

Afghan Diaspora in Pakistan: Health and Education Policy Recommendations for Rural and Urban Areas

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2020

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Abstract: This purpose of this study is to analyze relevant research on Afghan refugees' health and education outcomes in rural versus urban areas in the country. Subsequently, I offer policy recommendations based on my observations to improve the status of each outcome for refugees.

I. Introduction

Politically charged philosophical debates concentrate more frequently than ever on the rights of displaced persons. They are "moving people" in both senses of that term: on the move or migrating as well as stirring various emotions in host countries. As political theorist Seyla Benhabib confirms, refugees are not just aliens but fellow humans worthy of respect. It is hard to disagree with her that "the status of alienage ought not to denude [any]one of fundamental rights (Benhabib 3). This study presents evidence about the reception of one group of moving people, Afghan refugees in Pakistan. Afghans have crossed the border into Pakistan in appreciable numbers since the late 1970s, followed by another influx in the early 2000s. Studies of this group have been somewhat limited, especially in observing the policy implications for health services and educational opportunities. What follows compares policies and implementations in rural regions—the provinces of Khyber Pakhtunkhwa, Punjab, and FATA (Federally Administered Tribal Areas)—with urban locations in the provinces of Sindh, Balochistan, and Islamabad. Each section offers several policy suggestions to improve refugees' access to healthcare and education.

Pakistan is recognized as one of the top refugee-hosting countries in the world, both registered and unregistered. The Human Rights Commission of Pakistan (HRCP) issues an annual *State of Human Rights*, which details many statistics on Afghan refugees' current status. The National Database and Registration Authority (NADRA) of Pakistan estimates that there are approximately 2.8 million registered Afghan nationals in Pakistan, with around 1.4 million having Proof of Registration (PoR) cards. The actual number of refugees is most likely much higher. In 2018, Prime Minister Imran Khan had announced that he would grant citizenship to the nearly 1.5 million Afghans born in Pakistan; however, this policy never came to fruition and Khan dismissed it merely as a suggestion (HRCP 241). The HRCP has reported an underlying perception that Afghan refugees are involved in criminal and terrorist activities, leading to persistent harassment by police and local authorities.

In recent years, societal tension between Pakistanis and Afghans in Pakistan has started to transform into political tension. In their paper on "Mapping the Structure of Well-Being and Social Networks of Refugees," a research group with the Urban Institute found that in recent years, the "feeling of belongingness to Pakistan among some refugees is fading as their relations with the Pakistani state and host communities deteriorates" (Malik et al. 18). While not true for every refugee, a common trend is that the longer they stay, the less societal goodwill they receive (Malik). Given the campaign against the Taliban in Afghanistan, some Pakistani natives view Afghans as the enemy.

There are various estimates of Afghan refugees' total population size in Pakistan, both registered and unregistered. As of March 18, 2020, the UNHCR places the number of registered refugees with PoR cards in Pakistan at 1.42 million. This is a rough estimate, and the number of unregistered refugees is unknown, however that total is likely closer to 8 million. It is up for debate whether some of these individuals would still be considered refugees, particularly those born in Pakistan and have never been to Afghanistan. An estimated 80% of registered refugees have been in the country for over two decades, some foreign and native-born (United States Congress 3). As in many other refugee-hosting nations, the identity of children of migrants who either came when they were very young or were born in exile remains an issue in political membership and status. Subsequently, many Afghans who have lived in Pakistan for much or all

of their lives may not be entitled to all of the rights that a Pakistani native is, although they have no current relation to Afghanistan.

This study will look at the differences between refugee outcomes for those living in rural versus urban areas. In terms of refugees' geographical placement, around 68% of the total registered Afghan refugees live in urban and rural areas of Pakistan, and 32% percent live in the country's refugee villages as of December 2018. According to the UNHCR, there are 54 known refugee villages across the country (HRCP 239). As of March 18, 2020, the number of refugees per province in Pakistan was as follows (UNHCR [Operational Portal]):

Province	Population
Khyber Pakhtunkhwa	824,904
Balochistan	325,395
Punjab	166,715
Sindh	64,890
Islamabad	34,462
Azad Jammu & Kashmir	4,302
Gilgit-Baltistan	5

Khyber Pakhtunkhwa and Balochistan share a border with Afghanistan, and they are generally the first places where refugees go when they seek asylum. Peshawar is also located in Khyber Pakhtunkhwa and is a major hub for Afghan refugees to enter. Not only does it share geographical proximity to Afghanistan, but a majority of the population shares a common Pashtun ancestry with the Afghans across the border. This shared ethnicity helps with social and kinship ties for refugees. Many refugees residing in Khyber Pakhtunkhwa, Punjab, and FATA (a tribal area that recently merged with Khyber Pakhtunkhwa) live in a rural setting. Conversely, many refugees living in Balochistan, Sindh, and Islamabad live in urban areas. Each demographic faces unique challenges and circumstances.

Proof of Registration (PoR) cards are the Pakistani government-issued identification cards that provide temporary legal stay and freedom of movement within the country to registered Afghan refugees residing in Pakistan. There are four main centers located in Peshawar, Quetta, Karachi, and Rawalpindi, where refugees can register for and replace existing cards. At these centers, refugees can also register the birth of children under the age of 18 and receive official birth certificates (UNHCR [Refugees Registration Update] 1). According to the Foreigners Act, any Afghan refugee found without a PoR card or other valid visa documentation

is considered an illegal immigrant (HRCP 240). When Proof of Registration cards were first extended to refugees by NADRA in 2006, they carried validity until December 2009. Now, the Pakistani government has been granting extensions every couple of years. A recent extension was made on June 27, 2019 by the Federal Cabinet. In their meeting they decided to extend the PoR card validity until June 2020 (UNHCR [Refugees Registration Update] 1). Just as in the population breakdown, Khyber Pakhtunkhwa hosts the largest number of PoR cardholders due to its proximity to Afghanistan and the central registration center in Peshawar. The smaller centers in Quetta, Rawalpindi, and Karachi are located in Balochistan, Punjab, and Sindh, respectively.

While the Pakistan Citizenship Act of 1951 states that any person born in Pakistan shall be a citizen by birth, this has not been true for the children of Afghan refugees born in Pakistan. Although officially no changes were made to the Citizenship Act to account for Afghan refugees, the government uses discretionary policies to determine this population's citizenship rights. Given the Citizenship Act guidelines, all refugees born in Pakistan should be eligible to obtain citizenship, but they are "generally discouraged from doing so" (HRCP 241). Complicated political motivations exacerbate the condition of statelessness for Afghan refugees. Similar practices take place in Iran. In an interview with an Afghan refugee student who moved to the US, she explained the process of seeking refuge for her family. Although she was born in Iran, where her family initially took refuge, she did not receive paperwork such as an Iranian birth certificate or citizenship papers (Confidential). The same is true in Pakistan, where children of refugees born in the country have no formal birth certificate or citizenship.

Aside from the current policy regarding the extension of PoR cards, the Pakistani government's primary policy is refugees' repatriation to Afghanistan. This is an issue as there are many second and third generations of Afghan refugees born in Pakistan who have never been to Afghanistan. According to a 2007 United States congressional report, over 50% of the current refugees in Pakistan arrived in 1979 and 1980 alone, meaning that many of the children of this wave of refugees were born in Pakistan (United States Congress 4). Repatriating these groups will be difficult because they do not have any existing ties to Afghanistan and their entire livelihoods are based in Pakistan.

Even if ties to Afghanistan were not an issue, there are still many uncertainties for refugees attempting to repatriate. Although their situation in Pakistan may not be ideal, Afghanistan's current state does not offer stable education, healthcare, and employment opportunities. Afghanistan is also still in the midst of terrorist attacks, human rights violations, and other hazardous conditions that would make repatriation dangerous for Afghan natives. According to the UNHCR, other "push" factors for Afghan refugees voluntarily repatriating in 2018 included strict border entry requirements (42%), loss of livelihood (12%), denial of access to services (8%), and uncertainty related to the PoR cards extension (5%). The main pull factor, accounting for 80% of total voluntary repatriations, was reuniting with family in Afghanistan. Other pull factors included better employment opportunities, being free from persecution, and receiving UNHCR financial assistance. For most refugees, a mix of push and pull factors caused them to repatriate (HRCP 242). This decision has been widespread in the past 20 years, with nearly 4.2 million refugees returning to Afghanistan with UNHCR assistance and approximately 1.11 million refugees doing so without UNHCR assistance since 2002 (United States Congress).

