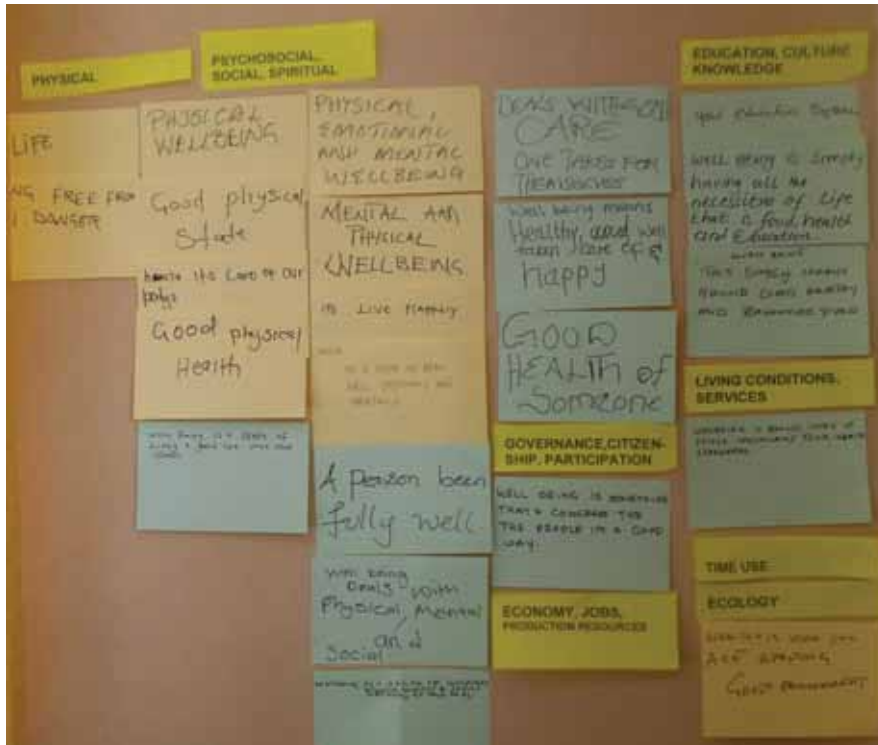


Responding to inequalities in health in urban areas

REPORT

Participatory meeting in Lusaka on health and wellbeing of urban youth



Lusaka District Health Office (LDHO),
Training and Research Support Centre
(TARSC),



with the Civic Forum on Human
Development (CFHD)



in the
Regional Network for Equity in Health in
East and Southern Africa (EQUINET)



Longacres Lodge, Lusaka, Zambia
June 26-27 2018

With support from
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Acknowledgements

We acknowledge the contribution of the LDHO and TARSC personnel in the organisation, the Lusaka health literacy facilitators for the background work on connecting with youth, all the youth in the workshop and the participating senior officials in the final session. Thanks to CFHD for its support and the Harare delegates for their participation, We also gratefully acknowledge the contribution of resources from EQUINET through a grant from IDRC Canada.

1. Background, introductions and objectives

By 2050, urban populations will increase to 62% in Africa. Cities concentrate opportunities, jobs and services, but they also concentrate risks and hazards for health. They are sites of inequalities in health that raise concern over how well we are promoting current and future wellbeing. As found in Loewenson and Masotya (2015) ([Responding to inequalities in health in urban areas: A review and annotated bibliography](#)), youth are particularly affected by these trends, as they will be affected by long term trends unless specific policies and measures are out in place to address them.

TARSC as cluster lead of the “Equity Watch” work in EQUINET has been exploring these questions in east and southern African (ESA) countries, gathering diverse forms of evidence from literature review, analysis of quantitative data, internet searches on practices and a participatory validation amongst different social groups of youth in Harare in 2016 and 2017. In the latter, TARSC worked with Civic Forum on Human Development (CFHD). The participatory review in Harare included youth living in low density, medium income suburbs; in formal employment; in tertiary education; unemployed youth; youth in informal employment and in informal settlements. Briefs and reports capturing some of this work are available on the EQUINET website (www.equinetafrica.org).

LDHO has a history of over a decade of using participatory reflection and action (PRA) approaches to strengthen health literacy, working with TARSC and other organisations in EQUINET. Zambia’s commitment to advancing health in all policies provides a clear framework for exploring the determinants of urban wellbeing, including within the health literacy and health promotion programmes in the city. In 2018, TARSC and LDHO colleagues involved with the Zambian health literacy programme identified that it would be important to explore the views of youth in the city on their health and wellbeing to better integrate this group within the health literacy programme. Involving Lusaka youth in a similar process as in Harare of identifying their experiences, perceptions and proposals on health and wellbeing added further grounded evidence in the work in EQUINET. Further, the Harare youth were interested in sharing experience with youth in Lusaka.

It was thus agreed to hold a two day participatory process with young people from similar social settings in Lusaka - youth living in low density, medium income suburbs; youth in formal employment; youth in tertiary education; unemployed youth; youth in informal employment and youth in informal settlements on their perceptions of health and wellbeing, the drivers of wellbeing in their areas, the approaches and practices that are and could be implemented to improve their wellbeing and the implications for urban services, including for health systems.

An EQUINET meeting was thus held on 26-27 June 2018 at Longacres lodge in Lusaka, hosted by LDHO and TARSC, with the objectives to:

- a. Hear from different groups of Lusaka urban youth their perceptions and experiences on urban health and wellbeing.
- b. Facilitate exchanges between Lusaka and Harare youth on urban health and wellbeing, and identify their similar and different experiences and priorities.
- c. Identify what implications the information gathered have for urban health literacy and urban primary health care, and share this with relevant authorities involved in health and wellbeing of urban youth in Lusaka.

The meeting was organised and facilitated by Dr Clara Mbwili Muleya and Sr Adah Zulu LDHO and Dr Rene Loewenson TARSC, with contribution from Ms Purity Linyaku Simasiku LDHO and Mr Sam Chaikosa CFHD. The programme is shown in *Appendix 1* and the delegates attending the meeting are shown in *Appendix 2*. The meeting involved 26 Lusaka youth delegates, three Harare youth delegates with Mr Chaikosa, the three LDHO and one TARSC delegates and on the final day five city and government officials. Delegates were provided by TARSC on the second day with four briefs on the urban health work and a brief on EQUINET.

At the start on the meeting *Dr Clara Mbwili Muleya LDHO* welcomed the facilitators and participants. She especially welcomed *Dr Rene Loewenson, TARSC/EQUINET* and the visiting team of three youth and the CFHD officer *Mr Sam Chaikosa* from Harare. She acknowledged the support from EQUINET and IDRC Canada that made it possible for the meeting to happen in Lusaka. She outlined the objectives of the meeting (as stated on the previous page) and welcomes the interaction between the Harare and Lusaka youth and with relevant authorities in Lusaka that would take place in the meeting.



