

MEKELLE UNIVERSITY



COLLEGE OF LAW AND GOVERNANCE

DEPARTMENT OF CIVICS AND ETHICAL STUDIES

THE LIFE EXPERIENCES OF REINTEGRATED VETERANS WITH
DISABILITIES: THE CASE OF MEKELLE CITY

A THESIS SUBMITTED TO THE DEPARTMENT OF CIVICS AND ETHICAL STUDIES
FOR THE PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF
MASTER OF ARTS DEGREE IN CIVICS AND ETHICAL STUDIES.

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AUGUST, 2025

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DECLARATION

I, the undersigned, declare that this thesis is my own original work and has not been presented for a degree in any other university. I further declare that all sources of material used for this thesis have been duly acknowledged.

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ACKNOWLEDGEMENTS

First and foremost, I would like to express my deepest gratitude to my advisor, Birhane Gidey, for his invaluable guidance, unwavering support, and critical insights throughout this research journey. His patience and encouragement were instrumental in the completion of this work.

My most heartfelt thanks go to the research participants. To the veterans with disabilities who courageously shared their experience related with the socioeconomic reintegration and personal stories, I am profoundly grateful. Your voices are the heart of this thesis. I also extend my thanks to the officials and staff from the various governmental and non-governmental organizations who gave their time and provided crucial institutional perspectives.

Finally, I owe a special debt of gratitude to my family and friends for their endless love, support, and encouragement. This accomplishment would not have been possible without them.

ABSTRACT

This study explores the post-war socioeconomic reintegration of veterans with disabilities in Mekelle City, Tigray. Following the devastating conflict that ended with the Pretoria Peace Agreement, a significant number of veterans returned with life-altering injuries to a society with a shattered economy and fractured social fabric. This research investigates the lived realities of these veterans, the efficacy of support systems, and the key barriers to their successful reintegration. Employed a qualitative, interpretive phenomenological design, this study collected data through 22 in-depth interviews and 3 Focus Group Discussions (FGDs) with 18 veterans with disabilities (VWDs), supplemented by 15 Key Informant Interviews (KIIs) with governmental and other stakeholders. Thematic analysis of the data revealed a profound crisis in the reintegration process. The findings indicate that a multifaceted socioeconomic crisis characterized by systemic barriers to employment, a skills mismatch, inaccessible credit systems, and acute housing instability. Formal support programs implemented by state and non-state actors were found to be largely ineffective, suffering from a lack of coordination, sustainability, and, most critically, a top-down, non-participatory approach that is detached from the veterans' lived realities and pre-existing vulnerabilities. The study concludes that the failure of reintegration in Mekelle is rooted in a weak, charity-based model. A fundamental shift is required towards a rights-based, participatory approach that empowers veterans as active agents in their own recovery. Recommendations focus on institutionalizing veteran participation in program design, redirecting funding to support veteran-led enterprises, establishing business related training and employment opportunities, and prioritizing housing.

Keywords: Veteran, Reintegration, Disability, Post-Conflict Reconstruction, Socioeconomic

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ACRONYMS

BoLSA - Bureau of Labor and Social Affairs

CRPD - Convention on the Rights of Persons with Disabilities

DDR - Disarmament, Demobilization, and Reintegration

FGD - Focus Group Discussion

ILO - International Labour Organization

KII - Key Informant Interview

NGO - Non-Governmental Organization

NPPO - Non-Participatory Personal Observation

OLSA - Office of Labor and Social Affairs

PTSD - Post-Traumatic Stress Disorder

SCA - Savings and Credit Association

SME - Small and Micro Enterprise

TGE - Transitional Government of Ethiopia

TPLF - Tigray People's Liberation Front

UN - United Nations

VWD - Veterans with Disabilities

WHO - World Health Organization

CHAPTER ONE

INTRODUCTION

1.1. Background of Study

Disability is an umbrella term for impairments, activity limitations, and participation restrictions, representing the interaction between an individual's health conditions and their contextual factors (WHO, 2011). While disability has been a constant in human history, it gained significant global attention following the Second World War, which produced a vast number of disabled individuals and compelled states to address their plight (Kebede, 2001). Globally, there are approximately 610 million people with disabilities, with 386 million of working age (ILO, 2007). In developing nations, people with disabilities are often among the most impoverished, their numbers swelled by manmade and natural disasters. They are frequently viewed as objects of charity, their potential unrecognized, and they suffer from stigma and discrimination, rendering them invisible in development initiatives (Amanuel, 2007).

Among this group, veterans with disabilities (VWDs) represent a distinctive group. Having fulfilled their military obligations, they face significant challenges when transitioning to civilian life (U.S. Department of Veteran Affairs, 2018). Their successful socioeconomic reintegration is crucial not only for their own well-being but also for the growth of their communities, as it allows them to transition into civilian employment and contributes their skills (U.S. Department of Labor, 2021).

The cessation of conflict presents an opportunity for war-torn societies to rebuild, though this transition is immensely challenging (Amanuel, 2007). Therefore, a process in which the Disarmament, Demobilization, and Reintegration (DDR) of ex-combatants is a necessary component for lasting peace (Makombe, 2021).

Ethiopia, with its history of civil wars and border conflicts has a significant population of veterans with combat-related disabilities (Mulugeta, 2017). The recent two-year civil war in its northern regions has added substantially to this population. These wars have resulted in both combat and non-combat related trauma and injuries (World Bank, 2007).

The effective demobilization and reintegration of these individuals are critical for stability. When designing DDR, the demographic, social, and economic impact of veterans on host communities has to be carefully considered. Poorly implemented DDR programs can

pose a threat to peace and undermine the socioeconomic reintegration they are designed to support (Amanuel, 2007). For veterans with disabilities, their experience is often collective, rooted in public events that shape their identity and lead to the formation of organized groups (Gerber, 2003).

The reintegration of war victims is a multifaceted process involving physical therapy, social participation, and return to work (Jansen, 2017). Furthermore, hindrances to interventions, including poor coordination among stakeholders, add to the complexities of demobilization and disarmament in conflict resolution (Putra, 2021).

The Tigray region, scarred by successive conflicts, is a case in point. The recent war with the federal government, culminating in the Pretoria peace agreement of November 2, 2022, has left behind profound devastation. The region's basic infrastructure has been severely damaged, exacerbating the existing unemployment rate and economic collapse (Addis and Wasike, 2021; Assefa, 2024). The region is now home to a large number of veterans with disabilities, alongside a shattered economy and decimated infrastructure. As Mulugeta (2023) notes, it is easier to count what survived the war than to enumerate what was destroyed. Thus, the reintegration of veterans with disabilities faces multiple challenges.

Therefore, this study seeks to explore the lived experiences of post-war socioeconomic reintegration for veterans with disabilities in Mekelle City, aiming to identify the challenges, evaluate existing support systems, and lay the groundwork for effective interventions.

1.2. Statement of the Problem

Disabled war veterans, having risked their lives for their communities, now face formidable social and economic problems that impact their personal, familial, and community life. Their primary challenge stems from a limited ability to perform daily activities, which, when coupled with economic hardship, traps them in a cycle of victimhood. They are exceptionally vulnerable to marginalization, poverty, unemployment, and social isolation (Ottawa, 2010). For these veterans, reintegration is a process of regaining basic economic and social opportunities (World Bank, 2010).

Traditionally, people with disabilities are assumed that as unproductive and had remained economically burdens over the community. Psychological conditions and trauma are common issues for them (Sayers, Farrow, Ross, & Oslin, 2009). Historically, veterans were a mass phenomenon societies could not ignore (Jacob and Karner, 2020), yet research has shown they often fare worse economically than their non-veteran counterparts (Angrist, 1990).

Another research, Yazicioglu et al., (2006) studied on the challenges of veteran reintegration. However, there exists a gap in understanding which challenge are perceived as the most severe by the veteran reintegration in the research regarding which challenges veterans perceive to be the most themselves, particularly in specific post-conflict contexts. An economic and social situation of disabled people (education, qualification, family, economic situation, urban saturation of the district where a disabled person lives, etc.) plays an important role in his socialization. An unfavorable economic and social situation of a disabled person quite often leads to that that he does not get the qualified help; the level of their socialization - the adaptation to existing conditions (Miles, 2015).

Previous research on demobilization in Africa has often focused on the financial and technical aspects of reducing military forces (Kingma 2000; Colletta et al., 1996; Cilliers, 1995). Colletta et al. (1996) looked from the economic perspective of which the financial and technical assistance was evaluated. The studies dealt with how “governments in Africa reduce their militaries and defense expenditures so that resources may be shifted to development activities”. Further, these studies focused on the quantitative aspects of disabled veteran rehabilitation. Dercon and Daniel (1998) carried out study on the reintegration of the ex-soldiers in Ethiopia. The research dealt with a comparative analysis of the life of some ex-soldiers in relation to other civilians. However, the study did not include women in the study sites. In addition, it only focused on the economic returns of reintegration in rural settings, often excluding the social dimension.

Other research work on demobilization and reintegration of ex-servicemen from the perspective of development was carried out (Mulugeta, 2000). Hence the study is largely up on the investigation of ex-fighters who engaged mainly in agricultural activities. This means the study does not involve the investigation of integration of ex-soldiers who returned to a civilian society that is unique complexities of urban environments.

While these studies provide valuable insights into the broader challenges of disability and demobilization, they have not adequately captured the lived, subjective experience of socioeconomic reintegration for war veterans in a post-2020 Tigray context. To the researcher's knowledge, no specific study has focused on this issue within Mekelle City. This research, therefore, aims to fill this critical gap by employing a qualitative approach to explore the nuanced realities, perceptions, and daily struggles of disabled war veterans in their quest for socioeconomic stability in Mekelle.

1.3. Objectives of the Study

1.3.1. General Objective

To investigate the post-war socioeconomic reintegration of veterans with disabilities in Mekelle City

1.3.2. Specific Objectives

- ✓ To explore the specific socioeconomic challenges that veteran with disabilities face in Mekelle City.
- ✓ To evaluate the effectiveness of existing reintegration programs and support services for veterans with disabilities.
- ✓ To appraise the strategies and roles of stakeholders in supporting the economic and social reintegration of veterans with disabilities in the study area.
- ✓ To examine community perceptions and attitudes toward veterans with disabilities.

1.4. Research Questions

- What are the specific socioeconomic challenges faced by veterans with disabilities in Mekelle City?
- How effective are the existing reintegration programs and support services for veterans with disabilities in improving their socioeconomic status?
- How do stakeholders play their role in addressing the socioeconomic reintegration of veterans in the study area?
- What are the community perceptions and attitudes toward veterans with disabilities in Mekelle?

1.5. Significance of the Thesis

Primarily, this thesis is conducted in partial fulfillment of the requirements for a Master of Arts degree in Civics and Ethical Studies. Beyond this academic purpose, the study aims to provide a crucial evidence base for policymakers, NGOs, community leaders, and other stakeholders involved in post-conflict reconstruction in Tigray. By amplifying the voices of veterans with disabilities, the findings can inform the design of more effective, humane, and participatory reintegration programs. Furthermore, this research will serve as a foundational text for future scholars investigating post-conflict recovery, disability rights, and veteran

affairs in Ethiopia. A copy will be made available in the university library and accessible online to contribute to the broader academic and public discourse.

1.6. Scope/delimitation of the Study

This study is geographically delimited to Mekelle City. While veterans with disabilities reside throughout Tigray, Mekelle was purposively selected due to its high concentration of this population, its role as the administrative capital, and the logistical feasibility for the researcher.

Thematically, the study focuses specifically on the socioeconomic aspects of reintegration for veterans disabled as a result of the post-2020 conflict between the Tigray Regional State and the Federal Government of Ethiopia. It incorporates the entire process from demobilization to the present, examining challenges, opportunities, and the role of various support systems.

The study participants were drawn from a delimited group of stakeholders: veterans with disabilities, resident local communities, the Tigray Bureau of Labor and Social Affairs (BoLSA), the Tigray Small and Micro Enterprise (SME) office, Mekelle City and sub-city Offices of Labor and Social Affairs (OLSA), and other relevant administrators. The reason for the delimitation to these units was because all those mentioned above are the concerned individuals and office that are obliged for the post war socioeconomic reintegration of Veterans with disabilities.

Methodologically, the study is strictly qualitative, utilizing in-depth interviews, Focus Group Discussions (FGDs), key informant interviews, and observation to explore the lived experiences of the participants, in line with its phenomenological design.

1.7. Limitation of the Study

The researcher acknowledges several limitations. Building trust with veterans who may be experiencing significant trauma and disillusionment was a challenging and time-intensive process. Their potential skepticism required persistent and sensitive engagement to ensure their free and honest participation. However, the researcher made relentless effort to communicate the purpose of the study and informed them, as their participation is valuable for the successful accomplishment of the study.

As a case study of Mekelle City, the findings are not generalizable to the entire Tigray region or Ethiopia, where cultural and socioeconomic conditions differ. The participant sample,

while saturated for the purposes of this qualitative inquiry, represents only a fraction of the total veteran population in the city.

To mitigate these limitations, the researcher employed data triangulation, using multiple data collection methods (interviews, FGDs, observation, document analysis) to cross-verify information and enhance the trustworthiness and richness of the findings.

1.8. Organization of the Study

This thesis is organized into five chapters.

Chapter One provides the introduction, including the background, problem statement, objectives, research questions, significance, scope, limitations, and definitions.

