

## OVERVIEW

This month, humanitarian organisations have met to discuss the severity and extent of the problems facing vulnerable, marginalised populations in the Juba Valley area. It is likely that in the coming weeks, food and non-food interventions will be developed to prevent further worsening of the situation.

At present, FSAU and partners face the challenge of undertaking nutrition surveys in Jilib District (Juba Valley), Sool Plateau and Gedo Region. These three areas are among the most inaccessible in the country because of insecurity, and host populations that continuously face high levels of vulnerability.

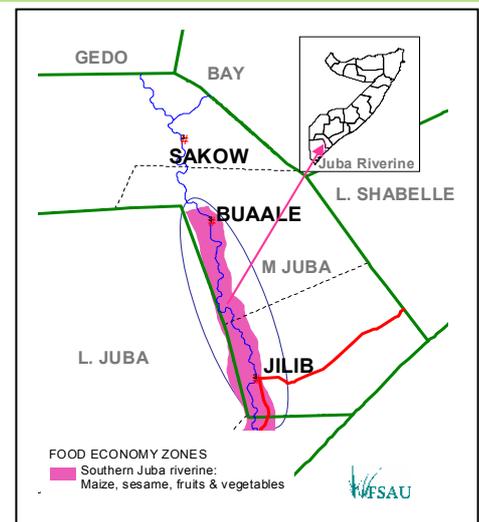
In this publication, we also present updates on the third round of interventions in Sool Plateau, on the nutrition situation in Gedo Region, responses to the drought in Togdheer Region and a summary of the nutrition survey in Bakool Region.

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## JUBA VALLEY - high malnutrition in a food insecure population

The Juba riverine group has had below normal food production in the past three years. The community suffers chronic seasonal food insecurity mainly caused by crop production deficit and limited income sources. The dominant Somali Bantu community, involved in the crop production and source of farm labour, is most affected mainly due to the limited social support network and coping options. With about 55% of the populations' food coming from local production and 41% from purchases, poor harvests greatly affects household stock while unreliable income affect food access. The recurrent poor crop performance affects the farm labour opportunities and returns from produce sales out of which 40% and 35% of the riverine group's income is derived respectively. The Gu 2003 cereal production was only 34% of Post War Average War (PWA) while Deyr 2003/04 was 81% PWA. Currently there is inadequate potential for alternative source of food access by the community since fishing and wild foods availability has greatly reduced due to drying of dhesheks<sup>6</sup> and lack of fishing gear. Cereal prices are high with a 73% increase in March compared to February 2004 being recorded in Buale. Prices in Jilib are even higher. Out migration towards Kismayo town in search of employment has increased.



JUBA RIVERINE AREAS

(FSAU update, April 21, 2004. *Juba Valley Riverine Community in Buale and Jilib Districts.*)

Regular inter clan conflict in Buale District has increased displacement within the district. Fighting in North Jilib in early April halted transportation of goods from Mogadishu and stimulated a hike in imported cereals' prices.

Summary of recent assessments			
Date of assessment	GAM (MUAC < 12.5cm/oedema)	SAM MUAC < 11.0cm/oedema	Location of villages assessed
Jan 2004	14.3%	0	Hagar town
Oct 2003	20.0%	2.5%	Buiale District <sup>1</sup>
Oct 2003	14.0%	1.3%	Jilib District <sup>2</sup>
July 2003	28%	7.8%	Jilib District <sup>3</sup>
March 2003	21%	3%	Kismayo IDP camps <sup>4</sup>
Dec. 2002	13.3%	2.8%	Kismayo IDPs
Oct 2002	14.8%	2.6%	Jilib District <sup>5</sup>

Monitoring of the situation has been undertaken with significant constraints. Past assessments show a poor nutrition situation with a deterioration just before the harvesting season. Insecurity has hindered efforts to conduct a nutrition survey of the Juba valley. Alarming malnutrition related mortality rates have been reported in February 2004. Diseases and limited access to

<sup>1</sup> Dal lahelay, Gubato, Tatey, Jirimo, Jabi Hoose, Naxariis, Goljanno Buurfuule, Kafinge, Caanoole, Qardhaale

<sup>2</sup> Mareerey, Kalanja, Makayuni Bula sheikh Awramale, Gumeyni, Baardheere Yarey, Shiidle, Bulu Shidaad, Jaalle Joogso, Alessandria.

