

# **Role of interventions in improving quality of life of resettled IDPs: lessons of the Sri Lankan experiences**

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## **Abstract**

*This paper focuses on the Northern IDPs in Sri Lanka who were created by protracted armed conflict prevailed for thirty years. They lived nearly twenty years in IDP camps and after ending the war in May 2009, the government resettled them leaving behind many learning experiences to the world. The study observed that camp stage and beginning of resettled phase comparatively. The paper based on key interventions made by different agencies measures the impact of these on quality of life of resettled IDPs. The paper specifically analysis factors influencing QOL in the context of arriving at a sustainable solution within the frame work of UN guiding principles of internal displacement. It was found that, education and income had no significant impact on the lives of resettled IDPs. Further, the IDPs have not been exposed to marketable vocational education and trainings creating a negative impact at the resettled stage. It has also been observed that in terms of housing and water facilities have decreased sharply revealing that the IDPs will have their social status and QOL affected negatively. But in relation to health, hygiene, and vegetation a marginal positive impact was found on QOL at the resettlement phase. Overall, the role played by interventions on IDPs have not been significant enough to impact positively on their QOL but acted as a marginal support service which was enough only for daily survival during camp stage.*

**Key words:** Internally Displaced Persons, Durable solution, Resettlement, Quality of Life

## **1.0 Introduction**

The Internally Displaced Population (IDPs) in the world is increasing. Most of the world's 27.5 million IDPs live in protracted displacement (IDMC, 2011). Sri Lanka too experienced an IDP issue due to the protracted armed conflict prevailed between the government forces and the Liberation Tigers of Tamil Eelam (LTTE) that ended in May 2009. During the war, that started in 1983 more than 800,000 people were displaced (IDMC, 2011). At present the government has resettled nearly 752,114 IDPs in Northern and Eastern province of Sri Lanka (Ministry of Resettlement, 2012).

This paper focuses on the resettled IDPs with particular emphasis on the Northern IDPs of over 55,000 mostly the ethnic Muslims who came from Jaffna and Mannar districts and remained displaced since 1990, the year they were forced out by the LTTE (Daily News, 1990). In the process the government was compelled to find a solution for the IDP issue and finally they are found to be returned, resettled or integrated locally. The study investigates the Quality of Life (QOL) improvement of resettled IDPs and in the process what is the role played by interventions channeled through camps on key aspects of QOL of

resettled IDPs. According to literature, a sustainable solution for IDPs should have aimed at improving the QOL standards during the post resettlement period. In this context this article strives to discuss lessons learnt through Sri Lankan experiences while channeling interventions and their impact on QOL of resettled IDPs.

### **1.1.1 Objective of the study**

The key objective of the study is to evaluate to what degree the interventions performed have impacted on the quality of life of IDPs upon resettlement. The study comparatively investigates resettled IDPs improvements made at the displacement, camp and resettlement stages.

## **1.2 Methodology**

The study employed both quantitative and qualitative methods of data collection and analysis. The sample has selected randomly from a sampling frame of resettled IDPs in Mannar lived in the IDP camps in the Puttalam district. The researcher selected 100 resettled Muslim IDPs families as its sample. Apart from the key sample for this research, the researcher identified respondent groups such as camp officers, government officers, religious leaders, NGO leaders collected data, opinions and facts through a structured questionnaire, focus groups, individual interviews and case method. The data was collected during the camp s and resettlement stage. Apart from primary data, secondary data was collected from published books, government publications, web sites and the Internet.

The data thus collected was processed quantitatively and qualitatively. The computer software used to process the data was Statistical Package for Social Sciences (SPSS). Further, where necessary, the data and opinions especially gathered from focus and individual interviews were qualitatively analyzed.

## **2.0 IDP issue and Resettlement**

The Guiding Principles of Internal Displacement (GPID) defined IDPs as ‘Internally displaced persons or groups of persons who have been forced or obliged to flee or 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 human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border’ (Burn, 2005).

The Guiding Principles provide direction to protect IDPs in a sustainable way, specifying in Principal 28 that ‘competent authorities have the primary duty and responsibility to establish conditions, as well as provide the means, which allow internally displaced persons to return voluntarily, in safety and with dignity to their homes or places of habitual residence or to resettle voluntarily in another part of the country’ (GPID, 2004). Therefore, resettlement is one of solution that can be achieved by IDPs. Therefore, sustainable resettlement must be aimed at improving standard of living condition of IDPs after their resettlement.

### **2.1 Quality of life improvement as part of a sustainable solution**

QOL refers to the level of comfort, wealth and material goods available for a person to lead a healthy life. According the literature many factors such as income, employment, health, education, environmental quality etc. have been identified (Barnes, 2011) as factors that influence QOL. If people achieved a sustainable life that indicates that they have reached a higher QOL. Further, it means that people satisfy their needs and improve their QOL in the present while safeguarding the ability of future generations to meet their own needs (UNFPA, 2012).

