Food Security and Nutrition

Libya

WFP World Food Programme

WORLD BANK GROUP

April 2021

Contents

Highlights

- Food security indicators were worse in the Eastern region, where households reported the highest proportion of inadequate food consumption and adoption of either crisis or emergency coping strategies. Tobruk stood out in this regard.

- Overall, displaced households were more food insecure, with 21 percent reporting inadequate food consumption and over 70 percent adopting either crisis or emergency coping strategies to cope with lack of food or money to buy food 30 days before the survey.

- An increase in prices was a significant contributor to food insecurity, with an increase in prices reported from November to December 2020 caused by an increased cost in the importation of commodities.

- Over 70 percent of women aged 15 to 49 years old consumed Minimum Dietary Diversity, while Tobruk reported the lowest proportion of women achieving Minimum Dietary Diversity. The women mostly consumed staples, dairy and meat products.

- The majority of children surveyed aged 6 to 23 months did not consume a Minimum Acceptable Diet. Children mainly consumed staples and milk. No children in Murzuq consumed a Minimum Acceptable Diet. Children in Murzuq, Nalut, Tobruk, and Tripoli ate on average one meal a day.

- No households reported challenges in accessing food markets due to COVID-19 compared to May 2020. There was a reduction in social distancing reported.

- Poor labour market conditions were observed, as a third of the respondents reported not working at all. Of those that did, their employment was mostly not full-time. These poor labour market conditions are likely in part due to COVID-19 restrictions.

Situation Update

Following the confirmation of the first COVID-19 case in Libya on 24 March 2020, the country saw a steep increase in the number of confirmed cases. By the end of the year, Libya had recorded 100,746 confirmed cases of COVID-19 and 1,487 deaths, according to the National Centre for Disease Control (NCDC).[1] As of 21 December 2020, Libya occupied 10th place among countries with the highest number of cases in the Eastern Mediterranean region.[2]

To prevent the spread of COVID-19, national and local authorities continued implementing a series of preventive measures, including curfews, the temporary closure of air, land, and sea borders, restrictions on movement between municipalities, suspensions of large gatherings, and the closure of schools.

Libya is heavily reliant on imports for food and other goods.[3] According to the monthly Joint Market Monitoring Initiative (JMMI), the price of the Minimum Expenditure Basket in December 2020 was higher by 12.8 percentage points than in the pre-COVID-19 period (March 2020). Prices of imported goods were also reported to be higher.

Methodology

This bulletin is based on data collected in the period of 8 December 2020 to 6 January 2021 in eight municipalities (Tripoli, Tobruk, Almargeb, Nalut, Aljufra, Murzuq, Zwara, and Alkufra). Some 1,000 households from the eight municipalities were randomly selected and interviewed through face-to-face interviews. Random sampling was done at the Baladiya level in each municipality in which enumerators randomly selected households. Approximately 11 percent of the sampled respondents were internally displaced persons.

The questionnaire used in this round of data collection consisted of food security, labour and two nutrition modules: Minimum Dietary Diversity for Women (MDD_W) aged 15 to 49 years, and Minimum Acceptable Diet (MAD) for children aged 6 to 23 months. The nutrition modules are meant to assess the nutrition uptake of women and children. The food security module was administered to either the head of household or a member of the household above 18 years of age. The MDD_W module was only administered to a woman in the household in the age range of 15 to 49 years. Respondents of the MAD module were caregivers of children aged 6 to 23 months.

There was a limitation in indicator comparisons due to the difference in methodologies adopted for this round of data collection. In the previous two rounds, households were reached via remote data collection through random sampling from a database of phone numbers. In the third round, after the beginning of the COVID-19 pandemic, an attempt to conduct the assessment through random digit dialling (RDD) saw a high level of non-response rates. Because of this difficulty, the third round was conducted face-to-face. Sampling strategies also differed in this round of data collection. Baladiyas were divided into sub-divisions, and in each sub-division, a random starting point was chosen from which every fourth house was selected to be interviewed.

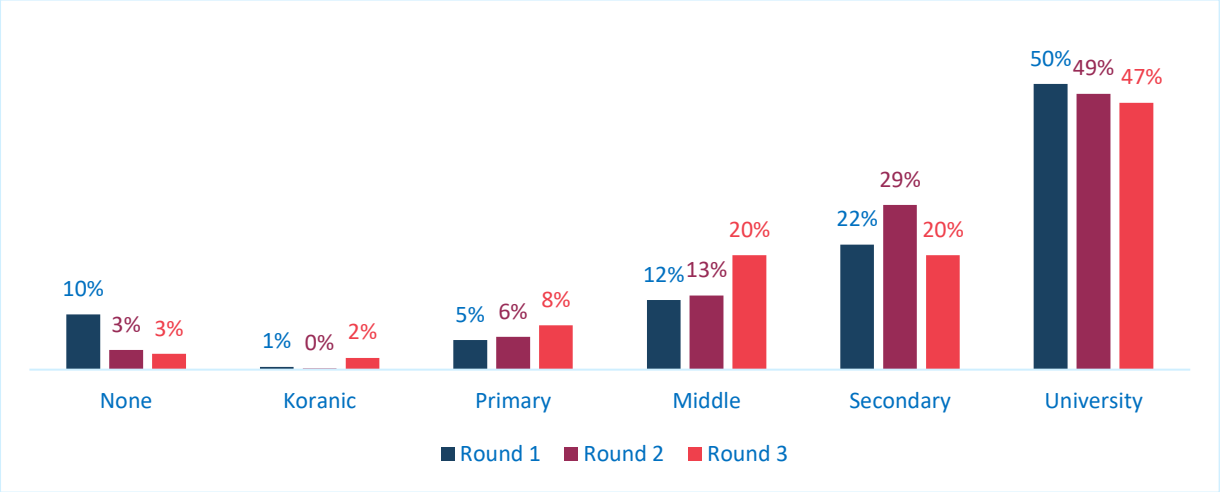
Despite the significant differences in the sampling strategies, the samples are roughly comparable in a number of key characteristics that are not likely to change quickly. Figure 1 shows the share of household heads by the highest level of education completed separately for each round. One might expect rounds 1 and 2, which were

[1] OCHA, Humanitarian Bulletin, December 2020
[2] WHO, Health response to COVID-19 in Libya, Update #22, December 2020
[3] OCHA, 2021 Humanitarian Needs Overview, December 2020

conducted by mobile phone survey, to be more skewed towards more educated and financially better-off heads of households. Additionally, one might expect the second round to be impacted by the significantly lower response rates following the start of the COVID-19 pandemic. However, the share of households by highest level of education remains relatively stable across rounds. Although the mobile phone surveys had a slightly larger share of respondents where the household head finished university and the face-to-face rounds have a slightly larger share of heads with only a primary school education, shares were very similar across rounds.

