

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	200859							
Project Category	Single Country EMOP							
Overall Planned Beneficiaries	1,653,384							
Planned Beneficiaries in 2015	1,653,384							
Total Beneficiaries in 2015	1,047,256							

Key Project Dates	
Project Approval Date	September 22, 2015
Planned Start Date	October 01, 2015
Actual Start Date	October 01, 2015
Project End Date	September 30, 2016
Financial Closure Date	N/A

Approved budget in USD						
Food and Related Costs	432,978,886					
Capacity Dev.t and Augmentation	N/A					
Direct Support Costs	60,368,593					
Cash-Based Transfers and Related Costs	24,848,283					
Indirect Support Costs	36,273,703					
Total	554,469,464					

Commodities	Metric Tonnes
Planned Commodities in 2015	54,594
Actual Commodities 2015	31,110
Total Approved Commodities	230,776

Table Of Contents

COUNTRY OVERVIEW

- Country Background
- Summary Of WFP Assistance

OPERATIONAL SPR

Operational Objectives and Relevance

Results

- Beneficiaries, Targeting and Distribution
- Story Worth Telling
- Progress Towards Gender Equality
- Protection and Accountability to Affected Populations
- Outputs
- Outcomes
- Sustainability, Capacity Development and Handover

Inputs

- **Resource Inputs**
- Food Purchases and In-Kind Receipts
- Food Transport, Delivery and Handling
- Post-Delivery Losses

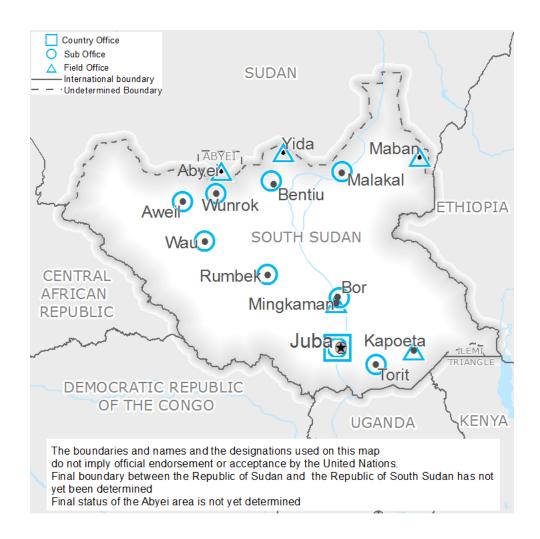
Management

- Partnerships
- Lessons Learned

Operational Statistics

Annex: Participants by Activity and Modality Annex: Resource Inputs from Donors

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
Total number of beneficiaries in 2015	1,391,906	1,516,731	2,908,637

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				
Total Food Distributed in 2015	153,013	8,732	12,879	14,847	839	190,311				

OPERATIONAL SPR

Operational Objectives and Relevance

WFP launched emergency operation (EMOP) 200859 on 01 October 2015, to replace EMOP 200659, which ended on 30 September 2015. The new EMOP is largely a continuation of the previous one, focusing on the three conflict-affected states of Jonglei, Unity and Upper Nile as well as IDPs sheltering in UNMISS Protection of Civilian (PoC) sites and other settlement locations. It 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 main focus of EMOP 200859 was food assistance through the Integrated Rapid Response Mechanism (IRRM). 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. In addition, stable sites, including the UNMISS PoC sites and Mingkaman, continued to be regularly served.

Children aged 6 - 59 months and pregnant and lactating women in the geographic locations covered by the EMOP were assisted through malnutrition prevention activities and treatment of moderate acute malnutrition as appropriate. Moreover, an institutional feeding programme (IFP) – which seeks to improve the nutrition status of people receiving treatment for HIV, tuberculosis and kala-zar as well as their caretakers – was re-introduced in the three conflict-affected states.

The EMOP reintroduced food for education (FFE) in the conflict-affected states. Under FFE, WFP provided primary school children with on-site mid-day meals to mitigate the disruption that the complex emergency has caused in access to education for boys and girls. By providing a daily ration, FFE sought to encourage attendance and avoid high dropout rates and low enrolment rates.

Results

Beneficiaries, Targeting and Distribution

The EMOP aims to reach 1.65 million beneficiaries over its year-long duration. Activities included general food distributions, prevention of malnutrition, treatment for moderate acute malnutrition, FFE, and IFP for patients receiving HIV, tuberculosis or kala-zar treatment and their caretakers.

This EMOP was implemented for three months (October to December) in 2015. Beneficiaries were reached either in stable sites – which include UNMISS PoCs and longer-term IDP settlements like Mingkaman – or in deep-field locations. Stable sites received assistance more regularly than deep-field locations. People in stable sites were also more likely to receive a full monthly food basket. Beneficiaries arriving in deep-field catchment areas were provided less regular assistance as a result of a number of challenges, including insecurity, inaccessibility and fuel shortages. Therefore, the number of beneficiaries reached, particularly through general food distributions and malnutrition prevention activities, is expected to rise as different locations are reached each month through the IRRM teams. The typical full unconditional 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).