There has been an unprecedented number of returns to Afghanistan in recent years, with over 700,000 refugees returning to their home country in 2016 alone. These repatriates are most likely not doing so entirely voluntarily, with widespread calls for Afghans to return to Afghanistan,

even on the government level (Duenwald and Talishli). Meanwhile, the conditions in Afghanistan have not improved enough to prompt this high rate of returnees. The country is still engulfed in conflict and security concerns, offers little socioeconomic opportunity, and many Afghans have not lived there for multiple generations. What would be more beneficial for refugees is reconstructing internal policies to expand political membership. As Benhabib defines political membership as "the inclusion of immigrants and newcomers into existing policies," this study will focus on how Afghan refugees' political status can be improved (Benhabib 1).

II. The Rural-Urban Divide

With rural and urban landscapes as diverse as those found in Pakistan, this study sets forth tailored policy to both settings' unique challenges. Keeping this concern in mind, policymakers in countries like the United Kingdom, South Africa, and New Zealand have successfully employed the principle of "rural proofing." Rural proofing, both a political commitment and process, requires policymakers to consider each issue with a rural lens to develop equitable policy for rural communities that face added obstacles to healthcare, education, and infrastructure (Schmitz and Johnsen 1). Refugee policy especially ought to pay special attention to rural concerns, for refugees tend to be acutely vulnerable to the limited resources and poverty issues in a rural setting. Likewise, this paper develops an "urban proofing" approach to address refugees' specific struggles in urban areas with issues such as overpopulation, unsound infrastructure, and unfair working conditions. Far from their area of origin, displaced people fare worse than the average urban poor and experience a larger poverty gap, lower literacy rates, higher unemployment, and poorer living conditions. Rural and urban proofing provide the framework for policy suggestions that follow in this study.

The broad geographic areas in Pakistan are the northern mountains, western highlands, the eastern deserts, and the Indus plains. The northern mountains on the border of Afghanistan and Pakistan account for a large part of the latter's agricultural production. Just south of the mountain region, the western highlands are sparsely populated with small communities of nomads who rely primarily on agricultural and pastoral activity. The eastern desert region did not have many significant settlements through the 1980s; however, scattered populations have settled throughout the region in recent years. The Indus plains encompass almost all of Pakistan's major cities and are therefore the largest and most densely populated area in the country. Over the past half-century, Pakistan's urban makeup has over doubled, significantly increasing the population density of the Indus plains (Hasan and Raza 8). Moving people often migrate to these densely populated spots, as evidenced by the large majority of refugees' movement to the plains.

Throughout the country are 54 UNHCR recognized refugee villages—many migrants first pass through these centers; however, 70% of the refugee population end up settling in urban areas. These villages receive the lion's share of international humanitarian aid, allowing them to operate and provide essential services ranging from primary education, basic healthcare, water, and sanitation. Peshawar, a city within the Khyber Pakhtunkhwa (KP) province in the northern region of the country, has 43 out of the 54 refugee villages, primarily due to its proximity to the Afghanistan border. 42% of refugees in KP live in a refugee village, undoubtedly because of UNHCR's vast presence there. In Balochistan, Quetta is home to 10 UNHCR recognized villages (UNHCR [Where We Work]). Despite the proliferation of these villages, oftentimes livelihood is

unsustainable at these camps. Generally positioned on the outskirts of semi-urban communities, accessibility to both rural and urban jobs is scarce. Many villages have even experienced discontinuing food assistance, resulting in movement out into urban settlements to find work (Khan 22).

Rural to urban migration is common for Afghan refugees, whether they are internally displaced and migrate to Kabul or externally displaced and migrate to major cities in Pakistan or Iran. Surveys from the Human Settlements Programme have indicated that even refugees who initially come to Pakistan from rural areas and repatriate eventually return to an urban area of Afghanistan such as Kabul (Hasan and Raza 1). In my interview with the Afghan student, noted that rural areas are more likely to be controlled by the Taliban—contributing to the generational lack of education and focus on agricultural jobs and creating a need for refugees to emigrate (Confidential). When refugees arrive in the city, they are met not only with uncertainty about their status as residents and resources, but uncertainty with urban life and culture shock as well. Although a lesser number of refugees migrate to rural areas, it is not uncommon. Primarily motivated by ties to family members in Pakistan, some Afghan refugees stay close to the northern mountain region's border. In this regard, rural to rural migration may be an easier transition; however, it is an option available only to those who already have ties in Pakistan and has limited resources.

Further segregating the rural-urban divide is the relationship of refugees to their host communities. The feeling of belonging—or conversely, of otherness, is deeply tied to the landscape refugees find themselves in. The migrant who travels just across the border to a locality in Khyber Pakhtunkhwa may move in with kin or friends of the same Pashtun ethnicity who welcome him and help find employment. Meanwhile, the migrant who travels to a bustling city center in Punjab with no social network might find the relationship less accommodating.

Afghan refugees in urban centers add pressure to these areas' limited capacities and are often viewed as a strain on already insufficient infrastructure, including transportation, electricity generation, and water and sanitation. In these areas, government policy, rising bias against Afghans, and misinformation coalesce in opposition to refugees. The most comprehensive policy that has been pushed by the government to date is for repatriation, despite rarely being in the best interest of migrants. In recent years, repatriation efforts have been largely publicized, finding their way to mainstream opinion and manifesting in the day-to-day interactions between Afghans and Pakistanis. One clear example of aversion to Afghan refugees in urban areas is the frequent occurrence of wrongful profiling by police and local authorities (HRCP 237). A lack of institutional trust between refugees and the government has posed issues for migrants living in heavily populated areas.

This phenomenon has political underpinnings dating back to the late 20th century. The streams of refugees in the 1980s and 1990s, as researcher Ammar Malik explains, were seen as kin in need, resulting in "widespread government and societal goodwill toward [them]...[they] were together with the Pakistanis in the struggle against the USSR and communism". The early 2000s movement towards defeating the Taliban in Afghanistan shifted this societal goodwill to societal suspicion. As Pakistanis were killed by US forces attempting to bomb Taliban forces, Afghan refugees were frequently viewed as the enemy as well, furthering the identity of otherness upon them. Within the international human rights framework, Hannah Arendt has written on this notion of otherness and human beings' treatment as "superfluous." When millions of human beings are rendered stateless and denied the right to have rights, she argues, the loss of

all rights follows (Benhabib 50). The same has been valid for Afghan refugees in Pakistan. This study invokes an appeal to the humanity in each refugee. Each new arrival should be able to participate as members of civil society when arriving in unfamiliar lands, from the rural northern mountains to the urban Indus plains.

III. Access to Healthcare Services

A) Introduction

Health services and educational opportunities are closely correlated. Greater access to education yields better health outcomes, and the impact of improved community health can create opportunities for those who may not typically attend or teach in schools. More so than the general population, people leaving areas of conflict are dealing with both short- and long-term health consequences when they seek refuge—access to healthcare services is vital for survival. Notably, without a clear path to citizenship, refugees are often left out of national health programs, leading them to either not seek health services at all or with much difficulty. This study maps two pressing concerns in the realm of refugee health care: refugee women's health and mental health services. Furthermore, this discussion of health reviews the effects of the recent coronavirus pandemic on policies and practices related to refugees.

Predictably, the difficulty for rural regions is in collecting healthcare data, and the availability and quality of health services and hospitals. The consequences of such a dearth of healthcare can be fatal. On the other end, refugees entering urban areas are at risk as well. Many migrants exit their rural homes in Afghanistan to urban cities in Pakistan, often immigrating from a non-endemic to an endemic region. In these regions, they do not possess immunity to many illnesses that the local community might be immune to already (Suleman Malik et al.).

Furthermore, the location of refugee villages created by UNHCR and other international organizations—situated on the outskirts of urban areas—exposes migrants to vulnerabilities. Not only are these villages not located near established hospitals, but they also pose a threat of spreading illnesses to the rural populations nearby. Each setting brings different challenges, heightened in the context of women's healthcare, mental health, and public health crises.

B) Women's Health

Female refugees are the crux and heart of their communities. Their health, particularly their reproductive health, determines their children's health and outcomes and the next generation of Afghan migrants. Moreover, while adverse health outcomes are present for all refugees, female refugees are susceptible to inequalities in care that their male counterparts are not. Many refugee village health services only focus on maternal and child health services, leaving unmarried young girls and boys without education on sexual and reproductive health. Furthermore, socio-cultural norms stigmatize many aspects of women's reproductive health, and therefore male involvement in family planning is minimal. Many refugee villages do not even have reproductive health specialists at all. Of the eighteen implementing partner services in Balochistan, only six have a reproductive health coordinator (Afzal and Krause 6). Women's health impacts entire

communities' success, and when Afghan women lack education and services for their health, it negatively impacts everyone.

