



REDUCING DEATHS AND SUFFERING  
FROM TROPICAL DISEASES

## PROJECT BRIEF

# Integrated Lean Season Food Security, Nutrition, and Early Recovery Response for Conflict-Affected, Displaced, and Vulnerable Populations in Longochuk County, Upper Nile State, South Sudan (2026)

Upper Nile State, and Longochuk County in particular, continues to experience severe and protracted food insecurity driven by sustained armed conflict, mass displacement, recurrent climate shocks, and widespread livelihood collapse. Years of armed clashes have disrupted traditional farming, destroyed critical infrastructure, and curtailed access to grazing land and markets. Recurrent flooding has compounded this by destroying crops and cutting communities off from essential services.

According to the IPC Acute Food Insecurity Projection (2025/2026), significant portions of Longochuk's population are classified in IPC Phase 4 (Emergency), with a high risk of deterioration to IPC Phase 5 during the 2026 lean season without sustained assistance. Acute malnutrition rates in Upper Nile remain well above emergency thresholds, with Global Acute Malnutrition (GAM) at approximately 21.8% and Severe Acute Malnutrition (SAM) at 5.8%. Cross-border arrivals linked to the ongoing Sudan crisis have further increased population pressure, deepening vulnerabilities among host communities, internally displaced persons (IDPs), and returnees.

Market systems remain extremely fragile: trade flows are irregular, prices are volatile, and physical access is

frequently interrupted by insecurity and impassable roads. With agricultural production extremely limited and household coping capacity heavily eroded, most affected populations are unable to meet basic consumption needs without external support.

Given the near-total collapse of local food production and market functionality across most payams, in-kind General Food Distribution (GFD) remains the most appropriate and life-saving modality. Complementary Blanket Supplementary Feeding Programme (BSFP) support is critical to address acute malnutrition among nutritionally vulnerable groups — specifically children aged 6–23 months and pregnant and lactating women (PLW). Experience in protracted crisis settings further demonstrates that food and nutrition assistance alone is insufficient to fully address how food is utilised, shared, and prioritised at household level. Without complementary behaviour-focused support, harmful coping practices can persist even when food is available. To address this gap in a cost-efficient manner, the project integrates a limited Early Recovery Assistance (ERA) component, consisting of Social and Behaviour Change (SBC) dialogues, flood preparedness sensitisation, and community resilience sessions.

## AIMS

The overall aim of this project is to reduce acute food insecurity and protect households from deterioration into IPC Phase 4/5 during the 2026 lean season in Longochuk County. This aims to be achieved through an integrated package of life-saving food assistance, preventive nutrition support, and early recovery activities that reinforce positive household practices, strengthen community resilience, and maintain dignity among the most affected populations.



## OBJECTIVES

- 1 Provide timely and adequate food assistance** through in-kind General Food Distribution ensuring that over 70% of targeted households achieve improved food consumption and reduced reliance on negative coping strategies.
- 2 Prevent acute malnutrition among children** aged 6–23 months through Blanket Supplementary Feeding Programme, achieving and maintaining more than 90% coverage of people eligible throughout the lean season.
- 3 Achieve over 70% household engagement in Early Recovery Assistance activities** through integrated Social and Behaviour Change approaches that strengthen resilience and promote positive food security and nutrition practices.
- 4 Ensure all assistance modalities are delivered in a protection-sensitive, gender-responsive, inclusive, and accountable manner**, with more than 50% women representation in Project Management Committees (PMCs).
- 5 Strengthen community structures, local leadership, and partner capacity** to support effective service delivery and enable future transition toward sustainable livelihood and resilience programmes.



## PERIOD

**Overall project period:** March 2026 to August 2026

**Monthly GFD and BSFP distributions:** May 2026 to August 2026 (four distribution cycles), covering the period when household food stocks are depleted, agricultural production is at its lowest, and the risk of deterioration into IPC Phase 4/5 is highest.

