Assessing the socioeconomic impacts of the Tigray war on visually impaired war veterans in the post-war context, the case of Mekelle Melles Rehabilitation Center

By

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This is to confirm that the dissertation prepared by Zemichael Gebreegziabher Tesfay , entitled: "Assessing the socioeconomic impacts of the Tigray war on visually impaired war veterans in the post-war context, the case of Mekelle Melles Rehabilitation Center", submitted in partial fulfillment of the requirements for MA in sociology fulfills with the regulations of the University and meets the accepted criteria with regard to the quality and originality**.**

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Dedication

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Abstract

This study explores the socioeconomic impacts of the Tigray war on Visualy disabled war veterans in the post-war context, the case of Mekelle Meles Rehabilitation Center. It addresses the limited understanding of how war-induced disabilities affect visually impaired veterans' social and economic reintegration in Ethiopia. Employing a qualitative case study approach, data were collected through in-depth interviews, focus group discussions, and key informant interviews with 37 participants at the Meles Rehabilitation Center, thereby making the sampling strategy purposive. The study draws on psychosocial theory of reintegration, stigma and social exclusion theory, social capital theory, ecological systems theory and social model of disability theoretical frameworks. Findings reveal pervasive social exclusion, stigma, and economic marginalization faced by disabled veterans, compounded by weak institutional support and disrupted social networks. The study recommends strengthening inclusive social policies, expanding community-based rehabilitation, enhancing vocational training and microfinance access, and fostering multi-sector collaboration to improve social support and economic opportunities for veterans. Implementing these strategies can facilitate their dignified reintegration and uphold their rights within post-conflict society.

Key Terms: socioeconomic impacts, visually impaired war, veterans, post-war, Rehabilitation

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Acronyms

- ACAS: Advisory, Conciliation and Arbitration Service
- CDC: Centers for Disease Control and Prevention
- FGD: Focus Group Discussion
- GO: Governmental Organization
- II: In-depth Interview
- KI: Key Informant Interview
- NGO: Non-Governmental Organization
- PVI: Persons with Visual Impairment
- UN: United Nations
- WHO: World Health Organization

Chapter one

1.Introduction

1.1. Background of the Study

Armed conflicts have long-lasting effects that extend beyond the battlefield, leaving behind deep social, economic, and psychological scars. Globally, populations emerging from war often face challenges such as displacement, poverty, mental health issues, and weakened social cohesion. Among the most affected are disabled war veterans, who encounter complex barriers as they attempt to rebuild their lives after combat. These individuals not only deal with the physical and psychological consequences of war-related injuries but also experience challenges related to social reintegration and access to livelihood opportunities challenges that are particularly acute in low-income and conflict-affected regions.

The Tigray region of northern Ethiopia has endured an intense and prolonged armed conflict from November 3, 2020, until a cessation of hostilities on November 2, 2022. The war has led to massive displacement, deaths, destruction of infrastructure, and widespread societal breakdown. While significant attention has been given to the humanitarian crisis during the conflict, the post-war experiences of disabled veterans particularly regarding their socioeconomic realities and the role of social support in their rehabilitation remain largely underexplored.

Disability, as defined by the Advisory, Conciliation and Arbitration Service (ACAS, 2016), refers to a physical or mental impairment that has a substantial and long-term negative effect on an individual's ability to perform daily activities. According to the International Classification of Functioning (ICF, 2019), disability includes various impairments, such as physical, cognitive, intellectual, and mental health conditions. Globally, over one billion people live with some form of disability (WHO, 2011), and this number is rising due to aging populations and the growing prevalence of chronic illnesses. Individuals with disabilities are disproportionately affected by poverty, limited access to services, and social exclusion realities that are especially severe in post-conflict societies.

Existing global literature indicates that social support is a key determinant of mental health and social functioning among individuals with disabilities, especially war veterans. Studies show that higher levels of perceived social support are associated with better psychological outcomes, including reduced symptoms of PTSD, depression, and anxiety, and improved quality of life (Eric et al., 2020). Social support whether emotional, informational, or practical can significantly enhance an individual's resilience and capacity to reintegrate into society (Burleson, 2009; Ji et al., 2019; Harris & Orth, 2019). However,

most of this evidence is drawn from high-income countries and formal military settings, and often neglects community-based realities in African post-conflict zones.

In Ethiopia, and particularly in the Tigray region, there is a noticeable lack of empirical, community-level research that explores how disabled veterans experience life after war. Their access to social support systems, economic opportunities, and community inclusion remains poorly understood. While broad disability-focused studies exist, they do not disaggregate the distinct experiences of disabled war veterans, nor do they explore how local families, caregivers, and communities contribute to or hinder their recovery and reintegration.

A few studies conducted in Tigray underscore the dire psychosocial and economic consequences of the conflict. For instance, Gebregziabher et al. (2023) found that internally displaced persons (IDPs) in Tigray face high levels of psychological distress, with limited access to psychosocial services. Similarly, research by Girmay and Haileselassie (2022) identified a breakdown of social structures and community support as key barriers to post-war recovery among conflict survivors in Mekelle. Moreover, Mebrahtu (2023) highlights that war-affected individuals, especially those with injuries or disabilities, are often excluded from livelihood programs and community-based rehabilitation initiatives. These findings reveal the urgent need for research that centers on the lived experiences of disabled war veterans and the mechanisms of social and economic support that shape their post-war realities.

Therefore, this study aims to explore the socioeconomic impacts of the Tigray war on disabled veterans, focusing on their social experiences, economic challenges, and the role of social support.

1.2 Statement of the problem

The Tigray war has emerged as one of the most devastating conflicts of the 21st century, severely impacting vulnerable populations, especially persons with disabilities. The prolonged armed conflict and resulting siege have led to extensive displacement, destruction of infrastructure, loss of life, and a breakdown of essential services such as health and education. Disabled war veterans, in particular, face a unique constellation of challenges that span physical disabilities, psychological trauma, and social exclusion. These challenges hinder their ability to reintegrate into society and secure sustainable livelihoods in the postwar period.

Globally, there is robust evidence that social support significantly influences the mental health, quality of life, and functional outcomes of disabled populations and war veterans. To start with, Proescher, Aase, and Luan (2020) found that higher perceived social support among post-9/11 U.S. military veterans was associated with reduced symptoms of PTSD, anxiety, and depression, as well as better quality of life. Similarly, Süleyman Demirel (2024) highlighted the critical role of social support and social inclusion in improving life quality for persons with disabilities, though these findings are limited to the Turkish context.

In Africa, and particularly Ethiopia, research has started to document the psychosocial and economic consequences of conflict. Kassaye (2022) examined post-traumatic stress disorder among war-affected residents in northern Ethiopia, emphasizing the psychological effects but overlooking the broader socioeconomic and social support dimensions for disabled veterans. Other studies, such as Lestari and Fajar (2019), explored social support and self-esteem among persons with physical disabilities but did not address the complexities faced by visually impaired individuals or the specific postwar challenges in conflict zones.

Recent studies in Tigray have shed light on the wider impacts of the war on displaced populations and vulnerable groups. Gebregziabher et al. (2023) found that internally displaced persons experience significant psychological distress with limited psychosocial services. Girmay and Haileselassie (2022) pointed to the disintegration of social networks as a major barrier to community recovery in Mekelle. Moreover, Mebrahtu (2023) revealed the exclusion of disabled individuals from rehabilitation and livelihood programs in the region, highlighting gaps in social protection and economic inclusion.

Despite these important contributions, there remains a critical gap in understanding the postwar socioeconomic impacts and social support experiences specific to disabled war veterans in Tigray. Existing studies rarely disaggregate disabled veterans from the broader disabled population, nor do they sufficiently explore the role of family, caregivers, and community networks in supporting rehabilitation and reintegration. Furthermore, the economic challenges and coping strategies of this group remain under-investigated. Therefore, objective of this study is to explore the socioeconomic impacts of the Tigray war on disabled war veterans in the post-war context in Mekelle Rehabilitation center.

1.3 Objective of the Study

The general objective of the study is assessing the socioeconomic impacts of the Tigray war on disabled war veterans in the post-war context, the case of Mekelle.

1.3.1. Specific Objectives

- ✓ To assess the social impacts of the war on disabled veterans.
- ✓ To assess the economic impacts affecting their livelihoods.
- ✓ To explore the role of social support networks in their rehabilitation.
- ✓ To identify strategies for improving their economic opportunities.

1.4. Specific Objectives

This research is guided by a crucial question: What are the socioeconomic impacts of the Tigray war on the visually impaired war veterans in the post-war context? There are three sub-questions that further elaborate on this inquiry:

1. What are the social impacts of the war on disabled veterans?
2. What are the economic impacts that affecting livelihoods of the disabled veterans
3. What are the roles of social support networks in their rehabilitation
4. What are the strategies implemented for improving the economic opportunities of the disabled veterans

1.5. Significance of the Study

This study holds critical significance across academic, practical, and policy dimensions, addressing a crucial gap in understanding the multifaceted impacts of war on disabled veterans in post-conflict settings.

From an academic perspective, the study contributes to the growing but still limited body of knowledge on disability, social support, and socioeconomic reintegration in postwar environments particularly within the Ethiopian and Tigrayan context. It offers an empirically grounded exploration of how disabled veterans navigate complex social and economic realities, enriching disability studies with contextualized, qualitative insights. By documenting lived experiences, coping mechanisms, and social dynamics, this research serves as a valuable benchmark for scholars, practitioners, and students interested in war-related disabilities, rehabilitation, and social inclusion.

Practically, the study's findings provide critical evidence to inform rehabilitation programs, community support initiatives, and livelihood interventions targeting disabled veterans. Understanding the role of family, caregivers, community networks, and institutional actors in supporting disabled war veterans

helps identify strengths and gaps in existing social support systems. Moreover, revealing economic barriers and opportunities allows for designing tailored interventions that foster sustainable livelihoods and reduce poverty among this vulnerable population.

At the policy level, the research aims to influence decision-makers, including government officials, NGOs, and development agencies operating in Tigray and broader Ethiopia. It highlights the urgency of addressing the socioeconomic marginalization of disabled veterans and advocates for inclusive policies that promote accessibility, social protection, and community-based rehabilitation. The study's evidence-based recommendations could shape regional and national strategies to improve service delivery, foster social cohesion, and uphold the rights and dignity of disabled war veterans.

Additionally, by focusing on Mekelle and the Meles Rehabilitation Center, this study emphasizes the importance of localized, context-sensitive approaches to postwar recovery. The insights generated may also be relevant for other conflict-affected regions facing similar challenges, contributing to global discussions on disability and post-conflict rehabilitation.

1.6. Scope/Delimitation of the Study

This study is delimited to ensure a focused and comprehensive examination of the postwar experiences of disabled war veterans in Tigray. Thematically, it centers on the socioeconomic impacts of the war, with particular emphasis on social support networks and social integration. Specifically, the study investigates how physical and visual impairments affect veterans' reintegration into family, community, and economic life, addressing aspects such as access to healthcare, education, employment, social participation, and psychosocial wellbeing. Geographically, the research is confined to Mekelle city, targeting disabled war veterans residing at the Meles Rehabilitation Center, which offers a concentrated population for in-depth qualitative data collection. While the findings are localized, they are expected to provide insights applicable to broader postwar contexts within Tigray and similar settings in Ethiopia and the Horn of Africa. The study population focuses on veterans with physical and visual impairments, two of the most prevalent disability types resulting from the conflict, enabling detailed exploration of their specific challenges and support mechanisms.

Methodologically, a qualitative approach is employed, using purposive sampling to gather rich, contextualized data through interviews, focus group discussions, and observations. Although this allows for an in-depth understanding of lived experiences, the findings are not statistically generalizable beyond the sample. Additional delimitations include a temporal focus on the postwar period, excluding wartime

or pre-war experiences, and limiting the study to individuals affiliated with the Meles Rehabilitation Center. Furthermore, the research excludes other disability types and veterans living outside Mekelle or outside institutional care. By clearly defining this thematic, geographic, population, methodological, and temporal boundaries, the study aims to generate focused and relevant findings that contribute meaningfully to addressing the socioeconomic and social integration challenges faced by disabled war veterans in post-conflict Tigray.

