THE WFP-UNICEF
RAPID RESPONSE MECHANISM
IN SOUTH SUDAN

ONE YEAR ON
RESULTS, CHALLENGES AND WAY FORWARD

MAY 2015
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*Cover page:* People gathering ahead of registration and distributions during a Rapid Response mission by WFP and UNICEF in Nyanapol, Ayod County, Jonglei © UNICEF UK/2015/S. Modola

All data is as of 15 April 2015 for the period March 2014 to March 2015, unless otherwise indicated. Report prepared for UNICEF South Sudan and WFP South Sudan by JS.
EXECUTIVE SUMMARY

From day one of its existence as an independent nation, South Sudan grappled with the enduring legacy of years of conflict. Risen from a decades-long struggle for its freedom, the world’s youngest country nevertheless saw a tremendous wave of hope among its people, unleashed by South Sudan’s independence in July 2011.

Yet, less than a thousand days later, South Sudan brutally descended once again into conflict. In late 2013, political jostling for power escalated into armed violence and fighting broke out in Juba, the nation’s capital. Conflict soon spread across the Greater Upper Nile region, in Unity, Upper Nile and Jonglei States. Hundreds of thousands of people were again displaced, and entire communities were gripped by violence. Lives and livelihoods were lost, markets ceased to function and access to essential services all but collapsed. Many humanitarian actors were forced to suspend operations as security deteriorated. At the same time evidence was accumulating that a growing number of people were on the edge of a catastrophic food security and nutrition crisis.

Reaching those most vulnerable became an imperative. It required being creative and finding new ways to deliver, despite the complex environment. The World Food Programme (WFP) and the United Nations Children’s Fund (UNICEF) thus set-up a joint Rapid Response Mechanism (RRM), designed to reach the hardest to reach and help re-open humanitarian space, using general food distribution as a way to access large numbers of conflict-affected populations, conduct registrations and allow screening to trigger services in nutrition and other sectors. The WFP-UNICEF RRM targeted, as a priority, areas with particularly alarming food insecurity levels, and delivered an integrated package of life-saving humanitarian relief. This included general food distributions, preventive blanket supplementary feeding, curative nutrition services, together with immunisations for children, help for communities to access safe water, and support for children to access education and critical child protection services. Starting up with core funds, both agencies partnered with more than fifty local and international organisations and gathered support from donors and humanitarian partners operating in South Sudan.

One year on, more than 1.34 million people were reached by WFP general food distribution, including 220,000 children under 5 who received blanket supplementary feeding in areas targeted under the RRM. More than 730,000 people, including over 154,000 children under five, were reached by UNICEF RRM interventions in nutrition, health, water, sanitation and hygiene, education and child protection. The RRM was also an enabler in reaching significant numbers of people previously out of reach. Close to three quarters of all people serviced by WFP’s food distributions were reached via the RRM. In conflict-affected states, one in four children UNICEF vaccinated against measles was reached through the RRM. The mechanism played a key role in accelerating responses, expanding coverage, re-establishing a presence by humanitarian actors, and broadening overall humanitarian space. Though it may be too early to tell, preliminary data suggests that the scale-up in operations—facilitated through the WFP-UNICEF RRM—helped stabilise the food security and nutrition situation in the country, even though it remains fragile.

WFP and UNICEF however faced tremendous obstacles. One third of missions planned were eventually cancelled or delayed because of volatile security and a tough operating environment. Making sure services could continue following the completion of a mission was another challenge. Still, looking forward, WFP and UNICEF are drawing on lessons from the last twelve months. Priorities ahead include better monitoring and follow-up, so results can stick. Keeping a flexible approach, both agencies will also invest in programme quality, so results bring change. And perhaps first and foremost, UNICEF and WFP will work together with partners to continue building capacity on the ground so renewed humanitarian presence is both lasting and meaningful for the most vulnerable.
BACKGROUND

When heavy fighting broke out in South Sudan at the end of 2013, people faced a sudden and nearly complete collapse of essential services. Countless lives and livelihoods were lost, health facilities closed, entire villages were destroyed, schools shut down, and communities were uprooted. Several hundred thousand people were displaced and the threat of famine loomed over much of the country in the early months of 2014.

Over 100,000 people displaced by the conflict sheltered in Protection of Civilians sites (PoCs) hosted by the United Nations Mission in South Sudan (UNMISS). Ninety per cent of those displaced and in need however were living outside these sites, in locations extremely difficult to access due to a combination of insecurity and logistical constraints, particularly during the rainy season. At the same time, many humanitarian partners withdrew as a result of the conflict.

It became an imperative to re-open humanitarian space and overcome this complex combination of challenges. In March 2014, the United Nations Children’s Fund (UNICEF) and the World Food Programme (WFP) thus initiated a “Rapid Response Mechanism” (RRM). Designed to assess and respond to rapidly changing needs on the ground. Working as a multi-sector joint mechanism, the WFP-UNICEF RRM triggers immediate action to address critical gaps in humanitarian coverage and meet the needs of those that are beyond reach of other aid delivery approaches. Using the food security and nutrition situation as the

TOTAL AFFECTED POPULATION

6.4 million

CHILDREN AFFECTED

3.4 million

SEVERELY FOOD INSECURE POPULATION

2.5 MILLION

CHILDREN WITH SEVERE ACUTE MALNUTRITION

235,000

INTERNALLY DISPLACED POPULATION

1.5 million

180,000

REFUGEES IN SOUTH SUDAN

290,000

RELATIVE SEVERITY OF NEED

Sources: United Nations Office for the Coordination of Humanitarian Affairs (OCHA).
key benchmark to prioritize interventions, the RRM started to deploy mobile teams with dedicated specialists. These included experts in Nutrition, Food Security, Water, Sanitation and Hygiene, Livelihoods, Health, Child Protection and Education—together with Coordination, Logistics, Communication and Security support staff. While the mechanism was started with each agency mobilising its own funds, donors and partners also soon contributed, allowing for the mechanism to grow in scope, coverage and versatility.

Since March 2014, joint WFP-UNICEF RRM teams deployed on a regular basis to reach affected populations in hard-to-reach locations, assessing and responding to acute needs, and seeking to help re-establish presence by international and national NGO partners. As such, the Rapid Response Mechanism aims not only to provide for those hardest to reach, but also to expand access and coverage of humanitarian operations.

