

Health and Medical Research Fund

Guidance Notes - Interim, Final and Dissemination Report for Health Care and Promotion Scheme

This booklet provides the procedures which should be followed in preparing reports for submission to the Health Care and Promotion Committee.

Please submit reports to:

Research Fund Secretariat
Research Office
Food and Health Bureau
9/F, Rumsey Street Multi-storey Carpark Building
2 Rumsey Street, Sheung Wan
Hong Kong

April 2017

I. Purpose and Aims

- 1.1 The submission of interim¹, final and dissemination reports enables the Health Care and Promotion Committee (HCPC) to:
 - Assess whether the work was carried out in accordance with the approved proposal
 - Evaluate the quality of the health promotion project
 - Document the project output and impact on health promotion
 - Maintain a track record of project team member's compliance with the terms and conditions of the HCPS as laid down in the Agreement
 - Provide public access to project related information
- 1.2 All reports must be submitted by the deadlines specified in the Agreement and conform to the guidelines provided in these Notes. If the reports are not accepted by the Promotion Sub-committee (PSC), principal applicants are obliged to revise them accordingly and submit their response in compliance with the deadlines set in the PSC feedback.
- 1.3 Failure to submit these reports, or to revise and resubmit if required, by the specified deadlines will mean that the project is incomplete. Further actions that may be taken by the Government under these circumstances include: 1) withholding the final payment of the approved amount until the reports are submitted and accepted, 2) recovering the reimbursed amount from the administering institution, and 3) adversely marking the track record of the principal applicant.

II. Requirements and Procedures

2.1 Interim Reports

Interim report is an annual update of a funded project. Any project which lasts for more than 12 months shall submit an interim report in writing within 2 months of the first anniversary of the commencement date or as required.

Interim reports are used to monitor progress of the project, flag difficulties encountered, identify areas where the principal applicants may need support and to monitor the expenditure. Interim reports will not be graded but will be reviewed by the PSC.

Template for interim report ([Appendix A](#)) can be downloaded from <http://rfs.fhb.gov.hk>.

2.2. Final Reports

A final report of up to 5,000 words (font size not smaller than 12 point, 1.5 lines spacing) with a Summary will be required within 6 months for grants exceeding \$100,000 and 3 months for grants of \$100,000 or less of the project end date. The standard format of a final report is appended in [Appendix B](#).

The basic requirement of a final report is that it should evaluate and indicate the extent to which the principal applicants have achieved the objectives stated in their original grant applications. The report should contain sufficient information for assessment of the project in practical terms.

The report must be concise and informative. It should comprise the following components per the format prescribed:

¹ Interim report is equivalent to Progress report for the Health Care and Promotion Fund.

2.2.1. Title Page (Project Title, Applicants, Administering Institution & Affiliations, Project No., Date of Submission)

2.2.2. Summary

A summary of not more than 300 words should be included with information according to the following categories:

Project title
Aim and Objectives
Project Plan
Target Group
Expected and Actual Outcome/Response
Benefits Derived
Extent of Objectives Achieved
Conclusions/Implications

2.2.3. Main Body

Main body of the final report should be written in a style similar to the Summary but it should have elaboration and further details. The following format should be followed:

Introduction Aim and Objectives Project Plan Target Group Outcome/Response Discussion Limitations Implications of the Activities Dissemination of Project Information Publications Patents and other Intellectual Property Rights that have resulted directly from the project Bibliography List of Project Members Appendices

Introduction: The health needs of the local community and the rationale for proceeding with the project supported by scientific evidence should be clearly described.

Aim and Objectives: The aim and objectives of project should be clearly stated with rationale. Any deviation or variation from those described in the grant proposal should be justified.

Project Plan: The details of the activities should be clearly described with the rationale for implementation, details of the activities and the timetable of work. Whether the project has adhered to the original proposal should be delineated.

Target group: A brief description of targets/recipients should be clearly stated. The number of targets and/or observations made should be described with comments on whether these achieved the expectations cited in the original application. A detailed explanation is required if the number of subjects in the

sample or the composition of the sample varied from that described in the grant proposal.

