



BARN OCH KVINNOR ORGANISATION

Faith · Action · Results

BETTER DATA | STRONGER DECISIONS | GREATER IMPACT

MEAL FRAMEWORK

2027 – 2031

Monitoring | Evaluation | Accountability | Learning

Evidence for learning, accountability and lasting change



MONITORING

EVALUATION

ACCOUNTABILITY

LEARNING

Better programming. Stronger communities. A more just and inclusive world.

People-centred results · Companion to the BOK Strategic Plan 2027–2031

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1. MEAL Framework Overview

Organisation	Barn Och Kvinnor (BOK)
MEAL Framework Period	January 2027 – December 2031
Strategic Plan Period	2027–2031
Geographical Scope	Uganda and Kenya (in Kenya, through BOK’s registered partner, the Likoni AIDS Orphanage Centre), with organisational support from the Sweden headquarters.
Primary Programme Locations	Wakiso District, Kakunyu and Bakka communities, Uganda; Likoni, Mombasa, Kenya.
Strategic Goal	To improve the wellbeing and resilience of at least 5,000 vulnerable women, children and persons with disabilities through inclusive, rights-based and sustainable community development.
MEAL Goal	To establish and institutionalize a robust, participatory, inclusive and results-oriented MEAL system that generates credible evidence, strengthens accountability, promotes organizational learning and adaptive management, and demonstrates the impact and sustainability of BOK’s interventions by 2031.

2. Overview of the BOK Strategy

The BOK Strategic Plan (2027–2031) is a comprehensive five-year framework that provides the roadmap for guiding BOK’s work and organizational development over the period. Developed by BOK through a participatory process involving staff, the Board, communities, government and development partners, the strategy will be implemented and managed by BOK.

The Strategic Plan articulates BOK’s vision, mission, core values, strategic priorities, and implementation approaches, with a focus on deepening impact, strengthening organizational effectiveness, and expanding its reach across Uganda and Kenya. It is grounded in the realities and evolving needs of vulnerable and marginalized communities across the region and seeks to strengthen their wellbeing, resilience, protection, inclusion, and access to opportunities.

The strategy is organized around four strategic objectives, which collectively define BOK’s areas of focus and are expected to deliver results across 21 defined outcomes.

Strategic Objective 1: To improve the wellbeing, inclusion, protection, and educational outcomes of children and persons with disabilities through equitable access to quality services and opportunities.

Expected Outcomes

1. Children and persons with disabilities experience improved wellbeing through equitable access to quality health, rehabilitation, psychosocial, and social support services.
2. Children and persons with disabilities achieve increased inclusion, participation, and equal opportunities in family, community, and institutional settings.
3. Children, including children with disabilities, access and complete quality, inclusive, and equitable education that improves learning and development outcomes.
4. Children and persons with disabilities experience strengthened protection, safety, and realization of their rights in homes, schools, and communities.
5. Families and communities demonstrate increased capacity to support the care, inclusion, development, and wellbeing of children and persons with disabilities.

Strategic Objective 2: To strengthen the economic empowerment, leadership capacity, and resilience of women to enable sustainable livelihoods, increased agency, and improved household and community wellbeing.

Expected Outcomes

1. Women achieve improved economic empowerment and sustainable livelihoods, resulting in increased income security and household wellbeing.
2. Women demonstrate strengthened leadership, decision-making influence, and meaningful participation in household, community, and governance processes.
3. Women and their households build increased resilience to social, economic, and environmental shocks through diversified and adaptive livelihood systems.
4. Women exercise greater agency, control over productive resources, and access to economic opportunities that enhance long-term wellbeing.
5. Households and communities experience improved social and economic wellbeing driven by empowered and economically resilient women.

Strategic Objective 3: To strengthen community resilience through timely humanitarian assistance, improved food and nutrition security, and equitable access to quality health services.

Expected Outcomes

1. Communities demonstrate increased resilience and adaptive capacity to anticipate, withstand, and recover from humanitarian, economic, and environmental shocks.
2. Households achieve improved food and nutrition security through sustainable access to adequate, safe, and nutritious food.
3. Women, children, and vulnerable populations experience improved health and wellbeing through equitable access to quality and responsive health services.

4. Communities strengthen preparedness, response, and recovery mechanisms that reduce vulnerability during humanitarian crises and emergencies.
5. Households adopt resilient livelihood and health practices that contribute to sustained wellbeing and reduced dependency on humanitarian support.
6. Local systems and community structures strengthen their capacity to deliver inclusive, coordinated, and sustainable humanitarian, nutrition, and health interventions.

Strategic Objective 4: To promote access to justice, strengthen child protection systems, and advance human rights and social accountability for vulnerable populations.

Expected Outcomes

1. Vulnerable populations experience increased access to justice and effective legal support, enabling the protection and realization of their rights.
2. Children live in safer families and communities supported by strengthened, coordinated, and responsive child protection systems.
3. Communities, institutions, and duty bearers uphold, protect, and promote human rights through accountable, inclusive, and rights-based governance.
4. Women, children, persons with disabilities, and other vulnerable groups are empowered to claim their rights and actively participate in decision-making and social accountability processes.
5. Government and community institutions demonstrate improved capacity, coordination, and accountability in preventing and responding to rights violations and protection concerns.

3. Purpose of the MEAL Framework

The overall purpose of the MEAL Framework is to establish a coherent, integrated, participatory, and results-oriented system for monitoring, evaluating, learning from, and managing the implementation and results of BOK's 2027–2031 Strategic Plan. The framework will provide a systematic basis for tracking progress, measuring results, generating evidence, strengthening accountability, and supporting adaptive management and evidence-based decision-making throughout the strategy period.

