Food Security Outcome Monitoring

Round 1

WFP Libya CO

WFP
World Food Programme
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Contents

1 Introduction

Given the prolonged ongoing economic crisis in Libya, the recurrent conflict, and impact of COVID-19 pandemic it is becoming ever more essential to monitor and track the food security situation among Libyan and non-Libyan households. In addition, due to the increased pressure to target food assistance to those most vulnerable it is ever more critical to assess the food security of WFP beneficiaries and non-beneficiaries to better identify the assistance effect and refine targeting criteria.

In 2022, WFP Libya country office introduced a bi-annual food security outcome monitoring (FSOM) activity to measure food security among assisted and non-assisted households (HH).

2 Objectives

1. Demonstrate the outcome of WFP assistance among GFA beneficiaries in comparison to those who no longer benefit from assistance including Libyan host community, returnee and IDP as well as non-Libyan refugees and migrants at the region and mantika (governorate) level.
2. Assess the effectiveness of different assistance modalities.
3. Establish a vulnerability framework to be utilized as a base for defining and validating the targeting and prioritization criteria.
    a. Introducing ENA indicators such as Multidimensional Deprivation Index (MDDI)
    b. Defining the key characteristics of the most vulnerable households among beneficiaries and non-beneficiaries.
    c. Allow calculation of inclusion/exclusion errors for upcoming rounds of targeting.
4. Monitor the cross-cutting indicators which cover the accountability, gender, protection, and satisfaction aspects of WFP assistance.
5. Monitor the impact of interruptions/scale down of food assistance on previously assisted HHs.

3 Methodology

This round of Food Security Outcome Monitoring (FSOM) combines post-distribution monitoring (PDM) among assisted households and the assessment of food security status among formerly assisted households that were phased out during 2019/2022.

The desired sample size for this round of FSOM was 5,887 HHs. This sample was designed to be representative across group (WFP beneficiaries and non-beneficiaries) and Mantika (governorate). WFP system for beneficiary registration – SCOPE – served as the sample frame for the beneficiary group. For the non-beneficiary group, it was challenging to obtain a comprehensive sample frame with phone numbers for general population from any of the mobile network operators in Libya. In addition, previous experience of Libya CO with utilizing

random digit dialing yielded extremely high non-response rate and related additional cost. Hence, CO decided to utilize SCOPE lists of previously assisted HHs to serve as a sample framework for non-beneficiary group. Accordingly, results of this round of FSOM will be disaggregated by respondent status i.e. currently assisted HH, and formerly assisted HH.

Data for this round of FSOM was collected via phone calls through Transcom, a WFP contracted call centre based in Tunisia. Prior to data collection the enumerators were provided a thorough one day training on the objectives of FSOM data collection and the FSOM tool. WFP staff participated in the training to ensure full comprehension of the tool including the significance of each question and how to ask each question. Following the training, the tool was piloted for one day and issues with the tool were flagged and addressed immediately by WFP.

The tool was designed on MoDA, WFP platform for digital data collection. It included demographic and geographic section, food consumption score, consumption-based coping strategies, livelihood based coping strategies, income, expenditure, assets, protection, and deprivations modules. Sensitizing SMSs were sent to lists of respondents prior to data collection to try to reduce non-response rate as possible. Interviews were conducted in Arabic language and addressed to the head of HH or an adult member in case of absence of head of HH. The average call duration for the designed tool was 45 minutes with 33 operators conducting around 170 interviews per day, on average. For a phone number to be considered as unreachable, the operator ought to attempt calling for 5 times within 24 hours.

Data collection extended between 25 June – 15 August 2022 with daily follow-up, monitoring, and quality check measures lead by WFP.

Due to challenges during data collection with operators' interpretation of definition of beneficiary, the analysis team combined the final data set with SCOPE registers to obtain the actual assistance status of respondents instead of their declared status. Hence, this report presents results disaggregated by assistance status based on SCOPE registration database during July/ August 2022. The latest assistance cuts took place between April and June 2022 prior to data collection. Modality of assistance was also pulled from SCOPE database.

Sample weights were applied during analysis to balance underrepresented Mantikas and assign weights to assisted and non-assisted HHs as per the sample framework initially designed for this exercise. Weights were calculated based on the sample framework that included total caseload for WFP current beneficiaries and population figures per Mantika for non-beneficiaries.

Definitions:

Assisted households

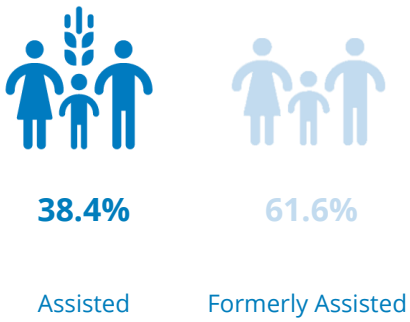
Includes Libyan and non-Libyan households (refugees/ migrants) registered in SCOPE who currently receive WFP assistance during the month of data collection.

Non-Assisted households

Includes Libyan and non-Libyan households (refugees/ migrants) registered in SCOPE who were phased out between 2019 – 2022.

4 Findings

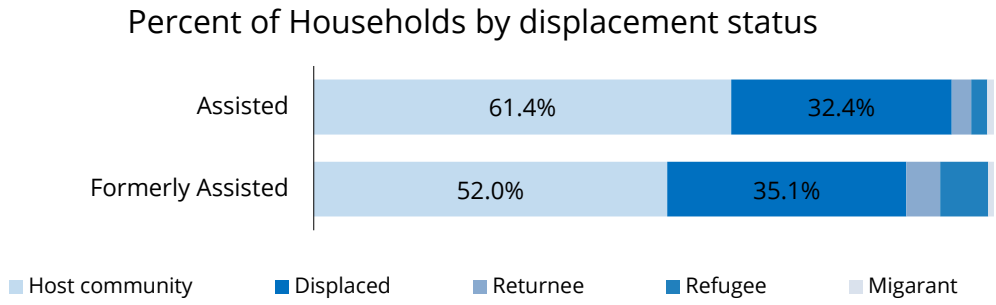
WFP was able to reach 6,239 respondents to this survey over the phone via the partner call centre based in Tunisia. Yet, non-response rate in Libya for mobile surveys is relatively high, it reached 11% for this survey. Hence, analysis was conducted for a final sample of **5,549 respondents** including 38% assisted HHs and 62% formerly assisted HHs.



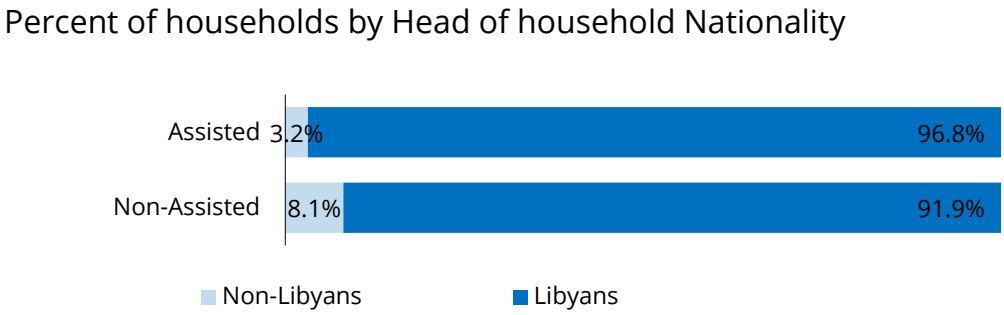
The following section presents findings of food security indicators along with sample characteristics for assisted and formerly assisted HHs.

4.1 Demographics

Host communities contributed over half of sampled HHs both in assisted and non-assisted groups, displaced Libyans around one third and the rest included Libyan returnees, migrants and refugees HHs.

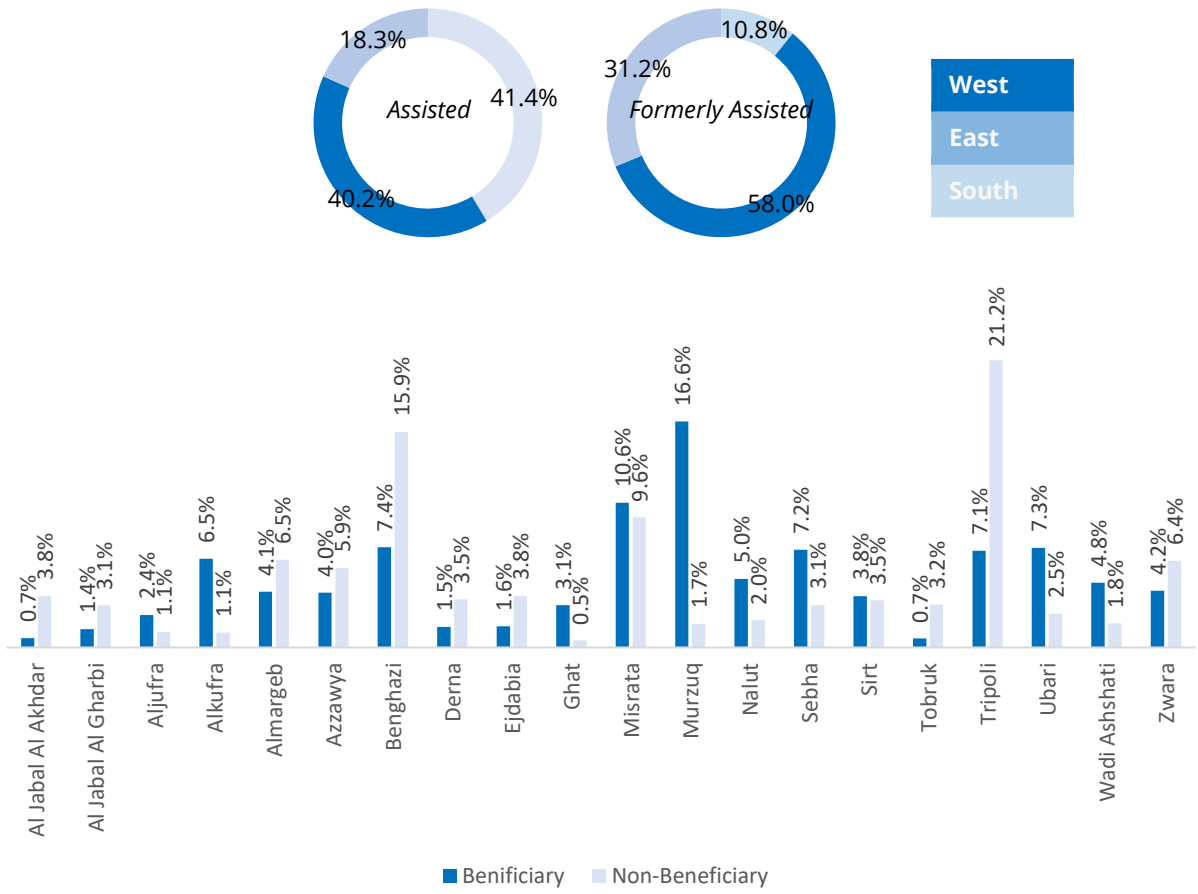


In line with this ditribution, Libyan HHs (host commusnity, displaced and returnees) formed 97% of assisted HHs and 92% of formerly assisted HHs.



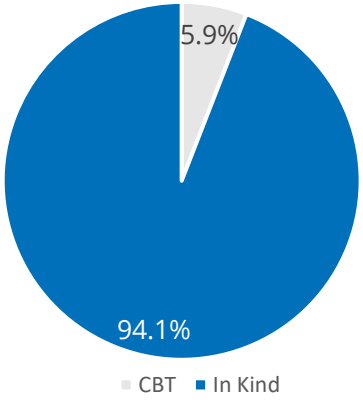
Respondets of this assessment belonged to various 20 Mantikas out of Libya's 22 Mantikas with higher concentration in the West region.

Percent of Households by Region and Mantika

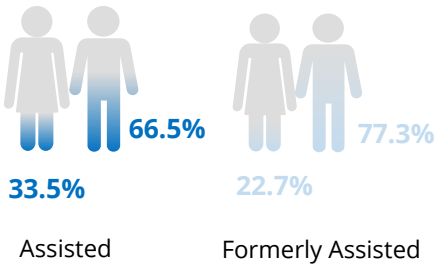


Modality of assistance among assisted HHs who participated in this assessment was mostly in kind with 95% of respondents receiving in kind food assistance based on SCOPE registers.

