

## Protecting the Vulnerable: The Case of IDPs in Pakistan

Rafi Amir-ud-Din, Summaira Malik\*

Department of Management Sciences,  
COMSATS Institute of Information Technology, Lahore.

\*E-mail: [drsummairamalik@ciitlahore.edu.pk](mailto:drsummairamalik@ciitlahore.edu.pk)

Received for publication: 14 September 2015.

Accepted for publication: 08 January 2016.

### Abstract

Vulnerability as a measure of human deprivations is a more comprehensive and value-laden term than poverty. While the poverty analysis provides a profile of the characteristics of the poor people, vulnerability analysis explains, among other factors, the role of risk in creating the dynamics that contribute to the observed poverty level. Social protection is an important concept in the policy dialogue on the vulnerabilities of the people and is aimed at finding ways to help the vulnerable people in managing the risks and becoming less susceptible to the welfare losses. Vulnerability takes a number of forms and requires different types of social protection mechanisms. This paper analyses the vulnerabilities of internally displaced persons (IDPs) in Pakistan and identifies the social protection delivered by various government and non-government stakeholders. The paper also reviews the literature on the vulnerabilities of the IDPs in different parts of the world to explore the best practices in providing social protection to IDPs.

**Keywords:** IDPs, social protection, vulnerable social groups, risk management

### Introduction

Pakistan has one of the largest population of the internally displaced people (IDPs) as a result of a combination of natural and man-made disasters (Chan & Kim, 2010; Wasay & Mushtaq, 2009). The traditional analysis of the IDPs generally deals with their deprivations. This study seeks to highlight not only the deprivations of IDPs but also their risks and vulnerabilities to which they are exposed because of change in their circumstances. Unlike the analysis of poverty which is focused on the observed achievements and deprivations, the analysis of vulnerability is concerned with the processes of change which might affect the socio-economic wellbeing of the poor (May & Norton, 1997). Chambers (1989) defines vulnerability as not only the inadequate command over resources but the inadequate command during times of risk. The risk can arise as a sudden shock, a long-time or seasonal adverse condition (See Moser (1996), May and Norton (1997), and Dercon (2002)). Social protection is a set of policies which “assist individuals, households and communities in better managing income risks”(Holzmann & Jorgensen, 1999). There is a growing consensus that social protection is much more than risk management. It serves as an effective response to the poverty and vulnerability of the poor. The scope of social protection has now incorporated socioeconomic theories which are grounded in basic human needs and capabilities. It includes such interventions as guaranteeing a minimum living standards for the poor, investing in human capital and promoting important human capabilities that provide escape routes away from intergenerational deprivation and persistent poverty (Barrientos & Hulme, 2009). This paper seeks to fill the gap in the conceptualization of the plight of IDPs in terms of their vulnerabilities and then explores the role of social protection. Section 2 develops a normative framework to address the conceptual issues of vulnerability and social protection. This section also reviews the existing literature to bring out the methodology for the identification of the vulnerable social groups. The concept of internal

displacement has been discussed as a special category of the vulnerable groups. Section 3 discusses the vulnerabilities of the IDPs in Pakistan especially in the critical areas of health, education, gender issues, and employment. Section 4 discusses the social protection available for the IDPs of Pakistan and highlights the response of national government as well as multilateral relief agencies, and also brings out the gaps in the needs of the IDPs and the social protection available. Section 5 draws on the experience of the internal displacement in different parts of the world and discusses some of the guiding principles developed in the discourse of internal displacement to serve as a benchmark for the government in addressing the problems of IDPs in Pakistan.

### **Vulnerability and social protection: normative framework**

Poverty is traditionally defined in terms of lack of resources and over time a number of intangible concepts like capabilities and sense of social exclusion have been added to the dimensions of poverty (Spicker, Leguizamón, & Gordon, 2007). These intangible sources can take other subtle forms such as knowledge, political power, freedom of belief and health (Cutter, 2002). Vulnerability on the other hand is concerned with the processes of change which might affect the socio-economic wellbeing of the poor (May & Norton, 1997). Chambers (1989) defines vulnerability as not only the inadequate command over resources but the inadequate command during times of risk. The risk can arise as a sudden shock, a long-time or seasonal adverse condition (See Moser (1996), May and Norton (1997), and Dercon (2002)). An analysis of vulnerability is concerned with the response of the vulnerable in the uncertain situations (Günther & Maier, 2008).

Brochmann (2008) charts of the origin of the term vulnerability and how it has come to take a central position in the discourse on human development. Vulnerability was understood only in terms of disaster risk in the 1970s, but since then there has been a considerable expansion in the scope of this term. Now the concept of vulnerability is equally applicable to such diverse disciplines as environment and public policy. A valid concern of the vulnerability analysis now is to reduce the vulnerability especially in the face of multiple and compound shocks and stressors (O'Brien, Quinlan, & Ziervogel, 2009). A closely related concept is human security which can be understood as the capability to survive and overcome vulnerability. Conceptualizing human wellbeing in terms of vulnerability and human security has helped streamline the strategy to move from human vulnerability to human security (Vogel & O'Brien, 2004). Social protection is just one way of hedging against human vulnerability and ensuring human security.

### ***Identifying the vulnerable: analytical considerations***

The identification of the population sub-groups who are more likely to suffer from the disasters, and would take longer to survive its consequences or other risk situations is the first order of the normative framework of vulnerability and social protection. There is a considerable amount of literature that guides us towards the dimensions of vulnerability.

Poverty is considered the major cause of vulnerability, and conversely wealth is considered an important dimension of human security. People with sufficient access to material resources absorb the shocks which the poor cannot because they have access to different insurance programs, or possibly because their economic status gives them better social safety nets (PLATT, 1991). Gender has been found to be an important predictor of human vulnerability. Women are more likely to suffer from disasters and take longer to recover due to sector-specific job responsibilities, lower wages and their traditional role as doing household chores which leaves them overworked and unpaid (Peacock, Morrow, & Gladwin, 1997). Extreme ends of the age spectrum often correspond with a higher level of vulnerability. The children and elderly people bear the consequences of risk disproportionately because of their dependence on other family members and mobility constraints (Ngo, 2001). In any hazardous situation, the parents find it difficult to outsource the care for

children and have to balance the responsibilities with childcare (Puente, 1999). The unemployed individuals are vulnerable. The condition of individuals who are left unemployed as a result of some disaster is even worse, and they recover more slowly from the consequences of the disaster (Mileti, 1999).

Rural-urban divide also explains the level of vulnerability. The rural inhabitants are more vulnerable to risks primarily because of their lack of access to income resources and their greater dependence on the resources that are immobile, for example, agriculture lands and fisheries. The urban residents are however much more prone to risks if they are located in high density areas which pose environmental hazards and in times of some disaster make evacuation difficult (Cutter, Mitchell, & Scott, 2000). The renters are found to be more vulnerable to the risks and disasters as compared to the homeowners. Their status as renter is a measure of their economic inability to own homes. In some extreme situations, the renters are left with very limited shelter options when the rents of the homes become too exorbitant or when they are left uninhabitable (Center, 2000).

