

Greetings YMCA family and friends,

I write after just returning from Madagascar YMCA, where we have just completed an institutional diagnosis of the movement. This is the first level of the movement strengthening process as defined by our movement worldwide. For the first time in Africa, two African YMCA National General Secretaries (Zambia and Kenya) joined the diagnosis team as peers, together with Y-Care from United Kingdom and Y Global from Norway. Twenty two representatives from Madagascar local branches, national council, youth and women contingencies attended the diagnostic exercise.

The meeting was held in three languages: Malgasy, French and English, which resulted in some communication blockages, and much amusement! Having being in Madagascar only a few days before the diagnosis did not equip the team to fully understand the context, but one thing was clear to the team: the institutional diagnosis is not for the 'smaller' or 'poor' movements only. Any YMCA could go through the process and is able to improve, regardless of its current strength. This exercise was another learning process for the external team, especially for the two established African YMCA leaders. They came to diagnose, but they were auto-diagnosing their own YMCAs. This experience proved that regardless of the current status of our YMCA, there is always something to learn and to share. The Global Operating Plan provides us with a good framework for institutional solidarity.

I would like to take this opportunity to wish all YMCA family and friends a blessed Christmas. During this time, we remember those who have lost their loved ones this year, who suffer hardship and whose lives seem hopeless. But we also remember the millions of lives we have touched in Africa through the work of our YMCA staff and volunteers, and the hope and empowerment we have engendered in our youth.

Our march onwards continues... Siyahamba!  
**Carlos Sanvee**  
General Secretary, Africa Alliance of YMCAs

Dear Carlos,

It is with a grateful heart and a spirit that is full of humility that I thank you for the opportunity that you created for me to participate in the Diagnosis of Madagascar YMCA. Much as I may have contributed to the success of the process, I feel I have gained much more from it than what I gave because the Diagnosis process presented an ideal "hands on" learning experience which made me understand and reflect on the Zambia YMCA Diagnosis that we did in 2005. It is this added understanding of the process and the support I am getting from key stakeholders that gives me confidence that as a movement Zambia YMCA is on her "Road to Changes".

Thank you once again therefore for the opportunity to serve in the Continental YMCA family.

Yours faithfully,  
Annie Ngwira, Executive Director, Zambia YMCA

## Contents

**AFRICA AT RISK DUE TO FOOD PRICE INCREASES AND THE GLOBAL ECONOMIC CRISIS  
HUMANITARIAN CRISIS UNFOLDING IN ZIMBABWE  
TANZANIA YMCA: A MODEL FOR SUSTAINABILITY STRATEGIES IN AFRICA  
COMMUNITY WORKER GAINS SKILLS AND CONFIDENCE THROUGH YMCA  
AAYMCA EMBARKS ON CAPACITY BUILDING STRATEGY**

---

## **AFRICA AT RISK DUE TO FOOD PRICE INCREASES AND THE GLOBAL ECONOMIC CRISIS** Jocelyn Newmarch, Journalist for Business Day and the Weekender

It's been a bad year for the world, but the news has hit particularly hard in Africa. The continent has been hit by a double whammy of food price increases and now the financial crisis which is likely to squeeze donor funds and remittances just when they're most needed.

Communities are facing food price increases of up to 150% – a blow for poor people who spend most of their income on food and on whom even small price increases have serious consequences – and now the financial crisis means African economies, although not affected by the original sub-prime debt shock, are

vulnerable to the global recession. That means that although living conditions have worsened dramatically for ordinary people, less help is at hand.

Developing countries face several risks as a result of the financial crisis, despite good growth projections for countries such as Malawi (projected to grow by more than 8% this year) and Nigeria (which is growing at nearly 9%), the Overseas Development Institute warned in October.

It said the risk of financial contagion remains as the turmoil in major stock exchanges in the United States and Europe spills over to developing countries. Stock markets in both developed and developing countries have fallen dramatically in the last two months.

But the economic downturn in developed countries will also put Africa at risk. If growth in China and India slows down, poorer countries are likely to export fewer raw materials, at lower prices. Remittances will decline as economic migration slows down, and there will probably also be lower volumes of remittances per migrant.