National governments are responsible for providing services to enhance the standard of living at camp level and after resettlement as well. Especially, displaced persons should enjoy without discrimination an acceptable standard of living, including shelter, health care, food, water and other means of survival. If any government is to find a durable solution for IDPs which is a condition on return, local integration or resettlement in another part of the country, they must be provided with access to housing, land, livelihoods, information on mine risks, employment and other economic opportunities, availability of public services such as public transport, healthcare, education, etc (The Brookings Institution, 2007). Any government should have policies and programmes in creating a productive environment the IDP camps that will ensure reestablishing their livelihoods to ensure a sustainable life after resettlement.

The literature reveals that the Inter Agency Standing Committee (IASC) elaborates on the requirements of IDPs in regard to enjoyment and an adequate standard of living without discrimination. An adequate standard of living requires that IDPs have adequate access on a sustainable basis for food and potable water, basic shelter and housing, medical services, health care; sanitation and at least primary school education (The Brookings Institution, 2010).

### **2.3 Northern IDPs in Sri Lanka**

In the 1990s, the LTTE carried out massacres of IDPs in Jaffna and Mannar and issued notice of a 48-hour short term ultimatum in October 1990 to leave their habitat. All IDPs were ethnic Muslims, numbering some 75,000 from the Northern Province were expelled (The Refugee Council, 2003). The IDPs escaped empty handed, with only kith and kin including children and the elderly by boats from Mannar and Jaffna mainly to Puttalam and Kalpitiya and to some parts of the Anuradhapura district.

The Muslims coming over to Puttalam district were welcomed by the host community where the fishermen of Kalpitiya in the Puttalam area teamed up to collect and provide for their basic immediate needs such as food and clothing, etc. They were housed temporarily in schools and mosques during the camp stage, and the IDPs were also provided with facilities by the government and other agencies to meet their basic needs.

The stakeholders such as FORUT, Red Barna, UNHCR (United Nations High Commissioner for Refugees) RDF (Rural Development Foundation), Oxfam UK and the Government of Sri Lanka (GoSL) had to meet IDPs' needs and aspirations by intervening with appropriate sustenance and development support. The Government provided its support via Government Agents and Assistant Government Agents. Especially, The Secretariat for Northern Displaced Muslims (SNDM) based in Puttalam under the Ministry of Resettlement has been responsible for providing all essential requirements of IDPs through the camps. Amongst many services the SNDM provided shelter, food, water, sanitation and other basic needs. Further, ensuring that proper health facilities and preventive health facilities are available, facilitating the provision of formal and informal education to IDPs, provision of livelihood assistance and guidance for self-employment were the anticipated role of the Ministry of Resettlement.

In 1990, the Government of Sri Lanka (GoSL) requested IDPs to return back to their original places of residence. But, the IDPs did not follow this request due to security reasons and stayed back in the camps. In 1992, only a small percentage of about 5% to 7% of the Northern Muslims opted to return to their homes. However, they faced many hardships such as lack of food, medical facilities and schooling for the children. On the other hand, at that time the North was identified as a disturbed area. Hence, the IDPs realized the futility of returning to their homes.

### IDPs' present situation

Today, all the IDPs have been resettled. The government has taken a decision to return them to their original places, and as such most of the IDPs have either returned or are resettled. According to the Ministry of Resettlement and Rehabilitation, in 2009 there were 18, 223 families (73,640 persons) living in the Puttalam District, out of which by the end of 2010, 17,501 (71, 490 persons) were resettled. According to figures (Resettlement Ministry 2011), only 1,505 families which comprised 6,823 persons are yet to be resettled from Puttalam District out of which 1545 persons have shown their dislike to resettle (Resettlement Ministry 2011). The Government of Sri Lanka (GoSL) announced that all IDPs numbering 84,250 persons will return/resettle to their homes by the end of 2011, completing the resettlement of all the IDPs (Ministry of Resettlement, 2011). Any way it was found that 3,150 families are still living in Puttalm.

### 3.0 Role of the interventions and their impacts

According to The Brooking Institution (2010) in achieving a durable solution for IDPs it should address key development challenges. These include providing access to livelihoods, education and health care in areas of return, local integration and resettlement. In this context the study focusing on the role of interventions and their impact on QOL of IDPs describes the scenario in terms of few selected impact areas.

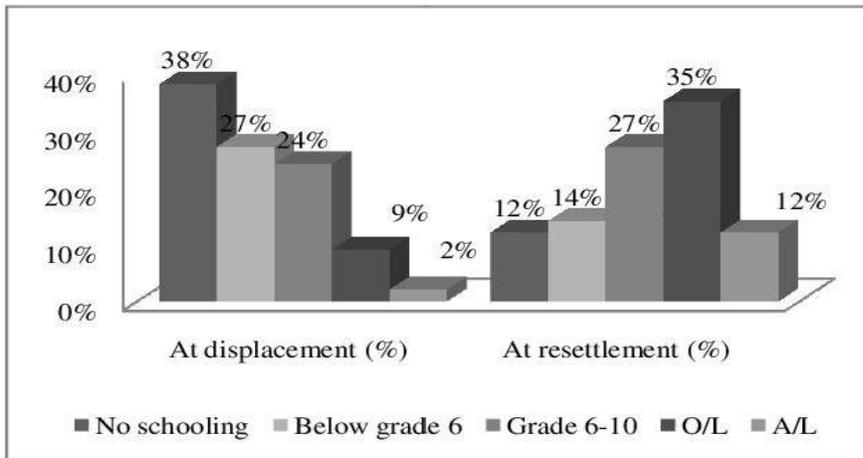
#### 3.1 Education

The displaced were provided with educational facilities during the camp stage. After displacement, the children of first generation have entered into government owned schools located in and around Puttalam District. During these 20 years, the government and other non- governmental agencies have supported in building new schools and providing diverse facilities to school going children. Especially, primary schools were built in every camp.

