

***HCPF***

***Health Care and Promotion Fund***

**Guidance Notes -  
Progress, Final and Dissemination Report for  
Non-research Health Promotion Projects /  
Seed Funding Scheme**

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

Please submit reports to:

Research Fund Secretariat  
Research Office  
Food and Health Bureau  
18/F, Murray Building,  
Garden Road, Central,  
Hong Kong.

*April 2012*

## ***I. Purpose and Aims***

- 1.1 The submission of progress, final and dissemination reports enables the Health Care and Promotion Fund Committee (HCPFC) 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 HCPF grants 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 Progress Reports**

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

Progress 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. Progress reports will not be graded but will be studied by the PSC.

A progress report template (Appendix A) can be downloaded from [www.fhb.gov.hk/grants](http://www.fhb.gov.hk/grants).

### **2.2. Final Reports**

A final report of up to 5,000 words (8-10 A4 pages, font size not smaller than 12 point, 1.5 lines spacing) with an Executive Summary will be required within 3 months of the end of a project. 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:

**2.2.1. Title Page** (Project Title, Project Team, Administering Institution & affiliations, Project No., Date of Submission)

**2.2.2. Executive Summary**

A summary of not more than 300 words (one A4 page) should be included with information according to the following categories:

Project title  
Purposes/Objectives/Aims  
Project  
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 Executive Summary but it should have elaboration and further details. The following format should be followed:

Introduction Purpose/Objectives/Aims Project <ul style="list-style-type: none"><li>• rationale for implementation</li><li>• details of activities</li><li>• timetable/work plan</li></ul> Target group Outcome/Response Discussion Limitations Implications of the activities Dissemination of project information Publications Bibliography List of project members Appendix
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Introduction: The background/setting of the project and the rationale for proceeding with it should be clearly described.

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

Project: The details of the activities should be clearly described with the rationale for implementation. 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/responses:* Outcome should be summarised indicating to what extent the original aims have been fulfilled. An evaluation, which includes the outcome measures and method of analysis, of the project should be clearly described.

*Discussion:* With reference to the stated aims 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.

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

*Publications:* Publications and other presentations derived from the project should be listed.

*Bibliography:* Follow the format of “Uniform Requirements For Manuscripts Submitted To Biomedical Journals”. (<http://www.icmje.org/index.html>)

*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.

*Appendix:* Tables and figures not included in the text. End products of projects such as booklets or videos, 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. The standard format of dissemination report is appended in Appendix C and can be downloaded from <http://www.fhb.gov.hk/grants>. The following headings should be used:

Introduction
Methods
• Project design
• Target group
Outcome/Response
Discussion
References
Acknowledgements

2.4 The following numbers of printed copies of the various reports are required:

Progress report	2 copies
Final report	5 copies
Dissemination report	5 copies

2.5 The above reports may be written in English or Chinese. An electronic version (CD-Rom in MS Word format) of each document shall be submitted at the same time as the printed versions. All graphics should be included on a CD-Rom in Power Point, Excel, TIFF Bitmap (.tif), windows meta file (wmf), or graphical interface (gif) format. These formats are needed to facilitate the inclusion of graphics into other documents for dissemination.

### ***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 applicants what amendments and additions are required.
- 3.3 Satisfactory final and dissemination reports will be published by the HCPFC. 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 to the best of the authors' knowledge the 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 HCPFC may also routinely inform relevant policy interest in the final and dissemination reports which have been received along with the PSC's assessment of the report.
- 5.3 The HCPFC 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 an executive summary, including a contact address for persons wishing to obtain a full copy of the report.
- 5.4 The HCPFC may distribute copies of a final and dissemination report throughout the HKSAR to bodies of professional and other relevant groups.
- 5.5 The HCPFC 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 HCPFC may organise such meetings or may encourage other organisations to hold such meetings.

## ***VI. Evaluation of Project***

- 6.1 The HCPFC 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 RE-AIM framework developed by Glasgow<sup>1</sup> (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.

