

# HCN Accomplishments: Medinah, KSA



[Healthy Cities Network](#)

---

## Medina HCP Progress & Accomplishments

---

### Overview

- The HCP in Medina is hosted by Taiba University, and it is primarily implemented in two areas (Al Azhary and Al Khaldia) with an expansion plan that targets other sites. HCP subcommittees have been established in both sites to assist with need assessments and to follow-up with on-ground HCP implementation. The core achievements of the HCP in Medina are as follows:

### Achievements

- High levels of political commitment are evidenced through the strategic partnerships that have been forged with different sectors under the patronage of H.H. Prince Faysal Ben Salman Ben Abdel Aziz, Prince of Medina, who closely follows the implementation of the program and provides support where needed.
- Medina is one of 13 cities in KSA to implement the “Quality of Life Program” which reinforces the core principles of the HCP.
- Medina launched also the program titled "Humanization of cities" برنامج أنسنة المدن
- Academic institutions and local community members have engaged in collaborate initiatives, such as:
  - The committee conducted a SWOT analysis study and connected HCP domains and indicators with the national 2030 vision.
  - Establishing an electronic platform for all the documents and achievements of HCP that can be replicated by other cities (they are ready to provide technical assistance as needed)
  - Taiba University conducted, in collaboration with the MoH, many workshops and capacity building activities for different stakeholders and partners to unite them under a common vision.
  - HCP has a communication plan with a unique visual identity.
  - Mobile clinics for early screening of NCDs and referral of suspected cases, not only for Madinah, but also for neighboring cities.
  - Volunteers participate in different activities especially during Haj and Omra mass gatherings.
  - Civil society are active in establishing and equipping different clinics that are currently run by MoH.
- Standards related to community organization and mobilization for health and development are completely achieved:

- NGOs and civil society along with community groups are key partners in the programme in addition to governmental sectors such as health, education, environment, social affairs and municipality
- HCP coordination committee started providing technical support to Abha in Aseer Emirate in the context of twining with other cities
- In the context of HCP, a barcode has been specified for health education messages pertaining to different topics that can be downloaded at mobiles for further information
- Standards related to intersectoral collaboration, partnership, and advocacy: completely achieved.
  - Strategic partnerships have been created with different sectors and parties under the patronage of H.H Prince Faysal Ben Salman Ben Abdel Aziz, Prince of Madinah Emirate. Madinah has 13 volunteers' teams for introducing community-based interventions and implementing community empowerment program in the context of HCP
  - In the context of HCP, 12 NGOs have been established and act as active partners in implementing HCP related interventions and activities. There are 13 NGOs are under establishment in collaboration with well know businessmen in response to community needs and priorities
  - A platform has been established under the name “جود” to provide good housing for people in need in collaboration with social affairs and relevant NGOs



- Standards related to microcredit activities: completely achieved.
  - There is an entrepreneurial program for training postgraduates and connecting them with microcredit sources so that they are able to find employment opportunities.

- Standards related to education and literacy: completely achieved:
  - Schools in all Madinah are implementing Health Promoting Schools Initiatives. Neighborhood club is a national program that is implemented in Madinah schools where all schools' facilities are open for the community in the catchment area to practice different social, sports and skills activities.



- The schools in the implementation sites are implementing “The Global Learning and Observations to Benefit the Environment” (GLOBE) program which is an international science and education program that provides students and the public worldwide with the opportunity to participate in data collection and the scientific process and contribute meaningfully to our understanding of the Earth system and global environment. The students are reacting in a very professional and enthusiastic manner with all duties and responsibilities for such initiative.
- Madinah is implementing in all schools “The educated Neighborhood” Initiative conducting illiteracy classes in their corresponding catchment area through schoolteachers, retired teachers, and volunteers
- Quality assurance program is implemented in line with a list of national standards and designating a trained quality coordinator in each school
- There is an initiative under the name “بادر” where there is a twining between students and students with special needs to facilitate their integration in normal classes and create spirit of responsibility in normal students
- H.H Prince of Madinah established an educational and care city for children with special needs that is constructed over 50000 square meters and equipped according to international standards for different forms of handicapping and special needs

such as autism, visual and hearing handicaps and mental disabilities. There are dorms facilities to host children with full accommodation services.





- Standards related to health development: completely achieved with some innovative initiatives such as:
  - Having a mobile application for the medical record encompassing different details for everyone registered in PHC centers. Madinah also has ALERT **الملف الطبي الموحد**.

- There is a close collaboration between MoH and NGOs for NCDs screening through mobile clinics and campaigns including cardiovascular diseases and cancer (colon, breast cancer and cervical cancer).

