

Policy Brief

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A 15-year-old girl forced into child marriage, Afar, Ethiopia © Nathalie Bertrams/GAGE 2024

The impacts of the northern Ethiopia conflict on adolescents in Afar

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Introduction

The devastating war in northern Ethiopia between the government and Tigray forces that began in November 2020 and ended with a peace deal brokered in Pretoria in November 2022 has had far-reaching effects in Tigray's neighbouring region of Afar. Conflict in that region first erupted in the south in mid-2021, with regional troops fighting alongside federal government forces. Fighting in northern Afar began predominantly in December 2021, when the Tigray People's Liberation Front (TPLF) invaded, and continued until mid-2022 (*The Guardian*, 2022). Over the course of the war, it is estimated that 300,000 people in Afar were displaced and hundreds killed or injured (Deutsche Welle, 2022; Gerth-Niculescu, 2022).

Very little is known about the specific impacts of the conflict on young people in Afar. With ongoing consultations across the country about transitional justice, including in Afar (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 Afar's Kilbety Rasu zone in late 2023 and early 2024 involving 755 adolescents and 375 caregivers. The study focused on the effects of the conflict in northern Ethiopia on Afar households' livelihoods and food security, and on adolescents' bodily integrity (including girls' risk of 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.

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Sample and methods

Mixed-methods research was conducted between August 2023 and January 2024 in three districts of Afar's Kilbety Rasu zone, which borders Tigray and saw heavy violence during the recent conflict (see Figure 1). Survey data was collected from 755 adolescents, roughly equal numbers of girls and half boys, and 375 primary caregivers (75% female, 25% male) (see Table 1). Surveyed adolescents ranged from 12 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 risks of female genital mutilation (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 national public works scheme – and other social protection programmes. Qualitative tools focused on these same themes so as to identify underlying impact pathways on adolescent development and well-being. They were also used to explore in detail how drought and recent conflict impacted adolescents' aspirations for the future, and whether (and to what extent) recovery efforts are underway.

Findings

Livelihoods and food security

Nearly three-quarters (73%) of adolescents' caregivers reported that their household had been displaced by the conflict (see Figure 2). A similar percentage (78%) reported losing productive assets, primarily livestock. More than half of caregivers (54%) reported that their stored crops had been destroyed and 60% reported that their house had been damaged or destroyed. Unsurprisingly, given this level of destruction, the survey found that food insecurity was not uncommon. Nearly one-fifth (16%) of adolescents reported that family members had gone to bed hungry at least once in the past month.

Although the majority of households reported that they had been pastoralists prior to the outbreak of conflict, at the time data was collected, sources of livelihood varied. Only 16% of caregivers reported that their household depended on livestock – fewer than relied on casual labour (24%) and government support (16%) (see Figure 3).

Figure 1: Research locations

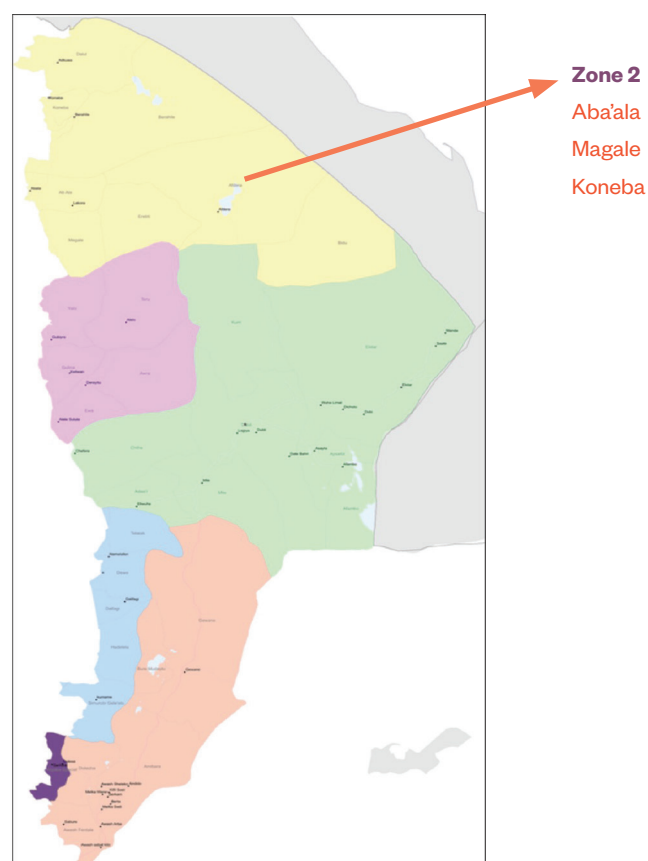


Table 2: Qualitative interview sample

	Adolescent pair interviews		Parent group interviews		Key informants			Total
	Girls	Boys	Mothers	Fathers	Kebele level	Woreda level	Regional level	
Total interviews	47 pair interviews across 7 Kebeles	40 Pair interviews across 7 Kebeles	11 FGDs with Mothers across 7 Kebeles	9 FGDs with Fathers across 7 Kebeles	19 KIs at Kebele level	11 KIs at Woreda level	7 KIs at Regional level	144 interviews
Total individuals	94	80	66	54	19	11	7	331

Table 1: Quantitative sample

Adolescents	755
Girls	380
Boys	375
Younger (12–15)	444
Older (16–19)	311
Caregivers	375

