Strengthening Resilience of Young Lives in Ethiopia in Times of Crises:
Policy Insights from Sixth Wave of Qualitative Research (Qual 6)

Overview

Young Lives' sixth wave of qualitative research (Qual 6) provides vital insights into how young people's lives are changing as they navigate multiple intersecting crises, including the impacts of conflict, COVID-19, climate change, high inflation and rising living costs, and how these challenges have affected their health and well-being, and that of their children and families. The study's holistic approach highlights the importance of cross-sectoral strategies for effective policies and programmes and has enabled the research to expand into wider aspects of young people's transition to adulthood, including education, work and un(der)employment, and migration.

This policy brief presents recommendations based on initial findings from Qual 6, drawing on more than two decades of Young Lives longitudinal research, including the Round 7 quantitative survey conducted in 2023–24. The recommendations are designed to inform policies and programmes that aim to improve the lives of vulnerable young people and their families during times of crises in Ethiopia, with a focus on girls and young women and those from poorer households, rural areas and marginalised groups, who are central to achieving the Sustainable Development Goals (SDGs).
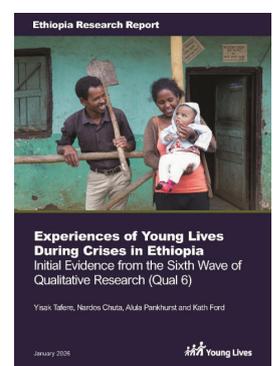
The recommendations are organised across eight research themes, as presented in the 'Experiences of Young Lives During Crises in Ethiopia' research report (Tafere *et al*., 2026):

Health and well-being:

1. Female genital mutilation/cutting and child marriage

2. Maternal and child health

3. Sexual and reproductive health

4. Disabilities

5. Mental health

Broader life transitions related to:

6. Education

7. Work and un(der)employment

8. Migration

Ethiopia Research Report

Experiences of Young Lives During Crises in Ethiopia
Initial Evidence from the Sixth Wave of Qualitative Research (Qual 6)

Yisak Tafere, Nardos Chuta, Alula Pankhurst and Kath Ford

January 2026

Young Lives

For each theme, the brief highlights relevant government policies and programmes, drawing on the Young Lives 'Literature Review of Health Services and Trends in Health Expenditure and Health Outcomes in Ethiopia' (Endale, 2026). It also incorporates insights from discussions at the Young Lives Qual 6 high-level event held in Addis Ababa on 29 January 2026, which brought together over 130 policymakers, researchers and practitioners, helping to ensure that the policy recommendations reflect local contexts and, where possible, align with key government priorities.

Ethiopia Research Report

Literature Review of Health Services and Trends in Health Expenditure and Health Outcomes in Ethiopia

Kefyalew Endale

January 2026   Young Lives
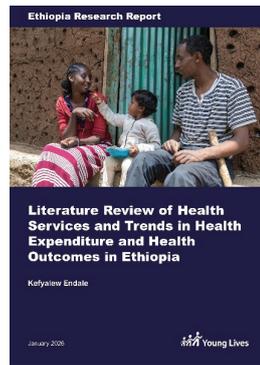
These evidence-based recommendations are primarily designed to guide government policies and programmes, informing decision makers in the Ministry of Health, Ministry of Women and Social Affairs, Ministry of Education and Ministry of Labor and Skills (among others). The recommendations are also intended for a broader range of stakeholders, including donors and development partners, academics, international and local NGOs and community groups, to support local and national policy debates and help shape the design and implementation of programmes.

Although the policy recommendations are presented across eight themes, there is considerable overlap and strong interconnections between them. Effective implementation therefore requires a broad, coordinated approach that promotes cross-sectoral collaboration across government ministries, agencies and organisations. For example, a comprehensive approach that integrates age-appropriate sexual and reproductive health (SRH) education into the national curriculum, builds the capacity of teachers and health workers, and engages parents and community leaders through mobile outreach can ensure that no young people are left without accurate SRH information. Similarly, adopting a holistic approach to mental health by integrating mental health care into social protection and emergency responses, including the Productive Safety Net Programme (PSNP), can help reach vulnerable young people in times of crises. In addition, expanding access to quality education and decent employment opportunities can help reduce the drivers of escalating migration among young people.

War and conflict in northern Ethiopia have deeply disrupted the lives of young people, their families and communities, making peace and stability essential for youth to rebuild their lives and achieve their potential. Young Lives research demonstrates the far-reaching impacts of conflict on young people, highlighting the need for coordinated action among government ministries and agencies, donors, international organisations, local NGOs and community groups to restore basic services and support targeted post-conflict recovery programmes. Priorities include restoring disrupted maternal and child health (MCH) and SRH services, expanding mental health care to help address widespread psychological trauma, and ensuring targeted support to people with disabilities who are often disproportionately affected by disrupted services. Conflict-affected youth also need support to return

to education through catch-up, accelerated learning and adult education programmes, alongside renewed economic opportunities and employment. Reopening closed factories and businesses, rebuilding infrastructure and livelihoods and restoring community stability could also help mitigate increasing migration driven by insecure livelihoods and a growing sense of hopelessness among young people.

Looking forward, the 2026 extension of the Qual 6 project will support further in-depth analysis of these issues to deliver five academic papers and five related policy briefs, alongside high-level policy engagement and dissemination activities, focusing on: (1) migration; (2) work and un(der)employment; (3) MCH and SRH; (4) the impact of war on health services; and (5) mental health. This research will generate more focused policy recommendations, grounded in detailed analysis of Qual 6 interviews and lived experiences, continuing to draw on 25 years of Young Lives longitudinal qualitative and quantitative research, and will be developed in consultation with policymakers, researchers and practitioners. The resulting papers and policy briefs will be presented through the Children, Youth and Women Research and Practice Forum, followed by a high-level dissemination event in Addis Ababa toward the end of 2026.

