REPORT

The Added Value of Psychosocial Support on Sustainable Peacebuilding in Ethiopia

American Friends Service Committee

JANUARY 2026

CONTENTS

ABBREVIATIONS

AFSC	American Friends Service Committee
AWSAD	Association for Women's Sanctuary and Development
EPRDF	Ethiopian People's Revolutionary Democratic Front
HEAR PROJECT	Ethiopia South Sudan Healing and Reconciliation Project
FBOs	Faith-Based Organizations
FGDs	Focus Group Discussions
IJR	Institute for Justice and Reconciliation
KIIs	Key Informant Interviews
MHPSS	Mental Health and Psychosocial Support
NGO	Non-Governmental Organization
PLC	Private Limited Company
PSS	Psychosocial Support
PTSD	Post-Traumatic Stress Disorder
SGBV	Sexual and Gender-Based Violence
SPSS	Statistical Package for Social Sciences
TRC	Truth and Reconciliation Commission (South Africa)
UNFPA	United Nations Population Fund

EXECUTIVE SUMMARY

This research report, commissioned by the American Friends Service Committee (AFSC) and conducted by Omni Comms Plc, explores the transformative role of psychosocial support (PSS) in fostering sustainable peacebuilding in Ethiopia. Against the backdrop of Ethiopia's complex history of ethnic conflict, political instability, and widespread trauma, the study highlights the critical need to integrate mental health and psychosocial interventions into national and community-level peacebuilding frameworks.

The study employs a mixed-methods approach, combining desk reviews, key informant interviews (KIIs), and focus group discussions (FGDs) across four conflict-affected regions—Amhara, Tigray, Oromia, and Benishangul-Gumuz. It draws on theoretical frameworks such as Conflict Transformation Theory, the Ecological Model of PSS, and Multi-Level Peacebuilding to analyze how trauma healing, emotional recovery, and community resilience contribute to lasting peace.

Findings reveal that conflict has deeply eroded Ethiopia's social fabric, disrupting traditional institutions, displacing millions, and exacerbating gender-based violence and intergroup mistrust. PSS interventions, ranging from trauma counseling and community dialogues to media-driven outreach and legal aid integration, have shown significant promise in rebuilding trust, restoring dignity, and promoting reconciliation. However, challenges persist, including limited funding, stigma around mental health, and lack of coordination among stakeholders.

Key findings from the research also include:

- **Deep Impact of Conflict on Social Fabric:** Conflict in Ethiopia has caused widespread displacement, death, gender-based violence, and the breakdown of traditional and religious institutions. It disrupted education, healthcare, and economic systems, leading to collective trauma and cultural erosion.

- **Vulnerable and Most Affected Groups**: Women, children, persons with disabilities, elders, youth, and internally displaced persons (IDPs) were identified as the most affected. These groups face heightened psychological and social vulnerabilities, often excluded from formal recovery programs.

- **Existing Psychosocial Support Systems:** Both formal (government and NGO-led) and informal (traditional and community-based) PSS systems exist. However, they are under-resourced, unevenly distributed, and lack trained professionals, especially in rural and conflict-affected areas.

- **Role of Traditional Healing Practices:** Indigenous mechanisms like Shimglina, Gadaa, and religious rituals play a vital role in emotional healing and reconciliation. Aligning PSS with these cultural practices enhances acceptance and sustainability.

- **Central Role of PSS in Peacebuilding:** Psychosocial support is essential for emotional recovery, rebuilding trust, and fostering reconciliation. Without healing, peacebuilding efforts risk being superficial or short-lived.

- **Effective PSS Strategies:** Community-based, participatory, and trauma-informed approaches, such as youth engagement, dialogues, and reintegration ceremonies were found to be most effective in promoting healing and social cohesion.

- **Leadership and Coordination:** Successful PSS implementation depends on strong leadership and collaboration among mental health professionals, NGOs, faith leaders, and community elders. Local ownership and inter-sectoral coordination are key.

- **Challenges and Barriers:** Major barriers include stigma around mental health, lack of trained personnel, limited funding, and ongoing insecurity. These hinder access and effectiveness of PSS services.

- **Recommendations for Sustainability:** Strategies include integrating cultural practices, training community actors, launching awareness campaigns, and securing long-term funding. Programs must be inclusive and locally grounded.

- **Conceptual Understanding of Peace and PSS:** Peace is defined not just as the absence of violence, but the presence of justice, healing, and community resilience. PSS is seen as addressing emotional, social, and spiritual dimensions of well-being.

The report concludes that psychosocial support must be institutionalized as a core pillar of Ethiopia's transitional justice and peacebuilding strategies. It recommends forging strategic partnerships, blending indigenous and modern healing practices, implementing gender-responsive frameworks, and investing in community-based mental health services. By doing so, Ethiopia can move beyond fragile political settlements toward a more inclusive, emotionally resilient, and culturally grounded model of peace.

1. INTRODUCTION

1.1. Background of the Study

Ethiopia is a nation known for its diverse ethnic groups and peoples. Historically, Ethiopians have coexisted peacefully and with mutual tolerance, maintaining strong social, political, and economic ties. However, Ethiopia's modern history has been significantly influenced by repeated political instability, inter-ethnic violence, and widespread human rights violations, which have left deep social and psychological scars within communities.[1] Tensions between and within ethnic groups in conflict areas have persisted, showing that challenges remain unresolved and that lasting peace has not yet been achieved.[2]

Despite recent efforts to move toward a more democratic system, the country continues to struggle with historical grievances and ongoing social tensions. These issues underscore the pressing need for robust and inclusive transitional justice frameworks that address not only institutional and legal concerns but also the psychosocial aspects of healing and reconciliation.[3]

Nevertheless, communities in conflict areas are actively striving to promote peace, development, and good governance. Grassroots efforts often involve a multifaceted approach to post-conflict recovery, recognizing that lasting peace requires more than just the cessation of hostilities. Among the crucial solutions being implemented are local peacebuilding initiatives, which often leverage traditional conflict resolution mechanisms to mediate disputes and foster reconciliation at the community level. Alongside these, there's a growing emphasis on rehabilitation and reconstruction projects aimed at restoring essential services and rebuilding livelihoods, thereby addressing the economic roots of instability. Critically, psychosocial support (PSS) plays a pivotal role in these efforts, providing vital mental health services, trauma counseling, and community-based healing programs to help individuals and families cope with the deep psychological wounds of conflict, rebuild trust, and lay the foundation for a more resilient and cohesive society.

[1] Østebø, Terje, Jörg Haustein, Fasika Gedif, Kedir Jemal Kedir, Muhammad Jemal, and Yihenew Alemu Tesfaye. «Religion, ethnicity, and charges of extremism: The dynamics of inter-communal violence in Ethiopia.» Brussels: European Institute of Peace (2021).

[2] Wonbera, Temesgen Woza. "Ethiopia: Ethnic Conflict and Tragedy.
A Comprehensive Analysis of he Hamar, Karo, and Arbore Communities." Conflict Studies Quarterly 47 (2024); Wonbera, Temesgen Woza. "Ethiopia: Ethnic Conflict and Tragedy. A Comprehensive Analysis of the Hamar, Karo, and Arbore Communities." Conflict Studies Quarterly 47 (2024); Hale, Tefera Kegnalew, and Mezgebu Mandefro Belihu. "Ethnic Conflict in South Ethiopia Regional State; Investigating the Intra Ethnic Conflict of Kusume in D'irashe Special Woreda." Conflict Resolution Quarterly 42, no. 3 (2025): 355-364

[3] Berhe, Mulugeta Gebrehiwot, and Lovise Aalen. Peacebuilding in Ethiopia:
The Role of Civil Society. In The Fabric of Peace in Africa: Looking beyond the State, edited by Pamela Aall and Chester A. Crocker, 131–152. Montreal: McGill-Queen's University Press, 2017.

Aside from reduced psychological well-being and high levels of stress, one in five people living in areas affected by violence and conflict experience significant mental health conditions like depression, anxiety disorder, substance misuse, and post-traumatic stress disorder (PTSD).[4]

It is noted that while various peacebuilding initiatives have focused on political reforms, constitutional adjustments, and transitional justice mechanisms such as truth-telling and reparations,[5] The psychological and emotional impacts of conflict often remain overlooked. Research demonstrates that unaddressed trauma can impede reconciliation and perpetuate cycles of violence.[6] PSS is therefore vital for improving the mental well-being of conflict-affected populations and fostering societal resilience.[7]

PSS encompasses a range of activities and services designed to help individuals and communities process trauma, rebuild emotional resilience, and re-establish a sense of safety, agency, and belonging. In conflict-affected settings like Ethiopia, where communities have endured ethnic-based violence, mass displacement, and the erosion of livelihoods, PSS plays a uniquely transformative role. It not only addresses the invisible wounds of conflict but also fosters the emotional and relational conditions necessary for sustainable peace.

What sets PSS apart is its ability to bridge the personal and the collective, supporting individual healing while simultaneously strengthening social cohesion. By restoring trust, promoting empathy, and encouraging dialogue, PSS interventions can reduce intergroup tensions and prevent the recurrence of violence.[8] Moreover, when integrated into peacebuilding frameworks, PSS enhances the effectiveness of political and institutional reforms by ensuring that communities are emotionally prepared to engage in reconciliation and collaborative recovery.

The synergistic effect of combining psychosocial support with traditional peacebuilding approaches lies in its capacity to humanize the process, making peace not just a political outcome, but a lived experience rooted in dignity, mutual understanding, and shared resilience.[9]

[4] United Nations Development Programme. Integrating Mental Health and Psychosocial Support into Peacebuilding: Summary Report. New York: UNDP, May 2022. https://www.undp.org/sites/g/files/zskgke326/files/2022-05/UNDP-Integrating-Mental-Health-and-Psychosocial-Support-into-Peacebuilding-Summary-Report-V2.pdf

[5] Lambourne, W. (2014). Transformative justice, reconciliation and peacebuilding. In Clark, P. & Kaufman, Z. D. (Eds.), After Genocide: Transitional Justice, Post-Conflict Reconstruction and Reconciliation in Rwanda and Beyond.

[6] Ibid.

[7] Al-Tamimi, Saleh Adel G. A., and Gerard Leavey. "Community-Based Interventions for the Treatment and Management of Conflict-Related Trauma in Low-Middle Income, Conflict-Affected Countries: A Realist Review." Journal of Child & Adolescent Trauma 15 (2022): 441–450.

[8] Inter-Agency Standing Committee (IASC). (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.

[9] Tankink, M., Bubenzer, F., & van der Walt, S. (2017). Achieving Sustainable Peace Through an Integrated Approach to Peacebuilding and Mental Health and Psychosocial Support: A Review of Current Theory and Practice. Institute for Justice and Reconciliation & War Trauma Foundation.

