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SPR Reading Guidance



Emergency Operation in Response to Conflict in South Sudan
Standard Project Report 2017

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

Table Of Contents

Country Context and WFP Objectives

- Achievements at Country Level
- Country Context and Response of the Government
- WFP Objectives and Strategic Coordination

Country Resources and Results

- Resources for Results
- Supply Chain
- Implementation of Evaluation Recommendations and Lessons Learned

WFP's Successful Response to Famine in Unity State

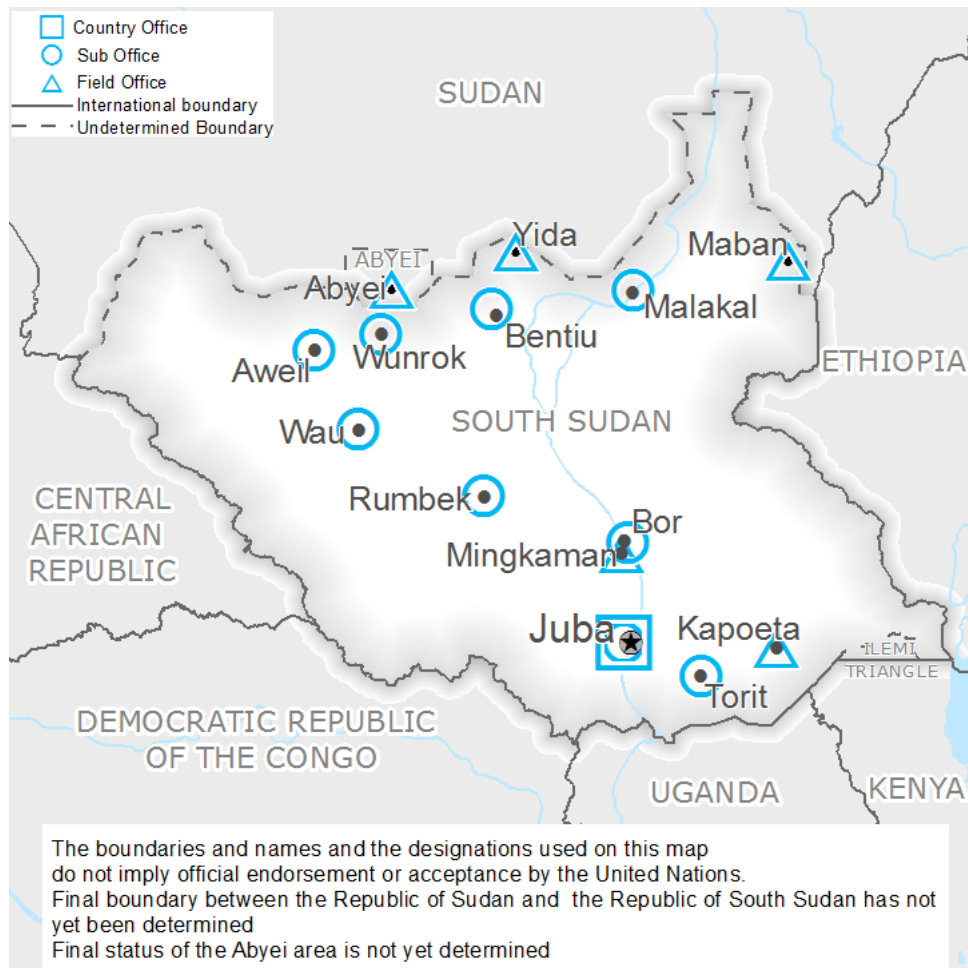
Project Results

- Activities and Operational Partnerships
- Results
- Performance Monitoring
- Progress Towards Gender Equality
- Protection and Accountability to Affected Populations
- Cash for Training Activities Help Tide Tough Times In South Sudan

Figures and Indicators

- Data Notes
- Overview of Project Beneficiary Information
- Participants and Beneficiaries by Activity and Modality
- Participants and Beneficiaries by Activity (excluding nutrition)
- Nutrition Beneficiaries
- Project Indicators
- Resource Inputs from Donors

Country Context and WFP Objectives



Achievements at Country Level

The year 2017 saw a dramatic worsening of the food security and nutrition situation in South Sudan which, along with the expansion of conflict and the continuous degradation of the economy, brought substantial challenges to WFP's operations in the country.

Despite the hostile working environment, WFP managed to adapt its intervention to the emerging needs and overcome access constraints in order to provide life-saving assistance to the affected populations, reaching 800,000 more beneficiaries than in 2016. WFP exceeded the planned coverage for 2017 by 700,000 beneficiaries, which added up to over 4.8 million total people assisted during the year, the highest number of people served by WFP since the country's independence. In 2017, WFP transferred approximately 270,000 mt of food commodities. Cash-based transfers were valued at USD 32 million, which represent an increase of 19 million from 2016.

To address the projected famine in three counties of the Unity state [1], WFP managed to scale up its operations timely and substantially. WFP deployed 36 Integrated Rapid Response Mechanism (IRRM) missions, adapted distribution cycles to provide more frequent relief and nutrition assistance and was successful in maintaining strong coordination and communication with stakeholders. WFP assisted over 400,000 beneficiaries in Unity state through the IRRM during the five-month response, which was about 23 percent of IRRM's total assisted beneficiaries in 2017.

WFP progressed in its efforts to increase programme efficiency by better targeting its beneficiaries through biometrics registrations, registering over 200,000 people in 2017. WFP assessments were particularly useful in supporting programme targeting and resource prioritization, including the integration of protection and gender

analyses to minimize the risk of exposure of beneficiaries to gender-based violence. The country office led and supported a range of food and nutrition studies to support strategy development and decision making, including the inter-agency Food Security and Nutrition Monitoring Survey (FSNMS), Integrated Phase Classification (IPC) reports, the Integrated Food and Nutrition Security Causal Analysis (IFANSCA), market assessments, urban food security assessments and other ad hoc studies.

WFP successfully worked across both emergency and development spheres and made efforts to transition from emergency response to resilience building activities in relatively stable areas, in order to promote the development of beneficiaries' skills for long-term sustainability of livelihoods. To this regard, WFP explored the potential advantages of safety nets using the conditional food distribution modality, whereby participants receive food or cash in exchange of their involvement in livelihood-related activities. Specially households with malnourished children and/or pregnant and lactating women, as well as those headed by children or vulnerable people both in urban and rural areas, have benefited from the initiative thus far.

In 2017 WFP increased focus on community structures and mechanisms of information and accountability, with a special focus to identify and address female and vulnerable beneficiaries' needs. WFP strengthened the presence of Project Management Committees (PMCs) and successfully implemented a Complaints and Feedback Mechanism (CFM). PMCs proved to be a key channel in many locations to consult affected populations and provide them with information and feedback, while the expansion of the CFM complemented already existing helpdesks and strengthened two-way communication with affected populations. The data collected through the CFM provided key information on the impact of food assistance on women, men, boys and girls, on context-specific protection risks and on gender dynamics related to food assistance in South Sudan.

WFP also provided leadership on the implementation of humanitarian principles in South Sudan, engaging in access negotiations with all parties of the conflict and opening up humanitarian space. In 2017 WFP negotiated humanitarian access in previously inaccessible areas and successfully opened two road corridors in the north and a river corridor from Renk to Malakal, thus contributing to the safe and unhindered movement of WFP and partners' staff and assets across the country.

[1] The designations employed in this document do not imply the expression of any opinion on the part of WFP concerning the legal or constitutional status of any county or state of South Sudan nor concerning the delimitation of its frontiers or boundaries.

Country Context and Response of the Government

The Republic of South Sudan achieved independence from Sudan on 9 July 2011, becoming the world's youngest country. Since that time supporters of President Salva Kiir and Vice President Riek Machar have been involved in a power struggle which in 2013 led the country into outright civil war.

Until now, conflict has continued unabated, despite a major peace initiative in 2015 known as the "Agreement on the Resolution of Conflict in the Republic South Sudan (ARCSS)" and several peace initiatives and forums. Since ARCISS unraveled in July 2016 the civil war has spread to previously unaffected areas like Greater Equatoria and the Greater Bahr El Ghazal regions.

The last attempt to end hostilities via the High-Level Revitalization Forum (HLRF), led by the Inter-Governmental Authority on Development (IGAD), has led to a greater level of restraint among the parties, but there have been numerous violations of the cessation of hostilities (CoH) agreement.

Deep rooted ethnic tensions and a lack of formal institutions have contributed to the creation of violent and sustained conflict, reinforcing institutional weakness while also causing a dramatic deterioration in physical security, food security, and economic conditions in the country, with South Sudan standing the 181 out of 188 countries in the Human Development Index rank [2]. Despite its vast arable land and exploitable natural resources, the lack of infrastructure and economic setup have sunk the country in an economic crisis which impedes sustainable progress towards humanitarian and development objectives. The South Sudanese pound (SSP) has depreciated with historical low values in 2017, causing an adverse impact on household purchasing power and consequent food insecurity, while food prices have continued to rise exorbitantly [3]. The South Sudanese population relies mostly on smallholder production and pastoralist work, with little formal employment available.

Societal and cultural norms, along with decades of violence, drive gender inequalities and discrimination in South Sudan. Men control most productive assets and decision-making powers, domestic violence is common and adolescent girls are often married into polygamous unions with adult men. The population is very young and on average 48.6 percent of the heads of household are women with an average household size of 7.1 members [4]. Maternal mortality is the highest in sub-Saharan Africa, and 80 percent of women are illiterate. Conflict,

displacement and food insecurity affect women, girls, men and boys differently, and gender-based violence and forced recruitment of boys into military forces are common incidents countrywide.

The geographic expansion of conflict and insecurity in 2016 has caused deterioration in access to education, with the Greater Upper Nile being the most affected region of the country. Numerous education facilities have been occupied and few teachers are available to support the temporary learning spaces. By the end of 2017, 1.3 million children were at risk of dropping out of school, with similar drop-out rates for girls and boys [5].

The conflict situation has driven 2 million people to flee the country, 85 percent of whom are women and children; 1.9 million people have resettled within the country [6], including over 200,000 of people who live in United Nations protection of civilian (POC) sites. South Sudan is also home for over 274,000 refugees, mostly from Sudan [7].

The food insecurity and malnutrition status in the country reached unprecedented levels in February 2017. Famine was declared in Leer and Mayendit counties and projected in Koch, in Central Unity state, where 100,000 people were facing Humanitarian Catastrophe (IPC Phase 5) [8]. In August, the number of severely food insecure people reached 6 million South Sudanese [9]— half of the country's population —at the peak of the lean season. Despite no national survey has been conducted in the country since independence, county-level surveys conducted in 2017 reported how Global Acute Malnutrition (GAM) rates had exceeded the emergency threshold in nine of out the ten states, where more than 15 percent of children aged 6-59 months (1.1 million children) were acutely malnourished [10].

By September 2017, all the three Greater regions of South Sudan included populations in Humanitarian Catastrophe [9] and by December 4.8 million people were estimated to be facing severe food insecurity, the highest level of food insecurity during the harvest season since the IPC analysis started in 2008. The anticipated start of the lean season is expected to push 5.1 million people to severe food insecurity in the period January-March 2018.

The progressive deterioration of the nutrition situation in South Sudan can be attributed to various synergistic factors, including the rising food insecurity, poor infant and young child feeding practices, the limited access to safe water and sanitation, and the increasing food prices, all associated with the ongoing and spreading conflict. Along with food insecurity and malnutrition, susceptibility to disease and poor access to health services has kept high numbers of cases of HIV, TB, malaria, diarrhoea, cholera, kala-azar and measles.

The strategy of the Government is built on the "Vision 2040" framework, a wide strategic approach encompassing medium and long-term plans. The Vision, initially pursued through the South Sudan Development Plan (2011-2016), will be continued with a new three-year National Development Strategy (NDS), currently being drafted by the Government in collaboration with WFP and other UN agencies.

South Sudan started in 2017 the Sustainable Development Goals (SDGs) nationalisation process, which feeds into the NDS and aspires to align the country's humanitarian and development objectives with the SDGs. The two main areas of action prioritised by the Government fall within SDG 16 on peace, justice and strong institutions and SDG 2 on zero hunger.

For the humanitarian agenda, both the Government and opposition have established separate bodies for addressing humanitarian priorities, each of which have developed their own strategy, primarily focused on developing a national framework for returns, resettlement, and reintegration.

The Government, at the national and state-level, has coordinated with several UN agencies and other partners for the development of public policies and for capacity strengthening of its institutions. Initiatives like the Scaling-Up Nutrition (SUN) and the active chairing of the National Forum on Early Warning Systems, as well as the commitment to develop School Feeding and Girls Schooling Strategies, reflect the Government's commitment to collaborate for the improvement of its people's living conditions.

