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EXECUTIVE SUMMARY

The Dadaab Refugee Camp Complex in Northwestern region of Kenya is home to the largest refugee camp settlements in the world, approximately 350,000 people living in 5 camps. MSF has worked in the region sporadically since 1991-1992, when the camps became necessary after a massive influx of Somalis fleeing violence and drought. Today, ninety-five percent of camp residents are of Somali origin. MSF-Swiss section has been running a project in the Dagahaley camp since 2009, estimated to have 85,000 inhabitants. In November 2013, a Tripartite Agreement was signed by the Governments of Kenya and Somalia and UNHCR to promote the voluntary repatriation of Somali camp residents. As the end of the 3-year agreement approaches, the Government of Kenya has communicated publicly that efforts to accelerate repatriation of some remaining 250,000 Somali registered refugees will take place for “security, economic and environmental reasons”.

To better understand the concerns of Somali refugees facing potential repatriation, a series of focus group discussions and a household survey were undertaken in Dagahaley Camp in July and August 2016. Most participants indicated they had ties to the Middle & Lower Juba areas, and the most likely area of return would be the city of Kismayo. In the focus groups, participants were adamant that they did not want to move to Somalia and none of them were considering voluntary repatriation. In the survey, 86.4% of respondents reported that they did not intend to move to Somalia. It is important to note that while the terms “repatriation” or “return” are being used, nearly half (48%) of the residents of Dagahaley were in fact born in Kenya and therefore have never actually lived in Somalia.

One of the most significant concerns raised by participants in the focus groups was their fear about the level of insecurity in Somalia. Many participants cited youth as being at the greatest risk if repatriated, as they would likely be targets for recruitment by Somali Government or Al-Shabaab militias active in the region. More than half (53.8%) of households surveyed reported that they were *not at all confident* that they could ensure the security of their household in Somalia. Overall, 83.6% rated Somalia as *very unsafe*.

Fears about access to health services also featured strongly in the focus group discussions. Most had information that in Somalia, urgent and essential care, response to disease outbreaks, and secondary health care for chronic diseases is absent or unreliable. When asked about the availability of health care in Somalia, the overwhelming majority (84.8%) of survey respondents said that the health services required by their household would not be available to them in Somalia.

In addition to concerns about security and health care, concern about the lack of access to education was emphasized repeatedly in the focus group discussions. A strong value is placed on family cohesion and education for children. Concerns about lack of access to other basic needs such as water, food, and shelter were also expressed. All of these concerns were similarly measured in the survey, where respondents reported an overall lack of confidence that they could meet their household’s basic needs in Somalia.

In conclusion, despite repeated reports that basic services such as water access, food security, and sufficient shelter are lacking for camp residents, participants in the focus group discussions and the household survey strongly indicated they would choose to remain in Dagahaley because they feel more secure, and have the right to access health services & education. Though unable to live or move freely in the confines of the camp, this option is far superior in their view to a return to the instability, insecurity, and lack of the most basic amenities in Somalia.

BACKGROUND IN BRIEF:

MSF provides healthcare via a main hospital and 4 health posts in Dagahaley camp – approximate total population of 85,000, up to 20% of whom are children under 5 years old. They are also the only medical organization providing healthcare services to the surrounding Somali-Kenyan population. The MSF-Swiss section has conducted activities there since 2009. Dagahaley is one of 5 refugee camps in Dadaab, and one containing the majority of the first residents who fled Somalia in 1991-1992. UNHCR has estimated 250,000 Somali refugees in total reside in the 5 camps, however new estimates arising since they have begun biometric verification show the number may be less. The proposition by the Government of Kenya is to first repatriate residents of IFO and IFO-2, and likely Dagahaley would be set for closure last. Though the first wave of refugees were displaced peoples inside Somalia fleeing violence and drought/famine, later arrivals (after 2011) indicate they came in order to access health services or reunite with family. In August 2013 MSF closed all its projects in Somalia, after 22 years of continuous operations – subsequent to the release of two women, MSF Spanish expatriates who had been working in Dagahaley, after a 20-month abduction while they were held in Somalia. There have been multiple “closures” of the border with Somalia since 2007, resulting each time in new arrivals not being able to get official registration as refugees, and forcing settlements on the outskirts of the camp in “self-settled” areas amongst the Somali-Kenyan population. Later arrivals are reported to have some of the most fragile health profiles.

Reasons for internal displacement and asylum seeking by Somalians (the ebb & flow):

- 1) 1991 – Somalians flee ongoing violence and civil unrest, also driven by persistent drought/famine. Mass refugee displacement to Liboi, Kenya on the border with Somalia.
- 2) Lack of basic essentials such as water, food security, and shelter, physical safety
- 3) To obtain essential medical services: urgent care, chronic disease care, maternal child health, adequate response to measles, cholera outbreaks.
- 4) To reunite with family members
- 5) Escape in 2008, waves of renewed violence sent refugees seeking asylum over the border
- 6) Starvation and malnutrition - in 2011, a new drought/famine resulted in large number of new arrivals – many of whom returned in the last 5 years. Simultaneously, the abduction of 2 MSF Spanish female expats led to evacuations and dramatic reductions in MSF staff in Dagahaley.
- 7) August 2013, MSF sections close their projects in Somalia immediately following the release of the two MSF Spanish expatriates.

The Somali refugee community dating back to the early 1990s have established stable co-habitation, and instituted models of executive, administrative and health committee focal persons to represent sections and blocks of the camp. In 2009 when MSF began activities, members of the community were trained to take on more formal functions of Community Health Workers. Today what is known as the “outreach team” carries out daily activities of health education, nutrition screening, urgent medical referrals, basic counselling on SRH, and follow up of patients registered in MSF medical services, including Mental Health, and Palliative Care. It is in part this connection to the community, and the field coordination efforts of community liaison that have permitted the project to function well, despite having had to move to a “remote support model” of project management in 2011. Regular meetings with community leaders and focal persons have permitted MSF to maintain strong presence & reputation. MSF has conducted multiple surveys and advocacy efforts on behalf of the region’s populations in distress, including several Briefing Papers in the past, see *Additional Resources* section at the end of this document.

In response to the continued statements about the closure of the camp and the commencement of an accelerated repatriation process for the Dadaab camps, MSF conducted research to better understand the concerns and needs of those living in Dagahaley for whom MSF medical activities are the primary source of health care. A qualitative study was done to gather information from key stakeholders and to give a more in depth understanding of the types of problems and challenges faced by those who might be repatriated. This was followed by a quantitative survey to allow us to measure how broadly these concerns are shared in the population. This data not only adds to our understanding of the context in which repatriation would take place, but it also provides information that is useful for MSF and other organizations providing services to this population.

