



Bern University of Applied Sciences  
School of Agricultural, Forest and Food Sciences HAFL

**Internal evaluation  
of  
the Swiss Confederation's Food Aid programme  
with Swiss dairy products  
for the period 2000-2013**

Commitment A2310.0552-FAC-Swiss Milk Product Contribution  
under the Food Assistance Convention

---

# FINAL REPORT

---

September, 2015

Fritz Schneider, Dr Urs Egger, Dr Pascale Wälti Maumier, Nancy Bourgeois Lüthi  
School of Agricultural, Forest and Food sciences (HAFL)  
Bern University of Applied Sciences (BFH)

## Table of Contents

List of Boxes.....	II
List of Charts.....	II
List of Tables.....	II
Abbreviations.....	III
1. Foreword	1
2. Acknowledgements	1
3. Executive summary-Résumé-Zusammenfassung	2
4. Key Findings	24
5. Rationale	31
6. Objectives of the evaluation	32
7. Methodology	32
7.1 Scope of the evaluation .....	32
7.2 Research team.....	32
7.3 Evaluation criteria .....	32
7.4 Sampling framework.....	33
7.5 Selection of countries .....	34
7.6 Data collection methods and tools.....	34
7.7 Data analysis .....	34
7.8 Positive points and limitations to the data collection and analysis process.....	34
8. Results and discussion	35
8.1 Relevance .....	35
8.1.1 International context .....	35
8.1.2 Swiss context .....	40
8.2. Effectiveness .....	49
8.2.1 Effect on stakeholders in Switzerland .....	49
8.2.2 Effect on beneficiaries in recipient countries.....	51
8.3. Efficiency .....	70
8.3.1 Procurement costs for dairy products in Switzerland .....	71
8.3.2. Cost of distribution of Swiss dairy products in beneficiary countries .....	74
8.3.3 Work load linked with administrative and monitoring issues.....	76
8.3.4 Assessment of issues pertaining to storage and distribution of SDPs .....	77
8.4. Connectedness.....	80
8.4.1 Vertical connectedness.....	80
8.4.2 Horizontal connectedness.....	81
8.4.3 Sustainability.....	83
9. Conclusions and recommendations	85
10. Outlook	87
Part 2 - Annexes	96

## List of Boxes

Box 1: The specific case of food aid with dairy products .....	37
Box 2: Specific cases of Sudan and DPRK .....	58
Box 3: The Issue of overhead costs.....	76
Box 4: The food aid programme with SDPs in countries with a local dairy industry: the case of Thailand.....	79
Box 5: Closure of the milk donation program in Peru 2012 .....	90

## List of Charts

Chart 1: volumes (in kg) of SDPs sold by each processor to the HA between 2007 and 2014 (source: Uebersicht Bestellungen 2007-2014) .....	45
Chart 2: value (in US Dollars-USD) of eligible food items committed to WFP by Switzerland under the FAC for the year 2013 (source: FAC report on Swiss contributions to WFP 2013).....	48
Chart 3: quantities (in kg) of Swiss dairy products delivered to Swiss NGOs and WFP for the years 2007 to 2014 (Source: Uebersicht Bestellungen 2007-2014 INB 02.02.2015).....	48
Chart 4: quantities (in kg) of various types of Swiss dairy products delivered to Swiss NGOs and WFP for the years 2000 to 2014 (Source: <i>Zuteilungen</i> 2000 to 2014).....	51
Chart 5: share of end beneficiaries of SDP in a sample (n=116) of local implementers in Sudan, Burkina Faso, Ivory Coast, Burundi and Rwanda (n target beneficiaries = 33'797 on average per month). .....	59
Chart 6: proportion of different categories of local implementers (n=76) from a sub-sample of target beneficiaries (n=23'512) .....	60
Chart 7: indicative annual average prices (in CHF/kg) for milk purchased from Swiss dairy farmers for the years 2011 to 2015 .....	72

## List of Tables

Table 1: types and prices (CHF/kg) of Swiss dairy products used under the food aid programme .....	50
Table 2: number of target beneficiaries (n=23'512) per category of local implementers (n=76).....	60
Table 3: comparison between volumes of imported SDPs, volumes of imported milk powder commercial brands, and volumes of locally produced milk in the visited countries. ....	65
Table 4: changes in the nutritional status (WAZ) from a sample of children treated with SDPs or alternative products .....	66
Table 5: Death rates of children in Bubanza orphanage (by age category).....	68
Table 6: share (in %) of the transport costs paid the HA .....	74
Table 7: prices (in CHF per kg or lt.), average change rate 2013-2014 of different types of milk in the visited countries .....	79
Table 8: Views of various stakeholders of the programm according to the 4 criteria.....	85
Table 9: Potential scenarios at a glance.....	94

## Abbreviations

AH	Aide Humanitaire
ARV	Antiretroviral
ASF	Animal Source Food
ATPE	Aliments Thérapeutiques Prêts à l'Emploi
BMI	Body Mass Index
BFH	Berner Fachhochschule / Bern University of Applied Sciences / Haute Ecole Spécialisée Bernoise
BLW	Bundesamt für Landwirtschaft
Buco	Bureau de Coordination
COOF	Coordination office
CETA	Central, Eastern and Three Areas
CHF	Swiss Franc, Switzerland's currency
CREN	Centre de Récupération Nutritionnelle
CSB	Corn Soya Blend
DDC	Direction du Développement et de la Coopération
DEZA	Direktion für Entwicklung und Zusammenarbeit
DFAE	Département Fédéral des Affaires Etrangères
DPRK	Democratic People's Republic of Korea
DSM	Dry Skim Milk
e-BSFP	emergency Blanket Supplementary Feeding Programme
EDA	Eidgenössisches Departement für auswärtige Angelegenheiten
ECHO	European Union Humanitarian Aid and Civil Protection Department
EMOP	Emergency Operation
EU	European Union
FAC	Food Assistance Convention
FAO	Food and Agriculture Organisation of the United Nations
FARN	Foyer d'Apprentissage et du Récupération Nutritionnelle
FBF	Fortified Blended Foods
FBO	Faith Based Organisation
FCA	Free Carrier
FDEA	Federal Department of Economic Affairs
FDFA	Federal Department of Foreign Affairs
FFA	Food for Assets
FFE	Food for Education
F2M	Farmers to Markets
FOAG	Federal Office for Agriculture
GAM	Global Acute Malnutrition
GFD	General Food Distribution
GHD	Good Humanitarian Donorship
GSS	Good Shepherd Sisters
HA	Humanitarian Aid
HAFL	Hochschule für Agrar-, Forst- und Lebensmittelwissenschaften, School of Agricultural, Forest and Food sciences
HAZ	Height-for-Age
HH	Humanitäre Hilfe
HIV-AIDS	Human Immunodeficiency Virus-Acquired Immunodeficiency Syndrome
HVP	High Value Products

i-BSFP	Integrated Supplementary Feeding Programme
ICRC	International Committee of the Red Cross
IDP	Internally Displaced People
IDP PC	IDP Profiling in Camps
INGOs	International NGOs
Kobü	Koordinationsbüro
LNS	Lipid Based Nutrient Supplements
MAM	Moderate acute malnutrition / Malnutrition aigüe modérée
MAS	Malnutrition aigüe sévère
MOFA	Ministry of Foreign Affairs
MoH	Ministry of Health
MUAC	Mid-Upper Arm Circumference, an indicator of the nutritional status
Mt	Metric Ton
NFIDC	Net-food Importing Developing Countries
NGO	Non-Government Organisation
OCDE	Organisation de Coopération et de Développement Economiques
OECD	Organisation for Economic Cooperation and Development
OFAG	Office Fédéral de l'Agriculture
OMC	Organisation Mondiale du Commerce
ONG	Organisation Non Gouvernementale
OVCI	Organismo di Volontariato per la Cooperazione Internazionale
PAM	Programme Alimentaire Mondial
PASAB	Programme d'Appui à la Sécurité Alimentaire dans le Boulkiemdé
PLW	Pregnant and Lactating Women
PLWHA	People Living with HIV and AIDS
PPP	Public Private Partnerships
RUSF	Ready-to-Use Supplementary Foods
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SDC	Swiss Agency for Development and Cooperation
SDG	Sudanese Pound, Sudan's currency
SDPs	Swiss Dairy Products
SECO	State Secretariat for Economic Affairs / Secrétariat d'Etat à l'Economie / Staatssekretariat für Wirtschaft
SFU	Swiss Farmers' Union
SMI	Santé Maternelle et Infantile
SMP	Swiss Milk Producers' Union
SMPe	Schweizer Milch Produkte
SPA	Swiss Milk Powder Producers' Association
SUN	Scaling Up Nutrition
SVDP	Saint Vincent de Paul
TB	Tuberculosis
TdHL	Terre des Hommes Lausanne
TdHG	Terre des Hommes Genève
TFC	Therapeutic Feeding Centre
TFP	Therapeutic Feeding Programmes
THB	Thai Baht, Thailand's currency
UAE	United Arab Emirates
UHT	Ultra Heat Treated

---

UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund/ Fond des Nations Unies à l'Enfance
USA	United States of America
USAID	United States Agency for International Development
USD	US Dollar, the USA's currency
USDEC	US Dairy Export Council
VfHH	Verein für Humanitäre Hilfe
VIH-SIDA	Virus de l'immunodéficience humaine (VIH) ou le syndrome de l'immunodéficience acquise (SIDA)
WASH	Water, Sanitation and Hygiene
WAZ	Weight-for-Age z-score, an indicator of the nutritional status
WFP	World Food Programme
WHO	World Health Organisation
WHZ	Weight-for-Height z-score, an indicator of the nutritional status
WMP	Whole Milk Powder
WSM	Wheat Soy Milk
WTO	World Trade Organisation
ZEWO	Schweizerische Zertifizierungsstelle für gemeinnützige Spenden sammelnde Organisationen

## 1. Foreword

This report is based on a desk review of secondary data as well as on interviews conducted in Switzerland and in five countries in Africa. The report presents an analysis of the Swiss Humanitarian Aid's food aid programme with Swiss dairy products for the period 2000-2013. It is neither an evaluation of institutions implementing the programme, nor an evaluation of the programme's operations in the specific countries visited. The programme is wide ranging in terms of duration, financial portfolio, products delivered, number and types of stakeholders involved at various levels, as well as countries enrolled. An in-depth analysis of this programme has led to a wealth of information resulting from the collected and analysed data. In order to ease the reading, the structure of the report is briefly presented:

- Chapter 3: summary in English, French and German
- Chapter 4: key findings and main conclusions of the evaluation for each criteria evaluated (relevance, effectiveness, efficiency and connectedness)
- Chapter 5 and 6: rationale and objectives of the evaluation
- Chapter 7: methodology and approach adopted for the evaluation
- Chapter 8: results and their discussion in terms of their relevance, effectiveness, efficiency and connectedness
- Chapter 9: conclusions
- Chapter 10: four different scenarios of change, upon which SDC can build in order to address modifications deemed necessary to better orient the programme in the future

To grasp the essence of the evaluation, it is recommended to focus on chapters 3 (executive summary), 4 (key findings), 9 (conclusions) and 10 (scenarios of change).

## 2. Acknowledgements

We would like to express our gratitude to all persons in Switzerland and in the visited countries for taking time to answer our questions and sharing information with us, as well as for the interesting discussions we had. We are particularly thankful to the persons mentioned in the list of key stakeholders interviewed, presented in annex IV.

We would like to warmly thank Ms. Beatrice Indermühle and Ms. Christine Königer, the persons in charge of the "milk programme", for providing us with the necessary information and relevant documents and for sharing their view of the programme.

We are thankful to persons met from different Swiss government institutions for sharing their views with us.

We also thank the staff of the various NGOs and professional organisations met in Switzerland and abroad for their commitment and openness.

Special thanks go to the persons in charge of the programme at the COOFs in Burundi, Rwanda and Burkina Faso and the Embassies of Sudan and Ivory Coast for the excellent organisation and support during the field visits.

Special thanks also go to Ms. Rahel Wyss for the German translation of the executive summary, M. Riley John Linder and M. Ruedi Lüthi for proof reading of respectively the English and the German executive summaries.

Finally, we wish to express our gratitude to all the local implementers we met, for their warm welcome, their hospitality and their time, despite all the work pressure and challenges they encounter.

### 3. Executive summary-Résumé-Zusammenfassung

#### Executive summary

##### Rationale behind the food aid programme and its evaluation

The Swiss Humanitarian Aid (HA), one of the four departments of the Swiss Agency for Development and Cooperation (SDC) within the Swiss Confederation's Federal Department of Foreign Affairs (FDFA) has been managing a food aid programme with Swiss Dairy Products (SDPs) since 1959. For this programme the HA has an annual budget of 20 million Swiss Francs (CHF), entailed in the Federal Council's Dispatch to the Parliament on International Cooperation and approved by the Parliament every four years. The food aid programme with SDPs (also known as "milk programme") managed under the section Africa of the Humanitarian Aid, makes up 5-7% of the HA's overall annual budget, depending on the year. The programme is managed at "the milk desk" by one person (employed 60%), who is supported by a programme assistant (employed 40%). A steering committee overviews and steers the programme.

Through this programme, the HA procures every year approx. 3'000 metric tons (Mt) of various types of milk powder (plain dry skim milk, enriched dry skim milk, whole milk and infant formulas) and processed cheese from dairy processors in Switzerland. SDPs are channelled to various countries worldwide, between 28 and 56 countries depending on the year, mainly through Swiss NGOs, the World Food Programme (WFP) and to some extent through SDC's Coordination Offices (COOFs) or Representation Offices of the FDFA abroad. In these countries, SDPs are allocated to implementing centres, primary health care centres, therapeutic feeding centres (TFC), orphanages, schools, homes for disabled or elderly people and internally displaced people (IDPs) or refugee settlements, through which they reach an estimated 1.2 million people annually over a treatment period of 3 months. With this programme, the HA aims at contributing to prevent irremediable physical and mental consequences of undernutrition of vulnerable people. Vulnerable people are considered to be infants, children, pregnant or nursing mothers, people suffering from chronic diseases, people with physical or mental disabilities, elderly people, refugees and IDPs, who are suffering from severe acute malnutrition (SAM) or moderate acute malnutrition (MAM).

In October 2014, the School of Forest, Agricultural and Food Sciences (HAFL) of the Bern University of Applied Sciences (BFH) was mandated by the HA to conduct an evaluation of the programme over the period of 2000-2013 in terms of its relevance, effectiveness, efficiency and connectedness. Between November 2014 and July 2015, the team of evaluators, four lecturers and researchers from the HAFL, conducted a desk review of secondary data in Switzerland, 41 interviews with relevant stakeholders in Switzerland and Rome as well as 81 interviews in five selected countries (Burundi, Rwanda, Ivory Coast, Burkina Faso and Sudan) where programme activities are implemented. In order to provide a representative sample of the programme's activities, the following criteria were used to select the countries for field visits: volume of dairy products allocated, historical importance of the programme, role of NGOs, COOFs and WFP and the type of aid along the disaster management cycle. The objective of the evaluation is to answer two main questions: "***is the right thing done***" and if yes "***is it done right*** ?". Results from the evaluation shall provide the HA with elements supporting the drafting of the new dispatch of the Federal Council to the Parliament on International Cooperation for 2017-2020.

## Is the food aid programme with SDPs relevant?

Ratings of the programme's relevance depended on the stakeholders interviewed and their position within the programme. The literature review showed that the World Trade Organisation (WTO) and the Organisation for Economic Cooperation and Development (OECD) consider in-kind food assistance tied to specific products, which is the case of the food aid programme with SDPs, as an export subsidy. This form of aid should therefore be discontinued. Key stakeholders interviewed at the WFP Headquarters in Rome, the State Secretariat for Economic Affairs (SECO), the Federal Office of Agriculture (FOAG) and SDC consider that the principles of the programme, rather than the way it is implemented, are not in line with international discussions on food aid and the Food Assistance Convention (FAC) of 2012, of which Switzerland is a member.

Dairy products procured by the HA account for approx. 0.8% of Switzerland's total annual milk production and 4% of the total annual milk powder production. The three umbrella organisations representing the interests of the Swiss farmers, the Swiss dairy producers and the Swiss dairy processors view this programme as economically marginal and insist that the programme should not be considered as a means either to dispose of dairy surpluses nor to ease the dairy account of the Swiss Confederation as has historically been done. This view is shared by the three dairy processors currently involved in the programme, Cremo, Emmi and Hochdorf, who nevertheless consider the programme relevant as long as beneficiaries are well targeted. Hochdorf questions the relevance of the current products and its packaging, which is to some extent done exclusively for the food aid programme. Many NGOs consider the programme relevant, especially the ones who depend on donations to run their activities in the field. Some NGOs, however, such as Caritas or Terre des Hommes Lausanne consider this type of interventions as outdated and thus no longer relevant. WFP staff interviewed in Sudan view the programme as relevant, if no alternatives exist. They, however, consider cash-based support as more relevant to sustain their existing assistance mechanisms. The programme has been found to be most relevant to the beneficiaries for whom dairy products "make a difference".

It can be concluded that the relevance of the food aid programme with SDPs varies according to the different stakeholders' points of views. Dairy products as animal-source-food (ASF) are relevant to combat malnutrition, one of the implicit objectives of the food aid programme with SDPs. Currently, products also containing milk but under a more appropriate form exist to treat malnutrition, for instance therapeutic milk such as F75 and F100 formulas and Ready-to-Use Therapeutic Food (RUTF) such as Plumpy Nut®. In that regard, SDPs used in this HA food aid programme are no longer relevant. Furthermore, the programme has remained tied to Swiss products thus far, which is not in line anymore with the principles governing food assistance that tend towards untied aid. Thus, it can be concluded that the food aid programme with SDPs is no longer relevant and needs to be adapted or phased out.

## Is the food aid programme with SDPs effective?

Measuring the programme's output (I) and outcome and impact (II) on beneficiaries has been challenging given the history of the programme. One of the programme's original objectives was to dispose of dairy surpluses. It was not designed as a classic development programme, which explains the absence of explicit objectives, a logical framework and clear output, outcome and impact indicators.

The current implicit objective of the programme is to prevent irremediable physical and mental consequences of undernutrition and their negative consequences on the development of the region where they are allocated. The large number of beneficiary categories and implementing centres in various countries constituted a further challenge for measuring the effectiveness. Based on interviews and documents, the evaluation team sketched out two specific domains of interventions within the programme with SDPs: (1) health and nutrition and (2) education.

## I. Output measurement

The evaluation team identified the following indicators of output: (a) number of beneficiaries targeted, (b) volume of SDPs allocated and (c) respect of standards governing the use of SDPs.

### (a) number of beneficiaries targeted

The total number of beneficiaries reached every year could not be assessed, as such figures are not collected and organised in a way which allows compiling. It is however estimated that SDPs can reach approximately 1.2 million people every year, over an average treatment period of 3 months per beneficiary.

The analysis of a sub-sample of data taken from files pertaining to 116 implementing centres across the five countries visited and comprising 33'797 beneficiaries showed that:

- 14% are infants and babies up to the age of 12 months
- 42% are children aged 1 to 15 years old
- 17% are pregnant or lactating women (PLW)
- 5% are people living with the Human Immunodeficiency Virus-Acquired Immunodeficiency Syndrome (HIV-AIDS) (PLWHA)
- 5% are elderly or mentally ill people
- 17% are other beneficiaries (people with chronic diseases, disabilities, social problems, hospital patients or prisoners)

The majority of SDPs are distributed to beneficiaries through health care structures, including TFC specialised in treating SAM and MAM. Many of these structures are privately run, often by faith-based organisations (FBOs) and/or NGOs. They are, however, often partly or entirely integrated into the state health care system. Most of them are thus able to benefit from state protocols to treat SAM by receiving therapeutic milk such as F75 and F100 formulas and RUTF such as Plumpy Nut®. These types of therapeutic food, which are often distributed by the United Nations Children's Fund (UNICEF) through the state system, are currently the best options to tackle SAM. But these products are not always available throughout the entire year. This is one reason why many implementers prefer SDPs. Food aid implementers as well as beneficiaries unanimously consider SDPs to be readily available, accessible, stable and easy to use (**the four pillars of food security**). In addition, SDPs are praised for their irreproachable quality and palatability.

### (b) volumes of SDPs allocated

The evaluation covers the 2000 to 2013 period.

Figures available for the period 2001-2014 show that an average of 3'121 Mt of SDPs were allocated annually through the food aid programme.

A negligible fraction of SDPs do not reach beneficiaries because of thefts, damages or losses during transport, but such cases are extremely rare.

### (c) respect of the standards governing the use of dairy products in the context of food aid

The current standards governing the use of SDPs, effective since 2006, are compulsory guidelines to be followed by implementing agencies in order to benefit from the programme. In most cases, the standards are well known and well respected by NGOs and implementing centres. They, however, contain some principles which pose implementation problems. For instance, in order to prevent potential water-borne diseases they forbid any decentralised allocation of milk powder as "take-home" rations, both in dry or in liquid form. A centralised form of distribution at implementing centres over a longer period of time is often not possible for many beneficiaries because of family, logistic and/or financial reasons.

The use of feeding bottles is another problematic factor. For hygiene reasons the standards forbid the use of feeding bottles, nevertheless bottles were seen in some centres. Finally, the calculation of infant formula is another problematic point of the standards. The calculations for this type of milk do not appear in the standards, as the latter encourage all possible measures to support breastfeeding. Infant formulas are allowed in very specific cases and allocated through the food aid programme. In many cases, mistakes pertaining to the calculation of quantities of infant formulas were found during field visits and also in application forms. Such mistakes could be prevented if clear guidelines on how to calculate quantities for each type of milk and category of beneficiaries were included in the standards. Should the programme continue, the standards need to be adapted to field conditions.

## II. Outcome and impact measurement

The evaluation team sketched out two main indicators of outcome of the food aid programme with SDPs:

### (1) Improvement of the beneficiaries' nutritional status (infants and malnourished people)

There was a large consensus among key stakeholders interviewed that SDPs considerably improve the nutritional status of the beneficiaries and can even save lives. An analysis of a sub-sample of anthropometric data taken from registers of the centres showed that the average Weight-for-Age z-score (WAZ) (a measure of the nutritional status) of beneficiaries improved after treatment with SDPs. An important variability of the effects of SDPs on anthropometric data of beneficiaries has been observed. Thus, when measured with anthropometric data, the effect of SDPs is not always as spectacular as orally reported. This variability might be because in addition to malnutrition beneficiaries often, but not always, suffer from underlying medical conditions (HIV-AIDs, tuberculosis, etc.) or because of the various ways SDPs are distributed to them. The outcome of the programme on the nutritional status of other groups of beneficiaries (IDPs, people with chronic diseases, etc.) could not be assessed as data are not recorded separately for these groups of beneficiaries.

### (2) Improvement of the school attendance rate of children benefiting from a school milk programme

The distribution of SDPs to school children, mainly as liquid milk reconstituted from powder, as porridges or as sandwiches made with processed cheese, is often reported to increase the school attendance rate and also to improve the cognitive abilities of the children.

Given the absence of long-term studies, the latter assumption could not be verified. A study of a school register in Burkina Faso showed that the pupils' pass rate for primary education tended to improve after the introduction of a school feeding programme including SDPs. It is however difficult to ascribe this improvement to SDPs alone.

The evaluation team attempted to identify the main positive and negative externalities of the programme. One positive externality relates to the enrolment of vulnerable and marginalised population groups, who are often neglected by other programmes or projects. These people receive support thanks to the programme with SDPs, irrespective of their social and economic status, gender, religion and nationality.

Food aid programmes distributing in-kind dairy products often induce two major externalities: (1) disincentive for lactating mothers to breastfeed and (2) negative impact on local dairy production. In the case of the food aid programme with SDPs, these two negative effects were not encountered. In the first case, implementing centres exploit all possibilities to feed babies with maternal milk. Only in extreme cases (twins, triplets, or orphans with no opportunity for wet nursing), powder milk is used instead of maternal milk. In the second case, quantities of SDPs allocated to the respective countries are negligible and well below

the volumes of dairy products exported by commercial brands through standard commercial channels (available in most countries visited, but at prohibitive prices).

One negative externality identified from interviews is the risk of getting accustomed to SDPs and donations. Beneficiaries, but also some implementing centres get accustomed to receiving high quality products almost “for free” and do not actively search for local alternatives. These alternatives could be: keeping dairy cattle, goat or sheep, planting moringa trees, keeping a vegetable garden, practicing bag gardening, keeping a fish pond, producing spirulina, etc.

It can be concluded that SDPs generally have both a direct and indirect positive impact on beneficiaries and contribute towards combating global acute malnutrition (GAM). The programme has few negative externalities. It is recommended that the HA shall conduct proper outcome and impact assessment studies to verify these first findings at country level.

### **Is the food aid programme with SDPs efficient?**

The allocation process of SDPs is a well-established administrative process, where responsibilities of involved stakeholders are detailed in a specific handbook. The supply chain of SDPs from Switzerland to beneficiaries entails various costs. Costs such as raw material, packaging and loading free carrier (FCA) in containers make out the bulk of the total costs from the production site to the distribution point. Product costs range from 4.05 CHF/kg for plain dry skim milk (plain DSM) packaged in 25 kg paper bags to 9.87 CHF/kg for processed cheese packaged in aluminium cans. Other costs include the transport from Switzerland to the final destination, customs clearance, storage, distribution and general administrative costs. The responsibility for transport costs is regulated and modalities depend on the programme coordination (NGOs, COOFs, or Embassies) and implementation (NGOs or WFP). Transport of SDPs only marginally increase the total costs of the programme implementation.

In Switzerland, milk processed into specific products for the HA’s food aid programme is currently purchased within the A market segment at the highest price prevailing on the Swiss dairy market.

The person in-charge of the food aid programme at the “milk desk” strives to increase the efficiency of the programme by negotiating the price of the raw material with Swiss dairy processors.

So far attempts to buy products, at least plain dry skim milk destined for the WFP, at prices prevailing in the B segment (products destined for export) has failed, partly because of complex conditions regulating the Swiss dairy market since milk production quotas were lifted in 2009.

In most cases, the price of SDPs is nevertheless lower than the price of imported products found in the five countries visited. Prices of locally produced milk are lower or equivalent to prices of SDPs. Local dairy products however undergo important fluctuations in terms of quality, availability and price.

Overall, the food aid programme with SDPs is rated as efficient by most stakeholders interviewed, thanks to its wide reach to a large number of beneficiaries and its rather lean administrative structure. However, the WFP considers cash-based food assistance (e.g to finance voucher systems) as more efficient than in-kind food assistance.

### **Is the food aid programme with SDPs connected to other SDC programmes and national policies on nutrition?**

The evaluation team investigated the question whether the programme with SDPs is in line with other programmes of the HA, with SDC’s global programmes and with national policies on health, food security and nutrition. Most activities of the food aid programme with SDPs are conducted in

protracted rather than immediate emergency contexts. This is mostly due to the fact that dairy products are not the most appropriate products to use in emergency contexts given their perishability and high costs compared with other products. The vertical connectedness of the programme (how it fits within the HA and other SDC's programmes) is weak. Due to its administrative nature, the programme is a stand-alone programme within SDC and has no direct link with SDC's programmes on food security and nutrition, health or education.

The horizontal connectedness of the programme (how the programmes fits with local rules and laws, national programmes and policies, other food aid or nutrition programmes, etc.) is usually weak as well. While implementing centres are in most cases partially or fully integrated in the national health care system, the programme itself is sometimes not well known or even not known at all by relevant national institutions (e.g. Ministries of Health and Education). In some specific cases, the programme is even in contradiction with recently enacted national laws on imports of milk substitutes. In addition, the programme is not linked to the current international paradigm on food assistance which stipulates cash-based, untied assistance as the best policy. Finally, it has been found that most NGOs have not considered any alternatives to SDPs in order to become less dependent on the food aid programme.

Of the four criteria used to evaluate the food aid programme with SDPs, the connectedness criteria was found to be the weakest.

## Conclusions and potential ways forward

The food aid programme with SDPs entails a number of challenges pertaining to its relevance, effectiveness, efficiency and connectedness, which need to be addressed. In other words, challenges lead to the question whether "*the right thing is done*".

The programme "does the right thing" in addressing the needs of vulnerable, often neglected population groups. The use of ASF, more specifically dairy products to treat malnutrition is adequate as well. This is partly reflected by Weight-for-Age z-scores (WAZ), one indicator of the nutritional status analysed from a sub-sample of beneficiaries. There exist, however, other more adequate means (e.g. RUTF, which also contain milk) to treat malnutrition than allocating Swiss dairy products. In terms of relevance and effectiveness, the programme has therefore room for improvement.

Identified challenges also pertain to the question whether "*the right thing is done right*". The food aid programme with SDPs is in most cases implemented efficiently. However, more efficient ways than in-kind aid exist to meet the needs of vulnerable people, such as cash-based assistance (e.g. through voucher systems). In addition, the programme is only little or not at all connected to other programmes of the HA or to the SDC's global programme and to national laws or policies on food security and nutrition. In terms of efficiency and connectedness, the programme has also room for improvement.

In order to address these challenges, the evaluation team proposes four scenarios of change or adjustments.

- **Scenario I: Continuation of the programme with a set of essential adjustments**

Programme activities are run as they currently are, but the scope of the programme is narrowed, with a focus on fewer countries and on fewer categories of beneficiaries. A number of adjustments are proposed concerning, among others, the standards and the evaluation and monitoring system.

- **Scenario II: Phasing out by 2020 with full stop and budget to WFP or with full stop and no budget**

This scenario is the most drastic option: it foresees a total discontinuation of programme activities by 2020. The annual budget of 20 million Swiss Francs is either maintained and

allocated to WFP as cash-based, untied contribution to food assistance, or is cut from the global Humanitarian Aid budget.

- **Scenario III: Collaborate exclusively with WFP, starting 2021**

This scenario foresees a continuation of project activities based on in-kind donations of SDPs, but exclusively with the WFP. Activities currently implemented by NGOs are gradually discontinued based on a comprehensive exit strategy over the next four years.

- **Scenario IV: Continuation of the programme with major changes**

This scenario maintains activities through NGOs and the WFP, but under a nutritional programme with major improvements in the connectedness of the programme within the HA, as well as a direct connection to SDC's global programme food security section within the global cooperation department.

## Résumé

### Contexte du programme d'aide alimentaire avec des produits laitiers suisses et de son évaluation

L'aide humanitaire (AH) suisse, l'un des quatre départements de l'agence de la coopération et du développement (DDC), du département fédéral des affaires étrangères (DFAE) de la confédération suisse, gère un programme d'aide alimentaire avec des produits laitiers suisses depuis 1959. Un budget d'un montant annuel de 20 millions de francs suisses (CHF), inclus dans le message du conseil fédéral sur la coopération internationale et voté tous les quatre ans par le Parlement, est alloué à l'aide humanitaire pour la gestion de ce programme. Le programme d'aide alimentaire avec les produits laitiers suisses, communément appelé «programme lait», est ancré dans la section Afrique de l'AH et compte pour 5% à 7% du budget annuel total de l'AH, selon les années. Le programme est géré par une responsable du programme, secondée par une assistante de programme, affiliées respectivement à 60% et 40% au «programme lait». Un comité de pilotage supervise et guide le programme.

A travers ce programme, l'AH se fournit auprès des trois principaux transformateurs de lait en Suisse, auxquels elle achète environ 3'000 tonnes de produits laitiers, sous forme de divers types de lait en poudre (poudre de lait écrémé entier, avec ou sans additifs vitaminiques, poudre de lait entier, poudre de lait infantile), ainsi que du fromage fondu. Ces produits laitiers sont attribués sous forme de dons à des organisations non gouvernementales (ONG) ou au programme alimentaire mondial (PAM) pour être utilisés dans de nombreux pays à travers le monde, entre 28 et 56 selon les années. Dans certains cas, l'acheminement des produits laitiers est facilité par les bureaux de coordination (Buco) de la DDC ou par les bureaux de représentation du DFAE. Les produits laitiers sont attribués aux œuvres d'entraide qui mettent en œuvre les activités du programme à travers les structures locales suivantes: centres de santé, centres de récupération et d'éducation nutritionnelle (CREN), orphelinats, écoles, homes pour les personnes handicapées ou âgées et camps pour réfugiés ou personnes déplacées. Le nombre de personnes bénéficiant chaque année de ce programme est estimé à 1.2 million, à raison d'une période de traitement de trois mois par personne. A travers ce programme, l'AH vise à contribuer à la prévention de dommages irréparables causés par la malnutrition, sur la santé physique et mentale de personnes vulnérables. Ces dernières sont des personnes souffrant de malnutrition aigüe sévère (MAS) ou de malnutrition aigüe modérée (MAM), principalement des nourrissons et des enfants, des femmes enceintes ou allaitantes, des personnes souffrant de maladies chroniques, des personnes en situation de handicap physique, psychique ou mental, des personnes âgées, ainsi que des réfugiés ou des personnes déplacées.

En octobre 2014, l'AH a mandaté la Haute Ecole des Sciences Agronomiques, Forestières et Alimentaires (HAFL) de la Haute Ecole Spécialisée Bernoise (BFH) pour effectuer une évaluation du programme d'aide alimentaire avec des produits laitiers suisses pour la période 2000-2013, en fonction des critères de pertinence, efficacité, efficience et connectivité. Entre novembre 2014 et juillet 2015, l'équipe d'évaluateurs, quatre enseignants et chercheurs de la HAFL, a mené une revue bibliographique, ainsi que 41 interviews avec des acteurs clés du programme en Suisse et au siège du PAM à Rome et 81 interviews dans cinq des pays dans lesquels le programme est mis en œuvre: le Burundi, le Rwanda, la Côte d'Ivoire, le Burkina Faso et le Soudan.

Ces cinq pays ont été sélectionnés de manière à fournir un échantillon représentatif des activités du programme en fonction du volume des produits laitiers attribués, de la longévité du programme, de l'importance respective des ONG, des Bucos ou du PAM dans la mise en œuvre du programme, ainsi que du type d'intervention le long du cycle de gestion des urgences. L'objectif de l'évaluation est de répondre aux deux questions suivantes: «*fait-on la bonne chose?*» et, si cela est le cas, «*est-elle bien faite?*». Les résultats de l'évaluation doivent permettre à l'AH de disposer d'éléments pour la rédaction du nouveau message du Conseil Fédéral au Parlement sur la Coopération Internationale pour la législature 2017-2020.

## **Le programme d'aide alimentaire avec des produits laitiers suisses est-il pertinent?**

Les opinions à propos de la pertinence du programme varient selon le point de vue des acteurs clés interviewés et des enjeux du programme pour les acteurs. La recherche de littérature a montré que l'Organisation Mondiale du Commerce (OMC) et l'Organisation de Coopération et de Développement Economiques (OCDE) interprètent l'assistance alimentaire sous forme d'aide liée et en nature, ce qui est le cas du programme d'aide alimentaire avec des produits laitiers suisses, comme une subvention déguisée aux exportations. Celle-ci devrait dès lors être abandonnée. Les acteurs clés interviewés au siège du PAM à Rome, au Secrétariat d'Etat à l'Economie (SECO) du DFAE, à l'Office Fédéral de l'Agriculture (OFAG), et à la DDC considèrent que, les principes du programme, plutôt que la manière dont il est mis en œuvre, ne sont pas en phase avec les discussions internationales sur l'aide alimentaire et la Convention relative à l'Assistance Alimentaire de 2012, dont la Suisse est signataire.

Les produits laitiers achetés par l'AH représentent environ 0.8% de la production laitière annuelle totale de la Suisse et 4% de la production annuelle totale de lait en poudre. Pour les trois organisations faîtières représentant les intérêts des paysans suisses, des producteurs suisses de lait et des producteurs suisses de poudre de lait, le programme est économiquement marginal et n'est plus vraiment pertinent. Pour ces trois organisations, le but du programme n'est plus d'écouler les surplus de production et d'alléger ainsi le marché du lait suisse et le compte laitier de la Confédération, comme cela était le cas dans le passé. Ce dernier point de vue est également partagé par les acteurs rencontrés auprès des trois transformateurs industriels de lait (Cremo, Emmi and HOCHDORF). Pour ces derniers, le programme est cependant pertinent pour autant que les bénéficiaires soient bien ciblés, ce qui leur semble être le cas. Chez HOCHDORF, les types de produits et les formes d'emballages demandés pour le «programme laitier» de l'AH ne sont plus considérés comme pertinents eu égard aux développements technologiques récents. De nombreuses ONG considèrent que le programme est pertinent, surtout celles qui dépendent entièrement de dons en nature pour leurs activités sur le terrain. Certaines ONG, comme Caritas ou Terre des Hommes Lausanne, considèrent ce type d'interventions comme n'étant plus pertinent, car «ayant fait son temps». Pour les acteurs du PAM rencontrés au Soudan, le programme est pertinent en l'absence d'alternative. Ils considèrent cependant qu'un soutien non lié et en espèces serait plus approprié pour soutenir leurs activités existantes. Le programme est le plus pertinent pour les bénéficiaires, sur la santé desquels les produits laitiers ont un effet positif dans la plupart des cas.

En conclusion, la pertinence du programme d'aide alimentaire avec des produits laitiers varie selon les points de vue des différents acteurs clés rencontrés.

Les produits laitiers, en tant qu'aliments d'origine animale, sont une source précieuse de nutriments et leur utilisation est pertinente dans le combat contre la malnutrition, l'un des objectifs implicites du programme d'aide alimentaire avec des produits laitiers suisses.

Actuellement, des produits contenant également du lait, mais sous une forme plus adaptée, existent pour traiter la malnutrition, par exemple les laits thérapeutiques F75 et F100, ainsi que des Aliments Thérapeutiques Prêts à l'Emploi (ATPE) comme le Plumpy Nut®. De ce point de vue, l'usage de produits laitiers sous la forme actuelle n'est plus pertinent. Par ailleurs, le programme reste lié aux produits d'origine suisse et n'est plus en phase avec les principes actuels de l'aide alimentaire qui tend vers une aide non liée. En conclusion, le programme n'est plus pertinent dans son ensemble et doit être adapté ou progressivement terminé.

## **Le programme d'aide alimentaire avec des produits laitiers est-il efficace?**

Mesurer les résultats (I), les effets et l'impact (II) du programme sur les bénéficiaires s'est révélé être un défi majeur de l'évaluation. La raison est liée à l'histoire du programme, dont l'un des buts à l'origine était d'écouler les surplus de la production laitière suisse. Le programme n'a pas été conçu comme un programme classique de développement et cela explique l'absence d'objectifs spécifiques, d'un cadre logique et d'indicateurs clairs des résultats, des effets et de

l'impact du programme. L'objectif implicite actuel du programme est de prévenir les dommages irrémédiables de la malnutrition sur la santé physique et mentale des populations vulnérables et leurs conséquences sur le développement de la région où les produits laitiers sont attribués. Par ailleurs, la mesure de l'efficacité du programme a été rendue difficile par le grand nombre et la diversité des bénéficiaires et des organismes de mise en œuvre du programme, dans différents pays. En se référant aux documents consultés et aux interviews, l'équipe d'évaluateurs a mis en lumière deux domaines spécifiques d'interventions dans le cadre du programme d'aide alimentaire: (1) santé et nutrition et (2) éducation.

## **I. Mesures de résultats (*output*)**

L'équipe d'évaluateurs a identifié les indicateurs de résultats suivants: (a) le nombre de bénéficiaires ciblés, (b) le volume de produits laitiers attribués, et (c) le respect des standards réglant l'utilisation des produits laitiers suisses.

### **(a) Nombre de bénéficiaires ciblés**

Le nombre de bénéficiaires effectivement ciblés chaque année n'a pas pu être estimé, ces données n'étant pas collectées et compilées de manière à être analysées facilement. Le nombre de personnes dans le besoin et bénéficiant de l'aide alimentaire avec des produits laitiers suisses chaque année est néanmoins estimé à 1.2 million de personnes bénéficiant d'une période de traitement de 3 mois.

L'analyse d'un sous-échantillon provenant des dossiers du programme et portant sur un groupe de 33'797 bénéficiaires du programme dans 116 centres, dans les cinq pays visités, a montré que:

- 14% sont des nourrissons et des bébés jusqu'à l'âge de 12 mois
- 42% sont des enfants âgés de 1 à 15 ans
- 17% sont des femmes enceintes ou allaitantes
- 5% sont des personnes vivant avec le virus de l'immunodéficience humaine (VIH) ou le syndrome de l'immunodéficience acquise (SIDA)
- 5% sont des personnes âgées et/ou avec des problèmes mentaux
- 17% sont des autres bénéficiaires (personnes souffrant de maladies chroniques ou de problèmes sociaux, personnes handicapées et prisonniers)

La majeure partie des produits laitiers suisses est attribuée aux bénéficiaires par l'intermédiaire des structures de santé, y compris les CREN, spécialisés dans le traitement de la MAM et de la MAS. Ces structures ont souvent un statut privé et sont souvent gérées par des institutions confessionnelles ou par des ONG. Ces structures sont cependant souvent partiellement ou complètement intégrées dans le système de santé national. La plupart de ces institutions bénéficient ainsi des programmes nationaux de prise en charge de la MAS, comme la distribution de laits thérapeutiques F75 ou F100 ou des ATPE comme le Plumpy Nut®. Ces aliments thérapeutiques, souvent distribués par le Fond des Nations Unies à l'Enfance (UNICEF) à travers les systèmes de santé nationaux, sont à ce jour considérés comme les meilleurs moyens pour traiter la MAS. Ces produits ne sont cependant pas toujours disponibles en continu. C'est l'une des raisons pour lesquelles de nombreux centres préfèrent les produits laitiers suisses. Les institutions mettant en œuvre le programme, ainsi que les bénéficiaires eux-mêmes sont unanimes à considérer les produits laitiers suisses comme étant faciles et réguliers d'accès, disponibles et de qualité stable (**les quatre piliers de la sécurité alimentaire**). De plus, les produits laitiers suisses sont appréciés pour leur qualité irréprochable, y compris en termes gustatifs.

### **(b) volumes des produits laitiers suisses attribués**

L'évaluation couvre la période 2000 à 2013. Les chiffres disponibles pour les années 2001 à 2014 montrent que 3'121 tonnes de produits laitiers ont été attribuées en moyenne chaque année par l'intermédiaire du programme d'aide alimentaire de l'AH. Une

infime quantité de produits laitiers ne parvient pas à destination, soit à cause de vols, de dommages ou de pertes lors du transport. Ces cas sont extrêmement rares.

**(c) respect des critères pour l'utilisation de produits laitiers dans le cadre de l'aide alimentaire**

Les critères pour l'utilisation de produits laitiers dans le cadre de l'aide alimentaire, en vigueur depuis 2006, sont les règles obligatoires que les organisations désirant bénéficier du programme d'aide alimentaire avec des produits laitiers suisses s'engagent à respecter. Ces critères contiennent cependant un certain nombre de règles qui posent problème lors de leur mise en œuvre. Ils prévoient par exemple un usage centralisé des produits (à l'exception du fromage) sous surveillance médicale ou institutionnelle et interdisent la prise de poudre de lait à la maison, sous forme de poudre ou sous forme reconstituée avec de l'eau. Cette mesure vise à éviter les risques liés au manque d'hygiène et aux maladies d'origine hydrique. Or, recevoir les produits laitiers sous une forme centralisée et sur une longue période n'est pas faisable pour de nombreux bénéficiaires pour des raisons familiales, financières et/ou logistiques.

L'utilisation du biberon est un autre aspect posant problème. Les critères en interdisent l'utilisation pour des raisons d'hygiène, or des biberons ont été vus dans plusieurs centres. Le calcul des quantités de lait infantile distribuées aux nourrissons est un autre point faible des critères.

Les calculs de quantité pour ce type de lait n'apparaissent pas dans les critères, car selon ces derniers, toutes les mesures doivent être prises pour encourager l'allaitement maternel. L'utilisation du lait infantile est autorisée dans des cas particuliers, mais de nombreuses erreurs de calculs des quantités ont été détectées lors de visites de terrain et dans les formulaires de demandes. Une mention claire du calcul des quantités par type de lait et par catégorie de public cible dans les critères permettrait d'éviter ce genre d'erreurs.

Si le programme continue, les critères d'utilisation doivent être remaniés et adaptés à la réalité du terrain.

## **II. Mesures d'effets et d'impact (*outcome et impact*)**

L'équipe d'évaluateurs a identifié deux critères principaux de mesures d'effets et d'impact du programme d'aide alimentaire avec les produits laitiers suisses:

**(1) Amélioration de l'état nutritionnel des bénéficiaires (nourrissons et personnes malnutries)**

Les acteurs clés interviewés durant l'évaluation ont mentionné de façon consensuelle que les produits laitiers suisses permettent de considérablement améliorer l'état nutritionnel des bénéficiaires et de sauver des vies. L'analyse d'un sous-échantillon de données anthropométriques provenant de registres des centres de santé a montré que l'écart-type des valeurs de z pour l'indice anthropométrique moyen poids-pour-âge (une mesure de l'état nutritionnel) des bénéficiaires a été amélioré dans la majeure partie des cas après le traitement avec les produits laitiers. On observe cependant une très importante variabilité de l'effet des produits laitiers sur les données anthropométriques des bénéficiaires. Par ailleurs, lorsqu'il est quantifié à l'aide des mesures anthropométriques, l'effet n'est pas toujours aussi spectaculaire que ce que laissent supposer les témoignages oraux. Cette variabilité peut être due au fait qu'en plus de souffrir de malnutrition, certaines personnes sont atteintes de maladies non diagnostiquées ou mal soignées (VIH-SIDA, tuberculose etc.). Cette variabilité peut également être causée par la diversité des pratiques de distribution des produits laitiers. L'impact du programme sur d'autres groupes de bénéficiaires (personnes déplacées, personnes souffrant de maladies

chroniques etc.) n'a pas pu être évalué, notamment parce que les données pour ces groupes ne sont pas systématiquement consignées séparément.

## **(2) Amélioration du taux de fréquentation scolaire pour les enfants bénéficiant d'un programme d'alimentation scolaire**

L'amélioration de la fréquentation scolaire et des facultés cognitives est l'un des effets positifs fréquemment signalés, découlant de la distribution de produits laitiers suisses aux enfants scolarisés (sous forme de lait reconstitué à partir de poudre, de bouillies ou de sandwiches dans le cas du fromage fondu). Cette affirmation n'a pas pu être vérifiée en raison de l'absence d'études à long terme. L'analyse du registre d'une école au Burkina Faso a montré que le taux de réussite des écoliers du primaire avait tendance à augmenter après le début d'un programme de cantine scolaire comprenant des produits laitiers suisses. Il est cependant difficile d'attribuer ce meilleur taux de réussite au programme d'aide alimentaire avec des produits laitiers.

L'équipe d'évaluateurs a tenté d'identifier les externalités positives et négatives du programme.

L'une des externalités positives identifiées est l'inclusion de groupes de personnes vulnérables et marginalisées, qui sont souvent négligées par d'autres programmes ou projets. Ces personnes reçoivent un soutien grâce au programme d'aide alimentaire avec des produits laitiers suisses, sans tenir compte de leur statut socio-économique, de leur genre, de leur appartenance religieuse et de leur nationalité.

Les programmes d'aide alimentaire distribuant des produits laitiers en nature comportent souvent deux externalités négatives importantes: (1) désengagement de l'allaitement maternel et (2) impact négatif sur la production laitière locale.

Ces deux externalités négatives n'ont pas été rencontrées dans le cas du programme d'aide alimentaire avec les produits laitiers suisses. Dans le premier cas, les centres de mise en œuvre du programme explorent toutes les possibilités pour que les nourrissons reçoivent du lait maternel. Le lait infantile en poudre n'est utilisé que dans des cas extrêmes, par exemple en cas de naissances gémellaires ou de triplés, ou après le décès de la mère et en absence de nourrice. Dans le second cas, les volumes de produits laitiers attribués dans les pays sont négligeables et en deçà des volumes de produits laitiers exportés par des marques commerciales à travers les canaux commerciaux standards. Ces produits de marques sont disponibles dans tous les pays visités, mais la plupart du temps à des prix prohibitifs.

Le risque d'accoutumance aux produits laitiers et aux dons en nature a par contre été identifié comme l'une des externalités négatives du programme. Les bénéficiaires, mais également les centres de distribution s'habituent à recevoir des produits de haute qualité quasiment gratuitement et ne cherchent par conséquent pas à explorer des alternatives locales potentielles telles que: petits élevage de vaches, chèvres ou brebis laitières, culture de moringa, jardinage notamment en sacs, pisciculture, production de spiruline etc.

En conclusion, les produits laitiers suisses ont en général un effet direct positif sur les bénéficiaires et contribuent ainsi à combattre la malnutrition aigüe. Le programme comporte peu d'externalités négatives. Il est cependant recommandé que l'aide humanitaire conduise quelques études sur les effets et l'impact du programme, afin de vérifier ces conclusions aux niveaux des pays.

## **Le programme d'aide alimentaire avec des produits laitiers suisses est-il efficient?**

Le processus d'attribution des produits laitiers suisses est un processus administratif bien rodé, et les responsabilités des acteurs impliqués sont détaillées dans un manuel d'utilisation. Le processus d'acheminement depuis la Suisse, puis d'attribution des produits laitiers aux bénéficiaires dans les pays comporte plusieurs coûts. Le coût des produits, comprenant le coût de la matière première, de l'emballage ainsi que du chargement franco transporteur (FCA) dans les conteneurs, représente la majeure partie des coûts totaux, depuis la production jusqu'au point de distribution. Les coûts des produits varient de 4.05 CHF/kg pour le lait écrémé en poudre sans additifs et conditionné en sacs de papier de 25 kg, jusqu'à 9.87 CHF/kg pour le fromage fondu conditionné en boîte de conserves d'aluminium. Le reste des coûts comprend les frais de transport depuis la Suisse jusqu'au point de distribution, des formalités douanières, d'entreposage et de distribution, ainsi que tous les frais administratifs. La responsabilité et les modalités de la prise en charge des frais de transport dépendent de la coordination du programme par les ONG, les Buco ou les ambassades, et de la mise en œuvre du programme, par les ONG ou par le PAM.

Le transport des produits laitiers depuis la Suisse ne contribue que marginalement aux coûts totaux de mise en œuvre du programme. En Suisse, le lait transformé en produits spécifiques pour le programme d'aide alimentaire de l'aide humanitaire est actuellement acheté dans le segment A, au prix le plus élevé du marché suisse du lait. La personne en charge "du programme lait" s'efforce d'améliorer l'efficacité du programme en négociant le prix de la matière première auprès des transformateurs de lait. A ce jour, ces efforts pour obtenir un prix du lait moins élevé dans le segment de marché B (produits destinés à l'exportation), du moins pour la poudre de lait écrémé sans additifs destiné au PAM, n'ont pas abouti. Cette difficulté est notamment liée aux conditions complexes régissant le marché suisse du lait en vigueur depuis l'abandon du contingentement laitier en Suisse en 2009.

Dans la plupart des cas, le prix des produits laitiers suisses reste néanmoins inférieur au prix des produits importés trouvés dans les cinq pays visités. Quant au prix du lait produit localement dans ces pays, il est légèrement plus bas ou équivalent au prix final des produits laitiers suisses du programme d'aide alimentaire de l'AH. Les produits laitiers locaux subissent cependant des fluctuations importantes, tant au niveau de la qualité, que de la disponibilité et des prix.

Le programme d'aide alimentaire avec des produits laitiers suisses est jugé efficient dans son ensemble par la plupart des acteurs clés interviewés, notamment parce qu'il permet d'atteindre un grand nombre de bénéficiaires, mais avec une structure administrative relativement légère. Le PAM considère cependant que l'assistance basée sur les ressources financières, par exemple pour le financement du système de bons d'achats (voucher system) est plus efficiente que l'aide alimentaire en nature.

## **Le programme d'aide alimentaire avec des produits laitiers suisses est-il en phase avec d'autres programmes de la DDC et avec les politiques nationales de nutrition?**

L'équipe d'évaluateurs a investigué la question de la connectivité du programme d'aide alimentaire avec des produits laitiers avec d'autres programmes de l'AH et de la DDC, ainsi qu'avec les politiques nationales de santé, de sécurité alimentaire et de nutrition des pays visités. La plupart des activités du programme d'aide alimentaire avec des produits laitiers suisses sont menées dans des contextes d'aide d'urgence prolongée, plutôt que d'urgence immédiate. Cette situation est principalement due au fait que les produits laitiers ne sont pas les produits les plus appropriés pour être utilisés dans les contextes d'urgence, en raison de leur nature périssable et de leur coût élevé, si on les compare à d'autres produits. La connectivité verticale du programme, c.à.d. la manière dont les activités du programme s'insèrent dans d'autres programmes de la DDC et de l'AH ou les complètent, est faible. De par sa nature administrative, le programme est relativement isolé au sein de la DDC et n'a pas de lien direct avec les programmes de la DDC sur les thématiques de sécurité alimentaire, nutrition, santé et éducation.

La connectivité horizontale du programme, la manière dont le programme est en phase avec les règles et lois nationales, les programmes nationaux de nutrition et de santé ou d'autres programmes d'aide alimentaire est également faible en général. Alors que les centres qui distribuent les produits laitiers sont pour la plupart partiellement ou entièrement intégrés dans les systèmes de santé nationaux, le programme d'aide alimentaire avec des produits laitiers suisses lui-même est souvent peu ou pas connu des institutions d'importance comme les Ministères de la santé ou de l'éducation.

Dans des cas spécifiques, le programme est même en contradiction avec des lois nationales récentes sur l'importation de substituts de lait maternel. Par ailleurs, le programme n'est pas en phase avec le paradigme actuel sur l'assistance alimentaire qui prévoit une assistance alimentaire non liée et basée sur des contributions financières. Finalement, l'évaluation a montré que la plupart des ONG n'ont pas prévu de développer des alternatives aux produits laitiers suisses afin d'être moins dépendantes du programme.

Des quatre critères utilisés pour évaluer le programme d'aide alimentaire avec des produits laitiers suisses, le critère connectivité a été identifié comme étant le plus faible.

## Conclusions et voies à suivre potentielles

Le programme d'aide alimentaire avec des produits laitiers suisses comporte un certain nombre de défis relatifs à sa pertinence, son efficacité, son efficience et sa connectivité.

En d'autres termes, ces défis se rapportent tout d'abord à la question "*fait-on la bonne chose?*".

Le programme "*fait la bonne chose*" en tenant compte des besoins de groupes de population souvent oubliés. De plus, l'utilisation des produits d'origine animale, plus spécifiquement les produits laitiers, est pertinente pour traiter la malnutrition. Ceci est partiellement par l'écart-type des valeurs de z pour l'indice anthropométrique moyen poids-pour-âge (une mesure de l'état nutritionnel) analysé pour un sous-échantillon de bénéficiaires. Cependant, il existe actuellement des moyens plus efficaces que les produits laitiers suisses pour traiter la malnutrition. Ce sont par exemple les ATPE, qui contiennent également du lait. En termes de pertinence et d'efficacité, le programme peut donc être grandement amélioré.

Les défis identifiés se rapportent également à la question "*fait-on les choses bien?*"

Le programme d'aide alimentaire avec des produits laitiers suisses est mis en œuvre de façon efficiente dans la plupart des cas. Il existe cependant des mesures plus efficaces que l'aide en nature, comme par exemple l'assistance financière sous forme de bons d'achats (voucher system), pour couvrir les besoins des personnes vulnérables. Par ailleurs, le programme est peu, voire pas du tout en phase avec d'autres programmes de l'AH ou les programmes globaux de la DDC, ou avec les lois et les politiques nationales sur la sécurité alimentaire et la nutrition. En termes d'efficience et de connectivité, le programme peut donc être amélioré également.

L'équipe d'évaluateurs propose quatre scénarios de changement ou d'ajustements pour relever ces défis.

- **Scénario I: Poursuite du programme avec un ensemble d'ajustements indispensables**

Les activités du programme sont menées comme elles le sont actuellement, mais la portée du programme est réduite et se focalise sur un plus petit nombre de pays et de catégories de bénéficiaires. Un certain nombre d'adaptations concernant en outre les critères et le système de suivi et évaluation est proposé.

