



The impacts of the northern Ethiopia conflict on adolescents in Tigray

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Introduction

The devastating civil war in northern Ethiopia that began in November 2020 and ended with a peace deal brokered in Pretoria in November 2022 has had far-reaching effects in Tigray. As many as 300,000 to 800,000 people are estimated to have lost their lives (Tigray War Project, 2023) and more than 1.6 million were displaced (IOM, 2021).

Relatively little is known about the specific impacts of the conflict on young people in Tigray, despite the fact that 34.6% of the country's population are between the ages of 10 and 24 years (UNFPA, 2024). With ongoing consultations across the country about transitional justice (Ethiopian Human Rights Commission, 2024), this is an important juncture at which to consider young people's experiences and priorities for post-conflict rebuilding and reconciliation. As such, this short research brief synthesises findings from a mixed-methods study carried out in the eastern, northwestern and southern zones of Tigray in early 2024 with 753 adolescents and 375 caregivers. The study focused on the effects of the conflict on Tigrayan households' livelihoods and food security, and on adolescents' bodily integrity (including girls' risk of female genital mutilation (FGM) and child marriage), psychosocial well-being, education and health. This brief begins with a short overview of the study sample and methods, followed by a summary of our key findings, before concluding with priorities for policy and programmatic action.

Sample and methods

Mixed-methods research was conducted in January and February 2024 in three districts of Tigray (Atsbi Wemberta, Tsimbela and Samre), all of which saw heavy but distinct patterns of violence during the two-year war (see Figure 1). Survey data was collected from 753 adolescents, roughly equal numbers of girls and half boys, and 375 primary caregivers (see Table 1). Surveyed adolescents ranged from 10 to 19 years old and were an average of 15.3 years old. Qualitative data was collected from 144 adolescents, 72 parents and 22 key informants at community (*kebele*), district (*woreda*) and regional levels (see Table 2).

The survey instruments were broad. The adolescent survey included modules on access to and experiences with education and livelihoods, food security and physical health, threats to bodily integrity (including recent conflict as well

as FGM and child marriage), and psychosocial well-being. The caregiver survey also included questions designed to understand household socioeconomic conditions, including participation in the Productive Safety Net Programme (PSNP) – the flagship public works scheme – and other social protection programmes. Qualitative tools covered these same themes and explored in detail how drought and recent conflict have impacted adolescents’ lives and aspirations for the future, and whether (and to what extent) recovery efforts are underway.

Table 1: Quantitative sample

Adolescents	753
Girls	382
Boys	371
Caregivers	375

Figure 1: Research locations



Table 2: Qualitative interview sample

Adolescent pair interviews		Parent group interviews		Key informants			Total
Girls	Boys	Mothers	Fathers	Kebele level	Woreda level	Regional level	
78 individuals	77 individuals	39 individuals	36 individuals	34 individuals	13 individuals	4 individuals	281 individuals
155		75		51			

Findings

Livelihoods and food security

More than two-fifths of adolescents' caregivers (82%) reported that their household had been displaced by the conflict (see Figure 2). Nearly half (45%) reported losing productive assets, 24% reported that their crops had been destroyed, and 16% reported that their house had been damaged or destroyed. Unsurprisingly, given that 81% of Tigrayan households depend on crop farming for their livelihood and sustenance, the survey found that food insecurity was common. Two-fifths of adolescents (41%) reported that family members had gone to bed hungry at least once in the past month at the time of the survey (2023).

During qualitative interviews, respondents reported that the conflict has devastated livelihoods and has led to severe food insecurity. A 19-year-old young woman from Tsimbela explained that:

The time before and after conflict is incomparable. Our life has been damaged due to the war ... Before the conflict, many of us had good harvest, good source of income ... When the war started, my father was killed by the enemy. Now, we are poor because we have no income. We also had farmland, where my father was farming it. Now, we don't have a male family member to plough it. Also, many people's property was looted or burned during the conflict. As many of us had escaped away, our livestock and household items were stolen.

A young man, also aged 19 and from Samre, agreed that food insecurity is rampant: *'There is no one who eats well or full. All are hungry.'*

Livelihoods have not, according to respondents, recovered post-conflict. Although there is some local work available, primarily in mines and for boys and men, a key informant from Tsimbela admitted that unemployment – and youth unemployment in particular – is a pressing concern: *'The total number of jobless youths in the area is about 12,000.'* A 20-year-old young man from Tsimbela reported that even crop farming does not provide a stable income these days, as access to fertiliser was cut off when the

conflict broke out and is yet to resume. He stated, *'Previously the farmers were supported with enough agricultural inputs, including fertiliser. But later, after the conflict broke out, these things didn't continue.'*

Most young people agreed that migration has become the default response to the loss of livelihoods resulting from the conflict. A 21-year-old young woman from Samre explained, *'Many of our friends have left to migration ... This is because there is nothing to lead your life with.'* A 19-year-old young woman from Samre added that while some young people have always chosen to migrate to urban areas within Ethiopia, migration to the Middle East has become more common since the conflict ended: *'Now, people tend to leave to Saudi to migrate ... even children of 13, 14 are migrating [as domestic workers].'*

Adolescents' caregivers reported that access to social protection has been intermittent. On the one hand, 99% of caregivers reported that their household had ever received some sort of emergency aid. Nearly all of this aid (95%) was in the form of food. On the other hand, even during peak conflict periods, emergency aid reached only about half of households (56% in 2020/2021) and *'there was much starvation'* (18-year-old young man, Tsimbela). Delivery of aid has improved post-conflict; due to the spread of drought, which has amplified conflict-related food insecurity, aid has reached 67% of households as at early 2024. A key informant from Samre explained that the local government is unable to help because of budget constraints: *'We couldn't provide much support because of economic struggles, we only give them moral support, the budget isn't enough.'*