<sup>3</sup> Jilib: Mareerey, Kalanja, Awramale, Shidaad, Makayuni, Bula sheikh, Baardheere yarey, Jaalle Joogso, Bashir malango, Alessandria, Mubarak, Shiidle and Gumeyni.

<sup>4</sup> Koban, Dumase, Sanguni, Beder and Asase.

<sup>5</sup> Yaqle, Harawe, Bulu Farhan, Bulu Mareer, Barakamajiid, Helashiid and Faraguraw

<sup>6</sup> Dhesheks: Ponds off the river bank and filled by naturally flowing water during high river levels

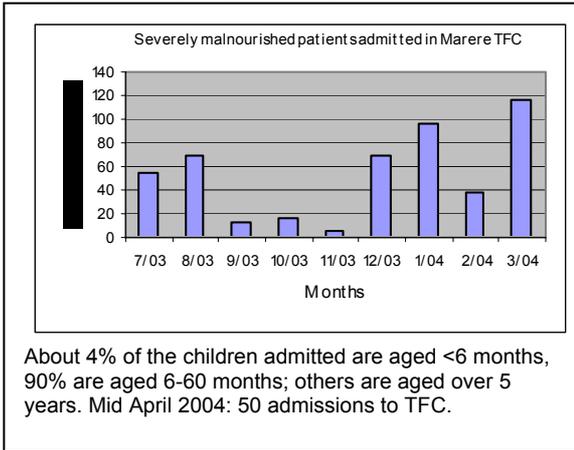
## The Nutrition Surveillance Project is funded by USAID/OFDA and receives support from the EC

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

health services have the potential to worsen the situation with some populations walking 8-10 hours to the nearest facility Diarrhoea and measles have regularly been reported.

The MSF-Holland sponsored TFC in Marere is the only emergency programme targeting the severely malnourished population, both adults and children, in the area and has operated since July 2003. About 93% of the TFC beneficiaries are children aged less than 5 years. An average of 40 admissions per month was made in the first 6 months of the TFC (July-Dec 2003). As shown on the graph, a tremendous increase in monthly admission was noted in January (96) and another in March 2004. By the end of the second decade of March, 85 severely malnourished patients had been admitted in the month. An average 4 patients per day indicates a fast deteriorating situation in this vulnerable population. At least 95% of the patients are from the Bantu community and around 70% of the patients have severe oedema. Over 75% of the TFC exits leave after successful recovery while defaulter rate and death rates were less than 15% and less than 10% respectively. These TFC indicators are within the acceptable rates of the Sphere Guidelines.

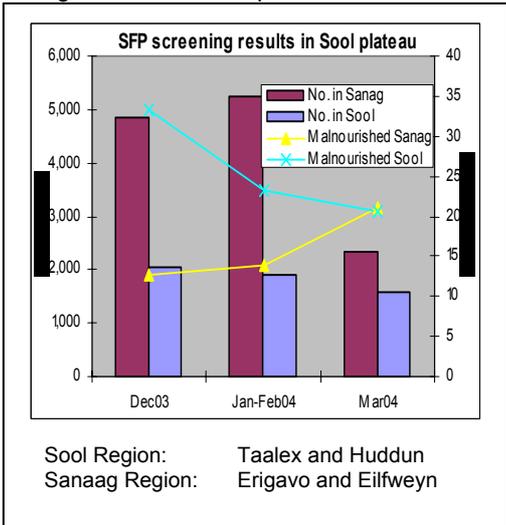
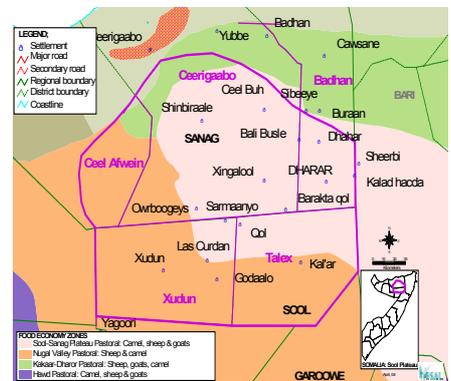
The existing concerns of the Juba Valley population have however been raised bilaterally (agencies operating in the area) or through multi- agency meetings. Through a forum created by the Humanitarian Response Group and the Nutrition Working