Despite this need, peacebuilding efforts in Ethiopia have historically prioritized political and institutional reforms, with limited systematic incorporation of PSS into broader reconciliation strategies. The American Friends Service Committee (AFSC), a Quaker organization with a global mandate for peace and social justice, works to fill this gap through programs that promote holistic, community-driven approaches to peacebuilding. The AFSC's Salama Hub Program for the Horn of Africa focuses on evidence-based advocacy, conflict transformation, and capacity building for local civil society and faith-based actors.

This research outlines a comprehensive plan to investigate the transformative role of psychosocial support in fostering sustainable peacebuilding in Ethiopia. In conflict-affected regions such as Amhara, Benishangul-Gumuz, Oromia, and Tigray, regional states, unhealed trauma poses significant barriers to reconciliation, social cohesion, and the long-term success of peace efforts. It aims to bridge key knowledge and practice gaps by examining how PSS interventions can support individual recovery, rebuild trust, and enhance community resilience.

1.2. Objectives of the Study

This study's main objective is to produce the much-needed data regarding the importance of psychosocial support in fostering long-term peacebuilding and reconciliation in Ethiopia. The particular goals are to:

- Examine how psychosocial support contributes to sustainable peacebuilding by examining how it can help communities and individuals affected by conflict heal from trauma and how it may improve the results of reconciliation.

- Analyze how well Ethiopia's current peacebuilding and transitional justice initiatives such as truth commissions, reparations programs, and traditional justice systems integrate psychosocial support.

- Using pertinent case studies and firsthand accounts from the community, assess the long-term effects of psychosocial interventions on intergroup trust, social cohesion, and community resilience.

- Determine the limitations, gaps, and obstacles to the incorporation of psychosocial support into the frameworks for peacebuilding that are in place now and create workable plans to address them.

- Give stakeholders actionable, fact-based policy recommendations to enhance the function of psychosocial support in Ethiopia's peace and transitional justice processes.

1.3 Scope of the Study

The study focuses on conflict-affected regions where the ET-SSD HEAR Project is actively implemented, specifically in Ethiopia's Oromia and Benishangul-Gumuz. In addition to the project areas, this study includes the Tigray and Amhara regions, as they are highly affected by ongoing conflicts. These areas have experienced significant inter-communal violence, forced displacement, and loss of life and property, making them critical sites for understanding the role of PSS in local peacebuilding.

Each of the four selected locations provides a distinct perspective for analysis. Tigray, specifically Mekele, as an urban center affected by large-scale war, provides insight into the collective trauma of a besieged population. Amhara represents the psychosocial distress caused by internal conflict between a local armed group (Fano) and federal forces, highlighting the need to address fractured community trust. Benishangul Gumuz is a crucial case study for understanding how PSS can rebuild inter-ethnic trust in a region marked by identity-based violence. Finally, Oromia presents an opportunity to assess the long-term effects of a protracted insurgency and how PSS can address both immediate trauma and historical grievances. By analyzing these four distinct conflict environments, the research provides a comprehensive understanding of how tailored psychosocial support can contribute to sustainable peacebuilding in Ethiopia.

Map 01: Regional States of Ethiopia

2. CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

2.1. Theoretical Underpinnings

This study is grounded in three key theoretical frameworks. Conflict Transformation Theory emphasizes that sustainable peace requires addressing the emotional and relational dimensions of a conflict, not just structural issues. The Ecological Model of Psychosocial Support highlights the need for a multi-level approach, from individual healing to strengthening community networks. Finally, Peacebuilding as a Multi-Level Process underscores the importance of connecting local, grassroots recovery efforts with broader peace initiatives. To provide a robust theoretical foundation for this study, we draw on three key frameworks.

Conflict Transformation Theory and the Ethiopian Context

Conflict Transformation Theory emphasizes that violent conflict leaves behind deep relational and structural wounds that cannot be resolved by peace agreements alone.[10] The findings from the field revealed the multifaceted impacts of the Ethiopian conflicts, including mass displacement, gender-based violence, erosion of traditional institutions, and collective trauma. Communities described the loss of elders, cultural erosion, and generational disconnection, underscoring Lederach's point that conflict damages the social fabric and cultural continuity in ways that, if left unaddressed, perpetuate cycles of mistrust and grievance.

The data therefore affirmed that conflict transformation in Ethiopia must include deliberate psychosocial interventions that rebuild relationships, restore dignity, and create new ways for communities to coexist. Trauma healing, trust restoration, and cultural renewal emerged as indispensable elements of sustainable peace.

The Ecological Model of Psychosocial Support in Practice

The Ecological Model of PSS highlights that psychosocial well-being is shaped by multiple layers of influence individual, family, community, institutional, and policy.[11] The study findings confirmed this perspective. Women survivors of gender-based violence, children facing disrupted education, displaced families, youth subjected to manipulation, and ex-combatants all reflected how vulnerabilities intersect across personal and social dimensions.

[10] Lederach, J. P. (1997). Building Peace: Sustainable Reconciliation in Divided Societies. United States Institute of Peace Press.
[11] Bracken, P., Giller, J., & Summerfield, D. (1997). Psychosocial interventions in complex emergencies: A conceptual framework. Journal of Refugee Studies, 10(4), 555–572.

Furthermore, the disruption of schools, healthcare systems, religious institutions, and local economies illustrated the systemic nature of psychosocial harm. Healing, therefore, could not be confined to individual counseling. It required strengthening families, revitalizing community institutions, and ensuring supportive national frameworks. Both formal systems (such as Ministry of Health initiatives and NGO programs) and informal structures (such as traditional and religious networks) were recognized as essential, though overstretched. This confirms the ecological model's insight that sustainable psychosocial recovery depends on the interaction of multiple protective systems.

Peacebuilding as a Multi-Level Process

Peacebuilding, as conceptualized in this framework, is most effective when pursued simultaneously at the individual, community, and institutional levels.[12] The Ethiopian field findings vividly demonstrated this multi-level dynamic. The collapse of institutions such as schools, healthcare facilities, and transport systems hindered recovery and fostered insecurity, while the breakdown of community trust and the polarization of ethnic identities weakened grassroots cohesion. At the same time, personal trauma among survivors and even among peace actors themselves highlighted the need for healing at the individual level.

Efforts by CSOs, INGOs, and government agencies to provide trauma counseling, community dialogues, and health services revealed that peacebuilding is not only about national accords but also about connecting personal healing with broader structural reforms. This interplay between micro and macro levels is consistent with Lederach's "peacebuilding pyramid" and demonstrates the necessity of integrating PSS into Ethiopia's national peacebuilding agenda.

Synthesis: Validation of the Conceptual Framework

Taken together, the findings clearly validate the conceptual framework adopted in this study. Conflict Transformation Theory was confirmed by the deep psychosocial wounds and relational breakdown observed in the field. The Ecological Model of PSS was reflected in the way healing processes were embedded within families, communities, and institutions. The Peacebuilding as a Multi-Level Process approach was borne out by the recognition that sustainable peace in Ethiopia depends on the simultaneous restoration of individuals, communities, and institutions.

[12] Paffenholz, T. (2014). International peacebuilding goes local:
Analysing Lederach's conflict transformation theory and its ambivalent encounter with 20 years of practice. Peacebuilding, 2(1), 11–27.

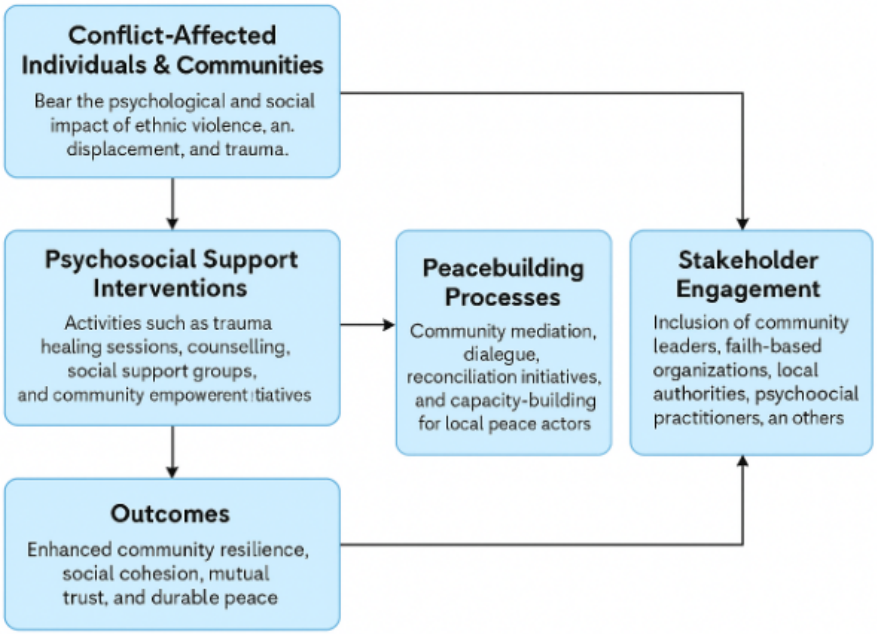

Figure 01: Framework Components

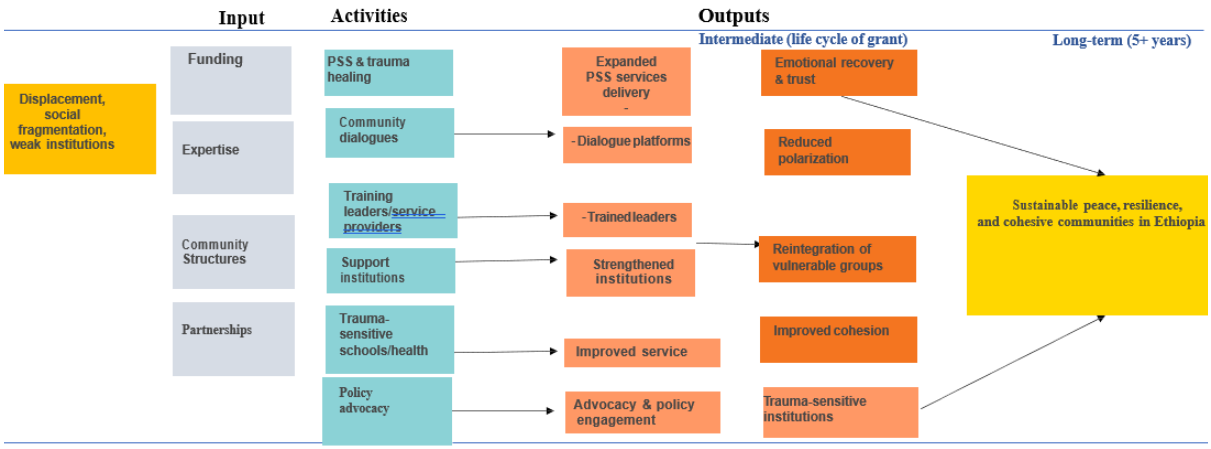

Figure 02: Theory of Change

2.2. International and Regional Case Studies of PSS in Peacebuilding

Ethiopia can draw key lessons from other post-conflict contexts, such as Rwanda and South Africa, which have implemented PSS in their peacebuilding efforts.

