FSNAU compiles and analyses health facility based nutrition surveillance data and field reports which are reported through the Nutrition Update. The current Nutrition Update covers data from health facilities and field reports for the period January to March 2016.

The general objective of the health facility based nutritional surveillance is to monitor malnutrition trend (GAM by WFH from screening facilities and admission from therapeutic centers) and other secondary data before and after the main seasonal assessments (Deyr and Gu) and trace the evolution of malnutrition and other aggravating factors (morbidity and mortality) within the reporting period. The secondary objective of the health facility based nutritional update is also to provide key secondary facts and figures on nutrition indicators during the reporting period which ultimately serves as an input to feed into the Gu and Deyr IPC analysis as well as input for subsequent assessment sampling plan and strategy.

The 2016 health facility based nutritional surveillance report other than the screening data collected from health facility visit, will look into other relevant secondary data and report on admission trends from therapeutic feeding centers, morbidity data (AWD and measles outbreaks), assessment reports conducted both by partners as well as FSNAU Field Nutrition analysts (monthly reports) and other secondary sources (IRIN web page, UNOCHA and WHO Somalia websites).

**Indicator type and analysis:**

1. **Screening data from health facilities:** Health facility based screening data from those accessible health facility visits by FSNAU Field Nutrition analysts was compiled and a trend analysis done on the proportions of acutely malnourished under-five children. Four-year data (2012-2015) from each health facilities visited across the three zones was subjected to a quintile distribution and threshold was established to compare against the mean of current reporting months (January - March).

<table>
<thead>
<tr>
<th>Threshold for Screening Data</th>
<th>Color Coding</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5.0%</td>
<td>Very Low</td>
<td>V. Low (&lt;5%) proportion in the preceding 3 months</td>
</tr>
<tr>
<td>5.0-9.9%</td>
<td>Low</td>
<td>Low proportion (5-&lt;10%) and stable trends in the preceding 3 months</td>
</tr>
<tr>
<td>10.0%-18.9%</td>
<td>Moderate</td>
<td>Moderate (10.0%-18.9%) and stable or low but increasing proportion in the preceding 3 months</td>
</tr>
<tr>
<td>19.0%-30.9%</td>
<td>High</td>
<td>High (19.0-30.9%) and stable proportion in the preceding 3 months</td>
</tr>
<tr>
<td>≥31.0%</td>
<td>Very High</td>
<td>Very High (≥31.0%) and increasing proportion in the preceding 3 months</td>
</tr>
</tbody>
</table>

*Source: FSNAU Health facility data (2012-2015)

2. **Admission data from therapeutic feeding centers:** admission data compiled from each therapeutic center by the Nutrition cluster was used to do some trend analysis for the current reporting period (January - March). However, as March data have not yet been compiled and shared by the Nutrition cluster, the report will highlight the level of admission case load between the month of January and February only rather than three months trend analysis.
3. Morbidity and other Field reports (Partners and FSNAU): the health facility based nutrition surveillance report will also infer from emergency triggered and regular nutritional monitoring and evaluation surveys conducted during the reporting period (January-March) as well as other aggravating factors on morbidity and mortality.

After careful analysis of the above indicators and triangulation of the different information, current nutritional outlook among the different respective livelihoods categorized at the three administrative zones (North East, North West and South Central) will be established.

2. FACILITY BASED NUTRITIONAL SITUATION ANALYSIS (JAN- MARCH 2016)

2.1 Northeast and central livelihood zones

As per the Deyr 2015 findings, the nutrition situation among the urban, IDPs and Rural livelihoods in Northeast regions range from Alert to Critical levels for the last twelve months (Deyr 2014 to Deyr 2015). Most of the livelihoods and IDPs either sustained (Pastoral livelihoods of East Golis, Hawd, Addun and Coastal Deeh and IDPs of Qardho, Garowe and Galkayo) or improved (Addun Pastoral). Bossaso IDP is the only livelihood in Northeast region which deteriorated from Serious in Gu 2015 to Critical phase in Deyr 2015.