**Warehouse management and post-distribution phase:** September 2026 to December 2026. Following the completion of the four-month distribution cycle, MENTOR will continue to manage and maintain warehouses in Mathiang and Wudier pending further guidance from WFP on subsequent programming. A small team of key staff will be retained through December 2026 to ensure proper warehouse oversight, stock accountability, and asset maintenance.

## PROGRAMME LOCATION

**Country:** South Sudan

**State:** Upper Nile State

**County:** Longochuk County

**Payams:** Mathiang and Wudier

**Final Distribution Points (FDPs):** 3

**Longochuk County** is among the highest-risk counties in Upper Nile State as identified through IPC analysis, displacement trend monitoring, and vulnerability assessments. The operating environment is characterised by recurrent flooding, severely limited market functionality, persistent insecurity, weak social infrastructure, and significant population displacement, necessitating a highly structured, protection-sensitive, and community-embedded operational model.



## EXPECTED RESULTS

Output	Key Indicator	Target
Food assistance delivered equitably and on time	People receiving food assistance	23,971
	Total food commodities distributed	1,682.865 MT
	Percent of distributions completed on schedule	≥90%
	Percent of eligible people receiving full rations	100%
Malnutrition among children under 2 years old prevented	Children receiving monthly BSFP rations	1,678
	Percent of eligible children screened using MUAC per round	≥90%
	Proportion showing stable or improved MUAC status	Maintained or improved
Household resilience and positive practices strengthened	Percent of households engaged in ERA activities	≥70%
	Percent of households reporting improved knowledge or practices	≥60%
Protection, gender, and accountability integrated	Percent of complaints resolved within reporting period	≥90%
	Percent of PMC members who are women	≥50%
Community and partner capacity strengthened	PMCs/FMCs trained and functioning	1 per FDP (3 total)
	Joint monitoring missions conducted with WFP/authorities	Monthly at each distribution

## TARGET POPULATION

**The project aims to reach 23,971 people** directly across Mathiang and Wudier Payams, prioritising the most vulnerable households as identified through joint targeting processes involving Medicaid, traditional leaders, Project Management Committees (PMCs), Food Management Committees (FMCs), and community representatives.

**Priority groups include:** female-headed households, pregnant and lactating women, children aged 6–23 months, elderly persons, persons with disabilities, child-headed households, chronically ill individuals, and newly arrived returnees and IDPs.

Category	Number
Total GFD beneficiaries	23,971
— of whom female	12,465 (52%)
— of whom male	11,506 (48%)
Children 6–23 months (BSFP)	1,678

Biometric registration and beneficiary list generation are managed by WFP through SCOPE/BMR systems. Lists are validated through community verification meetings, with an appeals committee established in each payam to ensure transparency and manage grievances.

## DONORS AND PARTNERS

Organisation	Role
<b>World Food Programme (WFP)</b>	Principal donor; provides food commodities (cereals, pulses, oil, salt, RUSF, SuperCereal+), digital systems (SCOPE, LMS, COMET), technical oversight, and coordination support under the Field Level Agreement (FLA)
<b>The MENTOR Initiative (MENTOR)</b>	Lead Cooperating Partner; holds full contractual accountability to WFP; responsible for technical oversight, quality assurance, MEAL management, compliance, and reporting
<b>Medicair</b>	Subcontracted national implementing partner; women-led NGO with over a decade of operational presence in Upper Nile State; responsible for last-mile distribution, beneficiary verification, BSFP delivery, community engagement, and ERA facilitation
<b>Relief and Rehabilitation Commission (RRC) &amp; County Authorities</b>	Government counterparts; provide community coordination, access facilitation, and local security arrangements
<b>PMCs and FMCs</b>	Community structures with $\geq 50\%$ female membership; support mobilisation, site management, targeting transparency, and accountability to affected populations
<b>Food Security Cluster and other humanitarian actors</b>	Coordination and technical referrals in nutrition, health, and protection; harmonised implementation across Longochuk

