



Food Security
Assessment Unit

NUTRITION UPDATE



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United Nations

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OVERVIEW

Access for delivery of humanitarian assistance to Gedo has improved in the southern part of the region during the past month. However, at the time of finalising this report, insecurity and the presence of landmines in the northern part of the region have prevented the delivery of much needed assistance to populations in and around Luuq. Although the food security situation has improved somewhat with the return of livestock, access to food of adequate quantity and quality remains extremely difficult for a substantial proportion of the population.

In Belet Weyne, organisations hope to design interventions that will respond to the current high malnutrition rates in a more sustainable way. The total malnutrition rate of 21% (Z-scores) as reported in last months Nutrition Update may partly reflect the increasing inability of populations to cope with deteriorations in food security.

In the coming months, the nutrition situation in Bay and Bakool will be closely observed; pockets of vulnerability, insecurity, population movement and decreased access for humanitarian organisations to Bay have had effects in both regions.

In the north, following an apparent recovery after a long dry period last year, the population once again face a significant deterioration in food security, mainly due to water shortage.

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GEDO

Humanitarian organisations determined to deliver food to populations in Northern Gedo amid continued uncertainty about the presence of landmines

Although Gedo Region has not witnessed renewed fighting in the recent past weeks, the security situation remains tense while peace negotiations between elders of the concerned clans continue. The heavy presence of militia-men continues especially in northern Gedo and the roads remain mined. Access to critical areas within the region remains limited. However, there are good prospects that mines along the main roads in northern Gedo will be removed in a bid by the elders to facilitate the flow of the much needed humanitarian assistance. Food insecurity is therefore still a major concern in northern Gedo. The consequences of inadequate rains in the past three years and the serious insecurity within the region have been major impediments to establishing food security.

Although CARE and WFP have pre-positioned stocks of cereals for distribution, **Luuq, Garbaharey and Burdhubo** have remained inaccessible throughout the past month. In Luuq District, the main threats to the delivery of humanitarian aid are land mines on the west and south west of Luuq town towards Geedweyne and Garbaharey. Fighting in the area started during land preparation for Gu crop production. Long dry spells had affected crop establishment, pasture rejuvenation and water availability in the previous three consecutive seasons and as a result of fighting, most farmers abandoned their farms during the last crop establishment and germination season. The riverine farmers also temporarily dismantled irrigation pumps as precautionary measures to avoid any looting incident by militiamen. Limited crop yield is, therefore, expected in Luuq. Pastoralists had earlier moved in search of pasture and water to the Juba valley and while many animals have returned, their return to the area continues to be hampered by insecurity and inadequate pasture. Limited trade passing through northern Gedo Region has also contributed to increased prices of commodities including fuel, normally used for irrigation and food. Therefore, although food commodities such as sorghum, wheat flour, rice and pasta are available, prices are relatively high thus reducing access for many poor households.

Access to health services in Luuq is limited and although the hospital is functioning, no doctor is present and uptake of the available services is poor. Cost and access due to the prevailing insecurity have been presented as the main reasons for reduced uptake. The ACF managed therapeutic feeding centre in Luuq town continues to admit severely malnourished children with around ninety children currently in the centre. The supplementary feeding centres, which had catered for thousands of moderately malnourished children prior to the outbreak of hostilities, have not resumed in Luuq and El Bon due to insecurity. Limited health services are available at Garbaharey Hospital, which also continues to admit severely malnourished children. ACF and the Gedo Health Consortium have reported cases of suspected Kala Azar in Northern Gedo.

A recent inter-agency assessment in Luuq District recommended the resumption of supplementary feeding in the district, chlorination of water systems and an increased commitment to ensure successful delivery of the essential food aid. WFP and CARE were encouraged to find alternative routes for food distribution, a significant challenge for these organisations.

