

Chapter XII : Health and Welfare

12.1 At the Chairman's invitation, the Secretary for Health and Welfare (SHW), Dr E K YEOH, gave a presentation highlighting the major work plans of the Health and Welfare Bureau (HWB) and the corresponding resource provisions (Appendix V-11).

Budget deficit of Hospital Authority and proposed new charging scheme

12.2 Ms Emily LAU said that the Hospital Authority (HA) had on several recent occasions relayed to the media that it was suffering from a deficit, and that it planned to introduce a new charging scheme for certain healthcare services. Since it was somewhat unusual that such a message should have been relayed by HA, instead of by SHW, she enquired about the underlying concerns which had prompted HA to propound the plan for a new charging scheme, and whether SHW had endorsed the plan and the manner in which HA had disseminated the information to the public.

12.3 Mr MAK Kwok-fung said that judging from the manner in which HA had divulged the plan for a new charging scheme, he had the impression that there had been inadequate communication between HA and HWB on the matter. He asked if there was consensus between HA and HWB over this issue and how the new charging scheme would be taken forward.

12.4 SHW affirmed that HA and the HWB were in agreement on the principles for the new charging scheme and the timetable for its implementation. As the messages made by HA and himself about the new charging scheme had been made on different occasions, they had been reported slightly differently by the media. In fact, he fully concurred with the remarks made by the chairman of HA that it would take more than a simple decision from HA as to whether the proposed new charging scheme would be implemented, and that if it was decided that the new charging scheme would be adopted, at least six months' preparatory time would be required.

12.5 In reply to Ms Emily LAU, SHW stressed that HA was empowered to decide on fees and charges for public hospital services, but any such decisions would require endorsement from the Administration. As part of the economic relief package for the community, the Financial Secretary had announced that government fees and charges would be frozen for a year. Although the freeze

Chapter XII : Health and Welfare

only covered existing fees and charges, HWB did not intend to introduce new charges, such as charges for the accident and emergency (A&E) services within this year.

12.6 SHW acknowledged that HA was under pressure to add value to its services and to harness technology developments to enhance its services to live up to the community's expectations. He stressed that the Government's recurrent subvention to HA for 2003-03 should be sufficient for HA to continue to provide quality services for the community. The recurrent subvention had taken into account the changes in demographics and healthcare needs of the local population. Moreover, HA could cope with any short-term deficit by drawing from its reserves.

12.7 As regards public consultation on the proposed new charging scheme, SHW advised that HWB planned to consult LegCo Members on the proposed scheme in its entirety before proceeding further. The details of the scheme, including its policy objectives, fee structure, implementation timetable etc. would be presented to the LegCo Panel on Health Services within year 2002. He confirmed that there was no need to specifically earmark resources for this consultation work.

12.8 Mr LO Wing-lok noted that SHW had referred to HA's deficits as being 'technical in nature' and sought clarification in this regard. He also noted that according to the Administration, the deficits would be dealt with by various measures, such as by streamlining existing services, delivery of healthcare services through mega-cluster networks etc. He understood that these measures aimed to reduce costs and increase efficiency, and asked if they would result in staff redundancies, especially with regard to administrative staff.

12.9 SHW replied that HA had been managing costs satisfactorily. However, more healthcare services would inevitably be needed, as the population increased and aged. Taking these factors into account, the annual budget of HA would have to be increased by around 2.3%, in line with the population growth and changes in the demographic profile. The Administration would also consider around 1% annual budget growth to enable HA to harness technology development.

12.10 SHW further explained that the deficit situation encountered by HA in the past few years was temporary and was attributed to a few main

factors. Firstly, the number of new front-line staff recruited had exceeded the number of existing front-line staff leaving HA. Secondly, there had been fairly significant increase in staff cost due to the additional cost required to meet the annual salary increment for about 50% of HA's staff, the effect of which was compounded by the fact that some serving doctors were eligible to jump to higher points on the salary scale. SHW and CE,HA however remarked that adding front-line clinical staff would be a viable investment as it would help develop the more cost-effective ambulatory and community-based services, thus reducing pressure on in-patient services which were more costly. The additional expenditure on annual salary increment would gradually taper off when the majority of HA staff reached the maximum salary point in their pay scale. Coupled with measures to improve efficiency and cost-effectiveness, SHW and CE,HA envisaged that HA could achieve a budget balance in about three years.