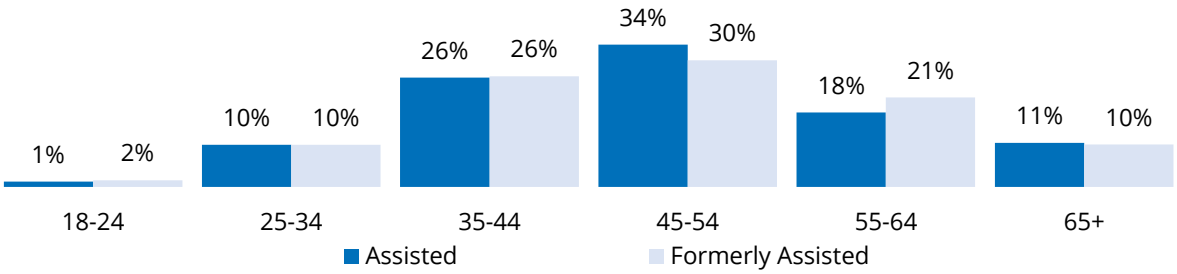
Assisted HHs by modality



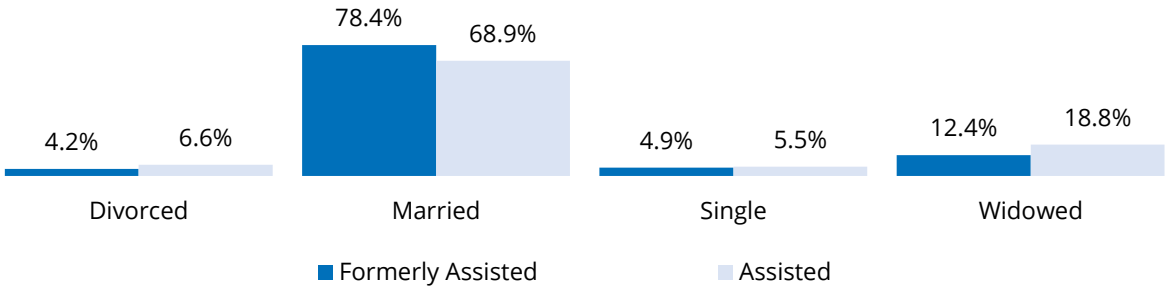
Female headed HHs composed 34% of assisted HHs and 23 of formerly assisted HHs. Most of households' heads were married, aged between 35-54 with reasonable level of education.



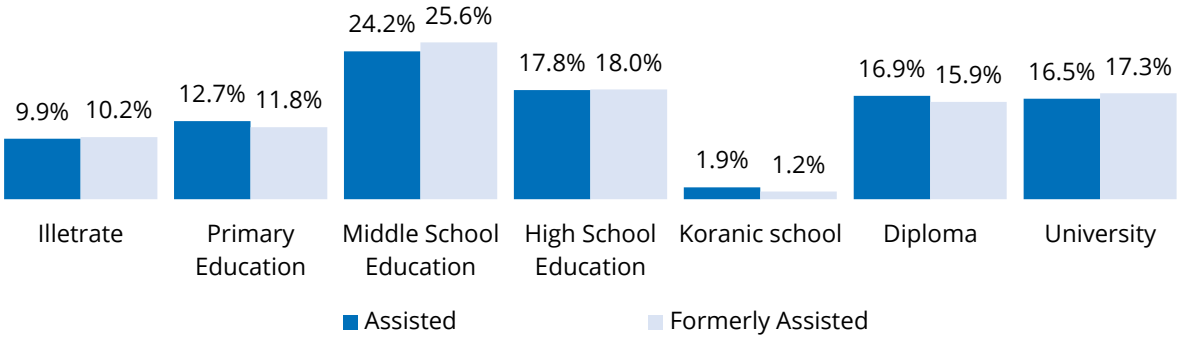
Age group of head of HH, %



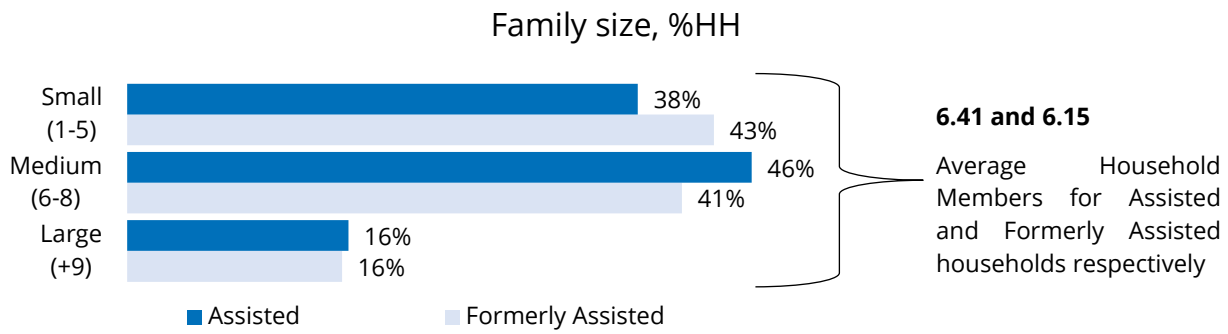
Marital Status of head of HH, %



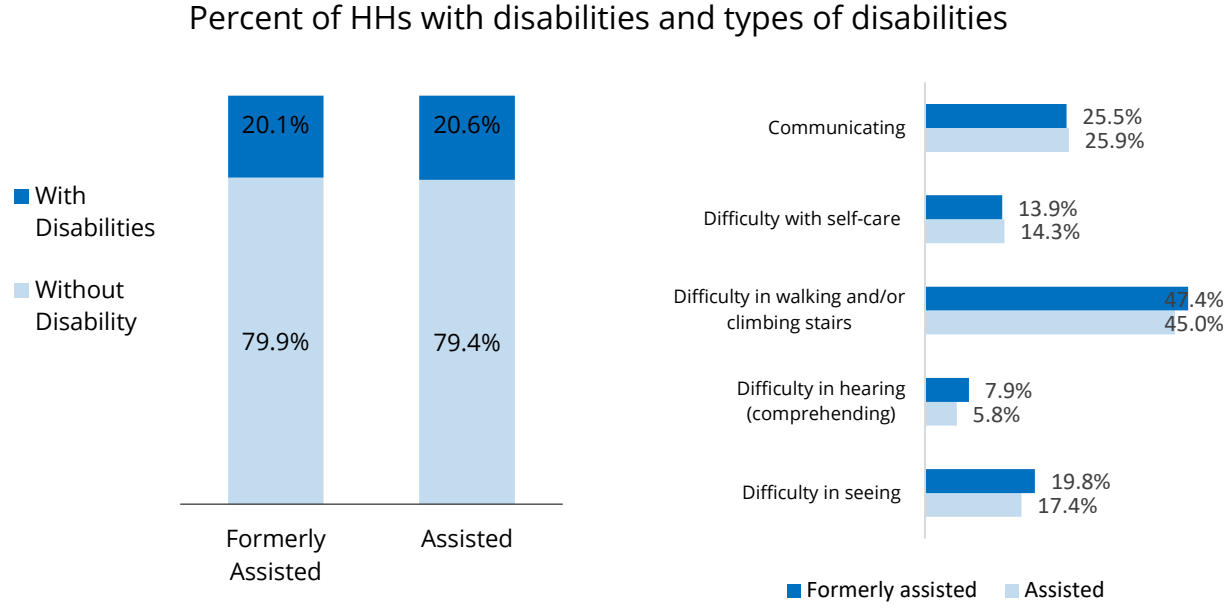
Education Status of head of HH, %



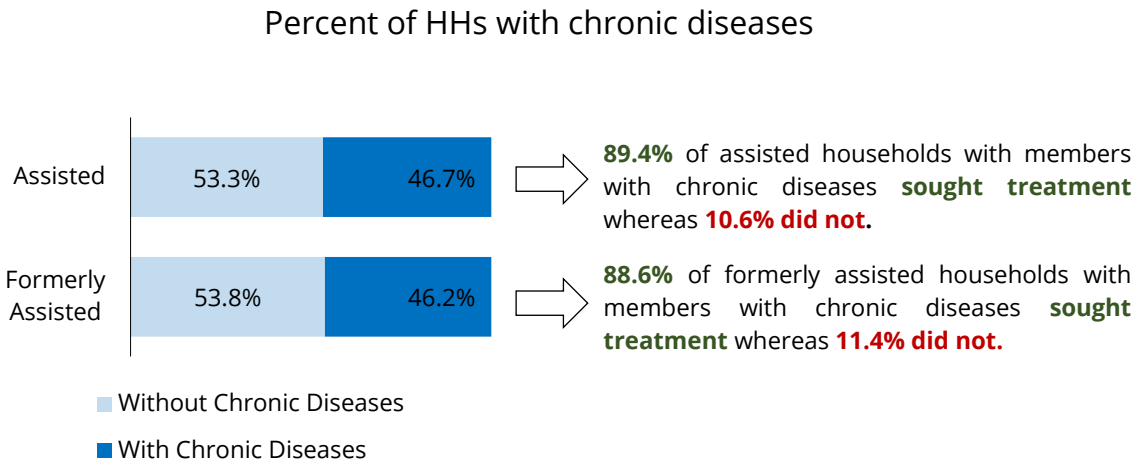
Only 16% of respondent HHs were large families with 9 or more members while the rest of responding HHs were either small or medium sized families

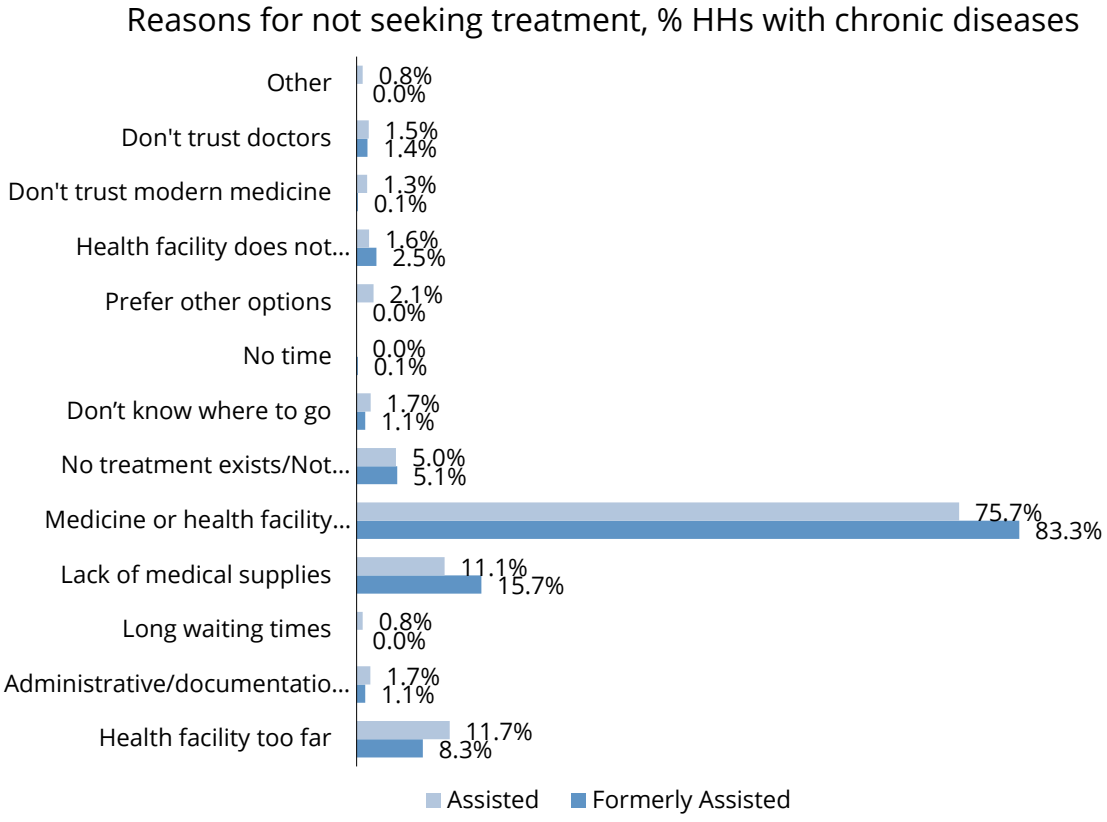


One in every five HHs reported having a disability within the HH with walking, climbing stairs and communication being the most common disabilities.



Near to half of respondent HHs reported they have at least one member with chronic disease among their HH with around 9 in every 10 HHs seeking treatment for members with chronic diseases. Reasons for not seeking treatment were mostly related to cost/ financial resources.





4.2 Consolidated Food Security Index (CARI console)

CARI is an approach used to aggregate different food security indicators into one index to report on overall food security status. It assesses availability and access to food through measuring two domains; the *Current Status* of household and the ability of a household to stabilize consumption over time by measuring the *Coping Capacity*. The Current Status domain is formed by the *Food Consumption Score* and *reduced Coping Strategies Index*. The Coping Capacity domain is formed by the Food Expenditure Share score and the Livelihood Coping Strategy Index.

At the household level, these individual indicators under each domain are converted into a 4-point standard classification scale; 1) Food secure, 2) Marginally Food Secure, 3) Moderately Food Insecure, and 4) Severely Food Insecure. Once all the available individual food security indicators in the console have been converted to the 4-point scale, the overall food security classification for the household is calculated by averaging indicators in each domain, then averaging results of the two CARI domains for each household[1]. The final prevalence of food insecurity is the simple sum of the rates of the two most severe categories; 'Moderately Food Insecure' and 'Severely Food Insecure'.

The CARI console presents the CARI domains and individual indicators constructing them, thresholds of each individual indicator, and distribution of respondent HHs under each of the 4 food insecurity severity levels.