Figure 1: Kenya and border with Somalia (source: Google Maps)

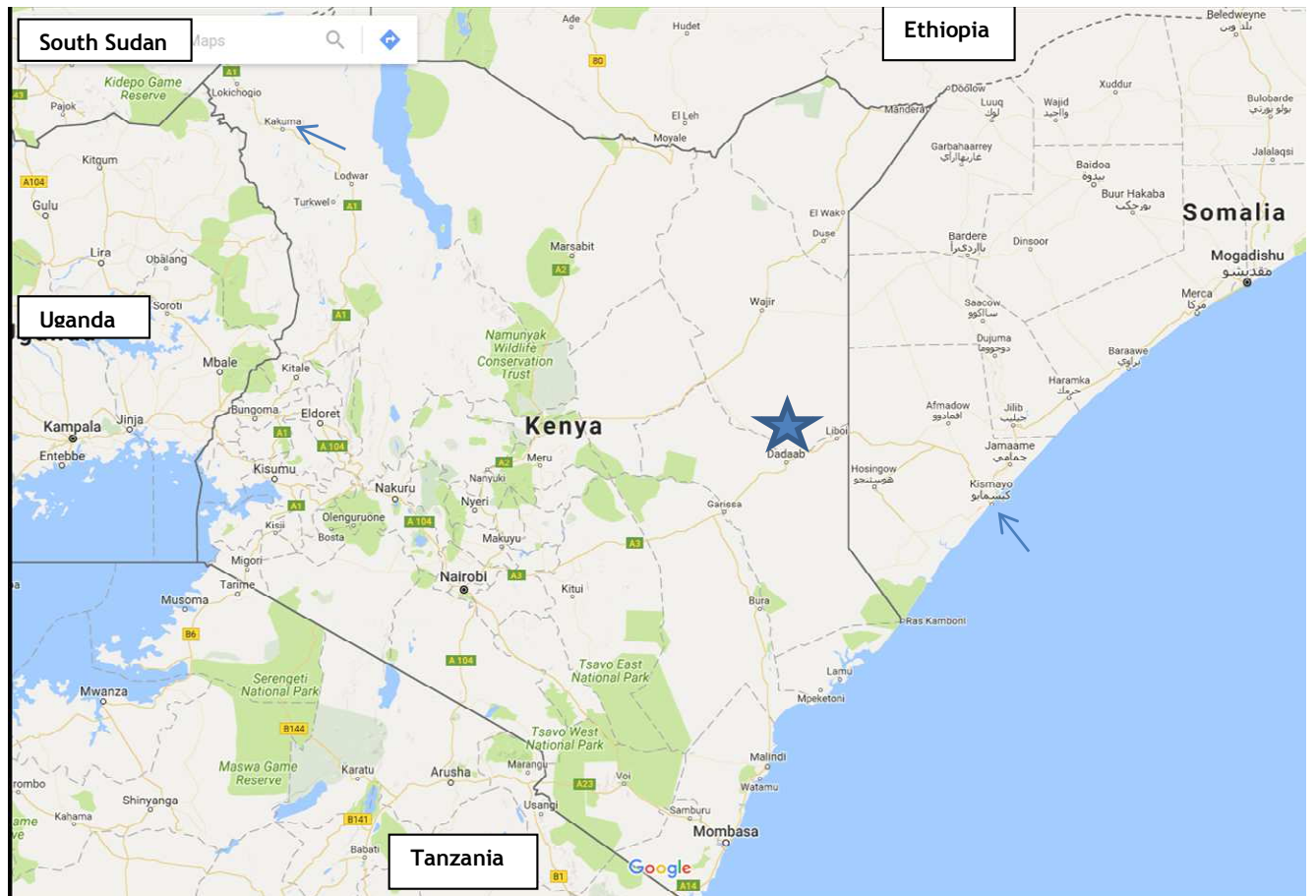


Figure 2: UNHCR Data on Somali Voluntary Repatriation cumulative figures as of June 2016