**Table 1: Level of education and gender of IDPs**

Level of Education	At displacement (%)	Gender		At resettlement (%)	Gender	
		Male	Female		Male	Female
No schooling	38%	12%	88%	12%	6%	94%
Below grade 6	27%	14%	96%	14%	12%	88%
Grade 6-10	24%	7%	93%	27%	32%	68%
O/L	9%	98%	2%	35%	58%	42%
A/L	2%	99%	1%	12%	86%	14%

**Figure 1: Level of education at displacement and resettlement**

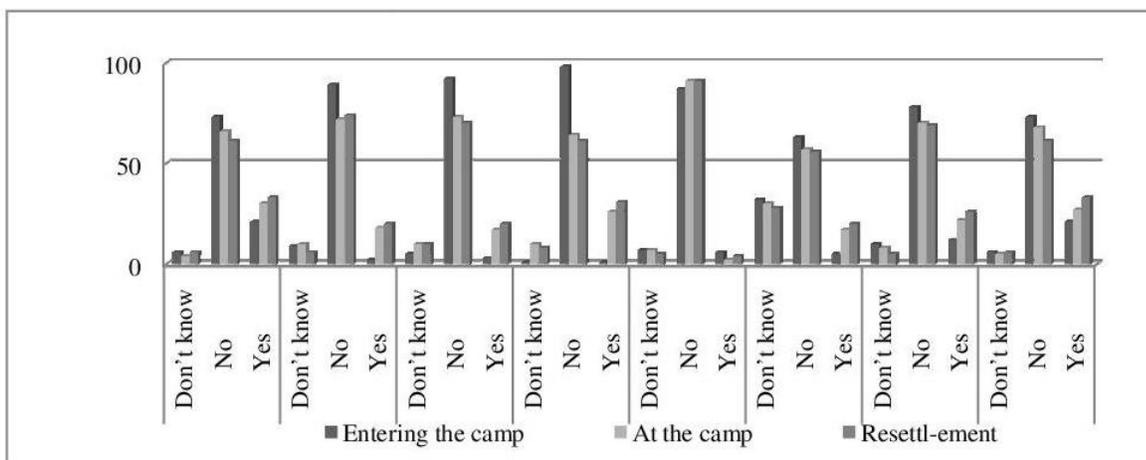


The Table and Figure (Table1 and Figure1) indicate that at the time of displacement, the number of IDP family members who did not have schooling stood at 38% and this number has decreased to 12% at the time of resettlement. With the same trend, it is evident that comparisons of , at the time of displacement and at resettlement , the figures for each level of education showed progress, and the relative number of person’s with educational achievements seems to be increasing. However, it shows that majority falls into the O/L category and beyond O/L they have not pursued their education at the same rate.

On the aspect of education, from an overall perspective, it was evident that at the resettlement, the IDPs have progressed through primary educational level until the resettlement stage. At the time of displacement there were only 11% of IDPs who had above O/Ls and at the time of resettlement the figure had grown up to 47%. Likewise, majority of IDPs fell into O/Ls category and beyond O/Ls larger majority have not pursued formal education. Another significant aspect found was that they have virtually not had any exposure to marketable skills such as computer literacy or competitive vocational trainings.

**3.2 Health**

**Figure 2: Status of prevailing diseases**



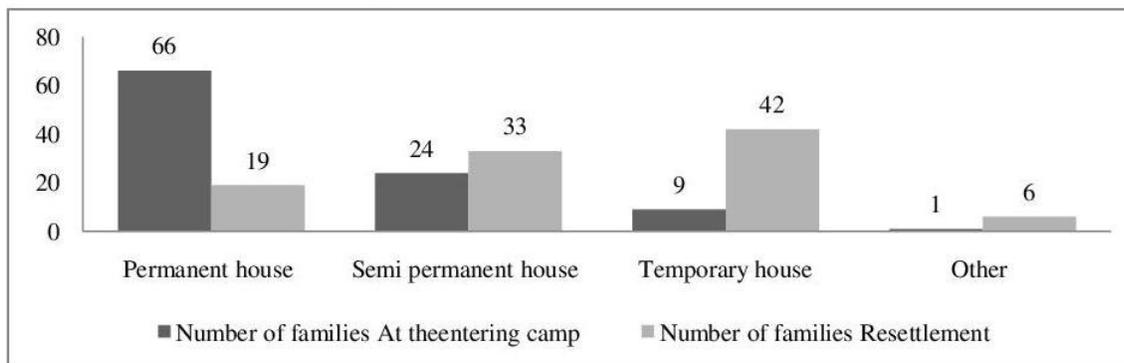
The graph (Figure 2) compares the responses on prevalence of non-communicable diseases during the three stages of resettlement. They have responded for many diseases as 'Don't know' and 'No' indicating that they may be unaware of their health conditions at the time of displacement. It is shown that from stage one to the resettlement stage these diseases have dramatically increased where diabetes increased from 21% to 33% at the resettlement, heart diseases from 12% to 26%, other diseases from 21% to 33% etc. Despite the access to health facilities, the increase in these ailments can be attributed to the traumatic events they had to undergo resulting in increased stress levels and the aging of IDPs could also have contributed to this situation.