Due to limited information about the population of Libya, the ability to weight observations and try to make the sample more representative of the population is limited. Thus, unweighted responses are presented throughout for both this current round of data collection and the two previous rounds. The sample captures a high share of respondents that have high education levels and a high share of respondents that are male, suggesting that both the employment and food access statistics might be better than in surveys that are more representative of the entire population.

Figure 1: Share of household heads by the highest level of education completed

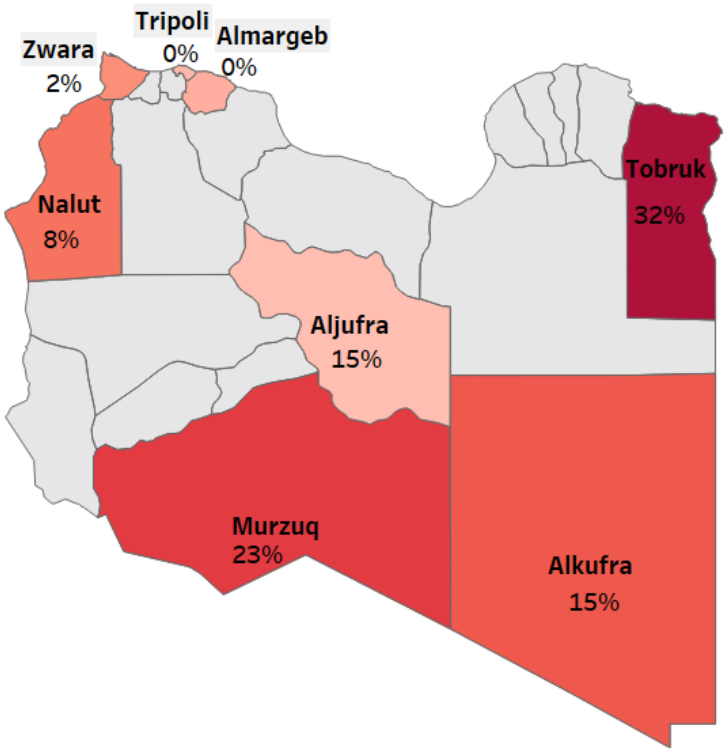


I. Food Consumption

Results showed that 10 percent of Libyans in the surveyed municipalities had inadequate food consumption (poor and borderline food consumption). Inadequate food consumption was found to be higher in the Eastern and Southern regions. As seen in Map 1, there was a higher proportion of households with inadequate food consumption reported in Tobruk (32 percent), Murzuq (23 percent), and Alkufra (15 percent).

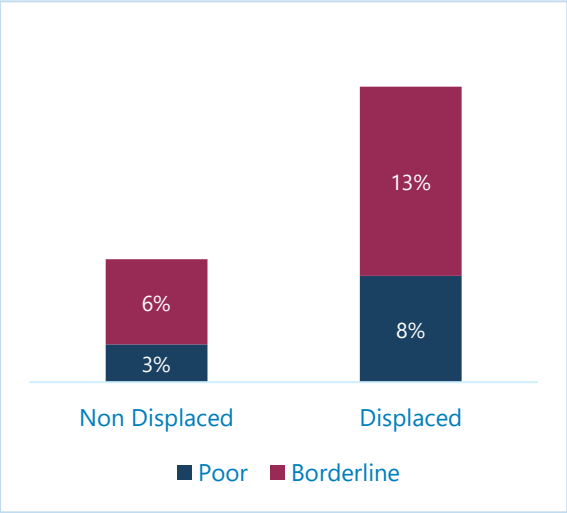
On average, households in the surveyed municipalities reported consuming pulses and fruits on only two days. Households in Alkufra, Murzuq, and Tobruk also reported having consumed these food groups only two days in the week before the survey.

Map 1: Share of households with inadequate food consumption by municipality



As demonstrated in Figure 2, displaced persons comprised a higher proportion of households with inadequate food consumption (21 percent). This likely can be attributed to movement restrictions and curfews implemented to curb the spread of COVID-19, which resulted in an increase in unemployment rates due to the temporary closure of businesses, reduced demand for labour, and reduced access to livelihoods. Due to the increase in unemployment, internally displaced persons often find it harder to obtain jobs after displacement.

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



Most households reported that the most significant shock they experienced within the past year was high prices. Libya continues to rely heavily on imports to meet domestic food demand (90 percent of cereals are imported).[4] According to the JMMI report for December, the price of the Minimum Expenditure Basket was 12.8 percent higher than pre-COVID prices (March 2020). It was also reported that the Minimum Expenditure Basket in the East (LYD 755) and the South (LYD 856) was higher than the national average (LYD 710). Higher prices are mainly due to high parallel foreign exchange rates reported in the month (LYD 6.5) which made imports more expensive.

Results show that households that depended on family and friends for support as their main source of food comprised the highest proportion of those with inadequate food consumption households (55 percent), followed by households that relied on assistance (from government or humanitarian agencies) as their main source of food (50 percent). This category mainly did not have diverse food consumption, and mostly consumed staples and fats. Households headed by women were also found to be more food insecure (15 percent), 6 percentage points higher than the proportion of food insecure households headed by men.

