

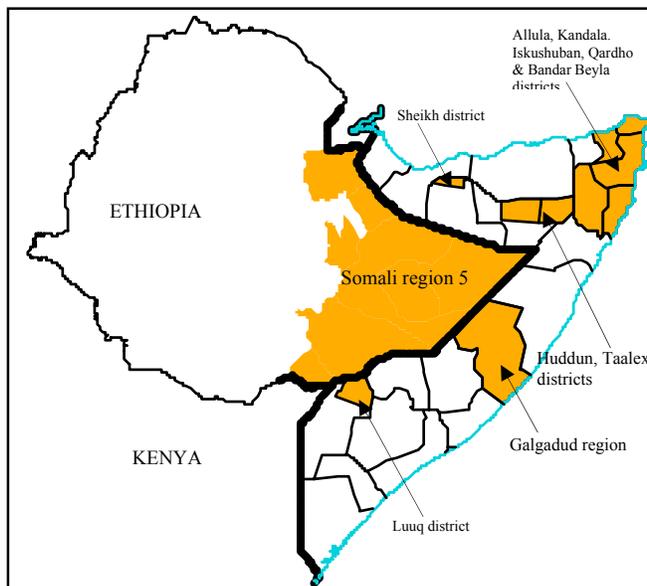
OVERVIEW

This month, the Nutrition Update presents the preliminary results of three nutrition surveys. Of these, the most significant is in Luuq, where malnutrition rates have increased above the usually high levels seen in Northern Gedo. While the increase can be attributed to acute food insecurity, the underlying issues that lead to chronic food and nutritional insecurity remain unaddressed. Insecurity has been the most significant constraint to development in the area.

Updates are also provided on other areas of concern including Taalex, Huddun, Galgadud and Sheikh.

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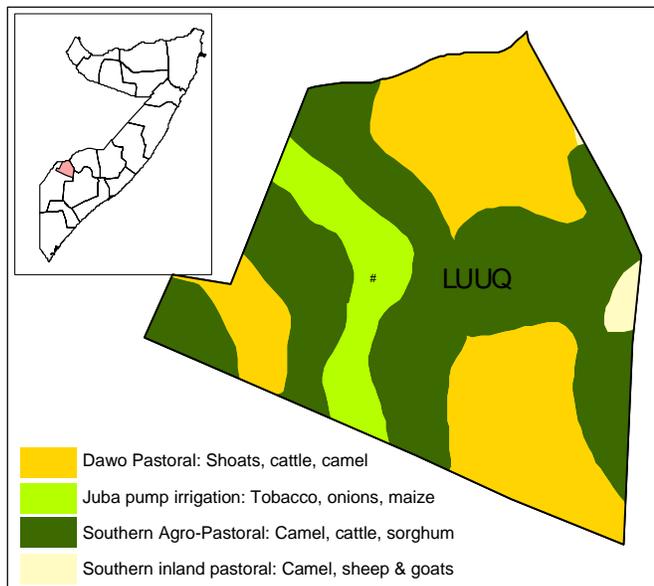


Next month, we will present an overview of key issues related to nutrition in Somalia during 2004.

NUTRITION SURVEY IN LUUQ, GEDO REGION – Preliminary results

The FSAU post Gu analysis of the food security situation in Somalia categorized Northern Gedo and Luuq district as an area faced with a 'Level 2' humanitarian emergency, with about 57% of the Luuq population in need of urgent humanitarian assistance.

Between 10th and 19th October 2004, FSAU led a nutrition survey in Luuq District in partnership with CARE, UNICEF and GHC. The aim was to determine the levels of acute malnutrition and mortality rates, the underlying causes of malnutrition and mortality and to examine how these factors can be addressed.



A total of 920 children aged 6-59 months and measuring 65-110 cm were surveyed using two stage (30x30) cluster sampling methodology. Results indicate Global Acute Malnutrition (W/H<-2 z score or oedema) of 25.4% (CI: 22.7 – 28.4) and Severe Acute Malnutrition (W/H<-3 z score or oedema) of 5% (CI: 3.7 – 6.7). These rates indicate a **critical nutrition situation** according to WHO categorization. The crude mortality rate was 1.5/10,000/day while the under-five mortality rate was 3.7/10,000/day which indicate an alert situation according to WHO categorization. In past surveys, Global Acute Malnutrition rates in Northern Gedo have been around 20%.