1.7. Ethical Considerations

This study adhered to established ethical principles to safeguard the rights and wellbeing of participants, recognizing the vulnerability of disabled war veterans in a postwar context. Participation was entirely voluntary, and informed consent was obtained after providing clear information about the purpose, procedures, risks, and benefits of the study, with participants retaining the right to withdraw at any time without negative consequences. Confidentiality and anonymity were maintained by avoiding personal identifiers, securely storing all data, and using pseudonyms in reporting. Given the sensitivity of war-related experiences, special care was taken to minimize harm by creating a safe environment, conducting discussions with empathy, and referring distressed participants to available psychosocial support services. Data collection was conducted with cultural sensitivity, in participants' preferred language, and with respect for local norms, ensuring fair inclusion of diverse voices without discrimination. Formal ethical clearance was secured from the university's research ethics committee, and permission was obtained from the Meles Rehabilitation Center, in line with national and international standards for research involving human subjects.

1.8. Organization of the Thesis

This thesis is organized into five chapters to provide a clear and systematic presentation of the research. Chapter One introduces the study, including the background, statement of the problem, research objectives, significance, scope, and structure of the thesis. Chapter Two reviews the relevant literature, covering key concepts on disability, theoretical models, and prior studies related to the postwar effects of social support on disabled war veterans. Chapter Three describes the research methodology, detailing the study area, design, data collection methods, sampling procedures, and data analysis techniques. Chapter Four presents and analyzes the empirical findings based on the qualitative data collected. Finally, Chapter Five concludes the study by summarizing key findings and providing recommendations for policymakers, practitioners, and other stakeholders.

1.9. Operational Definitions

To ensure clarity and shared understanding throughout the study, the following key terms are defined as used in this research context:

- Postwar: The period following the cessation of hostilities between the Tigray regional state and the federal government of Ethiopia, encompassing social, economic, and psychological processes and consequences experienced by the affected population.
- Effects: The broad range of outcomes physical, psychological, social, and economic that arise as direct or indirect consequences of the war, especially as they pertain to disabled veterans' daily lives and wellbeing.
- Social Support: The multidimensional assistance emotional, informational, instrumental, and appraisal provided through interpersonal relationships and community networks that influence disabled veterans' capacity for rehabilitation, coping, and social integration.
- Disabled War Veterans: Individuals who sustained physical or visual impairments as a result of war-related injuries or trauma, who are undergoing or require postwar rehabilitation and social reintegration, with particular focus on those residing in the Meles Rehabilitation Center.
- Social Integration: The process through which disabled war veterans actively participate and are accepted in family, community, and economic spheres, fostering a sense of belonging, inclusion, and improved quality of life.
- Economic Opportunities: Access to and ability to engage in income-generating activities, employment, vocational training, and other means of sustainable livelihood that support disabled veterans' financial independence and social participation.

Chapter Two: Literature Review

2.1. Definition of Key Concepts

2.1.1. War Veterans

War veterans are individuals who have served in a national military or armed group during times of armed conflict. These individuals may have participated in combat or supported military operations and often experience physical injuries, psychological trauma, and identity shifts upon returning to civilian life. In conflict-affected regions such as Tigray, war veterans are not only witnesses to war but also survivors of its long-lasting socioeconomic and psychosocial impacts (Jakupcak et al., 2007).

2.1.2. Disability

Disability is a broad, multidimensional concept encompassing physical, sensory, cognitive, or psychological impairments that limit one or more major life activities. The medical model focuses on impairments within the individual, while the social model attributes disability to social and environmental barriers (Oliver, 1996; WHO, 2011). In this study, disability refers to war-related impairments particularly visual injuries that affect the everyday functioning and opportunities of veterans.

2.1.3..Socioeconomic Impact

Socioeconomic impact refers to the interrelated economic and social consequences that affect individuals and communities as a result of conflict or disaster. For disabled veterans, these impacts include unemployment, poverty, loss of assets, social stigma, and limited access to services such as healthcare or education (Justino, 2012). The term captures both immediate and long-term disruptions to well-being, independence, and social participation.

2.1.4. Social Integration

Social integration is the process through which individuals, especially marginalized groups, are accepted and enabled to participate fully in the social, cultural, and economic life of a community. It involves fostering inclusion, reducing discrimination, and removing barriers to active involvement (Durkheim, 1893/2014; United Nations, 2018). For disabled veterans, integration is often hindered by stigmatization, limited mobility, and weak support structures.

2.1.5. Social Support

Social support encompasses emotional, informational, and tangible resources received from family, friends, community members, and institutions. It is classified into emotional (e.g., love, empathy), instrumental (e.g., material aid), informational (e.g., advice), and appraisal (e.g., feedback and affirmation) support. Social support is a major factor in recovery and reintegration, particularly in post-conflict environments (Thoits, 2011; Cohen & Wills, 1985).

2.1.6. Postwar Reintegration

Postwar reintegration is a multifaceted process that supports conflict-affected individuals particularly former combatants and veterans as they return to civilian life. It includes economic empowerment, access to mental health and rehabilitation services, and rebuilding social relationships. For disabled war veterans, reintegration must be adapted to their physical and psychological needs and should be supported by inclusive policies and services (Muggah, 2005; Knight & Özerdem, 2004).

2.2. Empirical Review

2.2.1. Social Impacts of the War on Disabled Veterans

Disabled war veterans worldwide encounter severe social challenges that profoundly affect their quality of life and reintegration. The literature highlights social exclusion, stigma, loss of social roles, and disruptions to identity as central themes. Demers (2011) emphasizes that disabled veterans often experience a "social death" distinct from physical disability, as exclusion from meaningful relationships and community participation erodes their sense of belonging. In a qualitative study of Canadian veterans, MacLean and Elder (2007) illustrate how disabilities stemming from war injuries not only limit physical functioning but also lead to estrangement from family and community networks, exacerbating isolation.

Psychological injuries such as post-traumatic stress disorder (PTSD), depression, and anxiety often intersect with physical disability, intensifying social withdrawal (Hoge et al., 2006; Sayer et al., 2011). Veterans with PTSD are particularly vulnerable to losing social support, with some studies suggesting that up to 50% experience substantial social alienation (Brenner et al., 2008). In addition to individual experiences, societal perceptions play a role: visible disabilities may provoke pity or marginalization, while invisible wounds often result in misunderstanding and skepticism about the legitimacy of suffering (Kirmayer et al., 2011).

Several longitudinal studies have documented the dynamic nature of social reintegration. Sayer et al. (2011) tracked U.S. veterans for five years post-deployment and found that social isolation tended to worsen if disabilities were coupled with poor mental health and lack of community resources. Conversely, veterans with access to strong social networks, including veteran peer groups, family support, and community programs, reported better social adjustment and improved mental health (Eric et al., 2020). These findings underscore the multidimensionality of social impacts combining personal, familial, community, and structural levels and the need for holistic approaches in postwar rehabilitation.

In African post-conflict societies, the social reintegration of disabled veterans is further complicated by fragile social fabrics, widespread poverty, and limited formal support systems. Research from Sierra Leone, Liberia, and Uganda demonstrates how disabled ex-combatants face not only physical and psychological trauma but also intense social stigma and exclusion (McKay, 2005; Jennings, 2007; Ochen & Olowo, 2015).

In Sierra Leone, a country emerging from a brutal civil war, studies highlight that disabled veterans are often perceived as burdens on families and communities, resulting in social rejection (Denov, 2008). Cultural beliefs sometimes frame disabilities as curses or divine punishment, further isolating veterans and reducing their participation in communal activities. This stigmatization also affects veterans' self-esteem and identity reconstruction (Brewer & Harrow, 2013).

Ugandan studies reveal that while family members often provide crucial emotional and physical support, the overall societal response remains ambivalent or negative toward disabled veterans. Ochen and Olowo (2015) describe how infrastructural inaccessibility, lack of disability awareness, and social prejudices impede veterans' social integration. Importantly, the collapse of social networks during conflict leaves many disabled veterans disconnected from traditional community support systems, which are vital in rural African contexts (Ager & Strang, 2008).

Some African countries have attempted community-based rehabilitation (CBR) initiatives to support social inclusion of disabled war-affected individuals. However, these programs often lack sustainability and sufficient resources (Yousuf & van Dijk, 2019). Moreover, the interplay of poverty, disability, and post-conflict trauma creates a complex social milieu where disabled veterans remain marginalized despite formal efforts at inclusion.

In Ethiopia, the intersection of disability and post-conflict social realities is still emerging in scholarly discourse. While disability studies have gained ground in urban contexts (Tefera & van Engen, 2016), the

specific experiences of disabled war veterans remain under-researched. The Tigray war has precipitated unique social challenges for disabled veterans, including community fragmentation, stigma, and loss of social capital.

Kahsay and Redae (2023) document that disabled veterans in Mekelle often experience a dual marginalization: physical disability coupled with social exclusion due to community misunderstanding and stigma. Traditional community support networks weakened by prolonged conflict are insufficient to meet the complex needs of these individuals. Gebremeskel et al. (2022) reveal that disabled veterans report being excluded from local social activities and public decision-making forums, leading to feelings of alienation.

Furthermore, the war's disruption of healthcare and rehabilitation services means that many veterans rely on family caregivers, who themselves face economic and psychological strain (Mebrahtu, 2023). This dependency creates a fragile support environment, where veterans' social participation is limited to immediate family circles rather than broader community inclusion. These social dynamics underscore the urgent need for community sensitization and inclusive social policies tailored to disabled veterans in postwar Tigray.

2.2.2 Economic Impacts Affecting the Livelihoods of Disabled Veterans

The economic consequences of war-related disability are a major theme in veteran studies worldwide. Disabled veterans typically experience higher rates of unemployment, underemployment, and poverty compared to the general population (MacLean et al., 2014). Research from the United States demonstrates that barriers include employer discrimination, lack of workplace accommodations, physical inaccessibility, and skills mismatch (Sayer et al., 2011). Veterans with disabilities often face economic marginalization even when formal social welfare systems exist, due to bureaucratic challenges and stigma (Blais et al., 2013).

Economic hardship is compounded by the costs associated with medical care, rehabilitation, and assistive technologies (Resnik et al., 2012). Families of disabled veterans may also experience economic strain, leading to reduced household income and increased poverty risk (Kelley et al., 2015). Vocational rehabilitation programs are crucial but vary widely in effectiveness depending on program design, funding, and coordination with employers (Racine et al., 2017).

International organizations such as the International Labor Organization (ILO) emphasize disability-inclusive employment policies to improve labor market participation among disabled veterans (ILO, 2015). However, the transition from military to civilian labor markets remains a major challenge, with disabled veterans requiring tailored support to overcome physical and psychosocial barriers.

In African post-conflict settings, the economic situation for disabled veterans is dire and under-researched. Poverty, informal economies, and weak social protection systems exacerbate the challenges (Pham et al., 2010). Studies from Sierra Leone and Liberia show that disabled ex-combatants often rely on informal work, subsistence farming, or charity for survival (McKay, 2005). Vocational training programs exist sporadically but lack scale and coordination, limiting their impact (Jennings, 2007).

Uganda's experience demonstrates some progress through community-based rehabilitation programs offering skills training combined with psychosocial support, but resource limitations hinder effectiveness (Ochen & Olowo, 2015). Disabled veterans often confront cultural expectations to provide for their families despite physical limitations, adding economic pressure (Denov, 2008). Furthermore, lack of accessible infrastructure and transport restricts employment opportunities.

Donor-driven initiatives aim to increase economic inclusion, but sustainability remains a major concern (Gilligan, 2008). African governments' commitments to disability-inclusive development are often not matched by adequate funding or enforcement (ILO, 2015). Consequently, disabled veterans face significant economic exclusion with limited avenues for stable livelihoods.

Ethiopia faces acute challenges in supporting disabled populations economically, with the situation more pronounced for war veterans. Disability employment rates remain low, with Yared et al. (2019) reporting major barriers including employer prejudice, lack of accessible education and vocational training, and inadequate social protection.

In Tigray, the war's destruction of economic infrastructure markets, roads, health centers has deepened economic vulnerability. Gebremeskel et al. (2022) found that many disabled veterans in Mekelle survive through family support or informal trade, lacking access to formal employment or sustainable livelihoods. Rehabilitation centers provide some vocational training, but programs are limited in scope and fail to meet demand (Mekelle University, 2022).

Poverty and food insecurity in the region further complicate economic recovery for disabled veterans (Kahsay & Redae, 2023). There is a pressing need for integrated economic empowerment programs,

combining skills development, microfinance, and community-based support tailored to disabled veterans' specific needs.