- Moreover, Madinah has clinical pharmaceutical clinic and successful home care program. Community participation in health development is well identified through supporting cases in needs and providing 50% discounts for referred cases to sports clubs from the nutrition clinics of PHC centers



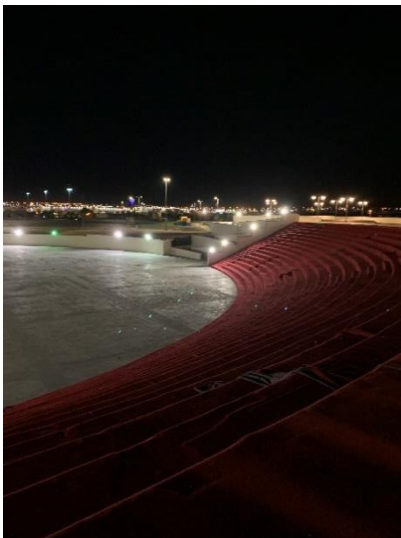
- Madinah is a tobacco free city with comprehensive implementation of different related interventions such as banning of advertisement and selling of tobacco products, signages, raising awareness and providing quitting services

- Standards related to water, sanitation, food safety, and air pollution: completely achieved:

- All houses in the implementation sites receive safe drinking water and sanitation



- The implementation sites have mobile devices to measure the level of air pollution
- Municipality planned and implemented many projects to increase the green areas in the 2 neighborhoods and beyond in addition to constructing new walkways in addition to the 3 already exist along with equipping them with sports tool
- There is a hot line (988) for receiving any complaints related to air pollution
- There are special lanes in the walkways for people with special needs
- The municipality is working on visual distortion treatment



- Standards related to Community-based information centre: completely achieved in collaboration with the statistical center, PHC and urban observatory center
- Standards related to skills development, vocational training, and capacity-building: completely achieved.
  - Different initiatives in this context are conducted such as: HCP ambassadors, Safe Neighborhoods, الحركة بركة, “We are at your service”, “Our Neighborhood is Our Responsibility حينا مسؤوليتنا”
- Standards related to emergency preparedness and response: completely achieved.
  - There are an emergency preparedness and response plan related to heavy rains and floods in addition to the special arrangements for mass gathering during Omra and Haj
  - Madinah is located in an area of old volcanoes with history of earthquakes. Therefore, an emergency preparedness and response plan has been developed in this regard
  - There is an emergency focal points in each sector who received special training and coordinate with civil defense in developing preparedness and response plan along with drills on regular basis
  - The civil defense and police implement the alternative punishment system for whoever violate the traffic rules serving related victims
  - Training of students took place at schools for different grades in addition to schoolteachers.
  - The home health team is accompanied by trained volunteers to ensure home safety measures in collaboration with civil defense
  - Regarding the road traffic injuries, the black points are indicated on regular basis taking necessary actions to overcome
  - The civil defense coordinates with Fazaah فزعه NGO to train volunteers. Till now, they received 620 submissions and accepted 270 volunteers through an electronic platform
  - There is an established NGOs that works closely with Police and civil defense for traffic safety “Traffic Safety Association جمعية سلامتنا” provides training and support in detecting back spots with recommending needed action
  - The civil defense created a mobile application for reporting any violation in relation to road traffic



## Detailed Achievements

A) Community organization and mobilization for health and development		
Result	Evidence: Achieved <span style="color: green;">■</span> In process <span style="color: yellow;">■</span> Not yet <span style="color: red;">■</span>	Achievements
1. Cluster representatives/volunteers are selected and trained on needs assessment, prioritization, data analysis, project preparation, and monitoring, recording and reporting mechanisms.		<ul style="list-style-type: none"> <li>✓ Representatives from different sectors had been selected and trained on development of HCP plans and reporting</li> <li>✓ There is an active volunteer association which has more than 40 societies. All have active volunteers</li> <li>✓ Reports of different training workshops and activities targeted the volunteers as per different areas of work are available.</li> </ul>
2. The healthy city coordinating committee has been formed, registered with local authorities as a community-based organization or nongovernmental organization, and members have been oriented on their tasks and responsibilities.		<ul style="list-style-type: none"> <li>✓ Establishing a higher coordinating committee chaired by H.E., Vice Chancellor of Taiba University and membered by directors of different sectors in addition to private sector and civil society.</li> <li>✓ The chair of the coordination committee has been nominated by H.R.H. the Ameer (governor) of Madina.</li> <li>✓ A HCP coordinating committee is hosted by Taiba University.</li> <li>✓ Subcommittees have been formulated and membered by different sectors with identified roles and tasks.</li> </ul>
3. Cluster representatives/volunteers are active partners in local health and social planning and procedures. They can also ensure that health care and other social services are used in their clusters.		<ul style="list-style-type: none"> <li>✓ Networking with volunteers from different sectors including academia in addition to the representatives and coordinators of HCP</li> <li>✓ Capacity building activities are being conducted to provide relevant training on regular basis based on the needs</li> </ul>
4. The healthy city coordinating committee monitors and supervises socioeconomic projects, records achievements and constraints and		<ul style="list-style-type: none"> <li>✓ HCP coordinators participate in the local institutions (that are elected by the community) and work closely to respond to community needs</li> </ul>



