HIGHLIGHTS

- With prolonged insecurity, an ongoing economic crises, and the impact of the COVID-19 pandemic, the Libyan population, especially displaced households, struggle to meet their food needs. This has generated high levels of stress amongst households and pushed them to resort to different kinds of coping strategies. Households especially in Alkufra reported to have greatly adopted coping strategies.

- Similarly to the previous survey, round 4 shows that the labour market continues to be unstable. Many of the surveyed households reported to be either unemployed or were working on a part-time basis.

- More than 70 percent of women between the age of 15 to 49 years consumed food with Minimum Dietary Diversity. The highest proportion of households that did not achieve Minimum Dietary Diversity were from Murzuq and Tobruk. Many of the women that did not attain the Minimum Dietary Diversity were from households with inadequate food consumption.

- The minimum dietary diversity and the adequate number of feedings of children between 6 – 23 months of age continued to be as low as 12 percent in this round of the survey. It was low in all the areas covered by this study.

SITUATIONAL ANALYSIS

Since the beginning of the COVID-19 vaccination program in Libya that began on 17 April 2021, restrictions implemented by the Government regarding mobility was significantly relaxed. However, the Libyan population has been deeply impacted by the socio-economic ramifications caused by the pandemic, where about half of the people have lost their source of livelihood[1].

With the ceasefire agreement signed on 23rd October 2020, the security situation in Libya began to improve and led to a reduction in the number of displaced people. Since the beginning of the year, there were reports of increasing returns of previously displaced people. According to Round 35 of IOM-DTM’s Libya IDP and Returnee Report, over 18,000 people have returned home since December 2020.

The board of the Central Bank of Libya has agreed to a devalued exchange rate across the country of 4.48 dinars to the dollar from 3rd January 2021 onwards. REACH reported a 6% increase in the price of the Minimum Expenditure Basket (MEB) in February from January due to higher cost of imported goods. Prices decreased in the subsequent months although the overall cost of the MEB is currently 12% higher than the pre-COVID-19 levels[2].

METHODOLOGY

Data collected for this bulletin are based on interviews conducted in eight Mantikas (municipalities) of Tripoli, Tobruk, Almargeb, Nalut, Aljufra, Murzuq, Zwara, and Alkufra between 15 March to 15 April. Some 1,037 households were selected from these Mantikas is interviewed face-to-face.

There were challenges especially as there was no response from some of the interviewees that were selected during random sampling at the Baladiya level, therefore some of the respondents were selected based on referrals from community leaders in each Mantika.

Approximately 14 percent of the sampled households were internally displaced persons. The questionnaire used in this round of data collection covered areas focusing on food security, labour, and two nutrition modules (the Minimum Dietary Diversity for Women (MDD-W) aged between 15 to 49 years and the Minimum Acceptable Diet (MAD) for children aged between 6 to 23 months). The nutrition modules assessed the nutrition uptake of women and children.

The food security module was either administered to the head of the household or an available household member above 18 years of age. The respondents to the MDD-W module were women living within the household aged between 15 to 49 years. Respondents of the MAD module were caregivers of children aged between 6 to 23 months. From each households sampled for nutrition, enumerators selected only one woman for interview for the MDD-W and one child for the MAD.

There is a limitation in indicator comparisons due to the difference in the methodologies adopted here compared to those used in the previous rounds. In the last data collection round, households were selected randomly for interviews. In contrast, due to the challenges faced in this round, some areas was supplemented with identification assistance from the community leaders due to high number of non-response rates (Tarhuna and Misllata).

<table>
<thead>
<tr>
<th>Region</th>
<th>Mantika</th>
<th># of interviewed HH</th>
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<tbody>
<tr>
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<td>129</td>
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<tr>
<td></td>
<td>Aljufra</td>
<td>130</td>
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</tbody>
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The share of households by highest level of education remains relatively stable across all survey rounds with the highest showing the head of households completed university level education.

Figure 2. Share of households by the highest level of education completed by the head of household
Food Consumption

Overall, 8 percent of the households in Libya had inadequate (poor and borderline) food consumption in the 8 Mantikas surveyed. Tobruk (26 percent) and Murzuq (22 percent) had the highest proportion of households with inadequate food consumption, as seen in Figure 1.