II. Coping Strategies

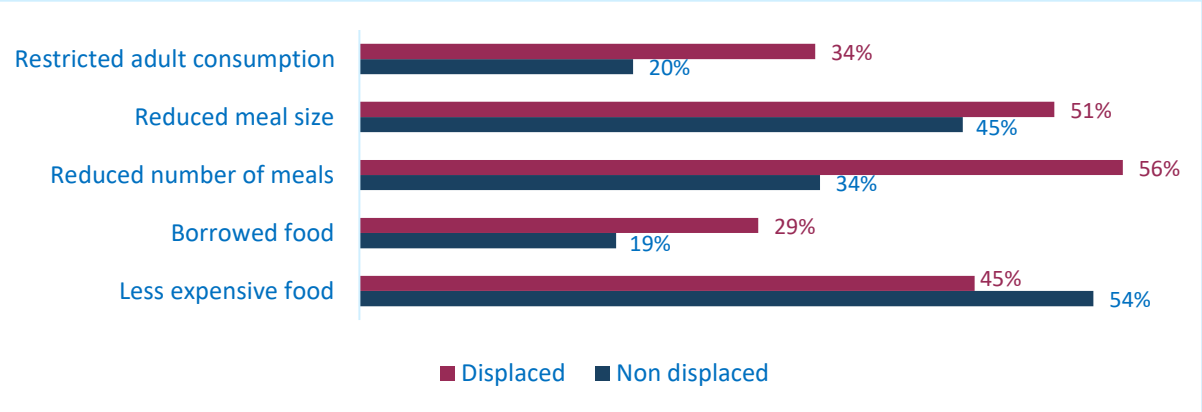
Food-based Coping Strategies

Overall, 69 percent of households adopted at least one food-based coping strategy to cope with the lack of food or means to buy food. Although there was a high proportion of households that had acceptable food consumption, the majority maintained this by adopting coping strategies. Alkufra, Nalut, and Tobruk comprised the highest proportion of households adopting at least one coping strategy (85 percent) in the seven days before the survey.

As seen in Figure 3, displaced households frequently utilized negative coping strategies like reducing the number of meals (56 percent) and reducing the size of meals (51 percent). Non-displaced households relied more on consuming less expensive food (53 percent), reducing meal size (45 percent) and reducing the number of meals consumed per day (37 percent). These coping strategies compromise on the quality and quantity of food consumed by the household.

[4] FAO, Revised humanitarian response (June–December 2020) COVID-19, 2020

Figure 3: Proportion of households that adopted consumption-based coping strategies by residence status

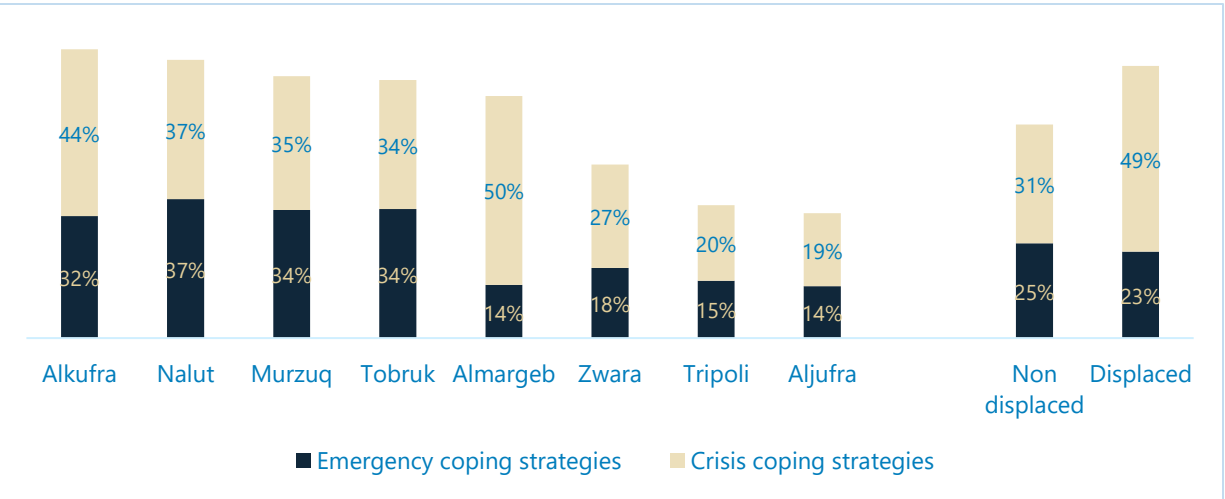


Livelihood Coping Strategies

Results showed that households heavily relied on coping strategies to maintain food consumption. Some 78 percent of households adopted at least one livelihood coping strategy to cope with lack of food or means to buy food.

Overall, 58 percent of households adopted either crisis[5] or emergency coping[6] strategies in the month before the survey. The adoption of crisis and emergency coping strategies was highest in Alkufra (76 percent), Nalut (73 percent), Murzuq (69 percent), and Tobruk (68 percent). Among the households that adopted emergency strategies, the highest proportion of engagement in illegal activities was reported by households in Tobruk (28 percent – 35 households) and Alkufra (24 percent – 31 households).

Figure 4: Proportion of households that adopted livelihood coping strategies by municipality and residence status



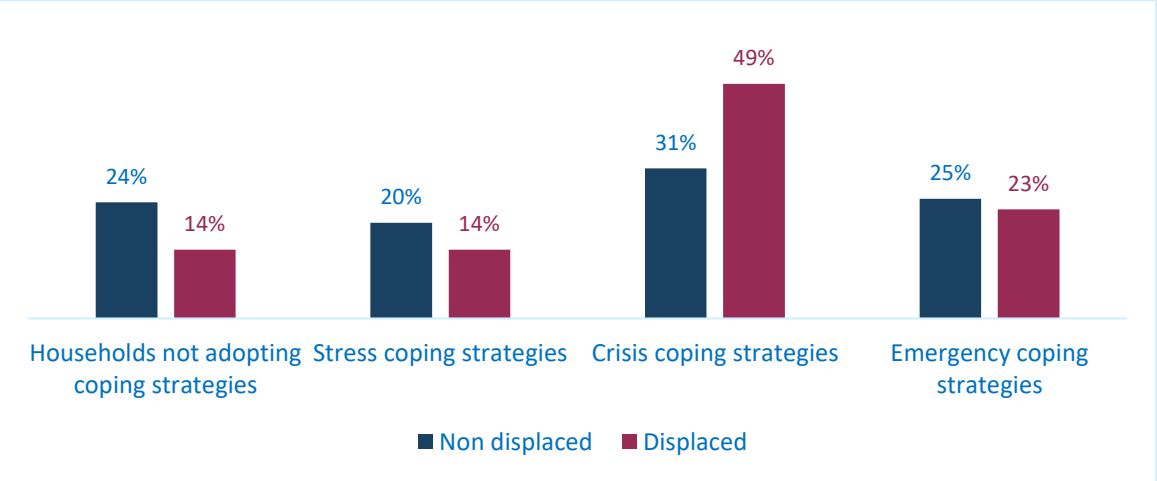
More displaced households (71 percent) adopted either crisis or emergency coping strategies than non-displaced households. Loss of livelihoods coupled with high prices forced people to adopt coping strategies to meet food

