



# Standard Project Report 2015

## World Food Programme in South Sudan, Republic of (SS)

### Emergency Operation in Response to Conflict in South Sudan

Reporting period: 1 January - 31 December 2015

Project Information	
Project Number	200659
Project Category	Single Country EMOP
Overall Planned Beneficiaries	1,478,184
Planned Beneficiaries in 2015	1,478,184
Total Beneficiaries in 2015	1,523,416

Key Project Dates	
Project Approval Date	January 10, 2014
Planned Start Date	January 01, 2014
Actual Start Date	January 01, 2014
Project End Date	September 30, 2015
Financial Closure Date	N/A

Approved budget in USD	
Food and Related Costs	856,858,381
Capacity Dev.t and Augmentation	N/A
Direct Support Costs	68,266,634
Cash-Based Transfers and Related Costs	64,315,638
Indirect Support Costs	69,260,846
<b>Total</b>	<b>1,058,701,498</b>

Commodities	Metric Tonnes
Planned Commodities in 2015	202,444
Actual Commodities 2015	79,866
Total Approved Commodities	411,985

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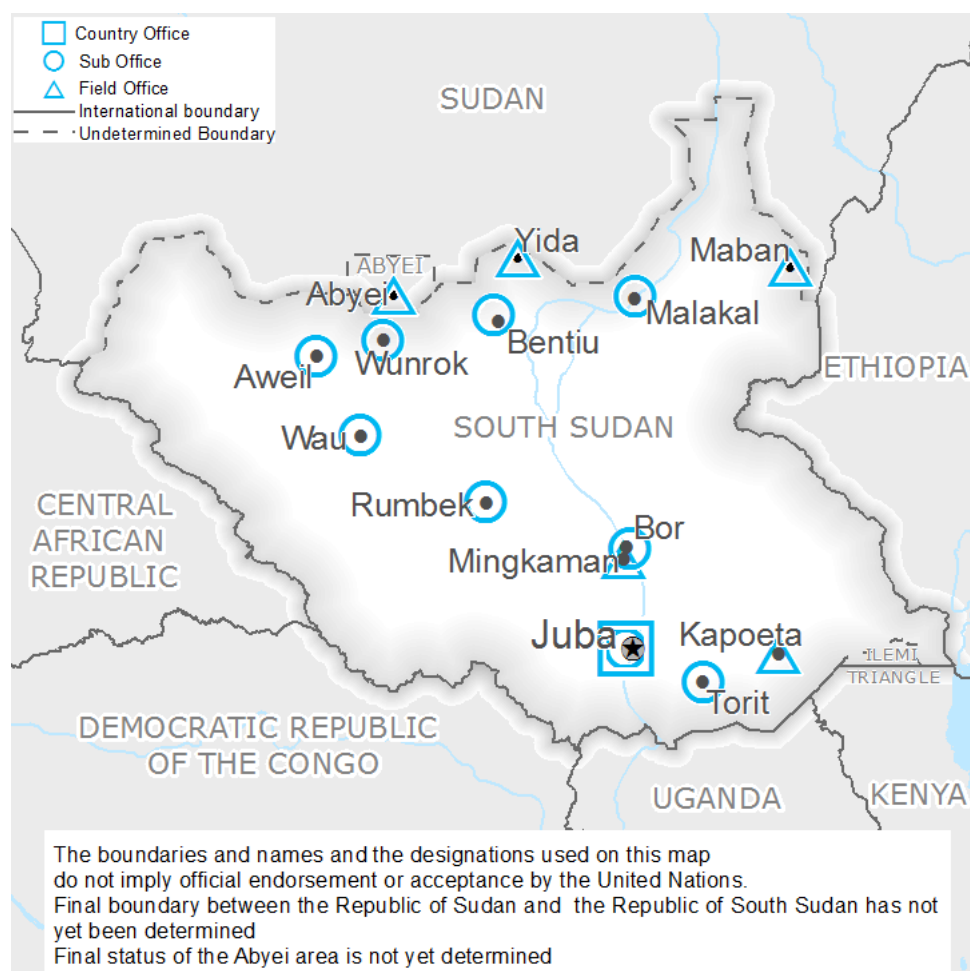
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# COUNTRY OVERVIEW



## Country Background

The Republic of South Sudan, a land-locked country situated in eastern Africa, is sparsely populated, with an estimated population of 11.7 million people on 644,329 square km of land. In 2005, the Comprehensive Peace Agreement was signed between the Sudan People's Liberation Movement and the Republic of Sudan, ending one of the longest civil wars on record. In July 2011, the Republic of South Sudan gained independence and remains the world's youngest nation.

On 15 December 2013, armed conflict broke out in the capital Juba between forces loyal to President Salva Kiir and those loyal to ex-Vice President Riek Machar and quickly spread to Jonglei, Unity and Upper Nile States, a region known as Greater Upper Nile. By the end of 2015, approximately 1.66 million had been displaced in country (including 185,000 in UNMISS Protection of Civilian sites) and about 646,000 into neighbouring nations.

Basic services within the country have been severely limited by several decades of nearly continuous war. In August 2015, the parties to the conflict signed a peace deal after months of mediation from the Intergovernmental Authority on Development (IGAD). Infrastructure, institutional capacity and economic stability continue to suffer as implementation of the peace agreement has been slow.

During the rainy season, between May and October, access to already limited basic services is significantly decreased as huge swaths of the country become inaccessible. Each year, infrastructure assets, including roads and bridges, deteriorate further due to insufficient maintenance during the dry season, thus extending the effects of the rainy season.

Despite plentiful natural resources, including fertile soil and rich biodiversity, only 4 percent of arable land is cultivated. More than 80 percent of the population live in rural areas and survive on subsistence farming. The country's economy is 98 percent dependent on oil revenues. Although it retained the bulk of the oil fields with the independence split, South Sudan remains dependent on the Republic of Sudan for its oil pipeline. Disputes between the two countries over the pipeline as well as interruptions to investments have contributed to the volatile economic situation. By the end of 2015, the decline in oil production together with falling oil prices resulted in a devastating declining revenue and to a huge disparity between the official exchange rate of the South Sudanese Pounds (SSP) to the US Dollar. In December 2015, the government announced the adoption of a market regulated exchange rate, and the official rate leapt overnight from 3.16 SSP to 18.55 SSP per 1 USD, dramatically changing the way business is conducted in country.

South Sudan has some of the world's worst socio-economic indicators and is not on track to achieve any of the Millennium Development Goals. It ranks 169 out of 188 on the 2014 Human Development Index. More than 53 percent of the population lives below the poverty line and the average life expectancy at birth is only 55.7 years. According to the latest Integrated Food Security Phase Classification (IPC) report, the country's overall nutrition status remained Critical, with Global Acute Malnutrition rates above the World Health Organization's Emergency threshold (more than 15 percent of the population was classified as malnourished). Moreover, the last IPC of the year showed 3.9 million people classified as severely food insecure with 2.4 million people projected to be in Crisis and Emergency phases from October to December 2015.

## Summary Of WFP Assistance

WFP continued to implement its emergency operation (EMOP) 200659 from 01 January to 30 September 2015 to provide emergency food and nutrition assistance to vulnerable groups including internally displaced persons and conflict-affected residents. These population groups live in United Nations Mission in South Sudan (UNMISS) Protection of Civilian sites (PoCs), in IDP settlement camps (such as Mingkaman in Lakes state), or shelter in hard-to-reach locations. Most interventions took place in the three conflict affected states of Jonglei, Unity and Upper Nile. From 01 October 2015 to the end of the year, assistance continued under EMOP 200859.

The continued efforts of the 'Integrated Rapid Response Mechanism' (IRRM) have been vital to the success in providing assistance to communities in hard-to-reach locations. The mobile teams were composed of WFP, other United Nations agencies and NGOs, deployed to remote locations to deliver an essential package of food, nutrition, emergency health, livelihood and protection services. WFP was able to reach nearly 80 remote and insecure sites with emergency food assistance at least once in the year, a significant increase from about 55 locations in 2014. However, frequent delays and mission cancellations related to security concerns and logistical challenges meant that several locations were served very infrequently.

