

IMPACT OF COVID-19

in the Middle East, North Africa, Central
Asia, and Eastern Europe

Update #7

Decemeber 2020

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Key Messages

1. Countries in the region have reacted to the global COVID-19 pandemic with swift and rigorous measures that have avoided spread of the virus but also had a large impact on socio-economic outputs
2. Countries that are fragile and in conflict situations are witnessing a significant impact that will aggravate existing economic and humanitarian challenges.
3. In Sudan, Yemen, Syria and Lebanon political instability, depreciation of the local currency and inflation led to an increase in food prices and decreased households purchasing power.
4. In addition, in oil producer countries such as Algeria, Iraq and Libya, the decrease in global oil prices and demand have hampered the response putting further pressure on the country's budget.
5. Restrictions on movement and social distancing measures implemented by all the countries in the region have exacerbated these trends hampering households' access to work, regular income, remittances, markets, schools and healthcare. Consequently, the capacity of vulnerable households to access basic services and afford essential needs – including food, education and medicines – has decreased while already-high poverty levels are rising.
6. The negative impact of COVID-19 on both households' food consumption and use of coping strategies is evident: the share of households consuming inadequate diets has increased dramatically, especially in Syria and Yemen, reaching the highest levels in the past five years. At the same time more households had to resort to negative food based and livelihood coping strategies to meet essential needs.
7. Lower income, depletion of saving and decreased governments capacity to respond to a second wave of coronavirus may dampen economic recovery, worsen poverty and inequality, and lead to important deterioration of household food security while increasing people's needs.

Introduction

As winter is approaching, coronavirus cases across the region are again on the rise, spreading concerns over the second wave of COVID-19. According to the World Health Organization (WHO), the eastern Mediterranean region reported more than 3.6 million cases of COVID-19 out of the 55 million cases in the world¹. Yet, the actual number of confirmed cases might be even higher as it is contingent on countries' testing capability. While more than 60 percent of all most recent cases were reported from the Islamic Republic of Iran, Jordan, and Morocco, several other countries continue to see an increase in the number of cases and deaths.

Despite the timely and decisive response to COVID-19, governments are reluctant to impose another full lockdown as economies have just started to record some weak signs of recovery.

Oil prices are still well below pre-COVID-19 levels and the debt-to-GDP ratio has significantly increased, especially for oil exporters countries. In addition, key sources of income for the region (oil, international tourism, and remittances) are slowly recovering, suggesting a considerable contraction of international reserves in the coming months. In terms of response to the pandemic, fiscal stimulus packages in the region were smaller than in other countries in the world and mainly focused on healthcare spending and support to the poorest segments of the society through liquidity provision.²

For the above-mentioned reasons, economies in the region are projected to contract by 8.5 percent in 2020 and to only partially recover in 2021³. In Sudan, Syria, and Yemen, COVID-19 added to an already compromised socio-economic situation as these countries have been facing multiple shocks (e.g. protracted conflict, currency devaluation, hyperinflation) even prior to the pandemic. Lebanon is the country that has been most severely affected, as output is seen to contract by 23 percent towards the end of 2020 and by 1.3 percent in 2021⁴.

The second wave of COVID-19 might put an additional strain on the countries' economic resilience and healthcare systems' capacity. Ensuring adequate access to well-functioning healthcare remains an immediate priority; however, leveraging on resilient and well-targeted social safety nets is also crucial as the pandemic has significantly affected people's livelihoods and access to food, pushing many into poverty and food insecurity.

As mVAM data shows, people running independent businesses or working in the informal sector were more likely to lose their income or job due to the lockdowns (25 percent in Yemen during October). Reduced earnings pushed households to adopt severe coping strategies to sustain consumption and livelihoods. Given the already compromised socio-economic situation and to avoid a possible scale-up of socio-political instability, it is crucial that decision makers tackle a possible second wave in a way that allows for faster recovery while not worsening poverty and inequality.

¹ [WHO Regional Director's statement for virtual press briefing, 19th November 2020](#)

² [ESCWA, COVID-19 Stimulus Tracker](#)

³ Regional average of 16 countries of the region were calculated leveraging World Banks data and Focus Economics. 16 countries are Iran, Iraq, Jordan, Lebanon, Yemen, Egypt, Algeria, Armenia, Kyrgyz Republic, Libya, Morocco, Sudan, Syria, Tajikistan, Tunisia, State of Palestine, and Turkey.

⁴ RBC VAM and Focus Economics

COVID-19 and its effects

REGIONAL OVERVIEW

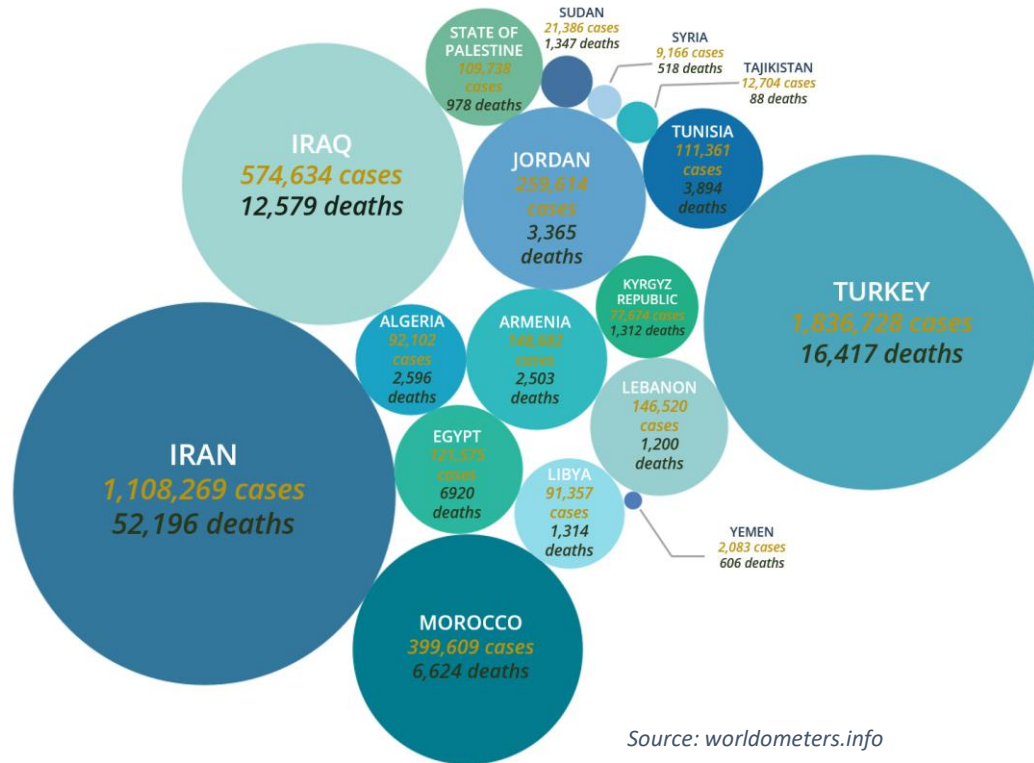
Contagion and death rates

5.1 M

TOTAL CONFIRMED CASES

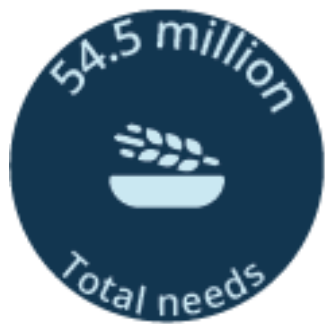
112.2 K

TOTAL DEATHS



Source: worldometers.info

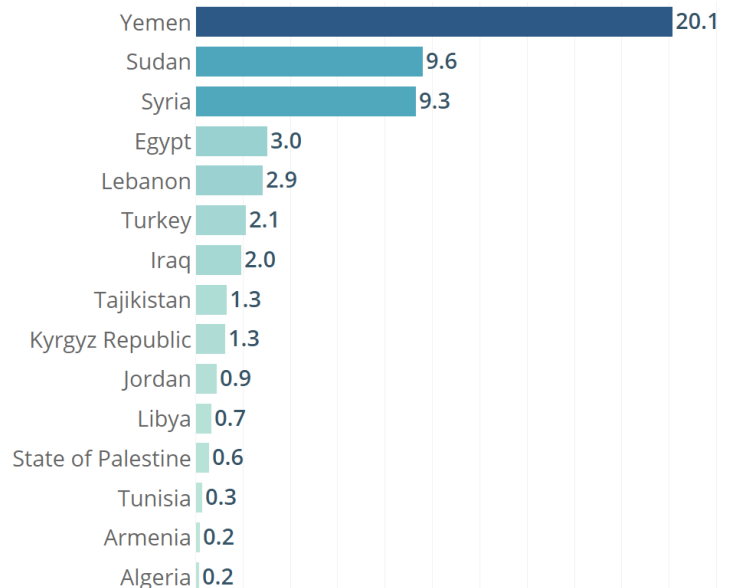
Food security and beneficiaries



+ 32% COMPARED WITH PRE-COVID LEVEL

+ 10.1 M FROM 9.4 M (JUNE PLAN)