Young Lives study and Qual 6 in Ethiopia

Young Lives has been following the lives of 12,000 young people in Ethiopia, India, Peru and Vietnam, from infancy into early adulthood, since 2001. In Ethiopia, the study follows 3,000 young people located in 20 sites across Addis Ababa, Amhara, Oromia, Tigray and the former Southern Nations, Nationalities and Peoples' Region (SNNPR), now located within the Central Ethiopia Regional State, South Ethiopia Regional State and Sidama Region.

Young Lives is one of the few longitudinal studies collecting data in the conflict-affected areas of Tigray and Amhara – including through a COVID-19 phone survey in 2020–21 and in-person Round 7 survey in 2023–24. Young Lives has also conducted in-depth longitudinal qualitative interviews since 2007 with a sub-sample of young people, their families and communities located in seven sites across Addis Ababa, Amhara, Oromia, Sidama and Tigray.

The current programme, **Health and Well-being in Times of Crises in Ethiopia** ('**Qual 6**')*,* co-funded by FCDO Ethiopia and Irish Aid (from October 2024 to December 2025), has enabled Young Lives to undertake a sixth wave of qualitative longitudinal data collection from a total of 494 respondents, including the qualitative sub-sample and additional lived experience respondents (181 from both the Younger Cohort, born in 2001-02, and the Older Cohort, born in 1994-95), spouses or caregivers (136), key informants (67: including *kebele* (district) administrators, clinic and Health Extension Workers, women and children's affairs officers and community leaders) and focus group participants (110).

Young Lives is led by the University of Oxford, in partnership in Ethiopia with the Policy Studies Institute (PSI) and Pankhurst Development Research and Consulting (PDRC).

1. Female genital mutilation/cutting and child marriage

Policy context

Ethiopia has banned all forms of female genital mutilation/cutting (FGM/C) under the Federal Criminal Code, prohibited its medicalisation in all health facilities and committed to eliminating both FGM/C and child marriage as harmful traditional practices by 2025.

These commitments were reflected in the National Costed Roadmap to End Child Marriage and FGM/C (2020–2024), developed collaboratively by the Ministry of Women, Children and Youth, UN agencies and other partners, with discussions underway for a potential second phase. The roadmap outlines multisectoral actions to empower girls and families, engage communities and leaders, strengthen legal enforcement and service delivery, promote an enabling legal and social environment and improve data and accountability. These actions are intended to align with national priorities and the aims of SDG 5.3 – to eliminate harmful practices in order to achieve gender equality and empower all women and girls.

Young Lives findings

Despite recent declining rates, FGM/C remains prevalent in some parts of Ethiopia, particularly in rural areas, with practices and ages varying by region. In the Young Lives site in rural Oromia, most girls undergo FGM/C in their early teens regardless of their education, family wealth or knowledge of the potential health risks, driven by social expectations of purity and preparation for marriage, as well as peer pressure and stigma.

While overall rates of child marriage have declined over the last two decades, among the full Young Lives sample almost one in five (19%) of the married women were married before the legal age of 18, highlighting the importance of sustained efforts to eliminate child marriage (Tanima, 2025).

Economic hardship, conflict and rising living costs are reshaping marriage practices, sometimes delaying or preventing marriage, and in other contexts accelerating early marriage and risking a reversal of earlier declines. In Tigray, conflict has led some families to encourage early marriage or childbearing to offset lives lost during the war and deter their daughters from migrating.

Financial barriers – including high dowry and bridewealth payments, scarcity of land and parents' constrained resources – and limited job opportunities for young people are making formal marriage and establishing separate households increasingly difficult. Changing social norms mean that young people are increasingly making their own marriage decisions, with many opting for cohabitation or informal unions. However, limited resources often make these early unions fragile, increasing the risk of separation or divorce, which can have especially negative effects on the livelihoods of single women and mothers.

Policy recommendations on FGM/C and child marriage

These recommendations build on the earlier Young Lives policy brief, 'Improving Sexual and Reproductive Health in Ethiopia' (Ford and Pankhurst, 2023), drawing on evidence from 27 Young Lives publications focused on SRH.

1. **Challenging discriminatory gender norms, which are often reinforced in times of crises, requires targeted initiatives to engage whole communities.** It is crucial to engage boys and men – and mothers-in-law – to challenge patriarchal norms and the discrimination faced by girls and women; this should also include working with traditional and religious leaders, regional government officials, local and national NGOs and the media.

2. **Sustained focus on eliminating FGM/C in regions where prevalence remains high is vital to meet the government's goal of ending the practice, particularly in rural areas**. This should include regionally tailored programmes that respond to different local practices and beliefs, including the type of FGM/C and age at which girls are affected.

3. **Where FGM/C is practised during adolescence, programming should target girls themselves, alongside their mothers and the wider community**; in regions where FGM/C is practised shortly after birth, prioritising engagement with pregnant women and Health Extension Workers may be more effective.

4. **Awareness-raising campaigns on the legal and health risks of FGM/C should also challenge cultural beliefs and patriarchal norms**. This includes addressing the stigma and discrimination experienced by unmarried girls who are uncut, and avoiding unintended consequences, such as increasing the extent of clandestine practices.

5. **Although overall rates have declined, sustained efforts to eliminate child marriage should address root causes** such as poverty and inequality, and persistent discriminatory gender norms, particularly in rural and conflict-affected areas.

6. **Supporting girls to stay in school can have a significant impact on reducing child marriage**. Ensuring that schools are safe and accessible becomes increasingly critical as girls enter adolescence to avoid them dropping out of school early, including providing safe and reliable transport and suitable water and sanitation facilities during menstruation.

7. **Strengthening women and girl's empowerment is essential for reducing gender inequality and improving long-term life outcomes, including preventing child marriage**. Effective approaches combine education, life-skills training and mentorship in schools and communities, strengthening social and emotional skills to help adolescent girls manage relationships with partners and family and access education and employment.

8. **Efforts to reduce child marriage need to be underpinned by strong and comprehensive social protection – including through the PSNP** – to support vulnerable households and alleviate the economic hardships that may push parents towards arranging marriages for their daughters at a young age. This is particularly important in rural and conflict-affected areas.