PAST FOOD SECURITY PROJECTIONS:
SITUATION PROJECTED FOR MAY—AUGUST 2014

In May 2014 humanitarian partners warned of a deteriorating food security and nutrition situation, calling for an urgent scale-up of humanitarian interventions to prevent a famine in South Sudan. At the time 3.5 million people were facing crisis and emergency food insecurity levels, with concerns this may rise to 3.9 million people by August 2014.

The most affected states were those earlier identified for the Rapid Response Mechanism: Unity, Jonglei and Upper Nile. The RRM also opted to focus on hard-to-reach and displaced communities, identified as those most at risk of reaching famine levels.

Sources: IPC Global Partners, May-June 2014. Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of South Sudan and Republic of Sudan has not yet been determined. Final status of the Abyei area is not yet determined.
THE RRM AS A MECHANISM FOR INTEGRATED RESPONSE

When setting up the Rapid Response Mechanism, both WFP and UNICEF built on immediate and rapid responses each agency had initiated from the start of the crisis. Working as principal members across the different life-saving Clusters, UNICEF and WFP crafted the RRM package so that it combines provision of food with preventive and curative nutrition and health interventions, support to re-establish access to safe drinking water and hygiene, together with critical child protection services and opportunities for children to regain access to education.

Activities triggered during an RRM mission include general food distribution, provision of nutrition supplies for management of acute malnutrition in children under 5, deworming and vitamin A supplementation—all key efforts at the core of an integrated food security and nutrition package of interventions. These are then combined with polio and measles immunisations for children, tetanus immunisations and maternal health support for pregnant women, dispatch of emergency health kits to replenish local primary health care units, and dispensing of general medical consultations when possible. Further efforts include distribution of water purification supplies and household safe water storage supplies (jerrycans, buckets and water purification tablets, among others).

Other components include tracing and family reunification for unaccompanied and separat-
ed children, psychosocial support and education through setting up child friendly spaces and protective temporary learning spaces—including provision of school tents and different recreation and education kits.

The Rapid Response Mechanism was also specifically designed to be a key tool to accelerate the Joint WFP-UNICEF Nutrition Scale-Up Plan, developed to halt the deteriorating food security situation and prevent famine in South Sudan.

Launched in July 2014 the Joint Nutrition Scale-Up Plan focuses on ramping up treatment of moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) and boosting prevention in conflict-affected states. Joint and coordinated efforts between WFP and UNICEF under the scale-up plan also aim to promote a continuum of care for acute malnutrition across South Sudan.

Objectives of the Joint Nutrition Scale-Up Plan, in keeping with international SPHERE Standards, include the delivery of quality life-saving management of acute malnutrition for at least 75 per cent of SAM cases and 60 per cent of MAM cases. It also aims to increase access to programmes preventing malnutrition—such as blanket supplementary feeding programmes (BSFP), Vitamin A supplementation, deworming and infant and young child feeding messages, alongside enhanced needs analysis of the nutrition situation.

Mobilised in support of the Joint Nutrition Scale-Up Plan, the WFP-UNICEF RRM became a key pillar for delivery of food security and nutrition services—particularly where there were gaps in coverage. The RRM indeed offers a unique opportunity to reach areas that were previously inaccessible. Designed to re-open humanitarian space, the WFP-UNICEF RRM uses General Food Distribution (GFD) as a way to reach large numbers of conflict-affected populations, conduct registrations and allow screening to trigger interventions in nutrition and other sectors and deliver an integrated package of support for those most in need.

**RAPID RESPONSE MECHANISM: 2014-2015 TIMELINE AND EVOLUTION**

**DEC. 2013**
Fighting breaks out in Juba

**MAY 2014**
IPCC warns of risk of famine

**JUNE 2014**
Launch of UNICEF-WFP Nutrition Scale-Up Plan

**JULY 2014**
CHF grant for UNICEF RRM, growing donor support

**SEPTEMBER 2014**
- 25 joint missions, 68 single WFP missions
- 901,000 reached by WFP food distribution
- 500,000 reached by UNICEF incl. 100,000 children under-five

**OCTOBER 2014**
All mobile teams in place and operational with dedicated staff

**DECEMBER 2014**
- 34 joint RRM missions
- 91 single-WFP missions
- 1,208,000 reached by WFP food distribution
- 603,000 reached, incl. 127,000 children under five
- 3 joint missions/month average in 2014

**MARCH-APRIL 2015**
- 43 joint RRM missions in 40 locations in a year
- WFP-UNICEF joint review
HOW DOES IT WORK: MODALITIES FOR RAPID RESPONSE

TARGETING AND SITE SELECTION

IPC food security analysis and ongoing data from the WFP Food Security and Nutrition Monitoring System (FSNMS) are the key criteria for targeting and site selection under the WFP-UNICEF Rapid Response Mechanism. Additional vulnerability factors such as displacement are also factored into site selection and prioritisation.

Nutrition criteria, such as prevalence of global acute malnutrition, (GAM) morbidity and dietary indicators, were used as further elements to enhance the approach. Needs assessment by partners and Initial Rapid Needs Assessments, when available, assist in refining site selection and contents of the intervention package to be deployed during an RRM mission.

On the ground, the registration process for general food distribution is the entry point for subsequent targeting of other interventions. It provides a platform to initiate nutrition screening, prevention of acute malnutrition, begin treatment and referrals, as well as conduct immunisations, distribution of WASH Non-Food Items and interventions in child protection and education.

NEGOTIATING ACCESS

In advance of a mission, the World Food Programme conducts access negotiations with both Government and opposition forces to ensure safety and security for staff deploying from WFP, UNICEF and partners. WFP leads and finances this critical function to secure access for RRM missions and frequently deploys its Field Security Officers to provide security support for all agencies in the response team. The working principle is shared and mutual security support, so the field security function can also be covered by UNICEF when needed. WFP also works closely with the United Nations Department of Safety and Security (UNDSS) and the Intergovernmental Authority for Development (IGAD) Joint Verification and Monitoring Mechanism for South Sudan (JVMM) to confirm and monitor the development of the security situation prior and during missions.

The Office for the Coordination of Humanitarian Affairs (OCHA) and the United Nations Humanitarian Air Service (UNHAS) operated by WFP also take part in negotiations to obtain flight safety assurances and ensure safe landing for helicopters carrying response teams and cargo. OCHA has also supported, through its dedicated access team, negotiations on behalf of NGO partners ahead and after RRM missions, for example when partners seek to re-establish a permanent presence further to an RRM mission.