In the Juba UNMISS PoCs and Mingkaman, WFP distributed 50 percent and 30 percent, respectively, of the cereals in the food basket as restricted cash-based transfers (value vouchers). The vouchers were semi-open, enabling beneficiaries to purchase up to eight different food commodities from selected retailers and empowering them with greater choice, while also helping to stimulate and stabilize markets. Security, financial and market conditions were not yet able to support the implementation of unrestricted cash transfers.

In four of the UNMISS PoCs and Mingkaman, WFP also provided milling vouchers, allowing IDPs to mill up to 70 percent of their WFP cereal ration. This contributed to stabilizing milling prices and maintaining a functioning market for commercial millers.

During the implementation of this EMOP, the August/September integrated food security phase classification (IPC) assessment provided information on the levels of food insecurity faced in the country, projecting that there would be 2.4 million food insecure people in South Sudan in October to December 2015. The IPC is coordinated by WFP,



FAO, the government and other humanitarian actors three times a year and is informed by WFP's food security and nutrition monitoring system reports (also conducted three times a year). In addition, WFP readjusted its targeted EMOP locations each month based on information from various sources on population movements, confirmed by Inter-agency Rapid Needs Assessments (IRNAs).

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 were provided with 20 grams of sugar, 30 grams of vegetable oil and 250 grams of SuperCereal per day. Treatment of moderate acute malnutrition targeted children under 5 years and pregnant and lactating women. The women receiving treatment were provided with 20 grams of sugar, 30 grams of sugar, 30 grams of vegetable oil and 250 grams of vegetable oil and 250 grams of Super Cereal per day. The number of beneficiaries reached is with treatment of moderate acute malnutrition is expected to increase as different locations are reached during the course of the project.

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. Under nutrition interventions, sugar was under-distributed because of the difficulty of transporting it. Sugar cannot be airdropped and must therefore be airlifted, which takes additional time and can be done in much smaller quantities at a time. When possible, a higher amount of SuperCereal was distributed to compensate for sugar deficits in the ration.

FFE assistance included 120 grams of cereals, 30 grams of pulses, 10 grams of vegetable oil and 4 grams of salt per student per day. However, the lack of partner presence as well as school closures complicated the implementation of the activity. Education partners were present in the Greater Upper Nile region but working mostly in the schools found in the UNMISS PoCs. FFE activities were not needed in these locations, since the entire population of the PoCs are receiving general food distributions, similar in content to the school meals ration (cereals, pulses, vegetable oil and salt). However, when WFP began seeking partnerships for the start of FFE in Jonglei, Unity and Upper Nile, towards the end of 2015, UNICEF was the only organization working substantially outside of the PoCs, distributing back-to-school materials and carrying out other activities that do not require many cooperating partners. WFP began to shift its approach towards location-based partnerships, seeking organizations that could cover a county, rather than just one implementation site (such as a school, clinic or rural population catchment area). The call for partner proposals encouraged education actors to increase their presence outside of the PoCs in Greater Upper Nile. In addition to partner presence, the criteria used to select schools targeted for WFP's assistance included: (i) the location of the school should not be prone to conflict and attacks; (ii) an adequate number of children and teachers or volunteer teachers should be available; (iii) a kitchen, storage facilities, sanitation facilities (separate toilets for girls and boys) and a water point in or around the facility should be present; and (iv) the community is ready to support the implementation of the activity by providing the cooking services.

Table 1: Overview of Project Beneficiary Information											
Beneficiary Category		Planned			Actual		% A	Actual v. Plann	ned		
Benenciary Category	Male	Female	Total	Male	Female	Total	Male	Female	Total		
Total Beneficiaries	747,847	905,537	1,653,384	492,211	555,045	1,047,256	65.8%	61.3%	63.3%		
By Age-group:											
Children (under 5 years)	260,515	260,515	521,030	104,726	104,726	209,452	40.2%	40.2%	40.2%		
Children (5-18 years)	308,771	358,961	667,732	240,869	282,758	523,627	78.0%	78.8%	78.4%		
Adults (18 years plus)	178,561	286,061	464,622	146,616	167,561	314,177	82.1%	58.6%	67.6%		
By Residence status:											
Internally displaced persons (IDPs)	594,538	719,902	1,314,440	393,768	444,037	837,805	66.2%	61.7%	63.7%		
Residents	153,309	185,635	338,944	98,442	111,009	209,451	64.2%	59.8%	61.8%		

Table 2: Beneficiaries by Activity and Modality										
Activity		Planned			Actual			% Actual v. Planned		
	Food	СВТ	Total	Food	СВТ	Total	Food	СВТ	Total	
General Distribution (GD)	1,404,368	150,000	1,404,368	1,033,639	102,621	1,033,639	73.6%	68.4%	73.6%	
School Feeding (on-site)	50,000	-	50,000	14,143	-	14,143	28.3%	-	28.3%	
Nutrition: Treatment of Moderate Acute Malnutrition	205,040	-	205,040	31,503	-	31,503	15.4%	-	15.4%	
Nutrition: Prevention of Acute Malnutrition	361,819	-	361,819	176,430	-	176,430	48.8%	-	48.8%	
HIV/TB: Care&Treatment	10,000	-	10,000	751	-	751	7.5%	-	7.5%	