9. **Analysis of child marriage should extend beyond formal marriage to include informal unions and cohabitation, which are becoming increasingly common**. Policies and programmes must ensure that the needs of vulnerable girls and women in such arrangements are adequately addressed, particularly those who experience separation, including young single mothers.

10. **In conflict-affected areas, restoring coordinated government and community action is essential** to addressing the drivers of child marriage and to mitigating the harmful effects of its resurgence, especially for girls and young women.

2. Maternal and child health

Policy context

Ethiopia's policy approach to MCH is included in the Health Sector Transformation Plan II (HSTP-II) 2020/21–2024/25, which sets national targets for maternal, neonatal and child health within primary care and community engagement as key drivers of access and quality. Complementary strategies include the National Adolescents and Youth Health Strategy (2021–2025), addressing SRH through youth-friendly services, life skills and multisectoral action, and the National Newborn and Child Survival Strategy (2015/16–2019/20), which prioritises antenatal and delivery care, immunisation, breastfeeding and the treatment of common childhood illnesses to reduce neonatal and under-5 mortality. Maternal health policy updates in 2024 have expanded guidance on safe abortion care, obstetric ultrasound and management of hypertensive disorders in pregnancy to reduce preventable maternal deaths and complications.

Maternal and child health are supported at the local level through the Health Extension Program (launched in 2003) and the women-led volunteer Health Development Army (introduced in 2011). Together, these initiatives aim to strengthen primary healthcare, promote the use of services and support Health Extension Workers (HEWs), increasing antenatal care and facility-based deliveries and contributing to declines in maternal and infant mortality.

Despite these initiatives and gains, evidence from Young Lives' literature review suggests that many maternal and neonatal health facilities do not currently meet national standards, and while married young women have benefited from improved services, unmarried youth continue to face substantial barriers to accessing antenatal care (Endale, 2026).

Young Lives findings

While overall rates of early parenting have declined, parents in the Younger Cohort had their first child at a younger average age (19 years) than those in the Older Cohort (22 years), and almost half of Younger Cohort parents (46%) had their first child before age 19.

Overall access to MCH services has improved over the past six years, supported by free provision through government institutions and some NGOs. HEWs play a key role through home visits and institutional deliveries are increasingly common, especially in urban areas.

However, MCH services in rural and conflict-affected areas face significant barriers resulting from cultural norms, intermittent healthcare worker absences and financial constraints. Conflict has also damaged health facilities and disrupted ambulance and vaccination services, resulting in fewer institutional deliveries. Fathers' knowledge and engagement in antenatal and postnatal care remains limited, although urban fathers tend to be more involved than rural fathers.

In some rural areas, mothers continue to give birth at home due to entrenched traditional practices, limited awareness or a lack of transportation. Traditional birth attendants still assist home births despite government policies designed to encourage institutional deliveries. In addition, conflict-related disruptions – such as interruptions to the ceremonial provision of traditional food and coffee for new mothers – reduce motivation to use MCH services, especially for first-time mothers.

Children follow a structured vaccination schedule from birth through to age 5, while dedicated teams screen children for malnutrition and provide supplementary foods. Mothers receive tetanus toxoid vaccinations and iron supplements, although awareness remains limited, particularly in rural communities.

Policy recommendations on maternal and child health

These recommendations build on the earlier Young Lives policy brief, 'Improving Sexual and Reproductive Health in Ethiopia' (Ford and Pankhurst, 2023), drawing on evidence from 27 Young Lives publications focused on SRH.

Although overall rates have declined, the continued prevalence of teenage pregnancy in some areas – closely associated with child marriage – highlights the ongoing need to prioritise efforts to both reduce child marriage and prevent early parenthood.

1. **Challenging social norms that put pressure on newly married couples to 'prove their fertility'** is important to reduce the number of early first pregnancies and increase girls' and young women's agency over fertility decisions. Efforts to increase access to family planning and contraception should include targeting young couples who had their first birth at home and communities where access is much more limited, particularly in rural areas.

2. **Encouraging and empowering husbands and fathers to participate in antenatal and postnatal care** could help to address discriminatory gender norms and strengthen MCH outcomes. This could be reinforced by integrating a stronger gender perspective into MCH policies and supporting HEWs to raise awareness during home visits and community meetings.

3. **Expanding MCH services in rural areas requires strengthening community health systems,** particularly through the Health Extension Program, with greater emphasis on recruiting, training and retaining local HEWs and improving supply chains.

4. **Restoring MCH services in conflict-affected areas** should include repairing damaged institutions, adequate incentives, security measures and resources to minimise absenteeism in remote and insecure settings, alongside strengthened multisectoral coordination between local and international humanitarian actors during periods of conflict or displacement.

5. **Subsidising transport costs and ensuring safe passage for pregnant women and young mothers** – through collaboration with NGOs and partners – can improve access to MCH services, particularly in rural and conflict-affected areas. Investing in community-based transport, emergency referral systems and free ambulance services can help overcome financial, infrastructural and service disruptions.

6. **Community-based MCH awareness programmes can promote institutional deliveries and improve access to antenatal and postnatal care, particularly for first-time mothers** in rural areas and unmarried mothers. Campaigns should engage whole communities – including local leaders and elders, HEWs and traditional birth attendants – to highlight the benefits of institutional deliveries, vaccinations and supplementary foods, address misconceptions and dispel harmful myths.

7. **Incentives to encourage use of institutional delivery services** could include reinstating ceremonial traditional food and coffee for new mothers, offering recognition awards for women who give birth in health institutions and providing baby kits with feeding bottles and other essential items.

3. Sexual and reproductive health

Policy context

Ethiopia's substantial investment in strengthening the health system over the last two decades, including through the national Health Extension Program, has significantly expanded access to family planning services, particularly in rural areas, with notable results in improving SRH. This has contributed to reduced fertility and teenage pregnancy rates, and increased use of modern contraceptives, particularly among married women (Endale, 2026).