Outcome/Response: Outcome should be summarised indicating to what extent the original objectives have been fulfilled. An evaluation, which includes the outcome measures and method of statistical analysis, of the project should be clearly described.

Discussion: With reference to the stated aim and objectives, discuss the following issues: 1) execution; 2) observations; and 3) benefits of the completed project.

Limitations: The limitation of the project should be appropriately discussed.

Implications of the Activities: Evaluate the successfulness of the programmes in practical terms and comment on the relevance of their observation for policy makers, service managers and service providers. A discussion should include the following items: 1) enhancing awareness of healthy lifestyles, 2) changing behaviour to adopt a healthy lifestyle, 3) creating an environment to empower people to strive for better health; and 4) sustainability of the project in the community. Describe in this section whether there was any collaboration between tertiary institutions and community organisations in project implementation, and whether any new evidence-based practice was generated through the programmes, which can be applied in our local community.

Dissemination of Project Information: Describe the plan for disseminating the project information to target audience.

Publications: Publications and other presentations (including in press) derived from the project should be listed.

Patents and other Intellectual Property Rights that have resulted directly from the project: Patents and other Intellectual Property Rights that have resulted directly from the project should be listed.

Bibliography: Vancouver style (Uniform Requirements for Manuscripts Submitted to Biomedical Journals)

List of Project Members: A list of all project team members and workers involved in the project with an outline of their individual contributions should be included. This should include the principal applicant, co-applicants, those employed by the grant and those employed on any other basis but who have given support to the completion of the project. Provide the names in English and Chinese characters, where appropriate.

Appendices: Tables and figures not included in the text, end products of projects such as booklets or videos, and photos of other deliverables, if any, should also be included.

2.3. Dissemination report

A dissemination report (which shall be an abbreviated report of the final report) should be submitted together with the final report.

The dissemination report is intended to provide a 'snapshot' view of the project. The dissemination report should be readable, relevant and accurate. It should be written in a

style suitable for a general readership, be thought provoking and stimulate discussion with regard to the outcomes and their possible implications. The dissemination report should be self-contained and it should be possible to circulate it without the full report attached. Therefore the text should be readily understandable and concentrate on describing the main results and their potential practical implications for health promotion in Hong Kong.

The dissemination report should be a maximum of 2,000 words in length (including main text, references, key messages) and a maximum of 3 tables and/or figures, and no more than 5 references. The standard format of dissemination report is appended in [Appendix C](#) and can be downloaded from <http://rfs.fhb.gov.hk>. The following headings should be used:

Introduction
Aim and Objectives
Project Plan
• Project Design
• Target Group
Outcome/Response
Discussion
References
Acknowledgements

2.4 The submission package of various reports should contain:

- The original signed report together with all annexes and other additional materials;
- Soft copy (in a single CD-ROM)
 - Report in MS Word (PC) format (the entire document including additional material should be saved in ONE single file);
 - Full set of report together with all annexes and other additional materials in a single PDF file.

III. Assessment of Final and Dissemination Reports

- 3.1 Final and dissemination reports will be assessed by the PSC. A sample assessment form is appended in [Appendix D](#).
- 3.2 If a report is found to be not acceptable, the PSC may indicate to the principal applicant what amendments and additions are required, only **one revision** to a final report in response to assessors' comments is allowed.
- 3.3 Satisfactory final and dissemination reports will be published by the HCPC. The final and dissemination reports may be graded at any level and closed at the discretion of the PSC.

IV. Copyright

- 4.1 The Final Report and Dissemination Report may be published on the Secretariat's website or by other methods at the discretion of the Food and Health Bureau.
- 4.2 Copyright in the Final Report and Dissemination Report is co-owned equally by the administering institution and the Hong Kong SAR Government.
- 4.3 The content of the Final Report and Dissemination Report should contain no violation of any existing copyright or other third party material and that to the best of the authors'

knowledge the Final and Dissemination report should not infringe the rights of others, in particular those held by the publishers of peer reviewed journals.