Total needs by country (millions)



Cost of the food basket (January – October 2020) *

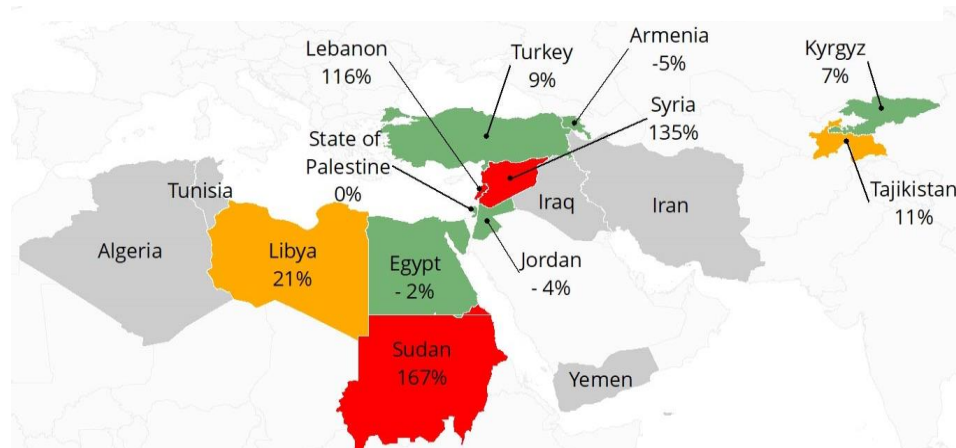
Sudan, Syria, and Lebanon recorded the highest increase in the cost of the food basket followed by Libya



Sudan, Syria, and Lebanon fell within “crisis” level as the cost of the food basket increased by 167, 135, and 116 percent, respectively since January. Libya recorded “alert” levels with an increase of 21 percent.

Tajikistan saw a 13 percent increase in the food basket cost, placing the country under “stress” level. The increase can be explained by the rise in prices of bread (up 33 percent), beans (up 28 percent), carrots and sugar (up 25 percent each); however, the relative stability in the parallel exchange rate is still containing inflationary pressures.

Map 1: % increase in Food basket cost in October 2020 against January 2020



Thanks to the considerable price stability prior to the outbreak, other countries in the region fall within “normal” level with variations that are less than 10 percent.

*No recent data for Algeria, Iran, Iraq, Tunisia, Yemen.

Legend: No data (grey), Normal (green), Stress (yellow), Crisis (red)

Inflation rates

Iran recorded an alarming annual food inflation of 40.4 percent in October 2020, which is mainly driven by the compound effect of sanctions and the pandemic.

In Turkey, annual food inflation started to increase in April and reached 17 percent in October. The increase is due to a significant decline in foreign currency reserves (nearly 50 percent less compared with October 2019), currency depreciation, and the central bank decision to decrease deposit rates to 9 percent in June 2020 (against 12.75 percent), in an effort to boost the economy.

The conflict in Armenia has not yet

Affected general price level or food prices. Annual food inflation rate was as low as 0.6 percent in October 2020; however, a continuous monitoring for developments is necessary to allow for relevant and timely interventions.

Table 1: Annual Inflation Rate and Annual Food Inflation Rate

COUNTRY	ANNUAL INFLATION RATE	ANNUAL FOOD INFLATION RATE	LATEST DATA AVAILABLE
Algeria	1.2	-1.7	Sep-20
Armenia	1.3	0.6	Oct-20
Egypt	4.5	-0.7	Oct-20
Iran	41.4	40.4	Oct-20
Jordan	0	3.3	Oct-20
Kyrgyzstan	7.2	13.4	Oct-20
Lebanon	136.8	441	Oct-20
Palestine	-0.71	-1.63	Oct-20
Tunisia	5.4	5.3	Oct-20
Turkey	11.89	16.51	Oct-20
Sudan	212.3	-	Sep-20
Tajikistan	6.6	8.2	Sep-20

Methodology

Since the declaration of the global pandemic, the Vulnerability Analysis and Mapping (VAM) unit of the Regional Bureau for the Middle East, North Africa, and Central Asia (RBC) has been monitoring COVID-19 and the evolution of its effects across all countries in the region through regular monthly updates.





The objective of the analysis is to understand how the COVID-19 emergency has compromised access to basic needs and how the restrictive measures implemented to halt the contagion have impacted economies and affected the food security and nutritional status of people in the region.

Regular updates have been based on secondary data from various sources (national government reports, reports, and data issued by other UN Agencies, NGOs, academic institutions) and developed in consultation with Country Offices (COs) and other programme units in RBC. The updates also leveraged on primary data collected by WFP VAM through phone surveys (mVAM), price monitoring, remote sensing, and, when possible, face to face food security and need assessment.

In this update, countries are categorized and compared based on stress levels recorded in the variations of the cost of a standard reference food basket⁵ between January and October 2020. Price monitoring as well as monitoring of the cost of the food basket is conducted on monthly basis⁶ across several countries in the region to:

- Understand if households can access a minimum set of commodities providing adequate kilocalorie intake and nutritious food;
- Detect price fluctuations and price spikes;
- Understand if household purchasing power – and eventually economic access to food – is affected by price fluctuations or price spikes.

The below table defines four stress levels and the respective percentage changes in the food basket cost:

PERCENTAGE CHANGE BETWEEN JANUARY-OCTOBER	STRESS LEVEL
Less than 10%	Normal 
10% to less than 20%	Stress 
20% to less than 30%	Alert 
More than 30%	Crisis 

⁵ It is worth mentioning that food basket components and quantities vary from country to country as they are adjusted to local context and dietary habits.

⁶ Some countries do monitor prices on a weekly basis. For comparability, we are relying on monthly averages across all countries.

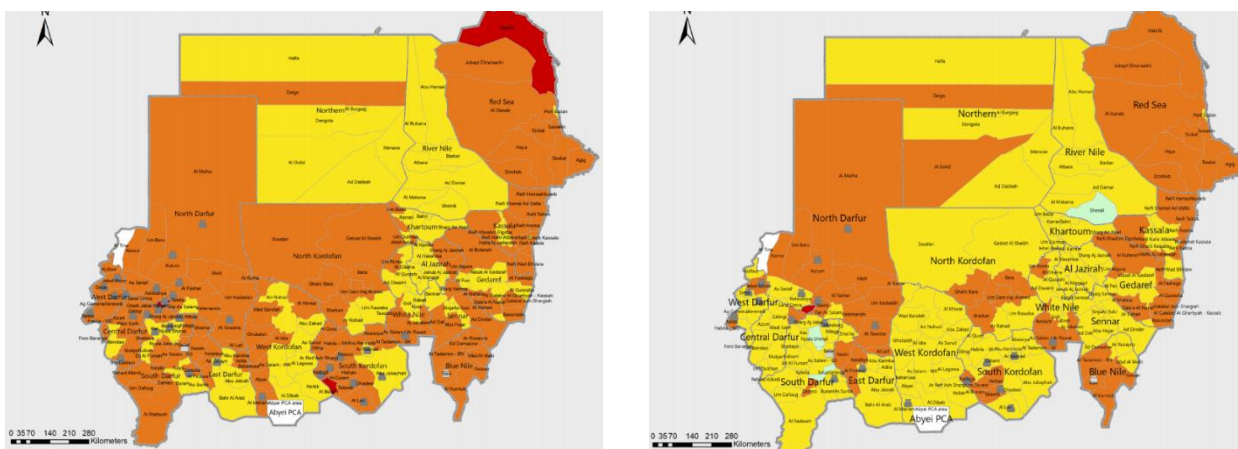
Country-level Snapshots

The following sections provide a more comprehensive analysis of countries whose cost of the food basket falls under either “alert” or “crisis” levels. Countries covered are Sudan, Syria, Lebanon, Yemen, and Libya.