Under the EMOP, WFP has continued its joint Nutrition Scale-Up Plan with UNICEF. The two organizations provided their specific nutrition expertise to address severe acute malnutrition (UNICEF) and moderate acute malnutrition (WFP). Cash-based transfers were successfully introduced in the largest single IDP population outside of UNMISS camps. However, the current market situation, including prices and consistent availability of goods, has become volatile and WFP will therefore continue to monitor the sustainability of cash-based transfers.

Before the start of the conflict in December 2013, WFP had developed its protracted relief and recovery operation (PRRO) 200572, to promote the country's shift from unconditional emergency food assistance to more recovery-based food transfers. The operation continued in 2015, in the seven states identified as non-conflict (Central, Western and Eastern Equatoria, Northern and Western Bahr el Ghazal, Lakes and Warrap). General food distributions were still provided to vulnerable populations, particularly refugees, but the main focus remained on Food/Cash Assistance for Assets, Food for Education and nutrition interventions, including the prevention of acute malnutrition, treatment of moderate acute malnutrition, and Institutional Feeding Programme. Purchase for Progress was integrated into the PRRO, to promote the work of smallholder farmers.

WFP's portfolio in South Sudan included five special operations (SOs) to support the two main food assistance operations and to provide services to the greater humanitarian community and the Government of South Sudan.

WFP and the Food and Agriculture Organization (FAO) co-lead the Food Security and Livelihoods Cluster, which was operated in part through SO 200775. This cluster was dedicated to ensuring a coordinated and efficient response for food availability, production and access issues and aimed at reaching the most affected population in close coordination with food security and livelihood actors at both national and sub-national levels.

WFP led the Logistics Cluster under SO 200778. As a service cluster, the Logistics Cluster provided the humanitarian community in South Sudan with logistical expertise, coordination, warehousing and transport services.

The Emergency Telecommunications Cluster is also led by WFP, under SO 200791, and ensured the delivery of a reliable Internet connectivity network and information technology services to the entire humanitarian community.

SO 200786 is the United Nations Humanitarian Air Service (UNHAS), which facilitated the movement of humanitarian actors and relief items across the country. Most areas in the country cannot be reached by road due to difficult terrain, insecurity and the lengthy rainy season.

The construction of feeder roads under SO 200379 benefitted the people and Government of South Sudan as well as the humanitarian community by improving access to rural markets and essential social services.

Beneficiaries	Male	Female	Total
Children (under 5 years)	290,864	290,864	581,728
Children (5-18 years)	569,604	669,384	1,238,988
Adults (18 years plus)	531,438	556,483	1,087,921
<b>Total number of beneficiaries in 2015</b>	<b>1,391,906</b>	<b>1,516,731</b>	<b>2,908,637</b>

Distribution (mt)						
Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Single Country EMOP	88,044	4,753	7,407	10,284	489	110,976
Single Country PRRO	64,969	3,979	5,472	4,563	350	79,334
<b>Total Food Distributed in 2015</b>	<b>153,013</b>	<b>8,732</b>	<b>12,879</b>	<b>14,847</b>	<b>839</b>	<b>190,311</b>

# OPERATIONAL SPR

## Operational Objectives and Relevance

WFP launched emergency operation (EMOP) 200659 on 01 January 2014 and extended it for an additional nine months (from December 2014 to September 2015) in response to the conflict in South Sudan. The EMOP continued to provide assistance to approximately 1.5 million displaced people in the three conflict-affected states of Jonglei, Unity and Upper Nile as well as those sheltering in the United Nations Mission in South Sudan (UNMISS) Protection of Civilian (PoC) sites. The EMOP contributed to WFP Strategic Objective 1, to save lives and protect livelihoods in emergencies, targeting displaced, conflict-affected and vulnerable people whose livelihoods and food access have been seriously compromised.

The Integrated Rapid Response Mechanism (IRRM) continued to be a key instrument for the humanitarian response. Mobile teams comprising WFP, UNICEF, FAO, UNHCR and NGO partners deployed to deep field areas in the conflict-affected states. The different actors worked together to deliver an essential package of food, nutrition, emergency health, livelihood and protection services.

Treatment of moderate acute malnutrition (MAM) in children aged 6 - 59 months and pregnant and lactating women, previously implemented under the protracted relief and recovery operation (PRRO), was integrated into the EMOP in January 2015, in line with the geographical division between the operations. Prevention of acute malnutrition continued to be implemented for those same groups. The emergency response remained predominately focused on the distribution of general food rations, although cash-based transfers were introduced as part of the interventions in the Juba UNMISS PoC and Mingkaman.

Modifications to geographical targeting as well as the level of food assistance needed during the year were informed by results of the Integrated Food Security Phase Classification (IPC), which is coordinated by WFP, FAO, the government and other humanitarian actors three times a year. The IPC has been adopted by the government as a reliable tool for early warning information and decision-making.

## Results

### *Beneficiaries, Targeting and Distribution*

WFP extended its EMOP by nine months, from January to September 2015 as it became clear, despite a number of ceasefire agreements, that the fighting in South Sudan would continue and significant swaths of the population would remain displaced and vulnerable to food insecurity. The operation continued to focus primarily on internally displaced people (IDPs) and conflict-affected residents in deep field locations in the three states of Jonglei, Unity and Upper Nile. In addition, people sheltering in UNMISS PoC sites and in longer-term catchment areas, including outside of the Greater Upper Nile region, were consistently assisted each month.

Unconditional food transfers still made up the bulk of WFP's assistance to targeted populations under the EMOP. Based on IPC assessments, the number of planned beneficiaries was revised downward in 2015, from 1.74 million to 1.48 million people. These estimates included the counties classified as IPC "emergency" phase and 50 percent of those under "crisis" phase, particularly during the peak lean season (May to July). Throughout the year additional adjustments were made to the number of people targeted for assistance based on information of population movements and needs, confirmed through Emergency Food Security Assessments (EFSAs), Inter-Agency Rapid Needs Assessments (IRNAs), Food Security and Nutrition Monitoring System (FSNMS) reports and IPC results. When large population displacements occurred over a short period of time, high-energy biscuits were distributed to new arrivals, meeting their immediate food needs while access to cooking facilities was limited, and relieving some of the burden of borrowing from groups that had arrived earlier.

With general food distributions (GFD), WFP reached more than 1.52 million people against the targeted 1.48 million. The food basket included cereals, pulses, fortified vegetable oil and salt in quantities calculated to provide the minimum average energy requirements (2,100 kcal per person per day). However, because of pipeline breaks and logistical challenges, distributions were at times conducted with reduced or missing commodities. For example, sugar was particularly scarce because it cannot be airdropped and must therefore be airlifted, which takes additional time. When possible, a higher amount of SuperCereal was distributed to compensate for sugar deficits in the ration.

The continued efforts of the 'Integrated Rapid Response Mechanism' (IRRM) were vital to the success in reaching communities in hard-to-reach locations. The mobile teams were composed of WFP, other United Nations agencies and NGOs deployed to remote locations to deliver an essential package of food, nutrition, emergency health, livelihood and protection services. WFP was able to reach nearly 80 hard-to-reach sites with emergency food assistance at least once in the year, a significant increase from about 55 locations in 2014. However, frequent delays and mission cancellations related to security concerns and logistical challenges meant that several locations were served very infrequently (some only once a quarter or even once a year), which led to a lower level of food distributed than planned.

Milling vouchers were distributed to stable sites, including four UNMISS PoCs and Mingkaman. These vouchers allowed IDPs to mill up to 70 percent of their cereal ration, helping to reduce sales of general food rations, stabilize milling prices and maintain a functioning market for commercial millers. WFP did not provide milling vouchers for the remaining 30 percent because of funding constraints.

