

Invitation for Applications
Residential Care Service Voucher Scheme for the Elderly
(Recognised Service Providers)
(Ref.: SWD/EB/RCSV/IOP/8)

1. The Social Welfare Department is inviting applications from operators of residential care homes for the elderly (RCHEs) in Hong Kong to participate in the Residential Care Service Voucher Scheme for the Elderly to provide residential care services to eligible elderly persons through their RCHEs.

Definition

2. Where the context permits or requires, the following terms and expressions shall have the following meanings:-

“Applicant” means any person who submits an Application in response to this Invitation.

“Application Form” means the application form as set out in **Annex 1** hereto.

“Cap.459” means the Residential Care Homes (Elderly Persons) Ordinance, Cap. 459.

“Area of Floor Space” means the net floor area of the premises for the exclusive use of the RSP. In determining the Area of Floor Space per resident, the area of staff dormitory, open space, podium, garden, flat roof, bay window, staircase, column, walls, staircase hall, lift, lift landing, any space occupied by machinery for any lift, air-conditioning system or any similar service provided for the building, and any other area in the RSP which the Director of Social Welfare considers unsuitable for the purposes of an RCHE shall be disregarded.

“Government” means the Government of Hong Kong.

“Government Representative” means the Director of Social Welfare or any person authorised to act for and on her behalf for the purposes of this Invitation Document.

| | |
|-----------------------|---|
| “Hong Kong” | means the Hong Kong Special Administrative Region of the People’s Republic of China. |
| “HK\$” | means the lawful currency of Hong Kong. |
| “Operator” | means an Applicant with whom the Government is to enter into a Service Agreement. |
| “Scheme” | means the Residential Care Service Voucher Scheme for the Elderly. |
| “RCHE” | means residential care home for the elderly licensed under Cap. 459. |
| “RSP” | means a RCHE proposed by an Applicant as its Recognised Service Provider under the Scheme. |
| “Service Agreement” | means the service agreement to be entered into between the Government and a successful Applicant. |
| “Services” | has the same meaning ascribed thereto in the Service Agreement. |
| “SWD” | means the Social Welfare Department of the Government. |
| “Voucher Certificate” | means the personalised voucher certificate to be issued by the Director of Social Welfare to each Voucher Holder. |
| “Voucher Holder” | means an elderly person who possesses and presents to a RSP a Voucher Certificate in his name for procurement of any of the Services. |

3. In this Invitation Document, unless the context otherwise requires, the following rules of interpretation shall apply: -
- (a) references to statutes or statutory provisions shall be construed as references to those statutes or statutory provisions as replaced, amended, modified or re-enacted from time to time; and shall include all subordinate legislation made under those statutes;
 - (b) words importing the singular shall include the plural and vice versa; words importing a gender shall include every gender; references to any person shall include references to individual, company, corporation, firm or any body of persons, corporate or unincorporated and include any public body;
 - (c) section or clause headings are inserted for convenience of reference only and shall not affect the interpretation and construction of this Invitation Document;
 - (d) unless otherwise specified, a reference to a clause, paragraph, schedule, appendix or attachment etc. by number or letter, shall be construed as a reference to the clause, paragraph, schedule, appendix or attachment etc. of that number or letter in the document in which such reference appears;
 - (e) reference to a day refers to calendar day; and reference to a working day means any day other than a Saturday and a general holiday as the term is defined under the General Holidays Ordinance (Cap. 149);
 - (f) reference to a month or a monthly period refers to a calendar month.

Background

4. The Scheme, adopting the ‘money-following-the user’ principle, provides an additional choice for elderly persons in need of residential care services and are waitlisting for care-and-attention places on the Central Waiting List. Starting from 2022-23, the Government increased the number of RCSVs to 4 000 so as to benefit more elderly persons.

Eligibility Criteria

5. To be eligible to apply for participating in the Scheme, an Applicant must:-

- (a) have the legal capacity to enter into contracts with the Government;
- (b) propose one or more RCHE to be a RSP and such RCHE must satisfy all of the following-
 - (i) be -
 - (1) owned, controlled and operated by the Applicant who is a bona fide non-profit making Non-Governmental Organisation, charitable institution or trust of a public character exempt from tax under section 88 of the Inland Revenue Ordinance (Cap. 112); or
 - (2) currently providing residential care services for elderly persons under a Government contract awarded through open tender; or
 - (3) private RCHE.
 - (ii) have an Area of Floor Space of at least 9.5m² for each resident.
 - (iii) be providing non-subsidised residential care service places.
 - (iv) meet the minimum staffing requirements as specified in **Annex I** of the Service Specifications.
- (c) have been holder of a licence issued under Cap. 459 in respect of the proposed RSP immediately preceding the date of submitting the Application Form to the Government Representative;
- (d) have not been convicted of any offence under Cap. 459 and any other criminal offence directly related to the operation of the proposed RSP in the 60-month period immediately preceding the date of submitting the Application Form to the Government Representative;
- (e) have not engaged or are not engaging in acts or activities that are likely to constitute or cause the occurrence of offences endangering national security or which would otherwise be contrary to the interest of national security; the continued engagement of the operator or the continued performance of the Service Agreement is not contrary to the interest of national security; or SWD reasonably believes that any of the events mentioned above is not about to occur; and

(f) have, in respect of the proposed RSP –

- (i) a clean record with no warning letters received from SWD in respect of the proposed RSP in the 12-month period immediately preceding the date of submitting the Application Form to the Government Representative; or
- (ii) receiving one warning letter from SWD which must relate to no more than two items of default¹ in the 12-month period immediately preceding the date of submitting the Application Form to the Government Representative provided that such letter must not be received within the 6-month period immediately preceding the date of submitting the Application Form to the Government Representative; or
- (iii) receiving two warning letters from SWD and each of the two warning letters must relate to no more than one item of default in the 12-month period immediately preceding the date of submitting the Application Form to the Government Representative provided that such letters must not be received within the 6-month period immediately preceding the date of submitting the Application Form to the Government Representative.

Submission of Application

- 6. The Application Form and the accompanying documents should be completed in English or Chinese.
- 7. An Applicant **must SUBMIT three (3) hard copies of its Application Form together with the supporting documents** all enclosed in a sealed envelope marked “CONFIDENTIAL - Application for Joining the Residential Care Service Voucher Scheme for the Elderly as the Recognised Service Provider” to the following address:

Elderly Branch
Residential Care Service Voucher Office
Social Welfare Department
[Attention :
Senior Social Work Officer
(Residential Care Service Voucher)]
Rooms 2701-07, 27/F
Two Chinachem Exchange Square
338 King's Road
North Point, Hong Kong

¹ “default” means non-compliance with any of the following:- building and accommodation, fire safety and precautions, area of floor space, furniture and equipment, management, staffing, health and care services, infection control, nutrition and diet, cleanliness and sanitation, social care.

