

# HCN Accomplishments: Jalajil, KSA






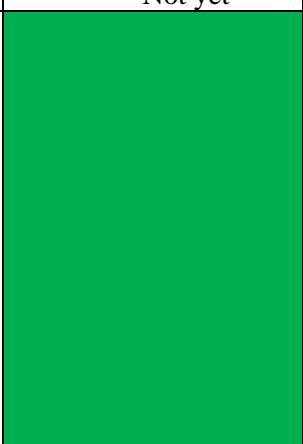
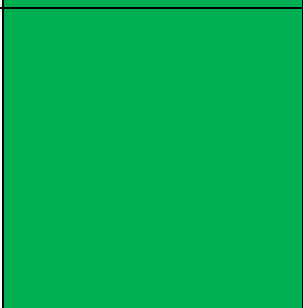
[Healthy Cities Network](#)

## Jalajil HCP Progress & Accomplishments

### Overview

The evaluation visit to Jalajil has shown that the HCP is well-structured and organized with the full support of the government, in addition to the members of high management belonging to the different sectors. It was found that intersectoral collaboration was enhanced through the use of the HCP coordinating committee and sub-committees as the main platforms for multisectoral action. Leadership and political commitment of high-level authorities are among the main reasons for the success of the HCP in both cities. Community engagement and participation in health and social development is evidenced through local NGOs. Documentation and transparency are among the positive points that were noted during the evaluation process, along with documentation and communication materials such as pamphlets, leaflets, and brochures. The eight dimensions of the WHO indicators, along with their respective criteria and observed achievements, have been outlined below.




### Achievements

A) Community organization and mobilization for health and development		
Result	Evidence: Achieved  In process  Not yet 	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>✓ Volunteers have been selected from the community and received HCP training</li> <li>✓ There is a list of volunteers including names, age, gender, qualification, trained received and communication information.</li> <li>✓ Reports of different training workshops targeted the volunteers as per different areas of work are available.</li> <li>✓ During the visits, HCP volunteers received appreciation certificates from HCP coordination office for their active participation</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 committee chaired by The Head of Jalajil Central Office and a HCP coordination Office with identified roles and task.</li> <li>✓ The HCP coordinating Offices and committees have been established by a governmental decree including subcommittees membered by different sectors with identified roles and task.</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>✓ The HCP coordination office established a special subcommittee for business men and private sector from the community to respond to community needs in partnership with governmental sectors</li> <li>✓ A special subcommittee for healthy lifestyle has been established in the context of HCP</li> <li>✓ There is an integrated system to attract volunteers to the initiatives and activities through providing relevant training and providing appreciation certificates on regular basis</li> </ul>
4. The healthy city coordinating committee monitors and supervises socioeconomic projects, records achievements and constraints and identifies local solutions for local problems.		<ul style="list-style-type: none"> <li>✓ Operational plans have been developed by coordinators from different sectors with establishing a unified system for periodic reporting and regular monitoring</li> <li>✓ All reports and actions that have taken are available and seen during the visit</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 business men, private companies and academia.</li> <li>✓ Many initiatives took place sponsored by different sponsors such as building Health Centers, hosting houses for the medical convoys, charity and community centers, structuring green areas, organizing and hosting training workshops for volunteers and community members.</li> <li>✓ The HCP receives annual contribution from sponsors to support the healthy city activities.</li> <li>✓ MoUs and relevant documents are available.</li> <li>✓ Field visits to related centers and areas were conducted during the visit such as Dar Ali AlMajid Center and JIajil Charity Center.</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		<ul style="list-style-type: none"> <li>✓ JIajil Charity and Dar Ali AlMajid Centers are considered as a community centers for hosting training workshops in different areas including literacy and Quran classes and exhibitions.</li> </ul>

