Lebanon
m-VAM Vulnerability and Food Security Assessment
November -December 2020
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Highlights

• A relapse in households’ ability to access food and other basic need was noted in November-December 2020, as 41 percent of households across the country reported having challenges in accessing basic needs compared to 36 percent reported in September-October and 40 percent in July-August.

• All governorates reported an increase in facing challenges to access goods compared to those reported in September- October especially in Beirut (40%), El Nabatiyeh (41%), and Mount Lebanon (46%).

• The food shortage situation worsened, with up to 55 percent of respondents stated having food shortages in November-December, compared to 49 percent in September-October.

• Lack of money continues to be the main barrier to accessing food and other basic needs among respondents. 64 percent stated that lack of money was a major challenge during November- December 2020, compared to 56 percent and 49 percent in the previous rounds respectively. This could be due to the exacerbated economic crisis along with the Covid-19 lockdown measures in November.

• Similar to the September-October results, 85 percent of households reported consuming cheaper and less preferred food.

• The proportion of households facing challenges to access healthcare is steadily increasing (36 percent in November-December up from 25 percent reported in July-August). Beirut and the North governorate recorded the highest percentage of households facing challenges in accessing health care (43 percent and 41 percent) and Mount Lebanon reported a considerable increase (37 percent, up from 30 percent in the September-October). Lack of money remains a major barrier for seeking medical treatment in Lebanon.

• Employment and unemployment rates were similar in the September-October and November-December survey rounds – 40 percent and 39.5 percent respectively, both reflecting weaker labour market conditions compared to the respondents’ work status before the lockdown.

• Monthly wages in dollar terms appeared to have declined by 14 percent in October-November compared to August-September period. Nearly half of all employed respondents continue to perceive that their wages were lower relative to the usual amount, consistent with the erosion in the purchasing power of their earnings.
Background and Methodology

The COVID-19 pandemic and the worsening economic situation in Lebanon continue to have a devastating impact on households who are increasingly unable to meet their basic needs. Lockdown measures were implemented in mid-November to counter the second wave of the pandemic, where wider community transmission is observed with high numbers of reported positive cases. These measures, combined with the continued depreciation of the Lebanese pound, have exacerbated the socioeconomic situation in Lebanon. Discontinuity of subventions and food subsidies are also threatening food security, particularly for those households residing in the most fragile regions in Lebanon such as Akkar and Baalbeck El Hermel.

This report is jointly produced by WFP Lebanon and the World Bank (WB). A probability sample of mobile phone numbers stratified in eight different strata (corresponding to Lebanon’s governorates) was selected. To ensure full national coverage of cell phone numbers, an initial sample was selected through an RDD (Random Digit Dialling)\(^1\); inactive numbers were automatically filtered out. The questionnaire\(^2\) included the following sections: i) demographics, ii) access to food and markets, iii) food consumption, iv) reduced coping strategy index (rCSI), v) access to food and markets, vi) access to health services and vii) employment.

Remote data collection through phone surveys for this report started on 1 November 2020 and the findings presented are obtained from data collected between November and December 2020, along with a comparison conducted with the data previously presented in the July-August and September-October 2020 reports. The survey targeted Lebanese nationals only and reached a total of 4,203 households (refer to map 1), accounting for an overall sample increase of 25 percent compared to September October and 80 percent compared to July-August report.

\(^1\) Details on methodology and selection strategy were described in the first July-August report and can be accessed through this [link](#).

\(^2\) The full questionnaire can be accessed through this [link](#).
MVAM in Lebanon:

Given the unstable situation, difficult physical access to households due to COVID-19 restrictions, and to benefit from the high mobile phone and broadband penetration rate, WFP started monitoring Lebanese and refugees’ food security status and access to basic needs through remote assessments (web-based and phone surveys) in 2020.

To obtain more regular and specific household-level information on food security, vulnerability, and livelihood situation of the Lebanese population, WFP, and the World Bank agreed to implement a nationwide remote monitoring system based on phone surveys (mVAM). This report summarizes the key results of the third round of the mVAM phone surveys that were conducted in November and December 2020.

