chapter 7:
monitoring and evaluation

The Training Program is relatively new and is still developing. Careful monitoring and evaluation of the Program by the people most closely involved in it will help with its ongoing development at team, Area Health Service and State-wide levels. Monitoring activities and evaluating outcomes enable teams to reflect on what works and what does not and allows for continuous improvements to be made that will benefit teams, the Trainees, mental health services and the consumers.

This chapter discusses the importance of monitoring and evaluation and describes the Program rationale and Program logic. The chapter outlines a monitoring and evaluation framework for the Training Program.

Developing a monitoring and evaluation framework

A monitoring and evaluation framework is designed to help Program staff and managers assemble a chain of evidence to guide learning and improvement and support the assessment of the Training Program against its intended outcomes. A matrix is included to provide an outline regarding what information to collect, who collects it, and how and when. Teams will be able to analyse some of the data for their immediate use. Some of the information will be sent to the State-wide Coordinator and Reference Group, to MHDAO and the Minister. All the information will be used by external evaluators to examine the Program further down the track.

The power of measuring results

- If you do not measure results, you cannot tell success from failure.
- If you cannot see success, you cannot reward it.
- If you cannot reward success, you are probably rewarding failure.
- If you cannot see success, you cannot learn from it.
- If you cannot recognize failure, you cannot correct it.
- If you can demonstrate results, you can win [continuing] support.[1]

What are monitoring and evaluation?

The following definitions explain the two separate but integrated functions of monitoring and evaluation.

'Program monitoring is the systematic documentation of aspects of program performance that are indicative of whether the program is functioning as intended or according to some appropriate standard. Monitoring generally involves program performance related to program process, program outcomes or both'.[2]

'Evaluation is a process of looking closely at a program and determining its merit, worth and value'.[3] Evaluation also 'enables decision makers to make judgements about the program, improve program effectiveness, and/or inform decisions about future programming'.[4]

Why is it essential to monitor and evaluate the Training Program?

Monitoring and evaluating the Training Program are essential for a number of reasons, including:

- providing accountability to NSW Health and the Minister
- tracking Program implementation
- improving Program implementation
- showing whether the Program is meeting its objectives
- documenting good practice to provide a model for workforce development more broadly.

Providing accountability to NSW Health

The Training Program is a key strategic direction for the *Aboriginal Mental Health and Well Being Policy 2006–2010*. Funding has been allocated to each Area Health Service to cover Trainees' salaries, establishment costs, university fees and other professional development costs. The funding allocation conditions require that:

> The Department will monitor the Aboriginal Mental Health Workforce through the monthly financial reporting process; and Health Services must ensure the data are consistent between their Mental Health Program Policy Area and Finance Section, before submitting information to the Department.
>
> The NSW Aboriginal Mental Health Workforce Program Reference Group will guide and monitor the implementation and further development of the Program…[5]

As specified in [NSW Health] Project Summary, the non-financial targets set for the Program are:

- Employment of 2 [or 3] FTE Trainees

Supervision

- A manager and preceptor are arranged for Trainee/s
- Cultural support is arranged for the Trainee/s
- Preceptors, managers and other team members are to record all of the time they spend in training and supporting the Trainee/s

Workplace

- Trainee/s have satisfactory workplace performance
- Trainee/s are to attend the annual NSW Aboriginal Mental Health Workers Forum.
- Trainee/s are receiving clinical experience relevant to their university study.

University

- Trainee/s are enrolled in a mental health related Bachelor [level] university degree.
- Trainee/s pass all university course requirements.
- Feedback mechanisms are established between the Trainee/s, AHS and the university.
- Learning & development time of one day per week during university semesters/terms is to be provided to the Trainee/s to complete university assessments.
- Learning & development time to attend compulsory university residential programs is to be provided to the Trainee/s.
- Trainee/s successfully complete all clinical competencies as set by the university.[6]

These non-financial targets will be reported to MHDAO through the NSW Health Milestone Tracking Report system on an annual basis.

Accountability through the Reference Group

The State-wide Reference Group comprises members representing each Area Health Service, NSW Health (MHDAO, Workforce Development and Leadership Branch, Centre for Aboriginal Health), the Aboriginal Health & Medical Research Council, Mental Health Coordinating Council, New Horizons and Charles Sturt University. It is required to report to the Mental Health Program Council via the Aboriginal Mental Health and Well Being Reference Group (the Policy implementation group) on Training Program implementation and future directions (see Figure 2 in Chapter 1: Overview of the Training Program). The State-wide Coordinator has the specific responsibility for guiding the monitoring and evaluation of the Training Program. The State-wide Coordinator is required to report to the Reference Group and to the Minister through MHDAO on Program implementation.