Assessment of Applications

8. A Vetting Committee formed by SWD will conduct assessment of each Application on the basis of the requirements set out in this Invitation Document.
9. Notwithstanding any other provisions herein, the Government reserves the right to:-
 - (a) cancel this Invitation for Applications;
 - (b) amend this Invitation Document by addendum at any time;
 - (c) reject an Application even if the Applicant has met all the eligibility criteria set out in Paragraph 5 above;
 - (d) seek clarification and further information from an Applicant with respect to any aspect of its Application.

Miscellaneous

10. Each Applicant is solely responsible for the fees, costs and expenses incurred in preparing for and making a submission of an Application. The Government will under no circumstances be liable to any Applicant for such fees, costs, expenses, loss or damage whatsoever arising from or in connection with the submission in response to this Invitation.
11. The Government is entitled to disclose to other parties or make copies of any or all of the Applications received for the purpose of considering such Applications and to keep such copies for record purposes.
12. Intending Applicants may contact the following officers with respect to any enquiry relating to this Invitation Document :

Miss May HO / Social Work Officer (Residential Care Service Voucher)¹
Tel.: 3107 3424; or

Ms Winnie FUNG / Social Work Officer (Residential Care Service Voucher)²
Tel.: 3107 3260; or

Ms Ella CHAN / Social Work Officer (Residential Care Service Voucher)³
Tel.: 2456 2913

Annexes

Annex 1 - Application Form

Annex 2 - Service Specifications

**Application Form for Joining
the Residential Care Service Voucher Scheme for the Elderly
as Recognised Service Provider**

[One application form for one residential care home for the elderly]

I/my organisation, am/is applying for the residential care home for the elderly (RCHE) named in Part 2 (i) of this Application Form to join the Residential Care Service Voucher Scheme for the Elderly (the Scheme) as a Recognised Service Provider (RSP). I/my organisation am/is providing the following information with relevant documentary proof enclosed for the consideration of the Social Welfare Department (SWD).

Unless otherwise defined, capitalised terms in this Application Form shall have meaning as defined in the Invitation for Applications (Ref.: SWD/EB/RCSV/IOP/8).

Part 1

(a) Applicant¹ Information

1. If the operator is an individual or a partner, please fill in the following information:

| Name of English | Name of Chinese | HKIC No. |
|-----------------|-----------------|----------|
| | | |

2. If the operator is a limited company, please fill in the following information:

Name of Company:

(English)

(Chinese)

Address of Company:

(English)

(Chinese)

¹ Applicant refers to the person/ organisation that has been holder of a licence issued under the Residential Care Homes (Elderly Persons) Ordinance (Chapter 459, Laws of Hong Kong) in respect of the above residential care home.

3. Applicant / Representative Acting on behalf of the Operator

Name: _____ (_____)
(English) (Chinese)

Address: _____

(English)

(Chinese)

Post title in the RCHE/Company (if applicable): _____

Contact Telephone Number: _____

Fax Number: _____

E-mail address: _____

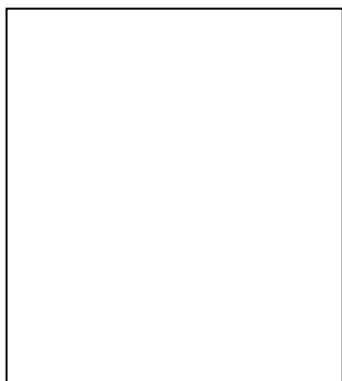
(B) Applicant's Declaration:

I declare that the information I have given on this Application Form is true and correct to the best of my knowledge and belief.

I confirm that I/my organisation has met all the criteria set out in Paragraph 5 of the Invitation for Applications (Ref.: SWD/EB/RCSV/IOP/8).

I also confirm to apply for joining the Residential Care Service Voucher Scheme for the Elderly as a RSP and understand that this submission will form part of the agreement if the application is successful.

*(Please stamp company /
organisation chop below)*



Authorised Signature: _____

Name: _____
(in block letters)

Post: _____

Telephone No.: _____

Date: _____

Part 2

Information on RCHE (please ☒ where appropriate)

- (i) Name of the RCHE _____
(Chinese)

(English)
- (ii) Address of the RCHE:

(Chinese)

(English)
- (iii) Telephone No.: _____
- (iv) Fax No.: _____
- (v) Email address: _____
- (vi) LORCHE number: **L** _____
- (vii) Commencement date of the first licence issued to the RCHE (dd/mm/yyyy): _____
- (viii) Expiry date of the current licence issued to the RCHE (dd/mm/yyyy): _____
- (ix) Area of Floor Space² _____ m²
- (x) Existing service capacity:
- (a) Maximum number of residents permitted under the licence in respect of the RCHE:

- (b) Current number of residential care places: _____ (Total No.)
☐ Subsidised: _____
☐ Non-subsidised: _____
- (c) Number of residents on date of Application: _____ (Total No.)
☐ Numbers in subsidised places: _____
☐ Numbers in non-subsidised places: _____

² Net Floor Area as defined in the “Code of Practice for Residential Care Homes (Elderly Persons) January 2020 (Revised Edition)”.

(xi) Is each resident currently occupying an area of floor space not less than 9.5 m² ?

☐ Occupy 9.5 m² or above

☐ Not yet occupy 9.5 m²

(xii) Total number of beds proposed for accommodating Voucher Holders at the Voucher Value as a ceiling price under the Service Agreement :

Total number: ____ (including ____ (Male), ____ (Female) and ____ (Gender not specified))

[Note: Applicant should submit a floor plan of the RCHE showing the location of all beds proposed for accommodating Voucher Holders at the Voucher Value as a ceiling price under the Service Agreement (with the bed numbers marked for identification purpose). Such floor plan will be included in the Service Agreement].

(xiii) Number of beds proposed for accommodating Voucher Holders at the Voucher Value as a ceiling price under the Service Agreement which are vacant as at the date of this application:

Total number: ____ (including ____ (Male), ____ (Female) and ____ (Gender not specified))

(xiv) Total number of beds proposed for accommodating Voucher Holders at Value higher than the Voucher Value under the Service Agreement :

Total number: ____ (including ____ (Male), ____ (Female) and ____ (Gender not specified))

[Note: Applicant should submit a floor plan of the RCHE showing the location of all beds proposed for accommodating Voucher Holders at Value higher than the Voucher Value under the Service Agreement (with the bed numbers marked for identification purpose). Such floor plan will be included in the Service Agreement].

(xv) Number of beds proposed for accommodating Voucher Holders at Value higher than the Voucher Value under the Service Agreement which are vacant as at the date of this application:

Total number: ____ (including ____ (Male), ____ (Female) and ____ (Gender not specified))

(xvi) Any proposed change by reason of the Scheme in the internal layout, location or number of beds, operation arrangement which may be contrary to any of the licencing conditions in respect of the RCHE, any terms in any existing service contract, service agreement or Funding & Service Agreement made between the Government and the Applicant) :

☐ No

☐ Yes, please indicate the change(s) :

[Note: Where the answer to the above questions is “yes”, the Applicant is reminded to seek approval from the relevant authorities.]

