

Terms of Reference

REACH NUTRITION SURVEILLANCE SPECIALIST (NSS) IN NIGERIA

(Reference: 21/NGA/NSS01)

BACKGROUND ON IMPACT AND REACH

IMPACT Initiatives is a humanitarian NGO, based in Geneva, Switzerland. The organisation manages several initiatives, including the REACH Initiative. The IMPACT team comprises specialists in data collection, management and analysis, GIS and remote-sensing. IMPACT was launched at the initiative of ACTED, an international NGO whose headquarter is based in Paris and is present in thirty countries. The two organizations have a strong complementarity formalized in a global partnership, which allows particularly IMPACT to benefit from ACTED's operational support on its fields of intervention.

REACH was born in 2010 as a joint initiative of two International NGOs ([IMPACT Initiatives](#) and [ACTED](#)) and the United Nations Institute for Training and Research (UNITAR) Operational Satellite Applications Programme ([UNOSAT](#)). REACH's purpose is to promote and facilitate the development of information products that enhance the humanitarian community's decision making and planning capacity for emergency, reconstruction and development contexts, supporting and working within the framework of the humanitarian reform process. REACH facilitates information management for aid actors through three complementary services: (a) need and situation assessments facilitated by REACH teams; (b) situation analysis using satellite imagery; (c) provision of related database and (web)-mapping facilities and expertise.

We are currently looking for a REACH Nutrition Surveillance Specialist (NSS) to support our team in Nigeria.

Position: **REACH Nutrition Surveillance Specialist**

Contract duration: 12 months

Location: Abuja / Maiduguri, Nigeria

Start Date: ASAP

COUNTRY PROFILE

In North East Nigeria (NEN), the ongoing crisis continues to have a profound impact on the population, leading to displacement both within and out of the region and high rates of unmet needs among internally displaced persons. The conflict additionally exacerbates prior unmet needs among non-displaced and host communities. While the primary driver of the conflict remains violent conflict, including ISWAP (Islamic State West Africa Province), JAS (Jama'atu Ahlis Sunna Lidda'awati wal-Jihad) and associated armed opposition groups (AOGs), other underlying factors, such as climate change, poverty, and disease outbreaks, exacerbate need and further complicate aid delivery.

Against the backdrop of this protracted crisis, the humanitarian situation in Northeast Nigeria remains one of the world's most severe. Out of the Northeast's Borno, Adamawa, and Yobe (BAY) state's total population of 13 million people, an estimated 8.7 million are in need of humanitarian assistance.¹ Borno state remains the epicenter of the crisis, containing over 80% of the region's over 2 million internally displaced persons.² Major incidents throughout 2021 have led to continued mass displacements and severely affected the provision of humanitarian assistance in the region.

The sudden influx of arrivals added strain to the existing infrastructure of the humanitarian community, resulting in high rates of unmet needs, overcrowding in camps, and exposure to protection risks for vulnerable groups. The intensity of needs within Maiduguri and the instability of the security situation in more remote regions has resulted in increased focus on populations in accessible areas; however, about the population in the inaccessible is presumed to have even greater needs.

The population in inaccessible areas is estimated to contribute 11% (1m of the 8.7m) of the people in need of humanitarian assistance³. Very little is known about the specific conditions and needs of the populations living in these areas, but they are presumed to have little mobility, limited essential services, and little or no access to humanitarian aid. The same threats that severely limit the ability of humanitarian actors to conduct thorough assessments also immediately affect the population living in the region. Findings from the August 2021 round of REACH-supported Famine Monitoring System indicate that only 23% of households in inaccessible areas have access to health facilities, 30.7% can access markets, 37% have acceptable Food Consumption Scores and 64% use improved water sources⁴,

As such, the need for evidenced-based Humanitarian Aid and information on populations in both accessible and inaccessible areas is paramount to a coordinated response. REACH has been present in Nigeria since 2017, providing a growing evidence base for humanitarian response planning through sectoral, multi-sectoral and area-based assessments as well as information management services. In 2021, REACH is looking to continue to provide the humanitarian community with relevant and reliable information to strengthen strategic programming and needs-based targeting in Northeast Nigeria.