Nearly half of caregivers (46%) reported that their household had ever received support from the PSNP (see Figure 3). The proportion of households receiving PSNP support at the time of data collection was far lower (29%). Of households enrolled in the PSNP, 83% engage in public works, rather than receive direct support. Qualitative research suggests that the need for social protection far outstrips availability. A 19-year-old married young woman from Tsimbela reported that she is unable to live with her husband because of dire economic conditions: *'We don't have anything to help us survive in a proper lifestyle. We don't*

Figure 2: Conflict-related impacts on livelihoods and food security

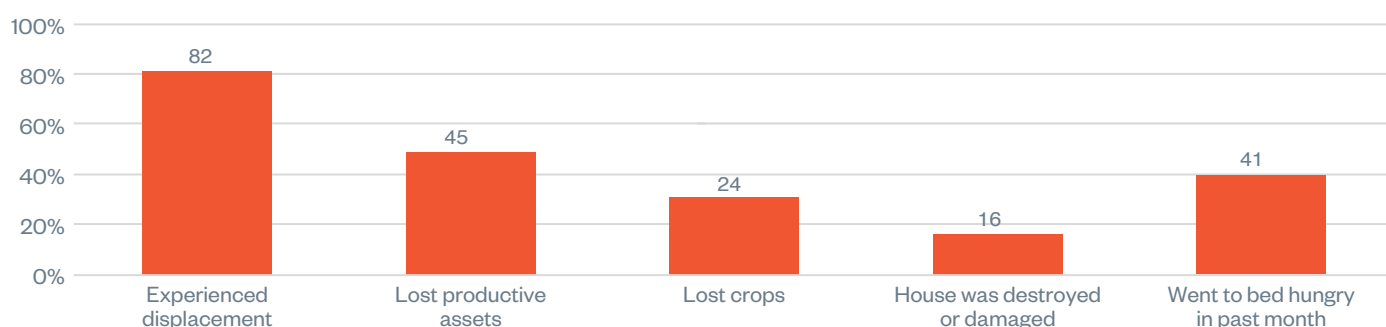
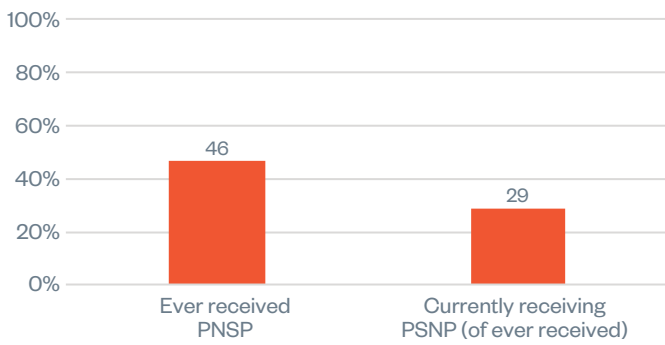


Figure 3: Receipt of Productive Safety Net Programme (PSNP) support

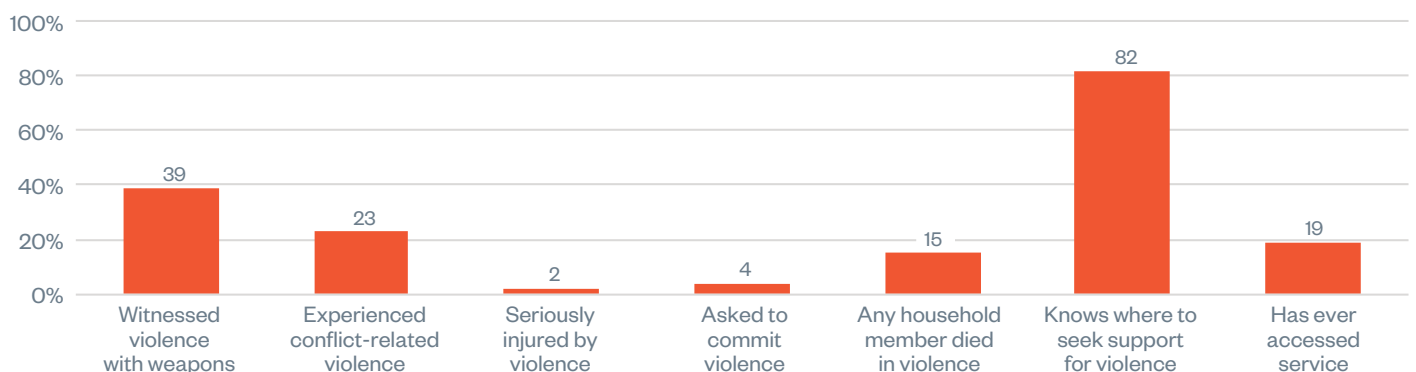


have a clue on how we can resume our previous economic status. Although we are married, we are not able to live with our husbands at the same house due to the economic problems.’ A 20-year-old young man from Samre added that while the PSNP used to provide a safety net for poor people, that net has mostly failed since the outbreak of the war: ‘Before three years, there was a safety net programme that intended to help the poor. But later, it didn’t continue. Many people have died because of hunger.’ Indeed, a 21-year-old married young woman from the same district added that her parents, both of whom have disabilities and are unable to work, receive no support at all: ‘There is no consistent support ... My father had surgery in his urinary part. My mother had surgery and is sick but she didn’t receive any support.’