Group, both of the Somalia Aid Coordination Body, issues relating to gaps in humanitarian response have been highlighted. Emergency activities by MSF-H, ICRC (relief food distribution), and SRCS have been acknowledged. But, considering the nature of this crisis medium to long-term strategies are necessary to address this chronic problem. About eight agencies currently intend to initiate some humanitarian activities in the Juba valley to complement the current therapeutic feeding programmes by MSF-H, SRCS health programme and the Afrec/World Concern capacity building initiatives in the area. The proposed plan includes nutrition interventions (expanding TFC, and opening SFPs), food security (introducing vegetable gardens, small scale renovation of irrigation infrastructure, provision of water pumps for irrigation schemes, distribution of fishing gear and seeds), creation of income opportunities for the community (cash for work projects for flood prevention) and possibility of food aid assistance. FSAU with partners plan to conduct nutrition survey in May 2004.

**SOOL PLATEAU - continuing concern about food security and nutrition situation**

The much awaited Gu rains that are expected to provide some relief to pastoralists in Sool plateau have started in some parts of the plateau during the third week of March and the first two weeks of April 2004. Consequently, large numbers of livestock have begun streaming back into these areas to benefit from the improving water and the regenerating pasture conditions causing concern that both pasture and water could be rapidly exhausted if the rains are not evenly distributed or are inadequate. Meanwhile water and pasture remain scarce throughout much of the plateau.



The food security and nutrition situation remains highly unstable in the plateau. Poor pastoralists have lost a greater proportion of their livestock rendering quick recovery difficult even in the event of good rains. Moreover, destitution has been on the rise in the recent past especially in some drought stricken villages in Sool plateau of Sool and the neighbouring Nugal valley FEZ (especially Taalex and Huddun Districts).

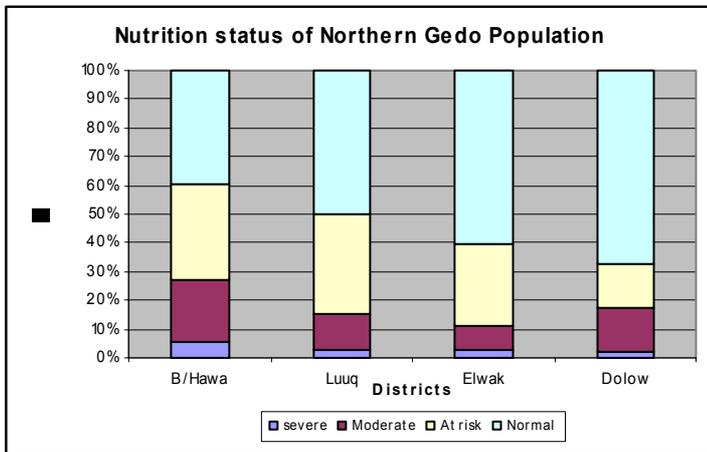
In March 2003, UNICEF in collaboration with MOHL conducted the third round of screening for the supplementary feeding programme and basic health care provision. Though not assumed as a wholly representative sample of the population, the screening continues to reveal a poor nutrition situation in the plateau with the proportion of malnourished children at about 21% (W/H <80% or oedema) and a severe rate of 1.1% (W/H <70% or oedema). While the proportion of malnourished children in Sool Region centres seems to be declining, the proportion of malnutrition appears to have increased in the Sanaag Region centres (see chart). The March screening in Sanaag, concentrated on worst affected areas. Malnutrition levels are therefore high but comparisons with previous months not strictly valid.