A projection from February - April 2016 for the zone indicated that all livelihoods in Northeast are expected to sustain in the current nutrition phase during the coming three months as neither improvement nor deterioration is expected. Exception was Addun and Nugaal which is projected to deteriorate from Alert to Serious and from Serious to Critical respectively due to the impact of current Hagaar season as well as the historical trends

2.1.1 Screening data

Trends for screening data from health facility visit in the Northeast Region showed mixed trends as summarized below. East Golis and Coastal livelihoods reported deterioration nutrition situation during the reporting period.

Table 2: Screening Data from Northeast and Central livelihood zones: January - March 2016

<table>
<thead>
<tr>
<th>Livelihood</th>
<th>Names of health facilities visited</th>
<th>Current Percentage of cases&lt;-2SD or Oedema</th>
<th>Change in trend based on 4 year average</th>
<th>Conclusive remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Jan</td>
<td>Feb</td>
<td>Mar</td>
</tr>
<tr>
<td>Hawd</td>
<td>Kalabay, Jalam, Burtinle, Hasbahalle, Bacadweyn Goldogob, Harfo</td>
<td>14.0</td>
<td>12.7</td>
<td>13.1</td>
</tr>
<tr>
<td>Addun</td>
<td>Godob Ballibusle Jerriban, Galkio</td>
<td>11.9</td>
<td>10.1</td>
<td>5.8</td>
</tr>
<tr>
<td>Northern Inland Pastoral</td>
<td>Qarhiss, Sinujif, Gambool, Waberi, Gargaar Dangorayo Qardho, Rako Waaciye</td>
<td>6.9</td>
<td>8.4</td>
<td>9.8</td>
</tr>
<tr>
<td>East Golis</td>
<td>Ufayn Iskushuban Carmo</td>
<td>13.9</td>
<td>6.2</td>
<td>10.8</td>
</tr>
<tr>
<td>Coastal Deeh</td>
<td>Eyl Beyla Hafum</td>
<td>15.9</td>
<td>12.6</td>
<td>20.6</td>
</tr>
<tr>
<td>Bosaso Town</td>
<td>Shabelle Bulo Ellay, 100-kabush, Tuurjaale, UgashYasin, Horseed, Isnino</td>
<td>3.0</td>
<td>3.3</td>
<td>3.7</td>
</tr>
</tbody>
</table>
2.1.2 Admission data
During the *Jilaal* 2016 reporting period, admission records from Bossaso, Eyl and Garowe districts analyzed by the early warning trigger dashboard revealed increasing trends (Acceptable, Alert and Critical alarms respectively) of acutely malnourished children less than 5 years of age. Deteriorating trends from the Central regions of Hobyo, Galgayo and Dhumasareb with Alert to Critical phases were reported. These trends also revealed the devastation caused by the areas hit by drought-like situation which significantly contributed to deterioration of the nutrition situation in some parts of Northeast and Central regions.

2.1.3 Morbidity data
Malaria, Acute respiratory infection (ARI) and Measles outbreak were reported from Goldogob, Bacadweyn and Hasbahalle MCHs of Hawd livelihood. Many cases of malaria epidemics have been reported in Coastal Deeh and East Golis region with the same deteriorating situation reported by several inter-agency assessments organized by UN-OCHA in this area. Most health facilities in Northern Inland Pastoral (NIP) livelihood reported ARI and diarrheal cases.

2.1.4 Conclusion
The current health facility data in the Northeast Livelihoods shows deteriorating nutrition status in two livelihoods of North East Zone, including Coastal Deeh and Golis as compared with the seasonally adjusted threshold. However, the other livelihoods including Hawd, Addun, Northern Inland Pastoral (NIP) and Bossaso showed improved nutrition situation from moderate to very low trends. The food security status is drastically worsening according to the monthly field reports compiled by FSNAU Field Nutrition analysts and various anecdotal information collected from the zone. During the reporting period, humanitarian interventions as result of the drought was initiated in NIP and coastal livelihoods, but this does not translate to the rest of the livelihoods. In drought affected areas of Bari and Nugal regions, the routine integrated health and nutrition services under Essential Package of Health Services (EPHS) was scaled up through temporary mobile health and nutrition teams.