Part 3

(Contract homes³ and EA1 homes under the Enhanced Bought Place Scheme **are not required** to complete Part 3 and **not required** to submit the “Staff List” and “Staff Duty Roster”)

Provision of staff by the Applicant at that RCHE is as follows -

- (A) Information on staff currently employed at that RCHE is provided in the “Staff List”⁴ in respect of that RCHE contained in the Appendix to this Application Form. In addition, also attach the latest “Staff Duty Roster”⁵.
- (B) Information on staff currently deployed by that RCHE through sub-contracting, if any, is provided as below-

| Type of Staff | Name and Address of the Sub-contractor | Total working hours per week |
|---------------|--|------------------------------|
| | | |
| | | |
| | | |

(Use separate sheet if necessary)

[Note: Applicant should submit a copy of relevant agreement entered into between the Applicant and the sub-contractor as documentary proof.]

- (C) If the RCHE proposed by the Applicant as a RSP under the Scheme plans to admit residents by phases, the Applicant may submit an “Enrolment Plan by Phases”, i.e. the RCHE will employ no. of staff based on projected total number of residents in different phases until the whole RCHE meets the staffing requirements in Part A of Annex I of Service Specifications in this “Invitation for Applications”. The RCHE must gradually employ the required types and working hours of staff in not exceeding 3 phases. SWD will consider whether the “Enrolment Plan by Phases” is reasonable, among all, in considering whether the RCHE can be accepted as a RSP. The Applicant should obtain the related form on “Enrolment Plan by Phases” from SWD.

³ RCHE providing residential care services for elderly persons under a Government contract awarded through open tender.

⁴ Annex 3.2 of “Code of Practice for the Residential Care Homes (Elderly Persons) January 2020 (Revised Edition)”.

⁵ According to paragraph 8.6 of Chapter 8 of the “Code of Practice for Residential Care Homes (Elderly Persons) January 2020 (Revised Edition)”, RCHE shall maintain the record of staff monthly duty roster.

Part 4

Documents Enclosed (please ☒ where applicable)

- ☐ (i) Three (3) hard copies of the completed Application Form at **Annex** _____
- ☐ (ii) A copy of the current licence in respect of the RCHE issued by the Director of Social Welfare under the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) at **Annex** _____
- ☐ (iii) A copy of document / certificate on the registration under Section 88 of the Inland Revenue Ordinance (Cap. 112) in respect of the Applicant at **Annex** _____
- ☐ (iv) A copy of the Certificate of Incorporation issued by the Registrar of Companies in respect of the Applicant at **Annex** _____
- ☐ (v) A copy of the Business Registration Certificate issued by the Registrar of Companies in respect of the RCHE at **Annex** _____
- ☐ (vi) Two (2) hard copies of floor plan of the RCHE showing the respective location of all beds proposed for accepting Voucher Holders under the Service Agreement (with the bed numbers and types of beds marked for identification purpose) with chop of company / organisation and applicant's signature at **Annex** _____
- ☐ (vii) Staff List of Residential Care Home for the Elderly and Staff Duty Roster at **Appendix to Application Form** _____
- ☐ (viii) A copy of the agreement(s) entered between the Applicant and its sub-contractor for the provision of staff specified in Part 3(B) at **Annex** _____
- ☐ (ix) A copy of the training certificates or certificates awarded under "Recognition of Prior Learning" Mechanism under the Qualifications Framework in respect of the care workers who have completed a personal care worker training course or a health worker training course each of a duration not less than three full days provided by a training institution acceptable to SWD at **Annex** _____

Particulars of the Contact Person in Relation to the Application:

Name: (Chinese) _____

(English) _____

Post: _____

Telephone: _____

Fax number: _____

E-mail address: _____

Staff List of Residential Care Home for the Elderly (RCHE)

Name of RCHE: _____

Operator/Home Manager of RCHE:RCHE Stamp

Name of RCHE: _____

Signature: _____

Telephone of RCHE: _____

Date of Report: ☐ 31/3/20 _____ ☐ 30/6/20 _____ ☐ 30/9/20 _____ ☐ 31/12/20 _____(dd/mm/yyyy) Another date (please specify) ☐ ____ / ____ / _____

Name: | | _____

Post: | | _____

No. of Residents on the Date of Report: _____ (including resident(s) on home leave or staying in hospital)

No. of Beds on the Date of Report: _____

Part I Staff Information (Note 1)

| S/N | Name in English | Name in Chinese | Sex (M/F) | HKIC No. (e.g.: A123456(7)) | Date of Commencement of Current Post (dd/mm/yyyy) (e.g. 1/1/2016) | Current Post (Note 2) | Total Working Hours Per Week | Daily Working Time | | Qualifications (Note 3) |
|-----|-----------------|-----------------|-----------|-----------------------------|---|-----------------------|------------------------------|----------------------|-----------------------|-------------------------|
| | | | | | | | | On Duty Time (am/pm) | Off Duty Time (am/pm) | |
| | | | | | / / | | | | | |
| | | | | | / / | | | | | |
| | | | | | / / | | | | | |
| | | | | | / / | | | | | |
| | | | | | / / | | | | | |
| | | | | | / / | | | | | |
| | | | | | / / | | | | | |
| | | | | | / / | | | | | |
| | | | | | / / | | | | | |
| | | | | | / / | | | | | |
| | | | | | / / | | | | | |
| | | | | | / / | | | | | |
| | | | | | / / | | | | | |
| | | | | | / / | | | | | |

Part II Number of Staff

| Post | Number | Post | Number |
|------------------|--------|-------------------------------|--------|
| Home Manager | | Social Worker | |
| Registered Nurse | | Physiotherapist | |
| Enrolled Nurse | | Occupational Therapist | |
| Health Worker | | Dietician | |
| Care Worker | | Others (Please specify): | |
| Ancillary Worker | | | |
| | | Total Number of Staff: | |

Operator/Home Manager of RCHE:

I understand the warning statement set out at the bottom of this page and confirm that the information contained in this Staff List is true and accurate.

Signature:

Name:

Post:

RCHE Stamp

| |
|--|
| |
|--|

Note 1: The operator/home manager of an RCHE shall report all staff employed to perform work in the RCHE on the date of report (including the relief staff).

