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EXECUTIVE SUMMARY

2017 was a transitional year for YWCA Kenya with changes in the management structure. For some of the programme areas, 2017 was also a time of considerable transition especially in the light of a reduced funding landscape and changing donor priorities. It was also the final year of implementation of the 2013/2017 Strategic Plan which was up for review in preparation of a new strategic direction for the organization.

2017 was also the year Kenya held its general elections, which caused uncertainty and bouts of violence which were witnessed in different parts of the country thus affecting programme implementation for a period of time.

Successful continuity and building on the strong foundation of the organization complemented these transitions, to ensure the organization stayed on track with exercising its mandate of ensuring the rights of women and girls’ are recognized and upheld. The YWCA has made significant progress throughout 2017 in all the programme areas. Highlights include advocacy for the sexual reproductive health and rights (SRHR) and HIV/AIDS of young women/men to have access to information and services using safe space platforms and learning through exchange programmes, the commencement of the State of the African Woman Campaign (SOAWC), Anti FGM campaigns, youth employability through alternative livelihoods and talent development aimed at exploring the creative arts to create social consciousness through positive messaging.
ABOUT YWCA KENYA

The Young Women’s Christian Association of Kenya was established in 1912, making it the oldest women’s national body in Kenya. It is affiliated to the World Young Women’s Christian Association (World YWCA) movement whose main purpose, is to develop the leadership and collective power of women and girls around the world to achieve justice, peace, health, human dignity, freedom and sustainable environment for all people.

VISION

“An inclusive society where girls and young women actualize their potential and live fulfilled lives”.

MISSION

Based on its Christian faith, The Association, a non-profit making and volunteer membership organization, exists to develop and/or facilitate development of leadership and collective power of women and young girls to achieve social and economic empowerment, human rights, health, security, dignity, freedom, justice, peace and a sustainable environment for all in Kenya.

THE PRINCIPLES AND VALUES WE UPHOLD

The YWCA operational environment is governed by a set of principles and core values which are rooted in on Christian faith and belief as follows:-

1) A history and foundation in the Christian faith;
2) Worldwide solidarity as a women’s volunteer membership movement;
3) Diversity, inclusiveness, tolerance and mutual respect;
4) Integrity and responsible accountability.
5) The self-determination of women and girls in all areas of life;
6) Leadership which improves the status of women, girls and children;
7) Young women’s leadership; and
8) The care for the environment.

PROGRAMME THEMATIC AREAS OF FOCUS

1) Young Women’s Leadership Development
2) Education – Access and Retention
3) Health – SRHR and HIV/AIDS
4) Social and Economic Empowerment
5) Advocacy for Women and Girl’s Rights
YWCA KENYA BRIEF

We are:

✓ A National Faith based volunteer, membership organization founded in 1912, working to advance the rights of women and girls in Kenya.

✓ A Member Association of the World YWCA which is a global movement in over 120 countries worldwide.

✓ A membership organization with over 10,000 members in Kenya

✓ A movement that provides safe spaces for women and girls to fully explore their potentials
YWCA Kenya has its National Headquarters in Nairobi and 7 Branches namely;

- Nairobi Branch
- Meru Branch
- Mombasa Branch
- Tana River Branch
- Kisumu Branch
- Kisii Branch
- Siaya Branch
PROGRAMME IMPLEMENTATION HIGHLIGHTS

PEPFAR UNAIDS FAST TRACK INITIATIVE - Strengthening Faith Community Partnership To Fast Track - National Workshops For Empowerment Of Girls And Young Women in Mombasa, Siaya, Kisumu and Nairobi

The YWCA Kenya was represented in the National HIV Interfaith Consultation held in Nairobi in October 2016, organized in partnership with World Council of Churches (WCC), National AIDS Control Council, UNAIDS, PEPFAR and the World YWCA. Following the Consultation, The YWCA Kenya identified champions in the 4 counties of Nairobi, Mombasa, Kisumu and Siaya that included young people and religious leaders to take the lead in putting the fast track agenda forward through dialogues on the subject of sex and sexuality, stigma and discrimination in relation to HIV and AIDS, and Sexual-Gender-Based-Violence (SGBV).