The FSAU field team is currently investigating the reasons for this apparent increase in malnutrition in Sanaag. Humanitarian assistance remains an important relief to most of the poor pastoralists and destitutes in the environment. The onset of rains is also presenting additional health and shelter challenges to the population in the area especially amongst the destitute families. Meanwhile the third round of FSAU sentinel site surveillance in the plateau is underway and the results will be available before the end of April 2004.

**GEDO - persistent high level of malnutrition**

Northern Gedo continues as an area of concern following recurrent incidences of insecurity and depression in the livelihoods of some food economies between 2000 and 2002. This led to loss of assets and high malnutrition.<sup>7</sup> In the past two rainy seasons however, a slow recovery in some food economy groups has been seen. Gedo experienced a relatively fair Jilaal 2004 season with livestock accessing pastures within the region. The late Deyr rains, received in Dec 2003, improved pasture and milk production and increased milk access for most households. However, the Deyr rains had little impact on the crop production. To cope with the situation, there has been increased interaction between the agro-pastoral and the urban population through sale of bush products (poles and firewood) and search for casual labour. There has been a gradual increase of the urban poor with the movement of some agro-pastoral population to towns like Belet Hawa. Assessments conducted in the recent past have revealed higher malnutrition rates in Belet Hawa than in other districts with lower rates being noted in southern districts of Gedo (January and February 2004 Nutrition Update). In Belet Hawa, about 25% and 32% malnutrition rates (MUAC<12.5cm or oedema) were recorded in the Dec 2003 and Feb 2004 assessments respectively.

The prices of some food commodities increased considerably between October 2003 and February 2004 e.g. increases of 60% for cowpeas and about 120% for white maize although recent relief food distributions by CARE (2800MT in February and 2190MT in March) have to an extent stabilized these. The food security situation in northern Gedo, except for pastoral groups, has been gradually deteriorating. Expectations of alternative livelihoods (casual labour and begging) for the populations migrating into towns like Belet Hawa are not met due to reduced business activities resulting from severance of cross border business relations between Kenya and Somalia. Begging, dependence on minimal remittances and sale of weaving materials by the Dawa riverine groups are some of the coping mechanisms currently employed.



An FSAU review of the nutrition situation in the region in early April 2004 again indicated higher rates of malnutrition in Belet Hawa than in the other districts (graph). A total of 1433 randomly selected children aged between 12 and 59 months from four northern Gedo districts were assessed for malnutrition using Mid Upper Arm Circumference (MUAC).<sup>8</sup> The children came from 20 villages which included urban, riverine, agro-pastoral and pastoral groups. A total of 391 children were assessed in Belet Hawa, 361 in Luuq, 430 in Elwak and 251 in Dolow Districts. In Belet Hawa, about 5.6% of the screened children were severely malnourished, 21.5% were moderately malnourished while 33.5% were at risk of malnutrition. Five of the selected children had been admitted into the Belet Hawa TFC at some point although only one was admitted at the time of the assessment. In

Luuq, 3% and 12.2% were severely and moderately malnourished respectively while 1.6% and 13.5% of the children screened in Dolow were severely and moderately malnourished respectively. Relatively low global acute malnutrition rates of 10.9% were recorded in Elwak although the severe acute malnutrition rate was 2.8%. Although the overall nutrition situation is poor, it is worse in Belet Hawa than in the other three districts analyzed.

Data from the Belet Hawa Therapeutic Feeding Centre show that about 60% of the beneficiaries are from the poor urban population of Belet Hawa town. Insecurity has seriously hindered effective health service delivery in many parts of North Gedo. Additionally, absence of other targeted nutrition interventions, like supplementary feeding programme, has led to some moderately malnourished children with medical complications being attended in the only TFC in the region.

Consumption of limited food variety (mainly cereal distributed as relief by CARE), limited income, insecurity that negatively affects business activities and communicable diseases are some of the factors associated with the high level of malnutrition in the area. About 13.3% of the assessed children suffered from acute respiratory infection one month prior to the assessment. About 6.8% had suffered from diarrhoea, 6.2% from common cold (as the wet Gu season started) while about 4.3% had suspected malaria.