Rwanda's Experience following the 1994 genocide, Rwanda's PSS programs played a crucial role in healing national trauma. These initiatives, which included individual and group therapy, community-based interventions, and spiritual care, helped individuals process grief and rebuild trust.[13] The integration of PSS into national reconciliation efforts, like the gacaca community justice system, helped transform a culture of violence into one of tolerance and social cohesion.[14] Despite these successes, the country still faces challenges such as a shortage of trained professionals and a need for sustainable, community-owned programs.[15] Ethiopia could adapt Rwanda's model by embedding PSS into traditional justice mechanisms like Shimglina, Gadaa, and other traditional mechanisms ensuring that emotional healing complements legal and political reconciliation.

South Africa's Experience in South Africa, PSS was vital for addressing the enduring legacy of apartheid. The Truth and Reconciliation Commission (TRC), while a landmark effort, often triggered distress among survivors, highlighting the need for trauma-sensitive approaches.[16] Community-based models using narrative theater and storytelling have been effective in fostering empathy and dialogue.[17] However, challenges remain, particularly in addressing gender-based violence and intergenerational trauma.[18] Ethiopia could adopt South Africa's use of trauma-sensitive storytelling and community theater to facilitate safe spaces for dialogue and emotional expression, especially in regions with deep intergroup mistrust.

[13] Sentama, E. (2009). Peacebuilding in Post-Genocide Rwanda: The Role of Cooperatives in the Restoration of Interpersonal Relationships. PhD Thesis, Gothenburg University
[14] Sliep, Y., & Gilbert, A. (2006). Promoting inter-relational reflexivity with psychosocial workers in community work: A case study from Burundi. Journal of Psychology in Africa, 2, 293–302.
[15] Lambourne, W., & Gitau, L. W. (2013). Psychosocial Interventions, Peacebuilding and Development in Rwanda. Journal of Peacebuilding & Development, 8(3), 23–36.
[16] Tankink, M., Bubenzer, F., & van der Walt, S. (2017). Achieving Sustainable Peace Through an Integrated Approach to Peacebuilding and Mental Health and Psychosocial Support. Institute for Justice and Reconciliation & War Trauma Foundation.
[17] Sliep, Y., & Meyer-Weitz, A. (2003). Strengthening social fabric through narrative theatre. Intervention, 1(3), 45–56.
[18] Pankhurst, D. (2003). The 'sex war' and other wars: Towards a feminist approach to peacebuilding. Development in Practice, 13(2–3), 154–157.

South Sudan's Experience The protracted conflict in South Sudan has created profound and widespread psychosocial trauma, especially among women and children. PSS interventions in the country have largely been led by humanitarian agencies and local NGOs, focusing on trauma counseling, safe spaces for women, and child protection services.[19] These programs often integrate mental health support with livelihood training to help communities regain a sense of normalcy and stability.[20] However, the ongoing insecurity, limited funding, and a severe shortage of qualified mental health professionals pose significant barriers to providing comprehensive and lasting PSS. Ethiopia could learn from South Sudan's integration of psychosocial support with economic empowerment, particularly by linking trauma recovery with vocational training and livelihood restoration in conflict-affected communities.

2.3. Overview of Psychosocial Support and Peacebuilding in Ethiopia

2.3.1. Traditional Mechanisms of Reconciliation and Peacebuilding in Ethiopia

Ethiopia has a rich heritage of indigenous conflict resolution and healing practices, including Shimglina (elder mediation), Gadaa (Oromo democratic governance), and Guurti (Somali clan councils).[21] These systems offer culturally resonant frameworks for reconciliation and emotional restoration. Integrating such practices into transitional justice processes ensures that interventions are locally legitimate and psychologically impactful.[22] Rituals of atonement, communal storytelling, and symbolic restitution all contribute to restoring broken relationships and communal trust.

In post-conflict areas like Borana and Wollega and some other places in Oromia, Gadaa-based mechanisms have been used to reintegrate former combatants.[23] These ceremonies often involve public confession, apology, and symbolic reconciliation, creating communal closure and reducing retaliatory cycles.[24]

[19] IOM. (2021). Mental Health & Psychosocial Support. IOM South Sudan. Retrieved from https://southsudan.iom.int/mental-health-and-psychosocial-support

[20] UNDP. (2023). Integration of Trauma Awareness and Psychosocial Support. UNDP South Sudan. Retrieved from https://www.undp.org/south-sudan/blog/integration-trauma-awareness-and-psychosocial-support

[21] Alemneh, A. S. (2023). The Role of Shimglina Customary Conflict Resolution Mechanism in Rural Land Disputes in Amhara people of Ethiopia. Advances in Social Sciences and Management, 1(12), 01–11. Retrieved from https://hspublishing.org/ASSM/article/view/304

[22] Sime Metekia, Tadesse. (2025). Beyond Rhetoric: Integrating African Traditional Justice Mechanisms into Transitional Justice Systems. Center for the Study of Violence and Reconciliation

[23] Debisa, Negassa Gelana. Building peace by peaceful approach: The role of Oromo Gadaa system in peace-building Cogent Social Sciences (2022), 8.

[24] Mulugeta, A. (2019). Restorative Justice in the Gadaa System: Community Reconciliation and Reintegration. Journal of Peace Studies.

2.3.2. Gaps in Psychosocial Support and the Path to Peacebuilding in Ethiopia

Over the last four decades, Ethiopia has faced numerous psychosocial challenges due to politically and religiously motivated conflicts and regime changes.[25] These events have caused widespread trauma, displacement, and a breakdown of social cohesion. The "Red Terror" of the military junta and subsequent ethnic federalism in the 1990s contributed to deep-seated political exclusion, cultural biases, and mutual suspicion.[26]

Since 2018, conflicts in regions like Tigray, Oromia, and Amhara have escalated this crisis. The war in Tigray alone resulted in an estimated 600,000 deaths and 5.1 million people internally displaced in 2021.27 As of June 2024, an estimated 4.5 million people remain displaced nationwide, while over 1,100 people were killed in Amhara and Oromia in 2023.28 These cumulative traumas, such as Post-Traumatic Stress Disorder (PTSD), depression and anxiety disorders, substance use disorders, suicidal ideation and attempts, cognitive and behavioral impairments, highlight the urgent need for integrated psychosocial support (PSS) as a core component of peacebuilding to address deep psychological and social wounds.

Despite efforts, PSS remains largely insufficient due to limited funding, a shortage of trained mental health professionals, and restricted geographical reach.29 Government institutions have often lacked the policy backing and expertise to effectively implement PSS programs, leaving millions without support .30 While some initiatives are underway, the scale of the need, particularly among internally displaced persons, grieving families, and children, far outweighs the available resources. PSS must be recognized as a basic human right and integrated into peacebuilding to ensure long-term recovery and reconciliation in Ethiopia.

[25] Abbink, G. J. (2024). Political culture and cyclical conflict in Ethiopia: exploring the generative dynamics of political crisis in the 2020s. Journal of Asian and African Studies, 1-17.
[26] Tafesse Olika, Political Violence in Ethiopia: Some Reflections on the Red Terror and its Legacies. Ethiopian Journal of the Social Sciences and Humanities. Vol. 8 No. 1 (2012)
[27] Council on Foreign Relations. "Conflict in Ethiopia." Global Conflict Tracker. Accessed July 11, 2025. https://www.cfr.org/global-conflict-tracker/conflict/conflict-ethiopia.
[28] OCHA. Ethiopia: Internal Displacement Overview (as of June 2024) https://www.unocha.org/publications/report/ethiopia/ethiopia-internal-displacement-overview-june-2024
[29] World Health Organization Regional Office for Africa. "Scaling Mental Health and Psychosocial Support in Conflict Settings." WHO Africa. (August 17, 2023) https://www.afro.who.int/countries/ethiopia/news/scaling-mental-health-and-psychosocial-support-conflict-settings.
[30] Northcut, Terry. Emerging Challenges in Psychosocial Support for Children and Their Families in Ethiopia: Implications for Social Work. December 2016 The International Journal of Children's Rights 24(4):888-913

2.4. Transitional Justice, National Frameworks, and Psychosocial Support: Advancing Sustainable Peace in Ethiopia

Ethiopia's history of political violence—from the Red Terror to the recent conflicts in Tigray, Oromia, and Benishangul-Gumuz—has left widespread trauma. While transitional justice efforts and the National Dialogue aim for reconciliation, past initiatives such as the Office of the Special Prosecutor in the 1990s lacked attention to victims' psychosocial needs. Comparative African cases show that integrating trauma healing with justice mechanisms strengthens social recovery. This paper argues for embedding psychosocial support (PSS) into Ethiopia's transitional justice and peacebuilding, using frameworks like Conflict Transformation Theory, the Ecological Model of PSS, and Multi-Level Peacebuilding.

Ethiopia's National Peacebuilding Framework: The 2019 Peacebuilding Strategy acknowledges indigenous mechanisms (e.g., Shimglina, Gadaa, xeer) but lacks structured integration of PSS. The Ministry of Peace does not embed trauma-informed practices in return programs or community reconciliation, leaving psychosocial healing underdeveloped.[31]

Mental Health and Psychosocial Services: Despite progress via national mental health strategies and expanded training for health workers, services remain under-resourced.32 Conflict-related trauma is addressed mainly by NGOs, creating sustainability and coordination gaps with national health and peace structures.

Transitional Justice and the Historical Prosecution Model: The 1990s transitional justice approach focused on prosecutions through the Office of the Special Prosecutor. While legally significant, it lacked restorative elements like truth-telling, apology, or psychosocial support. Victims were often sidelined, missing communal healing opportunities.

The Evolving Transitional Justice Agenda: The Draft Transitional Justice Policy (2023) recognizes truth, reparations, and institutional reform. Yet, it falls short in operationalizing trauma-informed community processes, integration with traditional mechanisms, or structured support for facilitators and victims.

As pointed above, National policies underemphasize how PSS is designed, resourced, or scaled. Health and peace sectors remain siloed. The Draft TJ Policy lacks clarity on safe storytelling, trained facilitators, or sustained trauma support. There's little public funding or data for monitoring community-level healing.

[31] Legide, Kinkino Kia. (2021). The Facets of Transitional Justice and 'Red Terror' Mass Trials of Derg Officials in Post-1991 Ethiopia: Reassessing its Achievements and Pitfalls. Journal of African Conflicts and Peace Studies, 4(2).
[32] Fekadu, A., et al. (2019). Mental health care in Ethiopia: Past, present, and future. Global Mental Health, 6, 13.