identifies local solutions for local problems.		<ul style="list-style-type: none"> <li>✓ The coordination committee has established a website whereby all interventions and activities are documents and available</li> </ul>
5. The healthy city coordinating committee looks for resources and builds relationships with potential partners for further development in their local areas.		<ul style="list-style-type: none"> <li>✓ Networking and partnerships have been made with different sectors including civil society organizations, private sectors and academia.</li> <li>✓ Many initiatives took place sponsored by different parties such as providing services, organizing and hosting training workshops for volunteers and community members.</li> </ul>
6. A community centre has been established or planned for different uses according to the community's needs (e.g. to hold community meetings, conduct vocational training, serve as a community information centre, or hold local cultural, national, and religious events, etc.).		<ul style="list-style-type: none"> <li>✓ The social development centers, women center, the university premises, and other civil-based societies are considered as centers for conducting community-based activities and hosting relevant activities</li> <li>✓ The centers were visited during the field visits.</li> </ul>
7. Women's and youth groups have been established and registered and are contributing to local development interventions.		<ul style="list-style-type: none"> <li>✓ Women and youth are represented as volunteers in different activities and interventions at community levels.</li> <li>✓ There are well established committees at community level who work closely with the civil society development centers</li> </ul>
<b>B) Intersectoral collaboration, partnership, and advocacy</b>		
8. Members of the healthy city coordinating committee are nominated officially by different sectors.		<ul style="list-style-type: none"> <li>✓ A higher coordinating committee chaired by H.E., Vice Chancellor of Taiba University and membered by directors of different sectors were nominated officially.</li> </ul>
9. The healthy city coordinating committee is formed under the leadership of the mayor or governor, drawing its members from the representatives of all relevant sectors. Minutes of all meetings are recorded and reported.		<ul style="list-style-type: none"> <li>✓ The Committee works under direct supervision of H.R.H the Ameer.</li> <li>✓ All the minutes of the meetings are available in the website</li> </ul>
10. An official coordinator for the healthy city programme is appointed and provided with sufficient staff, physical space and facilities.		<ul style="list-style-type: none"> <li>✓ The chair of the coordination committee has been nominated by H.R.H. the Ameer (governor) of Madina.</li> <li>✓ A HCP coordinating committee is hosted in Taiba University.</li> </ul>

		<ul style="list-style-type: none"> <li>✓ The healthy city focal point is the head of the NGOs consortium and has well established office.</li> </ul>
11. Members of the intersectoral team meet with healthy city coordinating committee and provide technical advice and support for the community.		<ul style="list-style-type: none"> <li>✓ The meetings are conducted on regular basis</li> <li>✓ All the meetings are documented and brief reported are shared with H.R.H. the Ameer.</li> </ul>
12. Potential partners are located and contacted and at least one joint project with partners is being conducted in the healthy city implementing site.		<ul style="list-style-type: none"> <li>✓ All potential partners to HCP have been mapped including private sectors, academia, business men, youth and women groups and NGOs</li> </ul>
13. Financial issues related to joint activities are recorded, reported and shared with the community for the sake of transparency.		<ul style="list-style-type: none"> <li>✓ Bank account is opened and managed by the committee</li> <li>✓ Financial issues are supervised by the committee</li> </ul>
14. Success stories are documented, published and used for advocacy. A comprehensive strategy and tools for advocacy taking into consideration local culture have been created and are being implemented by the local community development committee.		<ul style="list-style-type: none"> <li>✓ There are many success stories that have been implemented in the context of HCP in Madina.</li> <li>✓ The HCP uses different social media to advocate for HC.</li> <li>✓ The NGO consortium is very active in advocacy.</li> </ul>

### C) Microcredit activities

Result	Evidence: Achieved <span style="color: green;">■</span> In process <span style="color: yellow;">■</span> Not yet <span style="color: red;">■</span>	Achievements
15. Poor and needy members of the community are identified according to specific criteria (agreed upon by the city coordination team) and priority is given to them in the provision of income-generating loans.		<ul style="list-style-type: none"> <li>✓ Mapping the peoples who can benefit from financial support with regular update by social affairs</li> <li>✓ Linking unemployed youth, women, people with special needs with relevant sectors and partners for job opportunities and training/credits for small and medium size projects</li> <li>✓ The NGO consortium covers the beneficiaries with financial, non-financial support and job opportunities.</li> </ul>
16. Linkages are made between local skills and vocational training centres and microcredit activities, ensuring that the area is moving towards self-sufficiency.		<ul style="list-style-type: none"> <li>✓ Active NGO consortium is well established and serve this purpose such as youth capacity and skills and community development center, institute for social development, center of social development, Sara handcraft.</li> </ul>