- **Scénario II: Sortie progressive du programme jusqu'en 2020 avec arrêt total des activités, mais budget alloué au PAM, ou avec arrêt total des activités et du budget**

Ce scénario représente l'option la plus extrême. Il prévoit l'arrêt total des activités du programme pour l'année 2020. Le budget annuel de 20 millions de Francs suisses est soit maintenu et alloué au PAM comme contribution financière annuelle non liée à l'aide alimentaire, ou il est coupé du budget global de l'aide humanitaire.

- **Scénario III: Poursuite du programme en collaborant exclusivement avec le PAM à partir de 2021**

Ce scénario envisage une poursuite des activités du projet avec un don en nature de produits laitiers suisses, mais exclusivement au PAM.

Les activités actuellement mises en œuvre par les ONG sont graduellement abandonnées, en se basant sur une stratégie de sortie globale sur une période de quatre ans.

- **Scénario IV: Poursuite du programme avec des changements majeurs**

Ce scénario maintient les activités mises en œuvre par les ONG et le PAM, mais dans le cadre d'un programme de nutrition. Ces changements comportent entre autres une amélioration de la connectivité du programme, non seulement au sein du domaine aide humanitaire, mais également au sein du domaine coopération globale de la DDC, notamment au niveau de sa section programme global sécurité alimentaire.

## Zusammenfassung

### Hintergrund zum Nahrungsmittelhilfeprogramm des Bundes mit Schweizer Milchprodukten und dessen Evaluation

Die Schweizerische Humanitäre Hilfe ist einer von vier Bereichen der Schweizerischen Direktion für Entwicklungszusammenarbeit (DEZA) des Eidgenössischen Departements für auswärtige Angelegenheiten (EDA) und leitet seit 1959 ein Nahrungsmittelhilfeprogramm mit Schweizerischen Milchprodukten (SMPe). Die Humanitäre Hilfe (HH) verfügt für dieses Programm über einen jährlichen Kredit von 20 Millionen CHF. Dieser ist in der Botschaft des Bundesrates über die internationale Zusammenarbeit enthalten und wird alle vier Jahre vom Parlament genehmigt. Je nach Jahr werden 5 – 7 % des jährlichen Gesamtbudgets der HH für das Nahrungsmittelhilfeprogramm mit SMPe aufgewendet. Das Programm, auch „Milchprogramm“ genannt, ist in der Abteilung Afrika der HH verankert und wird von einer Programmverantwortlichen mit einer 60 % Anstellung geleitet, die von einer Programmassistentin mit einer 40 % Anstellung unterstützt wird. Das Programm wird von einer Steuerungsgruppe betreut.

Über dieses Programm beschafft die HH jährlich etwa 3'000 Tonnen diverser Arten von Milchpulver (Magermilch mit oder ohne Vitaminzusätze, Vollmilchpulver und Säuglingsmilch) und Schmelzkäse von Schweizer Milchverarbeitern. Schweizerische Milchprodukte werden weltweit verschiedenen Ländern zugeteilt – je nach Jahr zwischen 28 und 56 Länder – hauptsächlich durch Schweizerische Nicht-Regierungs-Organisationen (NGOs), das Welternährungsprogramm (WFP) und zum Teil auch durch die Koordinationsbüros (KoBüs) der DEZA oder Repräsentationsbüros des EDA im Ausland. In diesen Ländern werden die Milchprodukte Zentren (Gesundheitszentren, therapeutische Ernährungszentren, Waisenhäuser, Schulen, Heime für behinderte oder ältere Menschen, Vertriebenen- oder Flüchtlingslager) zur Verfügung gestellt, wo sie jährlich ungefähr 1.2 Millionen Menschen (durchschnittliche Behandlungsdauer von 3 Monaten) erreichen. Mit diesem Programm beabsichtigt die HH unheilbaren physischen und mentalen Folgen von Mangel-, Fehl- und Unterernährung von gefährdeten Bevölkerungsgruppen vorzubeugen. Letztere sind Menschen, welche unter moderater akuter und schwerer akuter Unterernährung leiden: Kleinkinder, Kinder, schwangere oder stillende Frauen, Menschen mit chronischen Erkrankungen, Menschen mit physischen oder mentalen Erkrankungen, ältere Menschen, Flüchtlinge und Vertriebene.

Im Oktober 2014 wurde die Hochschule für Agrar-, Forst- und Lebensmittelwissenschaften (HAFL) der Berner Fachhochschule (BFH) von der HH beauftragt, eine Evaluation dieses Programmes für die Periode 2000-2013 bezüglich Relevanz, Wirksamkeit, Effizienz und Vernetzung (Konnektivität) durchzuführen. Zwischen November 2014 und Juli 2015 hat ein Evaluationsteam bestehend aus vier Dozierenden und Forschenden der HAFL eine Literaturstudie durchgeführt. Zusätzlich wurden 40 Interviews mit relevanten Akteuren in der Schweiz und in Rom sowie 81 Interviews in fünf Ländern mit Programmaktivitäten (Burundi, Ruanda, Elfenbeinküste, Burkina Faso und Sudan) geführt. Um eine repräsentative Stichprobe der Projektaktivitäten vorweisen zu können, wurden folgende Kriterien für die Feldbesuche gewählt: Volumen an zugeteilten Milchprodukten, Beständigkeit des Programms, Rolle von NGOs, KoBüs und WFP und Art der Hilfe entlang des Katastrophenmanagementzyklus. Ziel der Evaluation ist die Beantwortung folgender zwei Fragen: „**Wird das Richtige getan?**“? und wenn ja „**Wird es richtig getan?**“?

Die Evaluation soll der HH Elemente liefern, um die neue Botschaft des Bundesrates an das Parlament zur Internationalen Zusammenarbeit für 2017-2020 zu entwerfen.

### Ist das Nahrungsmittelhilfeprogramm mit SMPe relevant?

Bewertungen der Programmrelevanz hängen von den befragten Akteuren und deren Beteiligung im Programm ab. Laut der Literaturrecherche interpretieren die Welthandelsorganisation (WTO) und die Organisation für wirtschaftliche Zusammenarbeit und Entwicklung (OECD) Lebensmittelspenden, welche an ein bestimmtes Produkt gebunden sind, als Export-Subventionen. Dies trifft im Nahrungsmittelhilfeprogramm mit SMPe zu, solche Spendeformen

sollten deshalb eingestellt werden. Befragte Schlüsselpersonen am Hauptsitz des WFP in Rom, im Staatssekretariat für Wirtschaft (SECO), im Bundesamt für Landwirtschaft (BLW) und in der DEZA sind der Meinung, dass die Prinzipien - aber nicht die Umsetzung - des Programms nicht im Einklang stehen mit der Diskussion rund um die Nahrungsmittelhilfe und mit dem Nahrungsmittelhilfe-Übereinkommen, wo die Schweiz seit 2012 Mitglied ist.

Milchprodukte, welche von der HH zugeteilt werden, machen 0.8% der totalen Schweizerischen Milchproduktion und 4 % der totalen jährlichen Milchpulverproduktion aus. Die drei Dachorganisationen, welche die jeweiligen Interessen der Schweizer Bauern, der Schweizer Milchproduzenten und der Schweizer Milchverarbeiter vertreten, schätzen dieses Programm als wirtschaftlich marginal ein und insistieren, dass dieses Programm weder als Mittel zum Zweck für den Absatz von Milchüberschüssen noch als Entlastung der Milchabrechnung der Schweizerischen Eidgenossenschaft dient, wie dies ursprünglich der Fall war. Diese Ansicht wird von den drei am Programm beteiligten milchverarbeitenden Unternehmen Cremo, Emmi und Hochdorf geteilt, welche das Programm aber dennoch als relevant bewerten, sofern die begünstigten Zielgruppen gut erreicht werden. Bei Hochdorf wird die Relevanz der Produkte und die spezifisch für das Nahrungsmittelhilfeprogramm geforderten Verpackungsaufgaben hinterfragt. Viele NGOs beurteilen das Programm als relevant, vor allem jene, welche für ihre Feldeinsätze von Spenden abhängig sind. Einige NGOs hingegen, darunter Caritas und Terre des Hommes Lausanne, beurteilen diese Art von Intervention als überholt und nicht mehr wirksam. Mitarbeitende des WFP, welche im Sudan befragt wurden, sehen das Programm als relevant an solange keine Alternativen bestehen. Sie finden jedoch direkte finanzielle Hilfe effizienter, damit sie ihre bestehenden Unterstützungsmechanismen finanzieren können. Am wichtigsten ist das Programm für jene Begünstigten, für die Milchprodukte einen positiven Effekt auf ihre Gesundheit haben, d.h. den wesentlichen Unterschied im Alltag machen.

Die Bedeutung des Nahrungsmittelhilfeprogramms mit SMPe wird von verschiedenen beteiligten Interessensgruppen unterschiedlich beurteilt. Milchprodukte, als Nahrungsmittel tierischen Ursprungs, sind wirksam zur Bekämpfung von Unterernährung, was eines der impliziten Ziele des Nahrungsmittelhilfeprogramms mit SMPe ist. Mittlerweile gibt es jedoch alternative Produkte, welche zwar auch Milch enthalten, aber in einer angereicherten Form der Mangel- und Unterernährung besser entgegenwirken. Zum Beispiel die therapeutische Milch „F75 und F100“ und therapeutische Fertignahrungsmittel wie zum Beispiel „Plumpy Nut®“. Aus dieser Sicht sind Milchprodukte, welche in diesem Nahrungsmittelhilfeprogramm von der HH bereitgestellt werden, nicht mehr relevant.

Des Weiteren bleibt das Programm eng an Schweizerische Produkte gebunden, was nicht mehr im Einklang mit den Prinzipien der internationalen Nahrungsmittelhilfe, die zu ungebundenen Finanzhilfeleistungen tendieren, steht. Folglich ist das Nahrungsmittelhilfeprogramm mit SMPe nicht mehr zeitgerecht und muss entweder angepasst oder schrittweise beendet werden.

### **Ist das Nahrungsmittelhilfeprogramm mit SMPe wirksam?**

Aufgrund des geschichtlichen Programmhintergrundes war es eine Herausforderung, Resultate (I) und Ergebnisse und Wirkungen (II) des Programms auf die Begünstigten zu messen. Eines der ursprünglichen Programmziele war, zusätzliche Absatzkanäle für die Milchüberschüsse zu schaffen. Das Programm war nicht als klassisches Entwicklungsprogramm geplant, was erklärt warum keine zielorientierte Projektplanung mit klar definierten Resultaten, Ergebnis- und Wirkungsindikatoren besteht. Das implizite Programmziel ist definiert als „Vermeiden von irreversiblen physischen und mentalen Folgen von Unterernährung und deren negativen Auswirkungen auf die Entwicklung der Regionen, die Nahrungsmittelhilfe erhalten. Die grosse Anzahl von begünstigten Gruppen und Zuteilzentren in vielen verschiedenen Ländern machte die Evaluation der Wirksamkeit zu einer Herausforderung. Basierend auf Interviews und Literaturrecherche skizzierte das Evaluationsteam zwei konkrete Interventionsbereiche innerhalb des Programmes mit SMPe: (1) Gesundheit und Ernährung und (2) Bildung.

## I. Indikatoren zur Messung von Resultaten

Das Evaluationsteam hat die folgenden resultatorientierten Indikatoren identifiziert: (a) Anzahl von Begünstigten in der Zielgruppe, (b) Volumen von zugeteilten SMPe und (c) Berücksichtigung der Richtlinien für den Einsatz von Milchprodukten in der Nahrungsmittelhilfe

### (a) Anzahl von Begünstigten in der Zielgruppe

Die Gesamtzahl von jährlich erreichten Begünstigten konnte wegen unterschiedlicher Datenerhebungsmethoden und uneinheitlicher Zusammenstellung nicht eindeutig eruiert werden. Schätzungen zeigen, dass die SMPe jährlich 1.2 Millionen Menschen erreichen, dies bei einer durchschnittlichen Behandlungsperiode von drei Monaten pro begünstigte Person. Die Analyse von Stichproben aus Datensätzen von 116 Zuteilzentren von 5 besuchten Ländern mit 33'797 Begünstigten zeigt:

- 14 % sind Säuglinge und Kleinkinder im Alter bis 12 Monate
- 42 % sind Kinder im Alter von 1 bis 15 Jahren
- 17 % sind schwangere und stillende Frauen
- 5 % sind Menschen mit HIV-AIDS
- 5 % sind ältere und mental kranke Menschen
- 17 % sind andere Begünstigte (Menschen mit chronischen Krankheiten, mit Behinderungen oder mit sozialen Problemen, Spitalpatienten oder Gefangene).

Der Hauptanteil der SMPe wird über die Kanäle der Gesundheitseinrichtungen an die Begünstigten abgegeben, inkl. therapeutische Ernährungszentren, welche auf die Behandlung von schwerer akuter und moderater akuter Mangelernährung spezialisiert sind.

Viele dieser Gesundheitseinrichtungen sind privat und werden von religiösen Organisationen und/oder von NGOs betrieben. Diese sind jedoch häufig teilweise oder gänzlich ins staatliche Gesundheitssystem integriert. Die meisten sind durch nationale Programme berechtigt, schwere und akute Mangelernährung, mittels therapeutischen Milchprodukten wie F75 oder F100 und therapeutischer Fertignahrung wie Plumpy Nut®, zu behandeln.

Solche therapeutische Fertignahrung wird hauptsächlich vom Kinderhilfswerk der Vereinten Nationen (UNICEF) über staatliche Kanäle zugeteilt und zur Bekämpfung schwerer akuter Unterernährung eingesetzt. Diese Produkte sind allerdings nicht immer übers ganze Jahr erhältlich. Dies ist mitunter ein Grund weshalb viele Beteiligte die SMPe bevorzugen. Sowie Akteure als auch Begünstigte der Nahrungsmittelhilfe erklären, dass SMPe jederzeit verfügbar, zugänglich, gut haltbar und einfach in der Anwendung sind (die vier Pfeiler der Ernährungssicherheit). Zusätzlich werden die SMPe wegen ihrer einwandfreien Qualität und Schmackhaftigkeit geschätzt.

### (b) Volumen von zur Verfügung gestellten SMPe

Die evaluierte Periode erstreckt sich von 2000 bis 2013. Vorhandene Daten der Zeitspanne 2001-2014 zeigen, dass pro Jahr durchschnittlich 3'121 Tonnen an SMPe durch das Nahrungsmittelhilfeprogramm zugeteilt wurden. Ein vernachlässigbarer Bruchteil an SMPe erreicht die Begünstigten nicht, entweder auf Grund von Diebstahl, Beschädigung oder Verlust während des Transports. Solche Vorkommnisse sind jedoch sehr selten.

### (c) Einhalten von Richtlinien für den Einsatz von Milchprodukten in der Nahrungsmittelhilfe

Die momentan gültigen Richtlinien für den Einsatz von SMPe, in Kraft seit 2006, müssen von den ausführenden Organisationen eingehalten werden um Zugang zum und Nutzen vom Programm zu erhalten. In den meisten Fällen sind die Richtlinien den NGOs und beteiligten Zentren gut bekannt und sie werden fachgerecht angewendet. Jedoch

beinhalten die Richtlinien einige Prinzipien, welche aus praktischen Gründen schwierig umzusetzen sind. Zum Beispiel verbieten die Richtlinien jegliche Dezentralisierung der Zuteilung von Milchpulver (als „mit nach Hause nehmen“ Ration) in Pulverform oder rekonstituiert mit Wasser, um möglichen wasserbedingten Krankheiten vorzubeugen. Für viele Begünstigte ist eine zentrale Abgabe durch die Zentren über eine längere Periode aus finanziellen oder familientechnischen Gründen nicht machbar.

Der Gebrauch von Milchflaschen (Säuglingsflaschen) stellt ein weiteres Problem dar. Die Standards verbieten den Einsatz von Milchflaschen aus hygienischen Gründen, solche wurden aber trotzdem in einigen Zentren gesichtet. Ein weiterer kritischer Punkt liegt in der Berechnung der alters- und gewichtsgerechten Menge von Milchpulver der Säuglingsmilch. Die Richtlinien enthalten alle möglichen Massnahmen zur Förderung des Stillens aber keine Berechnungsformel für Säuglingsmilch. Trotzdem ist Säuglingsmilch erlaubt und wird in spezifischen Fällen durch das Nahrungsmittelhilfeprogramm mit SMPe abgegeben. Bei den Feldbesuchen wurden in einigen Fällen Fehler sowohl bei der Mengenberechnung der Säuglingsmilch als auch in den Gesuchformularen festgestellt. Klare Richtlinien und vereinfachte Berechnungstabellen zur Mengenberechnung von rekonstituierter Säuglingsmilch könnten bestehende Fehler vorbeugend beheben. Falls das Programm weitergeführt wird, müssen diese Standards den Gegebenheiten vor Ort angepasst werden.

## II. Messung von Ergebnissen und Wirkung

Das Evaluationsteam formulierte zwei Indikatoren zur Messung der Ergebnisse des Nahrungsmittelhilfeprogramms mit SMPe:

### **(1) verbesserter Ernährungszustand der Begünstigten (Säuglinge und unterernährte Menschen)**

Befragte Begünstigte haben übereinstimmende Aussagen über den Nutzen des Programmes gemacht, insbesondere dass die SMPe den Ernährungszustand der Begünstigten deutlich verbessern und Leben retten. Die Analyse einer Stichprobe anthropometrischer Daten zeigte, dass sich die durchschnittlichen Resultate von Gewicht-pro-Alter (Indikator des Ernährungszustandes) von Begünstigten in den meisten Fällen nach der Behandlung mit SMPe verbesserten. Man beobachtete jedoch eine sehr hohe Schwankung der Wirkung von SMPe auf die anthropometrischen Messdaten der Begünstigten, die zeigen, dass die Effekte von SMPe nicht immer so spektakulär sind wie mündlich in Interviews berichtet wurde. Mögliche Ursachen für den Unterschied von Messresultaten können, nebst der Mangelernährung, bereits vorhandene Krankheiten (HIV-AIDs, Tuberkulose, usw.) sein oder die Art, wie SMPe an Begünstigte zugeteilt wird. Die Auswirkung des Programmes auf den Ernährungszustand unterschiedlicher Gruppen von Begünstigten (Vertriebene, Menschen mit chronischen Krankheiten, usw.) konnte nicht analysiert werden, weil anthropometrische Daten in diesen Fällen nicht gruppenspezifisch erfasst werden.

### **(2) Verbesserung der Schulbesuchsquote von begünstigten Kindern im „Schulspeisungsprogramm“**

Die Zuteilung von SMPe an Schulkinder, hauptsächlich in Form von rekonstituierter Milch, Porridge oder Sandwiches mit Schmelzkäse, wird häufig als Grund für steigende Schulbesuchszahlen und verbesserter kognitiver Fähigkeiten der Kinder angegeben. Wegen fehlender Langzeitstudien konnte Letzteres jedoch nicht bestätigt werden.

Eine Fallstudie aus Burkina Faso basierend auf einer Analyse des Schulregisters zeigt nach der Einführung eines Schulspeisungsprogrammes mit SMPe auf Primarstufe eine tendenziell verbesserte Erfolgsrate auf. Es ist hingegen problematisch, den Erfolg den SMPe alleine zuzuschreiben.

Das Evaluationsteam versuchte die positiven und negativen Nebeneffekte des Programms zu identifizieren. Das Programm hatte einen positiven Nebeneffekt auf die Einbeziehung von ausgegrenzten und schutzbedürftigen Bevölkerungsgruppen, welche von anderen Programmen und Projekten häufig vernachlässigt werden. Diese Menschen erhalten, unabhängig von ihrem sozialen oder wirtschaftlichen Status, Geschlecht, Religion und Nationalität, Unterstützung vom Programm mit SMPe.

Nahrungsmittelhilfeprogramme, welche Milchprodukte zuteilen, werden oft mit zwei negativen Nebeneffekten in Verbindung gebracht: (1) Anreize, stillende Mütter vom Stillen abzuhalten und (2) Hinderungsfaktor für die lokale Milchproduktion. Im Falle des Nahrungsmittelhilfeprogramms mit SMPe wurden beide negativen Nebeneffekte nicht beobachtet. Im ersten Fall versuchen alle beteiligten Zentren das Möglichste, um Säuglinge mit Muttermilch zu ernähren.

Nur in Extremsituationen (Geburt von Zwillingen, Drillingen oder bei Waisenkindern, für die keine Ammenmutter gefunden wird), wird Milchpulver anstelle von Muttermilch verwendet.

Im zweiten Fall (Hinderung lokaler Milchproduktion) sind die Mengen zugeteilter SMPe sehr klein und liegen weit unter den Volumen, welche von Handelsmarken über kommerzielle Kanäle exportiert werden (und in den meisten der besuchten Ländern erhältlich sind, meist zu unerschwinglichen Preisen).

Die Interviews zeigten ein gewisses Risiko des Angewöhnens an die SMPe und somit eine gewisse Abhängigkeit von Spenden als negativen Nebeneffekt auf. Begünstigte und einige beteiligte Zentren gewöhnen sich an den Erhalt von qualitativ hochwertigen und (fast) kostenlosen Produkten und suchen nicht aktiv nach lokalen Alternativen, wie zum Beispiel die Haltung von Milchkühen, -ziegen oder -schafen, Pflanzung von Moringabäumen, Anbau von Gemüse in Gärten oder mit Erde gefüllten Säcken, das Anlegen eines Fischteichs oder der Anbau von Spirulina usw.

Daraus kann man schliessen, dass SMPe im Allgemeinen positive direkte und indirekte Auswirkungen auf die Begünstigten haben und einen Beitrag in der Bekämpfung von globaler akuter Mangel- und Unterernährung leisten. Das Programm hat wenige negative Nebenwirkungen. Es wird empfohlen, dass die HH präzise Ergebnis- und Wirkungsanalysen macht, um die Erkenntnisse auf Landesebene genauer zu überprüfen.

### **Ist das Nahrungsmittelhilfeprogramm mit SMPe effizient?**

Der Zuteilungsprozess von SMPe folgt einem gut aufgebauten administrativen Ablauf, wo die Verantwortlichkeiten der involvierten Akteure in einem Handbuch detailliert beschrieben sind. Die Zulieferungskette mit SMPe aus der Schweiz zu den Begünstigten beinhaltet vielerlei Kosten. Produktkosten, wie die Beschaffung der Rohmaterialien, die Verpackung, das Verladen (free carrier FCA) in Schiffscontainer vom Produktionsstandort bis zur Enddestination, machen den grössten Teil der totalen Kosten aus. Die Produktkosten bewegen sich zwischen 4.05 CHF/kg für Magermilchpulver ohne Zusätze, verpackt in 25 kg Papiersäcke, bis zu 9.87 CHF/kg für Schmelzkäse verpackt in Aluminiumdosen. Zusätzliche Kosten entstehen durch den Transport von der Schweiz bis zu den Zuteilzentren, Zollformalitäten, Lagerung, Zuteilung und allgemeine administrative Kosten. Die Verantwortung für Transportkosten ist geregelt, allfällige Modalitäten hängen von der Programmkoordination (NGOs, KoBüs oder Botschaften) und den Implementierungspartnern (NGOs oder WFP) ab. Der Transport der SMPe erhöht die totalen Kosten der Programmimplementierung nur geringfügig. In der Schweiz wird Milch, welche für das HH Nahrungsmittelhilfeprogramm zu spezifischen Produkten verarbeitet wird, vom A Marktsegment bezogen, zum höchsten Preis auf dem Schweizer Milchmarkt. Die verantwortliche Person des Nahrungsmittelhilfeprogramms an der „Milchstelle“ ist bemüht, die Effizienz des Programms zu verbessern, indem sie den Preis des Rohstoffs mit den Schweizerischen Milchverarbeitern aushandelt. Bisher sind Versuche, zumindest das für das WFP bestimmte Magermilchpulver ohne Zusätze im B Segment einzukaufen (für den Export bestimmte Produkte),

fehlgeschlagen, u.A. wegen den komplexen Regulierungsmechanismen, die seit der Aufhebung der Milchkontingentierung im Jahr 2009 den Schweizer Milchmarkt steuern.

In den fünf besuchten Ländern liegt der Preis der SMPe in den meisten Fällen tiefer als der Preis von vergleichbaren importierten Produkten.

Der lokale Milchpreis ist tiefer oder gleich wie die Preise der SMPe. Lokale Milchprodukte sind jedoch starken Schwankungen in Bezug auf Qualität, Verfügbarkeit und Preis ausgesetzt.

Im Allgemeinen wird das Nahrungsmittelhilfeprogramm mit SMPe von den meisten befragten Akteuren als effizient eingestuft, unter anderem wegen der hohen Anzahl an Begünstigten, die vom Programm erreicht werden und dank eher schlanken administrativen Abläufen. Trotzdem findet das WFP direkte finanzielle Hilfeleistungen seien effizienter (z.B. für die Finanzierung des Voucher Systemes) als Spenden in Form von Naturalien (SMPe).

### **Ist das Nahrungsmittelhilfeprogramm mit SMPe mit anderen Programmen der DEZA und nationalen Ernährungsrichtlinien vernetzt und abgestimmt?**

Das Evaluationsteam hat die Frage untersucht, ob das Programm mit SMPe mit anderen Programmen der HH, den globalen Programmen der DEZA und mit nationalen Richtlinien zu Gesundheit, Ernährungssicherheit und Ernährung vernetzt und abgestimmt ist. Die meisten Aktivitäten des Nahrungsmittelhilfeprogramms mit SMPe werden häufiger über längere Zeiträume und weniger in akuten Notsituationen durchgeführt. Dies weil Milchprodukte im Vergleich zu anderen Produkten wegen ihrer Verderblichkeit und den relativ hohen Kosten nicht das geeignetste Produkt für Notsituationen darstellt. Die vertikale Vernetzung des Programms (wie es auf andere Programme der HH und DEZA abgestimmt ist) wird als schwach eingestuft. Aufgrund seiner administrativen Art steht das Programm innerhalb der DEZA isoliert da, ohne direkten Bezug zu anderen DEZA Programmen, die zu Ernährung und Ernährungssicherheit, Gesundheit oder Bildung beitragen.

Horizontale Verbindungen des Programms (wie das Programm auf lokale Gesetze und Bestimmungen, nationale Programme und Richtlinien, andere Nahrungsmittelhilfe- oder Ernährungsprogramme usw. abgestimmt ist) sind generell ebenfalls schwach. Während beteiligte Zentren meist teilweise oder ganz in das nationale Gesundheitssystem integriert sind, ist das SMPe-Programm bei relevanten nationalen Institutionen (Gesundheits- und Bildungsministerien) wenig oder überhaupt nicht bekannt. In einigen Fällen steht das Programm sogar im Gegensatz zu kürzlich erlassenen nationalen Gesetzen betreffend Import von Milchsubstituten. Zudem ist das Programm nicht mit den momentanen internationalen Paradigmen der Nahrungsmittelhilfe verlinkt, welche auf ungebundener Finanzhilfe beruhen. Schlussendlich wurde festgestellt, dass die meisten SMPe Empfängerorganisationen (NGOs und Zuteilzentren) keine Alternativen gesucht haben, um ihre Abhängigkeit von der Nahrungsmittelhilfe zu verringern. Von den vier Kriterien, die für die Evaluation des Nahrungsmittelhilfeprogramms mit SMPe angewendet wurden, erhält die Vernetzung (Konnektivität) die schwächste Bewertung.

### **Schlussfolgerungen und mögliche Perspektiven**

Das Nahrungsmittelhilfeprogramm mit SMPe enthält eine Anzahl an Herausforderungen betreffend der Relevanz, Effizienz, Wirksamkeit und Vernetzung (Konnektivität), die angegangen werden müssen.

Mit anderen Worten, die Herausforderungen führen zur grundlegenden Frage „*wird das Richtige gemacht*“.

Das Programm „*macht das Richtige*“, wenn die Bedürfnisse von gefährdeten, verletzlichen und häufig vernachlässigten Bevölkerungsgruppen abgedeckt werden. Die Verwendung von Nahrungsmitteln auf tierischer Basis, insbesondere Milchprodukten, um Mangel- und Unterernährung zu behandeln, ist ebenfalls geeignet. Dies geht aus den Resultaten einer Stichproben-Messung über „Gewicht-pro-Alter“ hervor (bei Gewicht-pro-Alter handelt es sich um einen Indikator der den Ernährungsstatus von Begünstigten misst).

Es gibt allerdings besser geeignete Formen von Nahrungsmittelhilfe (z.B. therapeutische Fertignahrung, die auch Milch enthalten) zur Behandlung von Mangel- und Unterernährung als die Zuteilung von SMPe. Hinsichtlich der Relevanz und der Effektivität besteht Handlungsbedarf um das Programm zu verbessern.

Die identifizierten Herausforderungen führen auch zur Frage ob **“das Richtige richtig gemacht wird”**.

Das Nahrungsmittelhilfeprogramm mit SMPe wird in den meisten Fällen effizient umgesetzt. Es existieren jedoch effizientere Massnahmen als Spenden in Form von Naturalien um die Bedürfnisse von gefährdeten Menschen zu decken. Ungebundene Finanzhilfe, die z.B. für die Finanzierung von Voucher Systemen eingesetzt werden kann, ist eine solche Massnahme.

Des Weiteren ist das Programm nur mässig oder überhaupt nicht mit anderen Programmen der HH oder des DEZA Globalprogramms und auch nicht mit nationalen Gesetzgebungen oder Richtlinien zu Ernährungssicherheit und Ernährung vernetzt und abgestimmt. Hinsichtlich der Effizienz und Vernetzung (Konnektivität) besteht ebenfalls Handlungsbedarf um das Programm zu verbessern.

Das Evaluationsteam empfiehlt die folgenden vier Szenarien zur Anpassung oder Veränderung:

- **Szenario I: Fortsetzung des Programms mit einer Anzahl notwendiger Anpassungen**

Die Programmaktivitäten werden wie bisher weitergeführt, aber der Umfang des Programms wird auf weniger Länder fokussiert und auf weniger Begünstigtengruppen reduziert. Szenario I sieht ebenfalls eine Anzahl von Anpassungen hinsichtlich der Richtlinien und des Evaluations- und Monitoringssystems vor.

- **Szenario II: Das Programm bis 2020 beenden – Einstellen sämtlicher Aktivitäten – entweder das Budget dem WFP zuteilen oder gänzlich aufheben**

Szenario II ist die radikalste Option: es sieht eine endgültige Einstellung der Programmaktivitäten bis 2020 vor. Das Jahresbudget von 20 Millionen Schweizerfranken wird entweder beibehalten oder als direkte Spende, als ungebundene Finanzhilfeleistung dem Nahrungsmittelhilfeprogramm des WFP zugeteilt, oder die 20 Millionen Schweizerfranken werden vom globalen Budget der HH gestrichen.

- **Szenario III: Ab 2021 ausschliesslich mit dem WFP zusammenarbeiten**

Szenario III sieht eine Weiterführung der Projektaktivitäten basierend auf Lebensmittelspenden mit SMPe vor, aber ausschliesslich an das WFP. Aktivitäten, welche derzeit von NGOs ausgeführt werden, würden über die nächsten vier Jahre mittels einer Auslaufstrategie heruntergefahren und im Jahr 2020 beendet.

- **Szenario IV: Fortführung des Programms mit erheblichen Änderungen**

Szenario IV behält Aktivitäten der NGOs und des WFP bei, aber unter einem Ernährungsprogramm mit grossen Verbesserungen in der Vernetzung (Konnektivität) des Programms mit der HH sowie mit einem direkten Bezug zur DEZA Sektion Globalprogramme Ernährungssicherheit des Direktionsbereichs der globalen Zusammenarbeit.

## 4. Key Findings

### Key findings: Relevance of the food aid programme with Swiss dairy products

Assessing the **relevance** of the programme with SDPs shall ideally answer the following questions: *do we do the right thing?*

For decades, food aid has been a means to dispose of surpluses burdening domestic markets of several countries, Switzerland included. Food aid with Swiss dairy products (SDPs) is a programme managed since 1959 by the Swiss Humanitarian Aid (HA), a Department of the Swiss Agency for Development and Cooperation (SDC). The programme was previously viewed as a means to ease the dairy account of the Swiss Confederation. However, in-kind food aid, especially tied aid, has gradually lost its relevance over the last 20 years and the shift towards cash-based interventions has been enacted by the Food Assistance Convention in 2012, of which Switzerland is a member. In-kind food aid tied to specific products is still practiced by the United States of America (USA), although they are gradually attempting to untie their food assistance as well. Switzerland gradually shifted its food aid with cereals from in-kind to cash-based tied aid in the 80ies and today Switzerland's only remaining in-kind tied food aid is with dairy products produced in Switzerland. The annual 20 million CHF budget devoted to food aid with SDPs accounts for 5% to 7% of the Humanitarian Aid's annual financial portfolio (according to State accounts).

The Organisation for Economic Cooperation and Development (OECD) has regularly pinpointed Switzerland's remaining in-kind tied aid and interpreted it as an export subsidy, recommending that it should be untied. This is also the view of the State Secretariat for Economic Affairs (SECO) and the Federal Office of Agriculture (FOAG), who mention that the programme is not in line with the World Trade Organisation's (WTO) guidelines.

The food aid programme allocates approx. 3'000 metric tons (Mt) of SDPs (different types of milk powder, as well as small volumes of processed cheese) to various food aid implementers in a wide range of countries. In 2014, 28 countries were concerned worldwide. The allocation process is coordinated mainly through Swiss non-government organisations (NGOs) and the World Food Programme (WFP) and in a few cases by representations of the Swiss Federal Department of Foreign Affairs. The number of beneficiaries reached by the programme could not be assessed as such figures are not compiled by the HA. They however estimate that approx. 1.2 million beneficiaries per year, mainly women and children, are targeted for the prevention or treatment of malnutrition over a treatment period of three months.

The 3'000 Mt of SDPs purchased annually from three Swiss milk processors account for approximately 0.8% of Switzerland's total annual milk production and approximately 4% of the total annual milk powder production. The three umbrella organisations representing respectively, (1) Swiss farmers, (2) the 23'000 Swiss dairy producers and (3) the five milk powder processors do not consider the food aid programme with SDPs as highly relevant anymore. These organisations consider untying this form of aid as acceptable. Umbrella organisations would however be opposed to purchases of dairy products on world markets if conditions pertaining to the budget were softened. Milk powder processors consider the programme relevant, although they could also use these volumes of milk for other purposes. Powder processors consider that the types of products and packaging ordered by the HA are not relevant anymore, given the latest available dairy processing and packaging technologies. Nowadays, protein fractions and other High Value Products (HVP) to be included in Ready-To-Use Food (RUTF) would make more sense.

Moreover, dairy products are not relevant for use in community-based nutrition interventions, which are now the standards to treat Severe Acute Malnutrition (SAM) without complications.

Within SDC's global programmes and for some people within the HA, the programme, especially its principle, is not considered as relevant anymore and needs to be adapted to the international

context of humanitarian aid and international cooperation. The programme is very relevant to a few coordinating NGOs, whose existence depend on milk donations. However, the programme is not relevant anymore to some of the largest NGOs, who consider food aid distribution as an old-fashioned approach to improve food and nutrition security. The programme is very relevant to most centres implementing food aid with SDPs in the five African countries visited. For the WFP, which receives the bulk of SDPs, the programme is relevant from an economic point of view, considering its chronic shortage of means. The WFP would nevertheless prefer untied, cash-based assistance. The programme is highly relevant for beneficiaries, who appear to be well targeted in most cases. Considering the current international efforts striving to eradicate hunger and combat malnutrition, the use of dairy products in food aid is relevant from the nutrition point of view, as Animal Source Food (ASF) provide essential nutrients and thus contribute to the prevention and treatment of malnutrition. Dairy products are however costly ingredients and potentially difficult to use in contexts of protracted emergency because of their short shelf life and perishability.

#### **Main conclusions pertaining to the programme's relevance**

Perceptions of the programme's relevance vary according to the perspectives of stakeholders interviewed. While the implicit objectives of the programme to prevent irremediable physical and mental consequences of undernutrition are relevant, the way the programme is implemented is not relevant anymore, given the evolving international context of food assistance and latest technology availability. However, the programme ultimately pertains to Swiss political matters. If for various reasons the Swiss Parliament considers the programme to be of significant importance (image and "Swissness" aspect, importance to dairy farmers etc.), it may approve it for the next Framework Budget.

#### **Key findings: Effectiveness of the food aid programme with Swiss dairy products**

Assessing the effectiveness of the programme with SDPs shall ideally answer the following questions: *who benefits from the programme, in which way and where?* And ultimately *which part of the success (if any) can be attributed to SDPs?*

Measuring the effectiveness of the programme with SDPs is not a straightforward exercise. The SDP programme has not been designed as a "classic" project or programme with specific objectives, a logframe and indicators to measure outcomes and impact on beneficiaries. The programme has been originally designed with the objective to dispose of Swiss milk surpluses, which is still considered a hidden objective by many stakeholders, including within SDC. The current implicit objective of the programme is to prevent irremediable physical and mental consequences of undernutrition and their negative consequences on social and ecological development of the region where SDPs are allocated. Two implicit specific domains of interventions were drawn from interviews and documents analysed: (1) health and nutrition and (2) education.

Food aid implementers, as well as beneficiaries unanimously consider SDPs to be readily available, accessible, stable and easy to use (the four pillars of food security). In addition, SDPs are praised for their irreproachable quality and palatability.

An analysis of the output, outcome and impact of SDPs on beneficiaries is complicated by the fact that the programme reaches different types of beneficiaries: (a) malnourished people, especially children and pregnant and lactating women (PLW) (b) infants who cannot be breastfed (enough) and their mother, (c) patients in hospitals, (d) children in (boarding) schools and orphanages, (e) HIV patients and other chronically ill patients (TB, leprosy), (f) physically and/or mentally disabled people and elderly, (g) refugees and internally displaced people and (h) other vulnerable people (street children, prisoners etc.). Beneficiaries are reached in different structures: (a) health

structures, (b) orphanages, (c) schools, (d) homes for disabled and elder people, (e) IDP or refugee camps and finally (f) other structures (e.g. home for street children, prisons etc.).

**I. Measures of output:** in the absence of a logframe, the number of beneficiaries targeted, the quantity of milk delivered and the respect of the standards governing the use of dairy products in the context of food aid (hereafter referred to as the standards) are used as measures of output.

### 1) Number of beneficiaries targeted

The total number of beneficiaries reached by the programme as well as the duration of the treatment or prevention of moderate (chronic) acute malnutrition or severe acute malnutrition (respectively MAM and SAM) is not centrally aggregated at the “milk desk”. It is therefore not possible to assess how many beneficiaries were effectively reached.

The analysis of a sub-sample taken from files and consisting of 33'797 beneficiaries in 116 centres in the five countries visited shows that children, including infants, represent more than half (56%) of the beneficiaries, while PLW represent another important target group (17%). The proportion of people living with the Human Immunodeficiency Virus-Acquired Immunodeficiency Syndrome (PLWHA) (5%) is underrated, as they are often but not always aggregated under other non-specified beneficiary categories. The share of infants can be high in some countries, e.g. in Burkina Faso, accounting for 20% of beneficiaries.

The largest share of SDPs are delivered through health care facilities (hospitals, primary health structures or specific services in these structures (paediatric section, children and maternal health, rehabilitation centres for handicapped) or therapeutic feeding centres (TFC), specialized in treating malnutrition. Most health structures are to a large extent private and religious, mostly Christian.

Nevertheless, many of them are integrated within the national health care system and may benefit from some state support (assignment of personnel, subsidies for specific health services and medicines, RUTF).

Some structures are fully private and not integrated into the state system. Many of these health structures are located in remote rural areas or poor urban and sub-urban areas.

### 2) Quantities of milk delivered

Between 2001 and 2014, an average annual volume of 3'121 Mt was allocated through the programme. The quantities of milk reaching final beneficiaries are estimated to be close to 100%. Very few cases of diverted (stolen) or lost SDPs were reported.

Leakages (side-selling) either by people distributing SDPs or by beneficiaries themselves are always possible, but seem to be more of a problem with blended food rations allocated under WFP's blanket supplementary food programmes than with SDPs distributed by NGOs. When the latter, however, distribute SDPs in a decentralised way as rations to be taken home, leakages cannot be excluded.

### 3) Respect of standards governing the use of SDPs

The following issues pertaining to the standards governing the use of SDPs were found: monitoring of activities, decentralised form of SDPs allocation and packaging of some products, especially infant formula and dry skim milk which are not adapted to the field reality, use of bottle for infants and calculation of infant milk rations.

**II) Measures of outcome and impact:** in the absence of any logframe and indicators, measuring the outcome and impact of the programme on target beneficiaries is not straightforward. The evaluation team sketched out the main questions pertaining to the intended outcome and impact of the programme:

Do SDPs delivery improve:

- a) The nutritional status of infants and malnourished people?
- b) The nutritional status of beneficiaries in IDP or refugee camps?
- c) The nutritional status of people who are chronically ill, elderly or physically and mentally handicapped, as well as the patient's adherence rate to treatment and/or the healing speed?
- d) The school attendance rate or success of children?
- e) Does the programme have positive or negative externalities?

The main outcome and impact found are:

(a) An analysis of a sub-sample of beneficiaries showed a positive change in the average Weight-for-Age (WAZ) z-score after the start of the treatment. WAZ is a measure indicating a change in nutritional status. However this change is not as important as suggested by the "report on utilisation" and testimonies made at implementing centres visited. In some cases, average change in WAZ was barely positive, meaning that the overall nutritional status of the children receiving SDPs had not improved. Individual growing curves show that in some cases the nutritional status of children has even decreased. Although the positive impact of milk on growth and nutrition status is demonstrated by different studies, both in the contexts of developed and developing countries, it is not always the case in the centres visited. The reason for low scores may be linked to other factors such as an underlying medical condition (TB, HIV-AIDS and other medical conditions), improper anthropometric data recording management or inadequate allocation of SDPs (miscalculation of rations).

(b) WFP reports that the nutritional status of Internally Displaced People has improved thanks to the newly implemented integrated supplementary feeding programme (i-BSFP) in 2012.

(c) Due to lack of data and indicators, it was not possible to quantitatively assess whether SDP delivery has an impact on people who are chronically ill, elderly or physically and mentally handicapped people. However, specific oral testimonies indicated improvement in healing rates and speed for disabled people, as well as increased adherence to treatment for TB patients.

(d) In the case of SDPs used in school feeding programmes, testimonies from the field tend to show that milk distribution at school increase the enrolment rate of the children, also because milk is a highly appreciated food item. It was not possible to support these claims with solid data, although it would be possible to collect and analyse such data registered in the attendance/absence register.

In one school (Cantine de Paalga in Burkina Faso) some evidence showed improved school results, expressed as a progress in pass rates for the Primary Education Certificate, after the inception of the school feeding programme. It is however estimated that the milk contributed only marginally to this success. In the case of school feeding programmes, milk can be replaced by other, locally produced food items quite easily. In some cases, this could include locally produced dairy products.

(e) Externalities of the programme tend to be positive rather than negative:

Positive externalities relate to indirect benefits supported by the programme, such as education on nutrition and health and matters related to family planning. One important aspect of the programme is the enrolment of extremely vulnerable people, physically and socially, who are often marginalised (elderly people, children, women, people affected by ostracising diseases or handicaps). This enrolment is irrespective of people's social, economic and religious background, as well as of their nationality and gender. In the countries visited, these vulnerable groups of people are mostly neglected by other programmes and projects.

Negative externalities pertain mainly to the risk that beneficiaries as well as some coordinating NGOs and local implementers get accustomed to SDPs. That is when people (and organisations) avoid to actively look for alternatives and tend to take SDP donations for granted. The primary concern of such a programme is that it may have a negative impact on local dairy producers, which was, however, not encountered in any of the five countries visited. Volumes of SDPs allocated to individual countries are too small to have an impact on the local milk production. Rather the supply of famous foreign milk powder brands found in supermarkets and pharmacies tends to create disincentives for mothers to breastfeed and for local farmers to engage in milk production. Infant formulas distributed within the food aid programme bear a very low risk of "converting" mothers to bottle feeding. Infant formula are distributed in very specific cases, where infants cannot be breastfed by their mother or by a wet nurse.

### **Main conclusions pertaining to the programme's effectiveness**

Implementers report that SDPs are effective to prevent and treat malnutrition. These claims were partially supported by quantitative data collected and analysed. Nevertheless, in many cases there is an important attribution gap with regard to the programme's effectiveness. It therefore should be concluded that the programme with SDPs provides a contribution towards combatting global acute malnutrition (GAM).

### **Key findings: Efficiency of food aid with Swiss dairy products**

The question of the **programme's efficiency** could be formulated as follows: *how much does it cost to produce one kilo of milk powder (or cheese) in Switzerland and to deliver it to beneficiaries abroad. Are there cheaper alternatives?*

The answer is not as straightforward as the question. The food aid programme with SDPs entails various costs associated with the complex supply chain and with various beneficiaries within several implementing structures and countries. Two broad categories of costs can be distinguished: (1) procurement (including value and packaging costs of products) as well as transport costs in Switzerland up to the destination country (incl. administrative costs) and (2) customs clearance, transport, storage and distribution costs (incl. administrative costs) in target countries. Given the extreme wide range of situations and the difficulty to assign a value to some tasks, it was challenging to determine costs for each step.

The largest share of the costs relate to the value of products produced in Switzerland: in 2015 prices for products packaged in cans, range between 6.65 CHF/kg for Dry Skim Milk (DSM) powder enriched with sugar and vitamins and 8.48 CHF/kg for Whole Milk Powder (WMP). Prices for canned infant formulas range between DSM and WMP. The price for plain DSM packaged in 25 kg bags (destined to WFP) is lower, 4.05 CHF/kg (data for the year 2014). The price of processed cheese in 425 gr. aluminium cans is 9.87 CHF/kg. Processing, packaging and FCA loading in containers make up approx. 20% of the final product price. The question of prices paid to dairy producers by dairy processors for the raw material (milk) is a high priority on the "milk desk" agenda, which strives to enhance the efficiency of the programme, by increasing its effectiveness and reach more beneficiaries within the same financial budget.

Processors procure milk at price A, the highest segment on the Swiss dairy market. Milk powder processors suggest that the nature of the contract they signed with the HA (a Swiss buyer ordering planned volumes of powder) is one of the main reasons why they cannot procure milk from another segment (B or C) with lower prices.

Between 2011 and 2015, the average indicative milk price in the segment A was 0.68 CHF per kg (with average annual value ranges of 0.66 CHF/kg to 0.71 CHF/kg) and the average milk price in segment B was 0.56 CHF/kg (with average annual value ranging between 0.50-0.61 CHF/kg). Indicative prices paid for B milk in Switzerland may greatly fluctuate seasonally, being usually lower (but not necessarily) in Spring when there is a surplus supply. This is generally the time

when the “milk desk” procures the planned quantities from powder processors. There is certainly still a margin for discussion and negotiation concerning prices with powder processors and dairy producers’ umbrella organisation.

Transport costs from Switzerland to the main city of the recipient countries (covered by HA) ranged between 0.13-0.57 CHF per kg, with an average of 0.28 CHF per kg, depending on the distance, the volume of the products and whether the final destination is a landlocked country or not.

Average transport (comprising 50% of sea freight at the charge of the NGOs), customs clearance, storage and transport costs in target countries amounted to 0.13-0.40 CHF/kg for the NGO’s.

Overall, it appears that the transport of SDPs from Switzerland to destination countries only marginally increase the final costs. In the samples analysed, the “true price” of SDPs at point of delivery in target countries was estimated at 8.12 CHF/kg for infant formulas, 8.89 CHF/kg for WMP, and 7.06 CHF/kg for enriched DSM. In any case the price of SDPs is much lower than equivalent products found locally.

Prices of products imported from Europe, Oceania or the Middle East and sold in supermarkets, pharmacies or shops range between 10.6-43.4 CHF/kg for infant formula and 8.5-25.8 CHF/kg for WMP.

Only DSM seems to be found at prices more or less equivalent to prices of Swiss DSM. Imported DSM is usually not readily available. Local prices for fresh cow milk, if available, can be found at prices ranging from 0.6 CHF/lt (some places in Burundi) up to 1.3 CHF/lt (in Khartoum). Milk prices in the visited countries have a similar or more expensive price range than milk prices in Switzerland but availability and quality of fresh milk fluctuate.

A cost comparison of the implementation coordination by NGOs and SDC’s Coordination Offices (COOFs) with WFP has not been expressed in monetary terms. Although all three coordination bodies ultimately target similar groups of beneficiaries (mainly children below five and PLW), it made little sense to compare such different systems. The WFP blends DSM with other ingredients (grains and sugar), which are then distributed on a very large scale via local or international NGOs (Darfur) or via government structures in the case of the Democratic People’s Republic of Korea (DPRK). It was thus not possible within the given timeframe to establish cost figures at every level. In the case of WFP the cost efficiency of the voucher system over in-kind aid was determined.

Additional transaction costs, which could not be quantified, may be added to the final costs of products, such as administrative constraints (long custom clearance procedure, quality problems etc.). It is expected that problems of similar nature could occur if products were purchased regionally.

The programme is considered to be efficient by SDC, the HA, by some NGOs in Switzerland and by a few local implementers. At the SDC and HA level this perception relates to the fact that the administrative burden is rather lean compared to classic SDC programmes and is, from the administrative point of view, diligently and well managed by the “milk desk”. A few NGOs and implementing centres consider the detailed request and reporting procedures required by the “milk desk” for each centre as an additional constraint in terms of management capacity and costs.

#### **Main conclusions pertaining to the efficiency of the programme**

It can be generally concluded that the programme is relatively efficient considering its complexity and wide scope. However, when taking into account costs of the products, the programme’s associated costs as well as opportunity costs, it appears that the programme is **not as efficient as a cash-based programme**.

### Key findings: Connectedness of the food aid programme with Swiss dairy products

The main question pertaining to the **connectedness** could be expressed simply as: *is the programme in line with other projects, programmes, policies and strategies pertaining to health and nutrition in the specific countries, internationally and within SDC?*

The HA's food aid programme with SDPs has been evaluated with the connectedness criteria, in order to assess whether the programme's activities of a short-term nature are carried out in a context taking longer-term and interconnected problems into account. The criteria on connectedness, rather than sustainability, was used as this programme is inscribed in food assistance delivered by the HA. As already mentioned, the programme with SDPs is not inscribed in emergency contexts *stricto sensu*, as dairy products are not suitable for such situations. Globally, the programme reaches groups of vulnerable people in countries with fragile contexts.

In some cases, SDPs are allocated in situations of protracted emergency (e.g. Sudan) and only in very rare cases programme activities were carried out in countries with a rapid onset of emergency after a natural disaster, as was the case in Haiti. Nevertheless in this country SDPs were distributed before the earthquake affected the country in 2012.

Connectedness of the food aid programme with SDPs has been scrutinised at two main levels. The first level looks at the vertical connectedness among actors within the food aid programme along the supply chain and the second level concerns horizontal connectedness between implementers and other key stakeholders in countries visited.

The vertical connectedness tends to reveal strengths and weaknesses of administrative procedures within the programme. The horizontal connectedness tends to relate to opportunities and threats that the programme faces in countries where its activities are implemented.

The **vertical connectedness** of the programme is generally weak. This matter of fact mostly relates to the administrative nature of the programme and to its form, which has not evolved along with SDC's reforms. Stakeholders along the SDPs supply chain have a specific assigned role and consequently operate independently from each other. The "milk desk" acts as a hinge between all stakeholders and therefore bears a crucial role in enabling a better integration of stakeholders at all levels. Coordinating NGOs further act as a link between the field and the "milk desk" and therefore also bear an important responsibility by reflecting the needs and aspirations in the field, be it from implementers or beneficiaries.

The **horizontal connectedness** of the programme was assessed for different fields.

The programme seems to usually be **in adequacy with the laws and rules** of the countries where SDPs are allocated. However, in some specific cases (Burundi and Ivory Coast), new decrees prohibit the import of infant formula without authorisation. When SDPs are imported as diplomatic goods, as is the case in Ivory Coast, it may become an issue.

The connectedness of the programme with **national policies, strategies, and programmes** is often weak. NGOs and implementing centres are however often integrated at various degrees in national programmes, e.g. by receiving RUTF from the UNICEF through national health structures. When SDPs are used by WFP, they are part of a national strategy (e.g. Sudan National Strategy 2014-2018).

The connectedness with **SDC country strategies and programmes** is often weak or even non-existent. This is often the case when SDPs are channelled through NGOs and implemented by "charities". The latter operate in an isolated way as private and/or religious structures in remote areas. However, activities conducted by health centres in relation with SDPs and relating to protracted emergency ("saving lives") are considered by some of SDC's Coordination Offices (COOFs) (e.g. Burkina Faso) to be complementary to developing projects implemented by other development partners and coordinated by the COOFs.

In countries where SDPs are channelled through WFP, the programme is entailed in SDC's country

strategy, as is the case in SDC's Cooperation Strategy for Sudan (2013-2016). SDC's factsheet for Sudan (dated February 2015) explicitly mentions that HA's in-kind contribution in form of milk powder to Sudan is mainly destined to WFP. It also mentions the small contribution (worth 0.15 million CHF) in form of SDPs to "*small charities around Khartoum*".

Latest approaches tend to entrust beneficiaries with means allowing them to decide about their consumption. Recently agencies, among others WFP, tend to transfer purchasing power to the beneficiaries. For that purpose, cash-based assistance is needed rather than in-kind tied aid such as SDPs. In that regard the programme with SDPs is not connected to the **latest international paradigm on food assistance**.

SDC's standards on the allocation of SDPs specify that this allocation shall be temporary and that attempts shall be made to find alternatives. The responsibility to find exit strategies seems to lie with NGOs and implementers. The programme does not foresee any accompanying measures. In case of a programme discontinuation (for various reasons), the "milk desk" will notify the decision to the coordinating NGOs one year in advance. In some cases the distribution of products was discontinued on short notice (e.g. processed cheese in Algeria) which had important operative consequences for WFP.

#### **Main conclusions pertaining to the connectedness of the programme**

It can be generally concluded that **connectedness is the weakest point** of the food aid programme with SDPs. Except for WFP, the programme operates too often in isolation. Ultimately it does not properly fit in any strategy defined by SDC, whether for the HA nor for other domains.

## 5. Rationale

The Swiss Humanitarian Aid has been implementing a food aid programme with Swiss dairy products (SDPs) since 1959. Dairy products, mostly various types of milk powder, are procured from Swiss milk powder processors in Switzerland, channelled through Swiss non-government organisations (NGOs), representation offices of the Federal Department of Foreign Affairs (FDFA), as well as through the World Food Programme (WFP) and are allocated to 28 to 56 countries annually<sup>1</sup>. The Humanitarian Aid focuses on emergency aid, reconstruction and rehabilitation programmes. SDPs are destined to target population groups in food insecure regions. These population groups comprise mostly people with acute or chronic nutrition deficiencies, among others PLW, infants and children, people affected by chronic diseases such as HIV-AIDS and/or tuberculosis, elderly people, physically and/or mentally disabled people as well as refugees or internally displaced people (IDPs). The allocation of SDPs represents an important contribution to the prevention of irremediable physical and mental consequences of undernutrition and the latter's impact on the social and ecological development of the region where SDPs are allocated.

The food aid with SDPs programme, aka the "milk programme", has not been evaluated in its entirety in the last twenty years. A financial assessment of the "milk programme" was carried out by the Swiss Federal audit office of the Federal Department of Finances in 2007.

The "milk programme" has been anchored in the Africa Division of the Humanitarian Aid (Bereich H / Abteilung Afrika) since August 1<sup>st</sup>, 2008. Prior to this date the programme was anchored in the "MUSA Section"<sup>2</sup>, the section for multilateral and special tasks. In 2013, there was a change of personnel in the Direction of the Africa Division and it was decided to conduct an evaluation of the food aid with SDPs programme for the timeframe 2000 to 2013. This decision was formalised during the "milk programme" steering committee meeting held on March 26<sup>th</sup>, 2014. The objective to conduct an evaluation was to answer the following two main questions: "**do we still do the right thing**" and, if yes "**do we do it right?**"

<sup>1</sup> The annual number of recipient countries greatly varies across years

<sup>2</sup> Sektion Multilaterales und Sonderaufgaben

In the second half of 2014, the Humanitarian Aid placed a call for an internal evaluation of the food aid with SDPs programme for the time span 2000-2013, to which the School of Agricultural, Forest and Food sciences (HAFL) of the Bern University of Applied Sciences responded on October 14<sup>th</sup>, 2014. The offer was accepted by the HA and an inception meeting was held at HA office in Köniz on November 17<sup>th</sup>, 2014.