In the field, team leaders from WFP and UNICEF remain in constant contact with local authorities so that activities can be carried out as planned in a safe and secure environment for beneficiaries and staff.

INSTITUTIONAL SET-UP AND COORDINATION

Both WFP and UNICEF have dedicated teams within their wider country offices entirely mobilised for the Rapid Response Mechanism. Each agency has a dedicated coordinator for the RRM, and both WFP and UNICEF maintain a team of specialists in key RRM sectors—food security, nutrition, health, WASH, and child protection. Funding shortfalls have meant that no dedicated education staff could be mobilised for the RRM so far. UNICEF however deployed its own regular education experts so that children’s right to access education was not overlooked during rapid response efforts.

Logistics and security staff are also always part of RRM deployments, with WFP also fielding communications staff as well as enumerators to carry out registrations, radio operators and drop-zone
HOW DOES IT HAPPEN: AN RRM MISSION STEP-BY-STEP

NEEDS
IPC data, assessments by agencies/partners, WFP Vulnerability Analysis & Mapping data. Initial Rapid Needs Assessments (IRNA)
Up to 3 weeks ahead of deployment

DEPLOYMENT
RRM team deploys to the field
10-15 staff
Average

TEAM ASSEMBLED & SUPPLIES PREPARED
Decision to Trigger an RRM Mission
Initiation of Security Risk Assessment
RRM team assembled with staff for programmes, logistics, security & communications.
Supplies are prepared, based on needs identified.
5 Days
Supplies ready 72 hours before mission starts

GROUND PREPARATION
Meetings with authorities, identification and preparation of drop zone, training of community workers/volunteers
2-3 Days

REGISTRATION & SUPPLY ROTATIONS BEGIN
Beneficiaries are registered by WFP
3 Days
Average
Initiated "just in time" using WFP and LogsCluster air assets
During registration - up to 5 Days

DISTRIBUTIONS
Food (preventative supplies and general food rations) and non-food items. Average 5,000 to 10,000 beneficiaries per day from GFD.

SERVICES
Vaccinations, malnutrition screening & treatment, child protection cases assessment, set-up of learning & child friendly spaces

RRM TEAM RETURNS
Mission wrap-up, debrief and initiation of follow-up actions.

HOW DOES IT HAPPEN: AN RRM MISSION STEP-BY-STEP

MOVEMENT OF STAFF
Team flights arranged through WFP & UNHAS
1-2 Days

TRANSPORT OF SUPPLIES
WFP assets and LogsCluster assets are readied to move supplies “just in-time” for when teams get on the ground.


## ACCESS NEGOTIATIONS: STEP-BY-STEP

### STEP ONE

**Area Selection**
- Prioritisation at county level using food security and nutrition data
- Security Risk Assessment and regular monitoring of the security situation by UNDSS and WFP (1 day)
- Operational Meetings bi-weekly review of selected sites, SRAs and air asset availability
- Continuing basis

### STEP TWO

**Access negotiations**
- Notification and follow-up by WFP for clearance of response operations and RRM mission.
- This is done with central and local authorities, with facilitation by the IGAD Joint Verification and Monitoring Mechanism (JVMM) in order to obtain consent from all parties for access and humanitarian space.
- 3-5 days

### STEP THREE

**Clearing movements**
- Air assets clearance and flight assurances through UNDSS (1 day)
- Flights clearance through UNHAS and OCHA to JVMM (1 day)
- Re-confirmation of security, weather and situation with area commissioners (1 day)

### RRM DEPLOYS

- Up to 30 days on the ground

### RECURRING OBSTACLES

- Delays in cargo arrival
- Population movements
- Local authority requests requiring new/extended negotiations, bureaucratic impediments and interference
- Deteriorating security situation requiring change of plans

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![A joint emergency response teams bringing together WFP, UNICEF and NGO partner staff during a response in Kaldak, Pigi county in Jonglei © WFP/20140470/Fominyen](image)

Response Mechanism, and work as platforms to align targeting and planning of different partner’s responses. The overall Inter-Cluster Working Group (ICWG) was the mechanism to inform other agencies on RRM efforts and share information on the situation, while the Operational Working Group chaired by OCHA also provided the WFP-UNICEF RRM with a forum to exchange information for follow-up efforts.

For UNICEF, the Logistics Cluster was an essential partner, and its support deserving of a special mention. Its role in providing a significant portion of the logistical infrastructure and assets underpinning the Rapid Response Mechanism made the whole RRM model possible for UNICEF, and made it a viable option to reach more communities and expand coverage. The LogsCluster ensured all rotations necessary to transport UNICEF nutrition supplies and other commodities—as such it was pivotal in making UNICEF RRM interventions a success. UNHAS and WFP’s own air assets were equally essential in the delivery of WFP components of the RRM—particularly considering the volume of supplies needed for general food distributions.
**COSTS AND EFFICIENCY**

Over year one, access and logistical constraints meant that there were few options but air drops, air lifts and helicopter rotations to reach those most in need. Operating the joint Rapid Response Mechanism thus required mobilising significant resources—staff, supplies and logistical assets. The average cost of an RRM varied widely, based on the caseload, the supplies and the services package delivered.

Within UNICEF, dedicated RRM resources\(^1\) however only amounted to seven per cent of humanitarian funding received in 2014—while close to fifty per cent of results are attributable to the RRM in some sectors in the conflict-affected states. UNICEF achieved this level of cost-effectiveness thanks to the support of the Logistics Cluster, and by using air assets operated by WFP. Continued support for the LogsCluster and WFP to maintain a strong and multipurpose fleet of air assets is therefore essential to the mechanism.

For WFP, the average cost per metric ton of distributing food and preventative therapeutic supplies is $2,500, compared to $400 for fixed point distributions. The cost of delivering through the RRM amounts to $62 per person reached, against $27 for other modalities. This add-on cost however allowed for beneficiaries to be reached in gap areas that would have been left untouched and faced crisis and emergency levels of food insecurity. The premium per person reached through the RRM remains balanced, at an extra $35 per person when compared to more easily accessible areas—places where less cost-intensive approaches are possible, but where caseloads were smaller and levels of vulnerability comparably lower.

