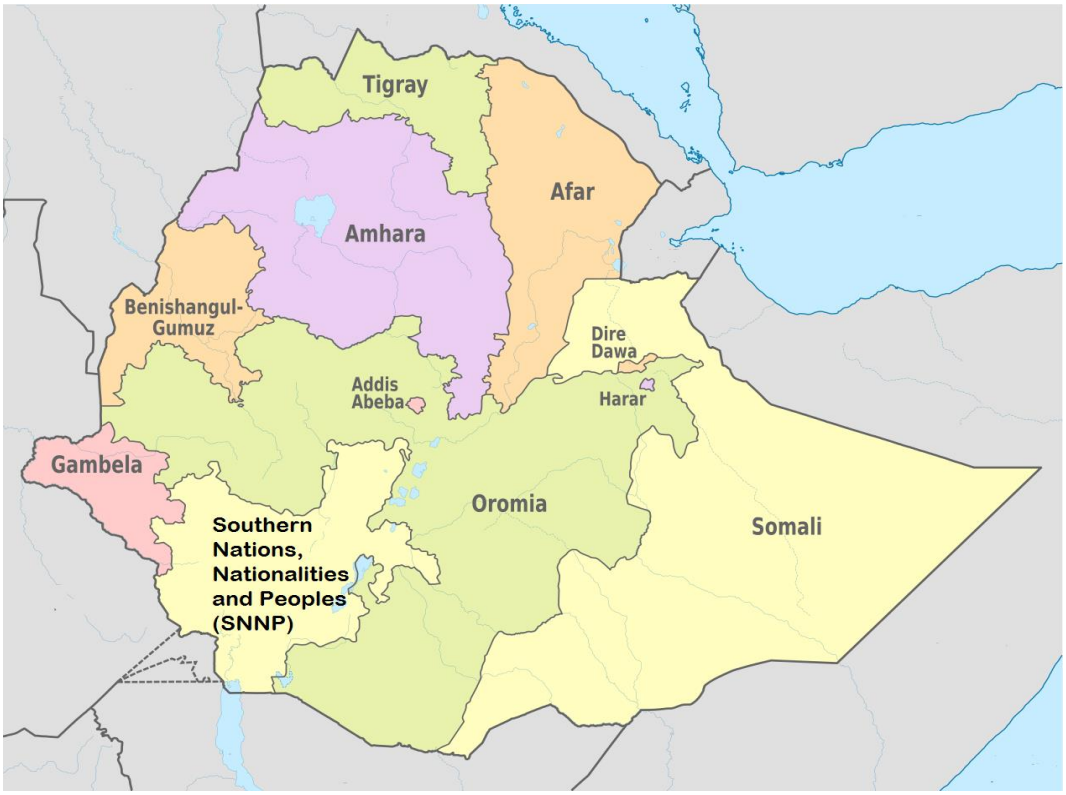
Big Win Philanthropy

Investment Memorandum

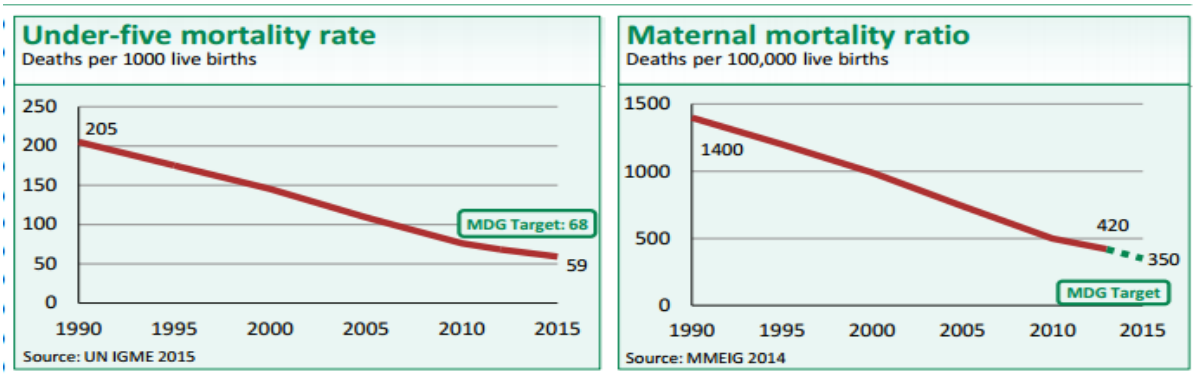
Technical Assistance Package on Nutrition in support of the Government of Ethiopia's 'Seqota' Declaration