Note 2:

| Post | | |
|----------------------|--------------------------|----------------------------|
| HM: Home Manager | CW: Care Worker | PT: Physiotherapist |
| RN: Registered Nurse | AW: Ancillary Worker* | OT: Occupational Therapist |
| EN: Enrolled Nurse | SW: Social Worker | DT: Dietician |
| HW: Health Worker | Others (please specify): | |

*AW may include a cook, domestic servant, driver, gardener, watchman, welfare worker or clerk

Note 3:

| Qualifications (may choose more than one item) | | |
|--|-----------------------------|---|
| (1) Licensing Requirement | (2) Other Certification | (3) Training Subsidy Scheme for Staff of Residential Care Homes |
| A1: Registered Nurse | B1: Care Worker Certificate | C1: Training for Home Managers (Course A) Certificate |
| A2: Enrolled Nurse | B2: Physiotherapist | C2: Training for Home Managers (Course B) Certificate |
| A3: Health Worker Certificate | B3: Occupational Therapist | |
| A4: First Aid Certificate | B4: Social Worker | C3: Advanced Training for Health Workers Certificate |
| | | C4: Training for Care Workers Certificate |

Remarks: (1) Please make copies of the front page for insufficient space, with the name, post and signature of the RCHE operator/home manager together with the RCHE stamp on each page.
 (2) An operator shall inform the Director of Social Welfare, in writing within 14 days, of any change in the employment of a home manager.
 (3) A home manager of an RCHE shall at least once every 3 months inform the Director of Social Welfare in writing of any change in the list of staff employed. The home manager shall report this staff list as at 31 March, 30 June, 30 September and 31 December every year to the Director of Social Welfare on or before the 5th day of April, July, October and January respectively.

WARNING

Under sections 21(6)(a) & 21(6)(c) of the Residential Care Homes (Elderly Persons) Ordinance, any person who furnishes any information which is false in a material particular and which he knows or reasonably ought to know is false in such particular commits an offence.

Residential Care Service Voucher Scheme for the Elderly
Service Specifications

Part A - Definitions

| | |
|-----------------------------------|---|
| “ Area of Floor Space” | means the net floor area of the premises for the exclusive use of the RSP. In determining the Area of Floor Space per resident, the area of staff dormitory, open space, podium, garden, flat roof, bay window, staircase, column, walls, staircase hall, lift, lift landing, any space occupied by machinery for any lift, air-conditioning system or any similar service provided for the building, and any other area in the RSP which the Director of Social Welfare considers unsuitable for the purposes of an RCHE shall be disregarded. |
| “Individual Care Plan” or “ICP” | means a plan which identifies a Voucher Holder’s care needs, and by which service strategies are developed and implemented to meet his needs and the effectiveness of such strategies should be reviewed and adjusted from time to time. |
| “registered medical practitioner” | means a person who is registered under the Medical Registration Ordinance, Cap. 161. |

Part B - Voucher Services

1. The Operator shall provide or make available to Voucher Holders through its RSP the following Voucher Services:-
 - (a) accommodation within shared rooms including lighting, hot water and other utilities as well as furniture, furnishings, beddings and utensils as necessary for residential care;
 - (b) at least three (3) meals a day, plus snacks; with adequate quantities and varieties, including the provision of soft meals to the Voucher Holders with swallowing difficulties, having regard to the health conditions, cultural and religious background and dietary needs;

- (c) basic and special nursing care such as monitoring of vital signs, administration and supervision of medication, management of wounds;
- (d) staff on duty 24 hours per day;
- (e) personal care service such as assistance with activities of daily livings;
- (f) rehabilitative services, including therapeutic exercise and treatment session, on either a group or individual basis twice per week, to maintain or improve their functioning;
- (g) regular visits by a registered medical practitioner, other than those from community geriatric assessment teams or clinics provided by the Government or the Hospital Authority;
- (h) social or recreational activities on regular basis to meet the social and recreational needs of Voucher Holders, to encourage them to pursue their interests, and to maintain their contacts with the community and families; and
- (i) laundry service.

Part C -Essential Service Requirements

1. The Operator shall ensure that its RSP shall:-

- (a) meet the staffing requirements as specified in **Annex I** ;
- (b) provide each resident Area of Floor Space of at least 9.5 square metres;
- (c) allow Voucher Holders to take up only residential care places that are not being subsidised by the Government;
- (d) participate in the Service Quality Group Scheme coordinated by the SWD;
- (e) formulate, implement and review an Individual Care Plan for each Voucher Holder in accordance with the Guidelines as set out in **Annex V**;

- (f) through appropriate channels, including the website of the Operator and the RSP, premises of the RSP and any other channels as directed by the Government Representative, make available to the public:
 - (i) information on the RSP, including but not limited to the staffing level, services, price list on fee charging items , facilities and equipment available at the RSP; and
 - (ii) up-dated information on the Voucher Services, including the total number of beds accepting Voucher Holders at the Voucher Value and the bed vacancy;
- (g) subject to availability of beds, provide Voucher Services to any Voucher Holder seeking to procure Voucher Services at its RSP;
- (h) continue to provide Voucher Services to a Voucher Holder whose health condition deteriorates to a higher care level after admission until suitable alternative residential care has been arranged for the Voucher Holder; and
- (i) save where the Voucher Holder voluntarily requests to be discharged, not discharge or cease to provide Voucher Services for any Voucher Holder after his/her admission except with the written consent of the Government Representative.

Part D – On Case Admission and Discharge

1. The Operator shall collect from Voucher Holders their Voucher Certificates and retain the same for safe keeping. The Operator shall give receipt for each Voucher Certificate retained by it in a form as appears in **Annex II**.
2. The Operator shall return the Voucher Certificate to a Voucher Holder on his discharge from its RSP and shall cause a certificate in a form as appears in **Annex III** to be duly completed and signed.

Part E – Discharge

1. A Voucher Holder shall not be discharged by the Operator except:-

- (a) where the Voucher Holder or his immediate family voluntarily requests for his discharge from the RSP; or
 - (b) on death of the Voucher Holder.
- 2. Save where a Voucher Holder is earlier discharged under paragraph 1 above, a Voucher Holder shall be deemed to be discharged from the RSP-
 - (a) after continued absence from a RSP following:-
 - (i) a leave of absence of 30 consecutive days other than due to hospitalisation; or
 - (ii) an absence of 60 consecutive days due to hospitalisation, or
 - (b) the Voucher Holder refuses or otherwise fails to allow the Operator to collect from him the appropriate Service Fee under paragraph 1(a) of Part G hereof.
- 3. The Operator shall not open up the residential care place taken up by a Voucher Holder for new intake until the date of his discharge or deemed discharge.

Part F – Notification to Government Representative

- 1. The Operator shall notify the Government Representative in respect of the RSP any one of the following events within two (2) working days after the occurrence of such event:
 - (a) admission of any new Voucher Holder for Voucher Services with a copy of the Voucher Certificate Receipt Form as appears in **Annex II** provided to the Government Representative;
 - (b) discharge or deemed discharge of any Voucher Holder from Voucher Services under Part E hereof, with a duly completed Return of Voucher Certificate Form as appears in **Annex III** or the Voucher Certificate deposited with the Operator by that Voucher Holder provided to the Government Representative; and
 - (c) death of or voluntary withdrawal from the Scheme by any Voucher Holder with the Voucher Certificate concerned returned to the Government Representative.

