

## **Terms of Reference (ToRs): Nutritionist (UNV) for Saharawi refugee's camps, Tindouf, Algeria**

### **TERMS AND CONDITIONS**

<b>TYPE OF CONTRACT:</b>	UN Volunteer
<b>UNIT/DIVISION:</b>	Nutrition/Programme
<b>DUTY STATION (City, Country):</b>	Tindouf, Argelia
<b>DURATION:</b>	6 Months (with possibilities of extension)
<b>START DATE OF CONTRACT</b>	ASAP

The UNV nutritionist will report to the Nutrition Programme Officer.

#### **1. BACKGROUND**

Algeria has hosted Sahrawi refugees from Western Sahara since 1975. This prolonged refugee crisis is the second longest-lasting in the world. There are five refugee camps – Awserd, Boujdour, Dakhla, Laayoun and Smara – near the town of Tindouf, 2,000 km southwest of Algiers.

##### **1.1. Geographical context**

The camps are in an arid region, characterized by extreme temperatures and very low rainfall, and livelihood and economic opportunities are limited. Sahrawi refugees in the camps are highly dependent on humanitarian assistance, including food. Humanitarian interventions are coordinated by the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), local and international non-governmental organizations, including from the Algerian Red Crescent (CRA) and its partner *Media Luna Roja Saharawi* (MLRS).

##### **1.2. Food Security**

The refugees in the camps depend on external food assistance for meeting their basic food needs. During a WFP food security assessment mission in 2018, 94 percent of the refugee households reported external assistance as their main source of income; 17 percent of this group had no other source of income. For more than 90 percent of households, staple food items come from food assistance, gifts or borrowing, none of which are considered

sustainable food sources.<sup>1</sup> The food security assessment revealed that 12 percent of the households in the camps are food-secure, 58 percent are vulnerable to food insecurity and 30 percent are food-insecure. Of the households that are vulnerable to food insecurity, 47 percent would become food-insecure in the event of a shock such as a flood, price increases or a change in the provision of assistance and only 11 percent are considered capable of withstanding minor shocks.

### 1.3. Nutrition

The double burden of malnutrition is highly prevalent in households among western Sahara refugees. Moderate Acute Malnutrition (MAM), stunting and anaemia in children, and pregnant and lactating women and girls (PLWG) represent a continuous challenge in the camps, albeit there had been some improvements between 2010 and 2016 according to joint nutrition surveys conducted by WFP and UNHCR. However, the latest nutrition survey from April 2019 showed an alarming increase of acute malnutrition and stunting in refugee children: the nutrition status of Sahrawi refugee children has deteriorated overall. The preliminary results of the survey estimate that the global acute malnutrition was at 7.6 percent among children aged 6–59 months and stunting at 28.2 percent. Anaemia is now a challenge of public health concern; the prevalence in children 6 to 59 months has significantly worsened from 38.8 percent (2016) to 50.1 percent.

At the same time, according to a stratified nutrition survey conducted in 2010<sup>2</sup>, 53.7% of women (15-49 y) are overweight or obese and 71.4% have central obesity. Among households included in this study, 31.5% had at least one member with overweight, 25.8% had one or more members with under-nutrition and 24.7% had members with overweight and undernutrition, and were therefore affected by the double burden of malnutrition.

Access to and availability of fresh produce and iron-rich foods are challenging in all five refugee camps. At the same time, there is a need to raise awareness of good nutrition practices among the camp population, including for infant and young child feeding. Campaigns should target men and boys, as well as women and girls of reproductive age and schoolchildren. Findings and recommendations from a January 2019 gender analysis and the nutrition literature reveal how gender disparities may affect nutrition-related behaviour, including regarding the high prevalence of anaemia among pregnant and lactating women and girls.

The excessive sugar consumption with tea or through sugary drinks or the cultural association of larger bodies to wealth and beauty, which leads to common fattening practices, are some of the factors potentially associated with the increase in obesity rates.

---

<sup>1</sup> WFP. 2018. *Food Security Assessment for Sahrawi Refugees*. <https://docs.wfp.org/api/documents/WFP-0000103413/download/>.