May 2016

Key Data

Ethiopia is in the 'early' phase of the demographic dividend transition and on the path to a population age structure that may enable it to experience a demographic dividend. The national total fertility rate has decreased from over 7 children per woman in 2000 to 4.1 in 2015. Similarly, the under-five mortality rate has steadily decreased from 205 deaths per 1000 live births in 1990 to 59 deaths per 1000 live births in 2015. Ethiopia's maternal mortalities have also decreased since 1990 yet the current 420 deaths per 100,000 live births is still high for the country's current demographic shift. The two graphs below illustrate the steady decline in under-five mortality rate and maternal mortality ratio as well as how the country has performed in relationship to the Millennium Goal Targets.



[1]

There are disparities among Ethiopia's regions, particularly between the rural and urban areas. As the primary geographical focus, Seqota, is composed of rural areas of the Tigray and Amhara regions, and the indicators for Seqota are assumed to more closely align with the rural indicators compared to the national indicators (see below table on page 4). The national average for mortality rates under 5 in 2011 was 71 deaths per 1000 live births while in the same year Tigray, Amhara, and all rural areas were higher at 85, 108, and 114 deaths per 1000 live births respectively. The higher mortality rates for children under 5 years of age were reflective of other rural areas surrounding Seqota such as Afar and Benishangul-Gumuz. As the table below demonstrates, large disparities between the national and the rural areas are present in the under-five mortality rates, skilled birth attendance, and secondary gross enrolment rate. The national moderate stunting rate (44.4 percent) drastically differs from the rates in Tigray (54.1 percent) and Amhara (52 percent).

[1] Countdown to 2015 Maternal, Newborn & Child Survival, accessed at : http://countdown2015mnch.org/documents/2015Report/Ethiopia_2015.pdf

Indicators	National	Tigray	Amhara	Rural	Urban
Demographics					
Population	73,918,505	4,314,456	20,399,004		
Total fertility rate (TFR)	4.1	4.5	3.8	4.6	2.3
Under Five Mortality Rate	71	85	108	114	83
Health					
Antenatal care	58.7	79	63	54.6	82.5
Skilled birth attendance	15.5	26.2	11.7	9.1	58.4
DPT vaccine	36.5	73.4	38.4	32.5	60.5
Measles vaccine	55.7	83.7	62	51.8	79.6
ORS for diarrhea	30.7	37.3	33.1	28.2	51.4
Antibiotics for diarrhea	13.2	11.5	13.1	12.4	20.3
Antibiotics for pneumonia	6.8	1.8	6	7.4	0.7
Family Planning					
Contraceptive prevalence rate	42	33.3	49.1	38.4	59.1
Education					
Primary NAR	64.5	75.3	68.4	61.1	83.6
Primary GAR	88.2	100	94.4	84.5	109.5
Secondary NAR	13.7	16.1	12.2	6.2	39.1
Secondary GAR	22.3	23.9	20.6	10.4	62.7
Nutrition					
Severe Stunting	20.6	22.4	24.2	21.7	12.4
Moderate Stunting	44.4	51.4	52	46.2	31.5
Severe Wasting	2.8	3	3.1	2.9	2.1
Moderate Wasting	9.7	10.3	9.9	10.2	5.7
Breast milk, milk or milk products (6-23 months)	95.8	94.4	97.7	95.7	96.4
4+ food groups (6-23 months)	4.8	6	2	3.6	12
Minimum meal frequency (6-23 months)	48.5	56.9	34	47.9	52.2
Vitamin A supplementation	53.1	82.8	63.8	52.5	56.8
Water and Sanitation					
Hygienic disposal of child's stools	35.8	34.7	25.4	31.3	62.5

I. Context and Mission Alignment

1.1 **Ethiopia is the oldest independent and second most populous country in Africa.** One of the world's oldest civilizations, Ethiopia is also one of the world's least developed countries, ranked 173 out of 187 in the 2014 United Nations Development Programme (UNDP) Human Development Index. As of 2014, Ethiopia's GDP per capita stood at $575[2] ranking 44 out of 53 African countries, but the government aspires to reach middle income status[3] over the next decade. The economy has experienced strong and broad based growth over the past decade, averaging 10.9 percent per year in 2003/04 – 2013/14 compared to the regional average of 5 percent. Expansion of the services and agricultural sectors account for most of this growth.