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<sup>1</sup> 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 Care and Promotion Fund Committee - Promotion Sub-committee

### *Health Care and Promotion Fund*

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### *Progress Report*

Please submit 3 copies of Progress Report and its attachment. An electronic version of Progress Report shall be submitted at the same time with the printed versions.

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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. **Purpose of the Project:**

List the purpose as stated in the approved proposal. Prior approval must be sought for any change to the purpose.

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7. **Timetable:**

Document the project progress according to the proposed timetable.

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**Health Care and Promotion Fund Committee - Promotion Sub-committee**  
***Health Care and Promotion Fund***

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**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. Signature of Principal Applicant**

\_\_\_\_\_  
(Signature)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

# HCPF

## *Health Care and Promotion Fund*

### *– Non-Research Health Promotion Projects / Seed Funding Scheme*

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#### «Project TITLE»

Submitted to the Promotion Sub-committee (Date)

#### **Project Team**

*(Applicants)*

*(Organisation and Affiliation)*

#### **Final Report HCPF (Project No.:            ) )**

(Contents: Times New Roman 12 pt)

Page

Acknowledgements

Summary

Main Body

Introduction

Purpose/Objectives/Aims

Project

Target group

Outcome/Response

Discussion

Limitations

Implications of the activities

Dissemination of project information

Publications

Bibliography

List of Project Members

Financial Statement

Appendices

## Standard Format for Final Reports

1. Version: Microsoft Word
2. Maximum of 5,000 words (8-10 A4 pages)
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 Executive 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 format
  - d. Superscript references in text after punctuation

**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**.
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
8. Body of the text
  - 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. Acknowledgements
  - a. Times New Roman, 12 pt
12. References
  - a. Times New Roman, 10 pt
  - b. Maximum of 5 references
  - c. Vancouver format
  - d. Superscript references in text after punctuation

Project No.:

# Health Care and Promotion Fund Committee

## *Promotion Sub-committee*

*Health Care and Promotion Fund*

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### Assessment of Final Report

**Project Title:**

**Principal Applicant:**

**Overall Grading:**

The Overall Grading 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”. The overall grading is as follows (please tick only one):

<input type="checkbox"/> Unacceptable	<ul style="list-style-type: none"> <li>• Most of the deliverables proposed by the project team in the approved application were <u>not</u> achieved.</li> <li>• Little value was gained from the project.</li> <li>• The final report will not be disseminated to the public.</li> <li>• The Overall Grading will form part of the track record of the principal applicant and administering institution for consideration during future grant applications, if any.</li> </ul>
<input type="checkbox"/> Acceptable	<ul style="list-style-type: none"> <li>• Most of the deliverables proposed by the project team in the approved application were achieved.</li> <li>• The final report is conditionally acceptable subject to revision.</li> <li>• The final report may be considered for distribution.</li> </ul>
<input type="checkbox"/> Good	<ul style="list-style-type: none"> <li>• Most of the deliverables proposed by the project team in the approved application were achieved.</li> <li>• The final report is accepted. Minor revisions may be required prior to distribution.</li> </ul>
<input type="checkbox"/> Excellent	<ul style="list-style-type: none"> <li>• Most of the deliverables proposed by the project team in the approved application were achieved.</li> <li>• The project may have significant impact on health promotion.</li> <li>• The final report will be considered for wider distribution.</li> </ul>

**Summary comments:**

Please complete the table below.

		Yes	No
i.	Does the final report accurately reflect the approved proposal?		
ii.	Does the assessor agree with the conclusions/implications drawn by the author?		
iii.	Does the project represent “value for money”?		
iv.	Does the final report merit dissemination to a wider readership?		

