



50
years

People for development

Multi-sector Household Survey 2022 South Kivu

Acknowledgements: this presentation was made possible thanks to the kind contribution of UNHCR.

Michele Dimastrogiovanni
Bruno Baroni

February 2022

© AVSI, 2022 - all rights reserved

Executive Summary (1/7)

Key Findings

Livelihood & Resilience

- Within the five Zones de Santé, almost half of the population relies on agriculture and livestock as the main livelihood strategy.
- Displaced and refugee households depend more on occasional informal work than other groups.
- One-third of households denounces a sharp decline in their standard of living in the last year.
- Almost 90% of households report human sickness as one of the main problems faced, confirming a tendency already detected within the same areas in 2019. Further, increase of food prices and insecurity are also significant issues.
- Most households have already adopted or exhausted crisis coping strategies. Therefore, households are less able to cope with sudden changes in agricultural production or market trends as well as production shocks and crises.

Food security

- Household hunger scale is borderline for almost half of population. Displaced and refugee households report the highest number of almost 60%. Across the five Zones de Santé, Fizi presents higher borderline levels of household hunger scale (57%).
- Food Consumption Score rates are lowest among refugees, repatriated, and displaced households. This data confirms a trend already shown within the same Zones de Santé in 2019.

Executive Summary (2/7)

Key Findings

Food security

- Number of meals per day are below two (considered an alarming threshold) for all demographic groups, with displaced households being below 1,5.

Health and WASH

- On average, Crude Death Rate is 1,9 (above 2 is considered catastrophic).
- Crude Death Rate is considerably high among children with less than five years.
- Children vaccination rates are significantly lower for displaced households (73%).

Education

- Half of the heads of household do not have or have a very low-level education. Levels of education are still very low across the five Zones de Santé.
- One-third of refugee and displaced households state that their children between 12 and 17 do not go to school for certain periods. The main reason for leaving school is mostly associated with the difficulty to pay tuition fees. The same barrier to education was found in 2019.
- Within the Zones de Santé of Fizi and Nundu there are the highest percentages of children abandoning schools because of insufficient monetary means.
- Children in higher primary school have great difficulties in reading basic sentences, basic numeric comprehension, and oral comprehension.

Executive Summary (3/7)

Key Findings

Protection

- Almost two-thirds of the households believe that adolescents between 15 and 25 are more at risk of GBV.
- 15% of households reported some of their children being consistently sad or depressed to the extent of not participating in daily household activities. Similar statistics was found within the same areas in 2019, showing that the situation has not changed.

Agriculture & Livestock

- Only the 28% of displaced and refugee households report having land for cultivation, whereas the two-thirds of native households have land for cultivation.
- The Zone de Santé of Kimbi Lulenge has the lower percentage of population that owns land for cultivation (28%).
- Among those who have land to cultivate, almost the half of refugee and displaced households report having less land for harvest since last year.
- Almost 90% of displaced and refugee households do not own livestock, a significantly greater percentage compared to the 75% of the average population.

Productive Assets, energy & Non-food items

- Only 16% of displaced households own their house. Also, more than 60% of displaced households report their housing condition to be inadequate.

Executive Summary (4/7)

Key Findings

Humanitarian Aid

- Displaced and returnee households have benefited more from aid comprising of food distribution.
- Displaced and refugee households have received more health-related aid than other groups. The same statistics was found in 2019, with host families receiving a minimal share of aid support.
- Among the displaced households who have recently settled in (between 3 and 6 months) only 9% of them benefits from food distribution aid.

Safety and Crimes

- On average, theft cases are the most suffered crime (51%) across the five Zones de Santé, followed by verbal threat (22%), theft of livestock (22%), and murder (20%). Indeed, these areas still undergo systematic threats and violence.

Migration/Relocation and IDPs

- Across the five Zones de Santé, there are committees of displaced people in less than 50% of the communities.
- Overall, relationship between native and displaced communities are allegedly good.
- When asked about reasons for leaving, refugee, displaced, and returnee households indicate fleeing conflicts and hostilities as the main reason and to seek better economic opportunities.

Executive Summary (5/7)

Key Findings

Migration/Relocation and IDPs

- Ruzizi, Nundu, and Fizi are the Zones de Santé with the highest presence of displaced households from other countries, presumably from the nearest Burundi.
- Displaced and native non-hosting households have a higher number of family members living in refugee camps nearby. This indicates that these family members could potentially be hosted soon, increasing the number of people within the households.

Community participation and governance

- While all households present high levels of non-participation to local public associations (64%), displaced and refugee households present even higher numbers (77%).

Executive Summary (6/7)

Recommendations:

- ✓ Extend humanitarian support and intervention concerning Food Security, Health, Education, Protection, and Shelter.
- ✓ Design inclusive food security projects to improve the households' access to basic needs, with a specific focus on displaced and refugee households.
- ✓ Expand health-related humanitarian programs by promoting vaccinations for displaced and refugee households.
- ✓ Improve the beneficiaries' targeting framework in the province, with more inclusive standards for native and host communities and involvement of recently displaced households.
- ✓ Increase shelter support to displaced and refugee households.
- ✓ Provide more support in the Zones de Santé of Fizi, Nundu, and Ruzizi. These are the areas where there is more presence of refugees from Burundi. Considering that also Fizi and Nundu present the worst rates of Food Consumption Score, these areas are lacking the most from humanitarian interventions. |

Executive Summary (7/7)

Recommendations:

- ✓ Include protection programs for depressed children and GBV as cluster priorities for the five Zones de Santé.
- ✓ Design education programs that also tackle the school abandonment issue, particularly for displaced and refugee households.
- ✓ Promote the creation of local committees of displaced and refugee people to enhance the public participation of these households.
- ✓ Promote the participation of displaced and refugee households in local public associations.