Part G – Fee Charging

Service Fee

1. The Operator shall –
 - (a) on admission and thereafter on the first day of each month collect from each Voucher Holder the appropriate Service Fee and issue to him an Official Receipt in the form as appears at **Annex IV**;
 - (b) not charge a Voucher Holder in respect of the Voucher Services provided by its RSP any fees or charges other than the appropriate Service Fee; and
 - (c) subject to paragraph 4 of this Part G, not give any Voucher Holder directly or indirectly any rebate or refund, in cash or in kind, of the Service Fee payable or paid by the Voucher Holder and the subsidy payable or paid by the Government.
2. The Service Fee to be collected from each Voucher Holder in a month shall be adjusted on a pro rata basis if:-
 - (a) the Voucher Holder's admission to the RSP does not take place on the first day of the month; and/or
 - (b) the Voucher Holder's discharge or deemed discharge (under Part E) from the RSP does not take place on the last day of the month.
3. The adjusted Service Fee shall be rounded down to the nearest integer.
4. Any over-payment of Service Fee by a Voucher Holder arising from his early discharge or deemed discharge from the RSP under Part E shall be refunded by the Operator to the Voucher Holder as soon as practicable or in any event no later than 3 months after the date of discharge or deemed discharge.

Additional Services & Consumable Items, etc.

5. Notwithstanding anything contrary herein contained, the Operator may charge Voucher Holders:

- (a) for non-essential services outside the scope of Voucher Services such as additional physiotherapy / occupational therapy, upgraded dormitory (e.g. single-room / double-room dormitory), acupuncture, Chinese medicine and massage services provided to Voucher Holders at their request and subject to the following –
- (i) the total charges in respect of such services for any one Voucher Holder in a calendar month shall not exceed 150% of the full Voucher Value for the time being in force;
 - (ii) for Voucher Holders opted for upgraded dormitory, on admission and thereafter on the first day of each month collect from each Voucher Holder the appropriate additional service fee and issue to him an Official Receipt;
 - (iii) the additional service fee to be collected from each Voucher Holder in a month shall be adjusted on a pro rata basis if:-
 - the Voucher Holder's admission to the RSP does not take place on the first day of the month; and/or
 - the Voucher Holder's discharge or deemed discharge (under Part E) from the RSP does not take place on the last day of the month.
 - (iv) the adjusted additional service fee shall be rounded down to the nearest integer; and
 - (v) any over-payment of additional service fee by a Voucher Holder arising from his early discharge or deemed discharge from the RSP under Part E shall be refunded by the Operator to the Voucher Holder as soon as practicable or in any event no later than 3 months after the date of discharge or deemed discharge.
- (b) on a reimbursement basis, for consumable items, such as diapers, formula milk, medical/surgical appliances, and incidental charges, such as transportation fees, escort service fees, which are outside the scope of Voucher Services subject to the following –
- (i) the items are to meet the special needs of individual Voucher Holders;
 - (ii) Voucher Holders and their family members must be allowed the option to buy the items or procure the services on their own;

- (iii) the fees and expenses shall be charged on a cost-recovery basis, which shall not include administrative fee and shall not be detrimental to the interests of Voucher Holders;
- (iv) notices containing a price list of all the items and channels for making enquiries/complaints about the additional fees and expenses shall be clearly displayed in a conspicuous place in the premises of the RSP;
- (v) the Operator shall explain to Voucher Holders, their family members and any persons responsible for the Voucher Holders the fee-charging items and the additional fees and expenses on or before the admission of the Voucher Holders to the RSP;
- (vi) the Operator shall conduct periodic consultation and regular review with Voucher Holders, their family members and any persons responsible for the Voucher Holders on the arrangement of the fee-charging items and the pricing thereof; and
- (vii) the Operator shall inform Voucher Holders, their family members and any persons responsible for the Voucher Holders for any change of fees and charges in writing at least 30 days in advance of the effective date of implementation.

6. The Operator shall not charge a Voucher Holder for any item in respect of which Care Supplement Subsidy is payable or will be payable by the Government.

PART H - CARE SUPPLEMENT

1. The Operator must provide Voucher Holders receiving Care Supplement Subsidy that is assessed as eligible by public Medical Officers of hospitals/clinics under Department of Health or Hospital Authority with care supplements in accordance with the provisions in **Annex VI**.

PART I – CONTINGENCY PLAN

1. The Operator shall develop a contingency plan to ensure the uninterrupted provision of Voucher Services during emergency situations (including outbreak of an epidemic and hazards such as fire) or when there are difficulties for RSP in providing any of the Voucher Services. The back-up services/support as set out in the contingency plan must meet all requirements of the Service Agreement.
2. The Operator shall inform SWD as soon as possible when the contingency plan is activated.

PART J - GENDER MAINSTREAMING

The Operator shall complete and submit to the Government Representative:

- (a) Part I of the “Gender Mainstreaming Checklist” (in the form set out in **Annex VII**) within two (2) months from the date of the Service Agreement; and
- (b) Part II of the “Gender Mainstreaming Checklist” (in the form set out in **Annex VIII**) within two (2) months from the first anniversary of the commencement date of this Service Agreement.

PART K – EVALUATION OF THE SCHEME

The Operator shall provide such assistance with respect to the evaluation of the Scheme as may be required by the Government.

Annexes to Service Specifications

- Annex I – Staffing Requirement for RSP under the Scheme
- Annex II – Voucher Certificate Receipt Form
- Annex III – Return of Voucher Certificate Form
- Annex IV – Form of Official Monthly Receipt
- Annex V – Guidelines on the formulation and implementation of ICP for Voucher Holders
- Annex VI – Care Supplement
- Annex VII - Part I of the Gender Mainstreaming Checklist
- Annex VIII - Part II of the Gender Mainstreaming Checklist

Annex I – Staffing Requirement for RSP under the Scheme

The Operator shall ensure that the RSP under the Scheme shall at all times during the Contract Period comply with the following:

1. Minimum staffing level based on the government's calculation of bed number of entire RCHE as set out in **Part A** or the minimum staffing levels as approved by the Government as set out in **Part B**; and
2. The training requirements for Care Workers as set out in **Part C**.

Part A : Minimum staffing requirement based on the government's calculation of bed number of entire RCHE (on the basis of each staff working 8 hours per day and 6 days per week)

| Total number of beds Type of Staff | 25 | 50 | 75 | 100 | 125 | 150 | 175 | 200 | 300 |
|---|--------------|-------------|--------------|-----------|--------------|-------------|--------------|-----------|------------|
| Home Manager | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Registered Nurse ^(Note 1) | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Enrolled Nurse ^(Note 2) or Registered Nurse | 1.5 | 2.5 | 3.5 | 4 | 5 | 6 | 7 | 8 | 12 |
| Physiotherapist/ Occupational Therapist ^(Note 3) | 0.25 | 0.5 | 0.75 | 1 | 1.25 | 1.5 | 1.75 | 2 | 3 |
| Health Worker ^(Note 4) or Registered Nurse or Enrolled Nurse | 1.5 | 2.5 | 3.5 | 4 | 5 | 6 | 7 | 8 | 12 |
| Care Worker ^(Note 5) | 6 | 10 | 16 | 20 | 26 | 30 | 36 | 40 | 60 |
| Ancillary Worker ^(Note 6) | 8 | 8 | 9 | 11 | 13 | 15 | 17 | 20 | 28 |
| Total no. of Staff | 18.25 | 24.5 | 34.75 | 42 | 52.25 | 60.5 | 70.75 | 80 | 117 |

(Note 1) Registered nurse refers to registered nurse under the Nurse Registration Ordinance (Cap.164).