However, further enhancement of the Government's capacities and strategic coordination with the humanitarian community will be required to keep up with the increasing needs of a population in the midst of a civil war.

[2] Estimated population in 2017 13 million (CIA 2017); 64 ethno-linguistic groups (the largest being Dinka, 36 percent, and Nuer, 16 percent) (UNDP 2017 and CIA 2017); Population age structure 65 percent under 25 years (CIA 2017); Per capita income USD 1085 (UNDP 2017); Population below national poverty line 50.6 percent (UNDP 2015); Life expectancy at birth 56 years (UNESCO 2017); Infant Mortality Rate in 62.8 deaths/1,000 live births (CIA 2017); 1 in 7 women die in childbirth (UNDP 2017); Mean years of schooling 5.4 years (UNDP 2015); 80 percent of women are illiterate (UNESCO 2017); Military expenditure 10.93 percent of 2015 GDP; Health expenditure 2.7 percent of 2014 GDP (CIA 2017); Education expenditure 1.81 of 2016 GDP (UNESCO 2017).

[3] South Sudan Market Price Monitoring Bulletin November 2017 (WFP 2017).

[4] FSNMS December 2017.

[5] UNICEF, 2017.

- [6] South Sudan Situation Regional Update (UNHCR 2017).
- [7] OCHA 2017.
- [8] Integrated Food Security Phase Classification - January 2017 (WFP 2017).
- [9] Integrated Food Security Phase Classification - September 2017 (WFP 2017).
- [10] South Sudan Food Security and Nutrition Monitoring Bulletin - Round 20 (WFP 2017).

WFP Objectives and Strategic Coordination

WFP's interventions during 2017 have been performed under an emergency operation (EMOP) and a protracted relief and recovery operation (PRRO), following previous years' structure. Three special operations (SOs), on logistics, air service and feeder roads support, completed WFP's operational plan. The five operations have been implemented across the whole country, unlike in 2016 where the EMOP focused on the Greater Upper Nile region while the PRRO covered the rest of the country.

During 2017, the EMOP (200859) aimed to provide conditional and unconditional emergency food assistance to people affected by conflict and food insecurity, as well as prevention and treatment of moderate acute malnutrition (MAM) and institutional feeding for people living with HIV, tuberculosis or kala-azar.

WFP performed relief and recovery interventions under the PRRO (200572) for the restoration of livelihoods and household resilience and the promotion of access to education, particularly for girls, as they suffer greater limitations in access to continued education. Activities included unconditional food and cash-based assistance; school meals; food assistance for assets; support to small-holder farmers; prevention and treatment of MAM for refugees; and capacity strengthening activities to reinforce government's capacities to address food insecurity.

Through special operation 200778, WFP continued to lead the logistics cluster, providing a coordinated response to the increasing logistic needs of the humanitarian community. The special operation 200379 focused on the construction and maintenance of feeder roads to advance the country's limited transport infrastructure, while the special operation 201029 allowed WFP to support the UN Humanitarian Air Service (UNHAS) for the provision of air access to humanitarian actors.

Starting 2018, WFP South Sudan will translate its projects into a three-year Interim Country Strategic Plan (ICSP), which will allow WFP to better integrate its contributions to the country and establish a direct link between resources and results, in alignment with the 2030 Agenda.

With its presence in South Sudan, WFP has maintained its strategic positioning with the government, working in close collaboration where possible, and has joined the humanitarian community's efforts for a more coherent, efficient and effective response. Analysis of protection and gender issues have progressively been integrated into WFP's strategic decision-making, through regular communication and information sharing with the protection cluster and gender-based violence (GBV) sub-cluster, and through the collaboration with other agencies to mainstream GVB and child protection related initiatives, amongst others.

WFP's intervention in South Sudan unfolds within the coordination of the Humanitarian Country Team (HCT) and the UN Country Team (UNCT). In 2017, WFP has been an active member in the discussions for the one-year extension of the Interim Cooperation Framework (ICF) [11] and the UN Development Assistance Framework (UNDAF) that will replace it, co-leading and participating in its five working groups; and has succeeded in mainstreaming global objectives for zero hunger in next year's Humanitarian Response Plan (HRP) [12].

Inter-agency collaboration between WFP and other UN agencies has resulted in more coherent and consolidated assistance in the country. Nutrition programmes, support to refugees, resilience building coordination, early awareness systems and access to education have especially benefited from joint actions. In 2017 WFP, FAO, UNICEF and UNDP also launched the Stabilization and Recovery Programme, an initiative that aims to set the bases for recovery towards resilience in South Sudan, by building on multisector humanitarian interventions.

WFP continues to lead the logistics cluster and co-leads the food security and livelihoods cluster with FAO and the nutrition cluster with UNICEF, while participating in the education, protection and health clusters. In 2017, the activities performed under the emergency telecommunications cluster were incorporated under the EMOP, providing services on radio and internet provision and vehicle repairation.

[11] The Interim Cooperation Framework (ICF) provides a basis for the UN to work with the government and other development partners to address key challenges and issues, as South Sudan works towards achieving sustainable peace and development.

[12] The Humanitarian Response Plan (HRP) plan is prepared for a protracted or sudden onset emergency that requires international humanitarian assistance. The plan articulates the shared vision of how to respond to the assessed and expressed needs of affected populations.

Country Resources and Results

Resources for Results

WFP's operations in South Sudan achieved an overall funding level of 77 percent of the portfolio in 2017, including carry-over resources. Difference in funding between the EMOP and the PRRO was of 10 percent, with EMOP activities attracting the highest level of support. Special operations for the logistics cluster and the UN Humanitarian Air Service (UNHAS) exceeded planned funding values, while the special operation for feeder roads achieved 60 percent of its funding requirements. Overall, funding levels improved since 2016, with 17 percent more contributions received in 2017.

Eighty-four percent of resources were received through directed multilateral contributions, which allowed donors higher flexibility while ensuring, in consultation with the country office, that priority activities were supported. WFP South Sudan mostly received monetary contributions as opposed to in-kind, which were primarily directed to the emergency response, cash-based transfer modality distributions and nutrition programmes. WFP also maintained multi-year agreements with some of its main donors, and it secured funding for long-term engagement and resilience activities. The country office also used the corporate advance financing facility to minimise funding and food supply gaps.

The sudden escalation of the famine response operations from February to June required an extensive ad-hoc exercise to raise further funds to cover the increased operational deployment. Early fundraising by WFP ensured a successful response from donors, with both large and small as well as emerging donors contributing to WFP's increased requirements.

In 2017 WFP received a record amount of funds for its prepositioning exercise, which allowed the country office to exceed its prepositioning plan for 2017 and maximise the use of stocked commodities. The opening of two humanitarian corridors from Sudan granted WFP opportunities to lower cost of transport from the country, materialising WFP's commitment to improving efficiency in its transport contracting process. Cost saved thanks to the opening of the new corridors amounted to approximately USD 3 million.

The roll-out of biometric registration systems offered large potential for cost efficiency gains through more accurate beneficiary registers. Through the corporate system SCOPE and in coordination with UNHCR and IOM's beneficiary management systems, WFP refined its targeting and improved identification of eligible populations in 2017. Coordination with UNICEF in health centres through common partners and securing the continuation of moderate acute malnutrition also contributed to improved programme effectiveness.

The availability of human resources in 2017 remained similar to that of 2016. Conflict outbreak in 2016 resulted in numerous evacuations of WFP and partner staff out of the country, but the staffing returned to previous levels towards the end of the year. In 2017 the working environment stabilised and WFP benefited from a strong staff base. Several staff wellness initiatives in 2017, including the "right to health" and vaccination campaigns, whereby staff were provided access to medical check-ups and free vaccinations, and the upgrade of recreation facilities contributed to creating a beneficial atmosphere for staff's wellbeing.

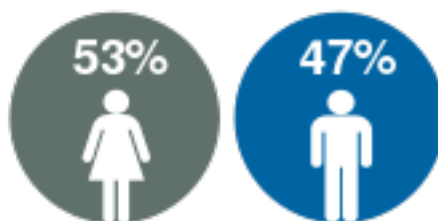
Additionally, in 2017 the country office established a new field coordination team to facilitate coordination between country office management and its field locations for improved operational efficiency and effectiveness. The team contributes to programme quality and cohesion through targeted field deployments, enhanced staffing coordination, and the facilitation of communication between field offices and units in the country office. By facilitating communication between the country office and the field, the team also strengthens the cohesion of all WFP staff in South Sudan as part of one team working towards shared priorities, contributing to motivation and staff wellness.



Annual Country Beneficiaries

Beneficiaries	Male	Female	Total
Children (under 5 years)	483,182	483,182	966,364
Children (5-18 years)	1,111,318	1,304,590	2,415,908

Beneficiaries	Male	Female	Total
Adults (18 years plus)	665,241	784,304	1,449,545
Total number of beneficiaries in 2017	2,259,741	2,572,076	4,831,817



Annual Food Distribution in Country (mt)

Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Single Country EMOP	165,043	9,289	15,310	22,205	846	212,693
Single Country PRRO	47,917	3,338	5,498	3,041	500	60,294
Total Food Distributed in 2017	212,960	12,627	20,808	25,246	1,346	272,987



Cash Based Transfer and Commodity Voucher Distribution (USD)

Project Type	Cash	Value Voucher	Commodity Voucher
Single Country EMOP	26,443,976	-	-
Single Country PRRO	6,035,802	-	-
Total Distributed in 2017	32,479,778	-	-

Supply Chain

Being a landlocked country with poor road infrastructure where local food procurement is limited, South Sudan poses a great challenge for both commercial and humanitarian organisations in managing the supply chain. Besides the insufficient infrastructure and lack of food availability, the conflict and insecurity together with the deterioration of road conditions during the rainy season aggravate the complexity of the situation.

Considering the contextual challenges, WFP South Sudan met its supply needs in 2017 through road, river and air deliveries using three main logistics corridors through seven neighbouring countries.

Through the Northern Corridor WFP transported 15 percent of its total tonnage by road from Port Sudan through Kosti to Upper Nile State, and through El Obeid to Bentiu and Aweil. In 2017 WFP opened two new entry points through the Northern Corridor from Sudan, which allowed to count on additional reliable routes to safely deliver commodities into the country. The Eastern Corridor connected the port of Djibouti to Gambella and Jimma in Ethiopia, from where 90 percent of cargo was airdropped into the Greater Upper Nile, while the remainder was transported by road and river, adding up to a 17 percent of the total tonnage delivered in 2017. The Southern Corridor was used to transport the balance of 68 percent of total tonnage mainly from the ports of Mombasa in Kenya, Dar Es Salaam in Tanzania and Tororo hub in Uganda either to Juba hub for onward deliveries upcountry or other points in southern Jonglei, Lakes, Western Bahr El Ghazal, Northern Bahr El Ghazal and Warrap states.

The total tonnage transported by WFP's logistics operation in South Sudan amounted to over 276,500 mt, 68 percent of which was transported by road and 29 percent by air, while the remainder was supplied by river.

WFP South Sudan procured food commodities through the Global Commodity Management Facility (GCMF), a corporate system for food supply chain management, and through in-kind donor contributions. Purchasing through the GCMF system allowed WFP to support regional economies and benefit from reduced lead-times and cost-efficient purchases. Commodities acquired included maize, sorghum, pulses, fortified vegetable oil, Super Cereal, Super Cereal Plus, and the Ready to Use Supplementary Food (RUSF). The country office also supported the local agricultural sector through its Purchase for Progress (P4P) activities, where WFP procured over 400 mt of maize and sorghum cultivated by local small-holder farmers. The logistics team collaborated in the identification of reliable wholesalers and retailers as well as the assessment of markets to support the effectiveness of cash-based transfer (CBT) distributions.

In 2017 WFP South Sudan tested the so-called Skypack system to airdrop High Energy Biscuits (HEB), RUSF and water, as well as blankets and medical kits. The new system will allow WFP to reach beneficiaries on the move without having static presence on the ground. To reduce the losses of vegetable oil during parachute airdrops WFP has used a specialised 2-Ring Release Deployment System, which reduced commodity losses to less than 5 percent in 2017.

Because of the unstable and restricted access in the rainy season, WFP undertakes every year a massive repositioning exercise during the dry season while roads are open to ensure that commodities are available in inaccessible areas during the rainy months. Despite the economic situation that led to increased risks during transport, WFP successfully repositioned 116,600 mt of food commodities in 2017. This amount slightly exceeded the repositioning plan representing the largest amount of food prepositioned by WFP since 2011.