The opening. TARSC, 2018

Dr Mbwili then invited *Mr Sam Chaikosa CFHD* to introduce his team and organisation. *Mr Chaikosa* explained the CFHD aim was to capacitate people at both central and local government on service delivery. He informed the meeting that the three youth that had travelled with him represented a group of 36 youth who had undergone a similar process on health and wellbeing of Harare youth. He thanked the hosts for inviting them and looked forward to fruitful meeting.



The facilitators, R Loewenson, A Zulu nd C Mbwili Muleya, photo S Zimbeva, 2018

Each participant introduced themselves briefly, where they came from and one thing they liked or enjoyed doing. In her introduction of herself *Dr Rene Loewenson, Director, TARSC/EQUINET* introduced EQUINET as a network of professionals, civil society members, policy makers, state officials in east and southern Africa that aims to advance and support health equity and social justice through research, analysis, networking and dialogue.

2. Understanding of health and wellbeing

Dr Rene Loewenson divided the youth into two groups in terms of the colour cards they received. One group were given yellow cards and were asked to write on the card how they understood health, with one concept per card. The second group were given green cards and asked to write on the cards how they understood wellbeing and its different aspects, also with one concept per card.

Those writing on the yellow cards raised health as meaning:

- Life; and being free from any danger
- Being in a good physical state, care of our bodies
- Adapting to a good environment
- Living happily, being well emotionally and mentally

A number of people reflected health as “a state of physical, emotional and mental wellbeing”.

Those writing on the green cards raised wellbeing as meaning:

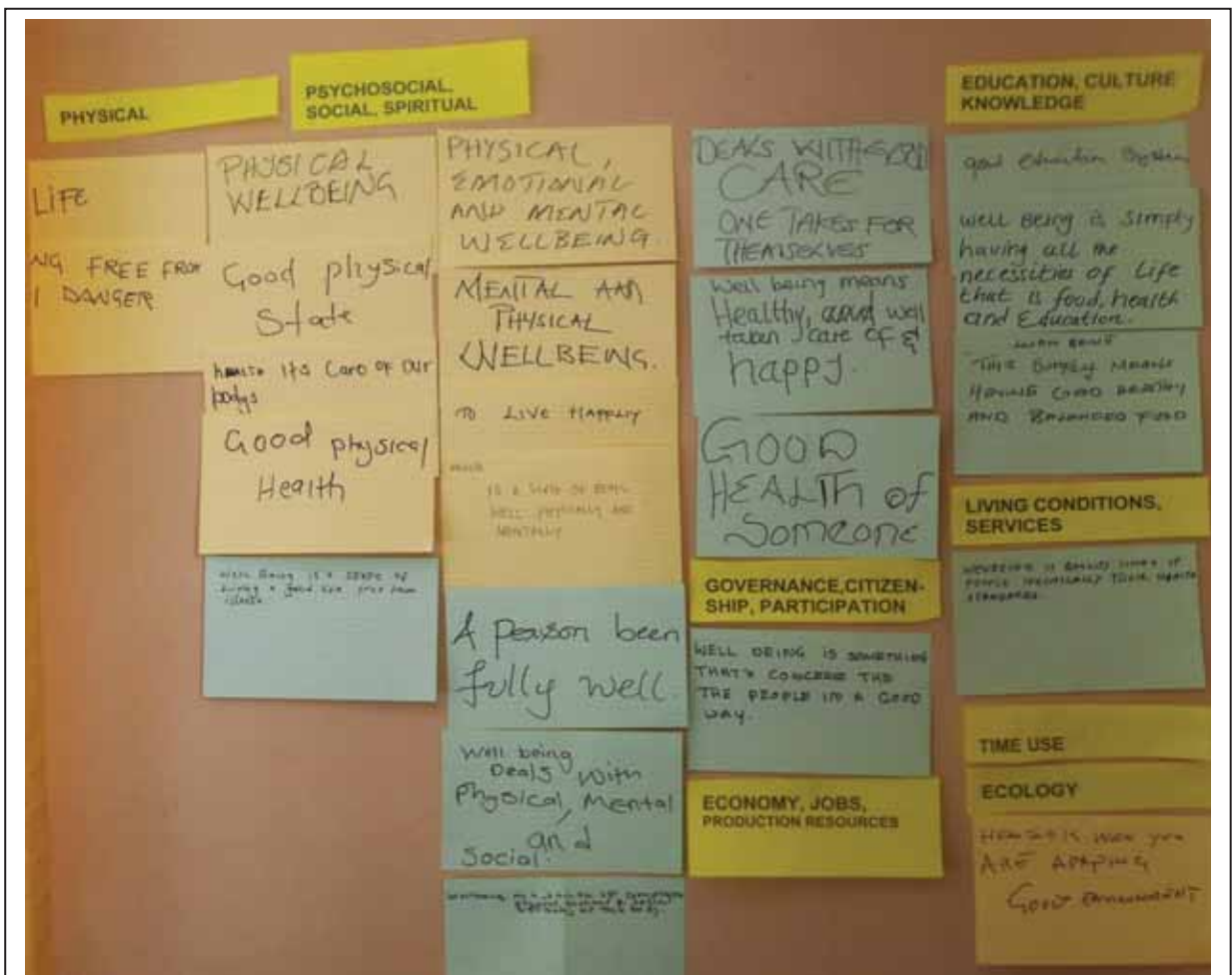
- A good life, free from illness and in health, being well taken care of and happy, and taking care of oneself
- Being well, physically, mentally and socially
- Having a good and quality state of living, and all the necessities of life, including food, health end education.

- Having good, healthy and balanced food.
- Having a good education system

The two sets of cards were discussed by all in terms of the similar and different understanding and elements of health and wellbeing and their interaction. Some areas raised in the literature on wellbeing were not raised on the cards. Rene raised statements on these and asked people to line against one end of the room or the other if they agreed or disagreed (and in the middle of they weren't sure). Those they agreed with were included in the areas covered by wellbeing, that is

- Governance, citizenship and participation
- Economy and jobs
- Balanced time for work, leisure and sleep
- Good environments.

The cards were arranged on the wall as shown in the photo below. In general, all groups had a more narrow definition of health than of wellbeing. *Health* was mainly seen in terms of physical and mental wellness and, while wellbeing incorporates many dimensions in people's social and daily lives, and the things that determine physical and mental wellbeing, like food, decent living conditions, jobs, good environments and good services. In the discussion it was noted that improving wellbeing calls for more than health services, but also calls for health services and communities to advocate for improvements in these other conditions that affect health. The group therefore agreed to explore how all of these areas affect their health and wellbeing.



Areas identified for health (in yellow) and wellbeing in green, Lusaka, S Zimbabwe 2018

3. Priorities in health and wellbeing

The youth were given 3 beans each and in separate rounds, and *Rene* asked them, each using three beans in *each* round, to each put the beans on those individual cards in the health and wellbeing set they prepared in the previous round that

- a. are most important for young people now
- b. will be most important for young people in ten years time
- c. that are most available for young people in Lusaka now
- d. Those that are least available for young people in Lusaka now

The vote counts in each round were recorded on a flip chart.