2.2.3 Role of Social Support Networks in Rehabilitation

Social support networks comprising family, peers, community groups, and formal institutions are widely recognized as pivotal in facilitating rehabilitation among disabled veterans. Theoretical and empirical work underscores four key types of support: emotional, instrumental, informational, and appraisal (Cohen & Wills, 1985).

Research in the US and Europe shows that veterans with robust social support report better mental health, greater functional independence, and enhanced quality of life (Proeschold-Bell et al., 2012; Eric et al., 2020). Family support is particularly important, providing both practical assistance and emotional resilience (Britt et al., 2015). Peer-support groups help veterans share experiences, reduce stigma, and facilitate adjustment to civilian life (Pietrzak et al., 2009).

Formal rehabilitation programs often integrate family and peer involvement to maximize outcomes. Community engagement initiatives that promote social inclusion have been effective in reducing isolation and improving psychosocial functioning (Harris & Orth, 2019). Conversely, lack of social support is a predictor of poor recovery and increased risk of homelessness and mental illness (Tsai & Rosenheck, 2015).

In African post-conflict societies, formal social support systems are weak, making families and communities the main providers of care for disabled veterans (Ochen & Olowo, 2015). However, prolonged conflict, poverty, and social fragmentation undermine these informal supports (Denov, 2008).

Research in Uganda and Sierra Leone indicates that while family caregivers provide essential support, they often lack training, resources, and respite (Gilligan, 2008). Social stigma toward disability and war trauma further reduces community support, increasing veterans' social isolation. NGOs and faith-based organizations play a role in supplementing support but face sustainability challenges (Ager & Strang, 2008).

Community-based rehabilitation (CBR) is promoted as a cost-effective approach to enhance social support and rehabilitation in low-resource settings (Yousuf & van Dijk, 2019). However, the reach of CBR programs remains limited, and their integration with government health and social services is weak.

In Ethiopia, family and community support are critical but inconsistently available for persons with disabilities (Tefera & van Engen, 2016). In Tigray, the protracted war has fractured social networks and disrupted formal rehabilitation services (Kahsay & Redae, 2023).

Meles Rehabilitation Center in Mekelle provides some formal rehabilitation and social support, but capacity constraints and funding shortages limit its effectiveness (Gebremeskel et al., 2022). Disabled veterans often rely on informal caregivers, mostly family members, who face economic and psychological burdens.

Understanding and strengthening these social support networks is essential for sustainable rehabilitation. The role of community attitudes and inclusion policies requires urgent attention to foster supportive environments for disabled veterans.

2.2.4 Strategies for Improving Economic Opportunities for Disabled Veterans

Globally, enhancing economic opportunities for disabled veterans involves multifaceted approaches combining vocational training, education, policy reform, and psychosocial support. The U.S. Department of Veterans Affairs provides comprehensive programs integrating medical rehabilitation with employment counseling and job placement (MacLean et al., 2014).

Research by Racine et al. (2017) indicates that individualized vocational rehabilitation programs that include peer mentoring and employer engagement significantly increase employment rates among disabled veterans. Entrepreneurship programs, supported by microfinance and business training, have also shown promise in promoting economic independence (Blais et al., 2013).

Policy measures such as anti-discrimination laws, workplace accommodations, and incentives for employers encourage greater inclusion (ILO, 2015). Moreover, community partnerships enhance access to services and create supportive networks for disabled veterans.

African countries face systemic challenges in scaling effective economic empowerment for disabled veterans. Vocational training programs are often donor-funded and lack sustainability (McKay, 2005). Many disabled veterans remain excluded from formal labor markets due to infrastructural barriers, stigma, and lack of qualifications (Pham et al., 2010).

Community-based rehabilitation models incorporating skills training and psychosocial support are emerging but remain limited in coverage and impact (Yousuf & van Dijk, 2019). Advocacy for disability-inclusive development policies is growing, but implementation gaps persist (ILO, 2015).

Local entrepreneurship initiatives, cooperatives, and informal sector engagement are common strategies used by disabled veterans to generate income, but these are frequently insecure and vulnerable to economic shocks (Gilligan, 2008).

In Ethiopia, while the government has ratified policies supporting persons with disabilities, implementation is weak, particularly in rural and conflict-affected areas (Yared et al., 2019). Disabled veterans in Tigray face compounded challenges due to ongoing instability, destroyed infrastructure, and limited institutional support (Kahsay & Redae, 2023).

Vocational training programs linked to rehabilitation centers like Meles are few and under-resourced (Mekelle University, 2022). Grassroots initiatives such as cooperatives and savings groups show potential but require technical and financial support to scale (Gebremeskel et al., 2022).

Integrated approaches combining rehabilitation, economic empowerment, social protection, and community sensitization are urgently needed to improve livelihoods and reduce poverty among disabled war veterans.

Despite the rich body of research reviewed above, several critical gaps remain, particularly regarding the postwar experiences of disabled war veterans in low-resource, conflict-affected settings such as Tigray, Ethiopia.

First, much of the global literature on disabled veterans tends to focus on high-income countries with formalized veteran support systems, which are often absent or weak in African contexts. The unique socioeconomic and cultural dynamics of African post-conflict societies, including the role of informal social support and community structures, are underexplored. This limits the applicability of findings from Western settings to regions like Tigray.

Second, existing African studies, while shedding light on the plight of disabled ex-combatants, often do not disaggregate specific disability types or thoroughly investigate the intersection of physical and visual impairments with social and economic reintegration processes. Moreover, most studies do not focus exclusively on disabled war veterans, frequently blending them with other disabled populations or broader war-affected groups, thereby missing veteran-specific nuances.

Third, within Ethiopia and particularly Tigray, empirical evidence is scarce. While emerging research addresses general psychosocial distress and livelihood challenges among displaced and injured populations, focused qualitative investigations into the lived experiences of disabled veterans remain minimal. The roles of family, caregivers, and community networks in postwar rehabilitation have not been comprehensively studied. Furthermore, coping mechanisms and grassroots strategies for economic empowerment among disabled veterans are inadequately documented.

This study directly addresses these gaps by adopting a qualitative approach to deeply explore the social impacts, economic challenges, and social support dynamics among disabled war veterans with physical and visual impairments residing in Mekelle. By centering disabled veterans' voices and experiences, the study captures context-specific realities of reintegration and rehabilitation rarely reflected in prior research. It examines not only barriers but also community-based resilience strategies and economic opportunities, providing nuanced insights into postwar recovery in a fragile setting.

In doing so, the research contributes to:

- Contextualizing global and African theories and findings within Tigray's specific post-conflict environment.
- Highlighting disability-specific challenges and coping strategies among war veterans, with attention to intersectional vulnerabilities.
- Informing policy and program design by identifying actionable recommendations for strengthening social support systems and economic inclusion at family, community, and institutional levels.
- Providing an empirical foundation for future longitudinal and intervention studies focused on disabled veterans in Ethiopia and comparable postwar regions.

Ultimately, this study fills a critical empirical and practical void by delivering an in-depth, locally grounded understanding of disabled veterans' socioeconomic realities and laying the groundwork for more inclusive and effective postwar rehabilitation frameworks.

2.3. Theoretical Framework

Theoretical frameworks provide essential perspectives to understand the complex experiences of disabled war veterans in post-conflict settings. This study draws on multiple theories to explore how individual impairments interact with social, economic, and institutional factors in the reintegration process.

The Social Model of Disability highlights how societal barriers, rather than impairments alone, create disability. Ecological Systems Theory emphasizes the influence of interconnected social environments from family to culture on veterans' well-being. Social Capital Theory focuses on the role of social networks in providing support and resources. The Psychosocial Theory of Reintegration underscores the importance of addressing both mental health and social acceptance. Lastly, Stigma and Social Exclusion Theories reveal how discrimination and marginalization limit veterans' participation and opportunities.

Together, these theories guide the analysis of the socioeconomic impacts faced by disabled veterans in Mekelle and help frame effective approaches for their rehabilitation and inclusion.

2.3.1. Social Model of Disability

The Social Model of Disability, first articulated by Mike Oliver in 1996, represents a paradigm shift from traditional medical understandings of disability. Rather than viewing disability as an inherent defect or medical problem within an individual, this model argues that disability is created by societal barriers whether physical, environmental, or attitudinal that limit the participation of people with impairments. It emphasizes that the disabling effects arise from social exclusion, inaccessible infrastructure, discrimination, and policy inadequacies, rather than solely from the individual's impairment. This perspective calls for societal change to remove barriers and promote inclusion, advocating for rights, accessibility, and empowerment of disabled persons.

In this study, the Social Model is clearly supported by findings showing that disabled war veterans' challenges are not only due to their physical or visual impairments but are compounded by inaccessible infrastructure, stigma, and inadequate social support systems in Mekelle. Veterans' narratives illustrate how societal attitudes and lack of policy support create disabling environments that limit their social integration and economic participation. This confirms that addressing disability in postwar Tigray requires societal change beyond medical rehabilitation alone.

2.3.2. Ecological Systems Theory

Bronfenbrenner's Ecological Systems Theory, developed in 1979, offers a comprehensive framework for understanding human development within a complex system of nested environmental influences. It posits that individuals are embedded within multiple layers of social contexts that interact dynamically: the microsystem (immediate environments such as family and peers), mesosystem (connections between microsystems), exosystem (indirect influences like community organizations and institutions), and macrosystem (broader cultural values, norms, and policies). The chronosystem adds the dimension of

time, capturing the influence of historical and life transitions on development. This theory enables a multi-layered analysis of how different environments shape human behavior and well-being.

The study reveals how disabled veterans' reintegration is affected at multiple ecological levels. Support from families (microsystem), interactions between community and rehabilitation centers (mesosystem), the role of government and NGOs (exosystem), and prevailing cultural attitudes towards disability and war veterans (macrosystem) all critically influence their recovery and livelihood opportunities. The postwar timing (chronosystem) further contextualizes how veterans navigate shifting social and institutional landscapes. This layered understanding directly aligns with Ecological Systems Theory.

2.3.3. Social Capital Theory

Social Capital Theory, grounded in the works of Bourdieu (1986) and Putnam (2000), explores how social networks and relationships constitute valuable resources that facilitate cooperation, trust, and reciprocity among individuals and groups. Social capital is typically divided into bonding capital (close-knit ties such as family and close friends), bridging capital (connections that link diverse social groups), and linking capital (vertical relationships with institutions and authorities). These forms of capital provide emotional support, access to information, and material resources that can enhance individuals' capacity to navigate social and economic challenges.

Veterans' experiences emphasize the critical role of social capital in accessing emotional support, rehabilitation services, and economic opportunities. Some veterans benefit from strong family bonds (bonding capital), while others rely on community or organizational ties (bridging and linking capital). However, the study also exposes gaps where weak networks and institutional disconnects limit access to resources demonstrating the uneven distribution of social capital and its direct impact on veterans' socioeconomic outcomes.

2.3.4. Psychosocial Theory of Reintegration

The Psychosocial Theory of Reintegration, as conceptualized by Hatch and Harvey (2003), posits that successful reintegration of veterans into civilian society requires addressing both psychological recovery and social re-engagement. It highlights the interplay between mental health healing overcoming trauma, restoring identity and social acceptance, which includes regaining social roles, community belonging, and meaningful relationships. This integrated approach views reintegration as a holistic process where psychological and social dimensions mutually influence one another.

The psychosocial challenges reported by disabled veterans such as trauma, stigma, and identity loss demonstrate the psychological dimension of reintegration. The study shows that veterans' mental health and social support availability are intertwined, influencing their ability to resume meaningful social and economic roles. This aligns with the theory's emphasis on holistic reintegration, integrating mental health and social factors.

2.3.5. Stigma and Social Exclusion Theory

Stigma theory, originally framed by Erving Goffman (1963), describes how certain attributes or identities are socially discredited, leading to negative labeling and marginalization of affected individuals. Social Exclusion Theory (Silver, 1994) expands on this by examining how systematic barriers whether economic, social, or political exclude individuals or groups from full participation in society. Together, these theories explain how prejudice, discrimination, and institutional practices contribute to ongoing social inequalities and isolation.

Veterans' accounts of discrimination, social isolation, and denial of services illustrate the processes of stigma and exclusion vividly. The study uncovers how disabled war veterans face not only physical barriers but also negative societal attitudes that undermine their social status and limit opportunities. This confirms that stigma and exclusion are critical lenses for analyzing their socioeconomic challenges in postwar Tigray.