To ensure the security and reliability of the corridors and warehouses in key prepositioning locations, WFP achieved the commitment from Government authorities and other power groups to take on responsibility for guaranteeing the safety of WFP assets, food and staff. Efforts to accomplish commitment from the different parties complemented WFP's 2017 risk mitigation strategy which aimed at implementing measures to reduce risk of theft, robbery, looting and unauthorized distribution. Through the warehouse risk assessment tool the logistics team worked in close collaboration with the access, security and programme teams in the country office to closely monitoring the risks associated with warehouses based on the likelihood and potential impact of detrimental events, prompting the adoption of mitigation measures timely.

In 2017 WFP also successfully developed and implemented a transport strategy on convoy systems, whereby all primary transportation (from Juba onwards) was done through convoys as opposed to individual trucks which are more vulnerable to attacks. Convoys were accompanied by WFP fleet truck and outsourced convoy leaders. The new strategy proved to be effective with no major incidents reported from primary transport convoys in 2017. In 2018 WFP plans to extend this approach also to secondary transport (other locations than Juba onwards).



Annual Food Purchases for the Country (mt)

Commodity	Local	Regional/International	Total
Iodised Salt	-	1,074	1,074
Maize	206	627	833
Maize Meal	21	-	21

Commodity	Local	Regional/International	Total
Sorghum/Millet	200	-	200
Total	427	1,701	2,128
Percentage	20.1%	79.9%	

Annual Global Commodity Management Facility Purchases Received in Country (mt)

Commodity	Total
Beans	13,585
Corn Soya Blend	26,694
Maize	25,355
Ready To Use Supplementary Food	1,422
Sorghum/Millet	116,817
Split Peas	1,233
Vegetable Oil	3,576
Total	188,682

Implementation of Evaluation Recommendations and Lessons Learned

In 2016 WFP's Office of Evaluation commissioned a Country Portfolio Evaluation (CPE) of WFP's activities in South Sudan. The CPE covered WFP South Sudan 2014–2017 country strategy and the portfolio of operations during 2011–2016. It assessed WFP's strategic alignment and positioning, the factors and quality of WFP's strategic decision-making and the performance and results of the portfolio. The CPE was timed to provide evidence to inform the country office's strategic orientation and feed into the design of its 2018–2020 Interim Country Strategic Plan.

The CPE found WFP's work to be of high relevance and coherent with national needs and policies and recognized WFP's leadership on the humanitarian response in South Sudan, as well as its effective operationalization of the humanitarian principles. The evaluation noted that the common services provided by WFP are considered key to the success of overall humanitarian operations in the country.

The CPE concluded a set of recommendations that aimed to guide the country office towards a strategy better aligned with the evolving country context and that would be able to respond to the multi-year acute crisis while having the flexibility to adapt to rapidly changing needs. In 2017 WFP laid out a management response plan to respond to the evaluation's findings with a view to integrating all recommendations by the end of 2018. To this regard, in 2017 WFP implemented several adjustments in diverse operational areas, with the special aim of further increasing cost-efficiency within a multi-year approach to emergency response.

Aiming to maximize humanitarian-development synergies, WFP addressed the underlying constraints of an expansion of cash-based transfers (CBT) to other areas of the country. WFP headquarters conducted an in-depth market analysis of the Northern Bahr el Ghazal and Warrap states in early 2017, and carried out a CBT supply chain assessment mission jointly with South Sudan country office. These informed the formulation of a retail engagement strategy that aimed to enable price stabilization, to optimize supply chain systems and to drive movement towards naturally functioning competitive markets to increase supply and reduce prices.

With the purpose of enhancing programme effectiveness and beneficiaries' identification, WFP further rolled-out the SCOPE registration system and leveraged UNHCR and IOM's biometric registration systems to support more accurate targeting. A data sharing agreement with UNHCR was signed and a similar agreement with IOM is being prepared after interoperability test with IOM were proved successful in 2017. Compatibility test between UNHCR system and SCOPE is planned to take place on May-June 2018.

With regards to maximisation of resource management, WFP strengthened its Supply Chain Working Group through regular meetings to implement and follow-up prioritization and operational plans; and reinforced the budget and programming unit's staff to allow for better engagement in the redesign of pipeline analyses and guidance on sourcing decisions.

The country office undertook in collaboration with the regional bureau a review of its human resources function in June 2017. Findings informed the inclusion of staffing in the human resources team and the addition of surge capacity to support in the recruitment of staff in order to avoid delays in critical times. To improve efficiency of resource capacity in the field, the country office with support from WFP headquarters negotiated field level agreements and budgets with key partners with the aim of entering into multi-year, multi-project, or multi-location agreements to enable sustained and coordinated assistance.

A Gender Audit conducted in 2016 highlighted the need to mainstream gender analysis into programme planning, and to strengthen the understanding of gender equality and women's empowerment both amongst cooperating partners and members of Project Management Committees (PMCs). To this regard, WFP strengthened the integration of gender analysis in its interventions and requested cooperating partners to include these assessments within their proposal submissions. Additionally, WFP increased efforts to train partner staff, government counterparts and PMCs on gender mainstreaming in humanitarian settings. WFP also reviewed and adjusted its Letter of Understanding with UNWOMEN for the integration of gender within the context of safety nets and resilience activities.

Overall, the improvements implemented by the country office in 2017 as a response to the CPE and Gender Audit recommendations, have highlighted the comparative advantage of WFP in outstanding areas of influence in the humanitarian arena of South Sudan. Distinct logistics capacity, strong relationships with national and local authorities, leadership in vulnerability analysis and mapping, good cost awareness, robust processes to negotiate safe access and a strong deep-field presence position WFP in the lead to the success of humanitarian interventions in the country.

WFP's Successful Response to Famine in Unity State

After a continued deterioration of the food insecurity and malnutrition values since the conflict intensified in July 2016, the beginning of 2017 saw the situation become increasingly severe in Central Unity state. The Integrated Food Security Phase Classification (IPC) declared Koch, Leer and Mayendit counties in high risk of Famine, while Panyijar was facing Emergency phase. A Global Acute Malnutrition (GAM) rate of 30 percent, well above the emergency threshold (15 percent) was observed in Leer, while Mayendit and Panyijar had GAM rates of 27.3 percent. (Recent data was not available for Koch at the time).

The IPC projected that with consistent, adequate, and timely humanitarian interventions, the famine forecast could be reversed with many lives saved. However, delivering humanitarian assistance posed a challenge for WFP: central and southern Unity are cut off from road access, and prepositioning storing of food stocks is not possible because of insecurity, conflict and lack of partner presence. Airdrops of food and nutrition supplies can be carried out only in places where relief workers are on the ground, and negotiations for access and permissions can be protracted or unsuccessful.

The quick action of the Integrated Rapid Response Mechanism (IRRM) was key in responding to the emergency. The IRRM is a partnership between WFP and UNICEF that uses mobile teams and partners to first register populations – which also allows for mass screening to trigger services in nutrition and other sectors – and then deliver food to the entire community. From February to June 2017, the IRRM deployed 36 missions in the four affected counties and increased the frequency of distribution cycles to match affected populations' needs, delivering a total of 17,000 mt to 400,000 beneficiaries affected by the crisis. Additionally, the IRRM scale-up achieved an increase in admissions in moderate acute malnutrition treatment sites which allowed for an effective nutrition response.

As a result of early detection of the famine, combined with the IRRM's quick and massive response, the famine declaration was lifted. By May, Leer and Mayendit counties were no longer classified as having famine conditions, and further deterioration of food security had been prevented in Koch and Panyijar counties. The food security information available from informants in the field and the structure of the IRRM allowed for an extremely fast and effective response that could otherwise have taken months to achieve. Communities were able to build up stocks that have prevented them from being in a situation of extreme vulnerability as the lean season approaches.

Project Results

Activities and Operational Partnerships

WFP launched emergency operation (EMOP) 200859 in October 2015 for a two-year period. WFP emergency interventions respond to relief needs through life-saving food and nutrition programmes, in alignment with Strategic Objective 1 “Save lives and protect livelihoods in emergencies” of WFP’s Strategic Plan (2014-2017). From September 2016 and throughout 2017, the EMOP expanded its geographic coverage, as conflict spread across the country and the geographic distinction between emergency and recovery areas became less demarcated.

Strategic Objective 1: Save lives and protect livelihoods in emergencies. Outcome 1: Stabilized or reduced undernutrition among children aged 6-59 months and pregnant and lactating women

Activity: Treatment and prevention of moderate acute malnutrition in children aged 6-59 months and pregnant and lactating women in rural areas and POCs countrywide [13]

As part of its emergency operation, WFP implemented nutrition activities to prevent and treat moderate acute malnutrition (MAM) in resident and internally displaced populations (IDPs).

The treatment programme targeted children 6-59 months old and pregnant and lactating women (PLW) throughout the country all year-round. Children enrolled in treatment received Plumpy’Sup, a ready-to-use food supplement, while PLW were given Super Cereal Plus. Under the prevention programme, WFP distributed Super Cereal Plus to children and PLW. In areas where Global Acute Malnutrition (GAM) rates were higher than 15 percent WFP also provided supplementary food to all children 6-59 months old and PLW. The treatment of MAM was linked to the provision of general food distributions (GFD) in POCs, some rural areas during lean season and with the Integrated Rapid Response Mechanism (IRRM) responses.

In the absence of partners and when possible, the IRRM mobile teams included nutritionists to supervise the screening and treatment of moderate and severe acute malnutrition in children, and refer PLW with acute malnutrition and to pass nutrition messages to the caretakers and the communities. A gender and protection specialist also joined mobile teams when conditions and availability allowed. In 2017, the IRRM covered the famine response in four counties of Unity State, and nutrition support through the IRRM escalated, involving a greater number of partners and establishing an emergency response of prevention of acute malnutrition during the most critical months.

WFP and partners worked to coordinate and harmonize the emergency response. UNICEF joined most IRRM registration missions, which brought all members of communities to sites and provided access to treatment to children and other vulnerable individuals. The WFP/UNICEF Joint Nutrition Response Plan continued to improve the scale and quality of nutrition emergency assistance by using the same partners with extensive experience in service provision where possible. At almost 75 percent of sites WFP and UNICEF used the same nutrition partners, which helped secure continuity of care between severe and moderate acute malnutrition cases. In 2017, following the revision of the inter-agency Community Management of Acute Malnutrition (CMAM) guidelines, WFP revised its admission criteria for measuring PLW’s mid-upper arm circumference (MUAC), from 21 cm to below 23 cm.

At the national and sub-office level, WFP trained its sub-office nutrition focal points and cooperating partners’ staff on the new CMAM guidelines. Staff from the country office also received training sessions on Standardized Monitoring and Assessment Relief and Transitions (SMART) assessments and nutrition cluster coordination. Additionally, regular missions were performed to support and supervise the implementation of nutrition programmes in the field.

WFP also collaborated closely with the South Sudanese Ministry of Health (MoH). Through the provision of technical support, secondment of staff and delivery of trainings to MoH staff on the CMAM guidelines, WFP aimed to strengthen the capacities of the Government for an efficient nutrition response at both national and state levels.

To enhance the delivery of WFP’s gender commitments, partners were trained on gender-transformative practices in programme implementation and delivery of services. Cooperating partners were also advised through trainings to identify women to act as community nutrition volunteers (CNVs), given that most beneficiaries under nutrition programmes are women, and female CNVs are believed to be more effective in engaging with this targeted group.

Strategic Objective 1: Save lives and protect livelihoods in emergencies. Outcome 2: Stabilised or improved food consumption over assistance period for targeted households and/or individuals

Activity: General distributions in rural areas and POCs countrywide

Under the EMOP, WFP distributed food in conflict-affected and areas affected by severe food insecurity. Through the IRRM and cooperating partners, mobile teams were deployed by air to inaccessible areas to deliver an integrated package of food, nutrition and other basic services. In other more accessible areas, WFP provided relief support to residents and IDPs through its network of sub-offices and cooperating partners.

In rural areas, WFP's targeting for GFD was based on Integrated Food Security Phase Classification (IPC) projections of counties in phase 3 ("Crisis") and above, complemented by data from Food Security and Nutrition Monitoring Surveys (FSNMS) and nutrition SMART surveys. WFP and partners also provided seasonal emergency scale-ups in counties where food insecurity was high. In 2017, the states of Warrap, Western and Northern Bahr el-Ghazal, Lakes and the Equatorias received lean season GFD responses, and the Upper Nile, Unity and Jonglei states had year-round support primarily through the IRRM.