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

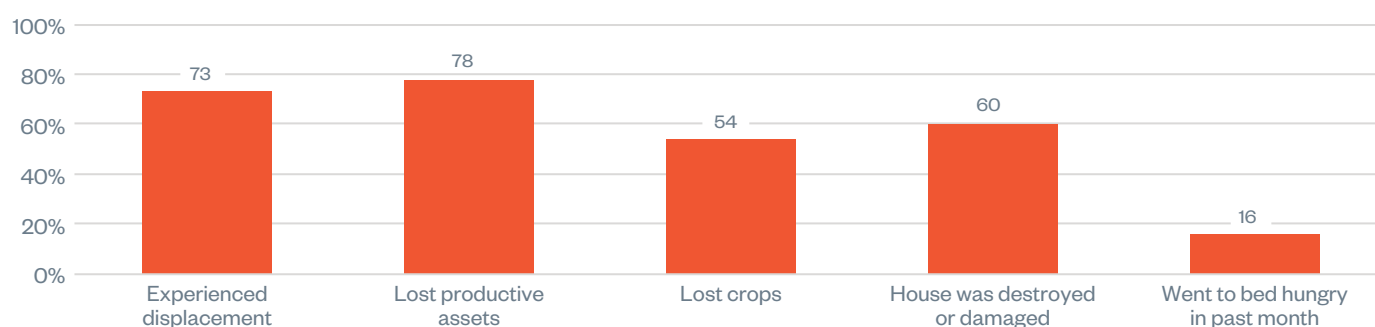
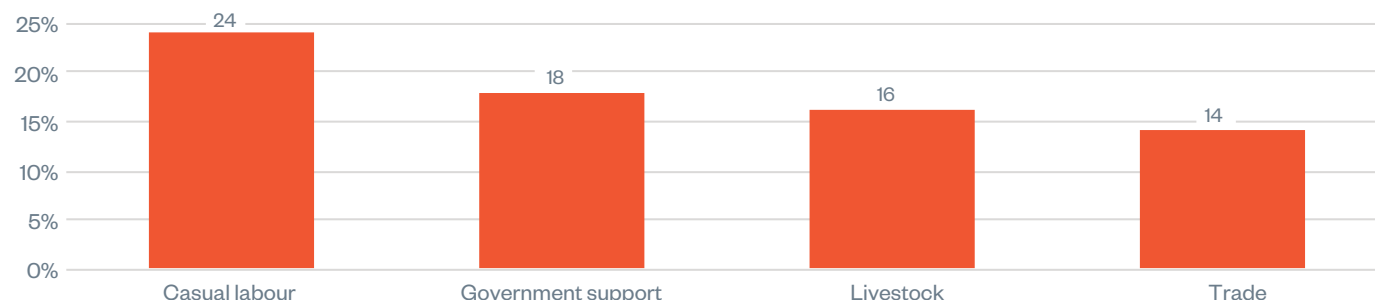


Figure 3: Household livelihoods (at time of data collection)



Qualitative findings were in line with survey results. During interviews, respondents reported that local households had had their livelihoods decimated by conflict and were now destitute. A key informant tied this to loss of livestock: *'The recent conflict also left people with empty hands, because the junta's fighters slaughtered and killed too many goats and sheep ... as you know, people here are dependent on their animals.'*

Boys and fathers focused on how this was impacting livelihoods and transitions to adulthood. A 19-year-old young man reported that many of his peers are migrating to urban areas and the Middle East, hoping to find work that will help their families rebuild: *'Nowadays many young people, particularly boys, wish to migrate to Saudi Arabia and many others wish to be a merchant.'* A father added that without livestock, boys and young men cannot marry and form their own families:

The recent conflict caused us to lose what we had before, including livestock, which were the basis for our livelihood, and we were selling goats and camels to arrange marriage for our sons. But in the post-conflict time we couldn't do that since almost all our animals were killed and looted by the TPLF.

Girls and women were more focused on food security. A mother stated, *'Our focus is feeding our children; we are struggling to feed our family.'* Another mother agreed:

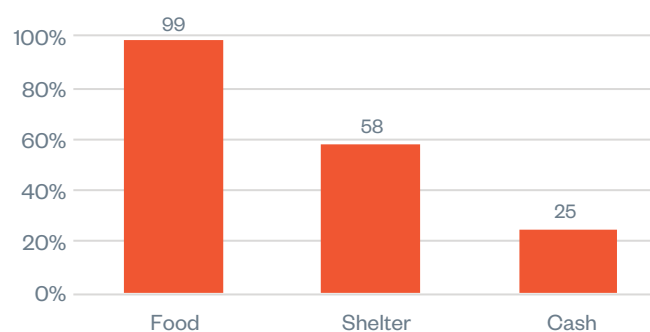
Before this conflict our children had a place to sleep, healthy food to eat, school to attend, herd their animals, had hair oil to use and had strength in whatever activities they do. But now they don't have anything and they are in hunger.

A 12-year-old boy noted that food insecurity is especially dangerous for girls, some of whom are pushed into child marriage in order to stretch household resources:

When we were [displaced], there were many children in our house. Although the government provided us with food and other support, it was not enough to feed the family ... One of my older sisters was 16 and was attending 10th grade, and someone asked my father to give my sister for marriage. My father gladly accepted.

On the survey, adolescents' caregivers reported that access to social protection has been fairly good. A large majority of caregivers (85%) reported that their household had ever received some sort of emergency aid from any source. Of those, nearly all (99%) reported receiving food aid, although many households also benefited from shelter (58%) and cash support (25%) (see Figure 4). Caregivers reported that emergency aid has declined in the post-conflict period. Only 60% of households who reported having ever received aid were benefiting in early 2024.

Figure 4: Type of emergency aid received



Qualitative research extended survey findings and underscored that aid is reaching too few people, and is too little. Most respondents reported that although they had been sheltered and fed while displaced, they have received effectively nothing since returning home. A mother explained:

Immediately after we returned to our homes, they provided one sack per household. Now they have decreased the amount. When we were in Semara [the regional capital where she was an IDP], we were told that flour, clothes and household materials would be provided, but nothing was given. We have been here for six months, and we have not received any food assistance.

A 17-year-old boy agreed, 'There is no support given from others. This time is rainy season and we need shelter but there is nothing.'