The least consumed food groups were fruits and pulses, consumed on an average of three days in the week preceding the survey. Among the Municipalities surveyed, Tobruk and Murzuq reported the lowest average consumption days for animal proteins (3 days) and dairy products (4 days).

Figure 1: Share of households with inadequate food consumption by Mantika

Displaced households reported a higher proportion of households with inadequate food consumption (figure 4). In addition, displaced households had a less dietary diversity mainly comprising of staples, vegetables and oil. The June 2020 Migration Pulse reported that displaced households that lacked steady income sources were primarily employed in the informal sector and faced with diminished or ceased income that significantly impacted their access to food. These challenges were made worse by measures such as reduced mobility and closure of workplaces that were put in effect to stop the contagion of COVID-19 infections.

Figure 2: Proportion of households with inadequate food consumption (poor and borderline) by residence status

Displaced households in Nalut and Murzuq had the highest proportions of households with inadequate food consumption rates (50 percent and 38 percent, respectively), which is most likely due to the high number of displaced populations residing in these areas. In addition, the insecurity and sparse population in Murzuq led to the increase in the transportation of goods, which led to the deterioration in the living conditions and restricted access of essential commodities. From the Joint Market Monitoring Initiative (JMMI), prices in the Southern part of Libya are generally higher than the national average prices.

Households headed by males had a slightly higher proportion of inadequate food consumption (8 percent) than the female-headed households (7 percent). Of the total sample, 10 percent of the household heads were disabled, of which 14 percent had inadequate food consumption levels. People with disabilities had limited access to workforce and faced difficulties in meeting household food needs.

The market was the primary food source for 91 percent of non-displaced and 45 percent of displaced households. The displaced households obtained food through an exchange of labour (by 30 percent), while 17 percent reported to having their own production as their primary food source. Households in Alkufra (53 percent) and Murzuq (23 percent) said they faced difficulties in accessing markets in the past 30 days due to fear of the COVID-19 outbreak.
Around 15 percent of the households that experienced shocks in the past 30 days before the survey was conducted also had inadequate food consumption. Overall, households were affected by an unusually high level of COVID-19 infections (8 percent), an increase in fuel and food commodity prices (8 percent), displacement (7 percent), and temporarily or chronically ill or injured members of the household (6 percent).

About 22 percent of the households reported to having debt mainly used to buy food and pay for house rent. The debt prevalence was higher amongst displaced households (46 percent), households with more than four members (47 percent), and among households headed by a person with a disability (41 percent).

Figure 3: Debt Prevalence

![Debt Prevalence Graph]

Consumption-based Coping Strategies

Due to the lack of food or money to buy food, 49 percent of households reported having adopted at least one consumption-based coping strategy seven days before the survey was conducted. The overall mean reduced coping strategy index was 6.4. Displaced households, female-headed households, and households headed by a person with a disability showed higher stress levels due to the lack of food or money to purchase food.

Figure 4: Reduced Coping Strategy Index by population groups

![Reduced Coping Strategy Index Graph]
More displaced households adopted to negative coping strategies. At the Mantika level, Alkufra reported the highest stress level due to lack of food (18.71). Households in Alkufra coped by reducing meal portion and the number meals eaten on an average of 4 days in the week before the survey.

**Livelihood Coping Strategies**

The livelihoods-based coping strategy index is to better understand the households' longer-term coping capacity in response to shocks.

Results showed that 91 percent of households adopted at least one coping strategy 30 days preceding the survey. Almost half of the surveyed households adopted to stress coping strategies[3], 30 percent adopted crisis coping strategies[4], and 13 percent adopted emergency coping strategies[5].

The adoption of livelihood-based coping strategies by households was lower in the fourth round than compared to the third. The proportion of displaced households that adopted at least one livelihood coping strategy was higher than that of the host communities (97 percent 89 percent respectively).