COSVI supports a primary health care programme in Elwak through Damase, Awsqurun and Samarone MCH centres. Gedo Health Consortium (GHC) in partnership with UNICEF continues to support primary health care in Dolow, Belet Hawa, Luuq and Garbaharey districts) and therapeutic feeding programmes in Belet Hawa. Gedo Health Consortium plans to support the development of longer term initiatives to address the persistent high levels of malnutrition in the region. CARE continues to offer relief food and VSF offers veterinary services to the pastoralists.

However, significant interventions that address the chronic vulnerability in Gedo are not in place and insecurity remains the most significant constraint to development in the area.

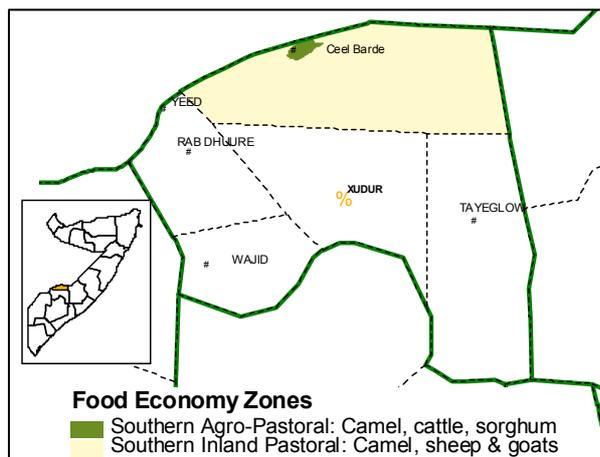
<sup>7</sup> Global acute malnutrition (w/h<-2 z score) of 37% and 21.5% in Dec 2001 and Oct 2002 respectively in Belet Hawa District.

<sup>8</sup> MUAC categories used: Severely malnourished: MUAC<11.0cm or oedema; moderately malnourished: 11.0cm ≤ MUAC<12.5cm; At risk of malnutrition: 12.5cm ≤ MUAC<13.5cm; Normal: 13.5cm ≤ MUAC.

**BAKOOL - Elberde District Nutrition Survey (Preliminary report)**

Bakool region and Elberde district in particular experienced below normal Gu 2003 harvest and a total crop failure in Deyr 2003/4 season. During the Deyr season, the Elberde pastoralists moved to the north eastern side of the district (Kurajome) in search of pasture, causing fast clearance of the resource. This triggered some households to cross to Ethiopia in search of pastures while the rest concentrated in Elberde town and major villages. An assessment was recommended in order to evaluate the impact of these events on the welfare and nutritional status of the population. Consequently, a nutrition survey was conducted by UNICEF, in collaboration with FSAU, in March 2004.

A total of 707 children aged 6-59 months were assessed using an exhaustive survey methodology. Results indicate global acute malnutrition (WFH < -2 z score or oedema) of 15.2% and severe acute malnutrition (WFH < -3 z score or oedema) of 0.8%. The results indicate a critical nutrition situation in Elberde district. Further results indicate that about 96% of the population relied on open hand dug wells for water, 6% of the assessed children had been exclusively breastfed up to 4 months, and about 66% of the children came from households that disposed of faecal matter in the bush or open ground. A summary of findings on water sources, morbidity rates, source of food and coping strategies are tabulated below.



Indicator	No.	%
Children aged 6-59 months assessed	707	100
Global acute malnutrition – WFH < -2 z score or oedema	108	15.2
Severe acute malnutrition – WFH < -3 z score or oedema	6	0.8
Children with diarrhoea in 2 weeks prior to the assessment	111	15.7
Children with ARI in 2 weeks prior to the assessment	287	40.6
Children exclusively breastfed at 4 months	42	6
Children breastfed at 18 months and above	146	25.4
Children fed 3 times or more , a day	579	81.9
Children with measles in the last 1month prior to the assessment	25	3.5
Source of water: borehole	4	1.0
Source of water: open hand dug well (n=387)	679	96.1
Main source of food: purchase (n=387)	265	68.7
Main source of income: casual work (n=387)	172	44.7
Faecal disposal: bush/open ground (n=387)	253	65.7
Access to health services (public health facility e.g. IMC)	200	55.7
Access to health services: private clinic/pharmacy n=359	112	31.2

The high level of global acute malnutrition was attributed to lack of access to safe water, poor child feeding practices and general food insecurity.