Just over three-quarters of caregivers (77%) reported that their household had ever received support from Ethiopia's PSNP (see Figure 5). Of those, 91% were benefiting at the time of data collection. Of households currently enrolled in the PSNP, 94% engage in public works rather than receiving direct support. During qualitative interviews, respondents clarified that while the PSNP is operational, aid is always late. A mother explained that, 'The safety net assistance is still provided, but it is not on a regular schedule.' Other respondents reported that too little aid is delivered to the community, meaning that not all the households enrolled get the support they are due. An 18-year-old young man stated that, 'Out of 500 households, the safety net may give support to 100. The remaining 400 will not get it.'

Figure 5: Receipt of Productive Safety Net Programme (PSNP) support

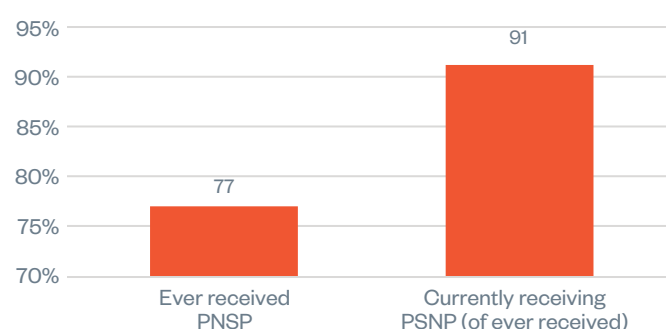
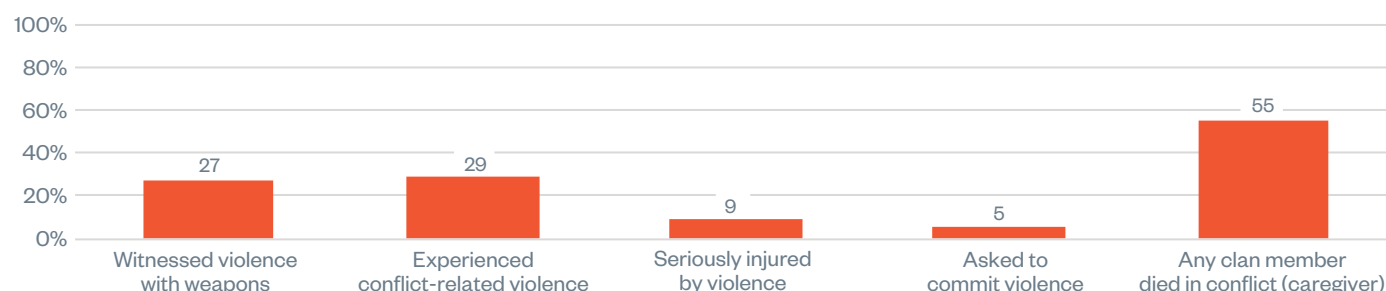


Figure 6: Experiences with conflict-related violence



Bodily integrity

More than a quarter of adolescents (27%) reported that they had personally witnessed violence with weapons during the conflict (see Figure 6). A similar percentage (29%) reported that they had been personally injured in conflict-related violence. A sizeable minority reported that they had been seriously injured (9%) or asked to perpetrate violence (5%). Caregivers' reports also speak to the pervasiveness of conflict-related violence. Over half (55%) reported that a clan member had died as a result of the conflict. During qualitative interviews, most adolescents reported witnessing horrific conflict-related violence. A 13-year-old boy recalled:

We found our people hanged from the tree. The people are from Haderharmoni village. I saw four people by my naked eye. They were only with skeletons. They didn't have eyes. They were hanged on the trees. Their neck was pierced by a knife. The rope was made to go through the hole in their neck. We also found the knife on the ground.

A kebele key informant added that TPLF fighters hung locals in this way if they were suspected of being government spies: 'This was done to show to others that the TPLF is merciless if people spy for the government.' Other adolescents detailed violence perpetrated against themselves and their peers. A 15-year-old girl reported that:

We have adolescents who get beaten up by the TPLF troops. They hit their ears, head and other body parts. They are now in serious pain, and those who were hit in the ear have hearing problems and those who were hit in the head have head injuries. I think in this community alone there are around 18 young people affected like this.

Due to the extreme stigma that surrounds sexual violence, it was uncommon for the girls and caregivers surveyed to report having experienced sexual violence. Only 2% of girls reported having ever experienced rape or attempted rape, and only 4% of caregivers reported that a household member had been raped in conflict-related violence. During qualitative interviews, however, where there is more time for interviewers and respondents to develop trust, respondents were more forthcoming. Many adolescent boys reported that rape had been used as a weapon of war against girls in their family

and community. A 14-year-old boy, for example, reported that his sister was gang-raped and had still, months later, not recovered from the physical trauma:

They raped her. She was also beaten. They beat her with a gun. Many juntas have raped her together ... They have been raping her the whole day, from morning to sunset. It was when sun sets that she joined us. She was begging them, but they were cruel ... Still she is sick. Even now she is not walking properly.

A mother agreed that rape had been common and admitted that few survivors were willing to disclose, for fear of being ostracised by the community:

Many young and adult women were raped ... in some cases three men raped a woman, in other cases seven men raped a woman, group rape was common ... They feel humiliated; they do not want to tell that they were raped.