Some individuals are much more vulnerable to risks because of their occupations. The people engaged in resource extraction face a high level of vulnerability. Low paying jobs which do not require much advanced skills such as housekeeping, childcare and gardening suffer from risks because their jobs by their very nature are transitory and their limited income resources are not sufficient to cope with the consequences of risks. Similarly education is a significant predictor of vulnerability. Higher levels of education generally correspond with higher income levels spanned over lifetime. The lower educational levels make it difficult for the individuals to understand the risk situations and understand the warning information (Center, 2000).

The countries which experience a high population growth rate generally lack adequate infrastructure for social services. During times of disasters, the available infrastructure is quickly strained (Cutter et al., 2000). The vulnerability of the people is further intensified when no functioning health infrastructure is in place. Lack of trained medical staff makes the short term relief difficult and long term recovery takes much longer time (Morrow, 1999). The special needs population such as weak, sick and homeless bear the brunt of risks and shocks because they remain unattended during times of disasters thanks to their low social status and are also ignored during recovery phase (Ollenburger & Tobin, 1998).

Last but not the least, the refugees and internally displaced populations are vulnerable in times of conflicts and other natural and man-made disasters. The situation of the internally displaced persons (IDPs) is even more precarious because there are as yet no clearly defined international rules governing their status, and the aid agencies feel constrained to help the IDPs. The states often feel overwhelmed because of armed conflicts and other natural disasters and cannot support the IDPs, leading to increased vulnerabilities of the IDPs (Austin, Guy, Lee-Jones, McGinn, & Schlecht, 2008).

#### ***Internally displaced persons (IDPs): some definitional issues***

There is a lot of fuzziness surrounding the concept of IDPs. Some researchers define IDPs as the individuals who are displaced from only conflict or violence leading to their persecution, but they remain strictly within their national borders. This view has gained a wide currency because the relief agencies count only those people as IDPs who have leave their houses as a result of violence and conflict. However, there has been a reappraisal in the view of IDPs in recent times. Any person who was displaced because of natural disasters qualifies as an IDP. Moreover, some of the benign human activities may also entail internal displacement. Development projects such as large dams may also cause large scale displacement (Mooney, 2005).

The challenges facing the international development stakeholders in reaching a consensus on the definition of the IDPs makes an interesting reading. When the issue of internal displacement

appeared on the international stage in all its severity during 1990s especially in the Balkan Peninsula, the world had literally no definition for the persons internally displaced. The Representative of United Nations Secretary-General came up with a working definition for the IDPs as late as 1992 in the words:

“Persons or groups who have been forced to flee their homes suddenly or unexpectedly in large numbers, as a result of armed conflict, internal strife, systematic violations of human rights or natural or man-made disaster, and who are within the territory of their own country.” It was readily pointed out that this definition of the IDPs was too narrow in its scope because of its numerical and temporal criteria and was replaced with an updated definition “Persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border.” The updated definition is now an essential part of the Guiding Principles on Internal Displacement. The Principles are a set of standardized rules which serve as a standard for dealing with the internally displaced people around the world. (Mooney, 2005)

### ***Social protection***

Unlike the set of policies which aimed at alleviating poverty, and which predominantly consisted of resource transfers to the poor, different tools are required to address the vulnerabilities which often involve processes of change. Mercifully, the haziness characteristic of the definitional issues of vulnerability is largely missing in the conceptualization and operationalization of social protection. Though there are competing definition of the social protection, but they broadly correlate in their objectives.

World Bank defines social protection as a set of policies which “assist individuals, households and communities in better managing income risks”(Holzmann & Jorgensen, 1999). The definition of the World Bank is very restrictive because of its exclusive focus on the management of income risks. There is a growing consensus that social protection is much more than risk management. It serves as an effective response to the poverty and vulnerability of the poor. The scope of social protection has now incorporated socioeconomic theories which are grounded in basic human needs and capabilities. It includes such interventions as guaranteeing a minimum living standards for the poor, investing in human capital and promoting important human capabilities that provide escape routes away from intergenerational deprivation and persistent poverty (Barrientos & Hulme, 2009). Asian Development Bank has further expanded the scope of the social protection by including in its domain such activities as promoting efficiency of the labor markets, enhancing the capacity of the people to hedge themselves against uncertain risks and other hazards (Ortiz, 2001). International Labor Organization defines social protection in terms of human rights, and considers the entitlements necessary for hedging against declining living standards caused by risks and needs as inalienable human rights (GINNEKEN, 2003).

A common strain in all the definitions of social protection is that it is a public policy first and foremost which may or may not be supported by other collective measures, thereby signifying that it is first and foremost the responsibility of the national governments to guarantee a decent life to its citizenry. The social protection policy of the national government may be assisted in its efforts by multilateral and bilateral international organizations and other NGOs (Barrientos & Hulme, 2009). Social protection thus is a set of public interventions which help the people in managing the risks with the critically poor people being the focus of these interventions (Holzmann & Jørgensen, 2001). The Guiding Principles are even more emphatic on the role of government in helping the poor “to maintain access to basic social services, avoid social exclusion, minimize the adoption of

erosive coping strategies following livelihood shocks, promote the adoption of higher-return economic activities, and avoid inefficient informal risk-sharing mechanisms” (Devereux, 2001).

The role of social protection in mitigating the vulnerabilities of the poor is unmistakable. It is designed to ensure and promote the welfare of those vulnerable social groups which have been bypassed in the development and social policies and have to bear the brunt of poverty and deprivation (Marcus & Wilkinson, 2002). The vulnerabilities which are considered “socially unacceptable within a given polity and society” become the legitimate target of social protection (Conway, de Haan, & Norton, 2000).

#### ***Modes of Social Protection***

As seen in the earlier paragraphs, it is the vulnerable groups which are the target of social protection policies of the governments. Governments and other relief agencies can typically choose insurance, microfinance and other cash and asset transfers to provide social protection to the vulnerable. Insurance is considered to be an appropriate tool for covering the risks during displacements both within and across borders. Organizations like BRAC and Grameen have effectively shown that products like micro-insurance can be suitably changed to take care of the needs of the displaced people. The cash and asset transfer interventions are generally used to help the households that meet certain vulnerability criterion (Maluccio, 2010). The major advantage of using cash and asset transfer over micro-insurance is that it gives the recipient the flexibility and freedom to consume the scarce resources in an optimal way, because the recipients are in principle the best judge of their own circumstances. The cash and asset transfer can also help the displaced individuals attain the skills considered valuable in the new labor market (Johnson & Krishnamurthy, 2010).