The first table below (and as shown in the photo adjacent) records what was identified to be most important for young people now and most important for young people in ten years.

The findings were discussed:

The charts showed that the youth found the economy (jobs and entrepreneurship), education and governance and participation to be most important for the young people now for their wellbeing, and to continue to be important in the future. They were felt to be essential for other factors like good living conditions. Social and mental wellbeing were seen to be important now, with many young people experiencing stress from their situations.

Good environments were seen to become increasingly important for health and wellbeing in the future, as natural resources (water, green spaces) are out under pressure, and cities become more crowded.

Ranking of votes on the most important aspects of health and wellbeing

Most Important now	Number of votes	Rank	Most important in 10 years	Number of votes	Rank
Economy / Jobs / entrepreneurship	29	1	Governance / participation	20	1
Education	14	2	Environment	17	2
Governance / participation	10	3	Economy / Jobs / entrepreneurship	17	3
Social mental well-being	8	4	Education	12	4
Living conditions	7	5	Time use	5	5
Physical well-being	5	6	Living conditions	5	6
Environment	4	7	Social mental well-being	2	7
Time use	1	8			



Discussing the rankings of health and wellbeing, photo S Zimbeva, 2018

MOST IMPORTANT NOW	#	MOST IMPORTANT IN 10 YEARS	#
ECONOMY / JOBS / ENTREPRENEURSHIP	29	GOVERNANCE / PARTICIPATION	20
EDUCATION	14	ENVIRONMENT	17
GOVERNANCE / PARTICIPATION	10	ECONOMY / JOBS / ENTREPRENEURSHIP	17
SOCIAL, MENTAL WELL-BEING	8	EDUCATION	12
LIVING CONDITIONS	7	TIME USE	5
PHYSICAL WELL-BEING	5	LIVING CONDITIONS	5
ENVIRONMENT	4	SOCIAL / MENTAL WELL-BEING	2
TIME USE	1		

Areas identified as most important now and in ten years, TARSC, 2018

Ranking of aspects of health and wellbeing most and least available in Lusaka

Most available now	Number of votes	Rank	Least available now	Number of votes	Rank
Education, culture, knowledge	37	1	Economy / Jobs / entrepreneurship	39	1
Mental, Social, Spiritual	15	2	Governance / participation	25	2
Physical well-being	15	3	Time use	5	3
Living conditions	8	4	Living conditions	4	4
Governance / participation	3	5	Environment	2	5
Environment	1	6	Mental, Social well-being	1	6

The table above and photo adjacent shows how the youth ranked what was most and least available of the factors affecting their health and wellbeing in Lusaka.

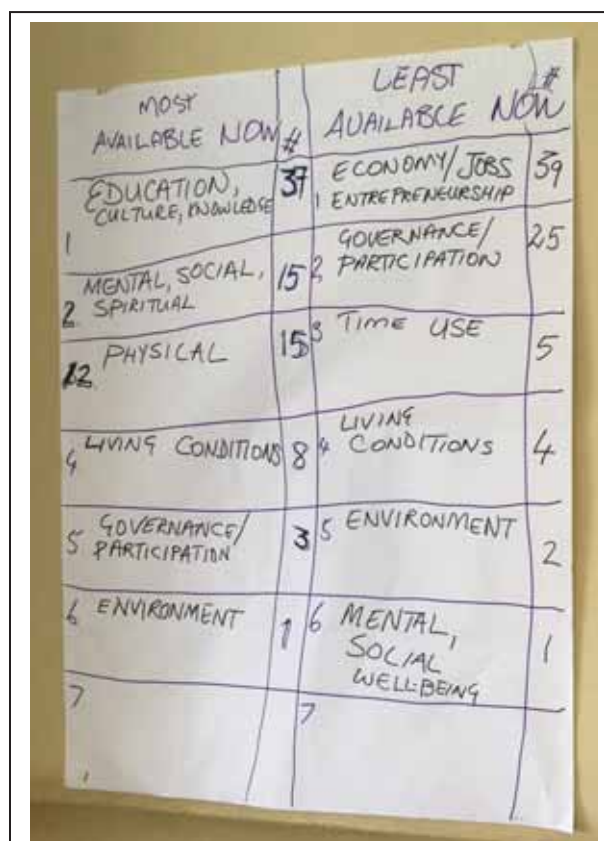
Of the factors seen to be most important for youth wellbeing, one, education, is ranked top as *most* available, and one, economy and jobs is ranked top as *least* available.

Youth felt they had limited access to participation in decision making on the factors affecting their lives, a factor they also rated as very important.

They felt they could, however, find ways of addressing their social and mental wellbeing, in their friends and social lives, even if the services or counselling for this were not really available.

The education system is thus a potential vehicle for reaching young people, but the gaps between what is important in economic conditions, jobs and entrepreneurship and in participation in decisions raise important perceived barriers to improved health and wellbeing.

The next session explored how this appears in the parts of Lusaka in which they live and work.



Areas identified as most and least available, TARSC, 2018

4. Social mapping of the contributors to health and wellbeing

Adah Zulu, LDHO divided the youth into their social subgroups and asked them to draw a social map of either their own home area or the city centre. On it, using the areas currently seen as most important for young people's health and wellbeing raised in the previous exercise, the groups marked on the social maps using a graphic symbol

- In green pen - what environments, activities, factors are *promoting* those areas of wellbeing.
- In red pen - what environments, activities, factors are *harming* those areas of wellbeing.



Drawing the social maps, photo S Zimbeva, 2018



Drawing the social maps, photo S Zimbeva, 2018

When completed, the maps were presented to the full meeting and discussed. They are shown below with key features raised:

For unemployed youth in Kaunda square:

The positive features for wellbeing were seen to be the clinic service, the police post supporting security and the markets set up in the area under the current government.

There were also negative features, including the poor drainage and uncollected garbage. The latter was noted to create a situation where children can pick food from the dumps risking their health. There were other environmental risks noted in unsafe or inadequate water, poor sanitation and poor roads.