Prevalence of **food insecurity** reached **11% among assisted HHs** and **12.5% among formerly assisted HH** respondents of this assessment. Even though this difference might not seem wide, it is statistically significant at p-value= 0.009 which implies WFP should monitor this gap closely during the following rounds of FSOM to inform programme design and advocate among donors on impact of cutting food assistance.

[1] WFP 2021, Consolidated Approach for Reporting Indicators of Food Security (CARI). Available online.

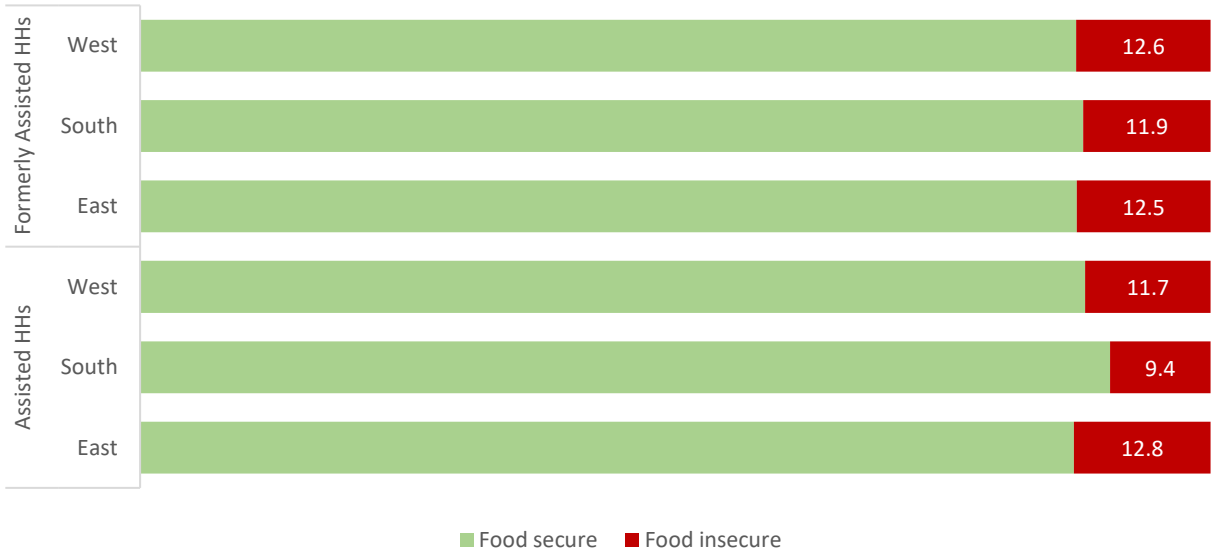
Consolidated Approach for Reporting Indicators of Food Security – CARI Console

Domain		Indicator	Assisted HHs (n=2,129)				Formerly Assisted HHs (n=3,420)			
			Food secure (1)	Marginally Food secure (2)	Moderately food insecure (3)	Severely food insecure (4)	Food secure (1)	Marginally Food secure (2)	Moderately food insecure (3)	Severely food insecure (4)
Current Status	Food consumption	Food consumption group (28-42 threshold)	Acceptable	Acceptable and rCSI>=4	Borderline	Poor	Acceptable	Acceptable and rCSI>=4	Borderline	Poor
			17.9%	**70.7%**	**7.8%**	**3.6%**	**16.5%**	**72.3%**	**7.1%**	**4.1%**
Coping Capacity	Economic Vulnerability	Food expenditure share	score <50%	50%-65%	65%-75%	score>75%	score <50%	50%-65%	65%-75%	score>75%
			23.1%	**40.7%**	**33.3%**	**2.9%**	**22.6%**	**36.4%**	**36.3%**	**4.7%**
	Asset Depletion	Livelihood coping strategy categories	None	Stress	Crisis	Emergency	None	Stress	Crisis	Emergency
			75.7%	**17.5%**	**4.6%**	**2.1%**	**73.6%**	**17.2%**	**4.9%**	**4.4%**
Consolidated Food Security Index (CARI)			**11.78%**	**77.27%**	**10.81%**	**0.14%**	**9.46%**	**78.07%**	**12.04%**	**0.43%**
			89.1%		**11.0%**		**87.5%**		**12.5%**	

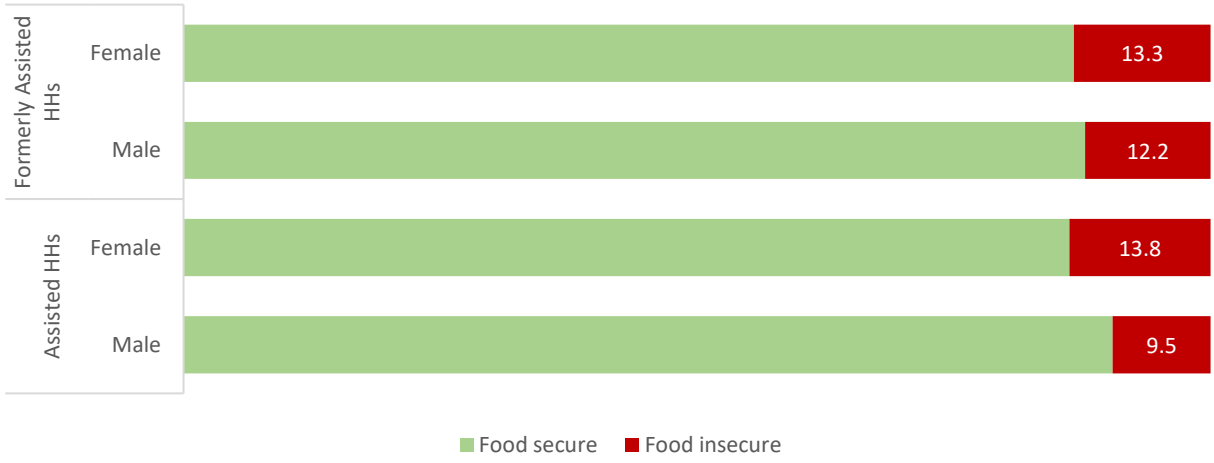
The analysis of food insecurity by region does not indicate a significant variation except for assisted HHs in the south region. Yet, further analysis on Mantika level shows that rates of food insecurity is highest among assisted HHs in Nalut, while among formerly assisted HHs, it is highest in Azzawya. Correlation between Mantika and rate of food insecurity is also found to be statistically significant among both groups, assisted and previously assisted HHs.

Even though percent of food insecurity increases slightly among female headed households, this correlation is not statistically significant.

Food insecurity by region, % HHs

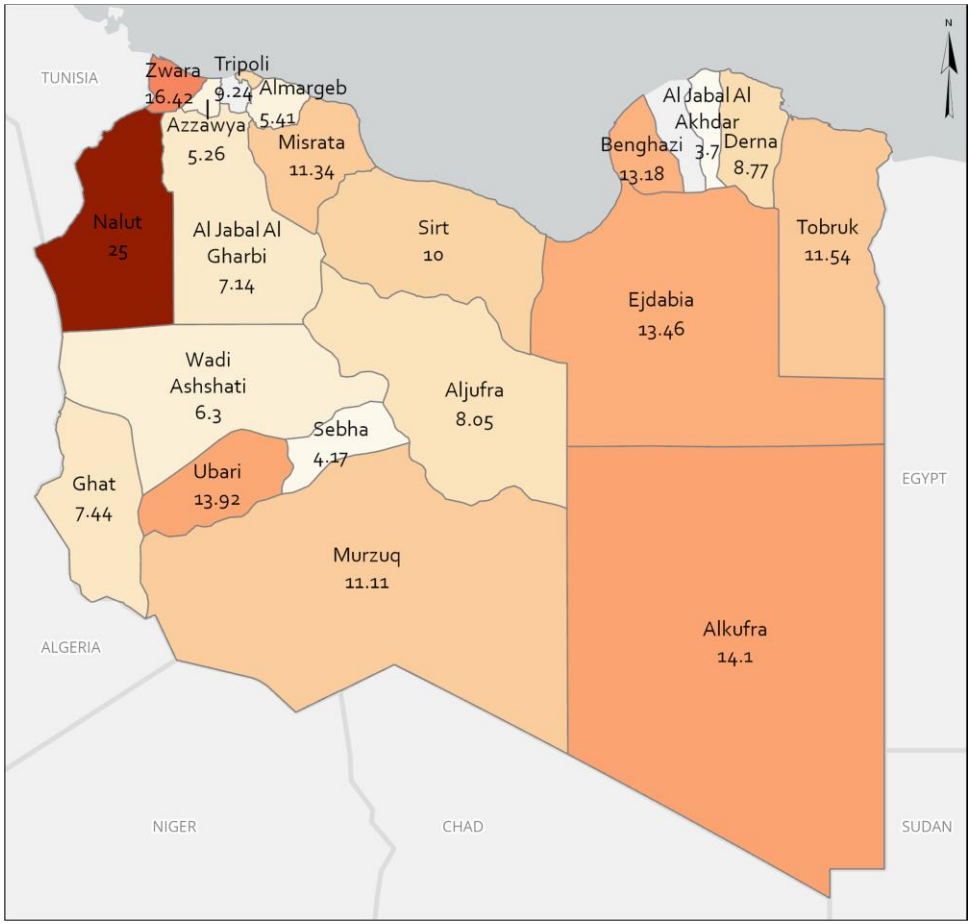


Food insecurity by Sex of Head of HH, %HHs

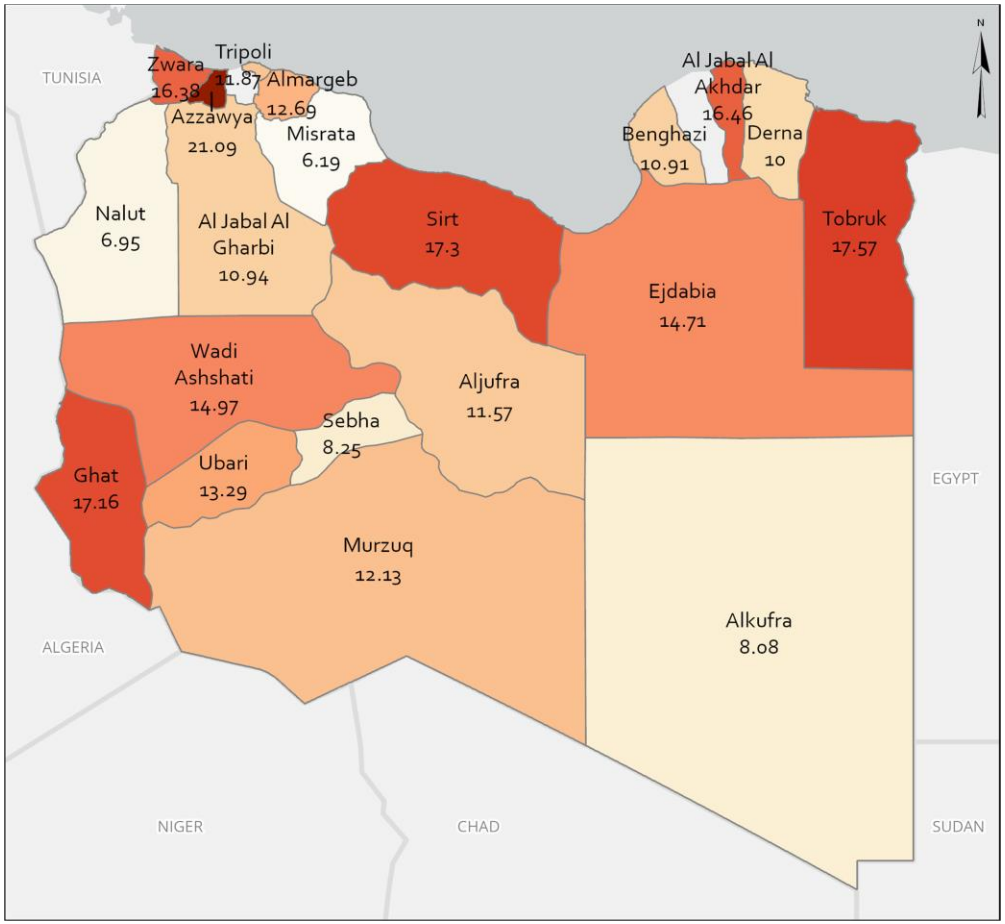


Food Insecurity by Mantika

A. Food Insecurity among **Assisted HHs** by Mantika

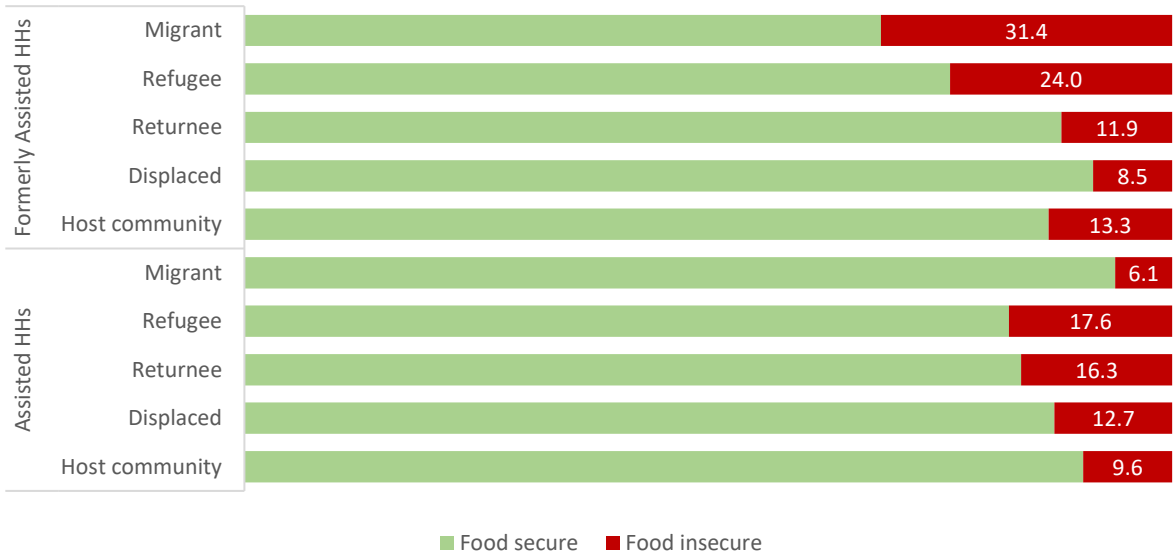


B. Food Insecurity among **Formerly Assisted HHs** by Mantika



Rates of food insecurity are also observed to be significantly higher among non-Libyan respondents compared to their Libyan counterparts. Residence status is found to be significantly correlated to rates of food insecurity only among formerly assisted HHs with 31.4% and 24% of formerly assisted migrants and refugees, respectively, being food insecure.

