

Ethiopia Multi- Family Healing Spaces

**Intervention Impact
Assessment Results**



November 2025

OUTLINE



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Integrated Cross-Sectoral

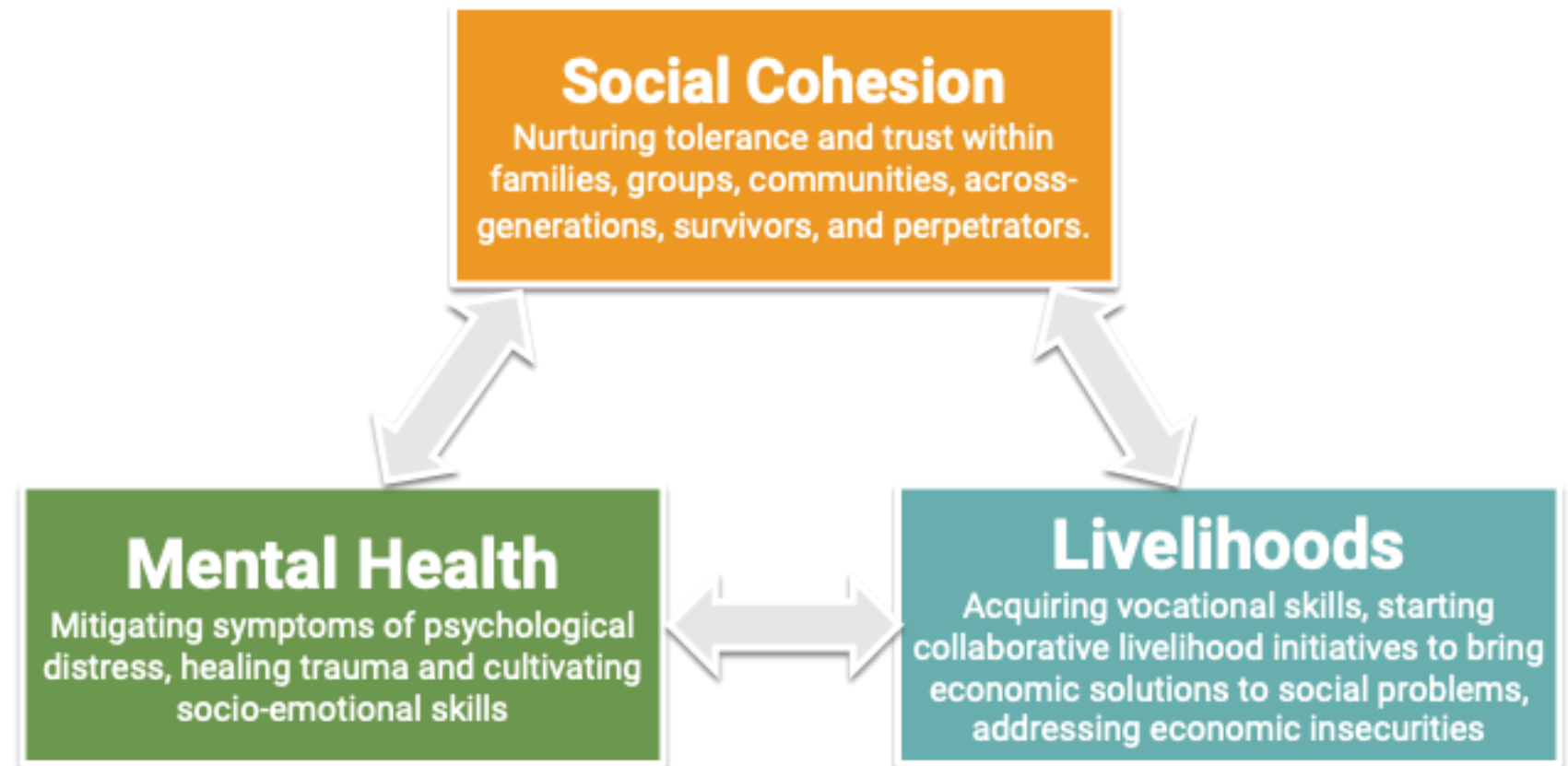


Programming for Transformative Peace

Conflict leads to trauma, undermines social trust, and exacerbates poverty.

Traumatized persons find it difficult to engage in the community and reconcile, while communities without social cohesion experience greater insecurity and psychological distress.

Mental health and social cohesion challenges undermine sustainable livelihood opportunities, while absence of livelihoods leads to economic insecurity, anxiety, social polarisation and rivalries related to access to resources.



