

OVERVIEW

This issue highlights the plight of communities affected by continued insecurity in Lower Jubba where **access** for humanitarian organisations continues to be a major constraint in the delivery of appropriate assistance.

In the Sool Plateau, the nutrition survey results confirm the precarious and highly vulnerable situation faced by the population which continues to face enormous constraints in sustaining both livelihoods and basic nutritional needs. Here, the governing authorities and humanitarian organisations face the challenge of supporting communities with interventions that can prevent further deterioration of an already fragile environment in an area which also presents issues of inadequate **access** due to insecurity.

Inadequate **access** for humanitarian organisations to communities in Gedo continues to hamper efforts to support recovery from years of drought.

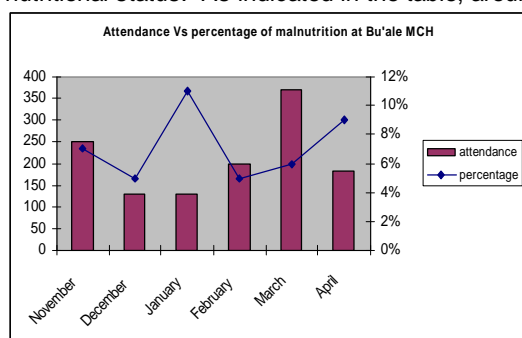
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LOWER JUBBA REGION – MALNUTRITION IN COMMUNITIES AFFECTED BY RECENT INSECURITY

An armed clan conflict that began in November 2002 spilled over into most parts of Bu'ale and Hagar Districts resulting in the burning of many houses in Bu'ale town. Bu'ale District has an estimated population 50,000 people. Vulnerability assessment and baseline work carried out by FEWS NET and FSAU in March 2003 indicated severe loss and destruction of property and food stocks, businesses, standing crops and underground granaries by the militias. The riverine food economy group and villages surrounding Bu'ale town were the most affected by the conflict. Consequently market supply of local cereals and imported foods was hampered leading to soaring up of prices by about 50% as compared to May 2002. The situation was worsened by the below normal crop harvest in the previous Deyr. Thus most households are currently surviving on borrowing and market purchases of food items. Both SRCS and World Vision are involved in health service provision in the district. In May 2003 ICRC/SRCS distributed plastic sheeting, mosquito nets and household utensils to the affected population. World Vision operates a limited health service in the town. Although a ceasefire has now been agreed, not all displaced have returned.

Between 19th and 21st May 2003, FSAU conducted a rapid assessment using MUAC in Tateey village in the District, the only location among the affected villages where good numbers of residents have returned. Using total population assessment, all the children present in the village at the time of the assessment were assessed. The results of the assessment confirmed a poor nutritional status. As indicated in the table, around 28% of the measured children were malnourished (MUAC < 12.5cm) whereas about 11% were at risk of malnutrition. The MCH data also confirms the high malnutrition rates along with lowest attendance around January 2003 when the fighting was at its peak. Close monitoring of the nutrition and food security situation in Bu'ale District will continue.



ASSESSMENT OF MID UPPER ARM CIRCUMFERENCE					
Age-group	<11.0 cm	= 11.0/< 12.5 cm	= 12.5 /<13.5 cm	= 13.5 cm	Total
6-11 months	4	6	6	0	16
12-23 months	0	11	4	21	36
24-35 months	0	2	0	18	20
36-59 months	2	0	0	14	16
	6	19	10	53	88
	(6.8%)	(21.5%)	(11.4%)	(60.3%)	(100%)

KISMAYO- PRELIMINARY RESULTS OF NUTRITION SURVEY

Kismayo is one of the five districts in lower Juba region of southern Somalia. The current population estimate is 80,000, although there is high in-migration from other parts of the country of people seeking employment and internally displaced persons (IDPs) fleeing from insecurity and food shortage. There is a large seaport and airport that can harbour and land big ships and planes. Despite the favourable ecology for farming and livestock rearing, casual work and petty trade are important sources of livelihoods.