Thus, the government must embed operational trauma guidelines, coordinate across ministries, allocate funds for community PSS, train local facilitators, and build monitoring systems. Without these steps, national peace efforts risk falling short, leaving community actors overwhelmed. Integrated PSS enables restorative dialogue, supports healing rituals, and ensures truth commissions are safe and inclusive. It aligns modern governance with relational peacebuilding and community engagement, promoting a trauma-informed and culturally grounded model.

2.5. Gender-Specific Dimensions of Psychosocial Support in Peacebuilding

In conflict-affected settings like Ethiopia, PSS must adopt a gender-specific lens to effectively address the unique experiences of trauma among different groups.[33] Ignoring these gender-specific dimensions, particularly the high rates of sexual and psychological violence experienced by women and girls in regions such as Tigray and Amhara, risks making interventions ineffective or even re-traumatizing.[34]

Women and girls are disproportionately affected by sexual violence, forced marriages, and human trafficking during and after conflicts. In the Tigray conflict, for example, sexual violence was used as a weapon of war, with survivors often facing lasting physical and psychological trauma, social stigma, and even suicidal ideation. Conversely, men and boys also experience gender-specific trauma, including forced recruitment and psychological harm from social expectations of masculinity, which often leads to suppressed emotions and substance abuse.[35]

Effective PSS requires a multi-faceted approach. For women and girls, this includes creating safe spaces, such as those established by the United Nations Population Fund (UNFPA), that provide trauma-informed counseling, legal assistance, and economic empowerment through activities like vocational training.[36] For men, interventions must challenge traditional notions of masculinity, with group-based therapies offering a safe space to share experiences and rebuild a sense of self.[37] Global examples from Colombia, Liberia, and Uganda also demonstrate the value of integrating PSS with legal empowerment, community reconciliation, and reintegration programs for former child soldiers.[38]

[33] Tewabe, Desalew S., et al. "Gender-Based Violence in the Context of Armed Conflict in Northern Ethiopia." Conflict and Health 18 (2023): 1–14.
[34] Yigzaw, N., et al. "Comprehensive mental health and psychosocial support for war survivors at Chenna Kebele, Dabat woreda, North Gondar, Ethiopia." BMC Psychiatry 23 (2023): 172.
[35] Sharma, M., & Fine, A. "Trauma, risk, and resilience: A qualitative study of mental health in post-conflict Liberia." Transcultural Psychiatry 61, no. 3 (2023).
[36] UNFPA Ethiopia. "A Safe Place to Shine: Raising the voices of girls affected by crises in Ethiopia." (2023).
[37] Jansen, S. "Men are emotionally competent: considerations on group therapy with men." South African Journal of Psychology (2020).
[38] Colombian Government. "Victims and Land Restitution Law 1448 of 2011." And Truth and Reconciliation Commission of Liberia. Final Report. Monrovia: TRC, 2009.

Despite the clear need, Ethiopia's PSS system faces significant challenges, including a lack of funding, a shortage of trained professionals, and cultural stigma surrounding mental health.[39] While initiatives by organizations like the Association for Women's Sanctuary and Development (AWSAD) and a multi-sectoral World Bank and UNFPA project in Tigray are making progress, most services remain concentrated in urban areas. To build sustainable peace, it is crucial to integrate gender-responsive PSS into national peacebuilding strategies, with a focus on empowering women as peacebuilders and ensuring resources reach remote, conflict-affected communities.[40]

3. METHODOLOGY

The study employed a mixed research approach, utilizing thematic analysis to generate a comprehensive understanding of the role of psychosocial support in sustainable peacebuilding in conflict-affected regions of Ethiopia. Data was collected through desk review, Key Informant Interviews (KIIs), and Focus Group Discussions (FGDs).

Existing literature, reports, and relevant program documentation have been synthesized to establish the context and identify knowledge gaps. A purposive sampling strategy has been used to guide the selection of KIIs and FGDs, prioritizing individuals and groups directly connected to the research topic who can provide unique insights. KII and FGDs included diverse community members, such as conflict-affected individuals, community elders, religious leaders, youth, women, local development actors, psychosocial service providers, civil society organizations, health workers, academicians, and members of the government security apparatus, including police and local militias.

The study included 30 key informants, of whom 28 are individuals from the aforementioned communities in Oromia, Tigray, Amhara, and Benishangul Gumuz regions.41 and two are leaders of institutions involved in PSS/peacebuilding. Eight focus groups, each with nine or eight members, were also conducted, two from each of the stated regional states.

[39] UNHCR. "Ethiopia: Mental Health and Psychosocial Support (MHPSS) Factsheet – June 2024." UNHCR Ethiopia, (2024).
[40] World Bank. "Gender-based Violence Response Services in Ethiopia: Empowering Women and Girls in Conflict-Affected Areas." (2024). And British Council. "Research in conflict: Abstracts of 47 studies on peace and conflict from Sudan and Ethiopia." (2024).
[41] Please see Appendix 5.

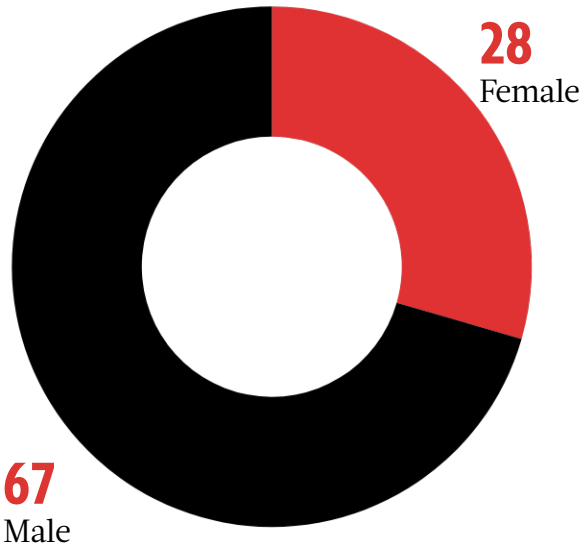

Figure 03: KII and FGD Participants by Gender

Religious Leader	21
Academics	14
Development	13
Police/Miltary	12
IDP	9
Health Worker	8
Unemployed	6
Community Elder	6
Government Worker	4
Gender Officer	1
Psychology Teacher	1

Figure 05: KII and FGD Participants by Occupation

During the KII, Semi-structured interviews were conducted with each participant, using a set of open-ended questions designed to explore their experiences related to the study's purpose. Similarly, FGDs have been conducted by creating a safe space for diverse community members to share collective perspectives and experiences, facilitating a deeper exploration of social dynamics and shared needs.

To facilitate analysis during desk review work, a data collection template has been employed to extract key points from each selected document. The points were then coded for alignment with the evaluation questions. The row transcripts from KIIs and FGDs have been systematically transcribed, translated, and coded for key themes and patterns.[42] The method of thematic analysis was followed, which included familiarization, coding, generating themes, reviewing themes, defining and naming themes, and producing the report. All the data were coded using a combination of inductive and deductive coding methods with Atlas software.[43] Codes were then grouped into broader themes. These themes were refined through an iterative process of reviewing and defining, ensuring they accurately represented the data and addressed the research question.

3.1. Stakeholder Mapping and Engagement Strategy

Effective stakeholder engagement is vital for understanding the complex dynamics of peacebuilding. This research engaged four key groups to ensure a comprehensive and contextualized approach: community leaders, faith-based organizations and civil society organizations (FBOs and CSOs), local authorities, and psychosocial practitioners. Each group plays a complementary role in fostering peace and healing. Community leaders are essential for bridging local realities with broader peace efforts, and their participation helps to legitimize interventions and address stigma.[44] FBOs are trusted partners who integrate spiritual care with trauma support, enhancing the cultural relevance of healing initiatives.[45] Local authorities are crucial for aligning community-level efforts with official policies and ensuring the protection of vulnerable populations.[46] Finally, psychosocial practitioners provide the specialized, culturally informed expertise needed to design effective and sustainable trauma recovery programs.[47] Engaging these diverse stakeholders will enrich the research, leading to inclusive and evidence-based recommendations for integrating psychosocial support into Ethiopia's peacebuilding frameworks.

[42] Braun, V. and Clarke, V. (2006) Using Thematic Analysis in Psychology. Qualitative Research in Psychology, 3, 77-101.
[43] Kalpokas, N., & Hecker, J. (2023). The Ultimate Guide to Qualitative Research - Part 2. ATLAS.ti Research Hub.https://atlasti.com/guides/qualitative-research-guide-part-2
[44] Paffenholz, T. (2014). International peacebuilding goes local: Analyzing Lederach's conflict transformation theory and its ambivalent encounter with 20 years of practice. Peacebuilding, 2(1), 11-27.
[45] Philpott, D. (2007). Just and Unjust Peace: An Ethic of Political Reconciliation. Oxford University Press.
[46] Colletta, N. J., & Cullen, M. L. (2000). The Nexus Between Violent Conflict, Social Capital and Social Cohesion: Case Studies from Cambodia and Rwanda. World Bank.
[47] Betancourt, T. S., & Khan, K. T. (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. International Review of Psychiatry, 20(3), 317–328.

3.2. Ethical Considerations

This study is firmly committed to gender- and trauma-sensitive research ethics, prioritizing the safety and well-being of all participants, particularly vulnerable women and survivors of sexual and gender-based violence (SGBV). To ensure all interactions are respectful and non-re-traumatizing, the researchers exercised special care in our engagement. We obtained informed consent using gender-sensitive protocols, offering participants the choice of verbal or written agreement. The anonymity and privacy of all individuals will be strictly protected. Recognizing the potential for distress, the research team has pre-arranged referral pathways to local psychosocial services, guaranteeing that participants have access to professional support as and when needed. To uphold these standards, all data collectors have undergone specialized training in gender-sensitive approaches and safeguarding protocols, equipping them to handle delicate topics with the utmost ethical consideration.

3.3. Risk and Mitigation Strategies

This study was subject to several key risks, most notably the time constraints of the 40-day research window and the difficulty of finding individuals willing to participate. Due to the sensitive nature of the study, which required participants to discuss their experiences with trauma and conflict, there was a risk that people would be reluctant to share their stories or feel uncomfortable taking part. The short time frame meant that building the necessary trust for open and honest conversations was a significant challenge.

To mitigate these risks, the researchers implemented several strategies. They collaborated with trusted local organizations and community leaders who had pre-existing relationships with the participants, which helped build rapport and facilitate access. The study also hired trained, multilingual facilitators who were culturally and politically aware, enabling them to create a safe and empathetic environment. To address time constraints, the research plan included flexible scheduling and buffer days to accommodate unforeseen delays, ensuring that the team could spend the necessary time with participants without feeling rushed. A trauma-informed approach was adopted throughout the process, and participants were assured of anonymity and provided with referral pathways to local psychosocial services as and when needed. These measures helped ensure the ethical collection of high-quality data while respecting the needs and comfort of all involved.