V. Further action that the PSC may recommend

- 5.1 The PSC may comment on any proposals for dissemination made by the applicants and might encourage them to disseminate their findings towards particular target readerships as represented by professional publications.
- 5.2 The HCPC may also routinely inform relevant policy interests in the final and dissemination reports which have been received along with the PSC's assessment of the report.
- 5.3 The HCPC may also consult policy interests as to whether and how a particular report might be disseminated. In some cases, it may be more appropriate to disseminate the report in the form of a summary, including a contact address for persons wishing to obtain a full copy of the report.
- 5.4 The HCPC may distribute copies of a final and dissemination report throughout the HKSAR to bodies of professional and other relevant groups.
- 5.5 The HCPC may recommend that the principal applicants be invited to submit a version of the final report as a possible article to a particular journal.
- 5.6 In the case of certain projects, it may be appropriate and desirable to organise small or large meetings for the HKSAR where project team members may present and discuss their findings with policy makers, managers and service providers. The HCPC may organise such meetings or may encourage other organisations to hold such meetings.

VI. Evaluation of Project

- 6.1 The HCPC will regularly assess the outcome and impact on public health promotion of completed projects. Principal applicants are required to submit information for the purpose of project evaluation from time to time.
- 6.2 Evaluation of project shall be submitted in the form and within the timeline as specified by the Secretariat. This evaluation gives a snapshot of the project outcomes and the impact on health promotion. Based on the Reach Effectiveness Adoption Implementation Maintenance (RE-AIM) framework developed by Glasgow² (1999), the evaluation includes the following dimensions:
 - Reach the target population
 - Effectiveness or efficacy
 - Adoption by target settings or institutions
 - Implementation of the intervention
 - Maintenance of intervention effects in individuals and settings over time

A sample of evaluation questions is given in [Appendix E](#).

² Glasgow RE, Vogt TM, Boles SM. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. *Am J Public Health* 1999;89:1322-7.

Health and Medical Research Fund
Health Care and Promotion Scheme
(formerly Health Care and Promotion Fund)

Interim Report

Important: Please submit 1 printed copy and an electronic version of the Interim Report and any attachments. Complete all sections with sufficient detail to allow review of the progress of the project. Incomplete or insufficiently detailed reports will be returned for revision and resubmission. The principal applicant and all co-applicants are required to sign the Interim Report. Continued funding of the project is dependent upon the submission of an acceptable Interim Report.

1. **Project No.:** _____

2. **Grant Period:** **Commencement Date:** _____ **End Date:** _____

3. **Title of Project:**

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4. Applicant(s)	5. Administering Institution:
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6. **Aim / Objectives of the Project:** List the main objectives as stated in the approved proposal. Approval must be sought for any change to the project objectives.

Approved aim / objectives	Estimated completion of aim / objectives (%)

7. Timetable of Work:

Document the project progress according to the proposed timetable.

8. Benefits/Outcome of the Project so far:

9. Budget & Expenditure (attach a certified financial statement)

10. Applicant (s)' comments

May include reflection/feedback of applicants and/or any difficulties encountered during the course of project. Comment of the potential for/current dissemination of project outcome.

11. Signatures of Project Team

The principal applicant and all co-applicants are required to sign the Interim Report. By signing this Interim Report, the principal applicant and all co-applicants (if any) acknowledge that they have contributed to the Project and agree with the information contained herein.

Signature of Applicant(s)	Name (Capitals)	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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Health Care and Promotion Scheme
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«Project TITLE»

Submitted to the Health Care and Promotion Committee (Date)

Applicant(s)

(Applicants)

Department and Affiliation

(Organisation)

Final Report

HCPS (Project No.:)

Contents

(Times New Roman 12 pt)

	Page
Acknowledgements	
Summary	
Main Body	
Introduction	
Aim and Objectives	
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Target Group	
Outcome/Response	
Discussion	
Limitations	
Implications of the Activities	
Dissemination of Project Information	
Publications	
Patents and other Intellectual Property Rights that have resulted directly from the project	
Bibliography	
List of Project Members	
Appendices	

