issues addressed include;

- Gender and Equity
- Healthy Relationships
- Organizational Management
- Team Building

The camp was completed without any set backs which was a huge success. There were good team work between the youth, the PCTs, the PCVs, and YAWE staff.



PCV facilitating a session on gender equality.

World Malaria Month at YAWE Theme: Malaria and HIV



Youth pose for a photo after receiving Mosquito nets

April is World Malaria Month. Malaria is a mosquito-borne disease caused by a parasite. People with malaria often experience fever, chills, and flu-like illness. If left untreated, people may develop severe complications and die. In 2015, an estimated 214 million cases of malaria occurred worldwide, and 438,000 people died, mostly children in the African Region (Centers for Disease Control and Prevention, 2016).

Malaria is the most prevalent disease in Uganda. It's highly endemic in 95% of the country. In Uganda, 320 deaths occur daily, and it's the leading cause of morbidity and mortality in children. Child deaths due to malaria are between 70,000 – 110,000 per year. Pregnant women are 4 times more vulnerable to malaria due to low immune status. Furthermore, individuals living with HIV are also more susceptible to malaria due to low immune status. Their symptoms are more severe, and recovery times are longer. Malaria is a major threat to economic growth in Uganda, which is highly dependent on agriculture (Peace Corps Uganda Malaria Think Tank, 2016).

The positive aspect is malaria is treatable (early detection is crucial) and preventable. Therefore, it is vital to partner with local communities to spread accurate information about malaria and ways to prevent it. This year, Peace Corps Uganda and the Peace Corps Uganda Malaria Think Tank contributed to worldwide efforts to “Stomp Out Malaria”. As part of these efforts, Peace Corps Volunteers partnered with Yawe Foundation to deliver a session to youth in the Kabarole Unique Stars Association to help educate local youth about malaria and to distribute Long Lasting Insecticidal Bed Nets (LLINs) to the participants.

On May 7, 2016, Peace Corps Volunteers together with Yawe Foundation staff delivered malaria sessions and distributed mosquito nets to the youth. 52 youth attended the sessions (31 males and 21 females).

One of the highlights of the discussion was educating youth about the co-infection between HIV and malaria. We discussed how people living with HIV are more susceptible to malaria, symptoms are more severe when they contract malaria, and recovery times increase. We also talked about prevention methods that particularly pertain to those who are HIV positive.

In addition, the group discussed malaria myths and facts, the mosquito life cycle, 4 Pillars of Prevention and additional general prevention methods, proper bed net use and care, and bed net hole repair. All of the objectives for the session were met.

all of the objectives were met, and the youth seemed to gain knowledge regarding malaria and proper bed net use and care. At the end of the session, the group was able to list 4 methods of malaria prevention, 4 methods of bed net care, and 2 ways to properly use a net. Also, each youth had an opportunity to repair a hole in a bed net, and they excelled at the task. Both male and female youth worked to fix the sample of damaged net they were given with a thread and needle. Every participant's finished, and they did an excellent job.



Youth show sample of how a net can be mended

There were a number of successes that came out of the day and session. First off, attendance was good, and we reached our target number of participants. The goal was to provide education and bed nets to youth age 14-25, especially those living with HIV. It was a success that a majority of participants fell in this age range and were indeed members of the Unique Stars. Mend

In addition, all of the objectives were met, and the youth seemed to gain knowledge regarding malaria and proper bed net use and care. At the end of the session, the group was able to list 4 methods of malaria prevention, 4 methods of bed net care, and 2 ways to properly use a net. Also, each youth had an opportunity to repair a hole in a bed net, and they excelled at the task. Both male and female youth worked to fix the sample of damaged net they were given with a thread and needle. Every participant's finished, and they did an excellent job.

Our work in the community



People line up for health services during a community outreach in Kasenda S/C

We are proud that our community interventions have created a difference in peoples' lives. We have empowered the youth and other vulnerable people to income to improve their livelihoods.