4. FINDINGS

4.1. The Role of Civil Society in Post-Conflict Psychosocial Recovery

4.1.1 Media-driven approach of Healing Trauma

The intersection of psychosocial support and peacebuilding has emerged as a critical area of study, particularly in post-conflict settings where the mental health consequences of violence often undermine recovery and reconciliation efforts. In Ethiopia, the recent conflict in the Tigray region left a profound legacy of psychological trauma, grief, and societal distress, severely straining a public health system that was already ill-equipped to handle the scale of the need. This context highlighted the urgent requirement for innovative and scalable interventions. One such intervention, as detailed in a recent project by OMNI Ethiopia, a civil society organization specializing in media development, offers a compelling case study on the efficacy of a media-driven approach to psychosocial support (PSS) in a conflict-affected area.

In an interview, a director of a local OMNI Ethiopia,[48] reflected on the organization's successful pilot project, "Media for MHPSS – Mental Health and Psycho-Social Support in Tigray," which was implemented with funding from USAID-ESP/Dexis. According to the director, the project was born from the recognition of a stark disparity: "In a crisis of this magnitude, with an overwhelming need and only a handful of professionals to address it, we saw media's mass-reaching power as a critical tool for intervention." The director further noted the profound mental toll on the population, which had endured immense losses of life, loved ones, livelihoods, and physical well-being. This was compounded by the dire scarcity of mental health professionals, with the entire region having only four trained psychiatrists to serve a population in deep distress.

OMNI's approach was multifaceted and strategically designed to bridge this gap. The organization initiated a training program for thirty-five journalists from a range of local media outlets, including government, party-affiliated, and community radio stations, as well as influential social media figures. This training served a dual purpose: to help the journalists process their own war-induced trauma and to equip them with the skills to produce trauma-informed media content. The initiative also established key partnerships to link media outreach with tangible, on-the-ground support. For example, OMNI collaborated with Momona Mekelle University Community Radio to produce a thirteen-episode radio series titled "Miknay," and partnered with the HAQI Foundation, which operated a toll-free counseling service (Haqi Line 8516). Through an extensive campaign of over 120 radio and TV public service announcements (PSAs), the project directly steered individuals in need towards this accessible tele-counseling service.

[48] Interview with OMNI Ethiopia Director, July 14, 2025. Addis Ababa.

The results of this pilot were both immediate and significant, offering empirical evidence for the project's effectiveness. The director highlighted the dramatic increase in hotline usage following the project's launch. Before the intervention, the Haqi Line received an average of only three calls per day. Following the launch of the media campaign, this number surged by nearly 200%, reaching an average of nine calls per day and eventually climbing to thirteen calls per day by the project's conclusion. Over a three-month period, a total of 2,576 call attempts were made, with 788 of these resulting in successful, meaningful conversations for more than an hour. Importantly, the project's impact was not limited to initial counseling; a robust referral system was put in place to ensure ongoing care. Of the successful calls, thirty-six required follow-up counseling, and, crucially, 138 individuals were referred to psychiatric wards in nearby hospitals, with many of these cases leading to inpatient care. noted with a sense of accomplishment, "We really felt like we saved 138 people from serious mental health."

One of the most impactful initiatives, according to a key informant from the organization, involved working with women survivors of gender-based violence. Through safe spaces and storytelling therapy, many participants found the strength to reclaim their agency and participate in community reconciliation efforts. "Their resilience became a catalyst for broader healing," he says, highlighting how psychosocial support can ripple outward to influence social cohesion.

Despite these successes, the director is candid about the challenges. Limited funding, stigma around mental health, and the absence of psychosocial components in formal peacebuilding frameworks have constrained the scale of their work. "We are often seen as a soft add-on, not a strategic necessity," he laments. Yet, he remains hopeful. Omni Ethiopia is actively advocating for the integration of psychosocial support into national transitional justice mechanisms, including truth commissions and reparations programs.

This pilot project offers a powerful lesson for future peacebuilding efforts. As he concluded, the initiative "reaffirmed our belief that when media is used for good and linked with off-air services it can literally save lives." The model demonstrates that by connecting on-ground service providers with those in need through telehealth-promoting media content, critical gaps in healthcare access can be effectively bridged. In a context like Tigray, where mobile phone penetration is high but health services are minimal, this approach provides a scalable and sustainable solution for addressing deep-seated societal trauma. OMNI Ethiopia's experience thus provides a compelling argument that media-driven psychosocial support is a vital and innovative component of post-conflict recovery, contributing directly to the foundational well-being necessary for sustainable peacebuilding.

4.1.2 Integrating Legal Aid and Psychosocial Support in Transitional Justice

In an interview with the Founder and CEO of Finote Legal Professionals' Association (FLA),[49] the organization's evolving role in post-conflict peacebuilding in Tigray is brought into sharp focus. The CEO begins by grounding FLA's mission in its foundational belief in justice, human rights, and the rule of law. "We envision a society that not only respects the law but actively stands for justice and peace," he explains, emphasizing the organization's commitment to empowering citizens and strengthening legal systems.

Before the outbreak of war in northern Ethiopia, FLA had already made significant strides in improving access to justice in Tigray. Through a partnership with Mekelle University and support from the European Union, the organization implemented a legal aid program that provided free legal services to vulnerable populations, including women, children, and survivors of gender-based violence. "We were working to close the justice gap," The CEO recalls, "especially for those who couldn't afford legal representation."

However, the war drastically altered the landscape. In response to the widespread trauma and psychological distress left in its wake, FLA expanded its mandate to include psychosocial support as a critical component of peacebuilding. The CEO describes this shift as both necessary and urgent: "Legal justice alone cannot heal the wounds of war. We needed to address the emotional and psychological scars that were threatening the social fabric of our communities."

In partnership with the Consortium of Ethiopian Human Rights Organizations (CEHRO), FLA launched the project "Strengthening the Capacity of Local Actors for Healing and Reconciliation." This initiative led to the establishment of three trauma healing and psychosocial support centers in highly conflict-affected areas in the Tigray region. These centers serve as safe spaces where war-affected individuals receive integrated, rights-based psychosocial support and trauma counseling.

The model adopted by FLA is notably collaborative. Services are delivered through coordinated efforts involving local health institutions, legal aid providers, religious leaders, and community-based organizations. This multi-sectoral approach has proven essential in a region where social systems have been severely disrupted. "Healing requires trust," The CEO notes, "and trust is built when communities see familiar faces, local actors, working together to support them."

[49] Interview with the Founder and CEO of Finote Legal Professionals' Association (FLA), July 19, 2025. Mekele.

Despite the progress, the CEO acknowledges the challenges ahead. Limited resources, ongoing instability, and the deep-rooted stigma surrounding mental health continue to pose barriers. Yet, he remains optimistic. “We are planting seeds of resilience,” he says. “Peace is not just about ending conflict, it’s about restoring hope, rebuilding trust, and ensuring that justice is felt in both the courtroom and the heart.”

4.2. Field-Based Findings from Amhara, Benishangul, Oromia, and Tigray Regions KII and FGD

This study examined the interconnections between PSS and peacebuilding in Ethiopia, with a focus on understanding how psychosocial well-being contributes to sustainable peace in conflict-affected communities. The research was grounded in extensive fieldwork that included KII and FGD. The findings highlighted the ways in which PSS has addressed the needs of vulnerable populations, complemented traditional healing practices, and enhanced peacebuilding initiatives through trauma healing, emotional recovery, and trust restoration.

Violent conflict had far-reaching consequences that extended beyond immediate physical destruction. It penetrated the core of communities, undermining their structure, stability, and collective identity. Field data gathered from KII and FGD during the study revealed deep, multifaceted impacts of conflict on the social fabric of affected communities. These findings highlighted not only the direct human costs but also the long-term erosion of the social systems that once bound people together.[50]

4.2.1. The Multifaceted Impact of Conflict on Social Fabric and Psychosocial Well-being

1. Displacement, Death, and Gender-Based Violence

One of the most immediate and visible impacts of the conflict was the mass displacement of people and the accompanying human suffering. A Key informant form the Oromia region said “I was exposed to displacement, death, physical and psychological harassments, and gender-based violence.” These were not isolated incidents but widespread experiences that contributed to a cycle of trauma and vulnerability. The research findings are in agreement with Ferris that displacement disrupted livelihoods, severed community ties, and rendered people dependent on external aid, often under insecure conditions.[51] The trauma caused by violence, particularly gender-based violence, had long-term psychological consequences that often remained unaddressed in recovery efforts.

[50] Wahma, Sabeh. (2022) Global Urbanization: Nations, Cities, and Communities in Transformation in Journal of International Affairs. Vol. 74, No. 1.

[51] Ferris, E. (2011). The politics of protection: The limits of humanitarian action. Brookings Institution Press.

2. Disruption of Services and Breakdown of Social Cohesion

The conflict significantly disrupted humanitarian services, resulting in severe shortages of food and shelter and further weakening communal resilience. Another informant from the same region affirmed, "The conflict has affected the community in different forms and degrees, which begins by disrupting a humanitarian crisis." These disruptions triggered a breakdown of social cohesion and increased mistrust among groups. The conflict destroyed mechanisms of mutual support, replacing them with fear and suspicion, especially in areas already strained by ethnic or political tensions.[52]

3. Erosion of Traditional and Religious Institutions

Traditional and religious institutions, which are typically central to communal governance and moral guidance, were also deeply affected. A peacebuilding expert from one of the study areas emphasized that the conflict "displaced millions, eroded trust between communities, and disrupted traditional and religious institutions." These institutions had long played a role in conflict resolution, socialization, and cultural continuity. Their weakening created a normative vacuum and accelerated the fragmentation of community life.[53]

4. Economic Decline and Restricted Mobility

The economic dimensions of the conflict were also pronounced. The violence restricted mobility and disrupted transport systems, making it difficult for people to access markets, services, or even visit family. One of the interviewees who is currently serving as a peace building project manager noted that "the community could not able to move/travel from place to place due to shortage of transportation and security problems." These limitations contributed to economic decline, entrenching poverty and widening inequalities factors that would hinder post-conflict recovery.

[52] Kaldor, 2013

[53] Boege, V., Brown, A., Clements, K., & Nolan, A. (2008). On Hybrid Political Orders and Emerging States: State Formation in the Context of "Fragility". Berghof Handbook Dialogue Series.