The MEAL Framework will specifically:

- Track the implementation of the 2027–2031 Strategic Plan and assess progress against strategic objectives, outcomes, outputs, activities, and annual priorities.
- Measure progress towards the strategy's intended outcomes and the goal of reaching 5,000 people, using clearly defined, measurable, and SMART indicators.
- Establish credible baselines and realistic annual and 2031 targets to enable meaningful measurement of progress and performance over the strategy period.
- Strengthen accountability to rights holders and stakeholders by ensuring meaningful participation, accessible community feedback and complaints mechanisms, and systematic use of feedback to improve programme quality.

- Generate credible and timely evidence for programme adaptation, strategic decision-making, and resource mobilization, ensuring that learning and evidence inform programme design and implementation.
- Assess programme effectiveness, efficiency, relevance, sustainability, and contribution to impact, through appropriate monitoring, reviews, evaluations, research, and other learning processes.

Together, these mechanisms will enable BOK to demonstrate results, remain accountable to rights holders and stakeholders, adapt programmes based on evidence, strengthen organizational learning, and maximise the effectiveness, sustainability, and impact of its 2027–2031 Strategic Plan.

4. BOK Strategic Results Architecture

The MEAL system will use the following hierarchy:



Inputs and activities produce outputs, which contribute to strategic outcomes. Outcomes together deliver the strategic objectives, and the objectives together achieve the strategic goal.

5. Theory of Change

BOK's Theory of Change states, in essence, that:

When vulnerable women are economically empowered and able to exercise their rights; children, including orphans and children with disabilities, grow up safe, healthy, educated and included; and vulnerable households have sustainable livelihoods, improved food security, climate resilience, quality health services and equitable access to justice and protection, then vulnerable populations will achieve greater resilience, dignity and self-reliance, contributing to reduced poverty and inequality, stronger social inclusion and realization of human rights.

This implies that the MEAL system must measure more than the number of people reached. It should progressively measure:

Access to services	Quality of services	Changes in knowledge and behavior	Empowerment and agency	Resilience
Inclusion	Protection	Household wellbeing	Food and nutrition security	Access to justice
Strengthening of local systems	Sustainability			

The full Theory of Change diagram is presented on the following page.

Figure 1: BOK Theory of Change 2027–2031

LONG-TERM IMPACT (2031)	Children with Disabilities, Marginalized Women & Widows, PWDs especially the Youth, Orphans living with HIV in targeted communities enjoy equitable opportunities, strengthened resilience, improved wellbeing, and the full realization of their rights, contributing to inclusive, just, and prosperous communities.				CROSS-CUTTING ENABLERS
OUTCOMES <i>Changes we contribute to</i>	Outcome 1 Improved wellbeing, protection, inclusion, and holistic development of vulnerable children, including children with disabilities, orphans, and children living with HIV.	Outcome 2 Vulnerable women and girls are economically empowered, resilient, and exercise increased leadership, agency, and decision-making in their households, communities, and institutions.	Outcome 3 Strengthened community resilience, food and nutrition security, and equitable health outcomes among vulnerable and marginalized populations.	Outcome 4 Improved access to justice, child protection, and the realization of human rights for vulnerable women, children, and PWDs.	▸ Gender Equality and Women's Empowerment ▸ Disability Inclusion ▸ Child Protection and Safeguarding ▸ Environmental Sustainability and Climate Resilience ▸ Faith, Dignity, Human Rights and Social Justice
OUTPUTS <i>What we deliver</i>	1.1 Access to inclusive child development services enhanced. 1.2 Child protection systems and community mechanisms strengthened. 1.3 Disability inclusion and rehabilitation support enhanced. 1.4 Family and community capacity for child care and protection strengthened.	2.1 Access to sustainable livelihoods and financial services enhanced. 2.2 Women's resilience and adaptive capacities strengthened. 2.3 Women's leadership, agency, and participation strengthened. 2.4 Gender-based violence prevention and response systems strengthened.	3.1 Climate-resilient livelihoods and productive resources enhanced. 3.2 Sustainable food security and nutrition practices promoted. 3.3 Access to inclusive health and nutrition services improved. 3.4 Community health and disaster preparedness systems strengthened.	4.1 Access to inclusive justice and protection services improved. 4.2 Community protection and referral systems strengthened. 4.3 Rights awareness and citizen empowerment strengthened. 4.4 Institutional capacity for rights-based justice strengthened.	
ACTIVITIES <i>How we work</i>	Inclusive Education · Disability Inclusion · Child Protection · Family Resilience · Alternative Care	Sustainable Livelihoods · Financial Inclusion · Skills Development · Leadership Development	Humanitarian Assistance · Food Security & Nutrition · Maternal & Newborn Health · Community Health Promotion	Inclusive Governance · Rights Protection · Child Protection · Access to Justice	
INPUTS <i>What enables our work</i>	Sustainable and diversified funding · Capable and committed human resources · Strategic partnerships and community engagement · Evidence-driven MEAL systems and adaptive learning · Values-based culture promoting dignity and social transformation · Effective governance, accountability, and organizational management				
KEY ASSUMPTIONS	Stable political and regulatory environment · Community willingness and participation · Continued support from partners and donors · Improved economic conditions in target communities · Security and safety for staff and communities · Government and service systems remain functional				

Read from bottom to top: inputs and activities, under the stated assumptions, deliver outputs that contribute to outcomes and long-term impact. Cross-cutting enablers apply across all four pillars.

6. Strategic Results Framework 2027–2031

Note on Baselines

Baseline values for all outcome indicators in this framework are shown as “**To be established: baseline study (Q1 2027)**”. Because every outcome indicator is measured through surveys, assessments or record reviews, credible starting values can only be set once primary data has been collected. BOK has therefore scheduled a dedicated baseline study, with preparation in the fourth quarter of 2026 (October–December) and data collection, analysis and reporting in the first quarter of 2027 (January–March).

Timeline

- **Q4 2026 (October–December):** finalise the baseline design and sampling, adapt data collection tools to each indicator definition, obtain approvals and consent procedures, and recruit and train data collectors.
- **Q1 2027 (January–February):** collect data in Wakiso District and Likoni, followed by data cleaning and quality checks.
- **Q1 2027 (March):** analyse data, validate findings with communities and partners, and finalise the baseline report.

