HungerMap LIVE: Hunger and COVID-19 Weekly Snapshot | Syrian Arab Republic | May 29, 2020

NUTRITION

OVERVIEW













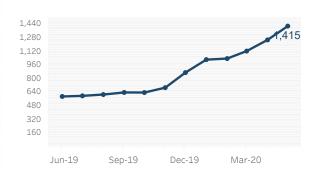
No data on import dependency

Data source: WFP's calculation based on USDA data

Currency exchange

MACRO-ECONOMIC

USD/LCU



Headline and food inflation

No data on headline and food inflation available

20.4M Population

(OCHA, 2019)

No IPC analysis

No IPC analysis

29.4% People with insufficient food

consumption* (WFP, May 2020)

11.5% of children Acute malnutrition (UNICEF, WHO, World Bank

of children Chronic malnutrition (UNICEF, WHO, World Bank,

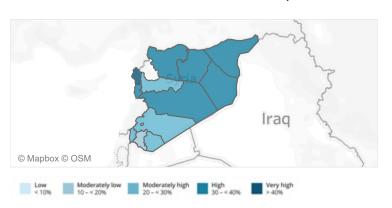
27.6%

FOOD SECURITY TRENDS (May 2020)

Prevalence of people with insufficient food consumptio..



Prevalence of insufficient food consumption*



Data source: WFP (actual data)

CONTACTS

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Data source: Trading economics



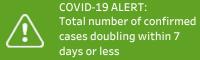
WFP's Hunger Monitoring Unit conducts continuous food security monitoring via live telephone interviews. Data is

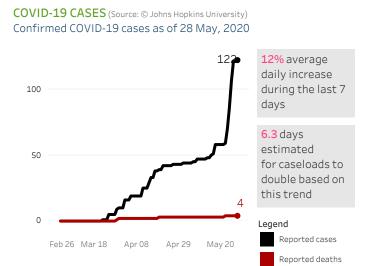
collected on a rolling basis and processed daily. Daily updates represent a snapshot of the current food security situation over the past 28/30 calendar days, with a slight time lag of 2-4 days to ensure data quality. More information can be found in the Methodology and Glossary sections on Hunger Map 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 IFI requires a 25% deterioration in FC 20-30% with IFI, requires a 15% deterioration in FC >30% with IFI, requires a 10% deterioration in FC

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

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DEMOGRAPHICS VIRUS TRANSMISSIBILITY

Breakdown of age groups in

0.1M (0.8%)

0.3M (2.0%)

0.8M (4.7%)

Syria (60 and above)

70-79*

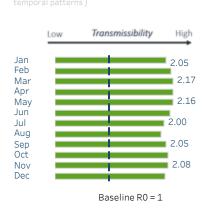
60-69*

*Age groups with higher mortality if

infected by COVID-19; people with pre-existing conditions could also have

higher mortality irregardless of age.

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



HEALTH ACCESS

The number of households reporting challenges accessing health services has remained stable 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 0.05M compared to last week



Top 5 barriers to accessing markets/grocery stores

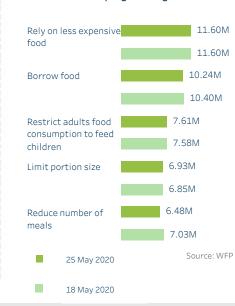


FOOD BASED COPING

The number of people using negative coping strategies has decreased by 0.34M compared to last week



Food based 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\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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