		<ul style="list-style-type: none"> <li>✓ The centers are multi-purpose in functions and accessible to the communities. They include skill and handcraft training, rehabilitation for people with special needs, playgrounds, theaters, and conference and exhibition rooms.</li> <li>✓ Conducting exhibitions for vocational activities in the social development center.</li> </ul>
17. All financial issues are recorded, registered, and followed up on by the finance secretary of the healthy city coordinating committee.		✓ Financial issues are regularly recorded, registered, and followed up
18. Loans are repaid on a regular basis and a follow-up mechanism established by the healthy city coordinating committee or local banking system is in place.		<ul style="list-style-type: none"> <li>✓ There is a regular monitoring of loans by the NGO consortium under supervision of a certified financial auditor.</li> <li>✓ Financial support is provided by the NGO consortium which depends mainly on the generous individuals and community contribution.</li> </ul>
19. A bank account has been opened for the healthy city coordinating committee or programme office and all financial interactions related to microcredit schemes go through the relevant bank. The programme coordinator and the community are well aware of it.		Financial interactions related to microcredit schemes are monitored by the NGO consortium.
20. A 5%–10% service charge is taken from each income-generating loan and is collected in a separate account to be used for social development activities (i.e. social development funds).		<ul style="list-style-type: none"> <li>✓ The 5%-10% service charge is against the policy of the kingdom.</li> <li>✓ Most of societies have investment plans to guard against the increase number of beneficiaries as well as covering the running cost.</li> </ul>
21. Cluster representatives ensure the timely deposit of monthly repayments from beneficiaries within their respective clusters and keep the repaid money in a revolving fund for future activities.		✓ There is a follow up mechanisms for implementation of different projects and assistance in marketing activities.

**D) Education and literacy**

Result	Evidence: Achieved <span style="color: green;">■</span> In process <span style="color: yellow;">■</span> Not yet <span style="color: red;">■</span>	Achievements
22. All eligible children (girls and boys) are enrolled in school and no pupils have dropped out.		✓ Basic education is mandatory

		<ul style="list-style-type: none"> <li>✓ There is no dropping out in basic education from grade 1 to grade 9 neither among males nor females.</li> </ul>
23. School headmasters hold regular meetings with local community development committees, parents, and other stakeholders to assess the quality of education, school environments, the children's health status, and relationships between parents, children and teachers in order to overcome existing shortcomings or problems.		<ul style="list-style-type: none"> <li>✓ The schools use different social media and electronic platform to communicate with students and parents.</li> <li>✓ There are regular meetings with community leaders and parents to discuss the main needs and problems related to education and scholastic matters.</li> <li>✓ There is an active health promoting school program and the collaboration between MOH and Ministry of Education (MOE).</li> <li>✓ The schools have many innovative initiatives covering many health promotion and preventive aspects.</li> <li>✓ Schools celebrate the national as well as the world health days</li> </ul>
24. Standards for the quality of education are in place in schools located in programme sites.		<ul style="list-style-type: none"> <li>✓ There are national quality standards related to educations in schools in all the Kingdom and are applied in Madina</li> <li>✓ Schools are implementing the health promoting school initiative.</li> <li>✓ Schools are caring and promoting the talented and innovative students</li> </ul>
25. A subcommittee for education has been formed under the community development committee and schools are regularly monitored. The subcommittee coordinates with the district education department.		<ul style="list-style-type: none"> <li>✓ A school health committee has been established and schools are regularly monitored.</li> <li>✓ Regular meetings are being held with the HCP coordination office and school health unit at primary health care.</li> </ul>
26. Youth and women's groups are encouraged to be active members of the literacy campaign on a voluntary basis.		<ul style="list-style-type: none"> <li>✓ Mapping illiterate is performed by the education department. Education is provided to illiterate people through the education department and volunteers.</li> </ul>
<b>E) Health development</b>		
<b>Result</b>	<b>Evidence:</b> Achieved <span style="color: green;">■</span> In process <span style="color: yellow;">■</span> Not yet <span style="color: red;">■</span>	<b>Achievements</b>
27. Cluster representatives and health volunteers are trained on priority health issues and health-related programmes. They are active in health promotion and education and they follow up on procedures through regular contact with local health-care providers.		<ul style="list-style-type: none"> <li>✓ There is continuous and regular training programmes of HCP committees' members and volunteers by the health centers and the hospital.</li> <li>✓ The training courses include health education, community participation, volunteerism, and first aid.</li> </ul>