The Reference Group meets regularly (currently monthly) and Area Health Service representatives provide progress reports on Training Program implementation and Trainees' activities. Reports also cover emerging issues, achievements and challenges. Information collected and recorded at the individual team and Area Health Service level and provided to the Area Health Service representative and the State-wide Coordinator enables the Reference Group to meet its reporting obligations.

See 'Standard reporting template for NSW Aboriginal Mental Health Workforce Program Reference Group' in 'Supporting documents' at the end of this chapter.

Monitoring Program implementation

Monitoring at the local Area Health Service or mental health service level provides a record of the activities undertaken and processes implemented to recruit, train and support a Trainee. Keeping track of these activities serves several important purposes:

- it enables the team members to quantify how much time is spent providing on-the-job training, supervision and support for the Trainee
- it enables the State-wide Program to calculate the actual time cost of the Program
- it supports the team to reflect on its practices
- it can feed into the team's and service's ongoing quality improvement and planning activities.

Ongoing monitoring of Trainee performance by supervisors is important to keep up to date with the Trainee's progress. Regular performance review is part of ongoing professional development and support for the Trainee. Regular review will ensure that any difficulties the Trainee may experience in relation to meeting workplace or university requirements are identified in sufficient time to enable strategies to be put in place to rectify them.

Ongoing monitoring of Training Program implementation across Area Health Services is also essential. Collecting data and information related to some of the non-financial targets will be necessary to ensure that the Program is being implemented as planned and that each Area Health Service will meet its targets at the end of each financial year. Some of the information collected will also be used to report to the Reference Group. Some will be used by MHDAO to respond to urgent Ministerial requests for updates in relation to the Program. A Training Program audit tool is currently under development.

Evaluating Program implementation

Evaluation can be conducted at all stages in the Program's implementation to identify improvements that can be made to particular aspects of the Program. It can be undertaken at the team, Area Health Service and State-wide level. Evaluation for this purpose is known as process or formative evaluation. A formative evaluation of the first year of implementation of the Training Program was undertaken in 2008. Regular review can ensure that the Program is kept on track and that issues are identified and resolved in a timely manner.

See the glossary at the end of this chapter for definitions of different types of evaluation.

Evaluating Program outcomes

Outcome evaluation looks at whether the Program is meeting its aim and objectives. This level of evaluation is often undertaken by external evaluators working with people within the Program and involves looking at the Training Program as a whole. Outcome or summative evaluation draws on all of the monitoring data and evaluative data collected by teams and at the State-wide level. External evaluators usually also obtain additional data from key stakeholders, such as Area Health Service team members and Trainees, that includes their experiences with the Program.

In summary

Monitoring the implementation and evaluating the outcomes of the Training Program enables MHDAO, mental health services and teams to:

- identify areas for improving Program implementation
- identify what is working well ('sound practices') to share with others
- account for time spent on training and support activities
- report to the Area Health Service managers, MHDAO and the Minister about progress
- determine whether the Training Program is making a difference to how services are provided to Aboriginal consumers.

The Training Program is an innovative, systems approach that can serve as a model for other agencies. Documentation and dissemination of good practice will enable other agencies to benefit from the experiences of the Training Program.

Aboriginal Mental Health Worker Training Program Logic

This section outlines the thinking behind and the intentions of the Training Program. It includes the rationale for the Program and its aim and objectives. In developing a monitoring and evaluation framework, these are the starting points. They provide a clear picture of what the Program aims to achieve and provide a guide for determining the extent to which:

- the Program is being carried out according to plan
- the Program is achieving its objectives
- the Program has contributed to achieving its aim.

A program logic model in Figure 5 shows how the Program is intended to work by laying out the chain of intended outcomes that contribute to the ultimate vision or goal of the Program. The Training Program objectives have been translated into outcomes and the Program aim has been translated into the long-term outcome.

The flow diagram in Figure 6 represents the program logic model in a different way. It shows the journey the Training Program makes towards achieving its outcomes and contributing to the vision of improved Aboriginal mental health and wellbeing.