More information can be found here: <https://www.impact-initiatives.org/where-we-work/nigeria/>

NUTRITION SITUATION AND PROJECT PROFILE

Based on the nutrition surveillance and information management systems in Nigeria, the North East and Western parts are worst hit by malnutrition. The National Nutrition and Health Survey that was conducted by the Federal Ministry of Health, National Population Commission and UNICEF in 2018 revealed that Global Acute Malnutrition (GAM), stunting and underweight in the North East and West were much higher compared to national rates; for example, while the national stunting rate was 32%, it was 42.8% in North East and 50.4% in North West⁵. For this reason, nutrition surveillance systems and interventions are currently concentrated in the two regions.

As the key player in the nutrition information management, UNICEF takes leadership in supporting government and non-government agencies in North East Nigeria to conduct nutrition surveillance activities through four components. This responsibility will be transferred to REACH in 2022. The four components are; conducting

¹ OCHA, Humanitarian Needs Overview, 2021

² IOM, Displacement Tracking Matrix, round 37 August 2021

³ OCHA, Humanitarian Needs Overview, 2021

⁴ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/fms_bullet_august_2021_final_version.pdf

⁵ <https://www.unicef.org/nigeria/media/2181/file/Nigeria-NNHS-2018.pdf>

biannual Nutrition and Food Security Surveillance (NFSS) SMART surveys, sentinel surveillance through the Flexible Integrated and Timely surveillance (FITS) in Borno state, screening for malnutrition at arrival points through the Displacement Tracking Matrix (DTM) and the Famine Monitoring System (FMS); and collation of data to feed the Cadre Harmonise (CH) and IPC acute malnutrition (IPC AMN) analysis workshops. A brief description of these components and their products is provided in the sections below.

Nutrition and Food Security Surveillance (NFSS) system: Since its inception by UNICEF and state governments in 2016, ten rounds of data collection have been conducted through the NFSS in North East Nigeria. NSFF is done collaboratively with the National Bureau of Statistics (NBS) and involves data collection in 10 domains using the SMART methodology. Validated results from the most recent round (round 9) indicate high Global Acute Malnutrition (GAM) prevalence in Yobe (12.3%) and Borno (10.0%) states with majority of the malnourished children residing in Southern Yobe, Maiduguri Metropolitan City (MMC) & Jere, Southern Adamawa, Northern Adamawa and Central Yobe. In regards to Infant and Young Child Feeding practices (IYCF), although the prevalence of continued breastfeeding was high (80%), only half of the children aged 0-5 months were exclusively breastfed and less than 1% of those aged 6-23 months met the Minimum Acceptable Diet (MAD)¹. Besides nutrition, NFSS captures complementary information on mortality, child health (vaccination, Vitamin A supplementation, deworming and morbidity), women's nutrition, water sanitation and hygiene (WASH).

Sentinel surveillance system in Borno state. This system was established with an objective of monitoring surges in cases of acute malnutrition, diarrhoea and measles among children below 5 years. It involves continuous data capture in selected community sites (wards) and health facilities with Community Management of Acute Malnutrition (CMAM) programs. Data collection is done by an established surveillance structure with trained teams at ward, LGA and state level. Thresholds for cases of malnutrition and targeted diseases are set, beyond which alerts are identified and reported. The findings from this system feed the quarterly Flexible Integrated and Timely (FIT) bulletin. Based on the June 2021 FIT bulletin, the GAM and SAM prevalence by MUAC among children 6-59 months was 6.0% and 0.8% respectively with two-fold increase among children 6-23 months. Out of the 23 LGAs covered, 12 had positive alerts (deteriorating rates) for GAM rates and two LGAs registered increased diarrheal cases in comparison to the previous quarter².

Screening for malnutrition at arrival points: To enable data collection from the inaccessible areas, multiple partners conduct interviews and nutrition screening at designated arrival points for the refugees and Internally Displaced Persons (IDP). This supports generation of evidence to classify these areas using the IPC criteria. Through the Displacement Tracking Matrix (DTM) assessment and Famine Monitoring system, partners are able to gather information from inaccessible areas in North East Nigeria.