In Sri Lanka, Ministry of health, local government health organizations and non-governmental organizations supported IDPs while providing better health facilities through hospitals and Health Officers in Puttalam area. Most of the IDPs had access to government hospitals which were situated around the IDP camps.

It was found that IDPs have mostly been suffering from heart and lung diseases, cholesterol, high blood pressure and asthma. From stage one to the resettlement stage these diseases have dramatically increased. Despite the satisfactory health services, increase in diseases mostly associated with aging of IDPs, has revealed that all the services except health education made IDPs satisfied to some extent while access to hospitals and health officers such as home visiting nurses have been considered as very effective. Observing the overall scenario, it can be presumed that the health services received by IDPs were significant and appreciated with high satisfaction.

### 3.3 Housing

**Figure 3: Nature of houses of IDPs**



The data (Figure 3) clearly suggests how the IDPs have lost their shelter as a result of displacement and that has led to lowering their societal position and QOL. At the time of displacement 66% of them had permanent houses and it has decreased to 19% at the time of resettlement whereas temporary housing has increased from 9% to 42% followed by semi-permanent houses from 24% to 33%. In terms of housing, possession of permanent houses has decreased sharply revealing that the IDPs will have their social status and QOL affected in the long term.

After 25 years of displacement, the IDPs have extended their families to three generations. However, when they were resettled in Mannar, the housing facilities available were adequate only for the first generation members despite new housing facilities being made available by donors which were limited in numbers. During the focus interviews held with IDPs in Mannar, it was revealed that almost every original house belonging to the IDPs have been destroyed and this has aggravated the housing issue further, at the time of resettlement.

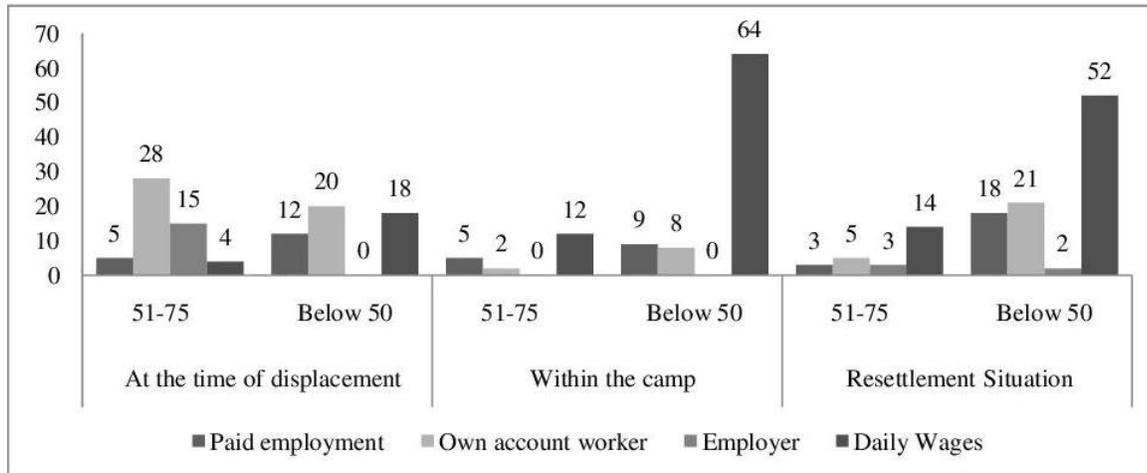
In terms of ownership or possession of houses, ownership of permanent houses has decreased sharply revealing that the IDPs will have their social status and QOL affected in the future.

### 3.4 Employment and Income

#### Job category and income

The data (Figure 4) reveals that the IDPs comparatively enjoyed a better life at the time of displacement in terms of income levels and the type of economic activity they were engaged in.

