

OVERVIEW



15.0M
Population

(World Bank, 2018)



No IPC analysis available



No data on chronic hunger available



4.4M
People with insufficient food consumption*
(WFP, May 2020)

NUTRITION



15.0%
of children
Acute malnutrition
(JOINT MALNUTRITION ESTIMATES – UNICEF, WHO, WORLD BANK, 2009)



25.3%
of children
Chronic malnutrition
(JOINT MALNUTRITION ESTIMATES – UNICEF, WHO, WORLD BANK, 2009)

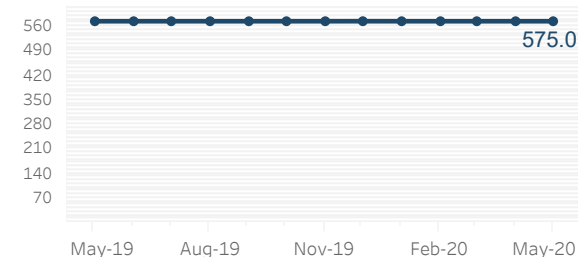
MACRO-ECONOMIC



Import dependency
53.0% of cereals (May 2020)

Data source: WFP's calculation based on USDA data

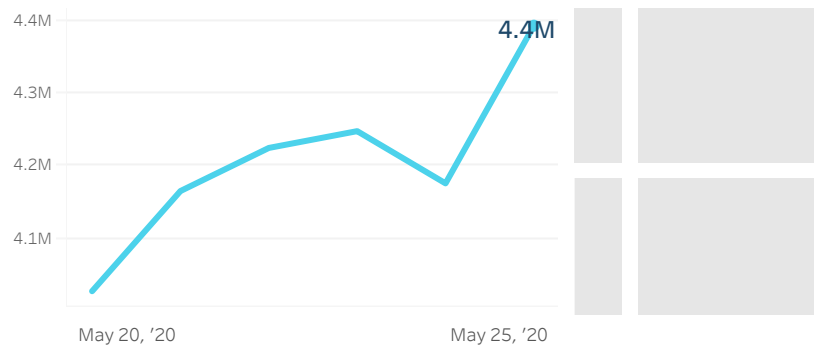
Currency exchange ■ USD/SOS



Data source: Trading Economics

FOOD SECURITY TRENDS (May 2020)

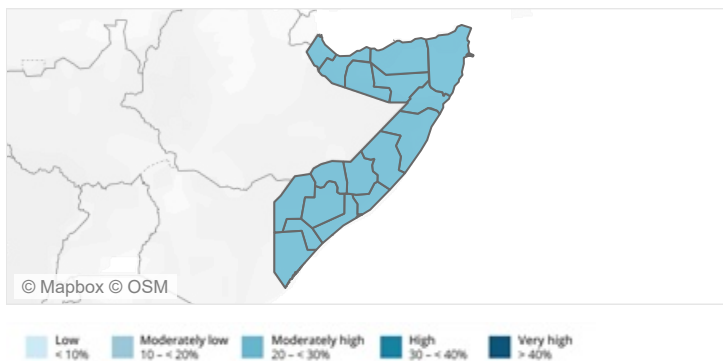
Number of people with insufficient food consumption*



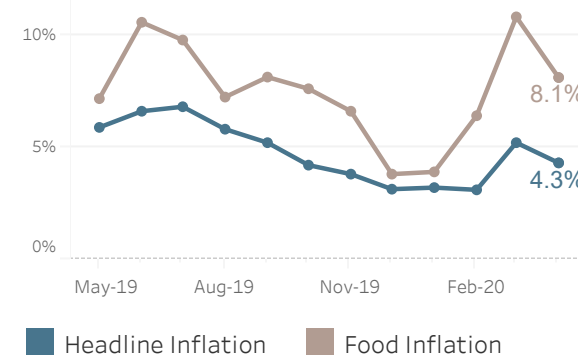
Data source: WFP (actual data)

* 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).

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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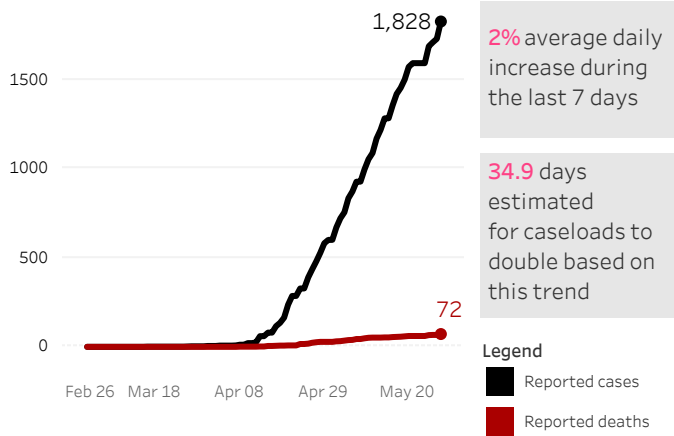
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HungerMap LIVE: Hunger and COVID-19 Weekly Snapshot | Somalia | 29 May 2020

