

Zagreb-Healthy city



Zagreb-Zdravi grad

CITY HEALTH DEVELOPMENT PLAN



THE CITY OF ZAGREB
City Office for Health, Labour and Social Welfare





1.INTRODUCTION

About the Healthy Cities Project globally and in Croatia

World Health Organization's Regional Office for Europe initiated the Healthy City Project in 1986, with the aim to boost the interest for positive concept of health in the cities throughout Europe and to foster and enable their direct co-operation without barriers of political borders.

This movement primarily focuses on cities, but also on other settings where people live and work. The Healthy City Project is based on the 'health for all' strategy, whose principles are implemented, by local action, on the city level.

There are three important strategic principles of healthy cities:

1. Multi-sector approach – according to which health is not only the issue of the health care system, but also of all other related and development systems of a society;

2. Citizens' active participation (self-help, mutual help, the possibility to make decisions on health, etc.)

3. Healthy environment (biological, physical and social environments) – citizens' right and duty to live environment of both aesthetic and ecological quality.

The Healthy City Project promotes holistic nature of health, pointing to interdependence of physical, mental, social and spiritual dimensions of health. The project is based on the assumption

that health can be achieved by joint efforts of individuals and groups living in a city. The important notion of the project is assumption that, when making political decisions on the level of city government, the possible impact of such decisions on health should always be taken into consideration. Living conditions, environment, education, public services, social welfare and other have a profound influence on the citizens' health. It is because of such influence that focusing on health means including organizations and individuals working outside the health sector into activities aimed at improving the citizens' health. This process of joint activities aimed at improving health is designated by the term 'inter-sector or cross-sector activities'.

People's choice of life styles, use of health services, viewpoints on health issues and their activities have important impact on their own health. The Healthy City Project is aimed at fostering their taking more active part in all activities in the city that can influence health.

In order for these basic project goals to be achieved– enhancing health and preventing disease through inter-sector activities - change-supporting environment should be created, continuous search for new ideas and innovative methods fostered, and those that have successfully introduced new approaches and programs supported. Indicator of achievement of the Healthy City Project is acceptance of the health

promoting policy on the city level.

The World Health Organization's Healthy Cities Project is a long-term, international, development project, the goal of which is to secure top positioning for health on the agenda of political factors in European cities, and to promote local comprehensive strategies for health and sustainable development based on the principles and long-term goals of the 'Health for All for the 21st Century' and the 'Local Agenda for the 21st Century' strategies. The final goal of the Healthy City Project is to improve urban environment, places where people live, work or go to school, thus improve their physical, mental and social wellbeing.

The World Health Organization's Healthy City Project was initiated in 1987 and so far three phases of project implementation have been completed. The emphasis of the first phase, from 1987 to 1992, was to strengthen community participation and develop partnership in creation of the healthy public policy by removing political and institutional barriers to change. The expected outcome of the first phase was to create and put in place the infrastructure for implementing the Healthy City Project. Strategic goals of the second phase (1993-1998) include accelerating adoption of healthy public policy on the city level, enhancing the support system (health alliance), and creating strategic connections with other sectors and organizations having influence on the city development. The expected outcomes of the second phase were to create, adopt and implement key strategic documents of the Healthy City, the City Health Profile and the City Health Plan. The goal of the third phase of the project (1998 – 2003) was to

translate the strategy of the 'Health for All for the 21st Century' and the 'Local Agenda for the 21st Century' documents into the language of local communities by creation and implementation of the 'City Sustainable Health Development Plan'.

In Europe there are about fifty project cities brought together by implementation of the fourth phase of the European Healthy Cities Project (among which Croatian representatives, Rijeka and Zagreb), about thirty national Healthy Cities Networks (Austria, Belgium – the Flanders and France, Bosnia and Herzegovina, Czech Republic, Denmark, Estonia, Finland, France, Greece, Norway, Germany, Poland, Portugal, Russia, Slovakia, Slovenia, Spain, Sweden, Italy, Turkey, Ukraine and the network of Great Britain), with more than 2500 member cities, and the project is still spreading to Australia, the USA, Canada, countries of the Middle and Far East, so that more than 5000 cities are included in the global network.

Zagreb was one of the pioneers of the development of the Healthy Cities Project in Europe, and it hosted the European Healthy Cities Conference in autumn 1988 (which was designated as official outset of the European Healthy City Project during the conference held in Athens in 1998). Zagreb project team initiated creation and enlargement of the Healthy Cities Network in Croatia. Since 1992 the Croatian National Network has been registered as a non-government organization whose president is Slobodan Lang, senior lecturer, co-coordinator Selma Šogorić, PhD, with headquarters, i.e. Network Support Centre (established in 1990) at Andrija Štampar School of Public Health, of the University of Zagreb Medical School. The





Croatian Health Cities Network numbers over forty cities and counties (cities: Crikvenica, Čakovec, Daruvar, Dubrovnik, Gospić, Hrvatska Kostajnica, Karlovac, Koprivnica, Korčula, Krapina, Labin, Makarska, Matulji, Metković, Opatija, Osijek, Pazin, Poreč, Pula, Rijeka, Sisak, Slatina, Slavonski Brod, Split, Umag, Varaždin, Varaždinske Toplice, Vinkovci, Virovitica, Zabok, Zadar and Zagreb, and counties: Dubrovačko-neretvanska, Krapinsko-zagorska, Primorsko-goranska, Sisačko-moslavačka, Varaždinska, Virovitičko-podravska, Vukovarsko-srijemska, and Zagrebačka), which work jointly on enhancement of the physical, mental and social wellbeing of their inhabitants.

Even though the Healthy City Project has been in place in Zagreb for fifteen years, due to 10-year stagnation of program activities, the project had to be redefined – insight into new citizens' needs acquired and according to the established needs new priority areas of project activities selected for the following five-year period.

2. METHODOLOGY – TECHNIQUES AND TOOLS USED IN THE DEVELOPMENT OF THE CITY HEALTH PROFILE AND THE CITY HEALTH DEVELOPMENT PLAN

2.1 The application of method of rapid appraisal to assess community health needs (RAP) in Zagreb

The City Office for Health, Labor and Social Welfare of Zagreb City Administration and the Croatian Healthy Cities Network Support Centre at the Andrija Štampar School of Public Health of Zagreb University Medical School started implementation of RAP in Zagreb at the end of October 2001. Rapid appraisal is a method of collecting problem-related information in short time, without spending too much of professionals' time and financial resources. Rapid Appraisal is the first step in the process of health interventions planning in a community. It is not a method for collecting comprehensive data about a geographic area or a health problem. By means of rapid appraisal we can find out WHAT THE PROBLEMS ARE, NOT HOW MANY people are affected.