Vital food aid and health services delivered to returning refugees in Belet Hawa

Further south in Gedo Region, the 3,000 refugees that had been camping in Mandera District of Kenya were repatriated to **Belet Hawa** during July 2002. These returnees are currently concentrated in Belet Hawa town and are once again highly dependent on food relief. Almost 900 MT of relief food has been distributed to about 17,000 beneficiaries since CARE resumed their operations in June 2002. A further distribution is expected to take place in August. Health services provided by Gedo Health Consortium in Belet Hawa residents are normalising. The MCH is operating with accelerated immunisation campaigns and providing supplementary foods to malnourished children, who account for over 20% of all children attending the clinic. In the hospital, thirty-two severely malnourished are receiving therapeutic care. It is reported that all the severely malnourished children from Somalia who were in the Mandera, Kenya TFC have now been discharged. Dollow MCH has reported malnutrition rates as high as 30% of all attending children.

Some livestock have moved back to the southern part of Gedo following partial rejuvenation of pasture and water resulting from the 2002 Gu rains. However, milk production is reported to be low and could deteriorate as pressure on available pasture and water increases.

2002 NUTRITION SURVEYS UPDATE

Dates		Area	Organisations	Status August 5, 2002
February	Puntland	Galgayo	UNICEF	Report circulated.
6 th April	South	Burkhaba-Bay	World Vision	Analysis in progress
6 th April	South	Waaqid-Bakool	World Vision	Analysis in progress
10 th May	Somaliland	Sahil	FSAU/MOHL/UNICEF	Report circulated
13 th May	South	Berdaale-Bay	IMC/FSAU/UNICEF	Report available
18 th May	Somaliland	Sanaag	UNICEF/MOHL/FSAU	Report circulated
30 th May	Somaliland	Haud of Hargeisa	FSAU/MOHL/UNICEF	Draft available
19 th May	South	Beletweyne-Hiran	UNICEF/IMC/FSAU/SRCS	Report circulated
25 th May	Puntland	Bosasso IDP Camps	UNICEF/MOSA/FSAU	Analysis on-going
August	South	Rabdure-Bakool	UNICEF/IMC/FSAU	Plans in place
October	Somaliland	Hargeisa Returnees	UNICEF/MOHL/FSAU	Planned
To be rescheduled	Somaliland	Sool	UNICEF/MOHL/FSAU	Awaiting security clearance
To be rescheduled	Puntland	Alulla and Iskushuban	UNICEF/MOSA/FSAU	Awaiting security clearance
November	Puntland	Galdogob	UNICEF/MOSA/FSAU	Awaiting security clearance
Late 2002	Somaliland	All regions (IDD)	UNICEF	Planned
Late 2002	South	All regions (Anaemia & VAD)	UNICEF	Planned

Unless otherwise indicated, nutrition surveys in Somalia use a standard 30 x 30 cluster sampling methodology and survey a minimum of 900 children. Weight and height measurements are taken and results calculated using Z scores. Therefore, **Global or Total Acute Malnutrition** refers to the proportion W/H < -2 Z scores plus oedema and **Severe Acute Malnutrition** refers to the proportion of the population W/H < -3 Z scores plus oedema.

MOGADISHU

Malnutrition rates are high among IDPs in Mogadishu

Mogadishu hosts an estimated 230,000 Internally Displaced Persons and since the collapse of the Somalia Government in 1990 and the resultant conflicts, has remained one of the most insecure areas in Somalia. Consequently, access for delivery of humanitarian aid to Mogadishu has been a major challenge both to the local and international community. In general, it has been difficult to collect any qualitative information. Qualitative reports had indicated that the IDPs and the urban poor of Mogadishu were negatively affected following the closure of Barakat money exchange agency. The burning of Bakara market was further blow to Mogadishu residents as many had depended either directly or indirectly on the market.

Between 26th and 29th June 2002, FSAU conducted a rapid assessment using MUAC among all under five children present at the time of survey in five IDP camps in Mogadishu. Out of the 487 children screened, 39% were malnourished (MUAC measurement <12.5cm or oedema) while 7.1% were severely malnourished (a MUAC <11.0cm or oedema). A further 21% were at risk of malnutrition (MUAC 12.5 cm-13.4cm).