How the baseline study will be conducted

- **Scope:** a representative sample of supported children, persons with disabilities, women, caregivers and households in Wakiso District (Kakunyu, Bakka and Bunamwaya), Uganda, and at the Likoni AIDS Orphanage Centre, Mombasa, Kenya, through BOK’s partnership with the Centre.
- **Methods:** the data sources and collection methods set out for each indicator in the Performance Indicator Matrix (Section 7), including structured household and beneficiary surveys, wellbeing, caregiver and resilience assessments, focus group discussions, key informant interviews and reviews of school, health, case-management and programme records.
- **Disaggregation:** data will be collected and analysed by sex, age, disability status, location and the other categories specified for each indicator, so that progress for different groups can be tracked.
- **Ethics and safeguarding:** informed consent will be obtained from all respondents, with caregiver consent and child-friendly, disability-inclusive approaches for children; personal data will be kept confidential and protection concerns referred in line with BOK’s safeguarding policy.
- **Management and validation:** the study will be led by BOK’s MEAL Officer, who covers Uganda and Kenya, with external technical support where needed. Draft findings will be validated with communities and partners before being finalised.
- **New participants:** beneficiaries who join programmes after the baseline study will complete an intake assessment at enrolment, giving each person an individual starting point against which improvement is measured.

Updating the framework

Once the baseline study is complete, the confirmed baseline values will be entered into the Strategic Results Framework (Section 6) and the Performance Indicator Matrix (Section 7). The 2031 targets will be reviewed against these values and adjusted where necessary, and all targets marked “to be set” will be agreed. The updated framework will be approved by senior management and the Board, and the baseline report will be shared with donors and partners.

6.1 Strategic Goal

Goal: To improve the wellbeing and resilience of at least 5,000 vulnerable women, children and persons with disabilities through inclusive, rights-based and sustainable community development.

Goal-Level Indicators

Code	Goal Indicator	Baseline	2031 Target	Frequency
G.1	Number of unique women, children and persons with disabilities reached (cumulative)	0 (cumulative count starts January 2027)	≥5,000	Quarterly
G.2	% of supported individuals demonstrating improved wellbeing and resilience	To be established: baseline study (Q1 2027)	To be set after the baseline study (Q1 2027)	Annual

6.2 Strategic Objective 1: Child Welfare, Disability Inclusion and Education

Objective: To improve the wellbeing, inclusion, protection and educational outcomes of children and persons with disabilities through equitable access to quality services and opportunities.

Outcome Indicators

Code	Strategic Outcome Indicator	Baseline	2031 Target	Frequency
SO1.1	% of supported children and PWDs demonstrating improvement in wellbeing across defined wellbeing dimensions.	To be established: baseline study (Q1 2027)	≥80%	Annual
SO1.2	% of supported children and PWDs demonstrating increased inclusion and meaningful participation in family, school, and community activities.	To be established: baseline study (Q1 2027)	≥80%	Annual
SO1.3	% of supported children who remain enrolled in, regularly attend, and/or successfully complete formal or appropriate alternative education.	To be established: baseline study (Q1 2027)	≥85%	Annual
SO1.4	% of supported children and PWDs reporting improved safety, protection, and access to appropriate protection services.	To be established: baseline study (Q1 2027)	≥85%	Annual
SO1.5	% of caregivers demonstrating improved knowledge, skills, and capacity to support the wellbeing, protection, education, and inclusion of children and PWDs.	To be established: baseline study (Q1 2027)	≥80%	Annual

Key Output Indicators

- Number of children/PWDs receiving health, rehabilitation or psychosocial support.
- Number of children receiving education support.
- Number of children with disabilities receiving assistive or rehabilitation services.
- Number of caregivers trained/supported.
- Number of child protection cases identified and appropriately referred.
- Number of schools/community structures supported to improve inclusion.
- Number of children receiving regular programme support.
- Hope Home milestones achieved: land purchased in Wakiso and registered in BOK's name; construction completed; centre opened for children with disabilities.

6.3 Strategic Objective 2: Women's Economic Empowerment, Leadership and Resilience

Objective: To strengthen the economic empowerment, leadership capacity and resilience of women to enable sustainable livelihoods, increased agency and improved household and community wellbeing.

Outcome Indicators

Code	Indicator	Baseline	2031 Target	Frequency
SO2.1	% of supported women demonstrating improved income and economic security.	To be established: baseline study (Q1 2027)	≥70%	Annual
SO2.2	% of supported women demonstrating increased participation and influence in household and community decision-making.	To be established: baseline study (Q1 2027)	≥70%	Annual
SO2.3	% of supported women and households demonstrating increased resilience to economic, social, and environmental shocks.	To be established: baseline study (Q1 2027)	≥70%	Annual
SO2.4	% of supported women demonstrating increased access to and control over productive resources.	To be established: baseline study (Q1 2027)	≥70%	Annual
SO2.5	% of supported women and households demonstrating improved overall wellbeing.	To be established: baseline study (Q1 2027)	≥70%	Annual

Key Output Indicators

- Number of women receiving livelihood/IGA support.
- Number of women trained in entrepreneurship/business skills.
- Number of women participating in VSLA/savings groups.

- Number of women accessing productive assets/resources.
- Number of women receiving financial literacy training.
- Number of women participating in leadership development.
- Number of women engaged in markets/value chains.
- Number of women supported to establish or strengthen businesses.

6.4 Strategic Objective 3: Humanitarian Assistance, Food Security and Community Health

Objective: To strengthen community resilience through timely humanitarian assistance, improved food and nutrition security, and equitable access to quality health services.