The Nutrition Surveillance Project is funded by USAID/OFDA

and receives support from the EC

SURVEILLANCE PROJECT PARTNERS INCLUDE MOHL SOMALILAND, MOSA PUNTLAND, FAO, UNICEF, WHO, SRCS/ICRC, SCRS/IFRC, WVI, GEDO HEALTH CONSORTIUM, IMC, MSF-S, COSV, AAH, MUSLIM AID-UK, INTERSOS, CISP, ZAMZAM FOUNDATION, COMMUNITIES OF WABERI, HAMARWEIN AND HAMAR JABJAB, IRC, ACF, COOPI, MSF-H, MSF-B.

With a history in recent years of high levels of chronic food insecurity, the northern districts of Gedo Region have experienced recurrent seasons of insufficient rains since 2000. This has further undermined the pastoral and agro-pastoral livelihoods and predisposed the population to food insecurity, asset loss and higher than usual levels of acute malnutrition.

Civil insecurity has worsened access to income and food due to reduced access for trucks with food and other commodities entering the area. The price of fuel, food and imported commodities is currently beyond the reach of the majority of the community, with high fuel prices leading to abandonment of pump irrigation by several of riverine farmers. Many households have moved to Luuq town seeking assistance from relatives and humanitarian agencies.

Currently, VSF-Swiss offers veterinary services, CARE undertakes general food distribution and food for work programmes while Gedo Health Consortium (GHC) provides health services (operates one hospital and two MCH centres in Luuq town and Elbon village) amidst constant security related interruptions. Action Contre La Faim (ACF) closed a feeding programme in 2002 due to insecurity.

About 98% of the children had not been exclusively breastfed in their first 6 months of life. Consumption of poor quality water was common with about 97% of the children coming from households that depend on the river or unprotected wells as the main water sources. Water for domestic use is not treated or boiled before use. About 75% of the children came from households not utilizing toilets for faecal disposal resulting in poor sanitation in the district. Considering the dependency of the population on river and unprotected wells as the main water sources, there is increased risk for diarrhoeal diseases to the Luuq population. The prevalence of diarrhoea, ARI and malaria in the two weeks preceding the survey was high (see table). During illness, 47% of the children are taken to an NGO health facility and 15% to private clinics or pharmacy.

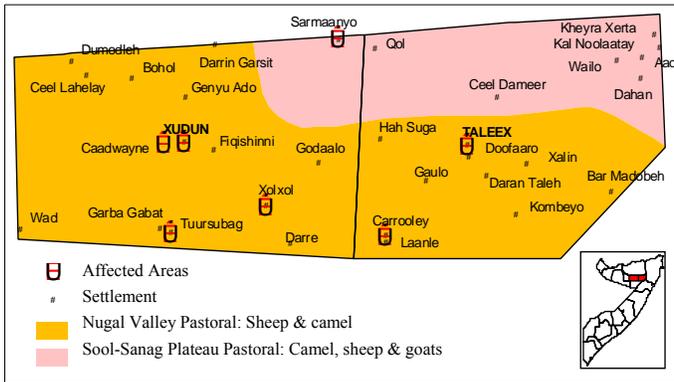
Severe food insecurity particularly in the light of asset loss (compared to the baseline), increased food prices and increased expenditure on food purchases, limited social support, reduced income opportunities, unsustainable coping strategies like bush product collection (self employment), increased debt burden, reduced land under cultivation and the shift by riverine farmers from food production to fodder production for sale, contribute to the deteriorating nutrition situation.

The humanitarian activities implemented through GHC, CARE and VSF-Swiss continue to prevent increased asset loss and to decrease human suffering. Insecurity in the area has been the most significant constraint to an improvement in food security and nutrition in this area.

The survey team recommends increased efforts to address water and sanitation, sustainable food security, disease and other health interventions, environmental degradation, promotion of natural resources utilisation like the Juba river and salt mining (in Bohol Garas village). Regular targeted food distribution needs also to be enhanced.

Indicator	No.	%
Children aged 6-59 months surveyed	920	100
Global acute malnutrition (W/H<-2 z score or oedema)	234	25.4
Severe acute malnutrition (W/H<-3 z score or oedema)	46	5.0
Oedema	3	0.3
Children with diarrhoea, 2 weeks prior to the survey	253	28
Children with ARI, 2 weeks prior to the survey	399	43
Children with malaria, 2 weeks prior to survey	229	25
Children with measles, 1 month prior to the survey	74	8
Measles immunisation coverage (n=862, aged 9-59 months)	523	61
Children fed 1-2 meals in a day	582	63
Children not exclusively breastfed in first 6 months of age	901	98
Source of drinking water: River	527	57
Unprotected wells	365	40
Boreholes	26	23
Children not accessing toilet (for faecal disposal)	689	75
Crude mortality rate (per 10,000/day)	1.5	
Under five mortality rate (per 10,000/day)	3.7	