community information centre, or hold local cultural, national, and religious events, etc.).		✓ The centers were visited during the field visits.
7. Women's and youth groups have been established and registered and are contributing to local development interventions.		✓ Women and youth are represented in all HCP committees with active participation in different activities and interventions at community levels.
<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>✓ Coordinators from different sectors that are relevant to the standards have been nominated by different sectors.</li> <li>✓ Special decrees have been released for establishing HC coordinating committee by the Head of Jilal Central Office</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 HC coordination Office has been formulated and established under the leadership of the Head of Jilal Central Office</li> <li>✓ All the minutes of the meetings are available and examined during the visit</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>✓ Mr. Abdullah Hamad Almojaly, his assistance Mr. Bassam Abdullah AlFaris and heads of subcommittees have been assigned by a decree from Head of Jilal Central Office</li> <li>✓ The ToRs of each HCP subcommittee were discussed in details during the visit.</li> <li>✓ The coordination office is established in Jilal Central Office and well equipped with computers and all means of communication</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>✓ There are regular meetings on quarterly basis that are documented and reported.</li> <li>✓ The meeting plan is a part of the governmental meetings plan.</li> <li>✓ All the meeting reports were examined during the visit</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, business men, media, academia, and NGOs</li> <li>✓ Different programmes that are executed in partnerships are documented including students training on food safety, literacy classes, Quran classes, first aid measures, traffic safety and equipping health center with needed equipment and supplies, computer</li> </ul>

		training and skill development programmes.
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>✓ Special bank account has been opened under the name of HCP and supervised by Jlalil Central Office</li> <li>✓ Financial coordinator has been appointed to follow all related financial procedures of the HCP Coordination Office</li> <li>✓ Sponsors are being briefed regularly about expenditure on different initiatives</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>✓ Jlalil is a smoke free city with banning selling of all tobacco products and ban smoking in indoor and outdoor places with suitable signage and monitoring modalities</li> <li>✓ There are a smoking cessation clinic in Jlalil Health Center that is well equipped with Nicotine Replacement Therapy</li> </ul>
<b>C) Microcredit activities</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>
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 unemployed peoples who can benefit from monthly financial support are made with regular update by social affairs</li> <li>✓ Linking the unemployed youth, people with special needs and handicapped are being performed with relevant sectors and partners for job opportunities and training/credits for small and medium size projects</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>✓ Conduction of vocational training programmes to support microcredit projects provided with the social development center.</li> <li>✓ There is a partnership with the Technology Institute to provide training programmes for postgraduates as per the market needs</li> <li>✓ Conducting exhibitions for vocational activities in Jlalil center.</li> <li>✓ All applicants for microcredits are assisted to refine their projects and conduct feasibility studies</li> </ul>
17. All financial issues are recorded, registered, and followed up on by the		<ul style="list-style-type: none"> <li>✓ Financial issues are regularly recorded, registered, and followed up on by the</li> </ul>




finance secretary of the healthy city coordinating committee.		financial coordinator of the HC committee.
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.		✓ Some funds are donated and not fundable and other are repaid without any profits as per the national laws and policies
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.		✓ A bank account has been opened for HCP coordinating office and transparent for all the committees ✓ Financial coordinator has been appointed to follow all related financial procedures of the HCP Coordination Office
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).		✓ The 5%-10% service charge is against the policy of the kingdom. Instead, social development activities are supported in collaboration with business men, private institutions and social affairs either by providing funds or sponsoring certain projects
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 also a follow up mechanisms for implementation of different projects and assistance in marketing activities.
<b>D) Education and literacy</b>		
<b>Result</b>	<b>Evidence:</b> Achieved  In process  Not yet 	<b>Achievements</b>
22. All eligible children (girls and boys) are enrolled in school and no pupils have dropped out.		✓ There is no dropping out in basic education form grade 1 to grade 9 neither among males nor females.
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.		✓ There are regular meetings with community leaders and parents to discuss the main needs and problems related to education and scholastic matters.
24. Standards for the quality of education are in place in schools located in programme sites.		✓ There are national quality standards related to educations in schools in all the Kingdom and are applied in Jlalil
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.		✓ The committee has been established and schools are regularly monitored. ✓ Regular meetings are being held with the HCP coordination office.