During the famine response, WFP concentrated its resources on the affected areas, increasing food airdrops and adapting delivery cycles to match affected populations' needs. WFP enhanced its registration methods to ensure equitable distributions through the large scale implementation of the corporate system for beneficiary biometric registration, SCOPE, which allowed simultaneous headcounts in adjacent villages.

Relief distributions comprised cereals, pulses, fortified vegetable oil and, except where air drops were necessary, salt. Cash entitlements were provided to beneficiaries in Mingkaman and the Juba POCs for a part of the food basket. The value of the transfer was established based on the cost of purchasing the relevant part of WFP's food basket in the local market. Considering South Sudan's volatile economic environment, WFP mitigated potential deterioration of assistance by adjusting the cash transfer when price increases were recorded through the monitoring of market prices. WFP also provided an extra entitlement of cash-based transfers in the Juba, Bentiu and Bor POCs for beneficiaries to cover the cost of milling the cereals received.

Aiming at incentivising household resilience, peacebuilding and gender-transformative participation, WFP has developed responses to transition from emergency to resilience-building activities in areas that have traditionally relied on general food distributions. Conditional food distributions were designed to engage beneficiaries in activities to develop knowledge or skills, enhance food access, and improve feeding, nutrition and hygiene practices, to contribute to reduce their dependence on food distributions. This modality was implemented in Warrap state, and involved conditional activities such as land clearance and cultivation. In addition, several IRRM sites with access to river resources received FAO emergency livelihood kits with tools and fishing equipment. Project Management Committees were established to engage local communities in such initiatives, and to provide ideas and feedback on how to make them successful.

While most conditional distributions were performed in rural communities, WFP and World Vision targeted vulnerable urban households in the capital through the Juba Urban Project. Cash distribution was conditional upon participation in skills development trainings, which aimed at addressing participant households' immediate food needs, while offering tools for long-term improvement of livelihoods. Reaching 84,000 beneficiaries with nearly two thirds of female participation, the trainings included topics such as sanitation, entrepreneurship and home gardening skills.

Collaboration with FAO increased through joint emergency livelihood activities and joint registrations with IOM allowed for more coverage of beneficiaries using biometric data. WFP promoted partnerships with local partners and relied on their knowledge of local context and presence in the field to extend coverage to areas that had been too insecure to allow stable interventions.

To this purpose, WFP advocated and negotiated for adequate humanitarian space in South Sudan, by providing advice to internal and external stakeholders and facilitating dialogue in order to safeguard humanitarian principles and ensure the effective delivery of humanitarian assistance. In 2017, WFP negotiated humanitarian access in previously inaccessible areas such as south of Torit, Baggari area and Amadi state and supported the opening of two additional road corridors from Sudan to Aweil and Bentiu, as well as the river corridor from Renk to Malakal.

Strategic Objective 1: Save lives and protect livelihoods in emergencies. Outcome 3: Restored or stabilized access to basic services and/or community assets

Activity: Institutional feeding programme targeting people living with HIV, tuberculosis or kala-azar in rural areas and POCs countrywide

Through its institutional feeding programme, WFP targeted people living with HIV (PLHIV), tuberculosis (TB) and kala-azar to increase their access to care and reduce the proportion of patients abandoning their treatment. As a cosponsor of the joint United Nations Programme on HIV/AIDS (UNAIDS), WFP is responsible for integrating food and nutrition within the comprehensive care, treatment and support package for PLHIV and/or people living with TB or kala-azar.

In medical institutions, monthly individual rations were distributed to patients and their caretakers to encourage adherence to treatment. The food basket included cereals, pulses and salt. Inpatients as well as discharged

outpatients identified as acute malnourished received a monthly ration of Super Cereal Plus in addition to the food basket in order to support their recovery.

[13] Under the EMOP, WFP targeted both rural and urban areas through nutrition and institutional feeding programmes. In the nutrition sections and indicator tables of this document both areas are regarded jointly within the term “rural”.

Results

Strategic Objective 1: Save lives and protect livelihoods in emergencies. Outcome 1: Stabilized or reduced undernutrition among children aged 6-59 months and pregnant and lactating women

Activity: Treatment and prevention of moderate acute malnutrition in children aged 6-59 and pregnant and lactating women in rural areas and POCs countrywide

WFP measures the outcomes of its nutrition activities against three corporate indicators. The moderate acute malnutrition (MAM) treatment performance rate measures the programme’s effectiveness in restoring the nutritional status of children enrolled in the activity. Four scores make up the MAM treatment performance rate: recovery rate, mortality rate, default rate and non-response rate. Programme coverage is measured to determine whether the programme’s enrolment is sufficient to cover population needs. With the proportion of target population who participate in an adequate number of distributions, WFP aims to measure children’s adherence to prevention programmes. Given that no cross-sectional survey was carried out in 2017, data for this indicator is not available and the coverage indicators have been estimated through a desk review.

Despite the challenging operational context exacerbated by conflict, WFP aimed to address nutritional needs of children and PLW through moderate acute malnutrition treatment, maintaining stable performance rates within Sphere minimum standard requirements. Treatment activities in POC sites covered almost the totality of the eligible population, while in rural areas treatment coverage reached around three quarters of the eligible population, exceeding the minimum target of 50 percent. This accomplishment was largely due to the increase of treatment sites and scale-up of nutrition messaging in the second half of the year, and to the improved service quality after harmonization with UNICEF’s outpatient therapy programme.

On the other hand, security risks and logistics constraints caused interruptions in the implementation of prevention programmes. The programme’s coverage remained below WFP’s corporate target but improved from last year, exceeding the 45 percent standard target established by the Nutrition cluster in South Sudan.

In 2017, beneficiaries aged 6-59 months reached through treatment and prevention activities considerably exceeded the planned values, which means an increase of 76 percent compared to the beneficiaries assisted last year under the EMOP. Under prevention activities, WFP nearly reached the planned PLW beneficiaries target, while the achievement of MAM treatment was below the target due to a mid-year increase in targeted beneficiaries following the expansion of the MUAC admission criteria for PLWs. WFP increased the operational planned caseload for PLWs and increased support to cooperating partners in efforts to reach the new target, almost doubling it. However full achievement was not reached due to operational limitations to scale up given the short timeframe of the mid-year adjustment.

The scale up of nutrition messaging since May 2017 has improved messaging coverage remarkably, with a high satisfaction of beneficiaries regarding the adequacy of CNV’s communication. Sixty-five percent of interviewed households reported being exposed to nutrition, health or maternal child feeding messaging at the site, especially in POCs.

Strategic Objective 1: Save lives and protect livelihoods in emergencies. Outcome 2: Stabilised or improved food consumption over assistance period for targeted households and/or individuals

Activity: General distributions in rural areas and POCs countrywide

To measure the effectiveness of its general food distributions activities (GFD), WFP relies on three key outcome indicators: the Food Consumption Score (FCS) as a proxy for household food security; the Diet Diversity Score (DDS) as an estimate of the quality of a diet; and the Coping Strategy Index (CSI), which measures the frequency and severity of the behaviours households engage in when faced with food shortages. The higher the FCS and DDS, the more likely that a household’s nutrient intake is adequate and its diet varied, while an increase in the CSI implies a deterioration of the food security situation of the household.

Baseline values in rural areas are extracted from the November 2015 FSNMS report while those in POCs are taken from the second outcome monitoring round of 2015. Latest follow-up values have been collected through a

post-distribution monitoring (PDM) exercise in December 2017. Comparison of results and trend analyses between 2016 and 2017 have not been included in this narrative due to differences in the populations assisted each year. In 2016 the EMOP targeted rural areas in the Greater Upper Nile region for most of the year while in 2017 it assisted those in the Greater Upper Nile, Greater Bahr el-Ghazal and Greater Equatoria regions (Greater Equatoria are not included in the data analysis due to small sample size).

Despite trends of worsening national food consumption, rural households receiving food assistance under the EMOP have reported encouraging values with 50 percent of assisted households within the acceptable food consumption level by the end of the year, and less than a quarter staying within the poor food consumption range. There is evidence of considerable variation in food consumption based on sex of household head, with 56 percent of female-headed households in the borderline and poor consumption groups and only 42 percent in the case of male-headed households. Dietary diversity has remained below the lowest threshold in rural areas, meaning households reported having consumed less than 4.5 food groups in the previous seven days, although diet diversity scores have exceeded WFP target of 2.5 food groups consumed. Male-headed households in rural areas reported better dietary diversity values than those headed by women.

Within rural areas, different levels in food insecurity can be observed between the two regions for which data is representative. Evidence collected in the Greater Bahr el-Ghazal (GBG) region shows higher percentage of households with poor food consumption than those in the Greater Upper Nile (GUN) region, as well as a 20 percent higher incidence in crisis and emergency coping strategies. Results show a steady increase of the diet diversity score in GBG from the first monitoring round of 2016 while the GUN states record a gradual deterioration from 4.7 food groups consumed in May 2016 to 3.9 groups in December 2017.

The displaced population in POC camps and in Mingkaman have reported notable better food security conditions than those in rural areas, with only 6 percent of the households with poor food consumption score. Despite the cash entitlement that aims at enhancing food intake diversification, beneficiaries in POCs and Mingkaman also reported a diet diversity score within the low diversity range, with around two thirds of the households consuming less than three food groups per week. This may be due to IDPs constrained access to markets in resident areas. Male-headed households in POC sites reported better dietary diversity values than those headed by women.

When cross-tabulating food consumption groups with coping strategies applied, those in the acceptable food consumption group are also highly applying emergency livelihood coping strategies, meaning that a household may resort to emergency strategies like begging or migrating, in order to improve its dietary diversity, increase the frequency of meals or improve its nutritious intake. On the other hand, consumption-based coping strategies were more frequent, with households in rural areas applying more harsh strategies than those in POC sites.

With regards to the conditional food distribution modality, over 57,000 people in rural areas benefited from participation in the programme. Overall, participants cultivated a total of 2,713 hectares between three different communities. Although not initially planned, 141 households affected by flood were also engaged in the construction of two flood dykes and one community pond to which they channelized the flood water.

From the outcome monitoring exercise done after the implementation of the Juba Urban Project, comparison between base line and end line shows how the percentage of households with acceptable FCS had increased by a 20 percent while the percentage of households with poor FCS had fallen by the same percentage, adding up to 43 percent and 3 percent of the total interviewed respectively. Under the Juba Urban Project, WFP's assistance contributed to reducing the percentage of households with low dietary diversity by 14 percent, with households reporting higher access to fruits, meat and dairy.

WFP focused on identification of vulnerable households (elder members, headed by children, women with large number of dependents, people with reduced mobility or chronically ill) and targeting of households with malnourished children and PLW, in order to best ensure WFP reaches the most vulnerable individual of vulnerable population. Beneficiary registration through biometrics and headcount exercises helped WFP to augment the efficiency of this assistance. Through general food distributions, WFP aimed to cover as many people in need as possible with the resources available and in 2017 assisted more beneficiaries than planned, reaching over 2.8 million people.