12.11 CE,HA further advised that the various measures to save costs and increase efficiency would unlikely result in staff redundancies for administrative staff. This was because the staffing strength could be duly adjusted through the natural turnover of administrative staff, which was usually higher than that of medical personnel. Moreover, as HA had hired administrative staff on contract terms, HA could exercise greater flexibility in regard to continued employment of these staff.

Outpatient service and accident and emergency services

12.12 Mr LEUNG Yiu-chung highlighted the long waiting time for securing a medical appointment at government outpatient clinics during weekdays and public holidays. He also noted that the use of the A&E services increased substantially during holidays, which might be a reflection of inadequate general outpatient service. Mr LEUNG enquired if additional resources would be provided to improve outpatient services. If it was subsequently proved after increasing staff resources that the usage of the A&E services had eased, it would then be an indication of the inadequacy of the outpatient service rather than abuse of the A&E services, as claimed by the Administration.

12.13 SHW clarified that the Administration had not commented that the

Chapter XII : Health and Welfare

public had abused usage of the A&E services, but had pointed out that there were many cases of misuse of the service. Such cases of misusing the A&E services occurred during the day as well as at night time. SHW highlighted that actually the attendance rate at evening outpatient clinics was about 80% on average. Currently, 11 outpatient clinics were open to the public during public holidays and the attendance rates of these clinics were below 100%. As such, it would not be justified to further increase the outpatient service during evenings and holidays. He however empathized with the situation of citizens having to line up for a medical appointment and agreed that this was not an ideal arrangement. The proposed healthcare system reform covering service delivery aspects and the fee-charging mechanism would take into account this and all related issues and would be discussed thoroughly with the Health Services Panel.

12.14 Mr Frederick FUNG echoed the concern of Mr LEUNG Yiu-chung and said that if according to SHW, members of the public had misused the A&E services, they should be informed accordingly and directed to the HA's outpatient clinics, which hopefully should be located next to, or near to the A&E services. He considered that the effective way to ease the pressure on A&E services was to improve and increase outpatient services rather than to introduce charges on A&E services.

12.15 SHW explained that there were costs associated with the provision of healthcare services. To cope with the increasing demands for public healthcare services of an ageing population and increasing population growth, and to ensure sustainable and quality healthcare services, it was necessary to recover part of the costs for provision of these services through reasonable charges.

12.16 In connection with outpatient services, SHW said that the transfer of Department of Health (DoH)'s general outpatient services to HA was to facilitate integration of the primary and secondary levels of care in the public sector. The future development of the outpatient service would focus on three objectives: provision of healthcare services to lower-income individuals; provision of healthcare services to patients with chronic diseases; and provision of training for family physicians. Future allocation of resources for the outpatient service would give particular regard to these objectives.

12.17 Ms Cyd HO expressed concern that if charges for A&E services were introduced and yet there was no increase in outpatient services, some members of the public might be forced to use private healthcare services, which

Chapter XII : Health and Welfare

might not be affordable to many. Noting that the Administration had commissioned the University of Berkley, California, to conduct a study on the charging scheme for healthcare services, Ms HO asked if the study would review the extent of misuse of the A&E services and the outpatient service.

12.18 SHW assured members that the Administration would uphold the principle that no one of the community would be denied of proper health care due to the lack of means. In regard to the study conducted by the University of Berkley, SHW said that the focus was not on the misuse of any public healthcare services. The study aimed at gauging the willingness of the public to pay for healthcare services at various price levels and the public's propensity to switch to private healthcare service as a result of the imposition of fees for outpatient services. The data would provide a reference and guide for developing a charging scheme acceptable to the public. Ms HO requested that the results of the study be released to LegCo and the public when they were available. She also urged the Administration to conduct a thorough public consultation on the proposed measures to achieve a sustainable healthcare system for the community, including the new charging scheme.

12.19 Mr CHAN Kwok-keung enquired about the arrangements for the staff concerned upon the transfer of all general outpatient clinics of the DoH to HA. In reply, CE,HA advised that HA, HWB and the DoH were holding discussions regarding staff and other issues in relation to the transfer of outpatient clinics, and the details had not been finalized at this stage.

12.20 Dr TANG Siu-tong noted that as a result of the transfer of five general out-patient clinics from DoH to HA in 2001-02, the expenditure of DoH would be reduced by \$36.9 million in 2002-03 and the establishment would be reduced by 141 posts. On the other hand, HA would incur an additional annual operating cost of \$115 million, deploying 309 staff for the five clinics. He enquired about the reasons for the increase in cost and manpower for the five clinics.