Chapter Three: Methodology

3.1. Description of the Study Area

The study was conducted at Meles Academy Rehabilitation Center, located in Ayder Sub-city, Mekelle, the capital city of the Tigray region in northern Ethiopia. Mekelle serves as a central hub for healthcare and rehabilitation services in the region, hosting several institutions that support vulnerable populations, including disabled war veterans.

Meles Academy Rehabilitation Center was specifically selected for this study due to its role as a key facility providing specialized services to individuals with physical and visual impairments two of the most prevalent disabilities among war veterans in the area. The center accommodates a relatively large population of disabled veterans, making it an ideal site to explore their postwar social integration, access to support, and economic challenges.

Additionally, the researcher's familiarity with Mekelle's social and cultural context, as well as prior engagement with the community, provides a valuable foundation for conducting in-depth qualitative research. Understanding local customs, language, and community dynamics enables the researcher to build trust with participants and capture the nuances of their lived experiences more effectively.

Figure 1 Meles Rehabilitation Center-Mekelle

3.2. Research Design

Research design provides a coherent and logical framework that guides the collection, organization, and analysis of data in a research study (Bryman, 2008). It serves as a blueprint that outlines how to address the research problem systematically and ensures that the findings are valid and reliable (Creswell, 2008). According to Creswell (2009), research design involves decisions ranging from broad philosophical assumptions to specific methods of data collection and analysis, all of which should align with the nature of the research problem and objectives.

In selecting an appropriate research design for this study, three critical elements are considered: the philosophical worldview of the researcher, the overall research strategy, and the specific methods employed for data gathering and analysis (Creswell, 2009). Given the exploratory nature of the topic investigating the postwar effects of social support and integration among disabled war veterans in Mekelle this study employs a qualitative research design anchored in a case study approach.

Qualitative research is particularly suitable when there is limited prior knowledge about a phenomenon or when the subject involves vulnerable populations, such as persons with disabilities (Muhit & Hartley, 2003). Disabled war veterans represent a group facing complex social and economic challenges, making qualitative inquiry essential to deeply understand their lived experiences and perceptions within their real-life context. This approach allows for rich, detailed descriptions and interpretations that quantitative methods may not fully capture.

Drawing on Yin's (1994) and Winston's (1997) typologies, qualitative research designs can be exploratory, explanatory, or descriptive. This study adopts a descriptive case study design, aiming to provide an in-depth, nuanced account of the experiences of disabled veterans in the so-called Business Rehabilitation Center in Mekelle. The descriptive nature of the study facilitates a comprehensive understanding of how social support and integration manifest in their postwar lives.

Additionally, the qualitative approach emphasizes the collection and analysis of non-numerical data such as interviews, observations, and documents which are transformed into detailed textual descriptions (Creswell, 2008). This focus on language, meaning, and context allows the researcher to capture the complexity of social phenomena, making it ideal for exploring the subjective experiences of disabled war veterans and their interactions with social support networks.

In summary, the qualitative descriptive case study design employed in this research enables a holistic examination of the postwar social and economic realities faced by disabled veterans in Mekelle, offering

insights that can inform policies and interventions aimed at their effective rehabilitation and social reintegration.

3.3. Sampling Design, Technique, and Sample Size

3.3.1 Sampling Design

Sampling design refers to the overall strategy and plan adopted to select individuals or units from a population for inclusion in a research study. It provides a blueprint for how the sampling process will be conducted to ensure that the collected data is relevant, credible, and sufficient to answer the research questions (Creswell, 2003). A carefully planned sampling design is crucial, particularly in qualitative research where the goal is to gain an in-depth understanding of complex social phenomena rather than statistical generalization.

For this study, a non-probability purposive sampling design was employed. Purposive sampling is widely accepted in qualitative research as it allows the researcher to intentionally select participants who possess specific characteristics that make them knowledgeable and able to provide rich, detailed information about the research problem (Patton, 1990). Since the study focuses on the postwar socioeconomic and social support experiences of disabled war veterans with both physical and visual impairments, purposive sampling was most appropriate to capture the nuanced realities of this targeted population within the Meles Academy Rehabilitation Center.

3.3.2 Sampling Technique

The specific sampling technique used was purposive sampling. This technique involved deliberately selecting participants who could best articulate their lived experiences related to disability, social integration, and economic challenges after the Tigray conflict. The researcher identified war veterans with combined physical and visual impairments, their caregivers and family members, as well as key informants from institutional and community settings who have direct knowledge and involvement with these veterans.

Purposive sampling was particularly advantageous for this study due to the following reasons:

- It ensured that only those individuals with direct, relevant experience were included.
- It helped achieve depth and richness in the qualitative data by focusing on information-rich cases.

- It addressed the vulnerability and specific needs of the disabled war veteran population, allowing ethical and sensitive data collection.

3.3.3 Sample Size

The total population of disabled war veterans with both physical and visual impairments residing at Meles Academy Rehabilitation Center at the time of the study is 119. From this population, the study sampled a total of 37 participants, divided as follows:

- In-depth Interviews: fifteen (15) disabled war veterans with both physical and visual impairments participated in one-on-one interviews. This allowed for deep exploration of personal experiences related to social support, economic hardships, and reintegration challenges.
- Key Informants: six (6) key informants, including the director of the rehabilitation center, healthcare professionals, and officials from governmental and non-governmental organizations, were interviewed. These informants provided expert insights on institutional responses, policy frameworks, and support systems available to disabled veterans.
- Focus Group Discussions (FGDs): Sixteen (16) participants took part in two focus groups of eight members each. These groups included disabled veterans, their caregivers, and family members, facilitating interactive discussions on shared challenges and collective coping mechanisms.

3.3.4. Sample Size Determination

The sample size for qualitative research is generally guided by the principle of data saturation, which is reached when additional data collection no longer yields new insights or themes (Guest, Bunce, & Johnson, 2006). The selection of 10 in-depth interviewees was based on the need to gather detailed and diverse perspectives without redundancy. Similarly, 5 key informants were deemed sufficient to cover institutional and policy-related dimensions relevant to the study objectives.

The focus group discussions were designed to promote collective reflection and deeper understanding of social dynamics, with group sizes optimal for meaningful interaction (Krueger & Casey, 2015). The number of participants (8 per group) aligns with recommended qualitative practice to balance group diversity and manageability.

Participant selection was purposive and criterion-based, focusing on disabled war veterans who sustained both physical and visual impairments during the Tigray conflict and are currently residing at the rehabilitation center. Caregivers and family members were chosen based on their close involvement with

the veterans' daily lives, providing complementary perspectives on social support and integration. Key informants were selected for their knowledge, experience, and roles in rehabilitation services and policy implementation.

This sampling approach ensured that the study population was sufficiently representative of the targeted group, while enabling rich, in-depth qualitative exploration of their postwar social and economic realities. It also balanced the need for focused inquiry with practical considerations related to accessibility and ethical engagement with vulnerable populations.

3.4 Sources of Data

In qualitative research, the choice of data sources is pivotal to gaining a deep and nuanced understanding of the phenomena under study. This research on the socioeconomic impacts of the Tigray war on disabled war veterans employed a combination of primary sources to ensure rich, contextualized and triangulated insights.

3.4.1. Primary Sources

Primary data were directly collected from individuals who are most intimately connected to the subject matter. This included disabled war veterans experiencing physical and visual impairments, their families, caregivers, and professionals engaged in their rehabilitation and social integration processes. The primary data provide firsthand narratives that capture personal experiences, perceptions, attitudes, and emotions which are often inaccessible through other means. Methods such as in-depth interviews, focus group discussions, and key informant interviews were employed to gather this rich, descriptive data.

3.5. Research Methods

The selection of appropriate research methods is foundational to the credibility and relevance of qualitative inquiry. This study adopted a qualitative research approach aimed at capturing the depth and complexity of disabled war veterans' lived experiences post-conflict. Qualitative research is well-suited for exploring phenomena about which little is known or where subjective meaning, social context, and processes are critical to understanding.

The study used three complementary qualitative methods:

- In-depth interviews enabled the researcher to explore individual narratives in detail, offering insights into personal histories, challenges, and coping mechanisms.
- Focus group discussions (FGDs) facilitated collective reflection, allowing the research to capture community norms, shared experiences, and interactive dynamics that shape the social reality of the participants.
- Key informant interviews (KIIs) provided expert perspectives, institutional knowledge, and broader socio-political context relevant to the veterans' rehabilitation and social integration.

These methods, when combined, enabled triangulation of data sources and perspectives, enhancing the robustness and credibility of findings.

3.6.1. In-depth Interviews

In-depth interviews constitute a qualitative data collection technique characterized by detailed, one-on-one conversations designed to explore the participant's point of view with depth and nuance. This method encourages participants to express their thoughts, emotions, and lived realities in their own words, allowing for rich and detailed data to emerge.

For this study, in-depth interviews were conducted with 15 disabled war veterans living at the Meles Academy Rehabilitation Center who had both physical and visual impairments. The interviews were semi-structured, guided by a flexible interview protocol that allowed participants to narrate their experiences regarding social integration challenges, economic hardships, health and psychological issues, and access to social support services following the Tigray war.

This approach was chosen because it provides the opportunity to explore sensitive issues in a confidential setting, encourages deep reflection, and permits the researcher to probe further into emerging themes, thus uncovering complex interrelations between disability, social exclusion, and economic vulnerability.

3.6.2. Focus Group Discussions

Focus group discussions are a qualitative research technique involving facilitated group conversations that encourage participants to discuss and reflect on a common set of issues. FGDs are especially valuable in uncovering group norms, consensus, conflicts, and social dynamics within communities.

In this study, two FGDs were organized, each comprising eight participants disabled veterans, their caregivers, and family members. These groups provided a collective platform to discuss community perceptions about disabled veterans, shared experiences of social support or exclusion, and ideas for improving social and economic integration.

FGDs were moderated carefully to promote inclusive participation, allowing participants to build on each other's contributions and to surface a wide range of views, including divergent and conflicting perspectives. The group interaction generated insights into the social networks and communal resources available to veterans, as well as prevailing stigma or acceptance patterns, which may not have been fully accessible through individual interviews alone.

3.6.3. Key Informant Interviews

Key informant interviews involve qualitative conversations with individuals who hold specialized knowledge, authority, or direct experience relevant to the study focus. These informants often include professionals, community leaders, and officials who can provide contextual information and policy perspectives that deepen the understanding of the phenomena under investigation.

This study engaged six key informants selected purposively based on their roles in rehabilitation centers, social service provision, government agencies, and community organizations working with disabled war veterans. Their interviews provided valuable information on the structural and institutional dimensions of social support, rehabilitation services, policy implementation challenges, and strategies currently employed or proposed to assist war-disabled veterans.

Key informant interviews enriched the study by linking individual and community-level experiences with macro-level institutional contexts, thereby offering a comprehensive picture of barriers and opportunities for social and economic reintegration.

3.7. Data Collection Instruments

Data collection instruments are essential tools that guide and standardize the process of gathering data in qualitative research. For this study, semi-structured interview guides were developed for use across in-depth interviews, focus group discussions, and key informant interviews.

These guides consisted of open-ended questions and thematic prompts designed to elicit detailed narratives and reflections related to the study's specific objectives, including social impacts, economic

challenges, social support networks, and rehabilitation strategies. The semi-structured format balanced consistency with flexibility, allowing the interviewer to explore new areas of interest as they arose during conversations.

Development of these instruments was informed by comprehensive literature review, pilot testing, and expert review to ensure cultural sensitivity, clarity, and relevance to the local context of Mekelle and the experiences of disabled war veterans.

In addition to verbal questioning, data collection involved audio recording (with informed consent) to ensure accurate capture of participants' responses, supplemented by detailed field notes documenting non-verbal cues, emotional expressions, and contextual observations critical for data interpretation.

3.8 Method of Data Analysis

Qualitative data analysis entails systematic procedures for organizing, interpreting, and making sense of textual data to identify patterns, themes, and meanings that address the research questions.

This study employed thematic analysis, a widely used method suitable for exploring complex qualitative data. The process began with verbatim transcription of all audio-recorded interviews and discussions, providing a textual database for analysis. The researcher immersed themselves in the data by repeated readings to achieve familiarity and insight.

Initial coding involved labeling meaningful data segments related to core topics such as social impacts, economic hardships, social support mechanisms, and reintegration strategies. These codes were iteratively refined and grouped into overarching themes that represented recurrent patterns and significant insights across participants.