#### **Vulnerabilities of the internally displaced persons (IDPs) in Pakistan**

##### ***IDPs in Pakistan***

According to estimates of internally displaced monitoring centre 31st March 2015, IDPs are mainly concentrated in the country’s north-western Khyber Pakhtunkhwa (KP) province and Federally Administered Tribal Areas and IDPs number has reached up to 1.5 million. In KP and FATA, the majority of IDPs live with host communities, and just over 42,400 people are in camps. Following table 1, represents disaggregated data of IDPs in KP and FATA on the basis of age and gender:

**Table 1: IDPs in KP and FATA reported on 31<sup>st</sup> March 2015  
Disaggregated Data on the basis of age and gender**

Category	%age
Boys	31
Girls	23
Adult men (under the age 60)	21
Adult Women(under the age 60)	22
Older men (above 60)	2
Older Women (above 60)	1

Source: Internally Displaced Monitoring Centre

Pakistan has also experienced large scale displacement as a result of natural hazards like floods and earthquakes. Pakistan was hit by a massive earthquake in 2005. Subsequently, Pakistan was affected by the cyclone and floods of 2006 in Sindh and Baluchistan provinces and by the 2007 earthquake that hit Baluchistan. These three disasters cumulatively affected over 8 million people, of which close to 50% became IDPs at some point in time. (Bile, Hafeez, Kazi, & Southall, 2011)



The Kashmir earthquake in 2005 left hundreds of thousands of people displaced, followed by approximately 11 million people in the 2010 flood (with seven million being displaced between August and September 2010) and an additional four million people were displaced after the 2011 monsoon rains (Asad et al., 2013). As a result of violence in Swat in 2008-2009, around 70,000 people from Kabal, Khwaza Khela, Matta and Mingora were rendered IDPs (Mustafa, 2013).

The result of various natural and manmade catastrophes was that by 2009, more than 550,000 had been displaced in Khyber Pakhtunkhwa. An intense fighting set off between the Pakistan army and militants in the Bajaur Agency in October 2009 which further displaced more than 50000 people. The military operation in Swat valley in May 2009 displaced 2.5 million people and a similar military operation in South Waziristan displaced 293000 people. The displaced people's population soared sharply in South Waziristan by the end of 2009 when the total number of displaced people reached 4.3 million. In Nowshera and Lower Dir, around 180,000 individuals had been registered as IDPs in Nowshera and Lower Dir while 250000 individuals from the Bajaur Agency had been registered as IDPs. It was a displacement of epic proportions made all the more complicated by the fact that the IDPs refused to return to their homes because of the fear of militants' backlash (Khan, 2011).

From 2008-2013 disasters displaced a total number of 13.76 million people living in Pakistan and was ranked fourth in IDP's countries list worldwide in absolute terms (IDMC, 17 September 2014). According to (Mosel & Jackson, 2013) Pakistan has a high rate of internally displaced persons (IDPs) due to conflict and disasters, with the northern city of Peshawar becoming one of the largest recipients of IDPs and refugees in South Asia. A lack of legal status and documentation, combined with highly politicized and unpredictable policies and decisions, has made refugees and IDPs vulnerable to threats and extortion. (Hinds, 2014).

In 2014, approximately 907,000 people were displaced from FATA's North Waziristan and Khyber agencies. At least 104,000 returned in 2014, including up to 46,000 registered IDPs in KP and FATA, 55,000 newly displaced from FATA's North Waziristan agency in January and March 2014 who were not registered as IDPs, and more than 3,161 IDPs from Balochistan (UNHCR Returns Fact Sheet, 31 December 2014). Following table 2, represents FATA IDPs statistics reported by FATA disaster management authority on May 19, 2015:

**Table 2: FATA IDPs Statistics, May 19, 2015**

Agency	Total Registration	NADRA Verified	Registered Return	Spontaneous Return	Un-Registered Return	Active for Food	Total Balance
Bajaur	86,407	72,895	72,895	0	0	0	0
FR Tank	2,256	2,228	1,852	0	0	376	376
Khyber	176,396	97,367	31,644	0	15,004	65,723	65,723
Kurram	56,122	47,802	21,937	6,135	2,022	19,730	25,865
Mohmand	48,954	36,759	36,759	0	0	0	0
NWA	129,486	104,002	734	0	0	103,268	103,268
Orakzai	48,656	38,275	8660	8,367	14,114	21,248	29,615
SWA	94,96	71,124	7379	44	7,455	37,755	63,745
Grand Total	642,373	470,452	181,860	14,546	38,595	248,100	288,592

Source: FATA Disaster Management Authority

Following the onset of "Zarb-e-Azb", the military operation against Taliban militants in North Waziristan and FATA, the number of displaced households as of May 19, 2015 is

approximately 288,592. Most of the displaced left with few belongings and travelled for hours to cover a distance of a few kilometers, approximately 74 per cent are women and children. The majority of the displaced are now in Bannu district while others have moved to Dera Ismail Khan, Lakki Marwat, Tank, Hangu, Karak, Kohat and Peshawar districts of Khyber Pakhtunkhwa (KP). Although the Government has established a camp in Frontier Region of Bannu, only 61 families have moved into the camp. Others are staying in schools, public buildings, and rented houses or with relatives and friends. Reportedly, many families are crammed in small spaces with little facilities with harsh summer temperatures exceeding 40 degrees Celsius. Due to increased housing demands rents have increased, while civic facilities are under stress due to this increased pressure.

### ***The vulnerabilities of the IDPs***

#### ***Health***

The human cost of war on terror in Pakistan assumed epic proportions by the end of first decade of 21st century leading to the “largest human migration in history” in which over 3.4 million people were displaced internally. The medical facilities in overcrowded refugee relief camps were not only inadequate. What made matters worse in this case was that unlike the earthquake displacement which secured a prompt international relief response, this time the global response was slow and less effective (Wasay & Mushtaq, 2009).

The health profile of the IDPs especially in Khyber Pakhtunkhwa and Swat and the intervention by the government and non-government agencies has been a subject of a number of studies. The studies find that the IDPs generally lack an access to the health services. Bari (2010) found that more than half of the IDPs from FATA and district Malakand reported that their health was adversely affected because of lack of adequate health service. The female IDPs again bore the brunt of an inadequate health system because the Taliban militants have restricted the women from consulting a male doctor without a male relative. Women are therefore more vulnerable to the inadequate health services for the IDPs.

Damage resulting from armed conflict often disrupts infrastructure and impedes the operational viability of primary and secondary health-care services, many being destroyed or rendered unsafe by frequent assault, in violation of internationally agreed conventions. In Pakistan, these actions inflicted severe damage and disruption to a health system already under-funded and functioning at sub-optimal level, thus posing serious challenges to the health care needs of the IDPs (Bile et al., 2011).