1.2 **Ethiopia has been one of the fastest growing economies in Africa for the past 10 years and is ranked by the International Monetary Fund (IMF) as among the five fastest growing economies in the world.[4]** The country's strong economic growth has been accompanied by positive trends in poverty reduction in both urban and rural areas.[5] Poverty has declined at an average of 1.94 percent per annum since 1995. The incidence of poverty fell from 38.7 percent in 2004-2005 to 29.6 percent in 2010-2011, and is estimated to have further declined to 24 percent in 2014. The target set out by the country's Growth and Transformation Plan (GTP) is to reduce poverty to 22.2 percent by 2015.

1.3 **The Government of Ethiopia's commitment to pro-poor and service-focused spending has led to significant gains in social indicators and rapid demographic changes during the past decades.** Ethiopia has achieved the Millennium Development Goals (MDGs) for child mortality and water. There has also been encouraging progress particularly in gender parity in primary education, HIV/AIDS, and malaria. Positive results have also been achieved in universal primary education. Net primary school enrolment (Grade 1 – 6) reached 99 percent in 2014, a five-fold increase from the 1990 rate of 19 percent. The proportion of girls enrolled in primary and secondary education has exceeded 45 percent in 2014 as a direct result of the Government of Ethiopia's policy to empower women through enhancing girls' education.

1.4 **Ethiopia has recorded steady and impressive reduction in stunting in the last decade but levels remain very high and stark geographical inequalities persist** with Tigray, Amhara, Afar and Benishangul-Gumuz (BG) experiencing the highest stunting rates. The national rate of improvement in stunting was estimated as 1.5 percentage points (ppts)/annum between 2000 and 2011 and is likely to continue through 2014 (1.2 – 1.5 ppts/annum). In comparison with data available through 2010, this is presently the fastest in Africa, and may be the fastest national African level estimated at any recent time.[6] In addition, the steady improvements in stunting are similar to those found in other countries with a history of success in elimination of undernutrition over

[2] List of African Countries by GDP per capita, International Monetary Fund World Economic Outlook (October 2014) Last updated 03 September, 2015

[3] Middle income economies are those with a GNI per capita of more than $1,045 but less than $12,746 (Updated Income Classifications from the World Bank)

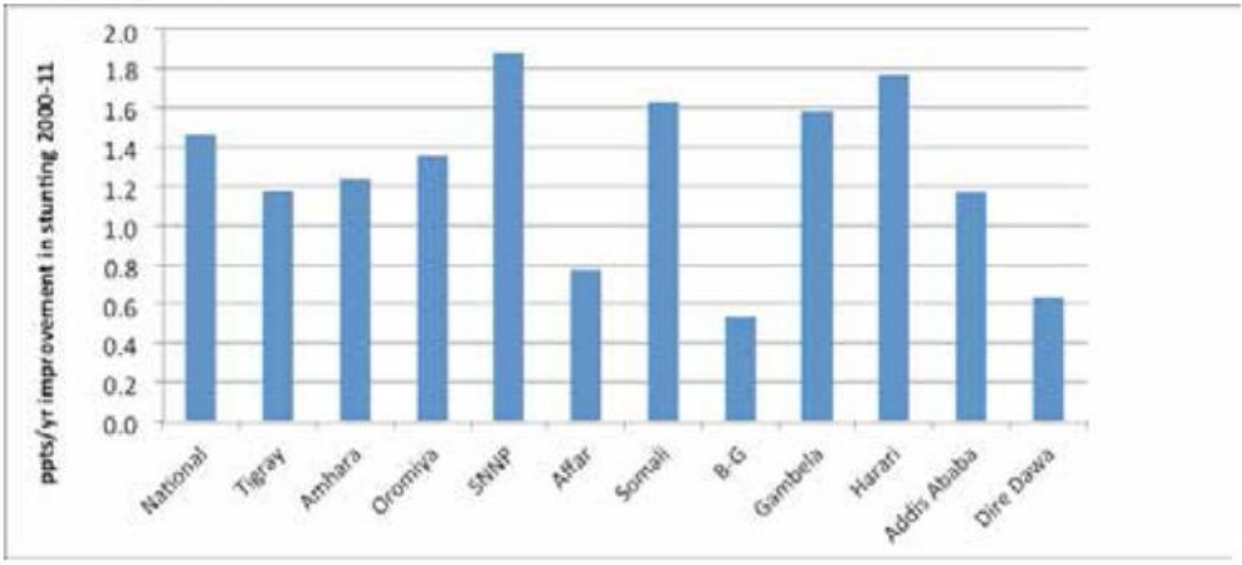
[4] Zerihun Wondifraw, Kibret, and Wakaiga, « Ethiopia : 2015 »