Rationale

The Training Program contributes to the vision stated in the *NSW Aboriginal Health and Well Being Policy 2006–2010* to improve the mental health and wellbeing of Aboriginal people in NSW by enhancing access to and ensuring mental health services are culturally sensitive and responsive. The Training Program was established to build a highly skilled and professional Aboriginal mental health workforce to provide mental health services to Aboriginal and non-Aboriginal people.

By employing and training Aboriginal people who know the community and who are likely to stay in the community, the Training Program seeks to enhance cultural appropriateness and safety of mental health services and increase mental health service providers' awareness of community, family and issues affecting the local Aboriginal community. It also intends to increase people's capacity to prevent and/or respond early to their mental health needs through an increased understanding of mental health issues and services. It is assumed that service improvements will break down barriers and increase accessibility of the range of mental health services for Aboriginal people.

Aim and objectives

The aim of the Training Program is to ensure the provision of accessible, culturally appropriate mental health services to Aboriginal people.

The objectives of the Training Program are to:

- increase the number of qualified Aboriginal Mental Health Workers in the workforce
- increase the knowledge of mental health services staff about health beliefs and needs of Aboriginal people
- improve the responsiveness of mental health services to the needs of Aboriginal consumers
- improve the effectiveness of mental health services including promotion, prevention, early detection, intervention and treatment for Aboriginal people and communities
- increase the number of Aboriginal people accessing the range of mental health services.

Figure 5: Aboriginal Mental Health Worker Training Program logic model

Vision / Goal
'To improve the mental health and well being of the Aboriginal population of NSW by enhancing access to and ensuring mental health services are culturally sensitive and responsive'[8]

Inputs
• Funds for ongoing positions, and education and training • Funds for Program coordination, governance and administration • Area Mental Health Service management and support • Mental Health Service team on-the-job training and support • University teaching and support • Policy and ministerial commitment and support • Policies and guidelines

↓

Output
• Trained and fully qualified Aboriginal Mental Health Workers in all Area Health Services

↓

Outcomes
• Increased number of qualified Aboriginal Mental Health Workers in the workforce • Increased knowledge of mental health services staff about health beliefs and needs of Aboriginal people • Improved responsiveness of mental health services to the needs of Aboriginal consumers • Improved effectiveness of mental health services including promotion, prevention, early detection, intervention and treatment for Aboriginal people and communities • Increased numbers of Aboriginal people accessing the range of mental health services