In April, cash-based transfers (value vouchers) were introduced in Mingkaman, hosting the largest IDP population outside of UNMISS camps. The value vouchers replaced 30 percent of the in-kind cereal component and were based on the market value of that component. The vouchers were semi-open, whereby beneficiaries could purchase up to eight different food commodities from selected retailers. WFP had planned this shift in 2014 but only implemented it in 2015 due to beneficiaries' initial reluctance to accept the change. It was introduced in Mingkaman and then also implemented in the Juba UNMISS PoCs, replacing 50 percent of the cereal ration. WFP prepared both communities for the additional modality through community discussions, visibility items (posters) and media engagement especially through radio channels. Because of the sharp decline in the country's economic situation which increased the disparity between the official/United Nations exchange rate and a parallel rate used informally, a planned expansion to replace all in-kind commodities with vouchers in these locations became cost-ineffective and was not implemented. Additionally, the financial, market and security situation did not allow for the distribution of cash instead of vouchers. This resulted in just 24 percent of the planned cash and voucher distributions being implemented.

WFP designed and implemented GFD with an HIV-sensitive lens. Patients receiving treatment for HIV, tuberculosis and other illnesses received a general food distribution ration with a nutrition component, depending on the availability of those commodities. Caretakers, which included nearly 900 people (both men and women), received the general food distribution ration. This activity was integrated into the subsequent EMOP as an institutional feeding programme.

WFP continued its joint Nutrition Scale-Up Plan with UNICEF. The two organizations provided their specific nutrition expertise in addressing severe acute malnutrition (UNICEF) and moderate acute malnutrition (WFP). Through the prevention of moderate acute malnutrition, WFP continued to provide assistance to nearly 300,000 children between the ages of 6 and 59 months and pregnant and lactating women. Prevention rations for children under 5 years were composed of 200 grams of SuperCereal Plus per person per day. Pregnant and lactating women received 20 grams of sugar, 30 grams of vegetable oil and 250 grams of SuperCereal per day. The treatment of moderate acute malnutrition reached approximately 195,000 children under 5 years and pregnant and lactating women. The women receiving treatment received 20 grams of sugar, 30 grams of vegetable oil and 250 grams of Super Cereal per day, while children received 92 grams of Plumpy'Sup per day. Community nutrition volunteers (CNVs) received 267 grams of cereals, pulses, vegetable oil and salt per person per day in exchange for their help in identifying malnourished children and mothers in their communities, encouraging adherence to prevention and treatment programmes and passing on knowledge on best practices for good nutrition.

The over-achievement of treatment of moderate acute malnutrition among pregnant and lactating women (PLW) was partly due to a broader reach of PLW than initially expected, and partly to non-harmonized admission criteria used by nutrition cooperating partners. The plan was calibrated with a <21 cm mid-upper arm circumference (MUAC) cut-off, while many partners used a <23 cm cut-off. Both are commonly used, and in the absence of a unified global standard, national guidelines are usually followed; however, in South Sudan, national guidelines were under revision. WFP and UNICEF are working closely with the Ministry of Health on the revision of the community management of acute malnutrition (CMAM) guidelines, and will increase monitoring visits to ensure this issue is addressed in 2016. Despite the high number of children treated for moderate acute malnutrition, the quantity of the ready-to-use supplementary food (Plumpy'Sup) distributed was relatively low. The planned tonnage was based on an average 60-day treatment period, but some children recovered more quickly and a small proportion defaulted from the programme.

A smaller proportion of planned beneficiaries, particularly pregnant and lactating women, was reached under the preventative intervention than under the treatment programme. This is a result of shortfalls in SuperCereal coupled with air delivery challenges. These issues also reduced the overall distributions of SuperCereals (corn-soya blend).



Treatment of moderate acute malnutrition required greater engagement of CNVs than prevention programmes, as treatment interventions involve more time on the ground with beneficiaries and deeper nutrition messaging. This resulted in much fewer CNVs associated with the prevention programme than with the treatment.

Table 1: Overview of Project Beneficiary Information									
Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Total Beneficiaries	718,398	759,786	1,478,184	740,380	783,036	1,523,416	103.1%	103.1%	103.1%
By Age-group:									
Children (under 5 years)	140,427	140,427	280,854	144,725	144,725	289,450	103.1%	103.1%	103.1%
Children (5-18 years)	242,422	283,811	526,233	249,840	292,496	542,336	103.1%	103.1%	103.1%
Adults (18 years plus)	335,549	335,548	671,097	345,815	345,815	691,630	103.1%	103.1%	103.1%
By Residence status:									
Internally displaced persons (IDPs)	591,241	625,305	1,216,546	592,304	626,429	1,218,733	100.2%	100.2%	100.2%
Residents	127,156	134,482	261,638	148,076	156,607	304,683	116.5%	116.5%	116.5%

Table 2: Beneficiaries by Activity and Modality									
Activity	Planned			Actual			% Actual v. Planned		
	Food	CBT	Total	Food	CBT	Total	Food	CBT	Total
General Distribution (GD)	1,180,630	150,000	1,330,630	1,442,692	108,621	1,442,692	122.2%	72.4%	108.4%
Nutrition: Treatment of Moderate Acute Malnutrition	145,340	-	145,340	195,823	-	195,823	134.7%	-	134.7%
Nutrition: Prevention of Acute Malnutrition	418,351	-	418,351	297,215	-	297,215	71.0%	-	71.0%

Table 3: Participants and Beneficiaries by Activity (excluding nutrition)									
Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
General Distribution (GD)									
People participating in general distributions	122,418	143,708	266,126	142,672	167,484	310,156	116.5%	116.5%	116.5%
Total participants	122,418	143,708	266,126	142,672	167,484	310,156	116.5%	116.5%	116.5%
Total beneficiaries	612,090	718,540	1,330,630	701,148	741,544	1,442,692	114.5%	103.2%	108.4%

The total number of beneficiaries includes all targeted persons who were provided with WFP food/cash/vouchers during the reporting period - either as a recipient/participant or from a household food ration distributed to one of these recipients/participants.



Table 4: Nutrition Beneficiaries									
Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<b>Nutrition: Treatment of Moderate Acute Malnutrition</b>									
Activity supporters (18 plus)	2,968	2,968	5,936	5,854	5,855	11,709	197.2%	197.3%	197.3%
Children (6-23 months)	29,458	29,460	58,918	31,290	31,290	62,580	106.2%	106.2%	106.2%
Children (24-59 months)	29,460	29,460	58,920	31,290	31,290	62,580	106.2%	106.2%	106.2%
Pregnant and lactating women (18 plus)	-	21,566	21,566	-	58,954	58,954	-	273.4%	273.4%
<b>Total beneficiaries</b>	<b>61,886</b>	<b>83,454</b>	<b>145,340</b>	<b>68,434</b>	<b>127,389</b>	<b>195,823</b>	<b>110.6%</b>	<b>152.6%</b>	<b>134.7%</b>
<b>Nutrition: Prevention of Acute Malnutrition</b>									
Activity supporters (18 plus)	1,107	1,107	2,214	473	474	947	42.7%	42.8%	42.8%
Children (6-23 months)	96,532	96,534	193,066	73,191	73,190	146,381	75.8%	75.8%	75.8%
Children (24-59 months)	96,534	96,534	193,068	73,190	73,190	146,380	75.8%	75.8%	75.8%
Pregnant and lactating women (18 plus)	-	30,003	30,003	-	3,507	3,507	-	11.7%	11.7%
<b>Total beneficiaries</b>	<b>194,173</b>	<b>224,178</b>	<b>418,351</b>	<b>146,854</b>	<b>150,361</b>	<b>297,215</b>	<b>75.6%</b>	<b>67.1%</b>	<b>71.0%</b>

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Beans	16,881	2,592	15.4%
Corn Soya Blend	24,017	6,595	27.5%
High Energy Biscuits	-	11	-
Iodised Salt	1,688	364	21.6%
Lentils	-	823	-
Maize	-	1,998	-
Peas	-	729	-
Ready To Use Supplementary Food	857	467	54.5%
Sorghum/Millet	148,241	62,157	41.9%
Split Peas	-	867	-
Sugar	253	14	5.7%
Vegetable Oil	10,508	3,248	30.9%
<b>Total</b>	<b>202,444</b>	<b>79,866</b>	<b>39.5%</b>

Cash-Based Transfer	Planned Distribution USD	Actual Distribution USD	% Actual v. Planned
Cash	-	-	-
Voucher	29,700,000	7,195,289	24.2%
<b>Total</b>	<b>29,700,000</b>	<b>7,195,289</b>	<b>24.2%</b>

## Story Worth Telling

In April 2015, WFP introduced paper vouchers in Mingkaman, a settlement of mostly internally displaced people located in Lakes state, across the Nile river from Bor (capital of Jonglei state). Two months later, WFP replaced the paper and started distributing cash-based transfers via electronic cards powered by WFP's information management system, SCOPE. Almost immediately, IDPs and local traders said they were witnessing the benefits of the new system, which allows WFP to gradually transition from food distributions to an electronic money programme.