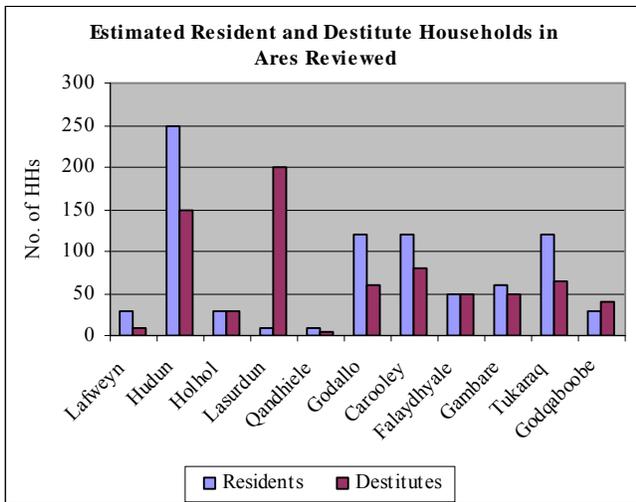
TAALEX AND HUDDUN DISTRICTS – situation review



FSAU and UNICEF jointly undertook a review of the food security and nutrition situation in Taleex and Huddun Districts between 25th and 27th October 2004. Ten sites¹ were defined by FSAU as highly vulnerable due to the presence of destitute households, reports of measles cases and human deaths. These sites were visited during the review.

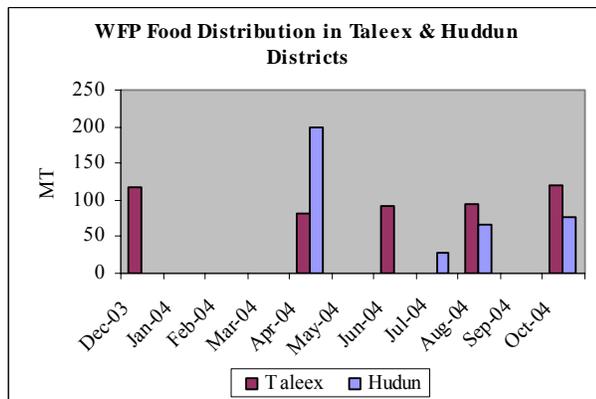
measles, diarrhoea and ARI. Destitution has increased in the districts. As reflected on the chart, the majority of the villages visited hosted some destitute or split households estimated at 735.

Diarrhoea, ARI and measles were the common illnesses reported. Five cases of measles were confirmed during the assessment (4 in Huddun town). Over a three weeks period more than 12 deaths were reported from a population of approximately 10,000, mainly attributed to Lasurdan hosts the highest number, around 200 households up from a normal of 10 resident households. High numbers of destitutes are also located in Sarmanyo, Taleex and Arwbogays, though these were not assessed at the time for more details. No significant population movements were noted during the assessment.



Since December 2003, UNICEF has undertaken supplementary feeding of malnourished children in Sool region during which nutrition screening is undertaken for children under the age of five in the villages visited. In the month of September 2004, nutrition screening data for nine² of the ten assessment sites indicates malnutrition levels of 22.5% (WFH <80% median or oedema) and severe acute malnutrition of 4.3% (<70% median or oedema) among the 920 screened children which signify a poor nutrition situation. Past nutrition screening data in four villages (Holhol, Carrooley, Huddun and Lasurdhan) that have data for September and October 2004 indicates that about 23% of the screened 589 under five

children in September 2004 were malnourished (WFH <80% median or oedema). In October 2004, about 27% of the 584 under five children screened were malnourished. The data indicate a rise in the levels of malnutrition in the area.



UNICEF in collaboration with MOHL has continued to undertake health and nutrition interventions in Taleex and Huddun Districts during which common illnesses are treated, immunisation of under fives, nutrition screening of under fives for supplementary feeding and vitamin A supplementation are undertaken. As shown on the chart, WFP has provided targeted food aid to families with malnourished children, pregnant or lactating mothers. Additionally, highly vulnerable pastoral households also received food. Each benefiting family receives 90kg cereal (maize or rice), 10.8kg pulses and 3.6kg oil. Since April 2004, about 367MT and 385MT of food have been distributed in Huddun and Taleex Districts respectively. Non governmental organisations like Havoyoco and Candlelight also distributed food in the districts in July and August 2004.

