Annex 1: Evaluation Matrix

Evaluation Criteria	Key Question(s)	Sub-Questions	Indicators data	Data Sources	Methods	Stakeholders	Assumptions
Relevance	1. To what extent was the project design and Theory of Change responsive to systemic barriers affecting GBV prevention, access to justice, and access to essential services at national and county levels?	1.1 What key systemic barriers affecting GBV prevention, access to justice, and essential services were targeted by the project? 1.2 To what extent were the project design and ToC responsive to national and county contexts? 1.3 Were the intervention pathways and assumptions realistic and contextually appropriate?	- Alignment of project design and ToC with systemic barriers affecting GBV prevention - access to justice, and essential services - Responsiveness to institutional, legal, socio-cultural, and service delivery barriers - Plausibility and coherence of intervention pathways linking activities to intended outcomes (Outcome 1 & 2) - Stakeholder perceptions of the relevance of project design and assumptions	- Project proposal - Theory of Change - ToR - needs assessments - county plans - annual reports - donor reports	- Document review - KIIs	- UN Women - SDfGAA - Implementing Partners - County Gender Departments - Justice Sector Actors –NPS, ODPP,Judiciary, CUCs - Health Department	Relevant project and contextual documentation is available, and stakeholders can adequately reflect on the project design and implementation context
Relevance	2. How well did the project respond to the needs and priorities of women and girls, particularly GBV survivors and those facing intersecting vulnerabilities?	2.1 To what extent did project interventions respond to the needs and priorities of survivors and women at risk? 2.2 How effectively were intersecting vulnerabilities considered in project implementation? 2.3 Did women and girls perceive services and interventions as accessible and responsive?	- Extent to which interventions addressed survivor priorities, including legal aid, psychosocial support, referral systems, shelters, and economic empowerment (Outcome Indicator 2A) - Responsiveness to intersecting vulnerabilities, including disability, age, remoteness, and socio-economic exclusion (LNOB lens) - Survivor perceptions of accessibility, appropriateness, timeliness, and responsiveness of services - Evidence of reduced barriers to help-seeking and reporting	- Service records - referral systems - project reports - survey findings - survivor perspectives	- FGDs - KIIs - Survey - Document review	- Survivors - WROs - HRDs - County Gender Departments - Implementing Partners - Health	Survivors and vulnerable groups can be ethically and safely engaged, and are willing to share experiences

Coherence	3. To what extent was the project coherent with the UN Women Kenya Strategic Note 2023–2026 and aligned with UN Women's normative, operational, and coordination mandates?	3.1 To what extent was the project aligned with the priorities of the UN Women Kenya Strategic Note 2023–2026? 3.2 How effectively did the project contribute to UN Women's normative, operational, and coordination mandates? 3.3 Did the project complement other UN Women initiatives on GBV prevention, gender equality, and access to justice?	- Alignment with the UN Women Kenya Strategic Note 2023–2026, UNSDCF, and broader UN Women priorities - Contribution to UN Women's normative mandate (laws, policies, standards), operational mandate (service delivery and implementation), and coordination mandate (partnerships and convening) - Evidence of synergies and complementarities with related UN Women and partner interventions	- UN Women Strategic Note - UNSDCF - project report - annual reports - donor reports	- Document review - KIIs	- UN Women - Donor - Implementing Partners - Project Team	Relevant strategic and programme documentation is available, and stakeholders are familiar with UN Women programming and mandates
Coherence	4. How effectively did the project complement national and county GBV frameworks, justice sector reforms, and related initiatives to ensure harmonized and coordinated GBV prevention and response?	4.1 To what extent was the project aligned with national and county GBV priorities and justice reforms? 4.2 How effectively did the project complement existing GBV prevention and response initiatives? 4.3 Did coordination and referral systems strengthen harmonization and reduce duplication?	- Alignment with national and county GBV laws, policies, and justice sector reforms (Indicator 1A) - Complementarity with Judiciary, Police, ODPP, IPOA, county systems, and CSO/WRO interventions - Functionality of coordination and referral mechanisms supported by the project (Indicator 2.2A) - Stakeholder perceptions of harmonization, coordination, and reduced duplication	- Legal and policy documents - coordination reports - meeting minutes - partner reports	- KIIs - Document review	- Judiciary - Police - ODPP - IPOA - County Governments - WROs - Implementing Partners - WHRDs	Policy and coordination records are available, and stakeholders can reflect on inter-institutional collaboration and complementarity
Effectiveness	5. To what extent did the project achieve its intended outcomes in strengthening institutional	5.1 To what extent did the project strengthen institutional capacity, systems, and accountability mechanisms for GBV	- Number and scope of GBV-related legal and policy frameworks strengthened or implemented (Indicator 1A) - Evidence of strengthened gender-responsive planning, budgeting, and	- Project monitoring data - training reports - institutional records	- KIIs - Survey - Document review	- Judiciary - Police - ODPP - IPOA - County Gender Departments	Institutional actors are available, and project monitoring and institutional