## 6. Objectives of the evaluation

The objectives of the evaluation are:

- To evaluate the Food Aid with Swiss dairy products programme in Switzerland and in selected target countries benefiting from the programme from 2000-2013, in terms of its relevance, effectiveness, efficiency and connectedness.
- To produce a basis for further discussions about the future of the food aid with SDPs programme of the Swiss Confederation and to provide recommendations on how to improve the current programme or to propose alternative options (scenarios of change).

The evaluation shall answer the following key questions:

- Is food aid with Swiss Dairy Products still relevant in the frame of current international discussions on food aid?
  - If food aid with Swiss Dairy Products is still relevant in this context, is it well implemented?

Answers to these questions shall support the drafting of the new Federal Council Dispatch on International Humanitarian Aid for 2017-2020.

## 7. Methodology

### 7.1 Scope of the evaluation

The evaluation entails 98 working days and was conducted between November 24<sup>th</sup>, 2014 and July 15<sup>th</sup>, 2015. The evaluation revolves around four main activities (1) desk study, (2) interviews in Switzerland, (3) interviews in target countries and (4) data analysis and report writing. Details about the scope and schedule of activities are shown in annex I.

### 7.2 Research team

The evaluation was conducted by a team consisting of four researchers and lecturers from the HAFL at the Bern University of Applied Sciences:

- Mr. Fritz Schneider, Head Agriculture<sup>3</sup>, lecturer in international livestock production
- Dr. Urs Egger, lecturer in value chains and agricultural economics
- Dr. Pascale Wälti, lecturer in international livestock production
- Ms. Nancy Bourgeois Lüthi, lecturer in international livestock production

### 7.3 Evaluation criteria

Beside relevance, effectiveness and efficiency, the evaluation team proposed to analyse the programme in terms of its sustainability. During the inception meeting it was recommended to assess activities in terms of connectedness rather than sustainability to better fit the context of humanitarian aid.

---

<sup>3</sup> Until March 31<sup>st</sup>, 2015

## 7.4 Sampling framework

The food aid programme with Swiss dairy products is estimated to reach approximately 1.2 million beneficiaries annually, over an allocation period of three months per beneficiary, in 28 to 56 countries. Swiss dairy products are allocated under various forms such as whole milk powder or infant formulas used for liquid consumption or as dry skim milk (DSM) powder used for mixing with other ingredients, mainly cereals (*bouillies*, porridge). Processed cheese is used as well. Depending on the target beneficiaries, milk is distributed in nutrition centres, clinics/dispensaries/hospitals/rehabilitation centres, orphanages or schools.

Under a quantitative sampling approach, the large number of beneficiaries and the different groups they belong to would require a stratification of the sample. Stratification would allow dividing the heterogeneous population of beneficiaries into more homogenous sub-populations groups. Nevertheless, the large scope of interventions with Swiss dairy products and their various forms, both in terms of projects and countries, the absence of baseline studies and a sampling frame, the general complexity of human nutrition and food security are all factors which hardly allow any quantitative approach. This fact is compounded by the limited resources at disposal, in terms of time and financial means.

Therefore, a qualitative approach was favoured in order to get a large, yet detailed picture of the programme and its implementation modalities. A purposive, non-probability sampling approach has been used to assess the relevance, efficiency, effectiveness and connectedness of food aid with SDPs for direct beneficiaries as well as for other stakeholders along the value chain of SDPs.

Respondents were not sampled in a random way but selected in a strategic way, according to their relevance for the evaluation context and questions.

Purposive sampling is an iterative process and entails a certain amount of flexibility. If respondents are for instance not available or are deemed to be less relevant than initially expected they can be replaced by other respondents in the course of the evaluation process. Considering resources available and in order to both streamline the evaluation process and simultaneously get a broad picture, a selection of relevant respondents involved in the evaluation was made at the following levels:

1. SDC and HA
2. Political and economic organisations in Switzerland (FOAG, SECO)
3. NGOs in Switzerland and in neighbouring countries (Italy and Liechtenstein)
4. WFP headquarters in Rome
5. Umbrella farmers' organisations in Switzerland: Swiss Farmers' Union (SFU), Swiss Milk Producers Association (Swissmilk) and Swiss Milk Powder Producers' Association
6. Milk powder processors in Switzerland (Crema, Hochdorf and Emmi)
7. FDFA Representation offices<sup>4</sup>, NGOs and WFP in target countries
8. Government offices at relevant ministries, e.g Ministry of Health (MoH) in target countries
9. International organisations in target countries: UNICEF, Food and Agriculture Organisation of the United Nations (FAO), the International Committee of the Red Cross (ICRC), the World Health Organisation of the United Nations (WHO), International NGOs, etc.
10. Implementers of food aid in target countries
11. Private ventures (shops, pharmacies, dairy farms)
12. Direct beneficiaries in target countries

The criteria used to select the respondents at various levels are shown in annex II.

---

<sup>4</sup> In some countries the programme with SDPs is implemented by SDC Coordination offices (COOF), in others, e.g. Sudan, by the Swiss embassy

## 7.5 Selection of countries

A pre-selection of countries was presented by the evaluation team during the inception meeting organised at the Humanitarian Aid office in Köniz on November 17th, 2014 (ref. *Ergebnisprotokoll* by GSERU/INB dated November 18<sup>th</sup>, 2014). The panel of countries proposed for field visits was based on specific criteria such as:

- Scope of beneficiary organisations (NGOs, WFP, FDFA Representations Offices abroad)
- Importance of food aid in financial volumes
- Type of intervention (mitigation aid, slow onset of emergency situation)
- Length of intervention with SDPs (continuity of food aid)

The initial choice of countries proposed by the team (Burkina Faso, Sudan, and Nicaragua) were discussed a few times during and after the inception meeting. Ultimately it was decided to replace Nicaragua with Haiti and to include Ivory Coast, Burundi, and Rwanda. The field visit to Haiti had to be postponed twice and was finally cancelled.

## 7.6 Data collection methods and tools

Semi-structured interviews with checklists of questions were the main tool used to collect data and information and they were designed for each group of stakeholders identified (annex III). The checklists of questions were refined along the iterative evaluation process.

Most stakeholders along the value chain of dairy products in Switzerland were interviewed in person and a few were interviewed by phone. In total 41 interviews were conducted in Switzerland and in Rome and 81 in the five countries visited. Details about key stakeholders interviewed are shown in annex IV.

Because of time constraints, only a very limited number of direct beneficiaries could be interviewed.

Interviews were completed by direct observations at premises where SDPs are distributed (in schools, orphanages, nutrition centres, clinics) or further processed, such as WFP's mixing plant in North Darfur.

Purposive, non-random sampling is a qualitative approach and specific attention was given to triangulation of information. The same questions were used for different stakeholders and verified and compared with direct observations and secondary data whenever possible. In different centres registers provided anthropometric data and a sub-sample of this data was analysed using WHO Anthro. Data were kept anonymous.

## 7.7 Data analysis

The analysis of data and information was conducted along several steps:

1. Relevant primary information gathered from interviews and secondary information from electronic files, paper files and internet documents were analysed individually by evaluators.
2. Results were presented on cards during a teamwork session. Cards were classified for each stakeholder category according to the four evaluation criteria.
3. A SWOT analysis of the "milk programme" was conducted during the same teamwork session.
4. Four scenarios were sketched out from the SWOT analysis.

## 7.8 Positive points and limitations to the data collection and analysis process

Excellent support given to the team by the HA, the "milk desk" in particular, as well as the "milk programme" at COOFs or the Embassy, the WFP in Rome and in Sudan and by the coordinating NGOs needs to be underlined. This support and the excellent organisation of field visits in all five countries have greatly facilitated the data collection process.

The main limitations to the data collection and analysis process relate to secondary data including:

#### In the field:

- The form in which potentially relevant data is collected, collated and processed in the field. Implementing centres do not collect data in a systematic and uniform way.
- Due to security reasons, a visit to one implementing NGO (Saint Vincent de Paul-SVDP) had to be cancelled in Sudan. Also because of security reasons the first trip to Haiti was cancelled by the HA.
- Time constraints: the second trip to Haiti had to be cancelled because of the evaluator's health problems. No suitable time window could be found for the field trip to Haiti before the end of the evaluation. This mission was therefore cancelled in agreement with the HA.
- Poor information from the previous "*Milch Fachstelle*" at Caritas. The person in-charge of the "Milchstelle" at Caritas until 2011 was not available to meet the evaluation team.
- Very wide scope of the evaluation leading to a large report. Some aspects (e.g. implementation cost comparison between NGOs, FP and COOFs) could not be done in detail.

#### At the "milk desk"

Relevant quantitative field data (e.g. category and number of beneficiaries, type of malnutrition problem) are not systematically compiled and analysed at the "milk desk". Within the available time and budget, the evaluation team could therefore not analyse extensive amounts of quantitative data to verify hypotheses and had to rely mostly on qualitative data and information.

## 8. Results and discussion

### 8.1 Relevance

#### 8.1.1 International context

##### Binding and non-binding instruments governing international food aid

In 2012, at least 925 million people worldwide were estimated to be food and nutrition insecure (OECD, 2012). Globally the number of people suffering from hunger tends to decrease and in 2014 it was estimated that 795 million people were undernourished (FAO, 2014). Strengthening both emergency and long-term responses to food insecurity was highlighted as a pressing challenge on the G20 Summit's agenda in Los Cabos in 2012. The "Zero Hunger Challenge" proposed by the United Nations Secretary General strives to eliminate stunting for the post-2015 agenda (WFP, 2014).

Access to adequate food is a right recognised by international instruments, among others the International Covenant on Economic, Social and Cultural Rights of the United Nations Human Rights adopted in 1966 and entered into force in 1976. Such instruments can be non-binding such as declarations or binding such as conventions (The John Hopkins University and ICRC, 2008). This is the case of the **Food Assistance Convention (FAC) of the United Nations, dated 2012**, which came into effect on January 31<sup>st</sup>, 2013. The FAC follows the Food Aid Convention of 1999 and the series of earlier Food Aid Conventions enacted since 1967 (WTO, 2014). The FAC enacts the recent shift from food aid towards food assistance, which now comprises various types of assistance such as in-kind eligible products, but also cash transfers, cash-based and commodity based vouchers or nutritional interventions, while the previous Food Aid Convention entailed specific commodities expressed in wheat equivalents. This paradigm shift is not merely a paper act as it has already resulted in major changes in approaches in the field and operations which derive from them. WFP has shifted its global strategy from food aid towards food

assistance and in Sudan this resulted, among others, in a joint implementation of a Farmers-to-Markets (F2M) project with the Ministry of Agriculture and The Central Bank of Sudan.

The FAC is aligned with other legal or policy instruments, among others the *International Humanitarian Law* enacted in the four Geneva Conventions of 1949, the *Rome World Food Summit Plan of Action* (1996), the *United Nations Millenium Declaration* (2000), the *Stockholm Principles and Good Practice of Humanitarian Donorship* (2003), the *Voluntary Guidelines to Support the Progressive Realisation of the Right to Adequate Food in the Context of National Food Security* adopted by the FAO Council in 2004, the *OECD's Paris Declaration on Aid Effectiveness* (2005) as well as the *Declaration of the World Summit on Food Security* (2009).

In parallel, FAC Parties remind that States and their governments “*have primary responsibility for their own national food security*”, “*have their own policies related to providing food assistance in emergency and non-emergency situations*” and “*shall develop and implement country-owned strategies that address the root causes of food insecurity through long-term measures*”. A Food Assistance Committee consisting of all parties to the Convention ensures that provisions of the Convention are performed according to the Convention's principles and objectives.

## WTO

The FAC is also aligned with the obligations of the World Trade Organisation (WTO) relative to food aid. Its Article 3 states that the Convention is subject to the rules of the WTO and that “*in case of conflict between such obligations and this Convention, the former shall prevail*”. The WTO's current agricultural agreement, the 1995 Uruguay Round Agreement on Agriculture, encompasses provisions aiming at eliminating export subsidies, among others subsidies potentially disguised as food aid. Cardwell et al. (2007) remind that “*tighter disciplines on export subsidies and credits would apply increased pressure on food aid as a means of surplus disposal*”. These dispositions specify among others that food aid shall not be tied to export of agricultural products to beneficiary countries and shall whenever possible be given as grants. The Agreement also foresees that a “*safe box*” for bona fide food aid will be provided to ensure that there is no unintended impediment to dealing with emergency situations. Beyond that, we will ensure elimination of commercial displacement. To this end, we will agree effective disciplines on in-kind food aid, monetization and re-exports so that there can be no loop-hole for continuing export subsidization”. However, the secretariat of the Agriculture Committee of the WTO proposes to supplement the Marrakesh Decision on Measures concerning possible negative effects of the WTO's reform programme on Least-developed and Net-food Importing Developing Countries (NFIDC) as follows: “*Ministers accordingly agree to establish appropriate mechanisms to ensure that the implementation of the results of the Uruguay Round on trade in agriculture does not adversely affect the availability of food aid at a level which is sufficient to continue to provide assistance in meeting the food needs of developing countries, especially least-developed and net-food importing countries*” (WTO, 2014).

The potential for export subsidies disguised as food aid therefore still exists.

## International Discussions on food aid: policy in food aid of the US and the EU, especially in kind, including dairy products

For Webb (undated), “*food aid is a high-impact, highly visible resource that saves countless lives during emergencies but that also is called upon to enhance the ability of the poorest people to build sustainable livelihoods in inherently challenging environments and protect poor countries against the volatility of world market prices*”.

From its inception following the aftermath of World War II, food aid has been a mechanism to dispose of surpluses burdening domestic markets of many large agricultural countries. Surplus disposal created a negative impact on local economies, called the “Schultzian effect”, by depressing local prices and creating disincentive effects.

Over decades global food aid has been largely dominated by the USA and the EU (Webb, undated), providing mainly grains and to some extent pulses.

### ***The USA***

Since their first food aid programme was inceptioned in 1954, the USA have been operating “*a myriad of food aid programmes that are aimed at addressing a range of domestic and foreign policy goals*” and have remained the largest single player in global food aid (Cardwell et al., 2007). In 2012, the USA provided approximately 50% of food aid (in tons) worldwide. While other major players such as the EU, Australia and Canada have progressively untied their food aid, the USA still require its food aid to be procured in the USA and as far as possible transported with US transport means. Although US food aid has been firmly backed by lobbyists and has therefore remained largely tied so far, it is increasingly questioned in the USA, including by the Presidency itself. Until recently, proposals to untie food aid were systematically rejected by the US Congress, with a notable exception of the food crisis which peaked in 2008, when a small amount of food aid was untied and the credit devoted to a pilot programme aiming at local or regional purchases in target countries. The Obama administration has proposed a reform of the USA food aid aiming at more flexibility and efficiency to address growing needs worldwide. The proposed reform would enable food aid to reach an additional 4 million people worldwide with the same financial volume. Beside shifting a specific amount devoted to tied food aid from the Farm Bill to development and emergency accounts of the United States Agency for International Development (USAID), one of the major points of the reform proposed in the presidents’ budget for 2014 was to reduce monetisation of food aid to finance development programmes down to the 15% minimum required by the Law (USAID, 2014) and to increase the part devoted to local or regional purchases and cash vouchers. Research has shown that local or regional procurements result in cost reduction ranging between 25% and 50% compared to procurement of the same commodities in the USA. Building upon this reform enacted in the 2014 Farm Bill, the Obama administration proposed further reforms for the 2016 budget (USAID, 2015). One strong argument of proponents of the past and future reforms is that untying aid results in reductions of public expenses without affecting ultimate beneficiaries, the people suffering from undernourishment.

### ***The EU***

The EU widely used food aid as an export channel for its agricultural surpluses, including dairy products. The introduction of the milk quota system in the EU in 1984 resulted in lower structural milk surpluses within the Union. Budget lines for in-kind food aid with dairy products were subsequently replaced by more flexible budget lines for food aid in cash. In-kind food aid with dairy products in the EU therefore virtually disappeared in the mid-nineties (OECD, 2005).

### ***Other major international food aid players***

For Clapp (2012), most countries which made a move towards untied aid, did it upon pressure from their respective government to make food aid more efficient, in order to reduce expenses. State and private lobbies simultaneously exerted a weaker pressure on food aid related matters. Canada has taken a step-wise approach from partially untied towards fully untied aid between 2005 and 2008 (Clapp, 2012).

### **Box 1: The specific case of food aid with dairy products**

Dairy products have traditionally formed a small, although non negligible part of global food aid. Food aid with dairy products primarily served the purpose of surplus disposal and was used as an instrument to promote local dairy production through monetisation (OECD, 2005). The USA used to be a major provider of dairy products in global food aid.

Dairy products are currently considered to be too costly to be widely integrated into food aid programmes, including programmes implemented by WFP (FAO, 2013; Bruce, 2014). In DPRK, although DSM accounts for only 5% to 25% of the final product (blended cereal-DSM mix), its costs

account for 36% to 72% of the final product (SDC-DPRK, 2012). Recent articles published online show attempts by the US dairy industry to push towards integrating dairy ingredients into food aid programmes (Bruce, 2014). Moreover, the US Dairy Export Council's (USDEC) disposes of a food assistance programme to assist various stakeholders of food aid programmes, private organisations and government agencies to use dairy products in food assistance programmes (USDEC, 2015). Indicative of this trend: a symposium on Dairy for Global Nutrition pertaining to the latest findings about protein quality, growth and malnutrition and the role of dairy in food aid, was organised on March 30<sup>th</sup>, 2015 in Boston. The symposium gathered representatives from the US dairy industry and researchers from US foundations and universities as well as from Copenhagen University. The question remains whether this sudden regain in interest to use dairy in food aid coincides with the recent milk price slump and a stagnating domestic consumption in the USA as well as the prospects of increasing milk production leading to price slumps, following the suppression of milk quotas in the EU in 2015. As reminded by Clay (1991) *"the links of food aid to surplus disposal had not been entirely broken at the level of individual commodities [...]"*.

Beside the USA, Switzerland is one of the very few countries still delivering dairy products through food aid. Denmark used to have a small part of its food aid tied to dairy products (OECD, 2005). Interviews conducted in Africa during the evaluation highlighted one other country (Germany) which seems to occasionally deliver dairy products in their food aid programmes (Kellet, personal communication, 2015). According to WFP in Khartoum, the Netherlands also used to give dairy products as in-kind food aid but stopped some time ago. An overview of food aid with DSM between 1977 and 2002 is given in annex V.

The OECD (2005) conducted a review of literature on food aid including tied aid and found that *"generally, all the major reviews of project aid concluded that food-based intervention is more likely to succeed when integrated as a component of a wider sectorial, for example health or education, programme"*. According to WFP (Latimer, personal communication, 2015), the way Switzerland ties its aid to SDPs is not in line with the Good Humanitarian Donorship (GHD) principles of the Paris Declaration.

### International discussions on food and nutrition security

There is an increased interest to consider nutrition on the global development agenda, because of recurrent food crises, rising food prices and strengthened evidence about the interactions between agricultural production, food and nutrition security and development (UNICEF, 2013). The concepts of food security and nutrition security have developed independently, but there are now attempts to unify both definitions by integrating the four dimensions of food security (availability, access, use and stability of food) and the three determinants of nutrition security (access to adequate food, care and feeding practices, sanitation and health) (Wüstefeld, 2013). Hence, the following unified definition proposed by Wüstefeld (2013): *"food and nutrition security exists when all people at all times have physical, social and economic access to food, which is consumed in sufficient quantity and quality to meet their dietary needs and food preferences, and is supported by an environment of adequate sanitation, health services and care, allowing for a healthy and active life."* The determinants of food and nutrition security and their interactions are further detailed in the chart in annex VI. One obvious consequence of poor food and nutrition security is undernutrition. This term is used to refer to micronutrient (vitamin and mineral) and macronutrient (energy and protein) deficiencies (DFID, 2009). Stunting, wasting and underweight, three clinical forms of acute malnutrition and undernutrition (ref to annex VII for definitions), are core issues of discussions on food and nutrition security as well as human health. In 2011, it was estimated that 165 million children below five years of age were stunted and 52 million children under five years were severely wasted and potentially at risk of dying (WFP, 2014). Globally 20 percent of children under five are stunted, in sub-Saharan Africa this proportion raises to 40 percent (UNICEF 2013). The complex interactions of food and nutrition security factors bear the following implications:

- “Understanding the immediate and underlying causes of undernutrition in a given context, and the interactions between them, is critical to delivering appropriate, effective and sustainable solutions and adequately meeting the needs of the most vulnerable people.” (UNICEF 2013).
- Interventions should not be done in isolation (e.g. only distribution of milk powder) but within a given context and in synergy with other types of intervention (education for nutrition, water, sanitation and hygiene (WASH), developing longer-term projects to provide appropriate diet to infants, etc.).

According to the UNICEF (2013), “*while a significant number of the world’s 52 million wasted children live in countries where cyclical food insecurity and protracted crises exacerbate their vulnerability, the majority reside in countries not affected by emergencies. It is increasingly recognized that severe acute malnutrition (SAM) is a problem not only in emergency contexts but also in non-emergency settings. In these countries factors such as frequent incidence of infectious diseases, inadequate caring capacity and social and cultural practices are the major factors that need to be addressed to reduce wasting*”. New initiatives such as the Scaling Up Nutrition (SUN) movement seek to reduce undernutrition and stunting by supporting national commitment and implementing evidence-based nutrition interventions and integration of nutrition goals across diverse sectors, viz. health, social protection, poverty alleviation, national development and agriculture (UNICEF 2013).

The roots of undernutrition are complex; however numerous strategies and interventions exist to tackle it. Stunting can only be prevented, while wasting can be treated (WFP, 2014).

Nutrition-specific interventions are actions that have a direct impact on the prevention and treatment of undernutrition, in particular during the 1,000 days covering pregnancy and the child’s first two years, the so-called “1000 days window of opportunity”. Possible interventions are detailed in annex VIII.

### Relevance of dairy products in food security

Animal Source Food (ASF), mainly meat, milk, fish and eggs, provide several critical micronutrients such as vitamin A, iron, iodine, zinc and folic acid in more bio-available forms than plant-based food. Diets poor in ASF combined with high infection burdens are primary causes of micronutrient deficiencies of people in developing countries.

These deficiencies affect primarily women and children (Demment et al, 2003, Murphy and Allen, 2003). Nutritional deficiencies do not only have an immediate impact on the individual’s health and well-being. They also have a trans-generational dimension. In girls and women nutritional deficiencies can incur a spiralling impact over generations, with low stature and weight at child bearing age and low weight gain during pregnancy, resulting in low for gestational age weight and low birth weight of the infant (DFID, 2009, WFP, 2014). Besides, children suffering from chronic undernutrition cannot develop their cognitive abilities to their full potential. Breaking the vicious circle of chronic undernutrition and malnutrition is the challenge faced by the nutrition community. The UNICEF (2013) highlights that “*in tackling child undernutrition, there has been a shift from efforts to reduce underweight prevalence (inadequate weight for age) to prevention of stunting (inadequate length/height for age)*”. There is better understanding of the crucial importance of nutrition during the critical 1,000-days opportunity window, and of the fact that stunting reflects deficiencies during this period. During this time, the child has increased nutritional needs to support rapid growth and development, is more susceptible to infections, has heightened sensitivity to biological programming<sup>1</sup> and is totally dependent on others for nutrition, care and social interactions” (UNICEF 2013). Therefore, interventions targeting infants and young children are widely recognised to be the most effective in terms of increasing child survival and improving growth (Bhutta et al, 2008, FAO 2013).

Milk plays a key role in treating undernutrition both in industrialized and developing countries (FAO 2009). For Michaelsen et al. (2009) “*a diet that contains sufficient dairy products to provide 25-33% of the daily protein requirements may have a positive effect on weight gain and linear*

*growth of children aged 6 months to 5 years who are suffering from moderate malnutrition.* This corresponds to 200-250 ml milk or 15-20 g of milk powder daily (FAO, 2009).

Although dairy products are an important ASF, they are not widely used in food aid in general and even less in emergency situations for two main reasons:

- Milk powder is an expensive product, which can be substituted by other products
- Milk, even in powder form, is a perishable product with a short shelf-life, which needs to be stored and prepared under proper conditions in order to guarantee food safety. This is especially the case when water is needed for preparation (reconstituting milk from milk powder). Quantitative and qualitative access to water is one crucial limiting factor in emergency situations.

Another factor for not using milk more widely is the absence of dairy products from the traditional food basket in many countries or regions.

For instance, in Eastern States of Sudan, which account for the highest malnutrition rates of Sudan, dairy products are not part of the traditional diet. This is not the case of Darfur States, where milk is traditionally an important staple of pastoralists' diet. SDPs allocated to WFP's programme in Sudan are used in North and West Darfur, but not in Eastern States. In Darfur, issues pertaining to people's acceptance of SDPs or physical intolerance have never been raised (WFP, personal communication, 2015). In Sudan, dairy products were not used before 2009. WFP changed its policy regarding dairy products after scientific evidence showed that milk is necessary to combat stunting. SDPs, in form of DSM have been used since then, first under the emergency Blanket Supplementary Feeding Programme (e-BSFP) and now under its integrated BSFP. In 2011, WFP and the United Nations High Commissioner for Refugees (UNHCR) recommended to provide 2 glasses of milk<sup>5</sup> to children in kindergartens and primary schools in refugees camps in Algeria, in order to *respond to beneficiaries requests and traditional diets, fulfil nutritional requirements and have more acceptance by donors who have shown interest in contributing to the activity*, which was the case for Switzerland who had already been distributing DSM (WFP, UNHCR, 2012). WFP also bought milk powder from a Brazilian company in Haiti and Zambia and from the Parmalat company in Zambia.

## 8.1.2 Swiss context

### Historical role of Swiss Food Aid

Internationally, food aid remains one necessary component of humanitarian action. This is the case in Switzerland as well where food aid is part of the Confederation's Humanitarian Aid. The Swiss Humanitarian Aid's mandate is defined in the Federal Act on International Development Cooperation and Humanitarian Aid, dated 19 March 1976 as follows: *"through prevention and rescue measures, Swiss Humanitarian Aid aims to contribute to safeguarding the lives of endangered people and to alleviating suffering"*. Food aid has always been a significant component of the Swiss government's humanitarian aid programme (SDC, 2006) and in 2015 Switzerland pledged an *"annual minimum commitment"* of 34 million CHF to the FAC.

Traditionally, the Swiss Confederation has allocated a budget to food aid for the procurement of cereals and dairy products, the latter being a specificity of Switzerland's food aid (Piguet, 2002). Food aid is defined together with the Swiss Federal Office for Agriculture (FOAG) (Swiss Federal Council, 2006). Until the beginning of the nineties, the budget line devoted to food aid with cereals concerned the procurement of cereals milled in Switzerland. Currently food aid from Switzerland is allocated in cash through the "cereal equivalent" budget line, for local and regional purchases of food items in beneficiary countries (SDC, 2006). In-kind food aid concerns dairy products produced and procured in Switzerland (Federal Council, 2012). The procurement of exclusively Swiss dairy products has been voted by the Parliament in 1979 (Swiss Federal Council, 1981). For decades, Switzerland allocated dairy products to beneficiary countries and until the

---

<sup>5</sup> corresponding to 84 gr DSM

eighties, food aid with Swiss dairy products was a means to “*ease the dairy account*” of the Swiss Confederation and to contribute to the revenue of mountain farmers (Piguet, 2002). The 1996 Federal Council’s Dispatch to the Parliament explicitly mentioned that “*the price of dairy products destined to the HA should be fixed to an amount excluding double subsidisation*”.

Framework budgets of the Confederation’s Humanitarian Aid have been in place since 1947.

Between 1947 and 1957, framework budgets were established on a two year basis, followed by a three-year basis between 1958 and 1991 and a four-year basis since. The budget allocated to food aid *stricto sensu*, comprises two budget lines, one for food aid with Swiss dairy products<sup>6</sup> and one for food aid with cereals<sup>7</sup>. While the overall budget allocated to humanitarian aid increased from 1050 million CHF for the 1998-2002 framework credit to 2025 million CHF for the 2013-2016 framework credit, the part devoted to food aid decreased from 240 million CHF to 136 million CHF<sup>8</sup>. Until 1988, the annual budget line devoted to the food aid programme with SDPs amounted to 40 million CHF. It was gradually brought down and since 2003 it has remained constant at 20 million CHF per year. Both budget lines devoted to food aid currently represent 6.7% of the overall framework credit of the HA. The budget line of food aid with SDPs represents 3.4% of the entire HA budget. Details of the budget and financial figures for the period under evaluation (2000-2013) can be accessed in annex IX.

The 2001 Federal Council’s Dispatch to the Parliament on the continuation of the Confederation’s international humanitarian aid acknowledged that at international level the demand for humanitarian aid has evolved towards untied credits where possible. The Confederation acknowledged this trend and has therefore in the nineties rendered the utilisation of the “cereal budget line” as flexible as possible. This has, however, not been the case for the budget line with Swiss dairy products. Switzerland’s remaining tied food aid has been regularly pinpointed by the OECD. In 2006 (OCDE, 2006) and in 2013, the OECD highlighted the fact that a small part of the Swiss humanitarian aid remains tied to Swiss dairy products and suggested that Switzerland may envisage to untie this aid, to align with good practices (OCDE, 2013). The evaluators enquired at the HA about Switzerland’s official response, if any, to this suggestion. The response could however not be ascertained.

### Current legal basis

In-kind food aid is anchored in the Federal Act on International Development Cooperation and Humanitarian Aid, dated 19 March 1976 and the Federal Council’s Dispatch on the aforementioned Act, dated 12 December 1978. Article 8 of the “1976 Act” stipulates that the humanitarian aid can take the following forms: (a) benefits in-kind, especially food distribution, (b) cash contribution, (c) sending specialists and task forces, especially in situations of disaster and (d) any other form whose purpose fit under the humanitarian aid’s objectives as stated under Art. 7. The four Federal Council’s Dispatches which concern the period under evaluation mention that dairy products are procured in Switzerland.

### Key stakeholders in Switzerland

Key stakeholders of relevance to the food aid programme with Swiss dairy products in Switzerland were clustered under three main groups: (1) State stakeholders, (2) milk producers and milk powder processors and their umbrella organisations, and (3) coordinating NGOs.

---

<sup>6</sup> Produced and procured in Switzerland

<sup>7</sup> Produced and procured in beneficiary countries or regionally

<sup>8</sup> For a 4-year period

## State stakeholders

Two Federal Departments are of primary relevance for the food aid programme with Swiss dairy products:

(1) the **Federal Department of Foreign Affairs (FDFA)** with the Swiss Agency for Development and Cooperation (SDC) and the Swiss Humanitarian Aid (HA), and (2) the **Federal Department of Economic Affairs (FDEA)**, with two relevant Directorates, the State Secretariat for Economic Affairs (SECO) and the Federal Office for Agriculture (FOAG).

(1) The food aid programme with Swiss dairy products runs under the Africa Division of the HA of the SDC under the FDFA. Administratively, it is one of the three overarching thematic programmes, the two other thematic programmes being protection of civilians and water (annex X). The reason for the programme running under the Africa Division is historical, as the bulk of dairy products were allocated to African countries.

Opinions about the relevance of the programme greatly vary across SDC, including the HA. Generally speaking, the closer the persons interviewed are to the programme, the less critical they are towards the relevance of the programme. At the level of SDC's global programmes, the food aid programme with SDPs is considered to be outdated, old-fashioned and not relevant anymore. The programme with SDPs does not explicitly appear in the last annual report jointly published by the SDC and the SECO. The only information relating to the food aid programme with SDPs is a one-line footnote on page 28 of the annexes to the report (Statistics 2013), disclosing financial figures pertaining to the two budget lines devoted to food aid (SDC, SECO, 2014). The programme is occasionally mentioned in yearly programmes of SDC's departments and operational divisions, in the State Account, reports of milk industry umbrella organisations, factsheets etc.

At the HA, the question of the relevance is nuanced. It is largely acknowledged that the programme belongs to a long gone era, "*shows its 50 and plus years*" and that it is outdated in the context of international food aid discussions. It is acknowledged that the principle of the programme is not in line with international standards, but that does not concern its volume which makes out a small percentage of international food aid. Nevertheless, the programme is estimated to still bear some relevance in the Swiss context. Such a programme, which encompasses tangible and graspable aspects, is in line with the expectations of a non-negligible part of Swiss tax payers about Swiss humanitarian aid. The "Swissness" element of the programme is considered to be a good public relations tool for the HA, in spite of the fact that the programme is not widely known to the public. A wide range of persons interviewed at the HA in Switzerland as well as abroad also view the programme as relevant in specific contexts of protracted emergency and for specific population groups that are often neglected by other donors, such as urban poor, people suffering from chronic diseases (TB, HIV-AIDS) or elderly people. In that regard, the programme is considered as a charity or social support programme rather than a humanitarian aid programme.

Perceptions of the programme which vary internally also led to the decision to assess whether the programme is still relevant. Opponents within the HA tend to recommend a more or less rapid disengagement of food aid with Swiss dairy products and in-kind food aid in general. For proponents within the HA, considering the potential relevance of the programme in very specific contexts, it shall be streamlined and driven away from a purely administrative level towards a strategic level.

(2) the **Federal Department of Economic Affairs (FDEA)** represents the Swiss position in international negotiations.

Both the SECO and the FOAG refer to international negotiations and positions of Switzerland and clearly tend towards a phasing out of the programme, which is not in line with international trends about food aid anymore.

## State Secretariat for Economic Affairs (SECO)

According to the SECO, channelling milk powder through food aid could be considered as a type of export subsidy. The WTO monitors in-kind deliveries to food aid programmes and therefore Switzerland has to notify the annual quantities exported under this programme. Agriculture negotiations committed under the Uruguay Round (1986-1994) and initiated under the Doha Round in 2011 have foreseen a withdrawal from export subsidies by developed countries in 2013 and by least developed countries by 2016. If the current negotiations, supposed to be achieved by end of 2015, are successful such a result would enter into power by January 2016 (Roux, personal communication, 2015).

Irrespectively of the export subsidies issue raised by the WTO, the general trend advocated by the Development Assistance Committee (DAC) of the OECD as well as the WFP goes towards switching from in-kind donations to financial support. In addition to this international trend, studies show that cash-based assistance yields better results than in-kind supplies (WFP, 2015). However, the SECO ultimately considers the food aid programme with Swiss dairy products to be a political issue and anticipates tough discussions in Switzerland if an exit from this programme is envisaged.

## Federal Office for Agriculture FOAG

Until 1999, the FOAG was in charge of procuring dairy products on the Swiss market for the food aid programme. Following the liberalisation of the Swiss dairy market on 1<sup>st</sup> of May 1999 and in agreement with the Director of the FOAG, the Director of SDC decided to shift this task from the FOAG and to entrust SDC with the responsibility to procure Swiss dairy products for the food aid programme. This responsibility became effective on January 1<sup>st</sup>, 2000.

The FOAG is entrusted with the responsibility of Switzerland's annual commitment to the FAC. The FOAG's position about the food aid programme with SDPs is close to SECO's statements. Discussions at the FOAG highlighted as an additional point namely the risk that food aid distributed free of charge disturbs local markets. In emergency situations the so called „safe box“ is allowed under WTO's regulations. In all other cases, a thorough analysis of the nutritional situation must be done before starting any activity in food aid. This analysis will lead to higher administrative costs. FOAG supports these positions on behalf of the Federal Department. It is assumed that changes in the international context will lead to a general reduction of deliveries in food aid.

## Umbrella organisations

### The Swiss Farmers' Union (SFU)

The Swiss Farmers' Union (SFU) has other priorities on its political agenda than the food aid programme with Swiss dairy products. The Union's major concern pertaining to the export of Swiss milk powder is its quality, regardless of the export channel. Therefore, the use of A-milk in the food aid programme is correct in their view. The SFU calls for a continuation of the programme with the assumption that quality issues are acknowledged as a major element. Should the programme be discontinued, the decision would need to be well communicated to the farmers.

It is not clear whether the SFU would appeal against such a decision and take concrete measures to oppose it. The reaction of the SFU to such a decision would probably depend on the situation on the milk market. The lift of the dairy quota system in the European Union (EU) in 2015 will most probably result in a decrease in milk prices in the EU and will thus increase the pressure on exports of Swiss milk products.

Buying dairy products from the EU or on the world market would definitely not be acceptable to the SFU. Similarly, an increase of the contribution to the WFP in cash should be linked to obligations to buy a part of the milk powder in Switzerland.

### The Swiss Milk Producers' Union (SMP)

The SMP represents the interests of the 23'000 Swiss dairy farmers, grouped under 12 regional dairy producers' organisations (Genoni, 2015). Until 2006 there were more discussions in the media about the role of milk powder in food aid than now. This was due to the fact that the financing of the deliveries were linked to the Confederation's agricultural budget.

The support-to-domestic-dairy-production aspect of food aid with SDPs has gradually lost its importance. SDPs destined for the "milk programme" are now produced on demand. Moreover, international markets for milk powder have changed and the demand in the EU has shifted towards high quality special products for the industry (permeate, protein fractions etc.). Swiss providers have adjusted their strategy to this change. Quantities of SDPs are negligible and the programme is probably hardly known to producers. The SMP's position regarding the importance of milk powder for the Swiss dairy sector is clear: food aid cannot be viewed as a marketing channel for milk powder. As for the SFU, the quality of products is of paramount importance to the SMP. If Switzerland's commitment to deliver milk powder to food aid is internationally accepted, it might be a promotion tool for the Swiss quality image in addition to the direct positive impact on beneficiaries. Indeed, the quality of Swiss milk powder is well known and is a point to be considered by organisations active in food aid. Stopping the SDC programme would be regretted by SMP, especially because the high quality products would not be necessarily guaranteed anymore. Nevertheless, the responsible person at SMP assumes that the Swiss milk producers are not aware of this programme which means they probably would not oppose its expiry.

### Swiss Milk Powder Producers' Association (SPA)

Before the dairy market deregulation in the nineties, the Swiss Milk Powder Association (SPA) used to steer milk powder exports. Nowadays milk powder processors market their products directly. SPA's main task is to represent its five members<sup>9</sup> in policy discussions. In addition, it collects and compiles statistical data. Since SPA has not been negotiating the procurement of SDPs with HA, it does not collect information on prices. The roughly 3'000 T produced for the HA programme represent 10% of the total annual volume of powder produced. The volume channelled through the HA is not considerable but appreciable. Whether sales of SDPs to the HA are a good business or not depend on the date of negotiation. Sales of skim milk powder on the domestic market are relatively stable. Fluctuations in sales arise from exports. International markets have become less predictable and more volatile so that international prices for powder may range between 4.00 CHF per kg to 2.30 CHF in extreme years. SPA votes clearly against buying milk powder on the international market for Swiss food aid.

## Directly involved stakeholders

### Swiss dairy producers

There are currently 23'000 dairy farmers in Switzerland (Genoni, 2015). The effective number of Swiss milk producers delivering milk which is ultimately transformed into SDPs for the food aid programme was not assessed within this evaluation.

Although it would have been theoretically possible to trace back the procurement of milk for each batch of powder produced, this was not possible given the time imparted to conduct the evaluation. Moreover, collecting such data would make little sense, as the impact of the programme on individual farmers in Switzerland is not the purpose of the evaluation. Similarly, it is difficult to assess the relevance of the programme for the Swiss farmers, as no farmers were interviewed. The SMP representing dairy farmers' interests acted as a proxy respondent.

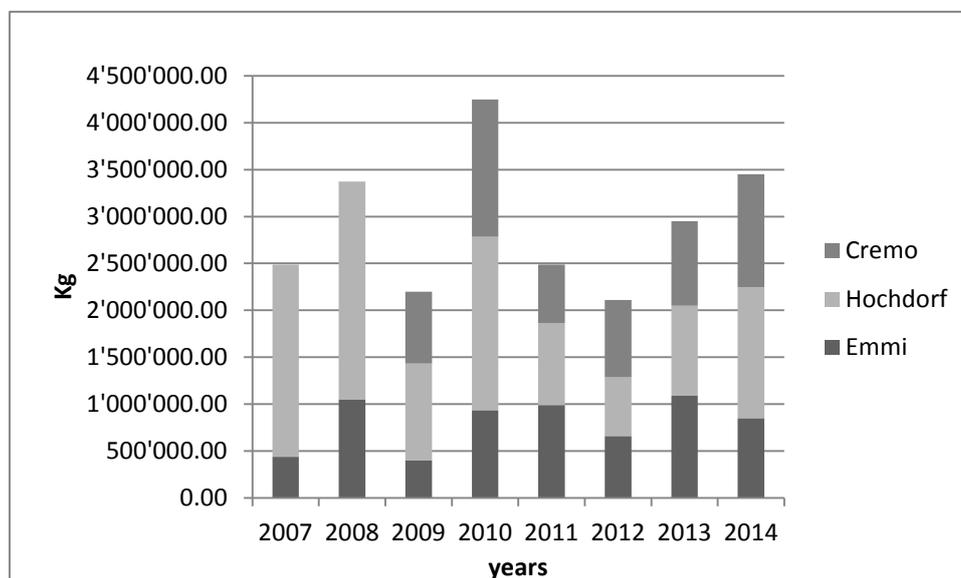
According to the SMP, the programme is probably not known to most dairy farmers in Switzerland. The financial impact of the "milk programme" on Swiss milk producers is discussed under the effectiveness chapter.

---

<sup>9</sup> Cremo SA, Emmi AG, HOCHDORF AG, Nestlé and SMP

## Milk powder processors

Three milk processors, Emmi, Hochdorf and Cremo, are currently involved in the food aid programme with SDPs. Their share of SDPs sales to the HA is illustrated in the following chart and details can be accessed in annex XI.



**Chart 1: volumes (in kg) of SDPs sold by each processor to the HA between 2007 and 2014 (source: Uebersicht Bestellungen 2007-2014)**

All three milk powder processors produce DSM for WFP. Hochdorf is the only one producing infant formulas.

A wider panel of dairy processors were previously involved in the programme: Nestlé and Lacto for infant formula and whole milk powder, Wander for Wheat Soy Milk (WSM) powder, Gerber, Zingg, AZM, Tiger and Fromalp for processed cheese. Nestlé reportedly withdrew from the “milk programme” as it does not condition infant formula in the form required by the HA (5 kg cans) anymore. For Hochdorf it would not be a problem to withdraw from the “milk programme”, the company would find other delivery channels, including in the “food assistance business”.

Hochdorf already supplies specific products to UNICEF in Denmark, thanks to the “Chocolate Act” (*Schoggigesetz*). For the three milk powder processors interviewed, the programme is relevant for them as they can plan the quantities to be produced in advance, although the production occurs in a just-in-time manner in order to cope with shelf-life issues.

## Coordinating NGOS

Coordinating NGOs play the role of contact point between the “milk desk” and implementers in countries where SDPs are allocated. At one point, only NGOs certified by the “Schweizerische Zertifizierungsstelle für gemeinnützige Spenden sammelnde Organisationen” (ZEW), the label setting standards for Swiss charities, could be part of the “milk programme”. This prerequisite was however relaxed in the late nineties. Caritas became subsequently entrusted through a position financed by SDC with the coordination of programme activities implemented by non ZEW-certified, religious NGOs. In 2011, an evaluation of Caritas “Northern partners” was conducted and it was decided to no longer finance this coordination position. Since 2013, after 15 years of coordination by Caritas programme activities implemented by the remaining non ZEW-certified faith-based organisations (FBOs) have been managed by the “milk desk”.

As of today, one of the conditions for NGOs to be enrolled in the programme is the location of their headquarters, which should be in Switzerland. There are currently two exceptions to this non written rule: the Verein für Humanitäre Hilfe (VfHH) in Vaduz (Liechtenstein) and l'Organismo di Volontariato per la Cooperazione Internazionale (OVCI)-La Nostra Famiglia in Como (Italy), which used to be under the supervision of Caritas Switzerland before the latter withdrew from the programme in 2011. Approximately 50 NGOs were identified to have been enrolled in the programme between 2000 and 2013<sup>10</sup>. This number does not entail local programme implementers. The number of NGOs is fluctuating over the years, depending on the interest of their implementing partners to obtain SDPs and on the approval (or not) of their allocation requests. The number also fluctuates depending on sources consulted. 19 NGOs were involved in 2013, (source: HA Nahrungsmittelhilfe mit Milchproduktion) and 26 in 2014 (source: Schweizerische Milchzuteilungen 2014).

The following potentially problematic points pertaining to the enrolment of NGOs were raised during interviews:

### Religious nature of many NGOs

The fact that several NGOs are faith-based organisations (FBO) has been raised as a potentially problematic point in Burundi and Sudan. In Burundi, the religious nature of FBOs was seen as a potential problem if they were to be integrated in the COOF programme. In Sudan, given the current political context, delivering SDPs exclusively through FBOs (except WFP) could be potentially seen by the Government as a breach of the “do no harm approach”, although beneficiaries receive SDPs irrespectively of their origin and religion. In 2014, because of its religious nature, one local implementing NGO in Sudan, the Good Shepherd Sisters (GSS), could not assign expatriate staff in Darfur anymore. The absence of the expatriate sisters led to various problems relating to the procurement, transport and distribution of SDPs. Because of these issues, the programme with the GSS had to be ultimately discontinued.

In some cases, the person in-charge at the “milk desk” pinpointed problematic cases related to the religious nature of FBOs. In one case, SDPs were distributed after the Sunday Mass.

Some people with the HA however do not view the religious nature of FBOs as a problem. On the contrary they see it as a main strength, as most people working for FBOs are serious, reliable and dedicated. In some cases, implementers with a religious background preferred to withdraw from the programme as they could not withstand corruption attempts (Frey, personal communication, 2015).

### Provenance of coordinating NGOs

At SDC’s global programmes, the fact that coordinating NGOs have to be Swiss is seen as more problematic than the point pertaining to the religious nature of several NGOs.

### Relevance of Key stakeholders abroad

#### Target countries

Between 2000 and 2013, Swiss dairy products have been distributed in at least 81 different countries in Africa, Asia, Latin America, Europe and Mediterranean countries. In its notification to the WTO’s Committee on Agriculture, the HA specifies that *“the allocation of funds is not done based on the criteria of “least developed countries” (LDCs) or “net food-importing developing countries” (NFIDCs). Rather Switzerland contributes to food assistance operations according to the following criteria: needs (affected population; urgency and financial gaps) and potential synergies with Swiss programmes and presence of a Cooperation Office”*.

---

<sup>10</sup> Although names of NGOs are mentioned in the “Schenkungsvereinbarungsvertrag”, they are not always registered in a systematic way in the excel files put at the disposal of the evaluation team. Moreover names of a few implementers appear in the list of coordinating NGOs as well. The list may therefore not be exhaustive and 100% correct.

As the food aid programme with SDPs does not entail a strategy, countries enrolled in the programme are not targeted for allocation of dairy products as such. Countries are enrolled rather depending on the decision by the “milk desk”, after consultation and agreement with operational desks as well as with COOFS or FDFA Representation Offices<sup>11</sup> in the concerned countries, to approve requests made by Swiss NGOs and their local partners to obtain SDPs. This process explains the fluctuating number of countries: 56 in 2006 and 28 in 2014. The absence of a programme strategy is also one of the reasons why a few countries with a well-developed local dairy production industry took part in the programme. This is the case, among others, of Thailand (personal observation) and Albania (Terre des Hommes Lausanne-TDHL, personal communication, 2015), who received SDPs for years.

### Relevance of implementers of food aid

In six countries, COOFs (Burundi, Mali, Cuba, Benin and Cap Verde) or the Embassy (Sudan) are currently in charge of coordinating part of the “milk programme”. In Chile and Peru COOFs were also in charge of coordinating activities with SDPs before the programme stopped in these two countries. In Haiti and Moldova, COOFs were in-charge of coordinating activities for a short period.

Swiss NGOs (and the two NGOs from the EU) support at least one, but in some cases several implementers of food aid with SDPs in various countries. These implementers operate one to several centres, e.g. OVCI-La Nostra Famiglia in Sudan. Details about implementers and their centres are given under the chapter on effectiveness. The total number of implementing centres benefiting from SDPs could not be assessed by the team. The names of implementing centres appearing in the written requests in the “yellow files” are systematically compiled in the lists of SDPs allocation to operational divisions.

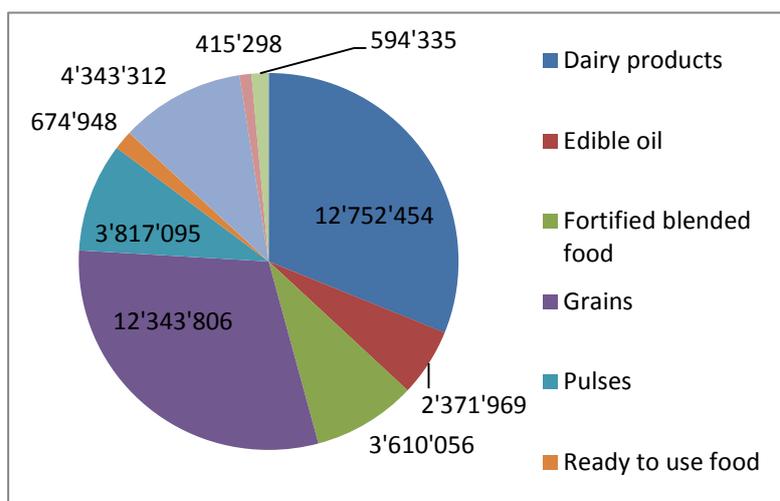
Extracts from these lists serve the budget allocation and are a component of the allocation contract (*Schenkungsvertrag*). The evaluation team did not receive this compiled and consolidated information and was not aware that it exists in this form. The team could therefore not assess how many implementing centres have been and are currently involved in the programme. In 2006, it was estimated that SDPs were allocated to 500 projects throughout the world (The Swiss Federal Audit Office 2007). Depending on the context they operate in, the same NGOs also support institutions not benefiting from SDPs. OVCI-La Nostra Famiglia for instance benefits from SDPs for its operations in Sudan and South Sudan but not in Latin America. As with the choice of countries, there are no specific criteria governing the “choice” of local implementers. The latter are enrolled in the programme if the request made by their partnering Swiss NGO has been approved by the “milk desk”. Over the last years, there has been a streamlining of local implementers for several reasons. In some cases, local implementers did not comply with the standards governing the use of dairy products in the context of food aid or monitoring requirements. In other cases, implementers could simply not cope with the allocation of SDPs anymore, e.g. the White Fathers in Sudan. In many cases, local implementers withdrew from the programme by themselves, as it was too complicated or too costly to manage. In some cases, the Swiss NGO or the local implementer found better alternatives locally.

### Relevance of WFP, its role in food aid and contribution of Switzerland to WFP

The World Food Programme is the largest humanitarian aid organisation in the world (Conseil Federal, 2012) and is the main partner of the Confederation’s Humanitarian Aid in the field of international food aid (FDFA, 2010). In 2013, Switzerland’s contribution to the WFP through the FAC amounted to roughly 49 million CHF, of which 40.9 million concerned the purchase of eligible products under food assistance. The remaining 7.8 million concern cash transfer (3.7 million) and voucher transfers (4.1 million). Details on the value of eligible products committed by Switzerland to WFP under the FAC for the year 2013 are illustrated by the chart below.

---

<sup>11</sup> In the case of allocation of SDPs through NGOs



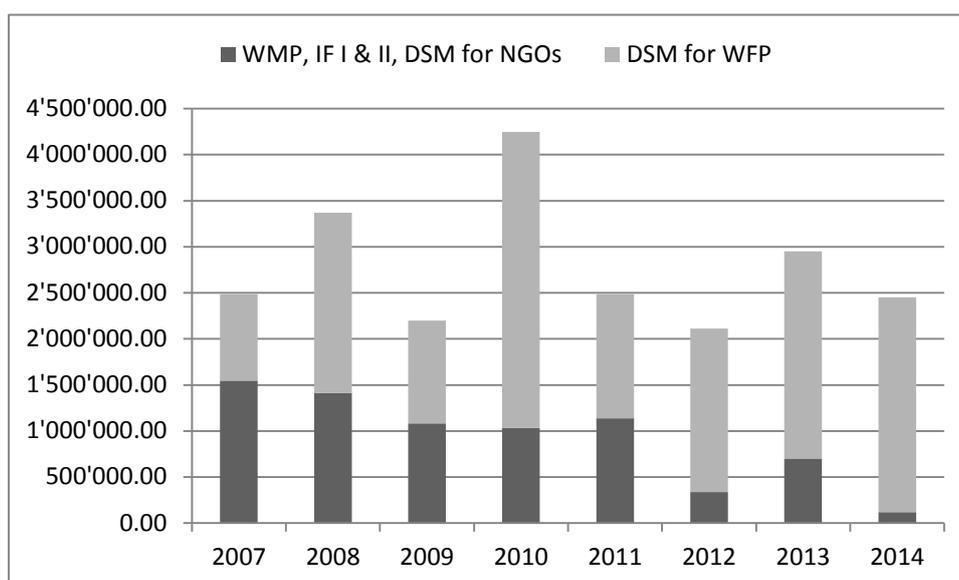
**Chart 2: value (in US Dollars-USD) of eligible food items committed to WFP by Switzerland under the FAC for the year 2013 (source: FAC report on Swiss contributions to WFP 2013)**

The value of Swiss dairy products (dry skim milk) and grains make out the bulk of the 40'923'273 million CHF devoted to food assistance through WFP in 2013.

These two commodities are followed by rice, pulses and fortified blended food. Edible oil, Ready-to-Use food (RUTF), sugar and salt make out the remaining amount.

Approximately 32% of the value of in-kind food aid committed by Switzerland in 2013 to WFP was purchased locally, while the rest concerned triangular purchases, e.g. high energy biscuits (RUTF) procured in Indonesia and used in Afghanistan or yellow split peas (pulses) purchased in Russia and allocated to Liberia.

Until a few years ago, two thirds of SDPs went to Swiss NGOs and one third went to WFP. This proportion has reversed in the last few years and WFP now receives between 50% and 80% of the total quantities of SDPs allocated, as illustrated by the following chart.



**Chart 3: quantities (in kg) of Swiss dairy products delivered to Swiss NGOs and WFP for the years 2007 to 2014 (Source: Uebersicht Bestellungen 2007-2014 INB 02.02.2015)**

The large variations in total annual volumes observed over the years are due to unit price variations of SDPs. Quantities are adjusted according to prices in order to fit within the overall budget line approved by the Parliament, which has remained constant at 20 million CHF since 2001. Expenditures within this envelope vary over the years: in 2000 the programme expenses were 17 million CHF, while in 2009 they amounted to 20.2 million CHF. The drop in quantities allocated to NGOs from 2011 onwards is partly related to the withdrawal of Caritas from the programme in 2011 and the subsequent progressive disengagement of some of its partner implementing centres until 2014.

### Relevance of aid with Swiss dairy food for beneficiaries

The Humanitarian Aid states that “*all victims of crises receive assistance without distinction based on race, gender, language, religion, political opinion or membership of a particular social group*”. In the “milk programme”, the standards governing the use of dairy products implicitly define two main groups of beneficiaries:

- Beneficiaries who are not affected by a disease or malnutrition (infants and the elderly, children in schools, child-care centres, orphanages etc.)
- People suffering from a disease and/or malnutrition and who receive therapeutic and/or complementary feeding (people suffering from HIV-AIDS, leprosy etc.)

According to the standards, SDPs are targeted at the first group, which supposedly makes out 95% of the target beneficiaries. This is however not the case anymore. The analysis of a sample of data collected from the field showed that the majority of beneficiaries receiving SDPs are malnourished people. This point will be elaborated upon in the chapter on effectiveness.