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>✓ School students among other volunteers are responsible for Adult education and Quran and literacy classes in Dar Almajid</li> <li>✓ Illiteracy rate is less than 0.4%</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 Almogamaa University (private university) that are collaborating with HCP coordination office under the MoU between both of them.</li> <li>✓ The training courses include health education, communication skills, advocacy, community participation, and volunteerism</li> </ul>
28. Cluster representatives and health volunteers register and report births, deaths and other vital statistics.		<ul style="list-style-type: none"> <li>✓ There is a well-established CRVS system for registration and reporting of births, deaths and vital statistics.</li> </ul>
29. The healthy city coordinating committee, in collaboration with health-care providers, has established sustainable referral systems.		<ul style="list-style-type: none"> <li>✓ There is an effective referral system in public sector between Ilajil Health Center and Ghotet Sedir Hospital and between public and private sectors with feedback and follow up.</li> </ul>
30. The community is trained and actively involved in community participatory research projects.		<ul style="list-style-type: none"> <li>✓ There is coordination going between different health institutions and academia to conduct joint community-based researches.</li> <li>✓ There is an agreement to conduct community-based research projects as a part of graduation projects of Almogamaa University as part of the issued MoU.</li> <li>✓ There is also a MOU by HCP coordination office with Scientific Research Center to generate evidence whenever needed</li> </ul>
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 formed to manage and supervise local health care services.</li> <li>✓ The health center has been built through community participation and equipped by MoH</li> <li>✓ Regular medical convoys are conducted covering different specialties as</li> </ul>




		volunteers in line with community needs and hosted by JIJ Health Center.
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 customer satisfaction.</li> <li>✓ Quality assurance and JIJ Health Center has been recorded in Quality Assurance and Accreditation programme of MoH</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 the entire pregnant are fully covered by antenatal and natal care.</li> <li>✓ All women have access to a safe and clean delivery setting and assisted by skilled birth attendants.</li> <li>✓ There is an SMSs system by the health center to remind the pregnant women by the ANC visits</li> <li>✓ All the cases are reported and a copy from the report is shared periodically.</li> </ul>
35. All mothers receive postnatal care for at least 40 days after delivery.		<ul style="list-style-type: none"> <li>✓ There is continuous coordination with health care facilities in this regard and the entire pregnant are fully covered by post-natal care.</li> <li>✓ A "health passport" is issued for every women after delivery as per MoH policy including 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.		✓ The immunization coverage is 100% and all the reports are available at JIJ health centers.
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 immunized 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 the vaccination.</li> </ul>




38. The healthy city coordinating committee, cluster representatives and health volunteers are actively involved in polio campaigns (if any are being conducted).		✓ Kingdom of Saudi Arabia has been announced as polio-free. However, there is conduction of national polio campaigns on regular basis as the Kingdom attracts lots of foreigners and expatriates.
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.		✓ All under 5 children are registered in JIJIL health center and have access to health care services and receive regular health care ✓ Regular reports about child care are shared by health center on regular basis
40. Malnourished children and mothers suffering from vitamin A deficiency and iron deficiency anaemia are identified and receive treatment and follow-up care.		✓ There is a screening system for anaemia diagnosis among pregnant women during antenatal care visits. ✓ There is regular screening for children on regular basis for growth charts.
41. The tuberculosis DOTS strategy is being implemented using trained cluster representatives or volunteers as treatment partners.		✓ The country is TB free but there is a well- established TB prevention and control programme as Kingdom attracts lots of foreigners and expatriates.
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.		✓ Malaria is not endemic in the Kingdom but there is an early detection and treatment policy in place as the Kingdom attracts lots of foreigners and expatriates.
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.		✓ There is a well-established governmental system for reporting communicable diseases using a specific form for reporting infectious cases ✓ The health workers and volunteers are working actively in raising public awareness
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.		✓ Hiring companies are very strict in screening potential employees for HIV among other infectious diseases before getting permission to work inside the Kingdom.
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		✓ There are screening programmes for early detection of NCDs and mapping chronic cases ✓ There is a well-established and working programme for home health care for the elderly, post-operative and other bed