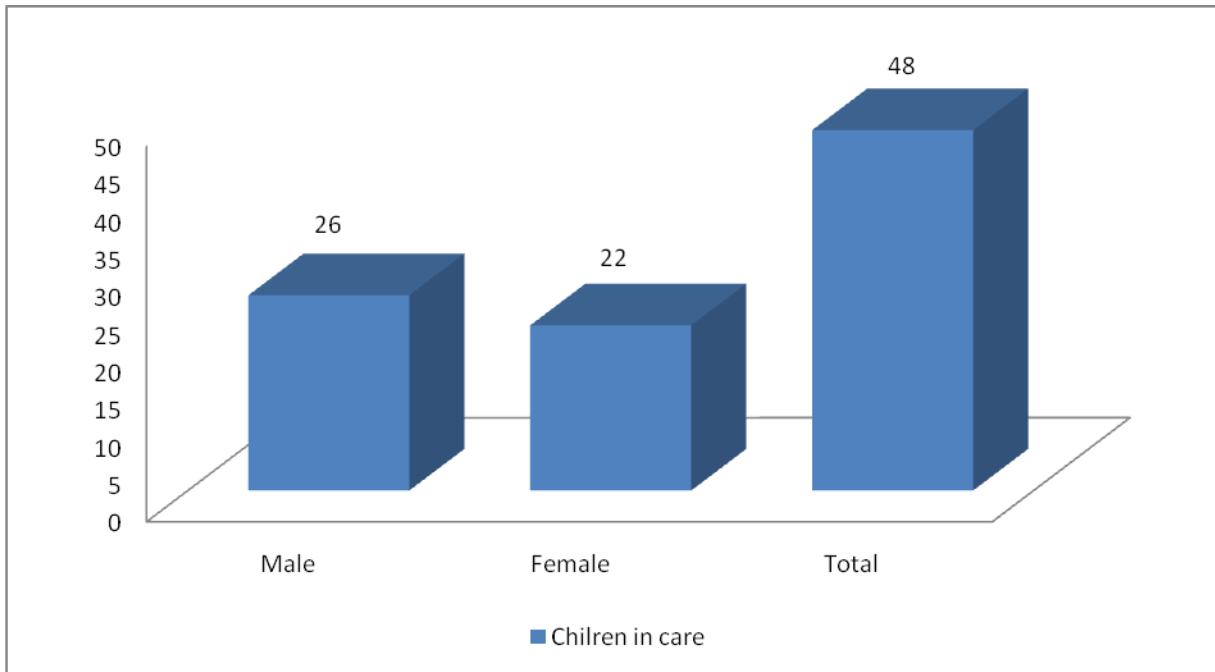


Yawe staff supporting a child with special needs during home visit exercise.

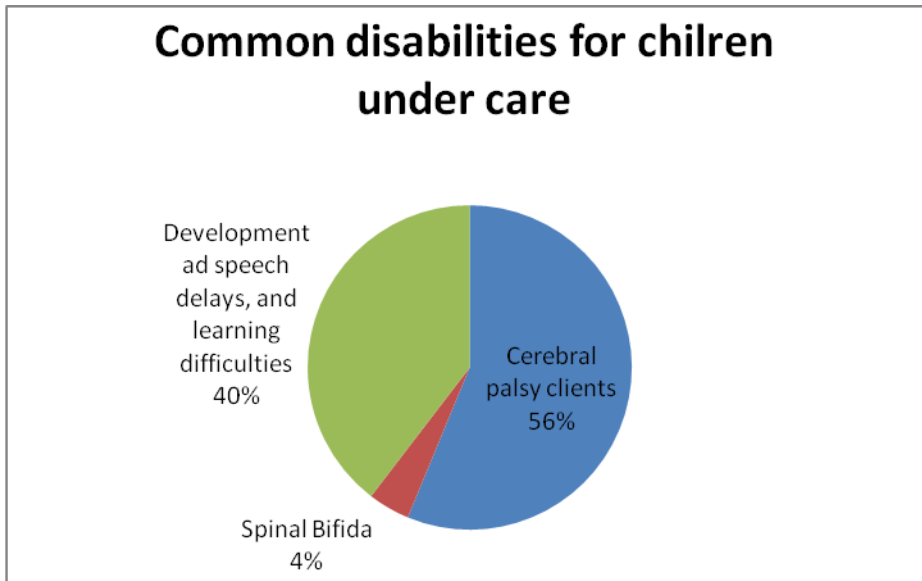
Yawe Community home based health care for children and adults with physical and mental disability (special needs project) is a response to address social and health needs of children and adults with disabilities in Kabarole district and the neighboring districts. The 2009/10 household survey of Uganda showed that 12% of the population reported having a child aged 6-17 living with a disability. Many of these children do not have access to the most basic needs such as health services and education. The survey also indicates that 60% of people with disabilities had not received any form of rehabilitation and 90% of those with disabilities aged 6-24 reported that it affected their ability to attend school.

The community lacks adequate facilities that provide specialised therapeutic interventions such as physiotherapy, occupational therapy and speech/language therapy as well as educational support/training to families and communities to address cultural and social stigma attached to families who have a child with a disability. Therefore children with special needs are often times abandoned by their own family and the community as people believe that a disability is a curse, witchcraft or a punishment from God for the sins of the parents. This isolation often causes increased family stress, financial burdens and a reluctance to seek help, often resulting in a disability becoming more incapacitating, as it remains untreated.

Yawe Foundation provides home based care that involves medical treatment, sponsorship schemes, scholastic materials, nutritional guidance and support, physiotherapy and occupational therapy to children and adults living with disabilities in the Kabarole. This is done mainly through community home visits.

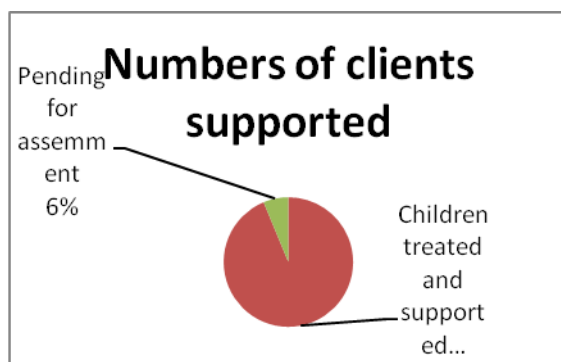


The program currently has a total of 48 clients (26 males and 22 females).