\(^1\)Counting funding contributed specifically for the RRM. This does not account for funding contributed to overall UNICEF operations and free logistics services provided by the LogsCluster.

[Image of a UNICEF staff on RRM deployment checking a shipment of vaccines freshly delivered by helicopter to the town of Kiech Kon in Upper Nile State, in August 2014. © UNICEF/NYHQ2014-1352/Pflanz]
THE RRM ONE YEAR ON RESULTS & ACHIEVEMENTS

In the bigger picture of the response in South Sudan, since the onset of the crisis in December 2013 and the deteriorating food security and nutrition situation in 2014, the WFP-UNICEF Rapid Response Mechanism proved to be a critical tool in reaching communities in conflict-affected states.

One year on, in the three states targeted under the mechanism, more than 1.34 million people received general food rations from the World Food Programme, and a total 220,000 children under five were reached under the blanket supplementary feeding programme delivered through the Rapid Response Mechanism. Some 730,000 people were reached by UNICEF’s combined multi-sectoral rapid response interventions in the Upper Nile, Unity and Jonglei including 154,000 children under five. This exceeded UNICEF’s original target of 400,000 people through the first year of joint Rapid Response Mechanism deployments.

Over 102,000 children were screened for malnutrition by UNICEF, while WFP and UNICEF worked together on providing care for children suffering from malnutrition. WFP programmes reached 9,100 Moderately Acute Malnourished children with targeted supplementary feeding and UNICEF reached 3,200 children suffering from Severe Acute Malnutrition with therapeutic care delivered through the various RRM missions.

### KEY RESULTS

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<th>Category</th>
<th>Result</th>
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<tr>
<td><strong>FOOD</strong></td>
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<tr>
<td>1,344,000 people reached with general food distributions</td>
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<tr>
<td><strong>NUTRITION</strong></td>
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<tr>
<td>220,000 Children under five reached with blanket supplementary feeding</td>
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<tr>
<td>102,800 Children under 5 screened for malnutrition</td>
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<tr>
<td>68,000 Children received Vitamin A</td>
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<tr>
<td>9,100 Children with MAM in targeted supplementary feeding programmes</td>
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<tr>
<td>55,900 Children dewormed</td>
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<tr>
<td>3,200 Children with SAM admitted for treatment</td>
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<tr>
<td><strong>HEALTH</strong></td>
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<tr>
<td>167,500 Children (6 months - 15 years) vaccinated against measles</td>
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<tr>
<td>142,000 Children under 15 years vaccinated against polio</td>
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<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
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<tr>
<td>90,600 People provided with access to safe drinking water</td>
<td></td>
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<tr>
<td>228,300 People provided with essential WASH supplies</td>
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<tr>
<td><strong>EDUCATION</strong></td>
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<tr>
<td>37,000 Children/adolescents with access to education in emergencies</td>
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<tr>
<td>9,200 Pre-school age children with access to play &amp; early learning</td>
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<td><strong>CHILD PROTECTION</strong></td>
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<tr>
<td>1 in 4 Separated children identified during RRM missions</td>
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<tr>
<td>5,100 Children reached with critical child protection services</td>
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Some 167,500 children aged six months to 15 years were vaccinated against measles, together with 142,000 children under 15 years reached with polio immunisation through Health RRM interventions. Close to 230,000 people received essential water, sanitation and hygiene supplies and UNICEF provided 90,600 people with access to safe drinking water. Almost three quarters of children identified as separated since December 2013 were found through the deployment of child protection experts during rapid response missions, and efforts are ongoing to conduct family tracing and reunification. Some 37,000 school-age children and adolescents meanwhile gained access to education in emergencies through UNICEF RRM interventions.

All joint Rapid Response Mechanism missions over 2014 and the first quarter of 2015 took place in conflict-affected states, with total of 43 joint WFP-UNICEF deployments covering 40 different locations across

TOTAL POPULATION REACHED BY THE WORLD FOOD PROGRAMME

1,344,000

YEAR ONE TARGET: 1,740,000
(overall target of WFP EMOP for South Sudan)

TOTAL POPULATION REACHED BY UNICEF

730,000
(Nutrition - Health - WASH - Education and Child Protection package)
YEAR ONE TARGET: 400,000
(RRM-specific target for UNICEF)

Malnutrition screening in Nyanapel (Ayod county, Jonglei) during an RRM mission in March 2015. © UNICEF UK/2015/S. Modola
Upper Nile, Unity and Jonglei, with three-repeat missions in locations where WFP and UNICEF returned for follow-up. WFP also conducted 125 single-agency missions, including 3 missions as early as February 2014, amounting with the joint missions to a total of 168 deployments.

In nearly half of the locations reached under joint WFP-UNICEF RRM deployments, it was the first time these communities received any humanitarian assistance since the start of the conflict. The mechanism was thus essential in reaching the unreached.

Results achieved through the WFP-UNICEF RRM also represent a significant volume of operations. Total supplies transported by WFP for the RRM amount to 48,140 metric tons, of which 99 per cent were commodities for general food distributions, blanket supplementary feeding and targeted supplementary feeding. WFP Logistics moved more than 90% of RRM commodities with an average of 400 metric tons of supplies...
transported per mission. Seventy-nine per cent of commodities WFP transported were delivered via airdrops, followed by 17 per cent by airlift and 4 per cent by river barges. WFP’s logistics operations also involved cross-border airlifts and airdrops, notably through Ethiopia, with flight rotations out of Gambella, Assosa and Jimma.

With its specific targeted caseloads, UNICEF supplies mobilised for the rapid response since March 2014 amount to 559 metric tons, including more than half a million sachets of ready-to-use therapeutic foods, close to 31,000 mosquito nets, and more than 38 tons of soap, among others.