Standard Format for Final Reports

1. Version: Microsoft Word
2. Maximum of 5,000 words
3. Title Page (see example above)
4. Layout of report
 - a. Page size - A4
 - b. Line Spacing – 1.5 spaces
 - c. Case - Sentence Case
 - d. Single Column
5. Margin
 - a. Top: 2.54 cm
 - b. Bottom: 2.54 cm
 - c. Left: 2.54 cm
 - d. Right: 2.54 cm
6. Layout of the Summary
 - a. Ragged right margin
 - b. Font Type - Times New Roman 12 pt
 - c. Heading - Times New Roman 12 pt, **bold** (e.g. "**Objectives:** To promote the... " in the same line)
 - d. Line Spacing – 1.5 lines spacing
7. Layout of Text
 - a. Ragged right margin
 - b. Font type
 - Heading 1 - Times New Roman 12 pt, **bold**, 1 line space before and after
 - Heading 2 - Times New Roman 12 pt, **bold and italic**, 1 line space before and after
 - Heading 3 - Times New Roman 12 pt, *italic*, no space before or after
 - References - superscript all reference numbers
8. Layout of Tables
 - a. Font Type: Arial 10 pt
 - b. Title: Table x and wording (Table 1 Characteristics of participants...)
 - c. Horizontal and vertical lines: 0.25 pt only
9. Layout of Figures
 - a. Font Type: Arial 10 pt
 - b. Title: Figure x and wording (Figure 1 Characteristics of participants ...)
 - c. Border around the Figure: 0.25 pt only
10. References
 - a. Font Type: Times New Roman 10 pt
 - b. Use 1,2,3,4 ... to number references
 - c. Vancouver style (Uniform Requirements for Manuscripts Submitted to Biomedical Journals)
 - d. Superscript references in text after punctuation
11. Publication, including in press
 - a. Times New Roman, 12 pt.
 - b. If none, state NONE.
12. Patents and other Intellectual Property Rights that have resulted directly from the project
 - a. Times New Roman, 12 pt.
 - b. Describe the patent / intellectual property rights to be filed/obtained
 - c. If none, state NONE.

Standard Format for Dissemination Reports

1. Version: Microsoft Word
2. Title (Times New Roman, 14 pt, bold)
3. Maximum of **2,000 words** in length (including main text, references, key messages) and a maximum of **3 tables and/or figures**, and no more than **5 references**.
4. Authors (Times New Roman, 12 pt) [In both Roman letters and Chinese characters where applicable]
5. Affiliations (Times New Roman, 12 pt)
6. Principal applicant and corresponding author:
 - a. [name]
 - b. [address]
 - c. [Tel / Fax / E-mail]
7. Key messages
 - a. Times New Roman, 12 pt
 - b. Maximum of 5 key messages (numbered 1-5 in descending order of importance)
8. Body of the text, indexed under appropriate headings (i.e. Introduction, Aim and Objectives, Project Plan, Outcome/Response, Discussion)
 - a. Times New Roman, 12 pt
 - b. Text in double spacing and single column
 - c. Page margins 2.54 cm each side
 - d. Align text with left margin, right margin ragged
9. Heading format
 - a. Level 1 heading: Times New Roman, 12 pt, **bold**
Leave one line space after heading
 - b. Level 2 heading: Times New Roman, 12 pt, **bold and italic**
No space after heading
 - c. Level 3 heading: Times New Roman, 12 pt
No space after heading
10. Figures and Tables
 - a. Maximum of 3 tables and/or figures (N.B. Reduce total word count if more tables/figures are included)
 - b. Do not insert figures and tables in the text; append them to the end of the text.
 - c. Title: Arial 10 pt **bold**
 - d. Content: Arial 10 pt
 - e. Footnotes: Arial 8pt
 - f. Enclosed in Box with 0.25 pt borders
11. Publications, including in press
 - a. Times New Roman, 12 pt
 - b. If none, state NONE.
12. Patents and other Intellectual Property Rights that have resulted directly from the project.
 - a. Times New Roman, 12 pt
 - b. Describe the patent / intellectual property rights to be filed/obtained
 - c. If none, state NONE.
13. Acknowledgements
 - d. Times New Roman, 12 pt
14. References
 - a. Times New Roman, 10 pt
 - b. Maximum of 5 references
 - c. Vancouver style (Uniform Requirements for Manuscripts Submitted to Biomedical Journals)
 - d. Superscript references in text after punctuation