12.21 SHW explained that the cost increase was mainly attributed to the recruitment and placement of doctors in family medicine at the five clinics for training purposes. Additionally, HA had posted pharmacists to work in the outpatient clinics. SHW said that these arrangements were made on a temporary experimental basis and he hoped that the cost would be reduced with time.

Chapter XII : Health and Welfare

Collaboration between the public and private sectors in the provision of healthcare services

12.22 Mr MAK Kwok-fung was concerned about the lack of balance in public and private healthcare services. He enquired if the Administration had in mind a target ratio between the provision of health care services by the public and by the private sectors, and how the Administration would seek collaboration with the private sector in the provision of healthcare services to relieve the public healthcare sector from rising public demands for its services.

12.23 In reply, SHW affirmed that the objective of the Administration was to provide accessible, equitable and quality healthcare services to the public through a healthcare system that would be sustainable. The collaboration between private and public healthcare sectors would provide more choices for the community, and he assured members that it was definitely not the Administration's agenda to force patients to use the services of private healthcare practitioners. It was under this premise that the Administration would seek to collaborate with the private sector in the provision of healthcare services. However, this was a complex issue and at this stage, the Administration did not have preconceived views as to how the public and the private sectors should share the responsibilities for provision of healthcare services to the community. SHW however envisaged that such collaboration would involve important changes or adjustment of the entire healthcare system, and there would need to be good communication between the public and private healthcare sectors to ensure that the community would be provided with quality and affordable healthcare service.

12.24 SHW further said that one of the key tasks ahead was the development of collaborative models of service provision with private hospitals and healthcare practitioners. In this regard, the Administration and HA were prepared to experiment with different collaborative programmes to arrive at the best available and affordable healthcare services, from both the community and the service providers' point of view. The Administration would be reporting to the Health Services Panel on the proposals for such collaborative programmes.

Working hours of doctors

12.25 Noting that the Administration planned to recruit 270 doctors in 2002-03, Miss CHAN Yuen-han asked whether with the additional doctors, there

Chapter XII : Health and Welfare

would be a reduction in the working hours of doctors. She remarked that overworking frontline staff would be harmful to both doctors and patients, and urged HA to set target working hours for doctors and lay down clear guidelines for public hospitals to follow in this regard.

12.26 CE,HA expressed concurrence that care should be taken not to overwork doctors and advised that relevant measures had been implemented to reduce the working hours of doctors. He elaborated that with about 300 doctors recruited each year in the past two years, the problem of long working hours of doctors had been alleviated to some extent. He remarked that the working hours of doctors were determined by many factors. Generally, doctors who were in the emergency, X-ray and pathology departments were not tasked to work long hours, whilst doctors who were practitioners of medicine and practitioners of surgery had been working under considerable pressure. In recent years, the average hours of front-line staff having to be on duty had been declining indicating that front-line staff were coming under less excessive pressure. HA would try to grant compensatory leave owed to serving doctors once the new doctors came on board.

12.27 CE,HA said that simply setting a target number of working hours and applying such across the board to all doctors in public hospitals might be too-simplistic an approach, overlooking the needs and operations of individual services. For example, one of the crucial considerations for practitioners of medicine and practitioners of surgery was continuity. Doctors would prefer to look after a patient whom they had been treating, and in this regard the duty roster system would enable them to do so. Moreover, under the call roster system, there were several levels of call rosters. For example, while more senior doctors had more calls, they were not required to return to the hospitals each time, whereas relatively junior doctors might have to return to the hospitals in response to calls more frequently. Instead, HA encouraged hospital department heads to work out a mutually agreeable arrangement with front-line medical staff in respect of their workload, and to devise the best ways to allocate staffing resources accordingly.

Staff establishment of HA

12.28 Mr CHAN Kwok-keung noted that the number of civil servants working in HA would drop from 4 905 in 2001-02 to 4 243 in the next financial year due to retirement, retirement under the voluntary retirement scheme and

Chapter XII : Health and Welfare

other factors. He asked if the posts concerned would be re-filled. CE,HA replied that while some of the posts previously filled by civil servants would be filled by HA staff, some of these posts would be deleted due to technology advancement or changes in the operational requirements, and therefore would not be refilled.