RRM LOGISTICS
400 metric tons
Average amount of supplies moved by WFP Logistics per RRM mission

<table>
<thead>
<tr>
<th>WFP</th>
<th>48,140 mt</th>
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<tr>
<td>Pulses, cereals, oil maize, CSB, ready to use supplementary foods, etc.</td>
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<tr>
<th>UNICEF</th>
<th>559 mt</th>
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<tr>
<td>Ready-to-use therapeutic foods, soap, buckets, health supplies, school kits &amp; tents</td>
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LOGISTICS CLUSTER SUPPORT
135
Helicopter rotations for UNICEF (111 by Mi8, 24 by Mi26)
CONTRIBUTION OF THE RRM IN THE OVERALL RESPONSE

STABILISING A FRAGILE SITUATION

It is important to acknowledge that the WFP-UNICEF Rapid Response Mechanism did not operate in a vacuum—far from it. There are a host of actors working under the auspices of the Strategic Response Plan 2015 in South Sudan and efforts under the RRM are closely coordinated with authorities, other agencies and are fully integrated within the cluster coordination system. Through its targeting and its specific design, the WFP-UNICEF RRM however contributed in the overall response in a specific way—by reaching those previously out of reach, by opening humanitarian space and by reestablishing partner presence.

With the collapse of livelihoods, displacement of communities and generalised market failure, the RRM’s systematic targeting of areas labeled as “crisis” or “emergency” phases in the IPC analysis sought to lift households out of potential famine and prevent children from further sliding into malnutrition. It may be too early to tell what combination of factors and actions helped avert a famine in South Sudan in 2014. The resolve and coping mechanisms of local communities was key, and the overall humanitarian response was essential. Preliminary analysis of IPC data, food consumption scores and household dietary diversity scores however tends to indicate that the cumulative impact of the food and non-food services provided under the WFP-UNICEF Rapid Response Mechanism may have helped stabilise the situation in particularly vulnerable areas.

RE-ESTABLISHING A SUSTAINABLE HUMANITARIAN PRESENCE

The UNICEF and WFP RRM also helped open humanitarian space and reestablish humanitarian partner presence in areas that were largely left without any actors after the outbreak of conflict. RRM deployments by WFP and UNICEF included participation of NGO partners, and both agencies

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Sources: IPC Global Partners., May-June 2014., September 2014, December 2014. Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of South Sudan and Republic of Sudan has not yet been determined. Final status of the Abyei area is not yet determined.
provide continued support for partners to return, and, where possible, reestablish a longer-term presence within local communities.

Over 2014-2015, out of forty-two locations where UNICEF deployed with Nutrition partners, twenty missions saw a follow-up response after the initial RRM response. In sixteen of those locations partners reestablished a continued nutrition presence, including opening or re-opening outpatient therapeutic programmes and targeted supplementary feeding programmes. In all locations visited, the RRM was also instrumental in refining nutritional analysis and conducting more in-depth assessments in areas for which little to no data was available.

Several primary health care units restarted operations after RRM health support provided by UNICEF. Three of UNICEF’s partners in health set up mobile health teams, and in a total of eight different locations follow-up now takes place or a permanent presence is now reestablished. In WASH, three partners returned to Jonglei and one to Upper Nile after WASH-RRM missions. UNICEF also conducted eight non-RRM follow-up missions to help in repairs and rehabilitation of water sources.

In education, five different partners who joined UNICEF on Rapid Response missions also conducted follow-up missions or reestablished a presence across nine different locations in Upper Nile, Unity and Jonglei. When reestablishing a permanent presence was not possible, UNICEF and partners worked to mobilise and train local volunteers, so learning spaces could stay open and could be handed over to be managed by the communities themselves.

Follow-up presence in Child Protection depended on the type of activities—most often for family tracing and reunification to happen for a child identified as separated, having a partner stay in the RRM location is not as critical as identifying a partner to work with where that child’s parents or relatives may be. The caseload identified in one single location may also not be enough to require
full partner presence. The RRM thus worked as a tool for more in-depth assessment and information gathering on the situation of children, and then as a stepping stone to accelerate identification, registration and reunification of separated children, connecting partners and communities to reunify children with their caregivers. UNICEF nonetheless succeeded in bringing back four partners to five locations reached through the RRM. Together with those partners community-level child protection efforts were reactivated, such as providing psychosocial support for children and raising awareness on child rights and child protection risks.

In the conflict-affected states, the joint Rapid Response Mechanism operated by WFP and UNICEF also contributed in reaching more communities and more children with key interventions—and in some sectors the RRM accounts for a significant portion of overall humanitarian results. For example, the WFP-UNICEF Rapid Response Mechanism allowed for coverage to extend outside Protection of Civilian sites—as close to 90 per cent of those displaced and most in need live outside those areas, in remote and hard-to-reach locations.
Out of 1.88 million people WFP reached nationwide with general food distribution, 1.34 million people received food through air-drops, airlifts and other distributions during rapid response missions. Close to three quarters (72 per cent) of people reached with general food distribution by the World Food Programme were therefore reached through the Rapid Response Mechanism. More than half (55 per cent) of children under five who received blanket supplementary feeding were reached through WFP efforts under the RRM.

At the same time, in Upper Nile, Unity and Jonglei, out of 100,300 children reached with Vitamin A and 89,000 with deworming, more than two thirds were reached through the RRM. In those same states, one in four children vaccinated against measles and one in five children immunised against polio were reached through RRM missions. Eighteen per cent of people reached with safe water received assistance during RRM responses, and the bulk of the Education in Emergencies response in Upper Nile, Unity and Jonglei was delivered through UNICEF Rapid Response Mechanism efforts.

The RRM was also the single most effective mechanism for identifying and registering separated children in the conflict-affected states. Three out of four children reached with family tracing and reunification efforts were identified during RRM deployments by UNICEF and its partners.

**NUTRITION PARTNER LOCATIONS ESTABLISHED THOUGH THE RAPID RESPONSE MECHANISM**

<table>
<thead>
<tr>
<th>Locations with nutrition services or children with MAM and/or SAM</th>
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Source: WFP, OCHA, UNOPS, UNMISS, UNICEF, IPC, IOM, MAF, GAUL

Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of South Sudan and Republic of Sudan has not yet been determined. Final status of the Abyei area is not yet determined.
The WFP-Unicef Rapid Response Mechanism in South Sudan One Year On

WFP GENERAL FOOD DISTRIBUTION: PARTNER FOOTPRINT IN CONFLICT AFFECTED STATES
FEB. 2014 - FEB. 2015

Source: WFP, OCHA, UNMAS, UNMISS, CGIAR, Univ. of Berne, IOM, GeoNames, GAUL

Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of South Sudan and Republic of Sudan has not yet been determined. Final status of the Abyei area is not yet determined.
CONTRIBUTION OF THE RRM TO THE OVERALL HUMANITARIAN RESPONSE