28. Cluster representatives and health volunteers register and report births, deaths and other vital statistics.		✓ There is a well-established CRVS system for registration and reporting of births, deaths and vital statistics.
29. The healthy city coordinating committee, in collaboration with health-care providers, has established sustainable referral systems.		✓ There is an effective referral system between PHC, secondary and tertiary levels with regular feedback and follow up.
30. The community is trained and actively involved in community participatory research projects.		✓ Taiba University engage the faculty, students and the volunteers in research projects pertinent to HC.
31. A subcommittee of the healthy city coordinating committee has been formed to manage and supervise local health care services.		<ul style="list-style-type: none"> <li>✓ A subcommittee of the healthy city coordinating committee has been formulated to manage and supervise local health care services.</li> <li>✓ Health center provides comprehensive package of PHC including health promotion and preventive services, NCDs (complimented with tobacco cessation services, and early detection of breast cancer), elderly clinics, MCH.</li> </ul>
32. All essential medicines, vaccines and medical instruments (according to the local health system's needs) are available at urban health facilities.		✓ There is a well- established governmental system and mechanism for ensuring availability of essential drugs and vaccines on continuous basis.
33. The quality of health care services, clients' satisfaction with the services, health care staff's level of training, and interactions between health-care providers and the community are assessed and actions are taken accordingly.		<ul style="list-style-type: none"> <li>✓ There is a national hotline is established to report any complain related to health sector</li> <li>✓ Conduction of periodic surveys on regular basis using a special questionnaire to measure quality and patient/clients satisfaction.</li> <li>✓ Quality assurance and accreditation of health care services are in place (Saudi Central Board for Accreditation of Healthcare institutions SBAHI).</li> </ul>
34. All pregnant women receive timely antenatal care (including tetanus toxoid vaccinations). A safe delivery plan for all pregnant women in their third trimester has been prepared and all women have access to a safe and clean delivery setting, where they are assisted by skilled birth attendants.		<ul style="list-style-type: none"> <li>✓ There is continuous coordination with healthcare facilities in this regard and all pregnant women are fully covered by antenatal, natal and postnatal care.</li> <li>✓ All women have access to a safe and clean delivery settings and assisted by skilled birth attendants.</li> </ul>
35. All mothers receive postnatal care for at least 40 days after delivery.		✓ There is continuous coordination with health care facilities in this regard and the

		<p>entire pregnant are fully covered by post-natal care.</p> <ul style="list-style-type: none"> <li>✓ Every women after delivery receive postnatal care, health education messages, immunization, danger signs, follow up visits and birth spacing messages.</li> </ul>
36. All children have been fully immunized against vaccine preventable diseases by the age of 1 year.		<ul style="list-style-type: none"> <li>✓ The immunization coverage is 100% and all the reports are shared by health centers.</li> <li>✓ Follow up modalities for defaulters are in place</li> </ul>
37. All newborn babies are registered by cluster representatives and health volunteers and are vaccinated at birth and during the first year of life as per the national Expanded Programme on Immunization (EPI) schedule.		<ul style="list-style-type: none"> <li>✓ There is a national governmental system for births registration and immunization at birth by the National Expanded Programme on Immunization (EPI) schedule.</li> <li>✓ A provisional birth certificate is issued for the newly born and the final official certificate is obtained upon completion of all the vaccination shots.</li> </ul>
38. The healthy city coordinating committee, cluster representatives and health volunteers are actively involved in polio campaigns (if any are being conducted).		<ul style="list-style-type: none"> <li>✓ Kingdom of Saudi Arabia has been announced as polio-free. However, there is conduction of polio campaigns on annual basis as the Kingdom attracts lots of foreigners and expatriates.</li> </ul>
39. All children under age 5 have access to and are receiving regular health care services (including growth-monitoring) and a functioning follow-up system is in place.		<ul style="list-style-type: none"> <li>✓ All under 5 children are registered in the health center in their catchment areas and have access to health care services and receive regular needed services</li> <li>✓ Regular report about child care are shared by health center on regular basis</li> </ul>
40. Malnourished children and mothers suffering from vitamin A deficiency and iron deficiency anaemia are identified and receive treatment and follow-up care.		<ul style="list-style-type: none"> <li>✓ There is a screening system for anaemia diagnosis among pregnant women during antenatal care visits.</li> <li>✓ There is regular screening for children on regular basis for growth charts and anaemia with MMR vaccination.</li> </ul>
41. The tuberculosis DOTS strategy is being implemented using trained cluster representatives or volunteers as treatment partners.		<ul style="list-style-type: none"> <li>✓ The country is TB free but there is a well-established TB prevention and control programme as the Kingdom attracts lots of pilgrims, foreigners and expatriates.</li> </ul>
42. The malaria control programme (if needed) is being implemented with the active involvement of cluster representatives or volunteers and the leadership of local community development committees.		<ul style="list-style-type: none"> <li>✓ The country is TB free but there is a well-established TB prevention and control programme as the Kingdom attracts lots of pilgrims, foreigners and expatriates.</li> </ul>