**Figure 4: The relationship between job category and income**

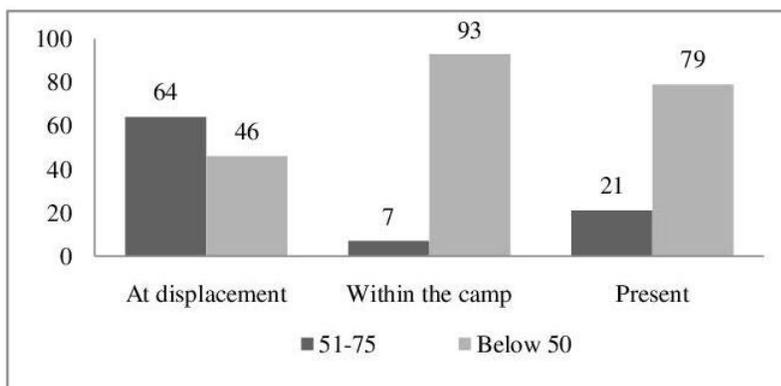


It can be clearly identified that at the time of displacement, there were 48% of Own Account Workers (OAWs) and out of them 28% of them have been able to earn an income between US\$ 51-75 while all 15% of employers had been within the US\$ 51-75 in terms of income generation. However, at the time of resettlement, it is seen that daily wage category has increased from 22% to 66% and OAWs has declined from 48% to 26% while employers preference have declined from 15% to 5%. This state of affairs leads one to presume that their economic base has been reduced to a low level during the resettlement stages and that it will take some times for them to regain their lost economic foundation.

#### Income earning capacity

The Figure 5 shows the level of income of IDPs in the three periods. It is evident that in all three stages the income level is recorded below USD 75.

**Figure 5: Total family income during three stages**



However, it is also noted that the income level has declined sharply from displacement stage (64% within USD 51-75) to camp stage (7% within USD 51- 75) and thereafter a slight increase is evident at the resettlement period (21% within USD 51- 75). Majority falls below USD 50 after displacement and it is

high as 93% within the camp stage indicating the erosion of economic status within the camps and thereafter reducing the rate to 79% indicating an improvement on economic status.

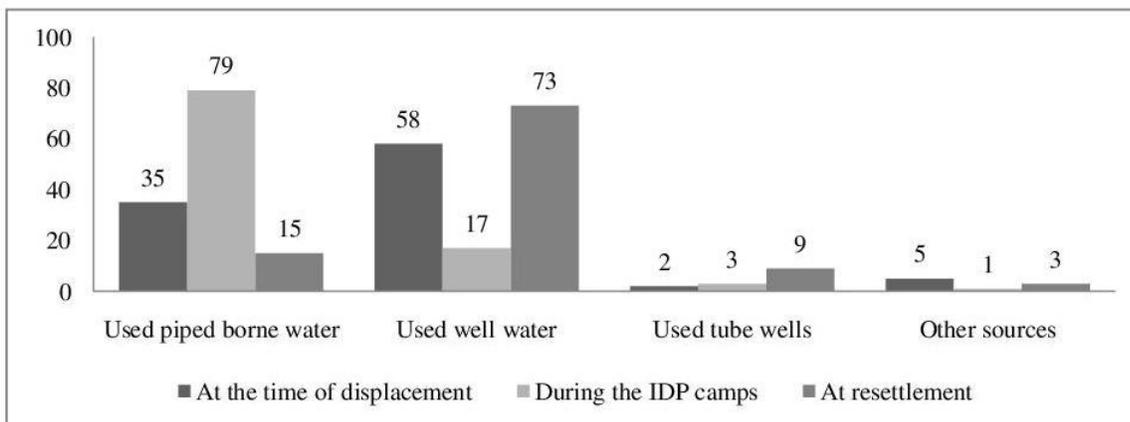
It was found that during the period between displacement and resettlement IDPs income level had dropped sharply while avenues of income too had become limited with majority's income recording below USD 50 after displacement. This is in spite of many having found employment in the area or being engaged in small scale businesses in their homes to earn an income.

This suggests that the IDPs sources of income have not been very substantial and significant enough to impact positively on the QOL improvement but only enough for daily survival and thereby it is expected to make a marginal contribution to economic development.

Further, this scenario suggests that as their income is low, it is difficult for them to sustain their families healthily with nutritious food intake and thereby the incidence of malnutrition will increase. Further, at the economic front, they will not be able to exploit the opportunities in the environment to initiate self-employment using the business development interventions received during camp stage. The SNDM provided livelihood assistance and guidance for self-employment of IDPs but it was not expected to significantly impact on the IDPs economic enhancement after resettlement.

### 3.5 Water

**Figure 6: Water usage during three stages**



It is seen (Figure 6) that source of water used by IDPs also suggests an unhealthy situation. At the time of displacement 35% of them have used pipe borne water which has dropped to 15% at resettlement while use of well water has increased from 58% to 73%. This shows the pipe borne water which is cleaner has dropped in usage at the resettlement stage. However, as shown by Figure 6 within the camps the pipe borne water has been provided to IDPs and 79% had accessed to pipe water in this stage compared to other two stages.

According to the study at the camp stage, the IDPs used the pipe bone water compared with the other two stages. Moreover, the SNDM also delivered quality water to IDPs. After displacement, most of them used well water as well as few of them were using pipe bone water. It was also found that they were not satisfied with the water quality, availability and accessibility. Comparison of income and water usage, it suggests that the IDPs have been able to have access to some amount of cleaner drinking water even though their income levels decreased at the resettlement stage.