Following the suggestion by Zvonimir Šostar MD, head of the City Office, and the Healthy City project team, 143 panelists were selected, comprising representatives of the city administration, important city institutions and the citizens themselves. The selected people were informed in writing of our intentions and asked to write an essay about their city, answering the following six questions:

1. WHAT KIND OF A COMMUNITY IS ZAGREB?
2. HOW DO PEOPLE LIVE IN ZAGREB? WHO ARE THE LUCKIEST AND WHO ARE THE LEAST LUCKY PEOPLE IN ZAGREB?
3. WHAT DIMINISHES THE BEAUTY OF LIVING IN ZAGREB?
4. WHAT MAKES LIFE IN ZAGREB BEAUTIFUL?
5. WHAT IS ZAGREB YOU WANT TO SEE IN TEN YEARS' TIME LIKE?
6. WHAT NEEDS TO BE DONE IN ORDER FOR THIS VISION TO COME TRUE?

By January 2002 74 essays were collected, and then processed by computer assisted free-text analysis at the Andrija Štampar School of Public Health. In the mean time, the City Office for Health, Labor and Social Welfare associates collected the existing relevant written documents (data from the census, routine health documents, data provided by the Police Department, Employment Agency, etc.), which were used to draw some quantitative health indicators for Zagreb. By mid March, all preconditions for holding Consensus conference (the central RAP event) had been met. Data collected data from different sources (the existing written documents, panelists' essays and their observations) were presented to participants during the Consensus Conference and used in the preparation of the City Health Profile.

Consensus conference (the panel of research participants) was a two-day





event, which took place on 15 and 16 March 2002. It was attended by some seventy participants, representatives of professional groups (health professionals, social workers, teachers, journalists, entrepreneurs, culture professionals, etc.), local administration (the city and the city districts) and community (citizens' groups, associations of parents, disabled people, minority communities, etc.).

On the first day, the participants were informed of the aims of the meeting, working method and obtained results. They were also presented the most interesting and the most frequent replies from their essays, city health indicators and photos taken based on their replies to what it is that diminishes and contributes to the beauty of living in Zagreb. The participants were then asked to work individually and then in small groups on selecting three major problems out of all the problems that were mentioned. Respecting the selection made by the small groups, a joint list was formed, i.e. a consensus on five priority areas of the future activities of the Zagreb-Healthy City project reached. Thematic groups were then formed around those areas:

1. Unemployment (citizens facing economic and social insecurity)
2. Protecting and improving environment quality (traffic, air)
3. Strengthening positive social values (social networks)
4. providing equal possibilities to people with disability, and
5. Strengthening and supporting family.

Following their own professional or private interests, the participants chose to work in one of the five thematic groups. Goals of

the thematic group work were: describe and provide arguments as to why they have chosen that particular area (define the problem), set the goal of their activities (how to recognize whether you have succeeded and measure success), make long-term and short-term action plans, and form working group that will be alliance of all interested groups (politicians, professionals and community) for solving that particular problem.

On the second day, the thematic groups continued their work. There were intermittent interruptions of their work in the form of shorter plenary sessions, whenever there was a need to provide additional knowledge and share experiences. At the end of the working day, the thematic groups gave plenary presentations suggesting what should be done in the next phase of the 'Zagreb-Healthy City Project'. The conference ended in public presentation of two-day work, where consensus by all present was reached relating to suggested actions of the Healthy City Project.

2.2. Methodology used in creation of the Zagreb City health development plan

Although RAP (Consensus Conference) have brought us a new inside into citizens' needs and aspirations and defined the 'Zagreb-Healthy City Project' priority areas it did not manage to push activities. Directions for the action were just pointing where to go but not stating how and by whom. So, at the beginning of 2003, thematic (priority) groups defined through the RAP Consensus Conference were expanded to include new representatives of city administration, profession and non-

government sector. 25 persons, covering all five priority areas were assigned to work jointly on the creation of the City Health Development Plan. In order to enhance their collaboration and facilitate Plan development we supported them with (for this purpose designed) modular training. From September to December 2003, through the series of workshops members of the thematic groups defined the content and proposed actions for the Zagreb – Healthy City Project in 2004-2007. Their training was based on the ‘learning by doing’ model, and consisted of six training modules, with intermittent work on City Health Development Plan.

Module 1 – Self-management and managing others (personal development, team building), September 2003

Module 2 – Team work, inter-sector co-operation, problem analysis and solution, October 2003

Module 3 – Analysis of extended environment (identifying key stakeholders

and their expectations, decentralization, legal framework and trends), October 2003

Module 4 – Communication, public and media relations (intercession, negotiation, communication, marketing, relations with the public and the media), November 2003

Module 5 – Health planning, project management (intervention program planning, project start up and implementation, resource management, monitoring and evaluation), November 2003

Module 6 – Change management (change management, conflict resolution, productive use of energy), December 2003.

Through three months training cycle, extended thematic groups became “operational” and City Health Development Plan got its present form. In mid December Plan was presented to and accepted by the Zagreb Health Assembly.





3. THEMATIC GROUPS AND ACTION PLANS

a) Unemployment (citizens facing economic and social insecurity) summary: short term aim is to provide assistance to unemployed citizens dealing with difficulties resulting from economic and social insecurity, foster and help develop psychological, emotional and communicational potentials of the unemployed; long-term aim is to decrease unemployment

Working group:

Marijana Radotić, Zagreb Association of the Unemployed, Ivan Pandža, Croatian Disabled War Veterans of the Patriotic Defense War, Zagreb, Marina Polić-Vitintin, Zagreb Institute of Public Health, Marija Halić, Croatian Employment Agency, Tihomir Majić, City Office for Health, Labor and Social Welfare.

Problem description:

Article 54 of the Constitution of the Republic of Croatia reads: "Every person is entitled to right to work. Every person is free to choose profession and every work place or duty is available to every person under equal conditions."

According to the Bulletin of the Croatian Employment Agency, in October 2003, in Zagreb there were 39,985 unemployed people, women accounting for 58% and men for 42% of the total number. The age structure analysis shows that there was as much as 34.9% of people older than 45. It is interesting to note that, based on the analysis of working experience, the

majority of the unemployed had no working experience (29.1%), while the second most frequent group were those with 20-30-year working experience (15.9%). According to the qualifications structure, the majority of the unemployed have secondary education (33.4%), and the least higher education (4.4%). There is 8.9% of unemployed with tertiary education.