Psychosocial well-being

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 low levels of adolescent depression or anxiety. Using the General Health Questionnaire (GHQ), only 3% of adolescents reported symptoms of depression (see Figure 7). Using the Patient Health Questionnaire (PHQ), only 2% of adolescents reported symptoms of anxiety. Most adolescents (68%) reported being aware of where they might seek psychosocial support, although the most commonly reported sources

Figure 7: Mental health indicators

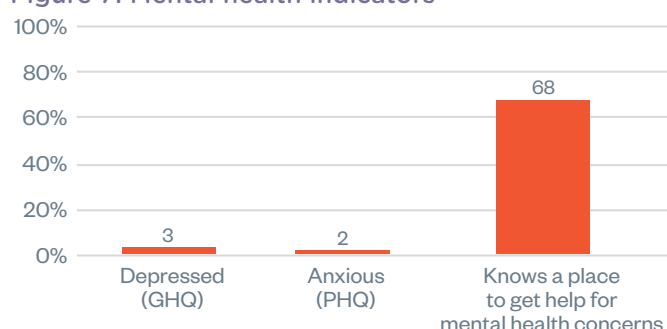
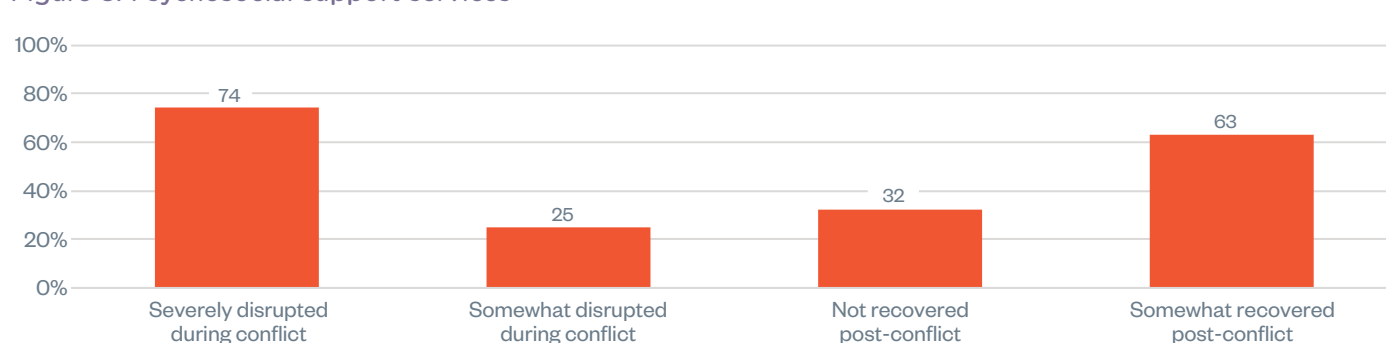


Figure 8: Psychosocial support services



were the police (64%) and religious leaders (54%) suggesting that the question may not have been well understood.

During qualitative interviews, however, many adolescents reported significant mental health challenges related to the conflict itself and to their loss of education, livelihoods, and hope. A 13-year-old boy, who witnessed multiple people killed in conflict-related violence, stated that he is still traumatised by what he saw, *'I kept hating to live. I can't forget the entire evil thing we experienced, even after the war.'* A 17-year-old boy noted that many adolescents are also depressed because they lost family members during the violence: *'Many girls especially whose fathers were killed in the war are now in despair.'* A 15-year-old girl added that even though the conflict has ended, young people feel that their futures have been stolen from them, because livelihoods and community infrastructure – including schools – were destroyed:

In the past, we were thinking of living a better life than what we had before. But after the war, we don't think we can live the same life as before. Our recent thoughts are different from our previous thoughts.

An 18-year-old married young woman noted that substance abuse has risen in tandem with hopelessness, especially among boys and young men: *'Young men have become hopeless and addicted after the war ... They spend their time chewing khat, to forget what happened.'* Girls and young women also reported psychological distress, and even suicide attempts, due to the forced child marriage that has become more common since the conflict ended, as clans attempt to rebuild their numbers. A 16-year-old girl explained, *'Many girls hung themselves. Because they marry the person they don't want.'*

Almost three-quarters of adolescents (74%) agreed that mental health services were severely limited during the conflict (see Figure 8). Another 25% reported that they were somewhat limited. Almost one-third of adolescents (32%) reported that mental health services have not improved since the conflict ended. Another 63% reported that they have only somewhat improved. A 14-year-old boy, who had re-enrolled in school, stated that students were psychologically supported by educators:

Soon after we started learning in the post-conflict time, the school principal, teachers and some other people came to this school and advised us to continue learning, not to get worried. They tried to give psychological support for all students in the school gathering at one place.

A 14-year-old girl, however, noted that for those who are out of school – disproportionately girls – community support has been practical, rather than emotional: ‘Community leaders were supporting ... They also gave money to those in need and built houses for those who didn’t have homes. They supported each other in that way.’

Education

Of the adolescents in the sample, only 82% had ever been enrolled in school (see Figure 9). Boys (87%) were more likely to have ever been enrolled than girls (77%). Of the adolescents who had ever been enrolled, most (86%) were enrolled at the time data was collected. Boys were more likely than girls to be currently enrolled: 89% versus 82%. During qualitative interviews, parents explained that access to education had been improving in their communities prior to the war. Schools had been built over the previous 10 years and uptake was slowly climbing. Respondents attributed the gender gap in enrolment to girls’ responsibility for fetching water.

Of school dropouts, about half (47%) left school in early adolescence and about half left school in late adolescence (52%) (see Figure 10). Girls (50%) were more likely than

boys (40%) to have left school in early adolescence. Boys were correspondingly more likely to have left school in late adolescence. During qualitative interviews, respondents reported that girls tended to leave school at a younger age than boys because they were needed to assist their mothers with domestic work – and because their schooling was undervalued vis-à-vis their future roles as wives and mothers.

The average adolescent student in the sample was years over age for grade. Adolescents were a mean of 15.3 years old and had completed only 5.2 grades of education (see Figure 11). Boys had completed a third more years of education than girls. During qualitative interviews, parents explained that prior to the war, most children started school at age 8 or later, because they were needed to herd goats and cattle. They also noted that because there is a dearth of teachers fluent in Afar-Af (students’ native language), many students struggle to learn.

