

## OVERVIEW



**15.5M**  
Population

(World Bank, 2018)



**0.5M**  
People in  
IPC/CH Phase 3  
or above

(IPC/CH,  
Jan 2020-May 2020)



**5.6M**  
Chronic  
hunger

(FAO STAT,  
2016-2018)



**2.2M**  
People with  
insufficient  
food  
consumption\*

(WFP, May 2020)

## NUTRITION



**13.3%**  
of children

**Acute malnutrition**  
(JOINT MALNUTRITION  
ESTIMATES - UNICEF, WHO,  
WORLD BANK, 2015)



**39.8%**  
of children

**Chronic malnutrition**  
(JOINT MALNUTRITION  
ESTIMATES - UNICEF, WHO,  
WORLD BANK, 2015)

## MACRO-ECONOMIC

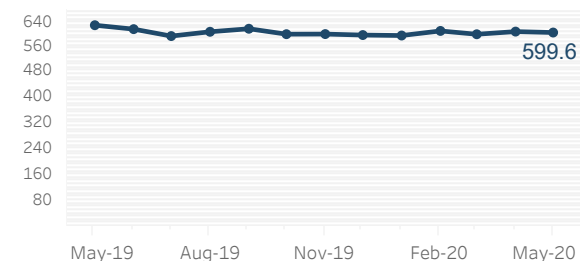


**Import dependency**  
**6.0%** of cereals (May 2020)

Data source: WFP's calculation based on USDA data

### Currency exchange

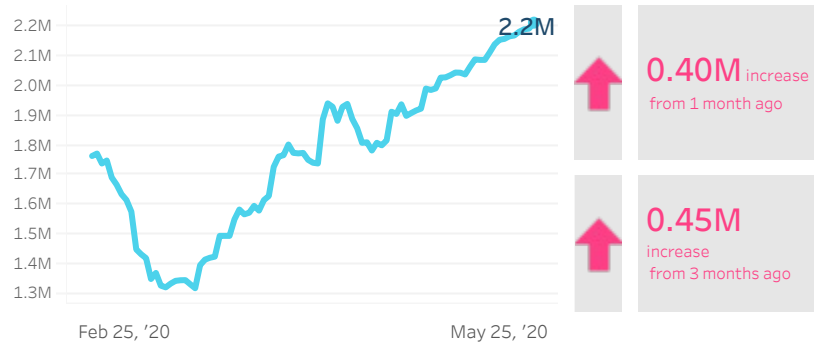
■ USD/XAF



Data source: Trading Economics

## FOOD SECURITY TRENDS (May 2020)

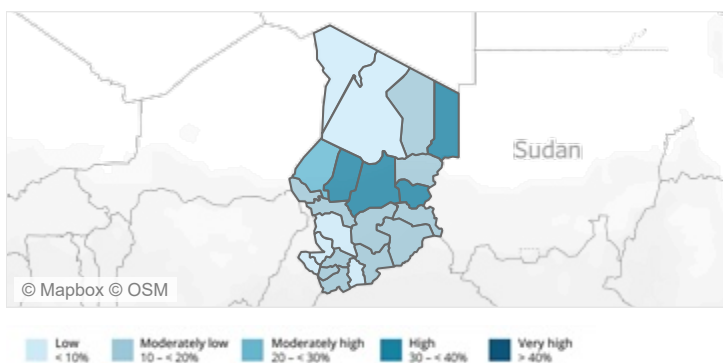
### Number of people with insufficient food consumption\*



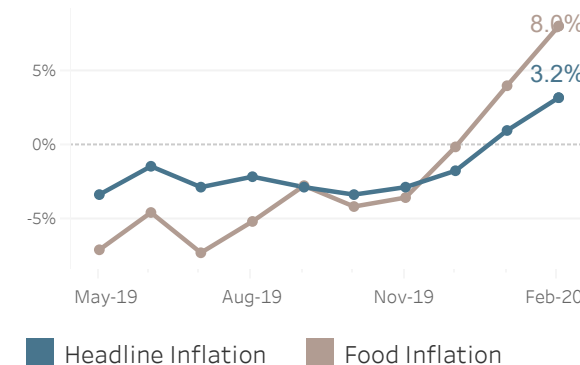
Data source: WFP (actual data)

\* People with insufficient food consumption refer to those with poor or borderline food consumption, according to the Food Consumption Score (FCS).