Conflict-related violence and psychosocial well-being

Almost two-fifths of adolescents (39%) reported that they had personally witnessed violence with weapons during the conflict (see Figure 4). Almost a quarter (23%) reported that they had been personally injured in conflict-related violence. A small minority reported having been seriously injured (2%) or asked to perpetrate violence (4%). Caregivers’ reports also speak to the pervasiveness of conflict-related violence; 15% reported that a household member had died during the war. Although most adolescents (82%) reported that they know where and how to access survivor services, a minority (19%)

Figure 4: Experiences with conflict-related violence



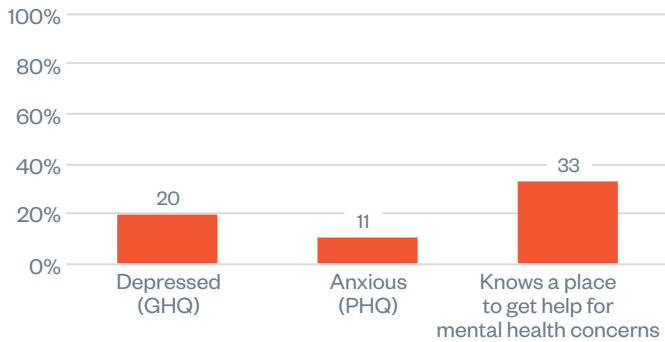
reported that they had ever done so.

Qualitative research underscores that many adolescents have witnessed – and some have experienced – extreme violence. A 17-year-old girl from Tsimbela recalled having seen death everywhere: ‘We have seen savage and cruelty about human life. We have seen our friends and comrades laying besides us, and we had left their dead body everywhere.’ An 18-year-old young woman from that community added, ‘We have lost many of our friends and neighbours and teachers during the conflict. We were so terrorised by the noise of bombs and heavy machine guns.’ A 19-year-old young man from Samre stated that conflict-related violence took many forms. He explained:

We have been living in a terrible condition. Eritrean soldiers passed in the kebele and raped our sisters and mothers, executed our brothers and fathers in front of us ... The government forces looted our properties and slaughtered our livestock ... People starved, exposed for different types of illnesses. As a result of the siege, the entire community couldn’t get a single drug for malaria ... Many people died because of famine and malaria.

Due to the extreme stigma that surrounds sexual violence, it was uncommon for surveyed girls and caregivers to report sexual violence. Only 4% of girls reported having ever experienced rape or attempted rape, and only 3% of caregivers reported that a household member had been raped in conflict-related violence. However, during qualitative interviews, which afford more time for the interviewer and respondent to develop trust, the issue of sexual violence against girls and women – perpetrated by Eritrean soldiers – was a near constant theme in Samre. A 17-year-old girl from that district reported, ‘They raped the girls and killed the boys ... whatever age the girls are, they are raped ... All ages were raped, including children and old people.’ A 20-year-old young woman from the same district gave a similar account, saying ‘They rape any woman if they find her alone ... Even if a woman is walking outside with her husband ... They do the same if a girl is walking with her father.’ Although rape was less commonly discussed in Tsimbela, a 17-year-old boy from

Figure 5: Mental health indicators, adolescents



that district noted that this is primarily due to the shame that survivors feel – because rape was clearly more common than is admitted to:

Rape primarily took place within homes... Many girls chose not to disclose these incidents to others. Their hopes and aspirations were shattered, and presently, it is not uncommon to witness girls aged 14 or 15 carrying their own children on their backs instead of attending school.

With the important caveat that internationally validated tools designed to capture depression and anxiety among adolescent populations are poorly suited for a post-conflict environment in which young people have witnessed and experienced extreme violence, the survey found that relatively few adolescents reported symptoms of depression or anxiety. Using the Patient Health Questionnaire (PHQ), only 20% of adolescents reported symptoms of depression (see Figure 5). Using the General Anxiety Disorder (GAD) scale, only 11% of adolescents reported symptoms of anxiety. Just 33% of adolescents reported being aware of where they might seek psychosocial support. The most commonly reported sources were health posts (64%) and teachers (38%).

Qualitative research, in stark contrast to the survey, found that adolescents were – and still are – highly traumatised by the war. A teacher summarised: *‘There are still psychological problems for students.’* Young people agreed. A 14-year-old boy from Samre explained that he still does not feel safe, because of the number of times he was forced to flee:

Whenever we heard gunshots early in the morning, we were compelled to abandon everything, including the food we were eating, and flee to another location ... The forced displacement was a distressing experience that resulted in the loss of our belongings and sense of security.

A 20-year-old young man from that district added that he cannot stop thinking about the violence he witnessed:

We saw all the atrocities during the fighting. We saw when our friends were vanished in front of us. We also saw the death of many enemy soldiers. Our mind is occupied with those unforgettable killings and deeds of human beings.

A 16-year-old girl from Tsimbela reported that she still feels that life is unreal: *‘We don’t know if we are alive or dead because we have not yet recovered from the trauma of the conflict.’* Her 17-year-old friend agreed:

We sometimes feel confused about where we are, whether our comrades are also alive like us or dead, and whether the war has been ended or will come again. You know, we are not able to be as normal as before we were injured.

A 17-year-old boy from Tsimbela noted that for many adolescents, trauma is ongoing, because of fears that the peace may not hold: *‘The main issue within the community is the lack of trust in the peace agreement. There is still skepticism that the war could potentially reignite, as many parts of Tigray remain under enemy [Eritrean forces] control.’*