SCOPE allowed WFP to register beneficiaries, store information on the amount of food or money they are entitled to, and, when the system is used for cash-based assistance, to directly transfer the entitlement into the beneficiaries' electronic cards. Recipients then used the e-card to buy food from selected shops.

Twenty-four-year-old mother Amour Akouk and her extended family have been living in Mingkaman since December 2013, when they fled their home as fighting erupted in Bor. They were among tens of thousands who used canoes to cross the White Nile to seek safety in what has now become a sprawling settlement hosting over 70,000 people. All registered IDPs receive cereals, pulses and fortified vegetable oil every month from WFP and its partners. But things are changing.

"Today I received my e-card. I'm here at the market buying sugar, milk and flour because that's what my children need," Akouk said on the day WFP launched the new system. "I looked at what WFP provided us and made a choice about what my household still needs and what I can buy with the e-card money."

In Mingkaman, WFP now provides a mix of food and cash-based transfers. IDPs receive a full month's ration of pulses and cooking oil, and 70 percent of the previous cereal ration, along with cash through the e-cards worth the value of the remaining 30 percent of the cereal ration. The households can use their e-cards to choose from a variety of foods available in selected shops.

With the influx of people to the area, markets have swelled with new traders, like Yar Pancho, who identified the provision of food as a business opportunity. Yar, who fled from Bor to Mingkaman with her five children and her mother set up a shop shortly after she arrived, and is now among the traders contracted by WFP.

"I had heard people talking about the new voucher programme. I knew it would bring me more customers, people with guaranteed money to spend," Yar said. "I am excited about the business it will bring. I need to help provide for my family."

Shifting from in-kind food distributions to cash-based transfers, however, has its challenges in South Sudan. The deteriorating economic situation led to price hikes by the end of the year, which threatened the cash-based programmes. The resupply of food stocks is a concern due to the remoteness of Mingkaman, as was the unreliable electricity needed to power the point-of-sale machines WFP provided to each trader to perform transactions.

To mitigate these challenges, WFP bases its transfers on thorough market price assessments, and selects traders with a track record of keeping a consistent stock of supplies. WFP also provided solar panels to the traders to ensure continued power supply.

## Progress Towards Gender Equality

The challenges of gender inequality remain prevalent in South Sudan and are exacerbated by high levels of poverty, continuing conflict and strong patriarchal traditions and customs. The inequalities between women and men and boys and girls need a holistic response, political will and investments on the socio-cultural and economic fronts.

Only 40 percent of men and a mere 16 percent of women in South Sudan can read and write, according to the 2015 National Human Development Report. The high illiteracy rates have an impact on how effectively beneficiaries, particularly women, understand programmes and express themselves during design, implementation and monitoring phases. The intensity of the conflict in 2015 in parts of Jonglei, Unity and Upper Nile further hindered the implementation and monitoring of cross-cutting issues such as gender equality, as access to war-torn towns remained restricted.

Despite the conflict, WFP was able to strengthen its commitment to gender equality and women's empowerment (GEWE). Through a Gender Award for Excellence initiative which began in August 2015, WFP built a more robust Gender Focal Team, which included representatives from key units in the country office and one member from each sub-office. In order to improve the understanding of gender issues and ensure that the team had adequate capacity to roll-out GEWE mainstreaming activities, selected members of the team attended four training sessions with the Gender Standby Capacity Project (GenCap).

The proportion of households where women and men made decisions together over the use of food assistance was over 40 percent, which, while below target, is a vast improvement over the two previous measurements. This progress was a result of improved advocacy to encourage household members to share the responsibility of decision-making. In a significant proportion of households, women made decisions on how to use food assistance, which is in line with cultural roles in South Sudan, where they often have more control over food use at the household level. [1]

Monitoring data showed that nearly 80 percent of leadership positions of project management committees were held by women. However, upon deeper analysis, it became clear that enumerators counted the total number of women on project management committees, regardless of their position. WFP plans to work with partners to improve the measurement of this indicator by standardizing how committees are organized, so that leadership positions can be more easily identified.

Nearly 50 percent of women project management committee members were trained. There were still notable challenges such as low literacy rates amongst women, leading to poorer participation in trainings. Improvements in practical trainings in local languages will lead to better training results.

[1]The data on household decision-making only represents food transfers, due to technical data collection challenges with measuring this indicator for cash-based transfers. This technical issue has been resolved for future monitoring exercises.

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>Proportion of households where females and males together make decisions over the use of cash, voucher or food</b>  SOUTH SUDAN, General Distribution (GD) , <b>Project End Target:</b> 2015.09 , <b>Base value:</b> 2014.06 , <b>Previous Follow-up:</b> 2014.12 , <b>Latest Follow-up:</b> 2015.11	>50.00	12.35	11.85	41.00
<b>Proportion of households where females make decisions over the use of cash, voucher or food</b>  SOUTH SUDAN, General Distribution (GD) , <b>Project End Target:</b> 2015.09 , <b>Base value:</b> 2014.06 , <b>Previous Follow-up:</b> 2014.12 , <b>Latest Follow-up:</b> 2015.11	>25.00	76.35	76.65	54.00
<b>Proportion of households where males make decisions over the use of cash, voucher or food</b>  SOUTH SUDAN, General Distribution (GD) , <b>Project End Target:</b> 2015.09 , <b>Base value:</b> 2014.06 , <b>Previous Follow-up:</b> 2014.12 , <b>Latest Follow-up:</b> 2015.11	<25.00	11.30	11.55	5.00
<b>Proportion of women beneficiaries in leadership positions of project management committees</b>  SOUTH SUDAN, General Distribution (GD) , <b>Project End Target:</b> 2015.09 , <b>Base value:</b> 2014.12 , <b>Latest Follow-up:</b> 2015.11	>50.00	32.00		79.00
<b>Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution</b>  SOUTH SUDAN, General Distribution (GD) , <b>Project End Target:</b> 2015.09 , <b>Base value:</b> 2014.12 , <b>Latest Follow-up:</b> 2015.11	>60.00	50.00		48.00

## Protection and Accountability to Affected Populations

The proportion of the targeted population which did not report any safety concerns at programme sites in UNMISS PoCs and Mingkaman has remained well above the corporate target throughout this EMOP. The most common safety concerns reported were related to crowd control and theft of food. As a result of cultural gender roles, women

were more affected, as they are responsible for food at the household level. There was no significant difference between the safety issues faced by IDP populations residing in or outside of UNMISS PoC sites. There were also no specific safety concerns reported for the cash-based transfer modality. This was further supported by a protection risk analysis conducted in the Juba UNMISS PoCs regarding the cash-based transfers. No security incidents were reported when beneficiaries redeemed their vouchers.

The high proportion of beneficiaries feeling safe at WFP programme sites illustrates that the measures in place to protect beneficiaries are working adequately. A dedicated protection advisor in the country office has helped cooperating partners and WFP staff further enhance their protection capacities; guidelines were developed and shared; and protection risk analyses continued to be conducted by dedicated protection officers to inform programme design and implementation. Specific field-level measures included consultations with authorities and civil society stakeholders on where to locate the distribution sites as well as on the provision of shade and water during distributions, in particular for vulnerable groups such as older persons, and persons with disabilities or severe medical conditions, to enable their access to food assistance in a safe and dignified manner.

Unfortunately, there were technical issues with the data collection on the indicator regarding beneficiaries' knowledge of the programme. More generally, the lack of monitoring access in remote rural areas in the three conflict-affected states has not allowed WFP to measure the protection and accountability indicators for resident populations assisted under the EMOP. A Third Party Monitoring Initiative in these states will allow WFP to generate data through feedback boxes and desks, community meetings and monitoring and evaluation (M&E) visits to field sites.