The food security situation still remains poor. Following successive rain failures, water remains scarce and that available from wells is highly contaminated. Shallow-wells and water catchments are the main water sources in the area, but since the Deyr 2004 rains were poor in Huddun and the western part of Taleex, the shallow-wells were empty. Livestock body condition is

¹ These included Huddun Town, lafo-wayne, Hol-hol, Carrooley, Ganbadhe, Tukaraq, Godqaboobe, Laso-urdan, Godaale and Faliydyale.

² Holhol, Lasurdhan, Huddun Town, Carrooley, Ganbadhe, Tukaraq, Godqaboobe, Godaano and Faliydyale

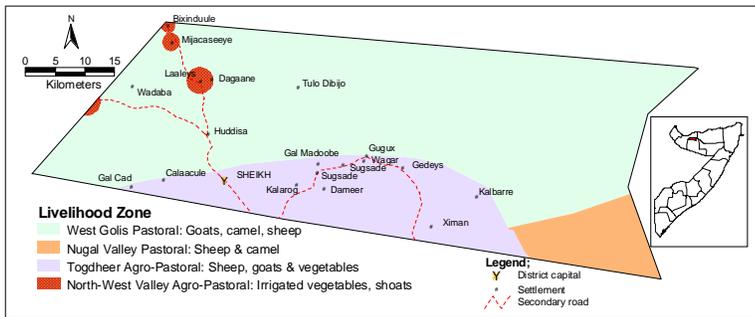
extremely poor with minimal milk production and few saleable animals. This coupled with the massive livestock losses has contributed to drastic reduction in household incomes.

The nutrition and food security situation in Taleex and Huddun Districts remains critical as manifested by increased destitution, increasing levels of malnutrition and high morbidity among others. Further deterioration is being prevented by ongoing humanitarian interventions and it is hoped that the Deyr 2004 rains received since 29th October will provide some relief. Recent fighting in Sool Region has further complicated the situation making it extremely difficult for continuation of humanitarian activities in the area.

RAPID ASSESSMENT IN SHEIKH DISTRICT, SAHIL REGION

Between 8th and 10th November 2004, FSAU in collaboration with MOHL, UN-OCHA and SRCS/IFRC undertook a rapid nutrition and food security assessment in the³ area of concern. All under five children and adult women were assessed. Both quantitative and qualitative data were collected.

Over the years, Sahil region has experienced relatively good food security. The populations' nutritional status has also remained within the expected range⁴ as measured in Sheikh MCH. In the recent past, the National Environment Research and Disaster Preparedness and Management of Drought Commission (NERAD) indicated increasing concern about the northeast part of Sheikh District, Sahil region due to inadequate 2004 Gu and Deyr rains.



The area is dominantly agro-pastoral with sheep and goats as the main animals. Vegetable farming is also practiced.

The nutrition situation in the area is relatively normal with global acute malnutrition of 11.9% (MUAC <12.5 cm or oedema) observed. No case of severe acute malnutrition (MUAC <11 cm or oedema) was observed. Among the 115 adult

women assessed, about 8% were moderately malnourished⁵ with no case of severe malnutrition. High morbidity levels were reported among the under fives with diarrhoea (19.8%) and ARI (24.6%) being common illnesses. At the time of the

	oedema	<11 cm	≥11-<12.5 cm	≥12.5-<13.5 cm	≥13.5 cm	Total
1. Suuqsade	0	0	3 (20%)	4 (14.8%)	27 (32.1%)	34
2. Gidheys	0	0	6 (40%)	15 (55.6%)	22 (26.2%)	43
3. Guguy	0	0	3 (20%)	5 (18.5%)	10 (11.9%)	18
4. Himan	0	0	3 (20%)	3 (11.1%)	25 (29.8%)	31
Total	0	0	15 (11.9%)	27 (21.4%)	84 (66.7%)	126

assessment, the population had access to a diet that appeared to be relatively adequate in quality, quantity and variety (with the exception of Gidheys) but as this food consumption data was influenced by the Ramadan period it was not used in the analysis. In the

past one month, 4 deaths were reported, two of whom were children under the age of five.

Unusual, but insignificant migration of animals from the area to the coast at this time of the year was noted. Pasture availability and farming activities were very limited with the exception of Suuqsade area that received some rains in early October 2004. Water is available in the area. Sanitation is poor with only few latrines being available in Suuqsade and only two in a school in Himan village.

The high morbidity levels are a key contributing factor to the malnutrition levels observed. Poor sanitation situation contributes to the high diarrhoea levels. The nutrition and food security situation in the area is relatively normal though these are likely to deteriorate in the coming months in view of the approaching Jilaal season. Although UNICEF and SRCS have provided outreach health services in the area, there is need to enhance provision of health services in the area in view of the high morbidity levels observed. PENHA undertakes income generating activities.