(Note 2) Enrolled nurse refers to enrolled nurse under the Nurse Registration Ordinance (Cap.164).

(Note 3) Physiotherapist/occupational therapist refer to physiotherapist/occupational therapist under the Supplementary Medical Professions Ordinance (Cap.359).

(Note 4) Health Worker refers to health worker registered under the Residential Care Homes (Elderly Persons) Regulation (Cap.459, sub. leg. A).

(Note 5) Care Worker refers to any person deployed by the Operator to render personal care to residents at the RSP.

(Note 6) Ancillary Worker refers to any person, other than a Care Worker, Health Worker or Registered Nurse/Enrolled Nurse, deployed by an Operator for performing duties including those of a cook, domestic servant, driver, gardener, watchman, welfare worker or clerk.

Annex I – Staffing Requirement for RSP under the Scheme

Part B: Minimum staffing levels as approved by the government

- 1 If the RSP under the Scheme is a Contract Home^{Note}, the Operator must ensure that the RSP will at all times during the RSP contract period meet the minimum staffing requirements as set out in the Government contract awarded through open tender in order to provide services; or
- 2 The RSP must meet the staffing requirement as stated in the “Enrolment Plan by Phases” based on the admission plan of the RCHE as approved by the Government during the RSP contract period.

Part C : Training Requirement for Care Workers

The Operator shall ensure that its RSP shall maintain a team of Care Workers at least 75% of whom must:

- have completed a personal care worker training course provided by a training institution acceptable to the Government Representative of a duration of not less than three (3) full days; or
- have received relevant certificate according to the “Recognition of Prior Learning” mechanism under the Qualifications Framework; or
- have completed a health worker training course provided by a training institution acceptable to the Government Representative.

^{Note} RCHE providing residential care services for elderly persons under a Government contract awarded through open tender.



長者院舍照顧服務券(院舍券) 計劃 保管院舍券證明書記錄

請認可服務機構於院舍券持有人入住院舍即日起計兩個工作天內，將填妥的表格傳真至社會福利署安老服務科以作跟進。傳真號碼：3107 0236。

本認可服務機構(即院舍)確認已收取以下院舍券持有人或其指定代表(親友或個案工作人員)交來的院舍券證明書正本，本院舍定當妥善保存。當院舍券持有人離開本院舍時，本院舍定當立即退還院舍券證明書予院舍券持有人或其指定代表。有關資料如下：

| 院舍券持有人資料 | |
|---|-----------------------------|
| 院舍券持有人姓名(英文): | (中文): |
| 院舍券證明書編號: RCSV | 共同付款級別: |
| 院舍券證明書有效日期由: 年 月 日 至: 年 月 日 | |
| 入住床位編號: _____ 床位收費: <input type="checkbox"/> 院舍券面值 <input type="checkbox"/> 高於院舍券面值(請註明額外付款金額:\$ _____ 元) <input type="checkbox"/> 院舍每月實際收費(如適用)(請註明收費金額:\$ _____ 元) | |
| 入住院舍資料 | |
| 認可服務機構名稱: | |
| 認可服務機構編號: R | |
| 認可服務機構地址: | |
| 認可服務機構電話: | 認可服務機構傳真: |
| 上述院舍券持有人入住院舍及開始支付服務費用日期: 年 月 日 | |
| 收取院舍券證明書日期: 年 月 日 | |
| 資料確認 | |
| 認可服務機構職員 簽署: | 院舍券持有人/代表 (親友/個案工作人員)簽署: |
| 認可服務機構職員 姓名: | 院舍券持有人/代表 (親友/個案工作人員)姓名: |
| 認可服務機構職員 職銜: | |
| 此欄由社會福利署安老服務科填寫 | |
| 上述資料已於長者院舍照顧服務券系統中確認及記錄。 | |
| 日期: | |

認可服務機構蓋印



長者院舍照顧服務券(院舍券)計劃

退還院舍券證明書記錄

請認可服務機構於院舍券持有人離開院舍即日起計兩個工作天內，將填妥的表格傳真至社會福利署安老服務科以作跟進。傳真號碼：3107 0236

本認可服務機構(即院舍)確認已退還以下院舍券持有人交來的院舍券證明書正本予院舍券持有人或其指定代表(親友或個案工作人員)。有關資料如下：

| 院舍券持有人資料 | |
|--|---------|
| 院舍券持有人姓名(英文): | (中文): |
| 院舍券證明書編號: | 共同付款級別: |
| 院舍券證明書有效日期由: 年 月 日 至: 年 月 日 | |

| 離開院舍資料 | |
|--|-----------|
| 認可服務機構名稱: | |
| 認可服務機構編號: R | |
| 認可服務機構地址: | |
| 認可服務機構電話: | 認可服務機構傳真: |
| 上述院舍券持有人離開院舍日期: 年 月 日 | |
| 離開院舍原因: | |
| 退還院舍券證明書日期: 年 月 日 | |

| 資料確認 | |
|-----------------|------------------------------|
| 認可服務機構職員 簽署: | 院舍券持有人/代表 (親友/個案工作人員) 簽署: |
| 認可服務機構職員 姓名: | 院舍券持有人/代表 (親友/個案工作人員) 姓名: |
| 認可服務機構職員 職銜: | 院舍券持有人/代表 (親友/個案工作人員) 電話: |

此欄由社會福利署安老服務科填寫

上述資料已於長者院舍照顧服務券系統中確認及記錄。

日期

認可服務機構蓋印

Annex IV – Form of Official Monthly ReceiptRCSV 表格 4
(2023 年 4 月)

收據編號：

長者院舍照顧服務券(院舍券) 計劃
院舍券持有人 _____ 年 _____ 月份收據

| | |
|----------------|-----------|
| 認可服務機構(即院舍)名稱： | 認可服務機構檔號： |
| 認可服務機構電話： | 認可服務機構傳真： |

| 院舍券持有人資料 | |
|---------------|---------|
| 院舍券持有人姓名(英文)： | (中文)： |
| 院舍券證明書編號： | 共同付款級別： |

| 服務費用資料 |
|--|
| 服務費用由：_____年 _____月 _____日 至：_____年 _____月 _____日 |
| 院舍券持有人已繳付上欄指定時段內的服務費用（款項根據共同付款級別釐訂），金額為港幣\$ _____ 元。 |

認可服務機構負責職員簽署：_____

認可服務機構負責職員姓名：_____

簽發收據日期：_____

認可服務機構蓋印

Annex V – Guidelines on the formulation and implementation of ICP for Voucher Holders