## 8.2. Effectiveness

### 8.2.1 Effect on stakeholders in Switzerland

#### Swiss dairy producers

There are currently 23,000 dairy producers in Switzerland (Genoni, 2015). In 2013, 3,428,611 Mt of milk were marketed in Switzerland (BSM, 2013), of which approximately 27,000 T<sup>12</sup> were processed into SDPs (2,900 T powder) used in the food aid programme. Expressed in milk equivalents, SDPs used in the food aid programme thus represented a share of app. 0.8% of total milk marketed in Switzerland in 2013. With an average milk price of 0.67 CHF/kg for the A milk segment in 2013 (BOM-IP Lait, 2015), the value of SDPs allocated to the food aid programme accruing to Swiss milk producers amounted to approx. 18 million CHF in 2013. It is not possible to assess how many farmers directly benefit from the programme, as such data is not available. This simple calculation however shows that Swiss tax payer money used to purchase SDPs from Swiss powder processors has a leverage effect in Switzerland and directly benefit Swiss dairy farmers.

---

<sup>12</sup> Milk has a dry matter of 12.5%, 100g milk contains 87.5g of water. The water content of powder amounts to approx. 3%, so roughly 12.9g of full fat milk powder can be obtained from 100g full fat milk. In other words,  $100/12.9 = 7.6$  lt. of full-fat milk (4.2%) is required for 1kg of whole milk powder. For skim milk, the calculation is the same. The whey has a dry matter of 12.5%-4.2% (butterfat)= 8.3% DM per lt. skim milk. This gives 11.7 lt. fat-free milk for 1 kg fat-free powder (Denkel, personal communication, 2015). App. 2/3 of SDPs are DSM and 1/3 are WMP.

## Milk powder processors

Only a small proportion of the milk powder produced is exported through the food aid programme. In 1995, an analysis of the delivery of milk powder within the international food aid by Switzerland was carried out by two experts from the Swiss Federal Institute of Technology in Zurich (Häfliger and Rieder, 1995). Milk powder attributed to food aid made out between 16% and 22.6% of the total powder production in the case of whole milk powder and 7.5% to 9.8% in the case of dry skim milk (for the years 1989 to 1994). Latest figures show that Swiss DSM allocated to food aid made out 9.7% of the total DSM powder produced in Switzerland in 2010, 4.7% in 2011 and 6.1% in 2012 (Milk statistics<sup>13</sup>). Overall SDPs destined to the food aid programme make out approx. 4% of milk powder produced in Switzerland (Milk statistics).

Further aspects relating to milk powder processors are discussed under the efficiency chapter.

## Types and volumes of products procured by the HA

Every year between 2001 and 2014, the HA has bought various types of SDPs, ranging between 1,700 T and 4,090 T<sup>14</sup>. The products used under the programme are the following:

**Table 1: types and prices (CHF/kg) of Swiss dairy products used under the food aid programme**

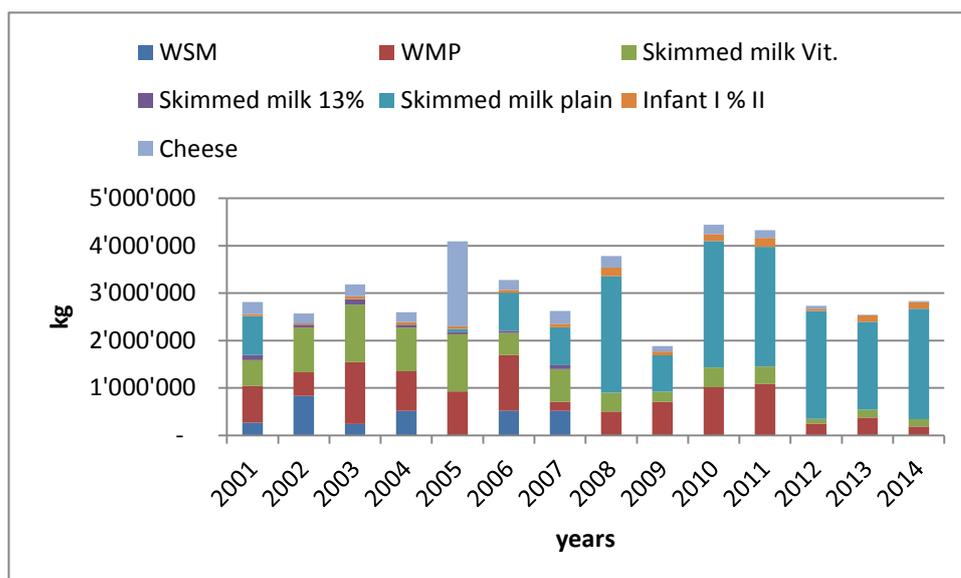
	Specifications	Conditioning	Price/kg
<b>Whole milk powder</b>	Spray dry, UNICEF standards quality, no added sugar	5 kg can (gas packed)	8.39
<b>Dry skim milk powder</b>	Spray dry, 95% DSM, 5% sugar, 7'000 U. Vit. A., 10 U. Vit. E/100 gr.	6 kg can (gas packed)	6.56
<b>Dry skim milk powder 13%</b>		can	7.38
<b>Plain dry skim milk powder</b>		25 kg double walled paper bags	4.57
<b>Infant formula I</b>	No added sugar	5 kg can (gas packed)	7.56
<b>Infant formula II</b>	No added sugar	5 kg can (gas packed)	7.68
<b>Processed cheese</b>		425 gr can	9.52
<b>Wheat Soy Milk</b>	No specifications, product not used since 2008 anymore		

Content and formula of each product are specified in the standards and on the can labels (ref. annex XII).

The following chart shows volumes of various types of SDPs procured by the HA between 2001 and 2014.

<sup>13</sup> All statistics available at <http://www.swissmilk.ch/de/produzenten/milchmarkt/zahlen-fakten-milchmarkt/statistiken.html>

<sup>14</sup> Figures for the year 2000 are not complete



**Chart 4: quantities (in kg) of various types of Swiss dairy products delivered to Swiss NGOs and WFP for the years 2000 to 2014 (Source: Zuteilungen 2000 to 2014)**

Between 2001 and 2014, a total of 43,689 T of SDPs were procured and allocated by the HA by the food aid programme. The three categories of skim milk, (1) plain dry skim milk, (2) vitamin enriched dry skim milk and (3) partially skim milk with 13% fat makes out the bulk (59%) of this overall volume. Whole milk powder represents 22% of the total volume. Cheese makes out 9%, while Wheat Soy Milk (WSM) makes out 7% and infant formula represent only 3% of total volumes delivered. Since 2008 WSM and partially skim milk with 13% fat content have not been procured anymore.

## 8.2.2 Effect on beneficiaries in recipient countries

### Monitoring approaches of WFP and NGOs by SDC

SDC's monitoring approach of the "milk programme" includes the following tools:

- Applications for the allocation of SDPs made by local implementers to the Swiss NGOs every second year and forwarded to the "milk desk". Figures in the application forms are compared over the years and help to monitor whether the numbers of beneficiaries increase or decrease and how the general situation evolves in each country.
- Receipts filled by the implementing centres upon reception of SDPs and sent to the milk desk via coordinating NGOs.
- Report on utilisation of SDPs to be delivered every second year to the NGO by each implementing project.
- Reports of monitoring trips (*Dienstreiseberichte*) by the "milk desk" to different countries on an annual basis or every second year, as well as occasional visits by staff in charge of the milk programme at COOFs or by desk officers.

Monitoring does not entail elements such as annual consolidated reports by the "milk desk" showing aggregated figures about annual volumes of milk distributed, the number of local implementers, the number of beneficiaries reached in each category and the impact of SDPs on their health or other indicators. Reports on utilisation are merely administrative reports giving information on outputs of the programme as well as limited, very qualitative and subjective information on outcomes.

Moreover, hardly any evaluation of the milk programme has been made since its inception. It was partly evaluated:

- Financial audit conducted by the Federal Department of Finances in 2007
- The report on the effectiveness of Switzerland's international cooperation in agriculture in 2010
- An analysis of milk powder deliveries to Switzerland's international food aid (Häfliger and Rieder, 1995).

A few of the larger NGOs (e.g. Terres des Homme Genève-TdHG, Salvation Army, Morija) have tried to integrate the programme with SPDs within clearly defined projects including a logframe, but the majority of local implementers did not.

The SDP programme was not designed as a "classic" project or programme with specific objectives, a logframe and indicators to measure outcomes and impact on beneficiaries. The programme was originally designed with the objective to dispose of Swiss milk surpluses (Piguet, 2002).

Even if this objective is not stated anymore in the more recent Federal Council's Dispatch, it is still considered to be a hidden objective by many stakeholders, including within SDC. The current implicit objectives of the food aid programme with dairy products, to prevent irremediable physical and mental consequences of undernutrition and their negative consequences on the development of the region where they are delivered, are in line with the main objective of the HA which is *"to help save human lives where they are at risk and to alleviate suffering through preventative measures and relief. The primary focus is on the victims of natural disasters and armed conflict"* (Source: Federal Law of 19 March 1976 on International Development Cooperation and Humanitarian Aid).

The supply of SDPs is mentioned in some regional strategies, e.g. SDC's cooperation strategy for the Great Lakes region 2013-2016 or SDC's Cooperation Strategy in Sudan 2013-2016 (under Food Security and Livelihoods), but without specific indicators linked to the food aid programme with SDPs.

From the different interviews and documents, the evaluation team sketched out two implicit objectives of the programme with SDPs:

- (1) **Health and Nutrition:** SDPs allow to improve the nutritional status and healing rates of target beneficiaries and thus to save lives
- (2) **Education:** SDPs used in school feeding programmes allow improving school attendance and students' results. In such programmes, SDPs simultaneously bear a nutritional component.

The impact of SDPs on beneficiaries' health, including cognitive abilities could not be assessed globally, as the HA does not have mechanisms to measure the impact of its milk programme. As already mentioned, the HA can rely only on the utilisation reports, which rarely entail detailed and proper impact monitoring. Most implementing institutions visited keep records of anthropometric measures (weight, size, Mid-Upper Arm Circumference (MUAC) measurement, age, health problem(s) as well as treatment administered incl. the attribution of milk powder, therapeutic formulas F75, F100 or "kwashmilk" (for specifications of the products ref. to annex XIII).

In order to tentatively assess the impact of the programme on beneficiaries, the evaluation team proposes to use an impact pathway model, discussed during the inception meeting. The initial version was slightly modified after field visits and an adapted version is presented in annex XIV. The impact pathway allows evaluating the programme's possible outputs, outcomes and impacts.

**In order to facilitate reading, outputs and impacts of the programme are treated together.**

### Products received

The very high quality of products, in terms of their intrinsic nutritional properties, palatability and appropriateness was praised by NGOs, their implementing partners and the WFP. In that regard they are in-line with the **four pillars of food security** (available, accessible, stable and easy to use). The two evaluators who visited implementing centres in five countries in Africa tasted various products (yoghurt, porridge, liquid milk) and agree that the quality of the products is high. In Sudan, people prefer whole milk powder to skim milk powder, the latter's taste is not appreciated if consumed in liquid form.

This is especially the case for people who were used to WMP. When DSM was used in liquid form it caused diarrhoea, so that the clinic reversed to WMP for liquid consumption (Edwards, personal communication, 2015). Preference for or better tolerance of WMP was also mentioned by some, but not the majority of the local implementers in West Africa.

Nowadays, processed cheese is used in few countries, in the last 3 years mainly in South Africa, Algeria, Indonesia, Romania, Moldavia, Bolivia, Chile and Peru. Processed cheese is mostly taken as snacks (sandwiches) in school feeding programmes.

Three issues pertaining to the quality of SDP were raised during field visits:

- (1) Although the **quality and appropriateness of packaging** is largely found to be suitable, it has been questioned in some specific cases:  
Implementers and beneficiaries appreciate the cans, as they can be used for various purposes once empty (e.g. storing grains and pulses). Hochdorf, the only milk processor who has not yet outsourced packaging, would nevertheless welcome other packaging forms (e.g. airtight sachets) than cans. Some implementers would appreciate smaller cans, especially in the case of milk powder as take-home rations.

The handling of milk powder for re-packaging in smaller cans or plastic bags, as widely practised by implementing centres, is time consuming and bears hygienic risks.

For WFP, DSM is packaged in 25 kg double-walled paper bags, with a plastic lining inside. The bag size is ideal in most beneficiary countries where handling is still done manually. The quality of the paper bags is however problematic under certain circumstances. This is the case in Sudan, where long distances, different storage points between point of arrival in Port Sudan (first store) and the end point (mixing plants) in West or North Darfur require frequent loading and unloading. Extreme weather conditions ranging from hot and dry to hot and humid and rough road conditions can damage the bags. Several of the bags were damaged upon their arrival at WFP's warehouse in El Fasheer (North Darfur) on the day of the evaluator's visit. The warehouse keeper and other WFP staff in El-Fasheer requested to bring up the matter at the "milk desk" and/or to discuss it with processors. The staff in-charge at the warehouse would prefer to have a superior bag quality, similar to "big bags" (thick polypropylene) or to Supercereal bags used at the mixing plant. The matter was discussed at the "milk desk" by the evaluator upon her return from Sudan.

- (2) The **shelf life issue** has been raised in reports from the field, in correspondence between the "milk desk" and milk powder processors, as well as by several stakeholders during field visits. The shelf life of the products is guaranteed for 24 months from the date of production. The guarantee pertains to "standard" Swiss storage conditions, which are different in many other countries due to prevailing high temperatures and humidity. The Sudanese Standard and Metrology Office (SSMO) administratively sets the shelf life at 1 year from the day of entry into the country, irrespectively of the "true" shelf life. This has important operative repercussions for WFP in Sudan, where beneficiaries are located far away from the entry point of SDPs and

where an all year round distribution of products is necessary.

Visits of stores at implementing centres made by the team in all five countries revealed however no outdated SDPs in stock. This shows that centres are able to cope well with the shelf life issue.

- (3) In a few cases (e.g. in Bukina Faso and Ivory Coast), cans of milk powder were bloated and their content was rancid. They were declared improper for consumption. In one case, a contamination allegedly with listeria could not be verified by independent services (this case will be elaborated upon in the efficiency chapter).

### Target beneficiaries

The fact that the programme reaches different types of beneficiaries through different types of structures complicates the impact analysis. For this reason, this chapter is structured as follows: a short description of the type of end beneficiaries and the structure delivering milk are given first. Second, output, outcome and impact will be discussed for each category.

### Who are the beneficiaries of the SDP programme and how is milk delivered to them?

#### Malnourished People

SDPs are used both to prevent Moderate Acute Malnutrition (MAM) or Severe Acute Malnutrition (SAM) (ref to definitions in annex VII) and to combat them.

The main beneficiaries of these categories are children and pregnant and lactating women (PLW). Other adults are also treated against malnutrition.

The typical duration of the treatment ranges from a few weeks (for SAM) to a few months (MAM). In the treatment of SAM, milk powder is often used as a therapeutic milk formula (“kwash milk”). In the treatment of MAM, the prevention of malnutrition, it is rather distributed as blended food mixed with cereals and/or pulses as well as other ingredients such as oil and sugar. PLW may also receive the milk in liquid form.

#### Infants who cannot be (enough) breastfed and their mothers.

The standards specify that infants shall be breastfed whenever possible. However this is not always possible, for the following reasons:

- a. Orphans: the mother died or the baby was abandoned.
- b. The mother is affected by a contagious disease and/or takes drugs which are not compatible with breastfeeding (TB, HIV, Cardiopathy, etc.).
- c. The mother has breast problems (abscess, mastitis, etc.) which render breastfeeding temporarily impossible.
- d. The infant has a handicap which makes breastfeeding difficult (e.g. harelip)
- e. The mother has no or a weak lactogenesis, has twins or triplets.
- f. Preterm infants and infants with very low birth weight.
- g. Malnourished infants.

In such cases, the duration of the treatment goes from 6 months to two years, except in the case of c) and e), where the allocation of infant milk may be temporary until the problem is solved.

The food aid programme with SDPs proposes infant formula I adapted for infants aged from birth to 6 months and infant formula II for infants aged from 6 to 12 months. In accordance with WHO, UNICEF and national strategies, the standards governing the use of dairy products in the context of food aid with SDPs emphasise the WHO recommendations regarding exclusive breastfeeding. (WHO, 2003) and (WHO, 1999).

The standards specify that infant formula can be used if breastfeeding is insufficient or not possible, but they do not give detailed information on these aspects.

On the other hand, a list of acceptable medical reasons for supplementation of infants with artificial milk has been developed by WHO and UNICEF in 1992 and was revised recently (WHO and UNICEF, 2009). It is acknowledged by UN institutions as well as many development partners that almost all mothers can breastfeed successfully.

As a consequence, all nutrition programmes promote exclusive breastfeeding for the first 6 months and continuing breastfeeding, along with appropriate complementary food up to 2 years of age or beyond (WHO and UNICEF, 2009). Only a small number of health conditions may justify a temporary or permanent stop of breastfeeding, and this concerns only very few mothers and their infants.

Thus, the delivery of infant milk is acceptable in all the above mentioned cases, except point e). In this case, efforts should first be put made to stimulate lactogenesis or re-lactation by the mother (WHO, 2013), using supplementary suckling approaches (especially when the baby is malnourished and has not enough strength for suckling to stimulate lactogenesis (World Bank, 2012). This is also recommended by national nutrition protocols for management of severe malnutrition.

Stimulating the lactation is done at various degrees in the different centres visited, by using galactagogic drugs and by improving the nutritional status of the mother with high density food rations containing or not SDPs. The success rate ranges from 50% to almost 100% depending on the health centre visited, if estimations provided by the employees are correct. According to UNICEF (Leonard, personal communication, 2015), the success rate should be close to 100% in all cases.

In the case of orphans or abandoned babies, WHO states that *“if breastfeeding is not possible, wet nursing should be encouraged and all potential wet-nurses shall be tested for HIV”* (WHO, 2013). However, according to all partners visited, this is not feasible because of the risk of HIV transmission and the difficulty to find wet nurses.

### Patients in hospitals

In some hospitals and rehabilitation centres, different kinds of patients may receive milk rations to help them to recover more quickly (e.g. more rapid healing of bone tissues after operation) and to improve their nutritional status. The typical treatment period lasts some days or weeks. The milk is allocated centrally as long as the patients are hospitalized. In some cases, patients may take home rations when discharged.

### Children in (boarding) schools and orphanages

These beneficiaries are in principle healthy children (though often close to malnutrition) who receive SDPs on a regular basis. SDPs allow diversifying the diet, enriching it with high value proteins and preventing malnutrition. Another objective of allocating milk in schools is to increase the children's attendance, concentration and ultimately increase the students' success rate. In all 5 countries, the frequency of allocation of SDPs in the schools ranges from daily (sometimes even twice daily) to once a week. The milk is delivered in liquid form, mixed with cereals as blended food or as yogurt.

### Disabled and elder people

SDPs are distributed in structures taking care of physically and/or mentally disabled people, mentally ill people and/or elderly persons. These persons may be abandoned or not by their families. Their stay in these structures may last from some weeks to an indefinite period. In some rehabilitation centres, e.g. Khartoum Cheshire Home or Usratuna Centre in Khartoum, handicapped

children and youngsters may visit the centre periodically (weekly or monthly). Milk is distributed in liquid form or mixed with cereals, once or several times per week or even daily.

The objective of this allocation is to improve the health status and nutritional condition of affected people, in particular the ones who are not able to ingest solid food anymore (elderly, people affected by cerebral palsy etc.).

### **HIV patients and other chronically ill patients (TB, leprosy)**

SDP products are/were distributed to HIV-AIDS affected patients and to infants not breastfed because their mother is affected by HIV-AIDS.

HIV-AIDS patients may receive SDPs either centrally (in very few cases) or as take-home rations (in the majority of the cases). The objective is to improve their overall nutrition status and thus strengthen their immune system. It also improves the acceptance or the effect of Antiretroviral Drugs (ARV) or the cure rate. Another objective may be to increase the adherence to treatment, as for example for TB patients in Dabou hospital in Ivory Coast.

Until recently, infant formula was distributed to babies of infected mothers with the objective to avoid the transmission of HIV through the maternal milk. However, in the light of latest research on this issue, WHO, UNICEF and the protocols for national health agencies, as well as the WHO 2013 guidelines recommend that HIV-AIDS affected mothers can breastfeed their infant until one year of age or even beyond, provided the infant is treated with AVR as well.

### **Refugees and internally displaced people (IDPs)**

In Sudan alone, WFP aims to reach 3.076 million people with general food distribution in 2015, of which 88% live in the five Darfur States<sup>15</sup> (WFP, 2015 Facts and Figures). According to people interviewed at WFP and according to secondary sources (e.g. WFP's strategic shift 2013-2014), SDC has been donating SDPs to WFP in Sudan since 2009. Actually, SDC has been distributing SDPs in Sudan since at least 2001 (Source: Uebersicht Zuteilungen 2000-2014). Since 2009, SDC has been supporting WFP with in-kind donations of DSM to prevent seasonal peaks of acute malnutrition in Darfur through emergency Blanket Supplementary Feeding (e-BSFP). The enhanced nutrition premix, composed of DSM, Supercereal and sugar, given together with oil distributed on the side, serves as an add-on to the general food ration distributed in IDP settlements during the lean season. It was targeted at all children below 5 years of age. In 2012, WFP's new nutrition policy was endorsed and marked a shift towards targeting prevention of malnutrition within the first 1000 days. This new approach, called integrated Supplementary Feeding Programme (i-BSFP) is a community-based prevention intervention, which comprehensively addresses the food needs of targeted groups and underlying causes of malnutrition (Source: WFP strategic shift 2013-2014).

Most beneficiaries of the food aid programme with SDPs are IDPs in West and North Darfur, the two areas where DSM is used with the community-based i-BSFP approach.

Part of SDPs distributed by NGOs in Khartoum are also addressed to IDPs as well as to Refugees who live in the suburbs of the Capital City. SDPs allocated in Sudan are therefore largely targeted at the needs of beneficiaries in protracted emergency, mainly women and children in the 1000 days window of opportunity.

### **Other beneficiaries**

There exist other, small groups of beneficiaries, e.g. prisoners (male, women and children) as well as street children. Some local implementers are specifically dedicated to helping these groups of disadvantaged and often neglected people. One of them is Saint Vincent de Paul (SVDP) in Sudan, who has been distributing SDPs to as many as 16 centres, including one women prison and homes for street children.

---

<sup>15</sup> others being in East Sudan, North and South Kordofan and the Blue Nile States

In very few cases, beneficiaries are not well identified. For example in North Korea, where the reasons for the presence of children in so-called orphanages could not be assessed and verified (Fissler, personal communication, 2015).

### **Which structures do deliver milk?**

SDP are distributed through the following structures:

#### **Health structures**

Primary structures can be either hospitals, primary health structures or some specific services in these structures, such as paediatric sections, Santé maternelle et infantile (SMI), rehabilitation centres for handicapped or the TFC. The major share of SDP is delivered through these channels. These health structures are to a large extent private and religious, mostly Christian. However, a large share of them is integrated within the national health system (carte sanitaire) and may benefit from some support from the State (assignment of personnel, subsidies for specific health services and medicines, RUTF). Some structures are fully private and not integrated in the State grid. Many of these health structures are located in remote rural areas or poor urban or sub-urban areas. Their mission is to provide the poorest with access to affordable and good quality services. It seems that many of them offer relatively high standard quality services compared with the country standards. Some structures, like Abu Rof Clinic in Sudan or the Mutumba hospital in Burundi have been operating for decades, which is even longer than the food aid programme with SDP that started in the fifties.

#### **Orphanages**

The orphanages benefiting from SDPs are private, religious structures. They may take care of abandoned children and children (babies) whose mothers are dead but who still have a well identified family. The children of the second category may be welcome for some weeks or months after birth up to a few years. However, the newest policies recommend a decentralised care arrangement for such babies in order to support their (re) integration within the family. Thus, some orphanages propose take-home rations of infant milk. Depending on the country, the legitimacy of orphanages is strongly debated. In Rwanda and Burundi, after abuses and misuses have been noticed in these structures, there is a heavy pressure to close a majority of them and to closely monitor the functioning of the remaining ones. In Burundi, UNICEF has published guidelines to monitor orphanages. It is recommended that the “milk desk” takes into consideration such standards when selecting orphanages where SDPs should be delivered.

#### **Schools**

Schools delivering SDPs are also often religious, private structures. They may benefit or not from national school feeding programmes. Schools are sometimes linked to orphanages or to institutions for physically or mentally disabled children. This is for instance the case of Usratuna Centre supported by OVCI-La Nostra Famiglia in Sudan, which hosts a kindergarten for children with or without moderate disabilities, a vocational centre for physically and/or mentally handicapped youngsters and a clinic. Another example is St Kizito Centre in Burundi, which is primarily a rehabilitation centre for physically disabled children, but also including a boarding school. This school is also open to external children without disabilities.

#### **Homes for disabled and elderly people**

These structures may or may not be linked with health structures. Very often they are private religious structures with almost no support from the State. They may play an important role for the care of totally neglected people, who are rejected by their family and do not belong to the target population of other development stakeholders.

## Organisations working with People living with HIV-AIDS (PLWHA)

This category is less homogenous. This type of structure can be more or less integrated within health structures and may be more or less supported by the State.

### IDP or refugee settlements

IDP settlements where SDPs are allocated are mainly in Sudan (IDP settlement in Darfur) and in Algeria (Sahrawi refugees). In Sudan, interventions in IDP settlements are managed by International NGOs (e.g. Relief International in Zamzam settlement, Médecins sans Frontières Spain in Kutum, North Darfur, German Agro Action etc.) or local NGOs.

### Box 2: Specific cases of Sudan and DPRK

In Sudan and DPRK, the DSM value chain encompasses an additional step before it reaches beneficiaries.

In **Sudan**, DSM is unloaded and stored in Port Sudan and transported by trucks to El-Obeid intermediary store in North Kordofan State. From there it is further dispatched and transported by truck to the stores either in El-Genaina in West Darfur or in El-Fasheer in North Darfur. At one of the two blending factories, DSM is mixed with Supercereal<sup>16</sup> (also donated as in-kind food aid by several countries) to a standardised 4.2 kg premix sufficient for one person for one month (3.6 kg Supercereal, 600 gr. DSM). This ration is then distributed to IDP settlements, where the beneficiaries receive them as take-home monthly rations together with oil. At home the beneficiaries cook the premix with water and oil. WFP's food aid in IDP settlements in Sudan is implemented by local NGOs and institutions as well as INGOs (e.g. Relief International).

In **DPRK**, DSM donated by the HA is used in six local factories for the production of blended food (equivalent to Supercereal Plus), more specifically as Corn Soy Milk (CSM), Cereal Milk Blend (CMB) or Rice Milk Blend (RMB). Of all products, RMB contains the highest percentage of DSM and is distributed to children in paediatric hospitals and wards as supplementary food for rehabilitation (SDC-DPRK, 2012). Blended food is distributed by WFP at institutional level (orphanages, paediatric wards/hospitals, kindergartens and nurseries) or at household level in the case of PLW.

## How many beneficiaries receive milk products?

The reports on utilisation would allow getting an idea about the **average number of beneficiaries**, if the data were compiled.

So far this was not done, probably because it would be very time-consuming. Under the current monitoring system, compiling such data would meet the following difficulties:

- In many cases, data found in application forms do not reflect the reality. Different implementers have stated that they report data which fit with the application they have made rather than with the actual number of people they have treated. This may be partly explained by the difficulties mentioned in the next point.
- It is often not clear whether the number of beneficiaries reported by the implementing structures is calculated on an average monthly or yearly basis and how long the treatment lasted. Different NGOs also categorise beneficiaries in different ways. The standards on the use of SDPs do not clearly define these categories and some categories overlap. Clear instructions of how to calculate milk quantities according to the type of beneficiaries and clear definitions of objectives or methods of milk distribution should be elaborated. This

<sup>16</sup> Containing sugar

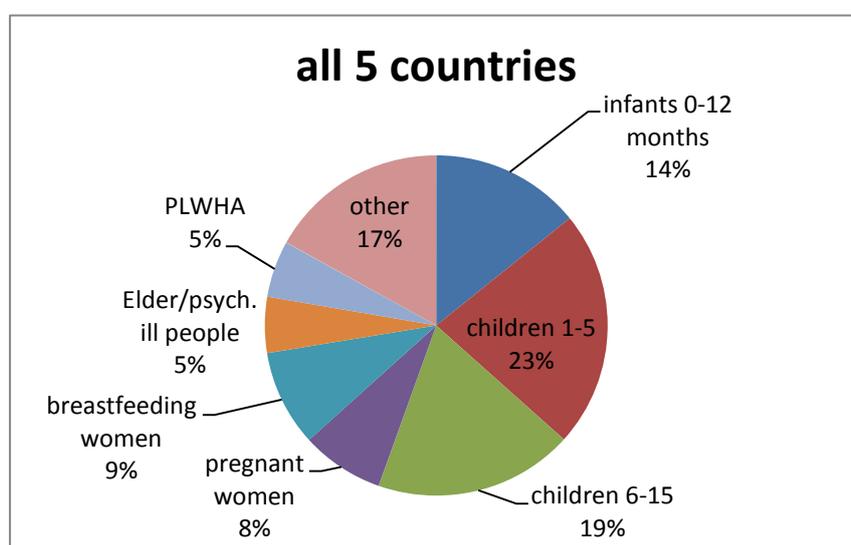
would greatly help the implementing structures for the preparation of the allocation requests and monitoring.

- Most of the data exists on paper only. It would be quite time-consuming to compile it in a database or Excel sheet.

Some implementers such as TdH Genève and the Salvation Army were or are still making considerable efforts to put their own monitoring system in place in order to get these data. As mentioned in the previous chapter, it would be worth to capitalise and coordinate these efforts, in order to get a homogenous but flexible system adapted to each beneficiary category, without adding too much to the work burden associated with administrative issues.

Although the categories of beneficiaries proposed in the application form do not fully overlap with the types of beneficiaries identified during the evaluation, the evaluators tried to estimate the relative share of each category of (intended) beneficiaries from a sample of local implementers.

The following chart shows the proportion of beneficiaries (n=33'797) getting SDPs, from a sample of local implementers (n=116) within the five visited countries <sup>17</sup>.



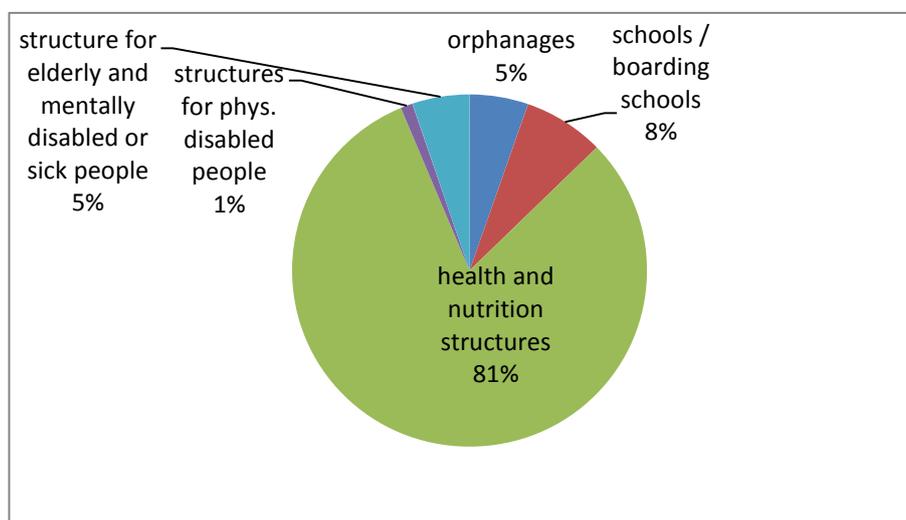
**Chart 5: share of end beneficiaries of SDP in a sample (n=116) of local implementers in Sudan, Burkina Faso, Ivory Coast, Burundi and Rwanda (n target beneficiaries = 33'797 on average per month).**

The following findings can be highlighted:

- Children, including infants, represent more than half of the beneficiaries
- PLW represent another important target group with more than one fourth of beneficiaries
- The share of PLWHA is underrated. It may also be part of the “other” category, as well as in the children and women categories.
- The “other” category consists of hospital patients and chronic ill patients such as TB patients, PLWHA, social cases, etc.
- The share of infants is surprisingly high, though it varies a lot from one country to the other. It is close to zero in Rwanda and Sudan where no infant milk is/was delivered, and close to 20% in Burkina. It justifies the necessity of improving management aspects related to the use of infant milk.

<sup>17</sup> Numbers which figured in application forms (“yellow files”) were taken. Values are supposed to reflect the average monthly number of beneficiaries

The following chart and table give an overview of how a sub-sample of these target beneficiaries is spread over different types of institutions distributing SDP.



**Chart 6: proportion of different categories of local implementers (n=76) from a sub-sample of target beneficiaries (n=23'512)**

**Table 2: number of target beneficiaries (n=23'512) per category of local implementers (n=76)**

	Orphanages	Schools / boarding schools	Health / nutrition structures	Structures for phys. disabled people	Structures for elder and mentally. disabled or ill people	Total
<b>Total</b>	<b>1'259</b>	<b>1'730</b>	<b>19'036</b>	<b>261</b>	<b>1'226</b>	<b>23'512</b>
Infants 0-12 months	212	0	3'550	115	1	3'878
Children 1-5	257	230	4'574	50	3	5'114
Children 6-15	704	1'495	3'913	65	15	6'192
Pregnant women	15	0	2'124	15	1	2'155
Lactating women	0	0	1'422	0	0	1'422
Elderly people	0	0	399	15	739	1'153
PLWHA	0	0	1'145	0	0	1'145
Other	65	0	1'857	0	455	2'377
Number of local implementers evaluated	6	5	52	1	12	76

It appears that:

- Health structures, including nutrition programmes, are the largest beneficiaries of SDPs. There SPDs are very often used to prevent and treat malnutrition, but also to help in-patients to recover more quickly. Data from Abu Rof clinic in Khartum indicate that for the period 2007 to 2014, 77.7 % of the patients received milk to treat malnutrition, 4.95% were TB patients, 12.93% received it for other medical indications, the rest belonged to other groups.
- One third of children aged 6-15 receiving SDPs are found in orphanages and schools, while the large majority of children below five years of age are found in health and nutrition structures.

In Sudan, SDPs are targeted at different groups of beneficiaries depending on the implementing agency: charities (FBOs) target urban poor, an often neglected group of people of which many are actually refugees or IDPs, while WFP targets IDPs and increasingly refugees from South Sudan living in camps.

WFP therefore does not use the same beneficiary categories as NGOs. Since 2009, it has used IDP profiling in camps (IDP PC) in order to group beneficiaries according to their vulnerability status. IDP PC aims at narrowing and better targeting supplies to specific needs of specific population groups within IDPs rather than targeting all IDPs irrespectively of their real needs as was previously done.

Needs are assessed through the food security monitoring system. Highly vulnerable groups will be provided with General Food Distribution (GFD), while medium vulnerable groups will be provided with GDF and Food for Assets (FFA). Low vulnerable and non-vulnerable groups receive Food for Education (FFE) and nutrition support.

- In 2014 in Sudan the number of beneficiaries benefiting from SDPs through the WFP programme was estimated at 363'000, of which 280'500 were children under 5 years and 82'500 were PLW. Eighty five percent of DSM is distributed in Darfur and 15% in Central, Eastern and Three Areas (CETA).
- In DPRK, DSM is delivered to a similar target group (children under 5 years and PLW). DSM is estimated to have been distributed in one form or another (RMB, CMB or other blended mix containing DSM) to 1.4 million beneficiaries in 2011 (SDC-DPRK, 2012).
- In Algeria, DSM is distributed as liquid milk to children in kindergartens and primary schools in Sahrawi refugee camps (WFP and UNHCR, 2012).
- In other countries where DSM are occasionally used by WFP (Djibouti, Nicaragua), the type and number of beneficiaries could not be assessed.

The person in-charge of the "milk programme" at the Swiss Embassy in Khartum advises not to change the beneficiaries targeted by NGOs, but rather the way how to work with them.

### **How much milk do beneficiaries receive?**

With some exceptions, the quantity of milk ordered and the quantity of milk arriving at the final implementing partners match quite well. In some cases, cans are taken for analysis purposes at the custom. There were very few reports of milk disappearing during the transport. In 2014 in Sudan, a large consignment of SDPs for the Good Shepherd Sisters was stolen by a former staff of SVDP. The latter had agreed to temporarily store SDPs in Khartum on behalf of the GSS in Darfur. The case had created tremendous problems for SVDP and GSS, who have withdrawn from the programme since. The Swiss Embassy had threatened to bring the case to the court if it was not solved.

A similar case was reported with OVCI in South Sudan in 2013. During the transport between Mombasa and Juba, 12 T of SDPs with a value of 100'600 CHF disappeared. In Chile, almost 3 T of SDPs were also stolen in 2012. When SDPs are delivered, local implementers have to sign a receipt declaring the amount of milk they have received. In Ivory Coast these receipts are not

filled and not always signed by local implementers. It is therefore not always clear whether local implementers finally get the amount declared. In very rare cases, it seems that not all SDPs reached the local implementers.

The amount of milk delivered by local implementers to beneficiaries is stated in the reports on utilisation. From the latter it is however difficult to estimate the amount per beneficiary. Some information on these aspects could be obtained from the interviews, but more specifically from the study of the registers which were made available by the local implementers. They try to make sure that the milk is not stolen while stored by keeping the cans in closed rooms and holding stock cards. There was no report of milk stolen from the stores in the centres visited. When the milk is prepared centrally, it is often also consumed by some employees. This however does not represent a large share of the milk and it would be difficult for the centre to forbid this practice.

In one hospital, it was reported that all 74 employees were receiving 1kg of milk per month, which means that important quantities were diverted.

In one case, the milk was also used to pay the people who were in charge of unloading the milk from the truck.

The main findings regarding quantities of SDPs received by beneficiaries are the following:

- People treated for SAM and MAM receive SDPs for a few weeks up to a few months. Daily quantities range between 27.4 g and 50 g. Some NGOs state that the official average daily quantity of 27.4 g is not sufficient to treat people suffering from undernutrition. The recipe to produce therapeutic milk for the treatment of SAM is given in the standards. The standards however do not clearly specify which daily quantities should be given to beneficiaries. Some NGOs have expressed the wish to have clear recommendations and recipes to deliver milk for the treatment of MAM and SAM.
- Infants receive Infant formula I for a duration of 6 months and Infant formula II for the following 6 months or until they gain the adequate weight. Quantities required are higher than for WMP and DSM (see annex XV). Total quantities to be recommended for adequate feeding are 18 kg for Infant I formula for the first 6 months and 25 kg for Infant II formula for the following six months. The daily quantity should be calculated according to the weight and/or age of the baby, as specified on the labels. Although the delivered quantity can be considered as correct in many cases, some shortcomings were noticed:
  - The quantity recommended in the standards (27.4 g per day) is sometimes used to calculate infant rations. This is not correct as quantities required by infants who fully depend on milk for their feeding are much higher (on average 4 times higher than the doses recommended for adults and children in the standards).
  - The quantities are often not adapted to the weight or the age of the infant. Possibly because it is difficult to explain to the mothers how the quantity should be adapted and because the follow up is insufficient.
  - Infant formula I is given to infants beyond the age of 6 months or infant formula II is given to children below the age of 6 months or beyond the age of one year.
  - The calculation method for this type of milk/beneficiary is not specified in the standards, although both infant formulas are detailed (in the standards, but not in the application forms). A table is available to make this calculation (see annex XV), but does not exist on the “milk website”. Since very recently, specifications for infant formulas are being sent to the local implementers by e-mail.
- The errors in calculation are often not detected by the coordinating NGOs or the COOF (e.g. in Burundi), despite the fact that they are reminded by the “milk desk”’s annual mail to screen applications for inconsistencies, incompleteness and potential mistakes. Calculations of quantities are usually (but not always) corrected at the “milk desk”. However, it seems that many local implementers do not receive any feedback about how they should calculate

quantities for infant formulas. As long as this feedback with the correct information is not given by the coordinating NGOs, implementers continue to make mistakes year after year in the application form.

- When distributed centrally, the average daily quantity of DSM or WMP received by the beneficiaries (in schools, orphanages, homes or at hospitals) may be close to the average quantity of 27.4 g.  
If yoghurt is made from milk powder, this quantity may be higher because making yoghurt requires a higher quantity of milk powder than the average quantity of 27.4 g per person.
- When distributed as take-home ration, the quantity of milk powder ranges between 400 g and 1 kg per person per week. The milk is distributed for a duration of 1 to 4 weeks, depending on different criteria or factors:
  - PLWHAs: in virtually all cases, PLWHA's get milk for a duration of 4 weeks. This corresponds to the delivery frequency of ARVs.
  - People suffering from SAM or MAM as well as infants often receive SDPs on a weekly basis. However, deliveries every 2 or even 4 weeks are not rare.
  - The distribution of SDPs every 2 or 4 weeks reduces the transport costs for the implementing partners. However, this practice should be linked with an increased follow up within the communities to make sure that the milk is properly used. This implies other costs. According to some employees interviewed, decentralised feeding also considerably increases the adherence of the target beneficiaries to the programme, as the cost for coming to the health centres is reduced.

It has to be mentioned that a monthly distribution is not allowed by the standards. This point is discussed in the following paragraph.

### Respect of the standards governing the use of dairy products in food aid

The standards governing the use of dairy products in the context of food aid were issued by SDC in August 2006 and replaced an earlier version<sup>18</sup>. The standards describe dairy products available, the allocation process to partners and the principles governing the use of the products. The standards fit into the afore-mentioned Federal Act on International Development Cooperation and Humanitarian Aid dated 19 March 1976, the related Federal Council's Dispatch dated 12 December 1978 as well as the Federal Council's Dispatch to the Parliament pertaining to the continuation of international humanitarian aid.

The large majority of local stakeholders are aware of the standards. However, some aspects of the standards are often not respected:

- **Use of feeding bottles:** some health centres and orphanages continue to use feeding bottles and they even to ask the mothers to buy them, although this is strongly prohibited by the Swiss standards and goes against WHO and UNICEF recommendations. However, some health centres ask the mothers to use the bottle without the nipple, in order to measure the quantity of water that should be used to add to the milk powder.
- **Calculation of infant formulas I and II quantities.** This point has been discussed under the previous paragraph.
- Another crucial point to address in the standards is the **centralised distribution of SDPs**. This issue has been regularly brought up by the Swiss NGOs during the joint annual meeting with the milk desk. In many cases centralised milk distribution is simply not feasible. People with ambulatory treatment cannot stay at the dispensary/clinic/hospital/rehabilitation centre for practical reasons (space) and they cannot come on a daily basis for financial reasons (distance, transport costs) or for practical reasons (domestic chores requiring the presence at home). Moreover, the central

<sup>18</sup> dated 1 April 1990

distribution of milk to treat malnutrition increases the work load of health centres and is in contradiction with national protocols pertaining to the treatment of acute malnutrition and WHO/UNICEF recommendations of community-based management of severe acute malnutrition (SAM). The distribution of dairy products as take-home rations, however, bear important risks concerning hygiene in areas where access to drinking water is not guaranteed. Besides, the energy costs for cooking are very high. Thus, decentralised allocation of SDPs should only be allowed if it is accompanied by a proper monitoring within the community. In Sudan, most NGOs visited have adopted a pragmatic approach with both centralised and decentralised distribution of SDPs. In Abu Rof and Khartoum Cheshire Home (KHC) this approach seems to have been implemented very carefully as well as supervised and monitored. In the case of SVDP, the evaluator could not assess whether decentralisation is well implemented, as the centres could not be visited for security reasons. The Health Centre Musongati in Burundi, is another example where decentralised distribution of milk is linked with very close monitoring of the use of milk within the communities, using community-based facilitators of FARN<sup>19</sup> centres (Foyer d'Apprentissage et du Récupération Nutritionnelle) or "mamans lumières". The only centre visited in Khartoum's suburbs, the Usratuna Centre supported by OVCI-La Nostra Famiglia, which is not conducting decentralised distribution, requests a relaxing of the standards in order to distribute SDPs in a decentralised manner. In case standards would be relaxed, the decentralised attribution of milk would be closely supervised and community workers would benefit from a training on proper allocation and monitoring. Decentralised milk allocation was one reason, although not the only one, why the Good Shepherd Sisters in Sudan did not receive SDPs anymore. In future, a clear and unified position about decentralisation should be decided at the "milk desk" and communicated accordingly.

## Externalities

### Leakages

Leakages seem to be some issue in the case of take-home rations, once the milk powder has been distributed to the final beneficiaries. Especially in Burundi and Rwanda, there were reports of the milk being sold on the market. Moreover, it is highly probable that this milk is shared within the family and not only given to the targeted, malnourished children. This type of practice is prohibited by the Swiss standards. Many food distribution programmes distribute higher rations on purpose, because they are aware that the ration will be shared with the family. For example, many school feeding programmes distribute take-home rations to girls attending school, with the objective of reaching the younger siblings of these pupils (WFP, 2015b).

### Impact of the programme on local (dairy) producers

In the five countries visited, dairy value chains, if any, are not structured. Milk is produced very extensively in pastoral systems, e.g. in Darfur and is therefore available only seasonally. In Darfur, milk supply to urban markets is regularly interrupted by fighting in the production areas or along the value chain. In Sudan, around Khartoum, milk is produced by smallholders and distributed by the "donkey milkman" under highly problematic hygienic conditions. During transport, the milk cans are the whole day in the sun and are often cleaned with dirty canal water. Still in Khartoum, a large private farm (reportedly the largest private dairy farm in Africa with 5'000 Holstein dairy cows) belonging to the DAL group, produces and processes large volumes of milk under very hygienic conditions. The products are targeted at affluent consumers, their price is therefore much too high for most people. Local milk does not yet represent an alternative to Swiss infant formulas. Local milk cannot (yet) be used to treat malnutrition either, because of hygienic reasons and because it is not adapted to the needs of infants.

Considering the local conditions in many of the countries visited, it can be concluded that SDPs used by local implementers supported by Swiss NGOs do not impede local dairy production so

---

<sup>19</sup> The Foyer d'Apprentissage et du Récupération Nutritionnelle (FARN) is a focal nutrition learning centre where mothers learn about complementary feeding practices using locally available foods in order to rehabilitate malnourished children under five

far. Within WFP some view that milk powder imports may complement local milk production at some point. In DPRK for example, milk imports are indispensable. Indeed, a comparison of the quantities of SDP with imported quantities of milk powder show that SDP represents only a small quantity of imported milk, except in Rwanda (where SDP importation has stopped since anyway) and in Sudan. The table below compares imports of dairy products and “imports” of SDPs.

**Table 3: comparison between volumes of imported SDPs, volumes of imported milk powder commercial brands, and volumes of locally produced milk in the visited countries.**

	<b>National milk production (average 1993-2013) in T fresh milk</b>	<b>Dried milk import (2012) in T dried milk</b>	<b>CH milk delivery (2013) in T dried milk</b>
Burkina Faso	241'800	6'227	126
Burundi	37'509	377	61
Ivory Coast	27'226	15'416	82
Rwanda	149'684	48	14
Sudan (former)	6'274'583	9	400

Source: FAOSTAT

In many cases, milk products marketed by famous brands, including famous Swiss ones are most probably more serious and harmful competitors to local milk production than SDPs of the HA programme. It is worth mentioning that Hochdorf infant formulas, sold under famous European brands, can be found in countries where SDPs are delivered through the milk programme.

Local milk may represent an alternative to SDPs in school feeding programmes and in homes for children or the elderly, provided the value chain is properly functioning to improve production volumes, stability of supply throughout the year, hygiene and marketing.

The situation may look different in countries with more structured dairy value chains. In Rwanda for instance, the government is massively supporting the country's domestic dairy sector through its *“one cow per poor family project”* and promotes the use of domestic milk for treating malnutrition. In order to protect its burgeoning domestic supply, the government has put high taxes on imports of dairy products.

There are other examples of countries with a well-developed local dairy production, such as Albania or Thailand, where import of SDPs makes less sense.

The competition induced by the import of SDPs may be higher with local units producing fortified blended foods (such as Misola), though this is difficult to assess. Such units are for example very well developed in Burkina Faso and to a lesser extend in Burundi.

### **Environmental impact of SDPs in target countries**

The impact of the “milk programme” on the environment is estimated to be quite low. The only wastes produced are empty carton boxes and cans and in very few cases unusable milk or milk with expired shelf life. In the countries visited, the 5 kg or 6 kg empty milk cans are highly appreciated for reuse as airtight containers to store all kinds of food items (e.g. grains, pulses) or for other uses (e.g. tree nursery) and they therefore have a certain market value. The 425 gr cheese cans do not seem to have any value after use and their disposal may be more problematic. Apparently, milk with expired shelf life was burned (TdH Lausanne) or fed to cattle (White Fathers,

Sudan) although the latter practice bears a risk of protein intoxication if not well done. Rancid milk was sometimes consumed by people if accepted by the target beneficiaries.

### Effect of SDP allocation on beneficiaries

The monitoring system of the SDP programme does not allow getting quantitative indications on the outcome and impact of SDP on the final beneficiaries. The same is true for the monitoring systems of implementers. The large majority of local implementers emphasise the very positive effect of SDPs on their target population, especially on their health and nutritional status, but without funded data to prove it. They considered that the most decisive impact was on infants (thus with infant milk), especially orphans and on malnourished children.

Nevertheless, some of the outcome and impact indicators presented in the pathway impact in annex XIV were selected and presented in the following sections by type of beneficiaries or objective of milk distribution, when relevant.

### Do SDPs improve the nutritional status of infants and malnourished people?

Data on the effect of SDPs mentioned in the reports on utilisation are largely qualitative and often subjective. The Abu Rof Clinic in Khartum keeps both registers and photographic records for each patient in order to measure changes before and after the attribution of SDPs (see photos in annex XXVIII). Records of the Abu Rof Clinic showed impressive positive results, with a 95% recovery rate of children suffering from acute malnutrition (Edwards, personal communication, 2015).

Some anthropometric data (such as weight) are routinely collected by local implementers distributing SDPs. It was possible to obtain these data from different health centres and the TFC and to analyse samples with the WHO anthro software.

The main indicators used in this analysis were the change in WAZ-score, a composite indicator of acute and chronic malnutrition, as well as the daily weight gain. The only reason for using these indicators is the fact that weight was the main anthropometric data regularly monitored.

It would have been more appropriate to use MUAC or Weight-for-Height z-score (WHZ), but most of the time these data were not available. The table below summarizes change in the nutritional status of a small sample of beneficiaries in health centres in Burkina Faso, Ivory Coast, Burundi and Rwanda.

**Table 4: changes in the nutritional status (WAZ) from a sample of children treated with SDPs or alternative products**

Centres	WAZ	Daily weight gain (g/day)	N	Type of milk or alternative treatment
	average change (stdev)	Average (stdev)		
1	0.11 (0.87)	15.3 (14.3)	7	Infant I and II
1 PPN	0.91 (0.77)	20.1 (14.2)	9	Plumpy Nut®
2	1.97 (2.25)	20.4 (9.8)	8	Infant I and II
3	0.7 (1.9)	22.2 (20.0)	18	Infant I and II
4	0.49 (1.67)	20.0 (11.4)	6	Infant I and II
5	3.6 (1.2)	51.3 (10)	17	Skim or full milk

6	0.28 (0.49)	13.0 (9.0)	35	Skim or full milk
7	0.87 (0.94)	17.7 (18.2)	14	Skim or full milk
7 R	1.17 (1.03)	9.7 (3.7)	9	Liquid milk from Rwanda
8	n.a	14.9 (10.2)	58	Infant formula and skim and full milk

These results show a positive change in the average WAZ after the start of the treatment. However, this change is not as important as suggested in the “report on utilisation” and by testimonies made at implementing centres visited. In some cases, a change in WAZ is barely positive, which means that the overall nutritional status of the children has not improved. Individual growing curves show that in some cases the nutritional status of children has even decreased.

Daily weight gains of children receiving SDPs range from 13-22.4 g/day (data from centre n° 5 excluded). This is similar to the weight gain of children treated with locally produced RUTF in India and higher as the observed weight gain of children treated with RUTF in Senegal and Malawi (Sandige et al, 2004, Manary et al 2004; Ndekha et al 2005, Ciliberto, 2005).

The daily weight gain obtained with SDPs is similar to the expected weight gain of children treated with F-100 (Briend et al 2003) but higher than the expected weight gain of 8 g/kg/day in uncomplicated SAM children who are put on RUTF Therapy (Golden et al, 2008) or similar to the 10-15 g/kg/day observed in the initial clinical trial of RUTF (Diop et al 2003).

There is quite a high variability in the changes of WAZ-score and daily weight gains within and across health centres. The difference observed across centres may be explained by differences in distribution and feeding practices. Assessing which practices, recipes, etc. have a higher impact would be possible but would require a more thorough analysis, which is beyond this evaluation.

In most cases it was not possible to compare the results obtained from the sample with a control group. It is therefore difficult to attribute the improved nutritional status solely to milk consumption. Other factors such as medical treatment may play an important role as well. In two cases, a rough comparison could be made either with Plumpy Nut® (though the age of children was slightly different) and with liquid UTH milk from Rwanda (although the years were different). In both situations SDPs were slightly less efficient in improving the nutritional status of children than Plumpy Nut® or liquid local milk. Although the positive impact of milk on growth and nutrition status is demonstrated by different studies in developed and developing countries (see annex XVI for a short review), this effect is not straightforward and may depend on many different factors.

The above analysis has some limitations and should therefore be treated with caution:

- Quantity of milk distributed and the form of distribution (alone, in blended food, as therapeutic milk or even together with Plumpy Nut®) is not always detailed in registers
- Absence of a control group to compare results with
- Few samples analysed which do not reach a statistical difference (although far more data would be available provided more time was available to analyse it and possibly detect the effect of SDPs).

Other indicators which can be used to assess the effect of nutrition programmes are:

- Decrease in relapse of children treated for malnutrition in health centres
- Changes in proportion of people discharged from supplementary feeding programmes (died, recovered or defaulted)

- Improved Body Mass Index (BMI) for PLW (weight for height)
- Increased birth weight of newborns
- Decreased mortality rate of infants

These data were not easily accessible at the health centres visited.

The form under which results are presented at TFC or clinics does not allow the “milk desk” to monitor the impact of SDPs alone. Indeed, SDPs are not attributed alone but are part of a holistic treatment approach, including medical (treatment) and human (caring) aspects.

### Does SDP reduce mortality of infant / malnourished people?

In one orphanage (Bubanza in Burundi), it was possible to follow the evolution of infant death rates after the allocation of SDPs has been stopped in 2011.

**Table 5: Death rates of children in Bubanza orphanage (by age category)**

Year	Total N of death cases	By age category			
		0-1 month	1-6 months	6-12 months	> 1 year
2014	8	5	2		1
2013	7	5		1	1
2012	5	1	2	2	
2011	2		1		
2010	1	1			

From the data it was not possible to attribute the increase of deaths to the absence of infant milk. However, most deaths happened a few days or weeks after birth when the infant is crucially dependent on maternal milk or their substitutes. The large majority of stakeholders estimate that this category of beneficiaries would be more vulnerable if the distribution of SDPs would stop because it is very difficult to find an alternative. Infant formulas are available within the countries visited, but at prohibitive prices (see chapter on efficiency).

### Does distribution in schools improve the attendance rate or success of children?

Nowadays, it is admitted that school feeding programmes do not have a high impact on nutritional and growth outcomes (because the children are beyond the 1000 days window of opportunities). However, such programmes can increase the enrolment rate, school attendance and concentration capacities, and thus possibly school results. In Burkina Faso the enrolment rates of children in the schools with school feeding programmes increased from 37% to nearly 50% between 2006 and 2015. For girls the enrolment rate increased from 32% to 42% over the same period (WFP, 2015b).