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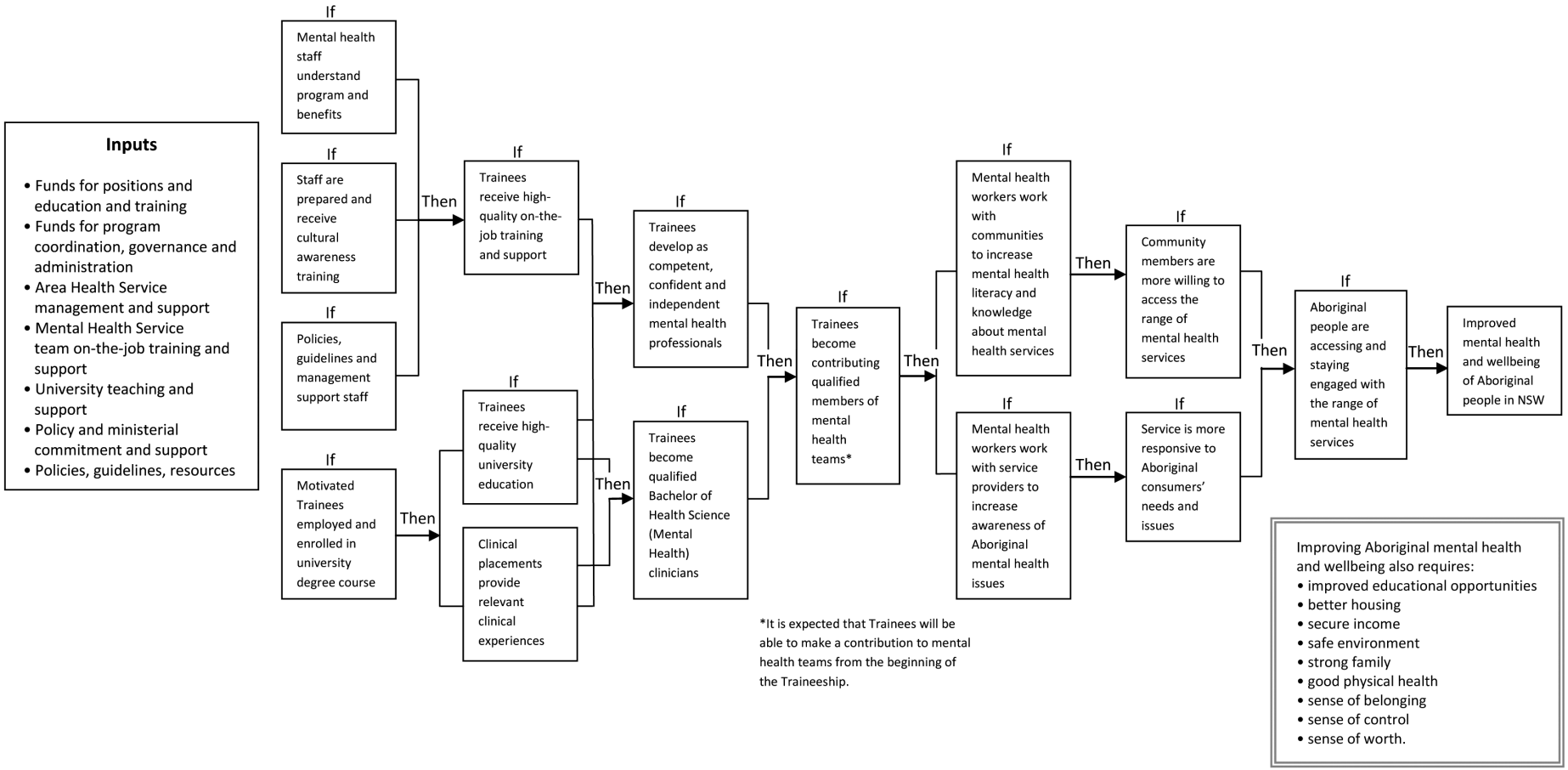
Long-term outcome
• Mental health services provide accessible, culturally appropriate services to Aboriginal people

Figure 6: Program logic flow diagram for Training Program



Assumptions underpinning the Program Logic

The program logic model of the Training Program is premised on a number of assumptions:

- mental health services and teams are aware that they need to do things differently to increase Aboriginal people's access to services and reduce disparities between access for non-Aboriginal and Aboriginal people
- mental health services and teams recognise the importance of employing skilled Aboriginal staff
- mental health services and teams are willing and able to train and support a Trainee
- time and resources are available to enable mental health services and teams to develop Trainees
- policies and guidelines will enable Program implementation
- partnerships will be formed that strengthen the work of this Program and contribute to policies, programs, resources and supports that impact positively on Aboriginal mental health and wellbeing.
- employing local Aboriginal people will build community capacity
- if Aboriginal people have a positive experience with the mental health service (both as workers or consumers), they will be more likely to stay engaged with the service.

Monitoring and evaluation plan

The monitoring and evaluation matrix (Table 4) indicates what monitoring and evaluation information should be collected and how. The data and information to be collected relate to the Program logic model and the reporting requirements of NSW Health. Reporting against the inputs, outputs and outcomes shown in the Program logic model will clearly show whether the Program is being implemented according to its plan and what it has achieved. Program staff collect and document information about the inputs, outputs and short- and medium-term outcomes. This information will feed into the overall evaluation of the Program. External evaluators may collect additional data and information through such methods as surveys and interviews with staff and consumers at the time of the evaluation.

This monitoring and evaluation plan will continue to develop and be refined to meet Program needs.

Where further detail is required about what monitoring data to collect and why, the activity is marked with a note identifier and the detail provided in explanatory notes after the matrix.