Individual Care Plan (ICP) refers to the plan that is the outcome of the assessment process which identifies the individual Voucher Holder's needs, sets the goals and objectives of the Voucher Services, and the tasks and services required to be carried out. The following guidelines should be maintained in compiling the ICP:

1. Upon admission of a Voucher Holder who is newly-admitted to an RSP, the RSP shall assess and document each Voucher Holder's immediate care needs (e.g. nutrition, nursing, medication) and risk factors (e.g. allergies, dysphagia, falls) within 24 hours.
2. Choice, opportunity, privacy and dignity should all be acknowledged to achieve optimum quality of life for each Voucher Holder.
3. In order to meet the needs of the individual Voucher Holder comprehensively, it is essential to document accurate and relevant information alongside realistic and achievable goals as follows
-

A comprehensive ICP should be formulated within one month (1) of admission of individual Voucher Holder, and should conduct the first review in six (6) months. Inter-disciplinary assessment should include professional input from the nursing and para-medical staff or social worker. A comprehensive ICP should be agreed following the inter-disciplinary assessment on the needs of the individual Voucher Holder based on the assessment of the Minimum Data Set-Home Care. It should be regarded as a record of both ongoing care tasks and specific goals agreed for the care of individual Voucher Holder. The ICP should be clearly understood by all parties concerned, and be available and responsive to the Voucher Holders' needs. It should be short, clear, jargon-free and achievable.

4. The design of the ICP should include the following information -
 - (a) needs as assessed in respect of individual Voucher Holders;
 - (b) on-going care record, e.g. clinical and routine tasks necessary for the comfort, health, safety and well-being of individual Voucher Holders, etc., which may be a running record;
 - (c) check-list of all treatment and appointments, e.g. physiotherapist, occupational therapist, optician, dentist, chiropodist, etc.;
 - (d) specific goal to achieve the desired outcome of each service or treatment given which

should be measurable and time-defined, and subject to regular review. Each goal should aim to improve a particular function or aspect of the individual Voucher Holder's quality of life. Outcome indicators should be specific for measuring the effectiveness of the goals set;

- (e) information about how, when, why, and by whom the agreed services are to be delivered; and
- (f) comments or observations on progress, or changes in the individual Voucher Holder's abilities, functions or circumstances which should be dated and signed.

5. The RSP shall designate a staff to co-ordinate and monitor the ICP and the name of the staff should be recorded in the ICP. He should be made known and accessible to the Voucher Holders.
6. Good partnership among the Voucher Holder, family, friends, and professionals is necessary to facilitate the continuity of care. ICP is an active tool and will change as the needs of the Voucher Holder change. Changes in the goals and actions of the ICP should involve the Voucher Holder, and where appropriate, his designate and/or carers in the decision.
7. The process of care planning is one of continuing re-assessment of information about the Voucher Holders. **ICP review should take place not less than once every year to incorporate information and advice from all relevant parties and formulate a new ICP.** As far as possible, ICP should also be reviewed shortly after the occurrence of any clinical incidents or significant changes in his/her condition so that appropriate treatment and preventive measures can be implemented duly. The review should invite all parties involved in the formulation of the ICP, including the carers, if applicable.
8. For each Voucher Holder, agreement should be reached as to the frequency at which the relevant ICP will be formally reviewed and updated. At each ICP review, the date for the next review should be determined and recorded in the ICP according to the individual's needs and circumstances, but should not be longer than twelve (12) months from the previous review.
9. ICP should be available, made known to and understood by all staff who may play a part in carrying out the care plan.
10. ICP should also be available to the Social Welfare Department for monitoring purpose.

Annex VI – Care Supplement

1. The Operator must in each month provide Voucher Holders receiving Care Supplement Subsidy (Category 1a, Category 1b, Category 2 or Category 3) care supplements in accordance with the following table:

| Subsidy Category | <u>Care Supplements to be provided by the Operator</u> |
|------------------|---|
| 1a | Formula milk or special nutritional food/drink as prescribed by medical practitioners (high rate). |
| 1b | Formula milk or special nutritional food/drink as prescribed by medical practitioners (low rate). |
| 2 | At least six pieces of diapers per day or such larger quantity as may be prescribed by medical practitioner. Panty-shape diapers and diaper insert pad are also included. |
| 3 | Any of the following medical consumable items as prescribed by medical practitioner: (a) Ryles' tubes and related accessories (b) Thickener (c) Colostomy bags, stoma bags and related accessories (d) Foley, urine bags and related accessories (e) Renting oxygen concentrator / BiPAP / CPAP machine and related accessories for other home use medical appliances (f) Dressing materials (g) Glucose control or blood sugar monitoring (h) Injection needles, handrub solution, aqueous habitane or 0.9% NaCl, sterile swab sticks, medipore wound pad, sterile gauze pad, paper face mask, colostomy bag, cotton waist bag and related accessories for Continuous Ambulatory Peritoneal Dialysis (i) Other medical consumable item(s) |

2. The Operator must provide at least once every 12 months Voucher Holders receiving Care Supplement Subsidy (Category 4) care supplement in accordance with the following table:

| Subsidy Category | <u>Care Supplement to be provided by the Operator</u> |
|------------------|---|
| 4 | Arrange for medical examination to be conducted on the Voucher Holder in accordance with section 34 of the Residential Care Homes (Elderly Persons) Regulation, Cap. 459A |

**Gender Mainstreaming Checklist for
Non-governmental Organisations in the Social Welfare Sector**

(for completion upon award of project)

Gender mainstreaming is a global strategy advocated by the United Nations (UN) for the promotion of women's advancement and gender equality. It seeks to ensure that women and men have equitable access to, and benefit from, society's resources and opportunities, with the aim of achieving women's advancement and gender equality.

For promoting the application of gender mainstreaming, a social welfare organisation is, upon award of a Social Welfare Department (SWD) project, required to complete and return Part One of the Gender Mainstreaming Checklist for conducting gender assessment on the project design and implementation. After the completion of the project, the organisation has to complete and return Part Two of the Gender Mainstreaming Checklist for conducting a gender assessment on the monitoring, evaluation and review of the project. (Note: If the project is completed within one year, the organisation has to complete and return Part Two of the Gender Mainstreaming Checklist after completion of the project. If the project takes more than one year for completion, the organisation has to complete and return Part Two of the Gender Mainstreaming Checklist after the first year of implementation of the project.)

The Checklist is an analytical tool containing a set of simple questions to assist the officer-in-charge of the project in applying gender mainstreaming concepts, as well as considering the different needs and perspectives of both genders in a more systematic way during the process of design, implementation, and monitoring, etc., of the project.

