Terms of Reference for End-line Evaluation:
Integrating youth Friendly clinic in youth empowerment Center project Phase II

1. BACKGROUND AND INTRODUCTION

a) DSW Background

German Foundation for World Population (DSW) is a global development organization that focuses on the needs and potential of the largest youth generation in history. We are committed to creating demand for and access to health information, services, supplies, and economic empowerment for youth. We achieve this by engaging in advocacy, capacity development and reproductive health initiatives, so that young people are empowered to lead healthy and self-determined lives.DSW has been working in Ethiopia for about two decades and half focusing on adolescent and young people sexual and reproductive health program in collaboration with government, international and local partners at different levels.
DSW Ethiopia is implementing various projects across Ethiopia, particularly in Oromia, Amhara, Sidama, Central Ethiopia, South Ethiopia, Afar, Somali and Addis Ababa in collaboration with different developmental partners and maintains a strong network of partners ranging from community-based structures, local government offices to national and international NGOs and federal ministries. Currently DSW Ethiopia is initiating the implementation of a new project titled “Integrating youth Friendly clinic in youth empowerment Center project Phase II” This initiative is a two year project, running from March 2024 to February 2026.

b) PROJECT BACKGROUND

In Ethiopia Adolescent and Youth Health was given attention and efforts have been exerted both by the government and partners to improve the situation. However, there is a high-unmet need, teenage pregnancy remained high for the last two decades, traditional practices and sexual and gender-based violence that aggravate the situation continue to be practiced, HIV infection is again rising and others. Limited knowledge on SRHR is one of the main factors that stop youth from accessing SRHR services. Even though youth have a great need for adequate knowledge on SRHR due to their age, their access to age-appropriate information and services is still very limited. The lack of awareness and knowledge about SRHR, specifically about sexual activities, methods of contraception and SGBV contributes to SRHR problems, including unwanted sex, forced marriage, unwanted pregnancies, unsafe abortions, STI and HIV. Their educational level, economic situation and socio-cultural affect their access to accurate SRHR information (AYH strategy 2021-2025).
Ethiopia is also committed to improving SRHR services, however, availability and utilization of family planning services by youth, in particular young women, remain very low and the quality of health care delivery systems remains poor. The median age of first birth among Ethiopian women is 19 years (EDHS, 2016). Many pregnancies are unintended, and the contraceptive prevalence rate is only 37 percent among women aged 15-19 years and 52 percent among women aged 20-24 years. Urban women are more likely to use contraceptive

methods than their rural counterparts. The rates are particularly low in the project target regions. In 2019, only 38.9 percent of all women of reproductive age (15-49) are using modern contraceptive methods in Oromia region (EDHS, 2020). Skilled delivery including for married young couples in the project regions, is also low. Norms and perceptions deeply rooted in society often discourage youth from seeking SRH services. In addition, there is high sociocultural pressure that girls and young women are facing to give birth which is an obstacle to the introduction of modern family planning approaches.

This project is an extension of Phase I. During the first phase of implementation, six Youth-Friendly Clinics (YFCs) were established. In Phase II, these six YFCs were expanded through the introduction of additional services, particularly laboratory services, and two new YFCs were established. The clinics report that comprehensive Sexual and Reproductive Health (SRH) services are being consistently provided to young people. These services include family planning both short-acting and long-acting methods, such as injectable, implants, and various oral contraceptives—Sexually Transmitted Infection (STI) testing and treatment, HIV/AIDS counseling and testing, management of dysmenorrhea, abortion services and other relevant services in line with the Ministry of Health (MoH) Minimum Service Package guidelines.

The BEES approach involves flying nurses based in the Youth Friendly Clinics (YFCs) who travel to the community to provide SRH and other health services, much like bees that search for flowers to gather nectar. This model has significantly improved service uptake by enhancing accessibility for all target groups and the wider community. In addition to SRH services, these flying nurses play a crucial role in addressing other public health concerns, including screening for non-communicable diseases such as hypertension and diabetes mellitus. This integrated approach to service delivery has fostered greater community acceptance and trust. Currently, each clinic serves an average of 4 to 6 clients per day, operating six days a week.