Outcome Indicators

Code	Indicator	Baseline	2031 Target	Frequency
SO3.1	% of supported households demonstrating improved capacity to anticipate, withstand, and recover from shocks.	To be established: baseline study (Q1 2027)	≥70%	Annual
SO3.2	% of supported households achieving an acceptable food security status.	To be established: baseline study (Q1 2027)	≥75%	Annual
SO3.3	% of supported beneficiaries accessing and utilizing quality health services when needed.	To be established: baseline study (Q1 2027)	≥80%	Annual
SO3.4	% of target communities with functional and tested preparedness and response mechanisms.	To be established: baseline study (Q1 2027)	≥80%	Annual
SO3.5	% of supported households consistently adopting recommended resilient health and livelihood practices.	To be established: baseline study (Q1 2027)	≥70%	Annual
SO3.6	% of supported community and local systems meeting defined minimum capacity standards.	To be established: baseline study (Q1 2027)	≥80%	Annual

Key Output Indicators

- Number of households receiving humanitarian assistance.
- Number of vulnerable mothers receiving maternal/newborn support.
- Number of people receiving food/nutrition assistance.
- Number of people accessing health outreach services.
- Number of community health/referral activities conducted.
- Number of community members trained in preparedness.

- Number of functional community emergency structures.
- Number of households receiving livelihood/resilience support.

6.5 Strategic Objective 4: Legal Advocacy, Child Protection and Rights Promotion

Objective: To promote access to justice, strengthen child protection systems and advance human rights and social accountability for vulnerable populations.

Outcome Indicators

Code	Indicator	Baseline	2031 Target	Frequency
SO4.1	% of supported protection and legal cases successfully resolved, referred, or receiving appropriate follow-up	To be established: baseline study (Q1 2027)	≥80%	Quarterly
SO4.2	% of targeted rights holders demonstrating increased knowledge of their rights and available services	To be established: baseline study (Q1 2027)	≥80%	Annual
SO4.3	Number of targeted communities with functional and effective community-based child protection mechanisms	To be established: baseline study (Q1 2027)	To be set after the baseline study (Q1 2027)	Annual
SO4.4	% of targeted duty bearers demonstrating improved capacity and accountability in fulfilling their protection and rights obligations	To be established: baseline study (Q1 2027)	≥75%	Annual
SO4.5	% of targeted vulnerable groups reporting increased capacity and confidence to claim their rights and access available services	To be established: baseline study (Q1 2027)	≥75%	Annual

Key Output Indicators

- Number of people receiving legal information.
- Number of people receiving legal aid/support.
- Number of protection cases identified and referred.
- Number of community members trained on rights.
- Number of child protection committees/structures strengthened.
- Number of duty bearers trained.
- Number of community accountability dialogues conducted.
- Number of advocacy initiatives undertaken.
- Number of legal/protection cases followed up.

6.6 Organisational Effectiveness, Governance and Sustainability

BOK's strategy identifies organizational capacity, governance, partnerships and resource sustainability as a strategic organizational priority.

Objective: By 2031, BOK is a well-governed, accountable, capable and financially sustainable organization with effective systems, strong partnerships and diversified resources to deliver its strategic objectives.

Organisational Effectiveness Indicators

Code	Indicator	Baseline	2031 Target	Frequency
OE.1	Organisational capacity assessment (OCA) score	To be established: baseline study (Q1 2027)	To be set after the baseline study (Q1 2027)	Annual
OE.2	% of planned Board meetings held with documented decisions and follow-up	To be established: baseline study (Q1 2027)	100%	Annual
OE.3	Number of active strategic partnerships	To be established: baseline study (Q1 2027)	To be set after the baseline study (Q1 2027)	Annual
OE.4	% of annual income from the largest single funding source	To be established: baseline study (Q1 2027)	To be set after the baseline study (Q1 2027)	Annual
OE.5	% of staff meeting or exceeding their annual KPIs	To be established: baseline study (Q1 2027)	To be set after the baseline study (Q1 2027)	Annual
OE.6	Annual accounts independently reviewed with a clean opinion	To be established: baseline study (Q1 2027)	Clean opinion every year	Annual

7. Performance Indicator Matrix

The MEAL Framework Performance Indicator Matrix provides a comprehensive reference for tracking and assessing the implementation and results of the BOK Strategic Plan (2027–2031). For each goal, outcome and organisational effectiveness indicator, the matrix sets out the indicator name and number, definition and unit of measurement, data source, data collection method, frequency of reporting, disaggregation, baseline and 2031 target. Annual targets and achievements will be recorded in BOK's MEAL performance tracking sheet, updated quarterly and summarised in the annual performance report.

Data for outcome and development objective indicators will primarily be collected through community surveys, assessments, and evaluations. Sample sizes for these surveys will be scientifically determined to ensure that findings are sufficiently representative and allow for appropriate inference to the wider target population. Data for output indicators will be collected routinely and continuously as programme activities are implemented.

The 2031 targets shown for outcome indicators are provisional. They will be reviewed and confirmed against the values generated by the baseline study (Q1 2027), together with mapping exercises, assessments and other credible data sources, so that targets are realistic and measurable over the life of the strategy. Output indicator targets will be set in each annual work plan, based on planned programme coverage, the scope and scale of activities, and the availability of financial and human resources.

Quarterly and annual performance data will be systematically reviewed and analyzed by the MEAL team using appropriate statistical and data analysis software. Findings will be presented through tables, graphs, charts, and other appropriate visualizations to facilitate interpretation, decision-making, learning, and adaptive management.

Survey and routine data collection will employ a range of complementary methods, including structured questionnaires, key informant and individual interviews, observations, and Focus Group Discussions (FGDs), as appropriate to the indicator and information needs. Data collection and analysis will be guided by principles of data quality, reliability, validity, accountability, and ethical practice.