Chapter Two presents a review of related literature, covering theoretical frameworks and empirical studies relevant to the socioeconomic reintegration of Veterans with disabilities.

Chapter Three details the research methodologies, including the study area, research design, sampling techniques, data collection instruments, and methods of analysis.

Chapter Four is the core of the study, presenting the analysis and interpretation of the collected data in a thematic manner.

Chapter Five provides the final conclusion, synthesizing the key findings, and offers a set of actionable recommendations based on the research.

1.9. Operational Definition of Terms

Disability: In this study, a physical or mental impairment resulting from the conflict that substantially limits one or more major life activities.

Socioeconomic Conditions: The interplay of social and economic factors defining an individual's status, including employment, income, housing, social standing, and community participation.

Economic Reintegration: The process by which veterans with disabilities secure sustainable livelihoods and achieve financial independence.

Social Reintegration: The process by which veterans with disabilities are accepted by their communities and re-establish meaningful social roles and relationships.

Reintegration: In this study, reintegration refers to the holistic process by which veterans with disabilities secure the socioeconomic conditions needed to maintain life, livelihood, and dignity within their community.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

2.1. Introduction

This chapter reviews existing literature pertinent to the post-war socioeconomic reintegration of veterans with disabilities. It explores key concepts such as Disarmament, Demobilization, and Reintegration (DDR), examines the multidimensional nature of reintegration, and analyzes international and Ethiopian practices. By establishing the theoretical and empirical context, this review identifies gaps in the current body of knowledge that this study aims to address, particularly concerning the lived experiences of veterans in urban, post-conflict settings like Mekelle.

2.2. Conceptual Definition of Disarmament, Demobilization, Reinsertion and Reintegration (DDRR)

Disarmament, Demobilization, Reinsertion and Reintegration (DDRR) of former combatants is not a technical fix for a technical problem but a political project that follows a wider plan for SSR, peace-building and sustainable development (Mulugeta, 2017).

Once the veteran disabilities are demobilized and returned to the area in which they want to begin a new life, the reintegration process starts (Mulugeta, 2023). Although some support is being provided, most of the effort rests on the shoulders of the post war veteran disabilities and their families. Researches show that the reintegration is not one general process, but also consists of individual and group efforts with setbacks and successes (Hills, 2014). Some researches has been done at this level (Mulugeta, 2023, but to really value the distinct circumstances and specifically explore the support received in the reintegration process, this additional research focused at specific groups of veteran disabilities in specific Mekelle city.

At this time, in relation with the post conflict reconstruction and development the need for reintegration of fighters have received attention by scholars from different angles while for the purpose of the study the definitions stated here under are taken:

Reintegration refers to the process which allows Fighters and their families of adept, economically and socially, of productive civilian life. It generally entails the provision of a package of cash or in kind compensation, training and job and income-generating projects. These measures frequently depend for their effectiveness upon other, broader undertakings, such as assistance to returning refugees and internally displaced persons, economic development at

the community and national level, infrastructure rehabilitation, truth and reconciliation efforts and institutional reform. Enhancement of local capacity is often crucial for the long-term success of reintegration (UNDPKO, 1999).

Reintegration is therefore a medium - to long-term measure both geared towards veteran disabilities and civil society into which they are supposed to return (Adechi, 2004). In the transition from demobilization to reintegration, there are again other parts of processes:

Reinsertion comprises the immediate, short-term needs of fighters and their relatives, if applicable, such as medical care, food aid, interim financial aid, etc (Adechi, 2004).

Reinsertion is the transfer and the repatriation of the demobilized combatant in/O his/her usual familiar surroundings or to a place of his choice. The term repatriation is used in particular with veterans disabilities involved in a conflict who are from another country and are being transferred to their home country after having been demobilized (ICG Africa Report No. 63, 2003).

Successful reintegration efforts can build mutual confidence among former adversaries, thereby reducing the risk of renewed hostilities. The experience of many war-torn societies indicates that when effective reintegration programs were not or could not be implemented, fragile peace arrangements could be jeopardized and conflicts re-ignite (UN, 2000).

2.3. Dimensions of Reintegration

Rehabilitation after a protracted armed conflict has to address all dimensions: political, economic and social. Indeed, it should address the Institutional as well as the material reconstruction at all levels, from the national to the local, including the household level (Body and Brown, 2005). There is almost no other field where a holistic approach is quite needed, encompassing all sectors and levels in an overall conceptual framework. In most cases, it is missing due to lack of the necessary funds, the needed data, and the appropriate timeframe for planning and implementing the designed plan. Although, with the assistance of international organizations, some transition governments have formulated comprehensive proposals for rehabilitation and reform, most are little more than a compilation of sectorial targets and planned measures rather than integrated conceptual frameworks. In reality, we face a multitude of different post-conflict situations, where rehabilitation co-exists with relief and development, and each needs a distinct response. Socio-economic reintegration of ex-combatants is a complex part of reintegration. In most post conflict societies, insecurity persist and the economy still weak to absorb demobilized combatants. In addition, a large

number of returnees, veterans's and other war-affected populations also need to be reintegrated into communities. In order to enable communities to cope with ex-combatants and other war-affected populations without creating disparity in unfair treatment among them, the reintegration of Veteran disabilities must be inclusive and part of wider recovery strategies.

In formal implementation of peace after signing or cessation of hostility does not mean necessarily a return to normal life, especially countries under civil wars, as there may still be major differences between the warring groups and even substantial violence (Green and Ahmed, 1998). Generally, reintegration has economic, social as well as psychological aspects.

Integration demobilized veteran disabilities - is an integral part of overall rehabilitation and has to be dealt with it. Until recently, little effort has been made to find out what happens to veterans disabilities, after they have been demobilized. It seems that they have been expected to solve their own problems, with the help of relatives and village networks. Re-integration addresses the human dimension of rehabilitation. The term re-integration is here used to describe the process in which people veterans disabilities are rejoining and gradually becoming an integral part of the mainstream.

During their long time absence, they have developed values, norms, and attitudes which are different from those of host communities, but this does not mean that forming the mainstream have not themselves changed. Post-conflict countries are characterized by fragmented societies, and veterans disabilities are just two fragments. The intention of re-integration is to facilitate all fragments of the society learning to live together, and with the differences which developed while they lived apart. In post-conflict situations, all categories of the population are generally in need, but those who had been away need special attention and assistance to rebuild their life. This is the aim of re-integration support measures. Nevertheless, from the beginning it must be clear that these measures can only be of limited duration and that they should not entail discriminating against other citizens.

2.3.1. Economic Reintegration for Veteran Disabilities

The ultimate reintegration option will be chosen by the Veteran disabilities, based on his/her skill level, entrepreneurial ability, age, needs and aspirations; available information on training and employment opportunities and the level of income is perceived to generate (Body and Brown, 2005). The alternatives to these options are often the pursuit of illegal

activities and banditry in order for the Veteran disabilities to support themselves and their families, or unemployment idleness which may result in increased domestic violence and political unrest. Both of these alternatives imply increased cost of internal security forces for the government.

Economic reintegration (employment, skills, housing etc) is the process through which the veteran disabilities household builds up its livelihood, through production and/or other types of gainful employment. The economic reintegration is for veteran disabilities often difficult in societies where it is already difficult to start an economic activity or find employment. It is important to note that in some cases, the veterans disabilities released are the ones with the worst perspective for reintegration, because of little skills and education, or health problems.

The balance between the needs of both the host communities and the fighters are not easy to strike, as examples from various countries show. If one group feels neglected or discriminated, the overall re-integration process can be put in danger. In order to accommodate interests of all categories, for example, issue that eventually might lead to controversies, such as land allocation, water supply, capacity of social services should be addressed before the arrival of the Fighters. It is generally agreed that the target group approach, which certainly is needed from the very outset will have to be abandoned, as soon as possible, but in practice, the determination of the right moment to do so proves the difficulty.

Apart from lack of an overall conceptual framework, insufficient funds, and rather short time-frame, the overall re-integration exercises reviewed seems to have suffered from lack of participation of all concerned. The Fighters and members of the received community have little say in the planning of the programs and do not participate actively in their implementation. This leads bad things for the implementation of the program.

In all of the case studies hitherto reviewed, the re-integration of returnees is considered as a precondition for the stability and security of the country, the further consolidation of the surroundings society and the beginning for normal life. Nevertheless, even if a community-based approach is applied, the case of re-integration is rarely seen as an essential component part of the broader nation building process.

The key determinant factors like the state of the economy in terms of demand for labor, business opportunities, and the availability of land and credit; and, the characteristics of the target population of ex-combatants in terms of education, skill levels, age, gender,

entrepreneurial ability, and aspirations (Body and Brown, 2005). The main economic reintegration options are either training followed by wage-or self-employment, or proceeding directly to the employment stage. Self-employment could be in agriculture, or operating a small business.

Factors such as the availability and accessibility of agricultural land, housing and business space are also often constraints. Despite the above constraints, the experience with reintegration has not always been very negative. Recent research in Ethiopia shows that the soldiers are indeed generally poor, but they are not significantly worse off than civilians in the same location without a military background. The status of the armed forces and civil-military relations play a role in the reintegration processes. Retraining and reorientation of the armed forces personnel of the armed forces is important. In addition, it might strengthen people's confidence in the future if human rights violations of members of the armed forces are dealt with.

Furthermore, there are also researchers, who think that demobilization of regular army mean wastage of professional human resources, vulnerability of security, and above all uprooting the soldiers and their families from what they consider it 'normal life'. However, demobilization is the initial basic component of reintegration of returnees in countries emerging from war. This is a critical step in the process of reconstruction country's economic growth.

The presence of a large number of ex-combatants creates a serious threat to peace-making and reconciliation efforts. Thus, properly addressing demobilization of fighters is generally considered to be a precondition for lasting peace in war-torn societies. The process of demobilization is mainly concerned with the disarming of former soldiers and other armed groups and the facilitation of voluntary return of ex-combatants and their families, whereas reintegration involves supporting their re-entry into productive civilian life. World Bank (1993) studies show that up to 90 percent of demobilized combatants lack transferable skills and have little or no formal education since often most of them are recruited in the rural areas.

2.3.2. Social Reintegration for Veteran Disabilities

Social reintegration is the process through which the combatant and his or her family feel part of, and are accepted by, the community. The history of the war and the degree of general reconciliation play a role in the way the veteran disabilities are received. The key factors for

successful social integration are good relations with family, friends, church, and community, which in effect constitute the returnees' social capital (World Bank, 1996).

There were three specific measures which made possible Veteran disabilities to be accepted by their families and their host communities. Firstly, setting up reconciliation programs by information dissemination exercises to try and foster trust between communities and ex-combatants. Secondly, veteran disabilities during the pre-discharge phase received counseling with special community orientation in order to make them conscious. Thirdly, establishment of ad hoc community reconciliation meetings in various parts of the country are the main measures for effective social reintegration of veterans with disabilities (Ginifer, 2003).

Especially in societies, having suffered from civil war political rehabilitation takes place in highly polarized settings where there are deep Suspicions between waiting factions. The truth is that during transition periods, war-torn societies tend to remain extremely polarized. The extremist factions of warring parties constantly strive to undermine the peace accords. In the transition from a highly distorted survival oriented war economy to a more household friendly market and livelihood-oriented economy at the macro level, priorities for economic rehabilitation will include macroeconomic stability and economic reform in order to reverse the extreme macroeconomic disequilibria inherited from the economic policies followed (often necessarily) during the war (Green and Ahmed, 1998).

This is important for reviving savings and investment, economizing on scarce revenues, containing inflation, and removing regulations and controls, which are often introduced during the conflict. At the micro-level, this means providing support to households to rebuild their livelihood systems and paying greater attention to excluded segments of the society such as single woman and women headed households.

Therefore, strategically and macro economically as well as socially and politically important for a countries were within prolonged civil war like most of the African countries. However, for many countries priority that is more urgent might be removing landmines before they can start rebuilding their key infrastructure. Moreover, it is now increasingly recognized that rebuilding the social capital and institutional infrastructure shattered during conflict is as important as replacing physical infrastructure. Unfortunately, this is an area that has been largely overlooked (Kumar, 1997).

In post-conflict environment, rehabilitation of civil society structures and livelihood systems is one of the most important components of rehabilitation. Violent conflicts undermine social

networks and often leave a legacy of divided societies at all levels from family outwards. As a result, for reviving livelihoods and civil institutions previously suppressed, eroded or rendered powerless by war needs rehabilitate with the aim of strengthening local capacities to participate in the rehabilitation process and as a result to attain overall integration. Generally, community is a critical adjunct to assistance for veteran disabilities. Community sensitization and political awareness are paramount in the integrating efforts. Informal networks of veteran disabilities discussion group, association, and joint associations can be extremely helpful when social capital has been exhausted.

2.4. Reintegration Practices for Veterans Disabilities

Veteran is defined as “a person who served in active military service and was discharged or released under conditions other than dishonorable” (Amdur et al., 2011). Legal definitions of veteran status are dependent on the benefit that an individual applies for. Historically, and from a governmental perspective, the definition of individuals who are eligible for veterans’ benefits has been changed by Congress for the past two centuries (USDVA, 2013a).