Under Phase II, the YFCs were further expanded through the construction of additional rooms to accommodate new services, thereby increasing clinic capacity and improving client flow. This expansion enabled the introduction of laboratory services, which significantly enhanced service availability and contributed to increased client numbers. With the establishment of laboratory services, YFCs are now able to provide clinical diagnosis and treatment for conditions such as urinary tract infections (UTIs), intestinal parasites, and other infectious diseases—services that were previously unavailable. Based on the findings of a needs assessment, additional materials and medical commodities were provided to all YFCs, ensuring improved access to a wide range of SRH services in close proximity to the Youth Empowerment Centers (YECs). Flying nurses have continued to deliver family planning services directly within communities, including at the household level, enabling discreet and confidential service provision without requiring clients to travel long distances.

In addition, they provide services within the YECs to further improve accessibility for young people.

This project is implemented from March 2024 to February 2026 and aims to reach 65,120 young people through the engagement of eight clinical nurses, eight laboratory technicians, and thirty-two flying nurses across eight target towns.

I) The historical project context:

The "Integrating Youth-Friendly Clinics into Youth Empowerment Centers (YECs) – Phase I" project was implemented as a pilot initiative from March 2022 to February 2024. During this period, six Youth-Friendly Clinics (YFCs) were established to provide comprehensive Sexual and Reproductive Health (SRH) services to the target population, with particular emphasis on young people aged 15–24 years. Each YFC was staffed with one full-time clinic nurse responsible for facility-based services, supported by four flying nurses ("bees") who delivered outreach and home-based services at the community level. The eight YECs are located at the DSW Youth Development and Training Centre (YDTC) in Bishoftu and in the towns of Aleltu, Adama, Shashamane, Assela, Addis Zemen, Dangila, and Hosana.

II) The reason/goal of the project intervention, particularly the problems/ situation that led to the intervention idea;

The objective of the project is to build on the achievements of Phase I and further enhance its overall impact. To this end, the project seeks to strengthen and expand the existing six Youth-Friendly Clinics established within selected Youth Empowerment Centres (YECs), while also establishing two additional YFCs at new sites in close collaboration with local health offices. The overarching goal is to ensure the provision of gender-sensitive, youth-friendly, and stigma-free Sexual and Reproductive Health (SRH) services.

Accordingly, DSW Ethiopia has developed a strategic plan to address key SRH challenges, expand access to quality services for young people, and contribute to the achievement of the country's broader development goals.

III) An overview of the log frame levels (Overall Outcome, Specific Outcome, Results/Activity cluster)

Overall objective: To improve access to and use of youth-friendly health services by young people aged 15-29 in targeted towns of Ethiopia.

Specific Objective:

- To improve youth-friendly health services accessibility and utilization by young people aged 15 to 29 years in eight target towns

- Youth-friendly clinics expanded and promoted to provide comprehensive youth-friendly SRH services to target young people
- Youth-friendly clinics, YEC nurses, and flying nurses are capacitated to provide quality youth-friendly SRH services at target YECs

Activity cluster A-1: Build youth's awareness and demand for SRHR through age appropriate and gender sensitive sexuality education and training.

Activity cluster A-2: Provide SRHR services including modern contraceptives in communities and in youth empowerment centres

IV) The geographical scope in which the project/ End line will be implemented.

The implementation areas of the project is Aleltu, Bishoftu, Adama, Assela, and Adama towns of the Oromia Region, Dangila and Addis Zemen Amhara Region and Hossana City of Central Ethiopia Region.

V) Specific information of project stakeholders, including partners or other entities the project plans to cooperate with.