[5] World Bank, « Ethiopia Overview, » accessed at www.worldbank.org/en/country/ethiopia/overview, on April 28, 2016

[6] Standing Committee on Nutrition, 6th Report on The World Nutrition Situation : Progress in Nutrition. In The World Nutrition Situation, SCN, Editor. 2010 : Geneva

sustained periods.[7] Figure 7 below depicts the rate of improvement (decrease) in stunting prevalence in children 0 – 5 years by region in percentage points per annum, 2000 – 2011.[8]

Figure 7. *Rate of improvement (decrease) in stunting prevalences in children 0-5 years by region: in percentage points per year, 2000-2011.*



1.5 **Ensuring equity:** The first phase of the 'Seqota' Declaration Implementation Plan will be in Amhara and Tigray regions, which are home to an estimated 1.7 million stunted children. Within these regions, specific districts along the Tekeze River Basin have stunting rates ranging between 60 – 80 percent. This area is geographically challenging and interventions have not registered the desired improvements in stunting rates. This selection is informed by the need to demonstrate quick progress, first in areas where political commitment is high and where there is alignment with the vison to end child undernutrition before expanding to other regions. Even though the stunting rates in Afar (50.2 percent) and Benishangul-Gumuz (48.6 percent) were among the highest in the country, these regions had some of the lowest numbers (150,000 for both) of stunted children, particularly when urban regions are excluded. Both regions are sparsely populated with nomadic people over large expanses of land. Despite these, the Ministry of Health together with UNICEF Ethiopia have scaled up the Community Based Nutrition (CBN) program in all woredas of Benishangul-Gumuz and in selected districts in Afar.

1.6 **Ethiopia is responding to an *El Nino* caused drought emergency.** The El-Nino global climatic event has wreaked havoc on Ethiopia's summer rains. This falls on the heels of failed spring rains resulting in low *Meher* harvests particularly in the eastern part of the country, which has driven food insecurity, malnutrition, and water shortages

[7] Institute, I.F.P.R., Global Nutrition 2014 : Actions and Accountability to Accelerate the World's Progress on Nutrition 2014, IFPRI Washington DC

[8] Regions with very small populations (Gambela, Harari, Dire Dawa, and Affar) were oversampled in the urban areas in order for the populations in the rural and urban areas to be comparable. In the Somali region, only 6 of the 9 districts were sampled due to security reasons. All other regions were appropriately sampled based upon the rural and urban proportion of each region's population. During the statistical analysis of the Demographic Health Survey Data, weights were used to account for the different proportions sampled.

in affected areas of the country. A well-coordinated response is already underway and expanding rapidly, although the scale of the developing emergency exceeds resources available. UNICEF's Humanitarian Requirement Document released in December 2015 estimates that 10.2 million people (including 6 million children) need relief food assistance in 2016, and 435,000 children under five are projected to require treatment for severe acute malnutrition. A total of 189 woredas (districts) are considered severely affected and are mostly on the north eastern flank of the country from Afar down to the south in Somali region. It is estimated that 5.8 million people will require access to water, sanitation and hygiene services and that 1.3 million children will require assistance to remain in schools. Moreover, 2.3 million people will also require protection assistance including provision of non-food items and shelter.