The Ethiopia Teenage Pregnancy Reduction Roadmap (2025–2030)' sets out targets to improve adolescents' SHR literacy, expand equitable access to high-quality SHR services, promote meaningful engagement of adolescents, strengthen community-based support programmes and enhance partnership and multisectoral responses.

The National Adolescents and Youth Health Strategy (2021–2025) also sets out training guidelines for health workers and standards for adolescent-friendly services to improve SRH care, and promotes collaboration between schools, the Ministry of Education and Ministry of Health to expand youth-friendly SRH information, services and referral systems within educational settings.

However, evidence from Young Lives' literature review suggests significant challenges remain in fully implementing many SRH policies, with notable regional differences (Endale, 2026).

Young Lives findings

Young people's knowledge about SRH, including puberty and menstruation, comes primarily from peers and older siblings, as well as schools, health facilities and NGOs. Although the Qual 6 survey found that SRH education at school is not comprehensive, young people report receiving general SRH information from teachers or school friends. Peer-to-peer education programmes also improve awareness, but coverage is often limited, especially in rural and conflict-affected areas. For example, menstruation awareness varies widely across locations, with some girls being well-informed before their first period, while others are left unprepared.

Access to SRH services is better in urban areas and among married young people. However, unmarried youth – particularly in rural areas – face significant barriers due to cultural norms and stigma. Contraceptive use is limited by concerns about infertility, side effects and perceived long-term health risks, as well as by religious beliefs, male partner dominance, social stigma and – for some unmarried women – the use of pregnancy to secure marriage.

Young people have experienced significant disruptions to SRH services during and after periods of conflict, especially in Tigray and Amhara. The conflicts led to limited availability of free contraceptives, absence of youth-friendly services, difficulty in arranging implant removals and intermittent SRH education. This forced many young people to either buy contraceptives from private clinics or to forgo them altogether. In post-war Tigray, there is also a perception that women should not use contraception and instead should have children to compensate for the lives lost during the war.

Policy recommendations on sexual and reproductive health

These recommendations build on the earlier Young Lives policy brief, 'Improving Sexual and Reproductive Health in Ethiopia' (Ford and Pankhurst, 2023), drawing on evidence from 27 Young Lives publications focused on SRH.

1. **Peer-to-peer initiatives are important platforms for educating young people about SRH.** These programmes should be expanded, especially in rural and conflict-affected areas, by providing targeted funding, training local peer educators, leveraging community-based organisations and integrating SRH education into existing outreach programmes.

2. **All young people – both girls and boys – need timely, practical, age-appropriate education on puberty, including to address misinformation and stigma surrounding menstruation.** A comprehensive approach that integrates menstruation education into the national curriculum, trains teachers and health workers, engages parents and community leaders – including through local parent–teacher–student associations – and pays special attention to underserved areas through mobile outreach and culturally sensitive resources can ensure that no girl is left uninformed or unprepared.

3. **Ensuring access to affordable, high-quality menstrual pads or cups for girls and young women is essential, particularly for those from poor households and rural areas**. Supporting local production and strengthening the distribution of menstruation products through schools, health posts and women's associations, in collaboration with local NGOs and international partners, could help to improve access and sustainability.

4. **Unmarried youth in rural areas face significant challenges in accessing contraception and other SRH services.** Integrating age-appropriate, culturally sensitive SRH education across schools, communities and healthcare settings can help dispel myths, reduce stigma and empower all youth with accurate information about contraception and reproductive health.

5. **Barriers related to fears of infertility, perceived side effects and misconceptions about long-term health impacts prevents some young women from using certain contraceptives.** Healthcare providers should receive specific training to deliver clear, evidence-based counselling that addresses these concerns and support informed choice. Information about contraception should be routinely integrated into general health visits and maternal and postnatal care, alongside expanded access to a range of contraceptive methods.

6. **A community-wide approach is needed to shift cultural norms associated with contraceptive use, especially in rural areas**. Establishing confidential, non-judgmental, youth-friendly SRH services in rural health centres, and engaging community leaders, parents and religious groups in dialogue, can alleviate stigma that prevents some young people accessing contraceptives, especially unmarried youth.

7. **Male partner dominance and limited knowledge can discourage contraceptive use among some young people, particularly unmarried women.** Engaging male partners and family members is essential to foster support and address misinformation. Targeted community SRH education campaigns that include men, use local languages and involve trusted community figures can raise awareness of available SRH services and help reduce stigma.

8. **Improving knowledge of SRH and access to contraceptives is important and may contribute to a reduction of teenage pregnancy and child marriage, especially for girls who have left education.** Efforts should be made to target girls who have dropped out of school, including by supporting health workers to provide advice and access to affordable contraception for all girls and young women, regardless of marital status.

9. **It is vital that all frontline community SRH services disrupted by war and conflict are resumed.** This requires close collaboration among all stakeholders and local partners to restore, secure and diversify the supply chains for SRH education and services, ensuring uninterrupted access to free contraceptives and related products, and provision of information through media, mobile and other digital technologies.

10. **SRH should be a core component of humanitarian responses**. To reduce disruptions, rapid training and support programmes should be provided to health workers, emphasising SRH service delivery during emergencies. Where necessary, mobile clinics and emergency workers should be deployed to provide essential SRH services in hard-to-reach and conflict-affected areas.

4. Disabilities

Policy context

Ethiopia's 1995 Constitution enshrines equality and explicitly prohibits disability discrimination, mandating state support and protecting the right to work for people with disabilities. The National Plan of Action of Persons with Disabilities (2012–2021), developed by the Ministry of Labour and Social Affairs, was designed to promote an inclusive society by providing comprehensive rehabilitation, equal access to education, training and employment, and full participation in family, community and national life, following Ethiopia's ratification of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in 2010. A new plan is currently under review.

Despite legal frameworks intended to protect their rights, young people with disabilities in Ethiopia continue to face systemic barriers to healthcare, education, employment and social participation. The **2024 National Survey on Persons with Disabilities in Ethiopia** (UNICEF, forthcoming 2026) reveals significant disparities in the prevalence of disability and highlights its wide-ranging social and economic impacts. Disability is more common in rural and conflict-affected areas, particularly in northern regions where war-related injuries are prevalent.