DSW Ethiopia implemented the project in collaboration with eight Youth Employment Centers (YECs) that were active during the project period, along with local Health offices. As a result, government bodies consistently monitored the activities of all YFCs according to the procedure. This collaboration helps engage local government bodies in the program and fosters a sense of ownership, ensuring the project's sustainability.

VI) Specific information about direct and indirect beneficiaries.

Direct beneficiaries of the project 65,120 clients

- ✔ **At YF Clinics:** 15,840 young people age (15-29) will access services at the YFS clinics in the eight target YFCs.
- ✔ **Through BEES / Flying nurses**, 49,280-targeted adolescents will receive SRH services from flying nurses through home-to-home visits/community outreach activities in a place where eligible clients can be found, such as market places, bus stations, surrounding small villages, etc.

Indirect beneficiaries:- Based on the assumption of the first phase of project implementation, approximately 79,360 community members will benefit indirectly from the project.

VII) The project time frame/period. March 2024, - February 2026

c) SCOPE OF ASSIGNMENT

I) An overview of the study objectives, focusing on the log frame indicators that are to be measured in the course of the End-line assessment.

The Scope of this evaluation is

- To assess the key results the project has brought on live of the target groups and compare the results with the baseline evaluation.
- To assess whether the project has delivered the planned activities to beneficiaries in quality, effective, efficient and timely manner.
- To assess the extent to which the project deliverables were beneficial for youths and communities.
- To identify key lessons learned on challenges, and draw recommendation for future similar programming.
- The evaluation will also ensure accountability towards the donor and the beneficiaries of the program.
- On the other hand, it offers a learning aspect for all stakeholders.

II) **T**he consultant is expected to consider also the OECD DAC criteria in the course of the End-line assessment. This is to ensure and evaluate the project based on its merit, worth and significance for the beneficiaries and the context it is placed in. As such, the following criteria and questions are expected to be considered and answered in the framework of the End-line assessment:

Relevance:

To what extent does the projects' objectives and design respond to beneficiaries' needs and priorities?

If so, would it continue to do so if circumstances would change?

Coherence: To what extent is the project compatible with other projects in the country carried out by international/ national or governmental actors within the same context. *(This includes complementarity, harmonization and co-ordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort)*

To what extent is the project consistent with relevant international norms and standards targeting Sexual and Reproductive Health and Rights?

Effectiveness:

To what extent is the project expected to achieve, its objectives, and its results, including any differential results across groups? *(Taking into account the relative importance of the objectives or results).*

Efficiency:

To what extent is the project funding sufficient and effective for the given timeframe and context?

Sustainability:

To what extent are the net benefits of the project likely to continue beyond the project duration? (Involves analyses of resilience, revolving fund, risks and potential trade-offs)

2. METHODOLOGY

The consulting firm is expected to conduct the evaluation using practical and commonly accepted sampling, data collection, and analysis methods suitable for the scope of this project. As this is the second phase of the intervention, the study should build on existing evidence by reviewing and incorporating findings from previous assessments, data, reports, and any relevant documentation generated during earlier stages.

The end line will follow a cross-sectional design and apply a mixed-methods approach. Data collection may include structured surveys/questionnaires, Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), brief case studies or testimonies, and document reviews, as appropriate and feasible.

Bidding firms should clearly describe in their technical proposals how they plan to organize the data collection and analysis. This should include the tools and procedures they will use, as well as how they will integrate insights from earlier phases to ensure consistency and comparability in the final assessment.

3. TASKS AND DELIVERABLES

Activity 1: Developing and submitting inception report to DSW with refined methodology and data collection tools
– The consultant will develop an inception report, demonstrating an understanding of the study with a detailed field work plan on how he/she will carry out the activities to achieve the study objectives – The consultant will create research tools (e.g. questionnaires) under consideration of the study objectives and the project log framework. – The consultant will review and revise the existing methodology and data collection tools that will be used in the study. **Deliverables:** - Inception report - Detailed field work plan - Refined methodological framework - Data collection tools
Activity 2: Recruiting, orienting, and training of experienced research assistants/ enumerators
– With the support of DSW staff, the consultant will recruit and train a sufficient number of field supervisors and enumerators, which will be also equipped, supervised, and compensated by the consultant. However, the responsible M&E Officer may participate in the training sessions and may conduct some training sessions, in particular explaining the context and content of the questionnaires. The consultant is expected to make all logistical arrangements and meet the cost of the training. The training sessions will cover topics such as:

(i) *Introduction to the project, with emphasis on its main goal, target population, scope, beneficiaries, etc.*
(ii) *Objectives of the survey*
(iii) *Detailed explanation of each question so that enumerators are able to interpret all questions consistently and ask all questions in the prescribed manner with informed explanations to help respondents in case of difficulties*
(iv) *Instruction on how to properly fill out the questionnaires*
(v) *Issues related to data entry and checking of questionnaires*
(vi) *Interviewing techniques, how to handle difficult situations and common occurrences*

- The consultant will have primary responsibility for pre-testing and piloting of the questionnaire, which will be conducted as part of the training. After the pre-test and pilot survey, the questionnaire will be revised based on errors detected in the pre-test. In this instance, it is the consultant's responsibility to hold a brief follow-up training session to ensure that all enumerators understand the additional questions or changes to the questions before the actual survey is launched in the field.

Deliverables:

- Recruit and train research assistants/ enumerators
- Pre-testing and adjustment of questionnaires, incl. follow-up training
- Final survey(s)

Activity 3: Collection of Data

- The consultant will be responsible for all field operations, including logistical arrangements for data collection and obtaining the consent of respondents. The consultant will also contact local officials and village leaders to explain the project and obtain community consent for the End-line survey. The consultant will obtain maps, lists and other community records as required.
- DSW staff will oversee data collection processes and support mobilization of interviewee groups.
- The consultant will provide regular brief progress updates/briefings to DSW staff to ensure regular data quality checks.
- Finally, the consultant will prepare a brief fieldwork progress report at the end of the sampling period. The report will include the number of surveys completed, problems encountered, and how they were resolved (for example, the number of replacement households and why they were necessary) and the number of questionnaires entered in the data entry software.

Deliverables:

- Raw datasets for the study, including recordings, transcriptions, and interview notes for KIIs and FGDs;
- Regular data quality checks and succinct progress updates;
- Field report at the end of the sampling process

Activity 4: Data analysis and drafting of the report

- The consultant will analyze the data using a software program that can check for ranges and consistency of data and generate reports indicating missing data, data outside of the accepted ranges, inconsistent answers, and the response rate.
- The consultant will provide all electronic datasets in a clean, complete, and well-organized format. At minimum, datasets must be delivered in Excel (.xlsx) and SPSS (.sav) with clear variable names and value labels.
- The consultant will validate and provide in case of missing the end line values of the indicators of the Logframe;
- The consultant will draft a first report based on observations made in the field, qualitative and quantitative data results. The report will be reviewed by DSW and relevant stakeholders.

Deliverables:

- Raw data of study findings
- Requested End-line values
- First draft of End-line report

Note: The data is generally owned by DSW.

Activity 5: Validation Meeting with Stakeholders

- The consultant will organize and conduct a validation meeting with stakeholders targeted by the End-line assessment. The meeting is sought to present the preliminary findings of the End-line assessment to the stakeholders, get feedback on results, fill information gaps that may have been identified during the survey and validate the End-line findings with stakeholders.

Deliverables:

- Report summarizing stakeholder inputs and information acquired during meeting

Activity 6: Final Report & Dissemination of Findings

- The consultant will incorporate the feedback from DSW, designated partners and stakeholders and is expected to attend feedback meetings with DSW to clarify remaining questions regarding the report content.
- After clarifying feedback from DSW, the consultant will submit a final study report.
- The consultant will also submit final datasets.