Key Figures

<table>
<thead>
<tr>
<th>HH Characteristics</th>
<th>Socio-Economic Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Family Icon] 5 Members</td>
<td>![Job Icon] 39.5% of respondents are unemployed</td>
</tr>
<tr>
<td>Average household size</td>
<td></td>
</tr>
<tr>
<td>![Person Icon] 45 Years</td>
<td>![Bag Icon] 22% of households consume inadequate diets³</td>
</tr>
<tr>
<td>Average respondent age</td>
<td></td>
</tr>
<tr>
<td>![Gender Icon] 13% of households are female headed</td>
<td>![Store Icon] 41% of households are unable to access food and other basic needs</td>
</tr>
<tr>
<td></td>
<td>![Healthcare Icon] 35% of households are unable to access healthcare</td>
</tr>
<tr>
<td>![Rent Icon] 34% are renting their homes</td>
<td></td>
</tr>
</tbody>
</table>

³ Inadequate diet refers to the total percentage of households with poor and borderline food consumption.
Access to Food and other Basic Needs

A relapse in terms of the ability to access food and other basic needs was observed during November-December 2020. More than 41 percent of households across the country reported having faced challenges, compared to 36 percent reported in September-October.

All governorates showed a significant increase in having challenges to access food compared to those reported in September-October, especially in Beirut (40%), El Nabatiyeh (41%), and Mount Lebanon (40%). Baalbek- el Hermel showed to have more stability compared to other areas (Figure 1).

Among households unable to make ends meet, lack of money and insufficient income remains the major obstacle (64%), up from 56 percent and 49 percent from the two previous rounds respectively, while 11 percent (up from 6 percent in the previous round) stated that travel restrictions was a barrier for accessing goods (Figure 2).

Figure 1: Prevalence of households facing challenges in accessing food and other basic needs, July-December 2020

Figure 2: Main reasons why accessing food and other basic needs was challenging, November-December 2020
Households’ capability to stockpile

Nationally, an overall increase in the prevalence of households facing food shortages in the 14 days prior to the survey was reported compared to September/October round. More than half of the surveyed (55 percent, equal to the proportion reported in August-September) respondents stated having food shortages during the period of November/December, compared to 49 percent reported in the previous round.

At the governorate level, Akkar recorded the highest proportion of households facing food shortages (66%), followed by Baalbek-El Hermel (59%), Beirut (56%), and the North (56%). Akkar and Beirut have the highest increase during the current round compared to September/October period (up by 7 percent and 5 percent, respectively).

Food stockpiling\(^5\) slightly decreased between the reporting periods of November-December and September-October (41 percent nationwide compared to 45 percent). A significant decrease in food stockpiling was found in Mount Lebanon (down by 10% from the previous round) and Beirut (down by 6% from the previous round).

No significant changes in food stock duration were noted compared to the previous rounds. 41 percent of households reported having enough food stocks to cover consumption needs for a month or more, though 12 percent reported to have food stocks for less than a week (up from 10 percent in the previous round) (see figure 3).

Food shortage is defined as households not having sufficient quantities of food needed during the past 14 days, prior the survey.

Food stockpiling is defined as households currently having food stock and storage.

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\(^{4}\) Food shortage is defined as households not having sufficient quantities of food needed during the past 14 days, prior the survey.

\(^{5}\) Food stockpiling is defined as households currently having food stock and storage.
Food Consumption

During the period of November and December, the percentage of households consuming inadequate diets (i.e. poor and borderline food consumption score, FCS) remained 22 percent as in the previous round of September/October (19 percent in July/August). However, food consumption varied significantly across governorates, with Akkar governorate witnessing the highest percentage of households consuming inadequate diets (40 percent) in comparison to the South (14 percent only) (Figure 5). Micro-nutrient rich foods continued to be the least consumed, as households consuming poor diets reported no consumption of these type of foods, whilst households with borderline FCS reported eating proteins only once a week on average. Households with borderline FCS consume pulses two days per week, while households with poor FCS consume them only half day a week; Nationally, fruits are consumed three days a week on average (Figure 4).

More than one third of the households who are unemployed and seeking jobs are found to have inadequate diet (the highest compared to other employment statuses) followed by households having no job and not seeking one (see also section on sociodemographic characteristics and food security).

Figure 4: Total food groups consumption (number of days consumed out of last 7 days) by food consumption groups (poor, borderline and acceptable November-December)

Figure 5: Prevalence of households with poor and borderline food consumption by governorate, July-December 2020

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6 More information on food consumption score (FCS) indicator can be found through this link.
Food consumption-based coping strategy

An upwards trend in the use of consumption-based coping strategies was observed between the three rounds of data collection. The proportion of households reducing the number of meals consumed each day increased over the three rounds from 29 percent in July-August to 35 percent in November-December. The trend is similar for borrowing food, from 21 percent in July-August to 28 percent in November-December. Reducing the consumption of adults in favour of children – the most severe consumption-based coping strategy – continued to increase, as 48 percent of households reported using it. Consuming less expensive food remains the strategy adopted by most respondents (85 percent) (see figure 6).