An integrated 4-D approach

Stage 1. Discovery

Robust Population
Research

Mapping the challenge
Producing good evidence

Stage 2. Deliberative Design

Programme &
Intervention Design

Creating a roadmap
Designing protocols

Stage 3. Demonstration

Intervention
Implementation &
Impact Assessments

Piloting & learning

Stage 4. Deployment

Scale-up

Adapting & expanding

What is MFHS?

The **Multi-Family Healing Spaces (MFHS)** model is a *family-centred psychosocial intervention* that brings together multiple families to strengthen communication, rebuild trust, and nurture youth wellbeing and resilience. Rooted in **multi-family therapy** and **socio-therapy principles**, it helps families and communities recover from conflict and adversity by:



HEALING

Emotional wounds and trauma



PROMOTING

Gender equality and positive parenting



BUILDING

Youth confidence, purpose and leadership



ENHANCING

Community trust, dialogue and collaboration

How does MFHS work?

1. **Family Healing Spaces** – build empathy, understanding and address conflict
2. **Parents-Only Spaces** – practice democratic, nurturing parenting
3. **Youth-Only Spaces** – strengthen self-expression, self-regulation and life skills
4. **Intergenerational Spaces** – bridge generations, plan futures together

In parallel, community consultations engage leaders, schools, and institutions to amplify and sustain change.

Four Phases of Healing and Growth

1

Feeling safe and heard
Sharing family stories and experiences

3

Empowering youth
Addressing trauma and gender norms

2

Building new connections
Strengthening communication and problem solving

4

Transferring change to the community
Promoting forgiveness, collective action and social cohesion

Our Theory of Change

IF

conflict-affected youth and their parents or guardians participate in **contextually adapted Multi-Family Healing Spaces (MFHS)** where:



YOUTH

develop socio-emotional, civic, and peacebuilding skills



FAMILIES

align values across generations and adopt nurturing, gender-equitable practices; and



COMMUNITIES

recognise and collaborate to reduce barriers to adolescents' psychosocial growth, wellbeing and build more cohesive harmonious relationships

THEN

conflict-affected youth and families can imagine and pursue diverse, positive life trajectories

BECAUSE

they will gain the psychosocial assets, relational skills and social capital to overcome adversity and achieve their aspirations.

AS A RESULT

- Young people's, especially girls', educational attainment and prospects improve;
- Family conflict and vulnerability decline;
- Social cohesion and collaborative livelihood opportunities strengthen in communities.

MFHS in Ethiopia



1

Qualitative calibration

Conflict analysis and qualitative research with the target groups, beneficiaries, community leaders and key stakeholders in Benishangul-Gumuz Regional State to empirically **identify challenges and adversities on family and community level as well as the overt and hidden barriers to girls' education** to inform programming and protocol adaptation.

2

Protocol adaptation & RCT design

Together with **national and international experts, revise and adapt the protocol** inspired by the healing model developed and successfully applied in Rwanda to address the unique challenges of the context. 85 facilitators and 12 supervisors were trained on the implementation of the protocol.

3

Intervention implementation

~150 families (~570 individuals), who are recruited for the intervention following a screening assessment, are **randomized in treatment and control groups** (total 40 groups, 4-6 families per group). **~80 families** received the MFHS intervention, which is implemented over **18 weeks across 24 sessions** (72 hours).

4

Impact assessment

Quantitative: Baseline and endline data collection via face-to-face surveys from all participants, **analysis of treatment and control groups**, and study of change effect size for outcome indicators.

Qualitative: Endline data collection from 47 individuals via **interviews and focus groups** with treatment group participants along with educators, religious leaders and community representatives.

Intended intervention outcomes

Overall Objective: Empower girls, parents and teachers in Benishangul-Gumuz Regional State and foster resilience on individual, family and community levels while fostering life skills among participants and facilitators.

- 1 Improve mental health, trauma healing, and recovery
- 2 Strengthen family cohesion and resilience
- 3 Build life skills through psycho-education
- 4 Enhance democratic and gender-sensitive parenting
- 5 Enhance community cohesion, trust, and collaboration

Intervention Overview



HEALING FORMATS	SESSIONS	GOAL
Family Healing	4	Align family values; Heal ruptured relationships; Build supportive & respectful relationships
Parents-Only	8	Heal Personal Trauma; Cultivate Parenting Skills; Strengthen Couples Collaboration; Reflect on Expectations from Boys & Girls
Youth-Only	8	Heal Personal Trauma; Cultivate Soft Skills, Socioemotional Skills, Civic Skills and Skills for Peace; Reflect on Life Paths and Aspirations
Intergenerational	4	Update Community Norms on Youth, Gender, Cross-Ethnic Relations; Plan for Civic Actions and Social Enterprises
Community [consultations]	2	Build awareness about the intervention, its importance, and how they could support youth and families.