Table 4: Monitoring and evaluation matrix

Inputs, outputs and outcomes	Monitoring and evaluation data	Source of information	Who is to collect (and when)	Reporting tool	Who to report to (and when)
Inputs					
Funds for positions and education and training	Number of Training Program-funded positions filled	Human Resources and Line Manager records	Area Manager or Line Manager (ongoing)	Milestone Tracking Report	MHDAO (yearly)
				Standard Reporting Template for Reference Group	Reference Group as scheduled (currently monthly)
	Number of converted positions filled	Human Resources and Line Manager records	Area Manager or Line Manager (ongoing)	Standard Reporting Template for Reference Group	Reference Group as scheduled (currently monthly)
	Money spent each year on positions, equipment, resources, education expenses (student fees) and other professional development	Budget and financial records	Line Manager (monthly)	SPF Finance Reporting System	DOH Finance (monthly)
			State-wide Coordinator (periodically)	Program Audit Tool (to be developed)	Reference Group through State-wide Coordinator (periodically)

Inputs, outputs and outcomes	Monitoring and evaluation data	Source of information	Who is to collect (and when)	Reporting tool	Who to report to (and when)
Area Mental Health Service management and support* §	Support activities established for the Trainee and the team (includes cultural support, feedback mechanism between Trainees, Area Health Service and university) Time spent supporting Trainees and undertaking activities related to the Training Program*	Diaries, minutes of meetings, TOR of steering groups, forum agendas, etc	Area Manager (Periodically)	Milestone Tracking Report	MHDAO (Yearly)
			State-wide Coordinator (Periodically)	SCI MH-OAT § Program Audit Tool	Reference Group through State-wide Coordinator (Periodically)
	Documentation of Clinical Leader training, supervision and support*	Diaries, minutes of meetings, clinical supervision contract, activities documented	Clinical Leader (Ongoing)	SCI MH-OAT §	Reference Group through State-wide Coordinator (Periodically)
			State-wide Coordinator (Periodically)	Program Audit Tool	
Mental Health Service team on-the-job training and support* §	Documentation of activities and time spent on training and support activities (includes evidence of learning and development day allocated, attendance at Aboriginal Mental Health Workers Forum)	Records and diaries, clinical supervision plans, annual work plans and learning and development plans, skills audits	Team members, Area Manager, Line Manager, Clinical Leader, Trainees (ongoing)	Milestone Tracking Report	MHDAO (yearly)
			State-wide Coordinator (periodically)	SCI MH-OAT § Program Audit Tool	Reference Group through State-wide Coordinator (periodically)

Inputs, outputs and outcomes	Monitoring and evaluation data	Source of information	Who is to collect (and when)	Reporting tool	Who to report to (and when)
Policies, guidelines and resources	Policies, guidelines and resources produced for the Training Program or for on-the-job training and support	Documents produced for the Training Program or for on-the-job training and support; Trainee portfolios	Team members, Area Manager, Line Manager, Clinical Leader, Trainees (ongoing)	Standard Reporting Template for Reference Group	Reference Group as scheduled (currently monthly)
			State-wide Coordinator (periodically)	Program Audit Tool	Reference Group through State-wide Coordinator (periodically)
Outputs					
Trained and fully qualified Aboriginal Mental Health Workers in all Area Health Services†	Trainees have satisfactory workplace performance; Trainees assessed as competent by the workplace; Trainees enrolled in relevant university degree course; Trainees receiving clinical experience relevant to university study; Trainees successfully completing each year at university; Trainees graduating with a university degree	Performance reviews; work plans; learning and development plans; supervision reports; placement reviews; academic transcripts; Trainee portfolio	Team members, Area Manager, Line Manager, Clinical Leader, Trainee (ongoing)	Milestone Tracking Report	MHDAO (yearly)
				Standard Reporting Template for Reference Group	Reference Group as scheduled (currently monthly)
				Trainee Achievement Record Sheet	
			State-wide Coordinator (periodically)	Program Audit Tool	Reference Group through State-wide Coordinator (periodically)

IInputs, outputs and outcomes	Monitoring and evaluation data	Source of information	Who is to collect (and when)	Reporting tool	Who to report to (and when)
Outcomes					
Increased numbers of qualified Aboriginal Mental Health Workers in the workforce	Number of qualified Aboriginal Mental Health Workers employed in the mental health service; details of employment classification; details of graduates exiting the service; details of further education/training post-Traineeship; numbers of Trainees who exit the service before they graduate (why and where they went); number of Trainees remaining in the service after graduation and length of time	Human Resources and Line Manager records	Area Manager, Line Manager (yearly)	Area Health Service exit interview tool End-of-year Trainee position report (to be developed)	End-of-year reporting to Reference Group and MHDAO through Reference Group representative (yearly)