WFP and partners continued to inform communities through traditional leaders, women's associations, designated community mobilizers and signposts at distribution sites. In addition, WFP will continue to strengthen its accountability to affected populations through new partnerships with organisations such as Internews, an international NGO devoted to helping people access news and information using radio and local languages. WFP will also continue to work with partners to develop staff capacity on tools and good practices, and will conduct a mapping exercise to understand what the preferred, trusted and accessible channels of communication are for information provision and for the complaints and feedback mechanism. Already in 2015, WFP set up a hotline in Mingkaman for beneficiaries' feedback. WFP was also part of the inter-agency complaints and feedback mechanism in the Juba UNMISS PoCs, which provided useful information and enabled programme adjustments when necessary.

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)</b>				
<i>SOUTH SUDAN, General Distribution (GD) , <b>Project End Target:</b> 2015.09 , <b>Base value:</b> 2014.06 , <b>Previous Follow-up:</b> 2014.12</i>	>70.00	82.00	70.00	
<b>Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site</b>				
<i>SOUTH SUDAN, General Distribution (GD) , <b>Project End Target:</b> 2015.09 , <b>Base value:</b> 2014.06 , <b>Previous Follow-up:</b> 2014.11 , <b>Latest Follow-up:</b> 2015.11</i>	>80.00	92.00	93.00	96.00

## Outputs

In 2015, WFP reached more than 1.5 million people under its EMOP. Through a concerted effort, the planned number of beneficiaries was exceeded. Additional locations and people in need were identified by monitoring population displacements and variations during the year in the IPC-reported food insecurity levels.

The last revision of the EMOP included three distinct activities: general distributions (food or cash-based transfers), prevention of acute malnutrition and treatment of moderate acute malnutrition. In addition, WFP distributed a food ration, including a nutrition component when possible, to patients and their caretakers while at centres and sites receiving treatment for HIV, tuberculosis and other illnesses. The plan for these centres was based on partner projections of the number of health centres and institutional sites they would reach. However, as a result of inaccessibility due to insecurity and poor logistical conditions, and of some health or institutional sites becoming inoperative, fewer sites were served both in terms of nutrition activities and the assistance provided to chronically ill

people under GD. However, a higher number of children and PLW enrolled into MAM treatment programmes in the sites that WFP and partners could reach.

Because of insecurity, IRRM teams strived to complete registrations and distributions and retreat from remote, volatile locations as quickly as possible. Most teams attempted to complete their missions in 10 to 14 days, and this had some implications for the nutrition activities. Compared to the prevention of acute malnutrition, treatment of moderate acute malnutrition requires more facilities, staffing capacity and time, especially when proper messaging on hygiene and good feeding practices are part of the intervention. This makes it more difficult to incorporate MAM treatment into the general food distribution activity as it is implemented in these remote, insecure locations.

Output	Unit	Planned	Actual	% Actual vs. Planned
<b>SO1: General Distribution (GD)</b>				
Number of health centres/sites assisted	centre/site	1	1	100.0
Number of institutional sites assisted	site	14	9	64.3
<b>SO1: Nutrition: Prevention of Acute Malnutrition</b>				
Number of health centres/sites assisted	centre/site	120	112	93.3
<b>SO1: Nutrition: Treatment of Moderate Acute Malnutrition</b>				
Number of health centres/sites assisted	centre/site	247	162	65.6

## Outcomes

The last IPC of the year, from September 2015, showed that 3.9 million people are classified as severely food insecure (3.1 million people in "crisis" phase and 800,000 in "emergency" phase). The numbers of the food insecure increased significantly from the same period in 2014, when 2.9 million people were found in "crisis" and "emergency" phases. In fact, the IPC analysis indicated that South Sudan was facing the worst levels of food insecurity since independence. Although the number of food insecure households decreased from the previous assessment cycle (May 2015), the perceived improvement is due to the post-harvest season, and not as substantial as in previous years. It became evident in 2015 that the food security situation has deteriorated each period from year to year since the start of the conflict. Comparing the 2014 and 2015 lean seasons (May-July), food security reduced by 15 percent. More starkly, however, the number of food insecure people during harvest periods (October to December) increased from 1.5 million in 2014 to 3.9 million in the 2015. This was likely attributable to the combined and long-term effects of the conflict, worsening economic crisis, high food prices, depleted livelihood options, limited humanitarian access and a reduced harvest output. Lack of access for delivering humanitarian assistance was regarded as another reason for the worsening food security situation. Nonetheless, WFP's efforts to provide life-saving food assistance have been crucial in averting a looming hunger catastrophe.

The proportion of targeted children of 6 - 59 months of age who were reached with assistance and participated in at least eight distributions were significantly better for malnutrition prevention than treatment of moderate acute malnutrition. The majority of WFP's distributions are conducted in remote locations, which are more conducive to general food distributions and prevention of acute malnutrition since they require less time on the ground.

Nonetheless, beneficiaries reached with moderate acute malnutrition treatment showed good recovery rates. Mortality, default and non-response rates were low, which may be credited to the use of community nutrition volunteers and their ability to engage populations and encourage active participation in malnutrition treatment programmes.

Data for food consumption scores (FCS), diet diversity scores (DDS) and the coping strategy index (CSI) was collected from camps (including UNMISS PoCs and Mingkaman) and rural sites. Logistical challenges and insecurity constrained WFP's ability to conduct post-distribution monitoring in rural sites, preventing data collection for outcome monitoring outside of the UNMISS PoCs and Mingkaman. Instead, FSNMS data from Jonglei and Upper Nile states, covering both beneficiary and non-beneficiary populations, was used to inform the FCS, DDS and CSI indicators. It should be noted that FSNMS data is not intended for reporting on the impact of WFP's assistance, and its sampling is representative for the state/county levels but not for beneficiary populations. This data is reported for rural locations due to a lack of more representative data sources. In addition, data collection for the FSNMS was also hampered by restricted movement, and the results for Greater Upper Nile therefore do not include data from Unity state - including locations reached by WFP's emergency food assistance.

Thirty-eight percent of households in camps and 28 percent of households in rural areas had poor FCS. Similar differences were found between female-headed households in IDP sites and in remote rural areas. However, the results for male-headed households were not significantly different between the rural areas and the camps. Conflict-affected people in hard-to-reach locations also used fewer food-related negative coping strategies than those sheltering in camps.

The results showing higher food insecurity in IDP locations are surprising, given that PoCs and Mingkaman were provided food assistance more consistently than remote rural locations. Several factors may have contributed to these findings.

Partly, this may be because many of the locations thought to have the highest levels of food insecurity were unreachable to assessment missions. Furthermore, since the FSNMS and outcome monitoring exercises were conducted at different times of the distribution cycle, it is possible that differences between camps and rural populations are partially stemming from the amount of humanitarian assistance still available within the household.

Households within camps were also affected by high levels of illnesses, were unable to source any significant amount of food from their own production, and were hesitant to return home for fear of insecurity. Outside of the camps, people are instead more mobile and therefore better able to access other food through fishing, foraging and small-scale subsistence farming. The sale of food assistance to fill other gaps has also been posited as a reason for this disparity, particularly in the FCS.

Another probable factor explaining the FCS and CSI results between PoCs and rural areas may be the effect of the influx of IDPs to the Bentiu PoC from May/June 2015. At the end of April and the beginning of May, UNMISS reported a fairly stable population of 52,900 in the Bentiu PoC. However, fighting in central Unity in the middle of year caused citizens to flee, many of them northward to the capital of the state and the shelter of UNMISS's protection. In June 2015 alone, an estimated 10,800 new arrivals were recorded. That number continued to rise and by the last count in December 2015, approximately 115,000 people were sheltering in the PoC. In the initial months of the influx, needs were high amongst the newly displaced and put a strain on the existing PoC population. The food stocks that WFP had prepositioned in Bentiu, and that were meant for distributions in the PoC throughout the rainy season were depleted in less than half the expected time. By September, WFP mobilized airdrops to feed the swelling vulnerable population and food rations were reduced - ultimately leading to poorer than expected food consumption. The entire humanitarian community recognized the dire situation faced in the Bentiu PoC, which included quickly rising levels of food insecurity during the second half of 2015. These issues, specific for Bentiu, had a negative effect on the aggregate FCS and CSI results reported for IDP locations.