timely medical examinations and medication.		ridden cases that is linked with the health center and hospital
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.		<ul style="list-style-type: none"> <li>✓ There is a hot line for providing needed help and referral of drug abuse cases.</li> <li>✓ The identified cases are referred by Jlalil Health Center to higher levels of care as deemed appropriate (Nepras initiative)</li> </ul>
47. All people with physical disabilities are mapped and receive community support to ensure their ability to earn a livelihood.		<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 are a some vocational training for them 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 reduce injuries and related deaths.</li> <li>✓ A map indicating black traffic points are present in HCP coordination office and updated on regular basis to liaise with relevant authorities for taking needed actions</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>✓ Needed support is given by the social development subcommittee of HCP coordination office in collaboration with Social Development center and social affairs in response/protect women and children from 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>✓ Department of school health is recently integrated in the organogram of MoH</li> <li>✓ The provided food in Jlalil schools are healthy in collaboration with Productive Families Project under supervision of Jlalil Health Center</li> <li>✓ All students are trained on monitoring healthy foods in schools canteens and on first aid measures together with science teachers as emergency focal points</li> </ul>
52. Occupational health and safety procedures (especially accident prevention) are in place in all workplaces and workers have easy and		<ul style="list-style-type: none"> <li>✓ All workplaces are supplemented with fire indicators</li> </ul>

quick access to first aid equipment and services.		✓ All workplaces are designed and built as per the safety procedures from the municipality
<b>D) Water, sanitation, food safety, and air pollution</b>		
<b>Result</b>	<b>Evidence:</b> Achieved  In process  Not yet 	<b>Achievements</b>
53. The programme implementation site is clean and has enough green areas.		<ul style="list-style-type: none"> <li>✓ Green spaces and sports yard in Jlalil city are well planned and distributed based on the coordination and feedback of HCP coordination office in repose to community needs.</li> <li>✓ All green areas are provided with special arrangements for handicapped and people with special needs</li> <li>✓ Jlalil City is characterized by beautiful recreational places including the artificial waterfall and Greensides Mountain.</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: <ul style="list-style-type: none"> <li>○ Solid waste management system</li> <li>○ Recycling of demolition and construction waste</li> <li>○ Effluent treatment</li> <li>○ Medical waste treatment</li> </ul> </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 groundwater water sources</li> <li>✓ There is a national desalination system in place with certain degrees to be used in agriculture and houses</li> </ul>
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.		<ul style="list-style-type: none"> <li>✓ All households have sustainable access to safe drinking-water and basic sanitation</li> </ul>
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.		<ul style="list-style-type: none"> <li>✓ Involving school students to be responsible about food safety in school cafeteria.</li> <li>✓ The food markets are obliged to compliant with the safety measures to be licensed.</li> </ul>
58. The community is involved in food safety and all healthy food shops/markets are monitored by the national food safety departments.		<ul style="list-style-type: none"> <li>✓ All healthy food shops/markets are monitored by the national food safety departments.</li> <li>✓ Training of school students to be responsible about food safety in school cafeteria.</li> </ul>

59. Healthy food markets are easily accessible selling essential products such as iodized salt.		<ul style="list-style-type: none"> <li>✓ Achieved and the national measures are in place</li> <li>✓ A project for organic food market is in process</li> </ul>
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.		<ul style="list-style-type: none"> <li>✓ There is no point of Tobacco sells in Jlalil as per the Governor Decree under the umbrella of HCP</li> <li>✓ Water pipe smoking is prohibited in all Jlalil coffees, restaurants and recreational places.</li> <li>✓ Banning Tobacco Smoking is well signaled all over potential places in the city</li> </ul>
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.		<ul style="list-style-type: none"> <li>✓ There is a mobile Station for measuring Air Quality in Jaljil for ensuring air quality</li> </ul>
62. City planners are implementing interventions that prevent air pollution.		<ul style="list-style-type: none"> <li>✓ Technical examination of vehicles to measure rate of emissions of carbon by Traffic sector as per the national guidelines</li> <li>✓ There are many green areas all over the city in addition to the palm farms surrounding the city</li> </ul>
63. Urban zoning and housing schemes conduct air pollution impact assessment before being approved. Such housing schemes ensure, for example, households' access to clean fuel, ventilation, improved kitchen stoves and heating appliances.		<ul style="list-style-type: none"> <li>✓ Environmental aspects are considered by municipality before giving the construction license for any residential area.</li> </ul>
<b>E) Community-based information centre</b>		
<b>Result</b>	<b>Evidence:</b> Achieved  In process  Not yet 	<b>Achievements</b>
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>✓ Represented by the Authority for Statistics responsible for data, collection, analysis and disseminating to be used in planning at local level</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>✓ Key information are displayed in a specific websites to be used by different sectors for planning purposes</li> <li>✓ There is continuous receiving of requests from different parties asking</li> </ul>