Deliverables:

- Final study report
- Final End-line values
- Final datasets

Activity 7: Dissemination of Results, action learning and feedback

- The consultant will attend a review meeting initiated by DSW to present End-line results, lessons learned, challenges encountered during the field work and recommendations. The meeting will be also used by DSW to answer remaining questions.
- During the review meeting, the consultant will help identify key project priority areas and align the targets to indicators. This involves giving expert opinion on prioritization of key program indicator for assessing progress and outcomes of the project. The output of this meeting will be a more realistic target setting for key project outcomes/outputs and establishing project priorities.
- The consultant will complete a 360° feedback questionnaire rating the collaboration with DSW. DSW will also rate the performance of the consultant to determine future collaboration.

Deliverables:

- Presentation of main End-line results, including End-line values, new target values and suggested project priorities
- 360° feedback questionnaire

4. DURATION AND TIME SCHEDULE

The end line evaluation report is expected to be conducted and completed within a 45 days after its due commencement. As the project duration ends in February 2026 and the evaluation task is part of the project implementation, the consultancy firm is expected to complete and submit the final report before end of February 2026.

5. REQUIRED EXPERTISE AND QUALIFICATIONS.

The potential consulting firm to be accepted for the task has to have the following qualifications;

- ✔ Demonstrable Experience and technical knowledge on project evaluation
- ✔ The lead consultant need to have Public health Educational background (PHD, MPH) more than five-year relevant work experience.
- ✔ Demonstrable knowledge and experience working in the areas of Adolescent and Youth Sexual Reproductive health, is desirable.
- ✔ Knowledge of designing research frameworks, methodologies and tools for impact evaluation research
- ✔ Present similar work experience in the last three years (provide a sample copy of recent project evaluation reports, particularly in Ethiopia context.)
- ✔ A demonstrated high professionalism and ability to work independently and in high¬ pressure situations under tight deadlines
- ✔ High proficiency in written and spoken English is required.
- ✔ Knowledge of the local languages (Afan Oromo and Amharic) is an added advantage.
- ✔ The consulting firm has to have a legal provision, valid/renewed licenses or under acceptable valid legal cover

6. PAYMENT SCHEDULE

The payment will be as per DSW's financial regulations and procedures.

7. SUBMISSION OF REPORT AND DATA SETS

The final evaluation report should be submitted in hardcopy and soft copy(USB) and a dashboard of all the indicator benchmarks measured through this survey will be submitted back to DSW within the stipulated time frame after due inclusion of the comments on the draft report.

8. CONFIDENTIALITY AND DATA OWNERSHIP

The consultant will protect the confidentiality of those participating in the survey at all stages. All data is confidential and is the property of DSW. No data or other information from this survey will be released to third parties without the written approval of DSW. The consultant will turn over all data and questionnaires to DSW and will not destroy information and material at the end of the project and after all data and original documentation has been delivered to DSW.

9. APPLICATION GUIDELINES

A detailed resume highlighting the work that the Consultant has undertaken, which is relevant to this assignment and supported by a recommendation letter for similar tasks.

I) Minimum of two (2) samples of reports developed by the Consultant addressing similar issues.
II) A detailed work plan and timeframe
III) A brief outline of the methodology the Consultant will use to guide the process; explaining in detail the methodology and tools to be used in carrying out the assignment.
IV) Technical Proposal: Brief explanation about the Consultant's professional background with particular emphasis on previous experience in this kind of work; methodology, the task to be accomplished as well as End-line analysis framework and plan.
V) Financial Proposal: a detailed financial breakdown in local currency (ETB)
VI) Ideal start date.

Interested consultancy firms fulfilling the requirements are requested to submit the bid application documents. The bid document and additional supporting documents shall be submitted to DSW Ethiopia through *email: dsw.ethiopia1@gmail.com* and cc to *meskerem.endalkachew@dsw.org and Feyera.Abdissa@dsw.org* within ten (10) days from the first date of this announcement posted. Please write the title "***DSW* End line Evaluation of Integrating Youth Friendly service at Youth Empowerment Center**" in the subject line of your email.