³ Suuqsade, Gidheys, Guguy and Himan

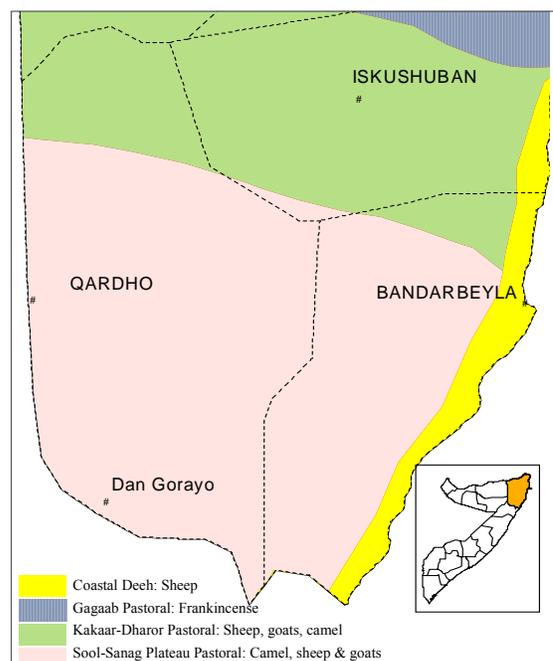
⁴ A nutrition survey undertaken by FSAU/MOHL/UNICEF in the region in April/May 2002, at a time when the coastal population was highly vulnerable indicated malnutrition levels of 11.8% (WFH <-2 Z Scores or oedema).

⁵ Pregnant women MUAC <23 cm. Non pregnant MUAC <18.5 cm.

NUTRITION SURVEY IN QARDHO AND BANDER BEYLA DISTRICTS – Preliminary results

Qardho and Bander Beyla Districts are categorized into three pastoral livelihood zones. Sool-Sanag Plateau covers most parts of both districts with camel keeping being predominant. The coastal dheer covers a narrow small strip of the coast of Bander Beyla; and Kakaar-Dhahor covers the northern tips of both districts; In these two livelihood zones, sheep rearing is predominant. The total estimated population in the two districts is about 46,000.

The Post-Gu rapid assessments conducted in July 2004 indicated that Qardho and Bander Beyla districts were critically affected by the drought and were facing general food insecurity and acute malnutrition. In September/October 2004, UNICEF in collaboration with FSAU, MOH and SRCS conducted a nutrition survey in Qardho and Bander Beyla districts with the following objectives: (i) to determine the levels of acute malnutrition and retrospective mortality rates, (ii) to determine the causal factors and (iii) to determine how these factors can be addressed.



Indicator	No.	%
Children aged 6-59 months assessed	913	100
Households assessed	491	100
Global acute malnutrition (WFH < -2 z-score or oedema)	117	12.8
Severe acute malnutrition (WFH < -3 z score or oedema)	21	2.3
Children with diarrhoea in two weeks prior to the survey	207	23
Children with ARI in two weeks prior to the survey	203	22
Children with Malaria in two weeks prior to the survey	77	8
Children with Measles in one-month prior to the survey	145	16
Vitamin A supplementation in 6 months prior to the survey	513	56
Measles immunization coverage (n=865)	449	52
Children exclusively breastfeeding at 6 months (n=259)	16	6
Children breastfed 12 months and more (n=150)	9	6
Children fed 3 times a day and above (n=261)	231	89
Under 5 mortality rate (per 10,000 per day)	1.44	
Crude mortality rate (per 10,000 per day)	0.59	
Female-headed households	204	42
Main source of food: Purchase	425	87
Main source of income: Casual work	236	48
Coping strategy: Borrowing	418	85
Sale of more livestock	45	9
Source of water: Berkads (water reservoirs)	231	47
Bore hole	111	23
Faecal disposal: Pit latrine	303	62
Bush/Open ground	185	38
Access to health services: Private clinic/Pharmacy (n=452)	274	61
NGO/MOH health facility (n=452)	157	35

A two stage cluster sampling of 30 by 30 was used to identify 913 children aged 6-59 months and measuring 65-10 cm. These were assessed using weight for height z score indicator of acute malnutrition. Preliminary analysis of the findings indicates a Global Acute Malnutrition rate of 12.8% (CI: 10.8% - 15.2%) and Severe Acute Malnutrition rate of 2.3% (CI: 1.5% - 3.6%). These depict a 'serious' nutrition situation according to WHO classification and are within a range typically seen in this area. Additional findings indicate retrospective crude mortality rate (CMR) of 0.59/10,000/day and under five mortality rate of 1.44/10,000/day. These rates are within the acceptable range (WHO, Sphere 2004 classification).