I. Sudan⁷

Food insecurity remains alarmingly high in Sudan due to increased and protracted displacement, economic decline, hyperinflation, and food price spikes exacerbated by the COVID-19 pandemic. According to the latest IPC (covering June-September 2020)⁸, 9.6 million people are estimated to be food insecure – accounting for a 65 percent increase compared to the same period last year. Among these, 20 percent are IDPs, whose number has reached 1.89 million people following the protracted and new wave of conflict. At the state level, South Kordofan, Blue Nile, North Darfur, Central Darfur, West Darfur, Red Sea, Kassala, South Darfur, North Kordofan, and East Darfur recorded the highest prevalence of acute food insecurity.

Map 2: Sudan Current (July-September) and projected (October-December) acute food insecurity situation maps (left-hand and right-hand side, respectively)



Source: IPC

Containment measures, closure of borders with neighboring countries, restrictions on movement to prevent the spread of the contagion significantly decreased commodity movement, market functionality, cross-border trade, and, eventually availability and price of commodities on markets. Moreover, restrictions on movement have disrupted fish and livestock exports to Saudi Arabia, affecting livelihoods and earnings of fishermen and farmers.

Other than the pandemic, macro and micro-economic challenges such as the deterioration of the local currency, high inflation rates, and prices spikes of staple foods and essential commodities have deteriorated household purchasing power and, consequently, access to food – particularly for the most vulnerable segments of the population.

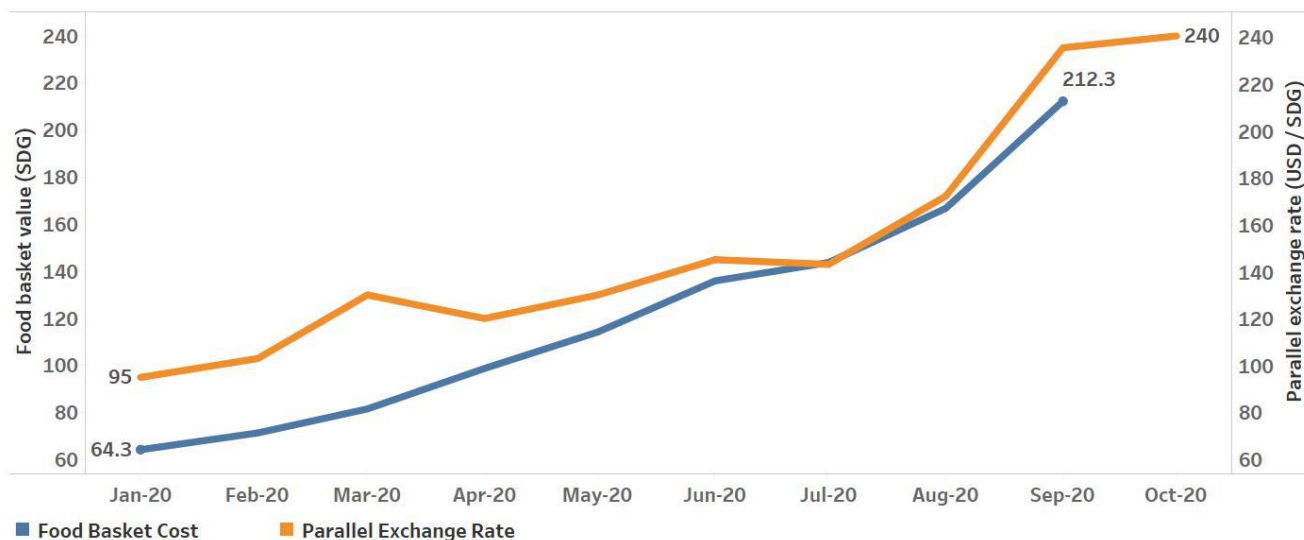
The Sudanese Pound/U.S. The dollar exchange rate on the black market has dramatically increased since January 2020, mainly between July and September. Despite the flattening of the exchange rate, the national

⁷ This is the last update for Sudan. As of 2021 Sudan CO will be covered by RBN.

⁸ [Sudan IPC Acute Food Security Analysis, July 2020](#)

average parallel exchange rate for October was SDG 240/USD, up 2.1 percent compared to September's national average rate of SDG 235/USD.

Figure 1: Annual Inflation Rate, Sudan, Jan-Jun 2020



Source: Sudan Central Bureau of Statistics

By the same token, Sudan's annual inflation rate has also recorded a continued upward trend since January 2020, reaching 212.3 percent in September 2020 (latest available). The cost of food and non-food items soared throughout 2020 as the global increase in prices added to an already steadily accelerating year-on-year inflation. Market lockdown and decreased wage labor following COVID-19 control measures have reduced vulnerable households' capacity to afford the basic food basket, whose cost has increased by 167.5 percent between January and October 2020. In the same reference period, the cost of staple food such as millet and sorghum increased by 177 percent and 170 percent, respectively.

The increase in food prices is also due to lower than average agricultural production during 2019-2020 agricultural season: the latest Crop and Food Supply Assessment Mission (CFSAM)⁹ found a cereals deficit of 2 million tons for the 2020 season, in contrast to last year when the country was able to meet its needs. In addition, the higher cost of transport and the increased market demand due to stockpiling have also contributed to the increase in price observed.

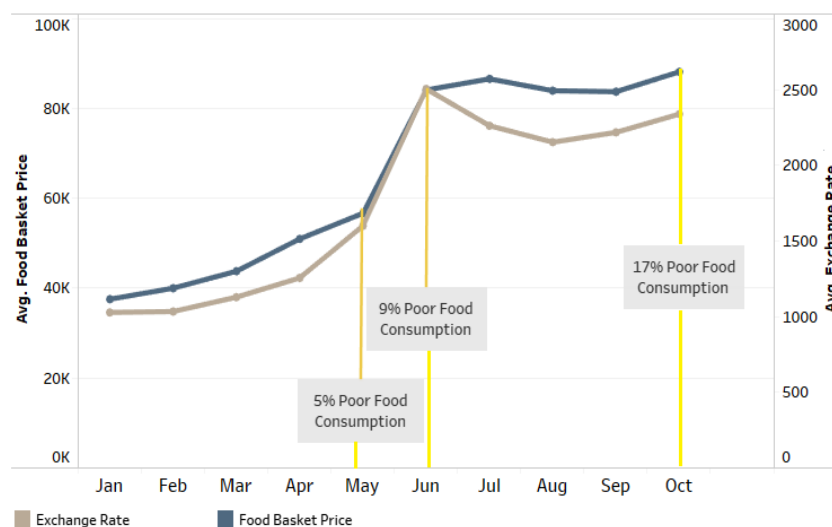
Between October-December 2020, the food security situation is expected to relatively improve as the end of the year coincides with the harvest season. Despite lower than average yields, stocks at the household level are expected to increase compared to the lean season. Moreover, the abundant rainfall characterizing the period between August and September had a positive effect on pasture, leading to improved livestock productivity, which, in turn, is expected to have a positive effect on pastoral households' income and availability of animal food stock. Improved food availability at the household level from own production might reduce the reliance on markets that have been disrupted by the effects of COVID-19, resulting in better access and food consumption at the household level.

⁹ [FAO - WFP: Crop and Food Security Assessment Mission to the Republic of Sudan, March 2020](#)

I. Syria

The COVID-19 outbreak is one of many concurrent and interlocking factors that have spurred the deteriorating food security situation and exacerbated the existing humanitarian needs in Syria. Besides the dire epidemiological situation, Syria has witnessed multiple shocks, including ongoing extensive hostilities, large-scale displacement, economic sanctions, collapsing of the Syrian pound and its impact on increasing the price of commodities, as well as the repercussions of the financial crisis in Lebanon.