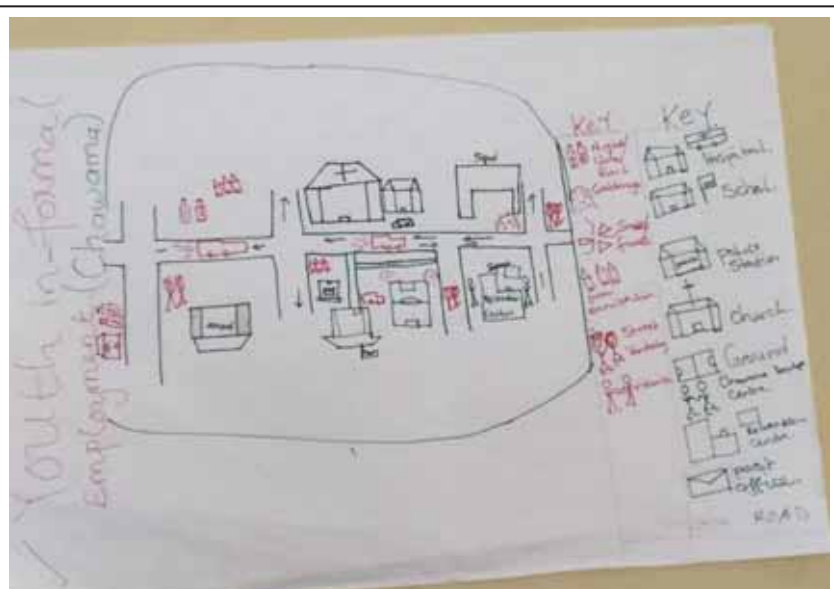
There are no spaces for youth to meet or for entertainment leading to young people going to bars where they are exposed to risks to their health.



Social map by unemployed youth, TARSC, 2018

For youth in informal employment in Chawama:

The positive features for wellbeing were also in the health services, with an upgraded hospital, and the police posts as in Kaunda square. This groups noted further the role of churches in the area in providing spiritual care, a new post office to connect people and an entertainment ground where young people can meet.



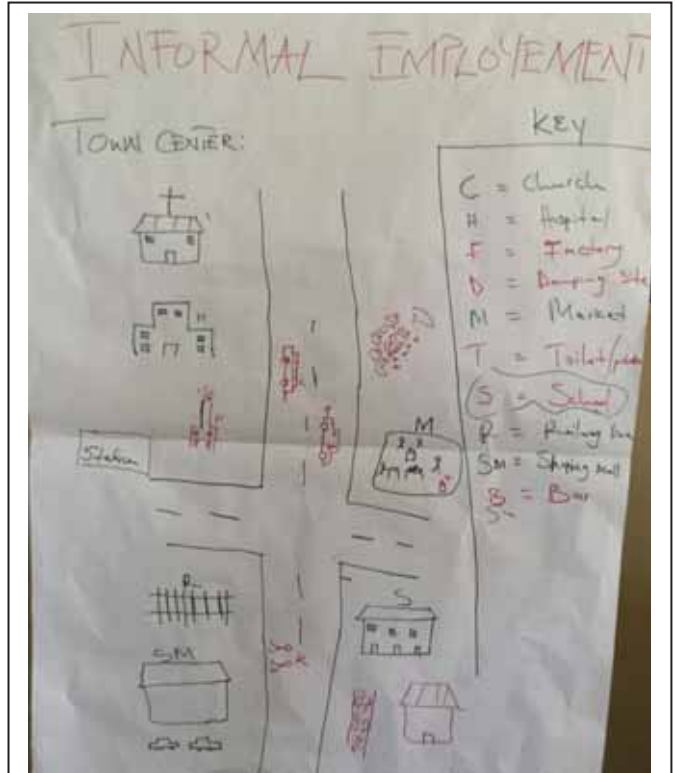
Social map by youth in informal employment, TARSC, 2018

As negative features this area also had uncollected garbage and poor sanitation due to high population against few toilets. Here, unlike in Kaunda square, the youth in the group noted that there were few markets leading people to rely on street vending. They also noted that the bus stations in the area harboured unruly people managing passengers and that many of these were youth as a form of employment, harassing other youth passengers. This was seen to harm wellbeing of both.

For another group of youth in informal employment the city centre was mapped:

The positive features for wellbeing were seen to be the shops and malls providing employment; and the churches, hospitals and clinics providing services. In the discussion it was noted that there were many private clinics but that they may not be affordable for young people.

A range of features were shown on the map as negative for their health and wellbeing. Air pollution was seen to be coming from factories and traffic affecting their health. The markets were noted to have no sanitation. As in other areas there were a number of dumping sites and areas of uncollected garbage. They also noted blocked drains. These problems of waste and blockages were identified as arising because of the failure of the council to manage these issues. Here too, inadequate space for small enterprises meant that street vendors were on main roads, increasing their own and others' risk of traffic accidents.

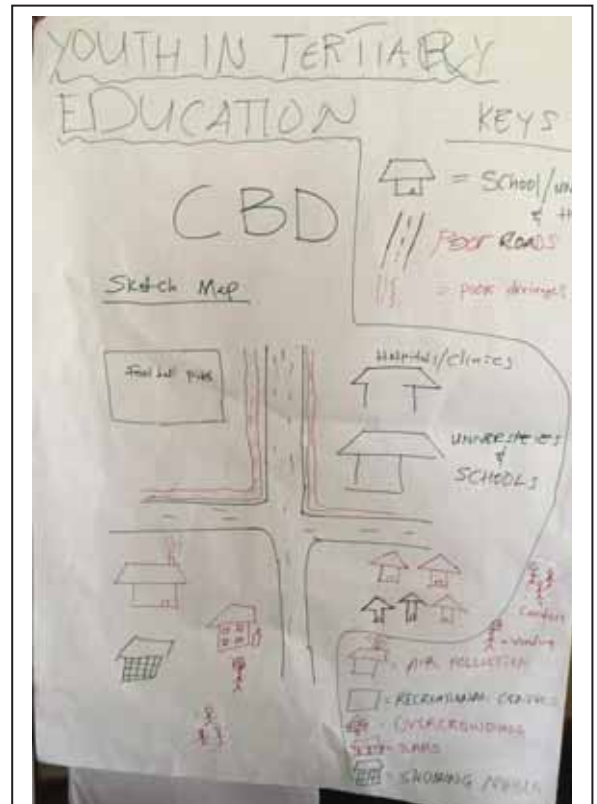


Social map by youth in informal employment, TARSC, 2018

Youth in tertiary education also mapped the city centre:

They too noted the shops offering youth employment and churches. They pointed to other features that were positive for youth wellbeing, including schools and colleges and the youth friendly corners or spaces in reproductive health services, where they could access free internet services and thus information.

As negative features for youth wellbeing they too noted air pollution, as well as poor roads and traffic lights not working leading to congestion and street vending. They noted overcrowding in the city, including overcrowded housing which they felt was due to poor planning. They pointed to poor siting of garbage dumps and poor drainage leading to flooding. This provided an odd form of employment as young people carried people on their backs for two kwacha to cross these pools of water. They noted cadres at bus stations were running public facilities and collecting money from people but not giving these funds to the council for service improvement. Finally they noted that there were too many new bars, and that they did not follow bye laws on closing times.