Objectives

1. Engage and collaborate with UNAIDS, NACC, DREAMS and national youth networks working on HIV for a strengthened response to end HIV and related stigma and discrimination
2. Foster intergenerational dialogues among traditional leaders, interfaith religious leaders, young women and girls
3. Refer young women and girls to SRHR and HIV testing, counseling and treatment

Being a faith based organization the YWCA had the unique opportunity to reach out to diverse groups of people and age groups within the community through its branch networks and membership. The YWCA safe space model which aims to provide spaces for dialogue, engagement, access to information and services, also provides the organization with the opportunity to put the model into practice by providing young people and faith communities with safe, nonjudgmental, trust oriented spaces to share their inner concerns and feelings.

These safe space forums are ideal spaces to break the labels of stigma and also develop support mechanisms that directly respond to their psychological needs. They also provide forums to discuss SRHR and HIV from a faith based perspective demystifying areas of controversy through the different dialogue forums.
Kisumu Workshop

![Image of Kisumu Workshop](image1.jpg)

Safe Space Sessions

![Image of Safe Space Sessions](image2.jpg)

Mombasa Workshop

**Achievements**

1. Family Health Options Kenya provided HTC services for the 2 days.
2. 48 participants attended the workshop as opposed to the initial target of 30.
3. The two day forum was attended by both Christian and Muslim young women. This was a “plus” to YWCA Mombasa since organizing a forum attended by Muslim girls is often a challenge.
4. The service provider managed to test 42 people for HIV, both Muslims and Christians, after which one was tested HIV positive.
5. Majority of the young people who attended the forum had an interest in knowing their HIV status. This shows that there is need for information to the public on why and where
to know their HIV status. This provided the YWCA with an opportunity to provide information and safe spaces for HIV testing and counselling. This is very strategic since most people do not want to be seen going into a testing centre.
THE STATE OF THE AFRICAN WOMAN CAMPAIGN – SOAWC EU PROJECT

WHAT IS THE SOAW CAMPAIGN ABOUT?

The “State of the African Woman” campaign is a project aimed at contributing to securing, realizing and extending women’s rights as enshrined in African Union policies in sub-Saharan Africa. Funded by the European Union, the three-year advocacy, communication and awareness-raising campaign will be implemented by IPPF Africa Region as the lead beneficiary, with five organizations being co-beneficiaries, and two others as Associates. (KIT-Royal tropical institute, DSW, IPPF EN, F2A, YWCA Kenya, OAFLA and GIZ).

The campaign focuses on strengthening Civil Society contribution to promote the implementation of the AU Protocol on the Rights of Women (Maputo Protocol) and the Maputo Plan of Action (MPoA) at four decision-making levels across sub-Saharan Africa; continental, regional, national and sub-national levels. The ability of Civil Society Organizations (CSOs) to push for the implementation of policies is of greatly acknowledged across the continent.

The unique coalition of youth-serving and faith-based organizations, feminist groups and Sexual Reproductive Health and Rights (SRHR) activists are working towards the implementation of the State of the African Woman campaign across Africa. The combined strengths of these implementing partners is aimed at creating a more united and collaborative Civil Society voice on women’s rights, reaching large and diverse constituencies and amplifying their ability to leverage change on a higher scale,

“The State of the African Woman Campaign seeks to convert policies on the protection of women’s rights into reality. The project firmly believes that norms and agenda-setting at policy level need to be accompanied by changes in social and religious norms. The campaign, which combines grassroots mobilization and political advocacy, enhances sustainability where changes in norms related to women’s rights at policy and societal levels lead to long-term systems changes, with direct impact on people’s lives. The campaign builds on partner’s experiences and ongoing advocacy programmes in the region.

The Action’s overall objective is securing, realising and extending women’s rights enshrined in African Union policies in African countries.

The first intermediate objective of the Action is to influence legal and social norms on women’s rights through greater transparency and public pressure on duty bearers.
The second intermediate objective is to hold decision makers to account for their policy commitments on women’s rights through a stronger civil society voice and meaningful participation in decision making.