Although the displaced population located in the “official” IDP camps attracts significant media coverage as well as the official and non-official assistance, the displaced persons living in self-settled camps generally in the rural areas with no more than 50 tents are often left high and dry. The fact that they have no official status does not allow them to figure out in the plans of medical interventions (Chan & Kim, 2010). According to some reports, the internally displaced children in Pakistan contracted a number of infectious and communicable diseases in the relief camps because the environment there is generally unhygienic with inadequate safe drinking water and unsafe sanitation facilities (Hirani & Kenner, 2011; Warraich, Zaidi, & Patel, 2011).

#### ***Mental health***

Various studies have been carried to explore the Post Traumatic Stress Disorder (PTSD) among the IDPs. The findings of these studies suggest an overwhelming degree of PTSD among the IDPs. Women were twice like to suffer from PTSD than men (Aldwin, 2007) and unmarried individuals were also found to be more likely to suffer from PTSD (Hugo & Bun, 1990). Besides this, symptoms like depression, somatization and existential dilemma have also been found among the IDPs (Mujeeb & Zubair, 2012).

Consistent with the studies of (Aldwin, 2007) and Hugo and Bun (1990), a study was undertaken in the refugee camps in Rawalpindi and Islamabad to measure the stress, depression and resilience of the individuals displaced from Swat, Mardan, Swabi, Chota Lahore, Shahmansoor, and Sheikh Yaseen. Confined within the camps, the women were found to be more anxious and more uncertain their future prospects their male counterparts. The possible reason is that the studied districts of Kyhber Pakhtunkhwa were overly patriarchal and therefore the expected role of the women was to stay put within the four walls of the house while the male members ventured out for their livelihood and other social roles. The very fact that women nowhere figure out in the decision making regarding their future course of action makes them more uncertain and hence more anxious (Mujeeb & Zubair, 2012).

There are some drastic cases which push the whole families to an extremely high level of anxiety. A study found that 11% of the families reported that their children did not relocate with them while 77% of families reported having missing members (Asad et al., 2013). The mental health issues are not limited to the adults only. According to the statistics of the Federal Ministry of Health, the majority of the children displaced following military operations in FATA and PATA were in the age group of three months to eleven years. Most of these children complained of depression, insomnia, phobias, post-traumatic stress and acute stress disorder (Khan, 2011). Children among the internally displaced persons frequently suffer from various mental and emotional disorders such as post-trauma stress and depression (Ali, Farooq, Bhatti, & Kuroiwa, 2012).

#### *Reproductive health*

The pregnant women among the IDPs present a serious health problem. There is a reason to believe that the pregnant women suffer from a lack of adequate prenatal and emergency obstetric care even in the best of the times in the developing world. The forced dislocation only makes the matters worse for them. According to one estimate, among the IDPs in NWFP, around 69000 are pregnant women and about 6000 women were expecting a baby within the first month of their dislocation and 900 women among the pregnant women would require surgical intervention.

This pattern in Pakistan is consistent with the experience of women in other parts of the world. The displaced women disproportionately suffer from a high maternal mortality rate, insufficient care after unsafe abortions, transmission of sexually transmitted diseases, unmet family planning needs (Austin et al., 2008).

#### *Education*

Bari (2010) found that for the IDPs in various parts of Pakistan, education was a major casualty in the fight against terror. Educational institutions in general and female education institutions in particular in various parts of Malakand and FATA have frequently come under attack. The educational institutions stand as a soft target for the militants but the perception that the formal education corrupts the moral values because it replicates the Western educational models is seen as a more potent motive behind singling out the educational institutions for militant attacks. Another study conducted by Saadi & Virk (2009) on the IDPs located in the host communities of Mardan and Swabi revealed that 70.7 % of boys and 73.4% of girls between age 5 and 18 were not engaged in educational activities of any sort (Mujeeb & Zubair, 2012). And this pattern in Pakistan is consistent with the patterns in other countries facing internal displacements. Where schools are available, the children may not get themselves enrolled possibly because they do not have the right documents or they cannot pay the fees. (Holmes, 2011)

#### *Gender and age related violence*

Women and girls face more challenges during the periods of displacement because of their expected roles. The patriarchal Pakistani society has accepted it a truth that the male members of the



household are duty bound to protect their female members. In this situation, the public movement of the women is conditioned by the male preferences. The women cannot develop the confidence to move independently.

Women often suffer because during the displacement, they have to live their life according to the patterns which are radically different from their usual lifestyles. They have to move in a new cultural setting where interaction with non-relative males exposes them to a number of challenges. The threat or actual trafficking, violence and sexual abuse are the tragedies the women generally face during the displacement. It is also not uncommon that men physically abuse their female family members because of the depression that comes with displacement experience (Azad, 2009). Discrimination against women and girls is pervasive even in terms of matters as mundane as education. Bari (2010) reports that out of nearly 200 schools destroyed by the Taliban militants in the Swat valley, 120 were the girls' schools.

According to Internal Displacement Monitoring Centre report (2012), within the displaced communities of Pakistan there is an absence of sufficient empirical data on violence, sexual exploitation, and child labor, and hence effective interventions are also difficult to formulate. Studies carried out in other parts of the world have found that sexual violence is a common phenomenon observed in internally displaced children. Many of the victims who experienced sexual violence are deeply traumatized. According to the Human Rights Watch Briefing Paper: "Women and girls who have suffered sexual violence have a full range of health needs that must be addressed. Health problems include lack of treatment for injuries that may have occurred during the course of the sexual violence, information and preventive treatment for sexually transmitted infections, including HIV and hepatitis, information and access to services to prevent or terminate unwanted pregnancies, and counselling to address the emotional and psychological impact of sexual violence" (See Asad et al., 2013).

#### *Unemployment*

The first experience of IDPs is the disruption in their normal modes of life, where loss of employment synchronizes with their dislocation. Research on an important dimensions of the life of returning IDPs is largely missing. It would be critical for a proper formulation policy for the internally displaced persons to know how the IDPs fare after their return from camps and if there are any structural changes in the patterns of their post displacement employment. It is presumed that it is not difficult for returning IDPs to resume their business activities in the sectors which survive the impacts of violence and conflict such as agricultural sector, but the sectors which require physical infrastructure to be repaired as in the case in the tourism industry poses serious challenges for a resumption in the economic activity.

The business activities nearly halted in Swat as a result of the armed conflict during 2008-9. Because of the government's near total ban on the use of dynamite, the mining industry has nosedived. The mining of dimension stones and gems is only the 10% of its earlier level because dynamite is an important input in the mining industry. The other sectors of the economy of the affected areas has shown a significant decline in KP and FATA (Shinwari & Gauhar 2013).