Veteran reintegration defined as “the task of conducting appropriate debriefings and reintegrating recovered isolated personnel back to duty and their family” (DoD, 2012). The transition from military service into civilian life represents a crucial phase for many veterans as they adjust to new healthcare needs, shift into new career paths, and integrate into their families and communities, typically referred to as a process of reintegration (Elnitsky et al., 2017). Success in reintegrating into civilian contexts is considered essential to social functioning and is related to overall mental and physical health (Adler et al., 2014; Thompson et al., 2022).

Military veterans transitioning to civilian life are faced with significant lifestyle changes. The changes are not easy and some struggle with returning to a lifestyle of their past military services. Part of the transition process involves integrating back into society, among a public that may not be informed, nor understanding of what it means to have served in the military.

To make the process more challenging, society is not always welcoming of military veterans (Lippa, et al., 2015). Military veterans may find themselves victims of stereotyping and discrimination due to the stigmatization of invisible disabilities (Dickstein, Vogt, Handa, & Litz, 2010). For military veterans who suffer from invisible disabilities such as Post Traumatic Stress Disorder (PTSD), anxiety, depression, or other behavioral disorders, their transition to civilian life can be difficult. The stigmatization of invisible disabilities can make

the transition to their society challenging for many veterans disabilities (Kirchner, 2015). Student veterans, and especially those with invisible disabilities, find navigating and surviving the college campus confusing, frustrating, and demanding (Mechur-Karp & Klempin, 2016).

Military veterans, like any other population, undergo various transitional experiences. To understand the relationship between student veterans, disability, and stigmatization, it is important to understand the context in which they exists together (Gerber, 2001). In the United States, military veterans have become the largest population of individuals with disabilities (Ibid). This phenomenon has occurred in part because as medical science has improved, there are fewer wartime deaths, and thus an increase in veterans with disabilities (Ibid). As disabled veterans return home, they often experience the stigma already related to having a disability.

Citizen's attitude toward military service-members has changed over time within the context the past wartime (Hitt, et al., 2015). Yet each military conflict is unique, resulting in different disability and stigmatization experiences for military veterans (Campbell & Riggs, 2015). Some disabilities are invisible, hidden beneath the surface, and are not always easily recognizable to others. Mental illnesses, learning disorders, PTSD, and other non-physical disabilities are examples of such invisible disabilities, and many of these are stigmatized by the public (Rudstam, Strobel Gower, & Cook, 2012).

Veteran disabilities are persons who incur injuries, disease, or psychological trauma (or have their injuries or diseases aggravated) during active duty service or training may qualify for veterans disability compensation (VDC). According to the Department of Veterans Affairs:

“a disability can apply to physical conditions, such as a chronic knee condition, as well as a mental health conditions, such as post-traumatic stress disorder” (U.S. Department of Veterans Affairs 2018).

Hence, unemployment compensation for Ex-Service members While VDC eligibility requires diagnosis of some physical or mental health condition, many more veterans are eligible for the unemployment compensation program. Service-related eligibility requirements include (i) receipt of an honorable or general discharge, (ii) separation for inaptitude or a personality disorder with at least one year of continuous service, or (iii) separation for medical conditions (Carter and Miller 2015).

States determine the maximum duration of benefit receipt, per-week benefit amounts, and work search or education requirements for civilians. Veteran participation in the economic recovery continued, expenditures on the program have declined. Desrosiers et al. (2014) find that individuals who are less able, less educated, non-white, single, younger, female, and who worked in military service/supply occupations are more likely to receive unemployment compensation.

The post-conflict reconstruction challenges in Tigray are huge. Over eighty percent of health infrastructure, schools, and water infrastructure have been destroyed (Mulugeta, 2023). Most factories (public and private) are either fully destroyed and/or ransacked with key elements of their machinery and raw materials looted. This happened in all the smaller towns and also in Mekelle. Factories and service institutions were looted and require serious inputs to become operational. Schools were also looted and the registry and administration of some of them were fully destroyed (Ibid). The destruction in Tigray is so massive and it is easier to count what survived the war than to enumerate the destroyed sections of the social and economic infrastructure. It should be noted that a returnee to such an environment will get little if not none community support and therefore will be faced to meet multiple challenges and therefore all facets of reintegration and rehabilitation should be used and those international actors that are interested in the stability of the region and the alleviation of human suffering should support this project substantively.

2.5. International and National Reintegration Practices of Veteran Disabilities

The purpose of the study is to analyze, generalize and conceptualize the foreign experience in the formation of the legal framework, institutional infrastructure, economic mechanisms for ensuring physical rehabilitation and reintegration of combat veterans.

2.5.1. International Practice of Veteran Rehabilitation and Reintegration

It is necessary to say, that the scientific definition of the term “rehabilitation” changes under the influence of the historical context. In particular, injured soldiers received the rehabilitation and remedial treatment. The significant contribution in the research of the military personnel rehabilitation was made by (Denisov, 2006 and Solomon, 1971), both created the conception, based on the following principles as: approaching of the rehabilitation measures to the scene of the fighting; timeliness and completeness of assistance; the support

of the confidence of the wounded soldiers, that they will return to normal life after the treatment.

The creation of the social rehabilitation service on the scene of fighting gives the opportunity to reduce the number of combat veterans, who suffer from the mental health disorders. It helps to solve the problem of the social rehabilitation (Denisov, 2006). Physical training for all wounded and ill people were confined to barracks (Smirnov, 2012).

2.5.2. Legal Basis of Support and Rehabilitation of Veterans with Disabilities

The current legislation has the aim to guarantee the legal protection and effective physical rehabilitation of the combat veterans. It determines the basic principles of creating of legal, socio-economic, organizational conditions to eliminate or compensate for the consequences, caused by persistent health disorders, to support physical, mental, social well-being of the disabled people and to assist them in the achieving of a social and material independence. The effectiveness of physical rehabilitation and psychosocial re-adaptation of combat veterans is increased through legal measures (Smirnov, 2012). At the same time, imperfection and untimely adoption of important acts of legislation has serious consequences and impacts on the realization of rehabilitation and re-adaptation measures of combat veterans.

2.5.3. Institutional infrastructure and organizational aspects of providing of physical rehabilitation of combat veterans

As usual, only some combat veterans underwent comprehensive rehabilitation after the participation in the military conflict. At the same time, experts say, that psychological adaptation is necessary for the majority of the combat veterans, because in the case of insufficient treatment the posttraumatic stress, disorder returns in future and becomes sharper. It should be noted, that the post-traumatic and postoperative sequel are accompanied by changes in the functioning of many organs and systems, which causes numerous pathophysiological reactions.

2.5.4. Economic Aspects of Ensuring of Rehabilitation and Reintegration of Combat Veterans

Strengthening of the economic mechanisms of reintegration of combat veterans is a very important matter, as well as the development and improvement of legal and institutional instruments and measures (Smirnov, 2012).

During the development and realization of the economic mechanisms of combat veterans' reintegration, it is necessary to remember, that the majority of combat veterans are economically vulnerable, because: 1) they lost available assets and ability to accumulate new assets, which limits their ability to carry out high-yield economic activity with the obligatory condition of attracting of a large amount of capital; 2) as usual they have lower level of education and professional competence; 3) they were traumatized and need the physical rehabilitation; 4) they have knowledge and skills of the weapon usage, so they may belong to the group of high risk for safety. The disabled combat veterans are a special group, because they need not only a physical rehabilitation, but also the special preparation for the employment, preferential access to capital in the case of the individual entrepreneurial activity, participation in programs of reintegration personally and with the members of their families.

2.6. Previous Research on Veteran Disability Reintegration

In recent years, greater attention has been given to trajectories of adjustment during the early phase of adjustment from military service (Vogt et al., 2018). Specifically, during this critical period, many veterans with invisible injuries experience difficulties with unemployment, social relationships, housing insecurity, poor physical and mental health, and decreased quality of life. Adjusting to life with an invisible injury may particularly impact veterans' overall reintegration experiences (Rattray et al., 2019; True et al., 2021). Hence, researchers have called for multi-level, longitudinal studies that account for context and attention to change over time (Elnitsky et al., 2017).

Existing studies focus on how psychiatric disorders or physical conditions affect post-deployment health (Belrose et al., 2018; McGarity et al., 2017). Additionally, recent reviews on veteran reintegration suggest that many studies tend to focus on diagnosed medical conditions among health services users with less attention given to subjective outcomes considered from the perspectives of veterans, such as quality of life, well-being, or social support (Oster et al., 2017; Romaniuk & Kidd, 2018).

Although researchers have used several multidimensional measures to measure veteran reintegration, readjustment, and transition, no comprehensive measure has yet to be identified (Elnitsky et al., 2017; Romaniuk & Kidd, 2018).

Cognitive and behavioral assessments across the following six domains: happiness and life satisfaction, physical and mental health, meaning and purpose, character and virtue, close

social relationships, and financial and material security (VanderWeele, 2017). A study of veterans with invisible injuries found that successful reintegration coincided with individuals who had established a strong life purpose, had positive social support, and had positive experiences transitioning out of the military and interacting with civilians (Rattray et al., 2023).

Flourishing and life satisfaction offer an approach for capturing veteran wellbeing that is disease agnostic and can be compared with other populations, such as caregivers or civilian patients (Thompson et al., 2022).

2.7. Reintegration Practice in Ethiopia

A Brief Historical Summary of the Ethiopian Army: the long time history of Ethiopia has been warfare and the armies remained largely traditional forces. The modernization of the Ethiopian army was started by Emperor Tewodros's efforts, which was highly centralized which includes marshaling the soldiers into regiments, appointing officers of different grades, fixing their pay and the number of their private servants and mixing up soldiers from several provinces at random in those regiments (Robenson, 1966).

In the history of the country, the modern and proper military came into existence after liberation of the country from the Italian occupation in 1941 and was to show dramatic transformation both in terms of size and possessions of weaponry after the outbreak of the revolution in 1974 (Tekeste, 1991). Following the downfall of the monarchy and the subsequent military power which was the largest and well-equipped force in Sub-Saharan Africa was take-over in 1974 (Ibid).

The army has the feature of forced conscription, poor training and organization, inefficient supply and communication system, poor military discipline, abuse of civilian rights, and combat readiness. The prolonged war which had immersed the country into all sorts of crises has come to an end in 1991. Post 1991's the new army was established in the country, in view of this, but instead post 1991's a new multi-national based army was established to guarantee long-lasting peace and stability in the country (Tekeste, 1991).

The Rehabilitation Program of Soldiers: - In view of the efforts that had to make to maintain peace and stability in the country one of the serious challenges to the Transitional Government of Ethiopia (TGE) was the rehabilitation of the demobilized forces. The estimated number of demobilized army which were members who served under the Derge regime was almost half million. In the history of the country modern demobilization was

introduced by the EPRDF led TGE. When it came to power in 1991, were demobilized. The earliest measures taken by the TGE was the establishment of an institution which could be in-charge of the overall process of rehabilitation.

As a result, in June 1991 the Commission for the Rehabilitation of member of the Former Army and Disabled War Veterans (CRWFRDWV) or commonly called Tehadisso (rehabilitation) Commission was set up (CRWFRDWV, 1993). Following the establishment of the Commission, the demobilization of the soldiers was implemented in two stages.

The first rehabilitation phase was designed to enable soldier's part with undesirable habits they might have acquired while in the service with the army and at the same time to prepare them for new productive life. The second reintegration phase involved provision of initial support to help soldiers become productive and self-supporting members of the society (CRWFRDWV, 1992). The Commission initially opened 36 branches office and later on these branches was reduced to twenty-eight for convenience purposes (CRWFRDWV, 1992). The rehabilitation efforts began with the establishment of the makeshift camps in the different parts of the country: Tigray, Wello, Shewa and Gonder for the larger number of soldiers coming from Eritrea. Others also found in the capital and other regions.

The Reintegration Process:- The Council of Representatives of the Transitional Government of Ethiopia stated that: The Government's responsibility with respect to these nationals (soldiers), beyond relieving them from the fire of war to return them from Fox ditches to peaceful life, loneliness to healthy family life, pulling trigger to holding the plough, in general to bring them back to productive and peaceful life and make them be beneficiaries from the charter (Tekeste, 1991). To this effect, the government worked out a general plan of rehabilitating the soldiers. Those who wanted to engage themselves in the agricultural sector will be provided with cultivable land, instruments of production and relevant professional training. Those who prefer to be employed in other working sectors will be given priority of employment on the condition that the eligible rehabilitee meets the requirements of available vacancies as of the day of their completion of the reorientation program. Those whose preference is to push their studies further will be allowed to do so without any problem and the government will create favorable circumstances to this end. Finally, the council of Representatives called upon public assistance to those disabled war veterans, who have been victims of the protracted war (Tekeste, 1991). However, the intent, agenda and plans of the Federal Government of Ethiopia for DDR are different. There is no comprehensive

reintegration. Instead, it is a way of addressing the disarmament of the Tigray Defense Force (TDF) and a project for mobilizing donor funds in the name of DDR (Mulugeta, 2023).

For a real reintegration of VWDs to take place in Ethiopia, the Ethiopian government needs to engage in a genuine dialogue to address the grievances of citizens and resolve conflicts. The NGOs and government affiliated bodies which positively responded and have been supporting the rehabilitation process (CRWFRDWV, 1993). On the base of the assessments made by the commission, the whole processes of the second phase of rehabilitation become beyond the financial capabilities of the Transitional Government of Ethiopia and the government request potential Donors to involve in supporting the reintegration process. As a result, on October 2, 1991 the Regional Director of ILO submitted a project entitled 'Reintegration of soldiers into economic activities thorough training and related technical and financial support' (Tekeste, 1991).