PARTICIPANTS	TOTAL
Number of Families	152
Number of Participants	568
Number of Groups	40
Treatment vs. Control Groups	20 - 20
Average Number of People per Group	14
Average Number of Families per Group	4

Impact Assessment

QUANTITATIVE SAMPLE: 492	Treatment	Control
Parent Sample	127	141
Youth Sample	111	113
Total	238	254

QUALITATIVE SAMPLE: 47	Interviews	Focus Groups
Parents	11	
Youth	21	
Educators	3	
Community representatives		12
Total	35	12

How to read the results

Two groups & two time points



Control group and Treatment group



Baseline and Endline

What we report
The “treatment effect”



We show the **clean difference** between two groups between two timepoints of the intervention



Treatment Effect Formula:
Change in Control [C-endline - C-baseline] - Change in Treatment [T-endline - T-baseline]

Quick example



Control group: 4.6 → 4.8 (+0.2)



Treatment group: 4.7 → 5.2 (+0.5)



Treatment effect = +0.2 - +0.5 = +0.3 points
The program lifted the outcome by **+0.3 points** beyond what happened in the control group.

PROJECT RESULTS

Individual level improvements

- Post-traumatic growth and emotional resilience among youth and parents
- Youth confidence, determination and spirituality
- Substance use among youth

Family level improvements

- Gender-equity and balance within the household
- Democratic parenting practices and family dialogue

Community level improvements

- Intergroup trust and social cohesion

*"Before, I was strict and controlling...
after the training, I respect my
daughter's thoughts."*

(Parent)

*"Families who had
internal disputes are
now resolving them
through dialogue
and understanding."*

(Community elder)

*"Since the sessions, my parents
consult us before making family
decisions, even for buying
farmland."*

(Youth participant)



QUANTITATIVE Indicators	Respondent group	Treatment Effect
Post-Traumatic Growth	Parent Sample	1.2
	Youth Sample	1.4
Alcohol & Substance Use	Parent Sample	0.2
	Youth Sample	-0.8
Spirituality	Parent Sample	-0.2
	Youth Sample	0.7

QUALITATIVELY, both youth and parents describe **emotional regulation** and openness along with **reduction in aggression and impulsivity** as the main positive mental health outcomes of the intervention. They assert the importance of engaging youth to prevent addiction. They also describe experiencing improvements in **forgiveness** and **empathy**.

"It [the intervention] helped me control my emotions and understand my real feelings."

"When I feel angry, I sit down and filter the cause, then share... or I can find solutions by myself."

"We decided to forgive each other... The intervention taught us forgiving not revenge."

2 Strengthen family cohesion and resilience

QUALITATIVELY, both youth and parents express **healing emotional distance**. They particularly note improved relationships with their daughters, rebuilding marital partnerships and with the extended family. They also talk about supporting family members with disabilities or under stress. **Resolving family conflicts peacefully**, negotiation and compromise among family members and rebuilding bonds between siblings are common themes.

Both youth and parents describe emergence inter-family **emotional and practical support mechanisms**, creation of a culture of regular and guided family discussions with mutual respect as a result of the intervention.

"Before the intervention, my daughter was afraid of me... my children were not expressing their wishes and needs because I was getting angry."

"I start to understand the problem and go for a solution rather than crying... rather than hiding."

"My uncle cried... we made peace... This training gave me everything I want..."

"Before we joined the intervention, we held regular family discussions. But these discussions were not well-guided and did not improve over time."

3 Build life skills through psycho-education

QUANTITATIVE Indicators	Respondent group	Treatment Effect
Determination & Resilience	Parent Sample	0.2
	Youth Sample	0.7
Decision Making	Parent Sample	0.1
	Youth Sample	0.6

QUALITATIVELY, parents and youth describe the ways in which the intervention helped them build **self-confidence and communication competence**, ability to express themselves clearly both within families and in broader community settings, transforming silence and fear of speaking. Common themes that emerged also include cultivation of life skills related to **problem solving, collaborative learning, active listening and perspective taking**.

"I can participate in group discussions, I start to present discussion reports on the stage, I can suggest solutions or important ideas, and I can tell what my future dream is about."

"It [intervention] made me to think issues critically, increased my confidence... to fix my goals."

"We got knowledge about techniques to solve family and community conflicts."

"After the intervention I am not conflicting with people for minor issues, and even after conflicts, I now experience tolerance and discuss to solve the problem."

Parents most frequently report **democratic parenting**, collective decision making with their children, calmer discipline, more thoughtful childcare strategies. They talk about setting behavioural boundaries (e.g., mobile use), respecting children's educational choices, providing intentional emotional and material support for schooling, and **transitioning from casual oversight to active encouragement**. They mention **family planning** and promoting goal-oriented routines within the family as a foundational life skill.