Out of the 48 clients enrolled in the care, 56% (27) are cerebral Palsy clients, 4% (2) Spina Bifida, and the rest 40% (19) have developmental delays, speech delay and learning difficulties. Cerebral Palsy and Developmental Delay make up a large percentage of our caseload. These are caused by non progressive damage to the infant brain and affects development in all areas. Physiotherapy and occupational therapy are extremely effective for young children and we are seeing effective outcomes of our work.

Key Achievements



Out of 48 clients enrolled, 94% received treatment and support for a wide range of sicknesses and disabilities, and 6% were new clients and were pending for assessment.

- Sponsored over 6 children and some of their siblings in schools and providing them with the necessary school requirements especially scholastic materials.
- Worked with 4 primary schools to enable children with disabilities have access to education and supporting both the teachers and the students with capacity building training on how to integrate children with disabilities into the education system
- Recruited medical nurse and received volunteer physiotherapists from Austria who supported our community based interventions.
- Provided specialist adaptive equipment, including Wheelchairs, CP Chairs and Splints to 20 children in need
- Provided goats to over 30 children and adults living with disabilities.
- Established links and work closely with local community based organizations such as Kyaninga Child Development Centre (KCDC), SOS Children's Village Fort Portal, Twerwaneho Orphans Community Initiative (TOCI), Good Shepherd, and Rwenzori Special Needs
- Caregiver's day: it is a day when parents and guardians of children living with disabilities come together and share their experiences concerning their life challenges and progress through discussions and lessons taught by facilitators. In the year 2016, YAWE had two major caregiver's days. The first one was on 8th March and 21st August 2016. Caregivers attained more knowledge and skills to help the take good care, motivate their kids to exercise and feel encouraged to stay hopeful for better results from their children.

Goats For Life Project



Goats for life project, was an initiative to support the vulnerable families in improving their household income through keeping goats in 2013. In our December 2016 progressive report indicates high success whereby 54 goats that have been given out since the program inception, have raised to more 28 others making 82 goats in total. 28 goats have been given to other members in fulfillment of the agreement to return the first female kid for the benefit of sharing with the rest of the youth members in the organization. The project has registered a number of successes among the beneficiaries.

Joseph is 7 years old a disabled child enrolled with YAWE in the special needs program. He is being raised by a single mother in Katumba village. He has a poor sitting balance, inability to stand and walk independently. Joseph received a goat which gave birth to twin kids. Later one female kid was given to Kugonza Mackline also registered in the same program. At the moment Joseph's goat has produced twin kids again for the second time. Her mother reports how productive her project is progressing. She feels motivated to make it a big family project.



Joseph one of the beneficiaries and his goat

Peer education intervention for HIV Prevention project in Kabarole District.



Peer Education Trainers of Trainer after completing Peer Education Training at YAWE

In 2016, YAWE Foundation with support from Peace Corps Uganda and PEPFAR launched a one year Peer Education Project. The project targets 10 Secondary Schools in Kabarole District; Kaboyo, Nyakigumba, Samling Peas Kazingo, St. John Mary Vianey, Kagote Seed, St. Peter Mugusu, Kiyombya, Buheesi, Ruboona and Bukuuku Community School. This project will address the information gap among young people regarding HIV and Other STIs prevention and treatment. Since young people constitute half of the Uganda's population, they must be key part of the strategies to combat HIV/AIDS. The intervention focuses on strengthening HIV/AIDS and other STIs prevention education in schools and scaling up empowerment of young people to reduce the rate of teenage pregnancy and increasing the age of an adolescent's first sexual encounter. Empowering young people with knowledge and skills on HIV and other STIs through "Peer Education" will increase their ability to make right decisions and to reduce risky behaviors that expose them to the infection and unintended pregnancies. Peer Education is one of the powerful approaches of empowering young people to learn and to share information amongst them. The manual contains the following elaborate topics will be used to guide young in their peer to peer discussions in schools and communities;



Young people participating in a Peer Education Training of trainers workshop at YAWE

- a) The concept of peer education
- b) HIV/AIDS
- a) Human immune system and HIV
- b) Modes about HIV transmission
- c) Myths about HIV
- d) STIs and HIV
- e) HIV prevention
- f) Stigma and discrimination
- g) Disclosure
- h) Food and nutrition
- i) Sexual reproductive health
- j) Communication and leadership skills

This project will address the information gap among young people regarding HIV and Other STIs prevention and treatment. Since young people constitute half of the Uganda's population, they must be key part of the strategies to combat HIV/AIDS.

Developing youth's Knowledge and skills in Agriculture



Youth working in the Demonstration garden



Youth displaying donated seeds to plant in their home gardens

In 2016, YAWE Foundation has continued to empower the youth in poultry rearing and home gardening through our agricultural demonstration farms: It is a way of teaching the youth affordable ways of improving nutritional supplies in families.