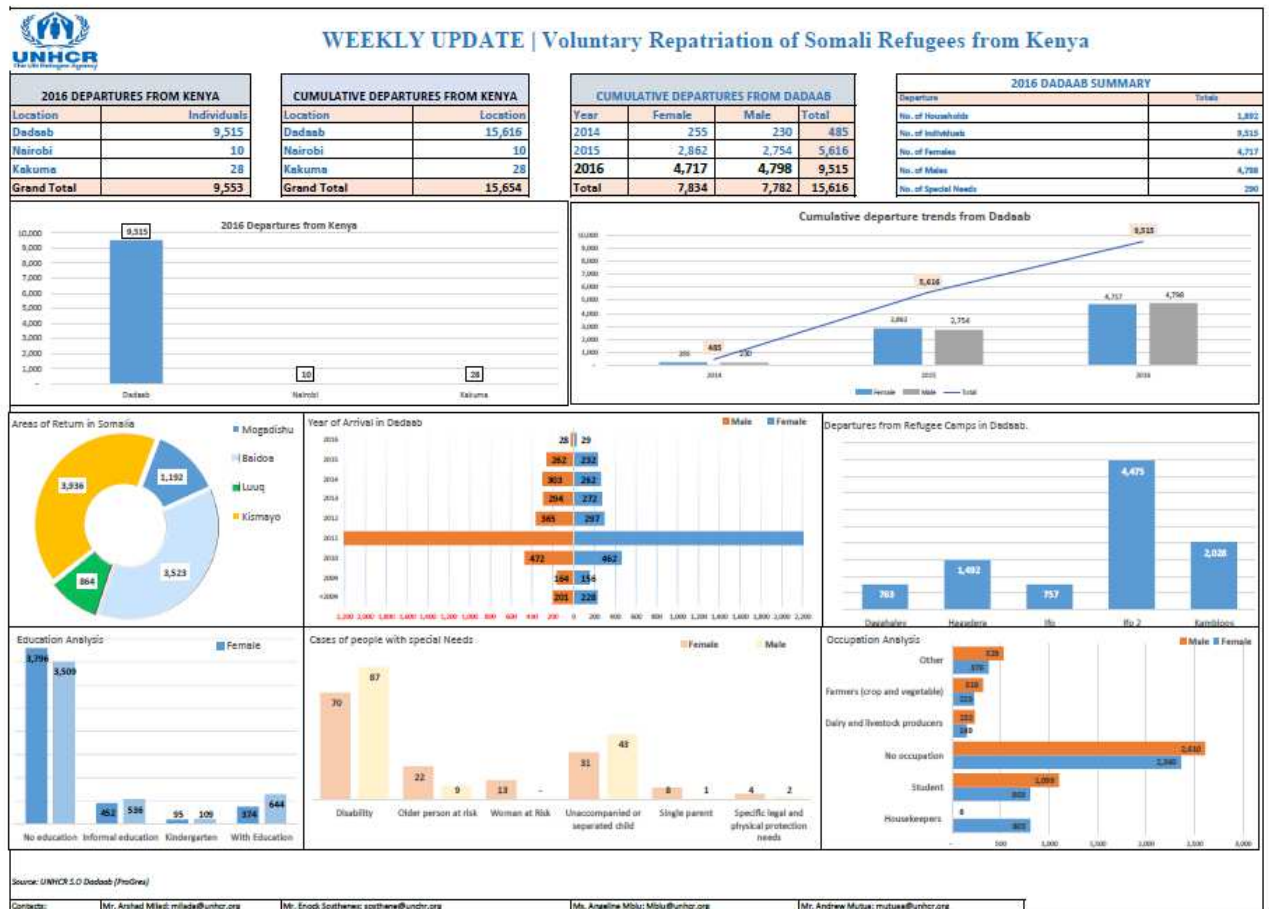
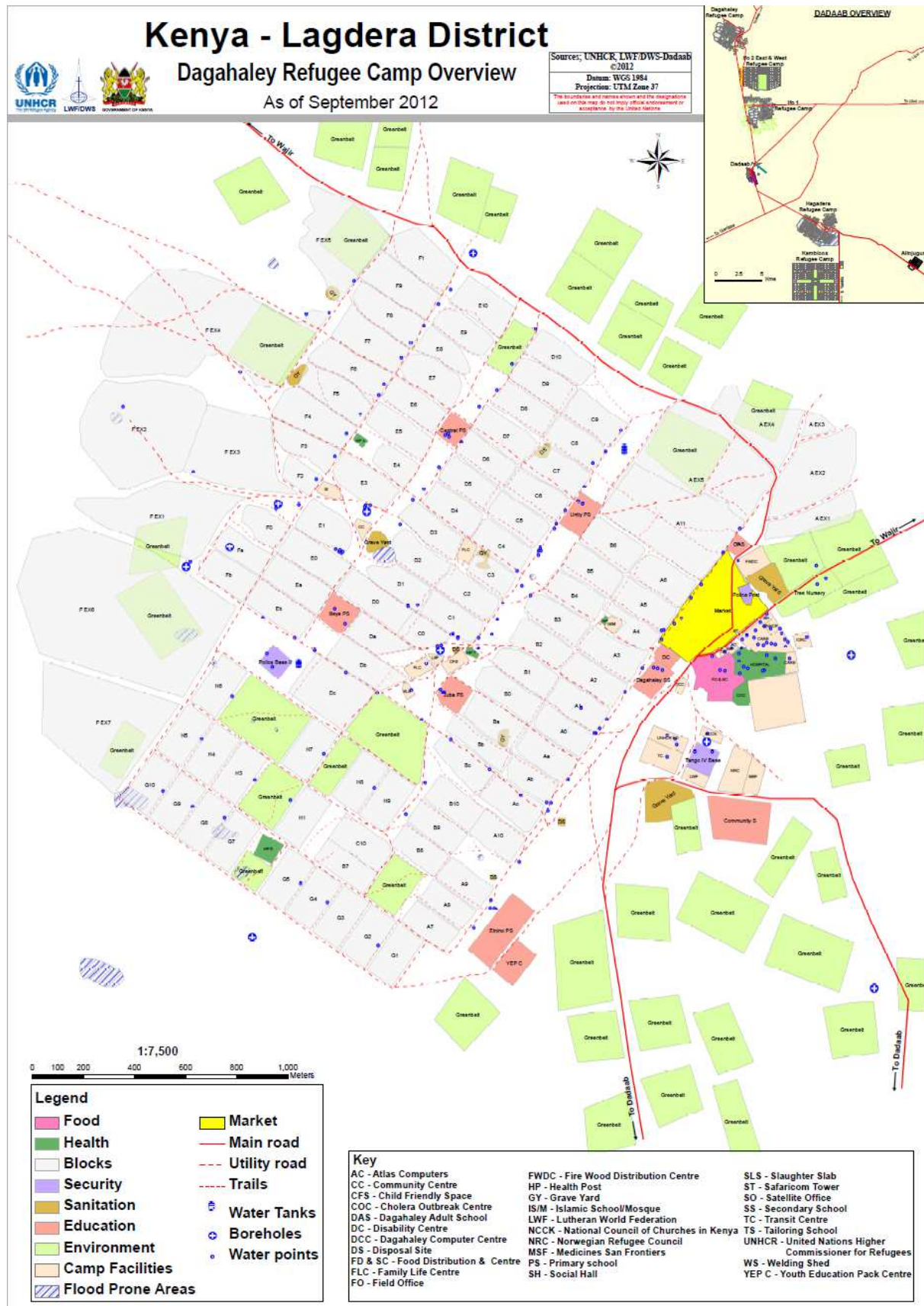


Figure 3: Dagahaley Camp Overview (with Dadaab Refugee Camp Complex inserted top right)



QUALITATIVE ASSESSMENT – Concept Proposal for the Focus Group Discussions:

On 6 May, 2016 the Kenyan Government announced that it would close Dadaab and Kakuma refugee camps, citing security concerns. They have since revised the decision to close Kakuma, saying that Dadaab is the major threat to national security. MSF, working in Dadaab since 2009, is strongly opposed to the move and we believe that it will have enormous humanitarian consequences for some 150,000 refugees. Neither the international community nor the Kenyan Government have offered them any other choice than to return to war-torn Somalia. During our assessment, refugee residents were actively undergoing biometric verification exercises by UNHCR.

OBJECTIVES:

MSF provides healthcare via a hospital and 4 health posts in Dagahaley camp – an approximate total population of 85,000, up to 20% of whom are children under 5 years old. The main objective of this activity is to collect information from Dagahaley community members regarding their perceptions of the conditions in which they will return to Somalia, and the conditions that await them. The results of the final survey would be shared widely in internal and external media to highlight the needs of returnees and the risks inherent in their return.

- Target groups that represent cross-section of camp residents with respect to age, gender, residents that have resided in Dagahaley <5 years and over 5 years.
- Select sub-group of residents who are enrolled in MSF medical care
- Key Informant interviews (Head of Mission, MSF Humanitarian Affairs Officer, Field Coordinator and Deputy Field Coordinator)

METHODOLOGY:

1st Phase: Qualitative Method – Focus Group Discussions are a good method to rapidly assess a population perceptions and needs. Results were used to create a quantitative community-based survey (“Household Survey”). Inputs from our direct beneficiaries and community members will allow us to orient our strategic advocacy and intervention efforts.