2.2 Northwest livelihood zones
As per the *Deyr* 2015 findings, the nutrition situation among the IDP livelihoods in Northwest region for the last twelve months (since *Deyr* 2014) has been sustained in serious phase among Hargeisa IDPs and Alert among Burao and Berbera IDPs. West Golis changed from Alert to Serious while sustained Alert nutrition situation was reported among Northwest Agro-pastorals. Both NW Hawd and the newly created livelihood of NIP reported Alert nutrition situation. A projection from February - April for the zone indicated likely deterioration from Alert to Serious among Northwest Agro-pastoral and likely sustained Serious and Critical nutrition situation in West Golis and Guban pastoral respectively. NIP livelihood was also projected to likely deteriorate due poor milk availability resulting from deteriorated pastures and water conditions for livestock during the Jilaal season (Jan to March). Sustained nutrition situation was expected in all IDP settlements.

A nutrition assessment conducted in February by Save the Children in the drought affected districts of Awdal (Borama, Lughaye, Baki, Zaylac) and Waqooyi Galbeed (Gabiley and Hargeisa) regions of Somaliland revealed acute malnutrition levels marginally below the emergency threshold (GAM of 14.4%), and poor food security situation owing to the impact of the drought. In the succeeding months, the situation was further exacerbated by increased diarrhoea cases due to limited safe drinking water, lack of milk for the under-five children and limited food access to the poor households.

2.2.1 Screening data
The impact of the drought like situation has been felt extensively in the Guban and West Golis livelihoods leading to declining food access and depressed purchasing power among poor households. Declining milk availability due to huge number of animal deaths also dealt a huge blow to both the nutrition situation of the children and income source of the households. As illustrated in the table below, the screening data from health facilities does indicate stable trends in majority of the livelihood zones. However, health facilities in Guban, West Golis and Hawd have reported high (> 19%) and fluctuating proportions of acutely malnourished in some months. The health facilities in Northwest Agro-pastoral, as the IDPs reported moderate (10-18.9%) and stable nutrition situation based on screening data while East Golis livelihoods reported low (5.0-9.9%) and stable trends.

<table>
<thead>
<tr>
<th>Livelihood</th>
<th>Names of HIS visited</th>
<th>Current Percentage of cases&lt;-2SD or Oedema</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Jan</td>
<td>Feb</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guban Pastoral</td>
<td>Lughaya, Geerisa, Garbo dadar, Zaila, Lowyado</td>
<td>27.3</td>
<td>17.5</td>
</tr>
<tr>
<td>West Golis</td>
<td>Boon, Haniirad, Gargaara, Fiqi, Aden, Abdaal</td>
<td>16.6</td>
<td>24.6</td>
</tr>
</tbody>
</table>
2.2.2 Admission data
In this reporting period, the feeding programme reports from Baki, Lughaye and Gabiley districts generated using the early warning trigger dashboard revealed increasing trends of acutely malnourished under-five children. These trends also revealed the devastation caused by the drought-like situation which significantly contributed to deterioration of the nutrition situation in parts of Somaliland.

2.2.3 Morbidity data
According to Save the children nutrition assessment report, high morbidity prevalence was reported (21%), indicating nearly 1 in every 5 sampled children were found to be sick in the two week recall period. Also a rapid assessment conducted by Somaliland Ministry of Health (MOH) in some of the drought affected districts of Guban and West Golis livelihoods revealed morbidity prevalence of 38.2 percent among the under five children, meaning that 1 in every 3 children had diarrhoea. The increased diarrhoea cases were linked to the poor sanitation and consumption of contaminated water. Diarrhoea is closely linked to acute malnutrition and in both reports was the top leading cause of morbidity in children.

2.2.4 Conclusion
In this reporting period, until the onset of the Gu rains, the overall nutrition situation in most areas of Somaliland is expected to deteriorate due to the impact of drought. As a result of worsening conditions driven by the aggravating factors, the livelihoods of West Golis, Northwest Agro-pastoral, Northern Inland Pastoral and Hawd are likely to deteriorate to Serious nutrition situation (10-14.9%) while Guban pastoral will likely remain in critical phase (>=15%). The IDP settlements will likely remain stable.

From the time the appeals for support to the drought-affected areas went out, the government of Somaliland together with other humanitarian actors have embarked on a number of interventions including distribution of family rations to the effected people living in Guban, West Golis and Agro-pastoral areas in Awdal and Woq Galbeed Regions. To avert any further deterioration, these efforts need to continue until the community is able to recover fully and should go hand-in-hand with the programmes designed to rehabilitate the acutely malnourished cases.