DTM is led by the International Organisation for Migration (IOM). With support from UNICEF, regular screening for malnutrition is conducted and data is consolidated in DTM's weekly Emergency Tracking Tool (ETT). The ETT report covering the last week of August 2021 (No. 238), indicated that there were a total of 1538 new arrivals recorded at the arrival points. Out of the 116 children aged 6-59 months who were screened for malnutrition, 23 were identified as malnourished based on Mid Upper Arm Circumference (MUAC)³.

The Famine Monitoring System (FMS) is led by the inaccessible task force which is comprised of the Federal Ministry of Agriculture and Rural Development, WFP, FAO, UNICEF, REACH and other partners. This system targets inaccessible LGAs in the BAY states even though most interviews are conducted in Borno. Data is

¹ Round 10, Nutrition and Food Security Surveillance report December 2020

² https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/fit_alerts_report_june_2021_0.pdf

³ <https://dtm.iom.int/reports/nigeria-%E2%80%94-emergency-tracking-tool-report-238-23-29-august-2021>

collected on multiple indicators including anthropometry, mortality, food security, health and WASH. Data analysis is conducted on a monthly basis and results summarized in a bulletin that is published for public consumption. Findings from August 2021 FMS revealed that 63% of HH in inaccessible areas struggled to have sufficient food intake and 80 percent experienced crisis or higher levels (CH Phase 3 and above) of food deprivation and hunger. The overall GAM and SAM rates were 20.1% and 7.3% respectively, which is classified as Phase 4 using the IPC AMN criteria. The most affected LGAs were; Bama, Damboa, Madagali, Konduga, Gwoza and Kukawa.

Cadre Harmonisé (CH) and IPC AMN analysis workshops: These workshops are organized biannually by the food security and nutrition clusters and are attended by technical teams that perform secondary data analysis using the products from the above components and other data sources. The objective of the analysis is to generate reliable evidence that is used to classify LGAs according to the acute food insecurity and malnutrition situation. The most recent IPC AMN analysis conducted in February 2021 (valid from August 2020-September 2021) suggested that over 1 million children between 6-59 months and 123,000 women were malnourished and in need of urgent nutrition treatment. It also identified the key drivers of malnutrition as; high morbidity, household food insecurity, sub-optimal IYCF practices, poor WASH condition all of which have been exacerbated by the COVID-19 pandemic.

With funding from UNICEF and in collaboration with the BAY state governments and relevant partners, REACH will provide technical leadership during the coordination, management, implementation and development of products from the above mentioned nutrition surveillance components for one year.

POSITION DESCRIPTION

REACH's Sectoral Team, in line with the global REACH 2.0 strategy of sector/cluster support, engages with sectors and working groups across the humanitarian response. This includes Food Security and Livelihoods (FSL), Nutrition, health, WASH, Cash, CCCM/Shelter and more. REACH Nigeria's Sectoral Team is seeking a Nutrition Surveillance Specialist with experience in conducting nutrition assessments and programming to provide technical leadership for the surveillance system in North East Nigeria.

RESPONSIBILITIES

Under the direct management of the Sectoral Research Manager and with technical guidance from the Global Nutrition Assessment Specialist, the NSS will lead activities implemented in the surveillance system and support other REACH research cycles to integrate nutrition analysis into sectoral and inter-sectoral work streams. The NSS will coordinate and provide support to the state government and other partners involved in planning, training, data collection, data management, reporting and dissemination of findings from nutrition assessments in North East Nigeria.

FUNCTIONS

The specific responsibilities include the following;

1. Technical leadership

- Lead the development and review of nutrition assessment protocols along with relevant tools such as electronic questionnaires, qualitative interview guides, data quality feedback mechanisms and others.
- Strengthen the technical capacity of external stakeholders and internal REACH teams to design and implement quality nutrition assessments; this includes but not limited to; providing trainings, mentorship, identifying staff development opportunities and providing relevant resources as and when necessary.
- Provide technical input and review of nutrition products and documents that have been collaboratively produced by other partners such as the ETT summaries and FMS bulletins
- Take lead in compiling and validating at country level all datasets and information products from the nutrition surveillance systems such as, biannual NFSS reports, FIT quarterly bulletins and alerts investigation reports
- Organize and lead results validation or dissemination workshops and support online publication of nutrition assessment products.
- Collate and share findings from the various surveillance components in preparation for the IPC AMN and CH analysis workshops
- Provide ad hoc technical support to the Nutrition Cluster or the NIWG during the analysis of nutrition data or technical training upon request
- Take lead in the coordination and harmonization of data capture approaches used in nutrition surveillance system in North East Nigeria and at National level when relevant.