- Maximum group size: 8 to 10 with a minimum of 4, matched for sex, age, social status, education and or work background. People should share a background.
- Topics: perceptions and identified needs with regard to resettlement in Somalia
- Maximum 2 focus areas during focus group sessions (resettlement, then healthcare needs specifically)
- Use of open-ended questions (see below in section “response data analyzed for dominant themes”)
- Session time: 1 to 2 hours maximum
- Guided by two persons: group facilitator and reporter (trained by J.Cyr)
- Conducted in local language where necessary, in which case translator/transcription into English is verified by group facilitator (A.Jimale)
- Noting both verbal responses and non-verbal signs, group interactions

GROUP COMPOSITION (PARTICIPANTS IN THE FOCUS GROUP DISCUSSIONS)

Group Number and Composition	Number Participants
1.MSF Incentivized Staff (Somali camp residents – Outreach, nurses & 1 SW)	10
2.Community Leaders	9
3.Community Health focal points	10
4.Women leaders and focal points	10
5.Religious leaders	10
6.Patients enrolled in MSF chronic disease program (and caretakers)	10
7.Youth leaders/focal points	6
8.Youth in School	10

Group	Male:Female	Age X=	%Married	Median yrs in camp
MSF Staff	5:5	29	70%	25
Comm Leaders	6:3	39		18
Comm Health	6:4	43.5		17
Women	0:10	41		8
Religious Leaders	10:0	53		24
Chronic Disease	6:4	43		8
Youth Leaders	4:2	27		25
Youth in school	5:5	18		8
TOTAL	42:33	36 years		

RESPONSE DATA ANALYZED FOR DOMINANT THEMES

<p>Focus Group Discussions</p>	<p>Objective: Rapid assessment of the perceptions Dagahaley Somali Refugee Residents of the repatriation process, and identification of humanitarian needs for a return to Somalia.</p>
<p>Question 1: What is your reaction since first hearing of about the closure of the Refugee Camps in Dadaab?</p>	<p>Fearful, Shocked, Disappointed, Confused and Distressed Education: Children and high school students have refused to do exams, they ask why bother? Concerns for Children & Family: Concerns about health: stress symptoms, high blood pressure, sleeplessness, anxiety & worry Insecurity: I will not go back there, it is not the time to go back. Many participants mention the dangers of dying- either for health reasons or safety reasons. Livelihood: Most mention youth will be involuntarily recruited into militia groups, government forces OR al-Shabaab (Known formally as HSM: Hakarat al-Shabaab Mujahideen, a “youth movement”) Community Response: Everyone is talking about it, everywhere you go, in every household</p>
<p>Question 2: Who is the most at risk in the face of this decision?</p>	<p>Children under 5, and youth especially boys at risk of recruitment into HSM or gov’t forces Patients with chronic diseases, especially those in palliative/home-based care Elderly or disabled Girls, and single mothers who will be at risk of rape, forced marriage, deprived of education Mothers, who will lose their children, or experience difficulties obtaining maternity care Community Leaders – seen as “informers” or “westernized” by Somalis, their power is threatening Religious Leaders – seen as traitors, or lacking impartiality with respect to clan conflicts Long-term residents of the camp – do not have ties to family/land in Somalia any longer</p>
<p>Question 3: Have you considered a voluntary return to Somalia? Under what conditions would you feel ready to return?</p>	<p>No one acknowledges considering a voluntary return when we posed this question. Most seem rather surprised by the question at all Three participants admit they have returned to Somalia on their own in order to evaluate the situation. Those who told us this, and other participants citing acquaintances who had gone back, said they chose to return to Dagahaley camp, in most cases after an incident such as: having a family member killed, or being unable to obtain medical services Youth appeared to be the most knowledgeable about conditions of voluntary return, and tend to educate and reassure peers and family that a return will be voluntary not forced. The predominant response to “<u>under what conditions would you feel ready to return?</u>”: <i>When peace is restored</i> <i>When the Somali government is functional and can assure the safety of its citizens</i> <i>When militia groups do not endanger returning youth by forced recruitments</i> <i>When education and health services are available in the remote areas in which we are from</i> <i>When it is possible to have land, and shelter, and clean water, food security</i> <i>When it is possible to conduct business and build livelihoods</i></p>
<p>Question 4: Rate the 3 most important needs you anticipate upon a return to Somalia?</p>	<p>Security/Peace Health Education <i>Basic needs for water and food Security</i> <i>Shelter or Land</i> <i>Employment/Livelihood opportunities</i></p>

Question 5: **ANC/maternity/PNC (Birth/Delivery Services)**
What are the most important HEALTH needs you or your family members are likely to have? **Patients with chronic disease, mentioned most often is Palliative care, Hypertension & Diabetes**
(also mentioned Mental Health care, HIV/AIDS, TB, Cancer Care and disability services)
Immunization for babies and pregnant mothers
Emergency & Referrals Services (ie. mama taxis – ambulances for women in labour)
Surgical services
Primary, Secondary and Tertiary Care (OPD and IPD, quality drugs)
Nutrition programs
Urgent response to disease outbreaks such as Cholera

Most are not aware of where to obtain health services in Somalia- they say it is unavailable or unreliable. Even private practitioners are said to charge too much and drugs are of poor quality or expired. Several participants suggest they would need to seek healthcare with MSF

Question 6: **Give us the option to stay, the right of refusal without losing our current services**
Are there any proposals amidst the community on how to move forward with the repatriation process? **Give the option of resettlement to the most vulnerable: people with chronic diseases/ disabilities**
Raise the financial incentives to return voluntarily
There is a need for an assessment of security/protection issues/health & education resources in Somalia
MSF should set up services on Somalia side
Humanitarian organizations must be in place
There is a need for more concrete information regarding repatriation, the procedure needs to be simpler
People should be permitted to go voluntarily, if they do not want to they should continue to get services
Patients with chronic diseases should not be forced to return
Communities ought to be transferred together intact
Air flight should be available, particularly for the most vulnerable
Land transport should be made available all the way to Kismayo as the route from Doble to Kismayo is fraught with danger of HSM, robberies and "taxation" for passage
The community has not been consulted nor engaged around questions of mandatory return
The monetary package for return should be increased: for example, to \$1000 in order for families to become self-sustained (ie. able to build shelter and farm animals & agriculture)

QUOTATIONS OF KEY RESPONSES FROM GROUP PARTICIPANTS:

The following quotations are from the direct transcriptions/translations of individual participant responses, reflecting common themes or most striking articulations of the dilemma they feel.

My reaction regarding repatriation: I was so much shocked. I came in 2008, I fled due to insecurity. My husband was killed in 2003. My four boys are at high risk of being recruited in militia group either as a terrorist or taken into government forces. I felt like I had fallen in between a rock and a hard place: on one side is the government of Kenya that no longer want us on its soil and on the other end is the terrorist militia group who are blood thirsty and eagerly waiting for our return, this made me think like I was so much squeezed and sometimes felt like I have difficulty breathing. (MSF Staff, participant no.10)

The forum of youth are talking based on what they hear on radio, TV, they are following closely. They are saying a camp closure by December, 150,000 refugees - are they ready to go back to Somalia? It is not conducive. No other partners are present there. They are not ready to be resettled either in Somalia. They are proposing to get out by passing through the Mediterranean in order to get to Europe... (Staff participant no.6, male)

I came to Dagahaley in June of 1992 and went back to Somalia in July 1993. I was working with an NGO called Canadian Baptist. I had hope that Somalia would be peaceful again. I stayed in Somalia till 2005. In 2006 my younger brother was killed by the ICU [Islamic courts union]. That is when I decided to leave Somalia again for the refugee camp Dagahaley with all my children. Currently my children are in primary and secondary school.