The population mainly relied on water from open hand dug wells, which were not chlorinated. Limited access to borehole water in Elberde town was attributed to high cost of water charged by community water technicians. This was further attributed to poor management of the resource at community level. The practice of faecal disposal in the bush or open ground by a significant proportion of the population further exposed the water from open hand dug wells to contamination and predisposed the population to diarrhoeal diseases, intestinal parasites and malnutrition.

Poor child feeding practices, reflected in the low proportion of children who had been exclusively breastfed for at least four months and continuing to breastfeed at 18 months, might also have contributed to malnutrition. Nevertheless, further wasting was controlled through the commendable practice of feeding most of the children at least three times a day. The relatively high proportion of children accessing health services both from private and public health institutions (about 87%) may have also controlled the malnutrition level. Thus, whereas a significant proportion of children had suffered from ailments including ARI prior to the survey, prompt treatment may have minimized deterioration of their nutritional status.

Household food stocks have greatly declined, while food access remains a challenge to the poor households. Dependence on credit is on the increase. Other coping strategies included collection of wild food, casual work, sale of water and bush products such as construction poles (a practice that continues to have negative impact on the environment) for income. In this situation however, the IMC/UNICEF/WFP supplementary feeding program registered and provided the moderately malnourished children with a dry SFP ration and a family ration for three months. In January and February 2004, around 145 moderately malnourished children were registered for supplementary feeding and family ration. The dry ration constituted 10 kg of blended food a month, while the family ration comprised of 50 kg of maize, 10 kg of pulses and 3 kg of vegetable oil a month. This programme has helped to control levels of malnutrition. Severely malnourished children are referred to MSF Huddur therapeutic feeding program.

The assessment team recommended

- A review of the water situation in Elberde district, followed by an appropriate response. Subsequently, during the data collection phase, the team contacted UNICEF/water section and ADRA/Huddur, who responded immediately.
- Increased awareness of appropriate health practices through health education, construction and use of pit latrines for faecal disposal.
- Continuation of the current supplementary feeding programme and any planned food security interventions until further review.

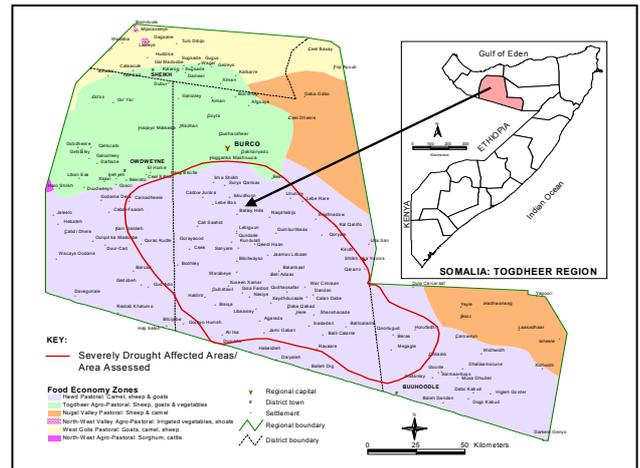
**HAUD AREA OF TOGDHEER REGION**

Following poor 2003 Gu rains and a failed 2003/2004 Deyr season, the pastoralists in the Hawd area of Togdheer region were faced with various food security related challenges (FSAU January 2004 Nutrition Update). An interagency multi-sectoral assessment<sup>9</sup> undertaken in December 2003 indicated a decline in food security indicators, an increase in human morbidity and a total acute malnutrition rate of 8.4%<sup>10</sup> (MUAC <12.5 cm or oedema) and 0.7% (MUAC <11 cm or oedema) severe malnutrition. While the nutritional status did not indicate a serious deterioration, other significant factors were deteriorating and a number of recommendations were proposed. These included water trucking and rehabilitation of non-functional hand pumps and silted dams; provision of relief fodder for animals and basic veterinary drugs; intensification of EPI activities and provision of medical supplies in areas with limited access to health services in addition to chlorination of water points providing drinking water.