		Planned			Actual		% A	ctual v. Plann	ed
Beneficiary Category	Male	Female	Total	Male	Female	Total	Male	Female	Total
General Distribution (GD)	11	I		I	I	I	1	I	
People participating in general distributions	94,293	106,331	200,624	66,448	81,215	147,663	70.5%	76.4%	73.6%
Total participants	94,293	106,331	200,624	66,448	81,215	147,663	70.5%	76.4%	73.6%
Total beneficiaries	660,054	744,314	1,404,368	465,137	568,502	1,033,639	70.5%	76.4%	73.6%
School Feeding (on-site)	I I					I	I		
Children receiving school meals in primary schools	25,000	25,000	50,000	7,071	7,072	14,143	28.3%	28.3%	28.39
Total participants	25,000	25,000	50,000	7,071	7,072	14,143	28.3%	28.3%	28.3%
Total beneficiaries	25,000	25,000	50,000	7,071	7,072	14,143	28.3%	28.3%	28.3%
HIV/TB: Care&Treatment	II	I		I	I	I	1	I	
ART Clients receiving food assistance	1,564	1,836	3,400	353	398	751	22.6%	21.7%	22.19
Activity supporters	660	5,940	6,600	-	-	-	-	-	
Total participants	2,224	7,776	10,000	353	398	751	15.9%	5.1%	7.5%
Total beneficiaries	2,224	7,776	10,000	353	398	751	15.9%	5.1%	7.5%

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
Nutrition: Treatment of Mode	rate Acute Ma	Inutrition						· · · · · ·	
Activity supporters (18 plus)	1,520	1,520	3,040	462	463	925	30.4%	30.5%	30.4%
Children (6-23 months)	38,000	38,000	76,000	6,234	6,236	12,470	16.4%	16.4%	16.4%

1

16.4%

11.3%

15.4%

-

58.9%

58.9%

3.8%

48.8%

Table 4: Nutrition Beneficiaries										
		Planned			Actual		% A	% Actual v. Planned		
Beneficiary Category	Male	Female	Total	Male	Female	Total	Male	Female	Total	
Children (24-59 months)	38,000	38,000	76,000	6,236	6,236	12,472	16.4%	16.4%	16.49	
Pregnant and lactating women (18 plus)	-	50,000	50,000	-	5,636	5,636	-	11.3%	11.3	
Total beneficiaries	77,520	127,520	205,040	12,932	18,571	31,503	16.7%	14.6%	15.49	
Nutrition: Prevention of Acut	e Malnutrition					1				
Activity supporters (18 plus)	1,973	1,974	3,947	-	-	-	-	-		
Children (6-23 months)	73,831	73,833	147,664	43,511	43,513	87,024	58.9%	58.9%	58.9	
Children (24-59 months)	73,833	73,833	147,666	43,513	43,513	87,026	58.9%	58.9%	58.9	
Pregnant and lactating women (18 plus)	-	62,542	62,542	-	2,380	2,380	-	3.8%	3.89	
Total beneficiaries	149,637	212,182	361,819	87,024	89,406	176,430	58.2%	42.1%	48.89	

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Beans	4,749	1,399	29.5%
Corn Soya Blend	5,878	2,994	50.9%
High Energy Biscuits	-	6	-
lodised Salt	478	106	22.3%
Lentils	-	197	-
Maize	-	794	-
Peas	-	428	-
Ready To Use Supplementary Food	220	211	95.6%
Sorghum/Millet	40,234	23,094	57.4%
Split Peas	-	371	-
Sugar	84	4	4.7%
Vegetable Oil	2,952	1,505	51.0%
Total	54,594	31,110	57.0%

Cash-Based Transfer	Planned Distribution USD	Actual Distribution USD	% Actual v. Planned
Cash	-	-	-
Voucher	4,927,500	1,866,422	37.9%
Total	4,927,500	1,866,422	37.9%



Story Worth Telling

It is morning in the village of Oriny. Amidst the chirping of birds, there is also the sound of an aircraft. It is a WFP-chartered Ilyushin-76 plane airdropping food to be distributed to almost 16,000 people affected by conflict in this area of Upper Nile state.

At a school near the drop zone, women and children gather to watch and cheer after each successful drop. They have come from surrounding villages to receive food, and have sought shelter at the school, which has been closed since fighting erupted in South Sudan in December 2013.

"We have no food in my village," says Theresa Nyalam, who comes from Padiang. "The situation is difficult. There was fighting that made people run away, then there were floods and then insects came and ate everything that was left."

Most Padiang and Oriny residents have to trek for hours to the closest major town, Kodok, in order to buy some sorghum brought in from neighbouring Sudan. And many of those face yet another challenge – they have no money to buy the food they need.

But relief is coming, now that security conditions have improved somewhat and the parties to the conflict have provided safety guarantees for aid distributions. WFP, UNICEF and their partner World Vision have been able to deploy rapid response missions to several places in Upper Nile, including Oriny in Fashoda county.

The area remains inaccessible by land, so WFP must bring in the food supplies by air, including specialized nutritious foods delivered by helicopter and cereals and pulses dropped from airplanes. Oil is also brought in by air.

Chan Unek, age 16, trekked from the village of Nyigir with his parents to register with WFP to receive food assistance, and is among the audience watching the planes.

"There are a few small gardens, but what they produce is not enough to feed us for very long. That is why we came here," Unek says. "I am happy when the plane comes because it means there will be food."