YAWE demonstration poultry farm and garden aim at encouraging young people to learn best practices of growing vegetables and poultry keeping. The youth directly participate in the maintenance of these projects as they gain skills and motivations to start and manage their own projects at their respective homes. We encourage the members to engage in agriculture through practicing best farming methods such as kitchen gardening, poultry etc.

The demonstration gardens at the youth centre help youth get practical lessons and after they are given seeds especially, greens to go and plant in their respective homes. This program is tailored to addressing nutritional needs at hpose hold levels since

malnutrition is one of the biggest dangers affecting the health growth and development of children in the communities.

This is the alternative source of getting sustainable food nutrition at household level whereby we encourage women and youth to contribute towards their nutritional welfare so that they can improve their health.

Permagardening



Youth learning how to prepare a perma garden

Yawe trained 18 (13 males and 6 females) youth in permagardening. The training was held at the Yawe demonstration garden. A *permagarden*, or *permanent garden*, is a small, home-based garden that is made from locally available materials, seeds, and plants. The process used in permagardening adds nutrients to the soil and allows the garden to conserve water for use during the dry season. Therefore, a permagarden can provide a family with a variety of nutritional foods year-round. Furthermore, due to the garden's design and proximity to home, permagardens are easily manageable by almost anyone in the family – children, the elderly, and those who are ill.

David is an agribusiness Volunteer at the Kibale Forest Schools Program in Kasiisi and has constructed various gardens during his service. The training was supported by, PCV Danielle Parker and David McHolland who equipped youth with the knowledge and skills necessary to build a permagarden.

Yawe youth are responsible for routine and proper maintenance of the garden. David guided the youth through the process of building the garden, while also teaching information as they went along using visual aids made out of grain sacks and markers. Topics of the session included: a description and drawing of a permagarden; how the process of permagardening is different that regular methods of digging; and items that can be added to improve soil quality (see below). The group also discussed the importance of good nutrition. A “colorful plate” marks the diversity of fruits and vegetables that can be included in a meal, and a permagarden can help to achieve this as it can produce a variety of different crops.

Composed manure



Soil Enhancers	
Item	Purpose
Charcoal	<ul style="list-style-type: none"> • Adds carbon • Allows a place for micronutrients to be stored • Hold water for roots to enjoy during dry season
Wood Ash	<ul style="list-style-type: none"> • Adds potassium
Manure	<ul style="list-style-type: none"> • Adds nitrogen

Youth were also offered practical lesson on how to construct a compost pile. Compost is decayed organic material that can be used as plant fertilizer. David began by informing the group about the materials needed to construct a compost pile and the use of these items (see below). At the end of the session, David answered any lingering questions and distributed a handout with instructions and a drawing on how to make a permagarden and compost pile to everyone in attendance.

Compost Ingredients

Item	Purpose
Green Items of Any Kind (Grass, Leaves, Etc.)	<ul style="list-style-type: none"> • Source of nitrogen as they decompose
Brown Items	<ul style="list-style-type: none"> • Source of carbon
Manure	<ul style="list-style-type: none"> • Adds nitrogen • Adds bacteria that start and facilitate the decomposition process
Kitchen Scraps	<ul style="list-style-type: none"> • Add nitrogen • Provides additional bacteria • NO MEAT! (Risk of E-Coli)



The demonstration gardens at the youth centre help youth get practical lessons and after they are given seeds especially, greens to go and plant in their respective homes. This program is tailored to addressing nutritional needs at hpushold levels since malnutrition is one of the biggest dangers affecting the health growth and development of children in the communities



The training program has been successful because it's very interactive and informative. The youth "learn by doing", which encourages information retention through practical application of knowledge.

Promoting Sexual Reproductive Health and Rights among young people



Young people actively participating during the workshop.

Yawe partnership with UNYPA conducted a 3 days capacity building workshops for the youth in Sexual Reproductive Health and Rights at Whispers Gardens, Fort Portal on 29th-31st June 2016. The workshop aimed at enabling young people to understand the concept of SRHR and acquire research and advocacy skills to demand for their SRHR.

The young people identified some issues that were limiting them from accessing some services in the community and health centers. On the last day of the conference, young had the opportunity to present their challenges to different stakeholders in the district such as the district health educator, the CDOs and some NGOs representatives.



The DHE, kabarole, giving a presentation

It was an eye open to the youth to demand and protect their rights. Yawe has continued to empower this group of young people as champions in promoting SRHR so as to have a stronger impact in creating awareness in the community.

YAWE Foundation Vocational training



A vocational trainee
in welding training workshop

We are providing the youth with employable vocational skills in tailoring, knitting, hair dressing, computer applications, motor vehicle mechanics, welding, carpentry, bakery skills etc. This program aims at reducing unemployment problem among the youth.



A vocational trainee in a carpentry workshop



Hair dressing class & salon



Motor Vehicle Mechanic Trainees during hands on training

In 2015 Yawe Foundation passed out 50 young people who successfully completed their vocation training in different fields such as hair dressing, knitting, computer applications, and hair dressing.

We have supported 71 (female 17, male 54) youth to learn vocational skills. The beneficiaries of the vocational program are mostly orphans, adolescents living with HIV and young mothers. We give disadvantaged youth practical skills to start and manage their own business as an attempt to address unemployment problem.