A large majority of adolescents (85%) reported that the conflict had disrupted their schooling (see Figure 12). Boys (90%) were more likely to report disrupted learning than girls (77%), because boys were more likely to have been enrolled when conflict broke out. In Afar, where the regional government arranged emergency education in centres for internally displaced persons (IDPs) and reopened schools as soon as armed forces left the area, just over a quarter of adolescents (27%) reported that their schooling was disrupted for under a year. The remainder were equally divided between one to two years (38%) and two years and more (36%). Girls reported that their schooling was

Figure 9: Enrolment rates

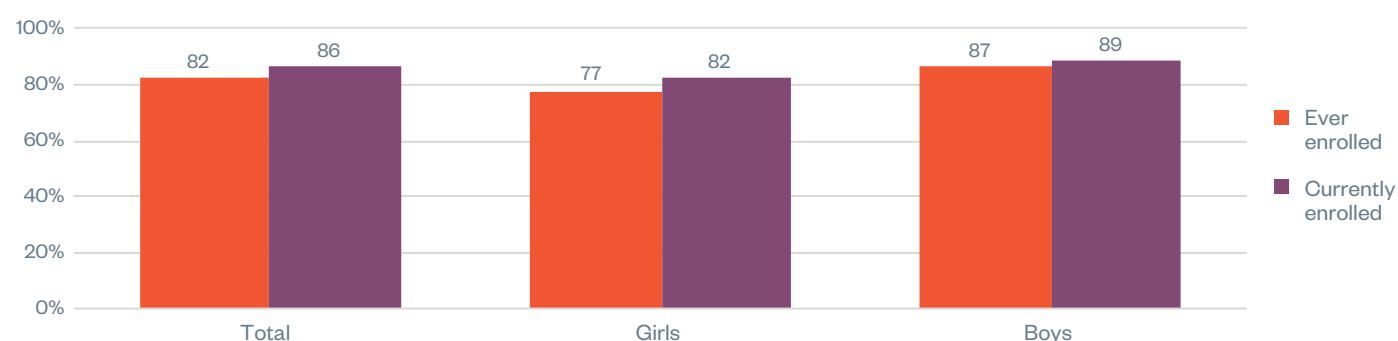


Figure 10: Age at school dropout

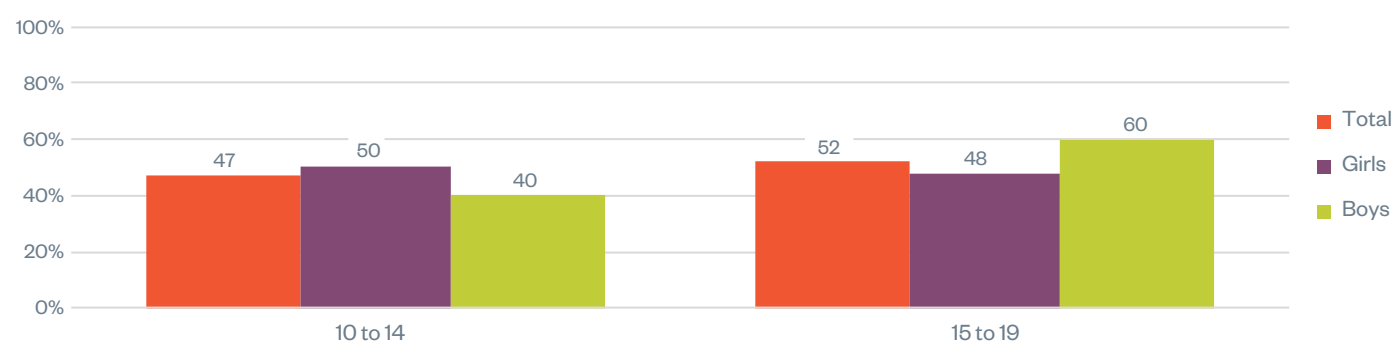
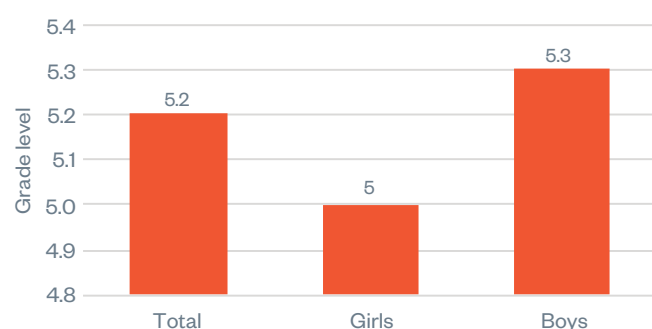


Figure 11: Highest grade level completed, enrolled adolescents only



disrupted for less time than boys. This is at least in part because of dominant norms around girls' futures, which are centred around marriage and motherhood. In other words, the qualitative findings suggest that girls 'got on' with their lives – including marrying and having children – and stopped seeing themselves as students waiting to return to school.

During qualitative interviews, respondents reported that education was not a priority when conflict first broke out. More important was safeguarding life. A mother recalled, *'We fled from here ... you can go to school when you have a place to sleep. At the that time, our children were not in school as there was no school in the desert and we couldn't even find a place to sleep.'* A father added that his community was completely abandoned for an entire year: *'We were out of the town for a whole year, this town was empty.'* When conflict subsided, and families returned to their villages, many young people were still prevented from resuming their schooling. This was because, as one mother noted, TPLF fighters often destroyed schools and books when they left the area: *'After we returned back to our village our children couldn't get access to education because the school was destroyed.'* A father elaborated:

The Tigray fighters destroyed the school, broke school materials like desks, the blackboard, windows and doors of the school buildings ... They even wrecked, scattered and devastated the school documents, records and books, and even students' school records. When we returned to this area, everything was destroyed.'