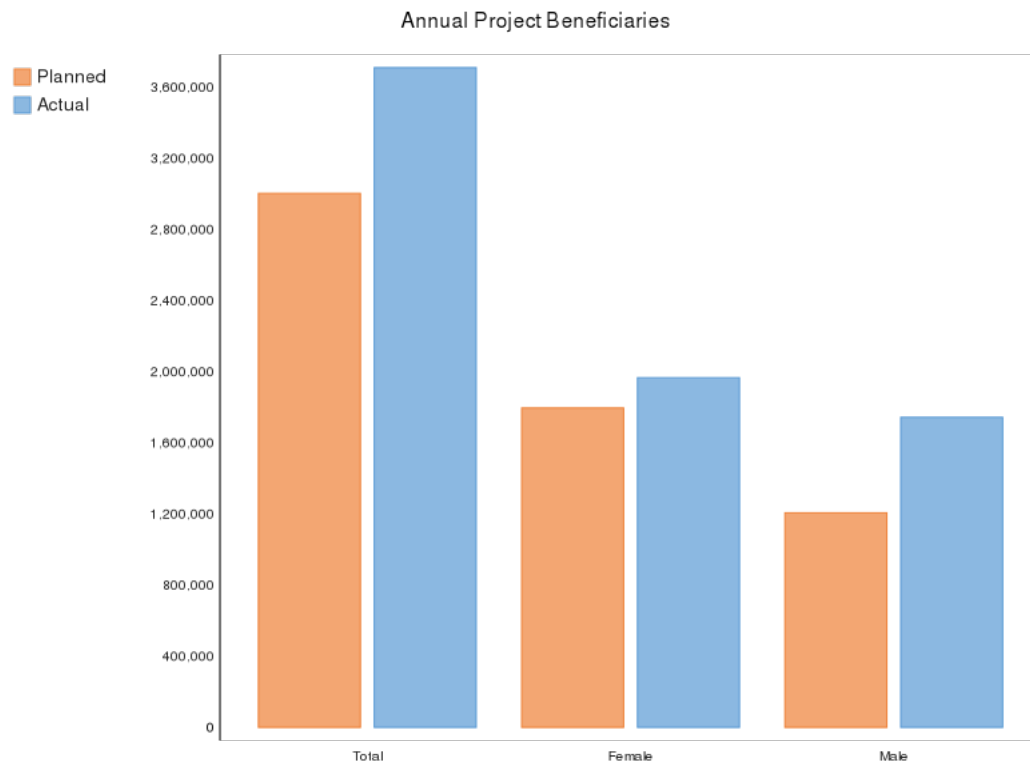
Strategic Objective 1: Save lives and protect livelihoods in emergencies. Outcome 3: Restored or stabilized access to basic services and/or community assets

Activity: Institutional feeding programme targeting people living with HIV, tuberculosis or kala-azar in rural areas and POCs countrywide

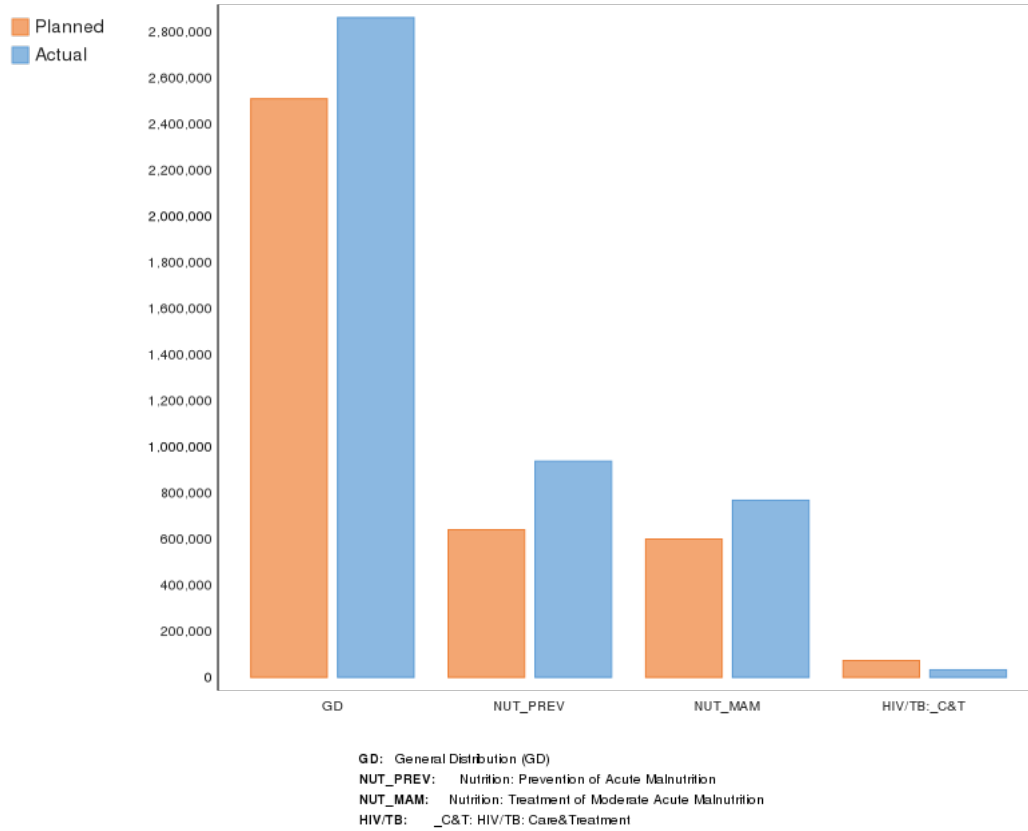
The effectiveness of WFP's institutional feeding programme is measured through two outcome indicators. The Anti-Retroviral Therapy (ART) and the TB Direct Observation Treatment (TB-DOT) default rate, which measure the percentage of clients that have missed the second consecutive scheduled medical visit.

Despite efforts in improving reach and effectiveness of the programme, several detrimental factors have pushed the ART default rate to increase significantly compared to previous year. Conflict and destruction of assets and subsequent displacement; food pipeline shortfalls; and long distances from communities to health centres, deprived beneficiaries from access to ART treatment. Additionally, findings from the Food Security and Nutrition assessment on people living with HIV (PLHIV) ran in 2015 indicate that in South Sudan there is strong stigma against PLHIV and that these people are often forced to change residence on basis of their HIV status, which hinders their access to treatment.

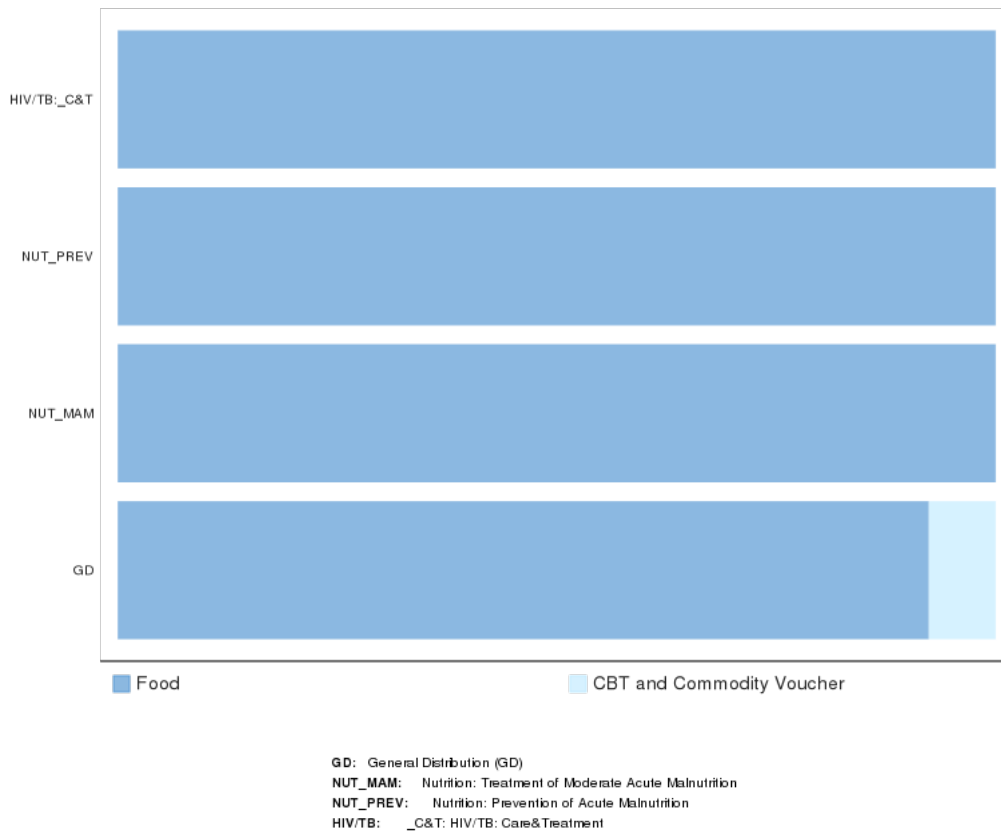
On the other hand, the TB-DOT treatment default rate decreased since last year, complying with the set target. Despite generally being performed at the same health centres as ART treatment, TB-DOT programmes enjoy a stronger reception in South Sudan, because of their more stable supply of medication through the Ministry of Health and the lesser stigma that surrounds the disease. This facilitates beneficiaries' access to the medical treatment even in the case of displacements. Potential inconsistencies in admission criteria amongst sites and incorrect registration of discharged patients are another reason for the contrasting rates.



Annual Project Beneficiaries by Activity



Modality of Transfer by Activity





Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Beans	21,410	8,815	41.2%
Corn Soya Blend	38,852	20,419	52.6%
High Energy Biscuits	-	43	-
Iodised Salt	2,141	808	37.7%
Lentils	-	961	-
Maize	-	16,974	-
Peas	-	1,401	-
Ready To Use Supplementary Food	2,460	1,744	70.9%
Sorghum/Millet	213,672	148,069	69.3%
Split Lentils	-	296	-
Split Peas	-	3,836	-
Sugar	19	38	201.3%
Vegetable Oil	12,730	9,289	73.0%
Total	291,284	212,693	73.0%



Cash Based Transfer and Commodity Voucher Distribution for the Project (USD)

Modality	Planned (USD)	Actual (USD)	% Actual v. Planned
Cash	42,746,400	26,443,976	61.9%
Total	42,746,400	26,443,976	61.9%

Performance Monitoring

During 2017, WFP South Sudan has made concerted efforts to align its monitoring system to corporate minimum monitoring requirements, and has enhanced the performance monitoring system to mainstream its importance across the country portfolio.

The country office maintains a regular monitoring frequency, to the extent possible within the context, delivering monthly process monitoring bulletins and biannual post-distribution outcome monitoring reports (PDM), and keeping a monthly record of partners' output results.

Outcome and cross-cutting results are based on the results of the post-distribution monitoring, and supplemented with process monitoring data. The monitoring team had envisioned gathering representative outcome results for each population group assisted, but this has not always been possible due to security and staffing constraints.

All primary data collection is conducted with electronic tablets, which are programmed in cooperation with technical teams. WFP uses ONA [14], as a shared database where field staff can locate and download tools and country office can oversee data upload frequencies and timeliness.

The country office also uses remote monitoring through live phone calls done by roving enumerators; however, telecommunications constraints in South Sudan restrict it mostly to large urban centres. In particular, remote monitoring was conducted for the Juba Urban Poor Project run by World Vision, providing food security indicators and knowledge transfer results.

Through direct observation and interviews with beneficiaries and key informants, WFP gathers information on its assistance process, monitoring registrations, distribution management, management committees and beneficiaries' perceptions. WFP staff monitors accessible areas, whereas third-party monitors are used for Integrated Rapid Response Mechanism areas.

At the output level, partners' monthly reports provide data related to beneficiary number and quantifiable assistance distributed; desk studies and triangulation with process monitoring results are used to verify the quality of these reports. In FFA activities, WFP measured the sustainability of assets created through community-led assessments whereby community members determined the utility and condition of assets created. Through monthly process monitoring, WFP ensured quality standards were achieved during the creation of assets.

Since 2015, WFP collects sex and age disaggregated data for most activities. Disaggregated data should be interpreted as indicative, reflecting findings in the sample but not providing statistically significant results to generalise to the targeted population.

The monitoring team supported the roll-out of the Complaints and Feedback Mechanism to seven additional locations (Bor, Abyei, Torit, Kapoeta, Bentiu, Malakal and urban Juba) working in collaboration with the gender and protection unit. This expansion strengthened communication with affected populations as it allowed for another accountability mechanism to be implemented alongside existing helpdesks, while the data collection platform employed allowed technical units to own, track and respond to their corresponding complaints.

As part of lessons learned from 2016, WFP decided to expand its team of enumerators instead of relying on outside contracting companies, allowing WFP to enhance quality control. Additional monitoring staff were hired in 2017, to support sub-offices and technical units.

The success of the new incorporations greatly relied on the capacity building efforts done by the country office. Four sub-offices were trained and two trainings were held in Juba, for the new roving monitors, and for field staff in need of more support. Additionally, the country office trained 15 staff on Tableau, a data analysis and visualization tool adopted by WFP; and two of its staff participated in the Data Week organized at the Headquarters level, whereby participants explored different ways through which data can support WFP's drive towards achieve Zero Hunger.

WFP South Sudan also began a monthly Monitoring Working Group which encourages technical units to provide follow-up action to their indicators, and has greatly increased accountability for monitoring findings and ensured the relevance of process monitoring. The monitoring team also sits once a month with monitoring units of other agencies to exchange inter-agency support.

In 2018, the country office will enhance monitoring coverage across South Sudan through the further increase of the roving enumerator team. Additionally, WFP plans to develop theories of change for all activities to enhance its results-based programming.

[14] Organizational Network Analysis (ONA) is a free and open-source set of tools which help organizations author surveys and manage mobile data collection in the field.

Progress Towards Gender Equality

Gender relations in South Sudan are complex. Women and girls are generally responsible for farming, cooking, cleaning, water and firewood collection and childcare. Men and boys are generally the decision-makers for communities and their families, regarding cattle, hunting, fishing and charcoal making. These roles are clearly defined but change depending on the context and location.