	systems, accountability mechanisms, and cross-sectoral coordination for GBV prevention and response?	prevention and response? 5.2 How effective were project-supported coordination and referral mechanisms? 5.3 To what extent did justice and oversight institutions improve their responsiveness to GBV cases?	accountability systems (Indicator 1.1A) - Improved knowledge and capacity of justice actors on survivor-centered GBV response (Indicator 1.1B) - Functionality of institutional systems, including GBV courts, police gender units, POLICARE centers, and referral pathways (Indicator 1.2B) - Functionality of coordination and accountability mechanisms (Indicator 2.2A) - Women's participation in coordination and accountability structures (Indicator 2.2B)	- policy documents, coordination reports - annual reports		- UN Women - Implementing Partners	records are accessible
Effectiveness	6. To what extent did the project improve survivor-centered access to justice and essential services, including enhanced protection and agency of women and girls?	6.1 To what extent did the project improve survivor access to justice and essential services? 6.2 How accessible, timely, and survivor-centered were project-supported services and justice pathways? 6.3 What changes, if any, occurred in women's agency, confidence, and ability to seek support and justice?	- Proportion of survivors accessing legal, psychosocial, health, shelter, and referral services (Outcome Indicator 2A) - Accessibility, functionality, and responsiveness of survivor-centered justice and service pathways (Indicator 1.2B) - Average disposal time for GBV cases in supported institutions (Indicator 1C) - Survivor perceptions of dignity, confidentiality, timeliness, safety, and quality of services - Evidence of reduced barriers to reporting and service utilization - Perceived changes in women's confidence, agency, and help-seeking behavior,	- Service records - referral systems - institutional records - survivor perspectives - monitoring reports - survey findings	- FGDs - KIIs - Survey - Document review	- Survivors - WROs - HRDs - Judiciary - Police - County Gender Departments - Implementing Partners	Survivors can be ethically and safely engaged and service data is available for review

			including effects of financial literacy and grants where applicable				
Efficiency	7. How efficiently were financial, technical, and partnership resources utilized to deliver results in institutional strengthening, coordination, and service access?	7.1 To what extent were financial, technical, and human resources used efficiently to achieve project outcomes? 7.2 Were project resources adequate and appropriately allocated to priority intervention areas? 7.3 How efficiently did resource use support institutional strengthening, coordination, and survivor-centered services?	- Timeliness of implementation against planned outputs and targets - Adequacy and utilization of financial, technical, and human resources - Efficiency of resource allocation in strengthening legal frameworks, institutional systems, coordination, and survivor-centered services - Stakeholder perceptions of resource optimization and value-for-money - Extent to which resources contributed to achievement of key outputs and outcomes (Indicators 1A, 1.1A, 1.1B, 1.2B, Outcome Indicator 2A)	- Project workplans - budgets, - financial reports - donor reports - annual reports - monitoring data	- Document review - KIIs	- UN Women - Donor - Implementing Partners - Project Team	Financial and implementation data are available, and stakeholders can reasonably assess resource use and efficiency
Efficiency	8. To what extent did the implementation modalities and partnerships optimize value for money and timely achievement of results?	8.1 How effective were implementation modalities in supporting timely delivery of project activities and outputs? 8.2 To what extent did partnerships strengthen coordination, implementation, and accountability? 8.3 Were institutional roles, responsibilities, and reporting arrangements clearly defined and effective?	- Effectiveness of implementation modalities and delivery mechanisms - Timeliness of implementation and delivery of planned outputs - Effectiveness of partnership arrangements, coordination, reporting, and oversight systems - Clarity of institutional roles and responsibilities among implementing actors - Stakeholder perceptions of partnership effectiveness and implementation efficiency	- Progress reports - coordination minutes - partnership agreements - management reports	- KIIs - Document review	- UN Women - Implementing Partners - SMT - PM & M&E Focal Persons - County Partners	Stakeholders are available to reflect on implementation arrangements and partnership effectiveness