2. Representation

- In coordination with the REACH Country Coordinator, Deputy Country Coordinator, represent REACH during external engagements with state government, development partners, nutrition cluster, Information Working Groups, inaccessible task force and other relevant coordination platforms.
- Serve as REACH's focal point for technical engagements with UNICEF and other donors supporting nutrition surveillance in Nigeria.

3. Project design and development

- Support the development of project strategies, SOPs and tools that will facilitate the integration of nutrition assessments into REACH research streams.
- Expanding REACH's nutrition and health portfolios, ensuring close collaboration with other sector-specific analysts managing WASH, FSL information.
- Provide input during the development of proposals, program strategies and implementation guides with nutrition components

4. Line Management

- The NSS will work under the direct management of the Public Health Unit Manager, and receive further technical support from the Global Nutrition Assessment Specialist and IMPACT HQ research team.

- The NSS will line manage all relevant Nutrition Assessment and Field Staff under the nutrition surveillance activities.

5. Other responsibilities

- Overall responsibility for strong technical design and implementation of REACH nutrition surveillance activities.
- The Nutrition Surveillance Specialist will maintain the strictest confidentiality on all data collected and related processes. He/she will actively take measures to prevent the unauthorized sharing of any information and data belonging to IMPACT and its partners, or collected during his/her assignment with IMPACT.
- The staff member is responsible for ensuring that all relations with the communities we work are conducted in a respectful and consultative manner. Due attention must be paid to ensuring that communities are adequately consulted and informed about IMPACT programme objectives, activities, beneficiary selection criteria, and methodologies. This is the responsibility of every IMPACT staff member.

REQUIREMENTS

- Excellent academic qualifications, including a university degree in a relevant discipline such as but not limited to Public Health, Nutrition, Epidemiology, Biostatistics, Statistics, etc.)
- A master's degree in health, nutrition, nutrition epidemiology or related field is preferred
- At least 4 years' experience conducting nutrition assessments that using SMART methodologies and knowledge on other methodologies such as SQUEAC, IYCF, RNA is **required**;
- SMART Survey Manager certification is **highly preferred**
- IPC Acute Malnutrition Level 1 training is **highly preferred**
- Training, certification, or relevant programmatic experience in other relevant nutrition topics (CMAM, IYCF, Maternal Child Health and Nutrition etc.) is considered **an asset**;
- Experience representing the organization in Nutrition Cluster, and Nutrition Information Working Group forums is **highly preferred**;
- Experience using statistical software such as Epi-Info, SPSS, STATA, or R is **required**;
- Experience using GIS software such as QGIS, ArcGIS, Google Earth is considered **an asset**;
- Experience designing data collection forms in Kobo, ODK, or similar mobile data collection tools is considered **an asset**;
- Prior knowledge of Nigerian context or experience working in a similar humanitarian context is considered **an asset**;
- Experience working closely and successfully with multiple partners including government agencies is an asset
- High level of diplomacy
- Familiarity with the humanitarian aid system and UNICEF donor requirements and procedures is an asset

CONDITIONS

Salary defined by the IMPACT salary grid; educational level, expertise, hardship, security, and performance are considered for pay bonus;

Additional monthly living allowance;

- Free food and lodging provided at the organisation's guesthouse or housing allowance (depending on contract length and country of assignment);
- Transportation costs covered, including additional return ticket + luggage allowance;
- Provision of medical, life, and repatriation insurance + retirement package

Line management: The Nutrition Surveillance Specialist will report to the Public Health Research Manager and take responsibility for the technical accuracy of deliverables from Nutrition Assessment Officers, Data Specialists, GIS Officer, Deputy Field Manager and Nutrition Field Officers. The NSS will work under the technical guidance of the Global Nutrition Assessment Specialist

Supervisory responsibility: The Nutrition Surveillance Specialist will supervise the Nutrition Assessment Officers and Database/GIS Specialist.