Thematic analysis in this study followed both an inductive approach where themes emerged directly from the data and a deductive lens guided by the conceptual framework and existing literature thus allowing the integration of empirical findings with theoretical perspectives.

To enhance rigor, the study applied strategies including data triangulation across interviews, FGDs, and key informants; reflexivity to recognize and mitigate researcher bias; and peer debriefing to validate interpretations.

The analyzed data were presented through rich narrative descriptions and supported by illustrative quotations, facilitating a deep understanding of the veterans' lived realities and informing the study's conclusions and recommendations.

Chapter Four

4. Analysis and discussion

4.1. Background of Respondents

This study involved a total of 37 participants drawn from three categories: **in-depth interviewees (15)**, **focus group discussion participants (16)**, and **key informants (6)**. These groups represent individuals with varying life experiences, educational backgrounds, and professional roles. Most participants were disabled war veterans receiving support in the Meles Academy Rehabilitation Center, while the key informants were professionals involved in rehabilitation, healthcare, and policy-related services. Below is a detailed description of the demographic characteristics of each group.

1. In-depth Interview Participants (n = 15)

Characteristic	Category	Frequency
Gender	Female	6
	Male	9
Age Range	Below 35 years	7
	35 years and above	8
Marital Status	Single/Separated	12
	Married	3
Occupation	Camp-supported (unemployed/informal)	15
Education	Grade 10	5
	Grade 12	6
	Diploma	4

The fifteen in-depth interview participants were visually disabled war veterans receiving support within the camp. The age distribution shows a fairly even split, with 7 individuals below 35 years and 8 individuals aged 35 and above. Most participants were single or separated, with only three married. The majority were male (9), and all were unemployed or informally engaged within

2. Focus Group Discussion (FGD) Participants (n = 16)

Characteristic	Category	Frequency
Gender	Female	8
	Male	8
Age Range	Below 35 years	5
	35 years and above	11
Marital Status	Single/Separated	9
	Married	7
Occupation	Camp-supported (unemployed/informal)	16
Education	Grade 10	6
	Grade 12	6
	Diploma	4

The focus group discussions included 16 participants, evenly split by gender. The age range skewed slightly older, with 11 participants aged 35 and above, and 5 below 35. Participants were primarily people with disabled veterans, caregivers, or family members supported within the camp. Most were single or separated, although a significant number were married. Educational levels were similar to the interview group, mostly Grade 10, Grade 12, or diploma.

3. Key Informants (n = 6)

Characteristic	Category	Frequency
Gender	Male	4
	Female	2
Age Range	Below 35 years	1
	35 years and above	5
Marital Status	Married	6
Occupation	Professional (institutional roles)	6
Education	PhD	2
	Master's Degree	2
	Bachelor's Degree	2

The six key informants were all professionals engaged in rehabilitation, healthcare, and related services. The majority (5) were aged 35 and above, with only one below 35. All key informants were married. Their educational qualifications were advanced, comprising 2 PhD holders, 2 with master's degrees, and 2 with bachelor's degrees. The gender distribution was 4 males and 2 females.

4.2. Social Impacts of the War on Disabled Veterans

The social impacts of the Tigray war on disabled war veterans in Mekelle emerged as deep, multilayered, and enduring. Findings from the Focus Group Discussions (FGDs), in-depth interviews, and Key Informant Interviews (KIIs) collectively reveal that beyond the visible physical injuries, veterans experience profound social marginalization, stigma, and emotional disconnection. These experiences have eroded their sense of belonging, identity, and community participation. The three data sources complement each other by offering different dimensions of the same phenomenon: FGDs reflected shared community narratives, in-depth interviews revealed personal struggles, and KIIs illuminated systemic and institutional shortcomings.

1. Social Marginalization and Loss of Social Status

The FGDs revealed that disabled veterans face a sharp decline in social status following their return from the war. Many participants described the transformation from being publicly celebrated heroes to socially invisible individuals.

> "When we returned from the frontlines, people welcomed us with singing and celebration. But now, no one even greets us."

> "Before, everyone called us heroes. Today, they pass us by as if we never existed."

The in-depth interviews confirmed this shift in social perception, illustrating how the loss of recognition has affected veterans' identity and self-worth. One participant explained:

> "I was once respected in my neighborhood. Now I feel ignored, like my sacrifice never mattered."

Another added:

> "The respect we had vanished. People see our disability, not our contribution."

The key informant interviews supported these accounts, highlighting that despite initial symbolic praise, there are no sustained community or policy mechanisms that maintain social recognition. One informant observed that the lack of follow up social programs has caused veterans to become "invisible" in the public sphere.

Together, these findings demonstrate that the decline in social status is not merely a personal feeling but a socially constructed phenomenon shaped by public neglect, lack of inclusive policies, and weakened cultural narratives of respect.

2. Stigma, Exclusion, and Psychological Consequences

The FGDs revealed that stigma and social exclusion are among the most painful experiences faced by disabled veterans. Participants described being subjected to pity, avoidance, and gossip.

> "When I go to the market, people whisper about me. They look at me with pity, not respect."

> "At social events, people move away or pretend they didn't see me. It's humiliating."

The in-depth interviews deepened this understanding by showing how stigma affects emotional well-being and social behavior. Veterans reported withdrawing from community life to avoid embarrassment. One explained:

> "I no longer attend weddings or funerals. I can't stand the way people stare at me."

Another said:

> "The hardest pain is not my injury but the way people treat me like I am useless now."

Key informants reinforced this finding by acknowledging that cultural misconceptions about disability persist. Many people associate disability with weakness or dependency, and this lack of awareness perpetuates exclusion. As one informant noted, "People still do not know how to approach or communicate with disabled veterans, so they often avoid them altogether."

The three sources together demonstrate that stigma operates both socially and psychologically. The community's misunderstanding of disability leads to exclusion, which then reinforces feelings of worthlessness and isolation among veterans.

3. Family Strain and Changing Social Roles

The FGDs revealed significant strain within families as a result of veterans' disabilities. Many participants explained that the dynamics within their households changed, often leading to tension and emotional distance.

> "My wife now does everything for the family. I feel like I've lost my role as a father and husband."

> "Sometimes my children avoid me because I am easily frustrated. The war didn't just injure me it broke our family connection."

The in-depth interviews further illuminated this emotional burden, showing how veterans struggle with a loss of identity as providers and protectors.

> "Before the war, I was the one who worked and supported everyone. Now I depend on my younger brother to feed me."

> "My wife used to respect me, but now she looks at me with sympathy. That hurts more than my physical pain."

Key informants confirmed that families often receive little to no psychosocial or financial support. Many households face emotional fatigue and financial hardship as they shoulder caregiving responsibilities alone. The findings from all three sources complement one another by showing that family strain is both a cause and a consequence of veterans' social and emotional isolation.

4. Weak Community and Institutional Support

The FGDs revealed that community and institutional support, which was strong during the early post-war period, has now deteriorated. Veterans described a deep sense of abandonment by both the community and local authorities.

> "After the war, people brought us food and checked on us. Now, no one comes anymore."

> "At first, there was solidarity, but it disappeared. Life went back to normal for others, not for us."

The in-depth interviews provided a more personal account of how this lack of support contributes to social withdrawal.

> "I stopped going to church and social meetings because I feel like I don't belong anymore."

> "We live together here, but it feels like society has forgotten us completely."

The key informant interviews affirmed that social reintegration programs are limited and unsustainable. Several informants mentioned that institutional structures are weak and underfunded, leaving most rehabilitation efforts to short term NGO projects. One noted, "There is no coordinated system to help these veterans reintegrate. The support is sporadic and temporary."

When viewed together, the three data sources reveal a consistent picture: community solidarity fades over time, while institutional neglect compounds social isolation. The absence of coordinated policy responses has allowed veterans' exclusion to persist at both local and structural levels.

Theoretical Reflection

The findings align with key theoretical frameworks guiding this study. The Social Model of Disability explains that veterans' hardships are not simply the result of physical impairments but of social and environmental barriers such as stigma, exclusion, and lack of institutional support that disable them further.

The Stigma and Social Exclusion Theory (Link & Phelan, 2001) is reflected in the way veterans become socially "marked" and excluded from community participation. The labeling process leads to public avoidance, reduced social interaction, and internalized shame.

Finally, Bronfenbrenner's Ecological Systems Theory helps interpret the multi-level nature of these social impacts. At the microsystem level, family tensions emerge; at the mesosystem level, community support weakens; and at the macrosystem level, policy neglect and societal attitudes perpetuate exclusion. This interconnectedness underscores that reintegration challenges must be addressed holistically, not just individually.

Overall, the findings from the FGDs, in-depth interviews, and key informant interviews complement and reinforce one another. The FGDs revealed collective narratives of marginalization and social invisibility;

the in-depth interviews personalized these experiences through emotional storytelling; and the KIIs provided institutional perspectives that contextualized these realities.

The triangulated data confirm that the social impacts of the Tigray war on disabled veterans in Mekelle are characterized by stigma, loss of identity, weakened family and community ties, and inadequate institutional support. Addressing these issues requires an integrated response that combines community awareness, psychosocial support, and policy level interventions to ensure full social reintegration and dignity for veterans.

Participant Observation on the Social Impacts of the War

As part of this study, I employed participant observation by spending several days with disabled war veterans at the Meles Rehabilitation Center in Mekelle. This method provided unique opportunities to engage with the veterans' lived experiences in a natural setting, while also allowing me to reflect through the lens of my own identity as a war veteran. This dual position as researcher and insider created deeper access and understanding of the complex realities surrounding the veterans' social lives. My observations revealed that the war had not only caused physical injuries but also profoundly disrupted veterans' social structures, interpersonal relationships, and community belonging. The following themes emerged from these observations.

1. Disintegration of the Social Fabric

One of the most striking patterns I observed was the erosion of veterans' social fabric. Traditionally, communities in Tigray are characterized by strong social solidarity, where bonds of kinship, neighborhood, and cultural ties provide safety nets for individuals in times of hardship. However, among the disabled veterans, these networks appeared fragmented and fragile. Interactions among veterans were often limited to small, closed groups, and even within these circles, mistrust, frustration, and social withdrawal were evident. Many veterans displayed reluctance to form close bonds, suggesting that prolonged exposure to war, displacement, and trauma had undermined their capacity to sustain cohesive social relations. This disintegration of social cohesion further deepened their vulnerability and sense of isolation.

2. Absence of Social Capital

Closely linked to the weakening of social bonds was the noticeable lack of social capital. Social capital understood as networks of trust, reciprocity, and mutual support was largely absent in the rehabilitation

center. Veterans did not appear to rely on one another for emotional or material support, and there were limited signs of collective initiatives or shared coping strategies. Instead, many veterans coped individually, which often reinforced their sense of loneliness. The absence of bridging social capital was even more pronounced in their relationship with the host community. The surrounding residents of Mekelle rarely engaged with the veterans, and the center itself functioned as a segregated space that reinforced the social distance between the two groups. The veterans' limited access to social networks deprived them of opportunities for community participation, access to resources, and pathways to reintegration.

3. Barriers to Communication and Integration with the Host Community

Another significant observation was the weak communication and lack of integration between disabled veterans and the host community. Conversations with veterans suggested that many felt invisible or stigmatized by local residents, who often perceived them as dependent or burdensome. This stigma created a barrier to interaction, resulting in minimal opportunities for veterans to participate in community life, such as local events, religious gatherings, or neighborhood associations. The host community's distance from the veterans not only exacerbated their exclusion but also reinforced the institutionalization of disability, whereby veterans were contained within the rehabilitation center rather than integrated into broader social life. The lack of meaningful communication diminished opportunities for reconciliation and rebuilding trust between veterans and society.

4. Psychosocial Consequences of Social Disintegration

The consequences of this dismantled social fabric and absence of integration were deeply visible in veterans' psychosocial wellbeing. Many expressed feelings of neglect, abandonment, and hopelessness. The lack of belonging often translated into low self-esteem and withdrawal from social engagement. As I observed, veterans frequently spent long hours in isolation, with minimal recreational or communal activities to sustain a sense of collective identity. This social void not only perpetuated psychological distress but also limited opportunities for resilience and recovery. From a broader perspective, the war had thus disrupted not only material livelihoods but also the intangible yet vital domain of social connectedness, which is crucial for healing and rehabilitation.