Food insecurity by Residence status, %HHs



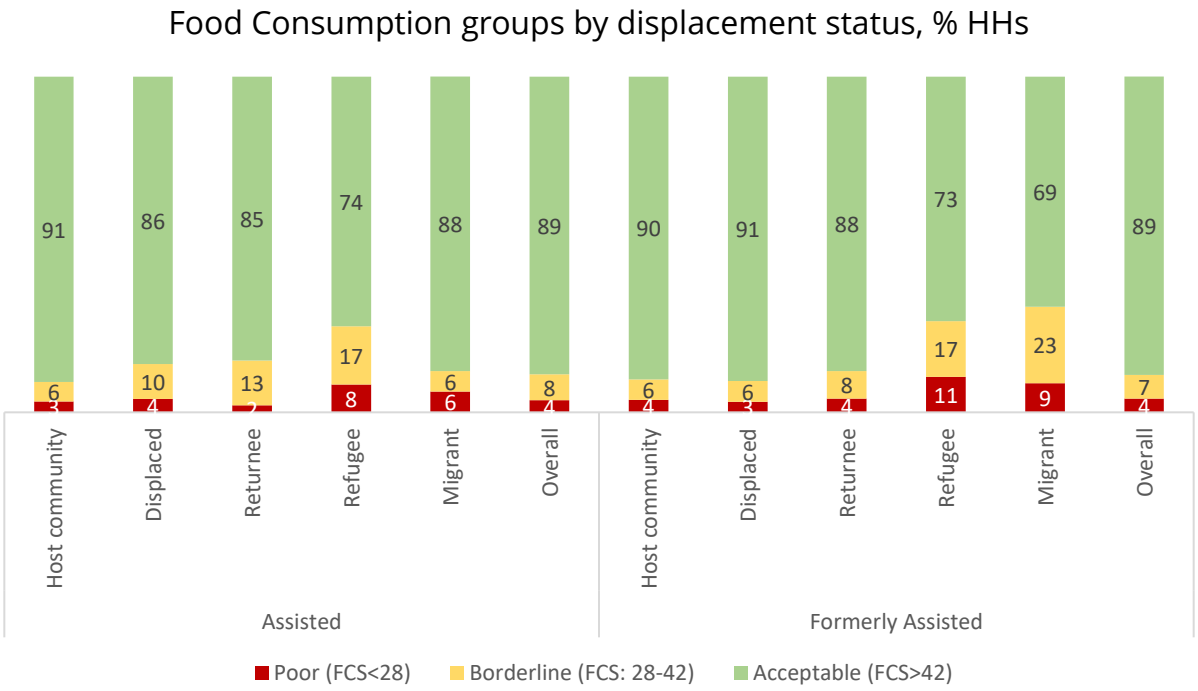
Other demographics that were found to be correlated with food insecurity included education, marital status, and age of the head of HH. Annex 7.1 of this report presents CARI results by various demographic characteristics. Among assisted HHs only, the modality of assistance influenced prevalence of food insecurity as it stayed at 11.3% among in-kind beneficiaries and decreased to 5.2% among cash beneficiaries. (Yet, these results are to be used with caution given that only 6% of beneficiary respondents receive assistance in cash). Information on assistance modality is provided by WFP registration system, SCOPE.

The following sections will report individual indicators that construct the CARI console in addition to reporting on the nutrition-specific indicator of Food Consumption Score – Nutrition.

4.3 Food Consumption Score (FCS)

This Food Consumption Score (FCS) indicator is a composite score based on households' dietary diversity, food frequency, and relative nutritional importance of different food groups. The FCS is calculated by inspecting how often households consume food items from eight different food groups during a seven-day recall period. The food groups that construct FCS include staples, pulses, dairy, protein, vegetables, fruits, fats and sugar. The number of days each of these food groups are consumed is multiplied by respective weight of the food group and summed up to create the food consumption score for each household. A high FCS increases the probability that a household's food intake is adequate. Cut-off thresholds are applied to the FCS to classify households into three groups: poor, borderline or acceptable food consumption.

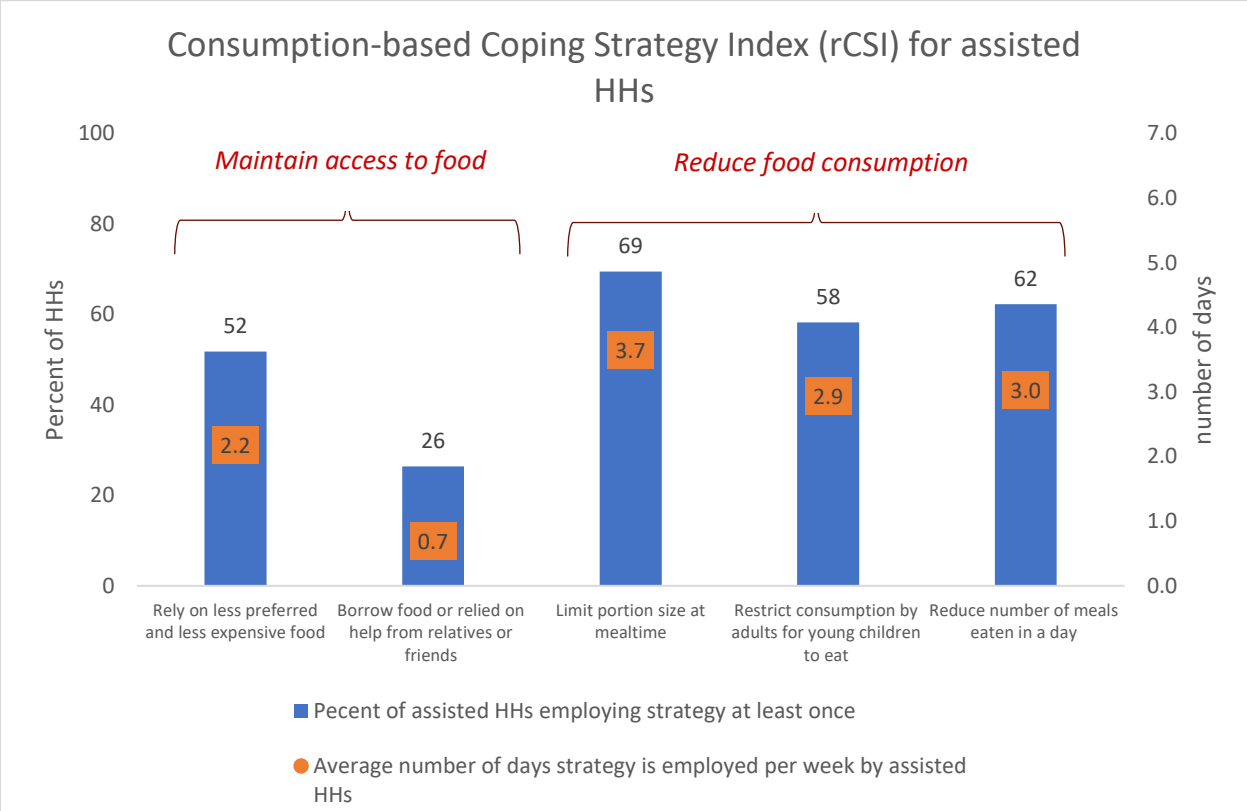
Results show that percent of assisted households with poor food consumption is 3.6% while formerly assisted households with poor food consumption is 4.1%. Food consumption seemed to vary by displacement status as migrant and refugee households are found to have the highest rates of poor food consumption. Region and other demographics did not impact food consumption as such. Annex 7.2 provides further disaggregation of food consumption groups by sex of head of HH, region, and modality.

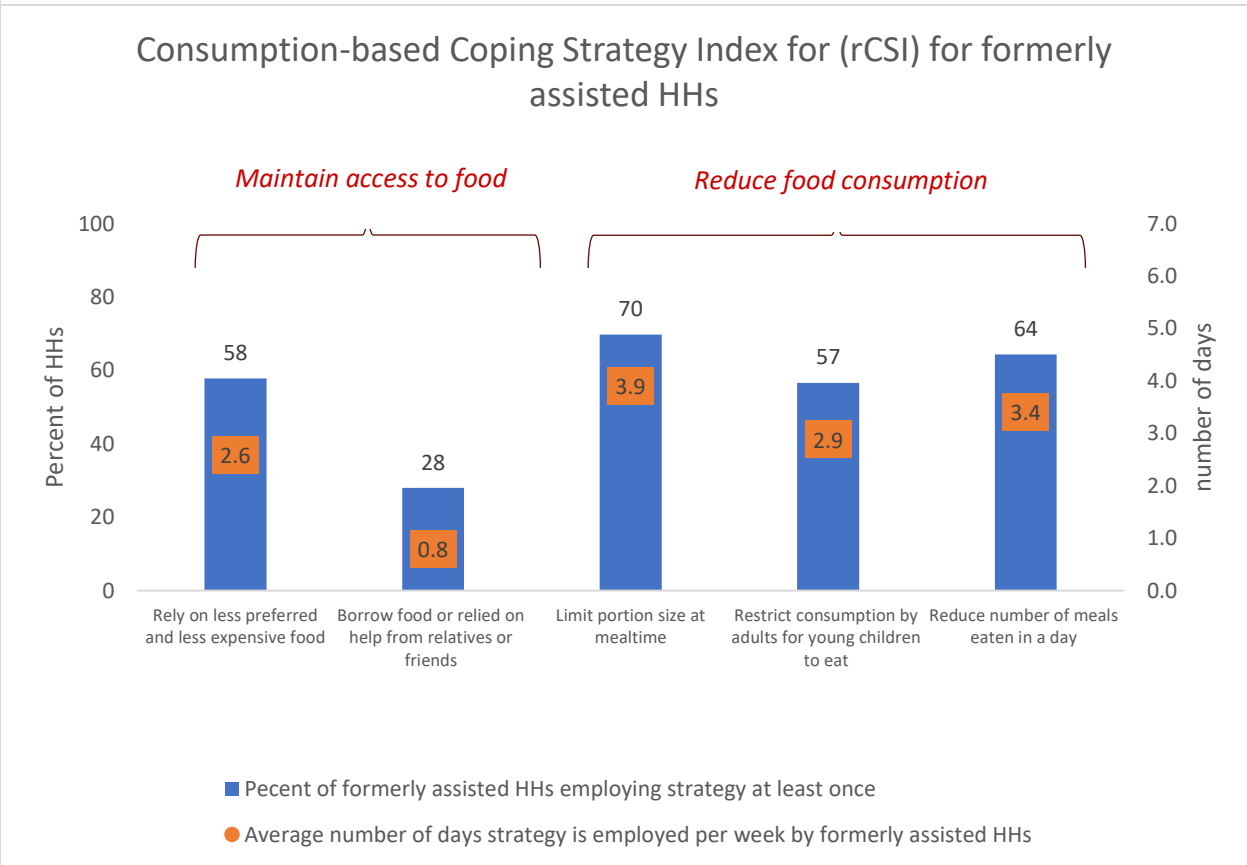


4.4 Consumption based Coping Strategy Index (rCSI)

In sudden periods of food shortfalls (and at the onset of emergencies) households tend to adjust their food consumption reflecting consumption-based coping strategies. If the situation persists or worsens then they would start changing long-term behaviours that would impact the livelihood coping strategies. The consumption-based coping strategy index (rCSI) measures the frequency and severity of coping mechanisms adopted to meet basic food needs, hence, level of stress faced by household due to food shortage. Households are asked for number of days they employed any of the strategies listed below over a seven-day recall period. A score is then calculated for each household through multiplying the number of days with respective weight of the coping strategy. A higher rCSI score indicates that more frequent and/or extreme coping mechanisms are adopted. The average rCSI score among assisted HHs is **19.1** while it increases to **20.2** among formerly HHs. The two strategies usually employed by assisted and formerly assisted HHs are reducing portion per meal and reducing number of meals per day.

