

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT/CONSULTANCY FIRM

Conduct a gender-sensitive and youth-centered in-depth analysis of the EDHS findings on levels, trends, and determinants of SRH, Adolescent and Youth Health, contraceptive use, maternal morbidity, and mortality.

1. Background

Ethiopia is among the countries with good progress in improving maternal health conditions and reducing maternal mortality. According to the most recent Ethiopian Demographic and Health Survey (EDHS, 2024-25), considerable improvement has been recorded over the last 25 years. The percentage of women receiving ANC from skilled providers has increased over time, from 27% in 2000 to 78% in 2024–25. Similarly, the percentage of live births delivered in a health facility increased from 5% in 2000 to 61% in 2024–25, indicating considerable improvements in the use of institutional maternal health care over the years. Likewise, the Maternal Mortality Ratio (MMR) has dropped from 871 in EDHS 2000 to 169 in EDHS 2024-25. Despite the overall improvement in health indicators, there are significant disparities in maternal health outcome indicators by region and residence. Pastoralists and rural communities still lag behind in the use of maternal health care services.

Teenage pregnancy is one of the most important contributing factors to maternal morbidity and mortality because adolescent girls are not physically and psychologically prepared for childbearing and are more likely to be exposed to pregnancy complications and obstructed labor.

The percentage of teenagers who have begun childbearing decreased from 16% in 2000 to 10% in 2024-25. Despite the positive change at the national level, there is significant disparity in teenage childbearing at the regional level, from 2% in Addis Ababa to 23% in the Afar Region.

The EDHS 2024–25 shows that modern contraceptive prevalence among married women has remained at approximately 35%, indicating limited progress since 2016, while the unmet need for family planning remains significant, at 15% among married women of reproductive age. Despite the progress in modern contraceptive use from 6% in 2000 to 35% in 2016, no change has been recorded between 2016 and 2024-25.

The Ministry of Health has made consistent efforts to strengthen reproductive, maternal, and adolescent health outcomes through expanded service delivery, policy reforms, and

community-based interventions. Over the past decade, improvements have been observed in contraceptive uptake, institutional delivery, expansion of adolescent- and youth-friendly services, and awareness of reproductive health services. However, progress has been uneven and, in some cases, slower than expected, particularly among adolescents and youth, rural populations, and emerging regions.

The Ethiopia Demographic and Health Survey (EDHS) 2024/2025 provides an important opportunity to generate updated national evidence. Preliminary findings, however, suggest mixed and sometimes unclear trends.

- In some regions, modern contraceptive prevalence appears to have stagnated or declined, while increasing in others.
- Unmet need for family planning shows inconsistent patterns across age groups and geographic areas.
- Adolescent reproductive health indicators remain difficult to interpret, with overlapping influences of early marriage, access barriers, and socio-cultural factors.
- Variations in method mix and discontinuation rates raise questions about the quality of care and client satisfaction.
- While the prevalence of FGM is decreasing, evidence shows that the medicalization of FGM is increasing. This trend requires further analysis to assess its health consequences and implications for FGM elimination efforts.

These preliminary observations require careful, gender-sensitive, and youth-centered deeper analysis. Without this, there is a risk of misinterpreting trends, overlooking inequalities across geographies and different demographics, and designing interventions that do not respond to actual gaps.

At the same time, the Government of Ethiopia is entering a critical planning phase, including the development of the Health Sector Development Investment Plan II, launching and implementation of the revised AYH strategy, implementation of the revised women policy, the finalization of the new population policy, and the preparation of semi-annual and annual health sector performance reviews. These processes require clear, well-interpreted, and actionable evidence.

Therefore, this TOR is developed to guide a focused, gender-sensitive, and youth-centered in-depth and policy-oriented analysis of EDHS indicators, ensuring that findings are translated into practical insights for planning, review, and programming. In addition, it will describe the scope of work of the consultancy to undertake the gap analysis, the expected deliverables, including the required qualifications and experience, and the time required to undertake the assignment. The purpose is not just to “analyze data,” but to make sense of complex and sometimes contradictory findings and translate them into clear guidance for decision-makers and program implementers.