**YWCA Kenya Role**
1. Overall coordination of 16 YWCAs in Africa
2. Work with 32 Young women champions from the 16 MAs
3. Capacity build the 16 MAs and 32 YW champions
4. Support for 32 YW champions events (advocacy outreaches) at national level

**Coverage**

**Activities**
1. Identification of champions
2. Orientation of participating Member Associations to the SOAWC Project
3. Participation in GIMAC-Gender is My Agenda Campaign and AU meetings in Addis Ababa Ethiopia
4. Support and supervision visits to Member Associations to understand their roles and responsibilities
Maputo Protocol status:

- Out of the 54 Member States of the African Union, 47 countries have ratified the Maputo Protocol.
- 17 countries have not yet ratified the Maputo Protocol: Algeria, Botswana, Burundi, Central African Republic, Chad, Egypt, Eritrea, Ethiopia, Madagascar, Mauritius, Niger, Namibia, Democratic Republic, Sao Tome and Principe, Somalia, South Sudan, Sudan and Tunisia.
POSITIVE CHOICES TOWARDS THE ABANDONMENT OF FGM IN KURIA – FEED THE MINDS UK

The Positive Choices Towards the abandonment of FGM in Kuria is a project that commenced in 2017, jointly implemented by YWCA Kenya and Education Centre for the Advancement of Women (ECAW), funded by Feed the Minds (FTM) UK. The project focused on the two villages of Maeta and Nyankore – in Kuria District, Migori County. Kuria is ranked as one of the poorest districts in Kenya and faces several challenges that include; poor infrastructure, insecurity, lack of credit facilities, low levels of literacy, inadequate facilities including lack of offices for Government employees, food insecurity high incidence of poverty, high population growth rate, environmental degradation and gender inequality.

This poverty, coupled with the perceived economic gain of FGM/C, and cultural practices contribute to a relative high prevalence of FGM/C on girls between age 7 and 15 years in Kuria.

Activities

1. The school visits for awareness creation to girls and boys on FGM/C
2. The peer educator outreaches
3. Engagement of teachers
4. Engagement of clan of elders
5. Community outreaches by paralegals
6. Girls Empowerment Program – GEP forums
7. Engagement of medical professionals to sensitize communities on the negative effects of FGM/C
8. Mothers’ and fathers’ Workshops
9. Media Activities for increased community sensitization on FGM/C
YWCA KISII BRANCH ZERO TOLERANCE ON FGM – FEMALE GENITAL MUTILATION DAY FEBRUARY 2017

YWCA Kisii Branch situated in Nyanza province in the western region of Kenya, covers 3 counties; Nyamira, Kisii and part of Migori. Kisii is one of the Branches that has been championing the fight to end the practice of female genital mutilation and bringing girls and women together in an effort to respond to social, economic, political and cultural issues affecting them.

Through this project, the Branch targets, opinion leaders, girls, boys, parents, nurses and circumcisers. Through training of trainers, a pool of community based outreach trainers are facilitated to carry out sensitization and awareness creation on the negative effects of FGM. This is part of the sustainability strategy to ensure communities are continually engaged on the issue.

On the Zero Tolerance Day, the Branch conducted an activity with 10 chiefs from the 10 sub counties, 7 clan elders, 5 pastors and 8 women leaders. This was partly to assess how far the community has embraced change in terms of abandonment of FGM.

Objectives
1. To engage pastors and chiefs to be agents of change to influence communities to change norms and attitude towards the harmful practice of FGM.
2. To carry out discussions on the 2011 Prohibition of FGM Law and its implementation. The law provides for, protection from and prevention of FGM as well as advocacy promoting the rights of women and girls.

Some of the community responses to the highlighted issues included;
1. FGM was in the past done as a big celebration which included dance and festivities with friends and relatives. The law has however led to the practice going underground and no more public celebrations. This however does not mean the practice has stopped but has only been silenced.
2. Medicalization is a new phenomenon, as many parents seek health care providers to perform the cut on their daughters. This is with the belief that medical practitioners reduce the health risks to the girls because they are skilled health professionals unlike the traditional circumcisers. 48% of FGM in Kisii is carried out by health professionals.
3. Lowering of the cutting age to very tender ages.
4. Sending the young girls to rural homes and across borders to evade the law.