Figure 13: Re-enrolled after the conflict ended

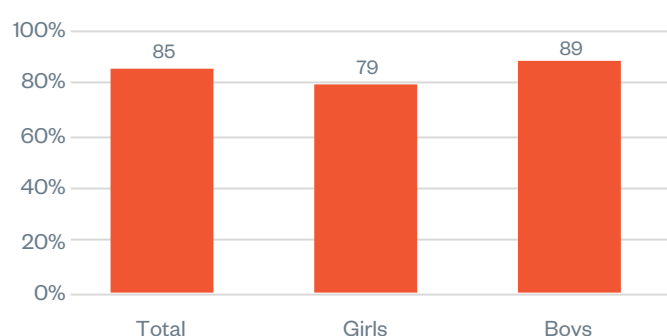
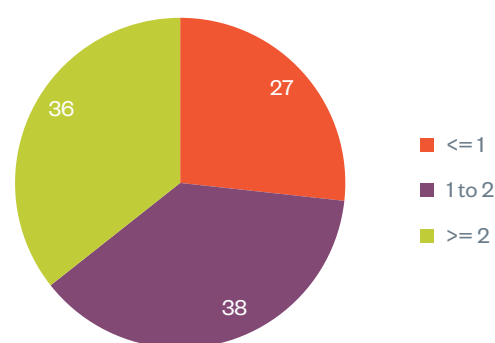


Figure 12: Length of time schooling was disrupted



Nevertheless, a large majority of adolescents (85%) who were enrolled in school prior to the conflict re-enrolled after it ended (see Figure 13). Boys (89%) were more likely to have re-enrolled than girls (79%). Of school dropouts, 24% reported that conflict was the primary reason for their school-leaving.

Qualitative findings highlight that adolescents, families and communities varied in their responses to the conflict. Most reported that uptake of education remains severely disrupted. Quite a few adolescents (primarily boys) explained that the conflict caused them to give up on education. A 15-year-old boy, for example, reported that while prior to the conflict he wanted to complete his education and obtain public sector employment, now he is focused solely on finding paid work to offset household poverty:

Before, I imagined for my future to have a government job ... Our cattle were our hope and our life, so since we lost our cattle, my parents could not afford food and other necessary things, so that every part of our life is disrupted ... I wish to be a merchant.

Other adolescents explained that while they wished to return to school, the destruction of school infrastructure has made this all but impossible. A 17-year-old boy explained:

The walls are not maintained, the desks and chairs are broken and not maintained, the windows are damaged, and the doors and windows are also damaged. The school storage and office have been demolished.

The destruction of school records is also hampering re-enrolment efforts. A 16-year-old girl reported that:

In many schools the school refuses to take students who don't have the documents on hand. And many students in here lost their documents due to the war ... many are now joining the army because they don't want to repeat the grade again.

Several parents noted that adolescents' access to secondary school has been particularly curtailed by conflict, because there is no longer enough livestock to sell to pay fees. A mother

explained, 'We used to sell goats to educate our children ... After the war, we are not educating children, especially those in secondary school.' Another mother added that girls' re-enrolment has been more challenging than for boys, partly because girls are being married young to produce new children for the clan and partly because of increased demands on their time for water and fuel collection: 'The girls that are not in school currently go to the river to fetch water and bring wood.'

In some households, respondents reported that uptake of education is better post-conflict than it was pre-conflict. Most attribute this to the loss of livestock and what that means for young people and their parents. A father explained that adolescents are now increasingly interested in education, because they are realising that herding will not provide a secure future: 'Nowadays adolescents are eager to learn and achieve life by learning and having a salaried job and better life.' An 18-year-old young man agreed, 'It used to be a pastoral community, and because there is no work, the need for learning has now increased.' Another father added that while he used to make his children stay home to tend livestock, with no livestock there is no competition for his children's time. He explained that this has particularly benefited girls:

The first change I have seen in this community as a result of the conflict is, it initiated children – particularly girls – to come to school and start learning. Since parents lost their cattle, they sent all their children to school, including those who have been looking after cattle. Nowadays, those boys and girls who were out of school have started school.

A few respondents also attributed improved post-conflict uptake of education directly to recovery efforts. They noted that non-governmental organisations (NGOs) and the government have been working to raise awareness about the importance of education, as well as distributing school supplies. Several added that in some communities these

efforts have been paired with the provision of pre-school and with the hiring of teachers who speak Afar-Af. A father stated that:

Before the conflict, there was no ethnic Afar teacher assigned to this school to teach our children in their mother tongue. But after the conflict, four ethnic Afar teachers are assigned for this school and our children were very interested since they are learning in their mother tongue.

A minority of adolescents (16%) reported that their school had offered catch-up tutorials to students impacted by conflict (see Figure 15). Of those that had been given the option of catch-up tutorials, nearly all (92%) took part (see Figure 14).

Health, and sexual and reproductive health

Adolescents and caregivers agreed that health services were severely disrupted by the conflict. Just over three-quarters of adolescents (77%) and caregivers (78%) reported that general health care services were severely disrupted (see Figure 16). One key example of this was the outbreak of cholera and the inadequate health services available at the time to respond to the outbreak, resulting in the deaths of many children and women. A father in a focus group discussion stated:

The Dubti river was polluted but people were not aware about it. Then many children and women became sick from the cholera. I lost two of my children on the same day ... More than 200 children were sick from the cholera at the time my children died. No proper health services in the hospital. There was a critical shortage of medicine.

Another father underscored that health services were further stretched due to the influx of large numbers of internally displaced persons: 'Government and NGOs were