Similar to previous rounds, Akkar (24) recorded the highest reduced Coping Strategy Index (rCSI)\(^7\), followed by Baalbek-El Hermel (21) and the North (20) (Map 5). The average rCSI reported in November-December has not significantly changed compared to previous rounds; yet, a slight increase was observed in El Nabatieh and Mount Lebanon when compared to September-October (figure 7). The analysis highlights that Lebanese households are struggling to ensure the coverage of adequate food needs, while facing the negative impacts of the deterioration in the economy, by resorting to negative coping strategies.

\(^7\) The reduced Coping Strategy Index (rCSI) is an indicator that reveals how households manage or cope with shortfalls in food consumption. Households were asked if they apply any of the five consumption-based coping strategies when they did not have enough food or money to buy food. The index is calculated taking into account both the frequency and the severity of each strategy used. The higher the score, the higher the stress level of the household. More information can be found through this link.
Sociodemographic Analysis of Food Consumption and rCSI

The sociodemographic characteristics of respondents with poor, borderline, and acceptable food consumption are shown in Table 1. The average age of respondents differs slightly across the food consumption groups. Those with poor and borderline food consumption (43 years and 42 years, respectively) were younger than those with acceptable consumption (45 years). The household size differed across the different food consumption groups. A higher average household size is found among the poor and borderline consumption groups (6) compared to the acceptable group (5).

The survey shows that Lebanese women are more likely to consume inadequate diet. A higher percentage of women consumed poor and borderline diets (8.2 percent and 18.7 percent, respectively) in comparison to men (6.3 percent and 16.5 percent, respectively). More men had an acceptable food consumption (77.2 percent) in comparison to women (73.1 percent).

Households having family members with chronic diseases found to be more likely to consume inadequate diet (7.5 percent and 18.7 percent consume poor and borderline diet), compared to those who do not have members suffering from chronic diseases.

In terms of employment status, poor food consumption was found to be highest among unemployed respondents seeking jobs (13 percent consume a poor diet). The same was obtained for the borderline food consumption, having the unemployed and those who are out of the labor force among the top (20.7 percent and 18.7 percent, respectively). The majority who have a source of income from private work, are farmers and those who work for others are found to have an acceptable food consumption (see Table 1).

As for education, the findings showed that those who are from lower educational levels (mainly those with no education or have finished primary school) are more likely to consume inadequate diet (poor and borderline) when compared to other educational levels (15.6 percent and 22.5 percent of those with no education consume poor and borderline diet, respectively). Respondents who have a higher level of education showed to have an acceptable food consumption compared to other educational levels (85.5 percent of those who finished university have an acceptable food consumption).

In terms of the rCSI index, the respondents’ gender did not show any significant differences in the average rCSI. However, households with members having chronic diseases had a higher average rCSI (20.4) compared to those who don’t (18.2). Additionally, employment status was significantly associated to the rCSI, as unemployed respondents who are seeking jobs had the highest average (23.7) (see Table 2). The same can be concluded for the educational level, where members with low educational levels are adopting more food consumption coping strategies. The results showed that those with no education scored the highest average of the index (25.1), while those who completed their university education scored the lowest average (12.6).
Table 1. Sociodemographic characteristics by food consumption group

<table>
<thead>
<tr>
<th>Sociodemographic</th>
<th>Poor</th>
<th>Borderline</th>
<th>Acceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (average)</td>
<td>43</td>
<td>42</td>
<td>45</td>
</tr>
<tr>
<td>HH size (average)</td>
<td>6</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Gender (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>6.3</td>
<td>16.5</td>
<td>77.2</td>
</tr>
<tr>
<td>Women</td>
<td>8.2</td>
<td>18.7</td>
<td>73.1</td>
</tr>
<tr>
<td>HH with chronic disease (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>7.5</td>
<td>18.7</td>
<td>73.8</td>
</tr>
<tr>
<td>No</td>
<td>6.7</td>
<td>15.7</td>
<td>77.6</td>
</tr>
<tr>
<td>Employment (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash for work</td>
<td>6.9</td>
<td>20.0</td>
<td>73.1</td>
</tr>
<tr>
<td>No job, not seeking</td>
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<td>18.7</td>
<td>74.5</td>
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<td>No job, seeking job</td>
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<td>20.7</td>
<td>66.3</td>
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<tr>
<td>Private work</td>
<td>3.2</td>
<td>11.4</td>
<td>85.4</td>
</tr>
<tr>
<td>Work for others</td>
<td>5.3</td>
<td>16.4</td>
<td>78.3</td>
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<tr>
<td>Farmer</td>
<td>1.5</td>
<td>13.6</td>
<td>84.8</td>
</tr>
<tr>
<td>Education (%)</td>
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<td>No Education</td>
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<td>22.5</td>
<td>61.9</td>
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<tr>
<td>Primary</td>
<td>12.1</td>
<td>21.1</td>
<td>66.8</td>
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<tr>
<td>Secondary</td>
<td>3.1</td>
<td>15.7</td>
<td>81.2</td>
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<tr>
<td>University</td>
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Table 2. Sociodemographic characteristics by rCSI