Lessons Learnt
1. FGM is a violation of the human rights of girls and women.
2. Every duty bearer should do their work e.g. teachers, police, chiefs etc. to educate communities and protect girls and women.
3. Community members don’t report cases of FGM for fear of creating tension within their circles.
4. The different stakeholders often address the immediate causes of FGM and leave the root causes which are cultural, normative and aligned to the hierarchy of patriarchy. With duty bearers taking responsibility the practice will gradually decline.

What needs to be done?

- Community sensitization on the law and the negative effects of FGM. This will entail enhancing policy provisions and implementation towards ending the harmful practice of FGM.
- Increased social support for keeping girls intact without a cut and retention in school.
- Policy makers to accept that they are key influencers and can add their voice to the elimination of the practice by taking a firm stand on the issue irrespective of their political careers.
- Religious leaders to dialogue on FGM in churches and mosques; Chiefs to address the issue of FGM during the barazas; and women during their organized women meetings (chama). This will intensify advocacy against FGM.
- Community dialogues for enhanced mindset change in practicing communities. This is a long term outcome that needs patience and continuous dialogue to create the needed change.
- Health care service providers to have increased knowledge on to handle survivors of FGM seeking medical attention.
- Girls to be mentored in order to not be pressured by peer and community pressure to go for the cut but instead speak out openly against FGM and denounce that they will not be cut.
- Boys to be sensitized and mentor to not pressure girls to be circumcised before they can marry them.
- Parents to be continually sensitized and supported to take the lead in ensuring their girls to and finish school and support their daughters not to be cut.
- To educate circumcisers on the negative effects of FGM on the reproductive health of girls and women in order for them to stop the practice and initiate alternative livelihoods for them to have dignified income generating activities and not the cut.
AMREF HEALTH AFRICA TB PROJECT KISII

Project Goal
To accelerate the reduction of TB, leprosy and lung disease burden, through provision of people centered, universally accessible, acceptable and affordable quality services in Kenya.

Activities
1. To trace 108 contacts of smear postive cases
2. To trace 18 TB interrupters
3. To trace 10 under 5 years
4. Carry out one feedback meeting for the providers and sub County stakeholders
5. Conduct one TB screening of inmates in prisons.
6. Conduct one TB IP committee meeting
7. Conduct 5 sub counties data review meetings
8. Support CHEWS airtime
9. Conduct 3 integrated outreaches

Achievements
1. Traced 86 (57 males & 29 females) contacts of smear postive cases
2. Traced 20 (17 males & 3 females) TB interrupters
3. Traced 1 male under 5 years
4. Carried out one feedback meeting for the providers and Sub County stakeholders at Kisii level 6.
5. Conducted one ongoing TB screening of inmates at Kisii GK prisons.
6. Conducted sub counties data review meetings for the selected 5 sub counties
7. Supported CHEWS airtime for March coordination for 26 CHEWS (10 males &16 females)
8. Conducted 1 integrated outreach
ORPHAN AND VULNERABLE CHILDREN - OVC- CARE AND SUPPORT PROGRAMME YWCA MERU BRANCH APHIA PLUS

The project was implemented by Meru Branch in Tharaka Nithi County, Maara and Imenti south Districts, Muthambi and Igoji Divisions.

Project Objectives
- To provide nutritional support for 3500 OVC to enhance nutritional support status.
- To provide health care to 3500 OVC.
- To promote psychosocial support to 3500 OVC.
- To provide legal protection to 3500 OVC.
- To provide education support to 3500 OVC.
- To provide 800 girls with sanitary towels

CORE SERVICES PROVIDED BY THE PROJECT

Psychosocial Support

Parenting Skills
The program continuously emphasized on the need to build good communication relationships within households through sensitization between the OVC and their caregivers who are in forming stage. This concept helped to build knowledge and skills that assists the caregivers to be empowered with parenting information which is appropriately translated to the children in order to have informal interaction with parents. The program team conducted 323 home visits to the targeted households.