The goals:

Loss of work and long period of unemployment lead to psycho-physical discomfort, such as: anxiety, loneliness, lack of self-confidence, self-consciousness, and depression.

Our working group proposed that improving self-confidence, identifying one's own potential and decreasing fear of failure would help the unemployed to better present themselves in the labor market. Long-term goal is to decrease unemployment.

Problem indicators:

In October 2003, a qualitative research (interview) was carried out at Zagreb Association of the Unemployed.

The following questions were asked:

1. HOW ARE YOU?
2. HOW DO YOU FEEL?
3. DO YOU SEE THE WAY OUT?

The answer to the first question was mainly that they were very well; however, the second question provoked a strong emotional reaction and answers such as: "I FEEL TERRIBLE, USELESS, HELPLESS, PATHETIC, SAD,

CONFUSED, DEGRADED, BAFFLED, INSECURE, REJECTED, LIKE I WAS NOTHING.”

Most complained about accompanying psycho-physical symptoms, such as back pain, insomnia, increased appetite, perspiration, palpitation, tearfulness and forgetfulness. They also pointed to feelings of deprived rights, loss of human dignity and existential peril. Elderly people see ahead of them a number of hopeless years with minimum pensions, which may be increased by welfare allowances, qualifying them as social problems in their old age.

The younger ones, who have only just entered the labor market, are worried over uncertainty of their future, where they can only dream about starting a family and providing a normal life for their children. They are afraid that their expertise and knowledge gained through education will grow obsolete and inappropriate.

Because of the identified difficulties, a workshop was run at Zagreb Association of the Unemployed. The workshop was entitled ‘How to Succeed in Finding Job’, and had the following goals: identify one’s own resources, learn how to offer them to employers as successfully as possible, make a successful job-finding plan. Out of 120 Association members who participated in the workshop, 21% found permanent jobs, 38% found part-time jobs, 7.5% continued education and as much as 66.5% made some positive changes.

Action plan:

Interventions

It is necessary for the unemployed to take workshops in psychological help, lectures and structural exercises in order to gain a number of psycho-social skills for coping with stress and depression and overcoming

them. The unemployed should be provided education, additional training and re-training free of charge.

Stakeholders

In order to pull this through, we need experts in psychology and sociology.

We need support by the Centre for Health, Labor and Social Welfare, as well as other non-government organizations that can help us cope with the problems.

Having improved self-awareness, re-established security and re-entered the labor market, we will need continuing co-operation with the Employment Agency, and associations of employers and craftsmen.

A person that unexpectedly loses work due to bankruptcy, is suffering not only a severe psychological crisis, but also a difficult financial situation, so that some basic cultural needs become luxury he/she can no longer afford. Family theatre or cinema visit, socializing on concerts or sports events become unaffordable.

Society should be sensitive to the problems of the unemployed, and sports, culture and educational institutions should be encouraged to contribute to soothing the loneliness and exclusion of the unemployed. It is not necessary to give the whole show for free, a few tickets daily would suffice. We are not asking to rent a stadium, but to be given a few complimentary tickets.

Evaluation:

All our efforts will be measurable in:

- the number of workshops held
- the number of participants
- the number of people that were re-trained or received additional training
- the number of courses
- the number of people that found jobs thanks to our programs





- the number of people that made quality changes in their lives.

Conclusion

Our continuous task is to foster, help and develop psychic, emotional and communication resources of unemployed individuals.

Organizing and providing professional training, psycho-social help to the unemployed is a preparation for future employment or self-employment.

Human resources are the most valuable and we must foster, improve, nurture and safeguard them.

Only the lack of money and volunteers can prevent our good intentions from coming true.

b) Protecting and improving the environment quality summary: to decrease the concentration of NO₂ and air-borne particles to obtain 1st quality air, which would in its turn have impact on (decreasing) incidence of respiratory tract diseases in Zagreb.

Working group:

Viktor Bubić, B.L. - senior officer with Local Self-Government Service, Ivanka Ćorić, chemistry and biology teacher at X Gimnazija (secondary school), Katarina Gaži-Pavelić, EOQ QM&QA – position: quality manager with Sljeme-Medvednica Ltd., Mirna Kontrec, M.D., epidemiologist – health consultant with Health Department of the City Office for Health, Labor and Social Welfare, Zdenka Kos, B.Eng. – consultant for green areas with the City Planning Department, Utility Section, Office for Urban Design, Building, Housing, Utility and Traffic, Valerija Kelemen Pepeonik, M.Sc. – head of the Department of Environmental Design and Protection of the City Planning and Environmental Health Office, Jasminka Štiglić, B.Soc.Work. – position: social worker with Zrinjevac Ltd., Vladimira Vadić, D.Sc., head of the Environmental Hygiene Unit of the Institute of Medical Research and Occupational Health, Ksaver 2

Problem description:

Pollution caused by NO₂ and air-borne particles is surely one of the causes of respiratory tract diseases in Zagreb, resulting in their leading position among general effects, and topping the list of established diseases in Zagreb.

The goals:

Decrease the concentration of NO₂ and air-borne particles to obtain 1st quality air, which would in its turn have direct impact on decreasing general effects of respiratory tract diseases in Zagreb.

Problem indicators:QUANTITATIVE INDICATORS

1. Air pollution in Zagreb has been continuously monitored since 1963. 2002 reports of the Institute of Medical Research and Occupational Health point to nitric compounds and air-borne particles as dominant pollutants in Zagreb. Nitric compounds result from motor vehicles combustion, whereas air-borne particles result from aged facades, intensified construction works and traffic.

2. According to the publication by Zagreb Institute of Public Health entitled 'Population Health Status and Health Care in Zagreb in 2002', in general practice, diseases of respiratory tract were the most common, accounting for 25.5%, whereas in infant and pre-school children care, out of total number of established diseases and conditions, respiratory tract diseases accounted for 49.3%.

3. According to the report issued at the end of 2002 by Zagreb Police Department, based on this department's criteria, 430,016 motor vehicles were registered, which was an increase by more than 25,000 compared to previous year.

QUALITATIVE INDICATORS



The official web pages of the City of Zagreb dated 17 October 2003 posted the following survey, which is still valid:

How do you find air quality in Zagreb?