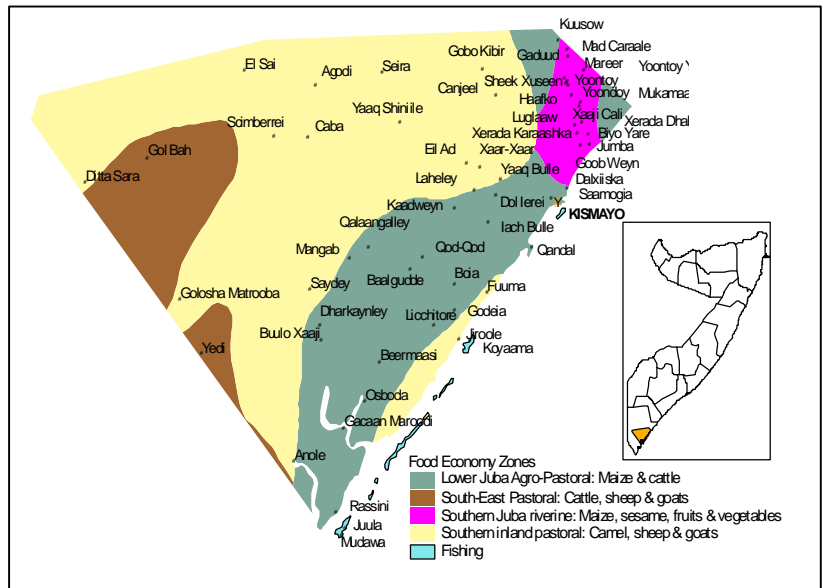
The FSAU Nutrition Surveillance Project is funded by USAID/OFDA

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, IRC, ACF, COOPI, MSF-H, MSF-B.

The political and socio-economic scenario in the district continues to be complex and volatile, characterised by civil unrest, frequent inter-clan fighting, manmade and natural floods along the Jubba Valley River, and successive crop failures. The El Nino floods of 1997 seriously affected the Lower Jubba region compromising the productive capacity of Kismayo District in particular. The situation improved when the Jubba Valley Authority took control of the town in 1999, establishing a local administration and social network to maintain some stability in Kismayo District.

IDPs and the urban poor, live in deplorable conditions, both in terms of housing, overcrowding, and lack of water and toilet facilities. Additionally, there have been repeated concerns among humanitarian agencies, about their access to food and basic services, and (specifically with UNICEF), issues affecting children in the district. In March 2003, FSAU conducted a rapid mid upper arm circumference assessment of the under fives in the IDP camps and found malnutrition rates (MUAC below 12.5 cm) to be 21%.

UNICEF, in collaboration with FSAU, Muslim Aid, SRCS and local authorities conducted a nutrition survey in Kismayo District in May 2003 to assess the level of malnutrition among children less than five years. The survey aimed at understanding the underlying causes of malnutrition, and to determine retrospective mortality rates. A two-stage cluster sampling methodology was used and the nutritional status of 913 children aged 6-59 months was assessed. A total of 901 households responded to the questionnaire on mortality. Weight for height (Z score) indicator was used in analysis of nutritional status.



The prevalence of global acute malnutrition was found to be 12.3% (95% CI 9.6% - 15.6%) and severe acute malnutrition, 1.9% (95% CI 1.1% - 3.0%). This prevalence depicts a serious nutrition situation (the situation may further be classified as serious-critical, based on the upper confidence limit) according to WHO classification (1995). This is consistent with seasonal norms based on findings in districts like Jamame in the same region, Rabdure in Bakool and Belet Weyne in Hiran region.¹ About 2.8% of the children came from internally displaced and returnee households.

Factors that controlled further deterioration of the nutrition situation

The food security situation is currently considered 'normal' and compares well with year 2000 which has been identified as the last normal year for the whole of Jubba Valley region. Both cereal and imported food commodities are available in the market. Over 80% of households reported purchase as their main sources of food. Casual work and petty trade provided 74% of the cash income which ranged from Ssh. 4000 – 10,000 per day. With regard to intra-household food distribution, children were reported to receive priority, both in quantity, quality and in times of distress. The terms of trade are favourable to the pastoral and agro-pastoral groups as one local goat can be exchanged for 150kg maize.

