

HCN Accomplishments: Sharoura, KSA



[Healthy Cities Network](#)

Sharoura HCP Progress & Accomplishments

Overview

Sharoura is also known as “The Pride of The Empty Quarter Desert” due to the presence of many projects that aim to increase the green areas in the city. The HCP Coordination Office is hosted by the governmental office, and a higher committee has been established; it is chaired by the governor and consists of members of the municipality and directors of all relevant sectors, in addition to the private sector and civil society. The HCP office established HCP subcommittees in line with the main domains of WHO HCP indicators: health, education, environment, and social development. Insofar as the 80 WHO indicators are concerned, the following achievements have been noted:

Achievements

- HCP helped with the establishment of an intersectoral platform for health and social development with high formal political commitment and ownership.
- Volunteerism is taken seriously among youth and women groups, thereby ensuring community empowerment.
- **Meeting with The Municipality:**
 - o There is an abundance of underground water and the municipality aims to replace treated seawater with it.
 - o There is a high-quality system for water supply in place, in addition to water storage. Both systems are checked and maintained regularly.
 - o There is an initiative in place titled ‘Neighborhood Without Storage Containers’ which aims to provide sustainable plumbing to households in Sharoura.
 - o 90% of homes have safe access to water, and 94% have safe sanitation. The remaining % is in the newly established areas.
 - o The municipality is highly concerned with waste management, and therefore selects appropriate areas for waste disposal that are sufficiently distanced from underground water and populated areas.
 - o The municipality aims to promote physical activities through the establishment of walkways of 350,000m targeting a total of 1,000,000m in a 4-year period. Five walkways are in place; a preexisting walkway has been renovated, and new ones will be built. All walkways are adequately serviced (WCs, lighting, facilities). A Twitter group consisting of volunteers and



Walkway with clear instructions and lighting

community members has been created to promote use of the walkways for physical activity.

- o There are many playgrounds for football, basketball and volleyballs all over the city with competition schemes
- o There is a great interest in establishing green areas and the municipality provides the public and households gardens with plants and provides necessary assistance for establishing and enhancing green spaces.
- o Currently all the green areas are watered from underground water but there are plans to use the recycled and treated sanitation water especially the ablution water from mosques.
- o 58% of the small industry places were transferred outside the city away from the inhabitant areas with a plan to transfer all of them in a 2-year period
- o The municipality re-located the Livestock Market that was previously situated outside the residential area to reduce intercity pollution.
- o Constructing a cultural center that will serve the Gulf region with a stadium, conference center and accommodation is in process and it will include famous contests and activities such as camel racing, considering that Sharurah is famous for having the best species of camel.
- o There are many environmental projects such as a project that aims to sterilize waste containers before and during transfer
- o There are many attempts to eliminate visual pollution such as establishing a hotline for sharing complaints and taking needed actions. Accordingly, an analysis was performed on reported cases which were mostly related to sidewalks and pavements along with pits in roads/walkways.
- o Tobacco selling is prohibited inside the inhabited area inside the city, and smoking is banned inside recreational areas.

- **Meeting with The Education Sector**

- o The educational system in Sharurah evolved from a district education authority to education directorate which positively impacted the educational services and number of facilities and workforce
- o Sharurah has a branch from Najran University
- o The educational system concerned with enrollment of nomadic population in addition to refugees from Yemen. In this regard, the Education department managed to enroll the students from Al-Kharakher governorate which has been merged and added to Sharoura governorate
- o Basic education is compulsory by law
- o There is a well-established quality system among the different responsibilities of the vision office where the parents and community members are actively participating through “Watany” application.
- o Quality accreditation system of schools still not in place