2.3 South Central livelihood zones
Since 2014 Deyr assessment, the nutrition situation in most of the livelihoods located in south central zones has protracted levels of malnutrition which are either Critical or in serious phase. Sustained Critical level of GAM often in protracted nature was a common phenomenon in population groups inhabiting Mataban and Beletweye Districts, North Gedo Pastoral, Riverine and Dolow IDPs were underlined.

As per the Deyr 2015 findings and projection (February-April) most of the regions in the South Central had either sustained serious or critical level.

2.3.1 Screening data
2016 health facility based nutritional outlook or trend in screening data in Shabelle, Banadir and Gedo regions of Southern Somalia portrays mixed trends as summarized below. Shabelle riverine livelihoods reported Very High (≥31.0%) and increasing proportion which indicates likely deterioration nutrition situation. The Shabelle Agro-pastoral show High (19.0-30.9%) and stable and stable trends and in Banaadir urban is High and stable, while Gedo facilities reported Moderate (10.0%-18.9%) and stable trends during the last quarter (January to March) of 2016.

Similarly, health facility based nutritional outlook in Juba region indicates a mixed trends but showing sustained high proportion of malnourished children >27 percent in agro-pastoral and riverine communities and deterioration from Alert to Serious levels > 13.9 percent. In Bay agro-pastoral was also noted high proportion of malnourished children >27 percent, while in Bakool agro-pastoral and pastoral livelihood was seen Sustained Critical (>27%) and Serious (> 13.9%) nutrition situation, and as well in Hiran region was also noted a sustained critical nutrition situation (>27%).
### Table 4: Screening data from Southern Livelihood zones: January - March 2016

<table>
<thead>
<tr>
<th>Livelihood</th>
<th>Names of HIS visited</th>
<th>Current Percentage of cases &lt; -2SD or Oedema</th>
<th>Change in trend based on 4 year average</th>
<th>Conclusive remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shabelle Agro-Pastoral</td>
<td>Marka, Shalanbodu, Jilib Marka, Darasalam, Madina Majabto and Jilib marka</td>
<td>34.1 21.0 23.6</td>
<td>High (19.0-30.9% and stable proportion in the preceding 3 months)</td>
<td></td>
</tr>
<tr>
<td>Shabelle Riverine</td>
<td>Afgoye and Jowhar</td>
<td>20.4 19.1 53.4</td>
<td>Very High (&gt;31.0%) and increasing proportion in third month</td>
<td></td>
</tr>
<tr>
<td>Banaadir</td>
<td>Zam Zam Waberi Hamar weyne Hamar Jab Jab Medina</td>
<td>25.4 20.7 27.7</td>
<td>High (19.0-30.9% and stable proportion in the preceding 3 months)</td>
<td></td>
</tr>
<tr>
<td>Gede Pastoral</td>
<td>El-wak/Bardera (SRCS), Belethawa/Dollow (Trocaire)</td>
<td>15.3 13.6 16.0</td>
<td>Moderate (10.0%-18.9%) and stable trends</td>
<td></td>
</tr>
<tr>
<td>Gede Riverine</td>
<td>Bardera (AMA) Bardera (HIRDA)</td>
<td>15.1 13.5 15.4</td>
<td>Moderate (10.0%-18.9%) and stable trends</td>
<td></td>
</tr>
<tr>
<td>Gede Agropastoral</td>
<td>Bardera(HIRDA), Luuq (Trocaire), Bardera(SRCS) out reaches</td>
<td>14.4 16.3 16.1</td>
<td>Moderate (10.0%-18.9%) and stable trends</td>
<td></td>
</tr>
<tr>
<td>Bay agro-pastoral</td>
<td>DHO, BRO, DMO &amp; WVI</td>
<td>42.5 30.4 36.5</td>
<td>Shows sustained very high levels with stable trend</td>
<td></td>
</tr>
<tr>
<td>Bakool Agro-pastoral</td>
<td>ACF MARDO</td>
<td>32.6 30.7 26.6</td>
<td>Shows sustained high levels with stable trend</td>
<td></td>
</tr>
<tr>
<td>Bakool pastoral</td>
<td>EPHCO</td>
<td>29.2 21.7 24</td>
<td>Sustained high levels with stable trend</td>
<td></td>
</tr>
<tr>
<td>Hiran Riverine</td>
<td>Hawo Tako, ZAM-ZAM, SCRS</td>
<td>32.2 33.8 27.6</td>
<td>Shows improvement from very high to high levels with decreasing trend</td>
<td></td>
</tr>
<tr>
<td>Juba Pastoral</td>
<td>Afmadow, Dhobley</td>
<td>14.3 12 18.8</td>
<td>Sustained moderate levels and stable trend</td>
<td></td>
</tr>
<tr>
<td>Juba Agro-pastoral</td>
<td>Badadhe (SRCS), Salagle (JCC), and Jamaame (Muslim Aid)</td>
<td>26.9 25 28.3</td>
<td>Sustained high levels and stable trend</td>
<td></td>
</tr>
<tr>
<td>Juba Riverine</td>
<td>Buale MCH</td>
<td>35.3 39.5 33.5</td>
<td>Sustained very high levels with stable trend</td>
<td></td>
</tr>
</tbody>
</table>