#### *Administrative bottlenecks*

Many IDPs are excluded from official relief initiatives because they do not have proper documentation, or they have lost them and cannot get duplicate documents from the government agencies because of administrative bottlenecks. In a report on the internal displacement followed by the military operation Zarb-e-Azab in NWA, OCHA concludes that about 73% of people have faced problems in getting the official assistance for a variety of reasons. The most common reason why the people could not get the assistance was the lack of essential documents, especially the computerized national identity (CNIC) card. Around 16% of the displaced people were denied

assistance because of other reasons. Following the exodus of IDPs from North Waziristan Agency (NWA) on 15 June, 2014, the government reported registering 992,649 individuals (90,756 families) as displaced. While the National Database Registration Authority continues the verification process for duplications, and other errors, it is expected that the number of registered displaced people will decrease and will be closer to the current working figure of 500,000 displaced people. As of 15 July, 39,453 registered households were verified; 15,250 households were rejected as of July 2014 (Needs Assessment Report, Displaced population of north waziristan 2014).

### **Social Protection for the IDPs in Pakistan: dream turned sour?**

#### ***Social protection for the vulnerable: a paradigm shift?***

Sensing the gravity of the problem of displacement in recent years, the government took a number of steps to dig into the complex network of violence and displacement as well as the broad contours of the social protection needed for the victims of the internal displacement. The Planning Commission of Pakistan set up a task force to evolve a strategy for the social protection. The task force published its report entitled National Social Protection Strategy in 2007.

The National Social Protection Strategy (NSPS) may be considered a pioneering document because it is the first consolidated official statement that takes a detailed view of the issues involved in social protection based on a rigorous fact finding efforts (Gazdar, 2011). The report sums up the proposed social protection strategy as

‘...a set of policies and programmer interventions that address poverty and vulnerability by contributing to raising the incomes of poor households, controlling the variance of income of all households, and ensuring equitable access to basic services. Social safety nets, social insurance (including pensions), community programs (social funds), and labor market interventions form part of social protection.’

With the change in government in 2008, fiscal allocation for the social protection registered a big boost in Pakistan. The most notable example was to give a constitutional cover to cash transfer program “Benazir Income Support Programme (BISP).” BISP covered around seven percent of all households (Gazdar, 2011).

#### ***Social protection for IDPs: national government response***

Government mobilized funds from BISP in 2009 to provide social protection to the IDPs dislocated from Swat/Malakand Division who had shifted to the surrounding districts. BISP on the instruction of the government of Pakistan has extended its monthly cash assistance worth Rs. 3.8 Billion to these internally displaced families as well for a period of one year only.

A military operation was launched by the Military against the miscreants in Bajaur and the adjoining agencies of Khyber and Mohmand in December, 2008. BISP on the instruction of the government of Pakistan extended its monthly cash transfers to the IDP families as well. Over Rs. 28 million were distributed among the IDPs from Bajaur district up to June 2009 after which these IDPs were included in Special Support Group (SSG) (a special military-civilian set up) database and even since they continued to get the financial support under the Benazir Smart Card. The households displaced as a result of military operation in South Waziristan since October, 2009 have shifted to D.I. Khan and Tank districts of Khyber-Pakhtunkhwa. The government has extended cash assistance to 21,597 verified IDP households through debit cards.

The federal government has prepared a rehabilitation plan for the IDPs of Zarb-e-Azab. The recent estimates about Zarb-e-Azab have put the number of IDPs above 1 million in August, 2014, and governments is expected to return the IDPs to their homes before the start of winter season because providing expensive essential items for winter season to a million displaced people is a very costly proposition for a country in dire economic straits. The federal government relief package

proposes to provide Rs. 20,000 per month per household for the essential food and non-food items and house rent. To show the commitment of the state apparatus to the cause of IDPs, the government raised Rs. 200 million from the mandatory contribution of one-day salary by its employees. Punjab government contributed with a sum of Rs 500 million (FATA Disaster Management Authority report 2014).

#### ***Multilateral response to unprecedented displacement***

Given the massive internal displacement in 2009, the national government was aided by multilateral support led by UNFPA in providing social protection to the IDPs.

#### ***Response of the multilateral relief agencies***

The Fund plays an undeniable role in providing reproductive health care to internally placed women in IDPs camps in various districts in NWFP. UNFPA's Reproductive Health established six service delivery points in five districts which served around 27000 people in a year. However, the multilateral response to the plight of the recent wave of internal displacement in 2014 has been at best lukewarm. As against the required US\$99 million to meet the humanitarian needs of the IDPs of the NWA, only US\$22.5 million have been pledged or contributed by donors. For community restoration, UNDP is mobilizing resources to expand service delivery and provide job opportunities, while ILO is trying to raise resources to provide employment to 2000 families. Similarly resource mobilization efforts by multilateral agencies such as WFP, WHO, UNHCR and UNICEF are going on to support education, health and protection of the IDPs (OCHA, NWA Displacements Situation Report No. 7).

#### ***Effectiveness of social protection***

Despite the fact that Pakistan witnessed one of the largest human displacement as a result of natural and man-made catastrophes, its inability to deal with the crisis at the policy and implementation level is telling. Unfortunately, many internally displaced persons' camps are unofficially created in hard-to-reach areas, making it difficult for humanitarian and relief agencies to offer services and making the displaced persons ineligible for official assistance, thus increasing the vulnerabilities of people in these camps (Chan & Kim, 2010).

Some of the visible gaps in the multilateral response seem to be inability of the multilateral agencies to mobilize sufficient resources to repair the education infrastructure affected by the IDPs living in schools, limited reach to the IDPs while ignoring the IDPs living in far off areas like Malakand, lack of primary Health Care service delivery, limited protection in Bannu district only, limited access to emergency needs of the IDPs. (OCHA, NWA Displacements Situation Report No. 7).

The lack of basic amenities in the refugee camps contributes to the post-traumatic stress disorder and depression of the displaced people. Women and children are particularly vulnerable to various forms of physical, psychological and even sexual abuse in an uncertain environment (Asad et al., 2013).

Limited scope of the services in the relief camps has adversely affected the wellbeing of the displaced children currently living in disaster relief camps. Their coping and learning abilities have particularly been affected (Hirani, 2014). The high stress level among the IDPs points to a serious gap in the services available and the requirements of the IDPs. Many more studies are in fact required to find the details of the vulnerabilities of the IDPs in Pakistan.

### **Social protection for the IDPs: guiding principles and best practices**

#### ***Institutional arrangements***

Unlike the case of refugees, where there are international bodies such as UNHCR to help them in times of need, there is no exclusive international body with a clear mandate to address the

problems of IDPs. As a result, whenever there is some serious crisis of internal displacement, the world bodies such as UNHCR, UNICEF, WFP and UNDP follow a policy of pick and choose and help IDPs in some countries while leaving them in other places at the mercy of local mayhem. Recently a number of voices have been raised to correct this anomaly. Susan Martin, a professor at Georgetown University, has demanded the creation of UN High Commissioner for Forced Migrants that could address the needs of both the refugees and the IDPs (Martin, 2005). Yet another proposal is to expand the mandate of UNHCR to accommodate the concerns of IDPs. In this situation, the coordinator should assign any operational agency in every disaster situation, which could be supported by the coordinated efforts of other agencies (Cohen, 2006).