To: Research Fund Secretariat (rfb@fhb.gov.hk; Fax: 852-2102 2444)

Assessment of Final Report

Title: _____ «Project_Title»

Principal Applicant: _____ «Title» «Forenames» «SURNAME»

Overall Recommendation

The Overall Recommendation represents the overall quality of the health promotion project. It is not merely the average or sum of the scores for individual items under “Report Quality” and “Project Quality”. Please rate the accompanying report by allocating in a score of 1-5 (1 being the worst and 5 being the best) according to the descriptions indicated below. Please write the score in the box above:

1	Unredeemable	<ul style="list-style-type: none"> - Most of the deliverables proposed by the project team in the approved application were <u>not</u> achieved. - Little value was gained from the project. - Final Report is not accepted. The report should not be returned to the project team for revision and resubmission. - The final 20% of the approved grant will be withheld. - The track record of the PA and the administering institution will be marked, and will be considered in future applications to any funds administered by the Food and Health Bureau.
2	Unacceptable	<ul style="list-style-type: none"> - Most of the deliverables proposed by the project team in the approved application were <u>not</u> achieved. - Limited value was gained from the project. - Final Report should be returned to the project team for large-scale revisions, including rewriting, re-analysis and resubmission to the PSC. - The report may be re-graded upon resubmission. The final report at this grading will not be disseminated to the public. - The final 20% of the approved grant will be withheld. - The track record of the PA and the administering institution will be marked, and will be considered in future applications to any funds administered by the Food and Health Bureau.
3	Accepted	<ul style="list-style-type: none"> - Most of the deliverables proposed by the project team in the approved application were achieved. - Final Report should be returned to the project team for medium-scale revisions, including amendments, clarifications and/or supplementary information. The report may be re-graded upon resubmission. Failure to revise may lead to re-grading as a 1 or 2. - The final report may be considered for distribution.
4	Satisfactory	<ul style="list-style-type: none"> - Most of the deliverables proposed by the project team in the approved application were achieved. - Final Report may be returned to the project team for minor revisions, if necessary. - The revised Final Report may be considered for wider distribution.
5	Excellent	<ul style="list-style-type: none"> - Most of the deliverables proposed by the project team in the approved application were achieved. - The project may have significant impact on health promotion. - Final Report may be returned to the investigators project team for minor revisions, if necessary. - The revised Final Report will be prepared for wider distribution.

Summary comments and recommendations

Please complete the table below.

		Yes	No
a	Does the reviewer agree with the conclusions/implications drawn by the author?		
b	Does the project represent value for money?		
c	Does the report merit dissemination to a wider readership?		
d	Does the report comply with the project team’s approved proposal?		

Name _____

Date _____ **Signature** _____

Report Quality

Focus on the quality of the written report on this page

Please grade the report by marking the appropriate boxes (X), as follows:

Good or Yes; Unacceptable (U/A) or No; Don't know / Not applicable (NA).