Foreign direct investment and equity investment will come under pressure, the ODI says, as it has become harder to access finance. Already several large deals have fallen through because of the credit crunch.

The financial crisis also means that countries' aid budgets are under pressure. But even at an NGO level, organisations funded through private sector foundations, such as the Ford Foundation, can expect to have less money to disburse as the value of their underlying investments plunges.

Prices of staple foods worldwide have seen increases ranging from 30% to 150% in 2007 and 2008. This has pushed another 119 million people into living in hunger, taking the global total to 967 million according to Oxfam's research report, 'Double Edged Prices' which was released in October.



*C Siegfried Modola/IRIN*

"Higher food prices mean people are eating less and lower quality food, children are being taken out of school and farmers are being forced to migrate to cities to live in slums. Women are especially vulnerable because they rarely own land and have limited access to credit and other services, but they bear much of the responsibility for feeding and caring for families," Oxfam says.

Oxfam's head of research Teresa Cavero, who authored the report, has criticised the "inadequate" response of the international community to the crisis. Only \$1-billion in aid has been disbursed to poor countries for the food crisis, despite pledges of \$12,3 billion earlier this year.

"Developing countries are being bombarded with different initiatives and asked to produce multiple plans for different donors. We need to see one coordinated international response, led by the UN, which

channels funds urgently to those in need, and leads on implementation of the longer-term reforms,” she said in a recent statement.

Many countries have responded to the crisis by slashing tariffs on imported foodstuffs, a measure greeted with “quiet satisfaction” by rich countries, according to Oxfam, which hopes these lower tariffs will be maintained indefinitely. However, this could place infant industries and agricultural sectors at risk in the long term, and could lead to destabilisation.

In Malawi, government subsidies have boosted production levels in many areas. This has resulted in consecutive surpluses at a national level, where previously shortages existed. But according to Oxfam, pockets of food insecurity still exist with some poor households eating only one meal a day. “In some areas, women have resorted to cooking wild beans, which are poisonous if not prepared properly. This means cooking them for hours, using scarce water and firewood,” the report says.

Women farmers are disproportionately at risk, says Oxfam, as although they are responsible for household food security, they find it more difficult to access land and credit and are paid lower wages than men. “In Manchali, a village in Tanzania, women bear the burden of higher food prices. They are responsible for obtaining the little food or money that might be available. As they cannot afford the cost of food, they have to look for alternative income sources, usually petty commodity activities such as collecting firewood, filtering salt, and making pots. These activities consume a lot of their time and, as a result, they cannot look after their children properly. The incidence of malnutrition has increased in recent months owing to the mothers’ workloads. Households are changing their diets and reducing the number of meals they eat each day, rationing their food consumption, gathering wild foods, and seeking waged labour,” says the report.

**Editorial note:** The people we are working with as YMCA are becoming more and more vulnerable and this is a real challenge for us. How can we remain effective and socially relevant when as institution we are also directly affected by the crisis? As YMCAs in Africa, we need reflection at all levels to find appropriate strategies to remain relevant to our communities.

---

## HUMANITARIAN CRISIS UNFOLDING IN ZIMBABWE

Vincent Maruza, Zimbabwe YMCA member

As we approach Christmas – a time of giving – Zimbabwe is making headlines again. There is a cholera outbreak that may reach epidemic proportions if unchecked. Officially there are 360 deaths recorded as at 26 November 2008, within Zimbabwe. However, according to World Health Organisation (WHO) around 10 000 people are infected and just over 600 have died. Aid organisations in Zimbabwe are predicting that there may currently be 12 000 infections and 1 200 deaths, and as many as 10 000 cholera deaths and 60 000 infections by March 2009.

In addition, there are 400 recorded Zimbabweans who have come to South Africa’s Limpopo Province for treatment – and the Limpopo River, which runs between the two countries, has tested positive for cholera. Six Zimbabweans have died of cholera in Limpopo.

Healthcare, like education, has suffered immensely and has all but collapsed under a regime that has neither the people’s mandate to rule nor its citizens’ wellbeing at heart. Zimbabwe’s health sector can be split into three categories. The public health institutions run and funded by the state serve approximately 75% of the populace in both rural and urban areas. The mission and NGO run and funded health care facilities in both rural and urban areas cater for about 20% of the populace. Lastly, the private sector facilities cater exclusively for the rich 5% of the population in the urban areas.