Survey started on 17/10/2003

The number of votes: 85







DO YOU THINK ABOUT THE AIR THAT YOU BREATHE?

yes		....82,35 %
no		....17,65 %

HOW DO YOU FIND AIR QUALITY IN ZAGREB AS OF LATELY?

better		....8,24 %
equal		....48,24 %
worse		....43,52 %

WHICH PART OF THE CITY DO YOU LIVE IN?

centre		....28,24 %
west		....27,06 %
north		....10,59 %
south		....10,59 %
east		....16,47 %
I don't live in Zagreb		.....7,05 %





HOW DO YOU GO TO WORK [SCHOOL]?

by car	<div></div>40 %
on foot	<div></div>15,29 %
public transport	<div></div>41,18 %
by bicycle	<div></div>3,53 %

WHAT ARE THE PROBLEMS IN ZAGREB RELATED TO AIR QUALITY, AND WHAT SOLUTIONS DO YOU PROPOSE?

- more vegetation, especially evergreen in parks
- more organized and quality public transport
- Too many personal vehicles and poor traffic regulation, solution - subway!
- Since the cold weather started, there have been an increasing number of cars on the roads, and low clouds make the quality of air worse. The possible solution is to introduce air filters for cars and production plants.
- Production and heating plants, which require appropriate filters, increasing and extending tram traffic to the outskirts of the city to solve the problem of air pollution in the city centre.
- Jakuševac
- Solve the problem of Jakuševac incinerating plant . Move producers of dangerous emissions from Zagreb.
- boost use of public transport, maybe through prices or better time tables
- Too many cars in the city, with fumes so felt that the walk through the city streets is completely unhealthy. Maybe the problem will be solved by the law on catalyst that will soon be enforced.
- lack of non-traffic precincts
- poor traffic lights regulation results in long vehicle hold-up
- Limit car traffic in the very heart of the city
- the air is full of tar and greasy dust caused by production plants – some production plants are still in the city centre, e.g. sheet metal and sild production plants
- tree decay
- traffic in the very heart of the city should be decreased not only at weekends but also on weekdays
- the public transport of Zagreb is not punctual
- a large number of motor vehicles, services of public transport should be enhanced
- too many cars in the city centre
- Too many cars and smog. Catalysts are only a partial solution.
- THE JAKUŠEVAC DUMP – CLOSE IT DOWN!!!
- There are too many cars and smog, people are not interested in their

environment, there is no remedy!

- cars. of course they pollute the air so that several times a year they could be banned from the city centre
- too many polluting cars and too little green areas.
- garages on the outskirts and much better public transport
- decrease car traffic in the centre
- heavy traffic
- Improve public transport and ban personal cars from the city centre
- clean up weed (ambrosia), increase the number of public transport vehicles in order to decrease the number of people who go to work by car
- subway
- improve city public transport, subway
- traffic congestion
- In areas of heavy traffic the air is polluted, i.e. smell is unpleasant.
- traffic in the city centre too heavy – subway to better connect destinations in the County of Zagreb
- too many cars in the city centre – cut public transport prices and build more parking places in extended centre
- government taxes for cars are large, so that citizens drive old cars, poor conditions for cycling, expensive fares for public transport, so that cars are used more often
- ban traffic from the city centre
- traffic is too heavy – ban cars from the centre
- too many personal cars on the streets with only one person on board
- occasional ban for personal cars in Zagreb
- more such surveys, and maybe something will change
- in summer it stinks like hell in the centre
- too many cars
- traffic should be banned from the very heart of the city
- large concentration of car, dump and heating plant fumes, - the solution would be to restrict the traffic in the very centre to the lowest possible level and favor public transport and bicycles, ban car access to the very centre
- too many cars on the roads
- Zagreb is covered in smog
- old cars out...
- There are too many cars in the city
- it stinks from the direction of Jakuševac

In percentage, according to the citizens, the air is polluted by:

- traffic	76%
- Jakuševac dump	7%
- other	17%





Action plan:

In compliance with EU provisions on environment protection, ZET Ltd, company owned by the city of Zagreb, already uses buses of EURO 3 type, the engines of which have been adjusted to comply with the EU standards for CO₂ reduction. All waste oils are taken care of by the bus supplier, as are all recyclable parts. In the following period comprising the year 2004, 25 buses will be bought, which use bio-diesel – environment-friendly fuel.

ZAGREB PARKING Ltd, company owned by the City of Zagreb, as a priority in decreasing traffic and air pollution, is financing construction of underground garages. In 2004, they are planning to construct several underground garages at various locations in the city and in the city entrances, thus decreasing traffic and establishing P&R, which will decrease air pollution.

ZRJNEVAC Ltd, company owned by the City of Zagreb, in charge of public green areas. It increases the number of plants wherever it is possible in order to obtain as many green areas as possible and cleaner air. It also recycles biodegradable waste by means of compost piles, recycling 30,000 m³ and obtaining 7,000 m³ of compost. They are planning to plant 1,800 trees in spring 2004, thus contributing to decreasing air pollution.

ČISTOĆA Ltd, company owned by the City of Zagreb, responsible for waste disposal, cleaning and washing the streets. It covers 80% of total city area. In 2002, it drove 261,188 tons of waste to the dump. In 2002, 5,967 tons were brought from unlicensed dumps. There were 5,400 tons of metal waste, 350 tons of car tyres, and 26,292 tons of waste brought to the dump. 6,320 tons of paper waste was recycled, whereas 4,644 tons of glass scrap containers, 220 kg of polyethylene scrap containers and 15,000 kg of metal scrap containers were collected.

2,300 tons of waste was collected in six recycling yards owned by the City of Zagreb. Environment protection is carried out through environment protection measures, waste management and sustainable development. In 2004, Čistoća is planning to introduce bio-diesel in all its vehicles, open recycling yards in every district and provide continuing education through the Ministry responsible for waste management. Čistoća advocates financing industrial scrap packaging disposal by including its cost in the product price. It also advocates contributions to be collected when issuing location and building permits and used for buying and installing skips and containers for various waste.

Under the Constitution of the City of Zagreb, districts and their councils are authorized to initiate and undertake 'small-scale utility actions' in Zagreb districts, such as introducing gas as cheaper and environment-friendly form of energy, water supply and sewerage, road constructions, park and sports courts building, curb lowering and bicycle lane building. In 2004, the districts will continue to upgrade environmental standards by introducing environment-friendly forms of energy and undertaking small-scale utility actions.