As for SDPs used in school feeding programmes, testimonies from the field tend to show that milk distribution at school increase the enrolment rate of the children also because milk is a highly appreciated food item. It was not possible to support these claims with solid data, though it would be possible to collect and analyse such data registered in the attendance/absence register. There was some evidence in one school (Cantine de Paalga in Burkina Faso) of improved school results (progress in pass rate for Certificate of Primary Education) when the school feeding programme started. It is estimated that the milk contributed only marginally to this success. It is evident that in the case of school feeding programmes, milk can be replaced by other, locally

produced food items quite easily. This includes locally produced dairy products (see alternatives in scenario 4).

### **Does SDP distribution to HIV-infected people improve their health status?**

In the organisation visited the monitoring was unfortunately very weak and no data regarding the health status or other indicators were collected for this specific group of people. In some cases, a better participation to treatment programmes was mentioned.

### **Does SDP distribution improve the health status of hospitalized people and people in Homes for disabled and elder?**

If one relies on oral testimonies which claim that healing is faster thanks to milk, the programme is successful. However, it was not possible to find solid data to support these claims. In one centre that is hosting and treating mentally ill people, the registers showed that the hospitalization time has been considerably reduced (from 2-4 months to 2-3 weeks) since SDPs were introduced. It was also sometimes mentioned that the treatment period of children had decreased in orphanage or boarding schools thanks to SDPs, thus indicating a better general health status. Sometimes a better adherence rate to treatment was mentioned, for example for TB patients at Dabou hospital in Ivory Coast.

### **Does blanket distribution of SDP in IDP settlements of refugee camps improve the nutritional status of the beneficiaries?**

The long-term impact of DSM distribution in IDP camps through the i-BSFP could not be assessed as this approach is still relatively recent (since 2012). The impact of earlier interventions with DSM through e-BSFP could not be assessed either.

One of the two strategic objectives of WFP's "Food assistance to vulnerable populations affected by conflict and natural disasters in Sudan" within its emergency operation (EMOP) is to **Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies (Strategic objective 2)**.

One of the three outcomes of this strategic objective is "**stabilised or reduced undernutrition, including micronutrient deficiencies among children aged 5 to 59 months, PLW and school-age children**". In 2014, one of the three outputs of this outcome was to reach 250'000 beneficiaries (135'000 female and 115'000 male) through i-BSFP. As of October 2014, the effective output was 181'695 beneficiaries<sup>20</sup>. The full logframe of WFP's operations in Sudan can be seen in annex XVII.

Oral testimonies from implementers met at Zamzam IDP camp, who list anthropometric and other data in registers, however showed that this holistic approach to nutrition and health reduces mortality and improves the nutrition status of PLW and children.

### **Other effects of SDP distribution, including side effects and negative effects**

SDP distribution is seen by different local implementers as a very efficient tool to reach people for other objectives such as education on nutrition, hygiene, etc. or to motivate them to develop income generating activities. In Darfur, i-BSFP is accompanied by education on health issues, family planning, choice of adequate food and cooking methods to ensure a proper nutrition, children education and care, as well as bag gardening (see pictures in annex XVIII). In Sudan, WFP however noticed that it is mostly the shift from in-kind to voucher based assistance which showed positive externalities:

#### **At beneficiary level:**

- Choice of food types and access to quantities which better fit the traditional food basket

<sup>20</sup> Source: WFP Sudan distribution report October 2014

- Dignified way of accessing food
- Less sharing and side-selling of food thanks to adequate quantities of food (*“people only buy what they need”*)

#### At community level:

- Shift of control over food access from community leaders (sheikhs, elderly) towards individual beneficiaries.

#### At market level:

- The voucher system has stimulated local markets through increased demand for local products and cash influxes

It needs however to be mentioned that the voucher system faces important challenges:

- Shortages due to the lack of funds earmarked for the voucher system. Donors still prefer in-kind donations.
- Community-leaders see their power and privileges being curtailed
- Poor harvests and local conflicts lead to shortage of food thus increasing the volatility of market supply and prices. For instance WFP had to withdraw from its voucher system in El-Fasheer town (North Darfur) during the lean season in 2014 and to switch back to the GDF system due to bad harvests
- Reluctance of some beneficiaries to switch from assistance-based to individually driven access to food.

Some negative effects were also mentioned, such as:

- Attracting too many potential beneficiaries, beyond the capacity of the local implementers
- The fact that children may develop a taste for highly palatable food items which they will not be able to afford outside the institution
- The dependency that some implementers have developed towards SDPs. This bears the risk that their project collapses if SDP donations stop.

### 8.3. Efficiency

The food aid programme with SDPs is an administrative programme, whose main purpose is to organise the procurement of dairy products in Switzerland and to allocate them as efficiently as possible to various organisations in various countries for further distribution to specific beneficiaries. Administrative steps of the “milk programme” are described in annex XIX. The programme has never been planned as a development programme and as such it fulfills the purpose it was aimed at at the time of its inception. At the HA the programme is deemed to be efficient given its low administration requirements compared to other SDC or HA programmes.

Direct costs incurred by the procurement and allocation of SDPs can be disaggregated into two main categories:

- **Costs related to SDPs procurement in Switzerland**, including administrative costs at the “milk desk”, as well as transport costs from the processors’ store to Rotterdam or Antwerp.
- **Costs of release** (custom, quality control and other administrative costs), intermediate storage and transport **in target countries**

### 8.3.1 Procurement costs for dairy products in Switzerland

The costs of procurement in Switzerland consist of:

- The product itself (the various types of milk powder and processed cheese), its packaging (cans or bags) and storage prior to FCA dispatch
- The final packaging of products (in boxes)
- Administration costs related to the procurement of products by the “milk desk”
- The transport from the processors’ store in Switzerland to the seaport in Rotterdam or Antwerp

#### Product prices

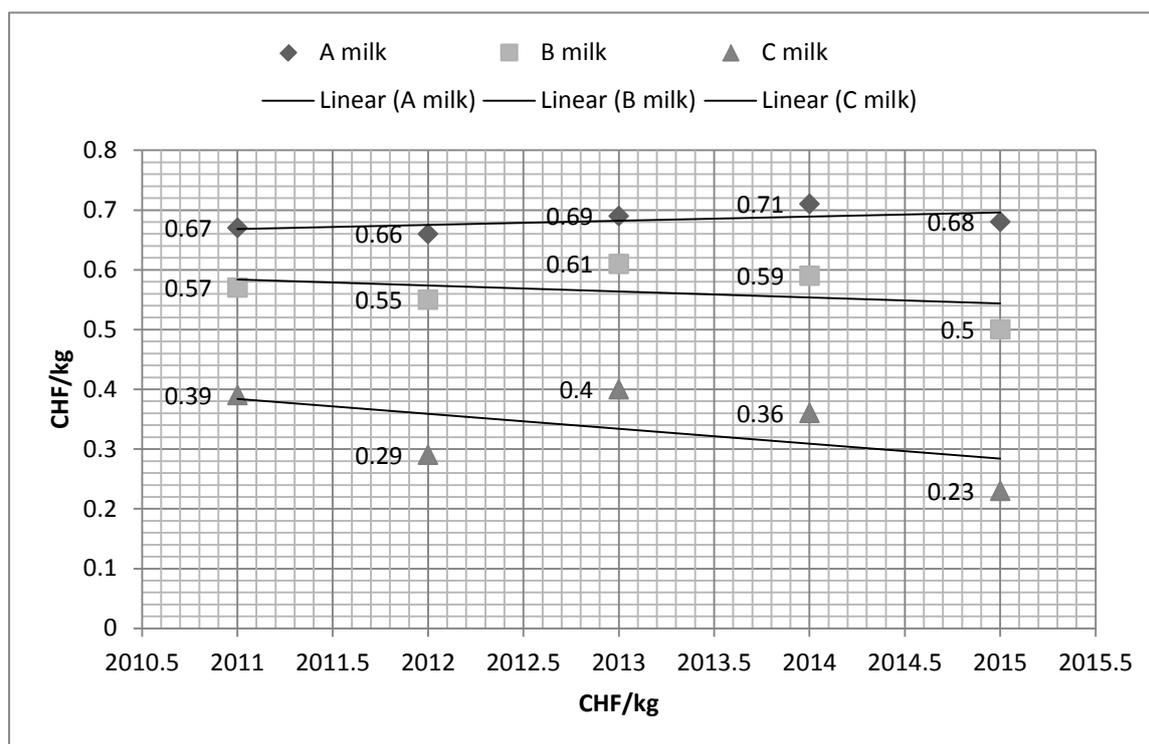
Detailed prices of SDPs paid by the HA to milk powder and cheese processors over the last few years are shown in annex XX. Average prices range from 4.05 CHF/kg for plain DSM powder to 9.92 CHF per kg for processed cheese (see table 1).

In their offers, producers disaggregate the total price into the product price (app. 80% of total price) and into packaging and loading into containers FCA price (app. 20% of total price). There is no way of knowing the exact costs of the raw material (milk) contained in the product costs, for the following reasons:

- Some types of SDPs are enriched with vitamins and other ingredients, which increase the cost of the product
- The processing technique and hygiene requirements influence the price, e.g. infant formulas are much more costly to produce than other products
- Prices in A, B and C categories are indicative only
- The Swiss milk market segmentation is not as straightforward as it may appear. Within their global portfolio, processors make a mixed calculation between A, B and C milk. For outsiders, it is therefore difficult or impossible to verify at which price the raw material for specific products was purchased (traceability issue).
- Processors’ margins cannot be assessed

As there are currently only three milk powder processors and because not all of them produce the whole range of products required, there is no proper competition in this segment. Key persons interviewed at the three processing companies mention that the dairy industry in Switzerland is small-structured and well-networked. The main dairy processors are simultaneously competitors and clients of each other (e.g. Emmi buys cream from Hochdorf, the largest cream processor in Switzerland). Processors implicitly acknowledged that they occasionally consult each other on how to share volumes required by the HA for DSM and WMP depending on the season, prevailing market conditions and availability for bulk production (a minimum of 50 T per batch is required for WMP and DSM production, 10 T for Infant formula production). The processors costs depend on the time of the order. Milk production is subject to seasonal variations, with a peak in Spring (April to June) (see milk production curve in annex XXI). Milk production in Switzerland is 50% higher in Spring than in Autumn.

The issue of the milk price charged by milk processors to the HA has been debated by the “milk desk” since the dairy quota system was lifted in Switzerland in 2009 and market price segments were introduced to regulate it. Average indicative farm-gate milk prices in each market segment for the years 2011 to 2015 are highlighted in the chart below. The seasonal fluctuations of indicative prices can be accessed in annex XXII



**Chart 7: indicative annual average prices (in CHF/kg) for milk purchased from Swiss dairy farmers for the years 2011 to 2015**

Information in the chart above shall be interpreted with care, as prices defined by SPA, the umbrella organisation, **are indicative only**. It does not mean that milk falling under each category was paid at this price.

In the case of the HA's food aid programme, milk powder processors buy the raw material (milk) from Swiss milk producers at A price, the highest price segment, although the end product is ultimately allocated abroad. According to article No. 3.2, pertaining to the milk purchase contracts between producers and the Swiss dairy producers' organisations, of the Federal Council's Order No. 919.117.72, dated October 30, 2002 (annex XXIII), milk destined for export, especially DSM, falls under the B price segment.

Stakeholders interviewed from the three main milk processors mention however that they cannot buy the milk incl. dry skim milk powder destined for the food aid programme at prices in the B segment for the following reasons:

- The contracting party is a Swiss buyer (the HA), milk sold in Switzerland falls only under A segment
- End products are not exported for profit, in which case segment B or C would apply, but it is donated
- Volumes to be processed are ordered in advance and thus cannot be considered as surplus milk. If the milk purchased to produce SDPs for the HA were paid as B or C milk, it would be considered as surplus milk. Therefore the A price is justified.

The person in charge of procurements at the "milk desk" is eager to increase the efficiency of the programme by reducing procurement costs. She is also eager to increase the effectiveness of the programme by reaching more beneficiaries within the same overall financial portfolio of 20 million CHF (thanks to lower procurement costs of products).

It is however difficult to estimate additional volumes of SDPs which could be obtained if processors would procure milk in the B or even C price segment. According to Hochdorf, buying milk in the B price segment would not make a large difference for the end product, especially for infant formula which contains very little milk (only 20%). According to Hochdorf, one option for the HA to greatly reduce procurement costs would be to buy milk abroad or on world markets, which would make quite a difference in the case of WMP. For DSM the difference between Swiss and world market prices is however not always big. In Lithuania, where Hochdorf has a stake in one dairy processing unit, prices for DSM are almost equivalent to Swiss prices. World market prices are however very volatile.

Another option for the HA to reduce procurement costs would be to delegate the procurement of DSM to WFP Headquarters in Rome. They could buy in the B segment (contract with a foreign buyer) and for the same amount obtain a few more tons than at present.

## Packaging

Final product prices comprise packaging and FCA delivery from the last storage point before export<sup>21</sup>. Once the application forms for SDPs made by coordinating NGOs have been approved by the “milk desk”, the latter has to tender the procurement of SDPs to Swiss producers. Price offers made by processors always include packaging (in cans, nitrogen gas packed or not) even if this is outsourced. Emmi has outsourced milk powder canning to Proderma, a packaging company. Hochdorf has its own installation, which is however getting outdated. Hochdorf produces 5 kg cans exclusively for the HA, while Cremo does not produce canned milk powder. For private clients, Hochdorf produces 400 gr. sachets or cans. Packaging costs are included in the final product cost and also include packing in cartons boxes (containing 4 cans) as well as labelling.

SDPs are virtually (not physically) and formally handed over to the NGOs in Switzerland through a donation agreement (“*Schenkungsvereinbarung*”) signed by both parties. Only once this donation agreement has been signed, the “milk desk” places the order of the milk products specified in the agreement to the processors.

## Administration costs relating to procurement of products by the “milk desk”

Administrative costs at the “milk desk” relating to procurement costs could not be quantified in monetary terms. They consist of time spent in contacting milk powder processors to request them to place offers, possibly negotiating prices and placing the final order. Administrative costs relating to procurement of products are aggregated into the overall administrative costs of the “milk desk”.

At some point<sup>22</sup>, the yearly number of hours to manage the milk application forms and milk procurement was estimated at 856 hours, with most of the time for NGOs and less for WFP (source: “Aufwand für Betreuung Milchdossier” document, not dated).

The essentially administrative nature and centralised management of the programme has both its strength and weaknesses. Its main strength is the centralised, committed and relatively efficient and smoothly running management of programme activities. These are at the same time the programme’s main weaknesses. The centralised management prevents quick and smooth handing over of the programme to persons outside the “milk desk”. This issue had been pinpointed in the Financial audit conducted in 2007 and resulted in the appointment of a second person to the “milk desk”. At the moment, the programme with SDPs covers two part-time positions, equivalent to a fulltime position, with respectively 60% and 40%. As for any other HA and SDC programme, tasks can be handed over and delegated after a relatively short introduction period. The centralised form of the programme bears additional inefficiencies, such as preventing implementers in the field to take rapid decisions based on their in-depth knowledge of the local reality. This was the case for the Therapeutic Feeding Centre (TFC) of Boasse in Burkina Faso,

<sup>21</sup> Hägendorf in the case of Hochdorf, Zollikofen in the case of Emmi and Avenches in the case of Cremo

<sup>22</sup> Undated document

supervised by Terre des Hommes Genève (TdHG). The centre had to stop its activities in 2014 and the reallocation of its SDP stock had to be decided in accordance with the “milk desk” in Köniz and according to the donation contract (*Schenkungsvertrag*).

### Costs of transport of SDPs from Switzerland to implementing countries

**Transport modalities of SDPs to the main cities of the beneficiary countries** differ according to the coordination partner (Swiss NGOs, COOFs/Embassy or WFP). If the programme is coordinated by Swiss NGOs, transport falls under their responsibility, as stated in the Leaflet on the Confederation’s cost participation in the frame of food aid with SDPs, issued by the HA in June 2011<sup>23</sup>.

The NGOs are bound by the agreement with the HA to select the cheapest out of at least two transport offers. Offers have to be forwarded to the HA. The HA takes over part of the transport costs in Switzerland, according to the aforementioned Leaflet, as follows:

**Table 6: share (in %) of the transport costs paid the HA**

Type of transport and destination	Share of the costs paid by the HA
Rail or road transport to final destination in Europe or Central Asia	100%
Sea transport: FCA processors storage to FOB Seaport usually Antwerp or Rotterdam (by train, trucks or ship on the Rhine river)	100%
Seaport to destination port CFR “all in”	50%
Transport to landlocked overseas countries of road or train transport overland to border or to end destination decided by SDC	50%

Other costs have to be covered by NGOs.

Because the donation agreement is in vigor before the actual transport costs are known, an estimation of costs incurring for SDC is included together with the product costs. SDC’s participation to transport costs is estimated as follows:

- 6% for products worth up to 50’000 CHF
- 5% for products worth up to 300’000 CHF
- 3% for products worth over 300’000 CHF

Costs incurring for SDC are supported by the HA with the budget line for food aid with SDPs. The remaining costs are at the expense of the coordinating NGO. The transport from Switzerland to the destination country is organised by the humanitarian logistic section (H-LOG) of the HA. According to the Excel file “*Schweizerische Milchprodukte Zuteilungen*”, in 2014 transport costs supported by SDC ranged between 0.13 and 0.57 CHF per kg, with an average of 0.28 CHF per kg, depending on the distance, the quantity and whether the final destination was a landlocked country or not.

### 8.3.2. Cost of distribution of Swiss dairy products in beneficiary countries

The main costs linked with the distribution of SDP in the beneficiary countries include the costs of custom clearance (including storage at custom) and taxes, the costs of transport to the main cities, the cost of dispatching batches and the cost of transport from the main city to the final

<sup>23</sup> Merkblatt betreffend die Transportkostenbeteiligung des Bundes im Rahmen der Internationalen Nahrungsmittelhilfe mit Schweizerischen Milchprodukten, Bern Juni 2011. EDA, DEZA, HH und SKH.

destination. One example of a clearance procedure is given in annex XXIV (Sudan, where the dispatch of SDPs is coordinated by the Swiss Embassy).

### Costs of custom clearance

Costs related to **custom clearance** are supported by the coordinating NGO, which may then bill them (Leuppi Stiftung) or not (Morija) to the local implementers. In some cases, the COOF (e.g. Burundi, Burkina Faso) or the Embassy (e.g. Ivory Coast, Sudan) organise and pay the custom clearance, which are sometimes billed to the local implementers, except for Sudan. The cost related to **custom clearance**, including taxes and cost of the freight forwarder can vary a lot depending on the country and the year. In Ivory Coast, it amounted to 0.07 CHF per kg on average, while it was much lower in Burundi (about 0.02 CHF per kg on average) over the last years, since custom clearance procedures were taken over by SDC's coordination office (COOF). When SDP are imported as diplomatic goods (Ivory Coast) custom clearance costs do not reflect true costs. The person interviewed at the Swiss Embassy in Ivory Coast estimates that true custom clearance costs are three times higher than what the Embassy pays. Unexpected events may rapidly add to overall costs of release. In Rwanda for instance, the level of import taxes became so high that the food aid programme with SDPs was ultimately stopped. A consignment of SDPs was retained at customs, thus occasioning additional costs exceeding 16'000 USD for the Salvation Army in Kigali. Finally, the COOF had to intervene to unblock the situation.

### Costs of transport in beneficiary countries

The **transport costs** within each country, from the main town to the location of the local implementers depend on the distance. The costs range between 0.03 and 0.30 CHF per kg milk for the NGO's visited in Burundi, Ivory Coast and Burkina Faso.

Sometimes freight forwarders and carriers are hired for custom clearance and for transporting the milk to their final destination. The milk is stored at the NGO's main office for a few days or weeks before being dispatched to the local implementers' premises.

In the case of WFP, overhead costs included in the food assistance package delivered by the HA shall cover transport costs within countries where SDPs are used<sup>24</sup>. In Sudan, the effective transport cost from Port Sudan to North and West Darfur, where the bulk of DSM is used, was not estimated but it was reported to be high, because of the long distances as well as additional costs for security measures. The "milk convoy", as any other convoy, needs to be escorted by armed forces or by the United Nations African Union Mission in Darfur (UNAMID) between the intermediary store in El-Obeid (North Kordofan) and the final destination in North or West Darfur. It may take up to 2 months for the convoy to reach North Darfur from its dispatch in Port Sudan, including intermediate storing in El-Obeid.

**Direct local costs** to be supported by the local implementers, including the 50% participation in transport costs between Switzerland and the country of allocation, vary from 0.13-0.40 CHF per kg SDP. Local clearance and transport costs are higher in Ivory Coast and lower in Burundi. If costs of transport from Switzerland and costs supported by SDC are included, direct costs range from 0.13 to 0.63 CHF per kg. A more detailed overview of these costs are given in annex XXV.

**Indirect costs**, such as the time used by staff in the COOF, Embassies, NGOs and local implementers to organise custom clearance procedures, dispatching and transport of the consignment, other administrative tasks and distribution of milk are not considered into the above calculation. Such activities would remain if SDPs would be replaced by other types of milk or other products. It is beyond the scope of the evaluation to assess their relative importance and how such associated costs would change with other types of activities. Nevertheless, the following general comments can be made:

---

<sup>24</sup> Contribution to WFP in 2015 DPRK for Sudan, Algeria, Nicaragua, Cuba and Djibouti

- **Work load linked with custom clearance:** In some cases, the process of custom clearance seems to be more efficient (less expensive, but also much more rapid) when it is done by Embassies (Ivory Coast, Sudan) or by the COOF (Burundi) than by NGOs themselves. The workload relating to custom clearance takes a few working days (e.g. Embassy in Ivory Coast about 4 days). Dispatching dairy products between the different local implementers is estimated to take 2-3 hours per organisation. This can be quite time consuming for NGOs responsible for the dispatch as is the case of Dabou hospital (Ivory Coast) which coordinates milk allocation for more than 30 organisations. Dabou Hospital is not paid for this task and the share of the milk allocated in Ivory Coast is not high. Moreover, it has no specific interest in supervising these 30 centres, as there is no routine collaboration among them anyway.
- Import of SDPs as diplomatic goods in Ivory Coast helps to save time and money, in a country where it is already difficult for the local implementers to pay their share of the transport and custom clearance costs. These issues are discussed under the Connectedness chapter.

### 8.3.3 Work load linked with administrative and monitoring issues

At the level of the **local implementer**, filling in annual application forms and writing the utilisation reports (*Verwendungsberichte*) once every second year is not very time consuming. However, many staff in-charge struggle to produce the required documents in a correct and qualitatively satisfying way. In Sudan people in-charge at Khartoum Cheshire Home (KHC) mentioned that their administrative workload increased when they had to write individual reports and applications for each centre instead of one consolidated report for all centres.

At the level of the **coordinating NGO's** in the target countries, the administrative workload is more of an issue, as their staff in-charge have to supervise (checking, giving feedback for corrections, etc.) the demands and reports of many different projects, both from partners under their supervision (included in their own projects) and from projects outside the "milk programme" on other issues than SDP. NGOs coordinating the allocation of SDPs in target countries have to bear the full cost of this task, even for the second category of partners, as illustrated by the case of Dabou Hospital.

#### Box 3: The Issue of overhead costs

##### The issue of overhead costs

This issue of overhead costs needed to cover costs related to milk dispatching, coordination of application forms and reports, monitoring and further education of staff has been debated between the HA and NGOs. For the time being, the "milk desk" has decided not to allocate money to the NGOs to cover such overhead costs, with some exceptions in very specific cases (once for TdHG in Burkina Faso). The value of the donation to NGOs (SDPs), SDC's contribution to transport costs and the fact that many health centres request a small fee for the milk distribution to target beneficiaries are reasons for the HA not to pay additional costs. There are many examples, such as the ones of Leuppi foundation/Dabou hospital, Verein für Humanitäre Hilfe Vaduz, TdHG, where the organisation has to bear some personnel and administrative costs linked with SDP distribution to other local partners. To our knowledge, there exist no rules for this issue anywhere.

To request some small organisations (VfHH Vaduz, tentatively Aktion Bujumbura for the Kezakimana centres, Leuppi Foundation) to take over the supervision and the monitoring of other local implementers is problematic, because such organisations do not have the resources to carry out these tasks properly.

**Monitoring** of the partners by the coordinating NGO or by the COOF is generally insufficient. When Caritas withdrew from the "milk programme", the steering committee decided to delegate

the coordination of programme activities directly to NGOs in Switzerland or in some cases directly to COOFs. According to the former Head of the steering committee, this strategy was however not satisfying. In some countries, the person in-charge showed a lack of commitment to the “milk programme”, especially when problems arose. This was among others the case in Peru, a country where the “milk programme” was ultimately closed down.

Some NGOs, such as TdHG, Morija, the Salvation Army, to mention a few, have set up their own monitoring system and even strive to offer further education to local implementers’ staff. It would be worth to exchange and capitalise more on these practices, in order to stimulate a reflection on how to achieve a more efficient and homogenous monitoring system.

Many coordinating NGOs complain about the level of micromanagement for the demands and the reports (one per project, even if the local implementer is the same) and the lack of flexibility once the allocation of milk has been decided. The fact that all decisions are taken in Köniz, very far from the field (implying sometimes long delays) contributes to this lack of flexibility. Given this situation, some coordinating NGOs and local implementers have started relocating the milk between themselves, without necessarily informing “the milk desk” and are at odds with the standards. In order to prevent such situations in the future and thus losing sight of what happens in the field, it may make sense to delegate more responsibilities to the coordinating NGOs with local offices. Typically, if a local implementer has stopped its activities or if there are less beneficiaries than expected the decision of reallocation of milk could be taken at the country level, e.g. by the COOF or the coordinating NGO. Similarly, consolidated reports instead of individual ones could be forwarded to the milk desk.

**Central versus decentralized delivery of milk:** it is time consuming and expensive for local implementers to prepare the milk centrally on a daily basis, for infants and for malnourished people. Even though it is forbidden, it is much easier for local implementers to distribute the milk powder for home consumption, as it saves costs such as energy (wood, coal, gas, electricity), drinking water and labour for cooking. In Sudan, most NGOs mentioned non negligible cost related to centralised distribution of milk. In this country, milk is drunk only when sugar is added, which increases costs.

### 8.3.4 Assessment of issues pertaining to storage and distribution of SDPs

#### By NGO’s and local implementers

##### Storage

In the large majority of cases, the storing conditions were appropriate. The milk was stored in dry and closed ventilated rooms, and sometimes even air-conditioned rooms, together or not with medicine (including RUTF) or with other food items (cereals, oil, etc.). The room was relatively cool as in Africa storage temperatures below 25°C cannot be guaranteed. However, efforts were made to keep the storage room as cool as possible. Only rarely, product alterations were mentioned. These may be due to not completely airtight cans or to the very high temperatures that can occur in the Sahel zone over a long period of time. One of the few cases reported from the field concerned cans of infant formula produced by Hochdorf and delivered to Burkina Faso. One batch of cans was found to be inflated and its content rancid before the expiry date. Discussions with the persons met at Hochdorf showed that the company’s can filling installation is getting outdated and needs to be modernised or changed. Hence, it cannot be excluded that some cans were not properly gas packed with nitrogen (to remove O<sub>2</sub>). In Sudan, a problem concerned expired products. In August 2010, the counsellor for humanitarian and development affairs discovered that two tons of skim milk powder produced by Hochdorf and delivered to the White Fathers in Khartoum had not been used prior to its expiry date on 07.07.2010. The powder was rancid already one month after expiry, although Hochdorf guaranteed full quality one year after the expiry date. The milk desk decided to stop providing milk powder to the White Fathers and the expired powder was given to a dairy cattle farm for feeding their animals. Subsequently, contracts with Hochdorf were adapted in a way that the company would process milk into powder upon order in a “just-in-time” manner.

In Ivory Coast, milk had to be relocated because of inundation (Vridi III Centre).

Considering the scale and scope of SDPs deliveries over the 13 years evaluated, very few problems pertaining to product quality or storage were found.

### **Timeliness of delivery**

The timeliness of SDPs delivery is appropriate in general. A few local implementers would like to have two deliveries per year. This is the case of WFP in Sudan, which faces logistic constraints with its newly implemented integrated Blanket Supplementary Feeding (i-BSF) approach in Darfur and Central, Eastern and Three Areas (CETA). This approach, which aims at covering the nutrition needs of children during their first 1000 days, from pregnancy to the age of 2 years, requires an all year round availability of ingredients (grains, pulses, sugar, oil and dairy products). In these regions it replaces the previous emergency blanket supplementary feeding (e-BSF), which was a seasonal approach. WFP's new approach as well as the arbitrary maximum shelf-life of one year set by the SSMO's, require two consignments per year instead of one. Ideally, one consignment should reach the target areas in North Darfur (El-Fasheer) and in West Darfur (El-Genaina) before the onset of the rainy season (before June) and a second one during the dry season. The timeline of DSM delivery to WFP in Sudan is given in annex XXVI.

In some cases, NGOs were out of stock for various reasons, such as an unexpected increase in beneficiaries or food pipeline breaks (e.g. WFP in Sudan). However, these situations are rare and the delivery of SDP is very reliable compared to other food ingredients such as RUTFs.

### **Cost comparison between various implementers: WFP, NGOs, SDC' COOFs etc.**

It is difficult to compare the costs of implementation between local implementers supported by Swiss NGOs, COOFs, Swiss Embassies and the WFP. The way SDPs are allocated by WFP or local NGOs differ totally. SDPs allocated through local implementers supported by NGOs are usually distributed directly as liquid milk reconstituted from milk powder or as processed cheese eaten with bread. In some cases, DSM is mixed with cereals and cooked as porridge. WFP uses almost exclusively DSM and to a very small extent processed cheese (e.g. in Algeria). DSM is mixed with other ingredients as blended food ration and distributed under a General Food Distribution (GFD) scheme on a very large scale basis. In Darfur blended food rations containing Swiss DSM are distributed to approx. 260'000 people. Swiss DSM represents 13% of the blended ration in terms of volumes. The rest is oil (6%) and Supercereal (80%), all food items are donated. In Sudan, blended food rations are distributed by International NGOs (INGOs). In Zamzam camp, North Darfur's largest IDP camp, Relief International implements i-BSF on behalf of WFP.

WFP has ascertained the cost efficiency of the voucher system over in-kind aid. Several assessments made by WFP have consistently shown that vouchers are more cost efficient than in-kind assistance. In 2013 the cost efficiency advantage of vouchers over in-kind assistance was approximately 16% (WFP, 2015). In Sudan, WFP started a voucher system on a pilot basis in 2009.

### **Total programme costs of Swiss dairy products versus locally /regionally / internationally purchased products**

Buying milk locally would be an alternative to the delivery of milk from Switzerland. Pharmacies and shops were visited in order to collect information about the availability and prices of different types of milk.

Information about local milk availability and prices was also asked from local implementers. The following table summarizes the types of products found locally and their prices.

**Table 7: prices (in CHF per kg or lt.), average change rate 2013-2014 of different types of milk in the visited countries**

	Infant formula I and II	Whole Milk Powder in 25 kg bags	Whole Milk Powder in Cans	Skim milk powder	Liquid milk UHT	Local liquid milk
<b>Sudan</b>	28.3-43.4	na	11.1-22.5	na	2.2	1.26
<b>Burundi</b>	24-34	na	13.3-25.8		1.8	
<b>Burkina Faso</b>	12.7-17.5	6.6-7.1	12.3			1.03
<b>Ivory Coast</b>	10.6-13.2	5.7-7.9	8.5-11.8	5.9	2.8	0.6-1.4
<b>Swiss product (in CH, average 2007-2015)</b>	7.56-7.68		8.39	6.56 (4.57)		

In all countries visited, equivalents to the different types of SDPs could be found and most of them originated from abroad. In Sudan, infant formulas originated from France, the Netherlands, Switzerland (Nestlé), Ireland, Jordan, the United Arab Emirates (UAE), while whole milk powder usually originated from New Zealand and was repacked either in Sudan, in Middle Eastern Countries (Jordan, Oman) or in Asia (Malaysia). **Equivalent products were more expensive than SDPs, even when taking into account transport costs** (estimated at 50 cents Swiss Francs). This is especially the case for infant formulas, by far the most expensive category of dairy products found locally. In the two land-locked countries Burundi and Burkina Faso, the price was higher than in Ivory Coast. The highest prices were found in Sudan. Locally produced milk is also available in most countries visited. Its price is equivalent or higher than the farm-gate price for fresh liquid milk sold in Switzerland (1.0 to 1.2 CHF per lt. for direct sale of not conditioned fresh milk from farm to consumer). It is higher than the A price for industrial milk currently fixed at 0.67 CHF per kg. In Sudan, local camel milk was for sale at 12 Sudanese Pounds (SDG) (1.9 CHF) per half litre.

No information could be found on prices of milk powder ordered in large quantities. In cases where milk powder is available in bags (Burkina Faso, Ivory Coast), the price might be lower than the price for SDPs, but the handling of such bags may be less hygienic than canned milk powder.

While local milk prices were higher than true prices of SDPs in most countries visited during the evaluation, this is not necessarily the case in other countries of the “milk programme”.

#### **Box 4: The food aid programme with SDPs in countries with a local dairy industry: the case of Thailand**

Between 2005 and 2012, SDPs were delivered through Caritas and the St. Camillus Foundation to a centre with approximately 120 HIV-AIDS affected patients in Rayong in Thailand<sup>25</sup>. The allocation of Swiss dairy products resulted in high costs for the Foundation, amounting to approx. 830 CHF per batch (4500 kg) for custom clearance and transport. The complicated clearance process resulted in a long time (one month) for the consignment to be released from Bangkok and to reach the centre.

Knowing the dairy market in Thailand, there is no doubt that excellent quality milk could have been found locally as an alternative to Swiss dairy products, be it imported from New Zealand or

<sup>25</sup> 280 km distance (2.30 h drive) from Bangkok

Australia (UHT milk) or produced locally (pasteurised or UHT local milk). At that time, milk powder imported from the EU or Oceania was sold at 64 Thai Baht (THB) per kg (approx. 1.6 CHF) and the factory-gate price for local liquid milk was 18 THB (0.5 CHF) (DLD, 2012). Besides, the Government of Thailand ran a parallel programme giving milk powder to infants up to three months from mothers with HIV-AIDS in order to reduce mother to child transmission risks, as well as a school milk feeding programme for children aged 3 to 12 years. The “Thailand case” is undoubtedly a case where untied food aid would have been more efficient than the allocation of Swiss dairy products.

## 8.4. Connectedness

The HA’s food aid programme with SDPs has been evaluated along the connectedness criteria. One of the definitions of connectedness refers *“to the need to ensure that activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account”* (ALNAP, 2006).

In the chapters relating to the relevance and the effectiveness of the food aid programme with SDPs, it has been demonstrated already that the programme’s activities are not inscribed in a context of rapid onset of emergency. In such contexts other food items are favoured, as dairy products are not appropriate due to their perishability and high costs and because access to safe water is not guaranteed. Globally, the programme reaches groups of vulnerable people in countries with or without emergency situations, in the latter case usually protracted emergency (e.g. Sudan). In very rare cases, programme activities were carried out in countries within a context of a rapid onset of emergency, after a natural disaster. This was the case in Haiti, where SDPs were, however, distributed before the earthquake in 2012. In most cases, the programme is conducted in countries with more or less fragile contexts.

Connectedness of the food aid programme with SDPs concerns two main levels. The first level looks at the vertical connectedness, among actors within the food aid programme along the value chain and the second level concerns horizontal connectedness between implementers and other key stakeholders.

### 8.4.1 Vertical connectedness

Many actors interviewed during the evaluation process regret a lack of connectedness with the “milk desk” on one hand and with other actors of the programme on the other hand. This aspect pertains mainly to the administrative nature of the programme and the type of communication which derives from it.

Stakeholders revolving around dairy production in Switzerland, especially umbrella organisations, know that the programme with SDPs exists. They however have only a vague knowledge about the programme’s implications abroad. But all of them know about the programme’s political implications in Switzerland.

A few milk powder processors wish that exchanges with the “milk desk” would go beyond purely administrative matters such as price negotiations and other procurement related matters. They were interested to know about the further use of their products, especially about conditions in which their products are used, in what context, by which beneficiaries etc.

An annual consolidated report produced by the “milk desk” could be a simple way to inform all partners about the whereabouts of the programme. They could exchange about innovations, especially new products or new packaging forms.

There is no or very little connectedness between the “milk desk” and activities in the field. This aspect is regularly brought up by coordinating NGOs in reports or during the annual meeting. This concerns mainly the feasibility of some activities regulated by the standards, especially the

centralised distribution of SDPs (as already discussed under the effectiveness chapter). As already mentioned, the increasing administrative burden imposed to implementers is sometimes viewed as disconnected from the field reality. Indeed, the “milk desk” has administrative exchanges only with coordinating NGOs as well as with the six COOFs/Embassies coordinating the programme. The “milk desk” does not communicate with local implementers directly, although it assesses each application form sent by implementing centres. This additional administrative level between local implementers and the “milk desk” further disconnects administrative activities and decisions from the beneficiaries’ reality. This aspect is partially compensated by reports on utilisation and visits made by the staff from the “milk desk” annually or every second year.

Interviews at SDC’s global programmes but also within the HA showed that the programme is disconnected within SDC as well, although all important decisions pertaining to the programme are communicated beyond the HA.

### Connectedness with beneficiaries’ needs

Overall, people interviewed at the COOFs (in Burundi, Rwanda and Burkina Faso) highlighted the excellent integration of local implementers in the area of intervention, their deep knowledge of the context and of the target population as a main strength of the programme with SDPs. The large majority of implementers target neglected parts of the population, who would otherwise not have access to this kind of services. Thanks to this proximity, local implementers are therefore well connected to beneficiaries’ needs.

#### 8.4.2 Horizontal connectedness

The vertical connectedness tends to reveal strengths and weaknesses of administrative nature within the programme. The horizontal connectedness on the other hand tends to reveal opportunities and threats, in addition to strengths and weaknesses that the programme faces in countries where its activities are implemented.

The horizontal connectedness of the programme in the countries where activities are implemented is thus more indicative of the long-term perspectives and “sustainability” of the programme and its activities. In other words, the level of connectedness of implementers’ activities with national policies and programmes, as well as with development projects determines how they can perform in case the programme with SDPs is discontinued.

### Connectedness with countries’ laws, rules and regulations

In several countries, import of milk powder, especially infant formulas, is becoming at odds with new laws and regulations:

- In Sudan, an interim decree prohibited the import of labelled milk powder for retail in supermarkets and shops in 2010. The prohibition was lifted later.
- In Burundi and Ivory Coast, decrees pertaining to the regulation of commercialisation of breastmilk substitutes (*Décret portant sur la réglementation de la commercialisation de substituts de lait maternel*) were issued by the respective Governments. According to these decrees, donations of infant milk remains possible but are subject to authorisations.

In Ivory Coast, SDPs are imported as diplomatic goods and are thus not submitted to import declarations.

### Connectedness with national nutrition policies and programmes

Many stakeholders interviewed during the evaluation process deplored a lack of connectedness of the milk programme with national nutrition or health strategies and programmes. This point was particularly mentioned by UN stakeholders (WHO and UNICEF), as well as people in-charge of nutrition matters at Ministerial Departments in connection with NGOs.

## NGOs and local implementers

Depending on the NGOs and local implementers, the delivery of SDPs is more or less well connected to development activities or is even integrated in nutrition programmes.

At **health centres**, the distribution of SDPs is generally accompanied by a demonstration (or at least explanations) on how to properly prepare the milk. It is also linked to nutrition and hygiene education activities (such as “causerie” in TFCs in Burkina Faso or the FARN initiative mentioned earlier) as well as family planning (e.g. Abu Rof clinic). As already mentioned many health centres are integrated within the national health system and benefit on a more or less regular basis from RUTF delivery. In this case, there is a parallel delivery of both types of food aid, with practices varying a lot from one centre to the other and without real synergy.

Some **NGOs and in very few cases local implementers** have linked the SDP delivery with well-defined projects aiming at supporting local agricultural production and diversifying the diet. For example in Burkina Faso, TdHG is running its «Programme d’appui à la sécurité alimentaire dans le Boulkiemdé» (PASAB) project. The objective of this project is to reduce malnutrition of children through a strengthening of agricultural production as well as nutritional practices of the targeted households. This project is implemented in the Boulkiemdé Province, in collaboration with TFC benefiting from SDPs and thus targeting the same population as by PASAB. It was explicitly designed after an evaluation of SDPs’ delivery in Burkina Faso, in order to render beneficiaries less dependent of milk. Similarly, Maison Shalom/un Avenir pour les Enfants au Burundi is seeking to improve the local agricultural production through a cooperative project. However, in the very large majority of cases, local implementers have not reflected on and therefore have no strategy of a phasing out of the SDPs programme.

Finally, some **large NGOs** such as Caritas and TdHL stopped delivering milk to their southern partners also because of lack of connectedness/sustainability of this approach. TdHL, which runs a large nutrition project financed by the European Union Humanitarian Aid and Civil Protection Department (ECHO), had to give up the delivery of SDPs upon request of ECHO because the delivery of imported milk is not in line with its policy. Caritas considers the delivery of SDPs as an outdated approach and not in line with current development approaches. TdHG mentioned that they will take SDPs as long as they are available, but they will not fight to maintain them if SDC decides to stop this activity.

## WFP

In Sudan and North Korea where SDPs are used by WFP, the programme is viewed to be well connected as it is part of the national nutrition strategies. In Sudan, the Director of the Nutrition Department under the Ministry of Health is well aware of WFP’s programme with DSM and would even welcome a larger use of DSM in target population groups belonging to the 1000 days window of opportunity.

Switzerland has advocated at the WFP for a better coordination between short-term food aid and long-term food security (Conseil federal, 2012, p.69). In Sudan for instance, the WFP strives to find local alternatives to in-kind donations (grains, pulses etc.) or imports of food items. When the Government of Sudan, and more specifically the Ministries of Education and Agriculture expressed a strong interest in building a national school feeding programme and a national school feeding policy to be implemented in each State in 2013, a pilot project was launched with WFP. This transition project, aiming at moving from WFP-driven school meal project to a Government owned programme using locally produced and purchased food ingredients was launched on a pilot basis in North Kordofan and Kessala States in 2014 (WFP, FFE leaflet).

## Connectedness with SDC country programmes and strategies

### NGOs and local implementers

Health centres conduct activities relating to protracted emergency (“saving lives”). Their activities are therefore considered by some COOFs (e.g. Burkina Faso) to be complementary to developing projects implemented by other development partners coordinated by the COOFs. Such an interaction can help to render the delivery of SDPs unnecessary in the long run.

On the other hand, local institutions (orphanages, schools etc.) benefiting from SDPs are not involved in projects of the COOFs and do not target the same population, often because they are not located in the same geographical areas. This is one of the main impediments to a better integration of the programme with SDPs in many countries.

In DPRK, the programme with SDPs is a crucial entry point for SDC to dialogue with the Government. SDC’s contribution with SDPs in DPRK is reported to be highly valued by the Government, which is regularly expressed also through the DPRK Embassy in Bern (Fissler, personal communication, 2015). This programme allows SDC to visit areas in the country and to meet beneficiaries who would otherwise remain unattainable and thus guarantees a certain degree of “protection by presence”. In this very specific case, the programme with SDPs constitutes an important dialogue platform.

As already mentioned, the standards emphasise that SDPs should be delivered on a temporary basis. As seen from field visits, the responsibility of developing longer term or exit strategies seems to lie with NGOs or local implementers alone. The milk programme itself does not entail any activity to support longer term development aspects or exit strategies. If it has been decided that the delivery of SDPs of some local implementers or NGOs shall stop, the latter are informed one year in advance by the “milk desk” and it is their responsibility to find alternatives. Some local implementers, who had been receiving SDPs since decades obviously did not have the required capacities to find alternatives (e.g. Bubanza hospital and orphanage in Burundi, Centre de Santé Gisangara in Rwanda).

In some cases this had dramatic consequences for their target beneficiaries (e.g. higher mortality in Bubanza).

A discontinuation of the programme can have direct operative consequences for some NGOs but also for WFP. The interview conducted at WFP’s headquarters in Rome revealed that the sudden decision taken by the “milk desk” to discontinue the allocation of processed cheese to WFP in Algeria was not well understood and it had important operative consequences. In Sudan and in DPRK, WFP have financed equipment to produce blended rations containing DSM. In both cases, the initiative to buy machinery was supply-led not demand-led. Ramchandran (personal communication, 2015) states that in DPRK, “*the country offices fought for it [enough factories to use the commodity], because we had SDPs in a predictable way*”. At WFP’s country office in Khartoum, it was insisted that considerable investments were made to accommodate SDPs in order to produce blended rations (equivalent to Supercereal Plus). A discontinuation of the programme would have important financial consequences for WFP and would ultimately affect beneficiaries as well.

### 8.4.3 Sustainability

Under paragraph (a) *application of Chapter 2 allocation process* of the standards it is stated that “*food aid provided in the form of dairy products must be temporary in nature and replaced as quickly as possible by development actions that will permanently meet recipients’ food needs*”. However, interviews with NGOs in the field and in Switzerland showed that in many cases the “milk programme” has been run as a long-established activity. Some NGOs, implementing centres and even beneficiaries seem to take the programme almost for granted. Only in very few cases, exit strategies and alternatives to milk were actively sought for. The standards do not explicitly mention who is responsible to seek for development actions. In that respect, the standards are adequate but they should explicitly mention who is responsible to actively take steps towards exit strategies (SDC or NGOs).

Most implementers have neither reflected on how to become less dependent on SDP nor have they set up alternative activities. As an exception, Maison Shalom in Burundi reflects together with target beneficiaries on how to diversify their nutrition with local products, in the perspective of being less dependent on milk. Also, Abu Rof-Mission am Nil, Khartoum Cheshire Home and Usratuna Centre-OVCI/La nostra Famiglia in Sudan make great efforts to diversify their sources of nutritious food. All of them are conscious of the uncertain status of the milk programme and its unpredictability in the long-term. Some health centres (Kayenzi in Rwanda), homes for disabled people (Centre Jubilé de Korogho in Ivory Coast), orphanages (Orphelinat et école les St Innocents, Ziniaré in Burkina Faso) and schools (Cité des Jeunes de Nazareth de Mbare in Rwanda, Home St Kizito in Burundi) run their own farms or gardens to produce part of the food items they consume. Khartoum Cheshire Home wishes to keep dairy cows and a garden, which is impossible, as their premises are located in a sub-urban zone, where agricultural activities are not allowed.

The level of coverage of the institutions' needs by the programme varies greatly. In Centre Jubilé, the farm and garden are sufficient to cover the needs of almost all patients. In Home St Kizito in Burundi, the farm and garden cover only a small share of the needs of the children. These farms and gardens are also an opportunity to teach beneficiaries from SDPs how to produce a more diversified diet, and it seems that it has been replicated in some cases (Salvation Army project in Rwanda).

Some local implementers even keep dairy cows (Cité des Jeunes de Nazareth de Mbare), but the amount of milk produced is far beyond the needs of the institution. A few institutions also try out innovative products (Vit. A fortified sweet potatoes, moringa, spirulina, see annex XXVIII), with contrasting rates of success. Abu Rof clinic in Sudan produces moringa leaf powder to complement the nutrition of PLW. Some implementers run production units for enriched cereals for children (see annex XXVIII).

## 9. Conclusions and recommendations

The relevance, effectiveness, efficiency and connectedness of the food aid programme with SDPs are rated differently depending on the respondents interviewed. The different views are summarised in the table below:

**Table 8: Views of various stakeholders of the programm according to the 4 criteria**

	Relevance	Effectiveness	Efficiency	Connectedness
SDC	No			No
HA	No to yes	Yes	Yes	No (to yes)
Political and economic organisations in Switzerland (FOAG, SECO)	No			No
NGOs in Switzerland and in neighbouring countries (Italy and Liechtenstein)	No to Yes	Yes	Yes	No to yes
WFP headquarters in Rome	No	Yes	No	No
Umbrella organisations in dairy production in Switzerland	No to yes			
Milk powder processors in Switzerland	Yes			
FDFA Representation offices, NGOs and WFP in target countries	(No) to <u>yes</u>	Yes	No to yes	No
Government offices at relevant ministries (MoH) in target countries	No to Yes	Yes		No
Relevant international stakeholders in target countries: UNICEF, FAO, ICRC, WHO, International NGOs etc.	No (to yes)	No	No	No
Implementers of food aid in target countries	Yes	Yes	No to Yes	No (to yes)
Direct beneficiaries in target countries	Yes	Yes		

**Relevance:** it can be generally concluded that the food aid programme with SDPs is **not relevant** from the point of view of international economic agreements (WTO), the international context of food assistance, the SECO's position on export subsidies which is line with the WTO, SDC's policy on nutrition and food security and the Humanitarian Aid's policy on food aid which has already moved towards cash-based contributions for triangular purchases in the cereal budget years ago.

Even for the FOAG, the Swiss Milk Producers Association and the Swiss Milk Powder Association, the programme is not as relevant to the national agricultural policy as it used to be. The programme is considered as irrelevant by multilateral organisations and large NGOs such as TdHG, TdHL and Caritas.

The programme is **relevant** for milk powder processors, even if the share of SDPs in their portfolio is small. The programme is the **most relevant** for some Swiss NGOs (especially the small ones who depend to a large extent or fully on milk donations, e.g. RES), implementers of food aid and of course the target beneficiaries, who are in most cases well identified and targeted.

**Effectiveness:** for a large majority the programme is considered to be effective. NGOs and implementers may tend to overrate the "true" outcome and impact of SDPs on beneficiaries mainly due to a non-negligible attribution gap. This as well leads to an overrating of the programme's impact on beneficiaries at the milk desk. In general, it can be said that the programme has a positive impact on beneficiaries and does not harm direct beneficiaries or tiers (local farmers, markets etc.) in the visited countries.

**Efficiency:** the programme is considered to be efficient by SDC, the HA, by some NGOs in Switzerland and by some local implementers. At the SDC and HA level this perception relates to the fact that the administrative burden is rather lean compared to classic SDC programmes and is, from the administrative point of view, rather diligently and well managed by the "milk desk". Some NGOs and implementing centres consider that the detailed request and reporting procedures required by the "milk desk" for each centre is too much of a burden. Taking into account product costs, the programme's associated costs as well as opportunity costs, it appears that the programme **is not as efficient as a cash-based programme would be**.

**Connectedness:** the programme is usually considered, at all levels in Switzerland and abroad, to be **totally disconnected** of any other programme, project or initiative, with exception of the two countries studied where DSM is used by WFP (Sudan and North Korea). Adjectives used by stakeholders during interviews to describe the programme are sobering: "*stand-alone*", "*encapsulated*", "*foreign body*", "*between chair and bank*", "*neither HA nor SDC*".

The ultimate answers to the main questions "*do we still do the right thing*" and, if yes "*do we do it right*"? could be summarised as follows:

Supporting people with the means to assess their needs and empowering them to fulfill these needs is currently viewed to be the right thing to do. In that regard, the programme **does the right thing** by addressing the requirements of the most vulnerable people. The means used to address these necessities are however **not the right thing to do anymore**.

In the light of these findings, four scenarios sketching out pathways of change were drafted.

## 10. Outlook

Four possible scenarios for the continuation of the milk programme were sketched out based on the review of data, on interviews as well as the SWOT analysis carried out by the evaluation team. These four scenarios are presented below. Recommendations and potential consequences of the four scenarios are summarized in a table at the end of the chapter.

### Scenario I: Continuation of the programme with a set of indispensable adjustments, focus on fewer countries / categories of beneficiaries

Scenario I foresees the continuation of the programme in its current form, with a budget of 20 million CHF and SDPs shared between NGO and the WFP, but with a set of indispensable adjustments to be made over the next four years' phase. The set of necessary changes is described below:

#### (1) Revision of the standards governing the use of dairy products in the context of food aid

As highlighted in the discussion on the programme's effectiveness and efficiency, the standards need to be revised. It is recommended to draft two different versions of the standards. The first version would target heads of NGO's in the North and well educated employees (such as physicians) in the target countries. The second would be a simplified version with clear messages but without too much theory (e.g. regarding the promotion of exclusive breastfeeding) and with very practical tools on how to fill in the application form for SDPs and how to write the reports on utilisation, as well as practical procedures to deliver milk to target beneficiaries. The following specific points are described below:

The **categorisation of beneficiaries** in the standards and in the application form for milk product delivery should be adapted in order to fit with the objectives of milk delivery:

- Infants 0-6 months
- Infants 7-12 months
- Chronically ill people (HIV, TB, leprosy etc.)
- Hospitalized patients
- Healthy children in schools
- Malnourished people (with subcategories of pregnant and lactating women, children, adults), elderly and disabled people in homes.

**Methods to calculate required quantities of SDPs** for different target groups should be clearly explained and should consider the length of the "treatment" with SDPs. The standards could include a table for the calculation and recipes for the use of milk for prevention or treatment of MAM. The **calculation of infant formula quantities will need to be addressed in priority** in the revised standards. Infant formulas represent 3% of the total SDPs deliveries, but concern between 15% and 20% of the target beneficiaries.

The **issue of central, versus decentralized milk delivery** should also be clearly stated in the standards, as it has become more flexible than in the 2006 version.

#### (2) Revision of the monitoring system

While revising the standards, an improvement of the monitoring system shall be envisaged as well.

When SDPs are used to treat malnutrition, anthropometric data are routinely registered by the local implementers. The type and quality of such data unfortunately greatly varies across centres. Moreover, data are not consolidated, which strongly limits the assessment of the quantitative impact of SDPs on beneficiaries.

The monitoring system should allow to better capture the number of beneficiaries in each category and outcomes of SDPs delivery. A few local NGOs and local implementers have

expressed the wish to be entrusted with a proper tool for data collection. Some NGOs, such as TdHG, are already trying to improve their monitoring system. Their experience should be capitalized and serve as potential example for other NGOs. Many health centres do run national nutrition programmes (with the distribution of RUTF) in parallel to the food aid programme with SDPs. Within these programmes, data has to be collected and monthly reports have to be delivered to their health districts. To avoid too much additional work, the SDP monitoring system at the level of health centres should be as close as possible to national nutrition programmes' monitoring systems. It should enable to capture indicators such as recovery rate, death rate, defaulter rate, length of stay and possibly weight gain and coverage and clearly link these effects with SDP delivery of other treatments such as RUTF.

Another aspect of monitoring relates to the **visits made by coordinating NGO's, COOFs or Embassies to local implementers**. Local implementers should be visited at least once a year in order to ensure a proper monitoring. A checklist should be given, especially to COOF officers, containing important aspects to evaluate during such visits. Such a checklist could also be used by the milk desk during its annual field visit.

In cases where SDPs are delivered within well-defined programmes run by NGOs, the question should be discussed whether **consolidated reports** for all local implementers are sufficient. Moreover, in specific cases, e.g. when the NGO is coordinating the reimbursement of custom clearance and transport costs to embassies or SDC (e.g. Leuppi Stiftung), elaborating a financial report may be relevant.

The relevance and connectedness of SDP delivery are also strongly linked with the evolution of the respective national and political contexts. To be able to capture these changes and adapt the milk programme accordingly, it is recommended to produce every year or second year **a context note per country**, especially regarding issues close to the milk programme (food security, nutrition, education, etc.). This could be the task of the COOF/embassies.

At milk desk level, it is recommended to produce a yearly consolidated report, not only capturing output indicators (number of beneficiaries NGOs and local implementers, quantity of SDP delivered and beneficiaries), but also some outcome and global assessment of the evolution of the programme.

### **(3) Strengthening capacity building for local implementers**

The important turnover of personnel in some NGO's and local implementers explain the bad quality of many "application forms for milk product delivery" and "reports on utilization" and the fact that the same mistakes are repeated year after year.

The experience of TdHG in Burkina Faso shows that a proper support of local implementers with proper practice oriented training sessions improve the quality of the above mentioned documents (as well as probably the effective delivery of SDP) and thus should decrease the workload associated with the revision of these documents, e.g. at the milk desk.