Young Lives findings

The types and causes of disabilities among young people in the Qual 6 study are shaped by a diverse range of contexts and challenges. These include work-related exposures and harsh weather contributing to hearing and vision loss, childhood polio and workplace accidents leading to mobility impairments, and war-related physical injuries, mainly among young men in conflict-affected areas.

Limited access and low levels of trust in health services, particularly in rural areas, have led some young people with disabilities to avoid or delay seeking formal medical care and instead rely on traditional healers and remedies, such as bone-setting and *tebel* (holy water). This can result in minor injuries and treatable conditions worsening over time and developing into long-term or permanent disabilities.

The increasing cost of healthcare is causing significant economic strain, sometimes forcing young people and their families to borrow money, sell critical assets such as cattle, or even cut back on prescribed medications. Many of the young people with disabilities in the study either remain unemployed or are confined to informal, insecure or low-paid jobs due to a range of obstacles, including reduced mobility and limited capacity to carry out manual work, as well as discrimination and stigma. Social exclusion and marginalisation also contribute to emotional distress and isolation.

The war in northern Ethiopia has increased the prevalence of disabilities, including through battlefield injuries. Some young men reported that the effects of these disabilities were intensified by delayed medical treatment due to disrupted health services, as well as additional economic pressures and the long-term mental health impacts of conflict-related psychological trauma.

Policy recommendations on disabilities

Ethiopia's legal and policy frameworks underscore the right to equality, participation and access to essential services for people with disabilities, but persistent implementation gaps continue to limit the full realisation of these rights. Young Lives findings emphasise the need for coordinated and inclusive policies that address both the causes of disability and the structural barriers faced by people with disabilities **across multiple sectors.**

Health and well-being

1. **Affordable or subsidised health services for young people with disabilities should be expanded**, particularly in rural and other underserved areas. This can include expanding Ethiopia's Community-Based Health Insurance (CBHI) covering basic treatment and medicines, alongside targeted subsidies for essential medicines, such as epilepsy treatment and eyeglasses, which are not currently covered by such insurance.

2. **Delayed diagnosis and healthcare can allow otherwise treatable conditions to deteriorate into long-term disabilities.** Strengthening early diagnosis, vaccination and timely treatment of childhood infections – including polio, which has re-emerged in some remote and conflict-affected areas – as well as hearing and vision impairments, is therefore essential.

3. **Social isolation and discrimination prevent many young people with disabilities from fully participating in their communities and contribute to their emotional distress**. Inclusion and well-being can be improved through community sensitisation campaigns to reduce stigma and promote acceptance, alongside investment in peer support groups and youth-led disability associations.

4. **Mental health services and psychosocial support for people with disabilities should be integrated into primary healthcare**. This requires training community health workers to identify and support young people with psychological distress, including providing trauma counselling for war-affected youth.

Education and skills

5. **Disability-inclusive education services would enable more young people with disabilities to attend school, technical colleges and university**. This can be achieved by adapting teaching methods to be disability-friendly, for example by providing written materials for hearing-impaired students and braille for sight-impaired students, as well as by addressing stigma related to disability and expanding scholarships and support services for students with disabilities.

6. **Technical and vocational education and training (TVET) needs to be accessible to young people with disabilities**. The existing framework for special needs education in TVET needs to be strengthened with enforceable standards to ensure public buildings and transport are suitable for use by people with disabilities.

Employment

7. **Tailored support can strengthen the livelihoods of young people with disabilities and facilitate smoother transitions into the workforce.** This should include promoting vocational training and entrepreneurship programmes aimed at young people with disabilities and supporting small businesses run by disabled youth through microfinance and grants.

8. **Measures to incentivise employers to ensure fair working and training conditions are essential for equitable access to employment for young people with disabilities**. This can include providing reasonable accommodation of their needs, actively supporting women with disabilities and assigning assistants to employees when needed to enable full participation.

5. Mental health

Policy context

Ethiopia's policy approach to mental health is incorporated in its broader health and social protection frameworks, notably the Health Sector Transformation Plan II (HSTP II), 2020/21–2024/25, with specific actions set out in the National Mental Health Strategy (2020–2025). These policies promote the integration of mental health services into primary healthcare to improve access, highlighting the important role of trained HEWs and primary care providers. In addition, mental health has been increasingly recognised within cross-sectoral policies addressing youth well-being, gender-based violence, disability and humanitarian responses.

Despite this progress, policy implementation remains constrained by limited financing, workforce shortages and uneven service coverage; for example, recent Ministry of Health data indicates that mental health accounted for only 1.3% of total health expenditure in Ethiopia in 2019–20 (Endale, 2026).

More broadly, evidence from Young Lives has informed the World Health Organization's 2025 Guidance on Mental Health Policy and Strategic Action Plans (WHO, 2025), promoting a shift from predominantly biomedical approaches towards a person-centred, recovery-oriented and rights-based model of mental health care. It also emphasises the importance of reflecting lived experiences in shaping inclusive, responsive mental health systems and advocates for cross-sector collaboration to deliver holistic support.

Young Lives findings

The current generation of young men and women in Ethiopia has transitioned into adulthood in the exceptionally stressful context of multiple overlapping and cumulative crises, including COVID-19, unemployment, high inflation, food insecurity, climate shocks and protracted conflict in northern Ethiopia.

Although many young people interviewed by Young Lives demonstrated remarkable resilience, some are experiencing significant mental health challenges. Six out of ten participants in the Round 7 survey reported at least moderate stress and around one in five reported symptoms consistent with anxiety or depression, particularly in conflict-affected areas, where post-traumatic stress disorder is also prevalent (Quigua, 2025; Quigua, Favara and Sánchez, 2025).