The Bureau for Development Planning and Environmental Protection, in its role of administrative authority, prepares, coordinates and supervises implementation of documents concerning planning and environmental protection which have been assigned to it, and is thus directly and indirectly involved in protection, conservation and improvement of the entire, or parts of, the city's environment. Within its responsibility for urban planning the Bureau prepares City of Zagreb Physical Plan, master plans, plans for the areas of special concern and value, as well as programs for detailed plans. In the field of environmental protection the Bureau

prepares basic environmental documents: the State of the Environment Report and the Environmental Protection Action Plan-A21. The Bureau's Department of Statistics collects statistical data, including data on the quality of the environment and publishes City of Zagreb Statistical Yearbook. The Bureau also performs other activities to improve urban planning and environmental protection.

Priority action plan for improving environment quality in Zagreb, as an integral part of 'Environmental Protection Action Plan - LA-21' (Official Gazette 8/99), addresses also air quality and traffic, and determines (in short, see the original document for more details):

- priority problems: air pollution, increasing number of motor vehicles, etc.,

- main goals: to keep air quality on the level or below recommended

values, foster public transport and environmentally-friendly fuel use, prepare and adopt the City's traffic study,

- possible measures of improvement and protection: prepare the municipal Air Protection Decree, register potential pollution sources, establish inspection responsible for air quality, develop strategy for protecting air against traffic, upgrade public transport by increasing its capacity and improving service, prompt walking and cycling, discourage use of personal motor vehicles, increase the number of parking places on the rims of the city's centre,

- activities will be implemented and controlled by: the City of Zagreb and its offices, Institute for Medical Research, Zagreb Institute of Public Health, and the National Meteorological Office,

- financing sources: City of Zagreb, Zagreb parking, private entrepreneurs (20%), polluters (80%),

- duration: continuing activity.

The City Office for Urban Design, Building, Housing, Utility and Traffic is responsible for: urban design, building, environment protection, reconstruction, housing, public utility services, water supply, traffic, fire brigades and fire control, water inspection, city tram inspection, utility inspection, and other activities that are in its domain. It is in charge of issuing location and building permits in accordance with positive legislation in its domain. This city office co-coordinated the creation of Zagreb Traffic Study, aimed at developing a series of General City Traffic Plans for 2005, 2012 and 2020, which provide stages in plan development and evaluation for all the three years and the contents of every plan.

Goals of the traffic study: upgrade traffic system economic efficiency; protect environment from harmful effects of the traffic; enhance passenger safety; increase availability – easy access to traffic objects.

Accepting goals defined in such broad terms provided for a wide consideration of ways to improve traffic system in Zagreb. The goals were complemented by supporting guidelines governing the traffic system development:

- increase public transport capacity and upgrade services through financially sustainable modernization;

- ensure better availability of traffic network and the means of transport;

- decrease personal car use in the city centre

- increase the number of parking places

- improve non-motor traffic conditions

- increase safety; and

- decrease noise and air pollution.

Evaluation:

Continuous monitoring of air quality in Zagreb will show whether the undertaken measures resulted in reducing air pollution and whether air pollution values were permanently kept within recommended values, i.e. whether the 1st category air quality was achieved in Zagreb.





c) Strengthening positive social values (social networks): summary: the basic goal of the program is to prevent and decrease psychological and social decompensation in elderly people. The elderly are faced with loneliness and fear of incapability and inability to execute some vital activities of existential importance. This program will develop volunteer work, inter-generational solidarity, children and adult sensitivity to problems of other people (not only the elderly), concrete people, neighbors, and any other who are in need of help.

Working group:

Biserka Budigam, B.Psy., Pensioners' Union of Croatia, Commission for Zagreb, Romana Galić, B.Soc.Work., associate, City Office for Health Care, Labor and Social Welfare, Jadranka Zaninović, B.Soc.Work., Head of the Social Welfare Department, Park Nursing Home

Problem description:

Loneliness and fear of incapability and inability to execute some vital activities of existential importance (preparing food, cleaning, visiting physician, going shopping, etc.) are unwelcome psychical conditions, which may prove problematic because decreasing physic and psychic abilities in elderly people do lead to their dependence on assistance, whereas their environment becomes more alienated from them.

Our main problem is psychic and physical decompensation.

On the conscious level, psychic decompensation is manifested in the feeling of loneliness and fear of inability, causing various forms of emotional difficulties and inadequate reactions, which may develop into other pathological conditions, such as

depression and anxiety.

One of the tragedies of the old age is the loss of one's own social milieu, leading to what is known in gerontology as 'elderly loneliness'. It results from biological and social factors. The basic biological factor is death, which gradually takes away spouse, acquaintances and friends. We therefore often hear the elderly say that "graveyard is the only place where we meet friends".

We are increasingly becoming consumer society in which young people are hurrying and rushing, and can neither stand 'elderly slowness', nor appreciate 'elderly wisdom'. Young people do not have time or understanding for the problems of the elderly, and keep forgetting that one day they too will be old.

Analyzing the problem, we should point out that alienation in fact becomes the main reason for misunderstanding between people, and that because of the race with time people lose the beauty of communication with their family, which is why the elderly feel lonely and fearful of incapability.

Alienation as a psychic condition appears in various manifestations of intellectual and emotional nature, and it is due to the lack of any specific psychological characteristics that it remains unnoticed by those who are alienated. There is a series of objective conditions that lead to alienation, such as automation of work process, people sell their ideas, go on meaningless spending sprees to buy unnecessary things that will give them certain status in society, spend their free time in unorganized or meaningless manner, etc. Family crisis is one of the basic circumstances that lead to alienation of elderly people. Family is reduced to nucleus family, excluding all relatives except parents and their children. This has resulted in decreasing

quality and quantity of social contacts within 'impoverished' families, and has caused another problem for the elderly, who are excluded from the family life and thus become social, psychological and economic problem. Furthermore, life span is largely expanded.

Psychological aspect of alienation – the feeling of alienation is more a subconscious than conscious category, whereas the feeling of loneliness is psychologically more 'concrete', it is a feeling that a person is better acquainted with. Alienation from oneself leads to alienation from other people. People become slaves to the weirdest symbols of their status and, rushing to reach them, forget about their family, let alone themselves. Modern people are thus pregnant with various fears. Anxiety becomes their daily companion. We hope our activities will help elderly people feel less alone and lonely, and will give a chance to alienated people and neighbors to help themselves by helping others. To know the beauty of giving their time and attention to somebody who needs it.