### 2.3.2 Admission data

Admission data in the reporting period of Jan- March indicates normal in January but in February shows deterioration (alarm) in some parts of Middle Shabelle (Cadale and Jowhar) and Banadir region. All Gede regions are normal except for Galbaharey which the trigger dashboard indicates an alarm in January 2016. Admission data from the townish areas (districts) indicate town high numbers of severely acutely malnourished children being admitted at the health facilities i.e. 848 in January and 1 003 in February 2016. The notable increase recorded in Garbaharey district recorded where 2 691 severe cases were admitted in January and 2 511 recorded in February 2016.

Admission records in both lower shabelle indicate also high and an alarming increasing trend from 629 cases being reported in January to 7 251 in February 2016. The elevated admissions could also be due an increased coverage a as well as acute watery diarrhea (AWD), malaria and measles in Middle shabelle Region. This suggests likely deterioration in the nutrition situation for Middle shabelle regions particularly in Jowhar and Adale districts.

In Lower Juba region Outpatient Therapeutic Feeding Program (OTP) admission data shows an increase in Afmadow District from 81 to 93 in January to February respectively, while in Kismayo District high admission was recorded in January and February for 451 and 426 malnourished children respectively. Admission was also high in Wajid and Ceel Berde districts with 1 154 and 798 respectively and the lowest were admitted in Rabdhure with 57 malnourished children. In Bay region admission data shows low in Qansahdhere district 8 children were admitted in January, while in Bay district has reported the highest admission 370 were admitted in February. While the Outpatient Therapeutic Feeding Program (OTP) admission data in Hiran region shows low admission in Jalalaqsi and high admission rates in Bulo-Burte and Beletweyne with 24, 106 and 100 respectively.
The stabilization center data in Bakool Agro-pastoral shows that the admission of malnourished children is even higher than the last year’s first quarter and this can be attributed to increasing trend in some of the reported communicable disease and in general the overall effect of the Jilaal season.

2.3.3 Morbidity data
During the reporting period, cases of acute watery diarrhoea (AWD) outbreak, suspected measles and acute respiratory tract infection were reported. Reported cases of suspected measles identified in Bardera district and adjacent villages. High admission of Acute Watery Diarrhea (AWD) has been reported in Kismayo hospital 262, 254 and 469 in January, February and March respectively; these AWD children came mainly from Riverine and pastoralist communities. There are increased cases of Acute Watery Diarrhoea (AWD) were also reported in Bay region. According to World Health Organization has been reported that 10 out of 13 samples collected from AWD cases in Lower Juba tested positive for cholera. While in Huddur district, in January, February, March, and April measles outbreak was also reported with 24, 21, 27, 21 cases of measles respectively.

2.3.4 Conclusion
The current nutrition is likely deteriorating among the riverine livelihood of Shabele as per the health facility surveillance data and other secondary data. However, the Gedo livelihoods show moderate and stable trends, while the Mogadishu based health facilities indicate high and stable. The current urban and IDPs evictions, limited interventions in the Afgoye corridor and arrival of new IDPs are likely to aggravate the nutrition situation in the Banaadir. Forced evictions continue to affect Mogadishu IDPs and poor urban. During the first quarter of 2016, nearly 31,000 people were forcefully evicted in Mogadishu. Of these, 14,000 were evicted in January 2016.