Sexually transmitted diseases are highly stigmatized due to the traditional values in both Afghan and Pakistani cultures. In the refugee villages, many staff members do not have proper training or equipment to prevent infections, including HIV and AIDs through bodily fluids. Basic hygienic practices such as handwashing between patients were not always practiced, risking contamination and spreading infection. Although prophylactics are available at many village and urban clinics for refugees, they are not always free, and women rarely receive information on safe sexual practices. Especially in Pakistan's most rural corners, families are uninformed on best practices to maintain sexual health. The patriarchal structure of Pakistani society also dictates the care and conversation surrounding sexually transmitted diseases. Such diseases are considered taboo in Afghan and Pakistani culture, and women are often subject to their husbands' decisions regarding birth control and sexual protection. The Women's Refugee Commission found that women frequently refused to take condoms home as they would not be able to convince their partner of condom use (Afzal and Krause 7). Especially given the young age that many Afghan girls get married to reduce their family's financial strain, education on sexually transmitted diseases is sparse.

Afghan refugees come from a country with some of the lowest reproductive health conditions globally, especially in rural areas previously Taliban-controlled. Family planning services are not widely used in rural areas of Pakistan and are particularly inaccessible to Afghan refugees. Even in urban areas, Afghan women are less likely to receive family planning and reproductive healthcare than their Pakistani native counterparts. In Pakistan, the two most widely known contraception methods are oral pills and injectable contraception; however, oral pills do not typically have successful continued use by Afghan women. Intrauterine devices (IUDs) are rarely available at refugee village health units. Contraception is also generally perceived to be on the onus of the woman, and therefore males do not take an active role in family planning.

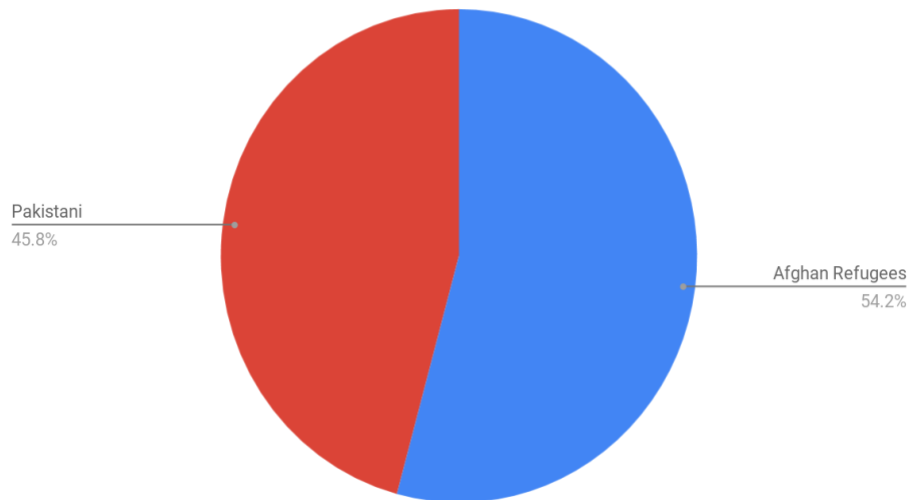
Further, emergency contraception is more difficult for Afghan refugee women to obtain. Emergency contraception includes oral pills that can be taken up to 72 hours after unprotected sexual intercourse and abortion inducing pills. Afghan women have a more challenging time obtaining these services at refugee village health units owing to the lack of information and proximity to hospitals. In terms of seeking an abortion procedure, they will most likely not receive post-abortion counseling (Afzal and Krause 7). The lack of post-abortion care further discourages women from seeking these procedures, a disservice to Afghan women across the country. The inability to determine when and if one will become pregnant compounds the powerlessness in taking control of one's health outcomes.

The safety of Afghan mothers throughout pregnancy and labor is in dire condition. In 2015, the United States CIA reported the maternal mortality ratio (number of female deaths related to pregnancy) in Afghanistan to be 396 deaths per 100,000 live births, putting it at #28 worst globally (CIA). In rural areas of Afghanistan, this is thought to be a much higher ratio. Many of these maternal deaths were deemed preventable due to a lack of health services (Afzal and Krause 6). Pakistan's maternal mortality ratio is at #53, with 173 deaths per 100,000 live births; however, Afghan mothers face higher mortality rates than their Pakistani counterparts. In refugee villages and rural areas, most women are likely to deliver in the home. If they are in a refugee village, the World Health Organization sends "Lady Health Visitors" for three to four prenatal visits, and many women give birth with the help of a midwife. During prenatal visits, pregnant

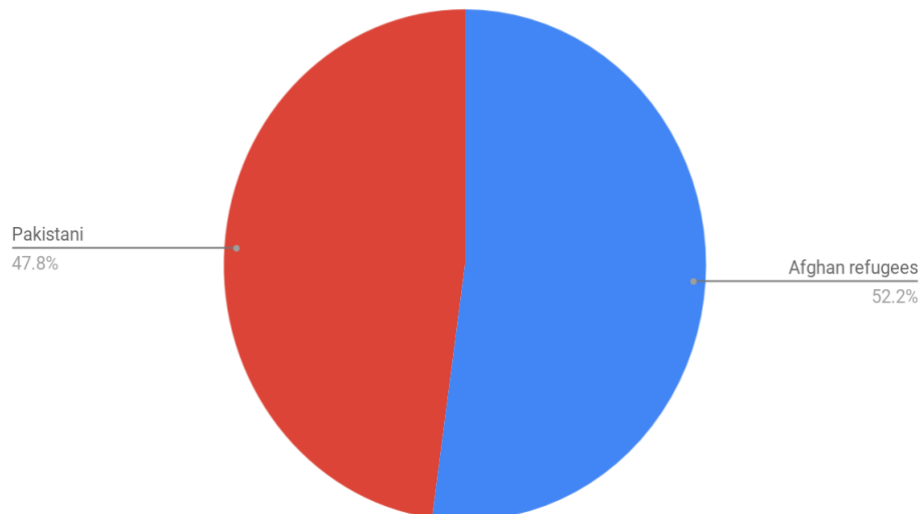
women may receive blood grouping and hemoglobin testing; however, these are not always readily available. Clean delivery kits for pregnant women have typically been distributed by refugee organizations such as UNHCR, International Rescue Committee, and Save the Children (Afzal and Krause 6).

It is astoundingly evident that ethnicity is a determinant for maternal and newborn risk. In a country that already suffers from increased maternal risk like Pakistan, this factor has even more critical consequences for Afghan women. A study in the Journal of Pakistan Medical Association (JPMA) found that ethnic differences impacted neonatal health, maternal weight, height, and parity. One of the primary findings of this study showed that Afghan mothers' limited mobility was the main reason for preventable maternal deaths. Moreover, this study found that the risk factors associated with prenatal status may be more indicative of mother and newborn mortality than the actual delivery conditions. The charts below show the difference in prenatal risk factors between Afghan and Pakistani mothers in this study that took place in public hospitals in Peshawar:

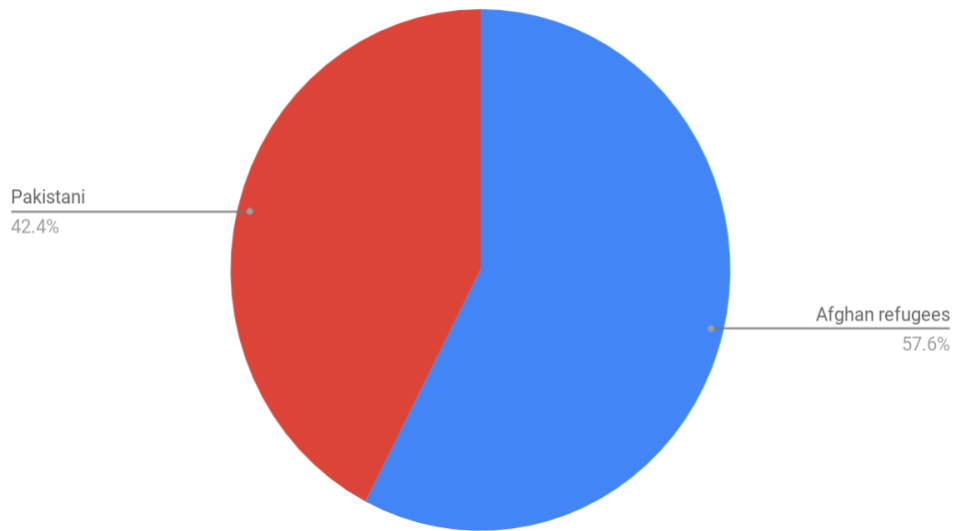
Percentage from low family income



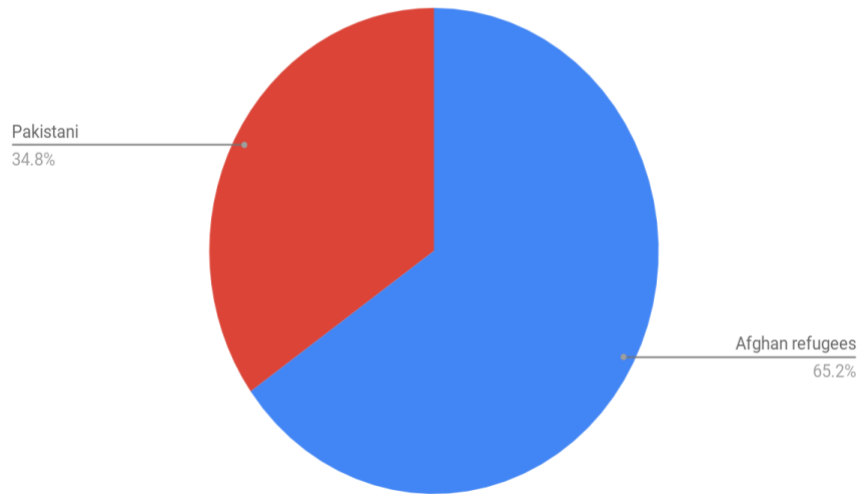
Percentage of maternal illiteracy



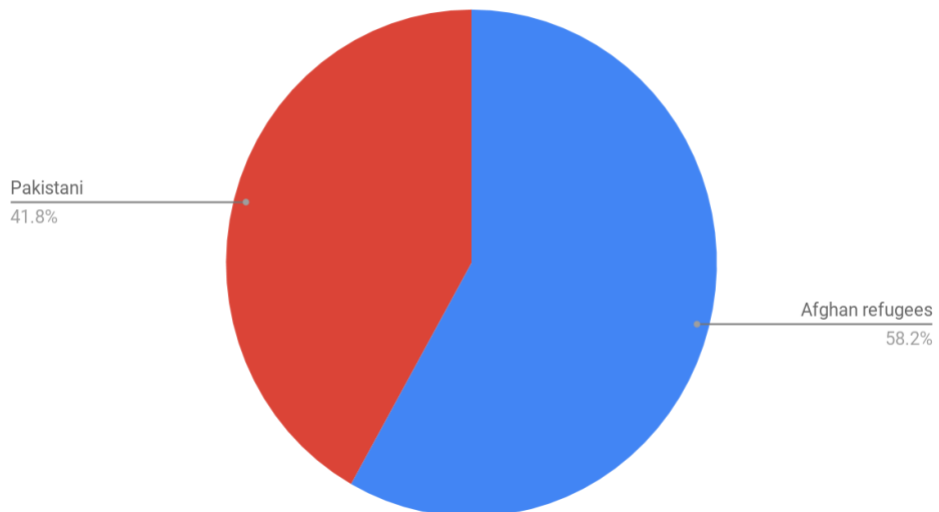
Percentage of paternal illiteracy



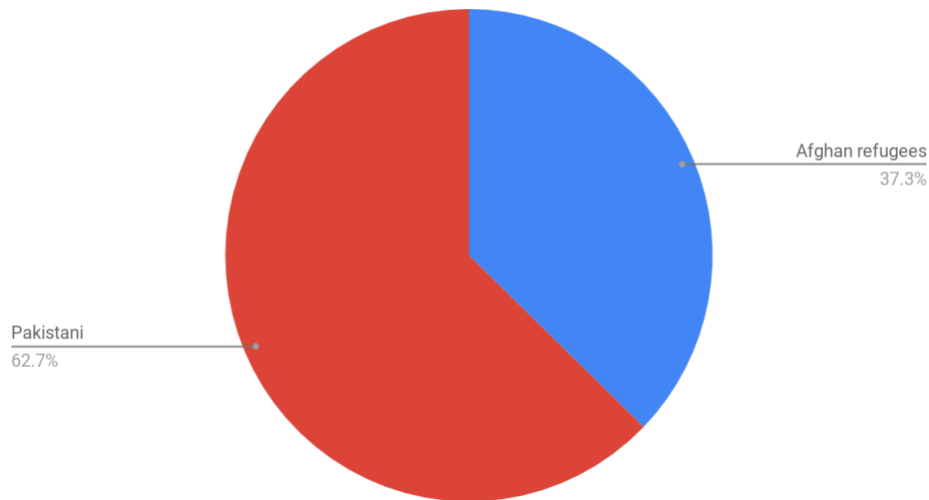
Percentage residing in Tribal Area



Percentage of pregnancies ending in abortion or miscarriage



Pregnancy registration



(Data: Badshah et al.)

When displayed proportionally against Afghan refugee and Pakistani mothers, the survey results reveal that Afghan mothers tend to have more significant risks before the delivery that impact maternal and newborn health. Afghan refugee women were more likely to report that they reside in tribal areas, which generally have less access to prenatal care services than settled areas. Afghan women were only slightly more likely to report that they were from a low-income household. The survey setting—a public hospital in Peshawar—most likely contributes to this response, and at-home deliveries would perhaps yield different results. Maternal illiteracy was nearly even between Afghan and Pakistani women (with most of both populations being illiterate). Paternal illiteracy, on the other hand, was more common with Afghan refugees. Suppose both the mother and father are illiterate. In that case, they are less likely to access educational materials about prenatal care and avoid risk factors for pregnancy, significantly impacting the woman and child's overall health during pregnancy. Pregnancy loss, whether through induced abortion or miscarriage, was also more common for Afghan refugee women. Observing the pregnancy registration rate is also significant as a woman is more likely to access professional prenatal care if she registers her pregnancy and is more likely to register the birth—positively impacting the child's health maintenance.

Two more factors this study considered were the mental health and age of mothers observed. Given the stressors of forced migration and assimilating to an entirely new environment, Afghan refugees are especially susceptible to aggravated mental health conditions, impacting pregnancy. In addition, the trend of surveyed mothers showed that Afghan refugee mothers were older than Pakistani mothers, introducing a new host of complications (Badshah et al. 164). The exact reason for this trend is unknown; however, the presence of conflict in young women's lives may prevent them from becoming pregnant until later on in life, or perhaps a lack of contraception usage among older Afghan women in Pakistan contributes to the older average age of pregnancy.

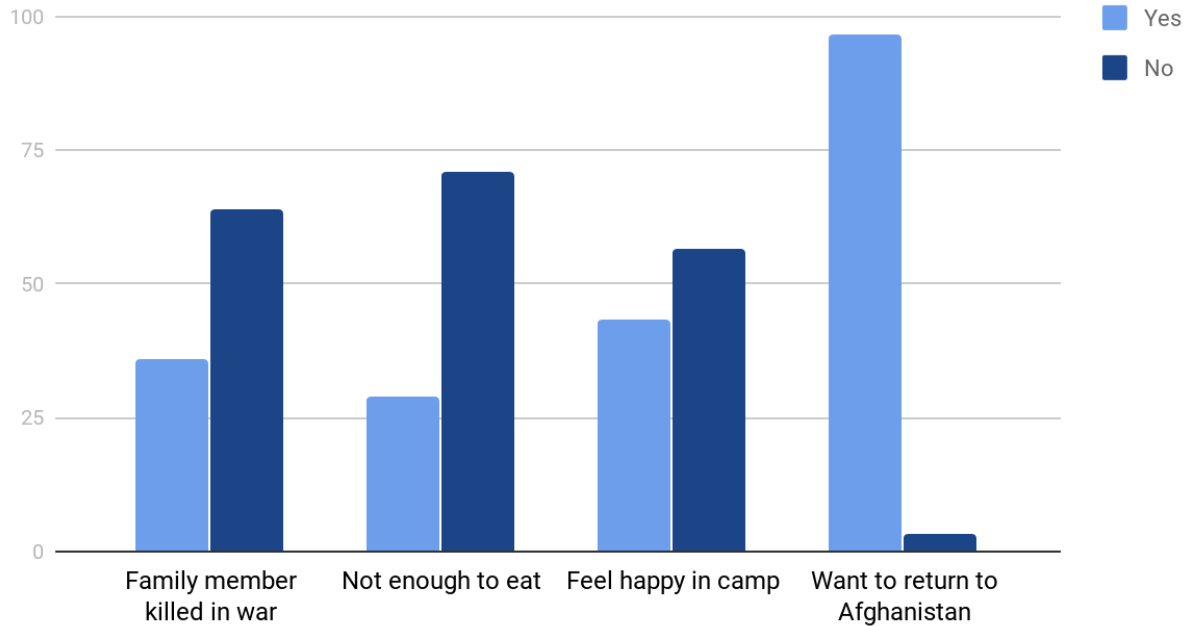
Both Afghanistan and Pakistan struggle with gender-based violence, resulting in Afghan refugee women experiencing this tragedy both pre- and post-migration. However, in the latter, refugee women may not have access to the same kinship and social networks they may have had in their home country. There is little information on gender-based violence in Pakistan and even more limited information in Afghanistan; however, human rights groups have reported sexual violence, sex trafficking, abduction, forced early marriage, and domestic violence. In particularly conservative areas, many gender-based violence victims are wrongfully accused of adultery and forced to marry their attackers (Afzal and Krause 6). The silence surrounding gender-based violence is perhaps the most dangerous threat to women's health. This invisibility of Afghan women refugees further exacerbates their vulnerability to sexual and domestic violence.