Most of the people camped at the school in Oriny say they are grateful that they are able to receive assistance, but what they really want is for the recently signed peace agreement to hold and for the fighting in South Sudan to end.

"We are thankful that the world has seen our suffering and starvation, and they have come to our help," Theresa says. "If this war does not end, we pray they continue to bring us food."

Progress Towards Gender Equality

The challenges of gender inequality remained prevalent in South Sudan and were 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. However, the intensity of the conflict in 2015 in parts of Jonglei, Unity and Upper Nile partly hindered the implementation and monitoring of activities related to promoting gender equality, as access to war-torn towns remained restricted.

Data collected in November 2015 was used as the base value for this EMOP's gender indicators. According to WFP's monitoring, the majority of households making decisions on the use of voucher and food distributions indicated that women took the lead. This is in line with cultural roles in South Sudan, where women often have more control over food use at the household level. 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 for this indicator were counting the total number of women on project management committees, regardless of 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.

The proportion of women project management committee members trained was below target. 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.

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).

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
SOUTH SUDAN, General Distribution (GD) , Project End Target : 2016.09 , Base value : 2015.11	>45.00	41.00		
Proportion of households where females make decisions over the use of cash, voucher or food				
SOUTH SUDAN, General Distribution (GD) , Project End Target : 2016.09 , Base value : 2015.11	>35.00	54.00		
Proportion of households where males make decisions over the use of cash, voucher or food				
SOUTH SUDAN, General Distribution (GD) , Project End Target : 2016.09 , Base value : 2015.11	<20.00	5.00		
Proportion of women beneficiaries in leadership positions of project management committees				
SOUTH SUDAN, General Distribution (GD) , Project End Target : 2016.09 , Base value : 2015.11	>50.00	79.00		
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
SOUTH SUDAN, General Distribution (GD) , Project End Target : 2016.09 , Base value : 2015.11	>60.00	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, 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 their entitlements, of the programme's targeting criteria and of where to complain. 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 visits to field sites, to efficiently and effectively gather information about affected populations and respond to issues of concern.

WFP and its partners continued to inform beneficiaries 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), develop WFP and cooperating partner staff capacity on tools and good practices, and conduct a mapping exercise to understand what the preferred, trusted and accessible channels of communication are for information provision as well as the complaints and feedback mechanism. Already in 2015, a hotline was set up in Mingkaman for beneficiaries to provide feedback. WFP was also part of the inter-agency complaints and feedback mechanism in the Juba UNMISS PoCs, which provided useful information and enabled adjustments in programming when necessary.

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
SOUTH SUDAN, General Distribution (GD), Project End Target: 2016.09	>70.00			
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
SOUTH SUDAN, General Distribution (GD) , Project End Target : 2016.09 , Base value : 2015.11	>80.00	96.00		

Outputs

The EMOP was successful in reaching targeted outputs in terms of the number of institutional sites assisted under its IFP, and the numbers of health sites assisted under the malnutrition prevention and moderate acute malnutrition treatment activities. Over 50 percent of institutional sites and health centers were reached by the end of the three-months implementation period, which is a significant achievement in an environment where access is often constrained. Just as beneficiary figures are expected to increase as additional locations are reached each month, the number of sites is also expected to rise.

The number of sites asssited through FFE is expected to gradually increase as the necessary partnerships can be established on the ground. In order to be able to identify the right partners for deworming activities, WFP also decided to delay these activities until 2016.

Output	Unit	Planned	Actual	% Actual vs. Planned		
SO1: HIV/TB: Care&Treatment						
Number of institutional sites assisted	site	15	11	73.3		
SO1: Nutrition: Prevention of Acute Malnutri	tion					
Number of health centres/sites assisted	centre/site	80	70	87.5		
SO1: Nutrition: Treatment of Moderate Acute Malnutrition						
Number of health centres/sites assisted	centre/site	119	90	75.6		
SO1: School Feeding (on-site)						
Number of boys in WFP-assisted schools who received deworming treatment at least once during the year	individual	13,197	0	0		
Number of girls in WFP-assisted schools who received deworming treatment at least once during the year	individual	6,197	0	0		
Number of girls that received deworming treatment in government deworming campaign with the assistance of WFP	individual	7,000	0	0		
Number of primary schools assisted by WFP	school	87	47	54.0		



Outcomes

The last IPC of the year, from September 2015, showed 3.9 million people classified as severely food insecure (3.1 million people in "crisis" phase and 800,000 in "emergency" phase). It also projected roughly 1.97 million people would be in "crisis" and 455,000 in "emergency" phase from October to December 2015. As the conflict continued to hinder improvements in food security in South Sudan, WFP's efforts to provide life-saving food assistance have been crucial in averting a looming hunger catastrophe.

Data collected in November and December 2015 was used to establish a baseline for this EMOP. No further outcome surveys were carried out during the three-month implementation period of the project in 2015; in any case, the period would have been too short to expect substantive changes in terms of food security indicators (FCS, CSI and DDS). WFP will monitor the outcomes for this project again in March 2016.

According to the baselines measured, the proportion of targeted children 6 - 59 months of age who were reached with assistance and participated in an adequate number of distributions (eight distributions) were significantly better for malnutrition prevention than treatment of moderate acute malnutrition. The majority of WFP's distributions under the operation were 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 who were 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. Constraints on opportunities to conduct post-distribution monitoring in rural sites, caused by logistical challenges and insecurity, prevented 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 on for rural locations due to a lack of other, 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. WFP will introduce a third party monitoring contractor to conduct process and outcome monitoring in hard-to-reach areas in 2016.