[5] Crisis coping strategies – sold productive assets, worked in exchange for food and reduced expenditure on health

[6] Emergency coping strategies – undertook illegal activities, asked for help from strangers and sold house

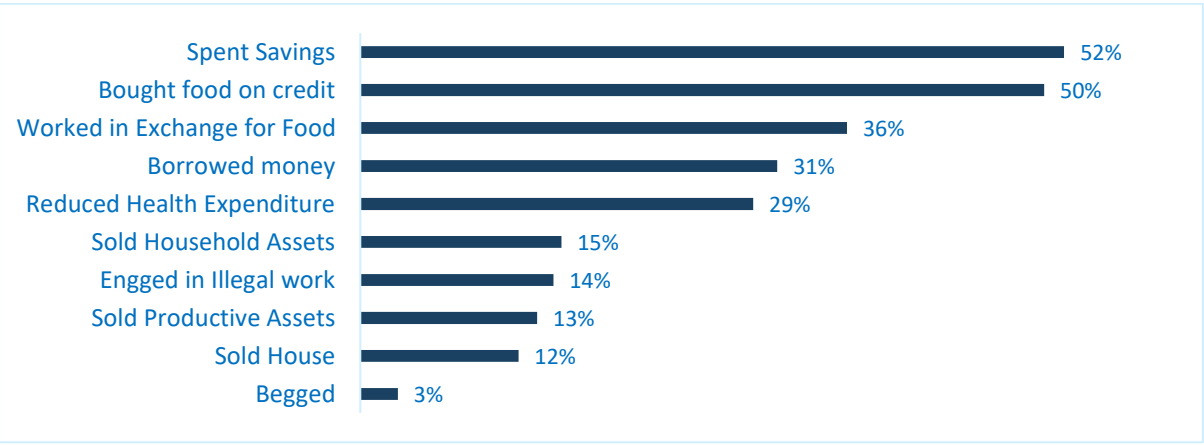
consumption. Displaced households frequently reduced health expenditures (50 percent), worked in exchange for food (42 percent), or adopted emergency coping strategies including engaging in illegal activities (15 percent) and selling their home (13 percent). Continued utilization of coping strategies could lead to depletion of assets and thus further vulnerability of households.

Figure 5: Share of households engaging in coping strategies in the past month to maintain food consumption by residence status



On average, during the month before the survey, households utilized savings (52 percent), bought food on credit (50 percent), worked in exchange for food (36 percent), and borrowed money (31 percent) to maintain food consumption. On average, households engaged in two coping strategies.

Figure 6: Livelihood coping strategies adopted by households in the past month



The high utilization of coping strategies by households to maintain food consumption is concerning, as this shows stress by households over their inability to afford food. The main reasons for this situation are the rise in unemployment levels (caused by a reduction of demand in labour due to implementation of movement restrictions and curfews) and a rise in prices of essential commodities (due to expensive importation costs brought about by the high parallel foreign exchange rate in the reporting month). In the long run, the continued use of coping strategies will lead to depletion of resources and push households deeper into vulnerability.

III. Impact of COVID-19

Although it is difficult to compare across rounds due to the significant differences in survey methodology, there is evidence that conditions remained poor following the start of the COVID-19 pandemic. Poor access to subsidized food, electricity, water, and the number of households experiencing three or more deprivations all increased since the pandemic started between rounds 1 (conducted in May 2019) and 2 (conducted in November 2019), and many indicators further declined slightly in the most recent round.

However, the degree to which the COVID-19 pandemic affected day-to-day life seemed to be lessening. This could be due to easing of some movement restrictions. There were no households that reported trouble in accessing food markets due to COVID-19 - a significant decline from the second round in May 2020. Furthermore, there was a sharp decline in the share of respondents that reported to always practice social distancing and a slight decline in the share of respondents who could not access work due to restrictions associated with the pandemic.

Figure 7: Summary of key welfare indicators in each round of data collection

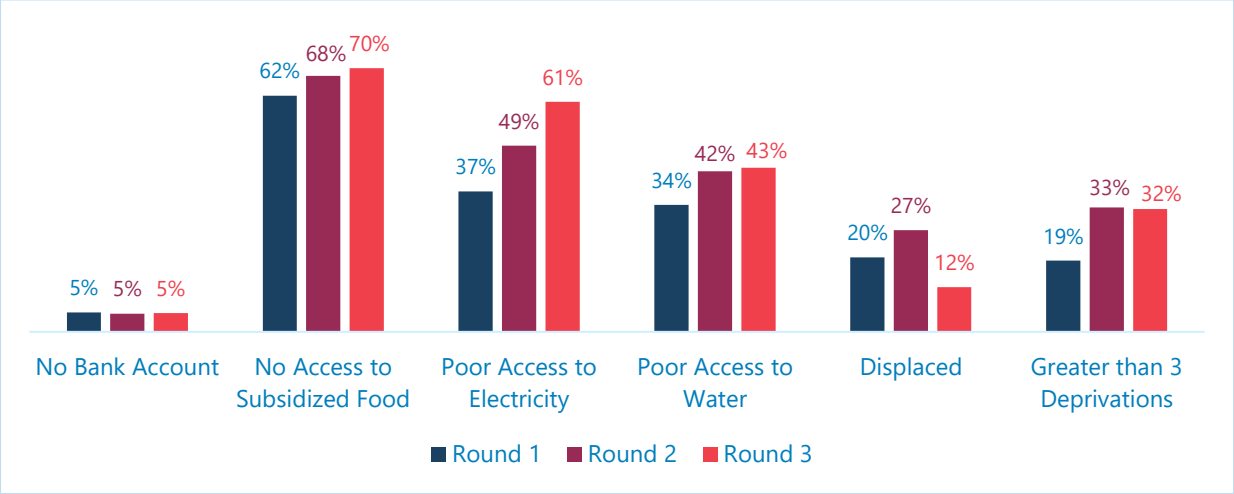
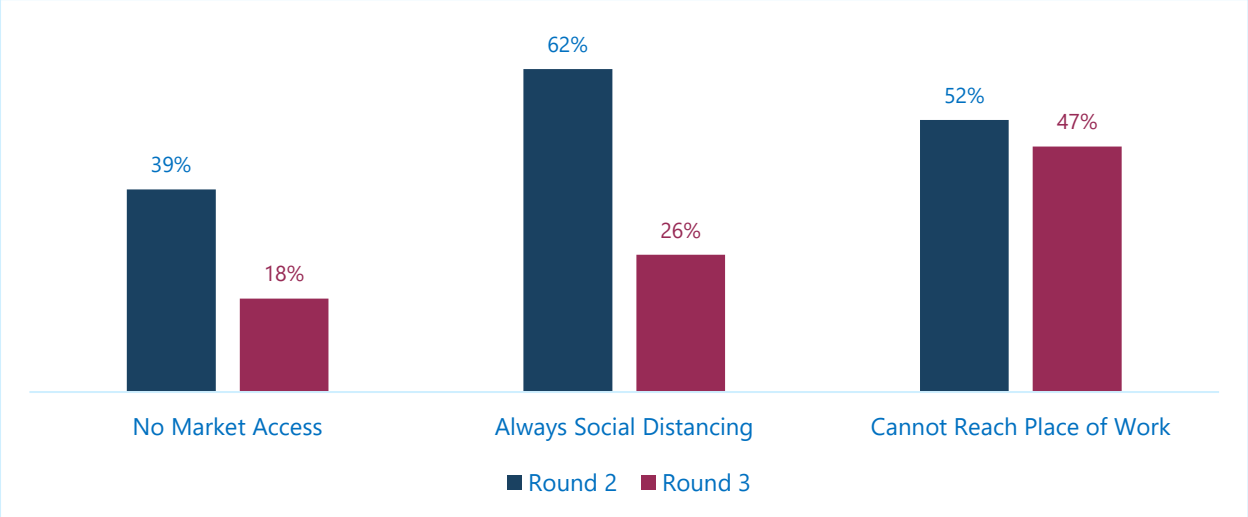