Our training targets mostly vulnerable young adolescents and youth who are out of school. We train the youth in vocational skills such as tailoring, knitting, handcraft making, etc. The training takes three months to six months, therefore the intake is on a quarterly basis and at the end we award certificates. We also integrate our training with entrepreneurship and small scale business enterprise management skills to enable the youth start and manage their own business.



Vocational trainees attending life skills training.

We are training the youth in Basic Computer Skills such as how to use basic applications; hardware/software, storage devices, operating system, Microsoft Office and Web Based Social Net Working Tools such as email, face book, twitter, Skype etc.

Our training targets students and school drop outs at secondary level. The training enables the youth use online platforms to share information. It also helps them to become self reliant and improve in their performance since computer knowledge is a prerequisite if one is to excel in higher learning.

YAWE Foundatin Handcraft project



YAWE handcraft group and knitting class during training

Handcraft project is another area YAWE Foundation has developed to address the current unemployment and poverty problem among the youth and women. We support and train the youth and women to make handcrafts. The crafts are made from artificial and local raw materials such as animal skin, horns, banana fibers, palm leaves, papers, papyrus etc. We have developed youth and women talents in Art and Craft through various practical art and design trainings conducted.

Women and youth groups work from their homes and meet every 1st Thursday of the month for skills and knowledge sharing. This initiative partly addresses unemployment problem. Women and youth with the skills acquired, they can be able to earn income to improve their welfare through various art pieces they make which can attract both local and foreign buyers. Women initiated a saving and credit association and YAWE has continued support them to develop their capacity in Village Saving and Lending Association (VSLA) management. Members save atleast 1000 and above every time they meet.

Child sponsorship and scholarstic materials support



Vulnerable children and ophans are supported with school fees and scholstic materials to enable them keep in school.

Yawe staff (middle) during school mornitoring exercise for OVCs at Bukuuku Primary School.

Although there is Universal Primary Education (UPE) and Universal Secondary Education (USE) in Uganda. Most vulnerable children especially orphans have not been able to access education due to lack of scholastic materials and other PTA fees set at school management level. By providing scholastic materials over 200 pupils and students have been able attend school and complete.

Currently, we are fully sponsoring 28 (16 males and 12 females) pupils/students in primary and secondary schools in Kabarole district. We support the rest of the students with scholastic materials like exercise books, pens, school bags etc.

Yawe Youth Enterprises: Bakery project



Yawe Foundation new buildings for Bakery project and vocational skills training

Yawe Youth enterprise project targets members of KUSA (KUSA is network of young people living with HIV in Kabarole) and other vulnerable youth. It is based in Rwengoma, Kabarole district, Western Uganda. The association has over 300 members.

Vision: To have an HIV free generation.

Mission: To contribute to the control of the spread of HIV/AIDS, fight stigma and discrimination, embrace disclosure and improve the health of young people living with HIV. Supporting YLHIV to learn skills and access employment is not only improving their welfare but also controls HIV transmission since most young people engage in risky behaviors as a way of survival.

Chalk making and liquid soap enterprise project.



YAWE foundation in partnership with Welt Hungerhilf facilitated 60 youth to learn chalk and liquid making skills. The training aimed at engaging the youth in income generating activities so as to reduce Youth unemployment. The target beneficiaries were HIV positive Youth in Kabarole District under KUSA umbrella who did not complete formal education and were economically vulnerable. They were trained in production of liquid soap and school chalk production so as to increase the livelihood skills.

Achievements.

- Acquired Chalk molding machine with all its accessories
- Learned Chalk and liquid soap making skills including packaging and marketing.
- So far some schools, institutions and individuals are interested in our products.

The trained youth will continue producing more chalk and liquid soap for the available market; hopefully the youth engaged in this activity will be able to earn a living. We urge the general public to support the project

The trained youth will continue producing more chalk and liquid soap for the available market; hopefully the youth engaged in this activity will be able to earn a living. We urge the general public to support the project.

4th Annual youth Conference at St. Adolf On-gong Formation Centre

Residential annually youth conference for 2016 was organised by Yawe Foundation in conjunction with Kabarole Unique Stars Association (KUSA). It was attended 137 (61 male and 76 female) by young people living with HIV from Kabarole and nearby districts especially Kyenjojo and Ntotoko.

The purpose of this conference was to strengthen the network of young people living with HIV from different areas to share knowledge and experience to address their challenges and devise strategies on how they can live positively and contribute to the reduction of HIV new infection and related death. We had different facilitators both internal and external who shared different ideas, experiences with the Conference theme was, "**Creating an HIV free generation, my responsibility**". The topics handle includes the following; psychosocial challenges affecting the young people, disclosure, life skills, stress management and adherence.



Youth presenting a play during a session

Main guests among others included Honorable Alex Ruhunda, area Member of Parliament Fort Portal Municipality, and a team from Baylor Uganda. Alex celebrated his birth day with us during the conference.