About 89% of the children had received Vitamin A supplementation within six months prior to the survey, and 70% had been immunised against measles. The fairly high measles immunisation may have prevented outbreaks and controlled further deterioration in nutrition status. Complementary feeding practices for children aged above six months are fair, with 84% of the surveyed children receiving a minimum of three meals a day.

Factors underlying the serious nutrition situation

The poor nutrition situation, with global acute malnutrition rate of 12.3% is attributed to poor infant feeding habits, gradual depletion of the current food stocks, consumption of unsafe water, poor personal and environmental sanitation and high morbidity rates.

Exclusive breastfeeding during the first 4 months of life is practiced by 10% of mothers while only 23% of the children have been provided with breast milk for 18 months and above. These poor child feeding practices are attributed to lack of knowledge and inadequate time for care activities. High in-migration from other parts of the country of people seeking employment and, internally displaced persons (IDPs) fleeing from insecurity and food shortage seems to place considerable strain on the food stocks in Kismayo district. Subsequently, 43% of the surveyed households indicated that they adopt borrowing of income and/or food from the better-off in order to cope, indicating limited access to food by a significant number of households. This coping strategy further explains why mothers are engaged in petty trade and casual work to support livelihood activities, at the expense of child care practices such as exclusive and/or persistence in breastfeeding.

¹ Jamame District in the same region had a prevalence of 14.3% (95% CI: 12.1-16.8%) in April 2001, Rabdure in Bakool had a prevalence of 14.8% (95% CI of 11.9-18.4%) in September 2002 and Belet Weyne in Hiran region in CSZ had a prevalence of 21% (with 95% CI of 18.4% - 23.8%) in May/June 2002.

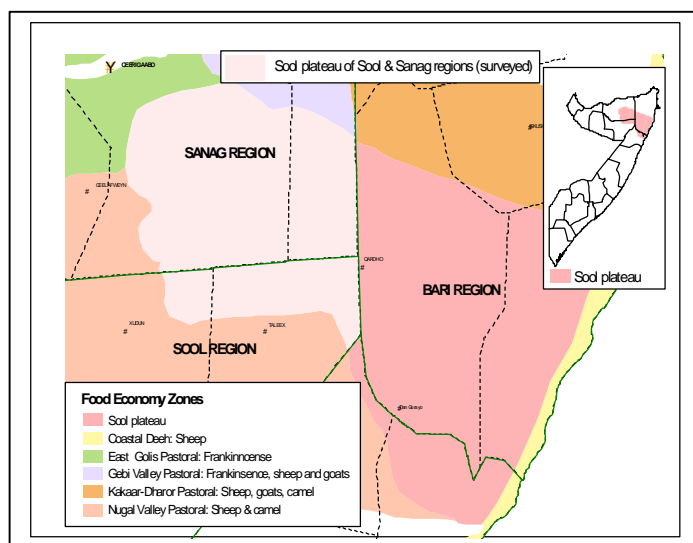
The main sources of water in Kismayo district are the open hand dug wells and the river. Lack of toilets especially in Shakalaha section and IDP camps of Kismayo town, poor use of the available toilets in overcrowded areas and for some households, disposal of faecal matter within the compound and/or playing ground for children has contributed to contamination of water and food; and has resulted in high rates of diarrhoeal and malaria incidences (25% and 12% respectively). ARI is also rampant with a prevalence rate of 41% two weeks prior to the survey. Late presentation of the sick (including children) to the health centres whose services can only be accessed by 70% of the population has also contributed to malnutrition and deaths.

The recommendations from the survey emphasized the need to focus on safe water supply and environmental sanitation by all key actors and communities; increasing knowledge of appropriate child feeding practices and; both medium and longer-term food security interventions. The overriding problem in Somalia (including Kismayo district) remains insecurity which stirs up high in-migration to safer areas and underpins the potential of livelihood interventions by communities and humanitarian agencies. Rural urban differences such as lack of income generating activities also need to be addressed.