The population is reported to have very low purchasing power, as income opportunities are limited. Looting and thefts are also common throughout Mogadishu. People live in fear each day and there are a number of traumatised individuals especially among the poor town residents and IDPs. It is also reported that milk and other protein rich foods are unaffordable to the poor IDP residents. IDPs reside in shanties and abandoned buildings that are crowded and unsanitary. Childcare practices are therefore compromised within the camps while the incidences of common child illnesses like diarrhoea and respiratory infections are very high.

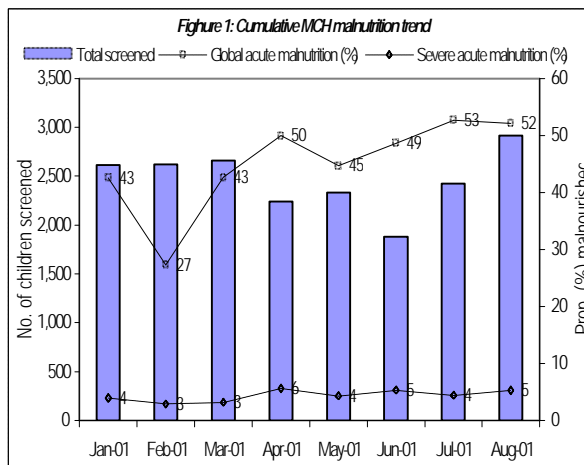
BAKOOL NUTRITION INTERVENTION PROGRAMME REVIEW

Draft review of Bakool interagency intervention

In July 2002, UNICEF, IMC and WFP presented a preliminary report of a review of their joint intervention in Bay and Bakool. The report included a report on the original justification for the intervention, records of inputs and beneficiaries and details of the experience in each area. Some of the key points are presented below along with additional input and analysis from FSAU.

The patchy 2001 Gu rainfall in most parts of southern Somalia and Bay and Bakool in particular badly affected pastoralists and high potential sorghum producing farmers in the regions. With drying water catchments, lack of pastures coupled with insecurity in Gedo region, livestock movement from Gedo to Bay and Bakool regions was inevitable. This added pressure and rapid exhaustion of available pasture and water. Thus food security deteriorated significantly in a number of areas.

During 2001, a Supplementary Feeding Programme (SFP) targeting malnourished children in Bakool operated through the MCH centres and WFP provided a general ration to IDPs in Rabdure. The general cumulative trend of proportion of screened malnourished children recorded remained alarmingly high as illustrated in the figure here. An overwhelming increase in caseloads at the Huddur and Rabdure MCHs was recorded between June and September 2001 with beneficiaries coming from as far as 40-60 Km away and required to travel this distance 3-4 times per month to receive the food and other services. MCH staffs were predominantly preoccupied with supplementary feeding activities leaving them with little or no time for routine MCH services.



In August 2001, a rapid Mid Upper arm Circumference (MUAC) assessment by FSAU, IMC and local authorities in Rabdure IDP settlement revealed a total malnutrition rate of 38%. Evidence of Vitamin A deficiency was seen. In October 2001 a nutrition survey in Rabdure District showed a Global Acute Malnutrition rate of 20% with 4% severely malnourished, using Z scores.

In September 2001, UNICEF, WFP and IMC proposed an alternative Extended and Expanded SFP approach, which was endorsed by the Nutrition Working Group of the SACB and in an effort to decentralise existing interventions, new distribution sites were opened in both Huddur and Rabdure Districts. The intervention provided supplementary food, family ration and medical care to malnourished in addition to immunisation and health education to all children who presented for screening. The overall objectives of the programme were to prevent moderately undernourished children from becoming severely undernourished, reduce the risk of mortality from common infectious diseases and increase awareness of mothers/care givers on appropriate child feeding practices.