The economic crisis and conflict has adversely affected the livelihood of households and as a result of gender roles, women, men, boys and girls have been impacted differently. Women and orphaned children often have to act as heads of households and financially support their family, while their opportunities for economic engagement and legal access to assets and resources remain limited. Furthermore, prevailing cultural norms, especially in the countryside, marginalize women from decision-making and any political activities.

WFP seeks to promote gender equality by tailoring its assistance to women and girls' needs and encouraging their participation in decision-making and community engagement.

Through its gender cross-cutting indicators, WFP measures the effect of its interventions on gender equality in South Sudan. Household decision-making on WFP's assistance addresses equality in decision making and control over cash, vouchers or food between men and women. Women's engagement in the community is measured by tracking their participation as leaders in Project Management Committees (PMC), and their empowerment through attendance to training sessions offered by the PMCs.

WFP-assisted households where decisions over assistance received are made by women outweighs considerably those where decisions are made jointly. Traditionally, women are assigned food management responsibility within the household, while men control the family's income. This is observable if looking into deeper levels of disaggregation by type of assistance received and the context within which it is received.

WFP has been working to strengthen the establishment and training of PMCs to enhance joint decision making at both the household and the community level. PMCs are established by the community through a democratic representative process and composed of 50 percent of women, with leadership roles equally allocated to men and women. PMC also include representatives of youth groups, the elderly and individuals identified as vulnerable.

The proportion of women in leadership positions is just under 50 percent in GFD contexts and on average women hold one of the four leadership positions in emergency response contexts. These results vary depending on the environment in which PMCs are established. Women's engagement in PMCs in the Greater Upper Nile region saw a decrease in 2017, potentially linked to the famine response, when efforts were mainly directed at relieving immediate food needs.

To address these challenges, WFP and cooperating partners have consulted communities on their preferred means of communication, developed training tools and held joint training sessions addressed to PMC members in emergency and non-emergency locations to enhance local ownership and to raise awareness amongst affected population about the benefits of joint decision-making at the community level and within the household.

Despite membership in PMCs and attendance to trainings being voluntary, as they suppose an opportunity cost to those participating, women participation in trainings has generally remained stable ranging between 40-50 percent amongst different areas, even reaching parity with men in some rural locations.

Gender indicators regarding sex ratio within management committee leadership and training participants must however be regarded as indicative as they are elicited through focus group discussions, implying that they are based on affected populations' perceptions and not direct observation by enumerators.

In 2017, WFP gender and nutrition teams worked together on a nutrition sensitive strategy to encourage a gender lens when developing projects. WFP is committed to mainstream gender equality and access of vulnerable populations to nutrition interventions as one of the main tools for ensuring programmes are nutrition-sensitive.

WFP has also been generating awareness and building the capacity of WFP and cooperating partner's staff on gender and women's empowerment. Additionally, WFP continues to strengthen partnerships with other UN agencies (UNFPA/UNWOMEN), coordination groups (Food Security and Livelihood and the Logistics Cluster) and national state institutions (Ministry of Education and the Ministry of Women, Child and Social Welfare). WFP conducted 34 training sessions for partners in more than 17 different locations, achieving an average female participation of 30 percent, when typically there are only few female participants present at such sessions. Definitions of gender, gender equality, how to recognize and overcome gender stereotypes, measures to combat discrimination and entry points to promote gender equality and women's empowerment were the main subjects addressed in the trainings.

Overall, despite the insecurity and volatility of the context where WFP performs in South Sudan, the year saw investments and initiatives in the country towards promotion of gender equality and women's empowerment, conducting gender analyses and building beneficiaries, staff and partners' awareness and capacity. These longer-term investments are expected to further improve the effect WFP's programmes have on gender equality in South Sudan, mostly within food security and nutrition.

Protection and Accountability to Affected Populations

South Sudan's operational context poses a challenging environment for humanitarian relief and recovery activities. Violations against civilians continue to be widely reported and documented and long-term conflict has further exacerbated pre-existing protection risks and threats.

Women and girls represent the majority of the affected populations. While boys and men are more at risk of physical violence, forced recruitment and arbitrary killing, girls and women are threatened by abuse and sexual and gender-based violence, and adolescent girls are given out in marriage for bride price, particularly in complex emergencies. The elderly, people with disabilities and people living with HIV have been particularly vulnerable

during displacement.

Protection and gender inequality are directly linked to food security. In crisis settings like South Sudan, food is among the most valuable and essential commodities. Competition over access to resources is a major driver of conflict, with food being a key factor impacting people's exposure to and ability to cope with protection risks. Vulnerability to food insecurity is therefore often linked with vulnerability to protection risks.

Safety, dignity and integrity are key elements of WFP's definition of protection. WFP strives to implement its programmes in a safe and dignified manner and emphasizes lines of accountability beyond donors and governments to affected populations themselves, to ensure an assistance that respects people's needs, rights and capacities. Mainstreaming these principles and practices and with its field presence, WFP has become a significant protection actor in South Sudan.

Through process and post-distribution monitoring, WFP collects data on the degree to which accessing WFP's programmes exposes people to safety problems as well as on the extent to which assisted people are informed about the programme (who is included, what people will receive, where people can complain). WFP also performs risk assessments prior to and during the implementation of activities to measure and address affected populations' exposure to protection risks. Mitigation measures that WFP integrates into its programming include the development of standards for the protection of people with disabilities in emergency locations and of new arrivals with specific needs in POCs; as well as the continued communication and information sharing with the protection cluster to support the development of guidance for situations where humanitarian space is threatened.

In January 2017, WFP has established a Complaints and Feedback Mechanism (CFM) in South Sudan, enabling affected populations to raise complaints related to WFP assistance. The CFM is made up of help and feedback desks at the sites, a WFP hotline and community outreach initiatives. Safety and security issues within the context of WFP activities are often raised at the helpdesk at the site, which is generally managed by WFP or cooperating partners' staff, preferably a woman and a man. The CFM revealed that within the context of GFD modalities, women are the primary users of the help and feedback desks located at the site when in-kind assistance is provided. For example, in Juba between 71 percent of the complaints received were from women and in Mingkaman the help and feedback desk documented 95 percent of the complaints were from women. In contrast, the hotline is predominantly active in urban settings and men are more active users of this forum.

Overall, the proportion of beneficiaries reporting safety issues in the last monitoring round of 2017 has reached satisfactory levels with 100 percent of the interviewed households not reporting any security problem. Nevertheless, in the Greater Upper Nile region, the post-distribution monitoring conducted halfway through the year did yield a higher percentage of people experiencing some incident, primarily on their way to the distribution sites. A small percentage of beneficiaries also reported other issues related to access to their entitlements, like being compelled to pay to receive assistance, paying taxes or being asked for favours.

The proportion of interviewed beneficiaries who were fully informed about WFP's targeting and entitlement criteria remained low in the first half of 2017, with no major difference between rural areas and POC sites. One quarter of beneficiaries interviewed in the first outcome monitoring round responded positively to all three components of the indicator. When analysing these findings, it is important to consider that WFP launched the CFM pilot project between January and March 2017, targeting only three locations.

Upon the successful completion of the CFM pilot in March 2017, WFP scaled up the CFM to all the field offices with a particular focus on food assistance for assets (FFA) activities in food and cash modalities and integrated the feedback gathered from the pilot. The CFM pilot revealed the importance of communicating with affected populations in a manner adapted to their context and needs to enable them to make informed decisions and choices and to inform WFP on protection risks and challenges they might face in accessing assistance. To this regard, two-way communication was strengthened through awareness raising efforts, the establishment and training of PMCs and the development and designation of posters, flyers and banners with key messages on how to contact WFP and protection related risks.

The bulk of the activities targeted at improving communication with affected populations took place between March and November, and the percentage of people informed about the programme saw a considerable increase in comparison to values from the first half of 2017, reaching 41 percent of the beneficiaries assisted under the EMOP by the end of the year.

WFP has continued to strengthen the collaboration and coordination with protection-mandated actors such as UNHCR and the Norwegian Refugee Council. WFP has been working closely with the protection cluster to develop a framework of collaboration within the context of emergency responses and with UNICEF and UNFPA to address gender-based violence (GBV) in locations with no service provision, through facilitating access to essential GBV services and messaging among others.

In addition, WFP has developed special measures to protect and address the rights of people with disabilities (mental, physical and sensory) in the context of WFP mobile response.

Cash for Training Activities Help Tide Tough Times In South Sudan

Like many others, 40 year-old William Diing has made the long journey from his rural home in Bor to South Sudan's capital, Juba, in search of a better life. But times have been hard and after a year in the city, the father of six resorted to begging. However, a partnership between WFP and World Vision is bringing hope to vulnerable people like William and helping them take their first steps out of the hunger trap by providing cash in exchange for training. William's story shows how he defied the odds and recovered after being faced with setbacks of an unforgiving city life.

In Juba, every day is about finding enough food to survive. Employment opportunities are hard to come by and when they do, they often do not pay. Food insecurity levels are staggering. Life is an ongoing challenge even for the employed, but for William it took a turn for the best when he joined a new programme targeting vulnerable urban households.

"I have no worries," says William. "I am now able to buy and sell small items throughout the year."

Known as the Juba Urban Project, it is a WFP initiative with World Vision that aims to meet immediate food needs whilst trying to address the underlying causes of food insecurity. Under the programme, community members are empowered with knowledge and vocational skills in areas such as nutrition, hygiene, food handling and preservation and entrepreneurship. Households attend a week's training every month for six months and in exchange receive the equivalent of USD 45 a month to buy food for the family.

"I learnt how to run small businesses," he explains. "My business is now flourishing and I hope to increase my sales."

For William, it is not certain when he will be able to go back to his rural home and farm the land, let alone find a good job in Juba. What is now important for him is to continue to receive the cash he needs to relieve his families' immediate food needs and to keep learning and growing his business to be able to provide for his family with his own means.

Figures and Indicators

Data Notes

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Beneficiaries with food rations, recently received via airdrop, at a WFP distribution in Ganyiel.

Explanatory notes:

Resources for Results - Annual Food Distribution in Country (mt) Table:

A 10 percent of the total food distributed under the EMOP has been estimated as a number of partners' distribution reports is pending to be recorded in the system.

Tables 2 and 3:

Through its Institutional Feeding Programme, WFP has assisted beneficiaries entirely under the Care&Treatment category, thus the blank cells for Mitigation&Safety Nets in Tables 2 and 3.

Table 3:

The figure under "ART Clients receiving food assistance" merges ART and TB-DOT beneficiaries. In 2017 WFP did not disaggregate between the two categories given the high level of co-infection with HIV within the country,

The figure for "Activity supporters" under HIV/TB: Care&Treatment includes the number of caregivers of malnourished children admitted in the therapeutic feeding centres under the Treatment programme.

Nutrition Beneficiaries Table:

Different percentages have been used to calculate the planned and actual beneficiary figures for children of 6-23 months and children of 24-59 months under Treatment and Prevention programmes, which explains the high percentages of over-achievement for children of 24-59 months old in both modalities.

Outcome indicators:

Coping Strategy Index for 2016 differs from that reflected in 2016 SPR because it has been recalculated with a more accurate methodology in line with 2017's calculation.