Figure 2: Average Food basket price and exchange rate, Syria, (Jan – Oct 2020)



Since the first confirmed COVID-19 case in Syria on 22nd March 2020, around 5,683 cases of COVID-19 were officially confirmed by the Minister of Health in government-held areas in Syria, including 285 fatalities, as of 30 October 2020. In addition, the disease has dramatically spread in opposition-held areas in northwest Syria, reaching over 5,382 cases by end of October.

Mitigation measures to curb the contagion were initially implemented in March, including restrictions on movement, lockdowns, and a nationwide curfew, but have been discontinued across most of Syria since June, with the exception of Kurdish Self Administration (KSA) held areas which often see restrictions measures implemented if COVID-19 cases increase in number. Nevertheless, households in Syria seem to be concerned about the spread of the virus, and according to mVAM data, between April and October 2020, most surveyed households (90 percent) reported staying always at home and avoiding crowded places as a precautionary measure against COVID-19.

Since the onset of the Lebanese financial crisis in October 2019, the value of the Syrian pound has weakened dramatically. In June 2020, the Syrian pound heavily depreciated on the informal exchange market down 75 percent compared to October 2019 levels, reaching a peak monthly average value of SYP 2,505/USD. The exchange rate has continued to fluctuate in the informal market with a further weakening trend over the past couple of months. In October 2020, the monthly average exchange rate was recorded at SYP 2,339/USD, resulting in unprecedented increases in food prices.

Back to June 2020, the national average WFP reference food basket¹⁰ price increased by 124 percent compared to January 2020 and it was 240 percent higher than June 2019. The upward trend continued until October 2020, when the cost of the minimum food basket reached SYP 88,138 (the highest recorded ever in Syria since WFP price monitoring started in 2013). The upsurge in food prices reflected a similar trend of

¹⁰ The standard food basket is a group of essential food commodities. In Syria, the food basket is set at a group of dry goods providing 2,030 kcal a day for a family of five during a month. The basket includes 37 kg bread, 19 kg rice, 19 kg lentils, 5 kg of sugar, and 7 litres of vegetable oil

the share of households with poor food consumption, passing from 5 percent in May 2020 to a worrisome 17 percent in October 2020, recorded through mVAM data collection.

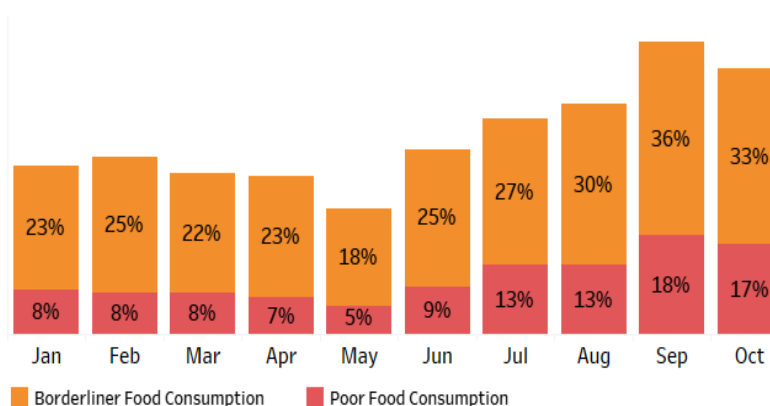
As of April 2020, some 9.3 million people (46 percent of the Syrian population), were estimated to be food insecure, representing an increase of 1.4 million since September 2019¹¹. The likelihood is that by October 2020, the situation has deteriorated further due to the weakening SYP/USD informal exchange rate and the rise in prices in Syria.

According to mVAM data, food consumption has deteriorated since June 2020, reaching a worrisome level in September, when almost 54 percent of surveyed households consumed inadequate diets, 18 percent of which consuming poor diets. Although this trend decreased by five percentage points in October, it remains 44 percent above June 2020 levels and almost double the level recorded in October 2019.

Due to the effects of COVID-19, households are facing more challenges to access markets and medical services. From April 2020 onwards, approximately one out of four interviewed households (mainly in north-east Syria areas) reported not being able to go to markets and grocery shops due to the restrictions on movement implemented to curb the contagion. As the market is the main source of food for around 90 percent of Syrian households, limited access to markets is likely to result in reduced access to food.

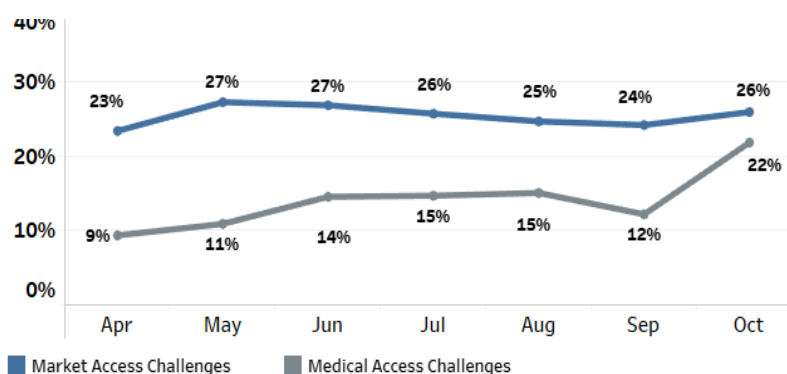
In terms of access to healthcare, since April 2020 approximately 15 percent of households reported facing challenges in accessing medical care, mainly due to lack of financial resources. The peak was observed in October 2020 (21 percent of households) and the proportion of households reporting this issue was slightly higher among returnees (18 percent) and IDPs (15 percent) compared to resident households (12 percent). Moreover, in October 2020 almost 45 percent of surveyed households reported not being able to purchase the necessary medicines, mainly because of lack of financial resources (66 percent) and shortage of medicines in pharmacies (13 percent).

Figure 3: Percent of households reporting poor and borderline food consumption, Syria, Jan – Oct 2020



Source: mVAM

Figure 4: Percent of households facing challenges to access market and medical services, Syria, Apr – Oct 2020



Source: mVAM

¹¹ [WFP Syria Country Brief, October 2020](#)

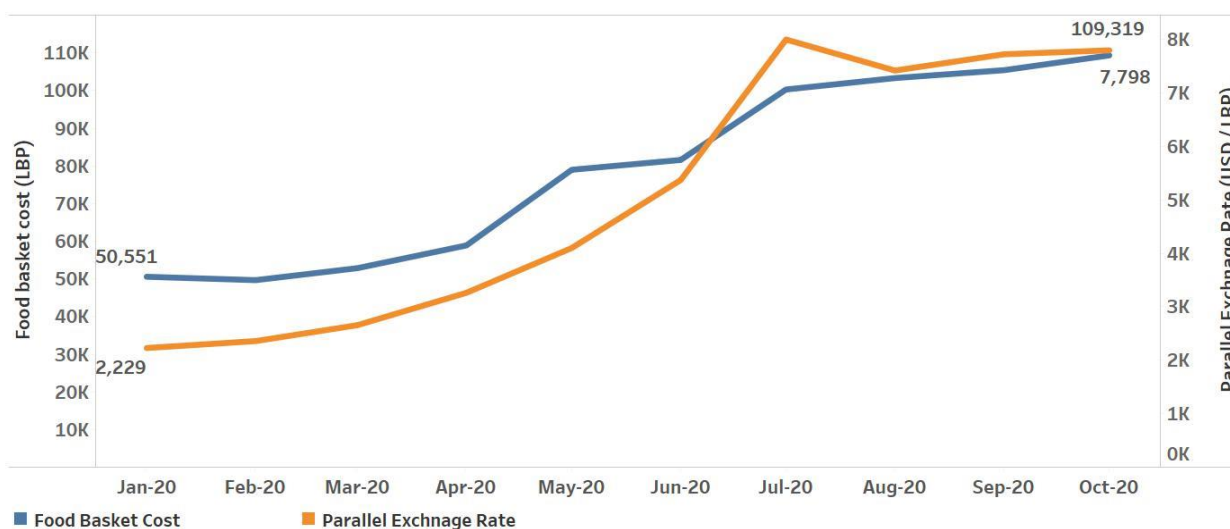
II. Lebanon

Starting from October 2019, Lebanon has been dealing with the worst financial crisis ever recorded in its history leading to a massive depreciation of the local currency since October 2019. This depreciation combined with bank control measures and increased unemployment has negatively affected households' purchasing power. The pandemic, the related containment measures, and the explosion at the Port of Beirut in August have further worsened the economic situation¹².