Performance Indicator Matrix Goal, SO1–SO4 outcome and organisational effectiveness indicators

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
Strategic Goal: To improve the wellbeing and resilience of at least 5,000 vulnerable women, children and persons with disabilities through inclusive, rights-based and sustainable community development.								
Number of unique individuals reached	G.1	Cumulative number of unique women, children and persons with disabilities who have received at least one direct BOK service or intervention since January 2027. Each individual is counted once, regardless of the number of services received. Unit of Measurement: Number.	Beneficiary register with unique IDs; attendance, distribution and case records	Routine registration at enrolment; quarterly de-duplication and verification	Quarterly	Sex; age group; disability status; country; location; pillar	0 (cumulative count starts January 2027)	≥5,000

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of supported individuals demonstrating improved wellbeing and resilience	G.2	Percentage of supported women, children and persons with disabilities whose score on BOK's composite wellbeing and resilience measure, combining the core outcome measures used under SO1–SO4, has improved from baseline. Unit of Measurement: Percentage.	Baseline, follow-up and endline surveys; programme monitoring database	Structured beneficiary/household survey with composite wellbeing and resilience score	Annually	Sex; age group; disability status; country; location; pillar	To be established: baseline study (Q1 2027)	To be set after the baseline study (Q1 2027)
SO1: To improve the wellbeing, inclusion, protection and educational outcomes of children and persons with disabilities through equitable access to quality services and opportunities.								

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of supported children and PWDs demonstrating improvement in wellbeing across defined wellbeing dimensions.	SO1.1	Percentage of supported children and PWDs, who demonstrate a positive change from baseline in the predefined wellbeing dimensions measured by the project wellbeing assessment tool. Improvement should be based on an agreed threshold or minimum score increase. Unit of Measurement: Percentage.	Child/PWD wellbeing assessment; baseline, follow-up and endline databases; case management records where applicable	Structured wellbeing questionnaire/assessment administered to supported children/PWDs, caregivers or appropriate respondents; pre- and post-assessment comparison	Annually	Sex; age group; disability status/type; location; programme/project; wellbeing dimension; vulnerability category	To be established: baseline study (Q1 2027)	≥80%

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of supported children and PWDs demonstrating increased inclusion and meaningful participation in family, school, and community activities.	SO1.2	Percentage of supported children and PWDs who demonstrate an increase from baseline in their participation in, and ability to influence or meaningfully engage in, relevant family, school and community activities, based on predefined participation criteria. Unit of Measurement: Percentage.	Participation/inclusion assessment; child/PWD survey; caregiver survey; school/community records; programme monitoring database	Structured questionnaire, participation scale, interviews, focus group discussions and/or observation using predefined criteria	Annually	Sex; age group; disability status/type; location; school attendance status; type of activity; level of participation	To be established: baseline study (Q1 2027)	≥80%

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of supported children who remain enrolled in, regularly attend, and/or successfully complete formal or appropriate alternative education.	SO1.3	Percentage of supported children who, during the reporting period, remain enrolled in an appropriate education pathway, meet the agreed attendance threshold, and/or successfully complete the relevant education cycle or level. The project will define the attendance and completion thresholds. Unit of Measurement: Percentage.	School registers; attendance records; enrolment records; examination/completion records; alternative education provider records; programme database	Review of administrative/school records; verification with schools/education providers; household follow-up where records are unavailable	Annually	Sex; age group; disability status/type; location; education level; type of education (formal/alternative); school; grade/class	To be established: baseline study (Q1 2027)	≥85%

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of supported children and PWDs reporting improved safety, protection, and access to appropriate protection services.	SO1.4	Percentage of supported children and PWDs who report improved perceived safety and/or access to appropriate, safe and responsive protection services compared with baseline, according to predefined safety, protection and service-access criteria. Unit of Measurement: Percentage.	Protection/safety assessment; beneficiary feedback data; case management records; referral records; service-provider records	Confidential structured interviews/surveys; protection monitoring; feedback mechanisms; case/referral record review; key informant interviews where appropriate	Annually	Sex; age group; disability status/type; location; type of protection concern; type of service accessed; vulnerability category	To be established: baseline study (Q1 2027)	≥85%

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of caregivers demonstrating improved knowledge, skills, and capacity to support the wellbeing, protection, education, and inclusion of children and PWDs.	SO1.5	Percentage of caregivers who demonstrate a measurable improvement from baseline in knowledge, skills and/or capacity related to supporting the wellbeing, protection, education and inclusion of children and PWDs, based on a predefined caregiver capacity assessment score or threshold. Unit of Measurement: Percentage.	Caregiver knowledge/capacity assessment; training records; household monitoring records; programme database	Structured caregiver knowledge, attitude and practice/capacity survey; pre/post-training assessment; household visits; observation where appropriate	Annually	Sex of caregiver; age group; caregiver relationship to child/PWD; location; disability status of supported person; training/intervention received	To be established: baseline study (Q1 2027)	≥80%
SO2: To strengthen the economic empowerment, leadership capacity and resilience of women to enable sustainable livelihoods, increased agency and improved household and community wellbeing.								

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of supported women demonstrating improved income and economic security.	SO2.1	Percentage of supported women who demonstrate a measurable improvement in income, livelihood stability, savings, ability to meet basic needs, or other predefined dimensions of economic security compared with baseline. Unit of Measurement: Percentage.	Household/women's economic empowerment survey; livelihood monitoring records; savings/group records; business records	Structured household/women's survey; income and expenditure assessment; review of savings/business records; interviews	Annually	Age; location; disability status; marital status; livelihood type; income category; programme/intervention received	To be established: baseline study (Q1 2027)	≥70%

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of supported women demonstrating increased participation and influence in household and community decision-making.	SO2.2	Percentage of supported women who demonstrate an increase from baseline in their participation in and ability to influence decisions affecting household resources, livelihoods, children, health, education, community affairs, and other relevant matters. Unit of Measurement: Percentage.	Women's empowerment/decision-making survey; community/group records; qualitative monitoring data	Structured survey using decision-making and empowerment questions; interviews; focus group discussions; participatory assessment	Annually	Age; location; disability status; marital status; household type; livelihood status; type of decision; leadership/group membership	To be established: baseline study (Q1 2027)	≥70%