- o There is a well-established Parents Council in addition to a students' council
- o MOH trained 75 health coordinators in schools: 38 of them in boys' schools and 37 of them in girls' schools
- o Health Promoting Schools Initiatives will be implemented in all the schools in Sharurah with coordinated planning for related activities and interventions
- o Schools have afterschool “Neighborhood Clubs” to make use from school facilities in different fields (sports, computer...etc.) for the whole community
- o There is a new initiative that has been started at the national level in general and Sharurah in particular which is مركز الحي المتعلم where the schools are prepared and equipped to conduct illiteracy, computer, English classes and skill development training for the community members in the school catchment areas with allocated budget for supporting such activities
- o The educational sector has many community-based partnerships including many NGOs such as: King Abdul Aziz center, Tadawy NGO, “El Bir “charity organization to provide support as needed in health and social related matters








- o The schools work after hours for elderly education and illiteracy classes
- o The educational sectors has a card for volunteers known as “Ambassador for no illiteracy”. Currently, there are 141 volunteer working for this initiative



- o There is strict monitoring system for schools canteens. The education sector makes benefit from the productive families to have healthy and safe meals for students
- o The students cannot be accepted to be enrolled in schools unless they have completed their immunization shorts as per the national EPI (there is an online connection with the enrollment e-platform with HESN system for immunization)
- **Meeting with Health Sector**
 - o The general hospital in Sharurah is considered as the supervisory body for all healthcare facilities in Sharurah
 - o As Sharurah is close to the border with Yemen, the general hospital is considered as an emergency hub with strict emergency preparedness and response plan in the hospitals especially they exposed before to similar situation
 - o There is health volunteers team in Sharurah who received training on emergency response and first aid measures
 - o The General hospital established a partnership with business men and private sector to transport patients who need renal dialysis from remote areas (number of equipped cars have been allocated for this purpose)
 - o There is an electronic platform for CRVS in collaboration with civil affairs and Ministry of Interior
 - o The healthcare facilities have an application for appointments “ Maowed “ application to decrease the waiting time
 - o There is a well-established and functioning referral system to refer cases to higher levels
 - o The health sector has a partnership agreement with Academia to provide raising awareness activities including bold donation activities, early screening for diabetes, hypertension and tobacco control. In addition, there are other health promoting activities such as “صحتك في رشاقتك” programme, Therapeutic Nutrition in the sports club.
 - o The healthcare system has a home services programme especially for elderly and people with special needs
 - o The health sector has a Quarantine system in the borders with Yemen
 - o There is a special electronic platform “حصن “ to report any epidemic cases especially they are close to Yemen
 - o There is a hotline for to provide support for addicted cases (مشروع نبراس الوطني) and cases with mental and psychological problems
- **Meeting with Ministry of Labor and Social Development**
 - o There are 41 social development centers in Sharurah. They rely on assessing community needs jointly with community members to respond and plan accordingly. They promote social development, community empowerment and volunteerism. They work also on enhancing social protection especially for the orphans and Martyrs’ Sons




- o There is an active volunteer group called Nashami which has more than 600 volunteers and registered in the Ministry of Social Affairs. A list of volunteers including names, age, gender, qualification, trained received and communication information.
- o The academia promotes social work as they have volunteers and social teams: فريق كفوف الغيب (for charity activities such as recycle of used clothes), سواعد السلام (for emergency response and first aid measures), and مزون الخير (for cultural and educational activities).
- o Women empowerment is very well taken in Sharurah despite of the conservative culture in Sharurah. However, there are many women volunteers to provide services in different domains. In addition, women lead many income generating projects such as cosmetic, food industry and private women coffee shops
- **Meeting with Police and Civil Defense:**
 - o The city is subjected to natural emergency (Macunu Tornado) and man-made emergency (close to the war in Yemen)
 - o In the context of HCP, there is a committee concerned with emergency preparedness and response membered by relevant sectors, civil society and volunteers.
 - o They have an emergency preparedness and response plan with clear plan for evacuation and accommodation with designated areas for evacuation including schools, hotels and rental buildings.
 - o Mapping vulnerable groups has not been done yet. Communication is ongoing between health sector and civil defense to develop the map with needed contacts.
- **Detailed 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"> ✓ Representatives from different sectors had been selected and trained on development of HCP plans and reporting ✓ There is an active volunteer group called Nashami which has more than 600 volunteers and registered in the Ministry of Social Affairs ✓ A list of volunteers including names, age, gender, qualification, trained received and communication information. ✓ Reports of different training workshops targeted the volunteers as per different areas of work are available.
2. The healthy city coordinating committee has been formed, registered		<ul style="list-style-type: none"> ✓ Establishing a higher coordinating committee chaired by H.E., Governor of