Educators who were interviewed also confirm tangible family and student transformation, **improved family-school relations**, improvements in girls' clubs and more equitable roles at schools.

"Now... every family member starts to engage in decision making... this brings stability to the family."

"This time, there is no decision made by parents exclusively. We have to consult our children to make an inclusive decision for the family."

"After the training... my parents consult us... to buy farmland or to buy or sell house."

"Before the intervention, my husband was not consulting me for decisions... we were going in different directions despite living in the same household."

"We have to plan about their schooling materials, about how to support them during their schooling or how to cover housework responsibilities."

QUANTITATIVE Indicators	Respondent group	Treatment Effect
Gender: Equality in Leadership and Employment	Parent Sample	0.1
	Youth Sample	0.5

QUALITATIVE evidence reflects a shift from traditional, rigid divisions of gender-based roles to a more **equitable and collaborative approach**. Through the intervention, families began to **challenge stereotypes and embrace shared responsibilities for boys and girls**. Parents describe shifts in parenting strategies, reduced housework burden on girls and consequently daughters' improved school attendance and academic focus. Many parents recount improvements **spousal cooperation** and household management.

"I was not understanding her situation and would get aggressive when she did minor mistakes... Now thanks to the intervention, I can understand her, help her to achieve her goals and minimize her housework roles."

"Before the intervention, she was not focused on her schooling and she was loaded with housework."

"Before, I was dictator. After the training, I pay attention to what she is saying and respect her thoughts."

"Now there is no role division... we are supporting the females in the house."

5

Enhance community cohesion, trust, and collaboration

QUANTITATIVE Indicators	Respondent group	Treatment Effect
Inergroup Social Proximity	Parent Sample	0.2
	Youth Sample	0.6
Intergroup Trust	Parent Sample	0.7
	Youth Sample	0.4

QUALITATIVE evidence identified salient shifts in attitudes. Participants, elders and religious leaders highlight the **intergenerational collaboration**, where youth participation inspired broader community engagement and transformation, reflecting how personal and family-level transformations led to community-wide changes in **empathy, mutual support, reconciliation and gender-role shifts** (e.g. boys doing chores). Notably, they recount how the intervention helped **community level conflict resolution without external mediation**. Participants talk about actively sharing their learnings with neighbors, contributing to a more **peaceful, tolerant, cooperative, and emotionally aware community**.

"There is strong spill-over effect in the community. We share the intervention concepts like childcare, negotiation and communication with the community and they apply it in their households."

"The intervention fostered smooth communication among neighbours, allowing us to live peacefully with others."

Lessons & Limitations: Practical

Beneficiaries mentioned some constraints, which limited their full participation, led to absenteeism and hence restricted the intervention's full potential. Elders and religious leaders noted that these barriers led to uneven uptake among a minority groups.

Time and scheduling conflicts with work, school, or market days

Transportation difficulties

Overlapping responsibilities (e.g., childcare, exams)

Some language barriers as the intervention was implemented in Amharic

Difficulty managing time effectively (e.g. starting late)

Intervention duration too long

Lessons & Limitations: Contextual & Cultural

We need to rethink how conflict dynamics and emerging/ongoing adversities facing the community and the participants during the intervention is accounted for as this intervention was not [necessarily] taking place in a post-conflict setting. It may be worth updating and reflecting on the original conflict analysis that underpinned the design periodically to adjust and revise the intervention during scale-up.

New/emerging
adversities facing the
participants and the
community

Stigma around
mental health

Deep traditional
gender norms
sometime at odds
with intervention
values

Language barriers
between facilitators
and participants

Cultural acceptance
around lateness and
lack of punctuality
making time
management difficult

Recommendations from participants & the community

Participant insights reveal how logistical and pedagogical adjustments could enhance the intervention, facilitate its scaling and further increase its long-term impact.

- Intervention should be integrated into school curriculum and mainstreamed into social work and healthcare
- More facilitators, who speak local and minority languages, should be trained and engaged
- Intervention duration, timing and scheduling should be streamlined
- Overall time management should be improved to cover the content more comfortably
- Incentives should be revised to fully compensate for lost income
- More follow-ups should be planned (e.g., biannual refreshers)
- Intervention should be scaled to include more community members and teachers
- Elders, local leaders, and influential figures should be more engaged periodically
- There should be more community awareness, visibility and communication activities about the intervention

“When we talk about the intervention to other families, they are impressed with it... All the people I met and tell about it are eager to join the intervention.”

“I think all the people will have interest for the intervention because everyone wants to solve the problem at home and at community level.”