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of supported women and households demonstrating increased resilience to economic, social, and environmental shocks.	SO2.3	Percentage of supported women and households that demonstrate improved capacity to anticipate, absorb, adapt to, and recover from economic, social, or environmental shocks, based on predefined resilience dimensions such as savings, livelihood diversification, access to support, preparedness, coping capacity, and recovery. Unit of Measurement: Percentage.	Household resilience assessment; livelihood monitoring records; savings/group records; shock/event monitoring; programme database	Structured resilience survey; household interviews; shock-event monitoring; review of savings and livelihood records; qualitative assessment	Annually	Location; age/sex of household head; disability status; household size; livelihood type; wealth/income category; type of shock; severity of shock	To be established: baseline study (Q1 2027)	≥70%

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of supported women demonstrating increased access to and control over productive resources.	SO2.4	Percentage of supported women who demonstrate improved access to and meaningful control over productive resources such as land, livestock, financial services, business assets, inputs, technology, markets, and productive equipment compared with baseline. Unit of Measurement: Percentage.	Women's economic empowerment survey; household survey; land/asset records where available; savings/financial service records; programme records	Structured survey; asset/resource inventory; interviews; review of relevant administrative or programme records	Annually	Age; location; disability status; marital status; livelihood type; type of productive resource; ownership/control status; income category	To be established: baseline study (Q1 2027)	≥70%

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of supported women and households demonstrating improved overall wellbeing.	SO2.5	Percentage of supported women and households showing a measurable improvement in overall wellbeing across predefined dimensions such as income/economic security, food security, health, education, safety, housing/living conditions, psychosocial wellbeing, social connectedness, and access to essential services. Unit of Measurement: Percentage.	Household/women's wellbeing assessment; programme monitoring database; service access records; beneficiary feedback	Structured wellbeing survey/assessment; household interviews; observation; review of relevant programme/service records	Annually	Sex and age of respondent/household head; location; disability status; household size; income/wealth category; wellbeing dimension	To be established: baseline study (Q1 2027)	≥70%
SO3: To strengthen community resilience through timely humanitarian assistance, improved food and nutrition security, and equitable access to quality health services.								

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of supported households demonstrating improved capacity to anticipate, withstand, and recover from shocks.	SO3.1	Percentage of supported households whose resilience capacity has improved, as demonstrated by their ability to anticipate, prepare for, cope with, and recover from identified economic, social, health, environmental, or other shocks, based on predefined resilience criteria or a resilience index. Unit of Measurement: Percentage.	Household surveys; resilience assessment tool; programme monitoring records; post-distribution/ outcome monitoring data	Structured household survey using a resilience capacity score/index; KIIs/FGDs for validation; comparison of baseline and endline scores	Annually	Sex of household head; age of household head; disability status; location; household size; beneficiary type; livelihood type; socioeconomic status	To be established: baseline study (Q1 2027)	≥70%

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of supported households achieving an acceptable food security status.	SO3.2	Percentage of supported households whose food security status meets the programme-defined acceptable threshold, based on a recognized food security measurement tool such as FCS, rCSI, HFIAS, or FIES. Unit of Measurement: Percentage.	Household food security surveys; programme monitoring database; food security assessment reports	Structured household interviews using the selected standardized food security tool; scoring and classification against defined thresholds	Annually	Sex of household head; age; disability status; location; household size; wealth/income category; livelihood type	To be established: baseline study (Q1 2027)	≥75%

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of supported beneficiaries accessing and utilizing quality health services when needed.	SO3.3	Percentage of supported beneficiaries who report needing health services and who accessed an appropriate health service within the relevant period and received care that meets predefined quality standards. Unit of Measurement: Percentage.	Household/beneficiary surveys; health facility records; referral records; client satisfaction/exit interviews	Household/beneficiary survey; health facility record review; referral tracking; client exit interviews	Annually	Sex; age group; disability status; location; type of health service; facility type; beneficiary category	To be established: baseline study (Q1 2027)	≥80%

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of target communities with functional and tested preparedness and response mechanisms.	SO3.4	Percentage of target communities that have established preparedness and response mechanisms that meet predefined functionality criteria and have been tested through drills, simulations, actual response events, or documented review exercises within the reporting period. Unit of Measurement: Percentage.	Community preparedness plans; disaster risk registers; committee records; drill/simulation reports; monitoring reports	Document review; community verification checklist; key informant interviews; observation of drills/simulations	Annually	Location; type of hazard; community type; presence of functional committee; type of preparedness mechanism	To be established: baseline study (Q1 2027)	≥80%

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of supported households consistently adopting recommended resilient health and livelihood practices.	SO3.5	Percentage of supported households that regularly apply a predefined set of recommended practices that reduce vulnerability and strengthen their ability to maintain health, livelihoods, and wellbeing during shocks. Unit of Measurement: Percentage.	Household surveys; programme monitoring records; demonstration/field visit records; coaching/follow-up reports	Structured household survey; observation checklist; spot checks; home visits; beneficiary interviews	Annually	Sex of household head; age; disability status; location; livelihood type; household socioeconomic status; type of practice adopted	To be established: baseline study (Q1 2027)	≥70%

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of supported community and local systems meeting defined minimum capacity standards.	SO3.6	Percentage of supported community structures and local systems that meet or exceed predefined minimum standards for capacity, including governance, staffing/roles, resources, preparedness, coordination, service delivery, monitoring, accountability, and response capacity. Unit of Measurement: Percentage.	Capacity assessment tools; institutional records; supervision reports; training records; community/local government records.	Standardized capacity assessment; document review; key informant interviews; observation; verification against minimum standards	Annually	Location; type of system/institution; level (community/parish/sub-county/district); sector; gender composition; type of capacity assessed	To be established: baseline study (Q1 2027)	≥80%
SO4: To promote access to justice, strengthen child protection systems and advance human rights and social accountability for vulnerable populations.								