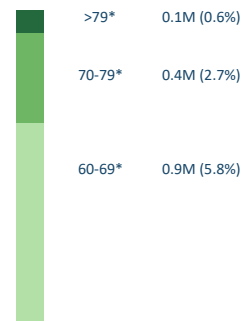
COVID-19 CASES (Source: © Johns Hopkins University)

Confirmed COVID-19 cases as of 28 May, 2020



DEMOGRAPHICS

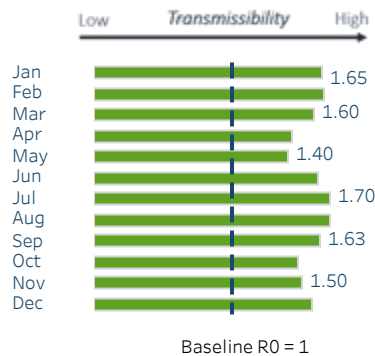
Breakdown of age groups in Somalia (60 and above) (Source: UNDESA)



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

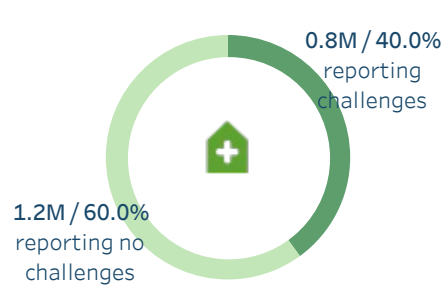
VIRUS TRANSMISSIBILITY

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

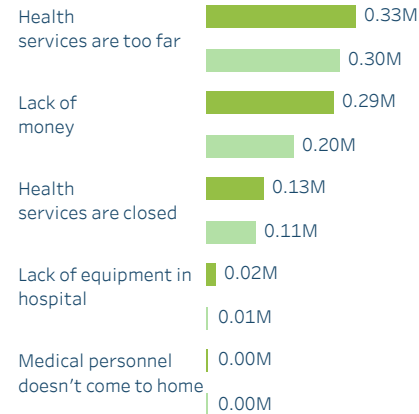


HEALTH ACCESS

The number of households reporting challenges accessing health services has increased by 0.15M compared to last week



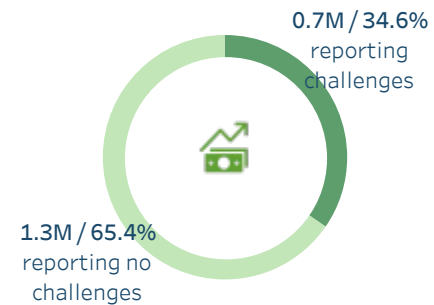
Top 5 barriers to accessing health services



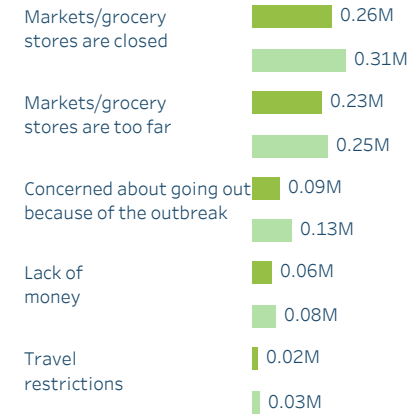
27 May 2020
20 May 2020
Source: WFP

MARKET ACCESS

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



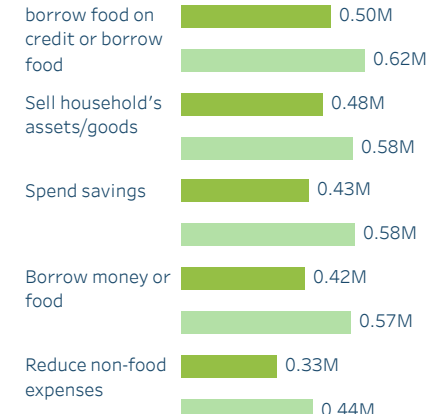
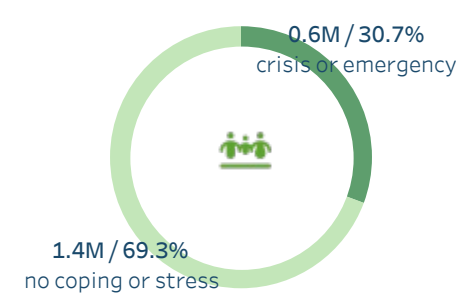
Top 5 barriers to accessing markets/grocery stores



27 May 2020
20 May 2020
Source: WFP

LIVELIHOOD COPING

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



27 May 2020
20 May 2020
Source: WFP

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/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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