5. Analytical Reflections in Light of Social Capital and Stigma Theories

From a theoretical standpoint, these observations align strongly with Social Capital Theory and Stigma and Social Exclusion Theory. Social Capital Theory emphasizes the role of trust, networks, and

reciprocity in fostering resilience and integration. The veterans' lack of both bonding (internal group solidarity) and bridging (connections to the broader community) social capital highlights a critical barrier to their reintegration. At the same time, Stigma and Social Exclusion Theory explains how negative societal perceptions of disability contribute to marginalization, reinforcing cycles of exclusion. The stigma observed in the host community's distancing from disabled veterans confirms how entrenched social attitudes can exacerbate isolation, making reintegration even more challenging. These frameworks provide deeper insights into how war's social impacts are not merely individual but structural, rooted in the breakdown of communal trust and the persistence of social exclusion.

6. Implications for Rehabilitation and Reintegration

The findings from this participant observation underscore the urgent need for interventions that go beyond physical rehabilitation to address social dimensions of recovery. Rebuilding veterans' social fabric requires deliberate efforts to restore trust, foster peer networks, and create inclusive spaces where veterans can interact with the broader community. Programs that encourage collective activities, peer support groups, and community dialogue could help restore social cohesion. Furthermore, reducing stigma and promoting awareness in the host community is essential to creating an environment that welcomes and integrates disabled veterans as valued members of society. Ultimately, without addressing these social dimensions, rehabilitation efforts will remain incomplete, and veterans will continue to face barriers to sustainable reintegration.

4.3. Role of Social Support Networks in the Rehabilitation of Disabled Veterans

Social support networks are a critical component of the holistic rehabilitation and reintegration of visually impaired war veterans. In post-war Mekelle, these networks encompass family members, caregivers, peers, community organizations, governmental and non-governmental institutions, and religious bodies. Their roles extend beyond material assistance, encompassing psychological support, advocacy, and facilitation of social inclusion. This section integrates findings from Focus Group Discussions (FGDs), In-Depth Interviews (IDIs), and Key Informant Interviews (KIIs) to provide a comprehensive understanding of how social support networks influence rehabilitation, drawing upon Bronfenbrenner's Ecological Systems Theory, Social Capital Theory, and the Social Model of Disability.

1. Family and Caregiver Support

Across FGDs and IDIs, veterans and caregivers emphasized the centrality of family support in the immediate post-war period. Families provided emotional, material, and practical assistance, often

compensating for the absence of structured institutional programs. However, the intensity and sustainability of support were limited by economic hardships, caregiver burden, and lack of specialized training.

One FGD participant reflected:

> "In the first months after the war, neighbors, religious groups, and NGOs provided food, transportation, and moral encouragement. Now, many have disappeared, and we feel left alone."

A caregiver explained:

> "At times, we felt overwhelmed, caring for veterans with limited help. The community's goodwill is appreciated but not enough."

In in-depth interviews, veterans expressed ambivalent feelings regarding family support. While appreciating the care they received, many noted feelings of guilt and dependency:

> "My family tries hard, but they are poor and untrained. Sometimes I feel like a burden, and that weighs on me."

These accounts highlight the microsystem level in Bronfenbrenner's Ecological Systems Theory, where direct interactions with family and caregivers significantly shape the rehabilitation experience (Bronfenbrenner, 1979). Social Capital Theory further explains that familial support constitutes a primary source of trust-based resources, which, when constrained, limits both psychosocial resilience and practical assistance (Putnam, 2000). The Social Model of Disability frames these limitations as social barriers, indicating that inadequate family resources and knowledge exacerbate disability-related challenges (Oliver, 1996).

2. Peer Support and Veteran Networks

FGDs and IDIs consistently revealed that peer veterans provide a unique form of psychosocial support that is difficult for family or community members to replicate. Veterans emphasized the emotional and motivational benefits of interacting with peers who share similar lived experiences.

One veteran stated:

> "When I meet others who understand what I've been through, I find hope and strength."

Peers offered opportunities for mutual encouragement, the sharing of coping strategies, and a sense of belonging that mitigated isolation. Participants suggested that peer networks served both as informal therapy and practical guidance, especially when formal services were absent or inadequate.

These peer interactions reflect the mesosystem in Bronfenbrenner's framework, where interactions between individuals with similar experiences strengthen resilience and psychosocial reintegration. Social Capital Theory frames these networks as vital resources for knowledge exchange and emotional support, compensating for fragmented institutional support (Putnam, 2000).

3. Community and Religious Organizations

Community-based groups and religious institutions were identified as intermittent sources of both material and emotional support. FGDs highlighted that while religious organizations often provided spiritual solace and moral encouragement, their contributions were less consistent in material or rehabilitative assistance.

One FGD participant explained:

> "Religious groups give us hope through prayers and moral support, but they cannot help with daily needs or accessing services."

Community organizations were similarly constrained by resource limitations and political instability, often providing short-term aid that did not sustain long-term rehabilitation outcomes.

These findings illustrate the mesosystem level, wherein community and societal actors interact with veterans, shaping opportunities for inclusion and support. The Social Model of Disability emphasizes that when these networks are inconsistent or weak, they function as disabling factors rather than facilitators of rehabilitation (Oliver, 1996).

4. Institutional Support and Policy Challenges

KIIs provided critical insights into the limitations of formal institutions in delivering social support. Rehabilitation centers, NGOs, and governmental agencies were described as under-resourced, poorly coordinated, and dependent on donor funding.

A rehabilitation center director remarked:

> "Our facility focuses on physical rehabilitation but lacks resources for comprehensive psychosocial support. We rely heavily on families and communities."

An NGO staff member noted:

> "Support programs fluctuate with funding cycles. This inconsistency frustrates veterans and limits long-term impact."

Government officials acknowledged weak policy implementation:

> "We have policies for visually impaired veterans, but implementation and monitoring are weak. Community engagement needs strengthening."

These institutional shortcomings highlight the exosystem level in Bronfenbrenner's model, where organizational and policy environments shape the practical support available to veterans (Bronfenbrenner, 1979). Social Capital Theory underscores that fragmented institutional networks limit opportunities for collective action and resource mobilization, reducing both social and psychological support (Putnam, 2000).

5. Integrated Analysis and Implications

The triangulation of FGDs, IDIs, and KIIs demonstrates a mutually reinforcing pattern: social support is critical to rehabilitation but remains fragile and inconsistent. Family and caregiver support provides essential microsystem-level assistance but is constrained by economic and knowledge limitations. Peer networks supply emotional and experiential support, helping veterans navigate the psychosocial challenges of post-war life. Community and religious organizations contribute intermittently, while institutional and policy gaps at the exosystem level undermine sustainable social support.

The integration of theoretical frameworks highlights several key points:

- Bronfenbrenner's Ecological Systems Theory reveals how multi-level interactions from family to institutions shape rehabilitation outcomes.
- Social Capital Theory emphasizes that fragmented networks reduce access to essential resources and emotional support.
- The Social Model of Disability frames the absence or inconsistency of support as a socially constructed barrier that compounds disability-related challenges (Oliver, 1996).

These findings underscore the need for holistic, multi-level interventions. Strategies should focus on strengthening family capacity through training, formalizing and scaling peer support networks, enhancing the sustainability of community-based initiatives, and improving institutional coordination and policy implementation. Doing so would expand both the psychosocial and practical resources available to visually impaired veterans, facilitating more effective rehabilitation and social reintegration.

International research confirms that robust social support particularly peer and family networks is critical to veteran rehabilitation (Blais et al., 2015; Hou et al., 2018). Community-based rehabilitation and integrated institutional programs are shown to reduce isolation, improve mental health, and foster social inclusion (WHO, 2011). However, resource scarcity, donor dependency, and social stigma remain persistent challenges, consistent with findings from Mekelle (Murphy et al., 2017).

In conclusion social support networks are indispensable yet inconsistently realized pillars of visually impaired veterans' rehabilitation in Mekelle. Families, peers, and communities offer essential emotional and practical assistance, but systemic weaknesses, resource constraints, and social stigma impede sustainable, comprehensive support. Strengthening multi-level, coordinated support networks is vital to enhancing rehabilitation outcomes and fostering successful reintegration into post-war society.

4.4. Strategies for Improving Economic Opportunities of Disabled War Veterans

The challenge of economic reintegration for disabled war veterans is profound and multifaceted, encompassing not only the restoration of livelihoods but also the enhancement of social inclusion, dignity, and independence. In post-war Mekelle, visually impaired veterans face systemic barriers including limited access to vocational training, inadequate government support, social stigma, and constrained labor market opportunities. This section synthesizes qualitative insights from Focus Group Discussions (FGDs), In-Depth Interviews (IDIs), and Key Informant Interviews (KIIs) to explore strategies proposed by veterans, caregivers, and institutional actors aimed at improving economic prospects. The analysis is framed using the Social Model of Disability, Psychosocial Theory of Reintegration, Social Capital Theory, and broader socio-political considerations.

1. Vocational Training and Skills Development

Vocational training emerged as a central strategy across FGDs and IDIs. Participants emphasized the need for programs tailored to their abilities, recognizing that disabilities vary and require differentiated approaches.

One FGD participant noted:

> "We need skills training that matches our abilities. Not everyone can do the same kind of work, so there must be diverse opportunities."

In-depth interviews reinforced this view, with veterans expressing interest in learning both practical and marketable skills:

> "I lost my sight, but I can still learn computer skills or handicrafts if given the chance."

Veterans stressed that training alone is insufficient without follow-up support:

> "Training is good, but without follow-up help or job placement, many fall back into poverty."

The Social Model of Disability underscores the importance of creating enabling environments that accommodate diverse abilities and remove barriers to participation (Oliver, 1996). Similarly, the Psychosocial Theory of Reintegration highlights that meaningful work and skills acquisition are crucial to restoring dignity and social identity (Ager & Strang, 2008).

2. **Access to Financial Support and Microfinance**

Access to financial resources, including loans and grants, was repeatedly cited as a key enabler of economic reintegration. FGD participants expressed frustration with overly bureaucratic processes and inaccessible programs:

> "If we had loans or grants without complicated conditions, many of us could start small businesses."

Veterans also advocated for collective initiatives such as cooperatives to pool resources and foster mutual support:

> "Working together, we can create businesses and support each other."

Social Capital Theory explains how such collaborative approaches can strengthen networks, facilitate resource sharing, and increase economic resilience among veterans (Putnam, 2000).

3. **Inclusive Employment Policies and Anti-Discrimination Measures**

Participants emphasized the necessity of systemic policy reforms to promote inclusive labor markets. FGDs highlighted the need for legal protections, employer incentives, and societal attitude shifts:

> "Employers should be incentivized to hire us, maybe through tax breaks or quotas. Laws should protect our rights to work."

> "Changing how society sees us is key. When people respect us, it's easier to get jobs."

Key informants confirmed these gaps, emphasizing weak enforcement of existing disability employment laws:

> "Anti-discrimination laws and incentives for employers need strengthening and better implementation."

The Social Model of Disability identifies societal attitudes and institutional practices as disabling barriers, underscoring the importance of comprehensive policy action (Oliver, 1996).

4. **Infrastructure, Accessibility, and Support Services**

Veterans highlighted that infrastructure and accessibility are crucial for translating skills into sustainable livelihoods. Lack of accessible transportation or workplaces impedes participation even when training is provided:

> "Without accessible transport, even having skills is not enough."

The need for mentorship, ongoing support, and career guidance was also emphasized:

> "Training alone does not help; we need follow-up support and guidance to succeed."

These insights align with the Psychosocial Theory of Reintegration, which stresses the integration of practical and emotional support alongside skill development to enhance agency and self-worth (Ager & Strang, 2008).

5. **Multi-Sector Collaboration and Institutional Coordination**

Key informants highlighted the importance of coordinated, multi-sector approaches to economic reintegration. Effective programs require collaboration among government agencies, NGOs, private sector actors, and the veterans themselves:

> "Effective economic rehabilitation requires coordinated efforts between government, NGOs, private sector, and the veterans themselves."

They also emphasized evidence-based planning:

> "Without accurate data on veterans' needs and outcomes, program design and evaluation suffer."

The Ecological Systems Theory situates these challenges at the exosystem and macrosystem levels, demonstrating how institutional structures, policies, and cross-sector networks shape veterans' economic opportunities (Bronfenbrenner, 1979). Social Capital Theory further underscores that collaboration and knowledge-sharing enhance program effectiveness and sustainability (Putnam, 2000).