Sustainability	9. To what extent are strengthened institutional systems, monitoring mechanisms, and coordination platforms likely to be sustained beyond the project period?	9.1 To what extent have project-supported institutional systems and coordination mechanisms been institutionalized? 9.2 Are there adequate financial, policy, and institutional arrangements to sustain project gains? 9.3 What factors may enable or constrain continuity of results?	- Institutionalization of survivor-centered approaches, SOPs, training, and coordination systems - Integration of GBV prevention and response mechanisms within county and national systems (Indicator 1A / Indicator 2.2A) - Sustainability of monitoring, reporting, and accountability mechanisms - Government ownership, financing, and policy support for continuation - Functionality and continuity of coordination and referral platforms	- County plans - policy documents - coordination frameworks - project reports - annual reports	- KIIs - Document review	- County Governments - SDfGAA - Judiciary - Police - UN Women - Implementing Partners	Stakeholders can reasonably assess institutional continuity and relevant policy and financing information is available
Sustainability	10. How durable are the changes achieved in survivor empowerment, institutional accountability, and access to justice and essential services?	10.1 To what extent are gains in survivor-centered services and justice pathways likely to continue? 10.2 How durable are institutional capacity gains and accountability improvements? What risks may undermine continuity of women's empowerment and access to services?	- Continuity of survivor-centered service pathways and referral systems (Outcome Indicator 2A) - Sustainability of institutional capacity gains and accountability systems (Indicator 1.1B / Indicator 1C) - Perceived durability of women's agency, empowerment, and confidence to seek justice and support - Risks and enabling factors affecting continuity, including financing, staff turnover, political transitions, and institutional commitment	- Stakeholder perspectives - project reports - donor reports - survivor accounts	- KIIs - FGDs - Survey - Document review	- Survivors - WROs - HRDs - Government Actors - UN Women - Implementing Partners	Stakeholders are able to reflect on sustainability prospects and early signs of continuity are observable
Gender Equality and Human Rights	11. To what extent were human rights-based, survivor-centered, and gender-	11.1 To what extent were human rights, gender equality, and survivor-centered principles integrated	- Integration of human rights-based, gender-responsive, survivor-centered, and trauma-informed approaches across interventions	- Project reports - policy documents - training materials	- FGDs - KIIs - Survey - Document review	- Survivors - WROs - HRDs - County Gender Departments	Stakeholders are willing to discuss gender equality and rights dimensions, and survivor

	responsive principles integrated into project design and implementation?	into project design and implementation? 11.2 How effectively did project interventions promote dignity, participation, accountability, and non-discrimination? 11.3 Did project-supported justice and service delivery systems reflect survivor-centered and trauma-informed approaches?	- Evidence of participation, inclusion, dignity, confidentiality, accountability, and non-discrimination in implementation - The extent to which interventions strengthened women's rights, agency, and equitable access to justice and essential services - Evidence of survivor-centered approaches in justice and service delivery systems	- beneficiary perspectives		- UN Women - Implementing Partners	engagement can be undertaken safely and ethically
Gender Equality and Human Rights	12. How effectively did the project address the rights, accessibility needs, and participation of persons with disabilities and other marginalized groups in GBV prevention, access to justice, and essential services?	12.1 To what extent were accessibility and inclusion considerations integrated into project interventions? 12.2 How effectively did the project address barriers affecting persons with disabilities and marginalized groups? 12.3 Were marginalized populations meaningfully included in project-supported processes and services?	- Extent to which project interventions addressed barriers affecting persons with disabilities and marginalized groups (LNOB lens) - Accessibility and inclusiveness of justice and essential services - Participation of marginalized groups in project-supported processes and services - Stakeholder perceptions of inclusiveness, accessibility, and responsiveness	- Beneficiary perspectives - service records - project reports	- FGDs - KIIs - Survey - Document review	- Survivors - PWD Representatives - WROs - HRDs - County Gender Departments - Implementing Partners	Marginalized groups can be safely and meaningfully engaged, and relevant inclusion data is available
Impact	13. What significant positive or unintended changes can be identified in	13.1 What intended and unintended changes can be observed at institutional, community, and individual levels?	- Intended and unintended changes at institutional, community, and individual levels - Evidence of improved institutional responsiveness,	- Monitoring reports - institutional records - Survivor accounts	- FGDs - KIIs - Survey - Document review	- Survivors - Judiciary - Police - ODPP - WROs	Sufficient evidence exists to identify emerging changes and stakeholders can

	relation to institutional reform, accountability, and access to justice and essential services?	13.2 To what extent has the project contributed to improved institutional responsiveness, accountability, and case management? 13.3 What changes, if any, have occurred in survivor-centered access to justice and essential services?	accountability, and case management systems (Indicator 1C) - Changes in survivor-centered access to justice and essential services (Outcome Indicator 2A) - Positive and negative spillover effects associated with project implementation	- stakeholder perspectives - project reports		- County Gender Department - Implementing Partners	reflect on observed outcomes
Impact	14. To what extent has the project contributed to longer-term systemic change in GBV prevention and the protection of women's and girls' rights?	14.1 To what extent has the project contributed to broader institutional and systemic reforms in GBV prevention and response? 14.2 What evidence exists of shifts in social norms, awareness, reporting behavior, and survivor confidence? 14.3 How has the project contributed to the protection of women's and girls' rights over time?	- Contribution to longer-term institutional reform, accountability, and coordination systems (Indicators 1A, 2.2A) - Evidence of strengthened awareness, reporting behavior, survivor confidence, and social norm change - Contribution to broader protection of women's and girls' rights and access to justice - Stakeholder perceptions of transformational and systemic change	- Project documentation - policy documents - stakeholder perspectives - case studies - monitoring reports	- KIIs - FGDs - Survey - Document review	- UN Women - Donor - Government Actors - WROs, HRDs, Survivors	Early signs of systemic change are observable, and stakeholders can reasonably assess the project's contribution to longer-term outcomes