Personal emoluments and staff on-costs of HA

12.29 Mr Henry WU noted that in the estimates for 2002-03, staff on-cost and personal emoluments accounted for 83% of the total of recurrent subvention for HA, while staff on-costs accounted for 30% of the total of personal emoluments and staff on-costs taken together. Noting this was a relatively substantial proportion, he enquired about the component items of staff on-costs for HA and the mechanism was for adjustment of staff on-costs.

12.30 CE,HA replied that it was not unusual that staff costs accounted for a major portion of the expenses of a healthcare establishment, since trained professionals and service personnel formed the major bulk of the establishment. In regard to staff on-costs, CE,HA explained that the staff on-costs mainly comprised cash allowances for individual staff members. Previously, the cash allowances were calculated with reference to the fringe benefits of civil servants serving at equivalent ranks. After the salary of HA staff had been de-linked from the civil servants pay scale, the cash allowance scheme had also been restructured. The Finance Bureau had been monitoring the personal emoluments and staff on-costs of HA staff to ensure that they were duly aligned with the remuneration of civil servants over time.

Chinese Medicine

12.31 Mr FUNG Kin-kee noted the Administration would put in place plans to introduce Chinese medicine into the public healthcare system. He asked if the Administration had any plan to incorporate Chinese medicine into the outpatient service, and whether funds had been earmarked for the purpose. SHW replied that a provision had been reserved for the provision of Chinese medical services in outpatient clinics. However, this was still in the planning process and no concrete details had been established.

Healthcare services provided to non-titled persons

12.32 In reply to Ms Audrey EU's enquiry about the number of cases of provision of healthcare services to non-titled persons, CE,HA advised that information on these cases was available for the period from April 2001 to September 2001 and thus had been provided to members. Information after this period would be available at a later stage. CE,HA also confirmed that fees charged to non-titled persons were on a full cost-recovery basis. However, fee waivers would be granted to those who genuinely could not afford to pay the charges.

Welfare

Family services

12.33 Referring to some public complaints that the prevention of suicide telephone hotlines operated by the Samaritan Befrienders Hong Kong (SBHK) were always busy and callers had to wait for a long time before their calls were answered, Ms Audrey EU was concerned that timely assistance would not be provided to people in distress. She enquired about the measures that the Administration would take to improve and enhance hotline services.

12.34 In response, the Director of Social Welfare (DSW) advised that the SBHK was a non-subsidized body which did not receive subsidy from the Government. Its 24-hour suicide prevention hotlines were mainly serviced by voluntary workers. The hotline services were operating well and she believed that the complaints referred to by Ms Audrey EU were only exceptional cases. Nonetheless, DSW took note of Ms EU's concern and agreed to review the situation to see whether the Administration needed to step up its work in coordinating the various hotline services provided by non-governmental organizations (NGOs).

12.35 In respect of measures taken by the Administration to address the problem of suicide, DSW advised that additional resources had been allocated in recent years to strengthen the services provided in conjunction with NGOs. A three-pronged approach had been adopted in tackling the problem, namely enhancement of current hotline services, providing support services for those in need of suicidal

Chapter XII : Health and Welfare

crisis situation; and prevention of suicides. In enhancing current hotline services, efforts would be made to integrate the telephone hotline services operated by the Social Welfare Department (SWD) which provided services until 10:00 pm daily, the hotline run by the Caritas Hong Kong which commenced only in November 2001 but was already well patronized, and other hotline services provided by voluntary agencies in the pipeline. To follow up suicidal cases, the SBHK would set up a Suicidal Crisis Centre by phases in 2002-03 through an allocation of \$10.615 million from the Lotteries Fund. The Hong Kong Jockey Club Charities Trust had also financed the setting up of a Suicide Prevention Education and Resource Centre which would focus on prevention of suicide work. In this connection, DSW appealed to the public that they should treasure their lives and seek assistance actively in solving their problems.

12.36 Pointing out that a lot of family problems, such as domestic violence, were getting more serious in recent years, Miss CHAN Yuen-han opined that existing family and child welfare services which were mainly remedial in nature, could not tackle these problems. She urged the Administration to consider formulating a family policy and devising preventive programmes to tackle various family problems.

12.37 In response, SHW and DSW affirmed that the objectives of the family and child welfare services were to preserve and strengthen the family as a unit, to develop caring interpersonal relationships, to enable individuals and family members to prevent and deal with personal and family problems. To achieve these ends, the Administration and the subvented sector were providing a comprehensive package of preventive, supportive and remedial services to strengthen the value of family care and support. SHW added that in 2002-03, the Administration would allocate more resources to enhance services to families, such as strengthening outreach efforts to identify families at risk, establishing more integrated family services centres to provide a full range of resource, support and counselling service to victims, and stepping up family education to prevent the resort to violence in solving problems. In addition, the Administration would establish the Community Investment and Inclusion Fund to strengthen community networking to provide practical support to families and individuals, as well as to foster a caring society.