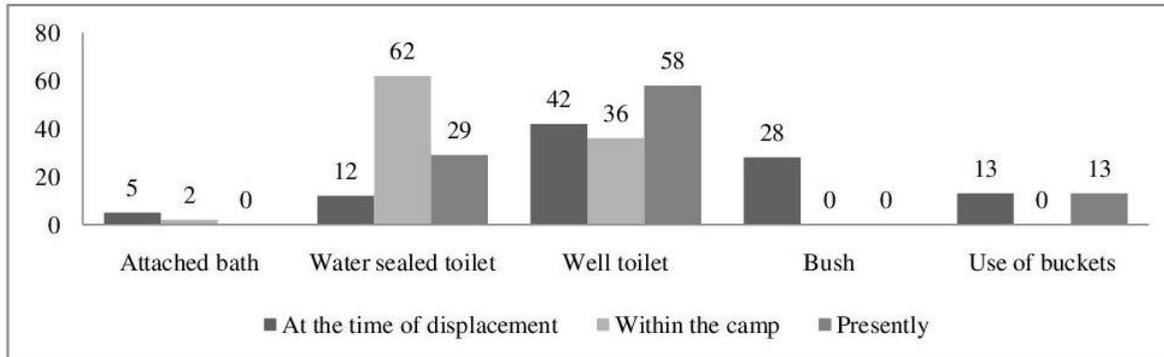
Considering the increase in well water usage, decrease in pipe borne water usage, its accessibility and IDPs poor rating for satisfaction, the impact on post settlement QOL improvement of resettled IDPs in terms of water usage is very limited.

However, IDPs have been able to have some level of access to cleaner drinking water despite their income

levels showing a decline at the resettlement stage.

### 3.6. Sanitation: Toilets

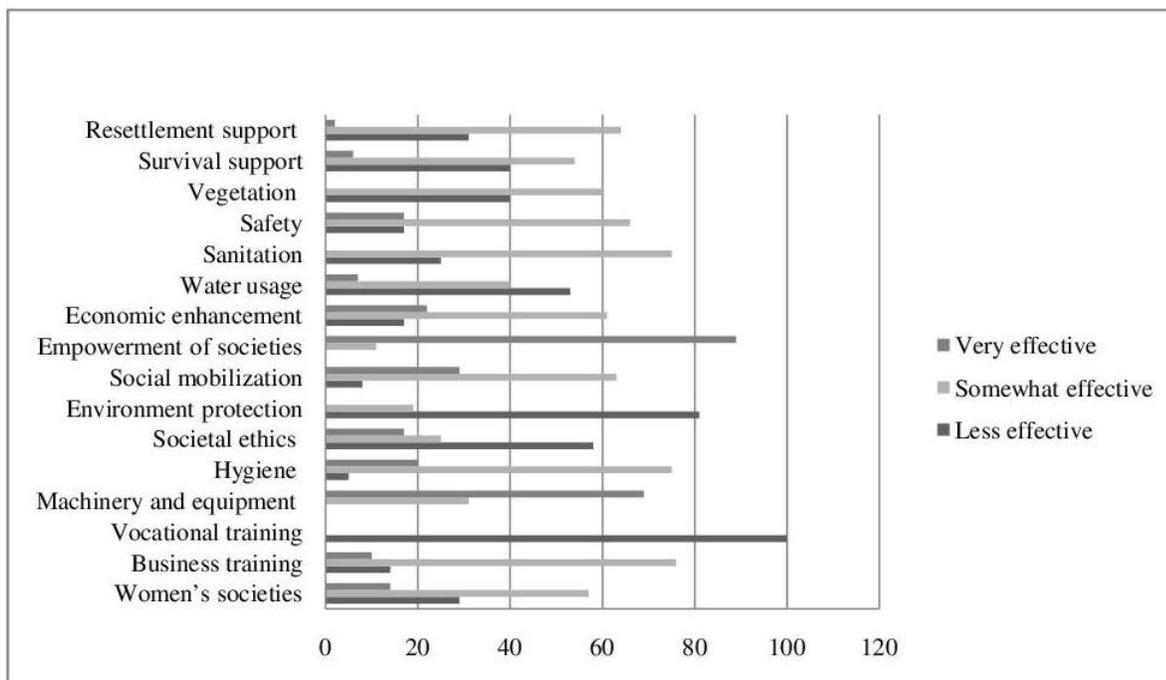
**Figure 7: Availability and use of toilets**



The Figure 7 illustrates the availability and use of toilets by IDPs during the three stages of resettlement process namely displacement, camp life and post resettlement. According to Figure7 most of the IDPs were using well toilets at all stages with 42% at displacement, 36% within camps and at an increased figure of 58% after resettlement. Within this scenario an increased usage of water sealed toilets is observed within the camp (62%). Also at the time of displacement, 28% of them have gone to the bush and at present this figure is zero. The water sealed toilet usage has increased from 12% at displacement to 29% at resettlement, indicating that there is an improvement of hygienic conditions and awareness in terms of toilet usage amongst the IDPs. This scenario suggests that this aspect of toilet usage and sanitation could have a positive impact on QOL of IDPs during the post resettlement phase.