with local authorities as a community-based organization or nongovernmental organization, and members have been oriented on their tasks and responsibilities.		<p>Sharoura and membered by directors of different sectors in addition to private sector and civil society.</p> <ul style="list-style-type: none"> ✓ A HCP coordinating committee has been established by a governmental decree and hosted by Governor office ✓ Subcommittees have been formulated and membered by different sectors with identified roles and tasks.
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"> ✓ Networking with volunteers from different sectors including academia in addition to the representatives and coordinators of HCP ✓ Capacity building activities are being conducted to provide relevant training on regular basis based on the needs
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"> ✓ HCP coordinators participate in the local institutions (that are elected by the community) and work closely to respond to community needs ✓ All interventions and activities are documents and reports are available
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"> ✓ Networking and partnerships have been made with different sectors including civil society organizations, private sectors and academia. ✓ Many initiatives took place sponsored by different parties such as providing services, organizing and hosting training workshops for volunteers and community members.
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"> ✓ The social development centers, women center and other civil-based societies (e.g. Al-Bir, Tadawi) are considered as centers for conducting community-based activities and hosting relevant activities ✓ 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.		<ul style="list-style-type: none"> ✓ Women and youth are represented as volunteers in different activities and interventions at community levels. ✓ There are well established committees at community level (Nashami, A-Bir, Tadawi) who work closely with the civil society development centers and the municipality
B) Intersectoral collaboration, partnership, and advocacy		
8. Members of the healthy city coordinating committee are nominated officially by different sectors.		<ul style="list-style-type: none"> ✓ Coordinators from relevant sectors have been nominated and assigned to different HCP committees by special decrees by governor of Sharoura

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"> ✓ The HC coordinating committee has been formulated and established under the leadership of Governor of Sharoura ✓ All the minutes of the meetings are available
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"> ✓ Mr. Suleiman Qaramis and Mr Abdulaziz Al-Sai'ariy have been appointed as HCP coordinator and HCP Coordinator's Assistant respectively ✓ Heads of subcommittees have been assigned by a decree from the governor. ✓ The ToRs of each HCP subcommittee were discussed in during the visit. ✓ The coordination office is established and well equipped
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"> ✓ There are regular meetings on quarterly basis ✓ All the meetings are documented and reported to the higher committee at governmental level.
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"> ✓ All potential partners to HCP have been mapped including private sectors, academia, business men, youth and women groups and NGOs
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"> ✓ Bank account is opened and managed by the committee ✓ Financial issues are supervised by municipality
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"> ✓ There are many success stories that have been implemented in the context of HCP in Sharoura. ✓ The HCP uses different social media to advocate for HC. ✓ 5 advertisement big screens were established in different locations of the city.




C) Microcredit activities

Result	Evidence: Achieved  In process  Not yet 	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"> ✓ Mapping the peoples who can benefit from financial support with regular update by social affairs ✓ 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