Increasing the quality of the monitoring and continuous education system will imply more personnel resources and thus overhead costs, especially within the countries at the NGO level. The current position of SDC is that these costs should be covered by the beneficiary NGOs, as "Eigenleistung". This makes sense when SDP use and local implementers are included within the own NGO programme. However, some NGOs also have to manage the monitoring, training and administrative issues for SDP delivery to local implementers that are not their partners otherwise, sometimes on request of the milk desk. It should be clarified who should carry the costs of these services (the local implementers themselves paying the coordinating NGOs or SDC?).

### **(4) Strengthening connectedness at national level**

In the concerned countries, the milk programme is not known and often runs in parallel or even in contradiction with national nutrition programmes and multilateral strategies. SDC should better communicate about the milk programme within these countries. The COOFs and even the country

delegates of the main NGOs involved in the food aid programme with SDPs should be encouraged to participate in the national nutrition platforms which are put in place in many of these countries. The concerned authorities (nutrition directorate, ministry of education, etc.) as well as UNICEF/WFP should be informed and possibly involved in the identification / prioritization of SDP beneficiaries. Better complementarities / synergies should be searched with nationally run nutrition / school feeding programmes.

At the level of the NGOs and local implementers, the delivery of SDPs is generally accompanied by activities such as education on nutrition and hygiene. On the other hand, with some exceptions, few efforts are made to find alternatives to SDPs and to phase out from the supposedly temporary programme. SDC's commitment to this specific aspect should be stronger and more closely monitored. As there is a strong trend towards the decentralized delivery of SDPs in communities, a better integration of local implementers within community based health systems should be supported by SDC.

#### **(5) Strategic level**

Presently, there is a concentration of administrative and strategic decisions at the level of the milk desk. Since 2008, the creation of the steering committee has enabled to strengthen the anchoring of the milk programme within HA/SDC. The role of the steering committee and its anchoring might be further strengthened.

#### **(6) Focus on fewer countries and categories of beneficiaries**

Narrowing down the programme to fewer countries and possibly fewer categories of beneficiaries would allow the programme to be managed more easily and in a more objective-oriented manner. The tendency in the last few years is to refuse applications by new organisations and/or local implementers and to close the milk programme in some countries with improving economic situation (e.g. Peru).

The question whether the milk programme should concentrate on certain types of beneficiaries should be discussed and may depend on contexts of individual countries. Malnourished people constitute a large majority of current beneficiaries, but this population (especially SAM) are now increasingly addressed by national programmes. This is less the case for people suffering from MAM and for malnourished babies and orphans in need of infant formula. Some neglected parts of the population, such as mentally disabled people and elderly, or children with HIV-AIDS affected parents, are hardly supported by national programmes and other development partners.

In order to decide in which countries and/or categories of beneficiaries the programme should focus, an evaluation of the various projects and various NGOs would make sense. In case the milk programme is discontinued, the phasing out should be done properly. A good example is the closure of the programme in Peru (see Box 5).

#### **(7) Adaptation of products and negotiation of milk prices**

The current assortment of SDPs is deemed largely appropriate. The case of processed cheese needs to be discussed in every country where it is currently used. If the delivery of a specific product is envisaged **the matter should be discussed prior to discontinuation**. The case of the discontinuation of processed cheese delivery to WFP in Algeria has been mentioned already. For some implementers a sudden discontinuation may create important financial and operational problems.

It is recommended that the "milk desk" organises an information exchange session with the milk processors in order to assess the availability, suitability and costs of new products to enhance the nutrient content of food (protein fractions etc.). The question of **more adapted packaging** (smaller boxes, sachets, better bags) and a comparison of their costs with current packaging costs needs to be addressed as well. Better packaging forms may result in lower transport costs.

The question of milk price segments and export conditions needs to be clarified properly. This is also in the interest of Swiss dairy producers.

### Scenario II: Phase out by 2020 with full stop and no budget line or with full stop and budget line to WFP

Scenario II foresees a discontinuation of the current in-kind contribution with SDPs to NGOs and WFP. In this case, the credit line devoted to it could either be fully cancelled (this scenario) or from 2021 onwards. WFP gets the equivalent value in cash (scenario III).

In the phasing out between 2017 and 2021, the contribution to WFP can remain constant or can be gradually increased as the part devoted to NGOs decreases, provided the budget line remains constant.

#### Full stop

Until 1981, cereals milled in Switzerland were part of the food aid programme. The change of strategy was enacted in the Humanitarian Aid Act dated 27 May 1981. Until 1981, 9,000 T of flour were still delivered physically to multilateral organisations (WFP and others), however Switzerland's contributions to international organisations was already largely in-cash.

In the International Convention on Food Aid dated 1981, Switzerland committed to contribute 51 Million CHF as cereal equivalents over the period 1982-85. The switch in the approach was accompanied by an increase of the Swiss contribution based on an international convention.

Regarding in-kind deliveries of milk powder, the current international context is similar to the change of strategy in cereals aid in 1981. Discussions in international negotiations (WTO, OECD etc.) increasingly consider physical deliveries of commodities as a breach of various international agreements. Switzerland is one of the last developed countries which still delivers in-kind aid in form of dairy products. In the case of WFP, Switzerland's aid is double-tied as it specifies products and countries where to use them (e.g. DPRK). Regarding international discussions and implementers needs, Switzerland's position is becoming increasingly difficult to defend rationally.

The consequences of these conclusions would be to phase out deliveries of Swiss milk powder in the next phase until 2020. Whether this phasing out will be replaced by a higher financial support to international organisations (mainly WFP) after 2020 needs to be discussed for the 2021-24 Budget Framework. Implementing such a change in strategy would mean to develop exit strategies together with the NGOs involved. For this process the Peruvian experience (box 5) made after the programme ended in 2012 could be evaluated and used. **A full stop at the end of 2016, in the case there is no credit line is not recommended.** Such a programme which extended over decades cannot be discontinued in an abrupt way. A discontinuation of the programme would entail important repercussions for stakeholders concerned, at various levels.

#### Box 5: Closure of the milk donation program in Peru 2012

SDC decided to end the support with Swiss milk products in Peru by 2012. The programme was implemented over 20 years, as it is in other countries. SDPs donated by the HA were distributed by Caritas, SDC's Coordination Office, WFP, the Salvation Army, Terre des Hommes Lausanne and several smaller NGOs (16 in total). An evaluation conducted at the end of the 20 years' period concluded that SDPs had a positive impact on vulnerable groups of beneficiaries who would otherwise not have had access to milk. The evaluation highlighted the collaboration with government structures as the major difficulty encountered in the programme. These structures officially had the task to implement similar activities to improve the nutritional situation of vulnerable groups. Nevertheless, the collaboration between government structures and the programme never happened. On the contrary, administrative procedures pertaining to the import of SDPs were slow and cumbersome.

Based on extensive discussions with the stakeholders, the evaluation team proposed the following actions for the future of the programme, after the phasing out of SDC's support:

- 1) To integrate activities in Government programmes (mainly at regional and local level)
- 2) To continue to use the platforms built up by the NGOs involved (social services, education, control of nutritional status of children etc.)
- 3) To entrust NGOs with the capacity to continue using tools developed and to capitalise on experiences gained
- 4) To give enough space for NGOs depending on milk donations to find other donors, by reducing donations gradually
- 5) To encourage NGOs to find other, more suitable donors, especially in relation with nutrition programmes for children
- 6) To increase the income of NGOs through the following activities:
  - Establishing own milk farms where beneficiaries can work for milk
  - Distributing the milk in childcare services, where better-off families contribute to the costs for poorer families
  - Improving education, for which families are ready to pay (incl. milk distribution)
  - Linking micro credit programmes to activities improving the nutritional situation of children
  - Searching for cheaper substitutes to milk products

How far these proposals could be implemented was not evaluated later on. The difficulties to collaborate with Government programmes highlighted in the evaluation give a hint that this might not be the most promising way to secure sustainability. Income generating activities by NGOs are a rather doubtful strategy and are not always feasible, also because of legal matters (non for profit organisations). Finally, the feasibility to switch from in-kind donations to income redistribution to poorer families might not have been realistic.

### Scenario III: Collaborate exclusively with WFP starting 2021

This scenario foresees to collaborate exclusively with the WFP and to discontinue the attribution of SDPs through NGOs. Under this set-up, several sub-scenarios are possible.

#### Scenario III (a) single shift (100% all in-kind) to WFP.

The in-kind contribution to WFP would be gradually increased in parallel to the phasing out with NGOs. The medium-term goal would be a shift of all contributions to WFP by 2020 or latest by 2024, but maintaining in-kind contribution. The SDPs' attribution process could either remain centralised at the "milk desk" (as currently) or decentralised to Rome.

In all the scenarios with in-kind contribution to WFP, DPRK is likely to remain an important recipient of SDPs. This programme, although it has its own specificities and can be questioned in term of its connectedness and sustainability, has room to accommodate even more SDPs.

#### Scenario III (b) double shift (100% and all in cash) to WFP.

As with the previous sub-scenario, the WFP programme would be gradually increased while phasing out the NGO programme. However, this change would be accompanied by a gradual shifting from in-kind to cash contribution. The medium-term goal of such a shift would be to move from in-kind to cash and towards a 100 % WFP implemented programme (by 2020, latest by 2024).

#### Scenario III (c) maximal.

The in-kind contribution to WFP would be discontinued by end of 2015. Starting 2016, WFP would get the equivalent value in cash. The contribution can be constant or can increase in case the NGOs programme is phased out and the credit remains constant. In-cash instead of in-kind contributions is a faster, more timely and cheaper way of addressing emergency needs (Oxfam, 2005).

## Scenario IV: Continuation of the programme with major changes

This scenario is similar to scenario I, but it entails a stronger involvement of SDC and at a higher strategic level.

In this scenario, the idea is to link the distribution of SDPs with SDC strategies, resp. the countries' strategies so that it becomes an integrated programme. This could be done within the frame of health, or even education programmes. As the tendency of development stakeholder and national programmes to work on nutrition programmes in a multi-sectorial way is increasing, the link with rural development programmes should also be done. Thus, SDP would be integrated within clearly designed projects, with clear objectives to reach, other supporting activities than just the distribution of milk and phasing out.

Until now, SDPs have played a key role to treat malnutrition. However, many health centres and other structures such as orphanages continue to receive SDPs year after year, not rarely since decades, without really trying to find alternatives. On the other hand, nutrition is becoming a top issue on international (e.g. SUN movement) and national agendas (e.g. in Ivory Coast, where for a long time the government did not recognise malnutrition as an issue). Several multi-sectorial initiatives are put in place by multilateral stakeholders, national ministries and local stakeholders, including public-private-partnerships (PPP). SDC could better integrate such initiatives with the ultimate goal to make local partners less dependent on SDPs.

In the health and food and nutrition security domains, the following activities could be developed:

- a) Support to the ministries of health/education to improve the national mechanisms of input delivery in nutrition/school feeding programmes (RUTF, school rations, alternatives to maternal milk for infants who cannot be breastfed). The question whether the milk should be delivered through national distribution channels or as currently directly by SDC to the local implementers remains open. In any case, the central or decentralised State bodies would be informed or even involved in the identification of the beneficiaries and the collaboration with national institutions strengthened.
- b) Support to the local production of RUTF, including innovation of products and local enriched infant cereals, in synergy with rural development / food security projects.
- c) Support to the local dairy value chain, potentially with monetisation of SDP products to support the activity. This approach was mentioned at the WFP meeting in Rome with a good potential in countries such as Senegal or Nigeria. Monetisation is however internationally regarded as an outdated (although still practiced) development approach.
- d) Nutrition sensitive approaches: support to production of alternative protein-rich or high density food items (Moringa cultivation, school gardening, spirulina production, insect production, bag gardening, etc...)
- e) More emphasis on accompanying activities such as education for nutrition and hygiene, promotion of breastfeeding, support to CHW systems, WASH, etc.

### Public Private Partnership (PPP).

Activities b) and c) could be done best with Public Private Partnership development programmes linking in-kind contribution to technical assistance in the recipient countries. This would be a shift away from food aid to economic development. WFP, in such a scenario would not be a direct partner but would buy the products from the local processors developed by the respective projects. WFP sees potential for PPPs in case Switzerland wants to continue with in-kind contributions. Among the processors, only Hochdorf expressed an immediate and direct interest in such a scenario. PPP could imply innovation of products. Earlier trials were already made. In the eighties, a milk based biscuit had been developed with a Swiss firm and tested in India. The aim of this innovation was to dispose of a new product, which can be used in real emergency contexts where water quality and quantity is an issue (Swiss Federal Council, 1981). Partnerships have already been developed by the WFP in Sudan with the DAL Group. The latter has the franchise to produce Plumpy Nut® on behalf of Nutriset and delivers to UNICEF and WFP. DAL Group, which also owns the largest dairy farm in Sudan (5'000 Holstein Friesian cows imported from the USA

and Australia) aims at producing its own milk powder by 2016 or 2017. WFP has already engaged in discussions pertaining to a potential sourcing of dairy ingredients from DAL Group for its operations in Sudan and elsewhere in the region.

In Rwanda, WFP is in discussion with the Bill Gates Foundation to produce Supercereal Plus for use in the region. The Irish Dairy Board has expressed its interest in **selling** (not donating) milk powder to this project (CAI Initiative) (Ramachandran, personal communication, 2015).

Annex XXVIII present a literature review with findings as well as pros and cons of the above presented activities.

**Implications:**

- Such a programme would imply higher costs for staff and for the accompanying activities, and much higher involvement of SDC.
- The current structure of the milk desk / programme should be adapted, with probably more responsibility and liberty at the level of the regional cooperation and COOFs.
- As a majority of local implementers do not belong to the current target partners of COOF, the question of their future integration in such a programme remains open.

Table 9: Potential scenarios at a glance

Scenarios	Description	Potential and risks
<p><b>Scenario I</b></p> <p>Continuation of the programme with necessary set of adjustments</p>	<p>Continuation along the lines as up to now, with adjustments such as:</p> <ul style="list-style-type: none"> <li>- Revision of guidelines, monitoring system and capacity building</li> <li>- Strengthening of connectedness in the recipient countries and within HA</li> <li>- Building in more flexibility in terms of size and time of consignments and selection of recipient countries.</li> <li>- Gradually shifting to a higher share for WFP (see scenario III)</li> </ul> <p><b>Recommendation</b></p> <p>More flexibility in terms of size and time of consignment and selection of recipient countries.</p>	<p><b>Potentials</b></p> <ul style="list-style-type: none"> <li>- Opportunities to build upon experiences of some NGO's (TdHG) and national nutrition programmes</li> <li>- Nutrition platforms exist in many recipient countries, better integration in national strategies</li> <li>- Well implemented and committed local implementers, with extensive experience in the use of SDPs and knowledge of their local context, continue to benefit from the programme</li> <li>- Improvement of the quality of monitoring and implementation, better capture of outcome indicators</li> </ul> <p><b>Risks</b></p> <ul style="list-style-type: none"> <li>- Milk programme continues to be an administrative programme</li> <li>- If not carefully done, even higher administrative burden for local implementers and NGOs, and possibly higher costs to be supported</li> <li>- Food aid with milk products not in line with international policies and standards</li> </ul>
<p><b>Scenario II</b></p> <p>Phasing out or full stop</p>	<p>In-kind contribution to WFP is discontinued by end of 2020. Starting 2021 WFP gets the equivalent value in cash. The contribution can be constant or can increase in case the NGO programme is phased out and the credit remains constant.</p> <p><b>Recommendation</b></p> <p>Proper phasing out of NGOs should be supported.</p>	<p><b>Potentials</b></p> <ul style="list-style-type: none"> <li>- Best scenario to align the Swiss WFP contribution to OECD standards</li> <li>- Less demanding in terms of administration of the programme at the milk desk</li> <li>- More flexibility for WFP, more efficient and targeted aid</li> </ul> <p><b>Risks</b></p> <ul style="list-style-type: none"> <li>- Hundreds of local implementers will lose access to a precious resource, sometimes with dramatic effect on</li> </ul>

		themselves (closure of projects, health centres and schools) and on their target population
<p><b>Scenario III</b></p> <p>Collaborate exclusively with WFP starting 2021</p>	<p>Gradually increasing the WFP programme, while phasing out the NGO programme. At the same time gradually shifting from in-kind to cash contribution.</p> <p>Medium term goal, shift to 100 % WFP from in-kind to cash (by 2020, latest by 2024).</p>	<p><b>Potentials</b></p> <ul style="list-style-type: none"> <li>- Less demanding in terms of administration of the programme at the “milk desk”</li> <li>- More flexibility for WFP, more efficient and targeted aid</li> </ul> <p><b>Risks</b></p> <ul style="list-style-type: none"> <li>- This scenario will not satisfy WFP and will still not be in tune with the Paris Declaration, because of the long time span (5 to 9 years)</li> <li>- For NGOs and local implementers, as in scenario II</li> </ul>
<p><b>Scenario IV:</b></p> <p>Continuation of the programme with better integration in SDC development programmes and major changes towards Public Private Partnerships</p>	<p>Anchoring SDP distribution within SDC health and/or education programmes, with synergy to rural development/food security projects</p> <p>Linking in-kind contribution to technical assistance in the recipient countries. This could be done best with Public Private Partnership development programmes and would be a shift away from food aid to economic development.</p>	<p><b>Potentials</b></p> <ul style="list-style-type: none"> <li>- In line with current multilateral and national strategies</li> </ul> <p><b>Risks</b></p> <ul style="list-style-type: none"> <li>- The current structure of the milk desk / program should be adapted, with probably more responsibility and liberty at the level of the regional cooperation and COOFs.</li> <li>- Very demanding in terms of integration within SDC and additional resources</li> <li>- Lack of interest/commitment from many SDC stakeholders.</li> </ul>

## Part 2. Annexes

Annex I: Scope and schedule of activities of the evaluation	98
Annex II: Criteria used to select respondents of the evaluation	....99
Annex III: Checklists of questions for semi-structured interviews	....99
Annex III(a) Questionnaire to FDFA, SDC and SHA	....99
Annex III (b) Questionnaire to NGOs (in Switzerland, Italy and Liechtenstein) implementing food aid with Swiss dairy products	...101
Annex III (c) Questionnaire to farmers' political and umbrella organisations (FOAG, Swiss farmers Union, Swiss milk producers' organisation, Swiss milk powder producers' organisation)	...103
Annex III (d) Questionnaire to milk powder processors	...104
Annex III (e) List of questions for Swiss NGOs, FDFA Representations in selected countries	...106
Annex III (f) List of questions for distributors of food aid with SDPs in selected countries (e.g. health centres, baby feeding centres, orphanages, IDP and refugees camps, schools etc.)	...108
Annex III (g) List of questions for WFP in Sudan	...110
Annex III (h) Questionnaire to WFP contact person in Switzerland and in Rome	...111
Annex IV: Interviews in Switzerland and in visited countries	...115
Annex V: Overview of global food aid with DSM between 1977 and 2002	...122
Annex VI: Determinants of Food security and nutrition security and their interaction	...122
Annex VII: Indicators of malnutrition and their definition	...123
Annex VIII: Possible interventions to tackle undernutrition within the 1000 days window of opportunity	...125
Annex IX: Budget and financial plans of food aid with SDPs for the period under evaluation (2000-2013)	...125
Annex X: Organigram Section Africa HA	...126
Annex XI: Volumes of SDPs (in kg) ordered by the "milk desk" from the three main dairy processors for the food aid programme between 2007 and 2014	...126
Annex XII: Content and formula of SDPs	...127
Annex XII (a) Infant formula 1	...127
Annex XII (b) Infant formula 2	...128
Annex XII (b) Whole milk powder	...129
Annex XII (c) Dry skim milk powder	...130
Annex XIII: Specification of therapeutic food	...131
Annex XIV: Impact pathway	...132
Annex XV: Recommendations to calculate infant formula needs	...133
Annex XVI: Brief review on the effect of milk nutrition programmes	...133
Annex XVII Logical framework of operations in Sudan	...135

---

Annex XVIII: Pictures of community education on basics of nutrition, cooking practices and bag gardening in Zamzam IDP camp, North Darfur, Sudan	...136
Annex XIX: Administrative steps of the milk programme	...137
Annex XX: Prices paid to milk powder producers	...137
Annex XXI: Weekly purchases of raw milk (in kg) by Cremo in 2012 and 2013="yearly milk curve"	...137
Annex XXII: Indicative farm-gate milk prices (in cents CHF/kg milk) in Switzerland for the years 2011 to 2015	...138
Annex XXIII: Swiss milk market segmentation	...139
Annex XXIV: Example of a clearance procedure for SDPs in Sudan	...140
Annex XXV: Summary of costs linked with SDP import and transport in some countries	...141
Annex XXVI: Timeline of Dry Skim Milk pathway from order in Rome to delivery in Sudan	...143
Annex XXVII: Monitoring of the effect of the programme with SDPs at Abu Rof clinic, Sudan	...144
Annex XXVIII: Alternatives to SDP	...145
Annex XXIX: References	...156

## Annex I: Scope and schedule of activities of the evaluation

	Oct. 2014	Nov. 2014	Dec. 2014	Jan. 2015	Feb. 2015	March 2015	April 2015	May 2015	June 2015	July 2015
	Submission of offer to HA: 14.10.14	Kick-off meeting: 17.11.14								
Activity 1		Desk review: 24.11.14-end of January								
				Inception report: 12.01.15						
Activity 2				Interviews in Switzerland: 20.01.15 to 01.06.2015						
Activity 3						Interviews in 5 countries: 02.03.15-20.03.15				
Activity 4							Data analysis and draft report writing Submission of final draft report: 15.06.15			
								Debriefing: 22.06.15		
										Final report: 27.07.15

## Annex II: Criteria used to select respondents of the evaluation

	Institutions in Switzerland	Countries	Institutions coordinating aid in selected countries	Institutions distributing dairy products in selected countries	Direct beneficiaries
Volume of food aid with SDP					
Length of food aid with SDP					
Type of aid					
Geographical scope (incl. different agro ecological zones)					
Target group <sup>26</sup> (age, health and social status, etc.)					

## Annex III: Checklists of questions for semi-structured interviews

### Annex III(a) Questionnaire to FDFA, SDC and SHA

Day, date, location of interview
Name of interviewer
Name and position of the person interviewed
Name of institution
<b>Relevance of food aid with SDPs</b>
What is the official position of the <ul style="list-style-type: none"> <li>• FDFA</li> <li>• SDC</li> <li>• HA</li> </ul> to food aid with Swiss dairy products (SDPs)?
What is the part of food aid with SDPs in the total HA budget?
Is food aid with SDPs in line with international trends pertaining to food aid in general?
How does food aid with SDPs match with other programmes of SDC (food security, Sustainable Development Goals-SDGs etc.)?
Do the SDGs imply a new SDC and HA strategy in regards to food aid? <ul style="list-style-type: none"> <li>• In general?</li> <li>• With dairy products?</li> </ul>
What are past and current international trends in regards to food aid: In kind: <ul style="list-style-type: none"> <li>• with cereals/pulses/oils</li> <li>• with dairy products</li> </ul> in cash for local purchases?
Are the standards governing food aid with SDPs still relevant and adequate?

<sup>26</sup> And types of dairy products distributed (related to target groups)

Is the acceptance of dairy products in the diet of some population groups (e.g. lactose intolerance, issue of Halal products etc.) an issue?
Is the current ratio Swiss NGOs/WFP justified? <ul style="list-style-type: none"> <li>• If yes, why?</li> <li>• If not, why?</li> </ul>
<b>Effectiveness of food aid with SDPs</b>
How is it ensured that direct beneficiaries are the most in need?
How is the impact of food aid on direct beneficiaries concretely measured?
How do you personally evaluate/estimate/assess the impact of food aid with SDPs?
On what results do you base your opinion of food aid with SDPs?
What have been the main difficulties linked to the food aid programme with SDPs?
In general, what do you consider are the main factors of success for projects involving food aid with SDPs distribution?
In general, what do you consider as the main factors of failure for projects involving food aid with SDPs distribution?
Are there differences in the impact of food aid with SDPs across different groups of direct beneficiaries? If yes, which ones?
Could you increase the number of target beneficiaries with the same financial envelope?
Could you increase the financial envelope?
Could you gradually decrease the financial envelope (phasing out)?
<b>Efficiency of food aid with SDPs</b>
Are there any differences in efficiency observed in the way food aid with SDPs is channelled through FDFA offices abroad, Swiss NGOs and WFP? If yes, which are the main factors of influence? What measures have been/are taken to improve efficiency?
Could you politically afford to support: <ul style="list-style-type: none"> <li>• Only Swiss NGOs?</li> <li>• SDC direct</li> <li>• Only WFP?</li> </ul> Non Swiss NGOs (in addition to Swiss NGOs and WFP)?
How flexible if food aid with SDPs? (e.g. new crisis) within the total financial envelope?
Where does more flexibility lie to adapt means to needs? With Swiss NGOs, <i>SDC direct</i> or with WFP? ( <i>Remark: who act as a buffer?</i> )
If FA would be implemented with equivalent foreign products bought on the world market: up to how much would physical volume (in Mt) increase? How many additional direct beneficiaries could be reached with the same financial envelope of 20 million CHF?
<b>Sustainability and connectedness of food aid with SDPs</b>
How does food aid with SDPs fit with do-no-harm principles?
What measures are taken to replace SDPs (e.g. local dairy production, local production of substitutes) etc.?
What is your personal view to this programme? Should it continue, why?

<ul style="list-style-type: none"> <li>• If yes, in which form?</li> </ul> <p>Should it stop, why?</p> <p>What should be done to replace it?</p>
<p>What consequences are to be expected in case of a withdrawal of the programme with SDP?</p> <ul style="list-style-type: none"> <li>➤ on direct beneficiaries in terms of nutrition, food security, health (including development of cognitive capacities), health awareness and education etc.</li> <li>➤ on implementers in the countries benefiting from food aid with SDP</li> <li>➤ on FDFA representation in the country</li> <li>➤ on partner organisations in Switzerland</li> <li>➤ on WFP</li> <li>➤ on Swiss milk powder processors</li> <li>➤ on Swiss milk producers</li> </ul> <p>on public opinion in Switzerland</p>
<p>In case of withdrawal of food aid with SDPs; could the financial envelope be deployed to other measures (e.g. secondments, financial contribution to WFP in target countries etc.)?</p>
<p>Could Switzerland politically afford to buy foreign Swiss dairy products on the world market (e.g. from the EU, USA, Australia, NZ) to distribute them in existing programmes?</p> <p>How feasible would it be?</p>

### Annex III (b) Questionnaire to NGOs (in Switzerland, Italy and Liechtenstein) implementing food aid with Swiss dairy products

Day, date and location of interview
Name of interviewer
Name and position of person interviewed
Name of the institution and location of the main office
Name of person in charge of the "Swiss dairy product programme" in Switzerland
<b>Relevance of food aid with SDPs</b>
In which countries does your institution distribute/coordinate distribution of Swiss dairy products?
What is the part of food aid with SDPs in the total organisation's budget (without transport, monitoring and administration costs)?
Date of inception of the programme in each country (and if relevant date of end in each country)?
What is the main reason to apply for food aid with Swiss dairy products?
Within which (larger) project/program of the institution is the dairy food aid embedded? Is there any prodoc/logical framework including the dairy food aid activities? What are for your institution the main objectives of the dairy food aid and did you define indicators to measure it? If yes, which ones?
Who are target beneficiaries and why? How did you identify them? ( <i>if relevant differentiate by country</i> )
How many beneficiaries can you reach per year in each country and in each group? ( <i>compare results with request files-triangulation of data</i> )
What are other activities closely linked with the distribution of SDPs? (staff / beneficiaries training in distribution, projects to improve nutrition diversification or income, etc...)?

Do you receive other in kind food aid? If yes: from whom, with which products?	
<b>Effectiveness of food aid with SDPs</b>	
Do you have any report of surveys or field studies conducted to monitor or evaluate the impact of food aid with Swiss dairy products? (beside attribution reports and any reports sent to HH in Köniz)	
Do you monitor the impact of food aid on target beneficiaries? If yes, how? (what is measured, main indicators, main conclusions?). If not, why?	
What did change since the beginning of the dairy food aid programme. What are the most obvious successes, impacts?	
Can you tell something about the amplitude of these changes? ( <i>based on your impression or on solid data</i> )	
How did more/less experience these changes? <ul style="list-style-type: none"> <li>• Which types of projects/target beneficiaries?</li> <li>• In which countries?</li> <li>• Which type of south partner (Dispensary, hospital, school, orphanage.... )?</li> </ul> In the following countries (Sudan, Haiti, Burkina Faso, Ivory Coast, Rwanda, Burundi) which project should be visited during the evaluation and why?	
How and why did the (intended) changes happen (or not)?	
To which extend can the changes be attributed to the dairy food aid program as such rather than to external factors?	
What have been the main difficulties linked to the dairy food aid program?	
In general, what do you consider are the main factors of success for projects involving milk food aid distribution?	
In general, what do you consider as the main factors of failure for projects involving milk food aid distribution?	
Does the volume of SDPs received fit to the needs?	
<b>Efficiency of food aid with SDPs</b>	
With which other partners are the dairy distribution activities / food security / health activities coordinated and how? Which further synergies would make sense and what are the conditions to put them in place ?	
What costs does food aid with SDPs represent to your organisation (manpower, transport, permits, monitoring, hidden costs etc.)?	
<b>Sustainability and connectedness of food aid with SDPs</b>	
How are your activities in line with national policies on nutrition, food security or health?	
How can the dependency of the southern partners and beneficiaries toward the food aid program with SDPs be reduced?	
What is the typical duration of a project ? For how long do the beneficiary get dairy products ? Was food aid with SDPs interrupted in some programs? If yes, where and for what reasons? What were the consequences of the interruption? Did food aid resume after the interruption? With SDPs or other products (if yes, which ones)?	
What measures did you take after the interruption of the programme to replace Swiss dairy products?	

Does your institution puts measures in place to ensure the sustainability of the programmes including dairy food aid distribution, especially regarding the phasing out? If yes, what kind of measures? Since when and for how long?
Do you think that the milk aid program from SDC/HA should continue? If yes, with which changes if any needed? If not, what could be undertaken instead of food aid with SDPs (other types of support...) and how should the phasing out be organised?
What would you undertake in case food aid with Swiss dairy products would stop?

### Annex III (c) Questionnaire to farmers' political and umbrella organisations (FOAG, Swiss farmers Union, Swiss milk producers' organisation, Swiss milk powder producers' organisation)

Day, date, location of interview
Name of interviewer
Name and position of the person interviewed
Name of the organisation
<b>Relevance of food aid with SDPs</b>
What is the official position of your organisation to food aid with Swiss dairy products?
Is the programme known to Swiss milk producers? If yes, how is it communicated?
Do you get approached by journalists, activists, politicians, private people in connection to this programme? If yes, what do they ask?
Do you think that it is appropriate for your organisation to be related to dairy products for food aid? <ul style="list-style-type: none"> <li>• Politically?</li> <li>• Economically?</li> </ul> Ethically? (e.g. North Korea if products are sent there)
<b>Effectiveness of food aid with SDPs</b>
What kind of milk (A, B, C category) is used for processing?
Is foreign milk ever used for processing and selling to the HA programme?
How is traceability (e.g. Swissness) of milk ensured?
Did your organisation bear consequences after the envelope was reduced to 20 million CHF per year? If yes, which ones?
What is the impact of food aid with SDPs on: <ul style="list-style-type: none"> <li>• Your organisation?</li> <li>• Swiss milk producers?</li> <li>• Milk powder processors?</li> </ul>
How is the impact measured? (financial, image, security etc.)
How do you personally evaluate/estimate/assess the impact of food aid with SDPs?
On what results do you base your opinion of food aid with SDPs?
What share food aid with SDPs represents on the Swiss dairy market?
<b>Efficiency of food aid with SDPs</b>

<p>What are processing costs of milk to milk powder? Which powder types are more costly to produce?</p>	
<p>Which one is more efficient: producing milk powder for the HA or for standard export?</p>	
<p>Are milk powder processors directly or indirectly benefitting from tax payer money? If yes, is it politically acceptable?</p>	
<p><b>Sustainability and connectedness of food aid with SDPs</b></p>	
<p>In your view, is this programme sustainable from an environmental, economic and social point of view? Is the programme defensible in future in regards to the afore mentioned points?</p>	
<p>Is the programme debated within your organisation? If yes, in relation to which aspects?</p>	
<p>What is your personal view of this programme? Should it continue, why? If yes, in which form? Should it stop, why? What should be done to replace it?</p>	
<p>What consequences are to be expected in case of a withdrawal of the programme with SDP?</p> <ul style="list-style-type: none"> <li>• on you organisation</li> <li>• on powder processors</li> <li>• on Swiss milk producers (farmers)</li> <li>• on public opinion in Switzerland</li> </ul>	
<p>Could Switzerland politically afford to buy foreign dairy products on the world market (e.g. from the EU, USA, Australia, NZ) to distribute them in existing programmes? How acceptable would it be?</p>	

### Annex III (d) Questionnaire to milk powder processors

Day, date, location of interview
Name of interviewer
Name and position of the person interviewed
Name of the processor
<b>Relevance of food aid with SDPs</b>
<p>What is the official position of your organisation to food aid with Swiss dairy products?</p> <p>Is the programme known to Swiss milk producers and the whole profession? If yes, how and by whom is it communicated? If yes, what is the general perception of this programme?</p>
<p>Do you get approached by milk producers, lobbyists, journalists, activists, politicians, private people etc. in connection to this programme? If yes, what do they ask?</p>
<p>Do you think that it is appropriate for your organisation to be related to dairy products for food aid?</p> <ul style="list-style-type: none"> <li>• Politically?</li> <li>• Economically?</li> </ul>

<ul style="list-style-type: none"> <li>Ethically? (e.g. North Korea if products sent there)</li> </ul>
<b>Effectiveness of food aid with SDPs</b>
What volume of fresh milk do you process into powder annually: <ul style="list-style-type: none"> <li>In total?</li> </ul> Only for the HA programme?
What different types of milk powder do you process? What are the reasons for producing these types of powder?
Where do sell powder milk not affected to the SHA milk programme? At which sales price?
What kind of milk (A, B, C category) is used for processing?
Are there any specific requirements for processing milk into different powder products pertaining to milk quality: raw quality (cell count), minimum fat and protein content, season of production, production conditions (silage/non silage) etc.?
What are specific conditions to process milk to milk powder in respect to hygiene? Does it differ according to products? (e.g. infant milk powder vs. normal milk powder)
Where do you buy milk from? (producing area, collecting points etc.)
Is foreign milk ever used for processing and selling to the SHA programme?
How is traceability of milk ensured? (→ <i>concept of Swissness</i> )
Do you enrich milk powder? If yes, with what substances/nutrients? Where do you procure them from?
Who are your closest competitors? What kind of products do they propose? At what price?
Did your organisation bear consequences after the envelope was reduced to 20 million CHF per year? If yes, which ones?
What is the impact of food aid with SDPs on: <ul style="list-style-type: none"> <li>Your organisation?</li> <li>Swiss milk producers?</li> </ul>
How is the impact measured? (financial, image, security etc.)
How do you personally evaluate/estimate/assess the impact of food aid with SDPs on your organisation and the whole profession, esp. Swiss milk producers?
On what results do you base your opinion of food aid with SDPs?
What share food aid with SDPs represents: <ul style="list-style-type: none"> <li>For your company (share in your turnover)?</li> </ul> For the whole Swiss dairy market (share in milk equivalent of overall sales of milk)?
<b>Efficiency of food aid with SDPs</b>
What are processing costs of milk to milk powder? Which powder types are more costly to produce?
How do you store powder? (location, length of storage, physical infrastructure etc.)?
Did you ever experience problems with milk powder processing for the HA? If yes, which ones?
Which one is more efficient: producing milk powder for the HA or for standard export?

<b>Sustainability and connectedness of food aid with SDPs</b>
What is your personal view of this programme? Should it continue, why? If yes, in which form? Should it stop, why? What should be done to replace it?
What consequences are to be expected in case of a withdrawal of the programme with SDP? <ul style="list-style-type: none"> <li>• on you organisation</li> <li>• on other powder processors</li> <li>• on Swiss milk producers</li> <li>• on public opinion in Switzerland</li> </ul>
Could Switzerland politically afford to buy foreign dairy products on the world market (e.g. from the EU, USA, Australia, NZ) to distribute them in existing programmes? How acceptable would it be to you and your organisation? How would you react to this event if it would occur?
In your view, is this programme sustainable from an environmental, economic and social point of view? Is the programme defensible in future in regards to the afore mentioned points?
Is the programme debated within your organisation? If yes, in relation to which aspects?

### Annex III (e) List of questions for Swiss NGOs, FDFA Representations in selected countries

Day, date, location
Name of interviewer
Name and position of person interviewed
Name of NGO/institution
Location
<b>Relevance of food aid with SDPs</b>
Duration of the programme <ul style="list-style-type: none"> <li>• Ongoing (and start)</li> <li>• Interruption (reasons, year of start and end)</li> </ul> Average duration of the programme for a given southern partner
What is the main reason to apply for food aid with Swiss dairy products?
What is the part of SDPs in your budget (without transport, and/or monitoring costs)
How do you assess needs from the field? (proactively or based on requests? A mix of both?)
What products do you receive?
Where are SDPs implemented? <ul style="list-style-type: none"> <li>• Schools</li> <li>▪ Orphanage</li> <li>▪ Dispensary</li> <li>▪ Etc.</li> </ul> Which products and in which proportions? ( <i>who is getting what and how much</i> )

Do beneficiaries need SDPs on a permanent/long term on a temporary basis ( <i>Remark: define for how long in both cases</i> )?
How did/do you select the centres/programmes physically distributing SDPs?
Who are the direct beneficiaries? How are they selected/prioritised?
Do you have to refuse potential beneficiaries? If yes, why?
What is the process of exchange of information with the milk desk (mail, guidelines etc.)?
<b>Effectiveness of food aid with SDPs</b>
Do you receive other food aid in-kind? If yes, in which form (cereals/pulses/legumes, oils, sugar, other dairy products etc.)?
Do your beneficiaries also benefit from other food aid programmes? If yes, is it a problem for your institution?
Do you monitor the impact of food aid on target beneficiaries? If yes, how?
Are there follow-up measures (health monitoring, weighing etc.) after the distribution of dairy products?
What did change since the beginning of the dairy food aid programme. What are the most obvious successes, impacts?
Can you tell something about the amplitude of these changes? (based on your impression or on solid data)
How did more/less experience these changes? <ul style="list-style-type: none"> <li>• Which types of projects/target beneficiaries?</li> <li>• In which region?</li> </ul>
How and why did the (intended) changes happen (or not)?
To which extend can the changes be attributed to the dairy food aid program as such rather than to external factors?
What have been the main difficulties linked to the dairy food aid program?
In general, what do you consider are the main factors of success for projects involving milk food aid distribution?
In general, what do you consider as the main factors of failure for projects involving milk food aid distribution?
<b>Efficiency of food aid with SDPs</b>
Are there alternatives to Swiss dairy products? If yes, which ones?: <ul style="list-style-type: none"> <li>• Imported dairy products?</li> <li>• Locally produced dairy products?</li> <li>• Other equivalent products (non-dairy food)?</li> </ul> Are they accessible, available, affordable?
Dairy products available locally (if any): <ul style="list-style-type: none"> <li>• Origin</li> <li>• Price</li> <li>• Form (powder, fresh milk, UHT etc.)</li> <li>• Quality (nutrient content, palatability, ability to be mixed with water, )</li> </ul>

<ul style="list-style-type: none"> <li>Storage conditions</li> </ul> Regularity of supply (volume, seasonality)
Do you apply accompanying measures with the distribution of SDPs? If yes, which ones?
<b>Sustainability and connectedness of food aid with SDPs</b>
What is your personal view of this programme? Should it continue, why? If yes, in which form? Should it stop, why? What should be done to replace it?
What consequences are to be expected in case of a withdrawal of the programme with SDP? <ul style="list-style-type: none"> <li>on you organisation</li> <li>on direct beneficiaries</li> </ul>
Would you accept food aid from the SHA if products were not Swiss products? if yes, would you accept any product? Would you have any preferences, which ones? Are there any products you would not accept, which ones and why?
What measures would you take in case food aid with SDP would stop?
In your view, does the programme hamper any local development of milk production, local milk processing etc.?

### Annex III (f) List of questions for distributors of food aid with SDPs in selected countries (e.g. health centres, baby feeding centres, orphanages, IDP and refugees camps, schools etc.)

Day, date, location	
Name of interviewer	
Name and position of person interviewed	
Name of NGO/institution	
Location	
<b>Relevance of food aid with SDPs</b>	
Duration of the programme <ul style="list-style-type: none"> <li>Ongoing (and start)</li> </ul> Interruption (reasons, year of start and end)	
What is the part of SDPs in your budget?	
What is the main reason to apply for food aid with Swiss dairy products?	
How do you assess needs from the field? (proactively or based on requests? A mix of both?)	
What products do you receive?	
Where are SDPs distributed? <ul style="list-style-type: none"> <li>Schools</li> <li>Orphanage</li> <li>Dispensary</li> <li>Etc.</li> </ul>	
In which proportions? ( <i>who is getting what and how much</i> )	
How did/do you select the centres/programmes physically distributing SDPs?	

Who are the direct beneficiaries? How are they selected/prioritised?
Do you have to refuse potential beneficiaries? If yes, why?
Can you ensure access to drinking water quality (and quantity)?
<b>Effectiveness of food aid with SDPs</b>
Do you receive other food aid in-kind? If yes, in which form (cereals/pulses/legumes, oils, sugar, other dairy products etc.)?
Do your beneficiaries also benefit from other food aid programmes? If yes, is it a problem for your institution?
Do you monitor the impact of food aid on target beneficiaries? How?
Do beneficiaries need SDPs on a permanent/long term on a temporary basis ( <i>Remark: define for how long in both cases</i> )?
<b>Efficiency of food aid with SDPs</b>
Are there alternatives to Swiss dairy products? If yes, which ones?: <ul style="list-style-type: none"> <li>• Imported dairy products?</li> <li>• Locally produced dairy products?</li> </ul> Other equivalent products (non-dairy food)?
Dairy products available locally (if any): <ul style="list-style-type: none"> <li>• Origin</li> <li>• Price</li> <li>• Form (powder, fresh milk, UHT etc.)</li> <li>• Quality (nutrient content, palatability, ability to be mixed with water, )</li> <li>• Storage conditions</li> </ul> Regularity of supply (volume, seasonality)
Do you apply accompanying measures with the distribution of SDPs? If yes, which ones?
<b>Sustainability and connectedness of food aid with SDPs</b>
What is your personal view of this programme? Should it continue, why? <ul style="list-style-type: none"> <li>• If yes, in which form?</li> </ul> Should it stop, why? What should be done to replace it?
What consequences are to be expected in case of a withdrawal of the programme with SDP? <ul style="list-style-type: none"> <li>• on you organisation</li> </ul> on direct beneficiaries
Would you accept food aid from the HA if products were not Swiss products? if yes, would you accept any product? Would you have any preferences, which ones? Are there any products you would not accept, which ones and why?
What measures would you take in case food aid with SDP would stop?
In your view, does the programme hamper any local development of milk production, local milk

processing etc.?
------------------

### Annex III (g) List of questions for WFP in Sudan

Day, date and location of the interview
Names(s) of person(s) interviewed
Position of person(s) interviewed
<b>Relevance of food aid with SDPs</b>
Duration of the programme with SDPs <ul style="list-style-type: none"> <li>Ongoing (and start)</li> </ul> Interruption (reasons, year of start and end)
What is the part of SDPs in your budget (without transport, administration and monitoring costs )?
Any changes in the programme (change of products, change of target beneficiaries, change of location in Sudan)?
What is the main reason to apply for food aid with Swiss dairy products?
Who are direct beneficiaries?
Where are SDPs distributed? <ul style="list-style-type: none"> <li>IDP camps</li> <li>Schools</li> <li>Orphanage</li> <li>Dispensary</li> </ul> Etc.
What type of products do you distribute?
Do you further process products? If yes, how?
<b>Effectiveness of food aid with SDPs</b>
Do you apply accompanying measures (e.g. nutrition awareness, education) with the distribution of SDPs? If yes, which ones?
Do direct beneficiaries need SDPs on a permanent/long term on a temporary basis ( <i>Remark: define for how long in both cases</i> )?
Do you monitor the impact of food aid on target beneficiaries? If yes, how? If no, why not?
Do you receive other food aid? In which form (dairy products/cereals/pulses/legumes, oils, sugar, other dairy products etc.)? From whom? In which physical and financial volumes? How reliable is the distribution of other food aid?
<b>Efficiency of food aid with SDPs</b>
How reliable is delivery of SDPs?
How and where do you store products?

How do you transport products to reach beneficiaries?
Are there alternatives to Swiss dairy products? <ul style="list-style-type: none"> <li>• Which ones: Imported dairy products?</li> <li>• Locally produced dairy products</li> </ul> Other equivalent products (non-dairy food)?
Dairy products available locally (if any): <ul style="list-style-type: none"> <li>• Origin</li> <li>• Price</li> <li>• Form (powder, fresh milk, UHT etc.)</li> <li>• Quality (nutrient content, palatability, ability to be mixed with water, )</li> <li>• Storage conditions</li> </ul> Regularity of supply (volume, seasonality)
<b>Sustainability and connectedness of food aid with SDPs</b>
How can the dependency of your institution and beneficiaries toward the food aid program with SDPs be reduced?
In case food aid with SDPs was interrupted in your institution: for what reasons? What were the consequences of the interruption? Did food aid resume after the interruption? With SDPs or other products (if yes, which ones)?
What measures did you take after the interruption of the programme to replace Swiss dairy products? Does your institution puts measures in place to ensure the sustainability of the programmes including dairy food aid distribution, especially regarding the phasing out? If yes, what kind of measures? Since when and for how long?
What measures would you take in case food aid with SDP would stop?
What consequences are to be expected in case of a withdrawal of the programme with SDP? <ul style="list-style-type: none"> <li>➤ on you organisation</li> </ul> on direct beneficiaries
Would you accept food aid from the SHA if products were not Swiss products? If yes, would you accept any product? Would you have any preferences, which ones? Are there any products you would not accept, which ones and why?
What measures would you take in case food aid with SDP would stop?
In your view, does the programme hamper any local development of milk production, local milk processing etc.?

### Annex III (h) Questionnaire to WFP contact person in Switzerland and in Rome

Day, date and location of the interview
Names(s) of person(s) interviewed
Position of person(s) interviewed
Interviewer(s)
<b>Relevance of food aid with SDPs</b>
Duration of the programme with SDPs

<ul style="list-style-type: none"> <li>• Since when does WFP receive SDPs?</li> <li>• Was the programme ever interrupted (overall)? If yes, why?</li> </ul>
In how many countries did WFP implement food aid with SDPs so far?
Which Swiss dairy products are procured by WFP (whole milk powder, dried skimmed milk powder, processed cheese) and in which proportions?
What proportion of Switzerland's budget devoted to WFP concerns SDPs? What is the remaining percentage?
What is the main reason for WFP to apply for Swiss dairy products?
Is the demand for SDPs from WFP stable/increasing/decreasing over the years?
How did the distribution of SDPs to WFP evolve over the years in terms of product types and volumes (trends)?
Who are other major "physical" donors of food aid to WFP: <ul style="list-style-type: none"> <li>• With dairy products</li> <li>• With other products (e.g. grains)</li> </ul> Which among these are the largest donors?
<b>Effectiveness of food aid with SDPs</b>
Where are SDPs mainly distributed by WFP? <ul style="list-style-type: none"> <li>• IDP camps</li> <li>• Schools</li> <li>• Orphanage</li> <li>• Dispensary</li> </ul> Etc.
How are target countries and direct beneficiaries prioritised by WFP?
What type of products does WFP distribute and where?
Are SDPs further processed (in mixing plants) by WFP in all countries? If yes, in what type of ration: <ul style="list-style-type: none"> <li>• Supercereal Plus<sup>27</sup></li> <li>• F75<sup>28</sup></li> <li>• F100<sup>29</sup></li> </ul> Others
Does WFP apply accompanying measures (e.g. nutrition awareness, education) with the distribution of SDPs? If yes, which ones?
Does WFP monitor the impact of food aid on target beneficiaries? If yes, how? If no, why not?
What aid is more effective: cash or in-kind? Why?
If WFP had the choice between equivalent amount in cash and current financial volume in kind by

<sup>27</sup> Destined to children between 6 and 24 months age. Consists of maize (58%), de-hulled soya beans (20%), dried skimmed milk powder (8%), sugar (10%), vegetable oil, vitamin & mineral premix. 410 kcal/100 gr. (16% protein, 9% fat)

<sup>28</sup> Therapeutic milk, 75 kcal/100 ml, used for severe acute malnutrition in phase 1 of therapeutic feeding for stabilisation (guaranty homeostasis of the organism)

<sup>29</sup> Therapeutic milk, 100 kcal/100 ml, used for severe acute malnutrition in phase 2 of therapeutic feeding, for recuperation after stabilisation

SDC-HA, which one would it opt for? Why?
<b>Efficiency of food aid with SDPs</b>
How does WFP coordinate the demand for SDPs from the field with HA (from beneficiaries to HA)? Is the pathway efficient? Is the pathway sufficiently flexible?
Are there incidents of losses (spoilage, theft etc.) between arrival of SDPs in target countries and the points of consumption? If so, how frequent are these incidents?
Are there alternatives to SDPs? Which ones: <ul style="list-style-type: none"> <li>• Imported dairy products?</li> <li>• Locally/regionally produced dairy products</li> <li>• Other equivalent products (non-dairy food)?</li> </ul> Others
Could a ready-made (new) product be manufactured in Switzerland and distributed to target countries (instead of milk)?
<b>Sustainability and connectedness of food aid with SDPs</b>
How is the programme with SDPs perceived by national relevant agencies (e.g. ministry of health, ministry of agriculture)?
How can the dependency of WFP and beneficiaries toward the food aid program with SDPs be reduced?
In countries where food aid with SDPs was interrupted, which were the reasons? What were the consequences of the interruption? Did food aid resume after the interruption? With SDPs or other products (if yes, which ones)?
What measures did WFP take after the interruption of the programme to replace Swiss dairy products? Does WFP put measures in place to ensure the sustainability of the programmes including dairy food aid distribution, especially regarding the phasing out? If yes, what kind of measures? Since when and for how long?
Could Switzerland legally stop to deliver in kind food aid to WFP?
What global measures would WFP take in case food aid with SDP would stop?
What consequences are to be expected in case of a withdrawal of the programme with SDP? <ul style="list-style-type: none"> <li>• on WFP</li> <li>• on direct beneficiaries</li> </ul>
In which country would an interruption of food aid with SDPs have the most immediate effects on direct beneficiaries?
Would WFP accept food aid from the HA if products were not Swiss products? if yes, which sources would be favoured? Are there any products you would not accept, which ones and why?
With the same financial envelope could Supercereal Plus be bought directly (e.g. from Insta manufacturing in Kenya)?
In your view, does the programme hamper any local development of milk production, local milk processing etc.?

Would WFP have the capacity to absorb more SDPs worldwide?