Assessment categories		Good or Yes	U/A or No	Don't know / NA
1.	Introduction / Literature Review			
a)	Were the background and setting of the project, with support from literature references, reported appropriately?			
2.	Aim / Objectives			
a)	Was the rationale for proceeding with the project and its purposes stated clearly?			
b)	Were the aim and objectives stated clearly?			
3.	Project Design			
a)	Was the rationale for designing the project/activities described clearly?			
b)	Were the details and implementation of the project/activities described clearly and consistently?			
4.	Target Group			
a)	Were the target group(s) and their sizes described clearly?			
5.	Outcome/Response			
a)	Were the outcome/response and the number of observations made described appropriately?			
6.	Evaluation			
a)	Was the evaluation of the project clearly described?			
7	Results			
a)	Were there sufficient data and analysis to judge the success of the project?			
8.	Discussion			
a)	Were the following addressed appropriately in the discussion, with reference to the stated aim/objectives:			
	i. execution of the project?			
	ii. observations, explanation and implication of results?			
	iii. benefits of the project?			
9.	Limitations			
a)	Were the limitations of the project described appropriately?			
10.	Implications of the Project			
a)	Did the authors comment on the relevance of their project in terms of:			
	i. enhancing awareness of healthy lifestyles?			
	ii. changing behaviour to adopt a healthy lifestyle?			
	iii. creating an environment to empower people to strive for better health?			
	iv. sustainability of the project in the community?			
11.	Dissemination of Project Information			
a)	Was the plan for the dissemination of the project information appropriate?			

Overall Assessment of the Quality of the Report

			Score
1	Rejected	Report quality does not meet the standard expected.	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
2	Unacceptable	Report is returned for major revision, rewriting and resubmission.	
3	Accepted	Report quality is accepted conditional to revision and resubmission.	
4	Satisfactory	Report quality is accepted; minor revisions are required.	
5	Excellent	Report quality is accepted without requiring any revision.	

Project Quality

Focus on the quality of the project on this page

Please grade the report by marking the appropriate boxes (X), as follows:

Good or Yes; Unacceptable (U/A) or No; Don't know / Not Applicable (N/A)

	Assessment categories	Good or Yes	U/A or No	Don't know / NA
12.	Process Evaluation (Health promotion interventions and capacity building strategies)			
a)	Did the key partners involved in the project have sufficient resources, skills and capacity to fulfil the project aim and objectives?			
b)	Did the project reach the target or interest group?			
c)	Were all proposed activities of the project implemented, adhering to the implementation plan?			
d)	Were all the proposed aim and objectives fulfilled?			
e)	Were the participants satisfied with the project?			
f)	Were all materials and components of the project, if any, of good quality?			
13.	Impact Evaluation (Project Short-Term Objectives – immediate changes in populations, individuals or their environment)			
a)	Was the health literacy of individuals participating in this project improved (i.e. health-related knowledge, attitude, motivation, confidence, behavioural intentions and personal skills concerning healthy lifestyle, etc)?			
b)	Would the results of this project enhance the action and control of target groups over the determinants of health (including community participation, community empowerment, social norms and public opinion)?			
c)	Would the results of this project impact on public policies or organisational practices to maximise the effectiveness of health services and encourage a healthy environment?			
14.	Outcome Evaluation (Project Long-Term Goal – mortality, morbidity, disability, quality of life, equity, etc.)			
a)	Has the project achieved its goal(s)?			
b)	Would the project be reproducible in different circumstances?			

Overall Assessment of the Quality of the Project

			Score
1	Very Poor	Major flaws in implementation and outcome/response measurements.	
2	Poor	Questionable validity and reliability.	
3	Fair	Re-analysis of data and revision of interpretation, and conclusions needed.	
4	Good	Generally good quality project with only minor deficiencies.	
5	Excellent	Project of high standard in all aspects, worthwhile to be reproduced in different circumstances.	

Additional Assessor Comments *(Please provide a written assessment of the report, or any additional or confidential comments, on this page.)*

Please indicate here if these comments are to be kept confidential. **Yes / No**

DECLARATIONS

Please the appropriate box

- Relationship with any of the applicants named in Application Form (please select the appropriate box)