		✓ Al-Bir society covers more than 5,000 beneficiaries with financial and non-financial support.
16. Linkages are made between local skills and vocational training centres and microcredit activities, ensuring that the area is moving towards self-sufficiency.		✓ Active NGOs are established to serve this purpose such as Youth capacity and skills development center, institute for social development, center of social development, Sara handcraft. ✓ The centers are multi-purpose in functions and accessible to the communities. They include skill and handcraft training, literacy classes, rehabilitation for people with special needs, playgrounds, theaters, and conference and exhibition rooms. ✓ Conducting exhibitions for vocational activities in the social development center.
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.		✓ There is a regular monitoring of loans by Al-Bir and Tadawi societies under supervision of a certified financial auditor. ✓ Financial support is provided by the Social development center and Al-Bir society
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 funding agencies and under supervision of a certified financial auditor.
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. ✓ Most of societies have investment plans to guard against the increase number of beneficiaries as well as covering the running cost.
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  In process  Not yet 	Achievements

22. All eligible children (girls and boys) are enrolled in school and no pupils have dropped out.		<ul style="list-style-type: none"> ✓ Basic education is mandatory ✓ There is no dropping out in basic education form grade 1 to grade 9 neither among males nor females. ✓ The Education department managed to enroll the students from Al-Kharakher governorate which has been merged and added to Sharoura governorate
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"> ✓ The schools use different social media and electronic platform to communicate with students and parents. ✓ There are regular meetings with community leaders and parents to discuss the main needs and problems related to education and scholastic matters. ✓ There is an active health promoting school program and the collaboration between MOH and Ministry of Education (MOE. ✓ The schools have many innovative initiatives covering many health promotion and preventive aspects. ✓ Schools celebrate the national as well as the world health days
24. Standards for the quality of education are in place in schools located in programme sites.		<ul style="list-style-type: none"> ✓ There are national quality standards related to educations in schools in all the Kingdom and are applied in Sharoura ✓ There are plans to implement health promoting school initiative. ✓ Schools are caring and promoting the talented and innovative students
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"> ✓ A school health committee has been established and schools are regularly monitored. ✓ Regular meetings are being held with the HCP coordination office and school health unit at primary health care.
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"> ✓ Youth and women's groups as volunteers are involved in Adult education (who are minimal in number among old age group only). ✓ Mapping illiterate is performed by the education department and some schools run evening literacy classes.

E) Health development

Result	Evidence: Achieved  In process  Not yet 	Achievements
27. Cluster representatives and health volunteers are trained on priority health issues and health-related		<ul style="list-style-type: none"> ✓ There is continuous and regular training programmes of HCP committees' members




programmes. They are active in health promotion and education and they follow up on procedures through regular contact with local health-care providers.		and volunteers by the health centers and Sharoura general hospital. ✓ The training courses include health education, community participation, volunteerism, and first aid.
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.		✓ Not yet
31. A subcommittee of the healthy city coordinating committee has been formed to manage and supervise local health care services.		✓ A subcommittee of the healthy city coordinating committee has been formulated to manage and supervise local health care services. ✓ 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.
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.		✓ There is a national hotline is established to report any complain related to health sector ✓ Conduction of periodic surveys on regular basis using a special questionnaire to measure quality and patient/clients satisfaction. ✓ Quality assurance and accreditation of health care services are in place (Saudi Central Board for Accreditation of Healthcare institutions SBAHI). ✓ Sharoura general hospital has been awarded SBAHI certificate.
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.		✓ There is continuous coordination with healthcare facilities in this regard and all pregnant women are fully covered by antenatal, natal and postnatal care. ✓ All women have access to a safe and clean delivery settings and assisted by skilled birth attendants.