However, diet diversity scores were on average better amongst households in camps than in rural sites. This can likely be attributed to the introduction of value vouchers into Juba UNMISS PoCs and Mingkaman, which allowed beneficiaries to consume a broader variety of food. This explanation is supported by the higher average DDS (3.6) found in the two sites where value vouchers were distributed than in the sites where only food was provided (2.6).

The constraints on WFP's ability to monitor interventions for rural households post distribution has created a data gap and limited the capacity to adequately measure outcomes. WFP will introduce a third party monitoring contractor to conduct process and outcome monitoring in hard-to-reach areas.

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>SO1 Save lives and protect livelihoods in emergencies</b>				
<b>Stabilized or reduced undernutrition among children aged 6–59 months and pregnant and lactating women</b>				
<b>Proportion of target population who participate in an adequate number of distributions</b>				
<i>PREVENTION , <b>Project End Target:</b> 2015.09 PDM HH , <b>Base value:</b> 2013.12 WFP programme monitoring , <b>Previous Follow-up:</b> 2014.12 WFP programme monitoring PDM , <b>Latest Follow-up:</b> 2015.12 WFP programme monitoring Monthly partner reports</i>	>66.00	0.00	60.00	82.00



Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>Proportion of eligible population who participate in programme (coverage)</b>				
PREVENTION , <b>Project End Target:</b> 2015.09 Desk study , <b>Base value:</b> 2013.12 Secondary data , <b>Previous Follow-up:</b> 2014.12 Secondary data Desk study , <b>Latest Follow-up:</b> 2015.11 Secondary data Desk study	>70.00	0.00	80.00	88.00
<b>MAM treatment recovery rate (%)</b>				
TREATMENT , <b>Project End Target:</b> 2015.09 Nutrition cluster data , <b>Latest Follow-up:</b> 2015.12 Secondary data Nutrition cluster data	>75.00		-	88.00
<b>MAM treatment mortality rate (%)</b>				
TREATMENT , <b>Project End Target:</b> 2015.09 Nutrition cluster data , <b>Latest Follow-up:</b> 2015.12 Secondary data Nutrition cluster data	<3.00		-	0.00
<b>MAM treatment default rate (%)</b>				
TREATMENT , <b>Project End Target:</b> 2015.09 Nutrition cluster data , <b>Latest Follow-up:</b> 2015.12 Secondary data Nutrition cluster data	<15.00		-	7.00
<b>MAM treatment non-response rate (%)</b>				
TREATMENT , <b>Project End Target:</b> 2015.09 Nutrition cluster data , <b>Latest Follow-up:</b> 2015.12 Secondary data Nutrition cluster data	<15.00		-	5.00
<b>Proportion of eligible population who participate in programme (coverage)</b>				
TREATMENT-CAMPS , <b>Project End Target:</b> 2015.09 Desk study , <b>Base value:</b> 2013.12 Secondary data , <b>Latest Follow-up:</b> 2015.11 Secondary data Desk study	>90.00	0.00	-	82.00
<b>Proportion of eligible population who participate in programme (coverage)</b>				
TREATMENT-RURAL , <b>Project End Target:</b> 2015.09 Desk study , <b>Base value:</b> 2013.12 Secondary data , <b>Latest Follow-up:</b> 2015.11 Secondary data Desk study	>50.00	0.00	-	58.00
<b>Stabilized or improved food consumption over assistance period for targeted households and/or individuals</b>				
<b>FCS: percentage of households with poor Food Consumption Score</b>				
GD-CAMPS , <b>Project End Target:</b> 2015.09 PDM HH , <b>Latest Follow-up:</b> 2015.11 WFP programme monitoring PDM HH	<7.60		-	38.00
<b>FCS: percentage of households with poor Food Consumption Score (female-headed)</b>				
GD-CAMPS , <b>Project End Target:</b> 2015.09 PDM HH , <b>Latest Follow-up:</b> 2015.11 WFP programme monitoring PDM HH	<8.40		-	42.00
<b>FCS: percentage of households with poor Food Consumption Score (male-headed)</b>				
GD-CAMPS , <b>Project End Target:</b> 2015.09 PDM HH , <b>Latest Follow-up:</b> 2015.11 WFP programme monitoring PDM HH	<5.00		-	25.00
<b>Diet Diversity Score</b>				
GD-CAMPS , <b>Project End Target:</b> 2015.09 PDM HH , <b>Latest Follow-up:</b> 2015.11 WFP programme monitoring PDM HH	>3.00		-	2.96



Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>Diet Diversity Score (female-headed households)</b>				
GD-CAMPS , <b>Project End Target:</b> 2015.09 PDM HH , <b>Latest Follow-up:</b> 2015.11 WFP programme monitoring PDM HH	>3.50		-	2.86
<b>Diet Diversity Score (male-headed households)</b>				
GD-CAMPS , <b>Project End Target:</b> 2015.09 PDM HH , <b>Latest Follow-up:</b> 2015.11 WFP programme monitoring PDM HH	>3.50		-	3.26
<b>CSI (Food): Coping Strategy Index (average)</b>				
GD-CAMPS , <b>Project End Target:</b> 2015.09 PDM HH , <b>Latest Follow-up:</b> 2015.11 WFP programme monitoring PDM HH	<6.00		-	6.40
<b>FCS: percentage of households with poor Food Consumption Score</b>				
GD-RURAL , <b>Project End Target:</b> 2015.09 PDM HH , <b>Base value:</b> 2014.02 WFP survey EFSA , <b>Previous Follow-up:</b> 2014.11 WFP survey FSNMS , <b>Latest Follow-up:</b> 2015.11 WFP survey FSNMS	<6.30	32.80	22.00	28.00
<b>FCS: percentage of households with poor Food Consumption Score (female-headed)</b>				
GD-RURAL , <b>Project End Target:</b> 2015.09 PDM HH , <b>Base value:</b> 2014.02 WFP survey EFSA , <b>Previous Follow-up:</b> 2014.11 WFP survey FSNMS , <b>Latest Follow-up:</b> 2015.11 WFP survey FSNMS	<6.60	33.00	26.00	33.00
<b>FCS: percentage of households with poor Food Consumption Score (male-headed)</b>				
GD-RURAL , <b>Project End Target:</b> 2015.09 PDM HH , <b>Base value:</b> 2014.02 WFP survey EFSA , <b>Previous Follow-up:</b> 2014.12 WFP survey FSNMS , <b>Latest Follow-up:</b> 2015.11 WFP survey FSNMS	<6.00	30.00	19.00	24.00
<b>Diet Diversity Score</b>				
GD-RURAL , <b>Project End Target:</b> 2015.09 PDM HH , <b>Base value:</b> 2014.02 WFP survey EFSA , <b>Previous Follow-up:</b> 2014.11 WFP survey FSNMS , <b>Latest Follow-up:</b> 2015.11 WFP survey FSNMS	>3.00	3.10	4.00	2.13
<b>Diet Diversity Score (female-headed households)</b>				
GD-RURAL , <b>Project End Target:</b> 2015.09 PDM HH , <b>Base value:</b> 2014.02 WFP survey EFSA , <b>Previous Follow-up:</b> 2014.11 WFP survey FSNMS , <b>Latest Follow-up:</b> 2015.11 WFP survey FSNMS	>3.00	2.90	3.80	2.10
<b>Diet Diversity Score (male-headed households)</b>				
GD-RURAL , <b>Project End Target:</b> 2015.09 PDM HH , <b>Base value:</b> 2014.02 WFP survey EFSA , <b>Previous Follow-up:</b> 2014.12 WFP survey FSNMS , <b>Latest Follow-up:</b> 2015.11 WFP survey FSNMS	>3.00	3.20	4.20	2.29
<b>CSI (Food): Coping Strategy Index (average)</b>				
GD-RURAL , <b>Project End Target:</b> 2015.09 PDM HH , <b>Latest Follow-up:</b> 2015.11 WFP survey FSNMS	<5.00		-	1.44

## Sustainability, Capacity Development and Handover

WFP's main partner for humanitarian food assistance in South Sudan remained the Relief and Rehabilitation Commission (RRC), the operational arm of the Ministry of Humanitarian Affairs and Disaster Management. In August 2015, the government and the Sudanese People's Liberation Movement-In Opposition (SPLM-IO) signed a

peace agreement mediated by the Intergovernmental Authority on Development (IGAD). Even by the end of the year, though, its implementation on the ground was still not complete and there were additional political considerations to be settled. Therefore, a handover strategy for EMOP activities to the RRC would have been premature.