2. Rationale of the in-depth analysis

The Ethiopia Demographic and Health Survey (EDHS), conducted every five years since 2000, is a nationally representative survey that provides a valuable opportunity to comprehensively examine the trends and determinants of maternal mortality, adolescent and youth health, SRH, and contraception uptake in Ethiopia and across the regions. With the availability of data from the 2024–25 EDHS, there is an important opportunity to undertake an in-depth analysis using the latest evidence, while also assessing trends over the period from 2000 to 2024–25. The outputs will support national stakeholders in strengthening data-driven decision-making, policy formulation, advocacy, and program design.

3. Objectives

3.1 General Objective

The overall objective is to conduct an in-depth analysis of trends and determinants of maternal morbidity and mortality, family planning, AYH, and health-related GBV-HP using all rounds of EDHS findings from 2000 to 2024-25. Since EDHS findings do not provide maternal mortality indicators at the regional level, the study will explore the major determinants of maternal health indicators for regions with high maternal mortality, including emerging regional states. This undertaking will further investigate the underlying drivers behind the limited progress in contraceptive metrics and the enduring inequities observed in maternal health results. By adopting a gender-responsive approach and using age-stratified

analysis, the undertaking aims to pinpoint existing disparities, unique challenges, and vulnerabilities faced by the adolescent and youth demographic.

3.2 Specific Objectives

- Document trends from 2000-2024/25 EDHS with regard to key aspects of maternal health services
- Explore the trends and levels in the risk factors of maternal mortality
- Explore the levels and trends in maternal health service use
- Explore the factors contributing to teen pregnancy and provide actionable recommendations for policy and program interventions aimed at accelerating teenage pregnancy
- Analyze the factors for maternal deaths using the three delay models
- Explore maternal morbidity and mortality burden by region
- Explore determinants of maternal morbidity and mortality burden for regions with high MMR, including DRS
- Provide recommendations for policy and program interventions as well as relevant follow-up research.
- Examine trends in contraceptive use by selected socio-demographic characteristics (age, educational attainment, wealth, urban/rural residence, and region)
- Examine the determinants of contraceptive use and explore their relative contributions for the recorded changes in contraceptive use in the country (determinants broadly categorized as background, fertility experiences, access to information and services, and reproductive goals).
- Examine the level and trends of unmet need for family planning and assess its socio-demographic differentials
- Examine contraceptive discontinuation, reason for discontinuation, and method switching

- Align findings with national priorities, including HSDIP II and sector review processes
- Examine the prevalence, patterns, drivers, and health consequences of gender-based violence (GBV), including its impact on the physical, sexual, reproductive, and mental health of women and girls, and identify gaps in prevention, response, and service delivery.
- Conduct an in-depth analysis of the prevalence, trends, drivers, and medicalization of female genital mutilation, assessing its immediate and long-term health consequences, social impacts, and implications for policies and programmes aimed at accelerating the elimination of FGM.
- Analyze the relationship between child marriage and teenage pregnancy, examining their underlying drivers, prevalence, health and socio-economic consequences, and their implications for girls' education, empowerment, and well-being, in order to inform integrated prevention and response strategies
- Foster a gender-sensitive and youth-centered data analysis process to understand the trends and determinant factors from a gender- and youth-centered programming point of view.

4. Key Analytical Focus Areas

The analysis should go beyond reporting numbers and must focus on interpretation and meaning:

4.1 Trend Validation

To have a comprehensive overview, the trend should include all regular rounds of EDHS surveys conducted in 2000, 2005, 2011, 2016, and 2024-25.

4.2 Addressing Ambiguities in the Data

The analysis must explicitly address unclear or conflicting findings by checking confidence intervals and statistical significance, exploring regional variations instead of relying on national averages, examining data quality issues or reporting differences, and triangulating with routine HMIS data and program reports.

4.3 Equity and Disparity Analysis

Disaggregate all key indicators by region, urban versus rural, across age groups, and wealth quintile to identify who is being left behind and why.

4.4 Method Mix and Quality of Care

Analyze shifts in contraceptive method mix and discontinuation rates, and interpret what this means for service quality, client choice, and supply chain reliability. Examine early childbearing and contraceptive use among youth and provide programmatic explanations.