<b>Annex IV: Interviews in Switzerland and in visited countries</b>				
<b>Organisation</b>	<b>Contact person</b>	<b>Interviewers</b>	<b>Dates</b>	<b>Number of interviews per category</b>
<b>NGOs and charity organisations</b>				<b>16</b>
Aktion Bujumbura	Ursula Hartmann	Wlp1/Bon2	20.01.2015	
Association Idées-Elles	Ghislain Pastré	Wlp1	13.02.2015	
Association Morija	Mikaël Amsing	Wlp1	26.01.2015	
Association Persis Valais	Bernard Mivelaz	Wlp1	06.03.2015	
<i>Caritas CH</i>	Christian Varga	SDf1/Egu1/Wlp1/Bon2	20.01.2015	
<i>Heilsarmee</i>	Sahra Makanjera	Egu1	11.02.2015	
Mission am Nil	Michael Böttiger	Bon2	18.02.2015	
OVCi	Rita Giglio	Bon2	25.02.2015	
<i>Réseau des Entrepreneurs Solidaires</i>	G. de Beaurepaire	Egu1	17.02.2015	
<i>Réseau des Entrepreneurs Solidaires</i>	Pablo Contreras	Egu1	19.02.2015	
Ruedi Leuppi Stiftung Elfenbein-Küste	Ruedi Leuppi	Wlp1	28.01.2015	
Schönstätter Marienschwestern	Sr. Pia-Marit Rüttimann	Wlp1	13.02.2015	
Terre des Hommes Geneva	Alessandra Genini	Egu1/Wlp1	03.03.2015	
Terre des Hommes Lausanne	Thierry Agagliate	Wlp1	01.06.2015	
Un avenir pour les enfants au Burundi	Christian Tschudin	Wlp1	30.01.2015	
Verein für humanitäre Hilfe Vaduz	(Michael Stranzl) / Tanja Cissé	Wlp1	12.05.2015	
<b>Umbrella organisations</b>				<b>3</b>
Swiss Milk Powder Producers Federation	Peter Ryser	Egu1	18.02.2015	
Swiss Dairy Producers' Federation (Swissmilk)	Stephan Hagenbuch	Egu1/bon2	01.04.2015	
Swiss Farmers' Union (SFU)	Martin Brugger	Egu1	12.02.2015	
<b>WFP Rome</b>				<b>7</b>
WFP-Rome	Janine D'Angelo, Donor relation officer	Sdf1	01.04.2015	
WFP-Rome	James Latimer, Chief Performance Management & Monitoring Division	Sdf1	01.04.2015	
WFP-Rome	Annalisa Conte, DD Policy and Programme Division	Sdf1	01.04.2015	

WFP-Rome	Mahadevan Ramachandran, Head Procurement Strategy, Performance and Risk	Sdf1	01.04.2015	
WFP-Rome	Claudia von Roehl, Director of Government Partnerships	Sdf1	01.04.2015	
WFP-Rome	Lynda Kiess, Chief Nutrition Division	Sdf1	01.04.2015	
WFP Rome	Andreas Schiess, Senior Counsellor for Humanitarian Affairs	Sdf1	01.04.2015	
<b>FDFA, SDC, HA, political organisations</b>				<b>12</b>
HA-WFP	Thomas Frey	Sdf1/Bon2	19.02.2015	
HA-DPRK	Thomas Fissler	Sdf1/Bon2	25.03.2015	
SDC Global Programme Food Security/Nutrition	Peter Bieler	Sdf1/Bon2	27.05.2015	
SDC Global Programme Food Security/Nutrition	Marlene Heeb	Sdf1/Bon2	27.05.2015	
Bereich Humanitäre Hilfe und SKH	Hans Peter Lenz	Sdf1/Bon2	20.05.2015	
HA, Africa Section	Andre Huber	Sdf1/Bon2	27.05.2015	
SDC	Roger Daenzer	Egu1	18.02.2015	
SECO	Patrick Stadler	Egu1	18.02.2015	
Milk desk	Beatrice Indermuehle	Wlp1/Bon2	26.05.2015	
Milk desk	Christine Koeninger	Bon2	26.05.2015	
Sudan desk	Sebastian Eugster	Bon2	12.02.2015	
Federal Office of Agriculture (FOAG)	Corinne Roux	Egu1	16.03.2015	
<b>Milk processors</b>				<b>3</b>
HOCHDORF	Werner Schweizer / Kilian Greter	Sdf1/Bon2	13.05.2015	
Emmi	Josef Bucher	Sdf1/Bon2	12.05.2015	
Crema	Martin Maeder	Sdf1/Bon2	21.04.2015	
<b>Total</b>	<b>41</b>			

Sudan				
N	Contact person	Function	Organisation	Date
1	Mr. Mathias Anderegg	Counsellor for Humanitarian and Development Affairs	SDC-Khartum	02.03.2015
2	Mr. Yassir Mahdi	National Programme Officer	SDC-Khartum	Ongoing interview
3	Ms. Manal Mustafa Hamedneel	Director	Khartum Cheshire Home	03.03.2015
4	Mr. Marco Ferrante	Country Representative	OVSCI	03.03.2015
	Ms. Abir Hilali			
5	Ms. Emily Russell	Country Director	Danish Refugee Council	03.03.2015
6	Mr. James Reynolds	Head of delegation	ICRC	04.03.2015
7	Dr. Suleiman Hassan Suleiman	Veterinarian	EcoSec, ICRC	04.03.2015
8	Ms. Margot Van der Velden	Deputy Country Director	WFP	04.03.2015
	Ms. Kate Carey	Donor Relations and Policy Officer		
	Mr. Eric Kenefick,	Head of Programme Officer (Swiss Secondment)		
	Mr. Charles Apotheker,			
9	Ms. Amira	Director General of Nutrition	Federal MOH	04.03.2015
		Head of Nutrition		
			WHO office	
10	Mr. Kamal Samaan Tadros	National secretary	Saint Vincent de Paul	05.03.2015
11	Ms Louise Anna Kellet	Interim, Nutrition Cluster	UNICEF	05.03.2015
12	Mr. Rani Edward Girgis		Abu Rof Clinic	07.03.2015
13	Various people	Mixing Plant	El-Fasheer	08.03.2015
14		Nurse Therapeutic Feeding Centre	El-Fasheer	08.03.2015
15	Mohemed Aghmed Abdelhafeez	Health Minister of North Darfur State	El-Fasheer	08.03.2015
16	Sister Margrit Schenkel	Volunteer	TFC North Darfur State	08.03.2015
17		Various key staff	Zamzam IDP camp	09.03.2015
18	Mr. Abdeen Fadl Almoua Alameen	National Security Officer	WFP North Darfur	10.03.2015
19	Ms. Noura	Nurse	Good Shepherd Sisters	10.03.2015
	Ms. Sandra Beattie	Volunteer nurse	El-Fasheer	

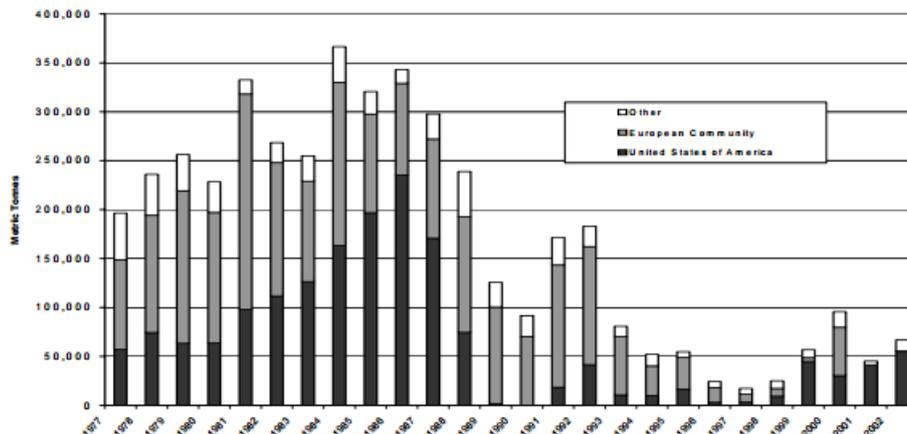
20	Ms. Amna Ali Mohamed Elzein	Nutrition Officer	WFP North Darfur	Ongoing & 10.03.2015
21	Mr. Marc-Andre Prost	Head of Nutrition Unit	WFP	11.03.2015
22	Mr. Mohammed Said	Veterinarian	DAL dairy farm	11.03.2015
Burundi				
n°	Contact person	Function	Organisation	Date
23	Elisabeth Pitteloud	Director	COOF Bujumbura	02.02.2015
24	Seleus Sibomana	National program officer	COOF Bujumbura	02.02.2015 & ongoing
25	Claude Kakulé Gaston Nkeshimana Consolate Nsabimana	Chef du programme. Administrateur du programme nutrition Responsable transformation et fortification des aliments.	WFP	02.02.2015
26	Lucia Soleti Aissa Sow	Chargée de la protection de l'enfant) Cheffe du programme protection de l'enfant	UNICEF	02.02.2015
27	HABONIMANA Déogratias	Directeur Adjoint PRONIANUT	Ministry of Health	
28	Sœur Wrona Lucyna	In charge of the milk program	Centre de santé Mirango	03.03.2015
29	Sœur Anne-Marie Mushiranzogo	Director	Institut St Kizito (Aktion Bujumbura)	03.03.2015
30		Directrice	Hôpital Bubanza	03.03.2015
31	Abbé Salvator MASABO	Responsable de l'orphelinat	Orphelinat Bubanza	03.03.2015
32	Sœur Yvonne	Director	Centre de santé Musongati	04.02.2015
33	Joselyne Niganza	Responsable du CPMI	Maison Shalom (Zukunft für Kinder in Burundi)	05.02.2015
34	Dative Niyokwizera Médiatrice 2 other people	In charge of the milk program	ANSS Antenne Gitega	05.02.2015
35			Hôpital Mutumba (Schönstätter Marienschwester)	06.02.2015
36	Sœur Claudine Nkunuzimama. Charlotte Maniratunga.	Director ad interim In charge of the milk program	entre médico sanitaire Gasura- Kirundo	07.02.2013

37	Sister Gervasi: Jeanne: responsable de l'orphelinat. 2nd year	In charge of the centre and the milk programme In charge of the orphanage	Sœurs de la charité, Kanyinya, Kirundo	07.02.2013
<b>Rwanda</b>				
<b>n° of interview</b>	<b>Contact person</b>	<b>Function</b>	<b>Organisation</b>	<b>Date</b>
38	Sœur Marie Françoise Nyiramana Sr Pelajie, Sr Anne-Marie	In charge of the milk program supérieure générale of the Abizeramariya congregation In charge of the health centre	Health Centre Gisagara/Butare	09.02.2015
39	Sr. Drocella Musabyemariya	In charge of the milk program	Cité des Jeunes de Nazareth de Mbare, Kabgayi	09.02.2015
40		Director of the health centre	Remera Rukoma Branch Salvation Army	10.02.2015
41	Sœur Gaudrence	In charge of the nutrition service	Kayenzi Branch / salvation Army	10.02.2015
42	Elie Zanbayiai.	Director health centre	Health Centre Kayenzi	10.02.2015
43			Various direct beneficiaries of salvation army	10.02.2015
44	Seth Appeateng Jean Laurore Clenat.	Lieut. Colonel Officer Commanding General secretary.	Salvation Army Representative Headquarter	11.02.2015
45	François Nsengimana	Focal Point (Swiss Milk Products Distribution)	SA Headquarter	11.02.2015
46	Silvio Flückiger Giancarlo de Picciotto Katarina Hänni	Directeur suppléant	COOF Kigali	11.02.2015
<b>Burkina Faso</b>				
<b>n°</b>	<b>Contact person</b>	<b>Function</b>	<b>Organisation</b>	<b>Date</b>
47	Dominique Crivelli	Directrice suppléante	KOOF Ouagadougou	09.03.2015
48	Pascal Rouamba	Chargé de programme en développement rural et sécurité alimentaire	KOOF Ouagadougou	09.03.2015 & ongoing
49	Vincent Kaboré	Regional coordinator	TdH Genève	09.03.2015 & ongoing

50	Isidore Hien	Independent consultant	TdH Genève	09.03.2015 & ongoing
51	Léa Kaboré	responsible milk program TdH	TdH Genève	09.03.2015 & ongoing
52	Ashley Diane	Responsable nutrition	WFP	10.03.2015
53	Sawadogo Catherine Gédion Kaboté	In-charge milk programme TdH délégué coordinateur pour le Burkina et le Togo.	Bureau de Morija à Ouaga	10.03.2015
54	Mme Désirée Mme Sanogo	Infirmière médicale Directrice du centre	CREN de Ouaga (Morija)	10.03.2015
55	Mme Sonogo Pasteur Isasace Nikiema	Director and in charge of WASH program	Cantine Paalga, quartier Tanghin, Ouaga (Morija)	10.03.2015
56	Sœur Balma	Director of the orphanage and focal point milk for VfHH	Orphelinat et école les St Innocents, Ziniaré (Verein für Humanitäre Hilfe)	11.03.2015
57	Sœur Cécile Ouedraogo Sœur Odile Maiii Sœur Odile Ouedraogo	Nurses	CREN SMI pédiatrie Ziniaré (Verein für Humanitäre Hilfe)	11.03.2015
58	Dominic Ouedraogo Oued Irène	President Trésorière	Centre d'Eveil de Kaya (TdH G)	11.03.2015
59	Abbé Joany Kouama	Director	CREN/SMI Paul VI Ouagadougou	12.03.2015
60	Sœur Claire Karob	director	Home Kisito, Ouagadougou (TdH Genève)	12.03.2015
61	Sœur Patricia Oubda, Sœur Clémentine Camparoé	Director SMI	CREN St Camille (TdH-G)	12.03.2015
62	Ines Ilboudo		Direction de la nutrition (Ministère de la santé)	12.03.2015
63	Mme Alice		OCADES de Tougoudou	13.03.2015
64	Sœur Elisabeth Gansonre	Director	CREN de Temnaoré, Koudougou (TdH Genève)	13.03.2015
65	Frère Sorgho Dieudonné	Director	CREN des pères St Camilien Nanoro	13.03.2015
66	Dr Zala and his wife	Director	Hôpital de Ouahigouya (Persis Valais)	14.03.2015

Ivory Coast				
n°	Contact person	Function	Organisation	Date
67	Coffi Caissy Sylvestre Sœur Somé Alice Fabrice Kaboté	Project coordinator	Centre St Camille Bouaké	16.03.2015
68	Kambou Denise Claudia	Director of the centre volunteer	Notre Dame des Sources, Bouake	16.03.2015
69	Sœur Giulia Brambila Soeur Jeanine Mmes Thérèse et Madeleine		Dispensaire Dikodougou (filles de la Croix)	17.03.2015
70	Sœur Kahambu Kapolyo Hélène	Nurse and coordinator	Centre Jubile, Korhogo (filles de la Croix)	18.03.2015
71	Sœur Koua Akabla Hélène Sœur Carmina Jimenes	Nurse	Réhabil. Nutr., Komborodougou	18.03.2015
72	Felix Nicolet	Conseiller d'ambassade	Ambassade de Suisse	19.03.2015
73	Thomas Lietscher	Ambassadeur	Ambassade de Suisse	
74	Chargée de la logistique			
75	Blandine Dieng various other people	President et fondatrice	ONG Vridi 3	19.03.2015
76	Mme Adèle Khudr		UNICEF	19.03.2015
77	Gianluca Ferrera		PAM	19.03.2015
78	Dr Patricia N'goran	Responsable du programme nutritionnel	Ministère de la santé	20.03.2015
79	Dr Gohou Jean-Paul	Director	Hôpital méthodiste de Dabou	20.03.2015
80	Mme Haccandy Rita Frimin Donvidé Julien	Directrice et fondatrice	Initiative plus VIH/SIDA, Treichville	20.03.2015
81	Sœur Rivera Leida Sœur Christine Rachel Illié Gérard	Director Responsable nutrition Data management Comptabilité	Anges gardien Abobo/Abidjan	20.03.2015

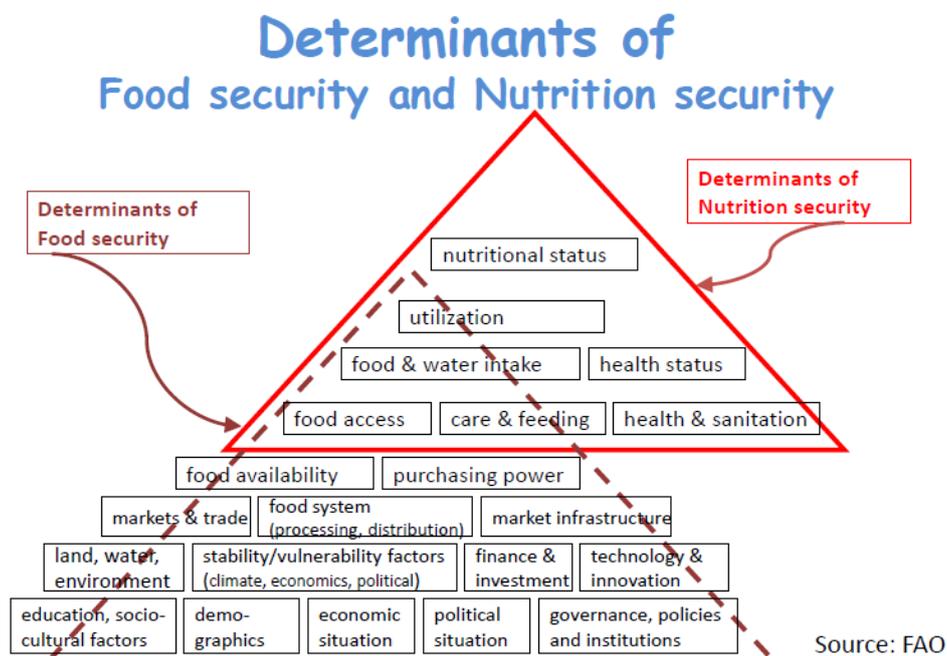
## Annex V: Overview of global food aid with DSM between 1977 and 2002



Source: FAO

Source: OECD, 2005

## Annex VI: Determinants of Food security and nutrition security and their interaction



Source: FAO

## Annex VII: Indicators of malnutrition and their definition

Term	Definition	Remarks	Source
Malnutrition	The consequences of a combination of inadequate dietary intake and disease		John Hopkins and ICRC, 2008
Undernutrition	Includes being underweight for one's age, too short for one's age (stunting), dangerously thin for one's age (wasting) and deficient in vitamins and minerals		FAO, 2014
Moderate acute malnutrition (MAM)	Weight-for-Height Z-score $<-2$ but $>-3$	As a precursor to severe acute malnutrition, Moderate Acute Malnutrition (MAM) is also prevalent in rapid onset and chronic emergencies as well as in non-emergency situations.  41 million children globally have MAM	UNICEF, undated. Nutrition in Emergencies. UNICEF, 2013
Severe acute malnutrition (SAM)	SAM is expressed as the percentage of children aged 6 to 59 months: whose weight for height Z-score (WHZ) is below minus three standard deviations from the median of the WHO Child Growth Standards or by a mid-upper-arm circumference less than 115 mm, with or without nutritional oedema  There are three clinical forms of SAM: <ol style="list-style-type: none"> <li>(1) marasmus (extreme wasting)</li> <li>(2) kwashiorkor (bilateral pitting oedema)</li> <li>(3) Marasmic-kwashiorkor: a combination of both wasting and bi-lateral oedema</li> </ol>	SAM is common in rapid onset emergencies, chronic emergencies as well as non-emergency situations.  There are potentially 40 million children suffering from SAM every year. An estimated 0.5 million to 2 million children with SAM die each year.	UNICEF, undated. Nutrition in Emergencies. UNICEF, 2013
Global Acute Malnutrition (GAM)	GAM is the sum of the prevalence of SAM plus MAM at a population level		UNICEF, undated. Nutrition in Emergencies.

Anthropometric indicators			
Stunting	<b>inadequate length/height for age</b> and captures early chronic exposure to undernutrition. It results from poor maternal nutrition and health status <sup>30</sup> , poor feeding practices <sup>31</sup> , poor food quality and frequent infections <sup>32</sup>		UNICEF, 2013 UNICEF, undated. Nutrition in Emergencies
Wasting	<b>inadequate weight for height</b> and captures acute undernutrition:	Globally, 20% children under 5 years old are stunted. In sub-Saharan Africa, 40 per cent of children under 5 years of age are stunted	UNICEF, 2013 UNICEF, undated. Nutrition in Emergencies
Low birth weight	Less than 2,500 grams		UNICEF, undated <a href="http://www.unicef.org/infobycountry/stats_popup2.html">http://www.unicef.org/infobycountry/stats_popup2.html</a>
Underweight	Moderate and severe - below minus two standard deviations from median weight for age of reference population; severe - below minus three standard deviations from median weight for age of reference population.		UNICEF, undated <a href="http://www.unicef.org/infobycountry/stats_popup2.html">http://www.unicef.org/infobycountry/stats_popup2.html</a>
Underweight	inadequate weight for age and is a composite indicator that includes elements of stunting and wasting.		UNICEF, 2013
MUAC	Mid-upper arm circumference (MUAC) measures the muscle mass of the upper arm. A flexible measuring tape is wrapped around the mid-upper arm (between the shoulder and elbow) to measure its circumference.  MUAC should be measured to the nearest 0.1cm.	MUAC is a rapid and effective predictor of risk of death in children aged 6 to 59 months and is increasingly being used to assess adult nutritional status.	UNICEF, undated. Nutrition in Emergencies.

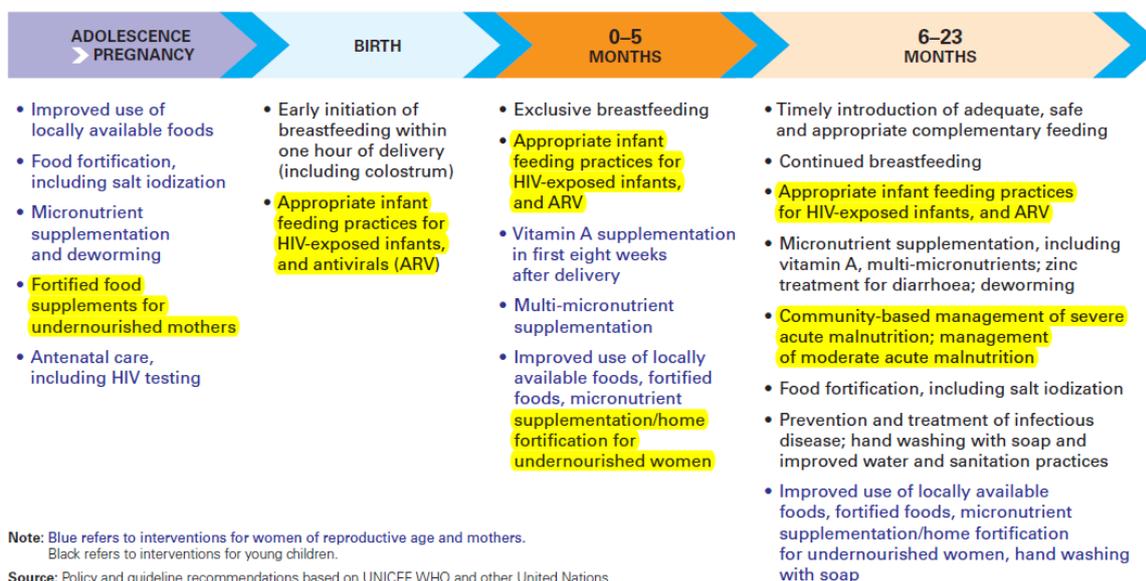
<sup>30</sup> An undernourished mother is more likely to give birth to a stunted child, perpetuating a vicious cycle of undernutrition and poverty

<sup>31</sup> Quality and frequency: inadequate breastfeeding practices such as non-exclusive breastfeeding; inappropriate complementary feeding, such as starting at the wrong age; poor access to or use of diverse types of food and inadequate intake of micronutrients.

<sup>32</sup> Like diarrhea, malaria or infestation with intestinal worms

## Annex VIII: Possible interventions to tackle undernutrition within the 1000 days window of opportunity

**FIGURE 18** Key proven practices, services and policy interventions for the prevention and treatment of **stunting** and **other forms of undernutrition** throughout the life cycle



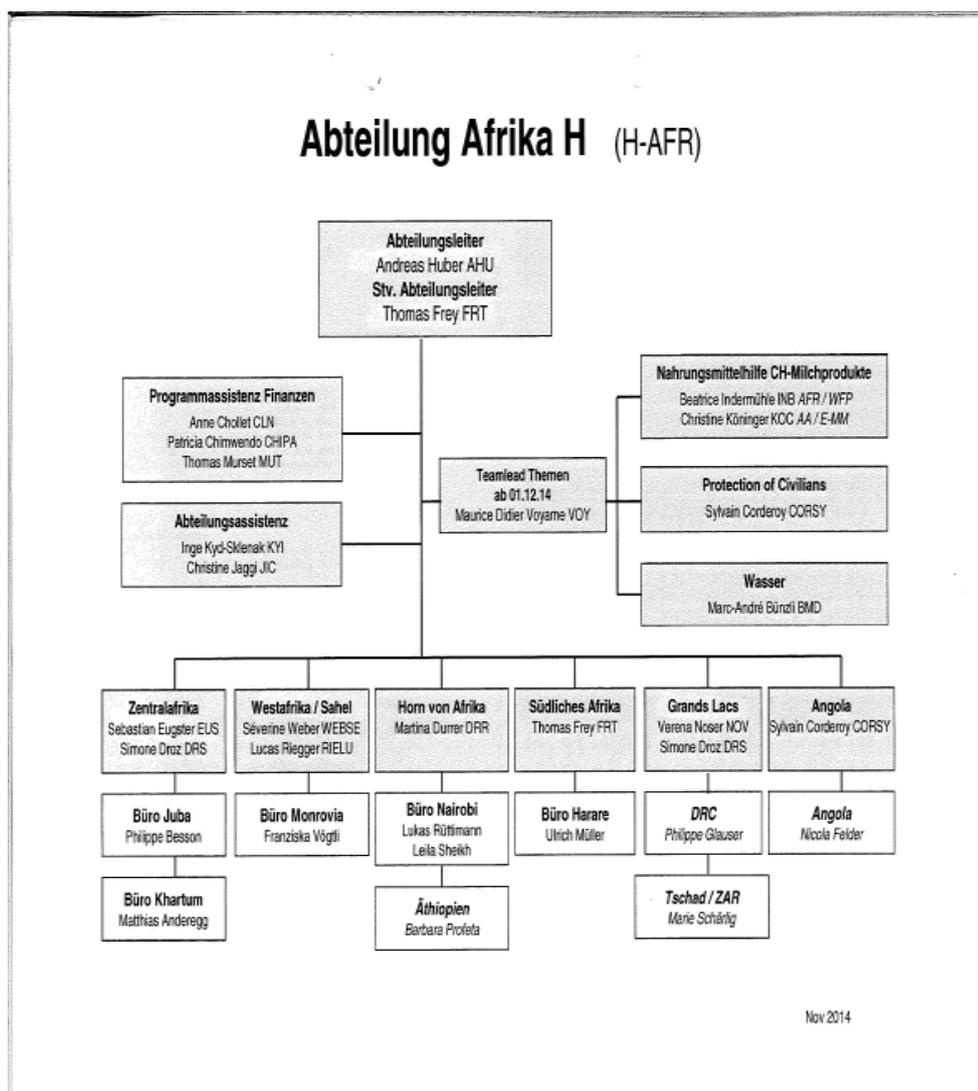
## Annex IX: Budget and financial plans of food aid with SDPs for the period under evaluation (2000-2013)

Humanitarian Aid budgets for the framework credits (1998-2016) in million Swiss Francs (CHF)

Date of message		14.11.2001	29.11.2006	06.06.2011	15.02.2012
Period	1998 to 2002	2002 July 2002-June 2007	13.06.2007 - June 2011	2012-2013 6 months	2013-2016
<b>Budget</b>				<b>Prolongation of the 2007 budget</b>	
Direct interventions with CSA	110	180	190		1569
Compulsory reserve for emergency situations not covered by the line of credit	110	110	110		
Financial assistance to humanitarian operations	489	550	540		
Contribution to the ICRC	91	420	460		320
Food aid with Swiss dairy products	140	140	120		80
Food aid with cereals	110	100	80		56
<b>Total</b>	<b>1050</b>	<b>1500</b>	<b>1500</b>	<b>112</b>	<b>2025</b>
<i>% of food aid with SDPs to total HA budget</i>	<i>13.3%</i>	<i>9.3%</i>	<i>8%</i>		<i>3.4%</i>

Effective figures are available on demand from the HA.

## Annex X: Organigram Section Africa HA



## Annex XI: Volumes of SDPs (in kg) ordered by the “milk desk” from the three main dairy processors for the food aid programme between 2007 and 2014

Year	Processors		
	Emmi	Hochdorf	Crema
2007	437'420.00	2'050'668.00	0
2008	1'050'710.00	2'320'827.00	0
2009	399'215.00	1'031'785.00	769'000.00
2010	935'641.00	1'849'920.00	1'462'500.00
2011	989'645.00	873'000.00	625'000.00
2012	659'152.00	626'784.00	825'000.00
2013	1'089'654.00	959'880.00	900'000.00
2014	850'921.00	1'393'808.00	1'207'000.00
	<b>6'412'358.00</b>	<b>11'106'672.00</b>	<b>5'788'500.00</b>
			<b>23'307'530.00</b>

Source: Uebersicht Bestellungen 2007-2014

## Annex XII: Content and formula of SDPs

## Annex XII (a) Infant formula 1

# INFANT FORMULA 1

## Aliment lacté pour nourrissons

## Infant milk formula

## Alimento lácteo para bebés

### Dès la naissance

Fabriqué en Suisse

Poids net: 5 kg

### From birth on

Manufactured in Switzerland

Net weight: 5 kg

### Desde el nacimiento

Producida en Suiza

Peso neto: 5 kg

Bien refermer la boîte après usage, conserver au frais et au sec et utiliser le contenu dans les 3 semaines.

Be sure to keep the tin well closed and store in a cool and dry place. Use content up within 3 weeks.

Cerrar bien el envase después del uso, conservar en lugar fresco y seco y utilizar el contenido en 3 semanas.

Date de production / date of production / fecha de producción: Voir dessous la boîte / see overprint on bottom / var abajo

A consommer de préférence avant / best before / consumir de preferència antes de: Voir dessous la boîte / see overprint on bottom / var abajo

HOCHDORF Swiss Milk AG, 6281 Hochdorf, Switzerland

**5kg  
net**

Don du Gouvernement Suisse  
Gift from the Swiss Government  
Donación del Gobierno Suizo

Swiss Agency for Development and Cooperation SDC-CH 3003 Berne



5.

Verser la poudre dans la casserole et diluer avec le fouet.

Pour the powder into the pan and stir well with whisk.

Echar el polvo en la cacerola y diluir con el batidor.



6.

Consommer le lait immédiatement après la préparation. Se servir d'une tasse et d'une petite cuillère. Drink the milk immediately after preparation. Use a cup and a small spoon.



7.

Ne jamais utiliser le biberon. Never use the feeding-bottle. No utilice nunca el biberón.

contient/contents/contiene		pour 100g de produit per 100g of product Nutrientes	pour un tasse de 100 ml for a cup of 100 ml para una taza de 100 ml
Energy	kcal	516	66
	kJ	2158	276
Protein	g	11	1.4
Fat	g	27	3.5
saturated FA	g	9.1	
monounsaturated FA	g	10.4	
polyunsaturated FA	g	5.5	
trans FA	g	0.2	
Carbohydrates	g	57.3	7.3
<b>Minerals</b>			
Sodium	mg	150	19
Potassium	mg	520	67
Calcium	mg	350	45
Magnesium	mg	40	5.1
Phosphorus	mg	220	28
Chloride	mg	300	38
Ca / P		1.6	
Iron	mg	5.8	0.7
Zinc	mg	4.5	0.6
Copper	µg	350	45
Jodine	µg	70	9
1) Manganese	µg	60	7.7
1) Selenium	µg	7	0.9
1) Fluoride	µg	50	6.4
<b>Vitamins</b>			
Vitamin A	µg	500	64
Vitamin D	µg	8.5	1.1
Vitamin E	mg	8	1
Vitamin B1	µg	450	58
Vitamin B2	µg	800	102
Vitamin B6	µg	450	58
Vitamin B12	µg	1.5	0.2
Niacine	mg	4000	512
Pantothenic acid	mg	3000	384
Folic acid	µg	80	10
Vitamin C	mg	100	13
Vitamin K	µg	35	4.5
Biotine	µg	15	1.9
Taurine	mg	30	3.8
Choline	mg	60	7.7
Inositol	mg	40	5.1
L-Carnitine	mg	10	1.3

1) from natural content of raw materials

Ingrédients:

Lait écrémé, lactose, huiles et matières grasses végétales (huile de palme, graisse de noix de coco, huile de colza, huile de tournesol), concentré protéique de lactosérum, minéraux (citrate potassique, phosphate calcique, citrate sodique, chlorure de calcium, citrate calcique, chlorure de magnésium, gluconate de fer (II), sulfate de zinc, sulfate de cuivre, sulfate de manganèse, iodate de potassium, sodium selenate), émulsifiant (mono- et diglycérides d'acides gras, lécithine de soja), vitamines (vitamine C, vitamine E, niacin, acide de pantothenic, vitamine A, vitamine B6, vitamine B1, acide folique, vitamine K, vitamine B2, vitamine D, biotine, vitamine B12), choline, inositol, taurine, antioxydants (ascorbyl palmitate, tocophérol), L-carnitine

Ingrédients:

Skimmed milk, lactose, vegetable oils and fats (palm oil, coconut fat, rapeseed oil, sunflower oil), whey protein concentrate, minerals (potassium citrate, calcium phosphate, sodium citrate, calcium chloride, calcium citrate, magnesium chloride, iron (II) gluconate, zinc sulfate, copper sulfate, manganese sulfate, potassium iodate, sodium selenate), emulsifier (mono- and diglycerides of fatty acids, soybean lecithin), vitamins (vitamin C, vitamin E, niacin, vitamin A, vitamin B6, vitamin B1, folic acid, vitamin K, vitamin B2, vitamin D, biotin, vitamin B12), choline, inositol, taurine, antioxidants (ascorbyl palmitate, tocopherol), L-carnitine

Ingrédients:

L'ache desatata. Lactosa, azúchre y azúchre vegetal. Aceite de palma, grasa de coco, aceite de colza, aceite de girasol.

Annex XII (b) Infant formula 2

# INFANT FORMULA 2

## Aliment lacté pour nourrissons

## Infant milk formula

## Alimento lácteo para bebés

**Après 6 mois**  
Fabriqué en Suisse  
Poids net: 5 kg

**after 6 months**  
Manufactured in Switzerland  
Net weight: 5 kg

**a partir de 6 meses**  
Producida en Suiza  
Peso neto: 5 kg

Bien refermer la boîte après usage, conserver au frais et au sec et utiliser le contenu dans les 3 semaines.  
Be sure to keep the tin well closed and store in a cool and dry place. Use content up within 3 weeks.  
Cerrar bien el envase después del uso, conservar en lugar fresco y seco y utilizar el contenido en 3 semanas.

Date de production / date of production / fecha de producción: Voir dessous la boîte / see overprint on bottom / var abajo  
A consommer de préférence avant / best before / consumir de preferencia antes de: Voir dessous la boîte / see overprint on bottom / var abajo

**HOCHDORF Swiss Milk AG, 6281 Hochdorf, Switzerland**

5kg  
net

**Don du Gouvernement Suisse**  
**Gift from the Swiss Government**  
**Donación del Gobierno Suizo**

Swiss Agency for Development and Cooperation SDC-CH 3003 Berne

**5.**  Verser la poudre dans la casserole et diluer avec le fouet.  
Pour the powder into the pan and stir well with whisk.  
Echar el polvo en la cacerola y diluir con el batidor.

**6.**  Consommer le lait immédiatement après la préparation. Se servir d'une tasse et d'une petite cuillère.  
Drink the milk immediately after preparation. Use a cup and a small spoon.

**7.**  Ne jamais utiliser le biberon.  
Never use the feeding-bottle.  
No utilice nunca el biberón.

contient/contents/contiene			
Nutriments Nutrients Nutrientes		pour 100g de produit per 100g of product por 100g de producto	pour un tasse de 100 ml for a cup of 100 ml para una taza de 100 ml
Energy	kcal kJ	486 2037	66 274
Protein	g	11.8	1.6
Fat	g	21.5	2.9
saturated FA	g	7.2	
monounsaturated FA	g	8.3	
polyunsaturated FA	g	4.4	
trans FA	g	0.2	
Carbohydrates	g	61.2	8.3
<b>Minerals</b>			
Sodium	mg	200	27
Potassium	mg	600	81
Calcium	mg	550	74
Magnesium	mg	50	6.8
Phosphorus	mg	350	47
Chloride	mg	380	51
Ca / P		1.6	
Iron	mg	8	1.1
Zinc	mg	6	0.8
Copper	µg	350	47
Iodine	µg	70	9.5
1) Manganese	µg	70	9.5
1) Selenium	µg	7	0.9
1) Fluoride	µg	50	6.8
<b>Vitamins</b>			
Vitamin A	µg	500	68
Vitamin D	µg	8.5	1.1
Vitamin E	mg	8	1.1
Vitamin B1	µg	450	61
Vitamin B2	µg	800	108
Vitamin B6	µg	450	61
Vitamin B12	µg	1.5	0.2
Niacine	mg	4000	540
Pantothenic acid	mg	3000	405
Folic acid	µg	80	11
Vitamin C	mg	100	14
Vitamin K	µg	35	4.7
Biotine	µg	15	2
Taurine	mg	30	4.1
Choline	mg	60	8.1
Inositol	mg	40	5.4
L-Carnitine	mg	10	1.4

1) from natural content of raw materials

**Ingrédients:**  
Lait écrémé, lactose, huiles et matières grasses végétales (huile de palme, graisse de noix de coco, huile de colza, huile de tournesol), maltodextrine, concentré protéique de lactosérum, minéraux (citrate potassique, citrate de calcium, phosphate de calcium, phosphate de sodium, chlorure de calcium, chlorure de magnésium, gluconate de fer (II), sulfate de zinc, sulfate de cuivre, sodium selenate, sulfate de manganèse, iodate de potassium), émulsifiant: (mono- et diglycérides d'acides gras, les (II) glucosides de soja), vitamines (vitamine C, vitamine E, niacin, acide de pantothenic, vitamine A, vitamine B6, vitamine B1, acide folique, vitamine K, vitamine B2, vitamine D, biotine, vitamine B12), choline, inositol, taurine, antioxydants (ascorbyl palmitate, tocophérol), L-carnitine

**Ingredients:**  
Skimmed milk, lactose, vegetable oils and fats (palm oil, coconut fat, rapeseed oil, sunflower oil), maltodextrin, whey protein concentrate, minerals (potassium citrate, calcium citrate, calcium phosphate, sodium phosphate, calcium chloride, magnesium chloride, iron (II) gluconate, zinc sulfate, copper sulfate, sodium selenate, manganese sulfate, potassium iodate), emulsifiers (mono-/diglycerides of fatty acids; soybean lecithin), vitamins (vitamin C, vitamin E, niacin, pantothenic acid, vitamin A, vitamin B6, vitamin B1, folic acid, vitamin K, vitamin B2, vitamin D, biotin, vitamin B12), choline, inositol, taurine, antioxidants (ascorbyl palmitate, tocopherol), L-carnitine

**Ingrédients:**  
Leche desnatada, lactosa, aceites y grasas vegetales (aceite de palma, grasa de coco, aceite de colza, aceite de girasol)

## Annex XII (b) Whole milk powder

### Important remark

Breast-feeding is the best nourishment for your baby. Mother's milk contains everything the baby needs in a well balanced diet. Milkpowder does not replace mother's milk. In case of need, if the baby cannot be fed with mother's milk, a health agent has to help the mother to prepare a formula.

### Best use

Complementary nourishment for sick, convalescent persons, very young children, pregnant women, breast-feeding mothers. The use should be recommended and controlled by a health agent.

Quantity recommended:

200 ml or one cup per person and per day.

### Average composition per 100 g of powder

Fat	26,2 g	Humidity	3 g
Protein	24,7 g	Minerals	5,6 g
Lactose	40,5 g	Energy	2073 kJ = 496 kcal

# Lait entier en poudre

# Full cream milk

# Leche entera en polvo

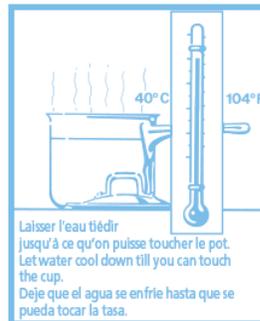
Fabriqué en Suisse  
Poids net: 5 kg =  
36 litres de lait entier

Manufactured in Switzerland  
Net weight: 5 kg =  
36 litres of full cream milk

Producida en Suiza  
Peso neto: 5 kg =  
36 litros de leche entera

## 5 kg

**Don du Gouvernement Suisse/Gift from the Swiss Government/  
Donación del Gobierno Suizo  
Swiss Agency for Development and Cooperation SDC-CH 3003 Berne**



## Annex XII (c) Dry skim milk powder

### Best use

Complementary nourishment for badly fed or underfed persons: pregnant women, nursing mothers, children of less than twelve years, sick and convalescent people.

### Important remark

Do not use skimmed milk for baby feeding.

### Preparation

The best way to use skimmed milk powder is to mix it in a pap of millet, sorghum, maize, rice, potato, soya, yam, cassava, banana or other energetic food.

### Average composition per 100 g of powder

Fat	0,5 g	Minerals	7,5 g
Protein	32,5 g	Humidity	3,5 g
Lactose	51 g	+ Vitamine A (RE)	2,1 mg
Saccharose	5 g	Vitamine E (TE)	6,8 mg
		Energy	1502 kJ = 360 kcal

# Lait écrémé en poudre

# Skimmed milk powder

# Leche descremada en polvo

Matière grasse 0,5 %  
Fabriqué en Suisse  
Poids net: 6 kg = 63 litres de  
lait écrémé, sucré et vitaminé

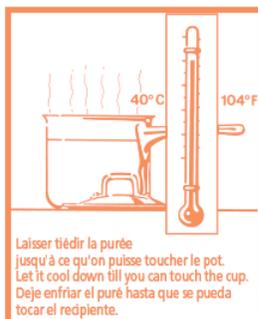
Milk fat 0,5 %  
Manufactured in Switzerland  
New weight: 6 kg = 63 litres of  
sweetened, skimmed and vitaminised milk

Materia grasa 0,5 %  
Producida en Suiza  
Peso neto: 6 kg = 63 litros de leche  
descremada con azúcar y vitaminas

## 6 kg

**Don du Gouvernement Suisse / Gift from the Swiss  
Government / Donación del Gobierno Suizo**

**Swiss Agency for Development and Cooperation SDC- CH 3003 Berne**

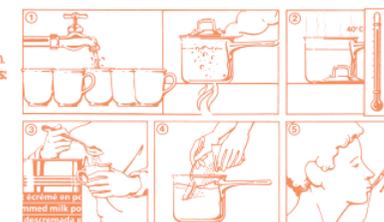


Si on désire préparer une boisson, procéder de la manière suivante:

1. Faire bouillir 5 tasses d'eau potable.
  2. Laisser refroidir l'eau à 40° C / 104° F.
  3. Ajouter 1 tasse de poudre.
  4. Battre le tout pour diluer la poudre.
  5. Boire la boisson immédiatement après la préparation.
- If you want to prepare a drink, proceed as follows:
1. Boil 5 cups of dean water.
  2. Let it cool down to 40° C / 104° F.
  3. Add 1 cup of powder.
  4. Whip well to dissolve the powder.
  5. Drink immediately.

Para preparar una bebida:

1. Hierva 5 tazas de agua potable.
2. Deje enfriar el agua hasta 40° C / 104° F.
3. Añada 1 taza de polvo.
4. Resuelva bien el liquido hasta que se disuelva el polvo.
5. Consuma la leche inmediatamente.



## Annex XIII: Specification of therapeutic food

<https://www.eda.admin.ch/deza/en/home/themes-sdc/agriculture-food-security/food-aid-risk-crisis/swiss-dairy-products-food-aid/requirements-swiss-ngos.html>

According to the WHO document entitled “Management of severe malnutrition: a manual for physicians and other senior health workers” (WHO 2000; [http://www.who.int/nutrition/publications/en/manage\\_severe\\_malnutrition\\_eng.pdf](http://www.who.int/nutrition/publications/en/manage_severe_malnutrition_eng.pdf)), it is recommended to give children suffering from severe malnutrition the formulas F-75 and F-100, which are prepared with powdered milk. Formula F-75 (75 kcal or 315 kJ/100ml) is given for the first phase of treatment, while F-100 (100 kcal or 420 kJ/100ml) is given during the rehabilitation phase.

### F-75 and F-100 preparation

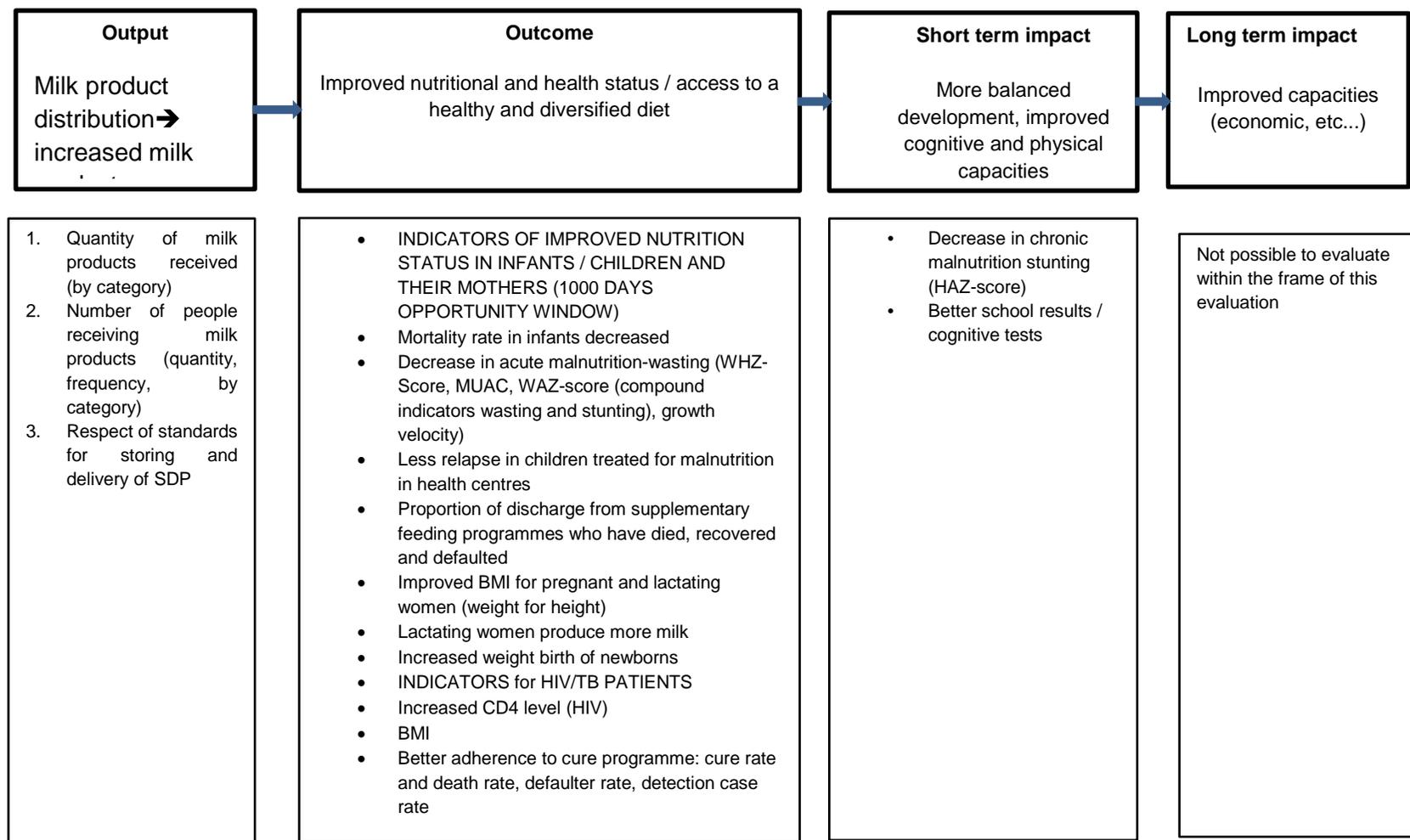
	F-75	F-100
Ingredients	Quantities	Quantities
Powdered skim milk	25 g	80 g
Sugar	70 g	50 g
Cereal flour	35 g	--
Vegetable oil	27 g	60 g
Mineral mixture	20 ml	20 ml
Vitamin complex	140 mg	140 mg
Add water to increase volume to 1,000 ml.	1,000 ml.	1,000 ml.

These two formulas can also be prepared with powdered whole milk.

Composition of F-75 formula: 35 mg powdered whole milk, 70 g sugar, 35 g cereal flour, 17 g oil, 20 ml minerals, 140 mg vitamin complex, add water to bring to 1,000 ml.

Composition of F-100 formula: 110 g powdered whole milk, 50 g sugar, 30 g oil, 20 ml mineral mixture, 140 mg vitamin complex, add water to bring to 1,000 ml.

## Annex XIV: Impact pathway



## Annex XV: Recommendations to calculate infant formula needs

### Berechnung Milchpulverbedarf adaptierte und teiladaptierte Säuglingsmilch

#### Infant Formula 1 und 2

gemäss Dossiert Tabelle auf der Banderole der Büchsen

#### Zuteilung Infant Formula 1

adaptierte Säuglingsmilch für Neugeborene bis zum Alter von 6 Monate bzw. 5.5 kg

Säugling bis 3.5 kg	6x14g	84 g / Tag	30.6 kg / Jahr
Säuglinge 3.5 – 4.5 kg	5x19g	95 g / Tag	34.6 kg / Jahr
Säuglinge 4.5 – 5.5 kg	5x24g	120 g / Tag	43.8 kg / Jahr

**ergibt durchschnittlich: 18 kg / pro Säugling für 6 Monate**

3 kg / Säugling / Monat ; 37 kg / Säugling / Jahr

#### Zuteilung Infant Formula 2

teiladaptierte Säuglingsmilch für Säuglinge ab 6 Monate bis 12 Monate

Kleinkind ab 4.5 kg	5x25g	125 g / Tag	45.6 kg / Jahr
Kleinkind 5.0 – 6.0 kg	5x28g	140 g / Tag	51.1 kg / Jahr
Kleinkind 6.0 – 7.5 kg	4x37.5g	150 g / Tag	54.7 kg / Jahr

**ergibt durchschnittlich: 25 kg / pro Kleinkind für 6 Monate**

4.2 kg / Kleinkind / Monat ; 50.5 kg / Kleinkind / pro Jahr

#### 4 Grundsätze für die Abgabe der adaptierten Säuglingsmilch:

1. das Stillen darf nicht konkurriert werden
2. der Säugling benötigt ein Muttermilchersatz gemäss den Richtlinien (Seite 8)
3. der Gebrauch der Milch muss vorgängig von Gesundheitsfachleuten im Bereich Stillen, Säuglings- und Kleinkinderernährung, abgeklärt werden
4. die Vorführung der Zubereitung und Verwendung des Milchpulvers muss sichergestellt sein und mindestens zweimal monatlich durch qualifiziertes Gesundheitspersonal gewährleistet werden

## Annex XVI: Brief review on the effect of milk nutrition programmes

Milk plays a key role in treating undernutrition both in industrialized and developing countries (FAO 2009). *“A diet that contains sufficient dairy products to provide 25-33% of the daily protein requirements may have a positive effect on weight gain and linear growth of children aged 6 months to 5 years who are suffering from moderate malnutrition”* (Michaelsen et al, 2009). It corresponds to 200-250 ml milk or 15-20 g of milk power daily” (FAO 2009). (but see discussion TdH Genève).

Recent review studies (Allen and Dror, 2011) on the role of Animal Source Food (ASF), including milk, in the diet of children in developing countries, including milk, showed that:

- A higher intake of ASF is associated with better growth, micronutrient status, cognitive performance, motor development and activity in children. However, the effect on cognitive function and activity is more pronounced in children consuming meat rather than milk (Neumann et al, 2007).
- Cow milk is a source of vitamin B12, a micronutrient commonly deficient in populations that consume low amount of ASF.
- Many studies show the ability of milk supplementation in pre-school and school aged children to improve height-for-age and weight-for-height scores. The strongest effects may be seen on the growth of children with existing undernutrition (Wiley, 2005; Hoppe et al, 2006; de Beer, 2012; He et al, 2005; Maelen-Radovan et al; 1999; Ruel, 2003; Allen et al. 2002; Orr 1928; Leighton and Clark, 1929; Spes et al, 2009 in Hoeppe et al 2006; Lampl et al, 1978; Lien Do et al 2009; Grillenberg et al, 2003; Du et al, 2004; Che, 1989).
- Some studies failed to show this effect, maybe because the selected children were already adequately nourished (Baker et al, 1980; Rona and Chinn, 1989; Cook et al, 1979)
- The most likely effect of supplementing children’s diets with dairy products is 0.4 cm additional growth per day for every 245 ml of milk added to the diet for a 12 months intervention on average (de Beer, 2012). Nutritionally deprived children (short eight for age) benefit more than their better-fed peers, and teenagers (close to or just in their pubertal growth spurt) also benefit more (de Beer, 2012; FAO 2013)
- Although current evidence suggests that these effects may be more apparent during the first years of life, too few studies are available on preschool children to draw any conclusion (FAO 2013).
- There are some evidences of positive effects using iron-fortified milk targeted to vulnerable population groups with anaemia and low iron status (Stekel et al, 1988; Lost et al, 1998; Virtanen et al, 2001; Villalpando, 2006; Semba et al, 2010)
- The effect of fortified milk on zinc status still needs to be demonstrated.
- There is some evidence that RUTF peanut butter containing more milk power is more efficient to treat severely, acutely malnourished children (Oakley et al, 2010).

## Annex XVII Logical framework of operations in Sudan

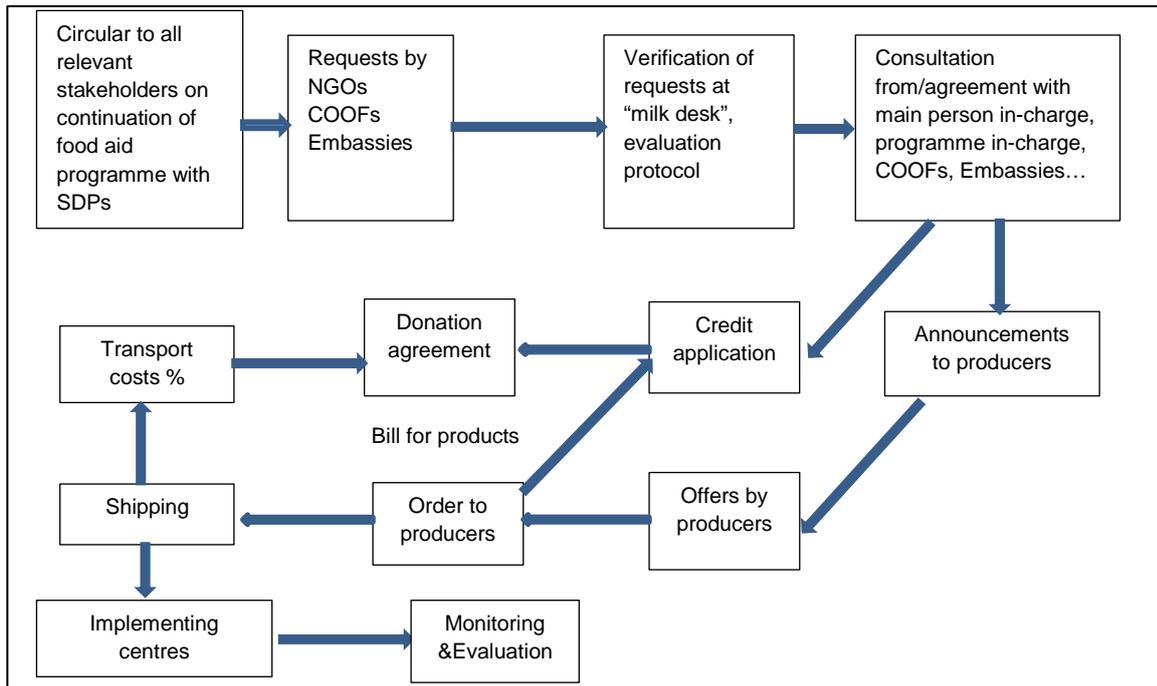
<p><b>Outcome 1.1:</b> Stabilized or reduced under nutrition among children aged 6-59 months and pregnant and lactating women</p>	<ul style="list-style-type: none"> <li>Proportion of target population who participate in an adequate number of distributions <b>Target:</b> &gt; 66%</li> <li>Proportion of eligible population who participate in programme (coverage) <b>Target:</b> Prevention &gt;70%</li> </ul>	<p>Capable Partners are available to support WFP interventions</p> <p>Other basic needs are met (water, sanitation, health, education, protection, etc.) which will influence nutritional outcomes.</p> <p>No outbreaks or other crisis</p> <p>Security environment improved</p>
<p><b>Output 1.1.1</b> Food, nutritional products and non-food items, cash transfers and vouchers distributed in sufficient quantity, quality and in a timely manner to targeted beneficiaries</p>	<ul style="list-style-type: none"> <li>Number of women, men, boys and girls receiving food assistance, disaggregated by activity; beneficiary category, sex, food, non-food items, cash transfers and vouchers, and as % of planned</li> <li>Quantity of food assistance distributed, disaggregated by type as % of planned</li> <li><b>Target:</b> e-BSFP 173,800 beneficiaries: 93,852 female; 79,948 male.</li> </ul>	<p>Appropriate partners are selected for implementation.</p> <p>Ability of WFP to provide food as planned with no pipeline breaks</p> <p>Ability of partners to deliver WFP assistance due in safe conditions</p> <p>Regular access to distribution points is secured.</p> <p>Regular availability of transport and related escorts, when required</p>
<p><b>Outcome 1.2</b> Stabilized or improved food consumption over assistance period for targeted households</p>	<ul style="list-style-type: none"> <li>Food consumption score, disaggregated by sex of household head <b>Target:</b> Percent of targeted households with poor food consumption score: Darfur: Baseline 5.9%; target: 1.2%. TBD other operational areas.</li> <li>Diet diversity score, disaggregated by sex of household head <b>Target:</b> Increased diet diversity score of targeted households Baseline and Target: TBC<sup>14</sup></li> </ul>	<p>Beneficiaries will use cash saved from food/ voucher assistance to buy other complementary, nutritious food items to supplement their diet.</p> <p>Local production and economy guarantees availability of complementary food in the market.</p> <p>Stable access to both food assistance and complementary food from market or production (security/rainfall).</p>
<p><b>Output 1.2.1</b> Food, nutritional products and non-food items, cash transfers and vouchers distributed in sufficient quantity, quality and in a timely manner to targeted beneficiaries.</p>	<ul style="list-style-type: none"> <li>Number of women, men, boys and girls receiving food assistance, disaggregated by activity; beneficiary category, sex, food, non-food items, cash transfers and vouchers and as % of planned</li> <li>Quantity of food assistance distributed, disaggregated by type, as % of planned</li> <li>Total amount of cash transferred to targeted beneficiaries, disaggregated by sex and beneficiary category, as % of planned</li> <li>Total value of vouchers distributed (expressed in food/cash) transferred to Targeted beneficiaries disaggregated by sex and beneficiary category, as % of planned</li> </ul>	<p>Capable partners available</p> <p>Improved security</p> <p>No pipeline breaks (cash and food)</p> <p>Regular access to distribution points (security &amp; rainfall)</p> <p>Regular availability of transport/escorts</p>

<sup>14</sup> Baseline and Target will be established when the final guidance is issued.