However, WFP did take the opportunities available to strengthen its partnership with the government in crucial areas. Most notably, on the IPC process, the Food Security and Nutrition Monitoring System (FSNMS) and other related assessments, the government took an increasingly active role. The IPC in particular was a government-approved tool that served as the basis for food and nutrition security zoning for counties across the country.

As a co-chair of the food security and livelihoods cluster, WFP continued to encourage all cluster members to increase their roles in the collection of price data from leading markets. In addition, the outputs of all cluster partners were shared with the state government authorities, to help build their understanding of the extent of food and livelihood assistance at the state-level and its wider consequences.

In the future, WFP and partners will implement additional measures to increase government ownership of assessment processes, including market data collection.

As the conflict entered its second year, more nuanced nutrition programming was introduced in the form of moderate acute malnutrition treatment interventions. This activity allowed for increased interaction between nutrition experts and community members and for expanded education on feeding and hygiene practices.

The use of CNVs provided a great platform that increased local ownership of activities to prevent malnutrition and treat moderate acute malnutrition, enhancing commitment and sustainability. CNVs were members of the community that were trained to identify and ensure that malnourished individuals were detected early by active case-finding in the community. CNVs were invaluable in ensuring that knowledge was transferred to communities for lasting and effective hunger solutions.

Finally, the introduction of cash-based transfers in the UNMISS PoC and Mingkaman in 2015 stimulated local markets and empowered vulnerable populations to access those markets to purchase locally preferred foods. In turn, this led to increased dietary diversity. Traders were also trained by financial service providers on small business management.

## Inputs

### Resource Inputs

As the conflict in South Sudan entered its second year, the EMOP saw a reduced number of donors, to a level similar to that in 2013. By the end of the year, the EMOP was quite well funded, particularly considering the significant increase of the annual needs, conveying the donors' continued support to WFP's emergency assistance in South Sudan.

Donor	2015 Resourced (mt)		2015 Shipped/Purchased (mt)
	In-Kind	Cash	
African Dev Bank	0	436	0
Canada	0	6,031	0
European Commission	0	13,185	1,223
Germany	0	565	0
Japan	0	1,332	0
MULTILATERAL	0	4,403	8,288
Norway	0	0	720
Private Donors	0	11	0

Donor	2015 Resourced (mt)		2015 Shipped/Purchased (mt)
	In-Kind	Cash	
Switzerland	0	966	450
UN CERF Common Funds and Agencies	0	1,716	0
United Kingdom	0	13,148	821
USA	28,769	5,811	30,526
<b>Total</b>	<b>28,769</b>	<b>47,604</b>	<b>42,029</b>

See Annex: Resource Inputs from Donors for breakdown by commodity and contribution reference number

## Food Purchases and In-Kind Receipts

The majority of the food commodities WFP procured in 2015 using cash contributions for its EMOP were from the Global Commodity Management Facility (formerly known as the Forward Purchasing Facility), totalling nearly 50,000 mt. The GCMF has a number of regional storage facilities that allow WFP to stock food commodities purchased in bulk in anticipation of requests from country offices. This allowed WFP in South Sudan to avoid a lengthy procurement process, thus reducing delivery lead times. Globally, the GCMF also provided WFP the opportunity to maximize its cost-efficiency by purchasing different commodities when prices are favourable. The second largest proportion of commodities were received in-kind from the United States (particularly the annual prepositioning grant), followed by local Purchase for Progress procurements. Approximately 750 mt of salt was procured regionally from Kenya.

Commodities	Local (mt)	Developing Country (mt)	Other International (mt)	GCMF (mt)
Beans	0	0	0	1,437
Corn Soya Blend	0	0	0	11,711
High Energy Biscuits	0	0	0	100
Iodised Salt	0	751	0	0
Maize	100	0	0	811
Ready To Use Supplementary Food	0	0	770	0
Sorghum/Millet	720	0	22,840	32,848
Split Peas	0	0	7,301	1,192
Sugar	0	0	0	181
Vegetable Oil	0	0	5,153	1,514
<b>Total</b>	<b>820</b>	<b>751</b>	<b>36,064</b>	<b>49,793</b>

## Food Transport, Delivery and Handling

WFP continued to use every possible means of transport to deliver life-saving food assistance to vulnerable populations – trucks overland, barges on the Nile as well as airdrops and airlifts. In addition to the long-standing logistical challenges in South Sudan, which include very limited infrastructure and inaccessibility due to rains for about half of the year, WFP was still not able to successfully complete any crossline operations (from territories held by the Government to those held by the Opposition and vice versa) by road, which meant continued reliance on air operations.

WFP attempted to take advantage of the dry season (roughly from January to May) by prepositioning food in locations that would become cut off. Because of the violence in the Greater Upper Nile region, the number of sites

deemed capable of keeping prepositioned food safe was more limited than in pre-conflict years. Still, the prepositioning efforts helped ensure food availability at stable sites during the rainy season.

## Post-Delivery Losses

WFP built on its experiences from 2014 to reduce the amount of food lost in 2015. Nonetheless, there were looting incidents recorded between May and October 2015 in Western Equatoria, Unity and Upper Nile states, when fighting escalated – an unfortunate convergence of WFP's last push to preposition food before the rains began, and surges in combat movements before the rains would also limit armed actors' mobility.

Detailed post-delivery loss information will be provided in the Report on Post-Delivery Losses for the Period 1 January - 31 December 2015, presented to the WFP Executive Board in June 2016.

## Management

### Partnerships

As the conflict progressed and the response continued, WFP had the opportunity to learn from the experience in 2014 and enhance areas where needs for improvement were identified. These included capacity development of national and international NGOs. While in 2014 the focus was on ensuring a quick and nimble response, in 2015 WFP worked to ensure that the partners on the ground supporting the operation had the capacity to gradually take on more and more responsibilities. Thus, WFP strengthened its efforts to supervise activity progress and develop partner capacity in technical skills, protection and gender mainstreaming, as well as knowledge and implementation of core humanitarian principles.

Under the IRRM, WFP has sought to deploy jointly with FAO, OCHA, UNICEF, UNHCR and NGO partners to deep-field areas. This strategy enabled WFP and partners to deliver a more comprehensive package of life-saving assistance that included food, nutrition, emergency health, livelihood, and protection services to vulnerable people.

The effort to develop the capacity of partners was also reflected in the response through mobile teams. The number of WFP-only teams decreased from 26 (at the beginning of the current emergency response) to 7 teams, while the number of partner teams increased from 16 to 20. This reflected a greater ability of partners to take on responsibility and organize an efficient response.

The mobile teams benefited from increased NGO presence. However, they were also part of a wider and more comprehensive partnership strategy. They were an integral part of the strategic partnership with UNICEF to scale-up nutrition activities. This strategy was built on WFP's existing close collaboration with UNICEF and drew on WFP's logistics and supply chain management expertise. The mobile teams thus became a central element to increase coverage in priority areas identified by the nutrition cluster through the IRRM.

This was an important contribution by WFP to the United Nations Country Team (UNCT) efforts. Other contributions included WFP's active chairing or co-chairing of the food security and livelihoods cluster (co-chair with FAO), the emergency telecommunications cluster and the logistics cluster, but also active participation in the nutrition cluster (chaired by UNICEF and Action Contre la Faim). The partnership between WFP and FAO also facilitated the successful implementation of the IPC assessments together with other partners.

Part of WFP's approach in the food security and livelihood cluster, as well as the nutrition cluster, included the active engagement of key staff members to ensure that working groups created further opportunities to develop the capacity and skills of partners for an improved response.

WFP has also worked closely with OCHA, UNDSS and UNMISS as part of the multi-cluster response to facilitate coordinated action that in line with safety and security priorities. In its interventions, WFP leveraged key partners on the ground, ensuring synergies with their expertise and knowledge of the specific context.