Overall, households mainly bought food on credit (42 percent), spent savings (37 percent), worked in exchange for food (25 percent), and reduced health expenditure (24 percent). In addition, around 3 percent of the households reported having exhausted their savings.
A higher proportion of displaced households adopted either crisis or emergency coping strategies than the host communities (87 percent and 35 percent, respectively). Also, households headed by a person with a disability adopted to severe coping strategies more than the able-bodied households (69 percent and 38 percent, respectively).

Figure 7: Adoption of Crisis and Emergency Coping Strategies

![Figure 7: Adoption of Crisis and Emergency Coping Strategies](image)

At the Mantika level, the highest proportion of households that adopted either to crisis or emergency coping strategies were from Alkufra (92 percent) and Murzuq (82 percent).

Figure 8: Crisis and Emergency coping strategies by household status

![Figure 8: Crisis and Emergency coping strategies by household status](image)
It is not easy to compare across rounds due to the significant differences in survey methodology, and the large differences in the sample in the fourth round in particular. However, regardless of the comparison over time, a substantial share of households still experienced deprivations in the fourth round. For example, most households report that no open government shops sell subsidised food in their neighbourhoods. In addition, many households had power cuts for at least one day in the past month, and approximately 30 percent of households reported having their water supply interrupted for at least one day the past month.

Furthermore, the degree to which the COVID-19 pandemic seems to be affecting day-to-day life continues to be less than at the beginning of the pandemic. Similarly, only 2 percent of households reported having trouble accessing food markets due to COVID-19, similar to the findings in the last round in December 2020. Furthermore, the share of households that always practiced social distancing continued to be much lower than was reported at the beginning of the pandemic.

The fourth round shows a sharp drop in the proportion of respondents unable to access their jobs due to the COVID-19 pandemic compared to the previous rounds. Although it is difficult to attribute all the changes observed here to the impact of the pandemic due to the significant changes in the sample, the results suggest that the pandemic is continuing to have a more negligible effect on the day-to-day life of households compared to the beginning of the pandemic.
Labour Market

The fourth round of the survey also included the same labour module as in the third round. Although the sample differed significantly between the third and fourth rounds, the country's labour market situation continued to look bleak. Figure 13 demonstrates that a substantial share of respondents did not work at all, and of all those that did, their jobs were mostly not full-time employment.

Approximately 55 percent of respondents had worked in the previous seven days. Alternatively, 20 percent of respondents reported temporary absences from work from a week earlier, and 30 percent of respondents reported to being unemployed. In addition, from the high share of respondents that did not work in the past week, only 20 percent of respondents worked the equivalent of a full-time job (35 hours or more). This further demonstrates the poor labour market conditions, where approximately 45 percent of respondents were currently looking for new jobs. Despite, the relatively slightly lower proportion of households with inadequate food consumption compared to the last round, and the smooth access to several essential services, the labour market situation for household heads is currently precarious.

However, it is essential to note that the degree to which the job market is poor is likely due to COVID-19. Figure 12 reported that 30 percent of households had at least one member unable to reach their jobs. Furthermore, the current labour module only reached the respondent, who was the household head in most cases. Thus, these figures do not capture the other working members of the household.

Figure 11a: Employment status of the head of household (full sample)

Figure 11b: Employment status of the head of household (Men, 15 to 65 years old)
Minimum Dietary Diversity for Women

According to the Minimum Dietary Diversity for Women of reproductive age (MDD-W), women between 15-49 years who have consumed at least five of the ten possible food groups over a 24-hour recall period are classified as having minimally adequate diet diversity.

The MDD-W indicator is a food group diversity indicator selected to reflect one essential dimension of diet quality. More than 70 percent of the women in the age range from 15-49 years old achieved the minimum acceptable diet. The highest share of women that did not reach a minimum adequate diet was from Murzuq (43 percent) and Tobruq (58 percent).

Figure 12: Minimum Dietary Diversity for Women by Mantika and residence status

The women aged between 15 to 49 years from displaced households were less likely to achieve the minimum acceptable diet than compared to women in host communities due to reduced access to food caused by a loss of livelihoods and low income.

Overall, staples, dairy, and eggs were the most consumed food groups. Green vegetables and fruits were the least consumed among the food groups by the women living in displaced households. Almost two-thirds of women in the surveyed households consumed 6 to 7 different food groups the day before the survey.