Overview of Project Beneficiary Information

Table 1: Overview of Project Beneficiary Information

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Total Beneficiaries	1,206,607	1,796,393	3,003,000	1,743,917	1,966,544	3,710,461	144.5%	109.5%	123.6%
By Age-group:									
Children (under 5 years)	462,762	462,762	925,524	371,046	371,046	742,092	80.2%	80.2%	80.2%
Children (5-18 years)	461,126	541,322	1,002,448	853,406	1,001,824	1,855,230	185.1%	185.1%	185.1%

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Adults (18 years plus)	282,719	792,309	1,075,028	519,465	593,674	1,113,139	183.7%	74.9%	103.5%
By Residence status:									
Internally displaced persons (IDPs)	482,643	718,557	1,201,200	697,567	786,618	1,484,185	144.5%	109.5%	123.6%
Residents	723,964	1,077,836	1,801,800	1,046,350	1,179,926	2,226,276	144.5%	109.5%	123.6%

Participants and Beneficiaries by Activity and Modality

Table 2: Beneficiaries by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
General Distribution (GD)	2,310,000	200,000	2,510,000	2,643,957	218,059	2,862,016	114.5%	109.0%	114.0%
Nutrition: Treatment of Moderate Acute Malnutrition	600,000	-	600,000	768,465	-	768,465	128.1%	-	128.1%
Nutrition: Prevention of Acute Malnutrition	640,700	-	640,700	937,778	-	937,778	146.4%	-	146.4%
HIV/TB: Care&Treatment;	73,000	-	73,000	32,762	-	32,762	44.9%	-	44.9%
HIV/TB: Mitigation&Safety; Nets	-	-	-	-	-	-	-	-	-

Annex: Participants by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
General Distribution (GD)	330,000	66,964	358,571	330,514	72,686	403,200	100.2%	108.5%	112.4%
Nutrition: Treatment of Moderate Acute Malnutrition	600,000	-	600,000	768,465	-	768,465	128.1%	-	128.1%
Nutrition: Prevention of Acute Malnutrition	640,700	-	640,700	937,778	-	937,778	146.4%	-	146.4%

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
HIV/TB: Care&Treatment;	73,000	-	73,000	32,762	-	32,762	44.9%	-	44.9%
HIV/TB: Mitigation&Safety; Nets	-	-	-	-	-	-	-	-	-

Participants and Beneficiaries by Activity (excluding nutrition)

Table 3: Participants and Beneficiaries by Activity (excluding nutrition)

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
General Distribution (GD)									
People participating in general distributions	168,528	190,043	358,571	189,504	213,696	403,200	112.4%	112.4%	112.4%
Total participants	168,528	190,043	358,571	189,504	213,696	403,200	112.4%	112.4%	112.4%
Total beneficiaries	1,179,700	1,330,300	2,510,000	1,345,148	1,516,868	2,862,016	114.0%	114.0%	114.0%
HIV/TB: Care&Treatment;									
ART Clients receiving food assistance	19,698	23,122	42,820	11,581	13,594	25,175	58.8%	58.8%	58.8%
Activity supporters	3,018	27,162	30,180	759	6,828	7,587	25.1%	25.1%	25.1%
Total participants	22,716	50,284	73,000	12,340	20,422	32,762	54.3%	40.6%	44.9%
Total beneficiaries	22,716	50,284	73,000	12,340	20,422	32,762	54.3%	40.6%	44.9%
HIV/TB: Mitigation&Safety; Nets									
Activity supporters	-	-	-	-	-	-	-	-	-
Total participants	-	-	-	-	-	-	-	-	-
Total beneficiaries	-	-	-	-	-	-	-	-	-

Nutrition Beneficiaries

Nutrition Beneficiaries

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Nutrition: Treatment of Moderate Acute Malnutrition									

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Children (6-23 months)	50,000	50,000	100,000	81,593	84,923	166,516	163.2%	169.8%	166.5%
Children (24-59 months)	50,000	50,000	100,000	190,383	198,153	388,536	380.8%	396.3%	388.5%
Pregnant and lactating women (18 plus)	-	400,000	400,000	-	213,413	213,413	-	53.4%	53.4%
Total beneficiaries	100,000	500,000	600,000	271,976	496,489	768,465	272.0%	99.3%	128.1%
Nutrition: Prevention of Acute Malnutrition									
Children (6-23 months)	116,975	116,975	233,950	115,246	115,246	230,492	98.5%	98.5%	98.5%
Children (24-59 months)	116,975	116,975	233,950	268,907	268,907	537,814	229.9%	229.9%	229.9%
Pregnant and lactating women (18 plus)	-	172,800	172,800	-	169,472	169,472	-	98.1%	98.1%
Total beneficiaries	233,950	406,750	640,700	384,153	553,625	937,778	164.2%	136.1%	146.4%

Project Indicators

Outcome Indicators

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 and pregnant and lactating women				
Proportion of target population who participate in an adequate number of distributions				
<i>PREVENTION, Project End Target: 2017.09, PDM, Base value: 2015.11, WFP programme monitoring, Monthly partner reports, Previous Follow-up: 2016.12, WFP programme monitoring, Desk study</i>	>66.00	82.00	46.00	-
Proportion of eligible population who participate in programme (coverage)				
<i>PREVENTION, Project End Target: 2017.09, Desk study, Base value: 2015.11, WFP programme monitoring, Desk study, Previous Follow-up: 2016.12, WFP programme monitoring, Desk study, Latest Follow-up: 2017.12, WFP programme monitoring, Nutrition Cluster Data</i>	>70.00	88.00	38.00	53.00

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
MAM treatment recovery rate (%)				
TREATMENT-ALL AREAS, Project End Target: 2017.09, Health clinic registers, Base value: 2015.12, Secondary data, Nutrition cluster data, Previous Follow-up: 2016.12, Secondary data, Nutrition cluster data, Latest Follow-up: 2017.12, Secondary data, Nutrition cluster data	>75.00	88.00	88.00	85.00
MAM treatment mortality rate (%)				
TREATMENT-ALL AREAS, Project End Target: 2017.09, Health clinic registers, Base value: 2015.12, Secondary data, Nutrition cluster data, Previous Follow-up: 2016.12, Secondary data, Nutrition cluster data, Latest Follow-up: 2017.12, Secondary data, Nutrition cluster data	<3.00	0.00	0.00	0.10
MAM treatment default rate (%)				
TREATMENT-ALL AREAS, Project End Target: 2017.09, Health clinic registers, Base value: 2015.12, Secondary data, Nutrition cluster data, Previous Follow-up: 2016.12, Secondary data, Nutrition cluster data, Latest Follow-up: 2017.12, Secondary data, Nutrition cluster data	<15.00	7.00	8.00	10.20
MAM treatment non-response rate (%)				
TREATMENT-ALL AREAS, Project End Target: 2017.09, Health clinic registers, Base value: 2015.12, Secondary data, Nutrition cluster data, Previous Follow-up: 2016.12, Secondary data, Nutrition cluster data, Latest Follow-up: 2017.12, Secondary data, Nutrition cluster data	<15.00	5.00	4.00	4.60
Proportion of eligible population who participate in programme (coverage)				
TREATMENT-CAMPS, Project End Target: 2017.09, Desk study, Base value: 2015.11, WFP programme monitoring, Desk study, Previous Follow-up: 2016.12, WFP programme monitoring, Desk study, Latest Follow-up: 2017.12, WFP programme monitoring, Nutrition Cluster Data	>90.00	82.00	98.00	98.00
Proportion of eligible population who participate in programme (coverage)				
TREATMENT-RURAL, Project End Target: 2017.09, Desk study, Base value: 2015.11, WFP programme monitoring, Desk study, Previous Follow-up: 2016.12, WFP programme monitoring, Desk study, Latest Follow-up: 2017.12, WFP programme monitoring, Nutrition Cluster Data	>50.00	58.00	56.00	70.00
Stabilized or improved food consumption over assistance period for targeted households and/or individuals				
FCS: percentage of households with poor Food Consumption Score				
GD-CAMPS, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP programme monitoring, PDM HH, Previous Follow-up: 2016.09, WFP programme monitoring, PDM HH, Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH	<27.00	38.00	14.00	6.00
FCS: percentage of households with borderline Food Consumption Score				
GD-CAMPS, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP programme monitoring, PDM HH, Previous Follow-up: 2016.09, WFP programme monitoring, PDM HH, Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH	<23.00	37.00	49.00	41.00
FCS: percentage of households with acceptable Food Consumption Score				
GD-CAMPS, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP programme monitoring, PDM HH, Previous Follow-up: 2016.09, WFP programme monitoring, PDM HH, Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH	>50.00	26.00	37.00	53.00
FCS: percentage of households with poor Food Consumption Score (female-headed)				
GD-CAMPS, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP programme monitoring, PDM HH, Previous Follow-up: 2016.09, WFP programme monitoring, PDM HH, Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH	<29.00	42.00	15.00	6.00

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
FCS: percentage of households with poor Food Consumption Score (male-headed)				
<i>GD-CAMPS, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP programme monitoring, PDM HH, Previous Follow-up: 2016.09, WFP programme monitoring, PDM HH, Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH</i>	<16.00	25.00	9.00	7.00
FCS: percentage of households with borderline Food Consumption Score (female-headed)				
<i>GD-CAMPS, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP programme monitoring, PDM HH, Previous Follow-up: 2016.09, WFP programme monitoring, PDM HH, Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH</i>	<21.00	37.00	49.00	41.00
FCS: percentage of households with borderline Food Consumption Score (male-headed)				
<i>GD-CAMPS, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP programme monitoring, PDM HH, Previous Follow-up: 2016.09, WFP programme monitoring, PDM HH, Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH</i>	<36.00	36.00	50.00	37.00
FCS: percentage of households with acceptable Food Consumption Score (female-headed)				
<i>GD-CAMPS, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP programme monitoring, PDM HH, Previous Follow-up: 2016.09, WFP programme monitoring, PDM HH, Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH</i>	>50.00	21.00	36.00	53.00
FCS: percentage of households with acceptable Food Consumption Score (male-headed)				
<i>GD-CAMPS, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP programme monitoring, PDM HH, Previous Follow-up: 2016.09, WFP programme monitoring, PDM HH, Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH</i>	>48.00	39.00	42.00	56.00
Diet Diversity Score				
<i>GD-CAMPS, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP programme monitoring, PDM HH, Previous Follow-up: 2016.09, WFP programme monitoring, PDM HH, Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH</i>	>3.00	2.96	4.08	4.40
Diet Diversity Score (female-headed households)				
<i>GD-CAMPS, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP programme monitoring, PDM HH, Previous Follow-up: 2016.09, WFP programme monitoring, PDM HH, Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH</i>	>3.00	2.86	4.04	4.30
Diet Diversity Score (male-headed households)				
<i>GD-CAMPS, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP programme monitoring, PDM HH, Previous Follow-up: 2016.09, WFP programme monitoring, PDM HH, Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH</i>	>3.50	3.26	4.23	4.60
CSI (Food): Coping Strategy Index (average)				
<i>GD-CAMPS, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP programme monitoring, PDM HH, Previous Follow-up: 2016.09, WFP programme monitoring, PDM HH, Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH</i>	<6.00	6.30	8.47	3.30
FCS: percentage of households with poor Food Consumption Score				
<i>GD-RURAL, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP survey, FSNMS, Previous Follow-up: 2016.10, WFP programme monitoring, PDM HH (GUN), Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH (GBG, GUN)</i>	<20.00	28.00	17.00	20.00

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
FCS: percentage of households with borderline Food Consumption Score				
<i>GD-RURAL, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP survey, FSNMS, Previous Follow-up: 2016.10, WFP programme monitoring, PDM HH (GUN), Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH (GBG, GUN)</i>	<29.00	29.00	30.00	31.00
FCS: percentage of households with acceptable Food Consumption Score				
<i>GD-RURAL, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP survey, FSNMS, Previous Follow-up: 2016.10, WFP programme monitoring, PDM HH (GUN), Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH (GBG, GUN)</i>	>51.00	42.00	54.00	49.00
FCS: percentage of households with poor Food Consumption Score (female-headed)				
<i>GD-RURAL, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP survey, FSNMS, Previous Follow-up: 2016.10, WFP programme monitoring, PDM HH (GUN), Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH (GBG, GUN)</i>	<23.00	33.00	18.00	22.00
FCS: percentage of households with poor Food Consumption Score (male-headed)				
<i>GD-RURAL, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP survey, FSNMS, Previous Follow-up: 2016.10, WFP programme monitoring, PDM HH (GUN), Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH (GBG, GUN)</i>	<17.00	24.00	12.00	16.00
FCS: percentage of households with borderline Food Consumption Score (female-headed)				
<i>GD-RURAL, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP survey, FSNMS, Previous Follow-up: 2016.10, WFP programme monitoring, PDM HH (GUN), Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH (GBG, GUN)</i>	<27.00	31.00	30.00	34.00
FCS: percentage of households with borderline Food Consumption Score (male-headed)				
<i>GD-RURAL, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP survey, FSNMS, Previous Follow-up: 2016.10, WFP programme monitoring, PDM HH (GUN), Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH (GBG, GUN)</i>	<27.00	27.00	29.00	26.00
FCS: percentage of households with acceptable Food Consumption Score (female-headed)				
<i>GD-RURAL, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP survey, FSNMS, Previous Follow-up: 2016.10, WFP programme monitoring, PDM HH (GUN), Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH (GBG, GUN)</i>	>50.00	36.00	52.00	44.00
FCS: percentage of households with acceptable Food Consumption Score (male-headed)				
<i>GD-RURAL, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP survey, FSNMS, Previous Follow-up: 2016.10, WFP programme monitoring, PDM HH (GUN), Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH (GBG, GUN)</i>	>56.00	49.00	58.00	58.00
Diet Diversity Score				
<i>GD-RURAL, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP survey, FSNMS, Previous Follow-up: 2016.10, WFP programme monitoring, PDM HH (GUN), Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH (GBG, GUN)</i>	>2.50	2.13	4.78	4.00
Diet Diversity Score (female-headed households)				
<i>GD-RURAL, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP survey, FSNMS, Previous Follow-up: 2016.10, WFP programme monitoring, PDM HH (GUN), Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH (GBG, GUN)</i>	>2.50	2.10	4.84	3.90