Indicator	No.	%
Children under five years screened during the survey.	913	100
Global acute malnutrition - W/H < -2 Z-Score or with oedema	112	12.3
Severe acute malnutrition - W/H < -3 Z-Score or with oedema	17	1.9
Global acute malnutrition - W/H < 80% of median or with oedema	67	7.3
Severe acute malnutrition - W/H < 70% of median or with oedema	5	0.5
% of children with diarrhoea in two weeks prior to the survey.	226	24.8
% of children with ARI in two weeks prior to the survey.	371	40.6
% of children with Malaria in two weeks prior to the survey.	113	12.4
% of children that received Vitamin A within last six months.	810	88.7
Proportion of children immunised against Measles	638	70
Proportion of children exclusively breastfeeding at 4 months	85	10.3
Proportion of children breastfed 18 months and more (n=786)	181	23.0
Proportion of children fed 3 times a day and above	767	84
Proportion of female-headed households.	72	15.3
Under 5 mortality rate	27	2.2/1000 0/day
Crude mortality rate	26	1.9/1000 0/day

SOOL PLATEAU (SOOL AND SANAAG REGION PORTION) NUTRITION SURVEY – PRELIMINARY RESULTS

Sool plateau is an ecosystem mainly inhabited by pastoralists. The surveyed area covered part of Sool plateau situated in Sool and Sanaag Regions of Somalia. This is the largest part of the plateau and is currently one of the most food insecure areas in northern Somalia, a situation exacerbated by severe water shortage, and also by the late and scanty 2003 Gu rains. Sool plateau food economy zone has experienced frequent vulnerability and deficits in food availability mainly attributed to chronic drought situation that has persisted for the last three to four years. The drought led to severe depletion of pastures and exhaustion of water points with subsequent negative consequences on livestock and human. The household assets have been exhausted and the population is currently subsisting. Massive livestock deaths have also been reported for cattle and camels. About 50- 60% of the pastoral population had moved in search of water and pasture. However the middle and poor pastoral groups remained in the plateau due to physical weakness of their animals and lack of pack animals.



Food security assessments undertaken in April 2003 indicated extremely high levels of human suffering in the ecosystem with the poor pastoral families who could not move being critically affected. In addition, both the Somaliland and Puntland authorities had also expressed concerns for the populations in the ecosystem between February and April 2003. Despite the reported human suffering, curtailed access to the area for humanitarian organisations has limited the possibilities for nutrition surveys of the area but finally, with reports of worsening food security situation and delayed Gu rains, a nutrition survey was planned for the sections of the Plateau located within Somaliland. Thus, between 24th May and 1st June 2003, FSAU in collaboration with MOHL, UNICEF and SRCS undertook a survey in Sool plateau of Sool and Sanaag with the main aim of determining the nutritional status of children aged 6-59 months, establishing the current food security situation and recommendations.

Preliminary results, that were analysed and discussed with participating partners both in Hargeisa and Sanaag indicate a global acute malnutrition rate of 12.5% (CI 10.5-14.9) using Weight/Height <-2 Z scores or oedema and severe acute malnutrition 1.8 % (CI 1.1 -3.0) using Weight/Height <-3 z-scores or oedema. The under-five mortality rate was 1.9 deaths/10,000 children/day. The results are summarised on the table below.

The main food source at the time of the survey was through purchases (68%), animal products 23% and social support (8%).

Indicator	Number	Percentage
Children under five years screened during the survey	895	
Global acute malnutrition - Weight for Height <-2 Z-score or presence of oedema	112	12.5
Severe acute malnutrition - Weight For Height <-3 Z-score or presence of oedema	16	1.8
Global acute malnutrition - Weight For Height <80% of median	58	6.5
Severe acute malnutrition - Weight For Height <70% of median	3	0.2
Oedema	5	0.5
Proportion of children with diarrhoea in two weeks prior to the survey.	219	24.5
Proportion of children with malaria in two weeks prior to the survey.	110	12.3
Proportion of children with measles in one month prior to the survey	33	3.7
Proportion of children supplemented with Vitamin A in six months prior to the survey.	427	26
Proportion of children immunised against Measles	217	26
Proportion of children from displaced households	134	27.8

Social network support /gifts/casual works are the main sources of income 37%, sale of animal/animal products 37% and petty trade 24% (tea kiosks, small shops). The main coping strategies were credit/ borrowing/ purchases 52%, Social network support/ splitting of families 30% and sale of livestock 17%.