<table>
<thead>
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<th>Sociodemographic</th>
<th>rCSI (Average score)</th>
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<tr>
<td>Gender</td>
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<td>Men</td>
<td>19.7</td>
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<tr>
<td>HH with chronic disease</td>
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<tr>
<td>Yes</td>
<td>20.4</td>
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<tr>
<td>Employment</td>
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<td>Cash for work</td>
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<td>18.6</td>
</tr>
<tr>
<td>No job, seeking job</td>
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<tr>
<td>Private work</td>
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<td>Work for others</td>
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<tr>
<td>Farmer</td>
<td>19.8</td>
</tr>
<tr>
<td>Education</td>
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</tr>
<tr>
<td>No Education</td>
<td>25.1</td>
</tr>
<tr>
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<tr>
<td>Technical</td>
<td>17.1</td>
</tr>
<tr>
<td>University</td>
<td>12.6</td>
</tr>
</tbody>
</table>
Access to Healthcare

End of 2020, Lebanon entered a new phase of the COVID-19 pandemic, with record numbers of positive cases being reported per day. Additionally, inflation and the economic crisis have eroded the ability of Lebanese to secure their basic and livelihood needs, making it more challenging to access necessary medical care. The proportion of households facing challenges to access healthcare has increased, from 25 percent in July-August to 36 percent in November-December. At the governorate level, no significant differences were observed in the November-December round compared to the September-October round. Beirut saw the highest percentage of households facing challenges to access healthcare facilities (43 percent), followed by the North governorate (41 percent up from 28 percent reported in July-August), while Mount Lebanon reported a considerable increase in the proportion of households reporting this issue (37 percent, up from 20 percent in July-August).

Nationwide, 60 percent of the respondents stated that at least one household member suffers from a chronic condition (up from 56 percent reported in July-August). The burden of chronic diseases in Lebanon is alarming as it often requires long term treatment and continuous care. The need to access the currently overstretched health system is critical, yet lack of money remain a major barrier for seeking and accessing healthcare in Lebanon.

Figure 8: Main reasons why accessing healthcare facilities is challenging, November-December 2020

Map 5: Prevalence of households facing challenges to access healthcare facilities, November-December 2020
Employment

The mVAM phone surveys conducted in November and December 2020 collected information on respondents’ work status in the week preceding the survey, as well as for the first half of March 2020 (before the first announcement of lockdown measures in response to the COVID-19 pandemic). Figure 9 (a and b) shows there continues to be a decrease in the employment rate and an increase in the unemployment rate in both September-October and November-December rounds compared to the pre-lockdown labor force participation status in February. The overall rates of employment, unemployment and not in the labor force were stable across both rounds.

Figure 9. Labor force Participation Status last week and pre-lockdown for (a) September-October and (b) November-December (%)

A disaggregation of the November-December unemployment rate across groups shows that the increase is more pronounced among the female respondents and among those whose highest education level was either primary or vocational education (Figure 10).

Comparing the respondents’ work status in the week preceding the two survey rounds to their pre-lockdown status in March 2020 (see Figure 11), we find that 70 percent of the respondents that were employed in the first half of March remained employed in the same job in November-December, and that only 4 percent reported working in a different job. At the same time, 21 percent of the respondents employed pre-lockdown reported currently experiencing unemployment. About three-quarters of those who were unemployed pre-lockdown remained so, while 6 percent of them reported to have exited the labor market. Among those defined as out-of-labor force in March, most of them maintained their status into November-December. The share of respondents retaining their early-March labor force status increased for both the employed and the unemployed between the two survey rounds (September-October and November-December).

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8 The September-October and November-December rounds constitute different samples of individuals and while some differences can be expected in terms of composition which would impact the results, the similarity in employment status for February 2020 between both rounds is reassuring.