C) Mental Health

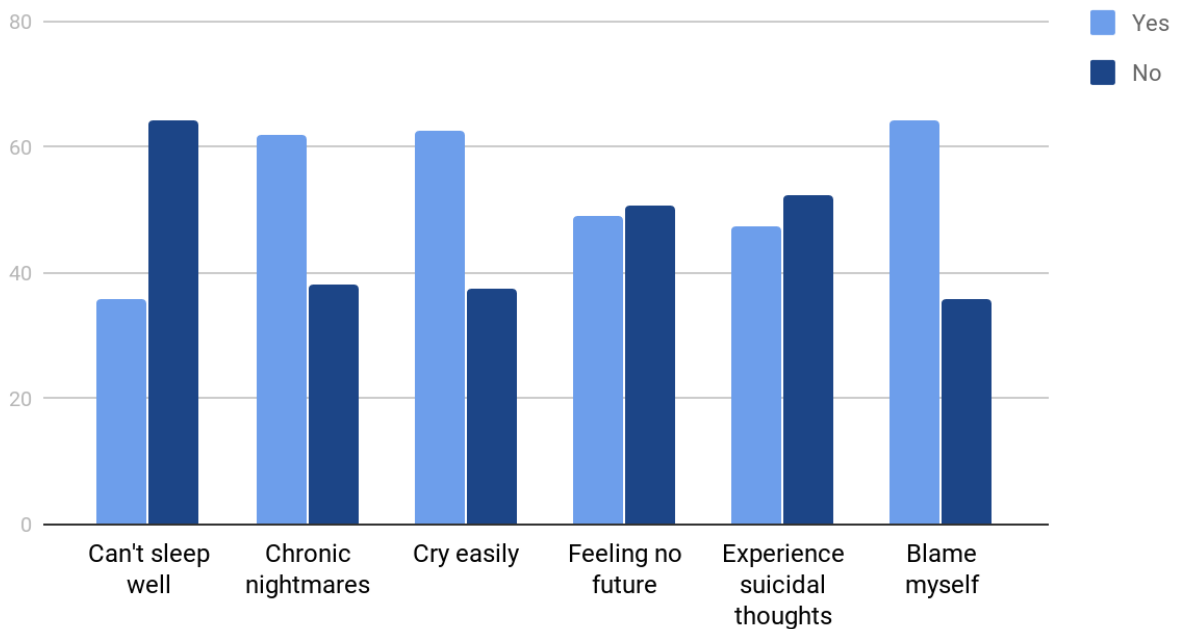
Mental health is not a widely discussed subject in communities globally, and Pakistan is no exception. Traumatic life events, such as intense conflict early in life, separation from family members, and the impact of war on the personal life make refugees of any ethnicity extremely vulnerable to mental health complications. Post-traumatic stress syndrome is widespread in people who have experienced such painful conflict in their lives. Many of the aspects presented in this paper—poor health, limited access to educational services, extreme poverty, and the feeling of statelessness all contribute to deleterious mental health consequences for Afghan refugees. Psychological concerns impact refugees in both rural and urban areas. Nevertheless, it may be much harder for individuals in rural communities to seek professional help, and in most cases, they never will.

Like much health data, information on refugees' mental health status is limited; however, one study in the *Asia Pacific Journal of Public Health* in 2005 reports on children's mental health status in refugee camps. Although 15 years old, this data is pivotal in understanding the background of the current generation of adult Afghan refugees' mental health from when they experienced trauma in their childhood. This study surveyed boys from four refugee schools and girls from two refugee schools in Peshawar around the ages of 7-12. Through aggregating the data for males and females to show overall child trends, the below charts show the findings of this study:

Living Environment



Mental Health Status



(Data: Izutsu et al. 95)

The results of this study are disheartening. Conducted in 2005, many of the children surveyed most likely experienced the conflict involving the Taliban and US invasion in the early 2000s. The living environment survey reported that nearly 36% had a family member killed in

the war, a devastatingly traumatic event. Most children in the camp reported having enough to eat; however, it was almost evenly split if the child felt happy in the camp or not.

Overwhelmingly, the children in the study reported wanting to return home to Afghanistan. For these children, being ripped away from their way of living and placed in an unstable and new environment was pernicious to their early childhood adjustment. Conflict to this extreme also likely causes lasting mental health implications. The majority of children reported chronic nightmares, crying easily, and blaming themselves for the current situation. Nearly 50% of respondents reported feeling no future and experiencing suicidal thoughts (Izutsu et al. 96). This study reveals tragic and significant information on the state of these young children, who are most likely reaching their late twenties and thirties now. Significant childhood trauma impacts the lives and decisions individuals have as adults. Even the subjects of this study, who have now been in Pakistan for over fifteen years, could still be impacted by their childhood mental health's lasting effects.

D) COVID-19

Most recently, the spread of the novel coronavirus pandemic (COVID-19) has posed a threat to refugee communities across the world. COVID-19 is a respiratory illness spread person to person mainly through droplets produced by an infected person's cough or sneeze. This virus's novelty makes it difficult to understand how easily it can spread and may be asymptomatic for some infected people. The elderly and immunocompromised individuals are at greater risk of fatality by this illness.

The fragility of refugee healthcare services in Pakistan are especially vulnerable to the threat of COVID-19. These health units lack access to tests and recovery resources for the infected. Additionally, refugees in rural and urban areas are likely to live close to others, making "social distancing" practices much harder to follow. Refugees are also more likely to be unskilled laborers, and therefore may still be reporting for work and increasing their exposure to the virus. Across the world, low-income individuals are being hit hardest by this virus, and resource-lacking refugees may be hit hardest of all. While there is limited data on the actual impact of this ever-growing situation, it is clear that Pakistan's government must monitor refugee villages' situations to ensure that they have proper support.

Policy Recommendations: Healthcare Services

I. Recognition in national healthcare programs

- a. Allow refugees to use Proof of Registration (PoR) cards as a valid form of identification for use in hospitals.
- b. In refugee villages, create a streamlined program to have Afghan women register their pregnancies and register their children with NADRA upon birth.

II. Accessibility for rural refugees

- a. Adopt a mobile-hospital system for use in rural areas and refugee villages. These mobile hospitals can travel within a wide radius of rural villages.

- i. Services may include immunizations, screenings, oral health services, laboratory services, or counseling for chronic disease management.
 - ii. Implement proper hygiene practices in these mobile clinics and other refugee clinics. Additionally, create a system of accountability to lower cases of HIV/AIDs due to poor cleanliness.
 - iii. For domestic violence prevention, mandate healthcare professionals operating clinics to ask women in privacy about domestic and gender-based violence and equip her with resources to help.
- b. Create a bus/van system from rural areas to local hospitals to ensure access to quality care. Some Afghan workers already have driving skills, so this can offer new job opportunities.
 - c. Place reproductive health specialists in every refugee village.
 - d. Provide post-abortion counseling in every abortion clinic for refugees.
 - e. Mandate that every new arrival, particularly children, see a psychologist at the refugee village they enter to inspect trauma-related mental illness.

III. Community building

- a. Partner with UNHCR and other refugee organizations to provide midwife training for Afghan women, which many Afghan women already do informally. This could be a source of livelihood for women and provide maternal care to rural women who are unable to travel to a hospital.
- b. Build women's community centers in semi-rural areas equipped with broadband internet access to empower women to seek out information regarding their health.

IV. Changes in Pakistani national policy

- a. Urban areas are subject to intense smog, contributing to the incidence of respiratory illness amongst Afghan refugees. Refugees should have access to free face coverings.
 - i. Urban governments must pressure Pakistan's national government to sign onto more international environment treaties.
- b. Increase criminal punishment for domestic violence, sexual assault, and rape.
- c. COVID-19: International refugee organizations and the Pakistan national government must work in concert to fully fund vaccinations in refugee villages.

V. Educational Opportunities

A) Introduction

Central to the situation of refugee education is a broader context of the flawed education system in Pakistan. Adult literacy in Pakistan, only 57% of the adult population, leaves many without elementary reading and writing skills. Gendered expectations, quality of instruction, proximity to school, and lack of government expenditures on education all contribute to the dire

state of Pakistan's education sector (Mujahid-Mukhtar 4). On the Global Competitiveness Index (GCI), Pakistan ranks 128 out of 138 countries in health and primary education, with 22.6 million out-of-school children, the world's second-highest number. The percentage of out-of-school children varies significantly by province, suggesting that geographical location and the presence of an urban or rural backdrop impacts the rate at which children will receive an education.