Gender differences are evident. Young women's mental health is affected by additional caring responsibilities and heightened risk of sexual violence, especially during conflicts, and they rely more on religion, family and peer support. Young men are more affected by un(der)employment and by the psychological impacts of the battlefield, at times resorting to substance abuse and other negative coping strategies, which can contribute to social alienation and depression.

Inflation has eroded livelihoods and increased anxiety, while scarce jobs, barriers to further education and uncertain futures have affected mental well-being and prompted many young people to consider migrating abroad – a process that is itself highly stressful. The war in northern

Ethiopia has also resulted in multiple stressors, including severe hunger, fear of violence, separation from relatives, loss of mobility, grief over deaths and survivor's guilt.

A few respondents had access to adequate mental health services, while some received insufficient or ineffective medication without psychosocial care, and most were deterred by lengthy and costly referrals, lack of insurance, or stigma. Instead, many young people place greater trust in prayer and *tebel*, as well as seeking support from family and friends.

Policy recommendations on mental health

These recommendations build on the earlier Young Lives policy brief, 'Navigating Crises and Building Resilience' (Ford and Quigua, 2025), providing a holistic, life-course perspective of risk factors and effective strategies for building resilience. Consistent with the 2025 WHO guidelines, it is essential that mental health policies are tailored to specific national, regional and local contexts to ensure effective implementation.

1. **Prioritising and expanding community-based mental health services and psychosocial support for young people is vital**. This requires investment to increase the number of mental health professionals, alongside training existing HEWs and social workers in basic counselling and diagnosis, strengthening referral services, piloting digital care technologies and ensuring services are accessible – particularly for vulnerable households – and integrated into primary healthcare and community-based health insurance.

2. **Providing specific additional finance and resources for mental health through primary healthcare services is essential** to ensure that existing health professionals – particularly HEWs – are not over-burdened by ever-increasing demands without sufficient support. Building on existing peer-to-peer structures, such as the women-led Health Development Army, offers a practical way to strengthen community-based mental health support.

3. **Accessible, culturally appropriate information on mental health should be widely promoted to challenge harmful customary beliefs and reduce discrimination**. Awareness campaigns involving whole communities – including traditional and religious leaders – can increase the visibility of mental health issues, normalise open conversations, reduce stigma and encourage young people to seek support.

4. **There is an urgent need to address widespread psychological trauma in conflict-affected regions and among displaced populations, where mental health services are often limited or absent**. Mental health care and psychosocial support should be prioritised as a core component of humanitarian and emergency assistance, recovery and long-term stability.

5. **Mental health issues related to violence – including gender-based violence – need to be addressed** by expanding access to services and strengthening community dialogue and awareness, especially in conflict-affected areas. Integrating mental health support into violence prevention and response programmes is essential, as exposure to violence during adolescence and young adulthood can have long-term negative effects on mental well-being.

6. **Targeted social protection programmes can strengthen food security and indirectly improve young people's mental health**. Interventions such as emergency cash transfers and direct or subsidised food provision can reduce underlying drivers of mental health issues such as anxiety and depression. Integrating mental health support into social protection and emergency response schemes, including the PSNP, could also help reach vulnerable young people in times of crises.

7. **Interventions to improve young people's access to education, training and work opportunities are also important for mental health, alongside targeted psychosocial support**. This includes integrating mental health support into schools, higher education institutions, labour market programmes and workplaces; investing in trained counsellors; providing regular mental health training for teachers and staff; and promoting peer mentoring.

8. **Practical measures to relieve women's unpaid care burden could contribute to better long-term mental health outcomes, particularly for adolescent girls and young women.** Childcare support, cash benefits for vulnerable families and the expansion of affordable crèches and preschools could all enhance opportunities and well-being.

9. **Programmes that prioritise positive parenting – targeting both mothers and fathers – and supportive social environments could deliver long-term mental health benefits.** This includes providing parents with practical information, guidance and psychosocial support, as well as promoting peer-group support networks in schools, community groups and youth clubs.

6. Education

Policy context

Ethiopia's education policies are guided by the **Education Sector Development Program (ESDP)**, with the current phase, ESDP VI (2020/21–2024/25), emphasising equitable access, quality improvement and relevance to national development priorities, and aligned with SDG 4 – ensuring a quality education and lifelong learning for all. At the secondary level, it focuses on expanding enrolment, improving learning outcomes and strengthening science, technology, engineering and mathematics (STEM) education. It also prioritises inclusive education, aiming to reduce disparities for girls, rural students and learners with disabilities, while enhancing teacher training and curriculum development.

At the tertiary level, ESDP VI aims to produce skilled graduates who can contribute to industrialisation and the green economy, including through expanding technical and vocational education and training (TVET). It further emphasises strengthening partnerships with the private sector, promoting research and innovation in universities, and integrating technical, vocational and higher education pathways to build a flexible workforce aligned with the country's development goals. Notably, ESDP VI sets out guidelines for national examinations, including school-leaving and university entrance and exit exams.

Unfortunately, progress toward implementing ESDP VI has been constrained by overlapping crises – including conflict, the COVID-19 pandemic and multiple climate shocks including severe droughts and flooding – which have further undermined learning conditions through persistent poverty, food insecurity, inflation and infrastructure disruptions.

Young Lives findings

Multiple crises have disrupted young people's educational pathways, creating a gap between their aspirations and attainments (Woodman Deza, 2025). Despite their childhood ambitions, most young people in the Qual 6 study have not achieved their goal of progressing to higher education, due to the impacts of conflict, COVID-19 disruptions, rising living costs and the introduction of competitive university entrance exams. Of the 181 young men and women interviewed in the Qual 6 study, only 26 (one in seven) had graduated from college, while more than half (95) dropped out before completing secondary or even primary school, highlighting the significant barriers to educational attainment.

Urban–rural inequalities are stark, with young people in rural areas typically leaving education after primary school, while access to secondary schooling is often limited by long distances and the high cost of living in towns. Increasing tuition costs, the introduction of entrance exams for university students and high levels of graduate unemployment also discourage many young people from investing in higher education, contributing to widening inequality. Girls and young women face the additional risks of sexual violence associated with travelling and living away from home to attend higher education. However, despite these extra barriers, the study found that females are more likely than males to be still studying or to have completed their education.