As indicated in the table, incidences of diarrhoea were high while immunisation levels were low for measles. Vitamin A supplementation was also

low at less than a half of the children. The survey also noted sub-optimal feeding practices with nearly all the surveyed children given foods other than breastmilk before six months while a high proportion, over a third of the children in the breastfeeding age being stopped breastfeeding before six months.

Most of the pastoralists in the ecosystem report increasing difficulty to obtain sufficient cash to purchase food as they have lost up to half of their livestock to drought as revealed in the qualitative findings. Food security information also indicates that income from milk and livestock sales which normally provide about 80% of the household income has been reduced by about 50%. Although the terms of livestock trade have been good, only a few families have sellable animals at the moment due to the rapid decline of body condition caused by weight loss. **The information further indicated that food intake among the middle and poor groups was between 1800 and 2000 Kcal indicating a deficit of 5-15%. At the moment the majority are just surviving having lost high numbers of their livestock which should be normally main source of income and food. Given that the rains were below normal at the time of the survey and rain season is almost over, the community predicts that there could be collapse of the entire social support system if the situation continues to deteriorate.**

Discussions with the participating organizations have suggested the following as short-term recommendations for intervention: Targeted general food distribution in the highly vulnerable areas of the plateau for 1-2 months;

- o Supplementary feeding programme for pregnant/lactating mothers and children under five years in the plateau;
- o Continue monitoring the food and nutrition situation in the area very closely,
- o Intensify promotive and preventive health care interventions focusing on immunisation, hygiene, and control of water related diseases;
- o Promote nutrition education through the MCH/outposts focusing on breastfeeding, complementary feeding and frequency of feeding of infants and young children as well as feeding of sick children; and
- o Rehabilitate run-down boreholes, berkads and dams with an aim of increasing access to water for both human and livestock.

Results have been discussed with the government authorities in Hargeisa and follow-up will be reported in next month's Nutrition Update.

COLLECTION OF INFORMATION ON MORTALITY

In February-March 2003, UNICEF in collaboration with Ministry of Health and Labour (MOHL-Somaliland) and FSAU carried out nutrition survey in the resettlement villages of Hargeisa. A proxy indication of mortality was taken retrospectively to provide some idea on the health situation of the population during the survey. The mortality assessment was done concurrently with nutrition survey in which a 30 by 30 cluster sampling methodology was used. The survey methodology used for the nutrition survey was adopted for mortality assessment with the exception that households were selected were the subsequent units of analysis. At least 30 households were randomly selected in each cluster and the mortality questionnaire administered to a responsible member of that household. All households within the selected cluster were eligible for inclusion for the mortality assessment, whether there was an under-five or not. A total of 902 households were assessed for mortality status and the results computed². The mortality rates have been interpreted according to the following reference (Moren, 1995)

For under-five years old children

Under-five mortality rates ≥ 2 deaths/10,000/day indicate a situation of alert

Under five mortality rate ≥ 4 deaths/10,000 children/day indicate an emergency

For the total population

Mortality rates ≥ 1 deaths/10,000 persons/day indicate an alert situation

Mortality rates ≥ 2 deaths/10,000 persons/day indicate an emergency.

² Formulae $MR = \frac{n}{[(n+N)+N]/2}$, Where n=total number of persons reported dead in the households surveyed and N=total number of people living in those households at the time of survey

In the March issue of this update, preliminary results of the survey was presented that showed an under-five mortality of 3.7 deaths/10,000 children /day. This indeed showed a serious situation with serious implications of the welfare of the population. Subsequently a validation mission and revision of the mortality data was carried out by the participating partners in April in which irregularities in some reporting was revealed. The revision led to re-calculation of the mortality rates that has yielded an under-five mortality rate of 2.9 deaths/10,000 children/day with a CMR of 1.9/10,000 people/day. Continued validation exercise is continuing with a plan by UNICEF to establish a community surveillance system in the camps.