Figure 8: Share of households reporting difficulty reaching jobs and having access to key services due to COVID-19



IV.Labour market

In addition to including the previous modules on food consumption, non-food dimensions, and COVID-19, the third round included a more detailed labour module. Although we are unable to compare the labour market situation to the pre-COVID-19 period, results showed that the labour situation was bleak. Respondents were asked about whether they worked in the past seven days, their hours, type of work, and whether they were looking for work. Over 90 percent of the respondents were household heads, and all patterns presented were qualitatively identical when excluding the 83 respondents that were not household heads.

Figure 9 demonstrates that a substantial share of respondents did not work at all, and of those that did, few were in full-time employment. Only half of the respondents had worked in the previous seven days. In addition, 20 percent of respondents reported temporary absences from work over the previous seven days, and 30 percent of respondents reported not having a job. In addition to the high proportion of respondents that did not work in the previous week, only 20 percent of respondents worked the equivalent of a full-time job (35 hours or more). Further demonstrating the poor labour market conditions, approximately 40 percent of respondents were currently looking for new jobs.

Figure 9 further reports the same figures for men aged 15 to 65 years to be more consistent with ILO employment figures. The total sample is skewed towards men who are the head of the household, and thus is not fully comparable to official statistics. The figures for the restricted sample are similar to the total sample, with approximately 55.75 percent having worked in the past week. The World Development Indicators reported a nearly identical 2019 employment figure that of 55.25. Although the figures are very similar, the sample for this survey is skewed towards financially better-off households, and thus probably represents a significant decline relative to prior to the pandemic.

Despite the large share of households where at least one member receives a government salary reported in both the first two rounds and the current round (85 percent), the vast majority of respondents who reported working in the past week primarily worked in their own business or a business owned by a family member. Approximately 70 percent of working respondents reported that their main job was working in a family business, whereas the share of respondents that primarily worked for wages in the agriculture sector and outside of the agriculture sector was between 10 and 15 percent.

Thus, despite the relatively good food consumption reported in this round and others, and good access to basic services, the labour market situation for household heads is precarious. However, it is important to note that poor labour market conditions are likely due, in part, to COVID-19. As seen in Figure 8, just under 50 percent of households reported that at least one member of their household was unable to reach their place of work.