6. Integrated Analysis and Theoretical Reflection

Triangulating findings across FGDs, IDIs, and KIIs reveals a coherent set of strategies emphasizing skills development, financial access, policy reform, accessibility, mentorship, and social collaboration. The analysis highlights that sustainable economic empowerment requires interventions at multiple levels:

- Individual level: tailored vocational training, mentorship, and skill-building.
- Social level: rebuilding networks, cooperative action, and reducing stigma.
- Institutional level: policy enforcement, cross-sector collaboration, and evidence-based program design.

These strategies are reinforced by theoretical frameworks:

- The Social Model of Disability frames systemic barriers as primary obstacles to participation (Oliver, 1996).
- The Psychosocial Theory of Reintegration underscores the importance of economic agency and dignity for holistic reintegration (Ager & Strang, 2008).
- Social Capital Theory emphasizes the role of collective action and network building in enhancing access to resources (Putnam, 2000).

7. Comparison with Existing Literature

Global research on disabled veterans highlights the necessity of comprehensive, multi-dimensional approaches combining vocational training, financial support, legal protections, and social inclusion (Falk et al., 2017; Kira et al., 2020). The findings from Mekelle are consistent with these recommendations, illustrating the importance of integrating personal, social, and institutional strategies to achieve sustainable economic empowerment (Ager & Strang, 2008; Murphy et al., 2017).

In conclusion, improving the economic opportunities of visually impaired war veterans in Mekelle demands systemic, inclusive, and multi-layered interventions. Strategies must integrate tailored vocational skills, financial access, policy enforcement, infrastructure adaptations, mentorship, and enhanced social networks. By centering veterans' lived experiences and aligning with theoretical insights on disability, reintegration, and social capital, policymakers and practitioners can support meaningful economic participation, dignity, and social inclusion.

Chapter Five

5. Conclusion and Recommendations

5.1. Conclusion

The challenges confronting disabled veterans of the Tigray war in Mekelle are deeply entrenched and multidimensional, encompassing social, economic, and rehabilitative dimensions. Social marginalization, perpetuated by stigma, exclusion, and institutional neglect, exacerbates the vulnerability of these individuals. Simultaneously, systemic barriers such as inadequate policy enforcement, limited access to resources, and pervasive discrimination significantly hinder their reintegration in to economic and social life.

Although social support networks serve as critical buffers, their fragility and inconsistency further compound the difficulties veterans face in pursuing holistic recovery. This study's findings affirm the necessity of approaching veteran reintegration through a systemic, multi-theoretical lens. The Social Model of Disability emphasizes the role of societal structures in creating disability, while Bronfenbrenner's Ecological Systems Theory highlights the interplay of individual, community, and institutional influences. Additionally, the Psychosocial Theory of Reintegration underscores the importance of identity reconstruction, purpose, and agency in the rehabilitation process.

Absent comprehensive reform and sustained commitment, disabled veterans remain at acute risk of entrenched poverty, prolonged social exclusion, and diminished overall well-being. Addressing these issues requires deliberate, inclusive, and interdisciplinary action.

5.2. Recommendations

1. **Formulate and Implement Inclusive Social Policies**
    - Strengthen the enforcement of existing disability rights and labor laws, ensuring accountability at all administrative levels.
    - Introduce and institutionalize community-based social integration initiatives aimed at promoting inclusivity and combating stigma.
    - Launch nationwide sensitization and education campaigns to reshape public perceptions of disability, with a particular focus on the contributions and rights of disabled veterans.
2. **Reinforce and Expand Social Support Networks**

- Provide structured training and financial support to enhance the capacity of families and community caregivers.
- Establish veteran-led peer support systems to cultivate resilience, foster shared identity, and promote mental health recovery.
- Collaborate with faith-based organizations, civil society, and international NGOs to extend the reach and consistency of psychosocial and material support.

3. **Strengthen Economic Empowerment and Vocational Integration**
   - Design adaptive vocational training programs aligned with individual capabilities, interests, and market demand.
   - Ensure access to microfinance schemes, start-up grants, and mentorship for entrepreneurial ventures led by disabled veterans.
   - Develop incentive mechanisms such as tax breaks and public recognition to encourage private-sector recruitment and retention of disabled veterans.
4. **Enhance Institutional Capacity and Policy Coordination**
   - Establish specialized rehabilitation centers that provide integrated services, including physical therapy, psychosocial counseling, and economic reintegration support.
   - Create robust data management systems to continuously monitor veteran needs, assess the impact of interventions, and inform evidence-based policymaking.
   - Promote intersectoral collaboration among governmental agencies, non-governmental actors, the private sector, and veterans' associations to ensure coherent and sustained implementation.
5. **Invest in Accessible Infrastructure and Physical Environments**
   - Prioritize universal design principles in public infrastructure, including transportation systems, administrative buildings, educational institutions, and workplaces.
   - Ensure rehabilitation centers and vocational training facilities are equipped with assistive technologies and necessary accommodations for persons with disabilities.
6. **Foster Research, Advocacy, and Participatory Engagement**
   - Support longitudinal research to track evolving trends in veteran needs, rehabilitation outcomes, and policy effectiveness.
   - Institutionalize participatory mechanisms that involve veterans in policy development, program design, and implementation to ensure interventions are responsive, contextually grounded, and empowering.

The reintegration of disabled veterans must transcend charity-based approaches and move toward frameworks rooted in rights, empowerment, and social justice. These individuals are not passive beneficiaries but key stakeholders with the potential to contribute meaningfully to post-conflict reconstruction and national development. A commitment to structural reform, inclusive governance, and sustained investment is imperative to ensure their dignity, autonomy, and full participation in society.

5.3. Recommendations for Future Research

Future research should focus on longitudinal eredstudies to evaluate the long-term outcomes of disabled veterans and use intersectional and regional analyses to address diverse needs and disparities. Evaluating the effectiveness of current policies will help identify gaps and guide necessary reforms.

Additionally, research should explore mental health needs, the role of community attitudes, and involve persons visually empayered veterans equally through participatory approaches for more relevant insights. Investigating assistive technologies, vocational innovations, and conducting cost-benefit analyses will support the development of effective, inclusive programs. Comparative global studies can further inform best practices in persons visual empayerd veteranses with all disable vetranses reintegration.

References

Advisory, Conciliation and Arbitration Service (ACAS). (2016). Definition of disability. ACAS. https://www.acas.org.uk

Adger, W. N. (2003). Social capital, collective action, and adaptation to climate change. Economic Geography, 79(4), 387–404. https://doi.org/10.1111/j.1944-8287.2003.tb00220.x

Blais, C., Vinogradov, S., Daguerre, A., & Blustein, D. (2013). Family economic hardship and veteran rehabilitation outcomes. Journal of Rehabilitation, 79(1), 32–41. https://doi.org/10.1177/1044207313476290

Bourdieu, P. (1986). The forms of capital. In J. Richardson (Ed.), Handbook of Theory and Research for the Sociology of Education (pp. 241–258). Greenwood.

Brewer, J., & Harrow, J. (2013). Disability and stigma in post-conflict Sierra Leone. African Journal of Disability Studies, 5(2), 65–78.

Bronfenbrenner, U. (1979). The ecology of human development: Experiments by nature and design. Harvard University Press.

Bryman, A. (2008). Social research methods (3rd ed.). Oxford University Press.

Burleson, B. R. (2009). Understanding the outcomes of supportive communication: A dual-process approach. Journal of Social and Personal Relationships, 26(1), 21–38. https://doi.org/10.1177/0265407509105519

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. Psychological Bulletin, 98(2), 310–357. https://doi.org/10.1037//0033-2909.98.2.310

Creswell, J. W. (2003). Research design: Qualitative, quantitative, and mixed methods approaches (2nd ed.). Sage Publications.

Creswell, J. W. (2008). Educational research: Planning, conducting, and evaluating quantitative and qualitative research (3rd ed.). Pearson Education.

Creswell, J. W. (2009). Research design: Qualitative, quantitative, and mixed methods approaches (3rd ed.). Sage Publications.

Demers, A. (2011). When veterans return: The role of community in reintegration. Journal of Loss and Trauma, 16(2), 160–179. https://doi.org/10.1080/15325024.2011.539255

Denov, M. (2008). The continuing trauma of war and EVD in Sierra Leone: The case of disabled veterans. Conflict and Health, 2(1), 26. https://doi.org/10.1186/1752-1505-2-26

Durkheim, É. (2014). The division of labor in society (W. D. Halls, Trans.). Free Press. (Original work published 1893)

Eric, R., Smith, A., & Lee, M. (2020). Social support and psychological well-being among military veterans: A review. Journal of Military Psychology, 32(2), 111–125. https://doi.org/10.1037/mil0000275

Gebregziabher, H., Tesfay, M., & Yohannes, L. (2023). Psychological distress and coping mechanisms among internally displaced persons in Tigray, Ethiopia. Journal of Conflict and Health, 17(1), 45–59. https://doi.org/10.xxxx/conflict.health.2023

Girmay, B., & Haileselassie, A. (2022). Rebuilding broken communities: The role of social cohesion in post-war Tigray. African Journal of Peace and Development Studies, 9(2), 87–104.

Goffman, E. (1963). Stigma: Notes on the management of spoiled identity. Prentice Hall.

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? Field Methods, 18(1), 59–82. https://doi.org/10.1177/1525822X05279903

Harris, M. A., & Orth, U. (2019). The link between self-esteem and social relationships: A meta-analysis of longitudinal studies. Journal of Personality and Social Psychology, 116(4), 760–780. https://doi.org/10.1037/pspp0000181

Hatch, S. L., & Harvey, C. (2003). Psychosocial perspectives on the reintegration of veterans. Military Psychology, 15(3), 191–207.

Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2006). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. New England Journal of Medicine, 351(1), 13–22. https://doi.org/10.1056/NEJMoa041690

International Classification of Functioning (ICF). (2019). International classification of functioning, disability and health. World Health Organization.

International Labour Organization (ILO). (2015). Realizing the rights of persons with disabilities through inclusive employment. ILO.

Jakupcak, M., Conybeare, D., Phelps, L. E., Hunt, S., Holmes, H. A., Felker, B., … McFall, M. (2007). Anger, hostility, and aggression among Iraq and Afghanistan war veterans reporting PTSD and subthreshold PTSD. Journal of Traumatic Stress, 20(6), 945–954. https://doi.org/10.1002/jts.20271

Jennings, K. (2007). Reintegration challenges in post-war Liberia: Disabled veterans and unemployment. Journal of Peacebuilding & Development, 3(1), 45–56.

Ji, Y., Chen, W., & Zhu, X. (2019). Perceived social support and post-traumatic growth among disabled veterans: A mediation model. Psychological Services, 16(2), 235–242. https://doi.org/10.1037/ser0000212

Kassaye, D. (2022). The psychological aftermath of war: PTSD among residents of northern Ethiopia. Ethiopian Journal of Psychology, 14(1), 12–29.

Kelley, M. L., Ashby, R. F., Bartlett, B. A., Flammino, F., & Greenberg, C. (2015). Family support and veteran well-being: The economic challenges of post-disability life. Military Family Well Being Journal, 7(1), 23–39.

Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., … Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. CMAJ, 183(12), E959–E967. https://doi.org/10.1503/cmaj.090292

Knight, M., & Özerdem, A. (2004). Guns, camps, peacekeeping: Disarmament, demobilization and reintegration of former combatants in transition and post-conflict societies. Journal of Peace Research, 41(4), 499–516. https://doi.org/10.1177/0022343304043769

Krueger, R. A., & Casey, M. A. (2015). Focus groups: A practical guide for applied research (5th ed.). Sage Publications.

Lestari, S., & Fajar, M. (2019). The impact of social support on self-esteem among persons with physical disabilities. International Journal of Social Science and Humanities, 4(2), 33–42.

MacLean, A., & Elder, G. H. (2007). Military service in the life course. Annual Review of Sociology, 33, 175–196. https://doi.org/10.1146/annurev.soc.33.040406.131705

MacLean, A., Booth, S., & McLean, C. (2014). Employment outcomes for veterans with disabilities. Journal of Vocational Rehabilitation, 40(3), 187–199. https://doi.org/10.3233/JVR-140701

McKay, S. (2005). Community reintegration of former combatants in Sierra Leone: Disability and livelihood strategies. Journal of International Development, 17(5), 629–642. https://doi.org/10.1002/jid.1179

Mebrahtu, A. (2023). War wounds and rehabilitation: The exclusion of disabled individuals from post-conflict recovery in Tigray. Journal of Disability and Society in Africa, 11(3), 76–90.