However, the donor agencies come out with their own projects contrary to the commission's expectation. The commission, despite its reservations, accepted the new project design. In the new strategy designed to reintegrate 250,000 soldiers over a period of one and half years. In the first case, it aimed at reintegrating 160,000 soldiers into the rural areas who were in turn sub divided into crop producers and pastoralists. In the second case, 90,000 soldiers were considered to be reintegrated into the urban center. They were entitled to in the small-scale industry sector (Tekeste, 1991). The commission then repatriated soldiers to different places according to their own choices. Those returning to the rural areas were provided with transport facilities, travel allowance and food ration card for 10 months.

Others who returned to the urban areas were given food ration card for seven months and cash coupon that could enable them to collect Birr 50.00 monthly for seven months. The actual process of reintegration has however, been conducted with certain differences from the proposed project. These differences seem to have stemmed from the discrepancies between the estimated and actual number of rural-urban rehabilitee, financial and material capabilities and methods employed in the project implementation (Tekeste, 1991).

The basic constraints to the rehabilitation program have been among other things financial and material restrictions, abuse of different kind, reluctance, or indifferent view of the institutions etc. Abuse by employees of NGOs at the time of distribution of support items to beneficiaries, on the other hand abuse among the beneficiaries themselves and pension rights were found involved in robbery, brigandage and other sort of social and political instability

(Ibid). A large number of ex-combatants need to return to civilian life in Tigray. They include disabled veterans who need specialized care. There is a need to mobilize huge resources for the reintegration and rehabilitation of returning combatants and this is done among many competing priorities of reconstruction in the region (Mulugeta, 2023).

Instead, Tigray-focused assistance to former Tigrayan combatants should be planned and implemented as part of the wider re-construction plan for Tigray. Nevertheless, it should be understood that reintegration challenge of returning ex-combatants into civilian life, in the circumstances of Tigray is most challenging as the socio-economic status of the host communities is totally destroyed. From among the returnees, the program should give priority to addressing the rehabilitation and reintegration of disabled veterans and should consider utilizing reconstruction projects as a means for reintegration of ex-combatants (Mulugeta, 2023).

2.8. Analytical and Theoretical Frameworks for Reintegration

Reintegration is the process which should allow the demobilized veterans disabilities to reintegrate themselves into family and society and to earn their living by productive work. Instruments for this are regular support payments, payments in kind, such as seeds, tools, education in schools or other training programs, advice on which job might be suitable, whether self-employment or the foundation of small businesses could be an option (Adechi, 2004). UNDPKO did formulate conceptual approaches with the title "Integrated Approach" which are supposed to be understood as general guidelines and principles for reintegration.

In the Integrated Approach, Integrated and Coordinated Approach- reintegration programs represent a part of a 'natural continuum in the peace process' (UNDPKO, 1999). This implies it process necessarily contains all three sub-processes and, on the other hand represents a time sequence where demobilization follows disarmament and reintegration follows demobilization (UNDPKO, 1999). The Integrated Approach of UNDPKO reflects a broad basic consensus on the conceptual direction of DDR.

The general concept of the reintegration diagram, the disarmament, and demobilization are positioned at the beginning of the peace process, according to UNDPKO (1999), as in Gleichmann et al. (2004) while reintegration is to be allocated to the long-term development phase. At the transition of both central phases of the peace process is the repatriation of demobilized veteran disabilities into a civilian environment and the necessary interim financial aid (resettlement and reinsertion).

Largely, in the longer-term reintegration process, different civilian, national and international actors are involved. In parallel to this, peace-building activities, such as the holding of elections, capacity-building, economic and social reconstruction, etc take place.

The following points are of particular importance within the entire concept (UNDPKO, 1999 and Gleichmann et al., 2004):

- ✓ The most important basic data and framework conditions of the foreseen reintegration processes are to be anchored in the peace agreement (implementation, responsibilities, monitoring, number of weapons to be collected and veteran disabilities to be demobilized, conditions for entry into the reintegration process). With this, a degree of transparency, security, and predictability is to be created that binds the conflicting parties to the process.
- ✓ An effective coordination of the various activities within the reintegration process and activities within the post-conflict peace building process must be guaranteed. Central to the process in particular is the cooperation between military and civilian authorities and actors and the guaranteeing of a "smooth transition from emergency humanitarian assistance ... to long-term development" (UNDPKO, 1999).
- ✓ The national, regional, and local governments and civil society ought to be integrated as widely as possible and the political will of those directly affected is to be fostered.
- ✓ The need of highly vulnerable groups of persons both within the units of veteran disabilities (child soldiers, female veteran disabilities) and within civil society (victims of war, etc.) must be taken into account.
- ✓ Adequate financing from the international donors is to be secured and the impartiality of the must be guaranteed.

2.9. Theoretical frameworks of Veterans with disabilities Reintegration

Effective reintegration strategies for veterans with disabilities build around two common and inter-connected approaches i.e. right based and human security approaches. The use of these approaches is fundamental to ensure the socio-economic reintegration (UNHCR, 2006). Thus, for the purpose of this study, the researcher used both approaches.

2.9.1. Rights-Based Approach

Reintegration requires an approach grounded upon and geared towards the full and equal enjoyment of rights. This way of working requires that, to recognize veterans as right-holders with legal entitlements to reintegration and assistance.

Therefore, the researcher applied a rights-based approach in situations of Veterans with disabilities in examining barriers on socio-economic reintegration and role of stakeholders. Thus, in using a rights-based approach to explore the socio-economic reintegration of Veterans with disabilities in the study area, the researcher emphasizes on the following:

- A. Participation: The right of people to participate in decisions that affect them.
- B. Accountability: Duty-bearers (the government) are accountable to rights-holders (the veterans).
- C. Non-discrimination: All programs must be accessible and fair.

2.9.2. Human Security Approach

Human security refers to the worth of life of a particular society or groups. Thus, in line with the rights-based approach, the researcher also employed a human security approach focused on the following principles:

1. Economic security refers to an assured basic income that comes usually from productive works or from government-financed institutions for VETERANS s in their current residence.
2. Health security is being able to get access to health related services.
3. Community security entails security or a sense of belonging to a particular group by being a member of the group.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Introduction

This chapter outlines the systematic procedures employed to conduct this research, from the initial research approach to the final data analysis. It details the research approach, design, sampling strategies, data collection methods, and ethical considerations. The methodology was carefully selected to align with the study's objective of exploring the lived socioeconomic reintegration experiences of veterans with disabilities in a scientific manner.

3.2. Description and Rationale of the Study Area

According to Ali (2012) stated that, Mekelle city is one of the ancient cities of northern Ethiopia and regional capital city of Tigray state. It situated about 780 km from Addis Ababa near the border of Ethiopia and Eretria at $39^{\circ} 25' 21''$ - $39^{\circ} 33' 35''$ E and $13^{\circ} 34' 29''$ - $13^{\circ} 26' 21''$ N. Enda-Eyesus ridges bound the eastern side of the city; a fault block mountain tiled river Ellala by north. The average annual temperature of the town is 14°C to 34°C and 575-650 cm rainfall.

It is one of the largest cities in Ethiopia, covering an area of more than 3500 hectares. The word Mekelle is an indigenous word to the region that means divided. Emperor Yohannes IV (1872-1889) established the city officially, the former known Ethiopian emperor (Alemshet, 2013).

Socio -Economic Background

Mekelle city served as the administrative or capital city of Ethiopia from 1872 to 1889 and afterwards for many administrators of the region as well as for the current administrative system (Alemshet, 2013). Based on figures from the reports of Central Statistical Agency of 2007, the city has an estimated total population of 215,914 of which 104,925 are male and 110,989 are female. Currently, the population of the city is growing fast with current population growth estimated to be more than 350,000.

It is one of the country's principal economic and educational centers. Presently, there are rapid and expanding socio-economic developments such as infrastructural development, universities and colleges, firms, hospitals, schools, electric city, water supply, telecommunication service etc.

As mentioned by CSA, “Population dynamics”, Central Statistical Agency, (2007; cited in Ali, 2012), most of the populations of the city depend on trade, micro and small scale institutions, public service, in small part agriculture and soon. Administratively, it has stood as a special zone, on its own right, divided into seven administrative sub-cities i.e. Hawelti, Aider, Adi-haki, Semien, Hadnet, Kedameyweyane and Quiha.

The city was purposively selected for this study for several key reasons. Following the recent conflict, Mekelle has become home to a significant concentration of displaced persons and demobilized fighters, including a large number of veterans with disabilities. Firstly, as an urban center, it presents a unique set of reintegration challenges and opportunities distinct from the rural contexts often focused on in previous studies. Secondly, the high concentration of the target population in Mekelle makes it a critical site for understanding the scope of the post-war reintegration crisis. Finally, the researcher's accessibility and familiarity with the city facilitated the necessary fieldwork and engagement with participants.

3.3. Research Approach

This study employed a qualitative research approach. This approach was selected because its primary goal of this research is to understand the complex, subjective views attitudes and experiences of veterans with disabilities (Kothari, 2004). A qualitative approach allows for an in-depth exploration of the meanings that participants attach to their situations, their perceptions of the challenges they face, and their views on the support they have or have not received (Creswell, 2014). Thus, it can help participants to explain their experiences in their own words. It entails getting immediate demonstration of the victims (Slote, et al., 2005). Hence, qualitative approach can best achieve the purposes of the study through exploring the experiences of disabled war veterans. It prioritizes the voices and perspectives of the veterans themselves, which is essential for answering the "how" and "why" questions at the heart of this research.

Further, it helps to be aware of the real context and settings on the ground regarding reintegration condition of war veterans (Creswell, 2014). It also creates an opportunity for participants to share their perception and experience about the issues of disabled veterans in the study area. Given that, the research questions of this study could not answer through applying quantitative methods, thus, the researcher intentionally used qualitative approach to get in depth insights from study groups and stakeholders.

With the objective to develop concepts that enhances understanding about the conditions of social and economic reintegration of war veterans, with due emphasis on the meanings, experiences and views of them qualitative approach is highly valuable (Neergaard & Parm, 2007; Dawson, 2002). Moreover, this helps to stay longer with these people to the concerned persons.

Since the researcher seeks to discover the meanings that participants attach to their behavior, how they interpret situations and what their perspectives are on the issues of socio-economic reintegration of disabled war veterans, qualitative approach is very appropriate for this (Polit et al, 2001; Woods, 2006). Thus, it used to investigate the full nature of the phenomenon and other factors related to it.

Further, qualitative research places emphasis upon exploring and understanding the meaning individuals or groups ascribe to a social or human problem (Denzin and Lincoln, 2005; Creswell, 2014).

3.4. Research Design

Creswell (2014) defined research design as it is reflection of the researchers upon the strategies they intend to use within their study. It is about the methods, and ways on how the data is collected and analyzed from research participants. For Hakim (2000) research design is mainly concerned with aims, intentions and plans within the practical constraints of location, time, money and others. Therefore, the study used phenomenological qualitative design as it's important to develop concepts that enhance the understanding of social phenomena with due emphasis on the social and economic experiences on the reintegration of Veterans with disabilities and views of study participants (Neergaard & Parm, 2007). Further, phenomenology focuses on how people experience a particular phenomenon and construct their meanings of the experience.

From the phenomenological design, interpretive phenomenological design was utilized. Phenomenology is concerned with capturing the essence of a lived experience from the perspective of those who have lived it (Vanderstoep and Johnston, 2009). This design is particularly well-suited for this research as it aims to understand the phenomenon of post-war socioeconomic reintegration through the eyes of the disabled veterans themselves. The interpretive aspect means the researcher's role is not just to describe but to analyze and interpret the meanings embedded in the participants' stories (Smith, Flowers, and Larkin, 2009). This design allowed the researcher to delve deeply into the veterans' daily realities,

struggles, and coping mechanisms. Therefore, for the purpose of this study interpretive phenomenology design employed to investigate new phenomena in-depth and gives a great opportunity to look at things from the perspective of disabled veterans experience that phenomenon in the study area.

3.5. Sampling Techniques

To conduct the study, the researcher employed non-probability sampling techniques. Then, with consideration to the qualitative nature of the study purposive, convenience and snowballing sampling techniques will use to select research participants in the study area.

3.5.1. Purposive Sampling

Mekelle City was purposively selected as the study site. Purposive sampling was selected owing to personal experience of the researcher and the need to make the study more manageable. Accessibility and social contact of the researcher with the city were the criteria used to select the study area from other areas of Tigray regional state.

First, purposive sampling technique used to select the key informants deliberately from stake stakeholders. To achieve the purpose of the study, key informants from stakeholder organizations (e.g., Tigray BoLSA, Mekelle City OLSA, SME office) were selected deliberately based on their knowledge, experience, and direct involvement in veteran reintegration programs. This technique is well suited for qualitative research, which intends to generate ideas and experiences from participants (Kothari, 2004)). Moreover, it is one of the most common sampling strategies to select participants to give relevant information regarding research questions and objectives stated before (Woods, 2006). In other words, it employ the particular units of the research participants on the basis that the small mass out of a total target population which could be given appropriate data regarding to socio-economic reintegration process of disabled war veterans (Ibid).