Figure 9: Employment status of the head of household

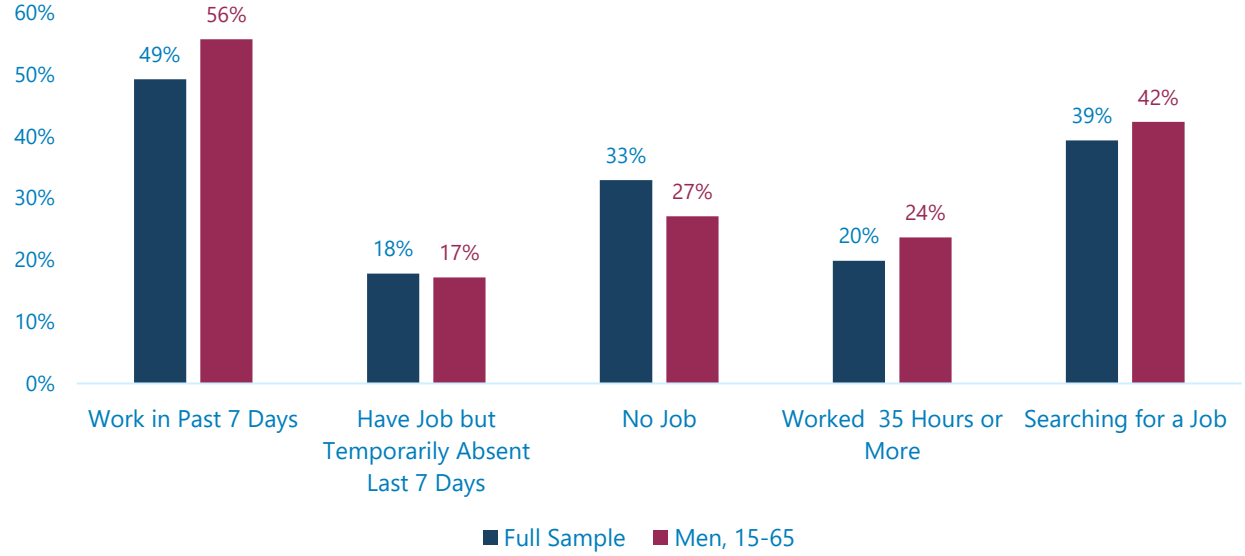
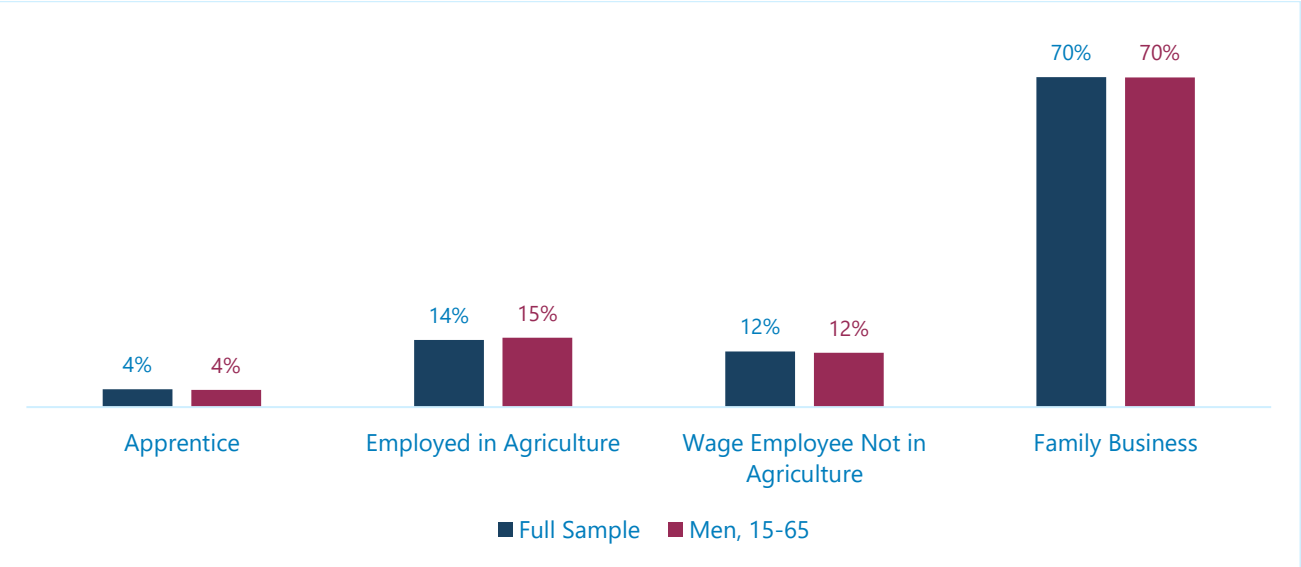


Figure 10: Employment categories of households surveyed



V. Nutrition

Minimum Dietary Diversity for Women

Minimum Dietary Diversity for Women (MDD_W) is the proportion of women of reproductive age (15 to 49) who consumed the minimum dietary diversity, defined as consumption of 5 or more of 10 food groups in the last 24 hours. Additionally, it can be used to study intra-household allocation of resources to ensure household benefits are shared by all members. In this case, MDD_W measures dietary diversity for groups of women of reproductive age.

Some 77 percent of women in the six surveyed municipalities aged 15 to 49 years attained MDD. Tobruk (29 percent) reported the lowest proportion of women that attained MDD. The most consumed food group by the women in Tobruk that did not attain MDD was staples (by 100 percent) and dairy (by 62 percent).