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of supported protection and legal cases successfully resolved, referred, or receiving appropriate follow-up	SO4.1	Percentage of protection and legal cases identified and supported by the programme that, within the reporting period, are successfully resolved, appropriately referred to relevant service providers, or receive documented and appropriate follow-up action in accordance with established case-management procedures. Unit of Measurement: Percentage.	Case management records; protection/legal case registers; referral records; case closure forms; follow-up reports	Case file review; case tracking; referral verification; follow-up interviews; service-provider confirmation where appropriate	Quarterly	Sex; age group; disability status; location; case type; vulnerability category; type of response/action; case outcome	To be established: baseline study (Q1 2027)	≥80%

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of targeted rights holders demonstrating increased knowledge of their rights and available services	SO4.2	Percentage of targeted rights holders who demonstrate an increase in knowledge of their rights, entitlements, protection mechanisms, and services available to them following programme interventions, compared with their baseline or pre-intervention knowledge level. Unit of Measurement: Percentage.	Baseline/endline surveys; pre/post-training assessments; knowledge, attitude and practice (KAP) surveys; awareness-session records	Structured household/individual surveys; pre- and post-tests; KAP assessments; interviews	Annual	Sex; age group; disability status; location; vulnerability category; type of rights/service; participation in intervention	To be established: baseline study (Q1 2027)	≥80%

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
Number of targeted communities with functional and effective community-based child protection mechanisms	SO4.3	Number of targeted communities that have established or supported child protection mechanisms that meet predefined functionality and effectiveness criteria, including regular meetings, active membership, identification and referral of cases, documentation, community engagement, and linkages with formal protection services. Unit of Measurement: Number	Community-based child protection committee records; meeting minutes; activity reports; referral registers; functionality assessment tools; CBO/community records	Functionality assessment; document review; key informant interviews; observation; verification visits	Annual	Location; district; sub-county/parish; community type; mechanism type.	To be established: baseline study (Q1 2027)	To be set after the baseline study (Q1 2027)

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of targeted duty bearers demonstrating improved capacity and accountability in fulfilling their protection and rights obligations	SO4.4	Percentage of targeted duty bearers who demonstrate measurable improvement in knowledge, skills, practices, responsiveness, and accountability related to fulfilling their mandated protection and rights obligations, based on agreed capacity and accountability criteria. Unit of Measurement: Percentage.	Capacity assessments; pre/post-training assessments; duty-bearer performance/self-assessment tools; supervision reports; accountability records; stakeholder feedback	Pre/post capacity assessment; structured interviews; observation; document review; 360°/stakeholder feedback where appropriate	Annual	Sex; duty-bearer category; institution/sector; location; level of government; training/support received.	To be established: baseline study (Q1 2027)	≥75%

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of targeted vulnerable groups reporting increased capacity and confidence to claim their rights and access available services	SO4.5	Percentage of targeted individuals from vulnerable groups who report increased knowledge, confidence, agency, and ability to claim their rights, seek redress, and access appropriate protection and other available services because of programme interventions. Unit of Measurement: Percentage.	Baseline/endline surveys; outcome monitoring surveys; beneficiary feedback mechanisms; PDM surveys; focus group discussions	Structured surveys; outcome harvesting; interviews; FGDs; beneficiary feedback and satisfaction assessments	Annual	Sex; age group; disability status; location; vulnerability category; type of service/right; participation in intervention	To be established: baseline study (Q1 2027)	≥75%
Organisational Priority: Organisational effectiveness, governance and sustainability.								

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
Organisational capacity assessment (OCA) score	OE.1	Overall score on BOK's organisational capacity assessment covering governance, leadership, programme management, MEAL, finance, human resources and resource mobilisation. Unit of Measurement: Score (%).	OCA report	Facilitated organisational self-assessment with external validation	Annually	Capacity domain; country office	To be established: baseline study (Q1 2027)	To be set after the baseline study (Q1 2027)

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of planned Board meetings held with documented decisions and follow-up	OE.2	Percentage of Board and Board committee meetings scheduled in the annual governance calendar that are held, minuted, and have decisions tracked to completion. Unit of Measurement: Percentage.	Board minutes; governance calendar; action log	Review of governance records	Annually	Board / committee; meeting type	To be established: baseline study (Q1 2027)	100%
Number of active strategic partnerships	OE.3	Number of partnerships with government, NGOs, DPOs, faith networks, health, legal and private-sector actors that are formalised through an MoU or agreement and active during the year. Unit of Measurement: Number.	Partnership register; MoUs and agreements	Review of partnership records	Annually	Partner type; country; pillar	To be established: baseline study (Q1 2027)	To be set after the baseline study (Q1 2027)

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
% of annual income from the largest single funding source	OE.4	Share of BOK's total annual income that comes from its single largest donor or funding source; a falling share shows a more diversified and resilient funding base. Unit of Measurement: Percentage.	Audited financial statements; income records	Financial analysis of annual income	Annually	Funding source type; restricted/unrestricted	To be established: baseline study (Q1 2027)	To be set after the baseline study (Q1 2027)
% of staff meeting or exceeding their annual KPIs	OE.5	Percentage of staff whose annual performance appraisal rates them as meeting or exceeding their agreed Key Performance Indicators. Unit of Measurement: Percentage.	Performance appraisal records	Annual appraisal review	Annually	Sex; role; country office	To be established: baseline study (Q1 2027)	To be set after the baseline study (Q1 2027)

Performance Indicator	No.	Indicator definition and unit of measurement	Data source	Data collection method	Freq. of reporting	Disaggregation	Baseline	Target
Annual accounts independently reviewed with a clean opinion	OE.6	Annual accounts reviewed by an independent lay auditor (lekmanarevisor) and, once grant agreements require one, audited by a qualified auditor (auktoriserad or godkänd revisor), completed on time and resulting in a clean (unqualified) opinion. Unit of Measurement: Yes/No per year.	Auditor's report (revisionsberättelse); management letter	Independent annual review / audit	Annually	Financial year	To be established: baseline study (Q1 2027)	Clean opinion every year