Mentorship
Mentorship support; provided advice, friendship, reinforcement and constructive role-modelling over time. The process created a platform for relationship building between the mentor and mentee.

The following are the benefits the OVC have experienced from this mentorship process;

- Reduced school dropout rates due to continuous follow-up by their mentors.
- Better attitude about school as result of setting their career and life goals.
- Enhanced their self-esteem of OVC and self-confidence by having loving/committed mentors.
- Continuous counselling/psychosocial support of OVC leading to improved behavior, both at home and school.
- Stronger relationships with parents, mentors, teachers, and peers.
- Improved interpersonal skills.
- Decreased likelihood of initiating drug and alcohol use.
- Improved resilience.
• Post-secondary education and career planning information and resources.

**Education**
The aim of the program was to develop a more systematic approach to ensure access by all the OVC in the targeted communities to basic education and their retention in school. Being orphaned or made vulnerable due to the death or acute illness of one or both parents plays a role in whether a child goes to school.

**Distribution of Items**

<table>
<thead>
<tr>
<th>Item distributed</th>
<th>No of OVC reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bags</td>
<td>80</td>
</tr>
<tr>
<td>Solar lamps</td>
<td>150</td>
</tr>
<tr>
<td>Sanitary towels</td>
<td>960 girls</td>
</tr>
</tbody>
</table>

**Food and Nutrition**
Food and nutritional support improve the nutritional status of children and their families and address community food security. Food support may be through direct food supplements or community/school feeding programs. While food and nutritional support is often offered as a time-limited strategy to address food insecurity or malnourishment, combining direct food supplements with household economic strengthening helps to improve nutritional status for longer periods. The program helped to improve children’s and household access to nutritional support. The result was as follows;

• Increased community awareness and capacity to address issues of nutrition (malnutrition).
• Utilization of available space and locally available food resources to grow food.
• Bumper harvest as result of continuous training by the agricultural extension officer on modern farming methods.
• Knowledge on children growth monitoring and promotion.
Extensive knowledge on balance diet

Legal Protection
Children made vulnerable by HIV/AIDS are frequently exposed to abuse; exploitation; violence (including gender-based violence (GBV); and family separation as a result of the epidemic’s effects. These exposures can further increase risks through adult life. OVC registered with the program have been given access to legal services where necessary to help them obtain birth, death certificates and other documentation which is necessary for them to access a number of social services. OVC were linked and referred to the registrar of persons to process birth certificates for 16 OVC (female 10, male 6)

Economic Strengthening
Poverty often prevents potential caregivers from being able to take care of children in need. The program supported 9 households with cereals as part of the household economic strengthening initiatives.
The wellbeing of OVC depends a lot on the capacity of the family to cope economically.

Shelter and Care
Most vulnerable children in the program live with their families within the targeted communities. This overload caused by household vulnerability leaves many children without suitable shelter or care. Those children who find themselves without a caregiver become highly vulnerable to abuse and stunted development. The program with the help of Aphia Plus Kamili carried out assessment of houses to be prioritized for renovation and also gave out 45 blankets to households.
# KEY RESULTS / ACHIEVEMENTS

<table>
<thead>
<tr>
<th>Core Services</th>
<th>Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
</tr>
<tr>
<td>1 Health Care, Education</td>
<td>109</td>
</tr>
<tr>
<td>2 Education &amp; Vocational Training</td>
<td>1226</td>
</tr>
<tr>
<td>3 Food &amp; Nutrition</td>
<td>126</td>
</tr>
<tr>
<td>4 Shelter &amp; Care</td>
<td>16</td>
</tr>
<tr>
<td>5 Protection &amp; Legal Services</td>
<td>17</td>
</tr>
<tr>
<td>6 Psychosocial Support</td>
<td>1459</td>
</tr>
<tr>
<td>7 Household Economic Strengthening</td>
<td>23</td>
</tr>
<tr>
<td>8 Number of OVC Served by Primary Direct Support (3 or more Services)</td>
<td>1211</td>
</tr>
<tr>
<td>9 Number of OVC Served by Supplementary Direct Support (1 or 2 Services)</td>
<td>248</td>
</tr>
<tr>
<td><strong>Total Number of OVC Served by the LIP</strong></td>
<td>1459</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Improvement Indicators</th>
<th>M</th>
<th>F</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Number Orientated on QI</td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>12 Number of OVC Assessed using CSI Tool (Initial)</td>
<td></td>
<td></td>
<td>360</td>
</tr>
<tr>
<td>13 Number of OVC Assessed using CSI Tool (Subsequent)</td>
<td>-</td>
<td>-</td>
<td>240</td>
</tr>
</tbody>
</table>