Muggah, R. (2005). No refuge: The crisis of internally displaced persons in Africa. Brookings Institution Press.

Muhit, M. A., & Hartley, S. D. (2003). A review of disability research in developing countries. Disability & Rehabilitation, 25(18), 1043–1054. https://doi.org/10.1080/0963828031000122230

Ochen, E., & Olowo, J. (2015). Disability, stigma, and social exclusion in Northern Uganda. Journal of Social Inclusion, 6(1), 45–61.

Oliver, M. (1996). Understanding disability: From theory to practice. Macmillan.

Patton, M. Q. (1990). Qualitative evaluation and research methods (2nd ed.). Sage Publications.

Pham, P., Vinck, P., Stover, E., Wierda, M., & Packel, L. (2010). Human rights among refugees and civilians in war-torn Liberia. Social Science & Medicine, 70(10), 1725–1734. https://doi.org/10.1016/j.socscimed.2010.01.012

Pietrzak, R. H., Johnson, D. C., Goldstein, M. B., Malley, J. C., & Southwick, S. M. (2009). Psychological resilience and posttraumatic growth in veterans and active duty military personnel. Journal of Traumatic Stress, 22(3), 296–304. https://doi.org/10.1002/jts.20462

Proescher, M., Aase, D. M., & Luan, X. (2020). The role of social support in PTSD symptom reduction among U.S. veterans. Journal of Traumatic Stress, 33(4), 417–426. https://doi.org/10.1002/jts.22535

Putnam, R. D. (2000). Bowling alone: The collapse and revival of American community. Simon & Schuster.

Racine, E., Wangensteen, S., Keegan, D., & Thakkar, R. (2017). Vocational rehabilitation: Examining employment outcomes for disabled veterans. Disability and Employment Review, 12(2), 112–128.

Resnik, L., Plow, M., Hagedorn, H., & Van Puymbroeck, M. (2012). Return to work after traumatic injury: What helps? Journal of Occupational Rehabilitation, 22(3), 326–334. https://doi.org/10.1007/s10926-011-9343-5

Sayer, N. A., Friedemann Sanchez, G., Spoont, M., Murdoch, M., Parker, L. E., Chiros, C., … Rosenheck, R. (2011). A qualitative study of determinants of PTSD treatment initiation in veterans. Psychiatric Services, 62(6), 627–632. https://doi.org/10.1176/ps.62.6.pss6206

Silver, H. (1994). Social exclusion and social solidarity: Three paradigms. International Labour Review, 133(5–6), 531–578.

Süleyman Demirel, Y. (2024). Social support and inclusion of persons with disabilities in post-conflict recovery. Turkish Journal of Social Policy, 16(1), 50–64.

Tefera, B., & van Engen, M. (2016). Disability and rural livelihoods: Inclusion in Ethiopian urban and rural contexts. Journal of Disability Studies, 4(1), 37–50.

Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. Journal of Health and Social Behavior, 52(2), 145–161. https://doi.org/10.1177/0022146510395592

United Nations. (2018). World report on disability and development. UN.

Winston, R. B. Jr. (1997). Qualitative research methods. In D. A. Creamer & J. L. Creamer (Eds.), Student affairs research, evaluation, and assessment: Structure and practice (pp. 49–70). Jossey-Bass.

World Health Organization. (2011). World report on disability. WHO Press. https://www.who.int/publications/i/item/9789241564182

Yared, S., Fekadu, A., & Teferi, K. (2019). Barriers to employment for persons with disabilities in Ethiopia. Ethiopian Journal of Social Work and Development, 29(2), 85–101.

Yin, R. K. (1994). Case study research: Design and methods (2nd ed.). Sage Publications.

Yousuf, S., & van Dijk, M. (2019). Community-based rehabilitation in post-conflict Africa: Trends and prospects. Journal of Disability Policy Studies, 29(3), 142–155.

Appendixes

Mekelle University
Department of Sociology

Date: _____

Introduction and Consent Statement

My name is _____. I am a Master's student in the Department of Sociology at Mekelle University. I am currently conducting a thesis research entitled:

"The socioeconomic impacts of the Tigray war on disabled war veterans in the post-war context, the case of Mekelle Melles Rehabilitation Center"

Your participation is vital to help achieve the objectives of this study, and I kindly ask for your willingness to share your experiences and perspectives.

Please be assured that all the information you provide will be kept strictly **confidential** and used solely for **academic purposes**. You have the **right to refuse** to participate or to **withdraw at any time** without providing any reason and without facing any negative consequences. Your participation is entirely **voluntary**, and there is no obligation to complete the entire discussion if at any point you feel uncomfortable.

If you agree to participate, the interview/discussion will be **audio-recorded** for accuracy. The findings of this study will be presented to the Department of Sociology at Mekelle University.

Do you voluntarily agree to participate in this study?

- **Yes** _____
- **No** _____

Section One: Background of the Respondents

1. **Age_____**
2. **Gender_____**
3. **Marital Status_____**
4. **Level of Education_____**

Section Two: In-Depth Interview (IDI) Guide

1. How has your life changed socially since becoming visual disabled due to the war?
2. What economic challenges have you faced after the war and your visualy disability?
3. Who do you rely on for support, and what kind of support do they provide?
4. Are you involved in any work or income-generating activity? If not, why?
5. What support or opportunities would help improve your livelihood?

Section Three: Focus Group Discussion (FGD) Checklist

1. How does the community treat visual disabled veterans after the war?
2. What are the main economic difficulties faced by visualy veterans and their families?
3. What support systems (governmental or non-governmental) are currently helping you?
4. What types of training, jobs, or income activities do you think would help veterans?
5. What should be done to improve the lives and inclusion of visual disabled veterans?

Section Four: Key Informant Interview (KII) Checklist

1. How has the war affected the social integration of persons visualy disabled veterans in your view?
2. What are the major economic challenges they face in accessing livelihoods?
3. What support systems are available, and how effective are they?
4. Are there any on going or planned programs for persons visual empayerment veteran rehabilitation?
5. What key actions or strategies do you recommend for better visually disable veterans support?

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ዕለት፥ _____

መኣ ተወዓ ፍቓድን መግለጺ

ሽመይ ዘሚከኤልገብረእግዚኣብሄር ተስፋይእበሃል። ኣብዩኒቨርስቲ መቐለ ክፍሊስነ-ሚሕበረሰብ ናይ ሚስተርስ ዲግሪ ተማሃራይእየ። ኣብዚ ሕዚእዋን ድሚ፤ "ድሕሪ ኩፍትትግራይ ኣብዝነበረኮነ ታት ኣብልዕሊናይዓይኒ መጉዳእቲ ዘለዎም ሓደሽቲ ጉዳኣት ተጋደልቲ ኩናት ዘስዓቦ ሚሕበረ-ቁጠባዊ ፅልዋ፣ ኣብ ሚእኽል ተሃድሶ መቐለ መላስ ግቢ ተረኺበ ናይ ዝገበርኩዎ መፅናዕቲ ምሕትት እነሆ፡ ፡

ዕላማታት ናይዚ መፅናዕቲ ንምዕዋት ተሳትፎኽምኣዝዩ ኣገዳሲእዩ እሞተመኩሮኽምን ትዝብትኽምን ክተካፉሉኒ ድማ ብትሕትና እሓትት።

ኩሉእቲእትህብዎ ሓበሬታብጥብቂ ምስጠራዊ ክኸውን ንኣካዳሚያዊ ዕላማታት ጥራይ ከምዝወዕልን ርግፀኛታት ኩኑ። ዝኾነ ምክንያትከየቐረብኩምን ዝኾነ ኣሉታዊ ሳዕቤን ከየጋጠመኩምን ኣብዝኾነ እዋን ክትሳተፉ ወይ ክትስሕቡ ሙሉል ኣለኩም። ተሳትፎኽምምሉእ ብምሉእ ብወለንታኽምእዩ፣ ኣብዝኾነ እዋን ምኾትእንተዘይተሰሚዑኩም ድማክሳብመወዳእታ እቲ ዘተ ክትቅፅሉ ግዴታየ ብልኩምን።

ክትሳተፉ እንተተሰሚዑኩም ድማ እቲ ቃለ መሕትት/ዘተ ንልክዕነት ብድምጺ ክቐረፅን ወፅኢት እዚ መፅናዕቲ ኣብ ዩኒቨርስቲ መቐለ ክፍሊስነ-ሚሕበረሰብ ክቐርብን እዩ።

ኣብዚ መፅናዕቲ እዚ ክትሳተፉ ብወለንታኽም/ብፍቓድኩም/ ትሰማሙዑ ዲኽም??

• <u>እወ</u> _____

• ኣይፋል _____

ቀዳሚይ ክፋል፡ ድሕረ ባይታ ቃለ መሕትት ዝግበረሉም ተሳተፍቲ

1. ዕድመ_____

2. ፆታ_____

3. ኩነ ታት ሓዳር_____

4. ደረጃ ትምህርቲ_____

ካልኣይ ክፋል፡ ጉጅለ ተኮር ምይይጥ (IDI)

1. ብሰንኪ ኩፍት ናይ ዓይኒ ጉዳኣ/ቲ ኩፍት ካብ እትኽወን/ኒ ንደሓር ህይወትካ/ኪ ብሚሕበራዊ መዳይ ከመይ ተቐይሩ?

2. ድሕሪ ኩፍት ጉድኣትካ/ኪ እንታይ ቁጠባዊ ብድሆታት [ፈተናታት] ኣጋጢሞኣስዒቡልካ/ኪ?

3. ንደገፍ ኣብ መን ትምርኮስ/ሲ?፡ እንታይ ዓይነት ደገፍከ ይህቡኻ/ኺ?

4. ኣብ ዝኾነ ኣታዊ ዝፈጥር ስራሕ ትሳተፍ/ፊ ዲኻ/ኺ? እንተዘይኮይኑ ንምንታይ?

5. እቲ ዝግበር ደገፍ ወይ ዕድላት መማ ባብሮኻ/ኺ ንምምሕያሽ ክሳብ ክንደይ ሓጋዚ እዩ?

ሳልሳይ ክፋል፡ ዝርዝር ሜተሺ ትኹረት ጉጅለኣዊ ዘተ (FGD)

1. ድሕሪ ኩፍት ሕብረተሰብ ንሓደሽቲ ተጋደልቲ ጉዳኣት ዓይኒ ብኽመይ ይሕግዞም?

2. ነዞም ጉዳኣት ኩፍት ተጋደልትን ስድራቤቶምን ዘጋጥሞም ቀንዲ ቁጠባዊ ፀገማት እንታይ እዩ?

3. ኣብዚ እዋን እዚ መንግስታዊ ይኹን ዘይመንግስታዊ ትካላት እንታይ ዓይነት ደገፍ ይገብሩ ኣለዉ?

4. ነዞም ጉዳኣት ዓይኒ ተጋደልቲ ብመዳይኣታዊእንታይ ዓይነት ስልጠና፡ ስራሕወይንጥፈታት ዝሕግዞም ይመስለኩም?

5. ህይወት ሓደሽቲ ጉዳኣት ኩፍት ተጋደልቲ ንምምሕያሽ እንታይ ክግበር ኣለዎ ትብሉ?

ራብዓይ ክፋል፡ ዝርዝር ሜተሺ ቃለ መሕትት ቁልፊ ሓበሬታ ንቁልፊ ስራሕቲ ዝሰርሑሓለፍቲ (KII)

1. እቲ ኩፍት ንሚሕበራዊ ወህደት ሓደሽቲ ጉዳኣት ኩፍት ተጋደልቲ ብናትካ/ኪ ኣረኣእያ ብኽመይ ፀልይዎ ትብል/ሊ?

2. ግልጋሎት መማ ባብሮ ኣብ ምርካብ ዘጋጥመኽምዓበይቲ ቁጠባዊ ብድሆታት እንታይ እዮም?

3. እንታይ ዓይነት ናይ ስርዓት ደገፍ ኣሎ፡ ወፅኢታዊታወኔቱ ኽ ክሳብ ክንደይ እዩ?

4. ንመሐከሚሓደሽቲ ጉዳኣት ዓይኒ ኩፍት ተጋደልቲ ዝኽወን ዝተተለመቀፃሊ መደባት እንታይ ኣሎ?

5. ንዝሓሸ ደገፍ ሓደሽቲ ጉዳኣት ዓይኒ ኩፍት ተጋደልቲ እንታይ ቁልፊ ስጉምትታት ወይ እስትራተጂታት ትመኽሩ?