The goals:

Short-term goals:

- determine the seriousness of the problem we defined based on the interviews with those who already live in nursing homes or on statistic research (1998, by the Pensioners' Union of Croatia), the primary goal of which was not only to determine the feeling of loneliness or fear of inability
- collect and provide systematization of the data for the Peščenica district
- implement the program in Peščenica in 2004. We decided to implement our programs in local community in the Peščenica city district, because the local

community and city district have enormous social and individual – psychological importance.

Social importance can be summed up as follows:

1. Administrative unit – firstly, it is important for the whole state administration (school, centre). Furthermore, the problems of life and living standards should be solved on the level of these primary organizational forms. Informal control – it is possible in such communities because it is defined through customs, tradition and similarity of social conventions.
2. Ecological unit – it is also the most important social value of city district, because this is where problems between people and their natural environment are concentrated.

Individual – psychological importance of the community:

1. Social contacts between individuals – in local communities individuals make their social contacts and find their acquaintances and friends. That aspect of local community is especially important for third-age people, who find it difficult to reach remoter places. Elderly people are most often psychologically tied up with their environment and feel unsafe if they leave it.
2. Recreational function – is especially important because it provides opportunity to spend free time – from a simple walk and talk with acquaintances to organized entertainment and recreation events.
3. Organizational function provides opportunity for elderly people to meet some of their needs after having retired, by





joining sports, pensioners or cultural and performing societies and clubs, the Red Cross, etc. That is where people can meet their political interests, participate in social activities and contribute to their district's development.

Long-term goals:

- the basic goal of our program is to prevent and decrease elderly people's psychic and social decompensation.

- we believe that our program will develop volunteer work, inter-generational solidarity, children and adults' sensitivity to problems of other people (not only the elderly), concrete people, neighbors, and any other who are in need of help.

Problem indicators

Quantitative indicators:

- According to statistical data, in Zagreb there are 15.63% of people older than 65, with growing tendency;
- the 1998 survey carried out by the Pensioners' Union of Croatia on 965 informants shows that 267 people, or 27.67% live alone, 43.11% of whom would like to get some kind of help and nursing at home, and only 27.56% would like to be institutionalized in nursing homes;
- 59.60% replied that they found loneliness most difficult to deal with, 65.68% said it was illness, 69.64% economic dependency, and 6.01% other. 69.29% of single people found loneliness most difficult to deal with.
- The interview conducted with 25 people in a nursing home showed that 80% of them decided to live there because of loneliness and fear of incapability.

Qualitative indicators:

- the interview shows that the majority of informants living in a nursing home would

rather have stayed at their own homes if some of the problems referred to had been solved

- contemporary gerontology's position is that elderly people should be enabled in every possible way to live at their own homes

- nursing homes should be necessary only when the family and other relatives can no longer perform adequately their natural obligations.

Action plan

1. Hold the stakeholders' meeting by the end of the year
2. Make a list of concrete tasks to be done
3. In January and February 2004 do all necessary preliminary activities
 - detect and make contact with persons needing help
 - have meeting with volunteer groups
 - provide necessary volunteer training
 - from March to year end work actively on project implementation
- in December 2004 analyze and evaluate program, and create a new program based on the results and experiences gained

Interventions

1. Establish the number of people in need of help. We will first collect data from all relevant factors, such as primary health care (community nurses, Social Welfare Centre and Peščenica local branch of Pensioners' Union of Croatia). Then we will use a questionnaire to find out about the detected people's type and level of needs and their expectations relating to this kind of help.
2. Neighborly help provided by primary students to elderly people who are hardly able to move, are bedridden or otherwise disadvantaged. The program would be

carried out by sixth to eighth-graders as an extra-curricular activity, but before joining the program, they would be properly trained.

Care and help would consist of:

- keeping in touch with the charge (elderly person to whom care is provided) by means of visits
- establishing the charge's needs and informing the responsible parties
- providing occasional housekeeping
- shopping for medicines, food supplies, etc.
- providing information and messages from local community, etc.

We will use the expert team of the Pensioners' Union of Croatia in project implementation, given that they are experienced in such activities.

3. Additional 'elderly for elderly' volunteer care and help at home

The program would be carried out by volunteers of the Pensioners' Union that have completed a 'care and help at home' course under the supervision of a community nurse and with the help and counseling of a family physician.

Nursing and help at home comprises:

- care for personal hygiene, help in treatment (putting compresses and the like), prevention and local treatment of bedsores
- care for regular medicine intake and diet, daily cleaning and airing, etc.

The program would be carried out by four volunteers of the Peščenica local branch of the Pensioners' Union of Croatia, who have completed the course.

4. Hospice and palliative care services

The program would be carried out by volunteers of Hospice. Hospice and palliative care services for patients and their families include:

- home visits by hospice teams consisting

of a physician, a nurse, a physical therapist, a social worker, a psychologist, an ecclesiastic, a trained volunteer, etc.

- care appliances rental (beds and wheelchairs) and other personal services.

The program would be carried out by volunteers of the Pensioners' Union of Croatia, who have been trained in care for the seriously ill people under supervision of a professional team.

Evaluation

- determine the number of people in need of any kind of help, and exclude the people that have a strong feeling of loneliness and fear of incapability

- determine the level of the need and after intervention establish whether the feeling of loneliness and fear of incapability has diminished

- determine whether the number of volunteers willing to join the program implementation has increased

- determine whether there has been a change in attitudes held by children volunteers relating to elderly people during neighborly help program implementation.





d) Providing equal possibilities to people with disability summary: the goal is to ensure that future parents are informed about possibilities of early diagnostics of fetal anomalies (Down's syndrome) and that help and support are provided to parents whose children have Down's syndrome in the early days/months (to facilitate parents adjustment to a family member with special needs).

Working group:

Melita Bravo, B.Spec.Ed., Zagreb Rehabilitation Centre, Nikole Andrića 3, Anica Drmić, B.L., Local Self-government Service, Trg Stjepana Radića 1, Vlatka Habek, B.Soc.Work., Zagreb Rehabilitation Centre, Nikole Andrića 3, Nadica Jurišić, M.Sc., B.Spec.Ed., Zagreb Rehabilitation Centre, Nikole Andrića 3, Mira Pekec Knežević, B.Soc.Work., Zagreb Social Welfare Centre, Kumičićeva 5, Nada Trgovčević Letica, B.Soc.Work., Zagreb Association of Croatian Disabled War Veterans of Patriotic Defence War, Slovenska 21, Zorana Uzelac, B.Soc.Work., Zagreb Office for Health, Labor and Social Welfare, Trg S. Radića 1.