<p>43. Cluster representatives and health volunteers report all suspected cases of tuberculosis, malaria, HIV and other communicable diseases to the nearest health facility and carry out follow-up activities according to the training they have received from health facility staff and ensure family members are taking part in weekly healthy physical activities.</p>		<ul style="list-style-type: none"> <li>✓ There is a well-established governmental system for reporting communicable diseases using a specific form for reporting infectious cases</li> <li>✓ The health volunteers are working actively in raising public awareness</li> </ul>
<p>44. Communities are informed about modes of transmission and preventive measures for HIV/AIDS. All diagnosed cases of HIV/AIDS are supported by cluster representatives and health volunteers.</p>		<ul style="list-style-type: none"> <li>✓ There are a lot of awareness campaigns regarding HIV/AIDS and communication materials based on local culture and context in different languages</li> <li>✓ Hiring companies are very strict in screening potential employees for HIV among other infectious diseases before getting permission to work inside the Kingdom.</li> </ul>
<p>45. All chronically-ill patients (e.g. with diabetes, hypertension, cardiovascular diseases, cancer, kidney disorders, etc.) are identified, mapped, and a follow-up plan has been put in place by cluster representatives and health volunteers, who ensure that all individuals receive timely medical examinations and medication.</p>		<ul style="list-style-type: none"> <li>✓ There are screening programmes for early detection of NCDs and mapping chronic cases.</li> <li>✓ There are well established NGOs for diabetes, cardiovascular diseases, screening of breast, and blood donation run by the volunteers.</li> </ul>
<p>46. All cases of mental disorders and substance abuse are identified and receive community support and assistance. Educational activities are carried out in the community to reduce stigma.</p>		<ul style="list-style-type: none"> <li>✓ There is a hot line for providing needed help and referral of cases.</li> </ul>
<p>47. All people with physical disabilities are mapped and receive community support to ensure their ability to earn a livelihood.</p>		<ul style="list-style-type: none"> <li>✓ All the cases of physical, mental disabilities receive full social, education and health support from education, social and health sectors.</li> <li>✓ There is well-established educational city for people with disabilities (Taiba educational city for disabilities).</li> <li>✓ There are also some vocational training for people with special needs along with marketing their products along with providing them with relevant work opportunities</li> </ul>



48. Dangerous areas in programme sites are identified and appropriate actions/measures are taken to reduce death, injury and disability caused by accidents.		<ul style="list-style-type: none"> <li>✓ Police and civil defense are taking needed measure to map risks and communicate/recommend actions to reduce injuries and related deaths.</li> </ul>
49. The programme implementation area is free from crime, violence, and discrimination against women, men and ethnic groups.		<ul style="list-style-type: none"> <li>✓ There is a an established unit for protection from gender violence</li> </ul>
50. The community is adopting and promoting early childhood development and child-friendly homes and communities.		<ul style="list-style-type: none"> <li>✓ Many initiatives and activities are being implemented in this regard in collaboration with community volunteers such as health education and raising awareness</li> </ul>
51. The healthy school initiative is in place in all schools in programme implementation sites.		<ul style="list-style-type: none"> <li>✓ All provided foods in schools are healthy in collaboration with school health unit in PHC center</li> <li>✓ Students are trained on monitoring healthy foods in schools canteens</li> <li>✓ Dedicated students are trained on first aid measures and assigned as first aid measures emergency focal points under supervision of science teachers</li> </ul>
52. Occupational health and safety procedures (especially accident prevention) are in place in all workplaces and workers have easy and quick access to first aid equipment and services.		<ul style="list-style-type: none"> <li>✓ All workplaces are supplemented with fire indicators</li> <li>✓ All workplaces are designed and built as per the safety procedures from the municipality</li> </ul>

#### D) Water, sanitation, food safety, and air pollution

Result	Evidence: Achieved <span style="color: green;">■</span> In process <span style="color: yellow;">■</span> Not yet <span style="color: red;">■</span>	Achievements
53. The programme implementation site is clean and has enough green areas.		<ul style="list-style-type: none"> <li>✓ The municipality managed to establish many green spaces in the city and has plans to extend the green areas.</li> </ul>
54. An effective community-based solid waste management system is set up in the programme implementation site.		<ul style="list-style-type: none"> <li>✓ The city is 100% covered under the supervision of the municipality by the solid waste management system</li> </ul>
55. Water sources are mapped and protected. A water treatment plan has been established and the healthy city coordinating committee is aware of it.		<ul style="list-style-type: none"> <li>✓ There is mapping of all groundwater sources</li> <li>✓ All artesian wells and water tankers are regularly monitored by the municipality.</li> <li>✓ There is a close follow up of household waters by examining samples on regular basis by the municipality</li> </ul>