5. Collapse of Education and Health Infrastructure

Social services, including education and healthcare, experienced major disruptions. During a focus group discussion one of the participants stated, “Due to the conflict, schools and health centers closed and infrastructure damaged, which resulted for children dropped from school, early marriage increased and shortage of medical and health services declined.” These impacts had significant generational consequences. School closures led to high dropout rates, particularly among girls, and fostered an increase in early marriage. The breakdown of healthcare infrastructure exacerbated existing health vulnerabilities and left many communities without essential services.[54]

6. Ethnic Polarization and Social Fragmentation

Ethnic polarization and social division were among the most distressing outcomes of the conflict. According to A key informant who is also a psychosocial support and care giver in Oromia region said, “Conflict has polarized people along ethnic lines, leading to breakdown of social cohesion and family separations.” The politicization of ethnic identity weakened inter-group relations and increased hostility. Family separations further eroded the bonds that once fostered collective resilience and mutual support.[55]

7. Collective Trauma and Cultural Erosion

Finally, the conflict inflicted a deep emotional toll on communities. A focus group discussion participant from Tigray region lamented, “The entire community is grieving. Young people grow up without guidance due to loss of elders.” This statement reflected a broader sense of collective trauma, generational disconnect, and cultural erosion. The loss of elders custodians of community memory, wisdom, and tradition interrupted the intergenerational transmission of values and cultural identity. Without targeted peacebuilding efforts, such cultural erosion risked becoming permanent.[56]

In summary, the study revealed that the conflict not only inflicted physical harm but also frayed the social fabric in lasting ways. Rebuilding affected communities would therefore require not only physical reconstruction but also deliberate efforts to restore trust, social institutions, and cultural continuity. The findings underscored the importance of integrating social recovery into peacebuilding and reconstruction frameworks to achieve sustainable post-conflict resilience.

[54] Justino, P. (2012). War and Poverty. Microcon Research Working Paper 32.

[55] Horowitz, D. L. (2000). Ethnic Groups in Conflict. University of California Press.

[56] Bar-Tal, D. (2007). Sociopsychological foundations of intractable conflicts. American Behavioral Scientist, 50(11), 1430–1453.

4.2.2 Integration of PSS into Peacebuilding Efforts

1. Vulnerable and Most Affected Groups

The study identified several groups that bore the brunt of conflict-related trauma and displacement. These included women, children, persons with disabilities, elders, youth, and internally displaced persons (IDPs). All of the respondents from the four regions agreed that women, children, persons with disability, women-headed families, elders, and youths are the most impacted segments of the society. In particular, women survivors of gender-based violence (GBV) and children exposed to physical and psychological harm faced heightened vulnerability. Youths in Oromia and Tigray were described as being "targeted for recruitment or political manipulation," while ex-combatants and minority groups were often left out of reintegration and healing programs. The inclusion of frontline peace actors in the list of priority groups suggested recognition of the emotional toll on those actively involved in conflict resolution.

These findings echoed the literature, where conflict-affected societies often exhibited overlapping vulnerabilities among multiple social groups.[57] In such contexts, targeted psychosocial interventions were not only a matter of individual recovery but a foundational step toward rebuilding the social contract.

2. Existing Psychosocial Support Systems

Field data revealed the presence of both formal and informal psychosocial support systems. Government-led initiatives particularly those aligned with the Ministry of Health's strategic frameworks were observed alongside efforts by CSOs and INGOs. In Oromia, participants specifically mentioned non-governmental actors such as civil society organizations (CSOs) and international NGOs, noting that they "did provide psychosocial support services," including trauma counseling and community-based interventions.

Despite these efforts, respondents from all regions emphasized that the existing support mechanisms combine formal systems and informal structures but are often overstretched and under-resourced. The shortage of qualified professionals particularly in rural areas and underfunding posed major limitations. Additionally, access to services was uneven, with urban areas generally better served than remote or conflict-affected regions.

This aligns with existing scholarship that points to gaps in service delivery and the importance of localizing mental health and psychosocial support (MHPSS) responses. Without adequate infrastructure, both the scale and impact of PSS were constrained.

[57] Loughry, M., & Ager, A. (2001). The refugee experience: Psychosocial training module. Refugee Studies Centre, University of Oxford.

3. Cultural Practices and Traditional Healing

Traditional systems played a pivotal role in healing and reconciliation. Elders' mediation practices, including Shimglina and Jarsummaa, were commonly used to resolve disputes and offer emotional support. "Our community has rich traditional systems that support emotional healing through elders' mediation and spiritual practices," a key informant for Oromia shared. Religious rituals and ceremonies, such as prayers and reconciliation rituals, were seen as therapeutic mechanisms for processing grief and rebuilding trust.

Another key informant who is currently working on a project in Amhara and Benishangul regions stressed the importance of aligning PSS with local cultural values, noting that "efforts should be inclusive, context-sensitive, and rooted in community traditions." Such alignment increased acceptance and sustainability. Scholars such as Summerfield have long argued that effective psychosocial interventions must be grounded in culturally appropriate practices to avoid external imposition and ensure local ownership.[58]

4. The Role and Importance of Psychosocial Support in Peacebuilding

The research underscored the centrality of psychosocial healing in peacebuilding processes. As a FGD participant from Oromia remarked, "Psychosocial support is a cornerstone of sustainable peacebuilding," highlighting its role in emotional recovery, trust rebuilding, and trauma healing. Likewise, a number of informants from Oromia and Tigray stated that "without healing, efforts to restore peace risk being superficial or short-lived."

PSS was understood not merely as a humanitarian or mental health tool, but as a critical bridge between immediate relief and long-term peace. When locally led and integrated into broader reconciliation frameworks, psychosocial interventions became catalysts for dialogue and community rebuilding.

This supports the growing literature that places psychosocial recovery at the heart of sustainable peace.[59] Emotional wounds, when left unhealed, can fester into new cycles of grievance and violence. Therefore, addressing trauma was not a peripheral task, it was central to durable peace.

[58] Summerfield, D. (1999). A critique of seven assumptions behind psychological trauma programmes in war-affected areas. Social Science & Medicine, 48(10), 1449–1462.
[59] Galtung, J. (1996). Peace by Peaceful Means: Peace and Conflict, Development and Civilization. Sage.

5. PSS Interventions and Strategies

The study found that effective PSS strategies were community-based, participatory, and trauma-informed. Respondents from Oromia and Benishangul highlighted the unparalleled value of community-based initiatives such as dialogues and trauma counseling, youth engagement programs, and community rituals. Ex-combatant reintegration through vocational training and ceremonial rites was also reported as instrumental in rebuilding relationships.

6. Leadership, Coordination, and Stakeholders

The effectiveness of PSS was strongly influenced by the quality of leadership and coordination among stakeholders. Mental health professionals with experience in peacebuilding were considered invaluable, alongside community-based organizations and local institutions. “Psychologists and psychiatrists experienced in peacebuilding play crucial roles,” a respondent from Oromia noted.

The involvement of NGOs, faith leaders, women and youth associations, and community elders provided both credibility and local legitimacy. Sustained success, according to participants from all regions, agreed on community leadership and ownership and inter-sectoral collaboration.

7. Challenges and Barriers in PSS Implementation

Despite its recognized importance, PSS faced significant obstacles. These included the lack of trained personnel, funding gaps, and ongoing security risks. The researchers observed a similar response from almost all of the KII and FGD participants that there is high level of stigma around mental health Many avoid counseling because of fear of being labeled ‘crazy’ and pointed to ethnic tensions and politicization as further barriers.

Additionally, there are very few counseling centers available, especially in rural areas, limiting access to the PSS. These barriers underscored the need for systemic reform and more inclusive, de-stigmatized models of psychosocial care.

8. Solutions, Recommendations, and Sustainability

The study identified several actionable strategies for improving the impact and sustainability of PSS. Integrating local cultural practices, training community actors, and launching public awareness campaigns were emphasized. “Programs that align with local traditions are more accepted and effective,” one of the key informants noted.

Respondents also stressed the importance of cross-sectoral partnerships, inclusive program design, and secure long-term funding. Community buy-in ensures programs continue after external support ends.

9. Conceptual Understanding of Peace and Psychosocial Support

Participants offered nuanced perspectives on the meaning of peace and the scope of psychosocial support. “Peace is not just the absence of violence; it’s the presence of justice, healing, and community resilience.” Likewise, PSS was understood to address “emotional, social, and spiritual dimensions of wellbeing.”

The connection between emotional healing and sustainable peace was a recurring theme: “Healing emotional wounds is essential for reconciliation and lasting peace.” This called for “locally grounded and culturally sensitive approaches,” recognizing that peacebuilding is a “continuous, multi-dimensional process.” Said a FGD participant from the Tigray region.

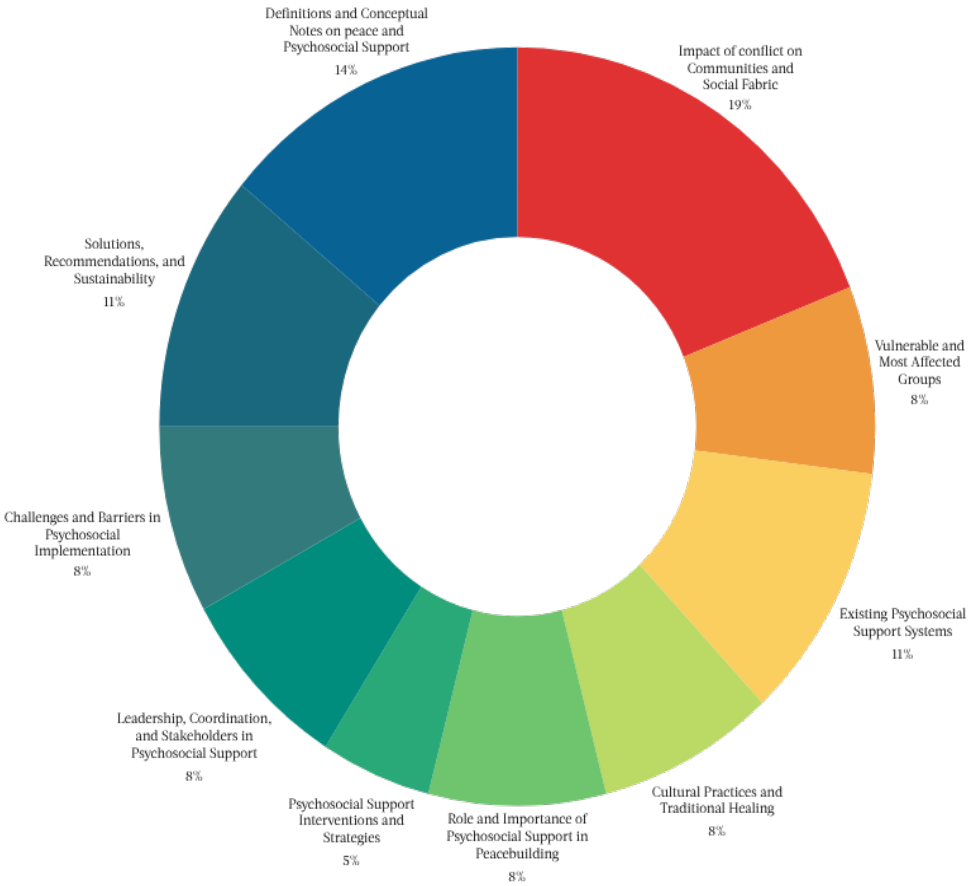

Figure 06: Frequency or Prevalence of Issues Mentioned by Participants

ISSUE/CHALLENGE	DESCRIPTION
WIDESPREAD TRAUMA	Conflict has left deep psychological wounds, grief, and societal distress, leading to significant mental health conditions such as depression, anxiety, and PTSD.
EROSION OF SOCIAL COHESION	The research found a breakdown of community trust and an increase in inter-group tensions, making reconciliation and collaborative recovery difficult.
GENDER-SPECIFIC TRAUMA	Women and girls have been disproportionately affected by sexual violence, forced marriages, and trafficking, which often leads to social stigma and suicidal ideation. Men and boys also experience gender-specific trauma, such as forced recruitment and suppressed emotions due to traditional expectations of masculinity.
HUMANITARIAN CRISIS	The conflicts have led to mass displacement, with an estimated 4.5 million people remaining displaced nationwide as of June 2024.
UNDER-RESOURCED PSS SERVICES	The public health system is ill-equipped to handle the scale of the need for psychosocial support, with services largely insufficient due to limited funding and a shortage of trained professionals.