Figure 14: Participated in tutorials, of those that reported them available

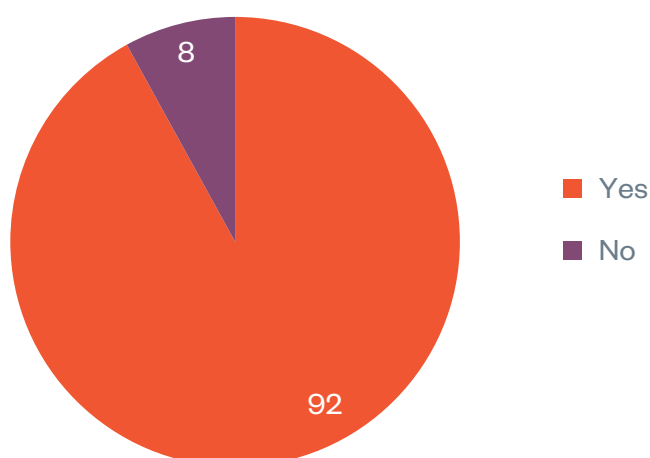
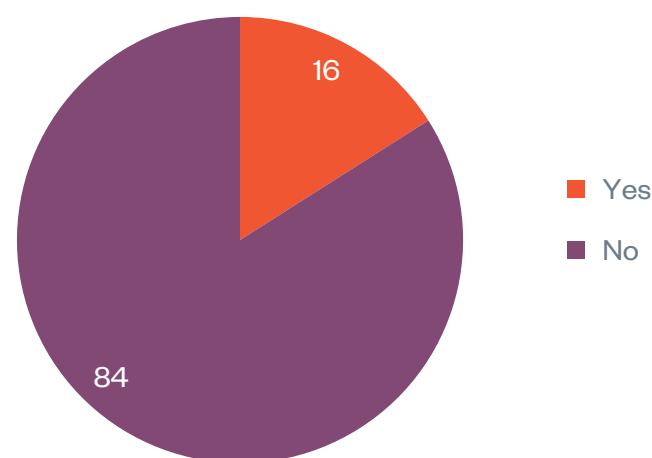


Figure 15: School offered tutorials



overwhelmed by the large number of IDPs and they could not provide proper care and treatment to patients.’

In terms of sexual and reproductive health, it was very rare for adolescents to report having ever used contraception. Only 1% of girls and 2% of boys reported having ever used a contraceptive method. Qualitative research suggests that unmarried adolescents – some as young as 12 or 13 years – are more likely to use contraceptives than married adolescents, because while contraceptive uptake is stigmatised, it is seen as preferable to premarital pregnancy. Contraceptive uptake was also rare among adults; less than 6% of caregivers had ever used a method. During qualitative interviews, respondents reported that the Afar have always valued large families – and that since the conflict ended, they feel increased urgency to replace lost lives and rebuild clans. A mother explained:

We want our children to give birth to many children. We will be happy if they give birth to 12 children. We do not want them to use contraceptive, we want many grandchildren ... We lost many during the war, we want to replace them.

Caregivers (who were more likely to be using sexual and reproductive health services than adolescents) reported that those services were disrupted as a result of the conflict. Approximately three-quarters of caregivers reported severe disruptions to contraceptive services (71%), antenatal care (74%), and delivery services (76%). Just over three-quarters of caregivers (79%) also reported severe disruption to HIV-

related services. During qualitative interviews, respondents reported that due to lack of care – especially during displacement – many pregnant women miscarried, and others gave birth unassisted, leading to large increases in maternal and infant mortality. A father explained:

While fleeing, many pregnant women faced miscarriage. I counted more than 200 women faced miscarriage and suffered from excessive bleeding since there were no health workers with them. Besides, many pregnant women gave birth in the forest while they were on their way to flee and they gave birth without the help of health workers. Most of those newborn infants died.

Another father added, ‘Even some mothers died because of childbirth without any support of the health workers and TBAs [traditional birth attendants].’

Although health services have improved post-conflict, especially in Aba’ala district, recovery is far from complete. Only just over a quarter of adolescents (26%) and caregivers (27%) reported that general health services have fully recovered (see Figure 17). Sexual and reproductive health services have also not recovered. Fewer than a third of caregivers reported that contraceptive services (29%) and antenatal services (32%) have fully recovered. An even smaller percentage reported that skilled birth services (21%) and HIV-related services have fully recovered (23%). During qualitative interviews, respondents reported that health centres are barely functional and that health extension

Figure 16: Health care services were severely disrupted by the conflict

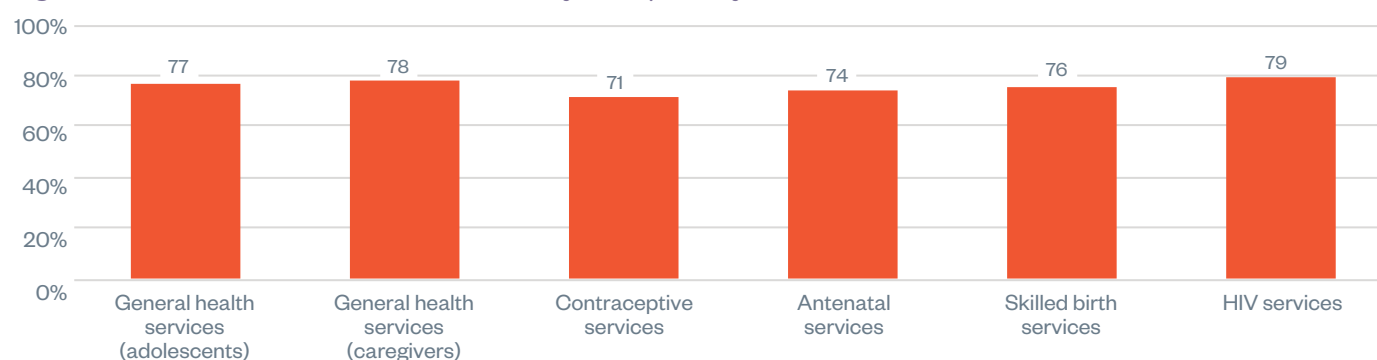
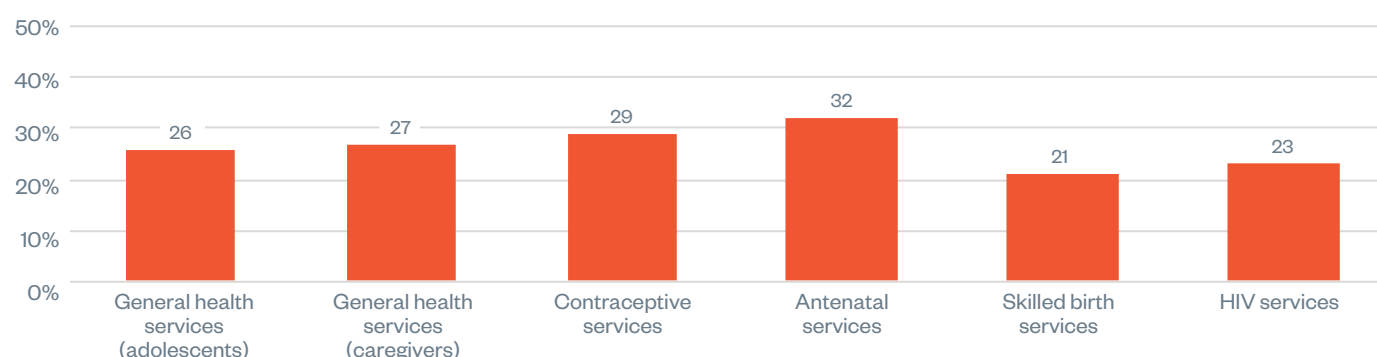