		for data such as universities and different sectors.
66. Key information is used for advocacy and monitoring purposes by the local community development committee and other stakeholders.		✓ There is continuous communication between the center and different sectors to share statistics required for development projects
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.		✓ The related reports are available for use and dissemination ✓ Key information are displayed in a specific websites to be used by different sectors
68. A city profile is created, regularly updated and used for planning and monitoring purposes.		✓ Health Profile has been developed and updated
<b>F) Skills development, vocational training, and capacity-building</b>		
<b>Result</b>	<b>Evidence:</b> Achieved  In process  Not yet 	<b>Achievements</b>
69. Local skills, interests and appropriate technologies are assessed and promoted.		✓ There is a MOU with ...University to implement training programmes for youth then linking them with relevant sectors for employment opportunities
70. Skills training centres that are linked to the local market have been established for males and females and are supported by intersectoral teams.		✓ Computer and other skills programme, in response to market needs, are implemented in collaboration and sponsored by many private and non-for-profit organizations ✓ The number of beneficiaries from such programmes are well documented and available in HCP coordination office
71. The healthy city coordinating committee gives priority to the provision of microcredit loans to students of vocational training centres.		✓ The Social Development Bank and business and private sectors support many projects for unemployed such as providing mobile cars for marketing. ✓ There is an online system for applying for microcredit loans and an assessment system in place ✓ All applicants are provided with needed services such as refining the projects and conducting feasibility studies. ✓ There are special training programmes for people with special needs
72. Vocational training centres are self-financed and self-managed by the community or local nongovernmental organizations.		✓ The training is supported by Social Development Bank and business and private sectors
73. Computer training centres, language classes, sport facilities, etc. have been established and are self-managed and		✓ Computer training laps are available in Jaljil Charity Center and Social Development Centers and can be used

self-financed by the community or local nongovernmental organizations.		in the context of MOUs between HCP coordination office and them
74. Innovative people have been identified, supported and promoted.		<ul style="list-style-type: none"> <li>✓ Sponsorship of talented and creative disabled people to demonstrate and sell their products in different occasions and Exhibition</li> <li>✓ The HCP coordination office is working on developing and documenting the success stories)</li> </ul>
<b>G) Emergency preparedness and response</b>		
<b>Result</b>	<b>Evidence:</b> Achieved  In process  Not yet 	<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>✓ Documentation system is in place especially in relation to torrents Jaljil Valley which was common in this area before taking needed actions and precautions</li> <li>✓ A list of all road accidents are recorded and actions are taken in relation to black pints of recurrent accidents</li> <li>✓ A list of fire accidents are available with number of injuries and mortalities</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>✓ There is a decree for establishing the committee</li> <li>✓ All the meetings are documented with well-established follow up modalities on the recommended actions.</li> <li>✓ HCP coordination office is deeply involved in the city preparedness and response plans</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 in Jlalil</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>✓ Volunteers got certifying training from civil defense and red crescent</li> <li>✓ All the sectors, schools and workplaces are trained on first aid measures and evacuation plans along with assigning focal point in each building</li> <li>✓ Simulator evacuation process are conducted on regular basis to ensure compliance with safety measures</li> <li>✓ Housing houses are assigned in case of evacuation and emergencies</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,		<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.</li> </ul>

whom to report to and who will do what during an emergency situation.		<ul style="list-style-type: none"> <li>✓ All the high risk areas (especially in relation to torrents and old houses ) have been mapped , risk analysis has been performed to plan for needed interventions</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 competent authorities in advance of an emergency.		<ul style="list-style-type: none"> <li>✓ Vulnerable groups are mapped having the information from social affairs (including elderly and handicapped ) and health center (including chronic illnesses, pregnant women and children)</li> <li>✓ A special map has been prepared in this regard in the operational room</li> </ul>