35. All mothers receive postnatal care for at least 40 days after delivery.		<ul style="list-style-type: none"> ✓ There is continuous coordination with health care facilities in this regard and the entire pregnant are fully covered by post-natal care. ✓ Every women after delivery receive postnatal care, health education messages, immunization, danger signs, follow up visits and birth spacing messages.
36. All children have been fully immunized against vaccine preventable diseases by the age of 1 year.		<ul style="list-style-type: none"> ✓ The immunization coverage is 100% and all the reports are shared by health centers. ✓ Follow up modalities for defaulters are in place
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"> ✓ There is a national governmental system for births registration and immunization at birth by the National Expanded Programme on Immunization (EPI) schedule. ✓ Yemenis children who cross the border are immunized ✓ A provisional birth certificate is issued for the newly born and the final official certificate is obtained upon completion of all the vaccination shots.
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"> ✓ 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.
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"> ✓ 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 ✓ Regular report 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.		<ul style="list-style-type: none"> ✓ 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 and anaemia with MMR vaccination.
41. The tuberculosis DOTS strategy is being implemented using trained cluster representatives or volunteers as treatment partners.		<ul style="list-style-type: none"> ✓ The country is TB free but there is a well-established TB prevention and control programme as the 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.		<ul style="list-style-type: none"> ✓ 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		<ul style="list-style-type: none"> ✓ There is a well-established governmental system for reporting communicable diseases

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>using a specific form for reporting infectious cases</p> <p>✓ The health volunteers are working actively in raising public awareness</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>✓ There are a lot of awareness campaigns regarding HIV/AIDS and communication materials based on local culture and context in different languages</p> <p>✓ Hiring companies are very strict in screening potential employees for HIV among other infectious diseases before getting permission to work inside the Kingdom.</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>✓ There are screening programmes for early detection of NCDs and mapping chronic cases</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>✓ There is a hot line for providing needed help and referral of cases.</p>
47. All people with physical disabilities are mapped and receive community support to ensure their ability to earn a livelihood.		<p>✓ All the cases of physical, mental disabilities receive full social, education and health support from education, social and health sectors.</p> <p>✓ There are a some vocational training for people with special needs along with marketing their products along with providing them with relevant work opportunities</p>
48. Dangerous areas in programme sites are identified and appropriate actions/measures are taken to reduce death, injury and disability caused by accidents.		<p>✓ Police and civil defense are taking needed measure to map risks and communicate/ recommend actions to reduce injuries and related deaths.</p>
49. The programme implementation area is free from crime, violence, and discrimination against women, men and ethnic groups.		<p>✓ There is a an established unit for protection from gender violence</p>

50. The community is adopting and promoting early childhood development and child-friendly homes and communities.		✓ Many initiatives and activities are being implemented in this regard in collaboration with community volunteers such as health education and raising awareness
51. The healthy school initiative is in place in all schools in programme implementation sites.		✓ All provided foods in schools are healthy in collaboration with school health unit in PHC center ✓ All students are trained on monitoring healthy foods in schools canteens “ ✓ Dedicated students are trained on first aid measures and assigned as first aid measures emergency focal points under supervision of science teachers
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.		✓ All workplaces are supplemented with fire indicators ✓ All workplaces are designed and built as per the safety procedures from the municipality

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

Result	Evidence: Achieved  In process  Not yet 	Achievements
53. The programme implementation site is clean and has enough green areas.		✓ Although Sharoura lies in the desert, however the municipality managed to establish many green spaces in the city.
54. An effective community-based solid waste management system is set up in the programme implementation site.		✓ The city is 100% covered under the supervision of the municipality by the solid waste management system
55. Water sources are mapped and protected. A water treatment plan has been established and the healthy city coordinating committee is aware of it.		✓ There is mapping of all groundwater sources ✓ All artesian wells and water tankers are regularly monitored by the municipality. ✓ There is a close follow up of household waters by examining samples on regular basis by the municipality
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.		✓ All households have sustainable access to safe drinking-water and basic sanitation
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.		✓ The Nashami volunteer group is active in monitoring and ensuring healthy environment. ✓ Licensing and renewal of licenses of food markets are linked with safety measures compliance
58. The community is involved in food safety and all healthy food		✓ There is a public health unit in the general hospital that is responsible for food safety in collaboration with the municipality