There was a higher percentage of households with poor FCSs in the camps than in remote areas (38 percent in camps as opposed to 28 percent in rural). Similar results were found comparing female-headed households in IDP sites to those living in remote rural areas. However, the results for male-headed households were not significantly different between the rural areas and the camps. In addition, 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 with 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.

It is also noteworthy that households within camps were 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, whereas outside of the camps, people are more mobile and therefore better able to access foods outside of the WFP food basket through activities like 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. Previously, 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, there were approximately 115,000 people 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 thousands of metric tons WFP had prepositioned in Bentiu and meant for distributions in the PoC throughout the rainy season were depleted in less than half the expected time. By September, it was necessary to mobilize 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 be attributed to the introduction of value vouchers into Juba UNMISS PoCs and Mingkaman, which allowed beneficiaries to widen the scope of food assistance they received to commodities outside of the typical general food distribution basket. 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).

Data was not yet collected for baseline enrolment rates in schools receiving FFE, as implementation only began towards the end of the school year (South Sudan primary schools operate from February to December).

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
SO1 Save lives and protect livelihoods in emergencies			·	
Stabilized or reduced undernutrition among children aged 6–59 months a	nd pregnant and lac	tating women		
Proportion of target population who participate in an adequate number of distributions				
PREVENTION , Project End Target : 2016.09 PDM , Base value : 2015.11 WFP programme monitoring Monthly partner reports	>66.00	82.00	-	
Proportion of eligible population who participate in programme (coverage)				
PREVENTION , Project End Target : 2016.09 Desk study , Base value : 2015.11 WFP programme monitoring Desk study	>70.00	88.00	-	
MAM treatment recovery rate (%)				
TREATMENT-ALL AREAS , Project End Target : 2016.09 Health clinic registers , Base value : 2015.12 Secondary data Nutrition cluster data	>75.00	88.00	-	
MAM treatment mortality rate (%)				
TREATMENT-ALL AREAS , Project End Target : 2016.09 Health clinic registers , Base value : 2015.12 Secondary data Nutrition cluster data	<3.00	0.00	-	
MAM treatment default rate (%)				
TREATMENT-ALL AREAS , Project End Target : 2016.09 Health clinic registers , Base value : 2015.12 Secondary data Nutrition cluster data	<15.00	7.00	-	
MAM treatment non-response rate (%)				
TREATMENT-ALL AREAS , Project End Target : 2016.09 Health clinic registers , Base value : 2015.12 Secondary data Nutrition cluster data	<15.00	5.00	-	
Proportion of eligible population who participate in programme (coverage)				
TREATMENT-CAMPS , Project End Target : 2016.09 Desk study , Base value: 2015.11 WFP programme monitoring Desk study	>90.00	82.00	-	



Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of eligible population who participate in programme (coverage)				
TREATMENT-RURAL , Project End Target : 2016.09 Desk study , Base value: 2015.11 WFP programme monitoring Desk study	>50.00	58.00	-	-
Stabilized or improved food consumption over assistance period for targe	ted households and	d/or individuals		
FCS: percentage of households with poor Food Consumption Score				
GD-CAMPS , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP programme monitoring PDM HH	<8.00	38.00	-	-
FCS: percentage of households with borderline Food Consumption Score				
GD-CAMPS , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP programme monitoring PDM HH	<7.00	37.00	-	-
FCS: percentage of households with acceptable Food Consumption Score				
GD-CAMPS , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP programme monitoring PDM HH	>85.00	26.00	-	-
FCS: percentage of households with poor Food Consumption Score (female-headed)				
GD-CAMPS , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP programme monitoring PDM HH	<8.00	42.00	-	-
FCS: percentage of households with poor Food Consumption Score (male-headed)				
GD-CAMPS , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP programme monitoring PDM HH	<5.00	25.00	-	-
FCS: percentage of households with borderline Food Consumption Score (female-headed)				
GD-CAMPS , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP programme monitoring PDM HH	<7.00	37.00	-	-
FCS: percentage of households with borderline Food Consumption Score (male-headed)				
GD-CAMPS , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP programme monitoring PDM HH	<7.00	36.00	-	-
FCS: percentage of households with acceptable Food Consumption Score (female-headed)				
GD-CAMPS , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP programme monitoring PDM HH	>84.00	21.00	-	-
FCS: percentage of households with acceptable Food Consumption Score (male-headed)				
GD-CAMPS , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP programme monitoring PDM HH	>88.00	39.00	-	-



Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Diet Diversity Score				
GD-CAMPS , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP programme monitoring PDM HH	>3.50	2.96	-	-
Diet Diversity Score (female-headed households)				
GD-CAMPS , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP programme monitoring PDM HH	>3.50	2.86	-	-
Diet Diversity Score (male-headed households)				
GD-CAMPS , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP programme monitoring PDM HH	>3.50	3.26	-	-
CSI (Food): Coping Strategy Index (average)				
GD-CAMPS , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP programme monitoring PDM HH	<6.00	1.50	-	-
FCS: percentage of households with poor Food Consumption Score				
GD-RURAL , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP survey FSNMS	<6.00	28.00	-	-
FCS: percentage of households with borderline Food Consumption Score				
GD-RURAL , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP survey FSNMS	<6.00	29.00	-	-
FCS: percentage of households with acceptable Food Consumption Score				
GD-RURAL , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP survey FSNMS	>88.00	42.00	-	-
FCS: percentage of households with poor Food Consumption Score (female-headed)				
GD-RURAL , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP survey FSNMS	<7.00	33.00	-	-
FCS: percentage of households with poor Food Consumption Score (male-headed)				
GD-RURAL , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP survey FSNMS	<5.00	24.00	-	-
FCS: percentage of households with borderline Food Consumption Score (female-headed)				
GD-RURAL , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP survey FSNMS	<6.00	31.00	-	-
FCS: percentage of households with borderline Food Consumption Score (male-headed)				
GD-RURAL , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP survey FSNMS	<5.00	27.00	-	-



Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
FCS: percentage of households with acceptable Food Consumption Score (female-headed)				
GD-RURAL , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP survey FSNMS	>88.00	36.00	-	-
FCS: percentage of households with acceptable Food Consumption Score (male-headed)				
GD-RURAL , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP survey FSNMS	>90.00	49.00	-	-
Diet Diversity Score				
GD-RURAL , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP survey FSNMS	>3.00	2.13	-	-
Diet Diversity Score (female-headed households)				
GD-RURAL , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP survey FSNMS	>3.00	2.10	-	-
Diet Diversity Score (male-headed households)				
GD-RURAL , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP survey FSNMS	>3.00	2.29	-	-
CSI (Food): Coping Strategy Index (average)				
GD-RURAL , Project End Target : 2016.09 PDM HH , Base value : 2015.11 WFP survey FSNMS	<5.00	1.42	-	-
Restored or stabilized access to basic services and/or community assets				1
ART Default Rate (%)				
GD-RURAL , Project End Target : 2016.09 Health clinic registers , Base value: 2015.12 WFP programme monitoring Health clinic registers	<15.00	6.00	-	-
TB Treatment Default Rate (%)				
GD-RURAL , Project End Target : 2016.09 Health clinic registers , Base value: 2015.12 WFP programme monitoring Health clinic registers	<15.00	9.70	-	-
Enrolment: Average annual rate of change in number of children enrolled in WFP-assisted primary schools				
RURAL AREAS , Project End Target : 2016.09 School records , Base value : 2015.11 WFP programme monitoring School records	>3.00	0.00	-	-
Enrolment (girls): Average annual rate of change in number of girls enrolled in WFP-assisted primary schools				
RURAL AREAS , Project End Target : 2016.09 School records , Base value : 2015.11 WFP programme monitoring School records	>3.00	0.00	-	-
Enrolment (boys): Average annual rate of change in number of boys enrolled in WFP-assisted primary schools				
RURAL AREAS , Project End Target : 2016.09 School records , Base value : 2015.11 WFP programme monitoring School records	>3.00	0.00	-	-



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 rally 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, additional measures will be implemented to increase government ownership of assessment processes, including market data collection.

The use of CNVs accorded a great platform that increased local ownership of malnutrition prevention and moderate acute malnutrition treatment activities, enhancing commitment and sustainability. These people 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.

Relatedly, 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 therefore more opportunity to educate on feeding and hygiene practices.

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. Moreover, traders were trained by financial service providers on small business management.

Inputs

Resource Inputs

The last quarter of the year, which coincided with the launch of this EMOP, is a crucial period for WFP's fundraising efforts. Commodities and funds need to be available towards the end of the rainy season (November/early December) so that WFP can take advantage of opportunities to pre-position food in remote and difficult to reach areas as the roads dry and accessibility increases.

Recognizing the need for timely contributions, the donor community responded at the end of 2015 with in-kind and cash contributions that will enable the prepositioning to take place. The bulk of the commodities sourced through these contributions will be received in country in 2016.

Donor	2015 Reso	2015 Shipped/Purchased		
	In-Kind	Cash	(mt)	
China	0	2,248	21	
European Commission	0	2,120	172	



Donor	2015 Reso	2015 Shipped/Purchased	
	In-Kind Cash		(mt)
Finland	0	777	0
MULTILATERAL	0	585	10,200
Norway	0	407	0
United Kingdom	0	16,865	0
USA	40,470	0	100
Total	40,470	23,002	10,493

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

Food Purchases and In-Kind Receipts

Since EMOP 200859 was only implemented for three months in 2015, the food purchases and in-kind contributions received in country were still relatively small. The majority of commodities were from the Global Commodity Management Facility. 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 lenghty procurement process, thus reducing delivery lead times. Globally, the GCMF also provided WFP the opportunity to maximize its cost-efficiency – purchasing commodities that are in demand at different times of the year when prices are favourable. Salt was procured regionally from Kenya.

Commodities	Local (mt)	Developing Country (mt)	Other International (mt)	GCMF (mt)
Beans	0	0	0	172
Corn Soya Blend	0	0	0	3,602
lodised Salt	0	21	0	0
Sorghum/Millet	0	0	0	14,794
Split Peas	0	0	0	1,325
Vegetable Oil	0	0	100	383
Total	0	21	100	20,275

Food Transport, Delivery and Handling

The period from October to December coincide with the last part of South Sudan's rainy season. Because of weak infrastructure, already rugged roads become impassable from about June to December. The delivery of food assistance was therefore mostly carried out through barge deliveries, airdrops and airlifts.