	Principal Applicant	Any of the Co-Applicant(s)
None	<input type="checkbox"/>	<input type="checkbox"/>
Spouse/partner/other relative	<input type="checkbox"/>	<input type="checkbox"/>
Close personal contact	<input type="checkbox"/>	<input type="checkbox"/>
Research collaborator (co-grant holder) within three years from date of review	<input type="checkbox"/>	<input type="checkbox"/>
Research collaborator (co-author) within three years from date of review	<input type="checkbox"/>	<input type="checkbox"/>
Mentor/student (under direct supervision) within three years from date of review	<input type="checkbox"/>	<input type="checkbox"/>
Work colleague (including same department or thematic research programme) within three years from date of review	<input type="checkbox"/>	<input type="checkbox"/>
Employer/employee/business partner (including direct supervisor/subordinate) within three years from date of review	<input type="checkbox"/>	<input type="checkbox"/>
Same professional organisation (currently serving in the same management board or committee as office holders)	<input type="checkbox"/>	<input type="checkbox"/>
Others if within three years from date of review (Please specify:)	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate where appropriate the name(s) of person(s) with whom there is conflict of interest, year of co-authorship/research collaboration, etc.

*Please the box where applicable

- Confidentiality of project*

I understand this project is confidential and I will not reveal or divulge the content to any party during or after the assessment.

- Performance benchmarking*

I agree that the Research Fund Secretariat may, upon request, and after the assessment process has been completed, forward my anonymised comments to other assessors assessing this project for the purpose of performance benchmarking.

EVALUATION QUESTIONS

A. Reach (Individual Level) - the absolute number or proportion, and representativeness of individuals who were willing to participate in your project.

A1. What were the characteristics of the target participants (e.g. clients/carers/staff)?

A2. The proposed number of participants: The actual number of participants:

A3. How did the actual participants differ (e.g. number, characteristics) from the target participants? Please select one below.

Completely Different	Mostly Different	Moderately Different	Somewhat Different	No Difference

B. Efficacy or Effectiveness (Individual Level) - the impact of an intervention on key outcomes, including quality of life, and economic outcomes potential, unexpected negative effects, etc.

B1. Did you try to evaluate the outcomes of your project? No Yes *Give details below*

Please provide information of the evaluation plan (e.g. outcome measures, indicators, evaluation tools) of your project.

B2.	What is the impact of your project? Please give details below.	
	Key Outcomes	Description
		Documented evidence e.g. Effect Size (%)
	(i) Knowledge gained	
	(ii) Behaviours changed	
	(iii) Health status improved	
	(iv) Others or any negative effects:	

C. Adoption (setting and organisational level) - the absolute number, proportion and representativeness of settings and intervention agents (people who delivered your project) who were willing to initiate the programme.

C1. To your best knowledge, how many organisations have adopted your project or components of your project?

Provide the names of groups, NGOs and government services adopting your project, if any.

C2. Did any partnership(s) form in your project? No Yes *Give details below*

What partnership(s) has (have) been formed, if any?

C3. Has the project, its services or results been disseminated? No Yes *Give details below*

Type of Dissemination	Description (e.g. name of conference, references of journals, etc.)	No.
(i) Conference presentations		
(ii) Publications		
(iii) Transfer of knowledge and skills to new settings or locations		
(iv) Others:		

D. Implementation (setting and organisational level) - How closely the actual implementation met the planned criteria to assure maximum reach and effectiveness?

D1. How closely the actual implementation met the planned criteria? Please select one below.

No criteria Met	Somewhat Met	Moderately Met	Mostly Met	All Met

D2. Were there any barriers (internal and external) identified for the implementation of your project strategies? No Yes *Give details below*

D3. What solutions did your project develop in response to problems/challenge, if any? e.g. availability, accessibility and affordability of health promotion material, etc.

E. Maintenance (Individual or setting level) - the extent to which a programme or policy becomes institutionalised or part of the routine organizational practices and policies.

E1. Has your project been incorporated in the core business of the agencies/organisations? No Yes *Give details below*

In what ways? (e.g. policy, practice, routine services, etc)

E2. Did new structures and processes emerge to enable the ongoing health promotion interventions? No Yes *Give details below*

What are the new structures and processes?

E3. Have funding or supports been sought or secured from other sources to continue or extend your project? No Yes *Give details below*

Provide the resources (e.g. funding amount, manpower, equipment, etc) gained and the name of funding/supporting bodies.

End of Questionnaire - Thank you!