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YOUTH EMPLOYABILITY EMPOWERMENT PROGRAMME (YEEP) KISUMU BRANCH

Goal
To provide young people with practical skills that enhances their employability.

Expected outcome
- Increased employment opportunities for youth.
- Young people able to participate in their own development and that of their communities.
- Reduced incidences on high risk behavior amongst youth.

Activities
- Introduction and diversification of the training to part time classes.
- Continuous assessment and follow up of students during their industrial attachment.
- Collaboration with Digital Opportunity Trust (DOT) for computer application course and Dorcas CDC for Mobilization.
- Networking and collaboration with partners in the Hospitality industry and other likeminded organizations for student attachments.
FK NORWAY SRHR EXCHANGE PROGRAMME - Coordinated by Y Global Norway

YWCA Kisumu Branch is a host for the exchange programme and received two FK participants for a period of one year as SRHR experts. They implemented SRHR programmes with young people and women.

Activities

1. Participation in the International Women’s Day planning committee and organizing the day from the branch level.
2. Organizing a community health day that entailed; VCT services to over 120 people; Cancer screening 44 people; Family planning services for 65.
3. SRHR outreaches/ follow-up to youth groups, school clubs and institutions.
4. Networking and collaboration with likeminded organizations for SRHR health service provision.
5. Training of Trainers sessions.
7. Telling stories through photography.
8. Safe space sessions for young people.
9. Membership recruitment.
MEMBERSHIP ACTIVITIES

[Images of various events and activities involving members of YWCA Kenya.]

[Image of members holding signs and sitting in a classroom setting.]
# AUDITED FINANCIAL REPORT – 2017

## YOUNG WOMEN’S CHRISTIAN ASSOCIATION OF KENYA
CONSOLIDATED REPORT AND FINANCIAL STATEMENTS
STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 31 DECEMBER 2017

<table>
<thead>
<tr>
<th>2017</th>
<th>Kshs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td>62,597,799</td>
</tr>
<tr>
<td>Revenue</td>
<td>30,441,362</td>
</tr>
<tr>
<td>Other income</td>
<td>7,062,016</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td><strong>100,101,177</strong></td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
</tr>
<tr>
<td>Staff costs</td>
<td>41,562,948</td>
</tr>
<tr>
<td>Establishment costs</td>
<td>21,301,913</td>
</tr>
<tr>
<td>Administration expenses</td>
<td>7,323,686</td>
</tr>
<tr>
<td>Finance cost</td>
<td>24,074,601</td>
</tr>
<tr>
<td><strong>Total expenditure before depreciation</strong></td>
<td><strong>94,263,148</strong></td>
</tr>
<tr>
<td>Surplus/(deficit) before depreciation</td>
<td>5,838,029</td>
</tr>
<tr>
<td><strong>Depreciation</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(5,244,347)</td>
</tr>
<tr>
<td><strong>Amortization</strong></td>
<td></td>
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<tr>
<td></td>
<td>(3,782,583)</td>
</tr>
<tr>
<td><strong>Net (deficit) for the year</strong></td>
<td><strong>(3,188,901)</strong></td>
</tr>
<tr>
<td><strong>OTHER COMPREHENSIVE INCOME</strong></td>
<td></td>
</tr>
<tr>
<td>Project:</td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td>29,534,878</td>
</tr>
<tr>
<td>Programmes costs</td>
<td>(26,430,284)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,104,594</strong></td>
</tr>
<tr>
<td><strong>Net (deficit) for the year</strong></td>
<td><strong>(84,307)</strong></td>
</tr>
</tbody>
</table>
CONTACTS

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