In stable sites, WFP relied on food that had been prepositioned during the dry season - a practice which capitalizes on the window of opportunity to transport large quantities of food with trucks (the most cost-efficient mode of delivery).

Post-Delivery Losses

Overall level of losses incurred in the last three months of 2015 was low compared to quantities distributed, and the majority of them were recovered from transporters.

To further mitigate losses, commodity management training workshops have been extended to cooperating partners. Moving forward in 2016, WFP will enhance the supervision of warehouses; further improve warehouse





infrastructure; use stringent selection criteria for new warehouse locations take into account the volatile security situation; open a new warehouse transshipment hub in an effort to reduce risk exposure to potential looting; and enhance the monitoring of losses resulting from airdrop operations, immediately recovering and repackaging commodities if packaging has been damaged during the airdrop.

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

WFP launched a call for partner proposals in August 2015 for EMOP 200859. Between August and September 2015, the country office received and reviewed proposals to ensure an open and transparent process. Partners were selected according to performance and results during 2015. WFP also reviewed and consolidated its "footprint approach," where partnering is based on geographical areas rather than beneficiary figures planned. This approach has proved crucial under the EMOP in order to ensure flexibility of the operation to adapt to IDP movements. To further enhance the effectiveness of partnerships in 2015 and 2016, field-level agreements (FLAs) were drafted and commitments made taking into consideration projected logistics and security constraints.

WFP continued 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 continued 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. Of the 28 mobile teams organized to reach deep-field areas under this EMOP, 22 were led by NGO partners (increased from 16 NGO teams in 2014).

Mobile teams also continued to be an integral part of the strategic partnership with UNICEF to increase coverage in priority areas identified by the nutrition cluster. UNICEF and WFP also sought to create synergies at field level to ensure seamless implementation of treatment of moderate acute malnutrition and UNICEF's outpatient therapeutic programme (OTP) activities in the same geographical areas through the same partners. In addition, WFP and UNICEF made improvements to the referral systems for enhanced impact.

WFP's strategic engagement in the food security and livelihood cluster, as well as the nutrition cluster, included the placement of key staff in technical working groups, such as the Cash Transfers Working Group, to develop the capacity and skills of international and national partners for an improved response.

WFP also worked closely with partners to ensure timely and accurate food security and nutrition assessments. The FSNMS was carried out in partnership with UNICEF, FAO and NGOs. For hard-to-reach locations, or where access was particularly problematic, Emergency Food Security Assessments (EFSAs) were carried out with FAO and FEWSNET. In October 2015, a mission from the Food Security Information Network (FSIN) came to South Sudan to enhance the capacity of WFP and partners to conduct EFSA and IRNAs, as well as IPC analysis. All of these activities were conducted by WFP in partnerships with UN agencies, NGOs and government representatives.

In December 20015, WFP hosted a high level meeting in Nairobi, looking at longer term strategies to enhance food andd nutrition security in South Sudan. Attendees included representatives from both the South Sudan Government and Opposition, as well as a broad range of actors from humanitarian agencies, civil society and donors. Six panels were convened, looking at the following areas: Panel 1 – Extending our reach; Panel 2 – Safeguarding principle; Panel 3 – Leveraging markets; Panel 4 – Building peace constituencies; Panel 5 – Sustaining our investment; Panel 6 – Telling a better story.

	Partnership	NC	90	Red Cross and Red	UN/IO	
	rannersnip	National	International	Crescent Movement		
	Total	13	22		6	

Cross-cutting Indicators	Project End Target	Latest Follow-up
Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)		
SOUTH SUDAN, General Distribution (GD), Project End Target: 2016.09, Latest Follow-up: 2015.12	>2,500,000.00	4,800,000.00
Number of partner organizations that provide complementary inputs and services		
SOUTH SUDAN, General Distribution (GD), Project End Target: 2016.09, Latest Follow-up: 2015.12	=29.00	29.00
Proportion of project activities implemented with the engagement of complementary partners		
SOUTH SUDAN, General Distribution (GD), Project End Target: 2016.09, Latest Follow-up: 2015.12	=100.00	100.00

Lessons Learned

With the signing of the IGAD-mediated peace agreement between the government and the SPLM-IO in August 2015, relevant political and humanitarian actors will likely begin serious discussions about people leaving the PoCs and returning to their home locations or previous places of residence. It will be important to continue discussions with relevant actors, including RRC and authorities on the ground, to identify final distribution points that are accessible and secure for beneficiaries and humanitarian workers.

In its prepositioning efforts for 2016, WFP will have to ensure sufficient food stocks in all locations. Balance is key to assuring as far as possible that uninterrupted food assistance can be provided to all EMOP populations when roads become impassable. Although stable sites (such as PoCs) have a greater ability to ensure secure food storage, the Bentiu PoC's needs are so great it would require too large a percentage of available resources (food tonnages and transportation). On the other hand, Mingkaman and Malakal PoC do not require as much prepositioning, as they can be reached by river during the rainy season.