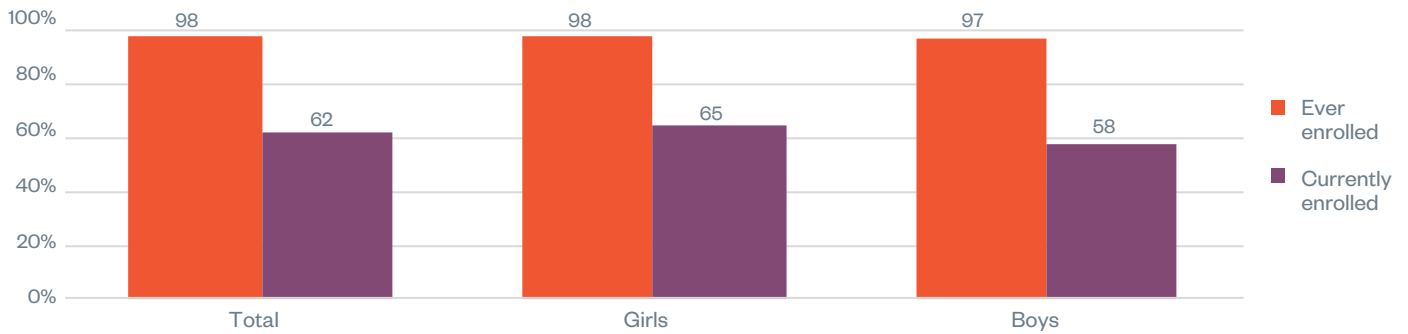
During qualitative interviews, no adolescents spoke of accessing formal psychosocial support services to help them process trauma. Indeed, a 19-year-old married young woman stated that services are not available: *‘There is nothing which has been solved for us. We are still in distress, there is nothing solved.’* A 17-year-old boy gave a similar account, saying, *‘I have not witnessed any specific efforts from NGOs [non-governmental organisations] or other institutions aimed at addressing the war trauma experienced by the youths and the community.’* A 16-year-old girl who has re-enrolled in school added that while teachers have been encouraging students to re-invest in education, efforts have not addressed adolescents’ trauma or mental health needs: *‘The teachers just tried their best to advise the students so that they are able to focus on their classes. They try to bring their attention to education. But there has been no kind of psychosocial support.’* Several educators admitted that this was true, adding that their first priority has been supporting the teachers who were raped, so that they are able to return to work. A female local official from Tsimbela added that no one is able to help adolescents and their families process their trauma, because their own needs for psychosocial support are too great:

We cannot provide support to adolescents and their families because first we also need support. We all suffered from the trauma and are still suffering. We did not get any psychosocial support from the government and NGOs. It is only when we get psychological treatment that we can support the others.

Education

The survey found that uptake of education has historically been nearly universal in Tigray. Of sampled adolescents, 98% had ever been enrolled in school (see Figure 6). The current enrolment rate is far lower (62%), and favours girls (65%). A 21-year-old young man from Tsimbela explained the reasons behind this:

Figure 6: Enrolment rates



Before the conflict, the condition of schooling was relatively favourable ... The underlying belief was that education played a crucial role in transforming individuals and creating opportunities for personal growth and success ... Children were able to enrol in school at the appropriate age, and the teaching and learning process proceeded smoothly. However, this situation abruptly changed when the Covid-19 pandemic emerged, causing significant disruptions to the education system.

Of the out-of-school adolescents in the sample, nearly three-quarters (71%) left school when they were in early adolescence (see Figure 7). A small minority (10%) left school before age 10; nearly two-fifths (19%) left school in late adolescence. This distribution reflects the age of the sample – and the fact that schools closed for the pandemic in the spring of 2020 and did not re-open until 2023, after the conflict had ended.

Of adolescents who were enrolled in school at the time of data collection, most were some years over age for grade (which is not surprising, given that schools had been closed for three years). The average 15-year-old student has completed just 4.2 years of education (see Figure 8). Girls (4.7 grades) are a full grade level ahead of boys (3.8 grades), which qualitative

research participants explained by noting that males are more often absent, due to their farming responsibilities and engagement with paid work.

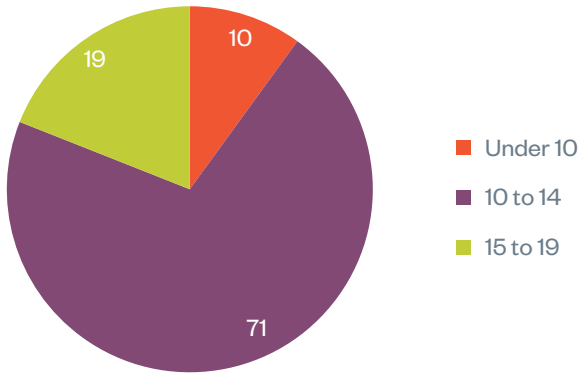
Nearly all sampled adolescents (95%) agreed that the conflict disrupted their schooling. Just over three-quarters (77%) reported that schools were closed for two to three years (see Figure 9). Nearly a quarter (23%) reported that their school was closed for at least three years. During qualitative research, young people noted that schools had closed for the pandemic, and then never re-opened because of the conflict. All reported having been out of school for at least three years.

When schools reopened in April 2023, only two-thirds of adolescents (69%) re-enrolled (see Figure 10). Girls (73%) were more likely to re-enrol than boys (66%), because – according to qualitative research – boys’ aspirations for education were destroyed by the conflict and boys are more likely than girls to be doing paid work. An 18-year-old young man from Samre stated, ‘Things are changed now. They [boys] don’t want to learn. They hate schooling. No one feels comfortable to go to school. We think of the martyrs [those who died in the war] and we don’t have the strength to learn.’ A 19-year-old young man from the same district added, ‘We



A nurse waits for patients in her damaged and looted clinic in Edaga Hamus, a small town that has been the stage of battles during the ongoing conflict in the Tigray Region, June 5, 2021 © Yan Boechar/VOA, Public domain, via Wikimedia Commons

Figure 7: Age at school dropout



have seen our parents' economy weakened, we are not able to continue learning ... There are youth who started working on the gold mining.' Of those who dropped out, nearly a quarter (22%) – almost exclusively those under the age of 15 – reported that the conflict was the primary reason they left school. Older adolescents were more likely to attribute their school-leaving to taking on agricultural labour or mining activities, and/or the prohibitive costs of school supplies in the context of a dearth of income-generating activities.