The country is foreseen to record the most severe economic downturn in the region with an annual GDP contraction of 23 percent. Unemployment rates are estimated to soar (up 17.7 percent in 2020 compared to 6.2 percent in 2019)¹³. Steep inflation characterized the year 2020, with annual inflation rates averaging 73 percent in the first 10 months of the year. Since January 2020, inflation has steadily increased and peaked in October at an alarming rate of 137 percent (against 1.3 percent in October 2019). Spiraling prices were reflected in the cost of the food basket, which increased by 116 percent in October 2020 compared to January 2020. At the governorate level, Beirut recorded the most expensive food basket – higher than the national average by 11 percent throughout the first 10 months of the year.

Last year's price spikes are mainly linked to exchange rate fluctuations and bank control mechanisms. However, in this very volatile economic context, its high dependency on food imports puts Lebanon at a high risk of food insecurity. In 2018, the country imported more than 80 percent of its wheat consumption¹⁴ and food imports represented nearly 24 percent of total imports in the first half of 2020¹⁵. With the current capital restrictions, many players abilities to purchase and replenish stocks are hampered and could lead soon to supply shortages, which are already observed in some parts of the country¹⁶.

Figure 5: Variations in the cost of food basket cost and parallel exchange rate, Lebanon, Jan-Oct 2020



Source: WFP VAM Lebanon Price Monitoring

¹² For more details see WFP VAM Lebanon, market updates at https://dataviz.vam.wfp.org/economic_explorer/reports

¹³ RBC VAM in collaboration with Focus Economics

¹⁴ FAO STAT and RBC VAM analysis. Latest available data from FAO STAT is in 2018.

¹⁵ Lebanon Customs Authority and VAM analysis

¹⁶ WFP Lebanon, Retail mission, November 2020

The web-based survey¹⁷ conducted in April 2020 showed that the COVID-19 outbreak and related containment measures have pushed nearly one out of every three Lebanese into unemployment; one in five respondents reported a reduction in their salary. Akkar recorded the highest proportion of Lebanese respondents reporting either losing their jobs or having a reduced income due to COVID-19.

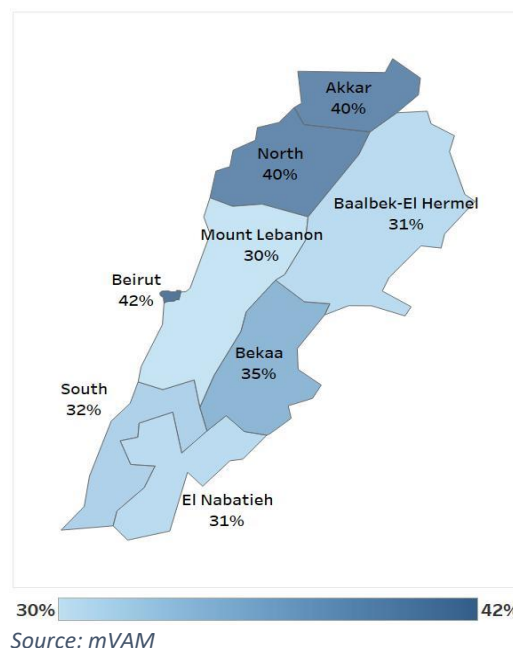
The mVAM survey¹⁸ conducted between July and October confirmed April's findings as the unemployment rate amongst respondents reached 38 percent comparing with 26 percent in February (prior to the lockdown). Such increase was more pronounced among respondents with lower levels of education.

Between September and October, around 34 percent of mVAM surveyed households reported difficulties accessing healthcare at the national level. Map 4 shows that households' access to healthcare is particularly difficult in Beirut, Akkar, and North governorates (average 40 percent).¹⁹

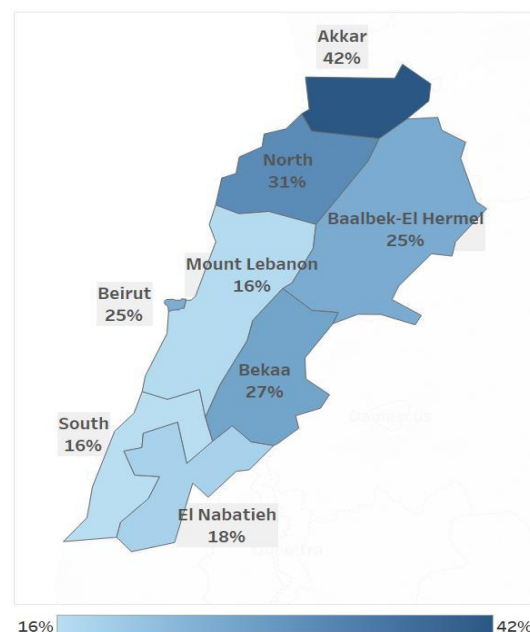
These multiple shocks have affected food consumption, with approximately one in five surveyed households consuming inadequate diets between September and October. Map 3 shows significant variations at the governorate level with Akkar, North, and Baalbek El-Hermel recording the highest percentage of households with poor and borderline food consumption (42, 31, and 25 percent respectively). Lack of resources and high prices were the two main constraints to market accessibility of households.

Reduced financial resources and income is also hampering access to other basic needs: in October 2020, a wider proportion of households reporting no access to healthcare was found among households consuming inadequate diets compared with households consuming acceptable diets (around 45 percent vs. 31 percent). The increased cost of medicine is the most reported reason behind inaccessibility to healthcare facilities.

Map 3: Prevalence of households faced challenges to access healthcare, Sep - Oct 2020



Map 4: Share of households consuming inadequate diets, Sep - Oct 2020



¹⁷ [Assessing the Impact of the Economic and COVID-19 Crises in Lebanon, WFP June 2020](#)

¹⁸ [Lebanon – mVAM Food Security and Livelihood Assessment \(wfp.org\)](#)

¹⁹ [mVAM Food Security and Vulnerability Assessment \(Sep – Oct 2020\)](#)

III. Yemen

Food Consumption and Food Basket Cost

The situation in Yemen is extremely concerning. The recently published results for 2021 IPC show that about 16.2 million are in urgent need of assistance. Yemen was for long classified as a low-income food-deficit country, which produces merely 10 percent of its food and suffers chronically high levels of income poverty. After nearly six years of conflict and a series of consecutive crises, households have exhausted their coping strategies and have become extremely vulnerable to the slightest shocks affecting their ability to access food and other basic needs. The recent reduction in humanitarian assistance and the severe deterioration in economic conditions, along with the escalation of the conflict, were all compounded by the additional strains of COVID-19 on markets and livelihoods. In October 2020, the total number of COVID-reported cases reached 2,067 people with 601 deaths and 1,367 recoveries since April 2020²⁰. The mortality rate is around 27 percent – more than five times the global average and among the highest COVID-19 mortality rates in the world.²¹

Except for April-May 2020 (the month of Ramadan), the share of households with poor food consumption continued to increase since May 2020. The highest proportion was observed in September, with the percent of households with severe deprivation in food increasing to 15 percent during September, compared to 11.3 in March, before the announced break of COVID in Yemen. Poor food consumption is higher in areas under Sana'a-based authorities where it reached 16 percent in September, compared to 15 percent in areas under Internationally Recognized Government (IRG)²². During September, one in five households reported not being able to meet their minimum essential food needs in governorates of Lahj, Raymah, Al Jawf, Shabwah, and Al Dhale'e.

The economic deterioration is a key driver of increased food insecurity in areas under IRG where the rial continued to depreciate since the beginning of the year. Significant deterioration was recorded during September as the rial averaged YER 808/USD1 and continued to deteriorate thereafter and reached a new all-time peak of YER 854/USD1 during the last week of November. Furthermore, other reporting channels (Yemen Telegram) recorded a depreciation to YER 916/USD1 during December. Similarly, the cost of the minimum food basket²³ saw a sharp increase in areas under IRG and reached an average of YER 6,768 and further increased to YER 6,919 in October. The observed increase in the cost of the minimum food basket was milder in areas under Sana'a-based authorities, where it reached YER 5,288 in September. Socotra, Al Mahara, and Lahj recorded the most expensive MFB during September.