Inputs, outputs and outcomes	Monitoring and evaluation data	Source of information	Who is to collect (and when)	Reporting tool	Who to report to (and when)
Increased knowledge of mental health services staff of mental health beliefs and needs of Aboriginal people	Number of cultural awareness or cultural competency activities conducted and attended; evidence of increased knowledge—pre- and post-evaluation; number of resources developed covering Aboriginal issues; records of service activities (e.g. open days)	Training provider records; Human Resources and Line Manager records	Training providers, Line Managers and Area Managers (periodically)	Standard Reporting Template for Reference Group	End-of-year reporting to Reference Group and MHDAO through Reference Group representative (yearly)
Improved responsiveness of mental health services to the needs of Aboriginal consumers	Consumer satisfaction survey; documentation of improved responsiveness; agreed indicators for a responsive service developed	Report of consumer satisfaction survey; accreditation report (quality assurance assessors)	Area Manager, Line Manager (periodically)	Outcomes Tool (to be developed)	End-of-year reporting to Reference Group and MHDAO through Reference Group representative (yearly)

Inputs, outputs and outcomes	Monitoring and evaluation data	Source of information	Who is to collect (and when)	Reporting tool	Who to report to (and when)
Improved effectiveness of promotion, prevention, early detection, intervention and treatment services for Aboriginal people and communities.	Agreed indicators for quality, e.g. numbers of Aboriginal people with care plans and engaged in service, extent of community involvement in service planning activities	Documentation for agreed indicators (to be developed) Accreditation report (quality assurance assessors)	Area Manager, Line Manager (Periodically)	Outcomes Tool	End-of-year reporting to Reference Group and MHDAO through Reference Group representative (yearly)
Increased numbers of Aboriginal people accessing the range of mental health services‡	Numbers of Aboriginal people by sex and age accessing what service as per *Policy Directive* _547 Aboriginal and Torres Strait Islander Origin - Recording of Information of Patient and Clients	SCI MH-OAT records	Team members, Line Managers and Area Managers (Ongoing)	Report on Area Health Service activity based on SCI MH-OAT	End-of-year reporting to Reference Group and MHDAO through Reference Group representative (yearly)

Explanatory notes for Table 4

* **Documenting training and support activities and time spent:** supervisors, preceptors and team members are required to keep track of all time spent training and supporting Trainees. Recording time is important:

- to account for each staff member's time
- to document the actual time required to support a Trainee in the workplace so workload allocation can be planned
- to enable the State-wide Program to calculate the actual time cost of the Program.

Document time spent on training, planning, discussing, reviewing and explaining cases with the Trainee, debriefing, meetings, networking and so forth. Places to document activities and time spent include:

- diaries
- quarterly/monthly planner
- monthly report
- minutes of meetings
- SCI MH-OAT.

§ **Reporting training and support activities and time spent in SCI MH-OAT:** see the explanation of codes to use and an example of how to enter data about training and supervision activities in SCI MH-OAT in 'Recording training and supervision activities in SCI MH-OAT' in 'Supporting documents' at the end of this chapter.

† **Trainee performance:** ongoing monitoring of Trainee performance by supervisors is important to keep up to date with the Trainee's progress. Regular performance review is part of ongoing professional development and support for the Trainee. Regular review will ensure that any difficulties the Trainee may experience in relation to meeting workplace or university requirements are identified in good time to enable strategies to be put in place to rectify them. A portfolio should be established for each Trainee to document his/her performance and to provide a record of progress and achievements.

Performance information can be found in a range of documents including:

- performance reviews and learning and development plans
- supervision reports
- academic transcripts
- Trainee's portfolio
- skills audit and evidence documentation
- work plans and quarterly activity reports
- clinical placement documentation and results
- Trainee achievement record
- copies of presentations given by Trainees
- newspaper, newsletters and/or conference reports.

See the relevant examples and templates in Chapter 3: Workplace Training and Support, and the 'Placement review' templates in Chapter 5: Clinical Placement and Support.

See 'Supporting documents' at the end of this chapter for the standard reporting template for the 'NSW Aboriginal Mental Health Workforce Program Reference Group: Trainee achievement record'.

‡ **Number of Aboriginal people accessing the service:** in order to identify if the Training Program is meeting its objective to increase the number of Aboriginal people accessing mental health services, it is critical that each clinician record Aboriginality.