#### ***Dealing with issues of sovereignty***

When there is a multilateral help for a domestic problem is sought, the question of sovereignty naturally arises. At times, the national governments do not allow the foreign relief agencies to function in their countries possibly because of different reasons. An important concern of the national government in allowing foreign relief agencies inside their border that any human rights violation on the part of government may involve international judicial arbitration. The governments usually hide behind the façade of sovereignty in such situations. Even if welfare of the people is the responsibility of the national governments first and foremost, it can be denied that when there national governments fail to carry out their responsibility, their prerogative of sovereignty stands watered down. Sovereignty cannot be understood without reference to accountability to both the domestic citizens and international community (Cohen, 2006).

The government must understand that "Globalization has assured the world that no state exists in a political vacuum. International political, economic, and cultural forces tremendously influence the actions and policies of states. Suppose a serious challenge to a state's sovereignty. States can face pressures from the international community from time to time in varying degrees. This article has argued that in some cases pressures from regional and international organizations can help shape the understanding and policies of states, even in matters the states wish to keep private. When a domestic issue falls in the scope of international affairs through new understanding and reconceptualization, innovative pressure, monitoring, and compliance mechanisms emerge. Skink argues that "in the realm of human rights, it is the combination of moral pressure and material pressure that leads to change" that can shift an internal matter to the focus of the international community (Celik, 2005).

It is the national government that is primarily responsible for protecting the IDPs no matter which is the cause of the conflict. However, when the government is not in a position to provide the sufficient care to the displaced people, the international community must step in to fill the gap. WHO is the most suitably placed stakeholder to lead the effort (Leus, Wallace, & Loretta, 2001).

#### ***Public private partnership***

Sometimes, the capacity of the national government to provide adequate social protection to its citizens is stretched to the limit, necessitating the role of alternative coordination mechanisms under the umbrella of UN and other coordination agencies (Carlson et al., 2005). Many NGOs have provided social protection to the IDPs in various stages of conflict in the area of education and health, but their coverage is limited because of limited funding available to them and they cannot engage themselves in long-term social protection programs. Recently a number of innovative financing mechanisms such as joint programs and Multi-Donor Trust Funds (MDTFs) have been proposed which may operate for a longer term and a may provide a larger coverage by ensuring a predictable funding over time (Harvey, Holmes, Slater, & Martin, 2007).

Afghanistan Reconstruction Trust Fund (ARTF) was established in 2002 under the aegis of National Solidarity Program (NSP) to fund educational infrastructure in Afghanistan. With the help of donations amounting to \$940, ARTF started establishing infrastructure in Afghanistan such as roads and school and around 17 million people from rural Afghanistan benefited from the program.

#### ***Engaging state and non-state actors***

The social protection can be more effective if the national entities are properly engaged by the foreign agencies engaged in providing social protection. Why the foreign entities are generally reluctant to engage the national institutions in the work of social protection is because of a widespread perception that local capacity does not exist. So the foreign agencies have to work in the belief that infrastructure will improve over time.

#### ***Awareness of vulnerabilities of the IDPs***

If the kind of vulnerabilities that the IDPs might face over time is predicted with a high degree of precision, the humanitarian relief efforts could prove to be sharply focused and lead to better outcomes. A recent study carried out by European Community Humanitarian Office (ECHO) hoped that its need based targeting policy will target most vulnerable groups and resources will be efficiently distributed. The important point in the ECHO policy is the identification of the “preconceived categories” and the special needs of that category so that it could be provided the appropriate protection (Mooney, 2005).

#### ***Focus on non-economic risks***

The social protection in the developing countries has largely remained confined only to the economic risks such as economic shocks and the chronic poverty. However, non-economic risks such as social discrimination, conflict and insecurity have rarely received social protection despite the fact that such non-economic factors deeply affect the individuals and communities and shape their view of vulnerability and deprivation (Holmes, 2011).

#### ***Bridging protection gap***

Protection is the most important precondition in addressing the issue of IDPs. The role of international bodies in providing relief to the IDPs is appreciable, but no corresponding priority was given to the protection of the human rights of the IDPs nor their physical security figured high on the agenda of the relief agencies. IDPs in different parts of the world such as Rwanda, Bosnia and Iraq are provided humanitarian relief in the form of essential food and medicine items, but the failure to protect them both physically and emotionally has left them in the words of Cohen and Deng (2012) as “well fed dead.” Humanitarian relief without proper protective backup will lead to increased violence and more vulnerability for the IDPs because there will be forced snatching from the IDPs (Cohen, 2006).

The realization that protection of the IDPs should be an important concern of the international donors has led to many practical steps for ensuring the protection of the IDPs. Some of the ways to increase protection is to increase the presence of the agencies in specified areas to ensure increased security. Joint advocacy is also useful if only an individual or a group of individuals among the IDPs make a statement which is antithetical to the interests of their perpetrators, they will be single out for retribution. Some of the other measures may include ensuring that the women and children do not have to go far from their designated areas so that they are safe from any possible sexual abuse. Reporting of any crime at the right time is also an essential safeguard against vulnerability (Cohen, 2006).

#### ***Informal education and vocational skills***

In the conflict ridden areas, a package of incentives and complementary activities can be profitably incorporated in the social protection initiatives. Only when the educational institutions are properly working, the demand-side interventions can succeed. But when the formal education



system is in disarray, as is usually the case in conflict areas, the informal education system can work effectively. Many studies have suggested that the informal education can be maintained up to the secondary level. The informal education can be particularly fruitful for the girls because they have to suffer from the consequences of the conflict disproportionately. If a set of incentives succeeds in sending the girls to educational facilities, it could be better in both economic and social terms. Conflicts often create “missing generations” implying that their usual life patterns are disrupted. It is crucial that they should be provided with vocational skills to enable them to gain immediate income, besides providing them longer term employment skills (Holmes, 2011).

*Provision of vital health needs is indispensable; RAISE Initiative*

As long as the most basic needs of the IDPs such as food, shelter and sanitation are not satisfied, the availability of the health services would not suffice to improve their lives. Community participation can be critical in bolstering the assets and capacities of the displaced persons (Leus et al., 2001).

The Reproductive Health Access, Information and Services in Emergencies (RAISE) is a new paradigm of best practices of providing social protection in the area of reproductive health. Some of the areas of particular interest of the initiative include the strengthening of institutional commitment to provide adequate obstetric care, family planning techniques, prevent STDs, and put in place the prevention and referral system of HIV and emergency response to the incidents of gender-related violence (Austin et al., 2008).