Consumption-based coping strategies	**weight**
Rely on less preferred and less expensive food	1
Borrow food or relied on help from relatives or friends	2
Limit portion size at mealtime	1
Restrict consumption by adults for young children to eat	3
Reduce number of meals eaten in a day	1


Consumption-based Coping Strategy Index (rCSI) for assisted HHs
Maintain access to food
Reduce food consumption
Percent of HHs
number of days
100
80
60
40
20
0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
52
2.2
26
0.7
69
3.7
58
2.9
62
3.0
Rely on less preferred and less expensive food
Borrow food or relied on help from relatives or friends
Limit portion size at mealtime
Restrict consumption by adults for young children to eat
Reduce number of meals eaten in a day
Pecent of assisted HHs employing strategy at least once
Average number of days strategy is employed per week by assisted HHs

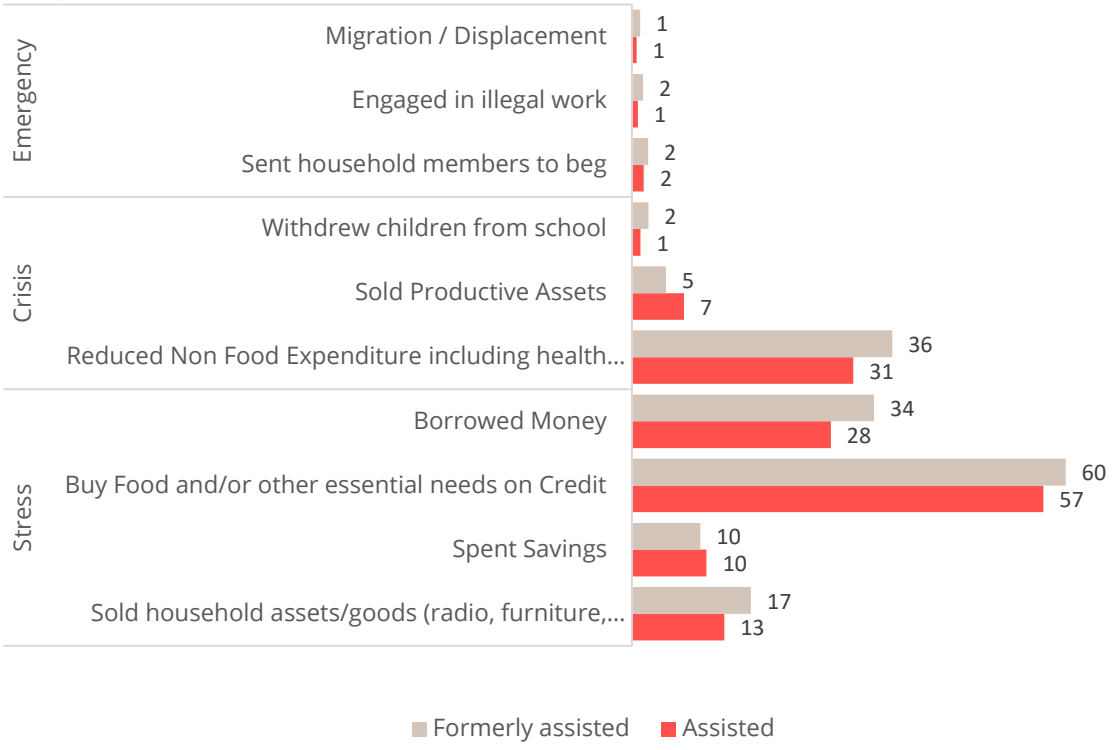

Consumption-based Coping Strategy Index for (rCSI) for formerly assisted HHs
Maintain access to food
Reduce food consumption
Percent of HHs
number of days
100
80
60
40
20
0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
58
2.6
28
0.8
70
3.9
57
2.9
64
3.4
Rely on less preferred and less expensive food
Borrow food or relied on help from relatives or friends
Limit portion size at mealtime
Restrict consumption by adults for young children to eat
Reduce number of meals eaten in a day
Pecent of formerly assisted HHs employing strategy at least once
Average number of days strategy is employed per week by formerly assisted HHs

4.5 Livelihood Coping Strategy Index (lCSI)

While the Food Consumption Score (FCS) and the Consumption-based Coping Strategy Index (rCSI) are proxy indicators that measure the adequacy of households' food consumption at the time of the survey, the Livelihood Coping Strategy Index assess longer-term household coping capacity and productive capacities, as well as the future impact on access to food for households. The LCSI assess if the household resorted to any of the livelihood coping strategies in response to food shortage over a 30-day recall period. The index is composed of 10 indicators with gradient severity level: four stress indicators, three crisis and three emergency indicators.

Results show that both assisted and non-assisted HHs usually resort to buying food and other essential needs on credit to cope with food shortage on the long term. They also borrow money and reduce non-food expenditure including health and education.

Percent of HHs adopting livelihood coping strategies



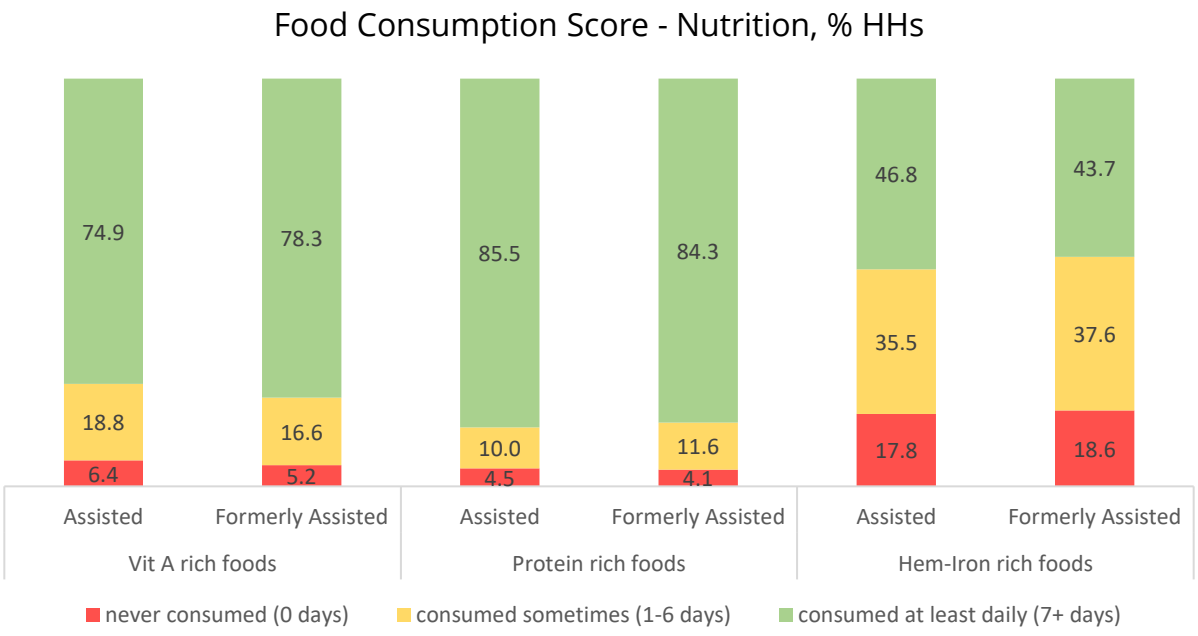
4.6 Food Consumption Score – Nutrition (FCS-N)

The Food Consumption Score Nutritional Quality Analysis (FCS-N) is a tool derived from the Food Consumption Score indicator, that looks at three main nutrients:

a. **Protein-rich foods**: plays a key role in the growth and is crucial for the prevention of wasting as well as stunting which takes place largely within the first 1,000 days.
b. **Hem Iron:** tackles iron deficiency, one of the main causes of anaemia
c. **Vitamin A:** if Vitamin A deficiency is tackled before the age of five, mortality and infectious diseases such as measles, diarrhoea and malaria can be reduced.

Households are assessed for the number of days they consumed a food item belonging to these groups over a 7-day recall period. Each household is then assigned to a category based on frequency of consumption of these food groups; 1) never consumed, 2) consumed sometimes, 3) consumed at least seven times.

Results show that consumption of Hem-Iron foods is low with more than half of the respondents consuming it occasionally or rarely.



4.7 Multidimensional Deprivation Index (MDDI)

The multidimensional deprivation index (MDDI) is a measure of non-monetary poverty calculated at the household level based on deprivations in the six essential needs dimensions: food, health, education, shelter, WASH and safety. The MDDI is expressed as the share of households who are multidimensionally deprived.

This section presents the indicators that make up the MDDI together with their weight in the index and the cut-off values for deprivation for each indicator. For each indicator, a variable of deprivation takes the value 0 if the household is not deprived according to the chosen threshold and takes the value 1 if the household is deprived.

An overall deprivation score is calculated by weighting and summing up these variables. Weighting follows the method of nesting with equal weights. This means that all dimensions are equally important and carry the same weight. Furthermore, indicators within each dimension all have the same weight[2]. Even though WFP MDDI guidance note suggests more indicators for health, wash and safety dimensions, only indicators mentioned below were collected for this FSOM round in Libya to keep the questionnaire as limited as possible.

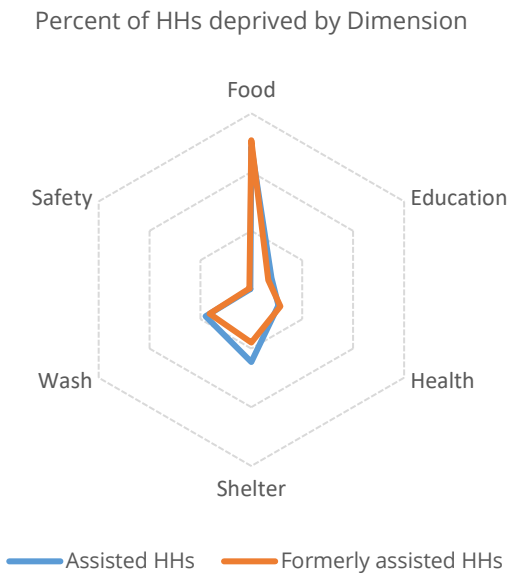
Multidimensional Deprivation Index components, weights, and thresholds

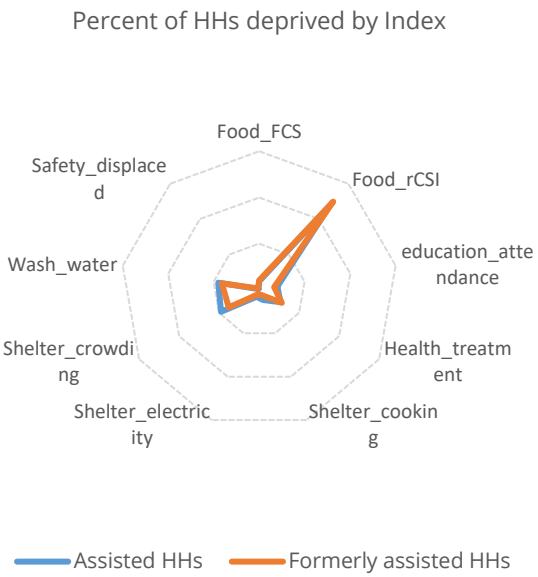
Dimension	Indicator	weight (Dimension weight* indicator weight)	Deprivation threshold
Food	Food Consumption Score (FCS)	1/6*1/2	Borderline or poor
	Consumption-Based Coping Strategy Index (rCSI)	1/6*1/2	>= 19
Education	School attendance	1/6	At least one school-aged child not attending
Health	Medical treatment	1/6	At least one household member did not consult a medical practitioner despite being chronically or acutely ill
Shelter	Cooking fuel	1/6*1/3	Household uses solid fuels
	Energy Source	1/6*1/3	Household has no electricity in their dwelling
	Crowding	1/6*1/3	>3 persons/room
Wash	Water source	1/6	Household uses unimproved water source
Safety	Forced displacement	1/6	Displaced by force in past 12 months

[2] WFP 2020. Essential Needs Assessment. Guidance Note.

Results of MDDI analysis in Libya suggests that 56% of HHs, both with assisted and non-assisted groups, suffer from multidimensional deprivation. This is mostly driven by the consumption-based coping strategies (rCSI) as 48% of assisted HHs and 50% of non-assisted HHs were found to be deprived in this dimension.