Over the years, the social service sectors, including health, have been grossly underfunded. This has manifested itself in failure to attract and retain qualified and experienced personnel, resulting in a massive staff exodus. The mission/NGO sector has succumbed to donor fatigue and the state’s ill-advised ban on NGOs in June 2008 rendering it inoperational. Record inflation at 231 million %, unavailability of foreign

currency and the collapse of the formal economy has all but destroyed the private sector profit-driven healthcare system.

The economy has been shrinking consistently for the past decade since 1998, and this has translated into consistent underfunding for this sector as fiscus tax and foreign exchange inflows have dried up. This has meant antiquated equipment has not been replaced while basic essential medication cannot be accessed. Zimbabwe, alongside South Africa, Botswana and Zambia, has one of the world's highest rates of HIV at approximately 16% of total population, which places an unbearable strain on an already fragile healthcare system.

For the past 12 months, all urban centres have had little or no running tap water, resulting in dysfunctional sewers, flushing toilets and waste disposal. The University of Zimbabwe, an institution of more than 10 000 students located in the capital Harare, has been closed since the March plebiscite failed to reopen as scheduled in October because the institution had no running water.



*People in Zimbabwe walk past raw sewage in their streets as vegetable vendors go on selling their goods, despite the stench from raw sewage - C IRIN*

In my opinion, the final straw that broke a system on the brink was the state's suspension of NGOs in the run up to the ill-fated presidential run-off election. Up to that point only NGO funded and mission hospitals were still operational. The ban on NGO operations resulted in the remaining conduit for the importation of the basics for medicare being blocked. The violence in the run-up and during the presidential run-off election displaced people whose homes were destroyed on a massive scale. This dislocation of people, in tandem with the halting of NGO programming, means those vulnerable groups on HIV ARV, TB therapy, feeding programmes etc couldn't access life-saving provisions.

The country now enters its tenth month without a government, which means there is no-one responsible for decision-making, policy-making and implementation to tackle the health crisis. Presidential decrees are the current modus operandi.

The long-awaited rains began in earnest in mid-November. The impact of these rains on human faecal matter lying around (normal toilets have ceased functioning without running water) exacerbates cholera, HIV and TB vulnerable people failing to access therapy and foodstuffs, internally displaced people without food and shelter, the lack of running water and a heavily regulated legal framework choking NGO operations. Add to this mayhem the prospect of no government to exercise leadership indefinitely, and all this results in a fertile breeding ground for cholera to wreak havoc on a suffering population, with effects too ghastly to contemplate.

At the time of writing this, an anthrax outbreak has just been reported. Who knows where this will lead Zimbabwe? In the spirit of Christmas, may African leaders please act decisively and condemn one of their own (what happened to the NEPAD peer review?). That alone would be a starting point to give Zimbabweans hope... of a better future. This hope would be a welcome Christmas present.

### **TANZANIA YMCA: A MODEL FOR SUSTAINABILITY STRATEGIES IN AFRICA**

**Wangeci Kago, Monitoring and Evaluation Officer, Africa Alliance of YMCAs, and Timotheus Kamaboakai, Young Professional at the World Alliance of YMCAs – from Liberia YMCA**

African YMCAs can best be credited for the civic engagement of young people through empowerment and training. The YMCA's programmatic niche spreads across the continent and provides additional recreation and specific community-driven initiatives. However, there is one aspect that undermines all of these activities – the heavy dependence on donor funding, without which the continuity and impact of these activities cannot be guaranteed.

In February 2007, leaders of all the YMCAs in Africa met in Accra, Ghana, to reflect on the impact of the YMCAs in Africa. During this meeting, the Tanzania YMCA was upheld as a model of self-sustainability in the African Movement. This is due to the fact that it does not fully depend on partner funds to run core operations, but rather benefits from occasional grants for capital expenses. The YMCA further generates its own running costs and invests in initiatives that support programme activities.



During a recent visit to Tanzania YMCA, Africa Alliance General Secretary, Carlos Sanvee, focused on sustainability and how this has been achieved, which is in line with the current move towards YMCAs in Africa looking inwards to generate income and achieve self-sustainability, rather than continuing to seek only donor funding.