8. MEAL System Outcomes by 2031

MEAL Outcome	Proposed Indicator	2031 Target
Functional institutionalized MEAL system	% of standards met on BOK's MEAL system functionality checklist (indicators and tools, data management, DQA, reporting, feedback and learning)	100%
Evidence-informed adaptation	% of agreed Programme adaptations based on documented evidence	≥80%
Community participation/accountability	Number of Programme locations with functional feedback mechanisms	All
Demonstrated Programme impact	Number of strategic outcomes with credible evidence of change	All
Staff/partner MEAL capacity	% of relevant staff/partners meeting MEAL competency standards	≥90%

9. Monitoring Plan

Monitoring Level	Main Questions	Frequency
Activity	Were activities implemented as planned?	Monthly
Output	What was delivered and to whom?	Monthly/quarterly
Outcome	What changed among beneficiaries?	Quarterly/annual
Strategic	Are we progressing towards 2031 outcomes?	Annual
Context	What external changes affect results?	Quarterly
Quality	Was implementation of acceptable quality?	Quarterly
Accountability	Are communities satisfied and heard?	Continuous/quarterly
Financial	Are resources being used efficiently?	Monthly/quarterly

10. Data Quality Assurance System

BOK will institutionalize a three-level DQA system:

LEVEL 1 Field Verification Programme staff check data at source.	LEVEL 2 MEAL Verification MEAL team checks submitted data and source documents.	LEVEL 3 Independent/Periodic DQA Annual or semi-annual DQA independently verifies selected indicators.
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DQA Dimensions



11. Accountability Framework

BOK's accountability system is based on:



Accountability Mechanisms

Mechanism	Frequency
Community meetings	Quarterly
Beneficiary satisfaction surveys	Annual
Feedback/complaints mechanism	Continuous
Programme information sharing	Continuous
Community validation of findings	Annual
Feedback analysis	Quarterly

12. Learning Agenda 2027–2031

Year	Key Learning Question
2027	Are BOK's interventions appropriately addressing the priority needs identified in the baseline?

Year	Key Learning Question
2028	Which Programme approaches are producing the strongest results?
2029	What explains progress or underperformance at the mid-term?
2030	Which interventions are sustainable and scalable?
2031	What difference did BOK make, for whom, and what should inform the next strategy?

13. Adaptive Management

The Organisation will establish a formal MEAL Evidence-to-Action Tracker.

Finding	Evidence	Decision	Action	Responsible	Deadline	Status
[Finding]	[Source]	[Decision]	[Action]	[Person]	[Date]	Open
[Finding]	[Source]	[Decision]	[Action]	[Person]	[Date]	Closed

This ensures that MEAL does not end with reporting but actually influences programme implementation.

14. Evaluation Plan 2027–2031

Evaluation	Timing	Main Purpose
Baseline	Q4 2026 – Q1 2027	Establish starting values
Annual outcome review	2027–2031	Measure annual progress
Thematic evaluation	2028	Assess selected programme approach
Mid-Term Review	2029	Assess progress and adapt strategy
Thematic evaluation	2030	Assess sustainability/scalability
End line	2031	Measure final outcomes
End-of-Strategy Evaluation	2031	Assess overall strategic performance and contribution

14.1 Mid-Term Review – 2029

The 2029 MTR should answer:

- Are we on track to achieve the 2031 goal?
- Which outcomes are progressing?

- Which are lagging?
- Why?
- Which interventions are most effective?
- Are vulnerable groups benefiting equitably?
- Are there unintended effects?
- Are assumptions in the Theory of Change still valid?
- What should BOK stop, start, continue or scale?

14.2 End-of-Strategy Evaluation – 2031

The final evaluation should assess:

1. **Relevance:** Did BOK address the right problems?
2. **Effectiveness:** Did BOK achieve its intended outcomes?
3. **Efficiency:** Were resources used appropriately?
4. **Impact:** What meaningful changes occurred?
5. **Sustainability:** Are benefits likely to continue?
6. **Equity:** Who benefited and who was left behind?
7. **Accountability:** Did rights holders meaningfully participate?
8. **Contribution:** What contribution did BOK make to observed changes?

15. MEAL Governance

Role	MEAL Responsibilities
Board	- Review strategic performance. - Review evaluation findings. - Ensure organizational accountability.
Advisory Board	- Advise on MEAL approaches and evaluation design. - Review key evaluation findings. - Share expertise and networks for learning.
Senior Management	- Use MEAL evidence for strategic decisions. - Approve adaptations. - Ensure adequate MEAL resources.
MEAL Officer (Uganda & Kenya)	- Manage the MEAL system. - Ensure data quality. - Coordinate evaluations. - Produce strategic performance reports. - Lead learning. - Reports to the Co-Founder & Executive Impact Director.
Programme Teams	- Collect routine data. - Monitor implementation. - Use evidence for programme improvement.
Field Teams	- Collect quality data. - Engage communities. - Document feedback and changes.
Partners	- Apply agreed MEAL standards. - Submit timely and quality data. - Participate in reviews and learning.
Communities/Rights Holders	- Participate in Programme design and monitoring. - Provide feedback. - Validate findings. - Participate in accountability processes.

16. Five-Year MEAL Work Plan

MEAL Activity	2027	2028	2029	2030	2031
Baseline	✓				
Routine monitoring	✓	✓	✓	✓	✓

MEAL Activity	2027	2028	2029	2030	2031
DQA	✓	✓	✓	✓	✓
Outcome monitoring	✓	✓	✓	✓	✓
Accountability monitoring	✓	✓	✓	✓	✓
Learning reviews	✓	✓	✓	✓	✓
Thematic evaluation		✓		✓	
Mid-term review			✓		
End line					✓
Final evaluation					✓
Strategic learning review	✓	✓	✓	✓	✓