Out of School Children

% of children not attending school by province



(Data: Abbasi)

Balochistan, a largely urban landscape, has the highest rate of out-of-school children—70% of school-aged children do not receive a formal education. Many children face economic obstacles to education, whether they must contribute to household income or cannot afford private school tuition costs. The second-highest rate of out-of-school children is in the Federally Administered Tribal Areas (FATA), situated in a solely rural landscape. Children in rural locations face more issues relating to accessibility and traditional cultural norms surrounding education, particularly for female children. Unsurprisingly, the lowest rate is in the capitol province of Islamabad, with only 12% of children out of school.

In 2018-2019, only 2.4% of Pakistan's public GDP expenditures went towards education (Amin). Public education funds, already scarce, exceedingly go to the school head's salary, meaning that little goes to training teachers and developing quality curriculum (Mujahid-Mukhtar 4). In particular, the government budget allotted to refugee education is protracted from emergency funds, even for refugees who have been in the country for years, perhaps even decades. This grants the government a short-term solution without creating a long-term action plan to address the poor education of Afghan refugees. Although much of the responsibility falls on the Pakistani government, it is also important to note that many of the top refugee-hosting

countries are still focusing on their internal development. It is a global responsibility to ensure that the rights of moving people do not remain invisible.

Aside from formal schooling, many families opt to send their children to madrasas—centers for religious education in Islamic studies. Madrasas may serve as the primary instruction or can also supplement the formal education. Many Afghan refugees favor this form of education, and it provides necessary literacy skills, food, and shelter (Jenner 9). Although it is beneficial for many students who would otherwise be receiving no education, this form of education comes with drawbacks. On a panel led by the National Commission for Justice and Peace and National Commission for Human Rights, leaders from civil society organizations came together to discuss their concerns for an educational curriculum focused solely on religion. Current curriculum and textbooks are exclusionary to non-Muslim beliefs and even Muslim beliefs that are not a mainstream ideology for Pakistani society. Many Afghan refugees are from the Hazara community, an ethnic group that follows the Shia sect of Islam. Minority children may feel as though they need to hide their identity in school, which can lead to hate crimes or habits of physical violence on either end, especially when coupled with their ethnic and religious background. Even for Afghan refugee students who share the same mainstream religion as Pakistani natives, there is still a concern that some forms of informal religious instruction may lead to intolerance and extremism, creating a pathological habit and a culture of hate crimes.

Conflict is one of the world's most formidable obstacles for a child's struggle to obtain an education. The UNHCR has reported that half of the world's out-of-school children are located in conflict zones. Perhaps one of the most disheartening realizations of this statistic is that refugee children are a population that could benefit their communities and home countries the most from a proper education. In the interview with the Afghan refugee student, she remarked how much she wished to return to her home country to help educate the population and improve the situation. Regardless of her education and background, she realized the situation in Afghanistan is not one that only a handful of Afghans can help fix (Confidential). It will require a large population of educated repatriates and worldwide cooperation.

B) Current Policy

In 2010, the Pakistani government amended section IX of the Constitution Act with article 25A, which states: "Right to education—the State shall provide free and compulsory education to all children of the age of five to sixteen years in such manner as may be determined by law." Later, the government issued Act XXIV of 2012 to elaborate on the earlier act providing for free and compulsory education to all children. The first step in ensuring that more children have the quality education they deserve is government action and policy, so this act was an important measure for the Pakistani government. In many places throughout the act, some stipulations even reiterate that this education declaration includes all children, including those of migrant families.

In Act XXIV Article 2d, the government defines education as extended to the "disadvantaged child," meaning any child who belongs to a socially or economically disadvantaged class. Furthermore, Article 3 specifies that this right to education is a fundamental right, regardless of sex, nationality, or race. Article 3b states that the Act should "ensure admission of children of migrant families," and Article 3f states that it should "ensure that the

disadvantaged child is not discriminated against and prevented from, on any grounds whatsoever, pursuing and completing education."

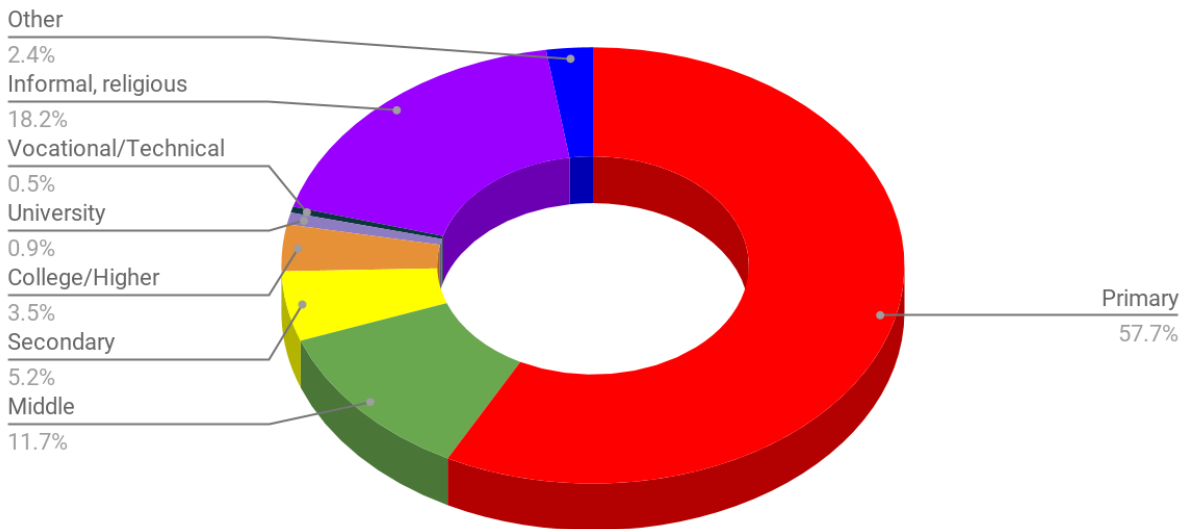
Legally, every Afghan child should receive an education. Although many provisions obligate local governments to build schools where there are none and make education compulsory, there is a lack of accountability for government leaders to follow through on these guidelines. The same act that grants all of these provisions also creates restrictions: Article 12 of the Act on "Proof of age for admission" states that "For the purposes of admission to a school, the age of a child shall be determined on the basis of the Form-B of NADRA and birth certificate issued as prescribed." For Afghan refugees who never registered with the Pakistani state and do not hold birth certificates, these restrictions disqualify them from school admission. Refugees do not always have the resources to obtain a birth certificate or are otherwise discouraged from doing so. Therefore, the uncertainty surrounding their membership status contributes not only to the overarching feeling of statelessness but also to the limited access to educational services for refugees.

Year after year, the government of Pakistan renews its commitments to education policy goals and its Sustainable Development Goals (SDGs) set forth by the United Nations. These goals include specifying the commitment to Afghan children. At the Leaders' Summit on Refugees held in 2016, Pakistan stated its commitment to ensuring "unhindered access of Afghan children to Pakistani schools" (Hasan et al. 8). Currently, the framework that the Pakistani government uses to create a policy for Afghan refugee education is within the regional Solutions Strategy for Afghan Refugees (SSAR), joint documents with UNHCR, and the Federal Cabinet's Comprehensive Policy for Voluntary Repatriation and Management of Afghan Refugees in 2017 (Hasan et al. 8). Of course, setting goals is the first step necessary to improve conditions for Afghan refugee children and their families. However, there needs to be more tangible action, especially if the statistics on Afghan literacy show that the current policy does not do an adequate job with refugee education.

C) Current State of Education for Afghan Refugees

It is hard to say for certain how many Afghan refugees are receiving education services. Different agencies report different statistics on Afghan refugee education based on estimated and surveyed populations of registered and unregistered populations; however, many refugees are young and born in second or third-generation families of refugees. As of 2017, the UNHCR reported that 39% of registered refugees are school-aged children; however, this number is most likely much higher given that many refugees, even in second and third generations, do not have birth certificates (Hasan et al. 14). Of this population of registered school-aged Afghan children, a staggering 80% is currently out of school. The Afghan refugee population's total literacy is estimated at 33%, and this number lowers to 7.6% for women and girls (Jenner 4). Refugees first arriving in Pakistan through UNHCR or NGO-sponsored villages typically receive a basic education from makeshift institutions; however, these services are limited and not always utilized. Across all provinces, there are marked differences between male and female education, rural and urban education, and Afghan and Pakistani native access to education.