#### **A brief historical reflection –**

The Tanzania YMCA was created by the Tanzanians themselves in the late 1950s through the efforts of churches in Moshi, Kilimanjaro, led by the

Late Bishop Stephano Moshi. This is in contrast to the establishment of many other African YMCAs, which were created by missionaries in Africa. The YMCA in Tanzania now has 14 branches, which form the National Council that meets once every three years.

**Human commitment: resources beyond measure** – Sacrifice is one of the critical foundations of their sustainability as members, staff and volunteers are always willing to contribute their time, talents and

finances for the development of the YMCA. This has helped them pool resources as a preventive measure to avoid instances where an activity has to be halted because key resources are not available.

**Capacity building: knowledge, skills or attitude?** – The Tanzania YMCA has imposed rigorous standards of performance concerning finances, and a team of accountants monitors and reports on the flow of finances. Capacity building programmes for staff as well as capacity audits have improved the performance and motivation of staff, making them more effective and efficient in their operations.

**A proactive approach** – Observing the climate of opportunities and taking prompt action is also another major factor in the approach of the Tanzania YMCA. This has ensured the YMCA is always a step ahead of competitors and takes proactive measures in activities.

**What is in your hands?** The Tanzania YMCA owns a big complex in which the national office is based. At the school within the complex, students are trained in hotel activities. There are also recreational facilities, a hostel, a hall that can be hired for events, a publically accessible restaurant and a clinic that offers medical services. These, amongst other assets, provide the YMCA with extra income needed for sustainability and development of the organization.

**What can we learn?** The Tanzanian YMCA model is quite different from most other YMCAs in the continent. It is a business-orientated model and every activity is designed to generate income for the core costs of the activity and organisation.

In this era of our history, sustainability is increasingly vital for long-term viability of our movement. With the uneasy global economic situation, the focus on making optimum use of what we have is crucial. Sustainability is more about attitude than just capacity or resources. It is important that African YMCAs begin to develop the right attitude, not only in innovative strategies for sustainability, but also in accounting control mechanisms that will ensure the proper management of finances. Like the Tanzania YMCA, if we can focus on generating our core running costs locally, we would not run the risk of being donor driven or losing our balance when donor funding runs out.

**POSITIVE MOVE TOWARDS SUSTAINABILITY**

The Africa Alliance is currently placing emphasis on resource mobilisation with an emphasis on accessing local corporate and private funding. On 25-26 November, a preparatory workshop was held in Johannesburg, South Africa. Led by expert facilitators in corporate fundraising, corporate responsibility and marketing participants explored YMCA readiness in Africa, and devised initial tangible projects aimed at corporate funding. Key learnings included the importance of branding and positioning the YMCA's impact rather than activities; the importance of upskilling our capacity in terms of research, communications, and fundraising; and creating networking and partnership opportunities

South African local association and national office participants developed a Y-Zone after-school programme - a safe space for young people to develop confidence, leadership skills and a spirit of civic development and competence.

Kenyan, Sierra Leone, and The Gambian participants developed an entrepreneur project for national implementation, and Africa Alliance participants developed a similar continental project focusing on the Subject to Citizen model to ensure civic competence. It was clear that as we move forward, synergy can be created between local branch level and continental level.

Progress will be reported in future issues of Siyahamba.

Key quote:

**Our brand is what people say about us when we are not in the room**

**COMMUNITY WORKER GAINS SKILLS AND CONFIDENCE THROUGH YMCA**  
**Sister GP Jansen, Coordinator of the Home-Based Care project, YMCA Athlone, South Africa**

When Carren Antonie took a course in Home Based Care through the YMCA Athlone, a local association of the South African YMCA, she did so merely to earn a living and felt insecure about her ability to work with people, sick people even more so.

Her stance was: "Ek kannie met mense werk nie" (I can't work with people). Born in 1965, the only child of a single parent, she grew up in Zoar, a mission station, 20 km from Ladismith, Cape Town. She was unable to finish her schooling and left school three years before curriculum completion. Carren worked in a clothing factory for 10 years until the factory went into liquidation. Then she did a short course on Business Management and started a tuck shop from home, which subsequently collapsed due to financial difficulties.