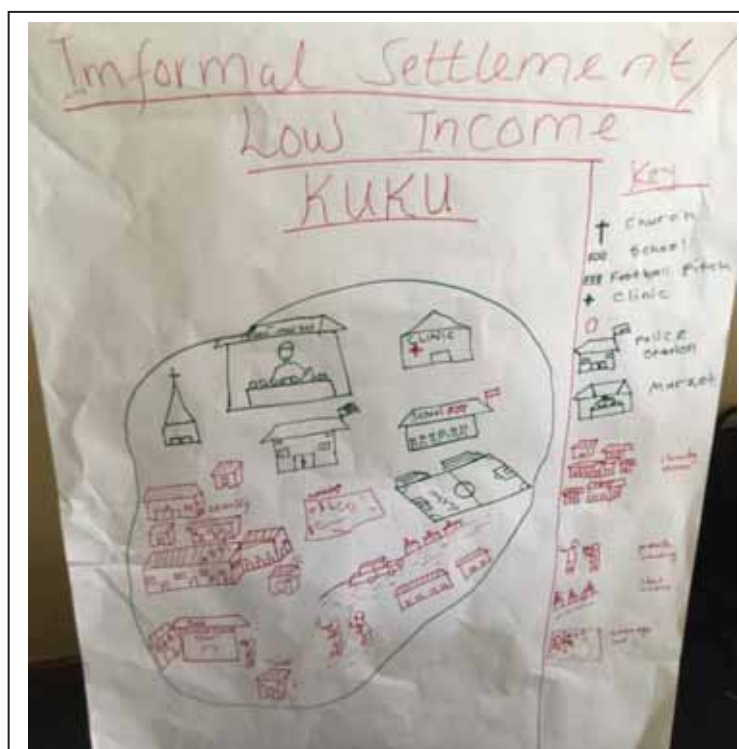


Social map by youth in tertiary education, TARSC, 2018

For youth in informal settlements in Kuku:

The positive features recorded were the spaces for youth sports- football, netball and basketball grounds; the market that had been rehabilitated by government, and as for other areas the schools and churches.

As in the city centre, this area was also identified as being flood prone in the residential area. This added to over crowded housing and poor sanitation. Unemployment was noted to be very high leading in the area leading to the cadre behaviours noted in other areas and youth drinking with harmful alcohol and drug use.



Social map by youth in informal settlement, TARSC, 2018

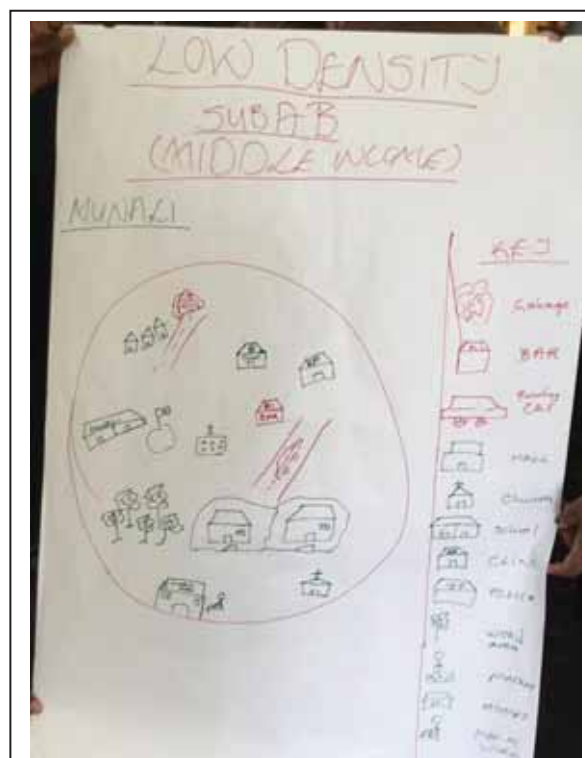
For youth in Munali, a middle income low density area

There were a range of positive features: A mall under construction that will create jobs, together with market spaces. There was housing and various public services including schools, churches, clinics and hospitals and police stations for security. The group also noted the presence of green spaces, with parks and play grounds for the community.

There were few negatives, particularly bars and uncollected garbage.

The difference between Munali, with many green, positive features, and Kuku, with many red, negative features, was evident. The meeting discussed that residents of Kuku needed the public services, facilities and green spaces that Munali residents had, possibly more so as they had poorer housing conditions than in Munali.

The Munali group noted that they had less environmental problems as the residents paid privately for some of the waste collection and other services. It was felt, however, that some of these services and public spaces necessary for wellbeing should not depend on people's individual incomes but organized in city planning.



Social map by youth in a low density area, TARSC, 2018

Some positive features were found across almost all areas, including clinics, schools, police stations and markets.

There were also common negative features, including the common presence of uncollected garbage, and in most areas environmental problems of overcrowding, poor public toilets; poor drainage and a poor road network leading to congestion and air pollution. Inadequate spaces for small enterprises were seen to lead to street vending

with risks for vendors and traffic and inadequate employment was seen in a number of areas to lead to youth frequenting bars, with multiple bars noted, and to youth cadres informally collecting funds (sometimes harassing people) for functions that should be organised by the council.

5. Exchanges between Harare and Lusaka youth

Delegates divided into three groups, each with one of the three Harare youth – *Bridget Kajawu, Busisiwe Shumba and Sithembile Zimbeva* – to exchange on the similarities and differences between the experiences in Harare and Lusaka. The Harare youth explained that they had gone through a similar process, but over a longer time period and that they wished all 30 of their members were present in Lusaka.

In the report back on the discussions various similarities were observed between youth experiences in Harare and Lusaka:



Discussing the Harare experiences, TARSC 2018

- Employment opportunities are few, with limited funds to support youth entrepreneurs, so high youth unemployment affects wellbeing in both places and can lead to young people being co-opted into negative practices such as nepotism or cadres acting for political parties and not the public and street vending for employment.
- Music was seen to be a source of employment for youth in both cities, as young people with musical instruments playing in groups.
- In both cities the youth value education as important for their wellbeing, and have similar health, education, library and police services available, but the quality may be different.
- In both cities there are poor or overcrowded roads and public spaces and poor refuse collection leading to waste piling.
- In both cities young people are unsure and not confident in participating in decisions on their city planning and services and some are not interested.

They also noted from the meeting discussions differences between Harare and Lusaka in the factors affecting youth wellbeing.

- In terms of employment, Lusaka has many more shopping malls, while Harare has more market places and street vendors. The Harare youth noted the recent clean-up campaign that had also affected the numbers of street vendors, while raising a question of whether the new market place stalls outside the town centre were seen by the vendors as good marketing points, as this strategy had been less successful in Harare. In Zimbabwe the Ministry of Youth provides loans for small enterprises by youth, something they did not hear as a resource from Lusaka.
- There appear to be more open spaces for sport and other activities in Lusaka and more encouragement of collective outdoor exercises and free gyms. Lots of young people in Harare play football but the pitches are not well maintained. At the same time in Harare there are laws regulating the opening hours of bars so this issue of youth spending much time in bars was less observed in Harare.
- Sanitation services in Harare appear to be better than in Lusaka with every household having a flush toilet and piped sewage.
- Zimbabwe has more universities but the ones in Zambia are cheaper and subsidised. Zimbabwe's law on education makes government fully accountable for ensuring that everyone has access to a basic level of education.