Table 01: Key Impacts of Conflict on Psychosocial Well-being and Social Fabric

CONTEXT	KEY LESSON FOR ETHIOPIA	COMPARATIVE FINDINGS/CHALLENGES
RWANDA	Integration of PSS into national reconciliation efforts is crucial.	Rwanda's use of spiritual care and community-based interventions is a model for Ethiopia's traditional mechanisms. Both countries face a shortage of trained professionals and a need for sustainable programs.
SOUTH AFRICA	Transitional justice processes (e.g., TRC) must be trauma-sensitive to avoid re-traumatizing survivors.	Community-based models using storytelling and narrative theater are effective in fostering empathy. Ethiopia's Draft Transitional Justice Policy lacks clarity on safe storytelling and trauma-informed community processes.
SOUTH SUDAN	PSS interventions led by NGOs and humanitarian agencies are critical but face significant barriers.	Both nations face ongoing insecurity, limited funding, and a severe shortage of qualified mental health professionals. Integrating livelihood training with mental health support is a valuable approach.

Table 02: Comparative Analysis: Lessons from International Case Studies

RESEARCH FINDING	CONNECTION TO ETHIOPIAN POLICY FRAMEWORKS	GAP	RECOMMENDATION
UNADDRESSED TRAUMA IMPEDES RECONCILIATION.	While the 2019 National Peacebuilding Strategy acknowledges indigenous mechanisms, it lacks a structured integration of PSS.	The Ministry of Peace does not embed trauma-informed practices in return programs	PSS must be systematically integrated into all peacebuilding strategies.
VICTIMS' NEEDS WERE OVERLOOKED IN PAST JUSTICE MODELS.	The 1990s transitional justice approach focused on prosecutions (SPO) but lacked restorative elements like truth-telling or psychosocial support.	The historical prosecution model missed opportunities for communal healing	Future policies must prioritize victim-centered, restorative justice.
SERVICES ARE UNDER-RESOURCED AND UNCOORDINATED.	Ethiopia has made progress with national mental health strategies, but services remain under-resourced and largely driven by NGOs.	Health and peace sectors remain siloed, creating sustainability and coordination gaps	The government must coordinate across ministries and allocate public funding for community PSS.
GENDER-SPECIFIC TRAUMA REQUIRES A TAILORED APPROACH.	The Draft Transitional Justice Policy (2023) acknowledges institutional reform but falls short on operationalizing trauma-informed community processes.	The draft policy lacks clarity on structured support for survivors of SGBV or trained facilitators	Gender-responsive PSS must be integrated into national strategies, focusing on empowering women and ensuring resources reach remote communities.

Table 03: Findings and Connections to Ethiopia's Policy Frameworks

5. CONCLUSION AND RECOMMENDATIONS

5.1. Conclusions

The research, drawing on insights from key informant interviews and case studies in Benishangul Gumuz, Tigray, Oromia, and Amhara regions of Ethiopia, concludes that for a nation with Ethiopia's history of conflict, the traditional transitional justice model is insufficient for building a stable and just society. The most urgent finding from this study is that a focus on political and legal dimensions alone fails to address the "hidden psychosocial wounds" of violence. As multiple key informants highlighted, the profound erosion of trust, anxiety, and fear that permeate communities must be explicitly and intentionally addressed. The re-emergence of violence in regions like Tigray, Oromia, and Benishangul-Gumuz underscores that without psychosocial healing, political settlements are at risk of becoming "fragile ceasefires that can unravel under stress".

The path forward for Ethiopia's national dialogue and peacebuilding efforts lies in its ability to bridge modern principles of accountability with place-based, culturally legitimate approaches to healing. The research strongly suggests that Ethiopia's rich indigenous systems such as Shimglina, Gadaa, and xeer are not relics but adaptable frameworks that can be a powerful engine for this hybrid approach. The most impactful finding here is the confirmation that these indigenous systems and rituals have a therapeutic role and can be used to build greater buy-in and more durable reconciliation.

This research further emphasizes that the successful integration of PSS into peacebuilding is fundamentally tied to a gender-responsive approach. The deeply gendered nature of trauma, resilience, and recovery makes gender-equitable peacebuilding not a choice but an imperative. As the research concludes, "women, in particular, play critical though often overlooked roles as peacebuilders, healers, and agents of transformation".

In summary, the key informants' perspectives from across the four regions where this research was conducted converge on the finding that PSS must be an "integrated pillar, not a side project". This is a crucial finding that highlights the immense opportunity to use the nation's powerful indigenous systems and robust civic network as a delivery system for psychosocial support. Ultimately, the goal is to build a society where people feel emotionally and relationally safe enough to live together despite their differences.

5.2 Recommendations

Based on the research findings from the attached document, the following recommendations are structured into short-, medium-, and long-term phases to guide the integration of psychosocial support (PSS) into Ethiopia's peacebuilding framework.

Short-Term Recommendations (Immediate Action)

These recommendations focus on establishing foundational partnerships and initial capacity-building efforts to create the necessary momentum for a comprehensive PSS strategy.

- Forge Strategic Partnerships and Strengthen Local Capacity: International Civil Society Organizations (ICSOs), such as the American Friends Service Committee, should partner with local organizations like OMNI Ethiopia and Finote Legal Professionals' Association (FLA) to leverage their grassroots expertise and community trust. These partnerships should be aimed at strengthening local ownership and cultural sensitivity.

Lead Stakeholders: International CSOs, Local CSOs (OMNI Ethiopia, Finote Legal Professionals' Association), Community Leaders.

- Train Local Facilitators: It is critical to train local facilitators, including elders, journalists, faith leaders, and women's groups, in basic trauma support skills and referral pathways.

Lead Stakeholders: Local and International CSOs, Religious Institutions, Media Outlets.

- Advocate for Sustainable Funding: Key stakeholders should advocate for sustainable, multi-year, and flexible funding for gender-responsive PSS, prioritizing local and grassroots services.

Lead Stakeholders: Local CSOs, International Donors, Government Ministries.

Medium-Term Recommendations (Building on Momentum)

These actions involve institutionalizing PSS into national policies and creating structured programs that can be scaled across conflict-affected regions.

- Institutionalize PSS and Blend Methodologies: PSS, including trauma healing, must be made an explicit pillar of Ethiopia's transitional justice frameworks and peacebuilding policies. Stakeholders should blend indigenous and modern tools by adapting traditional systems like Shimglina, Gadaa, and xeer with modern mental health practices.

Lead Stakeholders: Ministry of Peace, National Dialogue Commission, Local Authorities.

- Establish Community Healing Spaces: Support NGOs and local institutions to fund and run dedicated community healing spaces, such as counseling centers, youth dialogues, and survivor circles, directly linked to transitional justice mechanisms.

Lead Stakeholders: Local and International NGOs, Local Institutions.

- Strengthen Institutional Capacity and Coordination: Coordinate across government ministries and sectors—including health, education, protection, and peacebuilding—to deliver integrated MHPSS services.

Lead Stakeholders: Ministry of Health, Ministry of Education, Ministry of Peace, Ministry of Women and Social Affairs.

Long-Term Recommendations (Sustained and Systemic Change)

These recommendations focus on long-term systemic changes, including comprehensive policy reform, research, and data collection to ensure the sustainability and effectiveness of PSS.

- Advance Research and Data-Informed Practices: Invest in robust monitoring and research to build a strong evidence base for PSS. This includes conducting empirical studies on how blending traditional reconciliation with modern psychosocial methods affects trust-building and carrying out impact evaluations of community-based PSS programs.

Lead Stakeholders: Research Institutions, Government Ministries, International Partners.

- Implement a Gender-Responsive and Inclusive Framework: All PSS programming must be gender-responsive and contextually grounded, beginning with a robust gender analysis to identify the differentiated needs of women, men, girls, and boys. This includes providing sustained support to local women-led organizations and working with elders to reform exclusionary traditional practices.

Lead Stakeholders: Ministry of Women and Social Affairs, Local Women-Led Organizations, Community Elders, Religious Institutions.

- Integrate PSS Across Key Sectors: Ensure a coordinated, government-wide approach by integrating PSS into sectors like education and health. The education system should integrate peace education and trauma-sensitive teaching, while the health sector needs to scale up community-based mental health services.

Lead Stakeholders: Ministry of Education, Ministry of Health, Ministry of Peace.

APPENDICES

Appendix 1. Key Informant Interview (KII) Guide

Title: The Added Value of Psychosocial Support on Sustainable Peacebuilding in Ethiopia

Purpose: To gather in-depth insights from knowledgeable individuals on psychosocial needs, existing support structures, gaps, and opportunities to enhance peacebuilding efforts through psychosocial interventions.

Participants: 7 key informants from the four regions and Addis Ababa, including community leaders, local officials, elders, faith leaders, civil society representatives, and other relevant stakeholders.

Duration: 45–60 minutes

Interviewer: _____

Note Taker/Recorder: _____

1. Introduction (5 minutes)

- Welcome and thank the interviewee for their time and willingness to share their expertise. Introduce yourself and the note taker.
- Explain the purpose: "We are conducting interviews to understand how psychosocial support can help communities recover from conflict and build sustainable peace." Emphasize confidentiality: "Your responses will be kept confidential and only used for research purposes."
- Request (Verbal or Written) permission to take notes and record (if applicable).
- Clarify the expected duration (about 45–60 minutes).