Distribution of Afghan Students Enrolled



Students currently enrolled by level of education (UNHCR [Population Profiling] 44)

The chart above shows the distribution of enrolled Afghan students by level of education. The vast proportion of enrolled students are at the primary level at 57.7%. Many factors may contribute to this result: 1) The growing younger population of Afghan refugees, 2) More Afghan children are registering for birth certificates and are therefore allowed to enroll in primary school, or 3) The most plausible factor, that primary school enrollment is still relatively low, but the middle school and secondary school dropout rates are very high. The chart above clearly shows this third explanation, with the rate of enrollment for middle level and higher education dropping off by five times. While it is positive that the population's youngest are getting enrolled in primary school and receiving an educational foundation and basic literacy, it raises concerns on retention. The reasons that students drop out or never attend at all vary widely, particularly given socioeconomic status, gender, and geographical location. This chart also shows that after primary school, the next highest enrollment rate is in informal religious schooling at 18.2%. As mentioned earlier, religious schooling such as those offered in madrasas can be beneficial. They can provide housing and basic literacy skills; however, they do not give many opportunities to advance to higher education.

High rates of dropouts in the Afghan student population also explain why the adult literacy rates remain low. Approximate adult literacy figures show that only 32.88% of Afghans can read and write, and for females, this lowers to 7.59%. Out of female refugees over the age of 12, 41.73% do not have basic literacy skills (UNHCR [Population Profiling] 42). Lower adult literacy perpetuates path dependency in the Afghan community. If parents have no education, it almost ensures less access to social mobility and their children's opportunities to achieve literacy. Especially for females, greater literacy equates to more healthcare knowledge that can determine the maternal care they can access and the chance to educate their female children. Cyclical

poverty and lack of education stand in the way of a future generation of Afghan refugees' contribution to the host community and involvement with Afghanistan's development. Adult literacy is also more challenging to improve. Most laws regarding education deal primarily with children—as aforementioned, the act passed in 2012 only provides for free and compulsory education for ages 5-16. A holistic reform for education must also include the adult population.

D) Quality of Instruction

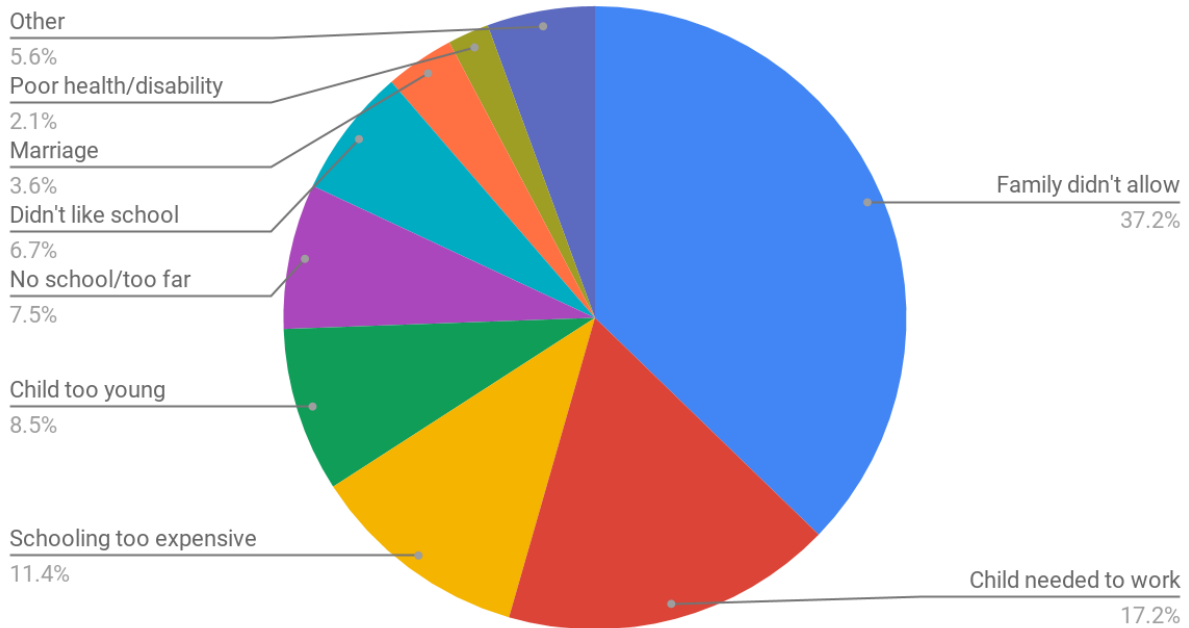
After getting Afghan refugee children in school, quality of instruction is decisive on educational outcomes. Common issues with Pakistani schooling include absent teachers, poorly maintained infrastructure, and an ill-constructed curriculum (ICG 3). Particularly with infrastructural improvements, it is difficult for students to focus on studies when basic structures such as desk and furniture availability and toilet quality are lacking. If the first step is improving infrastructure, the second is rewriting and improving the curriculum. Different schools face different issues regarding accessibility to school and investment in education in the provincial governments.

Afghan refugees living in the UNHCR refugee villages have access to the basic educational services they provide in the camps. In 2018, UNHCR was providing primary and secondary education to approximately 57,000 refugee children. Other international organizations and NGOs often pair up with UNHCR to help finance these refugee village schools. On paper, this seems like an excellent resource for refugee child education. However, the village schools' dropout rate is even higher than at urban and rural government schools—70%, making long-term instruction at these schools unsustainable. Generally, Afghan private schools are the best chance for Afghan refugee children to receive quality instruction; however, these schools range in price and can be very expensive. The Afghan consulates and embassy in Islamabad are currently working with the Afghan Ministry of Education to create cheaper private schools. If none of these options are accessible, generally public schools, informal schooling, and madrasas are the remaining choices (Nicolle 15).

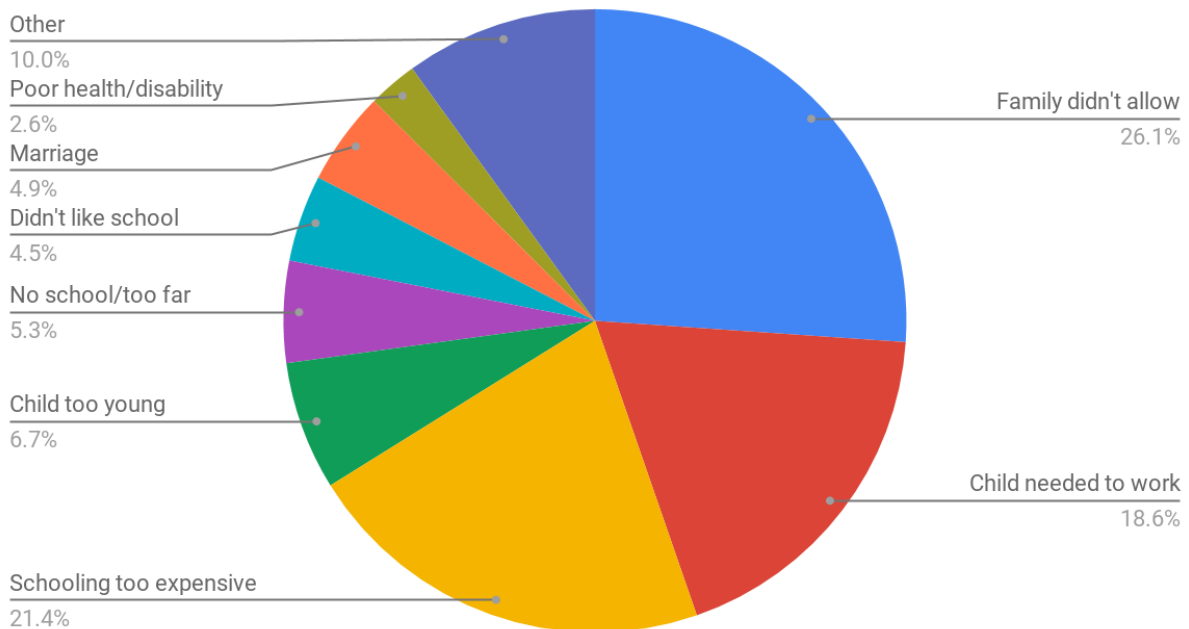
E) Rural-Urban Divide in Education

Geographical location is a significant determinant in access to quality instruction. Rural areas are hit hardest by inaccessibility to school, especially for Afghan refugees who already face obstacles in obtaining educational services. Literacy rates for Afghan refugees in urban locales are almost double those in rural areas. Although the most considerable rate of out-of-school students in Pakistan is in the Balochistan province, the highest number of public schools accessed by Afghan children are located there. This may be because in Quetta's urban area, there are a limited number of Afghan private schools (Hasan et al. 14). The presence of rural and urban differences also further exacerbates gendered norms for Afghan girls. Particularly in more traditional, rural settings, girls are even more discouraged from seeking an education. If resources for education are already scarce in a rural area, boys will be the first to access those services.