- Access to health care and education are included in Zimbabwe's 2013 Constitution as rights, together with but the bill of rights covering these areas was not included in Zambia's new constitution.
- There are many public clinics in both cities but Harare has fewer secondary hospitals in the city and health services appear to be more affordable in Lusaka. At the same time, while there seemed to be a good interaction with government officials in Lusaka, from what they were told, council staff in Harare appeared to the youth to be better paid and respected than in Lusaka.
- While the Harare youth felt that the situation in the country has led to more stress and mental health problems in Harare youth than in Lusaka, they also noted that youth in Harare had a vibrant civil society and had more mechanisms for airing their issues and for participating in policy and service discussions, through civil society but also through a youth parliament and junior city council.

Ms Sithembile Zimbeva, Harare summarized this presentation of similarities and differences in the final session with the directors, reported in *Section 7*.

She noted that they would share some of the positive experiences from Lusaka with colleagues in Harare, especially issues such as outdoor and free gums, youth friendly corners at clinics, subsidies to make health and tertiary education services more accessible to youth. She also hoped that some of the positive features in Harare would be of interest to youth in Lusaka to apply. Finally she noted that such platforms bringing youth together from different cities on real issues relating to their current and future wellbeing were important and should be extended to other youth and other cities.



Sharing the situation between Harare and Lusaka youth
TARSC 2018

6. How are other cities addressing urban health and wellbeing?

6.1 Areas of interest identified by Lusaka youth

The Lusaka youth participants in the meeting reviewed the areas of wellbeing, their priorities and conditions and in buzz groups, with facilitation from Drs Clara and Rene, discussed what areas they would like to know more about from the way these issues are being tackled in other cities globally, including by young people. The areas they raised were on how other cities are:

- a. Empowering young people to get into creative jobs, creating opportunities for youth entrepreneurship, such as with start-up capital or rural investments to reduce urban inflows, managing street vending and avoiding the negative consequences of unemployment such as youth theft.
- b. Improving peoples living conditions, public spaces and green environments, reducing air pollution, creating green spaces, eliminating dumped and uncollected waste.
- c. Strengthening social support for youth and improving mental health, through educational opportunities, and controlling harmful alcohol and drug use.
- d. Engaging youth in youth in budget and service decisions.

6.2 Experiences from other cities globally

Dr Loewenson, TARSC presented a slide/ video show of examples of how other countries and cities are addressing some of the priority areas raised by the youth in Lusaka. She distributed an ideas book compiling these interventions: (Loewenson R, Masotya M (2017) *Responding to inequalities in health in urban areas: An ideas book of approaches and interventions from diverse countries to strengthen wellbeing for urban youth*, TARSC, EQUINET, Harare) and a brief produced from it (Brief 4) that is also found online on the EQUINET website at



<http://www.equinet africa.org/sites/default/files/uploads/documents/Urban%20health%20Brief%204%20May2018%20lfs.pdf>

In the meeting presentation was made of selected innovations, including information and videos on these examples. It covered:

- Voices of Youth in Chicago Education
- Slum dwellers international (SDI) community-driven data
- Using Minecraft for participatory urban planning
- Sharing information on youth mental health services, Yarnsafe Australia
- Green my favela, Urban agriculture in Rio, Brazil
- Health urban conditions in the human city project, Port Harcourt, Nigeria
- Community certification of healthy public spaces in Quito, Ecuador
- Promoting Access to Community Education, Kenya
- Barrio-Ciudad: Community Based Violence Prevention in Honduras
- Healthy creative economy: theatre and radio for health in Wansmol bag Vanuatu
- Solar powered urban change, Nicaragua
- Creative healthy technology, Urban innovations in Boston, USA
- Supporting the creative economy in Innovation ZA
- Participatory budgeting, Rosario, Argentina
- Crowdfunding public space, Rotterdam, Netherlands

While she was presenting the Lusaka youth noted on cards the approaches, ideas and their features that they thought had relevance to their concerns in Lusaka.

6.3 Lusaka youth views on innovations for improving wellbeing

The Lusaka youth noted a range of things from these international examples that they saw as having potential relevance for and feasibility in improving wellbeing in Lusaka:

- **Changing youth mindsets and self confidence to solve problems**, through processes that foster youth talents, encourage youth to share views, become independent thinkers and use their abilities to solve problems.
- **Strengthening youth voice**, by forming groups on issues, through local radio, using mobilise phones to share information and youth media to share experiences and information.



Identifying areas for follow up in Lusaka, TARSC 2018



Identifying areas for follow up in Lusaka, TARSC 2018

- **Youth engaging in improved environments**, as communities certifying healthy public places (markets, schools, etc); co-operating to transform neglected spaces, waste dumps into green spaces, urban agriculture.
- **Stimulating employment and entrepreneurship in the creative economy**, such as in health promoting economic activities, in economic activities that generate innovations and with forums such as Innovate ZA to make links between innovators and investors.
- **Funding youth processes** through participatory budgeting and crowdfunding.

There was some discussion on how these could be applied in Lusaka, and the participants agreed to raise these for discussion with the invited senior government officials and council directors in the session with them. It was strongly agreed by all that youth should be more strongly involved in the health literacy programme, with a youth health literacy programme covering the issues raised in the meeting, including mental health. Team leaders were chosen for each area to co-ordinate with LDHO on the follow up, as in the table below.

Team Leaders chosen by participants to coordinate with LDHO

	Type of Cluster	Group leader
1	Low density	Kaluba Yumbe
2	Tertiary	Margret Kaunda
3	Formal employment	Kapambwe Mutale
4	Informal employment	Nephat Mbao
5	Unemployed	Joseph Banda
6	Informal settlement	David Ngulube

6.4 Youth and council roles and actions

In a further exercise the youth role played a dialogue between city council directors and young people using a Margolis wheel. Delegates went into a Margolis Wheel - with the outer circle young people and the inner circle directors of health. One 'young person' talked to one 'director of health'.

In the first round young people raised points and 'city directors' responded on

- What do you expect of the council and health department to support the health and wellbeing priorities and practices raised in this meeting?
- How should the council and health departments involve/ work with youth?
- With what health literacy activities?

Then in the second round the 'city directors' raised points and young people responded on

- What do you think young people should do to improve health and wellbeing in Lusaka?
- How should youth work with the council and health departments?
- How should youth be involved in health literacy?



We discussed what had been raised in the conversations, as an indication of some of the features that would be found in urban Primary health care to support urban youth health and wellbeing.