Between 18th and 29th February 2004, the first round of an integrated intervention package was undertaken by SC-US, UNICEF, WFP, MOHL, local NGOs, Candlelight and the business community in the Hawd of Togdheer. The intervention package consisted of micronutrients supplementation, curative health care, immunisation, food distribution and water trucking. Nutritional screening of under five children using weight for height measurements was also undertaken in the villages visited.

In the 149 villages covered, 3437 children were immunized for the common childhood illnesses, 3213 children received vitamin A supplementation, 5300 persons (children and adults) received medical treatment and 1600 women were immunized against tetanus.

Nutritional screening was undertaken among 3219 under five children, of whom 17% were malnourished (WFH <80% median or oedema) including 3% who were severely malnourished (WFH <70% median or oedema). While the results of the earlier MUAC assessment are not strictly comparable with those of a screening using weight/height measurement, the results nevertheless strongly indicate a substantial deterioration in the general situation between December and February with a significant number of children already affected by malnutrition.



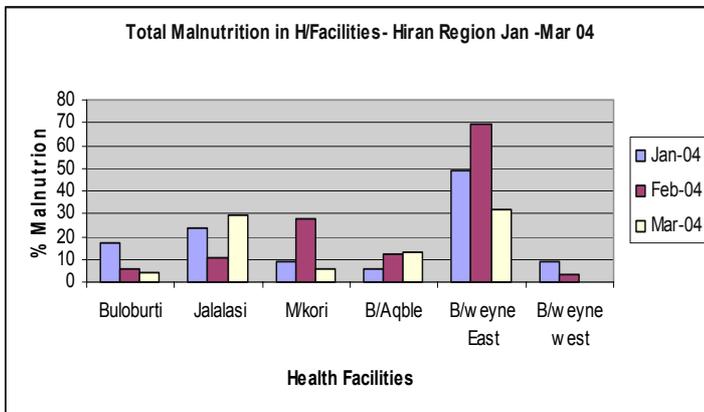
DROUGHT AFFECTED AREAS IN TOGDHEER

Water trucking was undertaken by SC-US and Havoyoco (LNGO) in around 60 Villages and food aid distributed to around 30 villages by WFP, Candlelight, Havoyoco (LNGO) and the business community. Food items distributed included maize, pulses, oil, flour, rice and sugar.

In the meantime, the drought affected areas in the Hawd of Togdheer received moderate rains at the end of March 2004 leading to return of livestock into these areas. The food security indicators in the area will be expected to gradually improve if the rains persist. The second round of interventions took place in the second week of April 2004 and details on this will be shared in the May 2004 issue of the Nutrition Update.

**HIRAN**

The food security situation in the region remains normal except for the agro-pastoralists and poor urban groups. The agro-pastoralist had a poor harvest as a result of the delayed and erratic 2003 Deyr rains. Although market purchases provide most of the food for the agro-pastoralists at this time, income is currently limited due to constraints of limited employment opportunities and reduction in sales of livestock and livestock products. Cereal availability is below normal and so prices have increased with current cereal prices 40% higher than normal. The price increase has affected access to food particularly among the poor.



Livestock body condition is also poor following the impact of the just ended Jilaal season and production is still poor. On the other hand, most of the Hiran region health facilities have reported low levels of malnutrition of about 5%-10% except for Jalalaqsi and Belet Weyne East.

In Jalalaqsi MCH malnutrition levels increased from 10% in February to 28% in March of the average 90 children

<sup>9</sup> The assessment was undertaken in 12 villages that were purposively selected in the drought affected areas of the Hawd of Togdheer. These were Qoryole, War-cimran, Bali-Calanle, Qorylugud, Bali-Hille, Harada G.X, Nasiye, Duruqsi, X.Salax, Mulaxo, Dabagorayale, Sibidhley and Balidhig.