²⁰ [COVID-19 preparedness and response monthly report](#)

²¹ [A-Tipping-Point-for-Yemen's-Health-System](#)

²² IRG areas include Abyan, Ad-Dali, Aden, Al Maharah, Hadramout, Lahj, Ma'rib, Taizz and Shabwah governorates while areas under Sana'a based authorities control include Al Bayda, Al Hudaydah, Al Jawf, Mahawit, Amran, Dhamar, Hajjah, Ibb, Raymah, Sa'dah, Sana'a and Sana'a City

²³The calculation for the cost of the minimum food basket (per person per month) mimics the WFP in-kind food basket; it contains 10.7kg of wheat flour, 360g of sugar, 1.06kg of vegetable oil, 1.43 kg of red beans, 140g of salt.

Figure 6: Average cost of the minimum food basket (YER), Yemen

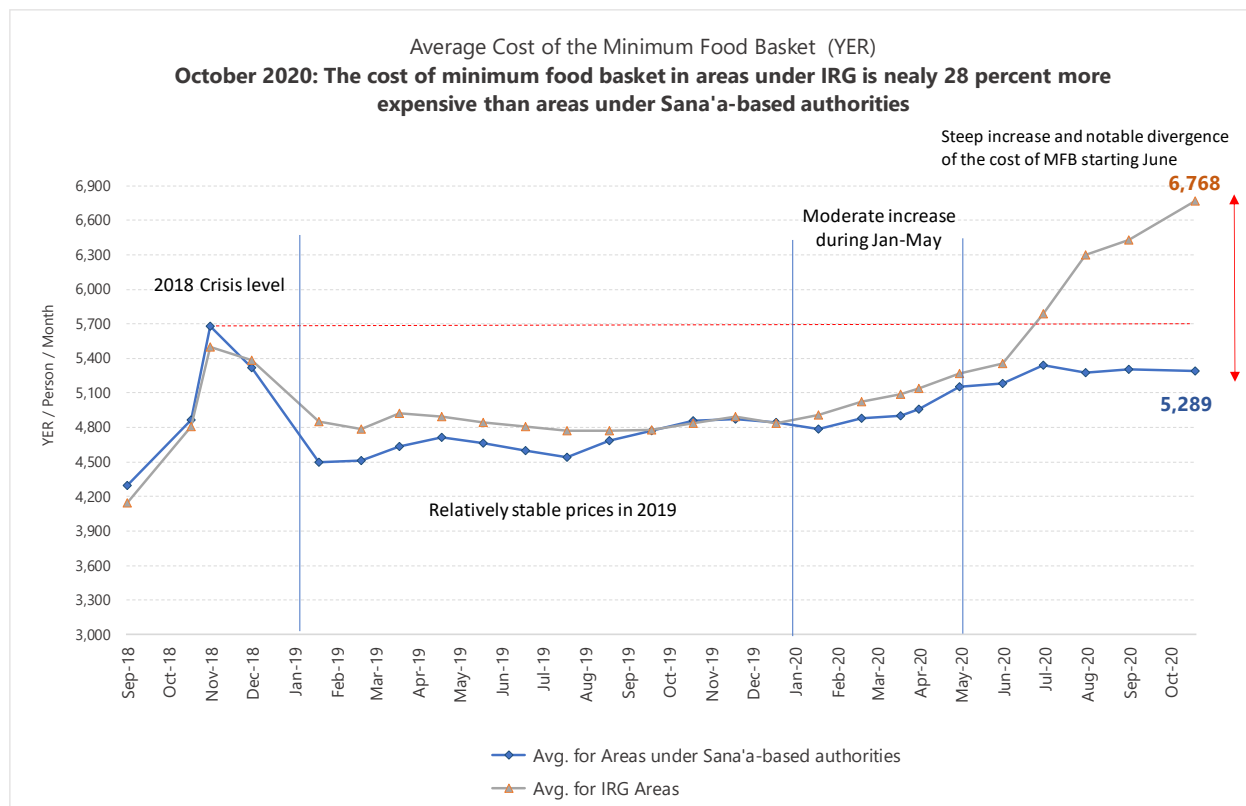
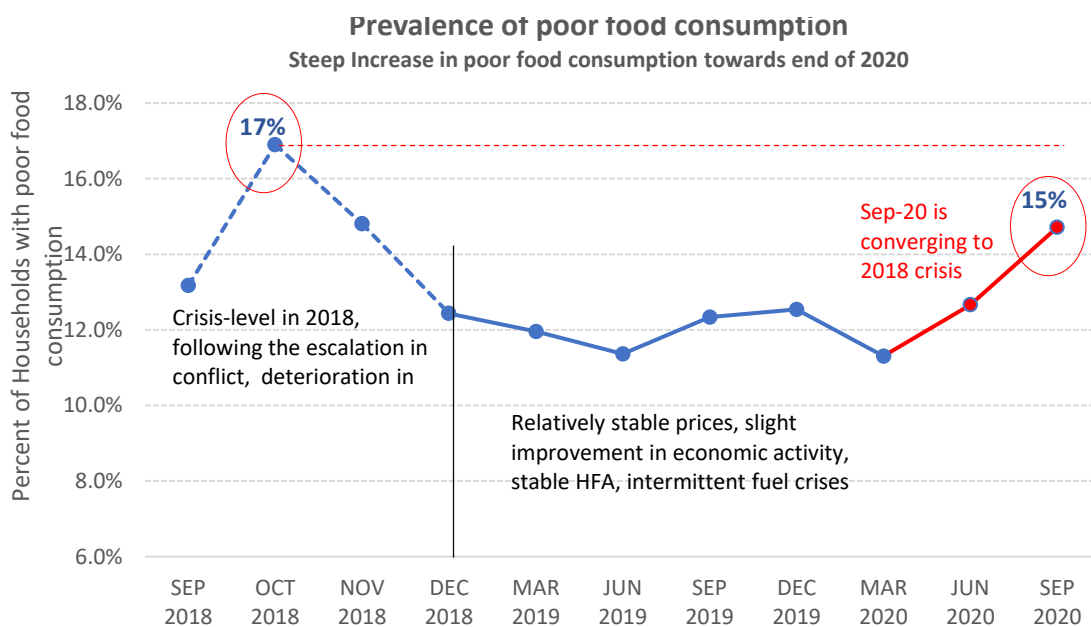


Figure 7: Prevalence of households with poor food consumption, Yemen



Access to Education and Healthcare

The conflict in Yemen has placed a great strain on the provision of basic services and the ability of households to access them.

Even before the outbreak of COVID-19, education opportunities for Yemeni children were limited. For instance, school attendance reported by households with school-aged children²⁴ was very low (20 percent of households in February and 30 percent in March reported not having sent all their children to school).

In an effort to reduce the contagion, many schools have closed since the first confirmed COVID-19 case in April 2020, further reducing learning opportunities for children as alternative teaching methods (e.g. remote, distance, e-learning, and self-learning) are not either common or feasible in Yemen²⁵.

The mVAM data collected in April 2020, showed that 57 percent of households with school-aged children were not able to send their children to school. When the new school year started in October 2020, the proportion of households not sending their children to school was even higher (64 percent), representing a 42 percent increase compared with the February level.

In areas under Sana'a based authorities' control, the share of households that couldn't send their children to school reached an alarming rate of 73 percent; the proportion was lower but still worrisome in areas under IRG control (53 percent).