Figure 13: Number of food groups consumed by women
Many women who lived in households that relied on food assistance as their primary food source did not attain the minimum dietary diversity, followed by households that depended on gifts from family and friends. Some 75 percent of women who did not meet minimum dietary diversity were from households that had inadequate food consumption levels.

Figure 14: Factors affecting Minimum Dietary Diversity

Minimum Acceptable Diet (MAD)

The Minimum Acceptable Diet (MAD) is a summary indicator for infant and young child feeding (IYCF) practices among children aged 6 to 23 months. The first two years of a child’s life are crucial, as optimal nutrition during this period lowers morbidity and mortality, reduces the risk of chronic disease, and fosters better development overall. A child is classified as consuming the MAD if s/he meets both:

- the minimum dietary diversity - a child, should have eaten from more than four food groups out of seven the previous day and night; and
- the minimum meal frequency of
  - two feedings for breastfed children aged 6 to 8 months
  - three feedings for breastfed children aged 9 to 23 months
  - four feedings for non-breastfed children aged 6 to 23 months

Overall, only 12 percent of the children consumed a minimum acceptable diet. This proportion is far below the corporate threshold of 70 percent. Tobruk and Tripoli reported the lowest proportion of children that achieved the minimum acceptable diet.

Figure 15: Minimum Acceptable Diet by Mantika
From the below graph, majority of the children did not consume the adequate number of meals required for this age group, especially children below 18 months of age. Also, only half of the children below 11 months met the adequate minimum dietary diversity. The children mostly consumed milk and staples.

Figure 16: Minimum Diet Diversity and Minimum Meal Frequency by Age category

![Graph showing minimum diet diversity and meal frequency by age group.]

From the graph below, the diversity in the children’s diet was low in all areas surveyed and lowest being in Tripoli. The low diversity implies that children were fed meals from the same group throughout the day, which signifies a poor quality diet. This practice could have adverse effects on children’s health by making them prone to malnutrition and diseases.

Figure 17: Minimum Meal Frequency and Minimum Diet Diversity by Mantika

![Graph showing minimum meal frequency and diet diversity by Mantika.]  

**Conclusion**

The proportion of households with inadequate food consumption reduced from 10 percent to 8 percent in the fourth round, with Tobruk and Murzuq having the highest proportion of households with inadequate food consumption among the areas surveyed. However, displaced households are still a vulnerable group among the Libyans. Adoption to coping strategies though having reduced in round 4, is still high, with tremendous adoption reported in Alkufra. This high-level adoption of coping strategies could be due to low or reduced incomes due to the poor job market among the Libyans, where a third of the households reported to be unemployed and 20 percent reporting temporary absences.

Children aged 6 to 23 months were mainly fed meals from the same food group throughout the day and did not consume an adequate number of meals a practice, which could be a potential cause of malnutrition and diseases.
Recommendations

- Strengthen livelihood interventions especially for food-insecure households whose livelihoods have been affected by the COVID-19 pandemic and conflict, with a view of meeting their households’ consumption gaps while strengthening their livelihoods by building their human, social and financial capital;

- Conduct regular monitoring of markets, food security and the nutrition situation to continually assess the impact of conflict and COVID-19 related measures in order to inform programs implemented by WFP and other partners;

- Strengthen early childhood development through improved capacity of caregivers and infrastructure at community centres as well as by creating greater awareness at community level about the benefits of nurturing care for children during the first 1,000 days of life;

- Continue working with UNICEF to support joint activities, including nutritional surveys in order to generate information required to strengthen nutrition programmes to specifically address poor feeding habits.

For further information, please contact

Rawad Halabi  
Country Director, WFP Libya  
rawad.halabi@wfp.org

Ariuntuya Tsend-Ayush  
Head of Analysis, Monitoring and Evaluation Unit, WFP Libya  
ariuntuya.tsendayush@wfp.org

Grace Namugayi  
Food Security Analyst, WFP Libya  
grace.namugayi@wfp.org

Eliana Favari  
oic Regional VAM advisor, WFP  
eliana.favari@wfp.org