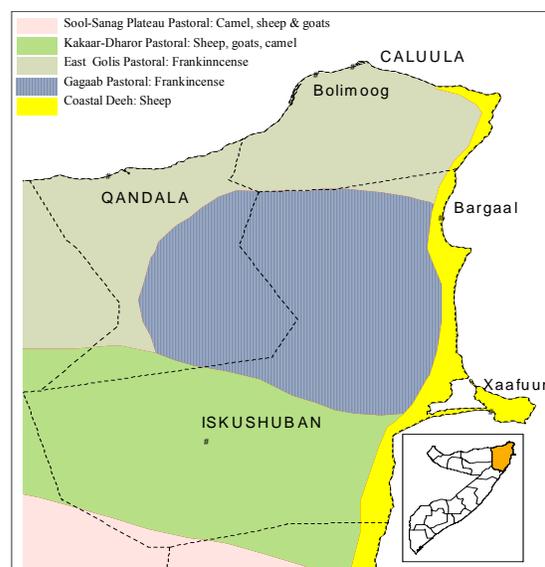
The prevalence of diseases among the assessed children in two weeks prior to the survey are shown in the table. Vitamin A supplementation was relatively low. About 61% of the households from which the assessed children come highlighted seeking health care services from private clinics/pharmacies when the child got sick, and about 35% seeking from the NGO/MOH health facilities. Analysis of the findings is currently on-going.

NUTRITION SURVEY IN ALLULA, QANDALA, BARGAL AND ISKUSHUBAN DISTRICTS – Preliminary results

Bari region in the North East of Somalia, includes four pastoral livelihood zones: (i) the Gagaab and (ii) East Golis in which trade in frankincense is a major source of livelihood, (iii) the Coastal Deeh and (iv) Kakaar-Dharor, in which sheep rearing is predominant.

Analysis of the findings of the Post-Gu rapid assessments conducted in July 2004 indicated that Allula, Bargaal, Ishkushban Qandala districts of Bari region had not been significantly affected by the on-going drought and that the population in these districts (estimated at 55,000) faced usual levels of food and nutritional insecurity.

In September/October 2004, UNICEF in collaboration with FSAU, MOH and SRCS conducted a nutrition survey in Allula, Qandala, Bargal and Ishkushban districts to determine the levels of acute malnutrition and retrospective mortality rates, the factors influencing nutrition and to identify how negative factors can be addressed.



Indicator	No.	%
Under five children screened during the survey	909	100
Households visited	520	100
Global acute malnutrition (WFH < -2z-score or oedema)	133	14.6
Severe acute malnutrition (WFH < -3 z scores or oedema)	17	1.9
Children with diarrhoea in two weeks prior to the survey	206	23
Children with ARI in two weeks prior to the survey	132	15
Children with Malaria in two weeks prior to the survey	108	12
Children with Measles in one-month prior to the survey	15	2
Vitamin A supplementation coverage	588	65
Measles vaccination coverage (n=853)	595	70
Exclusive breastfeeding at 6 months (n=251)	37	15
Children breastfed 12 months and more (n=111)	18	16
Children fed 3 times a day and above (n=259)	195	75
Female-headed households	239	46
Under 5 mortality rate (per 10,000 per day)	0.25	
Crude mortality rate (per 10,000 per day)	0.11	
Main source of food: Purchases	517	99
Main source of income: Others (Frankincense)	236	45
Coping strategy: Source of income: Borrowing	490	94
Sale of more livestock	11	2
Source of water: Berkads (water reservoirs)	319	61
Open wells	64	12
Faecal disposal: Pit latrine	178	34
Faecal disposal: Bush/Open ground	319	61
Access to health services: Private clinic/Pharmacy (n=496)	382	77
NGO/MOH health facility (n=496)	96	19