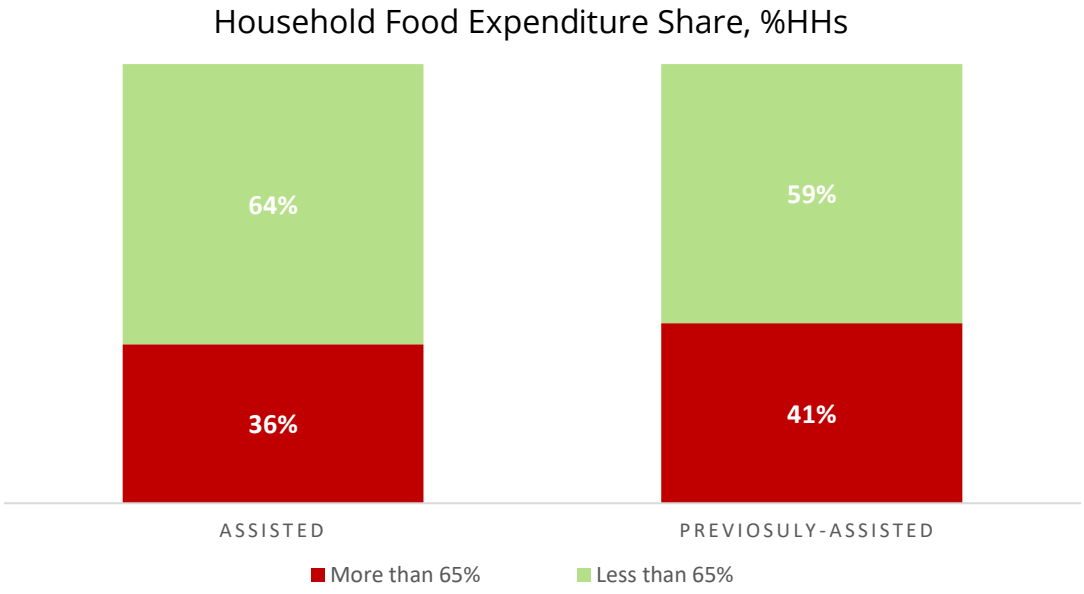
Percent of households suffering deprivation, by dimension and indicator





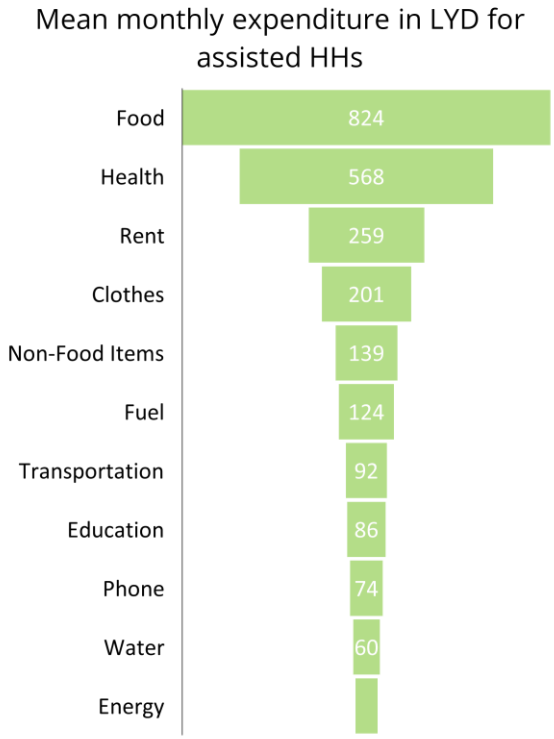
4.8 Food Expenditure Share (FES)

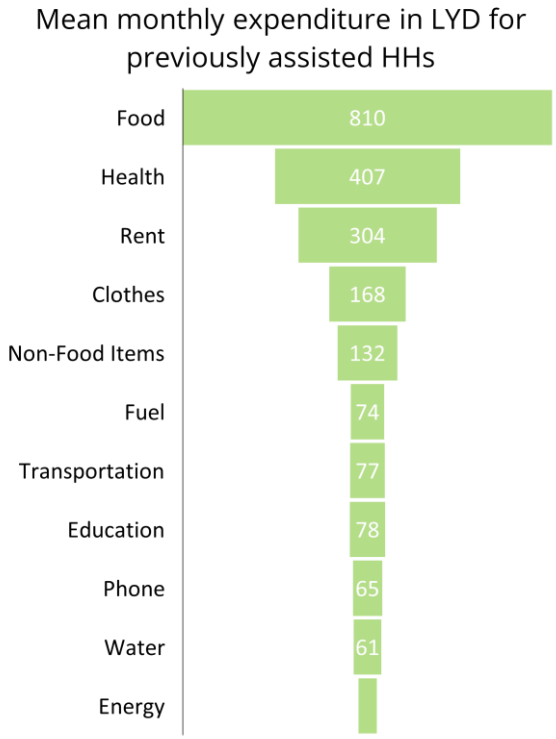
To assess household economic vulnerability, the survey examined the portion of household expenditure directed towards food compared to non-food items over the previous month. The higher the expenses are on food, in relation to other items consumed, the more economically vulnerable the household is. Food represented the largest expenditure category for both assisted and non-assisted households. The precent of households who spent more than 65% of their monthly expenditure on food was 36 percent for assisted households and 41 percent for non-assisted households.



4.9 HH monthly expenditure

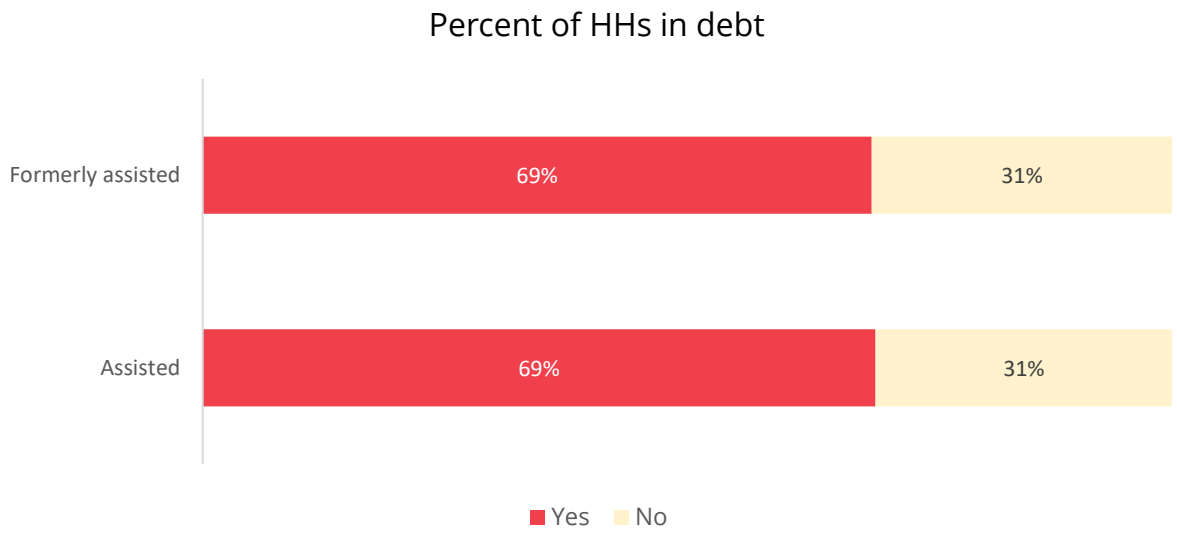
On average assisted households spent 2,476 LYD per month while the average monthly spending of non-assisted HHs was a little less at 2,216 LYD. The per capita monthly expenditure was 453 LYD for assisted HHs and 424 LYD for formerly assisted HHs. Food and health accounted for the largest expenditure categories for both groups, followed by rent and other non-food expenditures such as clothes, hygiene items, fuel, transportation, etc.

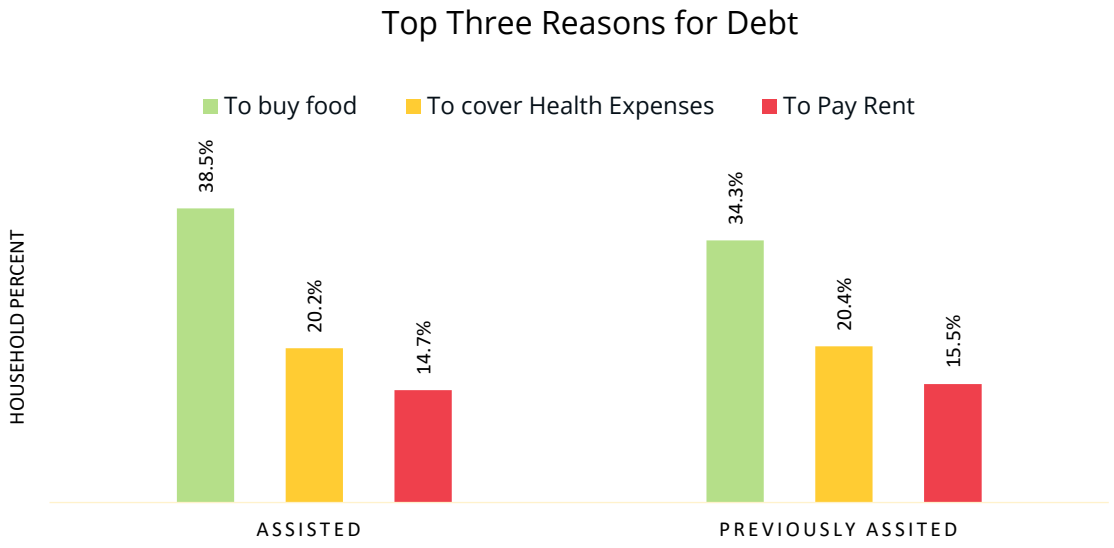




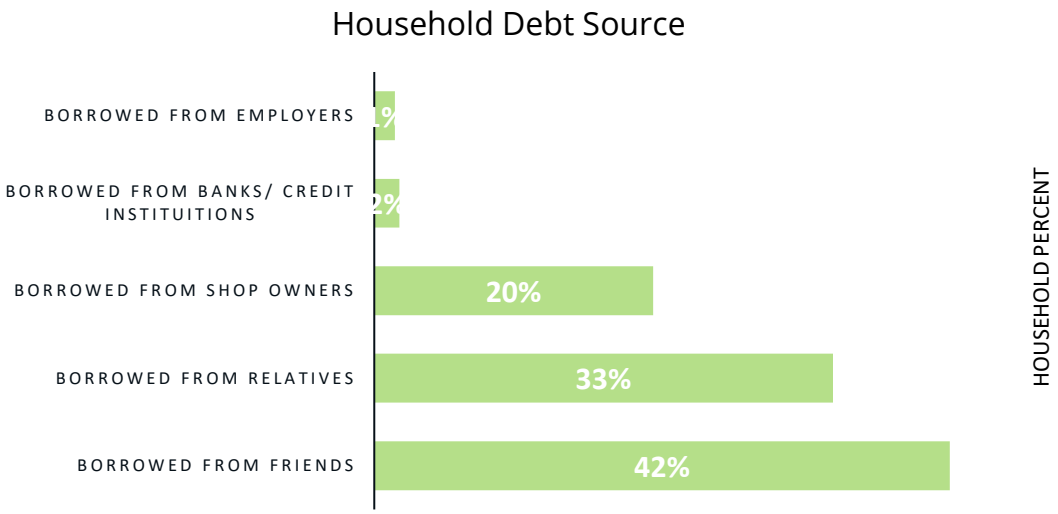
4.10 Household debt

Seven of every ten of both the respondent groups (assisted and previously assisted households) reported having debt where households had to borrow money to be able to purchase their essential needs. The reasons for borrowing money mainly included the need to purchase food items, to cover health expenses, and to pay for rent.