Figure 8: Share of households with limited access to healthcare facilities, Yemen (2019 VS 2020)

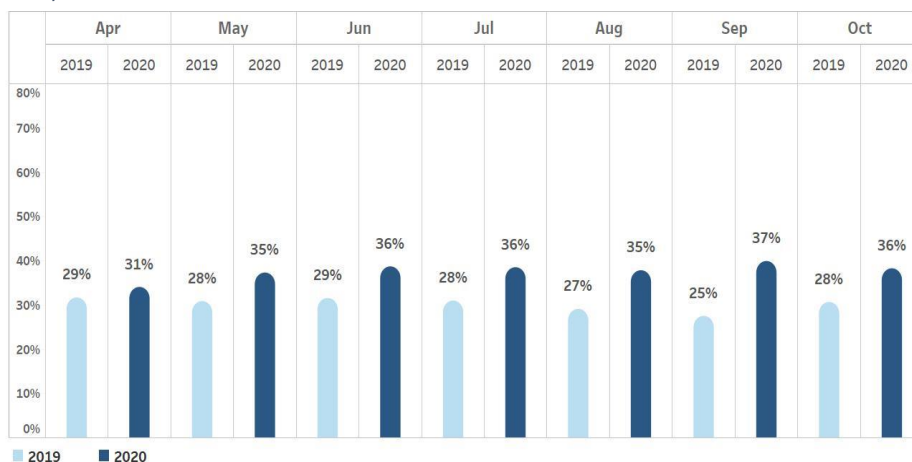
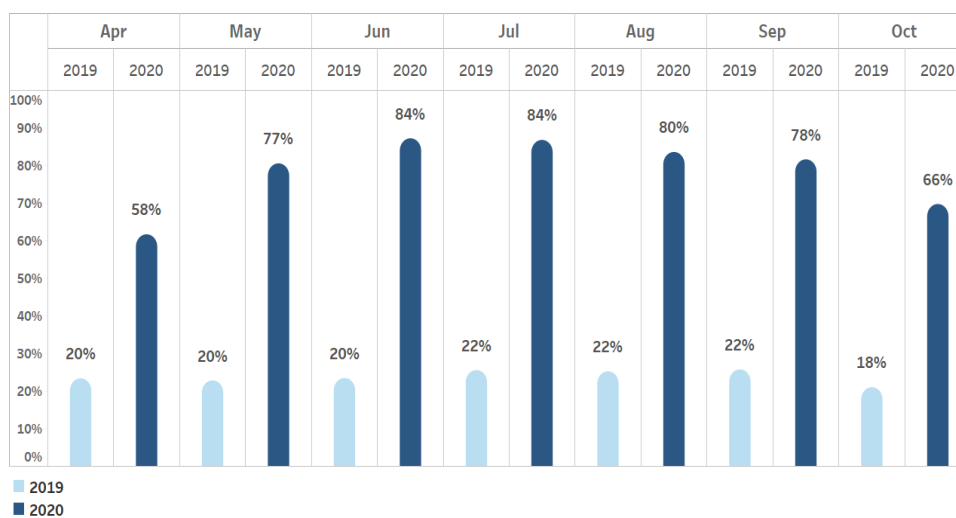


Figure 9: Share of households unable to access schools, Yemen, (2019 VS 2020)



Source: mVAM

²⁴ School-aged children include boys and girls whose is between 5 -15 years

²⁵ [NRC – COVID-19 Impact Assessment Report](#)

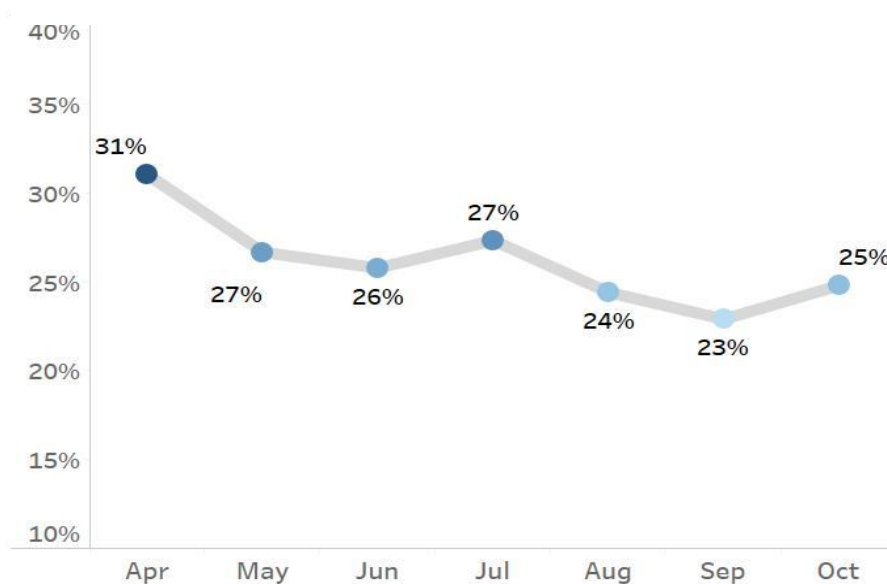
Regarding access to healthcare, the outbreak of COVID-19 put additional pressure on an already weak healthcare system in terms of infrastructures and human resources. Approximately one in three households reported not being able to receive adequate medical care between March and October 2020. Compared to 2019, the proportion of households who could not access healthcare showed a remarkable increase from 28 percent in Oct 2019 to 36 percent in Oct 2020 (Figure7). Multiple deprivations of access to basic services were also recorded; households that reported poor school attendance also suffer deprivations in all other welfare dimensions captured by the mVAM survey such as access to healthcare and adequate food consumption.

Impact on Households' Resources

Prior to the COVID-19 outbreak, households' main sources of income included non-government salary, remittances, and humanitarian assistance (the latter mainly for displaced households), which have all significantly been affected by the implications of the measures implemented to curb the contagion both inside and outside the country.

Remittances from the Gulf States – an important lifeline for most Yemenis – have significantly reduced since April 2020²⁶. Results from the mVAM survey conducted between April and October 2020, showed that around a quarter of the surveyed households have lost partially or totally their main source of income. Raymah, Al Maharah, Sana'a City, and Ad-Dali included the highest proportion of households reporting losses in their income since the start of the pandemic (Map 5).

Figure 10: Share of households reporting a reduction of income, Yemen, Apr – Oct 2020

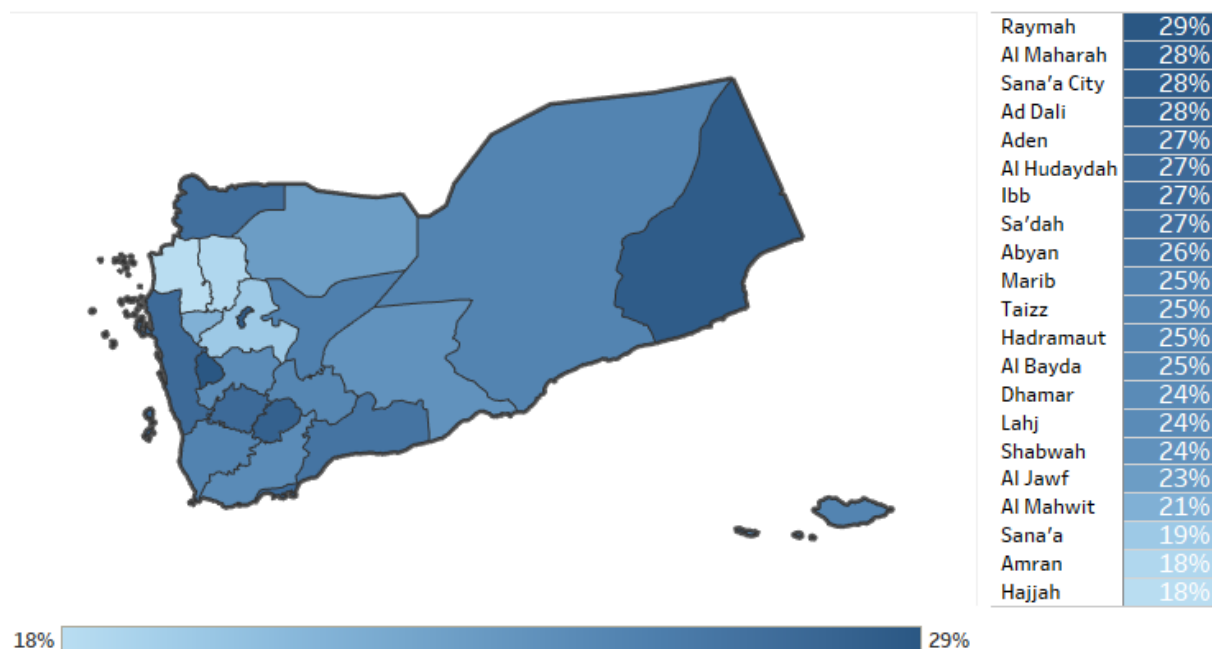


Source: mVAM

²⁶ IPC Yemen: Acute Food Insecurity Analysis Yemen, July -December 2020

Reduced incomes and deteriorating purchasing power coupled with soaring food prices are making Yemeni households more and more vulnerable as they are increasingly relying on humanitarian food assistance and other unsustainable coping strategies to meet their daily food needs, while deprioritizing other equally important needs such as education for children and medical care.²⁷

