**OVERVIEW**

- **Population**: 15.0M (World Bank, 2018)
- **People with insufficient food consumption**: 4.4M (WFP, May 2020)
- **Acute malnutrition**: 15.0% (JOINT MALNUTRITION ESTIMATES – UNICEF, WHO, WORLD BANK, 2009)
- **Chronic malnutrition**: 25.3% (JOINT MALNUTRITION ESTIMATES – UNICEF, WHO, WORLD BANK, 2009)

**FOOD SECURITY TRENDS** (May 2020)

- Number of people with insufficient food consumption:
  - May 20, '20: 4.1M
  - May 25, '20: 4.4M

**NUTRITION**

- **Import dependency**:
  - 53.0% of cereals (May 2020)

**MACRO-ECONOMIC**

- **Currency exchange**
  - Data source: WFP’s calculation based on USDA data
  - USD/SOS

**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).

- 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

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For more information, visit hungermap.wfp.org
The number of households reporting challenges accessing health services has increased by 0.15M compared to last week.

Top 5 barriers to accessing health services:

1. Health services are too far
2. Lack of money
3. Health services are closed
4. Lack of equipment in hospital
5. Medical personnel doesn’t come to home

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

- 79+* 0.1M (0.6%)
- 70-79* 0.4M (2.7%)
- 60-69* 0.9M (5.8%)

*Age groups with higher mortality if infected by COVID-19; people with pre-existing conditions could also have higher mortality regardless of age.

VIRUS TRANSMISSIBILITY

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

DEMographics

Health Access

Market Access

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

Top 5 barriers to accessing markets/grocery stores:

1. Markets/grocery stores are closed
2. Markets/grocery stores are too far
3. Concerned about going out because of the outbreak
4. Lack of money
5. Travel restrictions

LIVELIHOOD COPING

The number of households using crisis or emergency livelihood coping strategies has decreased by 0.20M compared to last week.

Top 5 barriers to accessing livelihood coping:

1. No coping or stress
2. Borrow food on credit or borrow food
3. Sell household’s assets/goods
4. Spend savings
5. Borrow money or food
6. Reduce non-food expenses

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 coping impacts. 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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1.4M / 69.3% no coping or stress