Figure 17: Health services are fully recovered





Primary school, building destroyed by war, Afar, Ethiopia © Nathalie Bertrams/GAGE 2024

workers are not being paid for their services. An 18-year-old young man explained, *'Health professionals live in rental houses and bear their own expenses ... Women give birth at home now because the health centre is not maintained and suitable for services.'*

FGM and child marriage

Of the adolescent girls who admitted to having ever heard of FGM (83%), nearly all (92%) reported that they had undergone FGM. Of those, 29% reported that they had been excised and 55% reported that they had been infibulated. A 19-year-old young man added that recovery efforts have not included attention to FGM and child marriage, leaving parents free to practice FGM as they please:

Previously, there were the kebele officials, religious leaders and also clan leaders who have been raising people's awareness about the effects of child marriage and FGM. These people were working with health workers and also some other new people from NGOs or from the woreda. However, we didn't see anyone working in this community to avoid child marriage and FGM.

With the caveat that the mean age of adolescents in the sample was only 15.3 years at the time of data collection, 13% of girls had already been married. Of those girls, 21% married prior to age 15, 69% married between the ages of 15 and 17, and 10% married at age 18 or 19. Of the girls who had married prior to age 18, most (74%) did so after the outbreak

of conflict (although this is at least in part because of their older adolescent age and gender norms around desired age of marriage). During qualitative interviews, respondents reported that child marriage has become more common since the war broke out, and that girls are increasingly marrying in middle rather than late adolescence. During the conflict, some parents married their daughters to keep them 'safe'. A father explained, *'If she gets married at her young age, she will be safe from violence.'* Others, as noted earlier, married their daughters in order to reduce the number of mouths that needed to be fed.

Since the conflict has ended, adolescent girls are being pushed into marriage – often into polygamous marriages with much older men – to replace clan members who died during the war. A 17-year-old married girl reported, *'After the war, parents want girls to get married and give birth to children. They start encouraging marriage ... Some girls become second, third or fourth wife after the war.'* Indeed, a clan leader noted that religious and clan leaders met together and agreed to lower the barriers to marriage, including by setting a cap on the price of marriage gifts and banning wedding feasts outright, to encourage marriage and *'avoid the intermingling of our culture with others'*. As noted earlier, recovery efforts have not included attention to child marriage, leaving the edicts of clan and religious leaders uncontested. A 16-year-old girl stated, *'there is no advice about preventing child marriage after the war'*.

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 Afar's Kilbety Rasu zone. As the country continues to make progress on rebuilding and reconciliation efforts and to promote transitional justice, it is critical that the experiences and voices of adolescent girls and boys are reflected in these dialogues and priority setting. As such, key priorities for policy and programmatic action emerging from our study with adolescents include the following:

1. Livelihoods and food security:

- Continue to provide temporary food aid to families affected by the conflict and intersecting effects of drought and climate change.
- Provide cash and asset transfers to families who lost productive assets (including livestock) to increase household food security and to help them sustainably rebuild their livelihoods, reducing dependence on aid over time.
- Strengthen existing job creation schemes for young people, including by expanding mining activities, trading and farming.
- Provide skills training to out-of-school young people and pair this with sources of credit, so that they can launch their own businesses.

- Directly address households' increasing reliance on illegal, unsafe and under-age migration through employment creation efforts and awareness-raising on safe migration routes.

2. Bodily integrity and psychosocial well-being

- Ensure that psychosocial services are available in all communities. These should directly address the trauma of conflict, including sexual and gender-based violence, as well as knock-on impacts such as loss of interest in education.
- Provide young people, including girls and those with disabilities, with safe spaces where they can socialise with peers, have access to trusted adult mentors, and begin to recover from trauma.
- Include attention to FGM and child marriage in recovery efforts, including by working with traditional leaders and parents, and directly addressing the gender norms that are jeopardising girls' well-being and lives, in the context of social pressures to rebuild clans.
- Work to build community support for newly married couples to delay their first child until girls' bodies are mature and to space their children so that girls' and women's bodies can recover.



3. 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) supplies so that students can resume their education.
- Provide pathways to re-enrolment for students who dropped out of school due to conflict, e.g. through bridging courses.
- Invest in training for teachers on post-conflict teaching methods and pedagogies, including the need to provide psychosocial support and teach peace studies/conflict resolution.
- Ensure that all schools are staffed with counsellors who can help address students' psychosocial needs.
- Provide young people with life-skills training that includes conflict resolution as part of rebuilding and reconciliation efforts
- Use school feeding programmes to attract students back to school.
- Scale up the provision of school-based gender clubs to improve girls' voice and agency and to challenge harmful traditional practices such as child marriage, which interfere with girls' education.

4. Health, and sexual and reproductive health:

- Rebuild and restock health centres and posts to ensure that all adolescents and their families have access to basic healthcare and medications.
- Strengthen the capacity of health extension workers to deal with trauma-related mental health through psychological first aid and, for complex cases, referrals to specialist care.
- Ensure that adolescents have access to comprehensive sexuality education and have access to sexual and reproductive health supplies and services.

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