Qualitative research underscores that both those factors are knock-on impacts of the conflict. An 18-year-old young woman from Tsimbela explained:

There are children who stay at home because they can't afford the learning materials. Only those who can buy are

Figure 9: Length of time that school was closed

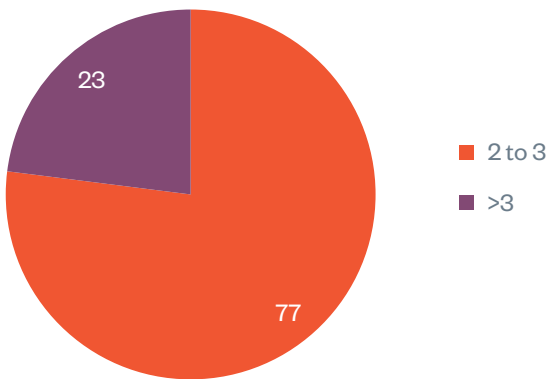


Figure 11: Participated in tutorials, of those that reported them available

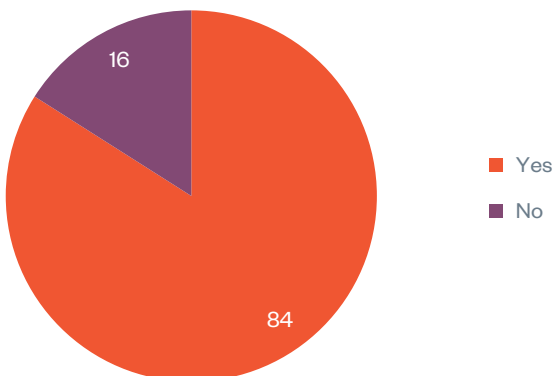
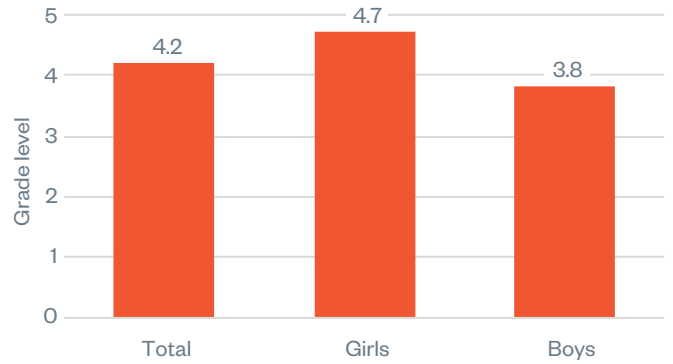


Figure 8: Highest grade level completed, enrolled adolescents only



able to go back to school. That mainly is because the parents have other priorities before thinking of buying learning materials for children.

To help students catch up after three years out of school, the regional government launched an accelerated learning programme. Students are expected to complete a year's worth of education each semester – after having had three years out of school to forget what they had already learnt. Few students (17%) reported that they have had access to tutorial support to help them catch up and master new skills (see Figure 12). However, for the minority of young people who were offered these tutorials, uptake was high (84%) (see Figure 11). Qualitative research underscores that the accelerated

Figure 10: Re-enrolled after the conflict ended

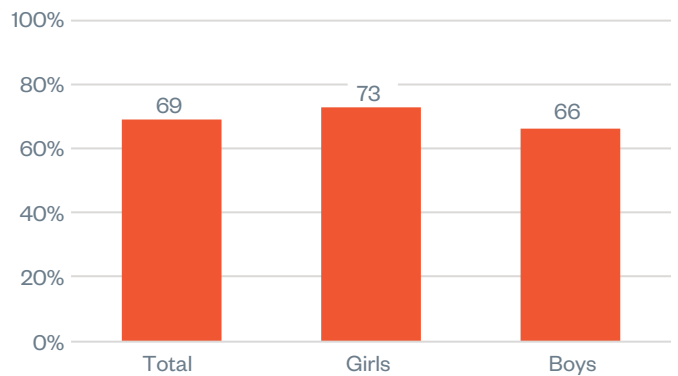
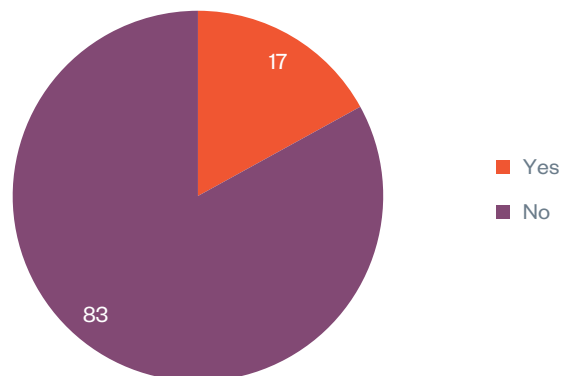


Figure 12: School offered catch-up tutorials



learning programme is not serving young people's short-term or long-term interests. After three years out of school, and after experiencing extreme psychosocial trauma, most adolescents have lost skills and few are able to concentrate well enough to learn at normal speed, much less accelerated speed. A 16-year-old boy from Tsimbela explained that while teachers are doing their best, the schedule is too ambitious:

It is important to express gratitude to the teachers who have selflessly dedicated their lives to their students. They have provided us with their utmost effort and support ... The teachers have gone above and beyond to impart wisdom to their students, displaying a cooperative spirit. They rarely complain about inadequate salary scales and never cease their teaching duties ... However, due to the reduced semester duration of only two months, intensified course loads ... students may struggle.