2. Background Information (5 minutes)

- Please tell us about your role and responsibilities in this community or organization.
- How long have you been in this position?
- What is your connection or involvement with peacebuilding or psychosocial support initiatives?

3. Context and Impact of Conflict (10–15 minutes)

- From your perspective, how has the conflict affected this community/region?
- What are the main social and psychological impacts you have observed?
- Which groups in the community have been most affected by these impacts?
- In your opinion, what are the biggest challenges in restoring trust, relationships, and social

cohesion?

4. Existing Psychosocial Support and Gaps (15–20 minutes)

- What forms of psychosocial support currently exist in this community/region?
- Are these support mechanisms formal (NGO/government) or informal (traditional, community-based)?
- Who provides these services or supports? (e.g., local leaders, elders, religious institutions, NGOs)
- How effective do you think these supports are in addressing community needs?
- Where do you see gaps or limitations in the current psychosocial support systems?
- Are there traditional or cultural practices that help people deal with trauma or rebuild relationships?

5. The Role of Psychosocial Support in Peacebuilding (15–20 minutes)

- In your view, how can psychosocial support contribute to sustainable peacebuilding?
- What kinds of psychosocial interventions would be most relevant and acceptable here? (e.g., trauma counseling, community dialogues, youth engagement, reintegration of ex-combatants, community rituals, etc.)
- Which groups or individuals should be prioritized for psychosocial support?
- Who should lead or coordinate these psychosocial peacebuilding efforts?
- What do you see as potential challenges in implementing psychosocial support initiatives in this context?
- What suggestions do you have for overcoming these challenges?

6. Recommendations (5–10 minutes)

- What advice would you give to organizations, policymakers, or donors interested in supporting psychosocial peacebuilding here?
- What should they keep in mind to ensure these efforts are culturally appropriate, inclusive, and sustainable?
- Is there anything else you think is important for us to know about psychosocial support and peacebuilding in this community?

7. Closing (2–3 minutes)

- Thank the informant for their valuable insights and time.
- Reassure them about confidentiality and explain how their input will be used to inform the research and future interventions.
- Provide your contact details in case they wish to add anything later.
- If appropriate, offer a token of appreciation.

Appendix 2. Focus Group Discussion (FGD) Guide

Title: The Added Value of Psychosocial Support on Sustainable Peacebuilding in Ethiopia

Purpose: To gather insights from diverse community members on how psychosocial support can foster healing, trust, and sustainable peace in conflict-affected regions.

Participants: Approximately 8-9 individuals per session, representing different segments of conflict-affected communities (youth, elders, women, religious leaders, community leaders, ex-combatants, displaced persons, etc.).

Duration: 1.5 – 2 hours

Facilitator: [Facilitator's Name]

Note Taker/Recorder: [Name]

1. Welcome and Introduction (5–10 minutes)

- Welcome participants and thank them for their time and willingness to share their experiences.
- Introduce yourself and the note taker.
- Explain the expected duration (1.5–2 hours).
- Emphasize confidentiality: no names will be included in reports.
- Ask for consent to record (as applicable).
- Establish ground rules: respect, listen actively, speak one at a time, no right or wrong answers.

2. Warm-Up Questions (10 minutes)

1. Please introduce yourself (or share how you'd like to be addressed) and your role or connection to the community.
2. How long have you lived in this community?
3. When you think about peace, what comes to mind for you personally?

3. Main Discussion Questions

A. Understanding the Context (15–20 minutes)

1. In what ways has the conflict affected your community?
    - How have relationships between people changed?
    - Who has suffered the most?
2. What are the biggest challenges the community faces in restoring peace and trust?
3. What do you think are the main barriers to achieving lasting peace here?

B. Current Psychosocial Needs and Practices (20 minutes)

4. How do people here cope with the stress and trauma caused by conflict?

5. What kinds of support do people currently have to help them cope?
    - Are there traditional practices that help people deal with emotional or social challenges?
    - Do organizations or the government provide any support?
6. When someone is struggling, who do they usually turn to for help?

C. Role of Psychosocial Support in Peacebuilding (25–30 minutes)

7. How do you think psychosocial support can help people rebuild trust and relationships?
8. What kinds of psychosocial support activities or services do you think would work best here?
    - Examples: counseling, community dialogues, youth or women's groups, cultural or faith-based healing, etc.
9. Who should be involved in providing this support? (Community elders, religious leaders, youth leaders, local authorities, NGOs, etc.)
10. Are there any specific groups that need extra support? (e.g., women, youth, ex-combatants, displaced families)
11. What challenges might arise in providing this support? How can those challenges be addressed?

D. Recommendations and Closing (10–15 minutes)

12. What would you like to see happen in your community to help people heal and live peacefully together again?
13. What advice would you give to organizations or government bodies that want to help provide psychosocial support here?
14. Is there anything important we haven't asked about that you'd like to share?

4. Closing (5 minutes)

- Summarize the main points shared.
- Thank everyone for their honest contributions.
- Explain how the information will be used and how it may benefit the community.
- Provide contact information in case they want to share more later.
- Offer any agreed-upon refreshments or tokens of appreciation.

Appendix 3: Work Plan

Key Activities	June	July				August
	W4	W1	W2	W3	W4	W5
1. Contract signing						
2. Desk review and inception report preparation						
3. Submit Draft Inception Report						
4. Comment on draft inception report						
5. Intensive desk review and preparation for fieldwork						
6. Data collection						
• Amhara Regional State						
• Beneshangul Gumuz Regional State						
• Oromia Regional State						
• Tigray Regional State						
7. Write and submit the draft report						
8. Comment on the draft report						
9. Submit • Final Research Report • Advocacy and Communication Materials • Raw Data and Tools						

Appendix 4: Selected Interview and FGD Pictures

Interview in Oromia Regional State

FGD in the Amhara Regional State

FGD in the Tigray Regional State

FGD in the Benishangul Gumuz Regional State

Appendix 5: KII and FDG in Four Regions

Tigray region

Key Informants

NO.	SEX	AGE	OCCUPATION
1	M	47	Academics
2	F	40	Unemployed
3	M	43	Academics
4	M	41	Academics
5	M	42	Religious Leader
6	F	30	Development/psychosocial Support NGO
7	M	47	Development/psychosocial Support NGOs

FGD I

NO.	SEX	AGE	OCCUPATION
1	M	30	Police
2	M	55	Religious Leader
3	M	46	Police
4	F	30	Academics
5	M	60	Religious Leader
6	F	35	Academics
7	M	27	Development/psychosocial Support NGO
8	M	50	Development/psychosocial Support NGO

FGD II

NO.	SEX	AGE	OCCUPATION
1	F	32	Health Worker
2	F	33	Unemployed
3	F	50	Unemployed
4	F	37	Development/psychosocial Support NGO
5	M	42	Academics
6	M	59	Religious Leader
7	M	65	Community Leader
8	F	23	IDP
9	F	31	IDP

Amhara region

Key Informants

NO.	SEX	AGE	OCCUPATION
1	F	47	Unemployed
2	F	35	Development/psychosocial Support NGO
3	F	57	IDP
4	M	62	IDP
5	M	40	Religious Leader
6	M	53	Religious Leader
7	M	42	Religious Leader

FGD I

NO.	SEX	AGE	OCCUPATION
1	F	26	Academic
2	F	39	Health Worker
3	M	69	Community Elder
4	M	50	Religious Leader
5	F	24	Unemployed
6	M	55	Religious Leader
7	M	49	Religious Leader
8	F	35	Development/psychosocial Support NGO
9	M	47	Development/psychosocial Support NGO

FGD II

NO.	SEX	AGE	OCCUPATION
1	M	70	Community Elder
2	M	44	Police
3	F	28	Academic
4	F	30	Health Worker
5	M	39	Religious Leader
6	M	60	Religious Leader
7	M	51	Religious Leader
8	F	25	Development/psychosocial Support NGO

Oromia region

Key Informants

NO.	SEX	AGE	OCCUPATION
1	F	19	IDP
2	M	33	Police
3	M	47	Militia
4	M	53	Community Elder
5	M	60	Community Elder
6	M	65	Religious Leader
7	M	37	Religious Leader

FGD I

NO.	SEX	AGE	OCCUPATION
1	M	45	Government Worker
2	F	55	Gender Officer
3	M	33	Police Officer
4	M	42	Teacher
5	F	44	Government Worker
6	M	26	Psychology Teacher
7	M	39	Government Worker
8	M	29	Health Worker
9	M	47	Health Worker

FGD II

NO.	SEX	AGE	OCCUPATION
1	M	55	Police
2	M	62	Militia
3	F	30	Development/psychosocial Support NGO
4	M	56	Religious Leader
5	M	41	Community Elder
6	M	23	Religious Leader
7	F	38	Academic
8	M	33	Academic

Benishangul region

Key Informants

NO.	SEX	AGE	OCCUPATION
1	M	45	Academic
2	M	40	Development/psychosocial Support NGO
3	F	55	IDP
4	M	38	Religious Leader
5	M	27	Health Worker
6	M	35	Police
7	M	23	Academic

FGD I

NO.	SEX	AGE	OCCUPATION
1	F	29	IDP
2	F	43	IDP
3	M	67	Religious Leader (Orthodox
4	M	30	Police
5	M	47	Militia
6	M	33	Health Worker
7	M	29	Development/psychosocial Support NGO
8	M	39	Health Worker

FGD II

NO.	SEX	AGE	OCCUPATION
1	M	42	Government Worker
2	M	32	Religious Leader (Orthodox)
3	M	56	Religious Leader
4	M	29	NGO Staff
5	M	23	Unemployed
6	M	30	Academic
7	M	47	Police
8	M	55	IDP

American Friends Service Committee

About the American Friends Service Committee (AFSC)

The American Friends Service Committee (AFSC) promotes a world free of violence, inequality, and oppression. Guided by the Quaker belief in the divine light within each person, we nurture the seeds of change and respect for human life to fundamentally transform our societies and institutions. We work with people and partners worldwide of all faiths and backgrounds to meet urgent community needs, challenge injustice, and build peace. Through its Africa Regional Office in Kenya, AFSC promotes projects in Kenya, South Sudan, Somalia, Burundi, and Zimbabwe, with an evidence-based advocacy component for policy change in the Horn of Africa, with an office in Addis Ababa, Ethiopia. AFSC has decades of experience leading advocacy, evidence-based research, and worldwide civil society strengthening programs.

AFSC brings Global South leaders and Civil Society Organizations through the Dialogue and Exchange Program to learn and exchange ideas every year. Due to the challenging situation in the Horn of Africa, AFSC focused intensely on this region to link up with existent civil society networks and Faith Leaders to contribute with its specific expertise.

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This research was produced with support from Brot für die Welt (BfdW)