BAY REGION

In **Dinsor** district the 2003 Gu rains were very poor resulting in total crop establishment failure and lack of agricultural related activities in some areas of the district. However, in the southeast pastoral areas, locally known as *Doy*, good rains were received and milk is now available in Dinsor town. Following very good Gu and Deyr seasons in the district in 2002, cereal stocks from previous harvests are still available. The prices of locally produced cereals have been stable and have just begun increasing. Vegetables are limited in supply in the last two months due impassable road between Qoryooley, the main supplier, and Dinsor.

Between 2nd and 3rd June 2003, FSAU and IMC conducted an assessment of Mid Upper Arm Circumference (MUAC) in Dinsor

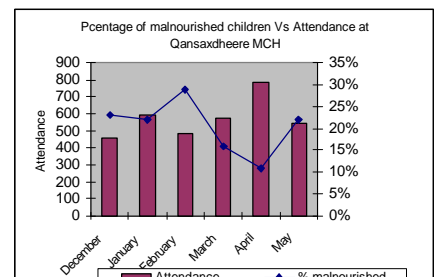
MUAC CATEGORIES					
Age group	< 11.0 cm	=11.0cm/ <12.5cm	=12.5cm/ <13.5 cm	= 13.5 cm	Total
6-11 months	4	12	12	10	38
12-23 months	6	28	21	19	74
24-35 months	3	12	21	34	70
36-47 months	0	5	20	37	62
48-59 months	0	9	9	40	58
Total	13 (4%)	66 (22%)	83 (28%)	140 (46%)	302 (100%)

aimed at assessing the overall nutritional status of children under the age of five years in the town. All six sections of the town were included with a total of 300 children selected randomly for measurement. The results indicate that around one quarter of the children were malnourished while 22% of them were at risk of malnutrition.

Malnutrition levels in the district remains a significant problem despite improvements in food security indicators in the previous two seasons. This is partly explained by the widespread poor

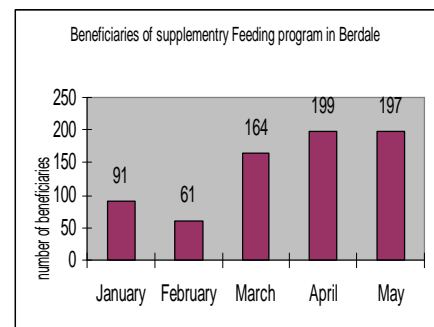
uptake of health services (families prefer traditional herbal medicine to modern healthcare), chronic common child illnesses such as diarrhoea and malaria, sub-optimal childcare practices (e.g. close child spacing, poor quality of complementary foods, etc) in the district. The poor crop prospects in most parts of the district, the accompanied low employment opportunities (self and paid employment), and the rising prices of basic cereals is likely to worsen the situation. Organisation in the district have discussed means of promoting greater diversification of diet, improved child feeding practices, and increasing awareness of both preventive and curative health care activities.

Qansaxdheere. Crop establishment in the district was poor due to insect infestation, poor rains, and crop diseases associated with the inoculum of the previous crop residues. The agriculturally potential area of Oof-laawe is predicted at around 75% of its normal productivity. About 25% of total land in Qansaxdheere District is planted with maize crop due to fear of bird attack and the prospect of maize crop harvest is low. In the area of Ufurow and parts of Habala Barbaar, there is near total crop failure. If the rains do not continue throughout June then late-planted sorghum is expected to have very low yields. Sorghum prices have increased significantly and although milk is available the price is very high, thus reducing access significantly for the less well off households.



SRCS is operating an SFP in Qansaxdheere with current total beneficiaries of 250 children (160 old cases+ 90 new cases). WFP is also providing family ration to the households of malnourished children. As shown in the chart, nutrition surveillance data recorded at Qansaxdheere MCH indicates malnutrition levels of between 11% and 29% for attendance of between 460 and 780 per month. The attributed causes include food insecurity and morbidity particularly diarrhoea. Most of the malnourished children came from Qansaxdheere satellite villages like Bulo Gumar, Belet-Amin and Wadajir section of the town where the poorer households who originally moved from rural areas are living.