1.7 **The Humanitarian Requirement Document (HRD) for Ethiopia** which seeks US$1.4 billion to assist 10.2 million Ethiopians in 2016 has received around US$800 million from the Government and the international community. The ongoing response is threatened by critical funding gaps in all sectors. The Government of Ethiopia, one of the largest funders of the response, jointly with members of the Ethiopia Humanitarian Country Team (EHCT), have been undertaking visits to donor capitals to highlight the urgent need for increased funding. Locally, UNICEF Ethiopia is supporting the coordination of humanitarian partners at the regional level - given its strong field presence. A joint Government – United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) and development partner assessment of the situation is scheduled for June 2016 and there is an on-going international appeal for food supplies as a form of global support. *This Big Win Philanthropy investment complements the on-going emergency response by contributing to the long-term goal to end hunger, achieve food security and improved nutrition, and promote sustainable agriculture.*

1.8 **Projections from the 2007 population and housing census estimate the total population for the year 2015 to be 90 million.**[9] The pyramidal age structure of the population has remained predominately young with 44.9 percent under the age of 15 years, and over half (52 percent) of the population in the age group of 15 and 65 years. The population in the age group of over 65 years' accounts for only 3 percent of the total population. While the sex ratio between males and females is almost equal, women of reproductive age constitute 23.4 percent of the population. The average fertility trend has shown significant decline in recent years from the 2000 level of 5.5 births to 4.1 births per woman in 2014, qualifying Ethiopia as an early dividend country.[10]

1.9 **As a result of Ethiopia's commitment to reducing infant and child mortality, improving reproductive health and family planning, and the subsequent fertility decline, the country is on the right path to a population age structure that may enable a demographic dividend.** Due to the reduction of morbidity and mortality mainly in child mortality coupled with improvement in social determinants of health, Ethiopians have begun to live longer as evidenced by the improvement with the estimated average life expectancy at birth to 64 years from that of 45 in 1990. This makes Ethiopia one of six countries which have made top individual gains since 1990.

[9] News release of CSA 30th January 2015. Accessed at http://www.csa.gov.et/images/banners/csa2

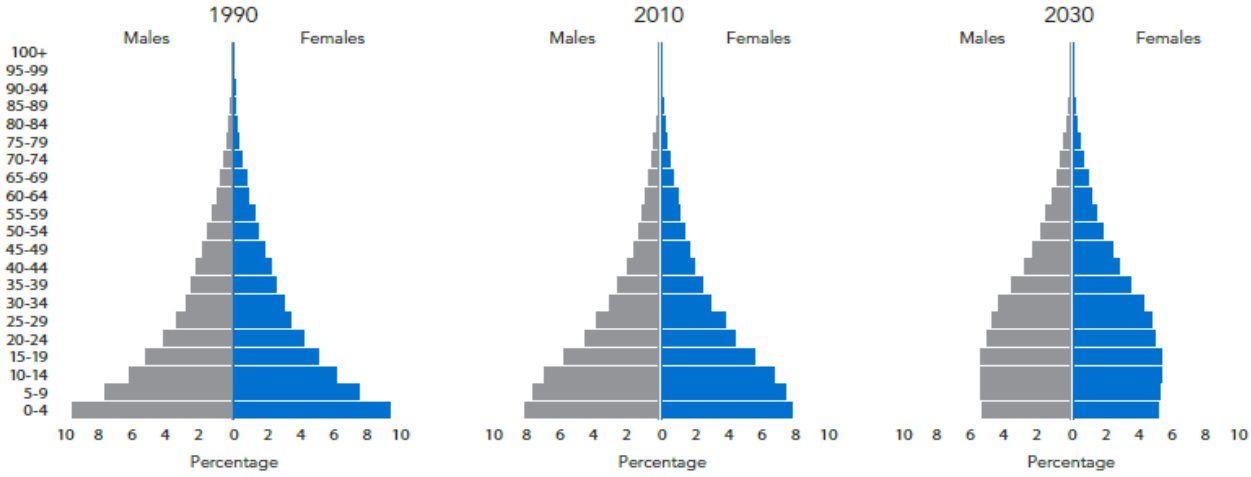
[10] Global Monitoring Report 2015/2016, Development Goals in an Era of Demographic Change; A joint publication of the World Bank Group and International Monetary Fund

The total dependency rates of Ethiopia were 94.6, 92.9 and 80.6 percent in 1994, 2007 and 2012 respectively. The trend in the size of the working age population of the country showed progressive increase from 51.1 percent to 55.4 percent between 1994 and 2012, creating an opportunity to experience strong growth, provided the right investments in people and jobs are made.