Group discussion



Hon. Alex cutting a cake



Youth during the session

World AIDS Day Commemoration 2016 at Ruteete Sub Conty, Kabarole District



YAWE Drama Group presents at World AIDS Day at Rutetete Sub County

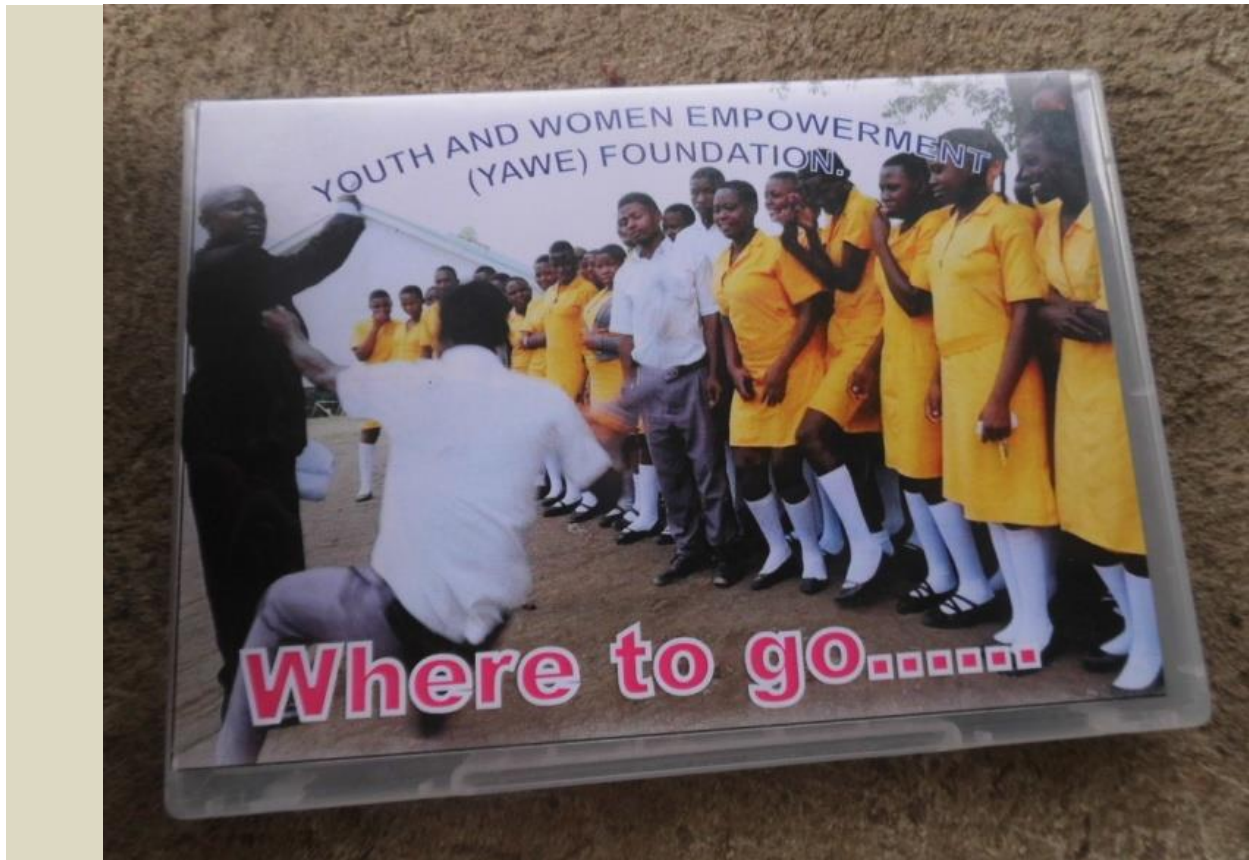
YAWE Youth presence at the World AIDS day commeration which took place at Ruteete Sub County kabarole district was highly appreciated by the stakeholders and the general public. About 200 young people living with HIV attended the function. The chairman Rwabuhinga Richard expressed his deep appreciation for the great work YAWE is doing to cause positive change in the lives of young people

living with HIV/AIDS. Yawe brass band took the lead in mobilizing the community and leading the anthems; Uganda, East Africa and Tooro Kingdom. Yawe drama club gave a welcoming cultural dance song that made the function more lively. Dr Mugahi Richard (DHO of Kabarole) also praised the good work Yawe is doing to reach out to the communities for HIV Counseling and Testing, Cancer Screening among others. Furthermore other speakers also expressed the need for more efforts in the fight against HIV/AIDS and promised to work with the district health implementing partners like Yawe in extending services further more in the hard to reach areas.



Yawe youth take lead in the World AIDS Day Commemoration

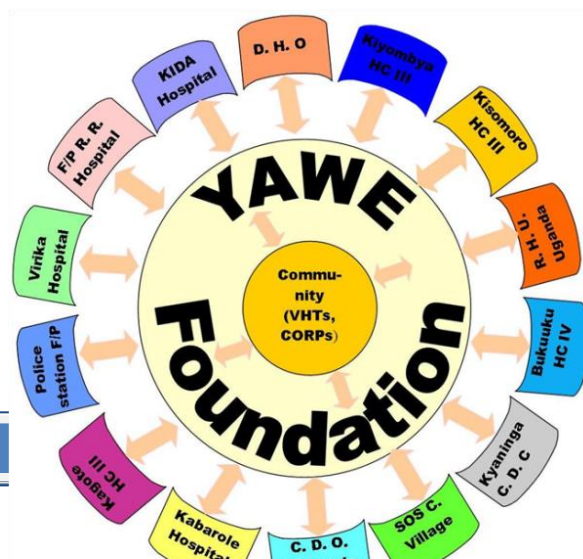
“Where to go” Film launched !!!!