General Information

Title of the project:

Objective and main content of the project:

Groups/persons likely to be benefited:

Officer-in-charge:

_____ (Name)

_____ (Post Title)

_____ (Name of Organisation)

_____ (Tel No)

_____ (Fax No)

I. **Design**

Y / N/ NA *

Compilation and analysis of gender in formation

- | | | |
|----|---|--------------------------|
| 1. | Have sex-disaggregated data on the major beneficiaries been collected and considered? | <input type="checkbox"/> |
| 2. | Do the data show gender differences in respect of the following factors? | |
| • | age | <input type="checkbox"/> |
| • | disabilities | <input type="checkbox"/> |
| • | education | <input type="checkbox"/> |
| • | employment status | <input type="checkbox"/> |
| • | ethnic origin | <input type="checkbox"/> |
| • | family role | <input type="checkbox"/> |
| • | income group | <input type="checkbox"/> |
| • | residence status | <input type="checkbox"/> |
| • | others (please specify: _____) | <input type="checkbox"/> |
| 3. | Please provide a summary of such data on the above. | |

Considering specific needs of both genders

- | | | |
|----|--|--------------------------|
| 4. | Have specific needs of women and men been identified, considered and integrated in the project design? | <input type="checkbox"/> |
| 5. | Does the project require any specific reference to women and men? | <input type="checkbox"/> |

* If “Yes”, please fill “Y” in the box; if “No”, please fill “N” in the box; if “not applicable”, please fill “NA” in the box.

Resources

6. Have resources been allocated to address the identified needs of women, if any?

☐**Considering impact on women**

7. Will women or any sub-groups of women be affected differently from men by this project?

☐

If yes, in a positive or negative way?

Positive / Negative^

8. Will this project, in any way (directly and indirectly, in the short, medium and long-term):

- (a) reduce discrimination to women;
- (b) promote / prejudice^ women's advancement;
- (c) protect the rights of women;
- (d) strengthen women's decision-making role;
- (e) increase women's access to and control of resources;
- (f) contribute towards empowerment of women;
- (g) assist women who intend to enter the labour market in working (full-time or part-time);
- (h) make women more willing to participate in volunteering work;
- (i) assist women with caring responsibilities in taking care of her families (e.g. elderly, children, etc.);
- (j) any other way, e.g. (_____)

☐☐☐☐☐☐☐☐☐☐

If "yes" in any item above, please elaborate:

^ Please delete as appropriate

9. Will there be any restrictions or limitations, even of a temporary nature, imposed on women (or sub-groups of women) by this project?

Y / N / N A *

☐

If yes , please elaborate:

II. Implementation

Public education and promotion

10. Through what means is this project promoted?

- (a) printed materials
(b) mass media
(c) exhibition
(d) talk / seminar / workshop
(e) others (please specify: _____)

☐
☐
☐
☐
☐
☐

11. Has the promotional content been presented in a gender-sensitive manner?

☐

Gender- sensitive language

12. Is gender sensitive language used throughout the promotion materials?

☐

Impact on women

13. Have women or any sub-groups of women been affected differently from men during the implementation process, e.g. eligibility, level of benefits, accessibility, or availability of support facilities? If yes, please elaborate:

☐

:

14. Have there been any special measures to address women's needs during the implementation process?
If yes, please elaborate:

Y/ N/ NA*

☐

Relevant Website

Gender Mainstreaming Website:

https://www.hyab.gov.hk/Gender_Mainstreaming/tc/index.html

Please return the completed Checklist to the Social Welfare Department office responsible for awarding the project.

Annex VIII - Part II of the Gender Mainstreaming Checklist

| |
|----------------|
| Part II |
|----------------|

Gender Mainstreaming Checklist for Non-governmental Organisations in the Social Welfare Sector

**(for use after completion of project or
after the first year of implementation of project)**

Gender mainstreaming is a global strategy advocated by the United Nations (UN) for the promotion of women's advancement and gender equality. It seeks to ensure that women and men have equitable access to, and benefit from, society's resources and opportunities, with the aim of achieving women's advancement and gender equality.

For promoting the application of gender mainstreaming, a social welfare organisation is, upon award of a Social Welfare Department (SWD) project, required to complete and return Part One of the Gender Mainstreaming Checklist for conducting gender assessment on the project design and implementation. After the completion of the project, the organisation has to complete and return Part Two of the Gender Mainstreaming Checklist for conducting a gender assessment on the monitoring, evaluation and review of the project. (Note: If the project is completed within one year, the organisation has to complete and return Part Two of the Gender Mainstreaming Checklist after completion of the project. If the project takes more than one year for completion, the organisation has to complete and return Part Two of the Gender Mainstreaming Checklist after the first year of implementation of the project.)

The Checklist is an analytical tool containing a set of simple questions to assist the officer-in-charge of the project in applying gender mainstreaming concepts, as well as considering the different needs and perspectives of both genders in a more systematic way during the process of design, implementation, and monitoring, etc., of the project.

General Information

Title of the project:

Objective and main content of the project:

Groups/persons likely to be benefited:

Officer-in-charge:

_____ (Name)

_____ (Post Title)

_____ (Name of Organisation)

_____ (Tel No)

_____ (Fax No)

I. Monitoring

Y / N/ NA *

Compilation and analysis of gender information

1. Have sex-disaggregated data and indicators (qualitative and quantitative) been collected or compiled to monitor the process and outcome of this project?

☐**II. Evaluation and review**

2. When, and how, the evaluation of the design, implementation and outcome of this project was conducted / would be conducted^?

Gender analysis of the impact on women

3. Have sex-disaggregated data and indicators (qualitative or quantitative) been analysed in the evaluation process?

☐

4. Does the analysis show gender differences in respect of the following factors?

- age
- disabilities
- education
- employment status
- ethnic origin
- family role
- income group
- residence status
- others (please specify: _____)

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

If “yes” in any item above, please elaborate:

* If “Yes”, please fill “Y” in the box; if “No”, please fill “N” in the box; if “not applicable”, please fill “NA” in the box.

^ Please delete as appropriate

5. Whether the project, in any way (directly and indirectly, in the short, medium or long-term), resulted / would result^ in : Y / N/ NA *

- | | |
|---|--------------------------|
| (a) reducing discrimination to women ; | <input type="checkbox"/> |
| (b) promoting / prejudicing^ women's advancement; | <input type="checkbox"/> |
| (c) protecting the rights of women; | <input type="checkbox"/> |
| (d) strengthening women's decision-making role; | <input type="checkbox"/> |
| (e) increasing women's access to and control of resources; | <input type="checkbox"/> |
| (f) contributing towards empowerment of women; | <input type="checkbox"/> |
| (g) assisting women who intend to enter the labour market in working (full-time or part-time); | <input type="checkbox"/> |
| (h) making women more willing to participate in volunteering work; | <input type="checkbox"/> |
| (i) assisting women with caring responsibilities in taking care of her families (e.g. elderly, children, etc.). | <input type="checkbox"/> |
| (j) any other way, e.g. (_____) | <input type="checkbox"/> |

If "yes" in any item above, please elaborate:

6. Have there been any restrictions or limitations imposed on women or sub-groups of women? If yes, please elaborate: ☐

^ Please delete as appropriate

Relevant Website

Gender Mainstreaming Website:

https://www.hyab.gov.hk/Gender_Mainstreaming/tc/index.html

Please return the completed Checklist to the Social Welfare Department office responsible for awarding the project.