*Balancing the interventions between IDPs and host neighborhoods and flexibility in funding programs*

Sometimes the target IDP groups are located in a neighborhood that is also severely deprived, and is in urgent need of help. Support for the IDPs in this situation causes unnecessary frictions between the IDPs and the host communities, unless some “segmentation of assistance” to the target groups is given due care. In principal, there should be no reason to ignore the needs of the host vulnerable populations. Implication of this understanding is that there is no conflict in helping the IDPs and the rest of the host community. The solution lies in developing some framework to identify priority intervention and balancing the help between the IDPs and host communities. A flexible use of the available funding to address the vulnerabilities of the IDPs and the local communities can lead to better outcomes. A recent study of the inflexible use of available funding leading to deep seated hostility between the IDPs and the local community in North Sulawesi in Indonesia underscores this point. The study concluded that after the intense stage of the IDPs vulnerability subsided, a continued preference for meeting the needs of the IDPs could be counterproductive and required a reappraisal in the policy to accommodate the needs of local communities. After all not all the IDPs are poor. They may only be vulnerable because of the dislocation from the center of their economic activity and social and political clout (Mooney, 2005).

*Linking social protection to social services*

The child protection programs can be linked with other social protection programs such as cash transfers (Jones, Presler-Marshall, Cooke, & Akinrimisi, 2012). The child protection services in Nepal is being considered to be linked with birth registration offices which would facilitate the children’s enrolment in schools which presently is a big challenge because missing documents mean no enrolment in the conflict ridden areas. Getting duplicate documents in Nepal effectively means a number of lost work days and long travels (Holmes, 2011).

**Conclusion**

This paper highlighted the vulnerabilities of the internally displaced people in Pakistan and also drew on a recently developed paradigm of social protection to evaluate the response of

Pakistan's national government as well as other multilateral relief agencies to the plight of the massive number of IDPs in Pakistan. Drawing on the available information, which in respect of the latest round of internal displacement following the launch of Zarb-e-Azab is sketchy at best, and experience of the vulnerabilities of the previous internal displacements, it may be argued that there is a massive mismatch between the needs of the vulnerable IDPs and the available social protection. The national government is ill-equipped to deal with the displacement problem of such a massive scale, while the international donor agencies' response is lukewarm bordering on disregard to the plight of the IDPs. The government should rely on its understanding of the vulnerabilities of the IDPs and lead the effort to provide social protection to the IDPs, promote community-based social protection programs and use the external help where available to fill the gaps in the needs of the affected population.

### References

- Aldwin, C. M. (2007). *Stress, coping, and development: An integrative perspective*: Guilford Press.
- Ali, M., Farooq, N., Bhatti, M. A., & Kuroiwa, C. (2012). Assessment of prevalence and determinants of posttraumatic stress disorder in survivors of earthquake in Pakistan using Davidson Trauma Scale. *Journal of affective disorders*, 136(3), 238-243.
- Asad, N., Karmaliani, R., Somani, R., Hirani, S., Pasha, A., Hirani, S., . . . McFarlane, J. (2013). Preventing Abuse and Trauma to Internally Displaced Children Living in Camps Due to Disasters in Pakistan. *Child Care in Practice*, 19(3), 267-274.
- Austin, J., Guy, S., Lee-Jones, L., McGinn, T., & Schlecht, J. (2008). Reproductive health: A right for refugees and internally displaced persons. *Reproductive Health Matters*, 16(31), 10-21.
- Azad, A. (2009). *Too Little, Too Slow: Why more must be done to assist Pakistan's displaced millions*: Oxfam.
- Bari, F. (2010). *Gendered Perceptions and Impact of Terrorism/Talibanization in Pakistan*: Islamabad: Henrich Boll Stiftung.
- Barrientos, A., & Hulme, D. (2009). Social Protection for the Poor and Poorest in Developing Countries: Reflections on a Quiet Revolution: Commentary. *Oxford Development Studies*, 37(4), 439-456.
- Bile, K., Hafeez, A., Kazi, G., & Southall, D. (2011). Protecting the right to health of internally displaced mothers and children: the imperative of inter-cluster coordination for translating best practices into effective participatory action. *EMHJ*, 17(12).
- Birkman, Jörn, ed., 2006. *Measuring Vulnerability to Natural Hazards: Towards Disaster Resilient Societies*. New York: United Nations University Press. xxvi+ 524 pp. ISBN 9280811355.
- Journal of Peace Research, 45(1), 121-121.
- Carlson, C., de Lamalle, J. P., Fustukian, S., Newell-Jones, K., Sibbons, M., & Sondorp, E. (2005). Improving the delivery of health and education services in difficult environments: lessons from case studies. *DFID Health Systems Resource Centre*.
- Celik, A. B. (2005). Transnationalization of human rights norms and its impact on internally displaced Kurds. *Human Rights Quarterly*, 27(3), 969-997.
- Center, H. (2000). *The hidden costs of coastal hazards: Implications for risk assessment and mitigation: A multisector collaborative project of the H. John Heinz Center for Science, Economics, and the Environment*. Island Press.
- Chambers, R. (1989). Editorial introduction: vulnerability, coping and policy. *IDS Bulletin*.
- Chan, E. Y., & Kim, J. J. (2010). Characteristics and health outcomes of internally displaced population in unofficial rural self-settled camps after the 2005 Kashmir, Pakistan earthquake. *European Journal of Emergency Medicine*, 17(3), 136-141.

- Cohen, R. (2006). Developing an international system for internally displaced persons. *International Studies Perspectives*, 7(2), 87-101.
- Conway, T., de Haan, A., & Norton, A. (2000). *Social protection: new directions of donor agencies*.
- Cutter, S. L. (2002). *American Hazardscapes:: The Regionalization of Hazards and Disasters*: Joseph Henry Press.
- Cutter, S. L., Mitchell, J. T., & Scott, M. S. (2000). Revealing the vulnerability of people and places: a case study of Georgetown County, South Carolina. *Annals of the Association of American Geographers*, 90(4), 713-737.
- Dercon, S. (2002). Income risk, coping strategies, and safety nets. *The World Bank Research Observer*.
- Devereux, S. (2001). Livelihood insecurity and social protection: a re-emerging issue in rural development. *Development Policy Review*, 19(4), 507-519.
- Din, N. U. (2010). *Internal Displacement in Pakistan: Contemporary Challenges*. Human Rights Commission of Pakistan, Lahore.
- FATA disaster management authority, <http://www.fdma.gov.pk/>
- Gazdar, H. (2011). *Social Protection in Pakistan–In the Midst of a Paradigm Shift*. Centre for Social Protection, Institute of Development Studies, Sussex, UK (CSP Research Report No. 13).
- GINNEKEN, W. (2003). Extending social security: Policies for developing countries. *International Labour Review*, 142(3), 277-294.
- Günther, I., & Maier, J. (2008). *Poverty, vulnerability and loss aversion*. Manuscript, University of Göttingen.
- Harvey, P., Holmes, R., Slater, R., & Martin, E. (2007). *Social protection in fragile states*. London: ODI.
- Hinds, R. (2014). *Urbanisation and conflict in Pakistan*.
- Hirani, S. A. A. (2014). Vulnerability of internally displaced children in disaster relief camps of Pakistan: issues, challenges, and way forward. *Early Child Development and Care*(ahead-of-print), 1-8.
- Hirani, S. A. A., & Kenner, C. (2011). International column: effects of humanitarian emergencies on newborn and infants' health in Pakistan. *Newborn and Infant Nursing Reviews*, 11(2), 58-60.
- Holmes, R. (2011). The role of social protection programmes in supporting education in conflict-affected situations. *Prospects*, 41(2), 223-236.
- Holmes, R., & Jackson, A. (2008). *Cash Transfers in Sierra Leone: Are They Appropriate, Affordable Or Feasible?* : Overseas development institute (ODI).
- Holzmann, R., & Jørgensen, S. (1999). Social protection as social risk management: conceptual underpinnings for the social protection sector strategy paper. *Journal of International Development*, 11(7), 1005-1027.
- Holzmann, R., & Jørgensen, S. (2001). Social Risk Management: A new conceptual framework for Social Protection, and beyond. *International Tax and Public Finance*, 8(4), 529-556.
- Hugo, G., & Bun, C. K. (1990). Conceptualizing and defining refugee and forced migrations in Asia. *Southeast Asian Journal of Social Science*, 18(1), 19-42.
- Internal Displacement Monitoring Centre. (2012). *Displacement caused by conflict and natural disasters, achievements and challenges*. Retrieved on September 29, 2014 from [www.refworld.org/pdfid/4f338fc22.pdf](http://www.refworld.org/pdfid/4f338fc22.pdf)
- Internally displaced monitoring centre, Pakistan from <http://www.internal-displacement.org/south-and-south-east-asia/pakistan/>