Achievements of the initiative

- ? Decongestion of MCHs thus allowing staff enough time to offer routine health care services
- ? Improved coordination and collaboration among implementing agencies and the community
- ? Community empowerment through consultations and strengthened programme linkages
- ? Focussed and comprehensive intervention with opportunity for treatment of common diseases, EPI, micronutrient supplementation, dry ration distribution, feeding demonstrations using both relief and local foods and health and nutrition education
- ? Decentralised services with expanded coverage area that improved access for beneficiaries
- ? Reduced trips and travel time for mothers and caregivers
- ? Involvement of women groups endeared the programme to authorities

Challenges encountered

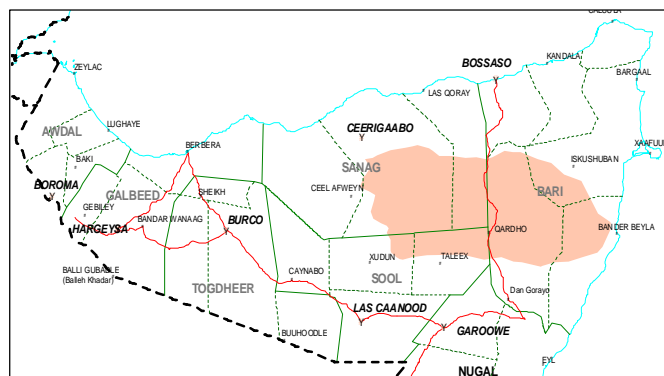
- ? Attraction of populations from areas that did not have similar interventions
- ? Although improvement of food security was to trigger the closure of the project, numbers did not decrease significantly in some areas thus making it difficult to decide to end the intervention
- ? Replication of the programme likely to be dependant on the type of authority in target area and their willingness to cooperate – the positive Bakool experience stems from the fact that the community were deeply involved right from the programme inception
- ? Management of severely malnourished children was difficult (TFC centralised and too far away for most)
- ? Significant numbers of children failing to gain weight over a three-month period and readmissions.
- ? Follow up of beneficiaries at household level
- ? Same malnourished children admitted by different families in an effort to benefit from food rations but resulting in repeat treatment and immunisation of same child
- ? Some communities rejecting immunisation if food was not also provided

In August, the Nutrition Working Group discussed the draft report. Further analysis of the review will be undertaken.

FOOD SECURITY AND NUTRITION ASSESSMENT IN SOOL PLATEAU

Recovering population face another deterioration in food security

Sool plateau covers part of the regions of Sool and Sanaag in Somaliland and Bari in Puntland. Districts partially under Sool Plateau include Dhahar and Erigabo Districts of Sanaag Region, Taleex and Huddun Districts of Sool Region and parts of Iskushuban, Bander Beyla and Gardho Districts of Bari Region. The plateau is a pure pastoral area where camels and shoats are the main livestock. More than half of the plateau had several consecutive months of poor rains until 2002 Jilaal season causing the serious deterioration in food security earlier reported. In April 2002, a nutrition assessment conducted in Bari Region measuring Mid Upper Arm Circumference, indicated an overall rate of malnutrition of 15% in the districts of Iskushuban, Bander Beyla and Gardho Districts. (FSAU Nutrition Update May 2002). In May 2002, a nutrition survey was conducted in Sanaag Region that showed a high global acute malnutrition rate of 14% (UNICEF/FSAU, May 2002).



The Gu rains received in the months of April and May 2002 in some parts of the plateau (Armaale, Buraan and Ail-buh) led to recovery of pastures and replenishment of water resources, benefiting the livestock in the area and resulting in an improvement in milk production. However, since early June this year, no rain has been received in the plateau and a steady deterioration in pasture quality and water availability has been reported. With the exception of a few areas having boreholes and reliable berkads like parts of Ishkushuban and Bendar Beyla, Sarmanyo and Aur-Bogays, most of the plateau now lacks sufficient water and livestock has become concentrated around these areas, causing rapid depletion of pasture. Areas like Gebi and Nugal valleys have experienced accelerated pasture and water depletion due to high livestock density with water prices increasing to almost six times the normal prices (SShs 30,000 for a 200 litre container of water compared to SShs 5,000 in Gedi and Dhahar areas). Animal reproduction is reported to be abnormally low in most areas. Similarly milk production has reduced significantly with subsequent rise in prices. In some parts of Gardo, Dhahar Districts and Gebi valley, a litre of milk which normally sells at SSh 3-6,000 is currently selling at SSh 11-12,000. Body condition for shoats is normal but is poor for the camels and the few cattle kept in the area.