### Prevalence of insufficient food consumption\*



### Headline and food inflation



Data source: Trading economics

## NOTES

WFP's Hunger Monitoring Unit conducts continuous food security monitoring via live telephone interviews. Data is collected on a rolling basis and processed daily. Daily updates represent a snapshot of the current food security situation over the past 28/30 calendar days, with a slight time lag of 2-4 days to ensure data quality. More information can be found in the Methodology and Glossary sections on Hunger Map LIVE ([hungermap.wfp.org](http://hungermap.wfp.org)).

To trigger a food consumption (FC) alert, marked deteriorations should meet the threshold of deterioration in FC (from one month to the next) relevant to the existing percentage of the population that already has insufficient food consumption (IFC):

- <20% with IFC requires a 25% deterioration in FC
- 20-30% with IFC, requires a 15% deterioration in FC
- >30% with IFC, requires a 10% deterioration in FC

## CONTACTS

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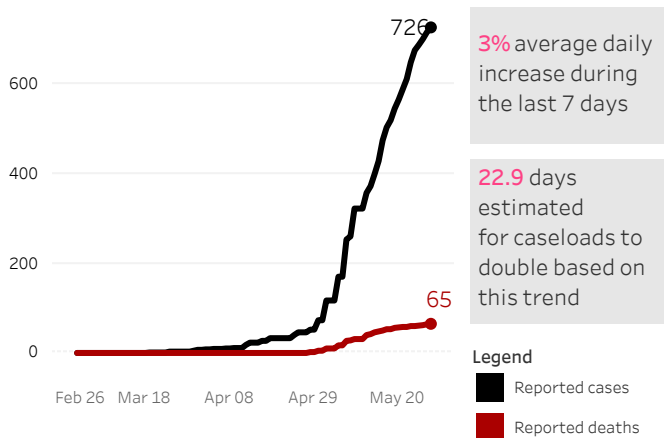
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# HungerMap LIVE: Hunger and COVID-19 Weekly Snapshot | Chad | May 29, 2020

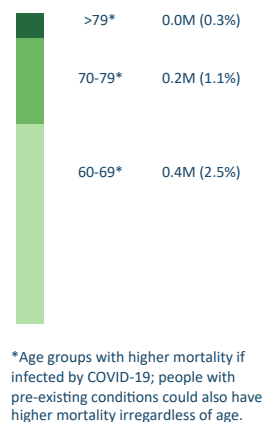
## COVID-19 CASES (Source: © Johns Hopkins University)

Confirmed COVID-19 cases as of 28 May, 2020



## DEMOGRAPHICS

Breakdown of age groups in Chad (60 and above)  
(Source: UNDESA)



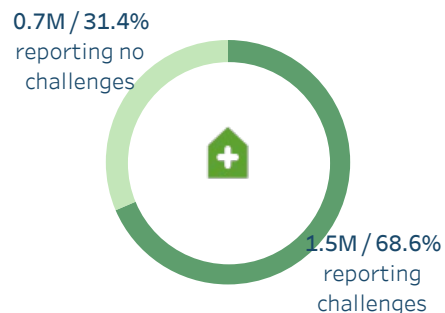
## VIRUS TRANSMISSIBILITY

An estimation of possible climate related seasonal changes in SARS-Cov-2 reproductive number (R0), a measure of infectiousness, based on air temperature and relative humidity (Source: COVID-19 and climate: Possible geographical and temporal patterns)