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ **Name** \_\_\_\_\_

# Report Quality

**Focus on the quality of the written report on this page**

*Please grade the report on a 3-point scale, as follows:*

*1=Unacceptable (U/A) or "No"(includes items that are poorly written or completely missing),*

*2= Satisfactory (Sat), 3= Good or "Yes" by marking the appropriate box (✓).*

Assessment categories		1 U/A or No	2 Sat	3 Good or Yes
<b>1. Introduction</b>				
a)	Were the background/setting of the project and the rationale for proceeding with it clearly described?			
<b>2. Purpose/Objectives/Aims</b>				
a)	Were the objectives clearly stated?			
<b>3. Project</b>				
a)	Was the rationale for implementing the project clearly described?			
b)	Were the details of the projects/activities clearly described?			
c)	Did the report mention whether the project had adhered to the implementation plan?			
<b>4. Target Group</b>				
a)	Was the target clearly described?			
b)	Was the number of targets and/or observations made clearly described?			
<b>5. Outcome/Response</b>				
a)	Was the outcome/response clearly stated?			
b)	Was the evaluation of the project clearly described?			
c)	Were <u>all</u> the intended aims and objectives fulfilled and described in the report?			
d)	Was there sufficient data and analysis to form an opinion on the success of the project?			
<b>6. Discussion</b>				
a)	Are the following appropriately reported with reference to the stated aims/objectives?			
	i. execution of the project			
	ii. observations			
	iii. benefits of the project			
<b>7. Limitations</b>				
a)	Are the limitations of the project appropriately described?			
<b>8. Implications of the activities</b>				
a)	Has the author commented on the relevance of their activities 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?			
<b>9. Dissemination of Project Information</b>				
a)	Is the plan for the dissemination of the project information appropriate?			

**Overall Assessment of the Quality of the Report** *Please mark the appropriate box (✓).*

The report quality does not meet the standard expected

The report quality is of an acceptable standard

The report quality is of a high standard

# Project Quality

**Focus on the quality of the project on this page**

Please grade the report on a 3-point scale, as follows:

**1=Unacceptable (U/A) or "No", 2=Satisfactory (Sat), 3=Good or "Yes"** by marking the appropriate box (✓), if the report complies with the original proposal. **N/A= not applicable to the project.**

	Assessment categories	1 U/A or No	2 Sat	3 Good or Yes	N/A
<b>1.</b>	<b>Process Evaluation (Health promotion interventions and capacity building strategies)</b>				
a)	Did the key partners involved in the project have sufficient resources, skills and capacity to fulfill the project goals and objectives?				
b)	Did the project reach the target or interest group?				
c)	Were the participants satisfied with the project?				
d)	Were all activities of the project implemented?				
e)	Were all materials and components of the project, if any, of good quality?				
<b>2.</b>	<b>Impact Evaluation (Project Short-Term Objectives - immediate changes in populations, individuals or their environment)</b>				
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 social 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?				
<b>3.</b>	<b>Outcome Evaluation (Project Long-Term Goal – mortality, morbidity, disability, quality of life, equity, etc.)</b>				
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** Please mark the appropriate box (✓).

Project quality does not meet the standard expected

Project quality is of an acceptable standard

Project quality is of a high standard

## **Detailed Comments**

Please provide your detailed comments on this project. This part will be forwarded to the applicant. Please use additional sheets, if necessary.

## 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)?

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A2. How many people in total (e.g. clients/carers/staff) participated in your project?

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

<b>Completely Different</b>	<b>Mostly Different</b>	<b>Moderately Different</b>	<b>Somewhat Different</b>	<b>No Difference</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

B1. Did you try to evaluate the impact 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.

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B2. What is the impact of your project? Please give details below.

<b>Type of Impact</b>	<b>Description of impact</b>	<b>Documented evidence e.g. Effect Size (%)</b>
(i) Knowledge gained		
(ii) Behaviours changed		
(iii) Health status improved		
(iv) Others:		

**C. Adoption (setting and organizational 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 (or attach a list) of groups, NGOs and government services adopting your project, if any.

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

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

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

<b>Type of Dissemination</b>	<b>Description (e.g. name of conference, references of journals, etc.)</b>
(i) Conference presentations	
(ii) Publications	
(iii) Transfer of knowledge and skills to new settings or locations	
(iv) Others:	

**D. Implementation (setting and organizational 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.

<b>No criteria Met</b>	<b>Somewhat Met</b>	<b>Moderately Met</b>	<b>Mostly Met</b>	<b>All Met</b>

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

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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.

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**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. At individual level, maintenance has been defined as the long-term effects of a programme on outcomes after 6 or more months following the most recently conducted intervention.**

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)

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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?

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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.

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