On the World AIDS Day, LC V, Kabarole, Mr. Rwabuhinga Richard Launched YAWE famous film, “**Where to go**” which was written and played by YAWE team to teach the community especially young people in school and out of school facts about HIV prevention and promotion of positive living. Any individual or organisation who wish to know more about HIV or wants to create awareness about HIV can use this film

This film can be accessed from YAWE Foundation offices, Rwengoma.

Referrals and linkages for effective and complete service delivery



Yawe has successfully strengthened the referral linkages from the community to the service providers. We have been working closely with the health centers both public and private and other service providers for referral and linkages for OVC service delivery. Identified OVCs and other clients have been able to access different services through our referral system. It has enabled us to offer clients options for services so as to make informed decisions to access services for good health.

This has worked in a way that after the client has chosen a facility, we write a referral letter to introduce the client and the services referred for. Referral system has enabled us to help the clients get adequate services in case we have been unable to do so.

Yawe partnership with Rides for lives



Mobile clinic during a community out reach

Our partnership with Rides for lives organisation has been a blessing to the community since 2014. In the year 2016, we have been able to reach 3916 (males 1585 and 2331 females) with different services using our mobile clinic. We have conducted community outreaches targeting hard to reach areas, whereby, it would be hard for such communities to access health services. Our mobile bus clinic is convenient to the clients because it has enough privacy while accessing the health services.

The community appreciating this initiative because once we bring services in their communities it saves them time and money. Since they have to walk long distances to access the health services in town. Because of this, some people in the hard to reach remote areas have always been left unattended for some health services. We are very grateful that with the mobile clinic, such communities have been able to access services such as; health education, HIV Counseling and testing, cervical cancer screening, diagnosis and treatment of STIs, malaria, opportunistic infections etc.

YAWE Staff annual retreat



Yawe Staff during their reflection meeting

Yawe Staff Reflection Meeting was held at Jopal, Bukwali 20/12/2016. Staff reflection meeting was a successful, they evaluated Yawe Progress in 2016 projects' performance, looking at the Success, failures and lessons learned and generated

strategies for the year 2017. We hope with God's grace and the commitment of staff, volunteers, and well wishers, we shall be able to achieve higher progress in 2017.

Inter cultural achievement award 2016

The year 2016 has been a blessing, YAWE won an inter cultural achievement award and it was officially handed over to YAWE representatives Mr. George (Executive Director) and Mr. Tadeo (Programs Coordinator), on 7th September 2016. The Intercultural Achievement Award 2016 was organized by the Federal Ministry of Foreign Affairs for the Government of Austria. The function took place in Vienna, Austria. YAWE emerged as one of the five winners for 2016 because of its dedicated work in supporting vulnerable children and community awareness and empowerment programs through use of radios to broadcast plays and songs to counter discrimination and promote tolerance among people of different cultural, religious or social background.



Tadeo and George receiving the award: YAWE Partners & friends who attended the function

YAWE Foundation representatives and partners from Austria had the opportunity of visiting the Governor of Tyrol. The visit was a fruitful one; we had the opportunity to learn a lot of things through the discussions and touring.



YAWE staff and Austrian friends meeting the Governor (2nd left) of Tyrol, Austria.

General challenges

1. Lack of enough resources to conduct outreaches
2. Negative attitudes of the community towards family planning
3. Lack of free supply of drugs and medicines to offer to the adolescent and youth since most of them are still in school and some orphans and vulnerable children and youth cannot afford paying medical bills.
4. Inadequate supply of testing kits for HIV.
5. Bad weather which made some roads impassable.

Way forward

- a) Offering free treatment to adolescents and youth opportunistic infections and other minor illnesses such as STDs.
- b) Establishing inpatient services
- c) Attracting more partnerships for information sharing and resource mobilization

FINANCIAL SUMMARY FOR THE YEAR ENDED 31ST DECEMBER 2016

No.	Source Income	Amount
1.	Perspektive fur kinder	334,427,000
2.	Intercultural Achievements Award	17,300,000
3.	Baylor Colledge of Medicine	10,028,000
4.	Rides for Africa	8,000,000
5.	Welt Warts Project	3,402,000
6.	Reproductive Health Uganda (Medical supplies)	3,000,000
7.	Koweldge for Change	2,000,000
8.	Crowd Fundraising (Margarita)	2,000,000
9.	Ipsum contribution (Car repair)	1,000,000
Total		381,157,000
Local Fundraising		
10	SOS Children's Village Fort Portal	200,000
11	YLIDA	100,000
12	Sisters of Holy Cross	50,000
13	Brothers of Holy Cross	50,000
14	Centenary Bank	30,000
15	Reproductive Health Uganda (Youth conference)	30,000
Total		460,000
Internal income		
16.	Local Income (Clinic)	2,712,200
17.	Local Income (Bank)	9,210,000
Total		11,922,200
TOTAL INCOME		393,539,200

Acknowledgement of partners, donors and volunteers

Yawe Foundation is grateful to all her partners, donors and wellwishers for the generous support towards the projects we implemented in the year 2016. Thank you all, without your support we would not achieve this tremendous success.