A boy the same age from Samre agreed, and added that it would be far better for students if a year's worth of material was delivered over the course of a full year: *'The time we learn to cover one academic calendar is only a few months ... It should be like it was before.'*

Qualitative research underscores that conflict devastated Tigray's educational system and that recovery efforts are both too limited and too slow. Respondents reported that school buildings were destroyed, and that desks, chairs and books were burned by retreating soldiers. They also reported that because many teachers were displaced and killed in the war, there are too few teachers to lead classes. A 17-year-old girl from Samre noted, *'The school is damaged ... there are not enough teachers. We have lost them ... Many educated teachers died.'* A 15-year-old girl from Tsimbela added, *'The enemy came and set the books on fire.'* Efforts to rebuild and restock were nascent at the time data was collected. A 16-year-old girl from Tsimbela reported, *'There are some NGOs that have constructed a school in a place called Adigebru. But nothing has been done in our village.'* A principal from that district agreed that efforts have not reached rural areas, noting that, *'There was information about the plan of learning equipment aid by World Vision. But it did not reach our area.'*

Young people reported that even if schools were rebuilt and restocked, education is no longer their highest priority. Their first priority is helping their household achieve food security. An 18-year-old young man from Samre explained that he and his peers no longer think of education:

After the peace came back, the school was opened. But as we have seen that our parents' economy is weakened, we are not able to continue learning. There are many children who have become like that. There are also those whose parents are dead or sick, they need their children's help every day.

A 17-year-old girl from Tsimbela reported the same of her sisters:

My sisters are doing daily labour work and they are feeding my mother ... One of them is 16 and the other 14 years ... Previously they were going to school but now they are feeding their family by doing labour work.

The unaddressed psychological impacts of the conflict are also keeping adolescents out of school, and preventing them from learning even when they are enrolled. A 15-year-old girl from Samre reported that many of her peers see no point in returning to school after the past three years: *'There are many girls who didn't want to return back to school thinking that there is no point.'* Another girl, also aged 15 and from Tsimbela, shared this view: *'People didn't have the appetite to learn.'* Even students admitted that they now attend school not to learn, but to pass the time. A 17-year-old girl from Tsimbela explained:

In school there is no talk saying where are we going to attain ... at least it is better to spend the time in school than to sit at home, re-playing again and again the bad memories in our mind ... In many ways we have all left school.

In the case of IDP students, most have not returned back to school. Some of them have faced stigma from students in host communities regarding their poor quality clothes and for not having education materials. A father of an IDP girl from Debre Abay kebele of Tsimbela worea explained her experience as follows: *'One of my daughters went to school barefoot. She did not have any shoes. She also wore the same clothes every day... Other students teased at her for being an IDP and a poor girl. Then she refused to go to school and completely dropped out.'*

Most IDPs could not return back to school due to the dire economic condition of their families and the dearth of cash and food aid. Many reported being forced to engage in poorly remunerated paid work, including domestic work in the case of girls, and in begging activities. A teacher from Tsimbela questioned *'How can IDP students attend school while their families have nothing to eat? They do not have food support. They do not have jobs. They do not have farmland. They are completely forgotten and their relationship with host communities has been deteriorating from time to time. Their children are not positively seen in the community and in the school.'*

Sexual and reproductive health

On the survey, 21% of adolescent girls reported that they had undergone FGM, but nearly three times as many (59%) reported that they had not. Another 21% did not know if they had undergone FGM. Of girls who had undergone FGM, all had undergone either a partial or total clitorrectomy (rather than excision or infibulation). A key informant with the Bureau of



Woman's Affairs reported that Tigray had made great strides towards eliminating FGM:

It was practised 15 years ago. Later on, until the time of corona[virus], there was intensive education by the health extension workers and specialists and the government. It had reduced a lot and was not practised.

In Tsimbela *woreda* it was noteworthy during the qualitative interviews that young people had not heard about the practice of FGM during their life time. A 16 year old boy questioned the concept of girls' circumcision: *'What do you mean? Are girls circumcised? It is shameful if this is done to girls and women.'* Adult men and women from the same communities said that they heard about the practice from their parents but that they had not opted to have their daughters cut.

However, respondents underscored that that since the pandemic – and then the conflict – FGM has re-emerged. In Samre, she estimates that nearly all infant girls have undergone FGM.

With the caveat that the mean age of adolescents in the sample was only 15 at the time of data collection, 4% of girls in Tigray had been married prior to age 18. Nearly all girls who had been married as children (i.e. 17 years or under) were from the Tsimbela *woreda*. Notably, of the 16 girls who had married prior to age 18, six were married before the age of 15. Qualitative research participants explained that these very early child marriages were due to parents' fears for girls' safety and sexual purity. A 19-year-old young man from Tsimbela noted that these fears were not unfounded in some communities:

The soldiers would refrain from engaging in sexual attacks if they learnt that a girl was already married. This led to a heightened urgency among parents to marry off their under-age daughters ... They prefer to marry them to the person they know rather than [the girl be] raped by enemy forces.

Respondents in both Tsimbela and Samre reported that the incidence of child marriage has climbed in recent years, largely because girls' education has been severely disrupted. An 18-year-old young man from Samre reported that, *'During the normal time, the girls used to get married after 18 only. That was because they were attending classes.'* A young woman the same age from Tsimbela shared that view, saying, *'We were good-performing students. Later on, because of the conflict, we have changed our plan to marriage.'*

Respondents also noted that the norms surrounding child marriage have shifted in response to the conflict. A 17 year old adolescent girl in Tsimbela noted: *'People used to say during the conflict "when I am going to marry off my daughter so that they do not take her away for fighting", "when I am going to marry off my son?." "When I am going to keep them in honeymoon?" It is fearing their daughters will be taken?'* In this regard, respondents reported that especially in Tsimbela that marriages have subsequently become increasingly adolescent-driven (rather than arranged), and that parents are willing to take a lower bride price just to have their daughters married before they become sexually active. A key informant reported that, *'Now, most of the girls believe that if they are not learning then they should get pregnant ... It's the parents who organise the wedding ... but sometimes it's the kids themselves that initiate.'*

A key informant from the Bureau of Agriculture in Samre added that climbing rates of child marriage are also due to the government's under-investment in the issue since the conflict broke out:

Previously, there was a committee working on early marriage issues. A girl needed to have an approval of the committee to get married. Currently, that committee is not functional. That is what I have observed. There are many under-age marriages being done recently. Girls of 15 to 17 years of age are getting married.