**FOOD**
People reached with general food distributions
- Reached by RRM: 71%
- Other: 29%*

**NUTRITION**
Children under 5 reached with blanket supplementary feeding
- Reached by RRM: 53%
- Other: 47%*

**HEALTH**
Children vaccinated against measles
- Reached by RRM: 25%
- Other: 75%

Children vaccinated against polio
- Reached by RRM: 20%
- Other: 80%

**WASH**
People reached with safe water
- Reached by RRM: 18%
- Other: 82%

**EDUCATION**
Children with access to education in emergencies
- Reached by RRM: 67%
- Other: 33%

**CHILD PROTECTION**
Children reached with critical child protection services
- Reached by RRM: 19%
- Other: 81%

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* Percentage of RRM contribution against wider results in the three conflict-affected states for all indicators, except people reached with general food distribution and children under 5 reached by blanket supplementary feeding, where this is a comparison of the RRM contribution as a percentage of the overall WFP EMOP response.
CHALLENGES AND CONSTRAINTS

A TOUGH AND DEMANDING OPERATING ENVIRONMENT

South Sudan remains one of the toughest operating environments for humanitarian response efforts. Years of presence on the ground helped build solid know-how across humanitarian agencies working in South Sudan on how best to reach those most in need—but the context still remains fraught with operational constraints, all of them exacerbated since the onset of conflict in December 2013.

Any given year, for the five to six months of the rainy season, 60 per cent of the road network is impassable. The start of the rains—when the majority of roads almost immediately become impassable—coincides with the critical hunger gap period. For most of the rainy season the majority of airfields in the three states targeted by the WFP-UNICEF Rapid Response Mechanism are either partially or totally inoperable.

Any stock-taking exercise on the RRM in South Sudan, its achievements, challenges and gaps must therefore factor in the extremely challenging context in which it operates.

Overall, the RRM response in South Sudan built and relied on a solid logistical backbone—drawing on donor support and grounded in know-how accumulated by agencies operating under the RRM. WFP and UNHAS air assets, as well
ACCESS CONSTRAINTS OVERVIEW: WORST MONTHS OF THE YEAR

MAY-JULY

AUGUST-OCTOBER

ROAD CLOSED
ROAD WARNING
RIVER OPEN
as those from the LogsCluster were critical to the Rapid Response Mechanism in the past year, and helped reach people who had been uprooted from their homes and entirely cut-off from services and all other humanitarian relief efforts.

Moving supplies and response teams by air proved to be the only modality available. Air asset support was absolutely essential to the mechanism, including for air drops for general food distribution and supplementary feeding in remote areas where there were no other modalities to deliver the large volumes of relief supplies needed for those programmes.

Relying on air transport invariably had significant cost implications. However RRM agencies sought as much as possible to rely on common and shared assets. For example UNICEF used services operated by WFP, UNHAS and the Logistics Cluster for nearly all of its supply rotations.

Now, after a year of initial response, securing sustainable resources to maintain the logistical backbone that supported the Rapid Response Mechanism is both a priority and a challenge. The expected shift to cost-recovery in the LogsCluster and the decrease in available air assets require rethinking operations. Availability of air assets will also continue to be dependent on the operating principle that whatever fleet is on the ground, only 70 to 75 per cent of air assets are available at any given time. This is due to regular immobilization for maintenance and servicing, and rotation of flight crews.

A scale-down in the number of air assets available in absolute terms has extra implications in real terms for the scope and breadth the RRM can cover—noting also that common LogsCluster assets need to be shared across all actors in the humanitarian community operating in South Sudan.
A VOLATILE CONTEXT & GROWING BUREAUCRATIC IMPEDIMENTS

Security risks are ever-present. Although a road may be passable or an airstrip operational at a given point in time, many areas in the conflict-affected states are littered with unexploded ordnance and explosive remnants of war, severely restricting ground movements and air rotations.

OCHA counted up to 174 contaminated areas in Upper Nile, Unity and Jonglei as of October 2014, and close to 500 hazardous areas in the non-conflict-affected states. With shifting frontlines since the end of 2014 the geography of risk is extremely fluid and road transport to and from conflict-affected states is continually unreliable and unsafe.

The access and security situation for humanitarian staff has also deteriorated and brought on further challenges in deploying both regular
humanitarian response programmes and in triggering RRM deployments. Frontline tensions have exacerbated challenges for the deployment of local staff to conflict-affected states. Requests for individual screening of national team members before deployment, together with restrictions on their movements once on the ground has been a growing trend in 2015.

This places an increasing strain on WFP, UNICEF and its partners who need to rely more and more on the same staff for deployments to certain conflict-affected locations—as safe passage for all staff is not always guaranteed. Once deployed, coordination with authorities can prove challenging particularly when state level and local administrations are from opposing sides of the conflict.

Over 2014, more than half of all incidents impeding humanitarian access took place in the priority states of Upper Nile, Unity and Jonglei. Incidents have included violence against humanitarian personnel and assets, threats and harassment of staff, robberies, burglaries and looting, among others. Since the beginning of 2015 incidents became even more concentrated in Upper Nile, Unity and Jonglei, with up to 65 per cent of all incidents for the period of February and March 2015.

Security and environmental constraints often combine into additional challenges with concrete programming and operating implications. Routing of flights and helicopters via transit hubs closer to deployment location—such as Rumbek or Bor—has been a practical approach RRM partners used to save on costs and avoid long-range rotations straight from Juba. However, increasing bureaucratic impediments in these locations to clear staff and supplies to move onward to their final destination is now having serious implications on the logistical concept of operations for the RRM.

Finally, prolonged exposure of response teams while on the ground is a growing concern for both agencies in the current deteriorating security environment—this means a difficult balance to
strike between reducing time on the ground to the minimum necessary for staff safety, and staying long enough to deliver sustainable results and build capacity.

**IMPACT ON THE RRM**

What this means for the RRM is that it operates in an environment of constant uncertainty. The WFP-UNICEF RRM is designed as a nimble approach to overcome access constraints and fill gaps in humanitarian presence in parts of the country where other actors have left—with dedicated teams, dedicated resources and specific protocols and procedures to fast-track staff deployment and supply movements.