The conditions in Somalia today will not allow me to go back. A family with 2 sons that went back recently to Somalia was told to bring one of their sons to be recruited in the militia (al-Shabaab) group or they will kill both of them. So we ask the Kenyan Government to change its stand on the closure the refugee camps or else let us be relocated to a 3rd country of asylum since going to Somalia is not an option. (Community leader group, participant no.7, male)

All the community leaders are at risk this is because if we go back to Somalia, HSM thinks that we are spies and that we are working with the government. (Community leader – 006, male)

The youth are at risk since they will not get education and will join HSM and our young girls will be raped and there will be a lot of early marriages. (Community leader – 001, male)

When I arrived in Kenya refugee camp in 2010 with my children we had security and education. My children were small, now one is in class six. I was in a place of darkness and now we are in a place of light. There is education, health care, safety. To go back is to go back to darkness, back to fire where everything is wasted; the education my children have gained will be wasted. (CHC – 005, female)

“MARKA NAFTADA UYABTA AYA TII WALALKA UYABTAA” Somali saying meaning when you fear for your life, you will fear for the life of your brother....Somalia is currently not in a position to take care of itself and so the decision to move out the refugees back to Somalia only means exposing them to imminent danger. I am afraid to go back because there is no life and no hope there. (CHC – 005, female)

Since there is no peace in Somalia, it is best to be considered for resettlement to other countries. “NIN HOYADIS HAR DIGA AYA HAR HELA” a Somali saying which means “He who can afford some shelter for his own mother is a better position to get himself a shelter”, implying the need for dignity in the whole process unlike what is being offered now that has no any dignity. Back during the fall of Somalia, during that period, they were treated in a better and humane way since there were so many Aid Agencies who received them at the border point of Liboi giving them the required amenities like shelter, food and healthcare. If we must go, then we need to be treated humanely in a smooth process that includes having a camp for us in Somalia for some time as they adopt the new environment before they can eventually integrate.(Women leaders – 001, female)

What the current process entails is the use of force and threats. There is a need to make the process friendlier and not to use force in the process. Let those who want to go be taken in a humane way and with dignity and those who are not ready to be left to make their mind. (Religious leaders – 001, male)

Yes, I considered returning. In 2012 is when I returned back to Somalia and I stayed in a place called Doble. During my stay I started becoming ill and if it was not for good samaritans I would have just died. They took me to a small health facility run by Red Cross Society who in turn transported me back to Dagahaley Hospital by MSF. It is here that I was given the right treatment and nutritional support. Since then, I decided not to ever return back to Somalia. I then also decided to share with my colleagues who have the same condition as me that life back there in Somalia is very horrible, and much worse when you are a sick person who is dependent on medication (Insulin-dependent diabetic patient, 003-male)

Youth will be most at risk since they will face the danger of forceful recruitment by the Militia. Girls will suffer the most. This category of returnees will be discriminated upon. They will not be allowed to go to school if there are any schools. They will also be forced into early marriages. Also the elderly people will be at risk since they will not get support and care in terms of NFIs and they will lose their children due to forced recruitments and such. (Youth leader – 004, male 27years)

I felt a lot of shock and frustration. I am in class 8 and following closely the decision to close Dadaab, I became demoralised. What will happen to us now if we are taken back to Somalia? We will be forcefully recruited by the Militia group or the Government of Somalia. Now I have even developed hatred for anyone who asks me about the process of repatriation. (Youth in School — participant no. 10, male)

QUANTITATIVE ASSESSMENT – Household Survey

Objectives:

Primary Objective: Identify and measure the primary concerns of Somali refugees living in Dagahaley Refugee Camp who are affected by repatriation.

Specific Objectives :

- 1) Estimate the percentage of people intending to leave Dagahaley in order to live in Somalia
- 2) Measure attitudes and behaviours regarding repatriation
- 3) Identify the preferred areas for repatriation
- 4) Assess current perceptions about security, health care, and other social services in Somalia
- 5) Assess current level of knowledge and access to information about repatriation
- 6) Identify conditions that could improve the repatriation process

Methodology:

The survey was conducted as a two stage cluster survey. UNHCR population estimates were used for the total population and MSF Outreach team data was used to estimate the population of each block in the camp. 30 cluster were randomly selected by probability proportional to size (PPS). In every cluster 30 were chosen by the “spin the bottle” method. To be eligible for the survey, a household had to have at least one member who was registered as Somali with UNHCR (and therefore eligible for return to Somalia). Each household was asked to nominate either a male or female head of household to report on behalf of their household members. Only respondents aged 18 or older were interviewed.

The sample size was estimated based on the following assumptions:

Total Population	87,361
Precision	0.5
Expected population to be repatriated	50%
Design effect	2
Average size of household	6
Non-response rate	3%

Community Health Workers working as part of the MSF Outreach team were eligible to take a written test and those with the highest scores were selected to conduct the survey. Supervision was provided by MSF supervisor level staff. Community leaders were involved in helping to introduce the teams in the communities and to act as guides to ensure that teams were working in the correct blocks.

Main Findings:

The final sample for the survey consisted of 838 eligible households comprising a total of 5,470 individuals. In total, 838 interviews were completed out of 867 interviews started. A total of 12 households (1.4%) refused participation in the survey following the informed consent statement. A further 17 households (2%) did not meet the eligibility criteria of having at least one Somali national present in the household.

Of the household heads participating in the survey, 47.37% were female and 52.65% were male. The mean age of the head of household respondent was 42 years.

The people living in the households sampled were evenly split between female (49.73%) and male (50.27%) members. The country of birth was collected for each household member. Overall, 51.5% were born in Somalia and 48.4% were born in Kenya. Of those born in Kenya, nearly all (99.2%) were born in Dagahaley camp. The mean number of people per household was 6.5 (CI 95% [6.3-6.8]).

To better understand where people might resettle if they return to Somalia, questions were asked about ancestral origin as well as where people were living immediately prior to coming to Dagahaley. However, no major differences were seen between the two questions. Households were also asked where they would go if they were to return to Somalia. In the testing phase, very few participants reported intention to return to Somalia, therefore, all questions about repatriation were asked of all households regardless of whether or not they intended to repatriate. Lower and Middle Juba accounted for the place of origin for the majority of surveyed households. Nearly half of the surveyed households (48.6%) reported coming from Lower Juba and 22% reported coming from Middle Juba. Detailed tables for region of origin, return, intended return are in the appendix of this report.