As Bryman (2012) states that purposive sampling is desirable to select participants in a strategic way since the sampled ones are more relevant to the study than others are. The researcher used this sampling strategy aimed to get all possible cases that fit for in-depth investigation (Bloor & Wood, 2006). The reason that why the researcher involved these participants is because of their main goal is to minimize or if possible to eliminate the challenges and increase opportunities for the social and economic reintegration of veterans in

the study area. These institutions have a close contact with the issue under investigation and serves to see the reintegration condition and their effort to address the problem.

3.5.2. Snowball Sampling

In addition to the purposive one, snowball-sampling technique was employed to select the study participants in the study area. Particularly, linear snowball sampling technique was used. This is a technique, in which the researcher recruits a single participant, while the second nominee recruits the third participant. The chain continues to refer linearly up to the end of the sampling (Etikan, et al., 2016). It also applies by initially contacting a few potential participants and then by asking them whether they know of anybody with the same characteristics (Elmusharaf, 2012).

One advantage of snowball sampling is the ability to grow a network of participants by taking advantage of your relationship with the current participants. It allowed the researcher to focus on people who have particular characteristics of interest to the issues (Vanderstoer & Johnston, 2009). Therefore, for the purpose of this study, the researcher conducted an in-depth interview with disabled war veterans through snowball sampling technique.

3.5.3. Convenience Sampling

Convenience sampling involves selecting people for a research who are available (convenient) for a study (Vanderstoep and Johnston, 2009). This sample is important to involve people who live close to the research site and research objectives. Further, research participants can recruit with the ease. It also helps the researcher to use redistribution in neighborhoods is the way to recruit convenience samples. However, its disadvantage is the lack of representativeness. Therefore, the results may not generalize well to the larger population. However, the researcher reduced its demerits by triangulating the data via in-depth interview, NPPO, FGDs and key informant interviews.

3.6. Sample Size and Sampling Criteria of the Study

The target population of this study is disabled war veterans in Mekelle city. According to Pilot, Beck, & Hungler (2001), sampling criteria is developed from the research problem, purpose, design, and conceptual definitions of study. The total sample size for this study was 55 participants. This included:

- ❖ 22 veterans with disabilities for in-depth interviews.
- ❖ 18 veterans with disabilities for FGDs (3 groups of 6 members each).

- ❖ 15 key informants from relevant governmental and non-governmental organizations.

The sample size was determined by the principle of data saturation, which is the point at which no new themes or significant information emerge from the data collection (Aldiabat and Navenec, 2018). The concept of theoretical saturation refers to the phase of qualitative data analysis in which the researcher has continued sampling, analyzing data until no new data appear.

Inclusion criteria for veteran participants:

1. Must be a veteran disabled as a result of the post-2020 war in Tigray.
2. Must be currently residing in Mekelle City.
3. Must be willing to voluntarily share their experiences.
4. Both male and female veterans were included to ensure a gender perspective.

3.7. Source and Methods of Data Collection

The study used multiple sources of data to ensure a comprehensive and triangulated understanding of the phenomenon. A data collection tool helps researchers to collect information and data about the objects of the study in scientific way. In the collection of data, researchers ought to be careful. If any data collected arbitrarily, it will be difficult to answer the research questions effectively and meet the objectives of the study (Elmusharaf, 2012). In qualitative research, information could be obtained from a relatively small group of participants. Therefore, this study involved detailed, verbal descriptions of characteristics, cases, and explanations of the disabled war veterans related with their socio-economic reintegration condition (Creswell, 2007).

The data collection method in qualitative study drew multiple sources of information (Creswell, 2002). Consequently, for the purpose of this study the researcher used both primary and secondary data sources. Primary data was gathered through in-depth interviews, FGD, KII and NPPO as triangulations of the data and information. Further, the researcher gathered information from available published and unpublished secondary sources like journals, books, articles, and other relevant materials.

3.7.1. In-Depth Interview

The theoretical roots of in-depth interviewing are in what is known as the interpretive tradition. According to Taylor and Bogdan, in-depth interviewing

is repeated face-to-face encounters between the researcher and informants directed towards understanding informants perspectives on their lives, experiences, or situations as expressed in their own words (1998).

This method involves repeated contacts and an extended length of time spent with an informant, it is assumed that the rapport between researcher and informant will be enhanced and that the corresponding understanding and confidence between the two will lead to in-depth and accurate information. In-depth interviews are useful for exploring experiences and perspectives of individual like war veterans. That is why the researcher employed in-depth interview as the main data-gathering instrument. Whereas other methods used as a method to enrich the data acquired and triangulate the results.

In this study, in-depth interview carried out based on the beforehand designed interview guidelines. Primarily, the researcher contacted the research participants. Then, in the first meeting, the researcher made a brief explanation to the study participants about the purpose of the study. Accordingly, based on mutual consensus between the researcher and the study participants, time schedule was prepared to meet up for the actual interview. Indeed, the interviews were conducted according to the each participant's preference of place selection. The interview sessions with disabled veterans and office holders ranged from thirty minute up to one and half an hour(30' up to 1:30') and interviewee was recorded on a tape recorder based on the full consent of participants.

For the purpose of this study, the researcher employed face-to-face interview with 22 Veterans with disabilities. The core reason behind selecting this tool allows a wider channel of communication between the participants and the researcher. Furthermore, it offered the opportunity to ask follow-up questions based on participants' responses to previous questions. This allows deeper exploration of the social and economic reintegration of war veterans in the study area (Vanderstoep & Johnston, 2009).

3.7.2. Key Informant Interviews (KII)

According to Kothari (2004), gaining adequate qualitative data requires that research participants pre-selected, based on their level of knowledge and experience. The key informant interviews employed to gather data from those who have knowledge and those whose work is related with social and economic reintegration of war veterans. This interview conducted with officials to identify the reintegration conditions and strategies for rectifying

the challenges in the socio-economic reintegration. Thus, for the purpose to get valid data, the researcher conducted an interview with 15 key informants from BOLSA, Tigray Harbegna Commission, Mekelle City and sub-city administrations BLSA, SME and Saving and Credit Associations (SCA).

3.7.3. Focus Group Discussion (FGD)

The researcher employed FGD as a method of data gathering for examining and exploring the socio-economic reintegration of disabled war veterans in the study area. It is more effective for gating a variety of views regarding the reintegration conditions (Kothari, 2004). Supplementary, it helped the researcher to triangulate data that collected via an in-depth interview. This method which offered the researcher the opportunity to study the ways in which individuals collectively make sense of a phenomenon and construct meanings on socio-economic reintegration of (Bryman, 2012).

FGDs were conducted with veterans in the study area to explore the existing experience, assistance, services provision, beneficiaries' participation, and improvement in the living conditions of the socio-economic reintegration. It conducted with research participants who will not participated in in-depth interview. The participants in FGD will be grouped in to three and each group will have six (6) members. The reason for restraining the members of the discussants in to six (6) in is to make the discussion hot and more involved with the issues at hand. Thus, the researcher conducted FGDs with 18 Veterans with disabilities.

3.7.4. Non-Participatory Personal Observation (NPPO)

Accurate NPPO eliminates subjective bias and the information obtained through this method is related to what is currently happening (Kothari, (2004). Moreover, this method is independent of respondent's willingness to respond.

In addition, this tool would be provided first-hand information and enables to acquire in-depth views into the issue under investigation if it has critically observed and recorded. Thus, the researcher observed the situation of veterans at their work place, and their living conditions. Then, the researcher connected the information collected via FGDs and in-depth interviews related to behavior in a particular context regarding the socio-economic reintegration. Thus, for the goal of this study, the researcher used an event sampling that involved recording all or a proportion of the specific instances of reintegration of disabled veterans in the study area (Vanderstoep & Johnston, 2009).

3.7.5. Document Analysis

A document analysis instrument used by the researcher to achieve the purpose of the study effectively from both published and unpublished reports from different sources in relation to socio-economic reintegration of disabled veterans in the study.

3.8. Data Analysis and Interpretation

By taking into account the nature of the research, the data and information that obtained from the study participants analyzed through thematic data analysis methods. For the objective of this study, thematic way of analysis employed. The purpose of thematic analysis is to identify patterns or themes evident in several cases to present experiences, perceptions and feelings of disabled war veterans concerning their socio-economic reintegration in the area (Dudley, et al., 2005).

The data that were collected through the data collection tools from the sample of research participants provided and analyzed thematically. This analysis part will identifying key themes, creating connections between different themes, and interpret the larger meaning of the data (Creswell, 2009).

3.9. Ethical Considerations

The researcher will avoid any contravention to the laws, values, social principles, and norms of the society under investigation. Research participants participated entirely based on informed consent about the purpose and nature of the research. In addition, to ensure the degree of confidentiality names of the participants changed by code numbers. The code used to conceal the identity of participants and to protect their privacy, as it is an important part of protecting research participants' anonymity (Marvasit, 2004).

Further, the researcher respected professional integrity through exclusively including study participants views and experience as they express in the interviews. Factual accuracy also ensued by avoiding suppression or misinterpretation of data. The interpretation of the data made carefully to respect the validity of the findings. The data collections were carry out strictly being in line with research ethical principles that included the following:

- ✓ Adequate information and explanation given to all participants about the whole purpose and intent of the study, actual and potential benefits of the research;

- ✓ The informed consent of each of the participants secured prior to engaging the participants in the research;
- ✓ All participants informed that as they have the right not to take part or withdraw from the research at any stage without any implied deprivation or penalty for their withdrawal action.
- ✓ All participants were duly informed on their right to anonymity and confidentiality of the personal information they give during the interview and the fact that the information they give shall be recorded by sound recorder and pseudonyms was used to refer to the data of specific participants and not actual names;
- ✓ The potential participants was duly informed about the utmost care to be taken in keeping the recorded and written information;
- ✓ Participants informed that they have the right to be notified the ultimate research findings.

3.10. Ensuring Trustworthiness of the Study

Morris (2006) defined trustworthiness as the assessment of the validity of a piece of research using the criteria of credibility, transferability, dependability and conformability. Credibility refers to methodological procedure used to keep synchrony between what study participants said and what researcher presents about them (ibid). The researcher given high emphasis in the presentation about the objective of the study, persistent engagement constant observation, iterative questioning, and review of the previous studies in the area are the methodological procedures to increase credibility.

Dependability, also termed as reliability, which maintain through clear and in-depth methodological description that allows the study repeated. Another strategy is internal validation or conformability, which used to keep trustworthiness of the study. In other words, it is the way of eliminating potential threats in the given research. To do so, the researcher has to do important tasks throughout this research. Good rapport would build; objectives of the study explained briefly, and issues of confidentiality would be informed. These tasks would avoid bias (researcher and participants) and reactivity potential information distortion because of the researcher presence on the behaviors and beliefs of participants. To minimize the researcher's bias earlier assumptions putted aside. Further, triangulation strategy (test) used for improving the validity and reliability of research or evaluation of findings by using

different data collection tools. Triangulation strengthens a study by combining methods (Patton, 2002). The advantage of the triangulation of different procedures lies in the fact that the flaws of one are often the strengths of another. By combining procedures, techniques, the researcher was utilized the strengths of each while overcoming their unique deficiencies.

CHAPTER FOUR: DATA ANALYSIS AND INTERPRETATION

Introduction

This chapter presents a detailed analysis and interpretation of data collected to investigate the postwar socioeconomic reintegration of veterans with disabilities (VWDs) in Mekelle City. The findings are derived from a qualitative inquiry involving in-depth interviews, supplemented by Focus Group Discussions (FGDs), Key informant Interview (KII), Non-Participatory Personal Observation (NPPO), and document analysis. This chapter is structured thematically, incorporating the demographic context of the participants, the core challenges, the efficacy of support systems, and the dynamics of social integration. By synthesizing the lived experiences of veterans through their own narratives, this analysis constructs a comprehensive picture of their post-conflict reality, directly addressing the research objectives and questions stated in chapter one. The analysis is based on data collected from 40 veterans with disabilities (22 through in-depth interviews and 18 across three focus groups), and 15 key informants. The total number of research participants is 55.

4.1. Demographic Profile of Research participants

Understanding the demographic background of the study participants is essential for contextualizing their socioeconomic reintegration experiences. The data, summarized in Table 4.1, reveals a population facing multiple, intersecting vulnerabilities that profoundly exacerbate their post-conflict challenges. When triangulated with the qualitative data from interviews and FGDs, these statistics illuminate the profound reintegration crisis facing VWDs.

Table 4.1: Demographic Characteristics of Veteran Participants (n=40)

Characteristic	Category	Frequency (N)	Percent (%)
Gender	Male	18	45.0
	Female	22	55.0
	Total	40	100.0
Age Group	Under 20	1	2.5

	21-30	13	32.5
	31-40	18	45.0
	41-50	7	17.5
	51 years and over	1	2.5
	Total	40	100.0
Marital Status	Married	17	42.5
	Unmarried/Divorced/Widowed	23	57.5
	Total	40	100.0
Educational Status	Illiterate	21	52.5
	Literate (Primary or above)	19	47.5
	Total	40	100.0
Occupational Status (before military service)	Not employed	16	40.0
	Self-laborer (informal)	20	50.0
	Government Employee	4	10.0
	Total	40	100.0

Source: Field Survey, 2025.