Still, because of the extremely challenging environment, approximately one third of joint RRM missions were cancelled since March 2014. For whole periods at a time, because of insecurity, access to entire States was impossible. Difficulties in confirming the security situation, delays in clearances and Security Risk Assessments given the fluidity on the ground, as well as obstacles to obtaining all proper flight safety assurances accounted for nearly all cancellations or delays in deployments, together with unavailability of air assets and recurring weather constraints. At the same time, these constraints have meant that despite efforts to re-establish partner presence and conduct follow-up missions, programme monitoring remains a challenge due to fluidity of the security situation and continuing population movements.

**OVERCOMING OBSTACLES THROUGH PARTNERSHIPS**

On top of weather, logistics and security constraints a common challenge for both WFP and UNICEF was that many humanitarian actors folded their operations in areas targeted by the RRM—though this was also why it became necessary to set-up the mechanism. Identifying partners and making sure they could maintain a presence following a deployment was therefore both a challenge and a priority. WFP and UNICEF worked to build partner capacity not only so that they were able to return, but also so they could stay, deliver complex programmes and work on reestablishing systems—whether it was providing treatment for acutely malnourished children, reactivating routine immunisations, restoring people’s livelihoods, or delivering continuing services such as access to education and monitoring, referral and follow-up of child protection cases.

UNICEF and WFP forged partnerships and worked with upwards of 50 organisations, both international and national. Reestablishing a meaningful partner presence is a continuing objective of the Rapid Response Mechanism. Partners receive support for programmes, and benefit from the logistical infrastructure that underpins the mechanism, together with shared coordination and security support from both agencies—meaning the RRM has added value as a multiplier of capacity to expand coverage for NGOs engaged in the mechanism.
THE WAY FORWARD

THE ROLE OF FOOD AND NUTRITION

The need for general food distribution underpins the joint Rapid Response Mechanism, with targeting based on the food security and nutrition situation, and general food distribution working as a platform to deliver a wider package of services. From this starting point, there is one main overarching priority for the next phase: continuing robust efforts for general food distribution. This is a matter of priority for the existence and durability of the mechanism. The numbers of people that general food distribution draws is key to rolling out the full package of RRM interventions and makes the extra costs involved in the RRM worthwhile. Under-resourcing general food distribution will have a direct impact on the overall effectiveness of the WFP-UNICEF RRM—so it is critical that GFD and nutrition remain at the centre of the mechanism for the coming phase.

STAYING POWER: FOLLOW-UP, FLEXIBILITY AND CAPACITY BUILDING

A second challenge that is also a priority is to systematically revisit sites. Though a good proportion of missions saw follow-up actions, too many still do not see return missions, or roll-out of regular humanitarian programmes, either through WFP and UNICEF partners or by other humanitarian actors. It has also proved extremely challenging to work towards shifting from air drop distributions to fixed point distributions for food, given the considerable constraints that remain on land.

This means the results achieved in stabilising the food security and nutrition situation over the past year remain fragile. The same applies to other results the RRM achieved—from prevention of acute malnutrition through to follow-up of child protection cases, people’s access to safe water, children’s continuing access to education, and better immunisation coverage for children and pregnant women.

Following-up and consolidating results achieved in year one is both the challenge and the main priority for year two of the mechanism. After a first year of missions designed to re-open humanitarian space, UNICEF and WFP are now planning missions with a strong focus on capacity building of local partners and community networks—both critical for continuity of programming. This applies for core life-saving components of the RRM, such as food security, nutrition, health, as well as in the equally critical sectors of WASH, education and child protection, where services need to last for change on the ground to be tangible.

Supportive supervision and technical support to guide partners so they can stay the course and reestablish long term services are now the main considerations when planning new missions. Finding other ways to increase continuity, for example linking more interventions to new and follow-up rounds of general food distributions—in or outside of the RRM—will also be a key strategy for the next phase.

A corollary to this approach is keeping good capacity for flexibility in targeting and locations to prioritise. Latest IPC data has shown a shift in the burden of food insecurity across the country, and shifting frontlines continue to trigger displacement and added vulnerability for more communities. The RRM will continue to focus on the Greater Upper Nile area (Upper Nile, Unity and Jonglei), and stay geared towards interven-
ing where needs are greatest, and where humanitarian space can re-open—the RRM being the proven vehicle to open new doors and broaden access for more actors.

More systematic follow-up, more focused capacity building and continued flexibility in targeting is how results will be consolidated—so that positive change for communities has staying power.

PROGRAMME QUALITY

Programme continuity and capacity building is directly linked to improving programme quality for services delivered through the WFP-UNICEF RRM. For general food distribution, a first step needed is to strengthen post distribution monitoring and to follow up so lessons can be learned and further distributions are improved. Mainstreaming cross-cutting concerns—such as protection issues—is a priority.

In Nutrition, over year one, exceptional expanded criteria were set-up as a temporary measure to handle the challenges in getting the right supplies, at the right time, to the right place to cover both moderate and severe acute malnutrition. WFP and UNICEF agreed on ways to pool supplies and be creative with what was available to maximise results. Under the expanded protocols both ready-to-use therapeutic and supplementary foods could be used for treatment of children with Moderate Acute Malnutrition, and vice versa, ready-to-use supplementary foods could be used to help in the recovery of children with Severe Acute Malnutrition without complications.

These expanded criteria were an imperative given the difficult access situation. Neither organization promoted them as ideal, but they were the best available option for the immediate term until better arrangements could be set-up for supplies and partnerships. They helped make sure there was a way to provide treatment for acutely malnourished children and to reduce the likelihood of children further sliding into malnutrition. Now, the next step is to ramp up programmes for the treatment of global acute malnutrition and to consolidate protocols and procedures for an improved continuum of care for both children and pregnant/lactating women.

Boosting programme quality is also the driving principle for the next year across all sectors. This means working towards more convergence between mobile rapid responses and overall humanitarian programmes. Simply put, it means maintaining the momentum created by RRM—keeping the door open so that, wherever possible, food security, nutrition and livelihood interventions help rebuild resilience, coverage of vaccination campaigns can increase, communities can shift to more sustainable access to water, for example through borehole repairs and community sanitation, and children can benefit from continuing access to education and child protection services so their rights always remain protected.
PARTNERS AND DONORS

UNICEF and WFP designed the joint Rapid Response Mechanism as a network of partners—non-governmental organisations, both local and international, community based organisations, members of the Red Cross movement and other United Nations and intergovernmental agencies in the humanitarian country team operating in South Sudan. WFP and UNICEF worked with more than 50 partners over the multiple RRM deployments across Upper Nile, Unity and Jonglei. Results from the first year of implementing the RRM are the sum of each individual partner's contribution into the mechanism as a whole.