In the first round, the youth raised that:

- They expected the council and government and its officials to collect garbage daily or regularly to avoid the pile up of waste and to remedy the failing sewer system in Kaunda square.
- They felt that the council should create green spaces in the city that could be used and maintained by the community; have stricter measures on opening and closing times of bars and that there should be programmes on harmful drug and alcohol use for youth.
- They also expected the council and government to foster employment opportunities and capital support for youth, to open spaces where young people can explore, exchange and develop skills for entrepreneurship, with more skills building institutions working with schools.
- They called for improved ambulances and transport to access health facilities during emergencies.
- Finally they said that they would want to see mechanisms and processes for youth to take part and be represented in decision making meetings and in the budget development process.

In return, in the second round, the directors raised that they would expect the young people in the city to:

- Develop a plan of what spaces could be used for green spaces.
- Be active participants in garbage collection and recycling.
- Identify places for public services like schools.
- Develop business plans for their projects, and provide evidence of how they would work with and benefit the community.
- Be organized, choose group representatives and be committed to being involved, bringing evidence from youth, including unemployed youth, and to feeding back to them.

At the end of the session preparations were made for the youth to make the presentations of each of the areas of findings from the meeting over the past day and a half to present to the government and council officials in the next session. Each nominated presenter worked with a group of the youth participants to prepare their inputs.

7. Implications for urban planning and health systems in Lusaka- dialogue with officials

The directors joined the 30 participants in the final session to discuss the findings of the meeting and the proposals for measures to improve youth health and wellbeing in Lusaka. Dr Clara Mbwili Muleya LDHO opened the session and briefed the senior officials on what had been done in the meeting and Dr Rene Loewenson briefed on the regional dimension of this work in EQUINET and the challenges cities were addressing to improve wellbeing. She noted that a wellbeing focus and the determinants it raised resonated well with Zambia's promotion of a 'health in all policies' approach.

The Lusaka youth delegates presented the findings from the discussions in the past days. As these are reported in the earlier sections of the report they are not repeated here. The text below and photographs show the presentations as they happened:

- a. On health and well-being by Bertha Nakawala (a young person from an informal settlement).
- b. On the areas of wellbeing identified as priorities, presented by Brian Chiliba, (one of the unemployed youth).
- a. On the real experiences of how wellbeing is affected in the city in social maps from three areas of the city by Nephart Mbawa, a young person in informal employment.
- b. On the real experiences of how wellbeing is affected in the city in social maps from three other areas of the city by Kaluba Yumbe, a young person from a low density area.
- c. On the issues to address and proposals for action presented by Kelvin Simbeye, a young person from tertiary education.



Presenting the health and wellbeing definitions, TARSC 2018

After these presentations Sithembile Zimbeva from Harare presented the reflections of the Harare youth on the similarities, differences and shared learning between Harare and Lusaka, as reported in *Section 5*.

After these presentations from the youth presenters, the directors and senior officials were given an opportunity to respond to the experiences, issues and proposals made.

Dr Wezi Kaonga, Ministry of Health stated that one thing that was a key contributor to health was a motivated youth. He commended the youth participants for their evident energy and thought on these issues. He commended the team for its enthusiasm work in promoting health in the urban areas.



Presenting the rankings, TARSC 2018

He noted further points in addition to the issues raised:

- For overcrowding to be reduced in Lusaka, he observed that youth should be willing to work in rural areas.
- To address the issues of garbage accumulation, without contradicting the need for waste collection, something more needed to be done at the point that waste was generated and dumped. He suggested that people not put purchases in a plastic bag if the bag is not needed and that youth of campaign against waste dumping.
- Buses are stopping at any place to pick customers. This is an unhealthy practice and youth could assist to change attitudes for buses to stop only at designated places.



Presenting the social maps, TARSC 2018

Ms Wendezi Chikopela, Ministry of Youth Sports and Child Development emphasized that Zambia's Seventh National Development Plan deals with issues of human development, poverty reduction, economic diversion and job creation and noted that the plan was currently being implemented. She observed that while ministries were

previously working in isolation, there were now a cluster of ministries working together to achieve the common goal, as happened for example during the cholera outbreak and youth day celebrations. She agreed with the view raised by the youth that young people be creative entrepreneurs to earn a living and create employment for others. She gave an example of a young man from Kitwe who made a picture frame mirror from *mukwa* tree wood that captured many people's interest. He is currently earning a living and has created employment for other people out of his initiative.

She added that the ministry is very interested to help youths so every suggestion is welcome, noting that the current government is a listening government and does not want to leave anyone behind.. There is a committee created in parliament to address issues affecting youth. She mentioned that there is a junior president in Zambia. She agreed that youth need to be given chance to participate and have a voice in issues affecting them and encouraged youth to do this and to take keen interest to participate in youth events, such as youth day celebrations.



Presenting the social maps, TARSC 2018

She suggested that it would be good for a similar program as the one in Lusaka to be done in rural areas as the problems differ according to different environments in the country. One of the participants raised a concern in the discussion about Government's concentration on Olympic Youth Development Centre (OYDC) which is difficult for some youths to access due to distance instead of identifying small areas in various communities which can be utilized for health promotion activities.

Daphne Shamambo, Lusaka Provincial Health Office asked the youth if they had heard of the National Health Week, which the youth participants knew about but had not participated in. She urged their participation in this year's event with the theme "Health for all, leaving no one behind". She asked for youth to engage on the issue of physical activity, not only in formal places like gyms, but also in domestic life, such as walking and working in the garden. She noted that the Ministry of Health is moving away from youth friendly *corners* to youth friendly *spaces* and urged the youth participants to know and engage with them on the adolescent health strategies that have been put in place.

Esther Nongane, Lusaka City Council acknowledged the accumulation of garbage raised in the meeting reports and urged people in response to a question to subscribe for waste collection and report to the council any waste collection groups that do not collect waste. She asked the youth how they can be involved in recycling, such as by making good use of the empty plastic water bottles. She gave as an example the Manja Pamodzi work using a waste sorting initiative to earn a living. In the discussion she was asked of waste sorting carried health risks and she indicated that these risks could be controlled if people were sensitized on how to do this and provided with the correct personal protective equipment, as in Manja Pamodzi. Dr Kaonga encouraged the youth to sensitise the community, perhaps ten people weekly each



Presenting the proposals for improving health and The Marqolis wheel discussions. TARSC 2018

between them, on the need to sort out waste at the point it is generated. For example, water bottles can be put aside for reuse before putting it in the waste bin.

Ms Nongane agreed with the view raised in the meeting that entrepreneurship was important and encouraged the youths to strive to create their own business ventures.

In the follow up discussion various issues were raised by the youth.