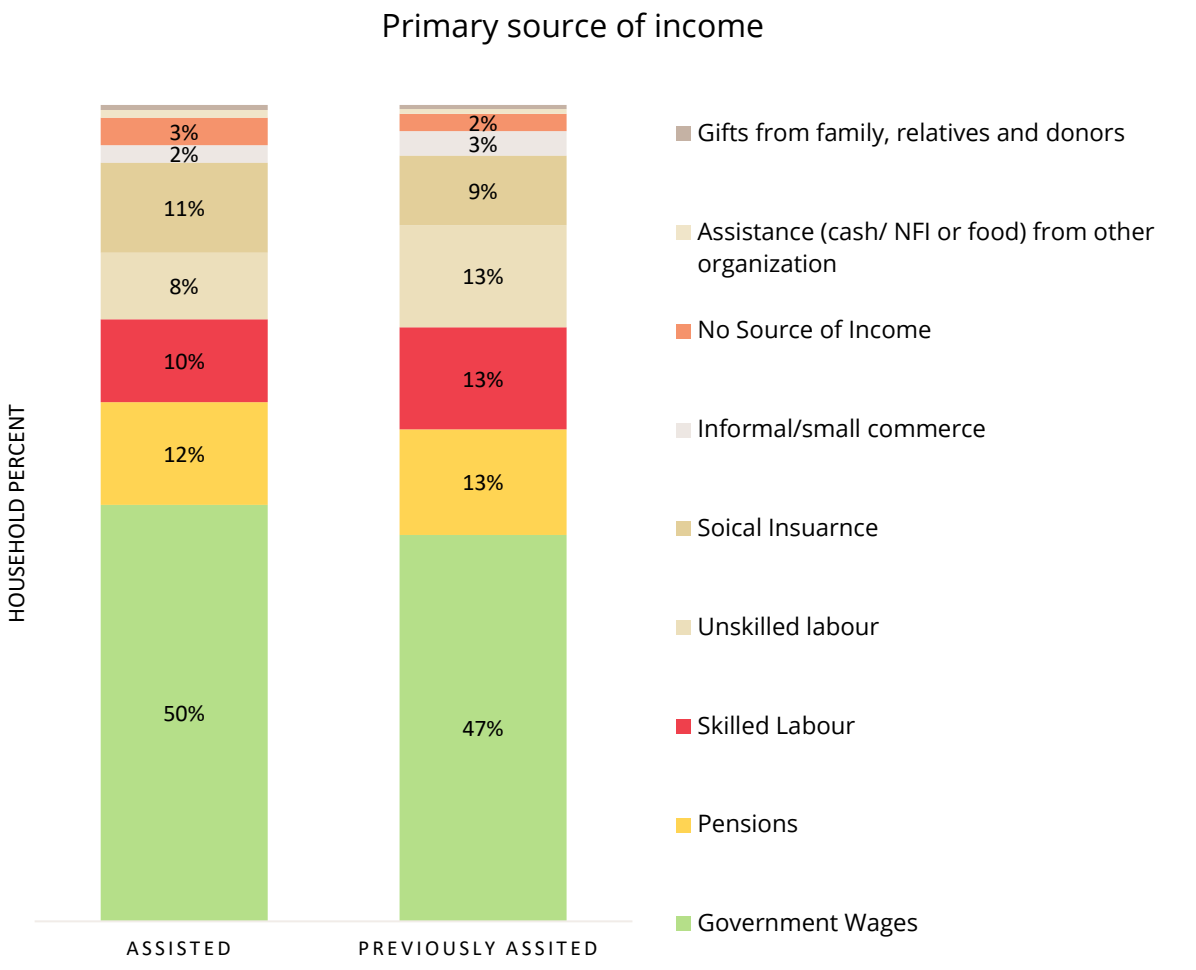
The median amount of debt for assisted households was 3,000 LYD, and for previously assisted households was 3,400 LYD. Household debts indicate high financial burden and the inability to purchase essential needs. Both assisted and non-assisted households resorted to borrowing money from friends, relatives, shop owners, and formal institutions such as borrowing from banks or employers.



4.11 Primary source of income

The main primary source of income for both assisted, and previously assisted households is government wages (50 percent and 47 percent for assisted and previously assisted households respectively).

Pensions accounted for the second most common income source for both groups, followed by informal employment including skilled and unskilled labour, whereas assistance from other organizations and gifts were the least common.

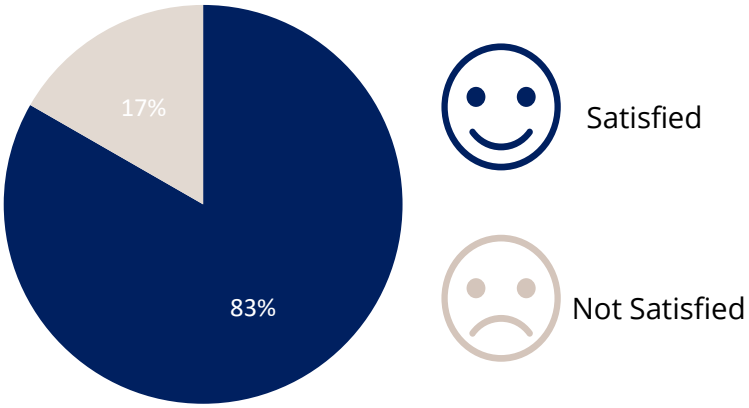


4.12 WFP assistance and cross-cutting themes

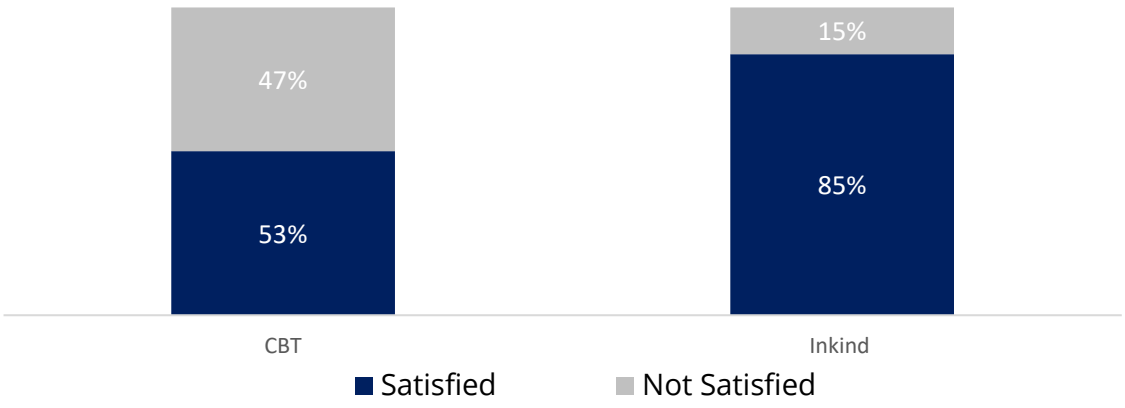
Since one of the objectives of this round of FSOM is to report on WFP mandatory indicators on accountability to affected population, an additional section was added to respondents who declared themselves as WFP beneficiaries. After joining the final dataset with SCOPE registration database, the number of respondents to this section was adjusted. The total number of assisted HHs who replied to this section was **1,909** HH.

Among assisted HHs, only 17% reported being unsatisfied with the assistance they receive. Unsatisfaction rate increased to 47% among CBT beneficiaries and decreased to 15% among in kind beneficiaries (Note that the number of CBT respondents is only 86 assisted HH). In addition, 10% of respondents mentioned they sell or exchange their food assistance. More than 50% of those who sell their assistance mentioned they do so to help unregistered families.

Assisted HHs satisfaction with entitlement received

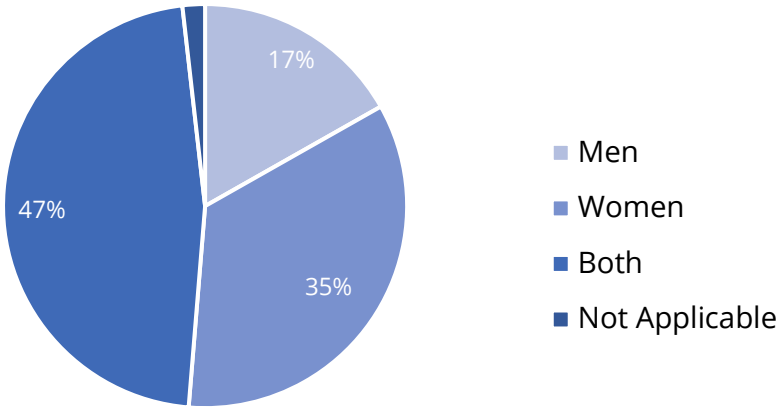


Assisted HHs satisfaction with entitlement received by modality



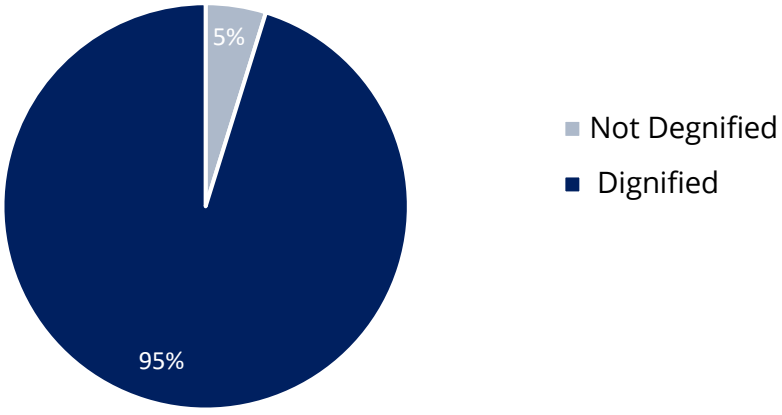
Almost half of assisted HHs who responded to this section indicated that decision on food items to buy is usually made by both the man and woman, while in 35% of cases it was only the woman making decisions and in 17% of HHs men were the solo decision makers.

Decision making on food items to buy, % HH

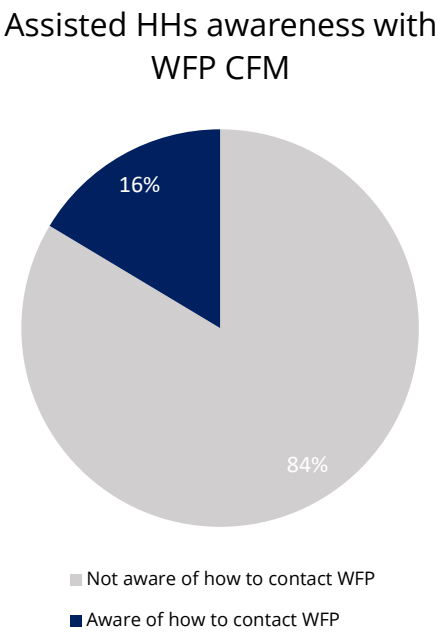


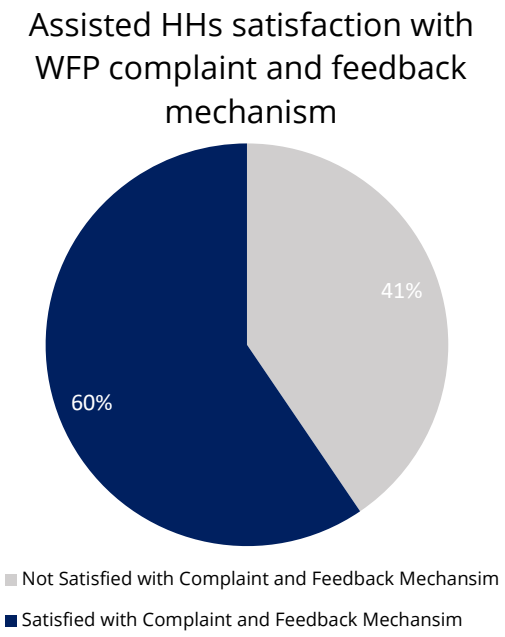
Assisted HHs reported they are treated respectively by WFP and partner staff, yet 3% of respondents mentioned they were asked to pay either in cash or food when receiving assistance or being registered

Assisted HH persepctive on WFP and partners treatment



Only 16 percent of interviewed households were aware of how to contact WFP to address concerns, complaints, and/or ask for information related to food assistance through CFM hotline number. Almost two in every five beneficiaries were unsatisfied with WFP complaint and feedback mechanism





5 Challenges and limitations

1- **Selection bias:** due to the lack of list of phone numbers on a national level, the sample of this assessment was drawn from SCOPE database of assisted households and households who were phased out since November 2019. Even though contact lists of people who never received food assistance from WFP were also shared by cooperating partners, reach among these lists was very low. Hence, selection bias is expected among the non-beneficiary group. Due to this challenge, results of this report are presented for assisted and formerly assisted households instead of beneficiaries and non-beneficiaries. Accordingly, the use of these results for targeting exercises should be limited, but prioritization exercises among WFP beneficiaries can utilize these results.

2- **Misinterpretation of respondent's assistance status:** the questionnaire for this assessment was designed to ask the respondents on their current WFP assistance situation. Yet, some enumerators who participated in previous data collection exercises misinterpreted the question and asked respondents if they received WFP assistance in the past six months. In addition, due to recent assistance cuts, some respondents were uncertain about whether they will receive assistance during the month of data collection and reported themselves as non-assisted. This challenge was discovered by WFP team during quality checks and highlighted to implementing partner.
   To overcome this challenge, the analysis team matched the final dataset with assistance status on WFP beneficiary registration system, SCOPE, using their unique identifier. Additional variables pulled from SCOPE included modality and date of assistance cuts.

3- **Reach in certain Matikas** was lower than expected as phone numbers were switched off, out of coverage, non-responsive, or incorrect. In addition, Electricity power outages in many areas led to interruption of some interviews.
   To address this challenge, sample weights were applied during analysis to adjust for underrepresented Mantikas. Weights were calculated based on the sample framework initially designed for this exercise based on statistical representation across assistance status and Mantikas.

4- **Tool design:** one of the objectives of this assessment was to report on WFP mandatory cross-cutting indicators on protection and accountability to affected population. Yet, during final review of the tool, some of the questions covering this objective were mistakenly deleted in an attempt to keep the questionnaire within the 45-minute call limit.