Forced to earn a living, she then did a course in Home Based Care. Initially she doubted herself and lacked motivation. As her confidence grew, she became more and more involved in activities at the Athlone YMCA: she was involved in fundraising events, presented educational talks on STIs, HIV/AIDS and TB and attended basic physiotherapy workshops. She realised then that she did, indeed, have a passion to work with people. In 2005, she enrolled in the government-run Extended Public Workers Program as a YMCA participant. Here, she excelled, her self-confidence grew and her interaction with peers improved. Due to this programme, she acquired various skills such as planning and goal-setting.



Her communication skills improved tremendously and she became more actively involved in YMCA-led community education projects. She can now present talks to groups and even stand up in church and pray without anxiety. She also has the confidence to question things that she does not understand or agree with. Carren is now optimistic about the future and believes the knowledge she has acquired would help her face the challenges in her community e.g. drug abuse and teenage pregnancies. Her long-term goal is to go back to Zoar, set up a shelter for children affected by HIV and AIDS.

---

**AAYMCA EMBARKS ON CAPACITY BUILDING STRATEGY**  
**Choolwe Haamujompa, Director of Programmes, Zambia YMCA**

The first Africa Alliance Capacity Building Team (CBT) workshop, held from 10-20 November in Nairobi, Kenya, is expected to provide immediate impetus to develop capacity of national African YMCA movements to develop and manage grant-winning projects.

The CBT members, comprising project and programme personnel from Senegal, Togo, Zambia, Zimbabwe, Kenya and Liberia, are to be a resource base for their national movements and their respective zones. Norman Matepo from Zimbabwe said, "This initiative is a long term-strategy for building the capacity of our YMCAs to develop attractive funding proposals."

Key topics included in the workshop were Project Cycle Management, Needs Assessment, Baseline Survey, Monitoring and Evaluation, and Reporting. The November training was the first phase and subsequent trainings are expected to take place in the first half of 2009.

With the skills and competences of participants being enhanced, it is anticipated that the CBT will strive to improve the quality of programmes the YMCAs are implementing in Africa. In addition, the development of grant-winning proposals will go hand-in-hand with developing socially relevant programmes that have an impact on the young people and communities we serve.



*CBT participants conducted practical field work to ensure learnings were concretised – and at the same time, contributed to YMCA Kenya’s reporting of an ASRH programme in Ngecha*



CBT members are expected to conduct in-country training for development secretaries. This will improve the ability of national movements to secure funds and in return, bring YMCAs across Africa to a path of financial stability and greater impact to the communities we serve.

The training also highlighted the importance of national movements’ capacity to improve communication about activities and impact of our work. CBT members are to play a vital link

in ensuring monitoring and reporting processes are converted to opportunities for positioning YMCAs in Africa, through the AA website, newsletters and media.

The training was interactive as participants shared project activities and experiences at national movement level. A highlight of the training was the practical field work, where CBT participants undertook a baseline survey in Ngecha with youth who had participated in a YMCA Adolescent Sexual and Reproductive Health Programme

The CBT training was facilitated by Simon Lazarre Badiane, Executive Secretary: Leadership Development and Organisational Development of the Africa Alliance and was made possible with financial support from Y-Care International, and technical support from the World Alliance of YMCAs which provided a framework and tools for the training. We were also honoured to have Nico Gourdet of YMCA of USA and Simon Pluss, Executive Secretary: Organisational Development, Emergency Response of World Alliance (L to R in pic), both facilitating sessions and integrally involved in the process. All three organisations worked with Africa Alliance on the content of the training. The Africa Alliance is grateful for this support and we look forward to future partnering as we build the capacity of YMCAs in Africa.



Thank you for your support this year. The Africa Alliance and the Siyahamba team wishes you and your loved ones a blessed Christmas. We encourage YMCA family and friends to send us ideas for content, opinion pieces and articles. Please send to Gil Harper, the newsletter editor: [gilh@africaymca.org](mailto:gilh@africaymca.org). Christian Kamara is the NGS newsletter contact person and is assisting in compilation and monitoring of news and copy. He can be contacted at: [sierraleone@africaymca.org](mailto:sierraleone@africaymca.org)