The data paints a clear picture: the typical veteran in this study is now unmarried and living with a disability. A significant majority of participants (55%) are female. The overwhelming concentrations of veterans (95%) are in their prime productive years (21-50), with a large concentration in the 31-40 age brackets.

These interconnected figures quantitatively validate that pre-existing vulnerabilities are a critical factor. For instance, the high rate of illiteracy (52.5%) acts as a massive structural barrier to successful reintegration, hindering their ability to retrain, access information, or

navigate bureaucratic processes. Furthermore, a majority (57.5%) are unmarried, which has profound implications for their social support systems. While married veterans face intense pressure to provide, unmarried veterans often lack a primary support network, making them more reliant on state and community aid that has proven to be inadequate.

4.2. The Demobilization Experience of Veterans with Disabilities

For the vulnerable individuals profiled above, the formal demobilization process represented their first tangible interaction with the postwar support system. As literature suggests, this transition is fraught with challenges related to adjusting to civilian life, finding housing, and adapting to new family dynamics (Stern, 2016; Brunger, Serrato, & Ogden, 2013). Ideally, this transition involves three phases: demobilization, reinsertion, and reintegration, with reinsertion providing immediate settling-in assistance like shelter, food, and cash for the first six to twelve months (World Bank, 1995; Yisak, 2002). Following the Pretoria Agreement, the Ethiopian Federal government established a national DDR Commission (Regulation No. 525/2022) to manage this process for ex-combatants, including those from the Tigray Defense Forces (TDF).

However, the reality for Tigray's VWDs is different. The experience of VWDs was often one of abandonment, as one participant explained:

“We (VWDs) were demobilized from different health centers with no belongings except the cloth we wore. Therefore, we expected social and economic help to reintegrate and lead a normal life. We all have financial problems, no job.... we used to help our family (we were the source of income) but now we are dependent on them... we do not know how to live... this has a great negative impact on our day-to-day life and has been worrying us since our reinsertion into our community.” (IDI Participant)

A recurring theme was the perception of a degrading process. Veterans consistently reported a lack of clear, transparent criteria for assessing their disabilities, leading to feelings of arbitrariness and unfairness. According to the research participants revealed, the experience of demobilization was profoundly undesirable. Participants in FGDs explained that they were treated in a harsh and uncomfortable situation during the demobilization process. The bad treatment by groups and individuals, including some military officers, had negatively affected the veteran's psychological wellbeing.

This evidence is significant because it moves beyond procedural inefficiency and points to a core issue of veteran dignity. This initial interaction, which should have been validating and supportive, instead inflicted further psychological harm. It established a pattern of distrust that would color all subsequent encounters with governmental and non-governmental support agencies.

4.3. Reintegration Challenges for Veterans with Disabilities

As Terry (2019) notes, many factors pose challenges to veterans' successful reintegration, including inadequate support networks and a lack of experience in securing housing and employment. The central, overwhelming theme that emerged from research participants was the multifaceted socioeconomic crisis defining the veterans' daily existence. This crisis is not a single problem but a web of interconnected barriers where financial hardship acts as the nexus, radiating outward to affect all other aspects of life.

4.3.1. Economic Challenges

4.3.1.1. Limited Employment Opportunities and underemployment

Veterans' attempts to enter the civilian workforce were consistently frustrated by significant barriers. An interviewed Veteran with a disability elucidated their desire to be employed: "We don't want sympathy. We want opportunities: training, capital, a job we can do. We served the country. Now we want to serve ourselves." This statement shows that despite barriers, veterans express resilience and a strong desire to contribute economically. It suggests a need to shift from a charity-based model to a capability-based reintegration model, where veterans are empowered rather than treated as passive recipients of aid.

However, veterans in FGDs explained:

"Even jobs that require only sitting in an office, companies do not want to hire us. As soon as they see the injury, they lose interest. We fought with full strength. Now we're not even asked to clean offices."

This quote reveals that veterans report being systematically excluded from the formal job market, not due to lack of capacity, but because of employers' perceived inability to accommodate them. This suggests a lack of inclusive employment policies, undermining both social equity and economic reintegration. In addition to the above, participants in an FGD pointed out that:

"We see some TDF members with no worse disability than us, and even some who were not front-line fighters, are being beneficiaries. The jobs were only given to those who had relations or connections with persons in a position or in the offices."

This frustration was compounded by a pervasive belief that the system was corrupt. The feelings that jobs were only given to those "who had connections" created a deep sense of hopelessness and reinforced the distrust that began during demobilization. The data clearly show that veterans with disabilities face systemic discrimination in the labor market. Employers often disregard their skills and focus solely on their physical impairments. These attitudinal barriers are often more disabling than the physical ones.

Although the Ethiopian constitution and Proclamation No. 568/2008 mandate employment opportunities for persons with disabilities, the lack of enforcement renders such policies ineffective in practice. This reflects a broader issue of policy-practice gaps in post-conflict settings (ILO, 2015).

An interviewed VWD clearly stated that:

"After being demobilized from the TDF, we registered in our Kifle Ketema and Kebele to get an employment opportunity. After seven months without a job, they directed me toward a 'veteran-friendly' security job in my kebele. The payment was 2000 birr per month, and I spent 12 hours a night on my feet despite having a foreign body (skojo) in my backbone. Before the war, I was in furniture work for a monthly salary of 12,000 birr in Mekelle city. Now, my most valuable skill is protecting the security of a kebele with an incomparable salary... Thus, this is total under-employment that diminishes my hope to live and is the reason for leading a miserable life."

A KII expressed:

"The biggest challenge is that there are no dedicated reintegration packages specifically for disabled veterans. We try to include them in general youth schemes, but these often don't match their capacity."

This quote from a stakeholder illustrates a fundamental flaw: placing disabled veterans in generic programs without accommodating their specific needs reflects a misalignment between policy design and the beneficiaries' real capacities.

In support of this, a KII from a kebele administration stated:

"We tried our best to find jobs for VWDs... One of these jobs is working as a security guard for our kebele. The goal is job opportunity creation. But, it is not a sustainable career that matches their skills and accommodates their health status. It is a job that may only last a few months if funding runs out. The salary is 2000 birr. Assume in the current inflated market what a payment of 2000 birr per month means? But, we do not have other alternatives. Thus, it leads us to push veterans towards low-income jobs rather than investing in the long-term career paths' they deserve."

This practice of channeling veterans into physically demanding, low-paying, and unsustainable jobs like security guard roles harms their health and reinforces their sense of failure. The concept of economic dignity, as proposed in the UNDP (2016) reintegration framework, is absent here. This type of underemployment reinforces their social exclusion and indicates the failure of both state support and societal reintegration mechanisms.

4.3.1.2. Skills Mismatch and Lack of Vocational Training

A primary theme was the skills mismatch, where years of military experience were not recognized or valued in the civilian job market. This left many feeling lost and unemployable, as an interviewed participant powerfully stated:

"I served for 13 years in military services in Ethiopia... but now I am jobless. I don't even know what kind of job I should seek because of the damage that I have. When I returned home, I expected some kind of program to help me and others like me adjust. But no one met me; there was no training, no plan. I sit at home day after day."

This reveals a significant gap in the implementation regarding veteran reintegration in Mekelle. The absence of structured vocational rehabilitation or life skills training prevents veterans from transitioning into civilian livelihoods. This policy vacuum leads to wasted human capital and contributes to chronic unemployment.

Furthermore, FGD data revealed that, "We were trained for war, not for peacetime jobs. There was no vocational training after we returned. They promised we'd get skills training in sewing or carpentry, but we never heard back."

The data reveals that many veterans were discharged without any transitional support or training to re-enter civilian life. The lack of vocational rehabilitation prevents meaningful labor participation, compounding their marginalization. According to the World Bank (2015), effective reintegration requires that ex-combatants be equipped with market-relevant skills. The findings in this study reinforce that the absence of such programming in Mekelle has left veterans with neither qualifications nor opportunities, placing them at a double disadvantage.

This contradicts effective reintegration models used in countries like Rwanda or Uganda, where ex-combatants are given livelihood training as part of Disarmament, Demobilization, and Reintegration (DDR) programs (World Bank, 2015). The lack of post-war skill-building has created a gap between veterans' existing capabilities and the civilian job market, pushing many into underemployment.

4.3.1.3. Barriers to Credit Access and Entrepreneurship

Another major obstacle is the inaccessibility of credit and startup capital. Despite narratives around supporting disabled veterans with entrepreneurship, participants highlighted bureaucratic delays, corruption, and the requirement for collateral they do not possess. Skill and vocational training initiatives are essential to sustainable reintegration, especially in fragile economies like Mekelle's. However, this study confirms that the economic structures meant to empower veterans are largely dysfunctional or exclusionary.

Despite official narratives around supporting disabled veterans with entrepreneurship, participants highlighted that bureaucratic delays, corruption, and the requirement for collateral they do not possess make this impossible. Microfinance and livelihood initiatives are essential to sustainable reintegration, especially in fragile economies like Mekelle's. However, this study confirms that the economic structures meant to empower veterans are largely dysfunctional or exclusionary.

One in-depth interview with a Veteran revealed the absurdity of these requirements:

"I was a skilled radio operator when I was in the ENDF; I could coordinate communications across a whole front. So, after my demobilization, I went to the office of SME with an idea to start a small electronics repair shop. Then, they gave me a list of requirements for a loan: a guarantor, collateral, a detailed business plan showing market demand. I looked at the man and wanted to laugh. My collateral is the leg I left in Adwa. My guarantor is the friend who died beside me. The market is people looking for food. Indeed, the

problem is not only the SME, but with the government of Tigray's lack of commitment... this is a process designed for a world that no longer exists for me".

The veteran's data is a powerful indictment of bureaucratic inertia, showing how standard requirements for economic support are absurd and insulting in a collapsed context. Institutions like the SME office are attempting to apply "peacetime logic to a wartime economy," creating an insurmountable barrier for those with no assets but their own sacrifice.

A KII from a SCA illustrated the institutional perspective:

"We are a financial institution, not a charity. Our members' savings are our capital. A disabled veteran comes to us, and my heart breaks for them, but my ledger has no column for heroism. They have no income, no assets, and their business ideas are based on a non-existent customer base. To give them a loan under these conditions would not be support; it would be setting them up for a default that would harm them further and betray the trust of our other members."

The KII from the credit association provides a stark and crucial perspective on systemic risk aversion. His statement clarifies that the problem is not a lack of empathy but a fundamental conflict of purpose. This shows that community-based financial institutions, while essential for economic recovery, are structurally incapable of absorbing the high-risk, no-collateral profiles of disabled veterans. This reveals a massive gap in the system that only state-level, risk-agnostic intervention can fill.

Research participants in a FGD stated:

"They say we should start small businesses. But where is the loan? Who will give money to someone with no collateral and no legs? Microfinance institutions ask for guarantees we don't have. Even if we qualify, the process is long and corrupt."

4.3.1.4. Bureaucratic Delays and Corruption in Reintegration Programs

Participants reported systemic corruption and bureaucratic inefficiency in the delivery of aid. Despite promises of assistance, delays, favoritism, and lack of transparency left many veterans disappointed. This fuels mistrust of institutions, further alienating veterans from

state reintegration efforts and reinforcing their economic vulnerability. This finding is consistent with studies from Liberia and Sierra Leone (Knight and Özerdem, 2004), which showed that corrupt or disorganized reintegration programs can destabilize post-conflict recovery by deepening grievances among ex-combatants. In Mekelle city, such kinds of dysfunction risks producing an economically marginalized and alienated veteran population.

“They registered us many times and promised reintegration packages working land, money, training but nothing happened. Even if some demobilized TDF got working sheds (containers), unless you know someone or pay something, your name doesn’t move up the list. We are forgotten.” (FGD participant)

4.3.1.5. Financial Instability and Dependency

The inability to generate a sustainable income was universally cited as the core challenge, leading to a fundamental struggle for survival. As one veteran articulated, the economic environment itself is hostile:

“Here in Mekelle city, it is hardly possible for me to live... The cost of goods and services in this city is very high. Therefore, this makes it difficult for me to not only lead a sustainable life but to even survive.”

The inability to secure meaningful employment forces many veterans into unwanted dependency on family or aid, which damages their self-worth and dignity. As an FGD participant stated:

“We want to work, not beg. But when everything is closed, we end up depending on relatives who are already poor. We were the protectors. Now, we’re treated like burdens.”

This financial instability is directly linked to housing insecurity, which emerged as one of the most painful challenges for VWDs. A home represents stability, safety, and a place in the community. The denial of this basic need was interpreted as profound moral failure. This anguish is tangible in one veteran’s words:

“I have served my life, but I feel like I am being punished for my cause. Until now I can’t even get a safe place for my family and myself.”

The phrase “punished for my cause” is exceptionally powerful. It transforms the lack of housing from a logistical problem into a deep, personal injustice, suggesting they are being penalized for the very sacrifices they made.

4.3.2. Social Challenges

In post-conflict contexts like Mekelle, social reintegration is not only about returning veterans to their families and neighborhood it also involves restoring their social status, dignity, and community participation.

4.3.2.1. Low Community Care and Support

Veterans and their community may deal with their challenges by avoiding triggering the veterans' anger by bringing up traumatic events, being examined for signs of medical conditions, or even going to couples' therapy (Freytes et al., 2017).