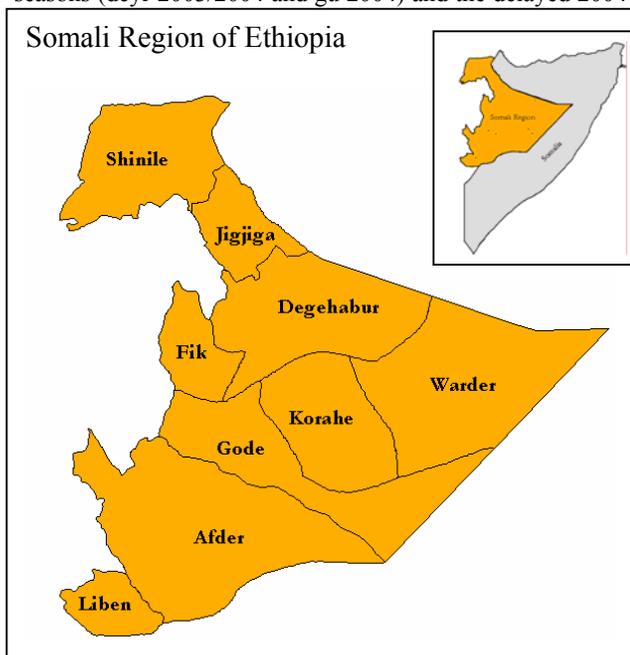
A total of 913 children aged 6-59 months measuring 65-110 cm were identified through 30 by 30 cluster sampling and assessed using weight for height z score as the indicator for acute malnutrition. Preliminary findings indicate a Global Acute Malnutrition rate of 14.6% (CI: 12.4% - 17.1%) and Severe Acute Malnutrition of 1.9% (CI: 1.1% - 3.0%) which depict a 'serious' nutrition situation according to WHO categorization. Additional results indicate retrospective crude mortality rate of 0.11/10,000/day and under five mortality rate of 0.25/10,000/day. These are within the acceptable category according to WHO categorization.

As shown in the table, the proportion of children suffering from diarrhoea, ARI and malaria in the two weeks preceding the survey was relatively high. Measles immunization and Vitamin A supplementation coverage were observed to be below the Sphere minimum target of 95%. Income was obtained mainly through trade in frankincense (45%) and casual work (40%).

Analysis of the findings is currently on-going.

SOMALI REGION, ETHIOPIA

Most parts of Somali Region, Ethiopia, have experienced food insecurity resulting from the past two consecutive poor rainy seasons (deyr 2003/2004 and gu 2004) and the delayed 2004 deyr rains. Severe water shortage and reduced pasture (during the dry period) as well as increased prices of locally produced cereals have impacted negatively on the population wellbeing in some parts of Somali Region. Insecurity hinders mitigation activities in some parts of Somali Region thus contributing to the deterioration of the population.



Livestock movements, some of them from Somalia to Bokh and Galadi Districts of Warder, have been observed which has resulted in increased pressure on the pastures. Livestock have been coming from Sool, Mudug and Galgadud regions of Somalia.

Most of the recent nutrition surveys in Somali Region indicate poor and critical malnutrition rates. Livelihood (food economy) Zone based nutrition surveys in Cherati, West Imey, Dolow Bay and Dolow Ado districts (all in Afder and Liben Zones) were conducted by SC-UK and the Disaster Prevention and Preparedness Bureau of Somali Region and the results indicate a critical nutritional situation (Oct 2004). Global Acute Malnutrition (GAM) rate of 17.6% (W/H<-2 z score or oedema) and Severe Acute Malnutrition (SAM) rate of 1.7% (W/H<-3 z score or oedema) among the pastoral group were recorded. The GAM rate in the agro-pastoral population in the same districts

was 17.7% while SAM rate was 1.3% (SC-UK/DPPB, Oct 2004). In the agro-pastoral population, the crude mortality rates and under 5 mortality rates were 0.52/10,000/day and 2.0/10,000/day respectively while among the pastoral population, the CMR and U5MR were 0.17/10,000/day and 2.9/10,000/day respectively. The crude mortality rates are within acceptable levels, however, the under five mortality rates are in the alert category, according to WHO classification.

In Fik zone, malnutrition rates range between 11% and 12% (W/H<-2 z score or oedema) across the districts in the zone (SC-UK/DPPB, Aug/Sept 2004) while in Shinile zone, 9% to 10% GAM rates were recorded in the different districts surveyed in August/September 2004. As the food insecurity and high prevalence of communicable diseases continue, the nutrition wellbeing of the Somali Region population continues to be of concern. The impact of the current deyr rains is yet to be realized, although relief from severe water shortage has been noted.

GALGADUD AND SOUTH MUDUG - Interventions

- Between mid September and mid October 2004, ICRC undertook an emergency water-trucking intervention focusing on 57,000 family beneficiaries in Galgadud and south Mudug.
- A Humanitarian Response Group (HRG) meeting focusing on Galgadud and South Mudug was held on October 28th, 2004 to review on-going interventions, identify gaps and recommend how the gaps can be addressed. Gaps were identified in access to food, water, health care and social services.
- It was also highlighted that security remains a hindrance to humanitarian assistance.
- A follow up HRG meeting on Galgadud and South Mudug is scheduled for November 25th, 2004.