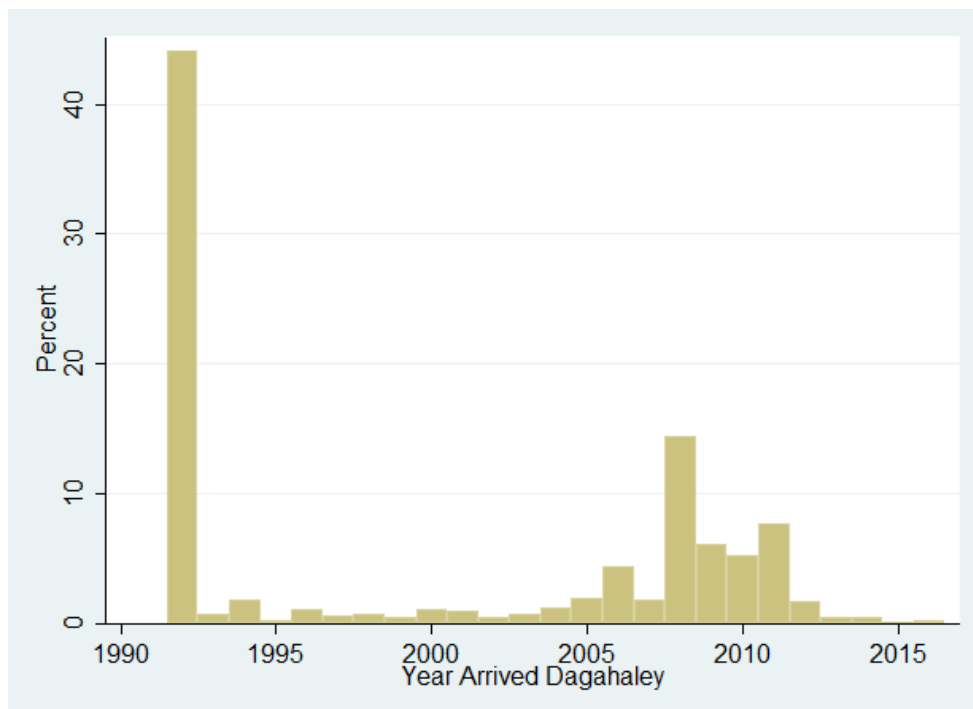
Overall, 48.4% of people in the sample were born in Kenya. Of those born in Kenya, nearly all (99.2%) were born in Dagahaley camp.

Table 1: Country of Birth

Country of Birth	Percent of Total Sample (n=5470)
Somalia	51.5%
Kenya	48.4%
Ethiopia	0.04%
Other	0.05%

About half (48%) of the households surveyed have lived in Kenya and specifically in Dagahaley for 20 years or longer and 61.5% have lived in Dagahaley for 10 years or longer. When asked about the year of arrival, 1992 accounted for the single largest population influx (44% of households), with 2008 accounting for the next largest wave of arrivals (14% of households).

Figure 4: Year of Arrival in Dagahaley



Departures

Households were asked if any members had left in the past year with the intention to live permanently in Somalia. Of the 838 households interviewed, 808 (96%) reported that no one had left their household in the past year with the intention of living permanently in Somalia. Just 30 households (4%) reported that one or more members had left in order to live in Somalia. One limit of this survey is that because we are interviewing only households currently present in Dagahaley, we could not capture departures of entire households, but only of those households where at least one member was still living in the camp.

The 30 households with at least one departure represented a total of 61 people. The age range of those who left was 2 years to 90 years with a mean age of 25 years. Men accounted for 59% of departures and women accounted for 41% of departures. Of those who left from Dagahaley, 58 people have remained in Somalia. When asked about the reason for departure to Somalia, the most common reasons were employment or an economic opportunity and to reunite with family.

Table 2: Reasons for departure

Reason for departure	Frequency (n=30)	Percent
Employment or economic opportunity	11	36.7%
Concern for property in Somalia	1	3.3%
Reunite with family in Somalia	11	36.7%
Heard Dadaab is closing	5	16.7%
Other	2	6.7%

When asked where in Somalia people had moved to, the most frequent regions were Middle (10 departures) and Lower Juba (9 departures). The most common districts cited as intended destinations were Jilib and Kismayo (6 and 5 departures respectively).

Table 3: Why did the person choose this district to live in Somalia?*

Reason for choosing district	Frequency (n=30)	Percent (%)
Ancestral or family ties	17	56.7%
Employment opportunities	14	46.7%
Good security situation	1	0.03%
Availability of education	2	0.06%
Availability of health services	1	0.03%
Access to water, food, or land	0	0
Lived there before	15	50%
other	1	0.03%

* more than one reason was possible

Intention to leave

Most people reported that they did not intend to move to Somalia, with 86.4% (CI 95% [0.83 – 0.90]) saying they did not intend to leave Dagahaley and just 13.6% (CI 95% [0.10 – 0.17]) reporting that they did intend to move to Somalia.

When asked about how they would like to return, 20.9% said they preferred for the entire family to travel together at the same time and 79.1% preferred for one or more family members to go ahead of the rest of the

household. Overall, 78.4% preferred to have the head of household or another adult male member of the household travel ahead of the rest of the group. This finding may reflect the fact that many of the camp residents have lived in the camp for all or much of their lives and do not have a clear idea of what they would experience in living in Somalia.

Basic needs

In general, households reported a lack of confidence in their ability to meet basic needs if they returned to Somalia. In each category, less than 6% of households reported that they were very confident that they could meet their needs.

The most important concern for households was security. More than half (53.8%) of households reported that they were not at all confident that they could ensure the security of their household in Somalia.

Table 4: If repatriated to Somalia, how confident are you that you can meet your household's basic needs in terms of...

Basic Need	Very confident (%)	Somewhat confident (%)	Somewhat not confident (%)	Not at all confident (%)	I don't know (%)
Food	3.9%	31.6%	29.7%	26.1%	8.6%
Safe Water	5.5%	27.3%	30.8%	27.2%	9.2%
Shelter	3.1%	24.3%	28.8%	35.6%	7.9%
Medical Care	4.3%	20.9%	29%	36.8%	9%
Education	3.6%	21.4%	29.2%	36.9%	9%
Livelihood	3.1%	25.1%	29.7%	30.2%	11.9%
Security	5.3%	17.1%	20%	53.8%	3.9%

Each household head was asked to list the types of health services their households needed. As expected, general health services and maternal and pediatric care were cited by a majority of households. However, nearly one third (30%) of households reported that their household needed services targeted at chronic conditions (asthma, diabetes, hypertension, etc.) and nearly one fifth (19%) said their household needed mental health services. The demand for these services likely reflects the fact that residents in the camp have become accustomed to having access to a full health system in Dagahaley. When asked about the availability of health care in Somalia, the overwhelming majority (84.8%) reported that the health services required by their household would not be available to them.