Child welfare services

12.38 Ms Cyd HO enquired whether the 90 additional foster care places in

Chapter XII : Health and Welfare

2002-03 would address the problem of siblings of the same family being placed in different foster homes. DSW advised that at present, foster care services were mainly provided by five NGOs, while SWD was responsible for assigning children to these agencies. It was the Administration's intention to invite these five NGOs to operate 90 additional foster care places to enhance cost-effectiveness and service quality. In assigning children to foster homes, DSW stressed that the interests of concerned children would be well taken care of in the process and it was clearly stipulated in SWD's guideline that children of the same family should be placed in the same foster home as far as possible. However, at times, there were constraints such as inability of the same foster home to accommodate all children of the same family. Under such circumstances, elder children were usually placed in children homes or other institutions. In response to Ms HO's further query, DSW assured that these children would not be put into correctional homes catering for young offenders. She stressed that in providing foster care services to children, priority would be given to place them in foster homes to enable them to live in a home environment.

Social security

12.39 Referring to SWD's statistics revealing that a large number of suicidal cases in 2001 were committed by unemployed people, Mr Frederick FUNG expressed grave concern about the situation and asked whether the Administration would provide more resources to help the unemployed.

12.40 In response, DSW remarked that it was difficult to identify the real cause in a suicide. Among the 984 suicidal cases in 2001, 379 victims' occupation had been classified as "jobless". The corresponding figures in 2000, 1999 and 1998 were 366, 358 and 444 respectively. As such, it would be inappropriate to draw a conclusion from the statistics that there was a direct relationship between unemployment and people committing suicide.

12.41 On assistance provided to the unemployed, DSW advised that SWD had stepped up effort to help the unemployed and socially disadvantaged groups. Programmes, such as the Special Job Attachment Programme (SJAP), the Active Employment Assistance Programme (AEA), and the Intensive Employment Assistance Fund (IEAF) under the Support for Self-reliance Scheme (SFS) were all targeted at helping Comprehensive Social Security Assistance (CSSA) recipients to rejoin the workforce. Moreover, special on-the-job training

Chapter XII : Health and Welfare

programmes were provided for the young unemployed and the disabled to help them find jobs.

12.42 Mr LEE Cheuk-yan asked whether the Administration had reviewed the effectiveness of various programmes under the SFS and considered providing more resources to those with high success rates.

12.43 On the effectiveness of various SFS programmes, DSW advised that, the IEAP with a success rate of 41% was the most successful among the three programmes (the respective rates for AEA and SJAP were 13% and 22%). She added that more resources would be allocated to enhance the IEAP in 2002-03 and the other two programmes would cease operation upon their completion in 2002-03. Upon request of Mr LEE, DWS agreed to provide details on places to be provided under the IEAP for members' reference. She added that the Administration would continue to report the progress of various employment assistance programmes to the LegCo Panel on Welfare Services (Welfare Panel) in regular intervals.

12.44 Noting that the Administration would provide \$3.7 million under the IEAF to help unemployed mason workers, Mr LEE Cheuk-yan pointed out that the Administration should help these people to find jobs in the same trade so that they would maintain their income. In reply, DSW said that SWD had organized two focus group discussion sessions to seek views from these workers and was working out the details of the programme. She undertook to provide Mr LEE with more details when the programme was finalized.

12.45 Referring to complaints that the enquiry lines of the Social Security Field Units (SSFUs) of SWD were always engaged or unanswered during office hours, Mr Fred LI expressed grave concern about inadequate manpower support for the SSFUs and enquired whether the Administration had plans to increase resources in this area.

12.46 In reply, DSW advised that notwithstanding the substantial increase in caseload of SSFUs (the number of CSSA applications rose by 7.5% in 2001 and there was a 30% increase in applications relating to unemployment), no additional manpower had been added. The problem was aggravated by deployment of 50 staff to the Special Investigation Teams for undertaking

Chapter XII : Health and Welfare

investigations of social security fraud cases. DSW stressed that with staff's dedicated efforts, provision of enhanced facilities, such as automatic telephone answering machine, and streamlining of work processes, the SSFUs had endeavoured to cope with the increasing workload. It was envisaged that the creation of 40 new posts in SSFUs in 2002-03 would help strengthen staffing support. Furthermore, implementation of the risk management approach in administering the social security schemes would also help enhance efficiency of the SSFUs.