Donor support was also essential in setting up and rolling out the WFP-UNICEF Rapid Response Mechanism. By December 2014, WFP received US$ 493.7 million in overall funding for its emergency operation in South Sudan, with flexible funds then mobilised to support WFP components of the RRM, including significant contributions by USAID, the European Union and the United Kingdom.

DONORS

WORLD FOOD PROGRAMME
- African Development Bank
- Australia
- Austria
- Belgium
- Canada
- Central Emergency Response Fund (CERF)
- Common Humanitarian Fund (CHF)
- Denmark
- European Commission (ECHO)
- Finland
- Germany
- Iceland
- Ireland
- Italy
- Japan
- Liechtenstein
- Luxembourg
- Norway
- New Zealand
- Private Donors
- Republic of Korea
- Switzerland
- United Kingdom
- United States
- World Bank

WFP staff and staff from partner organisation German Agro Action assist a woman receiving food assistance in Ganyiel, Panyijiar County of Unity State. ©WFP/20154086/Fominyen
UNICEF meanwhile received specific contributions dedicated to setting-up the Rapid Response Mechanism. This included US$ 1.3 million from the IKEA Foundation as early as April 2014—one month into joint operations—as well as contributions from the Common Humanitarian Fund (CHF) for South Sudan for US$ 6.75 million in July. Specific funding for the RRM also came as part of a larger contribution from the European Commission/ECHO. Humanitarian funds contributed to the overall UNICEF appeal—US$ 115.2 million by December 2014—helped in mobilising additional resources for input into the RRM, for example to purchase supplies or develop partnerships with NGOs to set-up services in newly established or reestablished locations.

**WFP-UNICEF RAPID RESPONSE MECHANISM - PARTICIPATING PARTNERS**

- United Nations Children’s Fund (UNICEF)
- World Food Programme (WFP)
- Food and Agricultural Organization (FAO)
- International Organization for Migration (IOM)
- Logistics Cluster South Sudan
- United Nations Humanitarian Air Service (UNHAS)
- United Nations Office for the Coordination of Humanitarian Affairs (OCHA)
- World Health Organization (WHO)

**NGOs AND CIVIL SOCIETY**

- Abuye Community Action for Development (ACAD)
- Action for Rural Development (ARD)
- Adventist Development and Relief Agency (ADRA)
- African Leaders Skills Initiative (ALSI)
- Agency for Technical Cooperation and Development (RECTA)
- Catholic Relief Services (CRS)
- CARITAS
- Christian Mission Aid (CMA)
- Christian Mission for Development (CMD)
- Church and Development (C&D)
- Community Agribusiness Development Agency (CADA)
- Community Agriculture Skills Initiative (CASI)
- Community Aid and Development (CAD)
- Community in Need Aid (CINA)
- Concern Worldwide
- Coordinamento delle Organizzazioni per il Servizio Volontario (COSV)
- Fashoda Youth Forum (FYF)
- Food for the Hungry
- German AgroAction

**GOAL**

- Hold the Child
- InterChurch Medical Assistance (IMA)
- International Aid Services (IAS)
- International Medical Corps (IMC)
- International Rescue Committee (IRC)
- Joint Aid Management (JAM)
- John Dau Foundation (JDF)
- Kisito Health Care International (KHCI)
- Malakal Mobile Theatre Team (MMTT)
- Medair
- Medecins Sans Frontieres (MSF)
- Mother and Child Development Agency (MCDA)
- Nile Hope
- Norwegian People Aid (NPA)
- Norwegian Refugee Council (NRC)
- Oxfam Great Britain
- Oxfam Intermon
- Peace Corps Organisation (PCO)
- Plan International
- Polish Humanitarian Action (PAH)
- Samaritan’s Purse
- Save the Children
- Smile Again Africa Development Association (SAADA)
- Sudan Medical Relief (SMR)
- Tearfund
- The Health Support Organisation (THESO)
- Universal Intervention and Development Organization (UNIDO)
- Universal Network for Knowledge & Empowerment Agency (UNKEA)
- Women for Women
- World Relief
- World Vision International
- ZOA International
# ACRONYMS

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>BSFP</td>
<td>Blanket Supplementary Feeding Programme</td>
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<tr>
<td>CHF</td>
<td>Common Humanitarian Fund</td>
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<td>CSB</td>
<td>Corn Soya Blend</td>
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<td>FSNMS</td>
<td>Food Security and Nutrition Monitoring System</td>
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<td>GAM</td>
<td>Global Acute Malnutrition</td>
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<td>GFD</td>
<td>General Food Distribution</td>
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<td>ICWG</td>
<td>Inter-Cluster Working Group</td>
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<td>IGAD</td>
<td>Intergovernmental Authority on Development</td>
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<td>IPC</td>
<td>Integrated Food Security Phase Classification</td>
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<td>JVMM</td>
<td>Joint Verification and Monitoring Mechanism</td>
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<td>MAM</td>
<td>Moderate Acute Malnutrition</td>
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<td>NFI</td>
<td>Non-Food Items</td>
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<td>NGO</td>
<td>Non-governmental organization</td>
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<td>OCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs</td>
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<td>OWG</td>
<td>Operational Working Group</td>
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<td>PoCs</td>
<td>Protection of Civilian Sites</td>
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<td>RPM</td>
<td>Rapid Response Mechanism</td>
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<td>RUSF</td>
<td>Ready-to-use supplementary food</td>
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<td>SAM</td>
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<td>United Nations</td>
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<td>United Nations Humanitarian Air Service</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNMISS</td>
<td>United Nations Mission in South Sudan</td>
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<td>VAM</td>
<td>Vulnerability Analysis and Mapping</td>
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<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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<td>WFP</td>
<td>World Food Programme</td>
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Back page: Children playing in Wath Jak, Upper Nile, in September 2014 © UNICEF/2014/Bono
THE WFP-UNICEF RAPID RESPONSE MECHANISM IN SOUTH SUDAN
One year on - results, challenges and way forward

For more information please contact

Jonathan VEITCH
UNICEF South Sudan Representative
Email: jveitch@unicef.org

Joyce LUMA
WFP South Sudan Country Director
Email: joyce.luma@wfp.org

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