<sup>2</sup> Grijalva-Eternod CS, Wells JCK, Cortina-Borja M, Salse-Ubach N, Tondeur MC, et al. (2012) The Double Burden of Obesity and Malnutrition in a Protracted Emergency Setting: A Cross-Sectional Study of Western Sahara Refugees. *PLoS Med* 9(10): e1001320. doi:10.1371/journal.pmed.1001320

With urbanization, these traditions have possibly created synergies with the adoption of processed foods.

#### **1.4. WFP's response**

WFP has been providing basic food assistance to the Sahrawi refugees since 1986 through general food assistance, nutrition-specific interventions and mid-morning snacks in primary schools and kindergartens. Since July 2019 WFP's operations are defined in the Interim Country Strategic Plan (ICSP) covering 2019-2022.

The ICSP is aligned to the Sustainable Development Goals (SDGs) SDG 2 "end hunger"; particularly 2.1 "everyone has access to food", and SDG 2.2 "no one suffers from malnutrition". To achieve this, WFP implements four activities:

- 1. Provide general food assistance to targeted food-insecure refugees in camps near Tindouf*
- 2. Provide nutrition-sensitive school feeding*
- 3. Provide refugees with complementary livelihood opportunities that benefit women and men equitably*
- 4. Provide children aged 6–59 months and pregnant and lactating women and girls with assistance for the treatment and prevention of moderate acute malnutrition*

Under the new ICSP, WFP will work on raising awareness of nutrition in all its activities through Social Behavior Change Communication (SBCC) and will emphasize the need to examine malnutrition from a multisector perspective.

## **2. JOB PURPOSE**

The nutritionist will contribute to the development and the implementation of the SBCC strategy in coordination with other nutrition actors. The recent formative assessments will help better understand nutrition related behaviors, impacting the high anemia prevalence in children under 5 and women, the recent increase in stunting and acute malnutrition rates among children under five as well as the high obesity prevalence among women.

The nutritionist will assist WFP Algeria office in reformulating several activities to ensure their nutrition-sensitiveness and a greater nutritional impact, including nutrition sensitization sessions throughout the portfolio, aimed at improving the overall nutritional situation of the refugees. He/She will assist the implementation of the SBCC strategy by providing support to partners and monitor the related activities. The nutritionist will collaborate in the training of the staff, developing guidance, training and communication materials as well as with the design of monitoring and reporting tools for implementing

partners. He/she will closely follow up partners' activities on promoting awareness in healthy nutritional behaviors and practices through Social Behavioral Change Communication - SBCC, as a mean to overcome social barriers faced by women, girls, boys and men, such as cultural and dietary habits.

**DELIVERABLES:**

- SBCC Training of implementing partners (IP).
- Training materials developed.
- Guidance and communication materials finalized and shared with IP
- Monitoring and reporting tools designed and shared with IP.
- Monthly monitoring report on SBCC activities.
- Final report on SBCC activities.

**QUALIFICATIONS & EXPERIENCE REQUIRED:**

**Education:**

University degree in public health nutrition and/or other relevant university degree in relation with social and behavioral science (e.g. anthropology, persuasive communications)

**Experience:**

- Working knowledge and experience designing, implementing, and/or evaluating social and behavior change activities for public health nutrition required.
- Exposure to both nutrition-specific and nutrition-sensitive programming in the field desired, including emergency contexts
- Experience and exposure to implementation of development programmes.
- Experience working in public health/food security/ nutrition related activities.
- Experience identifying and defining nutrition issues/problems within different context.

**Knowledge & Skills:**

- Advanced knowledge of social and behavior change programming in public health required
- Knowledge of issues, challenges, and response options for nutrition-specific and nutrition-sensitive interventions
- Collaborative team player
- Strong interpersonal and communication skills required for in-person and remote team-based work
- Demonstrated ability to work effectively in complex, multicultural settings
- Excellent technical writing and oral presentation skills

**Languages:**

Fluency in English/ French required. Additional proficiency in Spanish, or Arabic desirable.