See NSW Health Mandatory Policy Directive PD2005_547 *Aboriginal and Torres Strait Islander Origin—Recording of Information of Patients and Clients*, available at: <http://www.health.nsw.gov.au/policies/pd/2005/PD2005_547.html>

Glossary

Formative evaluation: 'Evaluative activities undertaken to furnish information that will guide program improvement'.[9]

Indicator: 'Quantitative or qualitative factor or variable that provides a simple and reliable means to measure achievement, to reflect the changes connected to an intervention, or to help assess the performance of an actor'.[10]

Inputs: 'The financial, human, and material resources used for the intervention'.[11]

Outcome: 'The state of the target population or the social conditions that a program is expected to have changed';[12] 'The likely or achieved short-term and medium-term effects of an intervention's inputs'.[13]

Outcome monitoring: 'The continual measurement and reporting of indicators of the status of the social conditions a program is accountable for improving'.[14]

Process evaluation: 'A form of evaluation designed to determine whether the program is delivered as intended to the target recipients. Also known as implementation assessment.'[15]

Program logic model: 'A program logic model is a picture of how your program works—the theory and assumptions underlying the program. A program logic model links outcomes (both short- and long-term) with program activities/processes and the theoretical assumptions/principles of the program. This model provides a roadmap of your program, highlighting how it is expected to work, what activities need to come before others, and how desired outcomes are achieved'.[16]

Program theory: 'The set of assumptions about the manner in which a program relates to the social benefits it is expected to produce and the strategy and tactics the program has adopted to achieve its goals and objectives'.[17]

Program goal (or aim): 'The higher-order objective toward which an intervention is intended to contribute';[18] 'A statement, usually general and abstract, of a desired state toward which a program is directed'.[19]

Summative (or outcome) evaluation: 'Evaluation activities undertaken to render a summary judgement on certain critical aspects of the program's performance, for instance, to determine if specific goals and objectives were met'.[20]

Supporting documents

Supporting document	File type	File name	Purpose
Why is it essential to monitor and evaluate the Training Program?			
Standard reporting template for NSW Aboriginal Mental Health Workforce Program Reference Group'	Word document	ME_1	Evaluation tool
Monitoring and evaluation plan			
Recording training and supervision activities in SCI MH-OAT	PDF	ME_2	Information
NSW Aboriginal Mental Health Workforce Program Reference Group: Trainee achievement record'	Word document	ME_3	Evaluation tool

Notes:

1 Adapted from Osborne & Gaebler in JZ Kusek and RC Rist (2004). *Ten Steps to a Results-based Monitoring and Evaluation System: A Handbook for Development Practitioners*, The World Bank, Washington DC, page 11.

2 PH Rossi, MW Lipsey and HE Freeman (2004). *Evaluation: A Systematic Approach*, 7th edn, Sage Publications, Thousand Oaks, CA, page 431.

3 M Scriven (1991). *Evaluation Thesaurus*, Sage Publications, Newbury Park, CA, page 1.

4 M Quinn Patton (1997). *Utilization-Focused Evaluation: The New Century Text*, 3rd edn, Sage Publications, Thousand Oaks, CA, page 23.

5 Mental Health and Drug and Alcohol Office (2010). *Mental Health Project Summary 2010*, NSW Department of Health, page 6. (Internal document).

6 ibid., pages 5-6.

7 C Watson and N Harrison (2009). op. cit.

8 NSW Health (2007a). op. cit., page 6.

9 PH Rossi, MW Lipsey and HE Freeman (2004). op. cit., page 426.

10 JZ Kusek and RC Rist (2004). op. cit., page 226.

11 ibid., page 226.

12 PH Rossi, MW Lipsey and HE Freeman (2004). op. cit., page 429.

13 JZ Kusek and RC Rist (2004). op. cit., page 227.

14 PH Rossi, MW Lipsey and HE Freeman (2004). op. cit., page 430.

15 ibid., page 431.

16 WK Kellogg Foundation (1998). *WK Kellogg Foundation Evaluation Handbook*, WK Kellogg Foundation, Battle Creek, MI, page 35. Viewed 8 September 2010 at: <www.portal.mohe.gov.my/portal/page/portal/ExtPortal/MOHE_MAIN_PAGE/Tender_Contract/BUDGET/files/KELLOG_FOUNDATION_EVALUTION_HANDBOOK.pdf>.

17 PH Rossi, MW Lipsey and HE Freeman (2004). op. cit., page 432.

18 JZ Kusek and RC Rist (2004). op. cit., page 226.

19 PH Rossi, MW Lipsey and HE Freeman (2004). op. cit., page 431.

20 ibid., page 435.