- They asked if there is any certification of *healthy selling places* in Zambia. Ms Nongane indicated that the Lusaka City Council provides certificates for selling places, but added that there is need to sensitize the community not to buy from uncertified places. Dr. Kaonga said that after the cholera outbreak there is concern about unhealthy or wrongly located businesses, and that people need to report these to relevant authorities where they see this, noting that the regulators may not be everywhere. He urged that health is a long life thing so everyone is expected to raise a voice whenever there is a problem and encouraged participants to be crusaders in sensitizing people on eating healthy foods, ensuring healthy community and home spaces and so on. He observed that the health sector does not people to fall sick but to create a healthy environment so that people do not get sick. (This is in line with addressing the factors affecting wellbeing as raised in the meeting).
- The participants asked what government is doing about *mudadada* houses with one toilet, noting that in Zimbabwe where each urban household has its own toilet. Dr. Kaonga agreed that it is not acceptable each house does not have a toilet. He also said that schools with 100 pupils should have more than one toilet. He called for discussion across all to work together on solutions to sort out this problem.
- The participants asked what Ministry of Youth Sports and Child Development is doing in helping youth to progress in entrepreneurship. Ms Chikopela stated that the National Youth Policy has youth development plan to empower young people. A group of youth is expected to have a proposal, get and fill and submit forms on their proposal to apply for access to funds. She further noted that the ministry is facing a problem in some youths not paying back money loaned so other youths can benefit and urged for more dialogue on addressing this.



Directors and senior officials in dialogue with the youth, TARSC 2018

7. Closing

Dr Loewenson and the other Harare delegates departed the meeting during the dialogue session with the senior officials to catch the flight to Harare. They left with good wishes to all involved in the process, and Dr Loewenson undertook for TARSC to work with LDHO in EQUINET on follow up areas, including on what it raised for the work on urban health and on the youth health literacy programme in Zambia and in the region.

Dr Mbwili Muleya thanked the directors and senior officials for their contributions. She invited them to join the participants to continue the discussions and sharing of ideas with the participants during lunch. She thanked the convenors in EQUINET, TARSC and LDHO, all the participants including those from CFHD and from Harare youth, and IDRC Cana for their support. Finally she closed the meeting by repeating the words of Dr Kaonga that it was evident that there was a very motivated group of young people in the room to promote current and future health and wellbeing in Lusaka, and that if they took their commitment, roles and responsibilities seriously she was sure they could go on to make real differences in their communities.

Appendix 1: Programme

**Participatory meeting in Lusaka on health of urban youth
Tuesday June 26 and Wednesday June 27 2018
Longacres Lodge, Lusaka
Lusaka District Health Office(LDHO), Training and Research Support
Centre (TARSC),Civic Forum on Human Development (CFHD)
In the Regional Network for Equity in Health in East and Southern Africa
(EQUINET)**

Tuesday 26 June

Time	Session	Content/ process	Facilitator/ role
0845-0900	Registration	Registration of participants.	TARSC, LDHO
0900-0945	Welcome, introductions, objectives	Welcome and objectives of the meeting Greetings from Harare group Introductions	C Mbwili Muleya, LDHO S Chaikosa, CFHD All delegates
0945-1030	Understanding of health and wellbeing	Participatory activity with the Lusaka youth	R Loewenson, TARSC Lusaka delegates
1030-1115	Priorities in health and wellbeing	Ranking areas of wellbeing that <ol style="list-style-type: none"> 1. Are most important for young people now 2. Will be most important for young people in ten years 3. Are most available for young people now 4. Are least available young people in Lusaka now 	R Loewenson TARSC Lusaka delegates
1115-1130	Tea/coffee		
1130-1300	Drivers of health and wellbeing	Social mapping in the 6 groups of Lusaka youth. For each using their own home area/ city centre / relevant area of the city for them, each group draws a social map and marks on it using a graphic symbol <ul style="list-style-type: none"> • In green pen - what environments, activities, factors are promoting those areas of wellbeing • In red pen - what environments, activities, factors are harming those areas of wellbeing Discussion.	A Zulu, LDHO Lusaka Delegates
1300-1330	Areas for follow up	Buzz groups on priority areas for follow up information on responses and experiences from other cities.	A Zulu, LDHO Lusaka Delegates
1330-1430	Lunch		
1430-1600	Exchanges between Harare and Lusaka	The Lusaka youth will be divided into 4 groups each with a Harare delegate to discuss the Harare youth groups and findings and what is common and different between Harare and Lusaka.	R Loewenson, TARSC All delegates

Time	Session	Content/ process	Facilitator/ role
		Plenary walk through, feedback and discussion. Key areas for feedback and discussion on day 2.	
1600-1630	Preparing for dialogue with health and council directors	Introduction to day 2 process to share the findings with the city directors. Preparation of the areas for reporting and roles. Plenary discussion on the day 1 process .	R Loewenson, TARSC, C Mbwili Muleya All delegates

Wednesday 27 June

Time	Session	Content/ process	Facilitator/ role
0845-0900	Warm up	Welcome, warm up Recap of day 1	A Zulu, LDHO R Loewenson, TARSC
0900-1045	Responses to urban youth priorities for health and wellbeing	Interactive presentation of how the issues prioritised by the Lusaka youth are being addressed in other countries. Discussion on relevant areas of good practice and their implementation in Lusaka and in Harare. discussion of practices that could enhance youth health and wellbeing in the city.	R Loewenson, TARSC Lusaka delegates
1045-1100	Tea/coffee		
1100-1145	What does this mean for urban PHC?	Margolis Wheel on health department / city council / youth roles to support wellbeing initiatives. Plenary discussion.	R Loewenson, TARSC, A Zulu LDHO, D delegates
1145-1200	Preparing for dialogue with health/ council directors	Preparation on reporting the findings to the invited directors. Discussion of the process.	C Mbwili Muleya, LDHO; R Loewenson, TARSC All delegates
1200-1300	Dialogue with health and council directors	Introduction of the aims and participants Walk through briefing and dialogue with health and council directors and others Summary of key points in Lusaka and at regional level and formal closing	C Mbwili Muleya, A Zulu, LDHO R Loewenson, TARSC; S Chaikosa, CFHD; All delegates
1300		Zimbabwe delegates depart	
1300-1400	Lunch	All Lusaka delegates, directors, and dialogue over lunch to take the exchanges further forward.	All Lusaka delegates

Appendix 2: Delegate list

Name	Institution	Email address
Zambia		
Nawa Malawo	Chawama	
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Tilekeni Nyirongo	Kaunda Square	
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Joseph Banda	Kaunda Square	
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Bertha Nakawala	Kuku	
Harare delegates		
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Sithembile Zimbeva	Harare youth . / CFHD	zimbevas@gmail.com
Busisiwe Shumba	Harare youth / CFHD	sbusisiwemowo@yahoo.com
Sam Chaikosa	Civic Forum Housing Development (CFHD)	schaikosa@gmail.com
LDHO and TARSC facilitators		
Purity Linyaku Simasiku	Lusaka District Health Office (LDHO)	sumasikupurity@gmail.com
Dr Clara Mbwili Muleya	LDHO	cmbwili@hotmail.com
Idah Zulu	LDHO	adahzulu@gmail.com
Dr Rene Loewenson	Training and Research Support Centre (TARSC)	rene@tarsc.org
Directors and senior officials		
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