NUTRITION SURVEY GUIDELINES FOR SOMALIA

In the November 2004 Nutrition Working Group meeting, more comments were received on the Nutrition Survey Guidelines for Somalia (Third version). These are currently being incorporated. The final review and approval of the third version of the guidelines will be undertaken in the December 2004 Nutrition Working Group meeting.

HEALTH INFORMATION SYSTEM

The Health Information System (HIS) version 3.07 was released in October 2004 after being tested by FSAU and partners. It is currently in use.

NUTRITION SURVEYS UPDATE

Dates		Area	Organisations	Status: 24 th Nov. 2004
January 2004	Bakool	Wajid IDPs	UNICEF/ACF/FSAU/WFP/WVI	Report circulated
Feb/March 04	Bari/Nugal	Burtinle/Garowe/ Dangoroyo	ACF/UNICEF	Report circulated
March 2004	Bakool	Elberde	UNICEF/FSAU/IMC	Report circulated
April 2004	Mudug	Galcacyo	UNICEF/MOH/FSAU	Report circulated
April 2004	Mudug	Golgodob	UNICEF/MOH/FSAU	Report circulated
May 2004	Middle Juba	Jilib Riverine	FSAU/UNICEF/SRCS/UN-OCHA/AFREC	Final report available
May/June 2004	Sool/Sanaag	Sool Plateau	FSAU/UNICEF/MOHL/SRCS/WFP/WHO	Final report available
July 2004	Bari	Bossaso IDPs	UNICEF/MOH/FSAU	Preliminary results available
Sept 2004	Galgadud	Dusamareb & Adaado	FSAU/SRCS	Report circulated
Oct 2004	Bari	Alula/Kandala/Ishkushban	UNICEF/FSAU/MOH	Report writing in progress
Oct 2004	Bari	Qardho	UNICEF/MOH/FSAU	Report writing in progress
Oct 2004	Gedo	Luuq	FSAU/GHC/UNICEF/CARE	Report writing in progress
2004	Sool	Huddun/Taalex	FSAU/MOHL/UNICEF	Planning in progress
2004	Bay	Baidoa	UNICEF/FSAU	Analysis in progress
2004	Hiran	Belet Weyne	IMC/FSAU/UNICEF	Proposed
2004	Bay	Dinsor	IMC/FSAU/UNICEF	Proposed
2004	Galbeed	Togdheer	UNICEF/FSAU/MOHL	Proposed
2004	Galbeed	Hargeisa IDPs	UNICEF/FSAU/MOHL	Proposed

TRAINING COURSES AND ANNOUNCEMENTS

Food Security Analysis Unit (FSAU) Nutrition Trainings on ‘Nutrition Data Collection, Analysis, Interpretation and Use’.

- i) **Jowhar - November 19th-21st, 2004**
- ii) **Bossasso - November 30th - December 2nd, 2004**
- iii) **Hargeisa - December 11th - 13th, 2004**

Regional Centre for Quality Control of Health Care, Makerere University is offering (i) a Post Graduate Diploma in Quality of Health Care, Uganda, October 4th 2004 to March 2005, (ii) a short course on: Improving quality of care: Foundations in facilitative supervision”, March 14-18, 2005, (iii) Malaria Update Short Course between 30th May and 10th June 2005..
Email: mail@rcqhc.org or mauma@rcqhc.org

RECENT PUBLICATIONS

- **Monthly Food Security and Nutrition Brief for Somalia**, November 2004, FSAU.
- **Technical Series Report No. IV.1, FSAU Strategic Development Retreat Technical Peer Review Workshop Proceedings**, November 11th, 2004
- **Technical Series Report, No IV.2, Post Gu Analysis**. 2004, FSAU
- **Food Trade Bulletin for East Africa**, 6th October 2004, FEWS NET
- **Executive Overview of Food Security Threats in Sub-Sahara Africa**, 6th October 2004, FEWS NET
- **Kenya Vulnerability Update**, October 18, 2004, FEWS NET/MOA/WFP
- **Kenya Food Security Report**, November 9, 2004, FEWS NET/GOK/WFP/UNICEF

WEBSITES

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

UN Somalia Website. http://www.unsomalia.net/FSAU/nutrition_updates.htm

ReliefWeb. <http://www.reliefweb.int/w/Rwb.nsf/vLCE/Somalia?OpenDocument&StartKey=Somalia&Expandview>



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