Lessons learned from 2014 promoted the collaboration with IOM in the increased use of biometric registration for conflict-affected beneficiaries. In 2015, the use of SCOPE, an innovative system which helps to manage programmes through enhanced monitoring of the distribution of cash or food, in the Mingkaman value voucher programme included WFP-owned biometric registration. SCOPE allowed WFP to store entitlement information and transfer this onto cards, and track distributions from the registration of beneficiaries to the transfer of entitlement. WFP will make efforts to expand the use of its own biometrics and/or SCOPE in 2016.

Restricted cash-based transfers (value vouchers) allow food aid recipients to increase their dietary diversity and give them more dignity and choice in their food assistance. They also reduce WFP's transportation related costs. In addition, they can help mitigate the chronic issue of poor households selling food assistance at unfavourable terms of trade to purchase other preferred food commodities. Expanding CBTs into other locations or increasing the transfer value of the vouchers will, however, depend on how the markets and food prices respond to the country's economic situation which deteriorated significantly throughout 2015. Plans will also have to take into account the possible return process of displaced populations.

In 2016, UNICEF and WFP will increase their efforts for joint programming, specifically ensuring that the TSFP and the outpatient therapeutic programme are implemented in the same locations and, where possible, with the same partner. This will enable a smoother referral process and transition from treatment of severe acute malnutrition (under UNICEF's outpatient therapeutic programme) to moderate acute malnutrition treatment, which will in turn reduce the risk that children and mothers will lapse back into severe acute malnutrition.

A Memorandum of Understanding between Sudan and South Sudan to allow humanitarian cargo movements between the two countries was extended from 31 December 3015 to 30 June 2016. The agreement has focused on the Kosti transport corridor. While this has been a critical corridor to deliver food assistance, opening the South Kordofan and Babanusa corridors as well would result in a substantial improvement in the amount of food that could be transported, in the number of locations that could be served and in the timeliness of deliveries. This issue is under discussion and WFP is hoping an agreement will be reached within the first quarter of 2016 to maximize the benefits for prepositioning.

Operational Statistics

WFP

Annex: Participants by Activity and Modality

A stivity	Planned			Actual			% Actual v. Planned		
Activity	Food	СВТ	Total	Food	СВТ	Total	Food	СВТ	Total
General Distribution (GD)	200,624	21,429	200,624	147,663	14,660	147,663	73.6%	68.4%	73.6%
School Feeding (on-site)	50,000	-	50,000	14,143	-	14,143	28.3%	-	28.3%
Nutrition: Treatment of Moderate Acute Malnutrition	205,040	-	205,040	31,503	-	31,503	15.4%	-	15.4%
Nutrition: Prevention of Acute Malnutrition	361,819	-	361,819	176,430	-	176,430	48.8%	-	48.8%
HIV/TB: Care&Treatment	10,000	-	10,000	751	-	751	7.5%	-	7.5%

Annex: Resource Inputs from Donors

Damas	Cont. Ref. No.	O a mana ditu	Resourced	Shipped/Purchased in	
Donor	Cont. Ker. No.	Commodity	In-Kind	Cash	2015 (mt)
China		lodised Salt	0	0	21
China	CHA-C-00040-01	lodised Salt	0	21	0
China	CHA-C-00040-01	Sorghum/Millet	0	1,928	0
China	CHA-C-00040-01	Split Peas	0	193	0
China	CHA-C-00040-01	Vegetable Oil	0	106	0
European Commission	EEC-C-00504-01	Beans	0	172	172
European Commission	EEC-C-00504-01	Corn Soya Blend	0	448	0
European Commission	EEC-C-00504-01	Sorghum/Millet	0	1,500	0
Finland	FIN-C-00113-03	Corn Soya Blend	0	777	0
MULTILATERAL	MULTILATERAL	Corn Soya Blend	0	0	157
MULTILATERAL	MULTILATERAL	Sorghum/Millet	0	585	8,093
MULTILATERAL	MULTILATERAL	Split Peas	0	0	1,621
MULTILATERAL	MULTILATERAL	Sugar	0	0	42
MULTILATERAL	MULTILATERAL	Vegetable Oil	0	0	288
Norway	NOR-C-00323-03	Corn Soya Blend	0	407	0
United Kingdom	UK -C-00252-02	Corn Soya Blend	0	500	0
United Kingdom	UK -C-00252-02	Sorghum/Millet	0	9,068	0
United Kingdom	UK -C-00252-02	Split Peas	0	1,132	0
United Kingdom	UK -C-00252-02	Vegetable Oil	0	278	0

Donor	Cont. Ref. No.	Commodity	Resourced	Shipped/Purchased in		
Donor	Cont. Rel. No.	Commodity	In-Kind	Cash	2015 (mt)	
United Kingdom	UK -C-00252-03	Corn Soya Blend	0	1,500	0	
United Kingdom	UK -C-00252-03	Sorghum/Millet	0	4,387	0	
USA		Vegetable Oil	0	0	100	
USA	USA-C-01187-01	Lentils	2,250	0	0	
USA	USA-C-01187-01	Sorghum/Millet	34,220	0	0	
USA	USA-C-01187-01	Split Peas	2,000	0	0	
USA	USA-C-01187-01	Vegetable Oil	2,000	0	0	
	•	Total	40,470	23,002	10,493	