Berdaale has been the most vulnerable district in Bay Region because of past poor crop harvests, water shortages, reduced job opportunities and out-migration of livestock movement in search of pasture. However, during 2002 food availability improved and prospects for the current harvest are good.



Despite the general improvement of the food security situation in the district, around 20% of the poor urban and rural in the district continue to be food insecure since they have minimal land holding or are landless and can never realise adequate production. As shown in the chart, there was an increase in the number of the beneficiaries from March to May 2003 at Berdaale supplementary feeding program. The increase was associated with an influx of internally displaced persons who fled from their rural homes into Berdaale town as a result of inter-clan conflicts between February and May 2003.

NUTRITION SURVEYS – PLANS FOR 2003

Dates		Area	Organisations	Status 16 th June 2003
January 2003	Somaliland	Hargeisa Returnees	UNICEF/MOHL/FSAU	Prelim. results available
March/April 2003	Puntland	Galcayo Town	UNICEF/MOH/FSAU/MSF-H	Prelim. results available
May 2003	South	Kismayo	UNICEF/FSAU	Prelim. results available
May 2003	Somaliland	Sool Plateau	FSAU/UNICEF/MOHL/NPA/SRCS	Prelim. results available
June 2003	Puntland	Bosasso	UNICEF/MOH/FSAU	Planned
July??? 2003	South	Belet Weyne	UNICEF/FSAU/IMC/SRCS	Planned
July – Aug 2003	South	Haradheere	FSAU/CISP/UNICEF	Planned
July – Aug 2003	Bakool	Elberde/Huddur	IMC/FSAU/UNICEF	Planned
August 2003	South	Tayeglow - Bakool	FSAU/SRCS/UNICEF	Planned
August 2003	Somaliland	Haud of Togdheer	FSAU/MOHL/UNICEF	Planned
August 2003	Somaliland	Burao IDPs	FSAU/MOHL/UNICEF	Planned
August 2003	Puntland	Kandala, Iskushuban, Gardo	UNICEF/MOH/FSAU	Planned
Sept 2003	South	Dinsor	IMC/UNICEF/FSAU	Planned
Oct – Dec 2003	South	Micronutrients survey all zones	UNICEF	Planned
Nov/Dec 2003	Puntland	Jeriban & Galgodob	UNICEF/MOH/FSAU	Planned
2003	Somaliland	Awdal	FSAU/UNICEF/MOHL	Planned
2003	Somaliland	All regions (IDD)	UNICEF	Planned
2003	Somaliland	Sanaag	UNICEF/MOHL/FSAU	Planned

FSAU TRAINING – NUTRITION DATA COLLECTION, INTERPRETATION, ANALYSIS AND USE

The nutrition training workshop earlier scheduled for 17th to 19th June 2003 has been rescheduled to **21st to 23rd June 2003 in Garowe**. For more information please contact sicily@fsau.or.ke

TRAINING COURSES & ANNOUNCEMENTS

The Regional Centre for Quality of Health Care, Makerere University, will be offering a Post Graduate Diploma in **Quality of Health Care**, in Uganda from 11 - 22 August 2003 targeting senior and middle level managers. The course aims at teaching health care providers a comprehensive approach for identifying gaps in the quality of health care provision among other issues. For more details contact the Course Coordinator at Email: mail@rcqhc.org or smagero@rcqhc.org

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>

RECENT REPORTS

- ⚡ **Monthly Food Security Report for Somalia, FSAU.**
- ⚡ **Greater Horn of Africa Food Security Bulletin.** Issue No. 12. May 30, 2003. FEWS NET/LEWS/RCMRD/USGS
- ⚡ **Kenya Food Security Update.** June 10, 2003. FEWS NET/MALD/WFP and UNICEF.
- ⚡ **Kenya Vulnerability Update.** May 15, 2003. FEWS NET and WFP.
- ⚡ **Ethiopia Network on Food Security.** Issue No. 5/03. May 19, 2003. FEWS/NET/EU-LFSU.
- ⚡ **A Vulnerability Update, Middle Juba.** April 9, 2003. FEWS/NET.



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