6 Conclusion and recommendations

1- WFP Libya CO can utilize evidence created through this assessment to prioritize locations and population groups in need of food assistance based on prevalence of food insecurity in these areas. However, using this data for targeting non-beneficiaries is to be limited given the previously discussed selection bias.
2- WFP Libya CO should explore options to obtain contact lists of non-beneficiary general population to use as a sample framework for next round of FSOM. This will allow for randomness and produce more reliable results for targeting purposes.
3- WFP Libya CO should monitor closely the gap of food insecurity between assisted and formerly assisted HHs to inform programme design and advocate among donors on impact of cutting food assistance.
4- Non-Libyan HHs (refugees and migrants) are found to be the most vulnerable groups. Hence, WFP Libya CO should closely monitor prevalence of food insecurity among this population group and design intervention accordingly.

7 Annex

7.1 CARI by various demographic characteristics

	Assisted HHs (n=2,129)				Formerly Assisted HHs (n=3,420)			
	Food secure (1)	**Marginally Food secure (2)**	**Moderately food insecure (3)**	**Severely food insecure (4)**	**Food secure (1)**	**Marginally Food secure (2)**	**Moderately food insecure (3)**	**Severely food insecure (4)**
Overall CARI	**11.78**	**77.27**	**10.81**	**0.14**	**9.46**	**78.07**	**12.04**	**0.43**
CARI by Region‡								
East	9.0	78.2	12.4	0.3	9.4	78.1	12.3	0.2
South	15.6	75.0	9.3	0.1	13.7	74.4	11.6	0.3
West	9.1	79.2	11.6	0.1	8.7	78.7	12.0	0.6
CARI by Mantika*								
Al Jabal Al Akhdar	14.8	81.5	3.7	0.0	3.8	79.8	16.5	0.0
Ejdabia	5.8	80.8	13.5	0.0	7.8	77.5	14.7	0.0
Alkufra	10.3	75.6	14.1	0.0	13.6	78.3	7.1	1.0
Benghazi	8.2	78.6	12.7	0.5	11.3	77.8	10.5	0.4
Derna	10.5	80.7	8.8	0.0	8.0	82.0	10.0	0.0
Tobruk	3.9	84.6	7.7	3.9	8.1	74.3	17.6	0.0
Zwara	7.1	76.4	15.7	0.7	7.8	75.9	15.5	0.9
Almargeb	14.2	80.4	5.4	0.0	7.5	79.9	11.9	0.8
Al Jabal Al Gharbi	8.6	84.3	5.7	1.4	6.3	82.8	10.9	0.0
Misrata	12.4	76.3	11.3	0.0	13.3	80.5	6.2	0.0
Azzawya	5.3	89.5	5.3	0.0	6.6	72.3	20.3	0.8
Nalut	0.0	75.0	25.0	0.0	17.1	75.9	7.0	0.0
Sirt	11.5	78.5	10.0	0.0	8.0	74.7	17.3	0.0
Tripoli	9.8	81.0	9.2	0.0	7.6	80.5	11.0	0.9
Murzuq	16.4	72.5	11.1	0.0	11.0	76.8	12.1	0.0
Ubari	12.9	73.2	13.9	0.0	12.3	74.4	13.0	0.3
Aljufra	13.8	78.2	8.1	0.0	17.4	71.1	11.6	0.0
Wadi Ashshati	8.7	85.0	6.3	0.0	11.4	73.7	15.0	0.0
Ghat	19.2	73.4	6.4	1.1	10.1	72.8	17.2	0.0
Sebha	20.2	75.6	4.2	0.0	16.9	74.9	7.5	0.7
CARI by Displacement Status*								
Host community	12.2	78.3	9.5	0.1	9.4	77.3	13.0	0.3

Displaced	12.4	74.9	12.6	0.1	10.5	81.0	8.0	0.5
Returnee	2.4	81.4	16.3	0.0	8.5	79.5	11.9	0.0
Refugee	2.5	79.9	16.4	1.3	5.8	70.3	22.5	1.4
Migrant	18.3	75.6	6.1	0.0	7.3	61.3	31.4	0.0
CARI by Nationality of Head of Household*								
Libyan	12.0	77.2	10.6	0.1	9.7	78.9	11.1	0.4
Non-Libyan	4.1	79.0	16.0	0.9	6.7	68.8	23.3	1.2
CARI by Gender of Head of Household								
Male	11.5	78.9	9.4	0.2	10.0	77.7	11.7	0.5
Female	12.3	74.0	13.7	0.1	7.5	79.2	13.2	0.1
CARI by Household Size								
<=5 family members	14.1	77.5	8.3	0.2	11.0	77.7	11.2	0.1
6-8 family members	10.0	76.6	13.3	0.1	8.3	78.6	12.5	0.7
9+ family members	11.5	78.6	9.7	0.2	8.5	77.7	13.2	0.7
CARI by age of Head of Household*								
18-24	0.0	88.3	9.8	2.0	19.3	57.7	19.5	3.5
25-34	10.2	67.5	22.3	0.0	6.9	77.9	13.2	2.0
35-44	14.0	77.5	8.4	0.1	8.0	82.8	9.1	0.2
45-54	8.6	82.1	9.2	0.1	8.9	78.3	12.5	0.4
55-64	12.8	75.7	11.3	0.2	10.2	75.6	14.2	0.1
65+	17.7	71.8	10.3	0.2	14.5	73.8	11.7	0.0
CARI by Marital Status of Head of Household*								
Single	15.7	74.6	9.2	0.5	10.2	71.7	17.7	0.5
Widowed	14.5	76.7	8.8	0.0	6.8	81.0	12.1	0.1
Married	11.1	79.7	9.2	0.1	10.2	77.5	11.8	0.5
Divorced	8.5	55.7	35.3	0.5	2.7	87.5	9.8	0.0
CARI by Education of Head of Household*								
Illiterate	15.9	66.5	17.6	0.0	9.9	68.2	21.1	0.7
Koranic school	9.4	18.4	72.2	0.0	4.7	88.7	6.5	0.0
Primary education	9.8	78.6	11.3	0.4	7.8	76.3	14.2	1.7
Middle school education	9.0	79.6	11.3	0.1	8.0	81.1	10.6	0.3
High school education	11.1	80.4	8.1	0.4	6.6	81.1	12.0	0.3
Diploma	14.5	77.9	7.6	0.0	14.8	77.8	7.3	0.2
University	13.1	82.2	4.7	0.0	10.9	76.9	12.2	0.0
CARI by Assistance Modality								
In Kind	12.1	76.6	11.2	0.2				

CBT	6.6	88.2	5.2	0.0	

*statistically significant at p<0.05 for both assisted and formerly assisted HHs
†significant correlation among formerly assisted HHs only
‡Significant for assisted HHs only

7.2 Food Consumption groups by various demographics

	Assisted HHs (n=2,129)			Formerly Assisted HHs (n=3,420)		
	Poor	**Borderline**	**Acceptable**	**Poor**	**Borderline**	**Acceptable**
Overall FCS (28:42 threshold)	**3.59**	**7.77**	**88.63**	**4.08**	**7.09**	**88.84**
FCS by displacement status						
Host community	3.25	5.75	91	3.74	6.07	90.18
Displaced	3.95	10.46	85.58	3.15	6.14	90.71
Returnee	2.07	13.4	84.53	4.13	8.17	87.7
Refugee	8.28	17.39	74.33	10.58	16.61	72.81
Migrant	6.14	6.14	87.73	8.66	22.75	68.59
FCS by sex of head of household						
Male	3.46	6.17	90.37	3.97	6.44	89.59
Female	3.85	10.95	85.2	4.44	9.29	86.27
FCS by region						
East	3.14	9.39	87.48	3.96	5.41	90.63
South	3.92	6.62	89.46	2.74	8.65	88.61
West	3.46	8.22	88.32	4.39	7.7	87.91
FCS by modality						
In Kind	3.69	7.85	88.46			
CBT	1.97	6.55	91.48			

7.3 Consumption-Based Coping Strategy Index by various demographic characteristics

	Assisted HHs (n=2,129)	**Formerly Assisted** (n=3,420)
Average rCSI	**19.08**	**20.16**
Average rCSI by displacement status		
Host community	18.15	20.20
Displaced	20.44	20.27
Returnee	19.56	19.88
Refugee	25.31	19.93
Migrant	15.78	16.44

Average rCSI by sex of head of household		
Male	18.98	19.66
Female	19.27	21.85
Average rCSI by region		
East	19.95	20.84
South	16.82	17.53
West	20.99	20.28
Average rCSI by modality		
In Kind	18.83	
CBT	22.95	

7.4 Livelihood-Based Coping Strategy Index by various demographic characteristics

	Assisted (n=2,129)				**Formerly Assisted** (n=3,420)			
	neutral	stress	crisis	emergency	neutral	stress	crisis	emergency
Percent of HHs adopting at least one strategy of the severity level	**23.11**	**40.68**	**33.31**	**2.9**	**22.63**	**36.38**	**36.34**	**4.66**
ICSI by displacement status								
Host community	21.92	39.75	35.44	2.89	19.19	37.89	38.76	4.16
Displaced	26.02	42.39	29.3	2.29	26.73	35.13	33.62	4.51
Returnee	14	50.68	34.15	1.18	18.02	40.85	40.54	0.59
Refugee	26.9	28.14	32.03	12.93	29.61	30.44	27.86	12.09
Migrant	18.4	44.5	33.12	3.98	32.07	18.29	46.84	2.8
ICSI by sex of head of household								
Male	22.67	41.45	32.35	3.52	23.62	36.14	35.83	4.41
Female	23.98	39.16	35.21	1.66	19.25	37.18	38.06	5.51
ICSI by region								
East	16.75	45.82	33.79	3.64	15.96	39.53	40.34	4.17
South	26.82	36.12	34.51	2.55	19.28	39.26	37.96	3.5
West	22.19	43.04	31.86	2.92	26.83	34.15	33.88	5.14
ICSI by modality								
In Kind	23.69	40.27	33.19	2.84				
CBT	13.81	47.26	35.14	3.79				

7.5 Food Consumption Score - Nutrition by various demographic characteristics

	Assisted (n=2,129)									Formerly Assisted (n=3,420)								
	Vit A rich foods			Protein rich foods			Hem-Iron rich foods			Vit A rich foods			Protein rich foods			Hem-Iron rich foods		
	never consumed (0 days)	consumed sometimes (1-6 days)	consumed at least daily (7+ days)	never consumed (0 days)	consumed sometimes (1-6 days)	consumed at least daily (7+ days)	never consumed (0 days)	consumed sometimes (1-6 days)	consumed at least daily (7+ days)	never consumed (0 days)	consumed sometimes (1-6 days)	consumed at least daily (7+ days)	never consumed (0 days)	consumed sometimes (1-6 days)	consumed at least daily (7+ days)	never consumed (0 days)	consumed sometimes (1-6 days)	consumed at least daily (7+ days)
Food Consumption Score - Nutrition	**6.4**	**18.8**	**74.9**	**4.5**	**10.0**	**85.5**	**17.8**	**35.5**	**46.8**	**5.2**	**16.6**	**78.3**	**4.1**	**11.6**	**84.3**	**18.6**	**37.6**	**43.7**
FCS-N by displacement status																		
Host community	5.1	17.5	77.4	2.8	9.0	88.1	14.7	35.4	49.9	5.3	15.0	79.6	3.8	10.5	85.8	16.7	37.2	46.1
Displaced	8.7	20.0	71.3	7.8	10.7	81.5	22.5	34.2	43.3	2.7	17.4	79.9	2.8	11.7	85.5	18.4	37.6	44.0
Returnee	6.5	20.7	72.8	2.7	14.2	83.2	17.1	33.6	49.3	10.8	14.3	75.0	7.0	6.2	86.9	22.3	32.0	45.7
Refugee	8.0	33.6	58.4	2.9	23.0	74.1	30.0	54.1	16.0	11.8	22.4	65.8	10.8	21.3	67.9	29.0	47.1	23.9
Migrant	6.1	13.1	80.8	3.1	6.1	90.8	24.5	41.1	34.4	9.6	41.6	48.8	2.8	26.3	70.9	39.8	19.2	41.0
FCS-N by sex of head of household																		
Male	5.1	18.0	76.9	3.1	9.9	87.0	17.3	36.5	46.2	5.1	15.1	79.8	4.0	10.3	85.7	17.5	36.7	45.8
Female	8.8	20.3	70.9	7.1	10.3	82.6	18.8	33.3	47.9	5.3	21.6	73.1	4.5	15.7	79.8	22.6	40.8	36.6
FCS-N by region																		
East	5.3	16.1	78.6	3.3	12.4	84.3	20.8	41.1	38.1	4.3	13.7	82.0	2.9	10.3	86.8	18.7	37.9	43.5
South	7.0	22.6	70.4	4.6	9.4	86.0	15.1	32.9	52.0	6.6	20.9	72.5	5.0	11.4	83.7	16.8	32.5	50.7
West	6.2	16.0	77.8	4.8	9.6	85.6	19.1	35.4	45.4	5.4	17.3	77.3	4.6	12.3	83.2	19.0	38.5	42.6
FCS-N by modality																		
In Kind	6.6	19.3	74.1	4.7	10.2	85.2	18.0	34.9	47.1									
CBT	2.0	10.5	87.6	1.3	7.2	91.5	13.6	44.4	42.0									

For further information, please contact

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