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Diet Diversity Score (male-headed households)				
<i>GD-RURAL, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP survey, FSNMS, Previous Follow-up: 2016.10, WFP programme monitoring, PDM HH (GUN), Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH (GBG, GUN)</i>	>2.50	2.29	4.63	4.20
CSI (Food): Coping Strategy Index (average)				
<i>GD-RURAL, Project End Target: 2017.09, PDM HH, Base value: 2015.11, WFP survey, FSNMS, Previous Follow-up: 2016.10, WFP programme monitoring, PDM HH (GUN), Latest Follow-up: 2017.12, WFP programme monitoring, PDM HH (GBG, GUN)</i>	<5.00	14.40	10.70	6.70
Restored or stabilized access to basic services and/or community assets				
ART Default Rate (%)				
<i>TREATMENT-ALL AREAS, Project End Target: 2017.09, Health clinic registers, Base value: 2016.12, Secondary data, Health clinic registers, Latest Follow-up: 2017.12, WFP programme monitoring, Health clinic registers</i>	<15.00	66.00	-	80.80
TB Treatment Default Rate (%)				
<i>TREATMENT-ALL AREAS, Project End Target: 2017.09, Health clinic registers, Base value: 2016.12, WFP programme monitoring, Health clinic registers, Latest Follow-up: 2017.12, WFP programme monitoring, Health clinic registers</i>	<15.00	8.70	-	5.40

Output Indicators

Output	Unit	Planned	Actual	% Actual vs. Planned
SO1: HIV/TB: Care&Treatment;				
Number of institutional sites assisted	site	76	70	92.1%
SO1: Nutrition: Treatment of Moderate Acute Malnutrition				
Number of health centres/sites assisted	centre/site	736	691	93.9%
Number of targeted caregivers (male and female) receiving 3 key messages delivered through WFP supported messaging and counseling	individual	184,731	206,632	111.9%

Gender Indicators

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				
<i>SOUTH SUDAN, General Distribution (GD), Project End Target: 2017.09, Base value: 2015.11, Previous Follow-up: 2016.09, Latest Follow-up: 2017.12</i>	>45.00	41.00	22.00	14.00
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>SOUTH SUDAN, General Distribution (GD), Project End Target: 2017.09, Base value: 2015.11, Previous Follow-up: 2016.09, Latest Follow-up: 2017.12</i>	>35.00	54.00	76.00	84.00

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>SOUTH SUDAN, General Distribution (GD), Project End Target: 2017.09, Base value: 2015.11, Previous Follow-up: 2016.09, Latest Follow-up: 2017.12</i>	<20.00	5.00	2.00	2.00
Proportion of women beneficiaries in leadership positions of project management committees				
<i>SOUTH SUDAN, General Distribution (GD), Project End Target: 2017.09, Base value: 2015.11, Previous Follow-up: 2016.09, Latest Follow-up: 2017.12</i>	>50.00	79.00	47.00	42.00
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
<i>SOUTH SUDAN, General Distribution (GD), Project End Target: 2017.09, Base value: 2015.11, Previous Follow-up: 2016.09, Latest Follow-up: 2017.12</i>	>60.00	45.00	40.00	45.00

Protection and Accountability to Affected Populations Indicators

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)				
<i>SOUTH SUDAN, General Distribution (GD), Project End Target: 2017.09, Base value: 2015.11, Previous Follow-up: 2016.09, Latest Follow-up: 2017.12</i>	>70.00	26.00	26.00	41.00
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>SOUTH SUDAN, General Distribution (GD), Project End Target: 2017.09, Base value: 2015.11, Previous Follow-up: 2016.09, Latest Follow-up: 2017.12</i>	>80.00	96.00	96.00	100.00

Partnership Indicators

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)		
<i>SOUTH SUDAN, General Distribution (GD), Project End Target: 2017.09, Latest Follow-up: 2017.12</i>	>0.00	9,292,217.00
Number of partner organizations that provide complementary inputs and services		
<i>SOUTH SUDAN, General Distribution (GD), Project End Target: 2017.09, Latest Follow-up: 2017.12</i>	=29.00	33.00
Proportion of project activities implemented with the engagement of complementary partners		
<i>SOUTH SUDAN, General Distribution (GD), Project End Target: 2017.09, Latest Follow-up: 2017.12</i>	=100.00	100.00

Resource Inputs from Donors

Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Purchased in 2017 (mt)	
			In-Kind	Cash
Australia	AUL-C-00247-06	Corn Soya Blend	-	1,240
Australia	AUL-C-00247-06	Iodised Salt	-	150
Canada	CAN-C-00530-20	Sorghum/Millet	-	213
Canada	CAN-C-00541-07	Corn Soya Blend	-	1,135
Canada	CAN-C-00546-05	Corn Soya Blend	-	857
Canada	CAN-C-00546-05	Sorghum/Millet	-	6,098
China	CHA-C-00053-03	Sorghum/Millet	-	2,392
Denmark	DEN-C-00204-02	Maize	-	1,292
European Commission	EEC-C-00577-03	Sorghum/Millet	-	156
European Commission	EEC-C-00622-01	Beans	-	2,165
European Commission	EEC-C-00622-01	Iodised Salt	-	300
European Commission	EEC-C-00622-01	Sorghum/Millet	-	5,999
European Commission	EEC-C-00663-01	Beans	-	500
European Commission	EEC-C-00663-01	Corn Soya Blend	-	2,165
European Commission	EEC-C-00663-01	Maize	-	151
European Commission	EEC-C-00663-01	Ready To Use Supplementary Food	-	371
European Commission	EEC-C-00663-01	Sorghum/Millet	-	3,987
European Commission	EEC-C-00663-01	Vegetable Oil	-	796
Faroe Islands	FRO-C-00013-01	Ready To Use Supplementary Food	-	38
Finland	FIN-C-00116-06	Sorghum/Millet	-	1,255
Finland	FIN-C-00118-02	Maize	-	1,001
France	FRA-C-00280-12	Corn Soya Blend	-	119
Germany	GER-C-00592-01	Corn Soya Blend	-	369
Germany	GER-C-00638-01	Corn Soya Blend	-	498
Germany	GER-C-00638-01	Maize	-	138
Germany	GER-C-00638-01	Sorghum/Millet	-	3,574
Germany	GER-C-00665-01	Maize	-	5,303
Germany	GER-C-00665-01	Sorghum/Millet	-	188
Japan	JPN-C-00541-01	Corn Soya Blend	-	1,092
Japan	JPN-C-00576-01	Corn Soya Blend	-	200
Japan	JPN-C-00576-01	Maize	-	1,505
Lithuania	LIT-C-00014-01	Iodised Salt	-	8
MULTILATERAL	MULTILATERAL	Maize	-	369
MULTILATERAL	MULTILATERAL	Sorghum/Millet	-	3,945

Donor	Cont. Ref. No.	Commodity	Purchased in 2017 (mt)	
			In-Kind	Cash
Netherlands	NET-C-00130-01	Corn Soya Blend	-	1,774
Netherlands	NET-C-00130-01	Iodised Salt	-	100
New Zealand	NZE-C-00064-01	Ready To Use Supplementary Food	-	145
New Zealand	NZE-C-00065-02	Maize	-	440
New Zealand	NZE-C-00066-01	Maize	-	505
Norway	NOR-C-00352-05	Corn Soya Blend	-	804
Norway	NOR-C-00354-02	Maize	-	1,371
Norway	NOR-C-00355-01	Beans	-	611
Private Donors	WPD-C-03629-01	Corn Soya Blend	-	13
Private Donors	WPD-C-03872-09	Iodised Salt	-	4
Private Donors	WPD-C-03872-09	Sorghum/Millet	-	80
Private Donors	WPD-C-03934-01	Iodised Salt	-	4
Private Donors	WPD-C-03934-01	Ready To Use Supplementary Food	-	24
Private Donors	WPD-C-03962-01	Corn Soya Blend	-	18
Private Donors	WPD-C-03966-01	Ready To Use Supplementary Food	-	26
Private Donors	WPD-C-03966-01	Split Peas	-	25
Private Donors	WPD-C-03974-01	Iodised Salt	-	4
Private Donors	WPD-C-03982-01	Iodised Salt	-	2
Private Donors	WPD-C-03986-01	Ready To Use Supplementary Food	-	5
Private Donors	WPD-C-03989-01	Ready To Use Supplementary Food	-	27
Private Donors	WPD-C-03993-01	Ready To Use Supplementary Food	-	156
Private Donors	WPD-C-03994-01	Ready To Use Supplementary Food	-	48
Private Donors	WPD-C-04009-01	Maize	-	37
Private Donors	WPD-C-04047-01	Maize	-	25
Private Donors	WPD-C-04053-03	Maize	-	466
Private Donors	WPD-C-04058-01	Maize	-	162
Private Donors	WPD-C-04063-01	Split Peas	-	97
Private Donors	WPD-C-04086-01	Maize	-	316
Private Donors	WPD-C-04100-01	Split Peas	-	72
Private Donors	WPD-C-04126-01	Split Peas	-	63
Private Donors	WPD-C-04158-01	Vegetable Oil	-	6
Qatar	QAT-C-00018-01	Maize	-	188
Republic of Korea	KOR-C-00142-03	Maize	-	326
Slovenia	SVN-C-00028-02	Maize	-	15

Donor	Cont. Ref. No.	Commodity	Purchased in 2017 (mt)	
			In-Kind	Cash
South Sudan	SDS-C-00016-01	Corn Soya Blend	-	1,836
South Sudan	SDS-C-00016-01	Iodised Salt	-	78
South Sudan	SDS-C-00016-01	Maize	-	3,703
South Sudan	SDS-C-00016-01	Ready To Use Supplementary Food	-	180
South Sudan	SDS-C-00016-01	Sorghum/Millet	-	3,908
South Sudan	SDS-C-00016-01	Split Peas	-	784
South Sudan	SDS-C-00016-01	Vegetable Oil	-	470
Switzerland	SWI-C-00580-01	Iodised Salt	-	6
Switzerland	SWI-C-00580-01	Vegetable Oil	-	685
UN CERF	001-C-01593-01	Corn Soya Blend	-	329
UN Common Funds and Agencies (excl. CERF)	001-C-01534-01	Ready To Use Supplementary Food	-	192
UN Common Funds and Agencies (excl. CERF)	001-C-01610-01	Corn Soya Blend	-	80
UN Common Funds and Agencies (excl. CERF)	001-C-01635-03	Corn Soya Blend	-	137
UN Common Funds and Agencies (excl. CERF)	001-C-01635-03	Ready To Use Supplementary Food	-	20
United Kingdom	UK -C-00319-02	Beans	-	500
United Kingdom	UK -C-00319-02	Iodised Salt	-	300
United Kingdom	UK -C-00319-02	Maize	-	250
United Kingdom	UK -C-00319-02	Sorghum/Millet	-	12,351
United Kingdom	UK -C-00319-02	Vegetable Oil	-	893
USA	USA-C-01225-01	Ready To Use Supplementary Food	-	190
USA	USA-C-01225-03	Beans	-	2,400
USA	USA-C-01225-03	Corn Soya Blend	-	8,382
USA	USA-C-01225-03	Maize	-	5,470
USA	USA-C-01225-03	Sorghum/Millet	-	22,513
USA	USA-C-01225-04	Beans	-	1,592
USA	USA-C-01225-04	Maize	-	126
USA	USA-C-01225-04	Sorghum/Millet	-	11,897
USA	USA-C-01225-06	Beans	-	2,699
USA	USA-C-01225-06	Corn Soya Blend	-	2,963
USA	USA-C-01225-06	Peas	-	2,000
USA	USA-C-01225-06	Sorghum/Millet	-	23,589
USA	USA-C-01243-03	Sorghum/Millet	1,290	-

Donor	Cont. Ref. No.	Commodity	Purchased in 2017 (mt)	
			In-Kind	Cash
USA	USA-C-01243-03	Split Peas	950	-
USA	USA-C-01243-05	Peas	3,140	-
USA	USA-C-01243-05	Sorghum/Millet	31,020	-
USA	USA-C-01243-05	Vegetable Oil	1,900	-
USA	USA-C-01252-01	Sorghum/Millet	-	242
		Total	38,300	168,288