Due to adolescents' age – and marital status – it was very rare for surveyed adolescents to report having ever used contraception. Only 5% of girls and 2% of boys reported having ever used a contraceptive method. Caregivers reported much higher uptake. Of adult women, 64% had ever used a contraceptive method and 53% were currently using a method.

Adolescents and caregivers agreed that health services had been severely affected by the conflict. Nearly two-thirds of adolescents (62%) reported that general health services were severely disrupted (see Figure 13). Three-quarters of caregivers (74%) reported the same. Caregivers – who were more likely to be using sexual and reproductive health services than adolescents – also reported that those services had been severely disrupted. Two-thirds of caregivers (66%) reported severe disruptions to contraceptive services, antenatal care and delivery services. Three-quarters of caregivers (77%) reported severe disruption to HIV-related services.

During qualitative interviews, respondents reported that health centres were often as thoroughly destroyed as schools. A 21-year-old young woman from Samre said, *'The health facility is also destroyed. The electric system and equipment are all damaged similar to the school.'* A young woman from Tsimbela added that medications were also looted and destroyed: *'There was not much medicine there, many people had died due to lack of basic medicine.'* Respondents explained that sexual and reproductive health services were effectively non-existent during the war. A 19-year-old young woman from Tsimbela recalled that, *'Contraceptive did not*

exist even by paying our own money ... Women were having children one over another.' A young woman the same age, but from Samre, noted the same about maternity care, reporting that, *'The pregnant women were not having follow-ups. Their lives were at risk because there was no medical access.'*

Although health services have improved post-conflict, especially in Atsbi district, recovery is far from complete. Only 15% of adolescents and caregivers reported that general health services are fully recovered (see Figure 14). Maternity services have bounced back relatively quicker. Approximately two-fifths of caregivers reported that contraceptive, antenatal and delivery services have fully recovered. Only a small minority of caregivers reported that HIV-related services have fully recovered; 27% reported that they have not recovered at all.

During qualitative interviews, respondents reported that despite improvements, *'Health services are not yet restored to where they were before'* (20-year-old young woman, Tsimbela). Although contraceptive and vaccine services are now available, the destruction of equipment means that other health services may take years to recover. A key informant at the Samre Bureau of Health reported that foetal monitoring systems, solar-powered refrigerators, and ambulances were all destroyed in the war. Despite the concerted efforts of the United Nations and NGOs to restock clinics, this has led to the *'tragic loss of four mothers'*. A 19-year-old young woman from Tsimbela added that the young people who took part in the war feel particularly ignored by the health care system:

We still have bullets inside our body that need to be removed. We had repeatedly asked the regional

Figure 13: Severe disruption to health services

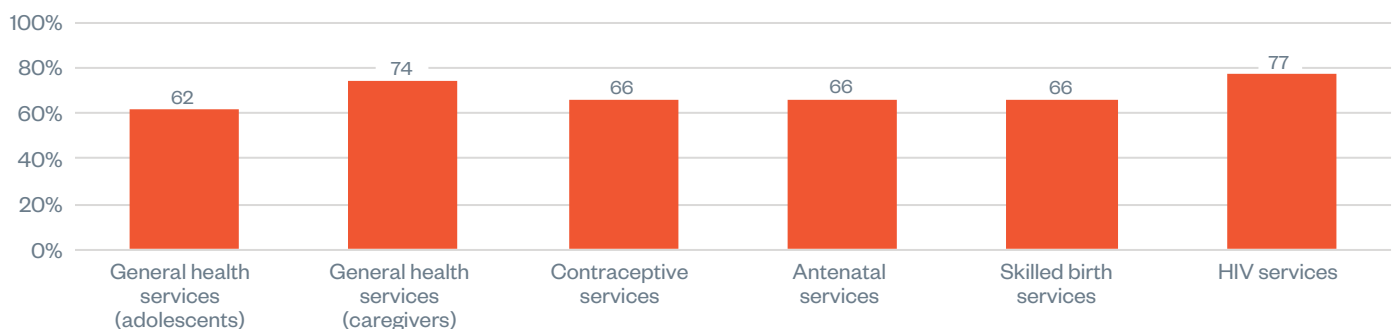
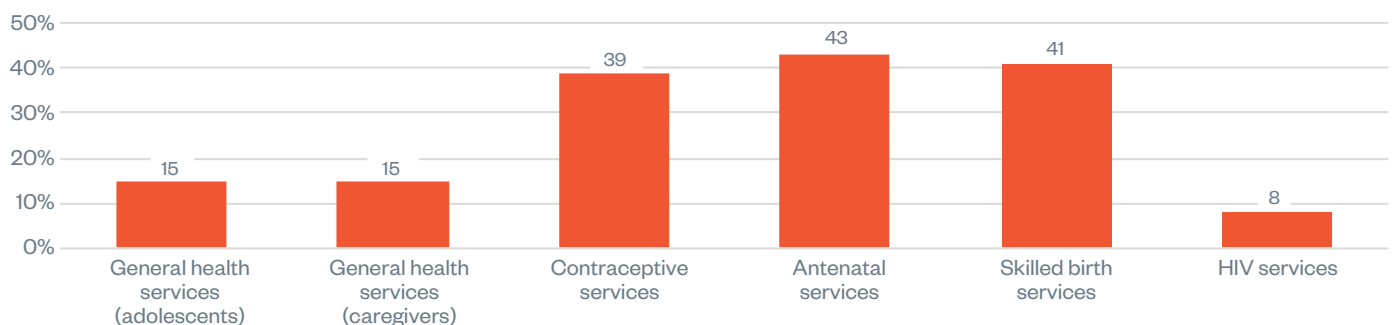


Figure 14: Services are fully recovered



government to help us remove the bullets out of our body and get medical support. But we were told to wait. Until when are we going to wait? We don't know. We are really suffering and we don't know why this is happening to us. We gave our life so that the military wins and the enemy is out of our land but after that, the situation seems to be ignoring us.