### 3.7 Sources of interventions during the camp stage

**Figure 8: Impact of interventions in camp stages**

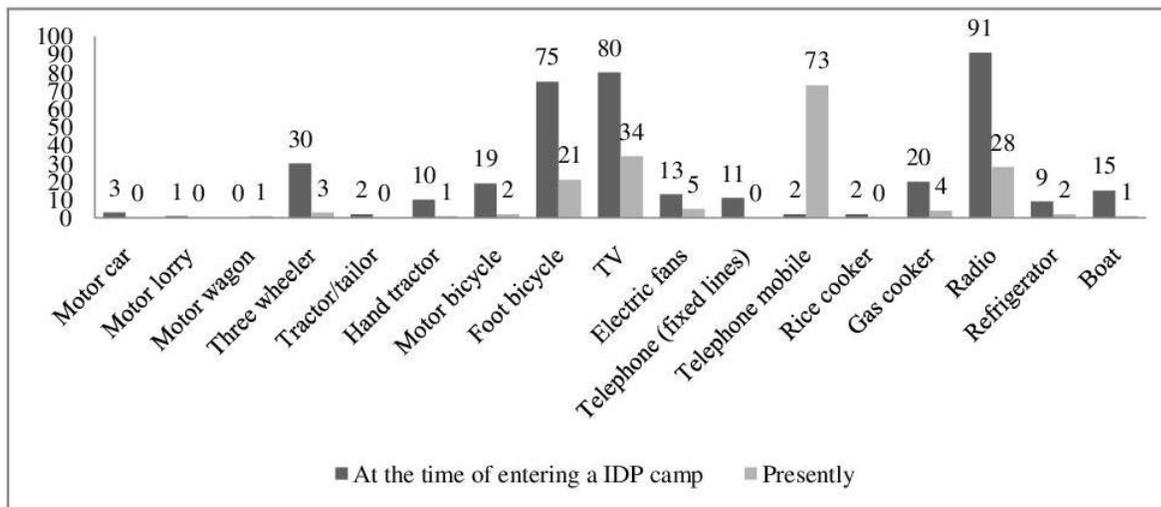


The Figure 8 reveals the effectiveness of development interventions provided during the camp stage. Accordingly, the IDPs have rated religion based empowerment of societies as the most satisfied (84%) intervention. Interestingly, with life skills and vocational training, a 100% of IDPs are not satisfied while it can be seen that overall, most of the IDPs have responded as ‘somewhat effective’ for development interventions which suggests that the impact on QOL is perceived to be not very significant.

According to this study, during the camp stage the IDPs have been given significant amount of development interventions that should have a positive impact on QOL improvements. However, in the areas such as life skills & vocational training and agriculture as sources of income generation have not received adequate attention hence a positive impact cannot be expected on post resettlement development. The current study found that survival and resettlement support are two areas that have received highest priority compared to development interventions. As a result, it can be presumed that the IDPs may not adequately be able to use the interventions to ensure self-reliance. This suggests that although traditionally the interventions for IDPs have been in its entirety was welfare oriented, and in this case IDPs have been exposed to development interventions that could be utilized to enhance their quality of life in terms of economic, social and environmental aspects during the post resettlement period.

### 3.8 Material resource base

**Figure 9: Material resource base of IDPs family**



Overall, it is evident that (Figure 9) their resource base has deteriorated sharply after displacement and the present scenario does not provide for a stable resource base for them to build their lives economically in the future. According, Figure9 that at the time of displacement, 30% of them possessed tractors and it has declined to 3% while hand tractors from 10% to 1%, motor cycles from 19% to 2%, foot bicycles from 75% to 21%, TVs from 80% to 34% usage of gas cookers from 20% to 4%, radios from 91% to 28% and possession of boats from 15% to 1%. . Only increase is mobile phones from 2% to 73% which can be attributed to the impact of the expansion of the telecommunication industry that has been experienced across the country facilitating the usage at affordable and low prices.

Overall, it shows that their QOL has sharply declined as a result of displacement and they have not been able to recover and improve their lives during the camp stage. The sound resource base they enjoyed previously supported their economic enhancement and, social status, but with the loss of resource base it is seen now that their social status and the potential for economic enhancement by exploiting opportunities using agricultural, transport and other equipments is marginal.

#### 4.0 Conclusion

This study discussed the QOL improvement of the resettled IDPs who were lived more than 20 years in camp stage. The government, INGOs, NGOs and other civil society organizations were involved in providing support to them. Basically, they were involved in providing shelter, water, school facilities, water and sanitation facilities, infrastructure facilities and other basic needs.

As one key intervention, education has the potential and the capacity to empower people to generate sustainable solutions to issues they are facing in their life situations irrespective of the context be it in IDP situation or otherwise. They may not be in a position to improve QOL using the educational gains they have received through the rehabilitation process. Further, they have not been exposed to marketable vocational education and training during the camp process. The IDPs haven't had any exposure to marketable skills such as computer literacy or competitive vocational trainings. This situation is likely to impact negatively on resettled IDPs where as a result, their chance of entering into the competitive job market will be affected. Thus, the study indicates that it is difficult to predict a positive impact on the lives of resettled IDPs in the future through education. Therefore, a learning here is that the resettled IDPs will be restricted in finding quality jobs in the future while ability to engage in business with right vocations too will be a challenge ahead of them. This can be one reason why young generation of IDPs chooses to get locally integrated in Puttalam as they perceived that they have better economic options in Puttalam whereas comparatively they did not see a better productive life after resettlement. Further, it is important to initiate vocational and technical training schools to impart marketable skills to prospective job seekers and self-employers to support them to achieve self-sustainability. Therefore IDPs should have been exposed to marketable skills such as computer literacy or vocational training that are oriented towards a sustainable resettlement.