The conflict in northern Ethiopia has severely disrupted education, causing prolonged interruptions and lasting setbacks to young people's learning trajectories. By 2025,

many educational institutions had still not fully resumed operations. The young men and women who have been exposed to extended conflict were less able and motivated to continue their studies.

Policy recommendations on education

1. **Expanding access to quality higher education is essential, particularly for economically disadvantaged and rural youth.** Addressing the economic and social barriers to higher education is increasingly important in the context of rising university fees. This could include promoting outreach to schools in poorer areas, increasing scholarships and improving student accommodation, especially for young women from rural and marginalised backgrounds.

2. **Improving the quality of higher education requires a coordinated approach to strengthen teaching, course relevance and institutional capacity.** This includes investing in the professional development of academic and teaching staff, aligning curricula with labour market needs and national development goals, creating supportive learning environments and strengthening leadership across higher education institutions.

3. **Efforts to improve access to quality higher education must be underpinned by sustained investment in early childhood, primary and secondary education.** Previous Young Lives evidence shows that affordable access to quality pre-primary education plays a critical role in skills development and foundational learning throughout childhood, with long-term benefits for school enrolment and grade progression, right through to completing secondary and higher education.

4. **Young people need better access to alternative skills training.** Expanding TVET, strengthening links between training and labour market opportunities, and promoting distance learning beyond urban areas are essential to reach more young people in rural communities. Skills programmes should also specifically target students who did not pass the Grade 12 national exam and are therefore unable to transition into higher education.

5. **Alongside skills training, graduates should also be supported to develop entrepreneurship skills**, with access to seed funding and microfinance to help them establish small-scale enterprises and build sustainable livelihoods.

6. **Revising current policies to promote fair and accessible exam systems could help to reduce growing inequalities in higher education**. Addressing concerns about increasingly tougher school-leaving and university entrance and exit exams could reduce feelings of exclusion and demoralisation, while encouraging more applicants to pursue university education. Policies should account for differences in learning environments, such as disparities between public and private schools and between rural and urban settings.

7. **More support is needed to help those who drop out of school and other young people whose education has been disrupted or interrupted, particularly girls and young women from rural areas and learners with disabilities.** This should include expanded adult education programmes to enable married women and people who have dropped out of school to re-enter and continue their education and training.

8. **War- and conflict-affected youth should be actively supported and encouraged to return to education through** targeted measures such as catch-up programmes, accelerated learning and adult education. Holistic approaches are needed, including raising awareness of the impacts of conflict on education and employment, advocacy for conflict prevention, and livelihood support to address economic barriers and enable sustained participation in education.

7. Work and un(der)employment

Policy context

Ethiopia has achieved notable economic growth over the last two decades, with a 6.5% increase in gross domestic product (GDP) in 2023 (World Bank, 2024). Nevertheless, progress toward SDG 8 – promoting decent work and economic growth – remains slow, constrained by gradual structural transformation and a rapidly expanding working-age population. Gender and socioeconomic disparities persist, with women disproportionately employed in informal work.

Ethiopia's ten-year development plan (2021–30), based on the 2020 Homegrown Economic Reform Agenda, aims to sustain high economic growth and foster inclusive development. It prioritises youth employment through skills training and entrepreneurship support, alongside gender equality by ending child marriage and boosting women's workforce participation.

Led by the Ministry of Labor and Skills, the National Employment Policy and Strategy (NESP) aims to create millions of jobs, expand skills development, support entrepreneurship and promote inclusive and sustainable employment opportunities for young people, especially through TVET reforms and job creation programmes across agriculture, industry and services.

Young Lives findings

Young people are experiencing uneven and uncertain transitions from education to work, with entry into the labour market often fragmented and challenging. There are limited opportunities to secure stable jobs, leaving many

young people unemployed, underemployed or trapped in insecure and underpaid occupations.

Young people who dropped out of school are left poorly prepared for the labour market, and more likely to be locked into casual, unsafe or unpaid work. At the same time, many university graduates report being dissatisfied, mainly due to underemployment and a mismatch between their skills and expectations and available job opportunities. This leaves many young people feeling demoralised and questioning the value of their – and their families' – investment in higher education, while also fuelling aspirations to migrate.

Successive and cumulative crises, and the shrinking and disruption of local employment opportunities, have further intensified these challenges. Many rural young people have no options apart from precarious agricultural and manual work, while urban young people can access more diverse opportunities but face intense competition and low wages. Young entrepreneurs looking to start their own small businesses are also hindered by bureaucracy, higher taxes, lack of capital and limited access to loans and workspaces.

Young Lives' Round 7 survey found that young women are significantly less likely to be employed than young men (Tanima, 2025). A key reason is young women's additional unpaid domestic and care responsibilities, coupled with the limited availability of workplace childcare. They are also more vulnerable to unsafe working conditions, sexual harassment and gender-based violence at work.

Conflict and war in northern Ethiopia have severely disrupted economic activity and destroyed many young

people's livelihoods. Widespread youth unemployment developed during the conflict and has persisted in the post-conflict period, contributing to demoralisation and a growing desire to migrate.

Institutional support for youth employment is inconsistent and undermined by structural barriers and limited resources, leaving young people without meaningful pathways to secure work.

Policy recommendations on work and un(der)employment

1. **Addressing the mismatch between available jobs and young people's skills and expectations is vital.** This requires aligning curricula with labour market needs and national development goals, improving the quality of higher education – including university and TVET courses – and fostering partnerships between government and the private sector, including the promotion of private sector jobs by the Ministry of Labor and Skills. Investing in life skills and socio-emotional learning is also important for pursuing higher education and securing a decent job, and to promote gender equality and women's economic empowerment.

2. **Women's economic empowerment should be supported by reducing the barriers to young women's active involvement in the labour force.** Redressing the imbalance between women and men in the workforce requires targeted promotion of education and training for women, more flexible working conditions, access to quality childcare services and preventing sexual harassment and gender-based violence in the workplace.