9 Employment is defined as the share of those working on a farm, for an employer or for oneself among all respondents. Unemployment is defined as the share of those currently not working and looking for employment among those in the labor force. Out of Labor Force is defined as the share of those not working and not looking for employment among all respondents.
Figure 10. Increase in Unemployment Rate between March (pre-lockdown) and November-December, by Group; % points

Figure 11. Current Employment Status by Pre-Lockdown Labor Force Participation Status
Monthly Wage income

Respondents employed at the time of the surveys were further asked details about the take-home income in the month prior to the survey month. The median take-home income in October-November was 829,000 LBP (or 113 USD), which represents a 14 percent decline in dollar terms compared with the August-September amount of 1,000,000 LBP (or 132 USD).

Employed respondents were asked whether their (nominal) take-home pay received in the month preceding the survey were higher, the same, or lower than their usual take-home amount; those reporting lower amounts were further asked about the approximate magnitude of the drop. About half of the respondents’ report getting smaller amounts, and slightly over two-fifths – getting the same amounts. In both survey rounds, those with less than secondary education, male, and older than 41 years of age are more likely to report reductions in wage earnings compared to the usual amount.

Figure 12. Changes in current wages earned compared with usual amount (subjective assessment)

The employed respondents either reported the amount they were paid in the reference month or reported not having been paid (and in this case we consider the income as zero) or refused to answer/ did not know the amount. We exclude the third category from the analysis.

The USD figures are computed using the market exchange rates of 7,420 LBP/USD for August, 7,724 LBP/USD for September, 7,801 LBP/USD for October and 7,634 for November (see liraratel.com). Alternatively, if the banks’ exchange rate is used (3,900 LBP.USD) for the four survey months, then the median incomes are 256 USD for August-September and 213 for October-November.
Conclusions

Lebanon’s socioeconomic and food security situation has further worsened over the past two months. Major deteriorations were noted in terms of access to food and other basic needs, as well as food shortage between the second and third rounds of mVAM data collection. Lack of money persists as a major barrier and burden among the Lebanese due to the depreciation of the LBP in the informal market, alongside the nationwide lockdown measures that were taken in mid-November to curb the spread of COVID-19. These challenges might have affected earnings, status of employment and income sources, which in turn affected purchasing power and ability to access basic needs.

Inadequate food consumption continues to be alarming, combined with high adoption of coping strategies, especially by households from the most fragile areas such as in Akkar, Baalbek-Hermel and the North. Lebanese women are found to be among the vulnerable groups in terms of poor food consumption when compared to men. Households with higher average size and those who have members suffering from chronic diseases showed to suffer from inadequate food consumption, with a higher average of the food consumption coping index.

The issue of unemployment and lack of income is found to be a major factor affecting households’ food consumption. A third of unemployed households seeking jobs have inadequate diet consumption and scored the highest average of adopting coping mechanisms, which deepens their vulnerability. Similarly, members with no education or those who are from low educational levels, are found to be struggling with proper food consumption, and adopting food coping mechanisms to survive. These Lebanese households are identified to be vulnerable and struggling to ensure the coverage of adequate food needs. They are also increasingly applying coping mechanisms to face the negative impacts of the crumbling economy.

Unemployment rates among respondents remain steadily higher in the last two survey rounds compared to their status before the lockdown. In dollar terms, reported average monthly wages appeared to have further declined by 14 percent in October-November over the August-September period. As in the prior September-October survey round, nearly half of all employed respondents continue to perceive that their wages were lower relative to the usual amount, consistent with the erosion in the purchasing power of their earnings. The proportion of households facing challenges with healthcare access continues to increase, despite the high burden of chronic diseases among households. This was mainly due to lack of money amid the deteriorating socioeconomic situation in the country.

Way forward

WFP and the WB will continue to collect and monitor data for a timely analysis and assessment of households’ vulnerability, food security and livelihood status through mVAM. The next data collection round is planned for March 2021. The two organizations are also aiming to conduct a more comprehensive Lebanese Vulnerability Assessment (LVA) in the first half of 2021.

WFP will continue coordinating with partners on the ground – including the Government of Lebanon - to assess and further monitor the impact of the crisis on households (including access to adequate and nutritious diets and healthcare services).

As stated in previous mVAM reports, most households continue to require financial resources to urgently meet their basic needs, including food, and to access increasingly unaffordable services, such as healthcare. It is recommended that partners design and implement interventions that aim to secure sustainable livelihoods and income sources that improve the status of food security among the most vulnerable groups in Lebanon. These assistance programmes might be designed to build resilience and provide livelihoods and income-generating opportunities, in addition to the ongoing cash assistance programmes.