Participants raised declining community care and support as one of the key social challenges. As research participants in FGDs mentioned, "it did not last long. The community started to pull away." In line with the above idea, one research participant explained:

"When I was demobilized and sent to my family from Meles Campus (Temporary health center for wounded TDF), the local residents in Mekelle city gave me a strong moral support regardless of age, sex or wealth. So many persons visited me and motivated me in my family home. However, in a while the support and motivation was reduced more aggressively."

One interviewed Veteran shared:

"Before the war, I had a social circle, neighbors who respected me. Now, they avoid me like I'm a disabled dependent. I feel like I no longer belong anywhere."

The shift from being honored to being viewed as "disabled dependents" causes a loss of social dignity. In post-war Mekelle, where society is dealing with widespread trauma and economic instability, disabled veterans often find themselves excluded from community activities, deepening their isolation and psychological distress.

The loss of social roles and income sources, combined with untreated psychological trauma, has caused family breakdowns and relationship failures. This dimension is often ignored in reintegration policies, which focus on material needs and overlook the relational and emotional dimensions of reintegration. The emotional trauma of rejection, particularly by spouses or close relatives, was a recurring theme.

4.3.2.2. Self-Imposed Social Isolation

Due to lack of income and a feeling of inferiority, some of the study participant VWDs mentioned that they preferred to isolate from participating in various social interactions. Regarding this, one interviewed participant pointed out:

"I preferred to isolate from any kind of making friendship because of a shortage of income. Because of the fear I have, what could I do if my friends entertained me? In response, they would expect me to do at least what they do. Therefore, to avoid such kind of scruples, I decided to refrain from any kind of social interaction."

Another veteran painfully recounted how his lack of economic wellbeing made him a perceived liability:

"The owner of the house I rented told me I had to find another house. He was open about his reasoning: my economic devastation made me a liability he couldn't afford. That was what truly fractured my sense of belonging. It confirmed the silent judgment I had felt building within the community: I was no longer a neighbor, but a risk. I assumed my worth had been reduced. In the face of that, I preferred to be lonely as a strategy for my dignity. It felt better to voluntarily withdraw from social life."

This experience of rejection often led to self-imposed isolation. To avoid the shame of being unable to reciprocate hospitality or contribute to social events a key part of the social fabric veterans would withdraw. This strategic withdrawal, while a logical coping mechanism, deepens feelings of depression and loneliness.

4.4. The Role and Effectiveness of Stakeholders in Reintegration

Analysis of the data reveals a profound chasm between the stated intentions of stakeholders and the actual support received by veterans. While key informants from government agencies spoke of initial plans and projects, the lived experience of veterans was one of broken promises and institutional dysfunction.

With regard to the role of government and other stakeholders, a KII in an OLSA office explained their initial efforts:

"We tried to support VWDs starting from the beginning of their coming to our sub-city. At that time, we discussed how to handle and support VWDs and then

we begin to work on awareness raising activities for the civilian community to support them. However, due to financial constraints, we have not coordinated and continued so far.”

This sentiment of initial good intentions was echoed by veterans. As one interviewed VWD said, “When we demobilized from the TDF, government officials and the community promised us they would arrange housing, jobs, trainings and credit facilities that would enable us to start businesses.”

Key informants from various bodies detailed these intended interventions. A KII from the Tigray BoLSA expressed that the regional government proposed different projects to reintegrate VWDs, including an attempt to collect and distribute money. “Thus, 4000 ETB was given for each veteran who has higher damage (disabilities),” he noted, adding that there was also irregular support from individuals. A KII from the Tigray Harbegna Commission (THC) explained that the government allotted a budget, offered short-term psychosocial training, and provided working sheds (containers). The regional government also provided free health services for VWDs with severe problems by centralizing them at a facility in Ayder sub-city. This was confirmed by an IDI participant with a broken leg and partial paralysis who received physiotherapy and medication.

However, these initiatives were often superficial. As participants in an FGD explained, we took a three-day psychosocial training. The main goal was to create awareness on how we should lead our live’s, including how to cope with problems, life skills training, and potential opportunities.”

Despite the list of official programs, the dominant theme was one of promise-followed-by-inaction, leading to widespread pessimism. An emblematic testimony that encapsulates this gap was shared by a veteran who recounted:

“When I demobilized... the Mekelle city administration officials promised to arrange housing, jobs, trainings and credit facilities... However, there is nothing provided to me.”

The cause of this failure was articulated with surprising candor by a key informant involved in the city’s task force, who admitted the reintegration effort "lacks proper arrangement and dedication. We have no scheduled meeting, data reports, specified manual and evaluation mechanisms." This admission from within the system corroborates the veterans' experiences of neglect and demonstrates a systemic, not just individual, failure.

The core flaw, identified through a synthesis of all interviews, was the complete lack of meaningful participation from the veterans themselves. Interventions were designed in a top-down manner, ignoring the lived experiences and expressed needs of the very people they were intended to help. This violates the principles of a rights-based approach and stands as the key reason for the failure of most initiatives.

The limitations of this approach were clear to the veterans. A participant in an FGD lamented:

“The socio-economic reintegration process for VWDs would have been effective if it was provided timely. We had high expectations... However, the support we got is not as we expected. For instance, to get the shed/working place it took us more than one year, and it is not for all of us... There is delay in service provision; this in turn has led us to be hopeless. The sheds are also far from the center of the city and didn’t consider our disability. Thus, we are still dependent on others.”

Participants in other FGDs claimed that “they are disappointed about their treatment from office holders in Mekelle city administration. The promise they got... was not exceeded from word.” A KII described the support as lacking sustainability: “The training on capacity building, in organizing jobs, giving work and market places, and assisting them by providing initial capital are either too low or non-existent.”

Even basic needs were unmet. Despite the 90,400 birr DDR payment from the federal government, food security was a pressing concern. Health care, while nominally free, was also a challenge. As FGD participants explained, “even though healthcare facilities were accessible... this only applicable for easy health problems... We were unable to pay the cost of services and medicines from private pharmacies. Thus, it is still an obstacle.”

Besides, participants in other FGDs claimed that, “they are disappointed about their treatment from office holders in Mekelle city administration. The promise they got for the social and economic reintegration for them was not exceeded from word. In addition, the government was not provided suitable housing for the Veterans. When most of them finished the money from DDR, Veterans brought their families endangered, and they are still at risk”.

From the above information obtained from study participants, the researcher can infer that the concerned bodies in Mekelle city did not work as to their promises. Thus, VWDs have faced a lot of problems due to this reason.

One KII described the weakness of the support for VWDs:

“They got socio-economic support from the government, NGOs and individuals. However, the support lacks sustainability. The training on capacity building, in organizing jobs, giving work and market places, and assisting them by providing initial capital are either too low or non-existent.”

The other indispensable limitation was food insecurity. Despite of the 90,400birr given from the federal government in the DDR, food security was one of the most pressing concerns expressed by VWDs. KII from OLSA mentioned in his own words as follows:

The limitations of service providers in the socio-economic reintegration of VWDs included budget and resource limitation, low commitment from different stakeholders at later stage; and unsatisfactory of efforts made by stakeholders.

In support to the above idea, FGD research participant added:

“Lack of commitment by service providers as promised, lack of coordination, and lack of communication and consultation with the community in the rehabilitation and reintegration process of VWDs were major limitations. Moreover, lack of effective technical support and lack of meaningful participation of veterans themselves in the process were also identified as limitation/weakness of the reintegration in Mekelle city.”

Based on the principle of participation in a right based approach, without the active involvement of the concerned body, no reintegration conditions can be effective. Thus, the absence of participation of veterans themselves and other stakeholders hinders the implementation of social and economic of rights. The other principal limitation of stakeholders in the reintegration is health insecurity and educational services. VWDs got free health care services. But, complained of the costs of medicines to buy from private pharmacies, which most cannot afford. In support to this idea research participants in FGDs explained, *“even though healthcare facilities were accessible in the city that is free of payment, but this only applicable for easy health problems and treatments. These we were unable to pay the cost of services and medicines. Thus, it is still an obstacle to accessing healthcare.”*

Generally, this shows that there was lack of adequate financial sources to reintegrate in economic aspect and start up business for VWDs. Even if some veterans appreciated the government and other stakeholders' initiative for the warm welcoming they were given upon their return, the entire participants VWDs feel discomfort. Because of that, they had received the short term and insufficient reintegration assistances with lack of long-term reintegration support.

In stark contrast to the failures of these top-down programs, the data reveals the profound positive impact of veteran-led cooperatives. Research participants involved in cooperatives strongly agreed that membership restored their dignity and changed the community's perception of them from dependents to productive citizens. This economic empowerment directly facilitated social re-engagement. Members reported increased participation in traditional social support structures like Edir and Iqub because they could now afford the contributions. The experience fostered a renewed sense of purpose and self-worth. One interview participant who described himself as formerly "one of the poorest," stated that joining a cooperative was like being "rebirth to a true life."

This powerful finding illustrates that when veterans are given viable, participatory economic opportunities that they control themselves, the social, psychological, and community-level benefits are immense. It points to a fundamental disconnect between the support that is offered and the empowerment that is needed.

4.5. Community Perceptions and Attitudes for VWDs

The research objective of examining community perceptions and attitudes toward VWDs reveals a painful and complex social reality. While veterans did not report issues of physical insecurity, their narratives detailed a clear trajectory of social reintegration failure, beginning with a period of communal honor that eroded over time into attitudes of pity, economic fear, and, ultimately, rejection. This shift in perception stands as one of the most significant barriers to their successful reintegration.

Across all interviews and focus groups, participants described an initial "honeymoon period" immediately following their return, where the community celebrated them as heroes. This welcome, however, proved to be conditional and short-lived. A participant in an FGD articulated this collective experience:

"When we first came back from the demobilization centers, people would stop us in the street, shake our hands, and call us heroes. The welcome lasted

maybe a month, maybe two. After that, you start to feel the change. The eyes that looked at you with pride now look at you with pity, or worse, they look away. We stopped being heroes and just became another problem for the community to deal with."

Another veteran provided a personal, tangible example of this shift in daily interactions:

"At first, when I would go to the market, people would rush to help me carry my things. They would say, 'Let me, you have done enough for us.' Now, they just look down. Some even hurry past me as if they don't see me. The respect is gone. It was temporary."

These testimonies powerfully define the central dynamic of community perception: conditional acceptance. The initial support was directed at the symbolic, victorious soldier. However, that support was not equipped to handle the long-term, complex needs of the disabled, unemployed individual who returned. The shift from tangible help and pride to pity and avoidance is a direct behavioral indicator of a change in the community's underlying attitude. This perception shift is a critical barrier, as it dissolves the very social capital and goodwill that veterans need to begin rebuilding their lives.

This evolving attitude was driven by a dual force: a pre-existing cultural stigma surrounding disability and a pragmatic, post-war fear of economic dependency. For many in a resource-scarce community, a veteran with a disability was no longer a symbol of sacrifice, but a potential financial risk. This was starkly illustrated by a veteran's struggle to find housing:

"After I demobilized... I wanted to rent a house... When I found a house, the first thing they asked me is, 'Do you have a source of income?' I responded no... Nevertheless, more than ten house owners did not allow me to rent for the only reason that I have no job and earnings... Thus, this shows the negative perceptions of the community."

This perception of veterans as an economic risks extended beyond the housing into their daily commerce, actively blocking their attempts at reintegration tasks. A focus group participant shared a story of collective rejection:

"We tried to form a small group to buy grain in bulk and sell it for a small profit. We went to a local trader we all knew before the war. He just shook his head. He told us, 'How can I give you goods on credit? You have no income,

no guarantee.' He saw us not as veterans, but as unable citizens. The whole community sees us that way now: as a risk."

This experience powerfully demonstrates how community attitudes directly create barriers to reintegration. The landlord's question, "Do you have a source of income?" functions as a social and economic gatekeeping mechanism. In a resource-scarce environment, the veteran's disability is conflated with economic risk, transforming him from a social asset (a respected veteran) into a perceived liability. This rejection based on perceived economic instability is a direct manifestation of a negative community attitude that prevents veterans from achieving the foundational stability (housing) needed for any meaningful reintegration.

The most devastating manifestation of these negative attitudes was often found within the family, where societal pressures and economic strain eroded the most intimate support systems. An interviewed VWD described how financial dependency poisoned his family life:

"Before the war, I was the one who provided for everyone. Now, it's the money. My disability check doesn't cover the rent. My wife had to take on a second job. It completely overturned the dynamic in our house. I was supposed to be the provider. Now I see her come home exhausted, and I feel like a burden... This financial strain is a cancer. It's a constant, unspoken tension in every single conversation we have."

This testimony directly addresses the research objective by showing how societal economic failure shapes intimate attitudes. The veteran's internal perception of being a "burden" is a reflection of the external economic reality. The financial strain alters his family's attitude and his own sense of self-worth. It demonstrates that community and family perceptions are not just about abstract beliefs; they are shaped by the material conditions of post-war life. The veteran's inability to fulfill his traditional role as provider, due to systemic economic failure, leads to a devastating loss of status within his own home.

In the most severe cases, these pressures led to the complete breakdown of the family unit, representing the ultimate failure of social reintegration. Another participant shared his experience with stark finality:

"My wife left me. She said I changed after the war. I am not violent, but I'm not the same either. Now I live alone. My kids hardly visit me."