Analysis of the OTP data indicates generally low malnutrition levels in most of the areas in January, but increased numbers of acute malnutrition in February 2016. Deterioration was noted in some parts of Middle Shabelle (Cadale and Jowhar) and Banadir region where trigger dash board show alarm. All Gedo regions are normal except for Galbahaarey which trigger dashboard indicating alarm in January 2016. Significant water shortages in parts of agro-pastoral and pastoral areas of Lower and Middle Shabelle, limited health services, declining milk access, Acute Watery Diarrhoea (AWD) resulted from unsafe water sources, coupled with repeated tensions and conflicts are likely factors aggravating the food security and nutrition situation in the area.

Juba riverine, agro-pastoral and pastoral communities showed also sustained trend of very high, high and moderate levels of malnutrition respectively. Health facilities and other contextual reports in Hiran region shows an improvement from very high to high levels with decreasing trend, but Bay agro-pastoral show sustained very high levels with stable trend and Bakool agro-pastoral and pastoral livelihoods as well indicates both are sustained high levels with stable trend.

3. REVISED NUTRITION SITUATION PROJECTIONS FOR FEBRUARY - APRIL 2016
In February 2016 following successive low precipitation rainy seasons, the Government of Somaliland issued a declaration of drought as result of the El Nino weather system and appealed for humanitarian assistance. The drought is reported to have had a high impact on the predominantly pastoralist communities and livestock within the affected regions of Guban Pastoral, North West Agro-pastoral, Togdheer and NIP livelihoods. Consequently, extremely limited milk availability for the households, scarce drinking water source leading for congested water points to spur transmittable diseases such as AWD and diarrhea and measles outbreak has negatively impacted the nutritional wellbeing of these populations from these regions.

In the southern part of Somalia outbreaks of AWD owing to poor WASH conditions were reported in parts of Shabelle and Juba regions, during the Jilaal reporting period. Even though, the recent Gu rain might improve pasture and milk availability in these parts, the riverine areas in Shabelle will also be vulnerable to flooding due to the increased rainfall in the highlands of Ethiopia received in the reporting period. In light of the current drought situation affecting most parts of Somaliland and Puntland (Awdal - Lughaye, Zeylac, Baki and Borama, Waqooyi Galbeed:- Gabley, Borama, Sool and Sanaag-Xudun, Cynabo) and parts of South central zones(Hiran- Beletweye district, middle and lower Shabelle- Marke, Brava, Jowhar, Balcad, lower Juba– Kismayo, Afmadow, Jilib, Jamame) and areas already identified as hotspots in the Deyr 2015/16 assessments have now been downgraded from either Alert to Serious and from Serious to Critical as shown in maps 1 and 2.

1 UNOCHA Humanitarian bulletin, (April 2016)
2 SWALIM Rainfall forecast April 2016
Map 3: Somalia Livelihood Zones

Livelihood Zones
01: Guban Pastoral
02: West Golis Pastoral
03: Northwest Agropastoral
04: Togdheer Agropastoral
05: Hawd Pastoral
06: Northern Inland Pastoral - Goat & Sheep
07: East Golis - Frankincense, Goats & Fishing
08: Coastal Deeh Pastoral & Fishing
09: Addun Pastoral
10: Cirega Bolli
11: Southern Inland Pastoral – Camels, Goats/Sheep, Cattle
12: Southern Agropastoral - Goat, Camel, Sorghum
13: Riverine Pump irrigation
14: Riverine gravity irrigation
15: Sorghum High Potential Agropastoral
16: Bay Bakool Low Potential Agropastoral
17: Southern Rainfed - Maize, Cattle & Goats
18: Juba Pastoral - Cattle & Goats
19: Urban

Recent publications and releases
- FSNAU Quarterly Brief April 2016
- FSNAU Climate Update, March 2015
- FSNAU Market Data Update, March 2016

NOTE: The above publications and releases are available on the FSNAU website: www.fsnau.org

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