Table 5: Which types of health services would your household need in order to live in Somalia?

Type of care	Percent reporting needed by household (%)
General health services (IPD, OPD)	96.9% (CI 95% [92-100])
Under five health (immunization, nutrition)	81% (CI 95% [72-89])
Maternal and infant care (ANC, PNC, delivery)	65% (CI 95% [52-78])
Chronic conditions, NCDs	30% (CI 95% [19-41])
Palliative care	13.3% (CI 95% [5-22])
Surgical services	45% (CI 95% [32-58])
Mental health services	19% (CI 95% [12-27])

Table 6: As far as you know, will the health services you mentioned be available to you if you return to Somalia?

All will be available	Some will be available	None will be available	I don't know
0.84% (CI 95% [0.22-3.1])	4.4% (CI 95% [1.8-10.6])	84.8% (CI 95% [76.6-90.5])	9.9% (CI 95% [5.2-18.2])

Overall, heads of household rated Dagahaley camp as very safe (96%) and by contrast, most (83.7%) rated Somalia as **very unsafe**. Security problems involving violence and bodily harm (forced recruitment, sexual violence, theft, violent attack, explosions) were rated as very high risk for both travel and living in Somalia.

Table 7: How do you rate the level of security in Dagahaley/Somalia for your household? Would you say it is very safe, somewhat safe, somewhat unsafe, or very unsafe?

Place	Very safe	Somewhat safe	Somewhat unsafe	Very unsafe	I don't know
Dagahaley	96% (CI 95% [92.8-97.9])	2.5% (CI 95% [1.0-6.2])	0.5% (CI 95% [0.18-1.3])	1% (CI 95% [0.37-2.5])	0%
Somalia	2.3% (CI 95% [1.2-3.5])	2.6% (CI 95% [1.0-6.6])	8.5% (CI 95% [4.4-15.6])	83.7% (CI 95% [77.0-88.7])	3.2% (CI 95% [1.7-6.1])

Household heads were also asked to rate the risk of specific security threats to their household both during travel to Somalia and while living in Somalia. When asked about risks during travel, the risk of violence including forced recruitment into armed groups, sexual violence, and violent attacks were all rated as very or somewhat high by at least 90% of household heads.

Table 8: When thinking about travel from Dagahaley to Somalia, how would you rate the following possible security threats to you and your household members?

Type of risk during travel	Very high (%)	Somewhat high (%)	Somewhat low (%)	Very low (%)
Forced recruitment to armed group	56.6%	33.1%	10%	0.2%
Sexual violence	56.2%	34.3%	9.4%	0%
Theft	54.8%	36.5%	8.6%	0%
Violent Attack	53.9%	37.4%	8.5%	0%
Problem with host communities	29.7%	42.8%	23.5%	3.6%
Traffic accidents	30.1%	46.9%	15.5%	7.5%

The level of fear while living in Somalia was rated even higher, with at least 96% of households rating the risk as very or somewhat high. By far the largest fear while living in Somalia was the risk of explosions with 83.8% rating the risk as very high and a cumulative 96% rating the risk as very or somewhat high. Other concerns while living in Somalia were also high, with 75% of respondents reporting that the risk of problems with host communities while living in Somalia was very or somewhat high.

Table 9: When thinking about what it is like living in Somalia, how would you rate the following possible security threats to you and your household members?

Type of risk while living in Somalia	Very high (%)	Somewhat high (%)	Somewhat low (%)	Very low (%)
Forced recruitment to armed group	62.2%	35.3%	2.4%	0.1%
Sexual violence	60.3%	36.3%	3.2%	0.1%
Theft	59.4%	37.4%	3%	0%
Violent Attack	58.7%	38.2%	2.9%	0.1%
Problem with host communities	32.6%	42.5%	20.1%	4.6%
Explosions	83.8%	12.7%	3.3%	0.2%

Household heads were also asked about risk mitigation techniques for both travel and living in Somalia.

Table 10: Thinking about security during travel to/within Somalia, what would make your household safer?*

Risk mitigation technique	% Mentioned
Change means of transport (i.e. flight)	83.7% (CI 95% [74-94])
Enough money to pay for transportation	78.8% (CI 95% [68-89])
Security escort	59.6% (CI 95% [48-71])
Medical escort	67.5% (CI 95% [55-80])

*more than one response was possible

Table 11: Thinking about security while settling into a new life in Somalia, what would make your household safer?*

Risk mitigation technique	% Mentioned
Money to start a new life	90.3% (CI 95% [82-98])
Presence of security post or police	37.1% (CI 95% [21-52])
Peace or overall better security	52.6% (CI 95% [40-70])
Foreign security forces	11.2% (CI 95% [1.4-21])
Ensuring prior acceptance from host community	17.5% (CI 95% [4.7-30])
Ensuring permission of local authorities	16.5% (CI 95% [5.1-28])
Youth employment or education opportunities	63.9% (CI 95% [52-76])
Do not go to Somalia**	13.1% (CI 95% [3.3-23])

*more than one response was possible

**Some respondents reported that the only way to make their household safer was to avoid going to Somalia.

Households were asked to identify where they might go if they were living in Somalia and the security situation deteriorated, forcing them to relocate. Overwhelmingly (62.7%) respondents reported that they would return to Kenya. This likely reflects both the fact that many households have spent much of their collective lives in Kenya and the fact that Kenya is the most stable place in the region.

Table 12: If you moved to Somalia but the security situation deteriorated to the point where you had to leave, where would you go?

Country	Percent
Another part of Somalia	18.7% (CI 95% [12.1-27.8])
Kenya	62.7% (CI 95% [50.2-73.6])
Ethiopia	0.7% (CI 95% [.23-2.2])
Other country	18% (CI 95% [11.0-27.8])

Information About Repatriation

Two questions were asked to assess the level of information about repatriation among household heads in the camp. In general, the source of information was most likely to be a friend or the radio. More official sources of information such as community leaders or NGOs involved in resettlement were infrequently cited. When asked if they had enough information about given topics relating to repatriation, most people replied in the negative.

Table 13: Prior to this survey, where have you received information about repatriation?*

Source of Information	Percent (%)
Friends	58% (CI 95% [49-67])
Community leader	19% (CI 95% [10-28])
Community meeting	19% (CI 95% [12-26])
Radio	73.3% (CI 95% [65-82])
Help desk	6.1% (CI 95% [3-9])
NGO staff	2.4% (CI 95% [0.6-4])

*more than one response was possible

Table 14: Do you have enough information about...