The continuing lack of rains in most of the Sool plateau, inflation due to the livestock ban, taxation on milk sales, usual low season for fishing activities and uncertainty about security in Puntland only exacerbate the deteriorating food security status of the region. The poor pastoralists who remain in the plateau are the most affected as the relatively well-off migrate with their animals to as far as the Ethiopian highlands in search of water and pasture.

As a follow-up of an assessment carried out in January 2002, an FSAU team carried out a food security and nutrition assessment between 14th and 22nd July covering the Sool plateau. The nutrition status assessment excluded areas of the plateau within Bari Region due to insecurity. A rapid Mid Upper Arm Circumference (MUAC) assessment was undertaken considering all children aged 6-59 months found in the visited villages. Measurements were taken to the nearest 0.1cm. The results are indicated in the table below.

The MUAC screening results of the 387 children indicate a total acute malnutrition rate of (MUAC<12.5cm or oedema) 6.3% and a severe malnutrition rate of 0.4%. About 19% of the children screened were at risk of malnutrition.

Villages	MUAC Screening Results (cm)					Total
	oedema	<11.0	>=11.0-<12.5	>=12.5-<13.5	>=13.5	
Sarmanyo	1 (1%)	0	8 (7.9%)	18 (17.8%)	74 (73.3%)	101 (100%)
Barakaha Gol	0	0	7 (5.1%)	29 (21.0%)	102 (73.9%)	138 (100%)
Dhahar	0	1(1.5%)	5 (7.5%)	13 (19.4%)	48 (71.6%)	67 (100%)
Lasa Curdan	0	0	1 (7.1%)	4 (28.6%)	9 (64.3%)	14 (100%)
Godaale	0	0	2 (3.0%)	10 (14.9%)	55 (82.1%)	67 (100%)
Total	1(0.2%)	1 (0.2%)	23 (5.9%)	74 (19.1%)	288 (74.4%)	387 (100%)

The Sanaag survey and Bari assessment earlier this year revealed the negative impact of food insecurity experienced until the onset of the Gu rains in April and May. The improvement in food security, including the increased availability of and access to milk provided considerable relief to the population and is likely to have contributed to the improvement in nutritional status reflected in the more recent assessment.¹

Currently, food security for these populations is once again deteriorating and coping capacity for some is weakening e.g. the charcoal burning that has traditionally helped poor households has recently been banned by local administration in an effort to reduce deforestation. During the recent assessment, a reduction in the variety of food consumed was noted with a common diet for both adults and children consisting of rice eaten with small quantities of either milk or oil. Many households

¹ While it is not suggested that either the assessment methodologies or the populations assessed are strictly comparable, the results do provide some confirmation of observations during field visits.

report eating twice a day and some eat once. Efforts to deliver milk to Bossaso are thwarted by the high tax levies at the many checkpoints along the trade routes thus significantly affecting the income of pastoralists.

Health services are inaccessible to much of the population in the Sool plateau. Out of the five villages where nutrition screening was conducted, only Dhahar had health services (a public MCH and private pharmacies). Out of the 101 children screened in Sarmanyo, about 10 had evident measles symptoms and could only seek medical assistance in Dhahar (70km) or Las Anod (160km). Cases of whooping cough were reported to be on the increase in Sarmanyo among other villages. Significant amounts of time spent in search of water has affected both the health of women in these communities and has obviously reduced the amount of time spent in caring for young children.

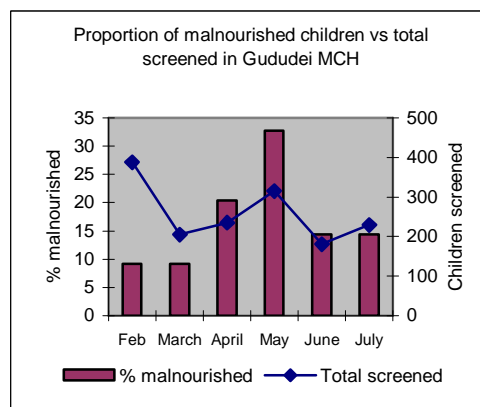
The involvement of humanitarian organisations in this area is extremely low and therefore even the most basic services including immunisation are lacking. Populations are mobile and dispersed throughout a large area. Providing meaningful humanitarian assistance and longer-term interventions to alleviate the impact of frequent water shortages present significant challenges.