Map 5: Share of households either paid partially or not paid at all since the start of the pandemic by governorate, Yemen (October 2020)



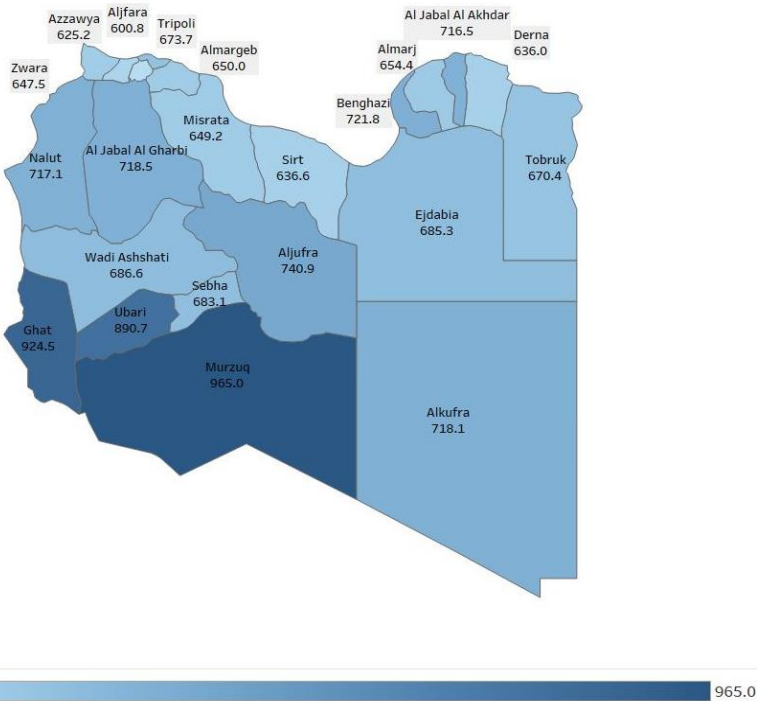
Source: mVAM

²⁷ [WFP-WB Education in Yemen](#)

IV. Libya

Libya was hit in 2020 by the compounded effect of oil prices' slump, the pandemic, and the intensified conflict between the Libyan National Army (LNA) and Tripoli-based Government of National Accord (GNA). The conflict escalated in April in parallel with COVID-19 related imposed containment measures, leading to a 24 percent m-o-m increase in the food basket cost (LYD 800); the highest monthly increase over the past three years. The cost of food basket reduced in the following month reaching in October 2020 LYD 757 that still represents an 18 percent increase compared to January levels (LYD 627).

Map 6: 10 months average of food basket cost by mantika in Libya, LYD



Source: mVAM

At the regional level, the Southern region kept recording the highest food basket cost throughout the first 10 months of the year, higher than the national average by 13 percent. On the contrary, Eastern and Western regions were lower than the national average by 2 and 5 percent respectively. The Southern region is a historically neglected and unstable area characterized by inter-communal conflict and tribal tensions. In addition, the region is partially distant from the ports which translate into higher transportation costs and higher supply disruption risks pushing up food prices²⁸. Mantikas of Murzuq, Ghat, and Ubari reported the most expensive food basket costs among the surveyed mantikas.

Table 2: 10 months average of food basket cost by region in Libya, LYD

REGION	10-MONTH AVERAGE (LYD)	PERCENTAGE CHANGE
East	742.2	-2%
West	716.7	-5.3%
South	855.3	13%
National Average	756.9	0%

²⁸ [Libya - 2019 Multi-Sector Needs Assessment, April 2020](#)

The sharp decline in oil prices and production added to price pressures and hit hard the economy of Libya which is highly dependent on the petroleum sector. In figures, petroleum exports captured 98 percent of total exports, and petroleum revenues comprised 42 percent of total government revenues, as of the first quarter of 2020²⁹. Throughout the first three quarters of 2020, oil production decreased by 83 percent compared to the same period of 2019, for an average of 184 thousand barrels per day (tb/d)³⁰. The contraction in the oil sector started prior to the pandemic following the decline in the global demand, however, the COVID-19 crisis along with the intensified conflict resulted in further declines in oil production in the second quarter of 2020 (84 tb/d). After the lifting of the oil blockade on the 18th September 2020, Libya has rapidly increased its oil output that may have led to a decrease in parallel market gasoline (-12.5%) and cooking fuel (-16.5%) prices across Libya in October 2020.³¹ West and East Libya have witnessed cooking fuel prices reverting to pre-oil blockade levels (December 2019), whereas the cost of fuel in South Libya continues to be more than twice as expensive compared to December 2019.

In Libya, COVID-19 comes on top of years of conflict in which families have seen their public services interrupted and job opportunities vanish. The country's health system is near collapse, with three-quarters of Primary Health Care Clinics not functioning due to shortages in medical staff, supplies, medicine, and equipment. These shortages have made it difficult to assess the true impact of COVID-19 on the population.

As a consequence, households are losing their livelihoods and income, and employees are often not receiving wages for months. mVAM data collected in April and May demonstrates, that over 60 percent of households have a member that was unable to reach their job after the start of the pandemic and 50 percent reported having faced at least one challenge in accessing healthcare.

In remote areas such as southern Libya, the consequences are bleak. With a recent spike in the number of reported COVID-19 cases, the city of Sabha went under lockdown, adding to the strict measures already in place, which is making it extremely difficult for daily wage earners and small business owners. Daily wage earners and migrants are the hardest hit as income opportunities have evaporated as prices of staple foods have increased and are expected to climb further since Libya imports most of its food and oil production has ground to a halt.

mVAM data collected in April and May in eight governorates shows that nearly all the surveyed households had sacrificed the quality of their diet and engaged in negative coping strategies. The most adopted food-based coping strategies were consuming less expensive food (81percent), reducing the number of meals (73percent), and reducing meal sizes (71percent). Additionally, according to the 2020 Libya Multi-Sector Needs Assessments (MSNA)³², almost 50 percent of the surveyed households had to purchase food with savings, while around a quarter had to reduce spending on health and education, purchase food on credit and borrow money to meet needs. Lack of access to workplaces, reduced income, and depleted savings are the main drivers of food insecurity affecting both households' food consumption and the use of negative coping strategies. MSNA data shows that among those households with working members reporting work disruption 20 percent had inadequate food consumption and more than 70 percent relied on a crisis or emergency livelihood coping strategies, while among those who did not face any work disruption less than

²⁹ [Central Bank of Libya - Economic Bulletin, Vol. No: 60 - First Quarter 2020](#)

³⁰ [OPEC: Monthly Oil Market Report, November 2020](#)

³¹ [Libya Joint Market Monitoring Initiative \(JMMI\) 3 - 13 October 2020](#)

³² [Libya Multi-Sector Needs Assessments 2020](#)

5 percent reported inadequate diet and 20 percent used crisis or emergency coping livelihood coping strategies.

Recommendations

1. Continue with food security and nutrition surveillance systems using mobile phones to monitor food market functionality, coping mechanisms, food consumption patterns and multi-dimensional poverty and the timely collection and updating of food security and nutrition information to identify populations at risk, monitor and address factors likely to have a negative impact on the nutrition status of vulnerable groups.
2. Support governments to reinforce and adjust social protection schemes and community programmes to help the most vulnerable groups, as well as those who have lost their jobs because of lockdowns, to be able to access sufficient, safe, and nutritious foods.
3. Offer an alternative to school feeding and nutrition while schools are closed, by providing guidance to school staff, parents and children on the importance of safe and healthy diets, hygiene and physical activity for school-aged children. Explore alternative modalities such as cash transfers and food deliveries to homes to help poorer families get nutritious meals for children while schools are closed.



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For further information, please contact:

Siddharth Kirshnaswamy
Regional VAM officer
siddharth.krishnaswamy@wfp.org

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