Topic	% Yes	% No
Which people will be repatriated	17.4% (CI 95% [9-25])	82.6% (CI 95% [75-91])
Resettlement Package	8.4% (CI 95% [4-13])	91.7% (CI 95% [87-96])
Time frame for repatriation	4.7% (CI 95% [2-7])	95.4% (CI 95% [93-98])
Means of transportation for repatriation	6.3% (CI 95% [2-11])	93.7% (CI 95% [89-98])
Medical care available during travel	1.2% (CI 95% [0-2])	98.8% (CI 95% [98-100])
Medical care available in Somalia	1.4% (CI 95% [0-3])	98.6% (CI 95% [97-100])

DISCUSSION

The planned repatriation of refugees from Dagahaley Camp raises many concerns about the safety and well-being of those affected. Somali residents of the camp have largely lived there for a long period of time with 48% of the households having lived in Dagahaley for 20 years or longer and nearly half of all camp residents in our survey were in fact born in Kenya. This may help account for the fact that despite security incidents in the camp, focus group respondents were clear about not wanting to return to Somalia in large part due to security concerns and the fact that survey respondents categorically classified Somali as “very unsafe”. Every group mentioned repeatedly that youth are at high risk of recruitment by government or Al-Shabaab militias, which could lead to endangerment, death, sexual violence and trauma for family members.

The most vulnerable when thinking about repatriation are those who have lived the longest in Dagahaley and therefore have fewer ties to Somalia. Few of the UNHCR documented voluntary returnees come from the categories of “vulnerability” such as orphaned children under 5, single mothers, senior adults, and people with disabilities. It is unclear how patients with infectious or non-communicable diseases will be evaluated as “fit” or able to access essential services and medicines upon resettlement in Somalia. It is logical that those with the least resources available to build a new life are the least likely to wish to return.

Both research methods revealed that refugees now desire and seek quality healthcare services. They expect not only that childhood immunization and maternity services will be available, but also care for those with chronic diseases and mental health services. Mental health consultations now account for approximately 5% of total outpatient consultations (Project data, in first half of 2012, and year 2013. Needs to be verified for 2014-2015– the MH consults are counted separate from total PHC consultations?)

In both focus group discussions and in the survey, participants reported not knowing which services would be available to them in Somalia, or said that they already knew they could not access the care they need if they were to go to Somalia. Moreover, the lack of information and communication about resettlement contributes to fear. Anxieties were raised by the UNHCR’s biometric verification exercise, taking place simultaneously during the time of our assessment. The confusion expressed by focus group participants was mirrored in the household survey. Better efforts should be made to communicate clearly and consistently about the repatriation process, including what information may be obtained by consulting the UNHCR helpdesk.

In the focus groups, young people stood out for their level of knowledge and ability to articulate their rights as refugees regarding the principle of *non-refoulement*. Youth were the best equipped to understand human rights, and promoted the principle that residents had the option to refuse repatriation, and that individuals born in the camp have a Kenyan birthright. This research represents an example of community consultation to identify not only potential problems but also potential solutions. Partially in disbelief prior to our series of discussions and the survey, respondents expressed repeatedly their gratitude for having a forum to discuss this sensitive topic. Community participatory methods by partners and UNHCR may function well to better identify alternative strategies for relocation, supporting micro-businesses, resettlement, becoming “Kenyan”, and for ensuring a safe and dignified return “*when there is peace in the motherland*”.

Additional Resources:

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2. **UNHCR Dagahaley Camp Profile - Dadaab Refugee Camps**, Kenya, August 2015.
3. **UNHCR Voluntary Repatriation of Somali Refugees from Kenya**, Weekly Update, June 2016.
4. **UNHCR Global Refugee Youth Consultation Report, Dadaab Refugee Camp**, Geneva, Switzerland, June 2016. (UNHCR appointed RET International to conduct consultations with Youth of Dadaab)
5. **UNHCR Strategic Roadmap for Voluntary Repatriation, for Refugees from Myanmar in Thailand**, (2015-2017).
6. **UNHCR Kenya & Somalia Plan of Action: Voluntary Repatriation of Somali Refugees from Kenya and their Reintegration in Somali**, June 2016.
7. **UNICEF Somalia & EU, Health Care Seeking Behaviour in Somalia**, Literature Review, authors: Caitlin Mazzilli and Austen Davis (2009)

MSF in Dagahaley:

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21. **Médecins Sans Frontières Operational Center Amsterdam - Hear my voice: Somalis on Living in a Humanitarian Crisis**, Briefing Paper, February 2012.
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- Maalim, A; Amin, H, **Paediatric in-patient care in a conflict-torn region of Somalia: are hospital outcomes of acceptable quality?** *PHA*; 3(2): 125–127(2013)
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Acknowledgments:

Thanks to those who helped ensure the assessments were done efficiently and ethically:

Etienne Gignoux	Abdullahi Jimale
Kenneth Lavelle	Issack Dahiye
Susanna Cristofani	Yussuf Guliye
Sally McMillan	Ahmed Garat
Liesbeth Albrecht	Translators : Habashow & Asha
Mohamed Daoud	Dr. Bashir Abdiweli
Jamila Rakhmatbekova	Abubakar Mohamed
Rachel Kamau	Abdi – the IT Superman

We are grateful for the respectful and participative nature of the Somali Camp Residents who agreed to undergo focus group discussions and respond to household survey questions in order to illuminate the current predicament of those faced with repatriation to Somalia. We would like to thank the Operations Department, particularly Cell 2 of the MSF-Swiss section for their dedication and efforts to continue to provide essential health services, and advocacy where needed for the beneficiaries of our patients in Dagahaley. We appreciate the valued support of the Nairobi Coordination team and the hard work of the teams in Dagahaley, all of whom wish a safe and dignified return for all concerned, when the time comes.

Appendix Tables

Table 15: Region of Family Origin (Head of Household)

Region	Number (n=838)	Percent
Bakool	5	0.6%
Banaadir	96	11.5%
Bay	40	4.8%
Galguduud	1	0.1%
Gedo	77	9.2%
Hiran	4	0.5%
Lower Juba	407	48.6%
Lower Shebelle	15	1.8%
Middle Juba	189	22.6%
Middle Shebelle	2	0.2%
Mudug	1	0.1%
Sool	1	0.1%

Table 16: Region of Return for Departures in Past 12 months

Region	Number (n=30)	Percent
Bakool	1	3.3%
Banaadir	3	10%
Bay	2	6.7%
Gedo	1	3.3%
Lower Juba	9	30%
Lower Shebelle	1	3.3%
Middle Juba	10	33.3%
Middle Shebelle	2	6.7%
Mudug	1	3.3%

Table 17: Region of Preferred Return

Region	Number (n=838)	Percent
none/refused question	4	0.5%
Bakool	5	0.6%
Banaadir	80	9.6%
Bay	38	4.5%
Galguduud	1	0.1%
Gedo	64	7.6%
Hiran	3	0.4%
Lower Juba	445	53%
Lower Shebelle	12	1.4%
Middle Juba	181	21.6%
Middle Shebelle	2	0.2%
Mudug	2	0.2%
Sool	1	0.1%