LOWER JUBA UPDATE

With the exception of some pockets, Lower Juba population appears relatively food secure

As already indicated in the crop establishment report (FSAU, June 2002), the current Gu crop projections in Juba valley is normal to slightly above normal with the exception of some pockets in Gududei area of western Jilib. The areas include Cawramale, Libanga, Buulo-sheikh, Mobleen and Buulo-Shiidaad. In most parts of Badhaadhe district, planted crops were either eroded by run off or affected by *stalk borer*. The agro pastoralists in Afmadow also had their cereal crops destroyed but replaced them with sesame and other vegetables. Cereals are currently available in markets, prices are low and most households still have some stock. Milk is currently in plentiful supply and prices are therefore low (average Somshs 2,500/litre) with exception of **Mugambo** where a litre of milk is currently selling at Somshs 8,000. Mugambo residents are mainly crop farmers with limited livestock and consume fish from the Juba River. Some households are selling green maize in order to purchase other food stuffs. Casual work is also available both at the farms and in Kismayu town. With exception of pockets, Juba is generally food secure at the moment.

Nutrition surveillance data from health facilities in the Juba valley continue to indicate relatively low acute malnutrition rates (< 15% using <-2zscore or oedema as cut-off) since the beginning of 2002 i.e. among the children presenting at the MCH. As shown on the graph, Jamame and Badhadhe have malnutrition rates of less than 10% of the 200-500 screened at any of these facilities every month.



Data from Gududei and Farjano MCH centres, with an average monthly attendance of 300 and 350 children respectively, indicate an increase in proportion of children malnourished in April and May. This was associated with the scarcity of milk usually experienced during the Jilaal season. The two areas were affected by sporadic insecurity and diseases (diarrhoea, ARI and unconfirmed cases of measles). Gududei was particularly affected by poor pasture and low water availability. But with pasture recovery and subsequent improvement in milk availability following the onset of Gu rains, the population had abundant milk to feed their children on. The malnutrition rates have therefore decreased to less than 15% of children screened in June and July 2002.

Although the area generally appears food secure, monitoring of populations in the few vulnerable pockets will be intensified. These will include Badhadhe, Afmadow and parts Jilib as well as the riverine farmers who lack water pumps for irrigation will continue.

SOMALILAND. FOLLOW UP, HAUD OF HARGEISA NUTRITION SURVEY

In the Haud of Hargeisa, nutritional status indicates a population whose coping mechanisms may be stretched to the limit.

Last month's Nutrition Update presented the preliminary results of the nutrition survey undertaken in the Haud of Hargeisa at the end of May 2002. As indicated then, the results confirm a moderate total acute malnutrition rate of 8.8% with a severe acute malnutrition rate of 1.4% and an analysis of contextual data suggests that although pastoralists have so far managed to cope with the adverse effects of the livestock ban and the sporadic water shortages, some adverse consequences are seen in the health and nutritional status of the population. However, it was also noted that these coping mechanisms are being stretched to the limit and in some circumstances becoming exhausted. Food security indicators are showing weakening in peoples' livelihood sources. Prices had started increasing at the time of the survey while water was becoming scarce after the below normal 2002 Gu rains in most parts of the region. Health services are also inadequate. As in most other parts of Somalia, exclusive breastfeeding is very rare and food for young children lacked variety. Further discussion and analysis following the survey recommend long-term strategies to maintain livelihoods and nutritional status.

These recommendations include:

- ✍ Improving access to safe drinking water

- ✍ Improving access to basic health services
- ✍ Working with communities to improve utilisation of food at household level and to develop improved child-care practices
- ✍ Addressing food security with appropriate longer-term strategies such as those addressing livestock health, marketing and prices.
- ✍ Continuing to support advocacy and other efforts that aim to end the 'livestock ban'.