3. **The livelihoods of vulnerable young people, especially those from the poorest households or affected by shocks, require stronger protection to reduce reliance on low-paid informal work.** Expanding formal employment, improving job security and working conditions – including through written contracts – and broadening job creation schemes can boost youth participation and job satisfaction. Targeted social protection can also help prevent school dropout and support young people to balance education with work, secure decent jobs or start their own businesses.

4. **Renewed efforts are needed to support young people in establishing small businesses**. This includes reducing bureaucratic barriers, improving access to credit and finance and considering tax exemptions for start-ups. Support for non-farm rural enterprises and individual businesses should be strengthened through expanded training and financing programmes, alongside measures to address women's exclusion by promoting women's groups and prioritising enterprises led by young women.

5. **Promoting and regulating age-appropriate work for adolescents would help them balance school with working part-time to support their families, while preventing harmful and underpaid child labour.** More flexible schooling options, such as shift-based, part-time, evening, weekend and distance learning, should be expanded without compromising the quality of education.

6. **Agricultural and industrial development have created more job opportunities for young people but working conditions still need to improve**. Further regulation of working conditions is essential, including monitoring and mitigating health and environmental risks.

7. **Promoting employment and business opportunities for young people in areas where conflict has severely reduced available jobs is critical** to enable them to access decent jobs and loans for establishing businesses, and to mitigate increasing migration driven by precarious livelihoods and a sense of hopelessness.

8. Migration

Policy context

Ethiopia's **National Partnership Coalition on Migration (NPC)** is the main body responsible for coordinating migration management, reducing irregular migration and protecting migrant rights. Led by the Ministry of Justice, the NPC promotes a 'whole-of-government' approach, bringing together key ministries such as the Ministry of Foreign Affairs, Ministry of Labor and Skills, Ministry of Women and Social Affairs, Ministry of Education and the Immigration and Citizenship Service (ICS), alongside other key stakeholders, including civil society organisations and the UN's International Organization of Migration (IOM).

Key priorities include implementing the IOM's Global Compact for Safe, Orderly and Regular Migration and the Ethiopian Overseas Employment Proclamation No. 923/2016 to protect migrant workers, and strengthening legal frameworks, including anti-trafficking legislation under Proclamation No. 1178/2020 and bilateral labour agreements with destination countries. National strategies also emphasise pre-departure training, access to information, reintegration assistance for returnees and measures to address the root causes of migration, such as unemployment and limited economic opportunities, particularly for young people and women.

Young Lives findings

More than half of the young people interviewed in Qual 6 reported having migrated internally or internationally, motivated by a range of factors. Of the 181 young men and women interviewed, 80 had migrated within Ethiopia and

15 had migrated internationally, with a further 10 young people planning to migrate. Young people often leave their communities for education, work, family or to escape conflict, while women often migrate for marriage. The findings indicate that youth migration patterns vary widely by region, location, age and gender.

Domestic migration is primarily driven by young men moving for seasonal labour and young women moving to towns for domestic work or marriage. Mobility is higher among young men and those from urban areas, while young people with better local opportunities, such as in Addis Ababa, are typically less likely to migrate domestically but have stronger aspirations to migrate internationally.

War and conflict, and the associated economic hardships and disruption of education, have displaced many young people in Amhara and Tigray, leading to temporary or permanent relocation in search of safer environments.

International migration is increasingly viewed as a pathway to a better future but frequently involves irregular and risky routes and has no guarantee of success. Precarious livelihoods at home drive many young people to migrate internationally, often spending substantial amounts of money that could otherwise be invested in businesses in Ethiopia. This exposes them to financial loss, physical danger, deportation or border returns, and even loss of life. Young women, who mainly migrate for domestic work in the Middle East, are particularly vulnerable to exploitation, sexual harassment and deception, while men tend to take on more hazardous but potentially higher-paying work.

Most young people's international migration attempts were either unsuccessful, leading to deportation, or they returned home with little or no income. However, despite the significant challenges and risks, some international migrants do achieve economic success, transforming their lives, sending remittances home to their families and inspiring others to follow in their footsteps.

Policy recommendations on migration

1. **Reducing escalating migration requires tackling root causes through reducing poverty, expanding access to quality education and decent jobs and strengthening governance to reduce conflict and instability**. While international evidence suggests having some income can make migration more feasible due to high costs, Young Lives findings in Ethiopia suggest that stabilising livelihoods and improving access to decent jobs would reduce a major driver of youth migration. Labour market reforms and increased investment in TVET, credit and entrepreneurship could offer more sustainable opportunities.

2. **Efforts should prioritise creating job opportunities and decent work in both rural areas from which many young migrants originate, and urban destinations**. This includes supporting small businesses and expanding youth employment beyond agriculture in rural settings and improving access to safe housing, services, better wages and working conditions in both cities and small towns, including in the informal sector.

3. **Promoting safe migration pathways is key to reducing irregular and high-risk migration among young people**. This requires strong policy frameworks and effective implementation through cross-border cooperation, including simplified processes and clear, transparent guidelines to improve accessibility and reduce bureaucratic barriers.

4. **Young people who migrate need better protection from exploitation, abuse, sexual harassment and deception.** This requires a combination of safe migration pathways, access to accurate information and targeted social protection. This includes pre-departure education on rights and risks to ensure that young migrants know how to protect themselves and where to find help – including in relation to the role of brokers and protection from gender-based violence, as well as accessible support services in destination countries such as shelters, legal aid and psychosocial care.

5. **Migration costs need to be more effectively regulated to protect young people from significant financial losses with no guarantee of successful outcomes.** This requires measures to limit excessive fees, prevent exploitation by brokers and ensure affordability throughout safe migration pathways.

6. **Post-conflict recovery programmes are essential to encourage young people to return to conflict-affected areas.** Efforts should focus on rebuilding infrastructure, restoring essential services and supporting young people's small-scale businesses to help stabilise communities.

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