Figure 11: Share of women that attained Minimum Diet Diversity by municipality

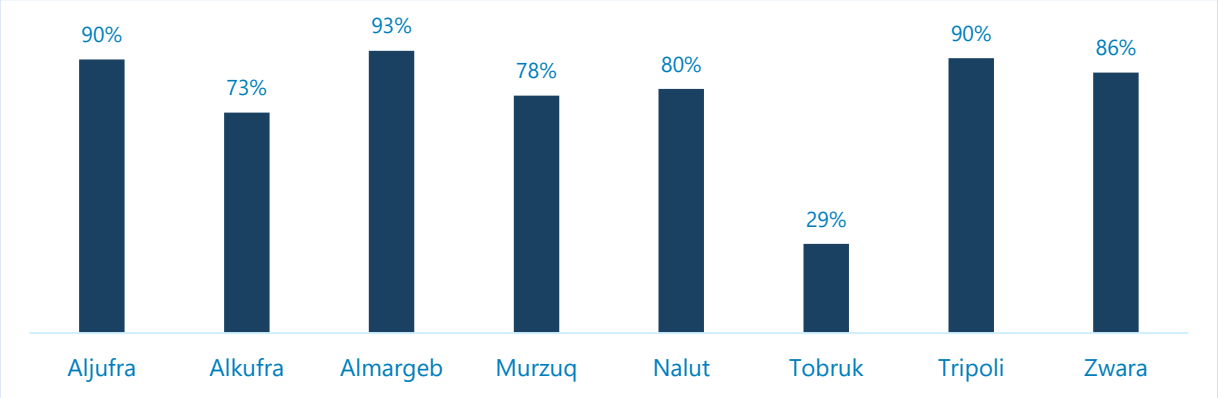
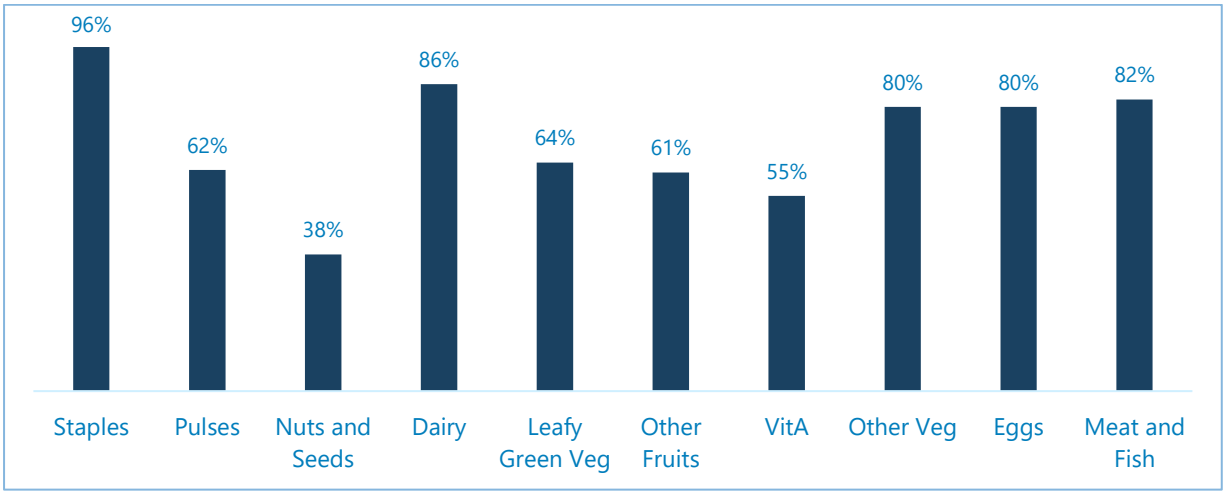
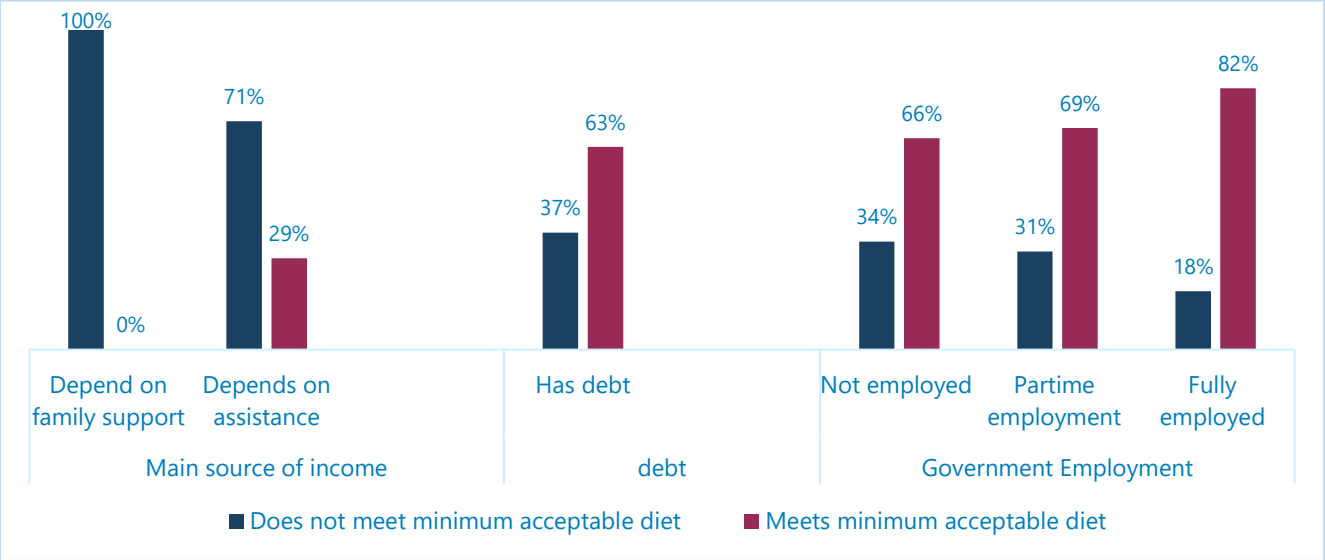


Figure 12: Food groups consumed



Overall, the most consumed food groups the day before the survey by women aged 15 to 49 years were staples, dairy, and meat. On average, women consumed from 10 food groups. Results showed that the main food source determined the level of dietary diversity. All households who depended on support from family members, friends, or relatives as the main source of food did not attain dietary diversity. Households that relied only on assistance also had a high proportion of women that did not attain dietary diversity (71 percent). The proportion of women that did not meet dietary diversity was higher among households that had debts. Some 69 percent of the women that did not meet dietary diversity were from households with inadequate food consumption.

Figure 13: Factors affecting Minimum Dietary Diversity



Minimum Acceptable Diet (MAD) for children aged 6 to 23 months

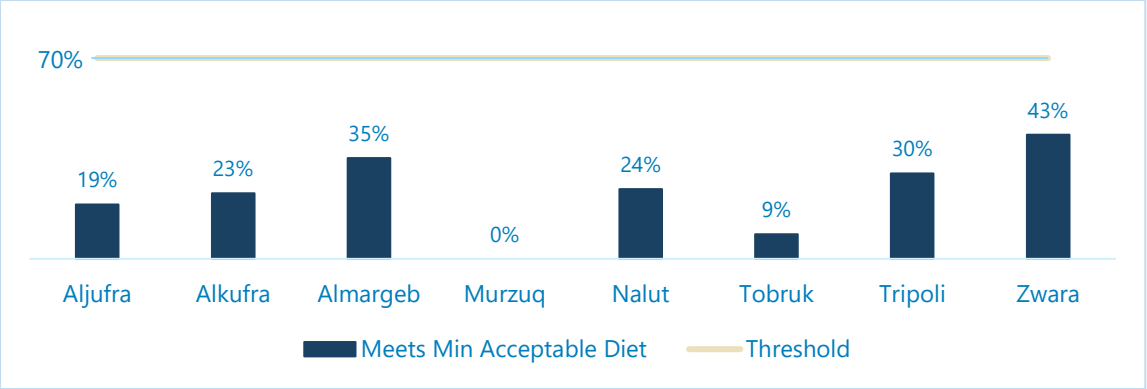
The MAD is a summary indicator for infant and young child feeding (IYCF) practices among children aged 6 to 23 months. The first 2 years of a child's life are particularly important, as optimal nutrition during this period lowers morbidity and mortality, reduces the risk of chronic disease, and fosters better development overall[7]. 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 4 food groups out of 7 the previous day and night; and
- the minimum meal frequency of
    - 2 feedings for breastfed children aged 6 to 8 months
    - 3 feedings for breastfed children aged 9 to 23 months
    - 4 feedings for non-breastfed children aged 6 to 23 months

Overall, only 23 percent of children consumed the MAD. The proportion is far less than the corporate threshold of 70 percent. Zwara had the highest proportion of children that consumed MAD (43 percent) while Murzuq recorded none.