FAO WORKSHOP IN HUDDUR

During September 17 and 18, 2002 FAO will facilitate a workshop entitled 'Nutrition and Food Security – a multisectoral approach to reducing malnutrition and food insecurity' in Huddur. This is the second such workshop on this subject, with the first one held in Nairobi in June 2002. The series of workshops and consultations are intended to lead towards a collaborative effort between FAO and partner organisations to develop effective food security and nutrition related interventions in Bay and Bakool Regions.

ITANA CONFERENCE

Professionals in the field of nutrition recognise significant inroads and opportunities that have been created by the advancements in Information Technology (IT). It is acknowledged that IT has the potential to revolutionise not only communication among stakeholders and professionals in the field but also to catalyse developments in the areas of education and training, research, policy formulation and implementation of nutrition related activities.

Against this background, professionals in the field of Nutrition from twenty-three countries in the African continent, brought together, initially under the auspices of the Swedish International Development Cooperation Agency (SIDA) organised the first ever conference on IT in relation to nutrition in the African continent. The conference brought together African and international experts in the fields of nutrition and information, to discuss critical issues related to the development of information technology in nutrition in Africa as well as sharing knowledge and selected skills. The conference took place in Nairobi, Kenya between the 21st and 24th July 2002. Presentations and discussions revolved around concepts and developments in IT, IT in Africa, opportunities and challenges, IT applications in nutrition, IT for nutritional and food security assessment, IT and nutrition advocacy, training and networking and IT in nutrition communication. Poster presentations and exhibitions encouraged interactions among the participants. Africa was noted to have begun using modern information technology systems to advance nutrition causes e.g. the use of computer based nutrition advocacy tools. The potential of the African continent in utilising information technology for advancement of good nutrition practices, and in enhancing food security situation was recognised by the conference participants. The conference also provided an excellent networking forum for stakeholders in nutrition.

One of the major achievements of ITANA conference was the inauguration of the **African Nutrition e-Society (ANeS)**. The importance of websites in advancing nutrition messages, networking and programmes was also underscored at the workshop. Africa was encouraged to utilise the positive aspects of IT in their pursuit for better nutrition and development. For additional information regarding the conference, contact the organisers at www.itana2002.org

TRAINING COURSES ANNOUNCEMENTS

As part of its Short Course Series, the Regional Centre for Quality of Health Care (RCQHC), Institute of Public Health, Makerere University, Uganda will be offering courses on **i) Foundations in Facilitative Supervision in Maternal and Neonatal Health** at Jadini Hotel, Mombasa, Kenya between 30th September and 4th October 2002 and **ii) Quality of Health Care** in Jinja, Uganda between 11th and 22nd November 2002. The courses target both senior and middle level health personnel working in governments, inter-governmental agencies, INGOs, UN and private sector participants who will be able to translate the practical skills acquired during the training to improve the quality health service provision in their programmes. Application form is available electronically. For more details, contact Ms. Sheila Magero, Programme Coordinator at Email: mail@rcqhc.org

WEBSITES

This 'Nutrition Update', along with other relevant materials, is available on:

ReliefWeb. <http://www.reliefweb.int/w/Rwb.nsf/vLCE/Somalia?OpenDocument&StartKey=Somalia&Expandview>
 UN Somalia Website. http://www.unsomalia.org/FSAU/nutrition_updates

RECENT REPORTS

- ✍ **Monthly Food Security Report for Somalia**, FSAU.
- ✍ **Household Food Access and Use Survey. Luuq District. March/April 2002**
- ✍ **Greater Horn of Africa Early Warning Buletin**. Issue No. 3. July 18, 2002. FEWS NET/LEWS/RCMRD/USGSFEWS
- ✍ **Greater Horn of Africa Food Security Update**. August 8, 2002. FEWS NET and CARE.
- ✍ **Kenya Vulnerability Update**. August 12, 2002. FEWS NET and WFP.



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