<sup>10</sup> MUAC assessment carried out among children aged 12 – 59 months.

screened on a monthly basis. The increase in malnutrition levels in Jalalaqsi is associated with out migration of the animals to the riverine areas around the town for fodder and water; a situation affecting food access for the families left behind due reduced milk availability and saleable animals.

In Belet Weyne East the levels of malnutrition decreased in March but still remain above 30% of the average 550 children screened on a monthly basis. This centre acts as a referral point for supplementary feeding which partly accounts for the very high numbers of malnourished children seen each month. The decline of malnutrition levels in March was attributed to insecurity which reduced access to the facility. Since December 2003, supplementary feeding has been undertaken only once in February due to insecurity particularly on the west bank of the river. The majority of the malnourished children are from the urban poor households with low purchasing power. In addition, within the same period incidences of diarrhoea in Belet Weyne town remained high (between 18-20%), also influencing malnutrition levels.

The water situation in Belet Weyne still remains of concern. Currently some of the wells have dried up while the river is stagnant and contaminated. SCF (UK) is chlorinating 25 public wells in the town although the water yield is not adequate. Although there are private wells, the poor can not access water adequately due to high costs being charged.

It is reasonable to hope that the forthcoming Gu rains will improve the food security and water situation. FSAU and partners have planned rapid nutrition assessments in Belet Weyne town and Jalalaqsi district in the coming weeks.

### **PUNTLAND - nutrition survey in Burtinle, Garowe and Dangaroyo Districts**

In February 2004, ACF conducted one nutrition survey in Burtinle, Garowe and Dorongayo districts. The preliminary findings indicate a global acute malnutrition (WFH < -2 z scores plus oedema) of 15.9% and severe acute malnutrition (WFH < -3z score plus oedema) of 3%. ACF in collaboration with UNICEF are currently compiling the report.

### **NUTRITION SURVEYS UPDATE 2004 - summary**

Dates		Area	Organisations	Status 22 <sup>nd</sup> April 2004
January 2004	South	Wajiid IDPs	UNICEF/ACF/FSAU/WFP/WVI	Report circulated
Feb/March 2004	Puntland	Burtinle/Garowe/ Dangoroyo	ACF/UNICEF	Preliminary report available
March 2004	South	Elberde	UNICEF/FSAU/IMC	Preliminary report available
April 2004	Puntland	Galkayo District	UNICEF/MOH/FSAU	Data collection completed
April 2004	Puntland	Golgodob District	UNICEF/MOH/FSAU	Data collection completed
May 2004	South	Jilib District	FSAU/MSF-H/SRCS	Replanning in progress (Previous survey interrupted)
May 2004	South	Luuq District	GHC/FSAU/UNICEF/CARE	Proposed
May/June 2004	Somaliland	Sool Plateau	FSAU/UNICEF	Planning in progress
May/June 2004	Puntland	Gardo District	UNICEF/MOH/FSAU	Proposed

### **WEBSITES**

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

UN Somalia Website. [http://www.unsomalialia.net/FSAU/nutrition\\_updates.htm](http://www.unsomalialia.net/FSAU/nutrition_updates.htm)

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

### **RECENT REPORTS**

- ❑ **Monthly Food Security Report for Somalia**, FSAU.
- ❑ **Kenya Food Security Report**. April 6, 2004. FEWS NET/WFP/MOA/OP-ALRMP
- ❑ **Kenya Vulnerability Update**. April 13, 2004. FEWS NET/MOA/WFP
- ❑ **Ethiopia Network on Food Security**. Issue No. 04/04. April 16, 2004. FEWS/NET/EU-LFSU
- ❑ **Greater Horn of Africa Food Security Bulletin**. Issue No. 21. March, 2004. FEWS NET/LEWS/RCMRD/USGS/DLCO/USAID
- ❑ **Regional Agricultural Trade Intelligence Network, Food Bulletin for East Africa**. Issue No. 10. April 1, 2004. FEWS NET
- ❑ **Flood Advisory Somalia: Bulletin**. April 14, 2004. FEWS NET/FAO - SWLIMP



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