## Annex XVIII: Pictures of community education on basics of nutrition, cooking practices and bag gardening in Zamzam IDP camp, North Darfur, Sudan



### Annex XIX: Administrative steps of the milk programme



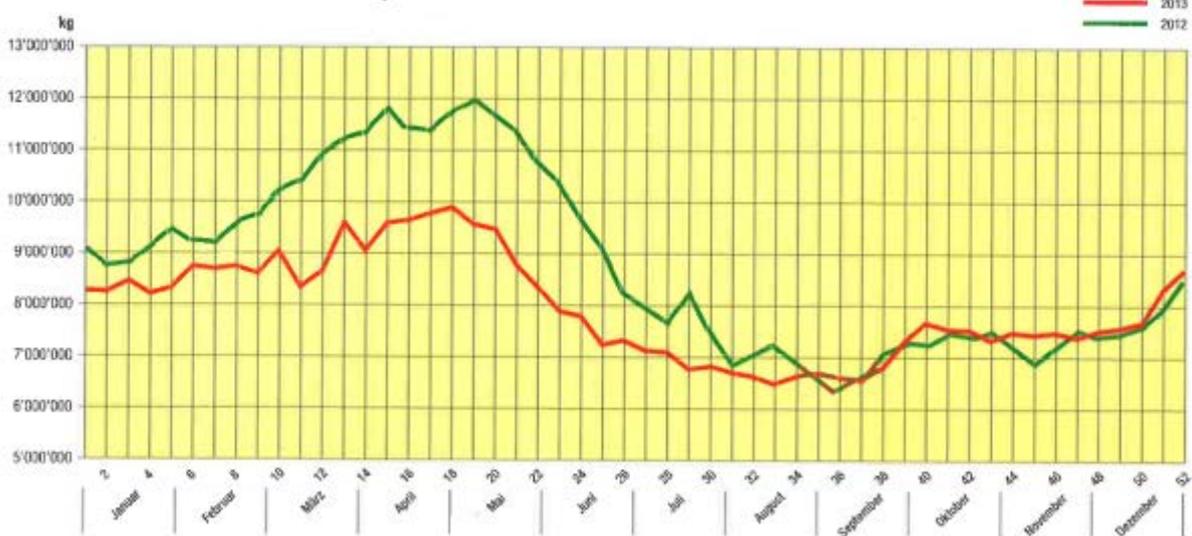
Source: Administrativer Ablauf der Nahrungsmittelhilfe

### Annex XX: Prices paid to milk powder producers

This information is internal and can be made available by the “milk desk” upon request.

### Annex XXI: Weekly purchases of raw milk (in kg) by Cremo in 2012 and 2013=“yearly milk curve”

Wöchentliche Milchübernahme im Jahr 2013-2012



Source: Cremo. 86. Geschäftsbericht. Geschäftsjahr 2013.

## Annex XXII: Indicative farm-gate milk prices (in cents CHF/kg milk) in Switzerland for the years 2011 to 2015

Segment & Years	Average indicative price (in CHF cents/kg) for each month												
	January	February	March	April	May	June	July	August	September	October	November	December	Average
<b>A</b>													
2011	65	65	65	68	68	68	68	68	68				67.0
2012		66	66	66	66	66							66.0
2013				66	69	69	69	69	69	69	69	69	68.7
2014	71	71	71	71	71	71	71	71	71	71	71	71	71.0
2015	68	68	68	68	68	68	68	68	68	68	68	68	68.0
<b>B</b>													
2011	55.1	58.3	60.4	60.9	57.8	57.2	57.2	56	54.2	53.1	54.7	55.3	56.7
2012	55.2	55.6	54.2	53.1	51.6	51.3	53.3	53.7	55.9	57.6	58.1	58.3	54.8
2013	57.5	58.3	57.8	58.5	61.3	63	62	63.1	64	63.2	62.5	64	61.3
2014	64.4	64.7	65.2	64.7	61.1	60.2	60.1	58.6	53	52.4	51.6	50.7	58.9
2015	<b>50.5</b>	<b>49.9</b>	<b>51.7</b>	<b>51.4</b>	<b>48.3</b>	<b>47</b>							49.8
<b>C</b>													
2011	35.2	38	43.3	46.3	39.9	35.4	33	30.3	26.7	23.1	27	27.8	33.8
2012	33.2	32.2	29.8	27.4	24.2	22.8	25.4	26.2	28.9	32	33	33.7	29.1
2013	32.8	33.8	33.1	35.1	40.4	43.4	41.9	43.3	44	43.4	42.1	43.5	39.7
2014	43.8	44.1	43.5	42.9	38.7	37.2	37.3	35.4	27.9	25.9	25.2	24.2	35.5
2015	23.8	22.8	25.8	25.9	21.3	19.3							23.2

Source: Branchenorganisation Milch (BOM)-IP Lait. Available at: <http://www.ip-lait.ch/richtpreise.html>

## Annex XXIII: Swiss milk market segmentation

Segment	Utilisation du lait:
<b>A</b>	<b><i>Produits laitiers à haute valeur ajoutée (protégés ou soutenus)</i></b>
	-lait de consommation, crème de consommation
	-beurre pour le commerce de détail dans le pays et l'industrie alimentaire
	-poudre de lait et concentré pour l'industrie alimentaire
	-lait de non-ensilage transformé en fromage
	-lait industriel transformé en fromage destiné au marché du pays
	-yogourts destinés au marché du pays
	-autres produits frais pour le marché du pays et l'exportation avec compensation du prix des matières premières
<b>B</b>	<b><i>Produits laitiers à faible valeur ajoutée ou soumis à une plus forte concurrence (ni protégés ni soutenus)</i></b>
	-séré
	-yogourts pour l'exportation
	-boissons lactées destinées au marché du pays
	-lait écrémé en poudre pour l'exportation
	-protéines de lait
	-autres produits laitiers frais destinés à l'exportation, sans compensation du prix de la matière première
	-lait industriel transformé en fromage destiné à l'exportation
<b>C</b>	<b><i>Produits de régulation ou produits de dégage ment sans soutien</i></b>
	-beurre et poudre de lait maigre pour l'exportation
	-poudre de lait entier pour l'exportation
	-crème pour l'exportation
	-lait (plus de 3,0 % de matière grasse) pour l'exportation
	-crème pour le beurre destiné à l'exportation

Source: Ordonnance sur l'extension des mesures d'entraide des interprofessions et des organisations de producteurs (Ordonnance sur les interprofessions et les organisations de producteurs, OIOP) du 30 octobre 2002 (Etat le 1<sup>er</sup> juillet 2014) Le Conseil fédéral suisse, <https://www.admin.ch/opc/fr/classified-compilation/20021452/>

Also available in German at: <http://www.ip-lait.ch/images/stories/pdf/Reglement%20Segmentierung%20141126-d.pdf>

## Annex XXIV: Example of a clearance procedure for SDPs in Sudan

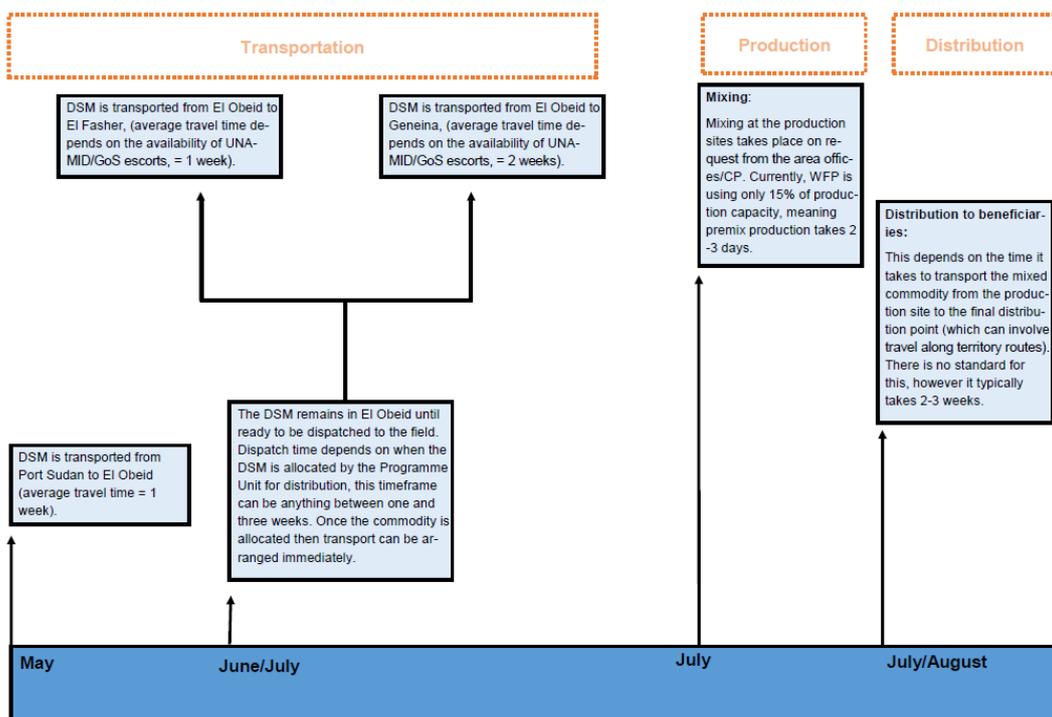
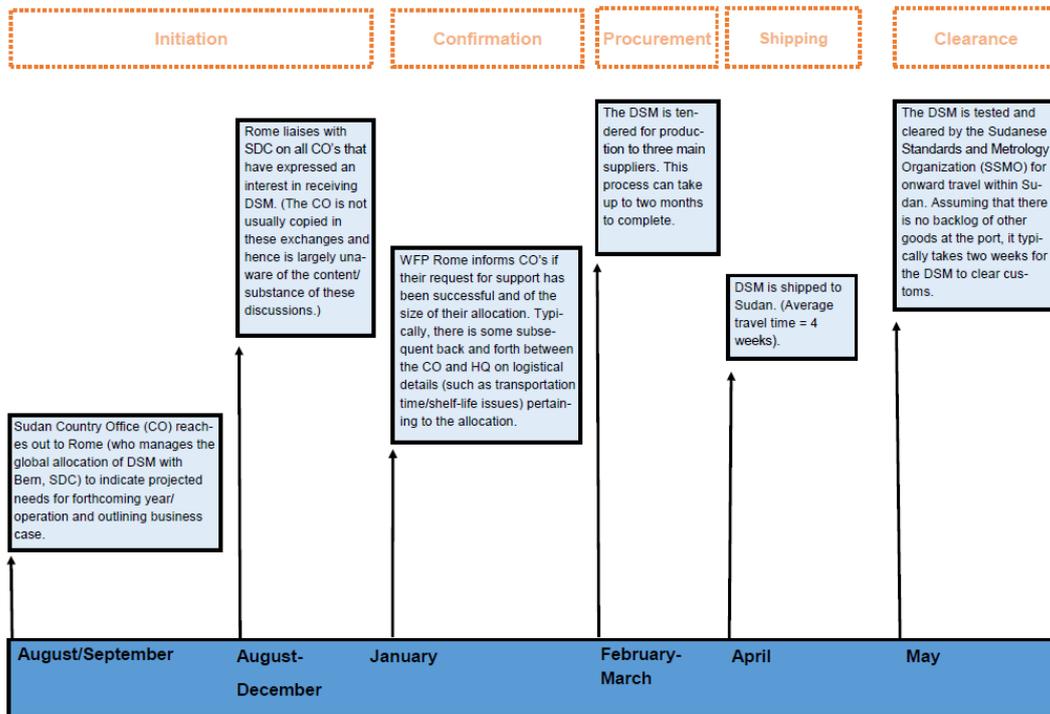
<b>Clearance procedure for SDPs destined to NGOs in Sudan</b>	
<b>Consignm ent in Switzerla</b>	<ul style="list-style-type: none"> <li>✓ The “milk desk” in Köniz informs the Swiss Embassy in Khartum (here after called the Embassy) about the dispatch of the milk consignment.</li> <li>✓ The H-LOG in Köniz dispatches freight to Rotterdam and sends scanned copies of the health certificate and certificate of origin by mail to the Embassy. Original papers are sent by diplomatic courier to the Embassy in Khartum</li> </ul>
<b>Consignm in the container, sea transport</b>	<ul style="list-style-type: none"> <li>✓ The Embassy applies for an import of foreign goods form from the Sudan Ministry of Foreign Affairs (specific desk open only on Mondays and Wednesdays, waiting time is unpredictable)</li> <li>✓ The Embassy obtains the stamped form for import of foreign goods from the Ministry of Foreign Affairs (MoFA)</li> <li>✓ The Embassy contacts a clearance and transport company. It usually works with the same company, although open calls are submitted every 2 to 3 years</li> <li>✓ The company submits papers to the Customs office</li> <li>✓ The Customs office release import paper (“yellow papers”)</li> </ul>
<b>Consignm in Sudan</b>	<ul style="list-style-type: none"> <li>✓ Arrival of the consignment in Port Sudan</li> <li>✓ Daily ground fees are charged and vary according to the container’s size (20” or 40”) and the waiting time. Ground fees change every year.</li> <li>✓ Clearance procedure is finalised</li> <li>✓ Consignment is transported to Khartum by truck, organised by the clearance and transport company (travel time: 2-3 days)</li> <li>✓ The Embassy calls implementing partners to get ready</li> <li>✓ Implementing partners organise their own transport means from their centres in Khartum and suburbs to get boxes in Khartum</li> <li>✓ Partners sign a receipt for the milk consignment</li> </ul>



Calculation transport and clearance costs Ivory Coast							
part SDC (source SAP, Milchzuteilung 2013 and 2014)				Part NGOs		Direct costs NGO (CHF/kg)	total direct cost DDC+NGO (CHF/kg)
	Beteil TK (t transport CH-Abidjan)	qt milk (kg)	CHF per kg milk	t transport CH-Abidjan including custom clearance (CHF/kg)	t transport cost in Ivory costs (average) (CH/kg)		
2013	18525	82344	0.224970854	0.29	0.12	0.41	0.63
2014	17106	73840	0.231663055	0.29	0.12	0.41	0.64
				(range 0.27-0.36)	(range: 0.04-0.26)		

# Annex XXVI: Timeline of Dry Skim Milk pathway from order in Rome to delivery in Sudan

## Supply Chain—Dried Skimmed Milk



## Annex XXVII: Monitoring of the effect of the programme with SDPs at Abu Rof clinic, Sudan



Figure 1: Monitoring of children having received SDPs in Abu Rof clinic, Sudan with pictures showing children before and after treatment

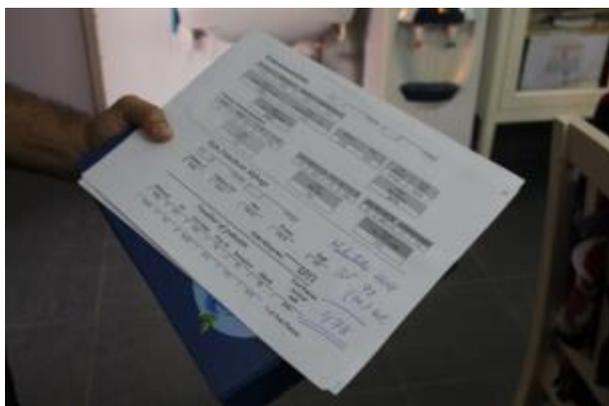


Figure 2: Computerised data monitoring of all patients having received SDPs in Abu Rof clinic, Sudan with Access database

## Annex XXVIII: Alternatives to SDP

Milk powder has the advantage of being a high quality, multipurpose, and relatively easy to transport and store food item. It is therefore difficult to find a “one size fits all” alternative to SDPs. Alternatives to SDPs depend on the objective of the different projects currently using SDPs and on their beneficiaries. As highlighted in the main report, SDPs are mainly used in therapeutic and supplementary feeding programmes, as well as in school feeding programmes. Centres receiving SDPs also use other products with the same objectives. Moreover, a few centres try to develop alternatives to reduce their dependency on SDPs. Some of these other products and alternatives are discussed below. It shall be kept in mind that the underlying causes of malnutrition should also be addressed, in order to decrease the burden of malnutrition and to increase food security, as illustrated in annexes VI and VIII. A holistic approach to fight malnutrition, including activities such as nutrition education, income generation and further improvement of the status of women should be adopted along with food distribution and diversification, in order to reach maximal impact in a sustainable way.

### Alternatives to SDPs in therapeutic feeding programmes

The objective of therapeutic feeding programmes (TFP) is to rehabilitate severely malnourished persons and to reduce mortality. The main products currently used in the treatment of SAM are therapeutic milks (F-75 and F-100) and RUTF.

- Therapeutic milks

Therapeutic milks are milk-based liquid formulas, used for inpatient treatment of SAM

They are proposed in powder forms by Nutriset<sup>33</sup> and distributed, more or less efficiently, to health and therapeutic feeding centres, for example through national nutrition programmes and/or through UNICEF distribution channels. F-75 (75 kcal or 315 kJ/100 ml), is used during the initial phase of treatment, while F-100 (100 kcal or 420 kJ/100 ml) is used during the rehabilitation phase, after the appetite has returned (WHO, 1999). Different studies have demonstrated the ability of therapeutic milks to fight SAM. The F-100 formula sustains daily weight gain rates up to 2% of the body weight or 15 to 20 g/kg/day (Briend et al, 2009).

In case of shortages of supply of therapeutic milks, many health and nutrition rehabilitation centres use SDP products to prepare their own therapeutic milk formulas (e.g. “kwashmilk”). However, the F-75/100 form is preferred when available, because its preparation and delivery to target beneficiaries. is less work and time consuming.

WHO and the UNICEF (2009) currently recommend to use therapeutic milks for inpatients suffering from SAM with complications only. They recommend to treat SAM without complications with RUTF under a community-based approach.



Figure 3: Therapeutic milk stocks at the CREN Ouaga, in Burkina Faso.

- Ready-to-Use therapeutic foods (RUTF)

The WHO and UNICEF (2009) and many national protocols for the treatment of malnutrition currently recommend to treat SAM without complications and MAM with community-based interventions<sup>34</sup>. RUTF have been designed for outpatient treatment of SAM.

The most widely used RUTF is Plumpy'Nut<sup>®</sup> produced by Nutriset (**Error! Reference source not found.**). It was formulated by replacing approximately half of the dry skim milk in the F-100 formula with peanut paste. It can be consumed without water addition, which eliminates the risk of bacterial proliferation. Plumpy'Nut<sup>®</sup> is however very salty and makes thirsty. This does not eliminate the risk of water-borne diseases, as beneficiaries need to drink water after consuming Plumpy'Nut<sup>®</sup> (Indermühle, personal communication, 2015).

RUTF are considered as highly effective in promoting weight gain in both severely and moderately wasted children and adults, including PLWHA, provided it is delivered in a reliable way (Briend et al, 2015; Diop et al, 2003; Manary et al, 2004).

The combination of RUTF and community-based treatment of malnutrition (rather than inpatient treatment) has considerably increased the coverage and recovery rate of SAM. It is estimated that thanks to this approach, death rates have been cut three to fivefold compared with previous approaches to treat malnutrition (Ashwood 2006, Collins et al, 2006). This is due to the fact that this new approach increases the access to services, reduces family expenses (e.g. transports costs to go to the TFC) and other opportunity costs (e.g. the mother's absence from the household). This approach also encourages early exposure to treatment of children suffering from SAM. It also reduces risks of nosocomial infections. Besides, community-based treatment of malnutrition allows to achieve much higher coverage rates than inpatient treatment.

A review of various studies on effectiveness of RUTF in community-based therapeutic care in Africa showed a recovery rate between 61.5% and 88% (Collins et al, 2006). Since 2009, community treatment of SAM has been endorsed by WHO and UNICEF.

Like SDPs, therapeutic foods are most of the time produced outside the target countries and thus imported. This can have possible well known negative effects of food aid programmes on the economies of recipient countries, such as the creation of disincentives for local agricultural production. Plumpy'Nut<sup>®</sup> was originally produced in France by Nutriset, but franchises to produce them with local ingredients<sup>35</sup> now exist in the target countries, for example in Burkina Faso (InnoFaso) and in Sudan (Samil Industrial Co.). Projects aiming at producing other types of RUTF with local ingredients also exist in other countries. A recent study in India (Shewad et al, 2013) demonstrated the effectiveness of locally produced RUTF when used for outpatient therapeutic treatment of SAM without complication. Dry skim milk is the most expensive ingredient in RUTF. Attempts to replace DSM partly or even totally with less expensive local ingredients, such as legumes (e.g. roasted chickpea, soybeans) and sesame are not yet fully successful. These products often cause abdominal pain when given over several days (Dibari et al, 2014) or achieve less improvement in nutritional status and recovery from malnutrition compared with standard RUTF (Oakley et al, 2010; Irena et al, 2013).

#### Implications regarding SDPs

Both therapeutic milks and RUTF have proven to be efficient and relevant in the treatment of SAM. When these products are available, there is indeed no reason to use SDPs instead of them. Efforts are made by national nutrition programmes, with the support of UNICEF and WFP, to make these therapeutic foods available to health and therapeutic feeding centres. However, the delivery of these products is not (yet) always reliable. In case of a shortage of supply, SDPs may play an important role for the formulation of therapeutic milks. Therapeutic milks should only be distributed for in-patient treatment. The international trend goes towards community-based treatment of SAM without complication. In this case, RUTF are well adapted, because they can be stored at the household level and do not bear the risk of water contamination, as it is the case with milk powder.

<sup>34</sup> <http://www.nutriset.fr/en/product-range/severe-acute-malnutrition/f-75-therapeutic-milk.html> and <http://www.nutriset.fr/en/product-range/severe-acute-malnutrition/f-100-therapeutic-milk.html>.

<sup>35</sup> See for example the Plumpy'field network supported by Nutriset: <http://www.nutriset.fr/fr/plumpyfield/mission-plumpyfield.html>

The UNICEF actually considers the delivery of milk powder as take-home ration as not adapted, because of the risks it bears in terms of hygiene. Both therapeutic milks and RUTF contain milk products. Thus, an alternative to the current milk programme could be to use SDPs for the formulation of therapeutic foods, either within the recipient countries, or outside them. Fortified blended foods such as Supercereal Plus, described in the next paragraph, also contain milk products. Because of their high quality proteins and given the growing scientific evidence supporting their benefit in nutrition, milk products are indeed increasingly incorporated in therapeutic and supplementary foods (Lagrange et al, 2015).



Figure 4: Stocks of Plumpy'Nut® at Komborodougou TFC (Ivory Coast)

- Alternative to SDPs in supplementary feeding programmes: Prevention and treatment of MAM/SAM and stunting

Supplementary feeding programmes (SFPs) provide high quality foods in addition to the general ration. The objective of SFPs is to rehabilitate people suffering from moderate malnutrition or to prevent a deterioration of the nutritional status of people most at-risk by meeting their additional needs, with a specific focus on young children, PLW, people living with HIV-AIDS or TB, disabled people, as well as certain groups amongst elderly people (UNHCR/WFP, unknown date; Bhutta et al, 2013; Global Humanitarian Assistance Report, 2012).

Supplementary foods refer to specially-formulated foods, which are modified in their energy density, protein, fat or micronutrient composition to help meet the nutritional requirements of the specific population groups mentioned above. These types of food should be consumed in addition to the normal diet.

In the food aid programme with SDPs, dairy products are used mixed with local cereal and possibly oil and sugar to procure a nutrient rich meal for malnourished infants and adults (including PLW) at risk of malnutrition (**Error! Reference source not found.**). In this case, the use of dry skim milk is recommended. Whole milk powder is also sometimes distributed in liquid form, after being reconstituted with water. In some countries, such as Sudan, DSM is used by WFP to produce a blended food equivalent to Supercereal Plus for blanket supplementary feeding. In WFP Programme in the DPRK, DSM is mixed with wheat to produce fortified biscuits or with rice to produce blended food.



Figure 5: At the TFC Komborodougou (Ivory Coast). SDP are delivered as take-home rations, blended with cereals and oil.

Alternatives to SDPs used in supplementary food can be readymade products proposed by WFP<sup>36</sup> or locally produced fortified infant cereals. Supplementary food is proposed either as Fortified Blended Foods (FBF) or as Lipid Based Nutrient Supplements (LNS) such as Ready-to-Use Supplementary Foods (RUSFs). Fortified blended foods are blends of partially pre-cooked (by extrusion or roasting) and milled cereals, soybeans, and pulses, fortified with vitamins and minerals. The most widely used fortified blended foods are Supercereals (previously called corn soya blend, CSB).

Some formulations contain vegetable oil or milk powder (like Supercereal Plus). (FAO 2012; UNICEF, unknown date; WFP, 2012). Plumpy Sup<sup>®</sup> is the most widely used RUSF. It is similar to RUTF (Plumpy'Nut<sup>®</sup>) in terms of ingredients but differs slightly in protein and energy content. In this product, the skim milk powder of RUTF has been replaced with whey and soy protein isolates.

RUSF are manufactured in industrialised countries, and to some extent also in recipient countries such as India, Haiti, Ethiopia and Malawi. FBF such as Supercereal are mostly manufactured in western countries, e.g. in Italy and Belgium. One exception is the production of fortified blended food by WFP in Sudan, using SDPs. On the other hand, the production of local FBF, such as nutrient rich weaning foods, has been promoted in various developing countries.

- Local fortified infant cereals (nutrient-rich weaning foods)

Some Therapeutic Feeding Centres receiving SDPs through the HA's food aid programme, for example in Burundi or Burkina Faso, use different types of locally produced nutrient-rich weaning foods and fortified (infant) cereals to prevent malnutrition or to treat moderate malnutrition, (see main report). Depending on the countries, small units to produce infant cereals with locally produced cereals and pulses, such as Misola<sup>37</sup>, are well developed ((Figure 5). In Burkina Faso, many health centres/TFC receiving SDPs are running such units, for example the TFC in Ziniaré and the TFC of the Camillian Fathers (CREN des Pères Camiliens) in Nanoro (Figure 6; Figure 7; Figure 8; Figure 9). Enriched infant cereals produced in these TFC are delivered to malnourished patients or sold. A study in Burkina Faso demonstrated the effectiveness of Misola in the treatment of malnourished children, especially when complemented with spirulina. The average daily weight increase was 20g for children consuming Misola, 34g for children consuming Misola plus Spirulina, and only 15g for children in the control group (Simpore et al, 2006).



**Figure 6: Misola is produced by different TFC in Burkina Faso (e.g. TFC in Ziniaré). Laafizoom is another example of nutrient rich weaning food produced in Burkina Faso, including by (ex) SDP recipient centres, here the TFC of the Camillian Fathers in Nanoro.**

<sup>36</sup> <http://documents.wfp.org/stellent/groups/public/documents/communications/wfp255508.pdf>

<sup>37</sup> a mixture of millet (60%), soy (20%), peanuts (10%), sugar (9%) and salt (1%), enriched with vitamin, mineral salt and amylase. See <http://www.misola.org>



Figure 7: TFC in Ziniaré: Misola ingredients are dried and mixed up. Link: Soy bean. Right: peanuts and millet.



Figure 8: TFC in Ziniaré: roasting facility to pre-cook the soy bean



Figure 9: TFC in Ziniaré: milling of the ingredients



Figure 10: TFC in Ziniaré: packaging of Misola

In the countries currently receiving SDPs, various actors start supporting the production of FBF at a larger scale, under Public-Private-Partnerships agreements. In some cases, such initiatives are supported by WFP, and also by SDC, for example in Burundi, within the one UN programme. However, these initiatives are at their very beginning, and technical issues still need to be solved.

Other initiatives to produce locally RUTF using PPP models are reported for example by Valid Nutrition in Malawi (Nonez, 2010).

Support to these types of initiatives would represent the best alternative to the use of SDPs to treat and prevent malnutrition, provided current beneficiaries of SDPs have a guaranteed access to therapeutic or supplementary foods. There are contrasting opinions whether SDPs could be used in a transitory phase in the formulations of such locally produced therapeutic/supplementary foods or not. Indeed, the idea behind local production of supplementary foods is to rely on locally procured products and to become independent from imports.

- *Spirulina (Arthrospira platensis Gomont)*

Spirulina is a blue-green algae, which used to traditionally consumed by population in Mexico and which is currently widely consumed around Lake Chad (Edwards et al, 2015). Spirulina is currently grown in various countries, including developing countries in Africa, Asia and South America. It contains high levels of protein (60% of the biomass), including all essential amino acids, as well as calcium, iron, beta carotene, vitamin B12, essential unsaturated fatty acids; necessary enzymes and minerals (Perosa et al, 2015; Fox, 1999).

Because of its high nutritive value, spirulina is viewed as an interesting food item to fight malnutrition. However, a reasonable daily consumption of spirulina cannot provide more than approx. 10-15g of proteins, representing about 25-30% of the daily protein requirements for an adult and up to 50% of the daily protein requirement of a child. (Briend, 1998).

Certain countries, like Burkina Faso, are implementing governmental plans to develop the cultivation and use of spirulina and have launched a series of epidemiological and clinical studies on the effectiveness of spirulina (Simpore 2005, 2006, 2007).

Different studies in Burkina Faso have demonstrated the effectiveness of spirulina to treat malnutrition, especially when combined with energy rich food items such as Misola (Simpore et al, 2006). Moreover, these trials have specifically shown a positive impact on the nutritional rehabilitation of HIV-infected children (Simpore, 2005). Other studies in Cameroun and in Central Africa reported that PLW or children affected by HIV-AIDS receiving spirulina had a statistically significant larger increase in CD4+ cell counts and a significantly larger decrease in log viral load after 12 weeks than a control group receiving a soy bean ration (Azabji et al, 2014; Yamani et al. 2009). The FAO and WHO recognise the potential of spirulina in nutrition but recommend further investigation of this subject (Michaelsen et al. 2009; Habib et al. 2008).



Figure 11: promotion of Spirulina in a TFC in Burkina Faso

Some of the TFC receiving SDPs in Burkina Faso, such as the “CREN des Pères St Cailyn Nanoro”, used to produce spirulina. However, at the time of visit, the activity had been abandoned. It seems that spirulina production needs a certain level of technical skills. Nevertheless, other spirulina farms in Burkina Faso could be visited, such as the farm of Loumbila, at the Orphelinat Ste-Thérèse, North of Ouagadougou, supported by Antenna Technologies.

The Geneva-based Antenna Technologies acts as a facilitator to encourage local production. It has developed a method using ponds, which allows local people to grow their own microalgae independently and thus to diversify their source of income (Heierli et al. 2007).

So far Antenna Technologies has been involved in Spirulina production programmes in more than ten countries in Africa and Asia, among them Burkina Faso, Madagascar and Togo.

Spirulina promotion material and conditioned samples could also be observed in different centres receiving SDPs (Figure 11). However, Spirulina is not given for free, and its acceptance by beneficiaries seems to be less straightforward than for milk, because of the colour and possibly, the taste of the meal when spirulina powder is added.

- *Moringa*

*Moringa oleifera* Lamarck (*Moringaceae* family) is a multipurpose tree widely cultivated across Africa, South-East Asia, Arabic Peninsula, South America and the Caribbean Islands. Its leaves and seeds are rich in calcium, iron and vitamin A, B, and C, proteins, some minerals such as calcium, as well as in antioxidant components beneficial to the health. Leaves are consumed by various communities and are seen as promising to overcome the problem of malnutrition among children and PLW (Morton, 1991, Prabhu et al, 2011). Leaves can be either consumed fresh, or in dried powder form which can for example be added to fortified blended food. However, there are very few studies demonstrating their impact on nutrition, and additional research still need to be done.

A study made in Burkina Faso (Zongo et al, 2013) showed that a group of malnourished children treated at the Centre Médical Paul VI and receiving a moringa supplement beside the TFC's standard feeding therapy exhibited a higher average weight gain ( $8.9 \pm 4.3$  g/kg/day, against  $5.7 \pm 2.72$  g/kg/day in the control group) and a quicker recovery rate than a control group receiving the same treatment without moringa leaf. Despite the high iron content of moringa leaf, there was no significant improvement in haemoglobin rate in either group. One study in Senegal also failed to demonstrate improve iron status of lactating women consuming moringa leaf on daily basis (Idouhou et al, 2011).

In Burkina Faso, some centres receiving SDPs have tried out moringa cultivation, in order to complement the diet of their target beneficiaries, but without much success. Moringa trees were not very productive, probably because of lacking cultivation techniques.

- *Other alternatives to SDPs to diversify nutrition and prevent malnutrition: some nutrition sensitive approaches*

Nutrition-sensitive approaches involve other sectors in indirectly addressing the underlying causes of undernutrition. They comprise improving synergies and linkages between agriculture and nutrition and health. A set of various approaches is detailed in the following paragraphs.

- *School and backyard gardening*

Keeping gardens to produce vegetables, fruit and various herbs, allow to diversify and enrich the diet. Evidence has shown that a diversified diet had a positive significant impact on the nutritional status (e.g. anaemia or WAZ), the food security, the income and the reduction of incidences of diseases associated with malnutrition (e.g. anaemia), especially when associated with nutrition education and small livestock production (Hellen Keller International 2010; Merrey and Lagan, 2014; Spiro et al, 2015).



**Figure 12: The garden of the Jubilé centre for mentally ill people in Korogho, Ivory Coast. The production of vegetable, cereals, pork, mutton and poultry enable to cover most of the food requirement of the centre's residents.**

Some of the partners visited in the five countries keep gardens and some livestock, including poultry, pigs, small or large ruminants (Figure 12). The objective of such gardens is to produce a diversified diet for the centre's residents, to provide some income to cover running costs, to teach patients how to produce a diversified food and, in the case of a home for mentally ill people (Centre Jubilé de Korogho, Ivory Coast), to give them an occupation during the treatment. In some cases, such initiatives significantly contribute to the food basket of the structure and generate some cash, as well as possibly improve the general health status of patients (e.g. centre Jubilé in Ivory Coast). In the project of Salvation Army in Rwanda, it seems that some replication was made in the beneficiaries' families.

Gardening and small-scale livestock production represent an alternative to SDPs in the case of school feeding programmes and for the prevention of malnutrition. For the treatment of malnutrition, other alternatives are needed, such as therapeutic milks, RUTF and RUSF, as already elaborated upon.

- *Support to local dairy value chains*

In most countries visited, a structured and intensified dairy production barely exists.



Figure 13: extensive cattle production in Burundi

In Sahelian countries, milk is produced mainly under very extensive pastoral or agro-pastoral systems and is marketed through traditional channels. Volumes produced are low, the production is seasonal and milk quality is an issue. Initiatives to settle livestock production and to intensify milk production have often failed. A majority of specialists currently consider pastoral production to be the most appropriate systems for the agro-ecological conditions of the Sahel zones. The latter are characterised by highly unpredictable rainfall patterns, both in spatial and timing terms, causing unpredictable forage production. In the Great Lakes region, the more temperate climate offers better perspectives to intensify milk production, even in smallholder systems. In Rwanda, the government has promoted local milk production through the “one cow per poor family - GIRINKA” programme<sup>38</sup>. The milk produced locally is processed within the country and then delivered as UHT milk to

health and therapeutic feeding centres to treat malnutrition (Figure 14). This programme has been incepted only recently, and comparative studies to evaluate the effectiveness of UHT milk, therapeutic milk, or RUTF to treat SAM have not been done yet.

Various pilot initiatives, jointly supported by FAO and WFP for example in Burkina Faso<sup>39</sup>, but also by Swiss stakeholders, e.g. SDC in Burkina Faso or the “Centre Suisse de Recherche en Côte d’Ivoire”, try to organise and support the traditional local dairy value chain from production to consumption, by linking together the different actors along the value chain (pastoralists, small yoghurt processing units and final consumers such as school feeding programmes), and improving the milk production and processing at each step of the value chain.

If properly implemented, SDPs could also be used in a transitory phase in such projects, to provide processing units with milk in the lean season.

In the long run, locally produced dairy products and their processing into yoghurt represent an alternative to SDPs for school feeding programmes or for orphanage. They obviously do not represent an alternative to SDPs for health and therapeutic feeding centres.

In Sudan, a private large dairy farm belonging to the DAL group, produced milk with a herd of over 6’000 dairy cows imported from the USA and Australia. Milk is produced and processed into various products (UHT milk, yoghurt, cheese, butter, cream, etc.) under extremely hygienic



Figure 14: Inyange milk produced in Rwanda and distributed to health and therapeutic feeding centres for treating SAM.

<sup>38</sup> <http://www.minagri.gov.rw/index.php?id=28>

<sup>39</sup> <https://www.wfp.org/news/news-release/burkina-faso-wfp-enriches-its-school-meals-locally-produced-dairy-benefitting-stud>

conditions. Products are commercialised in Khartoum and other places in Sudan. A milk powder production plant is under construction and discussions are being held with WFP about a potential delivery of milk powder to manufacture Supercereal Plus and other blended foods containing dairy ingredients.

Some of the centres receiving SDPs, mainly schools and orphanages have tried to raise their own dairy cows. However, the limited genetic potential of dairy cow breeds used, as well as the lack of know-how on feeding and fertility management resulted in low milk production volumes. These initiatives did not manage to cover the needs of their target beneficiaries. Fresh milk from local market has not been considered as an option, because of its low and unpredictable availability, hygienic concerns and the inadequacy of cow milk for infants below the age of one year.

At household level, dairy programmes can have a positive impact on nutrition by increasing milk availability and therefore milk consumption, and/or by increasing income leading to a better access to more diversified and higher quality foods.

Unfortunately, most dairy production programmes are not designed in a way allowing to evaluate their potential impact on the nutritional status of producers and consumers (Tangka et al, 2000; Leroy and Frongillo; 2007; Randolph et al, 2007). There is thus a need for better-designed evaluations. Evidence from Kenya (Hoorweg et al, 2000) showed that interventions in livestock production improve production and income, as well as the nutritional status and growth of children. An evaluation of dairy cow and goat donation programme implemented by Heifer International in Rwanda showed that the programme has allowed to increase dairy and meat consumption among households benefiting from it. Weight-for-Height (WHZ) and Height-for-Age (HAZ) Z scores increased in children from households who had received respectively, goats for meat production and cows for milk production. These results suggest that increasing livestock ownership may increase consumption of ASF and improve nutrition outcomes (Rawlins et al, 2013).

Dairy programmes with explicit nutrition objectives and those including nutrition education and gender sensitive approaches are more likely to show positive nutrition outcomes (Berti 2004; World Bank 2007).

Some negative effects of dairy programmes include increased labour demand on childcare providers, diversion of milk for sale and exposure to zoonoses. One potential challenge with this type of programmes is the considerable capital required for raising large animals, especially in terms of initial investments for infrastructure and animal purchase, as well as running costs for inputs (animal health services, feed, etc.).

## Annex XXIX: References

- ALNAP, 2006. Evaluating Humanitarian action. An ALNAP Guidance Booklet.
- Annan, R.A., Webb, P., and R. Brown, 2014. Management of Moderate Acute Malnutrition (MAM): Current Knowledge and Practice. CMAM Forum Technical Brief.
- Ashworth, A. and D.J. Millward, 1986. Catch-up growth in children. *Nutrition Reviews* 44, 157-163. doi:10.1111/j.1753-4887.1986.tb07613.x
- Ashworth, A., 2006. Efficacy and effectiveness of community-based treatment of severe malnutrition. *Food Nutr Bull* 27 (suppl): 24-48.
- Azabji-Kenfack, M., Dikosso, S.E. and E.G. Loni, 2011. Potential of spirulina platensis as a nutritional supplement in malnourished HIV-infected adults in Sub-Saharan Africa: a randomised, single-blind study. *Nutr Metab Insights*, 29-37.
- Bhutta, Z.A., Das, J.K., Rizvi, A., Gaffey, M.F., Walker, N. and S. Horton, 2013. Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? Paper 2. *Lancet Maternal and Child Nutrition Series*. [http://dx.doi.org/10.1016/S0140-6736\(13\)60996-4](http://dx.doi.org/10.1016/S0140-6736(13)60996-4)
- BOM-IP Lait, 2015. Richtpreise. Available at: <http://www.ip-lait.ch/richtpreise.html>
- Briend, A. and Z.W. Prinzo, 2009. Dietary management of moderate malnutrition: Time for a change. *Food and Nutrition Bulletin* 30: 265-266.
- Bruce, A. 2014. No whey in? Arla eyes dairy's use in food aid programmes. Available at: <http://www.foodnavigator.com/Business/No-whey-in-Arla-eyes-dairy-s-role-in-food-aid-programmes>
- Carcea, M., Sorto, M., Batello, C., Narducci, V., Aguzzi, A., Azzini, E., Fantauzzi, P., Finotti, E., Gabrielli, P., Galli, V., Gambelli, L., Maintha, K.M., Fabienne Namba, F., Ruggeri, S. and V. Turfani, 2015. Nutritional characterisation of traditional and improved alimentary blue-green algae from the lake Chad region in Africa. *LWT - Food Science and Technology* 1: 753-763
- Cardwell, R., Fridfinnson, B. and J. Rude, 2007. Food Aid as Surplus Disposal? The WTO, Export Competition Disciplines and the Disposition of Food Aid. *Canadian Agricultural Trade Policy Research Network Commissioned Paper CP 2007-3*.
- Clapp, J., 2012. The US Food Aid Debate: Major Reform on the Horizon?
- Clay, E.J., 1991. Food Aid, Development, and Food Security. in Timmer, C.P. 1991. (ed). *Agriculture and the State. Growth, Employment and Poverty in Developing Countries*. Ithaca N.Y. Cornell University Press.
- Collins, S., Sadler, K., and N. Dent, 2006. Key issues in the success of community-based management of severe malnutrition. *Food Nutr Bull* 27(Suppl): p. 49-82.
- Conseil Fédéral Suisse, 2012. Message concernant la coopération internationale 2013-2016 du 15 février 2012.
- Demment, M. and L. Allen, eds. 2003. Animal source foods to improve micronutrients and human function in developing countries nutrition. Supplement to the *Journal of Nutrition* 133: 3875S-4061S.
- DFID, 2009. The neglected crisis of undernutrition: evidence for action.
- Dibari, F, 2014. Design and testing of lipid-based, ready-to-use foods for prevention and treatment of malnutrition in low-resource settings. PhD thesis, University College London.
- Diop, E.H.I., Dossou, N.I., Ndour, M.M., Briend, A. and S. Wade, 2003. Comparison of the efficacy of a solid ready-to-use food and a liquid, milk-based diet for the rehabilitation of severely malnourished children: a randomized trial. *Am J Clin Nutr* 78:302-7.

- DLD, 2012. Thailand dairy industry. Department of Livestock Development Thailand
- Emergency Nutrition Network, 2013. Maternal Nutrition in Emergencies Summary of the state of play, key gaps and recommendations. Background Technical Paper and Report of the Round Table. DG ECHO. Brussels.
- FAO, 2013. Milk and dairy products in human nutrition.
- FAO, 2013b. The state of world food insecurity. The multiple dimensions of food security.
- FAO, 2014. Food and Nutrition in numbers. Food and Agriculture Organisation of the United Nations, Rome, 2014
- FAO, 2014b. The state of world food insecurity.
- Genoni, 2015. Der Schweizer Milchmarkt. Referat im Rahmen des Modul Agrarpolitik. 27 April 2015. HAFL, Zollikofen.
- Global Humanitarian Assistance Report, 2012. Development Initiatives. Available at :  
[http://www.globalhumanitarianassistance.org/wpcontent/uploads/2012/07/GHA\\_Report\\_2012-Websingle.pdf](http://www.globalhumanitarianassistance.org/wpcontent/uploads/2012/07/GHA_Report_2012-Websingle.pdf)
- Habib, M.A.B., Parvin, M. and T.C. Huntington, 2008: A Review on Culture, Production and Use of Spirulina as Food for Humans and Feeds for Domestic Animals and Fish. FAO – Food and Agriculture Organization of the United Nations Fisheries and Aquaculture Circular No. 1034, Rome.
- Häfliger, H. and P. Rieder, 1995. Internationale Nahrungsmittelhilfe der Schweiz. Eine Analyse der Milchpulverlieferungen.
- Heierli, U., and D. von der Weid, 2007. Sustainable Approaches to Combat Malnutrition: Small-Scale Production and Marketing of Spirulina. Antenna Technologies, Geneva
- Idohou, D., Diouf, A., Gueye, A.L., Guiro, A.T. and S. Wade, 2011. Impact of daily consumption of Moringa (*Moringa oleifera*) dry leaf powder on iron status of Senegalese lactating women. *Ajfan Online*. 11(4):4986-99
- Irena, A.H., Bahwere, P., Owino, V.O., Diop, E.I., Bachmann, M.O., Mbwili-Muleya, C., Dibari, F., Sadler, K., and S. Collins, 2013. Comparison of the effectiveness of a milk-free soy-maize-sorghum-based ready-to-use therapeutic food to standard ready-to-use therapeutic food with 25% milk in nutrition management of severely acutely malnourished Zambian children: an equivalence non-blinded cluster randomised controlled trial. *Matern Child*.
- Lagrange, V., Whitsett, D. and C. Burris, 2015. Global Market for Dairy Proteins. *Journal of Food Science* 80 (S1), 16-22.
- Manary, M.J., Ndkeha, M.J., Ashorn, P., Maleta, K. and A. Briend, 2004. Home based therapy for severe malnutrition with ready-to-use food. *Arch Dis Child* 89, 557-61.
- Merrey, D.J. and S. Langan, 2014. Review paper on 'Garden Kits' in Africa: lessons learned and the potential of improved water management. IWMI Working Paper 162. doi: 10.5337/2015.202
- Michaelsen, K.F., 2013. Cow's milk in the prevention and treatment of stunting and wasting. *Food Nutr Bull* 34:249-51
- Michaelsen, K.F., Hoppe, C. and N. Roos, 2009: Choice of Foods and Ingredients for Moderately Malnourished Children 6 Months to 5 Years of Age. *Food and Nutrition Bulletin* 30, 343-404
- Morton, J.F., 1991. The horseradish tree, *Moringa pterygosperma* (Moringaceae)-A boon to Arid Lands? *Econ Bot.* 45:318-333.
- Murphy, S.P. and L.H. Allen, 2003. Nutritional importance of animal source foods. *J. Nutr.* 133: 3932-3935S

- Oakley, E., Reinking, J., Sandige, H., Trehan, I., Kennedy, G., Maleta, K. and M. Manary, 2010. A ready-to-use therapeutic food containing 10% milk is less effective than one with 25% milk in the treatment of severely malnourished children. *J Nutr* 140, 2248-52.
- OCDE, 2006. Revue de l'OCDE sur le développement. Les dossiers du CAD. Annexe C: évaluation de l'aide alimentaire de la Suisse. 2005/3 (No.6).
- OCDE, 2013. Examen par les pairs de l'OCDE sur la coopération au développement Suisse 2013.
- OECD, 2005. The development dimension. The development effectiveness of food aid. Does Tying matter?
- OECD, 2012. Aid for Food and Nutrition Security.
- Oxfam, 2005. Food Aid or Hidden Dumping? Separating wheat from chaff. Oxfam Briefing Paper No.71
- Piguet F, 2002. L'aide alimentaire de la Suisse à la recherche d'une plus grande efficacité. *Annuaire suisse de politique du développement* [en ligne] No.21.
- Prabhu K, Murugan K, Nareshkumar A, Ramasubramanian N, Bragadeeswaran S, 2011. Larvicidal and repellent potential of *Moringa oleifera* against malarial vector, *Anopheles stephensi* Liston (Insecta: Diptera: Culicidae). *Asian Pac J Trop Biomed* 124-129.
- Rajade, C., Bonthoux, D., Perras, M and M. Branger, 2015. La politique des quotas laitiers et avenir des exploitations françaises. Montpellier Supagro-TERPPA 2014-2015.
- Rawlins, R., Pimkina, S., Barrett, C.B., Pedersen, S. and B. Wydick, 2014. "Got milk? The impact of Heifer International's livestock donation programs in Rwanda on nutritional outcomes." *Food Policy* 44: 202-213.
- SDC, 2006. Standards governing the use of dairy products in the context of food aid. Swiss Confederation. Federal Department of Foreign Affairs. Swiss Agency for Development and Cooperation. Humanitarian Aid and SHA.
- SDC-DPRK, 2012. Swiss Milk Powder in the Democratic People's Republic of Korea.
- SDC, SECO, 2014. Annual report 2013. Switzerland's International Cooperation.
- Simpore, J., Zongo, F. and F. Kabore, 2005. Nutrition Rehabilitation of HIV-Infected and HIV-Negative Undernourished Children Utilizing Spirulina. *Annals of Nutrition and Metabolism* 49, 373-380.
- Simpore, J., Kabore, F. and F. Zongo, 2006. Nutrition Rehabilitation of Undernourished Children Utilizing Spiruline and Misola. *Nutrition Journal* 5, 3.
- Simpore, J., Pignatelli, S., and S. Musumeci, 2007. The Effects of Spiruline on the Immune Functions of HIV-infected Undernourished Children. In: *Journal of Infection in Developing Countries* 1, 112-117.
- Spiro, D.D., Quinn, V., and N. Haselow, 2015. Combining home garden, poultry and nutrition education improved. *Nutrition*, 211938.
- Swiss Federal Council, 1981. Message concernant la continuation de l'aide alimentaire internationale de la Confédération.
- Swiss Federal Audit Office, 2007. Surveillance financière de l'aide humanitaire.
- The John Hopkins and the International Federation of Red Crescent Societies, 2008. *Public Health Guide in Emergencies*. Second Edition
- UNHCR and WFP, undated. Guidelines for selective feeding programmes in emergency situations. 20 pp.
- UNICEF, 2013. Improving child nutrition. The achievable imperative for global progress.

- UNICEF, undated. Nutrition in Emergencies. Available at:  
<http://www.unicef.org/nutrition/training/2.3/2.html>
- UNICEF, undated. Technical Bulletin No. 16 Supercereal products. Available at  
[www.unicef.org/supply](http://www.unicef.org/supply).
- USAID, 2014. Available at: <http://www.usaid.gov/foodaidreform>
- USDEC 2015. Dairy for Global Nutrition. Available at: <http://www.dairyglobalnutrition.org/>
- Webb, P., undated. Food as aid: trends, needs and challenges in the 21<sup>st</sup> Century. Occasional Paper No.14. The World Food Programme.
- WFP, 2012. Food aid flows 2011. International Food Aid Information System.
- WFP, UNHCR, 2012. Joint Needs Assessment of Sahrawi Refugees in Algeria. World Food Programme, United Nations High Commissioner for Refugees.
- WFP, 2014. WFP Nutrition Strategy 2014-2018.
- WFP, 2015. Cash and Voucher Programme. WFP, January 2015.
- WFP, 2015b. Burkina Faso: WFP Enriches Its School Meals With Locally Produced Dairy Benefitting Students And Small-Scale Producers. Available at: <https://www.wfp.org/news/news-release/burkina-faso-wfp-enriches-its-school-meals-locally-produced-dairy-benefitting-stud>
- WHO, 1999. Management of Severe Malnutrition: A manual for physicians and other senior health workers, World Health Organization, Geneva, (available online at  
[http://www.who.int/nutrition/publications/en/manage\\_severe\\_malnutrition\\_eng.pdf](http://www.who.int/nutrition/publications/en/manage_severe_malnutrition_eng.pdf) ).
- WHO and UNICEF, 2009. WHO child growth standards and the identification of severe acute malnutrition in infants and children A Joint Statement. WHO. 11.
- WHO, 2013. WHO e-Library of Evidence for Nutrition Actions (eLENA): Energy and protein. WHO
- WHO, 2013b. Essential Nutrition Actions: improving maternal, newborn, infant and young child health and nutrition, Geneva WHO. Available at:  
[http://apps.who.int/iris/bitstream/10665/84409/1/9789241505550\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/84409/1/9789241505550_eng.pdf)
- WHO, UNHCR, UNICEF and WFP, 2000. Food and nutrition needs in emergencies. Geneva, WHO.
- WTO, 2014. Implementation of the Decision on Measures concerning possible negative effects of the reform programme on Least-developed and Net-food Importing Developing Countries (NFIDC Decision). World Trade Organisation G/AG/W/42/Rev.17.
- Wüstefeld, M., 2013. Food and Nutrition Security. UNSCN Meeting of the Minds. Nutrition impact of food systems 25-28 March. Standing Committee on Nutrition, The United Nations System.
- Yamani, E., Kaba-Mebri, J. and C. Mouala, 2009. Use of Spirulina Supplement for Nutritional Management of HIV-infected Patients: Study in Bangui, Central African Republic. Médecine Tropicale 69, 66-70.
- Zongo, U., Zoungrana, S.L., Savadogo, A. and A.S. Traore, 2013. Nutritional and clinical rehabilitation of severely malnourished children with *Moringa oleifera* Lam. leaf powder in Ouagadougou (Burkina Faso). Food Nutr. Sci., 4: 991-997



## MANAGEMENT RESPONSE

### SWISS CONFEDERATION'S FOOD AID PROGRAMME WITH SWISS DAIRY PRODUCTS FOR THE PERIOD 2000-2013

SDC/HA's Senior Management welcomes the final evaluation report "Internal Evaluation of the Swiss Confederation's Food Aid Programme with Swiss dairy products for the period 2000-2013". It thanks all those involved in the evaluation process.

Senior Management appreciates the quality of the evaluation report and acknowledges the thematic and methodological professionalism of the evaluation team. The evaluation team clearly managed to grasp in a short period of time, both the complexity as well as the historic nuances the Swiss Confederation's Food Aid Programme with Swiss dairy products (hereafter "the programme") has developed over the years. The evaluation team is commended for distilling in a short, yet not reductionist, executive summary the major findings and trajectories of its work. The evaluation therefore represents a significant contribution to a broader and nuanced insight into the programme. Senior Management further values the evaluation team's effort to analyse each of the chosen parameters (connectedness, effectiveness, efficiency and relevance) in depth.

Senior Management shares the opinion of the evaluation team that the scope and complexity of the programme represented a major constraint to this evaluation, especially concerning the abstraction from the very different contexts that were assessed into a generalized observation of the programme as a whole.

Senior Management regrets that the methodological focus on most significant changes as requested in the inception meeting could not be upheld throughout the report. Equally that due to unforeseeable developments outside the control of both SDC/HA as well as the evaluation team, the field mission to Haiti could not be conducted.

With appreciation SDC/HA's Senior Management acknowledges the evaluations team's finding and professionalism and its critical reflections of the programme. Equally valued are the helpful and concrete identifications of areas where changes are needed or beneficial.

This is even more pressing in light of the fact that the programme encompasses CHF 20 Mio per year of SDC/HA's budget. This makes the findings and recommendations regarding relevance, connectedness and impact even more important and pertinent.

In this regard the provided scenarios are a valued input, because of their prospective character and evidence based foundation. They will be instrumental for the change process of Switzerland's Food Aid Programme, which will follow as of 2016.

However, it would have been appreciated if the analysis of efficiency, which is fairly crude and focuses mainly on the tied/untied notion and the emergence of cash-based interventions, would have been enriched with concrete disaggregated financial figures on how efficient these interventions are or should be. This should also have included a more in depth examination of Switzerland's milk price policies and the relevance of the programme for Swiss dairy producers. Furthermore the political economy of the programme, also for local

markets, should have been developed more prominently in the evaluation, informing a possible cost-benefit analysis.

#### CONCLUSION:

We note and will use the finding of the evaluation, taking into account that any change management in the programme will have to be conducted in a responsible and phased manner, due to the long time since the programme has been implemented in the same manner and the dependencies that have emerged thereof.

SDC/HA's Senior Management takes note of the evaluations findings that, as far as relevance is concerned, the programme has *in its current form* (emphasis added) forfeit its relevance, while the overall objective of addressing severe and moderate acute malnutrition, remains important, also on the international humanitarian agenda.

Senior Management notes that the recommendations are in line with sustainable development goal 2 "End hunger, achieve food security and improved nutrition and promote sustainable agriculture" (the targets 2.1, 2.2, 2.b and 2.c will guide the planned change process).

It is equally recognized that the programme is deemed to be executed in an efficient manner in light of its administrative and management set-up and procedures and that tangible and good results along the effectiveness parameter were observed by the evaluation team during the field missions, reaffirming the positive impact of the programme.

However, the observed standalone character of the programme and the lack of its horizontal and vertical connectedness are acknowledged as a concern, requesting urgent and very concrete follow-up. This follow-up will have to align the programme to the Paris Declaration and the spirit of the Food Assistance Convention and safeguard the compliance with the relevant WTO Regulations. Therefore, SDC/HA launched a structured internal change management process as of beginning of 2016. The process will involve all the relevant stakeholders and partners to ensure that the envisaged changes and adaptations will be conducted in a responsible and fair manner, taking also into account the long lasting partnerships. SDC/HA's Senior Management sees it as indispensable that the programme will have to be adapted to meet the necessary alignment and harmonisation with international standards, rules and regulations.

To regain the programme's relevance and increase its connectedness with SDC strategies and programmes, the change process has to refocus the programme. This shall evolve around an alignment with SDC's cooperation strategies and with a focus on countries where SDC's partner set-up facilitates a vertical connectedness.

In 2018, it is planned to conduct a Mid-Term-Review of the change management and new parameters of the programme to inform the drafting of Switzerland's bill of International Cooperation for the period 2021-2024.

Bern, 10.5.2016



Manuel Bessler,

Delegate for Humanitarian Aid and Head of SHA