Examination of help-seeking behavior from GBV response services at health service delivery points.

5. Scope of Work

Under the overall leadership of the MoH and close collaboration with UNFPA and CORHA, the consultancy firm will undertake the following tasks:

- Lead all activities pertaining to the study
- Produce a concept Note/Proposal: both narrative and financial
- Desk review of relevant studies, relevant national documents, and all EDHS analytical reports.
- Prepare separate deep-dive reports in the main areas (which can be cross referenced where relevant. The reports would focus on: 1) Contraceptive use and Unmet need for FP; 2) Maternal Health Services including maternal mortality (MMR); and 3) Harmful Practices - FGM and GBV.
- Issues like disparities/equity, household economic status, teenage pregnancy, youth-sensitive programming, and existing policies and interventions could serve as lenses for analytical frameworks.
- Develop dummy tables and an analysis plan
- Produce a draft report to be submitted to UNFPA/CORHA
- Produce final report and PowerPoint presentation
- Communicate regularly with the UNFPA Deputy Representative/CORHA program coordinator on the progress made.

- Provide a progress report to the UNFPA Deputy Representative/program coordinator every two weeks via email.
- Disseminate and present analysis findings to key stakeholders
- Technically and administratively reports to the MoH, CORHA, and UNFPA.

6. Methodology

All the raw data for all EDHS surveys are public and could be downloaded from the DHS Program website for the in-depth analysis. EDHS is based on nationally representative samples and allows a more precise indicator estimation. Utilization of data from the five regular rounds of EDHS for this purpose will allow investigation of trends over time since the surveys employed similar sampling methodologies. Moreover, the approach allows us to track progress towards achieving national and international development targets.

Data Analysis: it focuses on analyzing the well-known determinants of contraceptive use and maternal mortality using gender- and youth-focused approaches. The analysis will be based on the agreed study objectives. The five rounds of the EDHS raw data will be appended and organized in one data file for analysis.

A range of statistical methods, including descriptive, trend, univariate, and multivariate analysis, will be employed in accordance with the study objectives and the nature of the variables to be involved. Detailed data analysis techniques will be agreed with the consultant while developing the expression of interest/proposal.

7. Required expertise and qualification

- Degree in social science/health/statistics, with a postgraduate qualification in public health, Demography, Epidemiology, Statistics, or any related field of study, with extensive knowledge and skills in Sexual and Reproductive Health. PhD will be preferred in related fields.
- At least 10 years of experience in supporting, advising, or working with the Government/NGO in population research study, designing probability samples for household surveys/research with quantitative and qualitative analysis

- Experience in training national staff, analyzing, and reporting on the results of large-scale surveys of the countries in the region, preferably in respect of Ethiopia
- Ability to work independently in a cross-cultural environment and demonstrated capacity to build strong relationships with local counterparts
- Familiar with the national policies and strategies on maternal health and sexual and reproductive health
- Proficiency in English and local languages
- Good communication, negotiation, and coordination skills
- Flexibility and high level of commitment to deliver on time
- Relevant experience in the use of computer data analysis applications
- Experience in EDHS data analysis is an added advantage

7. 1. Key Deliverables and Timeline

- Expression of interest and draft concept note
- Inception report with clear analytical questions
- Analytical framework and indicator list
- Preliminary dummy tables
- Draft analytical report (with interpretation, not just data)
- Final report with a maximum of 30 pages (with additional annexes of tables, if necessary) in 2 hard copies and electronic copy
- Policy brief (s)and fact sheet (s)
- Power Point presentation with key findings for dissemination

7.2. Duration of the consultancy

The in-depth analysis is expected to be completed within 10-12 weeks. The timeline for the different deliverables is included below:

S.N	Deliverable	Timeline/ week
1	Expression of interest and draft concept note	Week 1

2	Inception report with clear analytical questions	Week 1-2
3	Analytical framework and indicator list	Week 2.3
4	Draft analytical report (with interpretation, not just data)	Week 3-7
5	PowerPoint presentation for decision-makers	Week 8
6	Validation workshop and workshop report	Week 9
7	Final report with actionable recommendations	Week 10-12