Conclusions and implications for policy and programming

This study has underscored the far-reaching and intersecting impacts of the conflict in northern Ethiopia on adolescents in Tigray. As the country continues to make progress on rebuilding and reconciliation efforts and to promote notions of transitional justice, it is critical that the experiences and voices of young people are reflected in these dialogues. As such, key priorities for policy and programmatic action emerging from the study include the following:

1. Livelihoods and food security:

- Expand coverage of the PSNP and ensure that households with family members with newly acquired disabilities are eligible for direct support rather than inclusion in the public works scheme.
- Strengthen existing job creation schemes to reduce joblessness and adolescent migration, including expanding mining activities, trading business and farming.
- Provide skills trainings to youth who complete education or have permanently dropped out of school, and facilitate access to credit services that can help them to start their own businesses.
- Provide additional economic empowerment opportunities for married and unmarried adolescents with life skills training to offset the long-term impacts of conflict on future generations.
- Continue to provide temporary food aid to families affected by the conflict and climate.
- Provide cash transfer and financial support to families who have lost productive assets, including livestock and food crops, in order to increase household food security and to reduce hunger. This is important to help families to sustainably recover their economic assets and to reduce dependence on the PSNP and food aid.

2. Education and learning:

- Invest in rapid recovery programmes to rebuild and restock schools damaged by conflict, and continue to provide education materials and menstrual hygiene

management (MHM) materials for students so that they can continue their education without interruption.

- Prioritise restoration of the regional education budget so as to rebuild educational infrastructure and equipment, and invest in additional teaching staff.
- Provide pathways for students who dropped out of school due to conflict, including internally displaced persons, to return back to school, including covering the costs of school materials and uniforms.
- Invest in training for teachers on post-conflict recovery teaching methods and pedagogies. This should include psychosocial support mechanisms for students, non-violent disciplinary techniques, and peace studies and conflict resolution.
- Invest in psychological first aid training for teaching staff and counsellors to be able to support students affected directly and indirectly by the conflict to cope and to re-focus on their studies.
- In the longer term, invest in peace-building curricula in schools to encourage non-violent approaches to conflict resolution and to work towards restoring social cohesion across communities.
- Promote coordination and collaboration between the regional government of Tigray and UN agencies, international and local NGOs and civil society organisations to fast-track the reconstruction and rehabilitation process. Non-governmental actors can play important roles in funding short-term training to teachers, by providing technical support to strengthen the education system, and by providing education materials and MHM supplies to schools.

3. Health, and sexual and reproductive health

- Invest in building back health services, paying particular attention to contraceptive and maternity services, given high rates of child marriage.
- Invest in building back HIV diagnostic and response services in light of high rates of sexual violence and extramarital sexual relationships during the war, which will have exposed many young people to higher risks.
- Ensure that post-conflict recovery efforts directly address child marriage, and encourage community leaders and parents to delay marrying girls (and therefore childbearing) until girls are adults.
- Invest in health service recovery efforts to improve antenatal and prenatal services and to increase institutional delivery for girls and women.

4. Psychosocial well-being:

- Invest in psychosocial support for all students affected directly and indirectly by conflict.

- Assign counsellors to schools to provide intensive counselling to students who have suffered (and continue to suffer) from mental distress, so that they can start to rebuild their lives.
- Invest in training for health extension workers and Women's Association personnel so that they can offer psychological first aid to young people who are out of school.
- Invest in psychosocial trauma services for adolescents who are caught up in conflict and have lived through war. Services must also address knock-on effects of crises, including school dropout, and related challenges to adolescents' well-being and future aspirations.
- Adopt a multi-pronged strategy to step up awareness-raising in schools and communities about the negative health, educational, economic and social impacts of child marriage, as well as addressing broader discriminatory gender norms and how these leave girls at risk of child marriage. This should also include violence prevention, response and risk-mitigation interventions rolled out in safe spaces for girls.
- Invest in empowerment programming for girls, including school-based girls' and gender clubs, to help girls protect themselves from child marriage. Programming must be carefully tailored to account for local practices – for example, whether marriages are adolescent-led or arranged by families. It is also important to discuss with community leaders (clan and religious) to carefully consider sanctions related to marriage ceremonies and possible unintended negative spillover effects on girls' education, health and general well-being.

5. Bodily integrity, and freedom from age- and gender-based violence:

- Address rising rates of FGM and child marriage in post-conflict recovery efforts, including investing in raising awareness of the risks of child marriage and sensitising school principals, teachers and health extension workers about their responsibility to report and hold community members accountable for following the national law that prohibits FGM and child marriage.
- Support efforts to tackle discriminatory gender norms that underpin FGM and child marriage, as conflict-related changes and delays in these practices are likely to be temporary, and sustainable and transformative change will require shifts in gender norms. Expand best practices from Tsimbela *woreda* regarding the elimination FGM to other parts of the region, to speed up efforts to eliminate the practice from most parts of the region.
- Re-establish gender clubs in schools to help improve girls' voice and agency to fight against harmful gender norms (including child marriage and violence) that affect children's education.
- Re-establish the harmful traditional practice committees at district and community level to reverse the increase in child marriage and FGM in the post-conflict era.

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