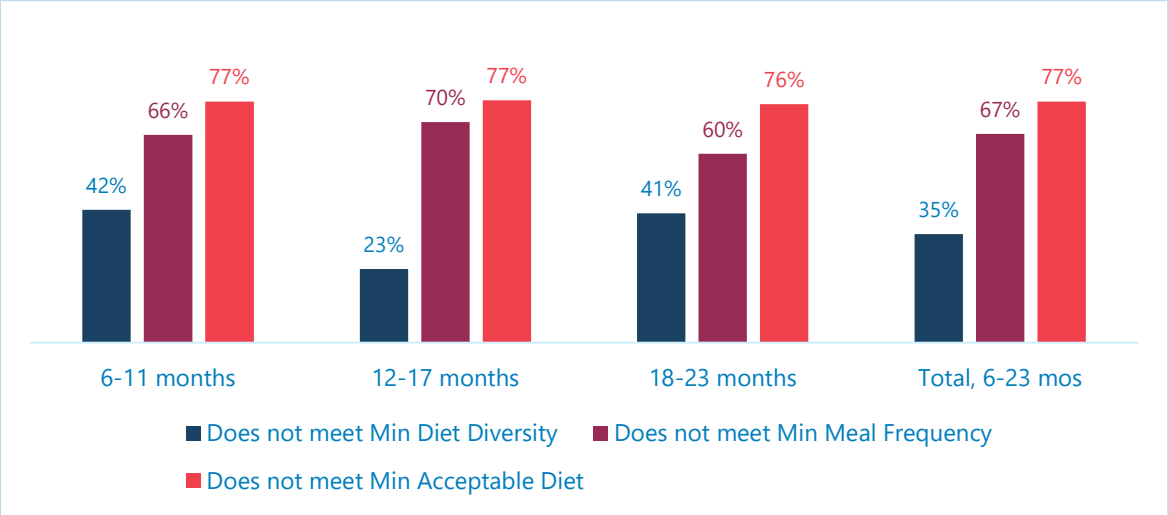
Figure 14: Share of children aged 6 to 23 months that met Minimum Acceptable Diet by municipality

[7] Infant and Young Child Feeding, World Health Organization, August 2020



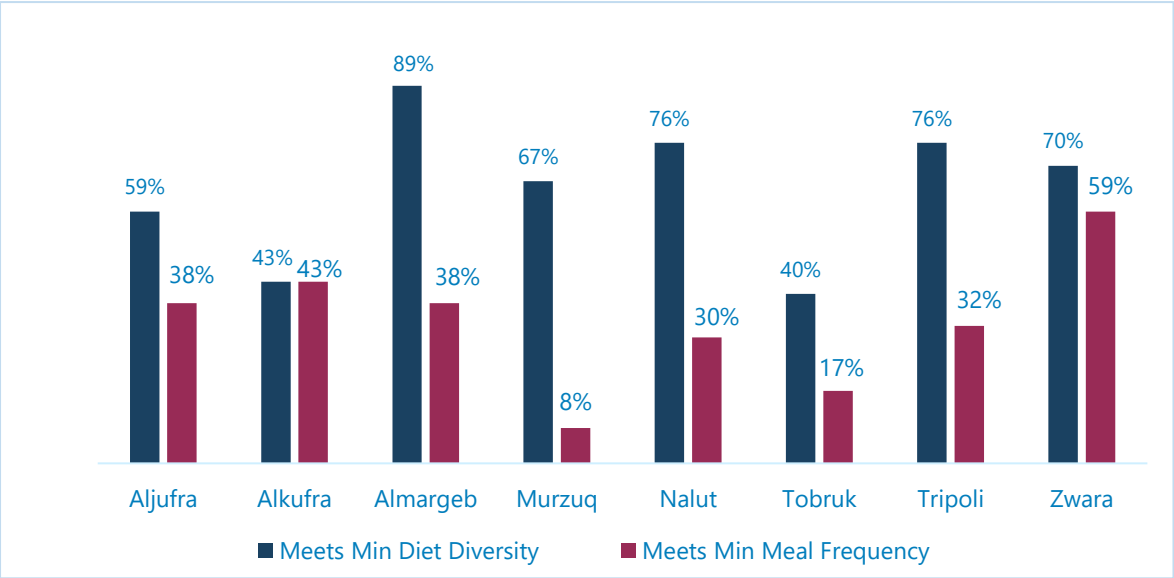
The inability of children to consume the MAD did not vary significantly by age of children in the category of 6 to 23 months. From the graph below, children ate less frequently than expected. Children in Murzuq, Nalut, Tobruk, and Tripoli ate on average one meal a day whereas those in Aljufra, Alkufra, Almargeb, and Zwara ate two meals on average. Dietary diversity was also low, indicating that children ate more from the same food groups throughout the day.

Figure 15: Minimum Meal Frequency and Minimum Diet Diversity by children's ages



As seen in Figure 16, there was no balance between dietary diversity and meal frequency in children's diets. Zwara had the least proportion of children that met the minimum meal frequency. Overall, 65 percent of children consumed from 5 or more food groups while 33 percent had at least 4 feedings. The children mainly consumed cereals and milk. There was a general inadequacy in the quality and quantity of food consumed by children aged 6 to 23 months.

Figure 16: Minimum Meal Frequency and Minimum Diet Diversity by municipality



VI.Conclusions

Overall, the results of this survey show that inadequate food consumption is higher among displaced households due to high food prices in the reporting period and high unemployment levels which affected access to food.

From the results, only half of the respondents worked in the past seven days before the survey while one in three (30 percent) did not have jobs. This is a concern as unemployment reduces households' ability to access food. In the absence of an income, households strive to maintain adequate food consumption through adoption of food and livelihood coping strategies. Continued adoption of these strategies makes households even more vulnerable to further shocks.

The results also revealed that the majority of children aged 6 to 23 months did not consume the Minimum Acceptable Diet the day before the survey. Children in Murzuq, Nalut, Tobruk, and Tripoli reported eating on average one meal the previous day and night whereas those in Aljufra, Alkufra, Almargeb, and Zwara ate on average two meals. The inability of children to feed adequately greatly impacts their development and makes them prone to diseases and an increased risk of morbidity.

VII. Recommendations

- Strengthen livelihood interventions especially for food-insecure households whose livelihoods have been affected by the COVID-19 pandemic and conflict, with a view to meeting 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.

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