Problem description:

Down's syndrome is the most common clinical chromosome aberration. Its effects are various degrees of mental retardation and abnormalities in organ systems. Clinical findings include significant stagnation in growth and development in pregnancy and after birth, around 40% of children have innate heart anomaly, narrowing and interruptions of digestive tract passage are common, as well as lower resistance to infections. Langdon Down was the first to describe Down's syndrome in 1866, and LeJune found that trisomy was its genetic cause. The majority of the

diseased thus have 47 chromosomes, and such surplus of genetic material causes numerous abnormalities, both mental and physical.

One child with Down's syndrome is born on 2000 births on average. New methods of fetal abnormalities detection have been introduced in the last 10 years. Family physicians, gynecologists and geneticists should be the first to notice risk factors in both parents, devoting special care and attention to women with any suspicion in their medical history even if they are young, women that plan pregnancy after 35 years of age, women with recurrent miscarriages, women that have a family history of Down's syndrome, and both men and women who are carriers of structural chromosome aberrations.

If there is even a slight possibility that a child with Down's syndrome might be born, a general practitioner or a gynecologist must refer the parents to a genetic guidance clinic. The genetic guidance clinic is a place where counseling is provided, risk factors determined, and information dispensed on prevention methods and risks of various screening methods. Genetic guidance clinics are located at:

1. Clinic for Children's Diseases, Zagreb, Klaićeva 16, Genetics Cabinet, Ingeborg Barišić, D.Sc., senior lecturer
2. Rebro Clinical Hospital – prof. Begović, D.Sc.

High-risk pregnancies are controlled in major centers in order to provide quality prenatal diagnosis.

The goals:

Long-term goals

- ensure that future parents are better informed

Short-term goals

- publish brochures and disseminate information in health centers and maternity hospitals

Problem indicators:

The survey was carried out on the sample of 30 mothers of children with Down's syndrome, who were or still are undertaking the 'special education treatment in family', which is a part of Zagreb Rehabilitation Centre pre-school education.

Obtained results:

- average age of mothers at childbirth was 25
- all mothers underwent gynecological and ultrasound examinations during pregnancy
- there was only one registered high-risk pregnancy, but the mother decided to keep the baby because of religious reasons
- out of all surveyed mothers, only one was offered amniocentesis, which she refused because of fear of recurrent miscarriage
- none of the mothers knew that they could give birth to children with Down's syndrome
- only one mother knew what Down's syndrome was (from her friend's experience) and she had the fewest psychological difficulties accepting the birth of her child
- the other mothers found it hard to accept the fact that they have given birth to children with Down's syndrome
- 14 mothers had their first child with Down's syndrome

7	second child
3	third child
2	fourth child
3	fifth child
1	sixth child

All interviewed mothers emphasized the

role of the services that failed to provide them relevant information:

- on available tests that would provide early detection of that syndrome
- that it was possible for them to have a child with Down's syndrome if they have a family history of that syndrome
- on the lack of popular brochures in gynecological offices in health centers and hospitals
- on the existence of guidance centers and Down's syndrome Association.

The results of our survey contest the notion of previous research in this field that only older mothers (over 35) give birth to children with Down's syndrome. The interview shows that mothers were not informed about possibilities and risks related to having children with Down's syndrome, or about tests used for early Down's syndrome diagnosis.

Action plan:

INTERVENTIONS

Provide more information to future parents:

- publish popular brochures
- extend the activities of Premarital, Marital and Family Guidance Centre (employ more experts and educate the existing ones)
- ensure multi-disciplinary approach in providing information (various experts, geneticists, pediatricians, gynecologists)
- raise financial resources for achieving this short-term goal (achievable within a year).

STAKEHOLDERS

1. PARENTS

Family is the only thing that a child has when it is born. Parents are the most





important people in its life, they are its first educators and have the biggest influence and play the most important role in its development. Only parents who have children with Down's syndrome know what it can feel like – angry, scared, insecure and impotent. It is therefore important and vital for the family to adjust to the new and permanent situation.

2. DOWN'S SYNDROME ASSOCIATION

The association was founded on 7 September 2001 in Zagreb. Its activities include: ensuring leading position in all areas relating to living and working with people with Down's syndrome; creating environment in which all people will recognize and accept the value and dignity of people with Down's syndrome; adopting principles of providing health care and appropriate education for all people with Down's syndrome, so that those people might develop their best resources.

3. HEALTH CENTRES (gynecologists and pediatricians)

Health centers provide primary care and quality health services rendered by various health professionals.

4. CITY OF ZAGREB, OFFICE FOR HEALTH, LABOUR AND SOCIAL WELFARE

Zagreb City Council and Office for Health, Labor and Social Welfare have a wide range of responsibilities, including the Social Welfare Department, which are in accordance with Social Welfare Act and Decree on Types of Social Welfare Provided by the City of Zagreb. The Office pays special attention to disabled people of Zagreb, and has therefore devised Zagreb Strategy of Unified Policy for Disabled People from 2003 to 2006, which is aimed

at improving the quality of life of disabled people in Zagreb. The Office is thus striving to improve and enhance conditions in various walks of life and make Zagreb the city of equal possibilities for all its citizens.

5. PREMARITAL, MARITAL AND FAMILY GUIDANCE CENTRE

Located at Zagreb Social Welfare Centre, Kumičićeva 5, the Centre provides guidance by various experts (gynecologists, geneticists, special educators, etc.), aimed at meeting the existing and potential parents with high-risk pregnancies, with additional emphasis on Down's syndrome.

Evaluation

- distribute brochures provided by stakeholders
- stimulate gynecologists working in health centers and hospitals to provide information on the existing tests and pregnancy risks, with emphasis on Down's syndrome
- in December 2004, the same survey will be conducted to obtain qualitative and quantitative indicators of our intervention's outcomes (the survey will be conducted with new parent members of the Zagreb Down's Syndrome Association)

e) Strengthening and supporting family summary: the goal is to strengthen family from its very creation by providing professionally lead education and assistance in all its vulnerable phases. Since nowadays transitional stress is adding additional burden to the majority of the families in Zagreb we would like, with this program, to support them to increase their coping abilities (thus decrease divorciality rate).