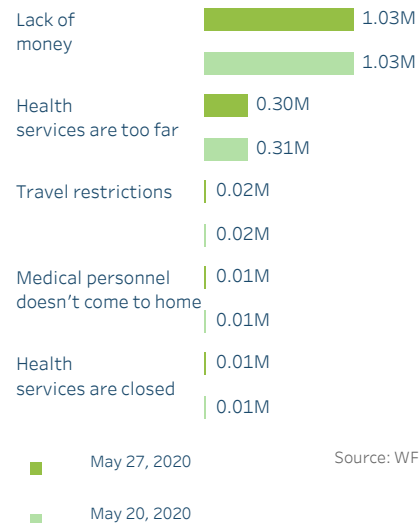


## HEALTH ACCESS

The number of households reporting challenges accessing health services has decreased by 0.02M compared to last week

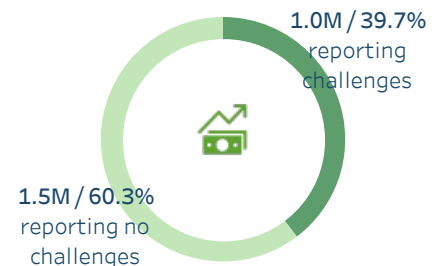


### Top 5 barriers to accessing health services

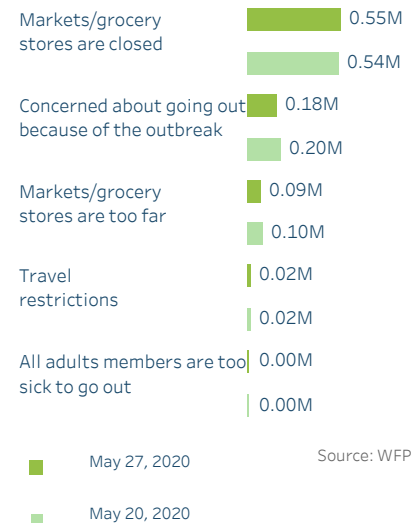


## MARKET ACCESS

The number of households reporting challenges accessing markets/grocery stores has increased by 0.12M compared to last week

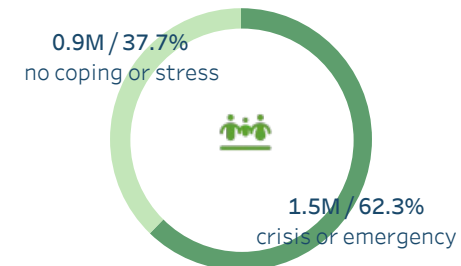


### Top 5 barriers to accessing markets/grocery stores

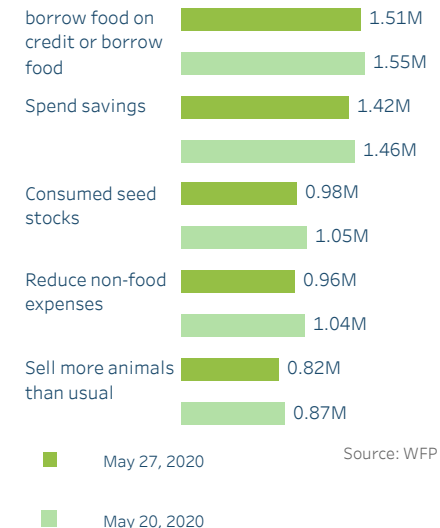


## LIVELIHOOD COPING

The number of households using crisis or emergency livelihood coping strategies has decreased by 0.09M compared to last week



### Top 5 livelihood coping strategies



## NOTES

WFP's Hunger Monitoring Unit (previously known as mVAM) conducts continuous food security monitoring via phone interviews. Data is collected on a rolling basis and processed daily. Daily updates represent a snapshot of the current situation over the past 14 days for health and market access and 28/30 calendar days for livelihood coping. Note that there is a slight time lag of 2-4 days to ensure data quality. **From this week onward: the data on health/market access and livelihood coping has transitioned from reporting the number of people affected to the number of households affected.** In light of the recent Coronavirus Disease (COVID-19) outbreak, these systems have been expanded to monitor COVID-19 impacts on households, specifically the access to health services, markets and livelihood changes. This will help WFP and other agencies monitor the situation, capture problems in real time and provide the necessary information for early action and mitigation.

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