Special thanks to all our volunteers from Perspektive fuer Kinder (Austria), Welthungerhilfe (German), Peace Corps (US), and Students from the University of Salford, UK. Thank you for dedicating your time energy and resources to support our development projects in Uganda. Your contribution is highly appreciated.

List of Volunteers 2016

1. Nadine Einwaller (Austria)
2. Vera Brandner (Austria)
3. Erik Hörtnagl (Austria)
4. Isolde Neusiedler (Austria)
5. Danielle Parker (USA)
6. Petra Schönweger (Italy)
7. Lena Panovsky (Germany)
8. Margarete Bauhof (Germany)
9. Inka Kosen (Germany)
10. Anika Rhein (Germany)
11. Sr. Irene Musuya (Holy Cross Sisters)
12. Students from the University of Salford, UK.

YAWE Foundation Board of Directors 2017-2019



Mabiho Winefred
(MA in Counselling Psychology)
Chairperson



Amanyata Tadeo
(BA in Education)
Vice Chairperson



Margarita Chukhina
(MA in Public Health)
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Secretary



Kimoombe Margret
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Fr. John Vanney Makanda
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Komuhendo Margaret
Member
Women Representative

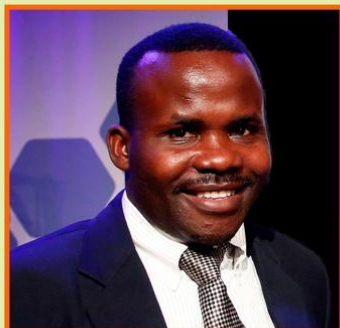


Kabagweri Sarah
Member
Youth Female Representative

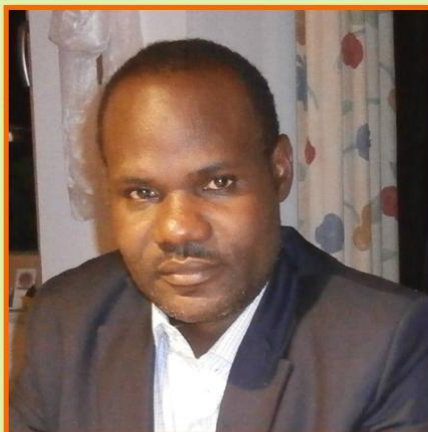


Kasaija Yasin
Member
Youth Male Representative

Yawe Foundation Project and Support Staff



Byamukama Tadeo Araali
(BA in Social & Philosophical Studies)
Programs Coordinator



Akora George William
(MSc. in Counselling Psychology)
Executive Director



Kusemererwa Rosemary
(BA in Guidance & Counselling)
Administrator



Muhumuza Samuel
(BA in Business Admin.)
Finance Officer



Mukuru Micheal
(Dip in Clinical Medicine)
In Charge M. C.



Kabahuma Unice
(Cert. in Nursing)
Enrolled Nurse



Kamanzi Prilla
(Cert. in Nursing)
Enrolled Nurse



Muhumuza Gilbert
(Dip. in Counseling Psych.)
CBH Care



Ayesiga Anthony
(BA. in Comm. Dev.)
Field Officer



Birungi Moureen
(Uganda Cert. Ed.)
Office Assistant



Kabatalesa Jeniffer
(Cert. Tailoring & Knitting)
Vocational Trainer



Kebisembo Esther
(Cert. Tailoring & Knitting)
Vocational Trainer



Kemigisa Yuster
(Cert. in Hair dressing)
Vocational Trainer



Wamara Edson
(Dip. in Primary Ed.)
MDD trainer



Muganzi Nicholas
(Uganda Adv. Cert. of Ed.)
Brass band Trainer



Rujagali Richard
Chef



Monday Andrea
Security Officer



Mugisa Charles
Security Officer

List of partners 2016

International partners

1. Perspektive fuer kinder (Austria)
2. Austrian Development Cooperation
3. Rides for lives
4. Welthunger helf (German)
5. Peace Corps Volunteers (US)
6. Engels Haven
7. Baylor Uganda

Local partners

1. Ministry of health
2. Joint Clinical Research Centre (JCRC)
3. Civil Society Fund
4. Reproductive Health Uganda (RHU)
5. Uganda Network of Young People living with HIV (UNYPA)
6. SOS Childrens village
7. Uganda police
8. Twerwaneho Orphans Children Initiative (TOCI)
9. Holy Family Virika Hospital
10. Association of Human Rights Organisations (AHURIO)
11. Kyaninga Child Development Centre (KCDC)