In terms of housing, living in permanent houses has decreased sharply revealing that the IDPs will have their social status and QOL affected negatively in the future. The youth specially who had a dislike to resettle or return to their origin place without proper houses are likely come back to Puttalam as the settlement process did not look into this aspect seriously and guided by an effective policy. Therefore, they will tend to continue their lives in the future under these difficult conditions due to lack of houses. If this situation becomes chronic, IDPs may feel that they are being discriminated. The data revealed that almost every original house of the IDPs have been destroyed and this has made the housing issue more aggravated at the time of resettlement. Thus, they may be displaced again due to lack of an effective resettlement policy.

The study reveals that at the time of displacement, the IDPs enjoyed a better income earned from various types of economic activities. As a result, it was observed that the IDPs had to exploit opportunities as daily workers for their survival. After return or resettlement, the IDPs sources of income have not been significant enough to impact positively on the QOL improvement but only enough for daily survival which does not have a substantial contribution to improving QOL. These improvements are likely to affect the families with slight improvement in terms of QOL. Interestingly, this scenario suggests that the IDPs have not been able to use the vocational and other life skills imparted to them during camp stage, and hence self-employment and other skills imparted to be used as sources of income have not been effectively used and met with desired aspirations of IDPs having a significant impact on their economic enhancement and self-reliance after resettlement.

It is recommended that the government formulates an IDP focused income generation and enhancement strategy utilizing the IDPs growth potentials and market needs while making available vocational, technical and business training backed by a business development support system with credit, counseling and advice, common facilities and business extension for those who are willing to enter self-employments and small businesses sector. The young IDPs who disliked resettlement and return and preferred local integration could be the market for these centers.

In terms of the aspect of health, it was learnt that IDPs have mostly been suffering from heart and lung diseases, cholesterol, high blood pressure and asthma. From stage one to the resettlement stage diseases have dramatically increased. These ailments may have been caused due to traumatic events they had to undergo and the aging of IDPs could also have contributed to this situation. In resettlement phase policy makers had not attention on aging population and their health condition.

Analyzing the water usage and its impact on the environment and QOL of resettled IDPs, the scenario of increased well water usage and decreased pipe borne water usage and accessibility to drinking water, IDPs have given a poor rating for satisfaction. The study indicated that the impact on post settlement quality of life improvement of resettled IDPs in terms of water usage is very limited.

On sanitation and its impact on QOL and largely on environment it was revealed that most of the IDPs were using well toilets at all the stages but water sealed toilet usage has increase at resettlement, indicating that there is an improvement of hygienic conditions and awareness in terms of toilet usage by IDPs. This scenario suggests that toilet usage and sanitation could have a positive impact on quality of life of IDPs during the post resettlement phase.

The government and other agencies have been providing mainly survival services while some engaged in providing development support services. However, it was found that these services were not very effective in improving QOL of resettled IDPs. Further, except in the areas of education and health the effectiveness of services were poor and not being able to make the IDPs satisfied. However, it is still not too late to revisit the resettlement process and provide solutions to the unmet needs of the IDPs. The study indicated that many support institutions that included GOs, INGOs, NGOs, host community and other agencies mainly provided survival support to IDPs. However, it was also found that they have to some extent been able to provide development support to IDPs where this was not systematically done making the IDPs not perceiving these services as usable once they were resettled.

Further, observing the approach adopted by the government in spite of obvious reasons in resettling IDPs it shows that the resettlement process was ad-hoc, unsystematic and not IDP friendly. Further, government has not being able adhere to internationally acceptable standards such as GPID principles. As a result the IDPs have faced immense difficulties that are not supporting a sustainable resettlement. Resulting from this scenario two challenges faced during the resettlement was the returning of some families after resettlement back to camp area due to lack of facilities and the other is the dislike among the youth to resettle as they are used to the environment in the camp area. The resettlement approach could not address these difficulties.

Further, the study explored that the much needed pre-planning and coordination between key players and adopting an integrated resettlement approach ensuring IDPs, an improved QOL is a grey area in the resettlement process. Further, an interesting finding is that there was no future strategic plan to support IDPs that ensure basic facilities and infra-structure that can give hopes to IDPs about their future survival. To ensure that the IDPs are resettled in the future with dignity and enhanced QOL in own country, the government must follow internationally acceptable guiding principles while planning a approach that will take into account key aspects related to survival and development support. Going beyond this, they can mainly focused on health, water, sanitation, housing, education and imparting marketable life skills for them to be used once they are resettled to revive their lives.

The study was conducted during the transit period between camp stage and resettlement stage. Therefore, the study is indicative of the inadequacy of impacts or influence on the QOL of resettled IDPs. The study was carried out nearly after one year upon the IDPs were resettled. If the same study is conducted after some reasonable time, the impacts could have seen different.

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