shops/markets are monitored by the national food safety departments.		
59. Healthy food markets are easily accessible selling essential products such as iodized salt.		✓ Achieved and the national measures are in place
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.		✓ There is no point for selling tobacco products in the inhabited places under the umbrella of HCP ✓ 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
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.		✓ The civil defense in the city and the civil aviation monitor the sandy winds and raise the awareness of the community. ✓ Nashami volunteer group distribute the masks on regular bases.
62. City planners are implementing interventions that prevent air pollution.		✓ 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
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.		✓ Environmental aspects are considered by municipality before giving the construction license for any residential area.
E) Community-based information centre		
Result	Evidence: Achieved  In process  Not yet 	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.		✓ Sharoura HC council and sub-committees are responsible for data, collection, analysis and disseminating to be used in planning at local level ✓ All health related indicators are available in Sharoura general hospital which is responsible of all health affairs in the governorate including the city
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.		✓ City maps that includes all key information about Sharoura are available and displayed in the HCP coordination office and used by different sectors for planning purposes

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 municipality, local city council 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 ✓ City maps that includes all key information about Sharoura are available and displayed in the HCP coordination office and specific website to be used by different sectors for planning purposes
68. A city profile is created, regularly updated and used for planning and monitoring purposes.		✓ Data and information related to City Health Profile are available and comprehensive by the municipality and statistical center ✓ The HC profile is available and updated
F) Skills development, vocational training, and capacity-building		
Result	Evidence: Achieved ■ In process ■ Not yet ■	Achievements
69. Local skills, interests and appropriate technologies are assessed and promoted.		✓ Sharoura social development training center provides different training courses for women and youth based on the needs
70. Skills training centres that are linked to the local market have been established for males and females and are supported by intersectoral teams.		✓ The social centers and the training center such as the institute of skill development conduct regular skill needs assessments to respond to market needs ✓ The number of beneficiaries from those programmes are well documented and available
71. The healthy city coordinating committee gives priority to the provision of microcredit loans to students of vocational training centres.		✓ The social development center, the institute as well as Al-Bir society support many projects ✓ There is an online system for applying for microcredit loans and an assessment system in place ✓ All applicants receive 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 non-for-profit civil organizations and Ministry of Social Affairs
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.		✓ Computer training laps are available in schools, social development centers, the skill development institute and can be used by HCP coordination office

74. Innovative people have been identified, supported and promoted.		<ul style="list-style-type: none"> ✓ Talented and innovative people are supervised by the local city council and civil societies. ✓ Sponsorship of talented and creative disabled people to demonstrate and sell their products in the city Exhibitions
G) Emergency preparedness and response		
Result	Evidence: Achieved ■ In process ■ Not yet ■	Achievements
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"> ✓ A list of all road and fire accidents are recorded and actions are taken in relation to black pints of recurrent accidents ✓ The Civil defense office has an online application containing security requirements for getting construction or building license to facilitate the process
76. A subcommittee for emergency preparedness and response has been established, oriented and tasks are assigned to members.		<ul style="list-style-type: none"> ✓ A subcommittee has been established along with building their capacity by initial and on-job training ✓ All the meetings are documented with well-established follow up modalities on the recommended actions. ✓ The city has a preparedness and emergency plan in respect to different kind of emergencies ✓ Different places for evacuation are assigned in case of any emergencies ✓ Preparedness plans have been developed pertaining to each institution/building category
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"> ✓ The city profile has been developed with a copy in the central office of civil defense
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"> ✓ 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) ✓ The Civil Defense is conducting regular trainings for the volunteers. ✓ Simulator evacuation process are conducted on regular basis by the Civil Defense and Saudi Red Crescent Society to ensure compliance with safety measures
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,		<ul style="list-style-type: none"> ✓ 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

what to do, whom to report to and who will do what during an emergency situation.		<ul style="list-style-type: none"> ✓ All the high risk areas have been mapped and risk analysis has been performed to plan for needed interventions ✓ The Civil Defense is having mobile exhibitions for community sensitization and orientation.
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"> ✓ Mapping vulnerable groups has not been done yet. Communication is ongoing between health sector and civil defense to develop the map with needed contacts