Partnership	NGO		Red Cross and Red Crescent Movement	UN/IO
	National	International		
Total	13	24		6

Cross-cutting Indicators	Project End Target	Latest Follow-up
<b>Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)</b>		
<i>SOUTH SUDAN, General Distribution (GD) , Project End Target: 2015.09 , Latest Follow-up: 2015.12</i>	>3,000,000.00	3,800,000.00
<b>Number of partner organizations that provide complementary inputs and services</b>		
<i>SOUTH SUDAN, General Distribution (GD) , Project End Target: 2015.09 , Latest Follow-up: 2015.12</i>	=23.00	88.00
<b>Proportion of project activities implemented with the engagement of complementary partners</b>		
<i>SOUTH SUDAN, General Distribution (GD) , Project End Target: 2015.09 , Latest Follow-up: 2015.12</i>	=100.00	100.00

## Lessons Learned

With the signing of the IGAD-mediated peace agreement between the government and the SPLM-IO, 2016 will hopefully see an operational context that allows for better humanitarian access and more nuanced programming, reducing reliance on airdrops and unconditional food transfers.

Firstly, WFP continues to explore its ability to reduce its in-kind food transfers in locations where cash-based transfers have already been introduced. Because of major changes in the country's economic situation in the second half of the year, leading to an increasing difference between the official and unofficial exchange rates, the future of the cash-based transfer programmes became uncertain. With the introduction of a floating exchange rate in December, cash-based transfers have become less expensive than food transfers, at least temporarily. However, the market situation, including prices and consistent availability of goods, has become more erratic. In 2016, WFP will continue to monitor the situation, to ensure that the introduction of cash-based transfers is sustainable.

Moreover, as the situation allows, WFP will begin to re-introduce conditional assistance in the three conflict states. In 2014 and 2015, the focus was on reaching vulnerable populations with emergency food transfers under the EMOP while the PRRO continued to implement activities geared towards medium- and longer-term progress in the seven other states through food for education, food assistance for assets and Purchase for Progress. However, by the second half of 2015, it became evident that there were prospective locations that would be conducive to the re-introduction of food for education. The subsequent emergency operation (EMOP 200859) which began in October 2015 therefore includes emergency school feeding, albeit at a small scale, to improve school enrolment and retention rates while also reducing the burden on household food security.

Additional measures will be taken to more heavily involve government partners in assessment processes. More specifically, the Ministry of Agriculture and Forestry at the state-level will be given an increasingly leading role in market data collection, which informs WFP's monthly market price bulletin. This will increase the government's ownerships of such assessments, further aligning WFP's targeting with government priorities.

Finally, although WFP benefitted from the opening of humanitarian cargo movements from Sudan to South Sudan, additional progress on this issue could have a significant positive effect on food delivery. In December 2015, the two governments renewed their Memorandum of Understanding from 30 December 2015 to 30 June 2016. However, thus far only the Kosti transport corridor has been consistently agreed upon for use. Opening the South Kordofan and Babanusa corridors as well would mean a substantial improvement in the amount of food that could be transported, it would increase the number of locations that could be easily served and it would decrease delivery time. This issue is under discussions and WFP hopes that an agreement will be reached.

# Operational Statistics

## Annex: Participants by Activity and Modality

Activity	Planned			Actual			% Actual v. Planned		
	Food	CBT	Total	Food	CBT	Total	Food	CBT	Total
General Distribution (GD)	236,126	30,000	266,126	310,156	15,517	310,156	131.4%	51.7%	116.5%
Nutrition: Treatment of Moderate Acute Malnutrition	145,340	-	145,340	195,823	-	195,823	134.7%	-	134.7%
Nutrition: Prevention of Acute Malnutrition	418,351	-	418,351	297,215	-	297,215	71.0%	-	71.0%

## Annex: Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Resourced in 2015 (mt)		Shipped/Purchased in 2015 (mt)
			In-Kind	Cash	
African Dev Bank	ADB-C-00024-01	Iodised Salt	0	5	0
African Dev Bank	ADB-C-00024-01	Sorghum/Millet	0	385	0
African Dev Bank	ADB-C-00024-01	Split Peas	0	37	0
African Dev Bank	ADB-C-00024-01	Vegetable Oil	0	9	0
Canada	CAN-C-00507-10	Corn Soya Blend	0	500	0
Canada	CAN-C-00507-10	Sorghum/Millet	0	5,532	0
European Commission		Iodised Salt	0	0	237
European Commission	EEC-C-00490-01	Corn Soya Blend	0	138	0
European Commission	EEC-C-00490-01	Vegetable Oil	0	584	0
European Commission	EEC-C-00504-01	Beans	0	987	987
European Commission	EEC-C-00504-01	Corn Soya Blend	0	3,085	0
European Commission	EEC-C-00504-01	High Energy Biscuits	0	100	0
European Commission	EEC-C-00504-01	Iodised Salt	0	560	0
European Commission	EEC-C-00504-01	Sorghum/Millet	0	6,503	0
European Commission	EEC-C-00504-01	Split Peas	0	726	0
European Commission	EEC-C-00504-01	Vegetable Oil	0	501	0
Germany	GER-C-00406-01	Corn Soya Blend	0	565	0
Japan	JPN-C-00367-01	Corn Soya Blend	0	1,332	0
MULTILATERAL	MULTILATERAL	Corn Soya Blend	0	0	1,659

Donor	Cont. Ref. No.	Commodity	Resourced in 2015 (mt)		Shipped/Purchased in 2015 (mt)
			In-Kind	Cash	
MULTILATERAL	MULTILATERAL	Iodised Salt	0	142	0
MULTILATERAL	MULTILATERAL	Maize	0	100	911
MULTILATERAL	MULTILATERAL	Sorghum/Millet	0	3,489	5,490
MULTILATERAL	MULTILATERAL	Split Peas	0	368	23
MULTILATERAL	MULTILATERAL	Sugar	0	100	0
MULTILATERAL	MULTILATERAL	Vegetable Oil	0	205	205
Norway	NOR-C-00184-47	Sorghum/Millet	0	0	720
Private Donors	WPD-C-02931-03	Iodised Salt	0	11	0
Switzerland	SWI-C-00414-01	Beans	0	450	450
Switzerland	SWI-C-00414-01	Corn Soya Blend	0	516	0
UN CERF Common Funds and Agencies	001-C-01177-01	Sorghum/Millet	0	830	0
UN CERF Common Funds and Agencies	001-C-01177-01	Split Peas	0	83	0
UN CERF Common Funds and Agencies	001-C-01177-01	Vegetable Oil	0	50	0
UN CERF Common Funds and Agencies	001-C-01189-03	Corn Soya Blend	0	753	0
United Kingdom		Iodised Salt	0	0	21
United Kingdom	UK -C-00237-01	Corn Soya Blend	0	4,137	0
United Kingdom	UK -C-00237-01	Iodised Salt	0	21	0
United Kingdom	UK -C-00252-01	Corn Soya Blend	0	505	0
United Kingdom	UK -C-00252-01	Sorghum/Millet	0	8,485	800
USA		Iodised Salt	0	0	11
USA		Ready To Use Supplementary Food	0	0	355
USA		Split Peas	0	0	520
USA		Vegetable Oil	0	0	1,160
USA	USA-C-01026-05	Split Peas	140	0	0
USA	USA-C-01026-06	Split Peas	1,300	0	1,500
USA	USA-C-01026-06	Vegetable Oil	49	0	1,000
USA	USA-C-01026-07	Ready To Use Supplementary Food	770	0	414
USA	USA-C-01026-08	Sorghum/Millet	22,840	0	22,840
USA	USA-C-01026-08	Split Peas	2,100	0	2,089
USA	USA-C-01026-08	Vegetable Oil	1,570	0	637



Donor	Cont. Ref. No.	Commodity	Resourced in 2015 (mt)		Shipped/Purchased in 2015 (mt)
			In-Kind	Cash	
USA	USA-C-01047-06	Maize	0	811	0
USA	USA-C-01047-06	Sorghum/Millet	0	5,000	0
Total			28,769	47,604	42,029