12.47 In response to Mr WONG Sing-che's enquiry about the progress of the review on the Old Age Allowance (OAA), SHW advised that the review had been undertaken in the context of an overall review on the provision of financial support for the elders commenced a few years ago with a view to developing a sustainable financial support system which better targeted resources at those elders most in need. The Administration had continued to keep in review the current social security arrangements for the elders to explore whether there was scope for the development of such a system. However, due to complexity of the review and various complicated issues involved, the Administration was unable to commit a timetable for completing the review at this stage. Nevertheless, SHW assured members that the Administration would endeavour to complete the review as soon as possible and agreed that the matter would be further discussed at the Welfare Panel.

12.48 Responding to Mr CHAN Kwok-keung's enquiry about whether the Administration had decided on the OAA rate for 2002-03, SHW said that annual adjustment on OAA rate would be announced in July 2002.

12.49 In response to Miss CHOY So-yuk's enquiry, SHW advised that the Administration had no plan to review the existing absence allowance of maximum 180 days a year under the Portable Comprehensive Social Security Scheme (PCSSS) for elder CSSA recipients who chose to reside in Guangdong Province to continue receiving financial assistance from the Government. The issue would be reviewed in the context of the overall review of social security schemes for the elders. On Miss CHOY's suggestion for the Administration to consider allowing elder CSSA recipients joining the scheme to reside in other provinces in the Mainland, DSW advised that the PCSSS, which was introduced in 1996, was not well received by elder CSSA recipients and less than 1.5% (about 2 500 elders) of the elder CSSA recipients had joined the scheme where 93% of them had their origin in Guangdong Province. As extending the scheme to cover other

Chapter XII : Health and Welfare

provinces would have cost implications since SWD had to monitor scheme participants to safeguard against fraud, the Administration had no plan to extend the scope of the scheme at this stage.

Youth services

12.50 Ms Emily LAU appreciated SWD's new initiative to set up all-night drop-in centres to cater for the needs of young night drifters. However, pointing out that some night drifters were not youth-at-risk, who might not have personal or family problems but just found staying at home difficult, Ms LAU opined that it might be more cost effective to provide proper recreational facilities at night for these young people to help them vent their energy so that they would not end up loitering in the streets.

12.51 While sharing Ms LAU's view, DSW stressed that majority of the young night drifters (estimated to be in the range of 8 000 to 10 000) were youth-at-risk who needed professional help. The aim of the pilot programme to set up all-night drop-in centres was to provide resource support to the 18 integrated teams. DSW emphasized that it was more important to provide holistic services to young night drifters instead of just providing night facilities for activities. The centre to be opened in Kwun Tong in mid 2002 would be run by the Youth Outreach to provide a wide range of services to young night drifters reached out by the integrated teams including suitable support programmes and activities. On the other hand, SWD was exploring the feasibility of setting up similar services in the Northern part of the New Territories. Discussion with the Leisure Services Department was underway to identify a suitable venue for opening at night. Moreover, some youth services agencies had been using a community centre in Tai Po since late 2001 in every Friday night from 8:00 pm till midnight to organize a variety of support services and recreational programmes to serve young night drifters in the district.

12.52 On Ms LAU's suggestion of opening facilities in primary and secondary schools at night for young people, DSW advised that SWD and the Education Department had been exploring the feasibility of using school premises for this purpose. While schools in general supported using their premises for after-school care programmes to be provided by voluntary agencies, they had reservation over opening the premises at night for young night drifters in view of concern about drug abuse and tirade problems.

Women's interests

12.53 Ms LI Fung-Ying noted that the Administration had plans to develop capacity building programs for women, and create an enabling environment for women's participation in society. She sought more concrete details on these plans and the sources allocated for such programmes. SHW said that a recurrent provision of \$23.7 million had been earmarked for the work of the Women's Commission. Of this provision, about \$4.5 million would be allocated for promotion and education programmes, \$3.7 million for research studies to ascertain the kinds of assistance most required for women's development in society, \$1.9 million for data collection and compilation, \$1.5 million for training civil service staff in regard to gender issues, and some \$400,000 would be allocated for liaison with women's groups locally and internationally.