Working group:

Željka Barić, Zagreb Office for Health Care, Labor and Social Welfare, Ljiljana Dufek, Zagreb Polyclinic for Children's Care, Gordana Fileš, Dobiša Cesarić Primary School in Zagreb, Marijan Kušenić, Archbishop's Clerical Board in Zagreb, Katarina Matić, The Association of the Unemployed, Zagreb office.

Problem Description:

The divorce rate in Zagreb increased from 14.5% in 1999 to 29.8% in 2001 (i.e. it doubled).

The communication between children and parents is unsatisfactory, there is a lot of unacceptable behavior among children and youth, child abuse in families is widespread (psychological, physical and sexual), as well as peer bullying and drug abuse, which is supported by behavioral patterns children adopt through the media and the family. Parents are not educated and marriages too often end in family breakdown. Professionals do not receive sufficient training either (for specific problems referred to), so that appropriate help and support is often not available for families in crisis.

Goals:

Decrease divorce rate in Zagreb, impacting

major factors that contribute to its growth: being unprepared for marriage, change in value system, transitional stress.

Problem indicators:

1997 = 19.9% 1998 = 19.7%

1999 = 14.5% 2000 = 26.1%

2001 = 29.8%

(divorce rates, source: State Bureau of Statistics)

Indicators show that there was a sharp increase in the number of divorces in 2001 compared to previous years. Apart from the available statistical data, we carried out an in-depth interview on the local level (Borongaj) and used a smaller number of informants (N=10). The method we used was snow-ball sample, meaning that it is not representative. Our goal was to obtain sociodemographic characteristics of divorced people of a local community and concrete causes of divorce as seen by them.

We did not obtain statistically viable data, but authentic status on micro level, which was we were after, given that qualitative aspect of the problem are of greater importance for our future interventions.

Survey analysis and results

Number of informants: 10

Sex: F 9 M1

Qualifications: secondary 7, higher 1, tertiary 2

Duration of pre-marital relationship:

shorter than	1 year – 3 informants
	1-2 years – 4 informants
	4 years – 1 informant
	7 years – 1 informant
	9 years – 1 informant

Most informants had a short pre-marital relationship, whereas only 2 informants lived together before getting married. The majority of informants got married





mostly between 19 and 25 years of age. Their replies as to the motives for getting married are interesting and varied:

- “All of my friends got married, and so did I.”
- “The need for safety.”
- “Pregnancy.”
- “Because of the parents’ influence.”
- “Long relationship – logical next step.”

Only one informant stated love as the reason for getting married!

What disturbed their marriage most, and relates to behavior of the spouses, was most commonly lack of communication and giving in to parents’ influence. Some also state their spouse’s irresponsibility, insincerity, immaturity and egotism. One informant points out aggressive behavior and alcoholism.

Most informants state that communication in marriage was poor, which was especially present in family problems.

Most informants come from complete families where positive attitudes toward marriage were nurtured. They also idealized the institution of marriage in youth, whereas now they realize that their idea was wrong, which speaks in favor of their being unprepared for marriage.

All informants claim to have undertaken every possible action to keep the marriage, but that the problem was too intense.

Relating to being prepared for marriage, whether they were prepared and whether it the preparation was adequate, they stated: 6 it is very individual and there can be no preparation. Some informants think that preparation is necessary, but that it should be more efficient and carried out on multiple levels.

- improve availability of help and support for families (on all levels)

- organize workshops, seminars, forums, courses, round tables, group and individual work
- inter-sector co-operation (government and non-government organizations)
- educational programs (radio, TV, newspapers)
- provide children and parents’ education in: communication skills, children’s rights convention, relevant statutory provisions and rights, successful parenting, services that are at their disposal.

Stakeholders:

- State Institute of Motherhood, Family and Youth
- Ministry of Education and Sports
- Children’s Hospital (department of children and youth reproductive health)
- Sunflower (non-government organization)
- Centre for Women’s Reproductive Health (targeted at youth and children)

Action plan and program:

- provide better preparation for marriage to future spouses

4. CLOSING REMARKS

During its participation in the Third phase of the WHO European Healthy Cities Project the City of Zagreb has devoted significant energy and resources into: a) defining needs and aspirations of its inhabitants, b) redefining priorities and c) gathering cross-sectoral commitment for implementation of the 'Zagreb-Healthy City Project'.

The process and its results are described in two key city health policy documents, in the City Health Profile and in the City Health Development Plan. During the last three years the Zagreb City Office for Health, Labor and Social Welfare (as authority officially responsible for Zagreb-Healthy City project implementation) involved over two hundred leaders and representatives of the statutory and non-statutory organizations and agencies in the creation of the Zagreb City Health Development Plan. The Plan is bringing vision and proposing directions for action in five Healthy City project priority areas:

b) Protecting and improving the environment quality: summary: to decrease the concentration of NO_2 and air-borne particles to obtain 1st quality air, which would in its turn have impact on (decreasing) incidence of respiratory tract diseases in Zagreb.

c) Strengthening positive social values (social networks): summary: the basic goal of the program is to prevent and decrease psychological and social decompensation in elderly people. The elderly are faced with loneliness and fear of incapability and inability to execute some vital activities of existential importance. This program will develop volunteer work, inter-generational solidarity, children and adult sensitivity to problems of other people (not only the elderly), concrete people, neighbors, and any other who are in need of help.

a) Unemployment (citizens facing economic and social insecurity): summary: short term aim - to provide assistance to unemployed citizens dealing with difficulties resulting from economic and social insecurity, foster and help develop psychological, emotional and communicational potentials of the unemployed; long-term aim is to decrease unemployment.

d) Providing equal possibilities to people with disability: summary: the goal is to ensure that future parents are informed about possibilities of early diagnostics of fetal anomalies (Down's syndrome) and that help and support are provided to parents whose children have Down's syndrome in the early days/months (to facilitate parents adjustment to a family member with special needs).





e) Strengthening and supporting family:

summary: the goal is to strengthen family from its very creation by providing professionally lead education and assistance in all its vulnerable phases. Since nowadays transitional stress is adding additional burden to the majority of the families in Zagreb we would like, with this program, to support them to increase their coping abilities (thus decrease divorciality rate).

Zagreb City Health Development Plan is based on partnership, promotes sustainable development, equity and solidarity, participatory and democratic governance and is addressing core developmental themes of the WHO European Healthy Cites Project in the Phase IV.

CITY HEALTH DEVELOPMENT PLAN



Zagreb, 2004