Reasons for not attending school: Rural Areas



Reasons for not attending school: Urban Areas



(UNHCR [Population Profiling] 48)

The data above was taken from a survey of Afghans in Pakistan in 2011, detailing why out-of-school children were not attending school. The data was collected by district, and these

charts separate the data into rural and urban districts. Rural districts included Pishin, Charsadda, Haripur, Kohat, Lakki Marwat, Mansehra, Mardan, Nowshera, Dera Ismail Khan, Swabi, Attock, Chakwal, Kasur, and Mianwali. Urban districts included Quetta, Peshawar, Rawalpindi, Karachi East, Malir, and Islamabad. The top three reasons for not attending school were the same for rural and urban districts: the family did not allow it, the child needed to work to support the family, and schooling was too expensive.

The distribution, however, varied between rural and urban areas. In rural areas, the family not allowing the child to go to school was higher, at 37.2% compared to 26.1% in urban areas. This could potentially be due to a more conservative mindset in rural areas, particularly for female children. Both the child needing to work and schooling being too expensive were higher in urban areas, perhaps because of the urban poverty present in Pakistani cities and more opportunities for child labor. No school in the area and not liking school were both higher with refugees in rural areas, given the problems rural communities face in creating accessible schooling. These results indicate many unique challenges both rural and urban refugees face in accessing educational services.

Rural and urban schools also have different needs when it comes to the classroom. In public and private schools in urban and peri-urban settings that Afghan children attend, the most significant concerns were a need for computers (42% of respondents), additional classrooms (37%), sports equipment (31%), toilets for children (29%), and science laboratory equipment (27%). In rural areas and refugee villages, the most profound concern was primary school furniture (95% of respondents), followed by the need for additional classrooms (49%) and additional toilets (28%). While there is variation between rural and urban areas' needs, the bottom line is both demographics lack access to necessities such as classrooms, furniture, and toilets. The quality of the is a large factor in whether families will enroll their child (Hasan et al. 14).

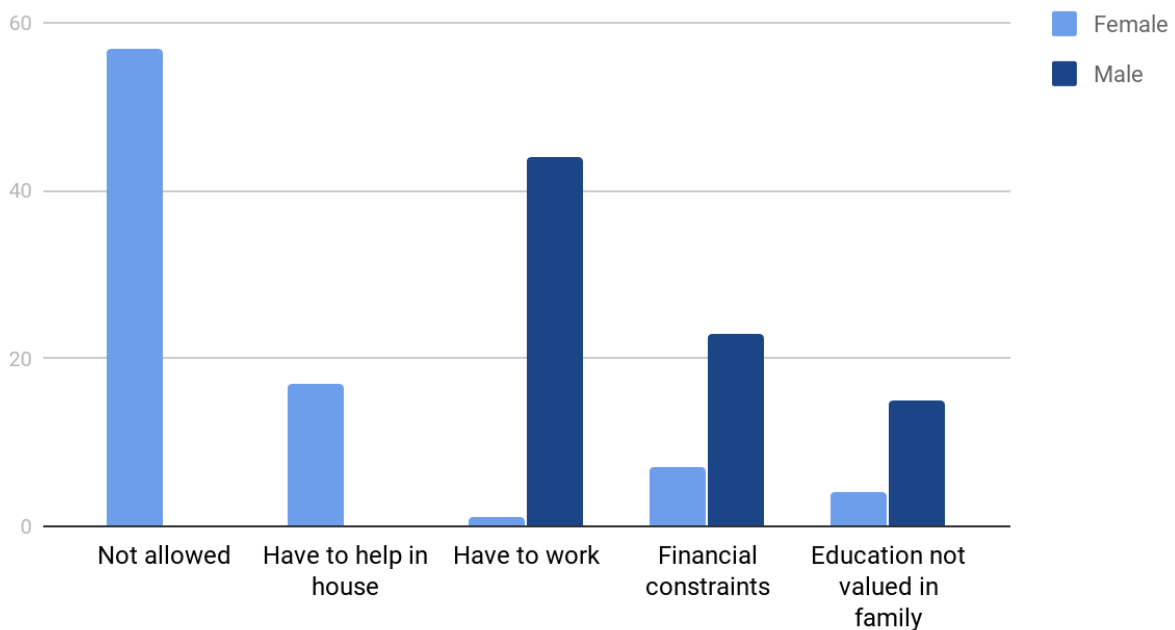
Another consideration is which geographic area refugees are coming from in Afghanistan. According to the Afghan student I interviewed, many refugees from rural areas in Afghanistan come from areas controlled by the Taliban, where there is a lack of school and education. In these rural areas, farming and agriculture are the primary livelihood sources (Confidential). In bigger cities such as Kabul, it is more common for children to come from schooling. A previous academic background in Afghanistan can be another factor determining whether or not migrant families will send their children to school, particularly for girls who come from rural areas. Rural families may not know the processes required to enroll children in schools and hold more conservative beliefs, especially if they come from formerly Taliban-controlled areas. That being said, the education system in Afghanistan has been slowly improving since the fall of the Taliban in the early 2000s. For Afghan repatriates, who mainly repatriate to urban areas in Afghanistan, both boys and girls may have a better chance of seeking an education.

F) Gender Roles in Education

Given the traditional values present in both Afghanistan and Pakistan, it is unsurprising that migrant families are more likely to send their male children to school in the host community over their female children. Long-standing gender roles keep families from sending their girls to school when they feel that they could invest more in their male children. Gendered expectations

of girls in Afghan and Pakistani society dictate that women remain home to see over domestic duties. Girls face more considerable obstacles to access schooling, including child marriage, safety, and lack of female teachers. Many Afghan girls cannot travel to school by themselves without a male family member and cannot be taught by a male teacher after reaching adolescence, obstacles that their male counterparts do not face. Gender-friendly schools that offer female bathrooms and viable transport options for girls are also scarce. This creates a cyclical problem in which girls are not getting secondary and higher education, and therefore cannot become teachers to instruct the next generation of girls. It also inhibits girls from becoming female doctors to focus on women's health, especially in rural areas. Even when it comes to taking care of their hygiene and prenatal care, women who received schooling when they were young can better face these challenges (Jenner 12).

Reasons for not Attending School



According to a UNICEF study, Afghan girls' survey responses for not attending school overwhelmingly showed that 1) they are not allowed and 2) they are expected to help in the house. Alternatively, Afghan boys' survey responses showed that their reasons for not attending school were mainly that 1) they have to work to provide for their family, 2) their family faces financial constraints, and 3) education is not valued in their household over other trades (Nicolle 14). In addition to paying heed to rural and urban differences when formulating policy solutions, considering the gender divide in Afghan and Pakistani culture is imperative.

Policy Recommendations: Educational Services

Objectives:

- I. *Policy changes*

- a. Amend the Right to Free and Compulsory Education Act 2012 so that it does not require families to provide proof of age by birth certificate.
- b. Include Afghan refugee education as a special section in national education reform programs and planning.
- c. Include Afghan adult refugee education as a special subsection in national education reform programs and planning to increase the adult literacy rate.

II. Financial assistance

- a. Afghan refugee education is still funded by emergency funds. This is not appropriate since many Afghan families have been in Pakistan for generations.
- b. International organizations need to finance Afghan refugee education in the following areas: free tuition at private schools, transportation to school, and financial subsidies to families sending a child to school who would otherwise be working to encourage long-term human capabilities investment. This is especially important in urban areas because children are more likely not to attend school because of work.
- c. Use international oversight to monitor how emergency foreign aid is being spent by the Pakistani government to ensure it is used for the most pressing concerns facing schools such as classroom space, furniture, and toilets.

III. Rural education accessibility

- a. Expand curriculum and training for home-based learning.
- b. Expand broadband WiFi access across rural areas.
- c. Create bus systems to serve as transportation options for students far from the school.

IV. Closing the gender gap

- a. Train Afghan women to be teachers to create employment opportunities and allow more Afghan girls to attend school.
- b. Offer more part-time school options that will be accessible for girls if they are expected to stay home to do household work.

V. Curriculum changes

- a. Review curriculum for sensitivity towards minority issues.
- b. Mandate check-ins for children at different stages of schooling. If a student is considering dropping out, equip school officials with information on alternative vocational options.
- c. Expand vocational training programs in refugee villages and other refugee-populated areas.

VI. Conclusion

Afghan refugees are one of the most vulnerable populations in the world today. The diaspora has migrated across the globe, with one of the largest communities settling in Pakistan. Through

careful analysis of existing policies and trends for this group, this study has offered several policy suggestions for the Pakistani government to improve their healthcare and educational opportunities. Moving people deserve to feel secure regardless of their statelessness, and it is the responsibility of hosting countries to see the humanity in each new arrival. As the state of countries in conflict is everchanging, its migrants' basic needs remain the same. This study hopes to further action and ensure these needs are met with urgency.

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