- Johnson, C. A., & Krishnamurthy, K. (2010). Dealing with displacement: Can “social protection” facilitate long-term adaptation to climate change? *Global Environmental Change*, 20(4), 648-655.
- Jones, N., Presler-Marshall, E., Cooke, N., & Akinrimisi, B. (2012). Promoting synergies between child protection and social protection in Nigeria. London: ODI.
- Khan, Z. A. (2011). Military Operations in FATA and PATA: Implications for Pakistan. Institute of Strategic Studies, Islamabad (ISSI).
- Leus, X., Wallace, J., & Loretta, A. (2001). Internally displaced persons. *Prehospital and disaster medicine*, 16(03), 116-123.
- Maluccio, J. A. (2010). The impact of conditional cash transfers on consumption and investment in Nicaragua. *The Journal of Development Studies*, 46(1), 14-38.
- Marcus, R., & Wilkinson, J. (2002). Whose poverty matters? Vulnerability, social protection and PRSPs.
- Martin, S. F. (2005). *The Uprooted: Improving Humanitarian Responses to Forced Migration*: Lexington books.
- May, J., & Norton, A. (1997). “A difficult life”: The perceptions and experience of poverty in South Africa. *Quality of Life in South Africa*.
- Mileti, D. (1999). *Disasters by Design: A Reassessment of Natural Hazards in the United States*: National Academies Press.
- Needs Assessment Report, Displaced population of north waziristan (2014) <https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/Bannu%20DRC%20Rapid%20Needs%20Assessment%20September%202014%20FINAL.pdf>
- Mooney, E. (2005). The concept of internal displacement and the case for internally displaced persons as a category of concern. *Refugee Survey Quarterly*, 24(3), 9.
- Morrow, B. H. (1999). Identifying and mapping community vulnerability. *Disasters*, 23(1), 1-18.
- Mosel, I., & Jackson, A. (2013). Sanctuary in the city?
- Moser, C. O. N. (1996). *Confronting Crisis. A Comparative Study of Household Responses to Poverty and Vulnerability in Four Poor Urban Communities*. Environmentally.
- Mujeeb, A., & Zubair, A. (2012). Resilience, Stress, Anxiety and Depression among Internally Displaced Persons Affected by Armed Conflict. *Pakistan Journal of Social & Clinical Psychology*, 9(3).
- Mustafa, U. (2013). Determinants and Implications of Major Conflicts in Pakistan. *Millennial Asia*, 4(1), 67-86.
- Ngo, E. B. (2001). When disasters and age collide: Reviewing vulnerability of the elderly. *Natural Hazards Review*, 2(2), 80-89.
- O'Brien, K., Quinlan, T., & Ziervogel, G. (2009). Vulnerability interventions in the context of multiple stressors: lessons from the Southern Africa Vulnerability Initiative (SAVI). *Environmental science & policy*, 12(1), 23-32.
- Ollenburger, J. C., & Tobin, G. A. (1998). *Women's Post-Disaster Stress. The Gendered Terrain of Disasters: Through Women's Eyes*. Greenwood Publishing Group: Westport, Connecticut, 95.
- Ortiz, I. (2001). *Social Protection in Asia and the Pacific*. Asian Development Bank.
- Peacock, W. G., Morrow, B. H., & Gladwin, H. (1997). *Hurricane Andrew: Ethnicity, gender, and the sociology of disasters*: Psychology Press.
- PLATT, R. H. (1991). Lifelines: An emergency management priority for the United States in the 1990s. *Disasters*, 15(2), 172-176.

- Puente, S. (1999). Social vulnerability to disasters in Mexico City: An assessment method. Chapter, 9, 295-334.
- Saadi, H. N., & Virk, I. (2009). Rapid assessment of IDPs in host communities in Mardan and Swabi Districts. Retrieved from [http://pjmhsonline.com/JulySept2013/maternal\\_risk\\_factors\\_among\\_pregnt\\_IDP\\_women.htm](http://pjmhsonline.com/JulySept2013/maternal_risk_factors_among_pregnt_IDP_women.htm)
- Shahbaz, B., Shah, Q. A., Suleri, A. Q., Commins, S., & Malik, A. A. (2012). Livelihoods, basic services and social protection in north-western Pakistan. Report Overseas Development Institute and Sustainable Development Policy Institute. URL: <http://www.odi.org.uk/publications/6756-livelihoods-basic-services-social-protectionnorth-western-pakistan>.
- Shinwari, N. A. and Gauhar N. A., (2013). Project Capital Needs Assessment (PCNA) Report by Government of Khyber Pakhtunkhwa  
[www.khyberpakhtunkhwa.gov.pk/.../PnD/.../7.%20PCNA%20Report.pdf](http://www.khyberpakhtunkhwa.gov.pk/.../PnD/.../7.%20PCNA%20Report.pdf)
- Spicker, P., Leguizamon, S. A., & Gordon, D. (2007). Poverty: an international glossary.
- Vogel, C., & O'Brien, K. (2004). Vulnerability and global environmental change: rhetoric and reality. *Aviso*, 13, 1-8.
- Warraich, H., Zaidi, A. K., & Patel, K. (2011). Floods in Pakistan: a public health crisis. *Bulletin of the World Health Organization*, 89(3), 236-237.
- Wasay, M., & Mushtaq, K. (2009). Health issues of internally displaced persons in Pakistan: preparation for disasters in future. *American journal of disaster medicine*, 5(2), 126-128.