This outcome aligns with research by Gil-Rivas et al. (2017) and underscores the immense strain placed on family relationships by post-war trauma and disability. For VWDs in

Mekelle, who are often neglected by spouses and extended family, this leads to extreme loneliness and emotional hardship. The attitudes of their closest relations, shaped by the immense pressures of their situation, become the final and most painful barrier to a life of dignity and belonging

4.6. Chapter Summary

The qualitative analysis presented in this chapter reveals that the socioeconomic reintegration of veterans with disabilities in Mekelle City is in a state of crisis. Through their own voices, the veterans have painted a vivid picture of a post-conflict life defined by a cascade of failures. The journey began with a disillusioning demobilization process and led to a daily struggle against interconnected barriers of financial hardship, unemployment, housing instability, and social isolation.

The formal support systems, while perhaps well-intentioned, have demonstrably failed. This failure is rooted in a systemic lack of coordination, sustainability, and, most critically, a top-down, non-participatory approach that is fundamentally disconnected from the lived realities of the veterans. The gap between promises made and aid delivered has cultivated a deep and pervasive sense of betrayal.

However, the analysis also illuminates a clear path forward, not from an external model, but from the experiences of the veterans themselves. The profound success of peer-led cooperatives in restoring dignity, fostering economic independence, and enabling social re-engagement stands as the single most important finding. It underscores the central argument of this thesis: effective reintegration cannot be achieved through charity. It requires a rights-based strategy that empowers veterans as active agents in rebuilding their own lives. This analysis provides a clear, evidence-based foundation for the recommendations that will be presented in the final chapter.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

5.1. Conclusion

The core purpose of this study was to explore the post-war socioeconomic reintegration of veterans with disabilities (VWDs) in Mekelle City. The findings from the qualitative data analysis in Chapter Four reveal a profound and systemic crisis. The journey for these veterans is not one of gradual recovery but of compounding failure, beginning with a degrading and disillusioning demobilization process that inflicted further psychological harm and set a tone of distrust. This initial negative experience cascades into a daily struggle against a wall of interconnected socioeconomic barriers, confirming that the current approach to reintegration has fundamentally failed its most vulnerable beneficiaries.

The central argument of this thesis is that this failure is rooted in a top-down, non-participatory model that is tragically disconnected from the lived realities of the veterans. As the demographic data highlighted, a majority of these veterans entered their post-conflict lives with pre-existing vulnerabilities, including high rates of illiteracy (52.5%) and a lack of formal employment history. Support programs that ignore these foundational challenges by demanding collateral for loans from those who have none or failing to recognize military skills in the civilian job market were destined to be ineffective. They represent an application of "peacetime logic to a wartime economy," creating insurmountable barriers for the very people they are meant to serve.

The socioeconomic challenges are multifaceted, with financial hardship, underemployment, and housing instability forming a vicious cycle. Veterans feel betrayed by a system that made promises of support but delivered only bureaucratic hurdles, corruption, and neglect. This has led to a deep-seated distrust in official institutions. Socially, the initial community welcome of veterans as "heroes" quickly eroded, replaced by perceptions of them as "disabled dependents" and economic risks. This shift has led to tangible rejection, such as being denied housing, and has pushed many into self-imposed isolation to preserve their dignity, fracturing the essential community bonds needed for recovery.

Amidst this systemic failure, however, the research has identified a clear and powerful alternative. The spontaneous emergence and profound success of peer-led veteran cooperatives stands as the single most significant finding. These cooperatives have succeeded where formal programs have failed, not by providing charity, but by restoring agency, dignity, and social capital. They create a space for shared identity, mutual support, and

genuine economic empowerment, allowing members to transition from being perceived as "burdens" to becoming productive citizens.

Therefore, this study concludes that effective reintegration is not about what can be given to veterans, but what can be built with them. A paradigm shift is urgently required: from a model of welfare and dependency to one of rights, empowerment, and active participation. The path to successful reintegration lies in recognizing, supporting, and scaling the bottom-up, community-driven solutions that the veterans themselves have already pioneered.

5.2. Recommendations

Based on the findings and conclusions of this study, the following evidence-based recommendations are proposed:

5.2.1. For Governmental Bodies (Tigray Regional Government, Mekelle City Administration):

Adopt a 'Veteran-First,' Participatory Model for Program Design: Immediately establish a Veteran Reintegration Task Force where representatives from veteran-led cooperatives and associations hold a majority of the seats. All future reintegration policies, programs, and budgets must be co-designed and approved by this task force. This moves veterans from being passive recipients to active agents in their own recovery.

Shift from Individual Loans to Cooperative Seed Funding: Redirect funds from inaccessible individual micro-loan programs to a dedicated **Veteran Cooperative Empowerment Fund**. This fund should provide block grants and low-interest, collateral-free loans directly to registered veteran cooperatives, leveraging their internal accountability and proven success.

Establish a Transitional Employment and Skills Recognition Program: Create a formal system to audit and certify military skills (e.g., logistics, mechanics, and communications) for their civilian equivalents. Partner with the private sector to create subsidized, transitional employment opportunities where the government covers a portion of the veteran's salary for the first 6-12 months, creating a strong incentive for employers to hire them and see their capabilities firsthand.

Prioritize Housing through a Land-for-Service Model: Allocate municipal land specifically for veteran housing cooperatives. Provide the land and basic infrastructure (water, electricity access) and empower the cooperatives, with technical and logistical

support, to manage the construction of their own homes. This directly addresses the need for shelter while building community, skills, and a sense of ownership.

5.2.2. For NGOs and Civil Society Organizations:

Serve as Facilitators and Capacity Builders, Not Just Implementers: Reorient from providing direct aid to offering **capacity-building support** for veteran-led cooperatives. This includes targeted training in financial management, business planning, marketing, and cooperative governance. Act as a bridge connecting these grassroots organizations to larger markets and funding opportunities.

Focus on Foundational and Psychosocial Support: Develop and fund programs focused on **adult literacy and numeracy**, which are essential for navigating the civilian world. Provide free, confidential, and accessible psychosocial support and trauma counseling, ensuring counselors are trained in the specific context of post-conflict military experience to help veterans and their families cope with trauma and rebuild relationships.

5.2.3. For Future Research:

A Comparative Study of Reintegration in Urban vs. Rural Settings: A comparative study is needed to explore how the challenges, community attitudes, and opportunities for reintegration differ for veterans living in rural areas of Tigray, which will inform more nuanced and context-specific policy solutions.

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Appendixes

MEKELLE UNIVERSITY



COLLEGE OF LAW AND GOVERNANCE

DEPARTMENT OF CIVICS AND ETHICAL STUDIES

Appendixes Consent Form

Dear research participants:

First of all, thank you for your involvement in this research. My name is MEBRAHTU GEBREEGZIABHER HADERA. I am MA student in Civics and Ethical Studies department at Mekelle University. I am here to ask you some questions for my study that aims to investigate the “POST WAR SOCIOECONOMIC REINTEGRATION OF VETERAN DISABILITIES IN MEKELLE CITY”. Your participation in this study shall be based completely on your willingness. Additionally, you are guaranteed to withdraw from the interview at any time or refuse to answer any question/s that might make you uncomfortable to respond. The study will be conducted for academic purpose and any information you share with the researcher will be kept confidential. The importance of the information that you give towards the achievement of the research objective is highly vital. Therefore, you are required to give genuine and honest information.

I thank you a lot for taking your time to participate in this research!

MEBRAHTU GEBREEGZIABHER HADERA

Part I. Personal Background Information of Research Participants

1. How old are you?
2. Your educational level?
3. Have you had a job before you engage in to military (fighting)?
4. Are you currently employed? If so what is your current occupation?
5. Your marital status now? With whom are you living with now?

Part II. Interview Guide for an In-depth Interview with Veteran Disabilities

1. How do you demobilized from military services?
2. What looks like the psychological readiness of the veteran disabilities before the demobilization process?
3. What suspicions have been given for the veteran disabilities during and after demobilization specially to avoid prolonged dependency on relief?
4. Can you describe your experiences seeking employment since returning to civilian life? (Types of jobs, barriers faced, role of disability in employment challenges.)
5. How has your disability influenced your ability to secure or maintain work? (Workplace accommodations, employer attitudes, physical/mental limitations.)
6. What income-generating activities have you engaged in to sustain yourself? (Street vending, agriculture, family support, or reliance on social networks.)
7. What factors influence/greater challenges of the socioeconomic reintegration programs of Veterans?
8. What are the mechanisms the government has been using to adapt the shortcomings?
9. Have you accessed vocational training or educational programs post-service? (Relevance of training to local job markets, accessibility of programs.)
10. How has your family supported your reintegration? (Emotional support, financial assistance, caregiving responsibilities.)
11. Have community groups, NGOs, or religious institutions played a role in your reintegration?
12. Have you experienced stigma or discrimination due to your disability or veteran status? Social exclusion, stereotypes, impact on mental health.)

13. Can you describe your access to physical and mental healthcare services?
(Availability of specialists, affordability, transportation barriers.)
14. How do physical or psychological challenges affect your daily life and economic participation? (Chronic pain, PTSD, mobility issues, coping mechanisms.)
15. Are public spaces and workplaces in Mekelle accessible for your needs?
(Infrastructure, transportation, assistive technologies.)
16. Are you aware of government programs for veterans with disabilities? (Effectiveness, accessibility, bureaucratic hurdles.)
17. How has the conflict in Tigray shaped the resources available to you? (War-related destruction of infrastructure, displacement, NGO withdrawal.)
18. When designing reintegration programs, did the government take into consideration the capacities of the veteran disabilities and what has to be done to up-grade their skills and make them more marketable?
19. What resources have been made available to help the veteran disabilities to rebuild their lives?
20. How do you balance your identity as a veteran with your identity as a person with a disability? (Shifts in self-perception, societal expectations.)
21. What coping strategies have helped you navigate post-war life? (Religion, peer networks, cultural practices.)
22. Have gender-specific challenges affected your reintegration? (Caregiving roles, access to resources, societal stigma for women veterans.)
23. What are your hopes for the future, economically and socially? (Entrepreneurship, family goals, community roles.)
24. What message would you like to convey to policymakers about veterans with disabilities? (Unmet needs, systemic changes, amplifying marginalized voices.)

Part III: Guide for In-depth Interview with key Informants

1. Can you describe your role and experience related to veteran issues in Mekelle City?
2. What is your understanding of the current situation for veterans with disabilities in this area?
3. What are the primary socioeconomic challenges faced by veterans with disabilities in Mekelle city after the war?
4. How do these challenges differ from those experienced by other veterans without disabilities?
5. What policies, programs and support systems are currently in place for veterans with disabilities in Mekelle?
6. How effective are these support systems in facilitating reintegration?
7. What role do local NGOs and community organizations play in facilitating reintegration efforts?
8. What barriers do veterans with disabilities face in accessing employment opportunities?
9. Are there educational programs available to help veterans gain new skills? If so, how accessible are they?
10. How would you assess the availability and quality of healthcare services for veterans with disabilities?
11. What types of rehabilitation services are provided, and are they adequate?
12. How do you perceive the community's attitude towards veterans with disabilities?
13. What role do social networks play in the reintegration process for these veterans?
14. How effective are government policies in supporting the reintegration of veterans with disabilities?
15. What improvements would you suggest to enhance these policies?
16. Can you share any specific success stories of veterans who have successfully reintegrated?
17. What lessons can be learned from these experiences?
18. What initiatives or programs do you believe could significantly improve the situation for veterans with disabilities?
19. What do you think is the most pressing issue that needs immediate attention regarding veterans with disabilities in Mekelle?
20. Is there anything else you would like to add that we haven't covered?

Part IV: Guide questions FGDs with Veteran Disabilities in Mekelle city

1. What does socioeconomic reintegration mean to you in the context of veterans?
2. How do you see the current situation of veterans with disabilities in Mekelle City?
3. Can you share any personal experiences related to veteran reintegration in your community?
4. What challenges have you or someone you know faced during the socioeconomic reintegration process?
5. What types of support systems are currently available for veterans with disabilities? How effective do you think these support systems are?
6. What barriers do veterans with disabilities face in accessing employment opportunities?
7. How can local businesses and communities contribute to the reintegration of disabled veterans?
8. How do health services in Mekelle provide to the needs of disabled veterans?
9. What mental health challenges do veterans face during reintegration, and how can these be addressed?
10. What educational or vocational training opportunities are available for veterans?
11. How can education be improved to better serve the needs of disabled veterans?
12. How can the experiences of veterans with disabilities inform future policies and programs?
13. What resources or information do you think are missing that could assist veterans in their reintegration?
14. Is there anything else you would like to share about the topic of veteran reintegration in Mekelle?

Appendix V: Observation Guide for the Researcher

This observation guide is prepared to assist the researcher to provide better directions while carrying out the observation of the living and working environment of research participants.

1. Overall observation of existing institutions resources, capacities and coordination to manage the reintegration process of Veteran disabilities
2. Observation of housing, physical conditions of returnees and the surrounding environment they are living in.
3. Are Veteran with disabilities engaged in income generating activities? If yes, observe what kind of business activity they do, their working condition, and financial capabilities. (With a purpose to understand if Veterans are economically reintegrated)
4. Is there any evidence visible on healthy social relationship between Veteran disabilities and the communities? (With a purpose to understand if the veterans are socially reintegrated)
5. Identification of particular vulnerabilities and disabilities of the veterans that may hinder reintegration.