<p>56. All families have sustainable access to safe drinking-water and basic sanitation. They are aware of the dangers associated with unsafe water and know how to purify water using what is locally available.</p>		<ul style="list-style-type: none"> <li>✓ All households have sustainable access to safe drinking-water and basic sanitation</li> </ul>
<p>57. Cluster representatives/volunteers are trained in maintaining healthy environments/healthy settings and related interventions accessible to the public such as healthy market places, healthy hospitals, healthy schools, etc.</p>		<ul style="list-style-type: none"> <li>✓ The volunteer groups are active in monitoring and ensuring healthy environment.</li> <li>✓ Licensing and renewal of licenses of food markets are linked with safety measures compliance</li> </ul>
<p>58. The community is involved in food safety and all healthy food shops/markets are monitored by the national food safety departments.</p>		<ul style="list-style-type: none"> <li>✓ There is a public health unit in the municipality that is responsible for food safety</li> </ul>
<p>59. Healthy food markets are easily accessible selling essential products such as iodized salt.</p>		<ul style="list-style-type: none"> <li>✓ Achieved and the national measures are in place.</li> <li>✓ Although Madina received from 1-2 million pilgrims on annual basis, however no food poisoning had been reported for the last three years</li> </ul>
<p>60. Smoking is prohibited in closed areas and public places and a plan for creating a smoke-free city has been developed, approved and put in place.</p>		<ul style="list-style-type: none"> <li>✓ Madina is considered as non-smoking city.</li> <li>✓ Banning tobacco smoking is well signaled all over potential places in the city in addition to providing smoking cessation services in the health centers free of charge</li> </ul>
<p>61. A community-based air quality management centre is established in the healthy city programme implementation site (involving the municipality) to ensure that air pollution is monitored regularly. The community is aware of the dangers of air pollution.</p>		<ul style="list-style-type: none"> <li>✓ The civil defense in the city and the civil aviation monitor the quality of air as well as other issues related to climate change.</li> <li>✓ The NGO consortium (through its volunteer groups) is engaged in regular awareness campaigns.</li> </ul>
<p>62. City planners are implementing interventions that prevent air pollution.</p>		<ul style="list-style-type: none"> <li>✓ The civil defense in the city and the civil aviation monitor the air conditions on regular bases. The civil defense conduct regular training sessions for the communities as well as the government sectors</li> </ul>
<p>63. Urban zoning and housing schemes conduct air pollution impact assessment before being approved.</p>		<ul style="list-style-type: none"> <li>✓ Environmental aspects are considered by municipality before giving the</li> </ul>

Such housing schemes ensure, for example, households' access to clean fuel, ventilation, improved kitchen stoves and heating appliances.		construction license for any residential area.
--	--	--

### E) Community-based information centre

Result	Evidence: Achieved <span style="color: green;">■</span> In process <span style="color: yellow;">■</span> Not yet <span style="color: red;">■</span>	Achievements
64. A community-based information centre has been established and cluster representatives/volunteers and members of the intersectoral team are trained to collect key information, analyse it and use it for local development planning.		<ul style="list-style-type: none"> <li>✓ Taiba University and the NGO consortium are actively engaged in data, collection, analysis and disseminating to be used in planning at local level</li> <li>✓ All health related indicators are available in HC website.</li> </ul>
65. Key information is displayed in the community-based information centre or local healthy city programme office and shared with the community and other relevant sectors/partners.		<ul style="list-style-type: none"> <li>✓ Maps that includes all key information about Madina city are available and displayed in the website. The information are used by the HCP coordination committee and different sectors for planning purposes</li> </ul>
66. Key information is used for advocacy and monitoring purposes by the local community development committee and other stakeholders.		<ul style="list-style-type: none"> <li>✓ There is continuous communication between the HCP coordination committee, municipality, and different sectors to share statistics required for development projects</li> </ul>
67. Baseline survey forms, its results, and information on current projects are well documented, up to date, and available from the local community development committee and the healthy city focal point.		<ul style="list-style-type: none"> <li>✓ The related reports are available for use and dissemination</li> <li>✓ The website is used by different sectors for planning purposes</li> </ul>
68. A city profile is created, regularly updated and used for planning and monitoring purposes.		<ul style="list-style-type: none"> <li>✓ Comprehensive data and information related to City Health Profile are available in the HC website</li> <li>✓ The HC profile is available and updated</li> </ul>

### F) Skills development, vocational training, and capacity-building

Result	Evidence: Achieved <span style="color: green;">■</span> In process <span style="color: yellow;">■</span> Not yet <span style="color: red;">■</span>	Achievements
69. Local skills, interests and appropriate technologies are assessed and promoted.		<ul style="list-style-type: none"> <li>✓ The NGO consortium and the social development training center provides different training courses for women and youth based on the needs</li> </ul>
70. Skills training centres that are linked to the local market have been established for males and females		<ul style="list-style-type: none"> <li>✓ The social centers and the skills development training centers conduct regular skill needs assessments to respond to market needs</li> </ul>

and are supported by intersectoral teams.		<ul style="list-style-type: none"> <li>✓ The number of beneficiaries from those programmes are well documented and available</li> </ul>
71. The healthy city coordinating committee gives priority to the provision of microcredit loans to students of vocational training centres.		<ul style="list-style-type: none"> <li>✓ The NGO consortium and the social development training center support many projects</li> <li>✓ There is an online system for applying for microcredit loans and an assessment system in place</li> <li>✓ All applicants receive needed services such as refining the projects and conducting feasibility studies.</li> <li>✓ There are special training programmes for people with special needs</li> </ul>
72. Vocational training centres are self-financed and self-managed by the community or local nongovernmental organizations.		<ul style="list-style-type: none"> <li>✓ The training is supported by non-for-profit civil organizations and Ministry of Social Affairs</li> </ul>
73. Computer training centres, language classes, sport facilities, etc. have been established and are self-managed and self-financed by the community or local nongovernmental organizations.		<ul style="list-style-type: none"> <li>✓ Computer training laps are available in schools, social development centers, the skill development institutes.</li> </ul>
74. Innovative people have been identified, supported and promoted.		<ul style="list-style-type: none"> <li>✓ Talented and innovative people are supervised by the NGO consortium and other civil societies.</li> <li>✓ Sponsorship of talented and creative disabled people to demonstrate and sell their products in the city Exhibitions</li> </ul>
<b>G) Emergency preparedness and response</b>		
<b>Result</b>	<b>Evidence:</b> Achieved <span style="color: green;">■</span> In process <span style="color: yellow;">■</span> Not yet <span style="color: red;">■</span>	<b>Achievements</b>
75. Common emergencies that have occurred in the past 20 years have been identified and the number of victims and local infrastructure that was damaged or destroyed have been documented.		<ul style="list-style-type: none"> <li>✓ A list of all road and fire accidents are recorded and actions are taken in relation to black pints of recurrent accidents</li> <li>✓ The Civil defense office has an online application containing security requirements for getting construction or building license to facilitate the process</li> </ul>
76. A subcommittee for emergency preparedness and response has been established, oriented and tasks are assigned to members.		<ul style="list-style-type: none"> <li>✓ A subcommittee has been established along with building their capacity by initial and on-job training</li> <li>✓ All the meetings are documented with well-established follow up modalities on the recommended actions.</li> </ul>

		<ul style="list-style-type: none"> <li>✓ The city has a preparedness and emergency plan in respect to different kind of emergencies</li> <li>✓ Different places for evacuation are assigned in case of any emergencies</li> <li>✓ Preparedness plans have been developed pertaining to each institution/building category</li> </ul>
77. A city profile has been developed and a copy of this profile is kept outside of the programme implementation area.		<ul style="list-style-type: none"> <li>✓ The city profile has been developed with a copy in the central office of civil defense</li> </ul>
78. Cluster representatives and health volunteers are trained on emergency preparedness plans, how to deal with emergencies and the provision of first aid when and where it is required.		<ul style="list-style-type: none"> <li>✓ All the sectors, schools and workplaces have their all preparedness and response plans along with training of staff on first aid measures and evacuation plans (emergency focal point is assigned in each of them)</li> <li>✓ The Civil Defense is conducting regular trainings for the volunteers especially during pilgrim occasion.</li> <li>✓ Fire drills are conducted in most of the public places (especially schools, hospitals, malls, etc.)</li> <li>✓ Simulator evacuation process are conducted on regular basis by the Civil Defense to ensure compliance with safety measures</li> </ul>
79. A contingency plan has been prepared and shared with competent local authorities for resource mobilization and required action. The community knows about the contingency plan, what to do, whom to report to and who will do what during an emergency situation.		<ul style="list-style-type: none"> <li>✓ Contingency plan is developed on annual basis with detailed role assignment, action points and sequence of events during emergency. A copy from the plan has been shared with HCP executive office</li> <li>✓ All the high risk areas have been mapped and risk analysis has been performed to plan for needed interventions</li> <li>✓ The Civil Defense is having mobile exhibitions for community sensitization and orientation.</li> </ul>
80. Vulnerable groups (e.g. pregnant women, people with physical disabilities, chronically-ill patients, malnourished people, elderly people, people with mental disorders, etc.) are mapped and this information is shared with the		<ul style="list-style-type: none"> <li>✓ Vulnerable groups are mapped (including elderly, people with chronic diseases, and handicapped) and updated on regular basis.</li> </ul>

competent authorities in advance of  
an emergency.