1.10 **Failure to ensure good nutrition and human capital could prevent Ethiopia from experiencing sustained economic growth.** In figure 1 below, the three population pyramids highlight the shifting age structure of the Ethiopian population as a result of Ethiopia's commitment to reducing infant and child mortality, improving reproductive health and family planning, and the subsequent fertility decline. "2030" is a projection of Ethiopia's population age structure if fertility continues to decline and Ethiopia continues to make substantial investments in health (including nutrition), education and job growth, which will provide the working-age population with the opportunity to fuel economic development in Ethiopia.

FIGURE 1

Population Pyramids for Ethiopia in 1990, 2010, and 2030 (projection)



Source: United Nations Population Division *World Population Prospects: The 2015 Revision* (New York: United Nations, 2015).

1.11 **Investments in the potential of future generations are critical as the multiple benefits from nutrition for development are substantial and nutrition can supercharge the demographic dividend adding 1 to 3 percent to economic growth rates.** From a macroeconomic point of view, undernutrition has a significant impact on a country's GDP and factors associated with undernutrition lower the GDP of Ethiopia by 16.5 percent. This has huge consequences on economic and inclusive growth.[11] The Cost of Hunger studies produced in 2013 for four countries (including Ethiopia) by the African Development Bank with the African Union, the UN Economic Commission for Africa and others[12] found that good nutrition would increase GNP by between 2 to 16 percent. In both 2008 and 2012, the Copenhagen Consensus rated interventions to reduce undernutrition of first priority among ten of the world's most important challenges.[13]

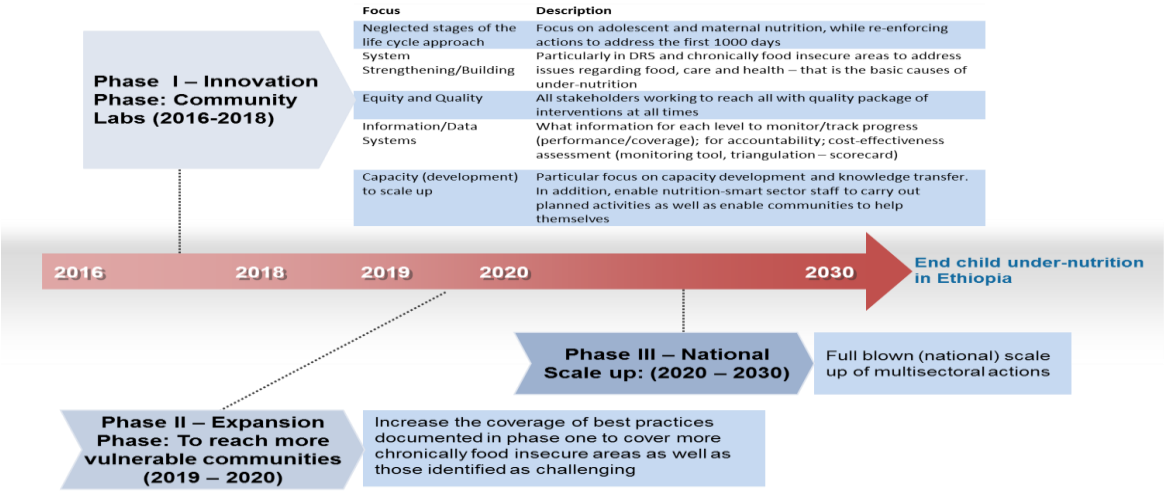
[11] Horton and Steckel 2013

[12] Individual cost of hunger assessment reports for Egypt, Ethiopia, Swaziland and Uganda; published by the individual governments in conjunction with UNECA, ADB, AFC, WFP and others. September 2013

[13] Copenhagen Consensus, 2012

1.12 **The rationale for adopting the 'Seqota' Declaration Implementation Plan** is to strategically address undernutrition in Ethiopia by taking into account the multi-sectoral and multi-dimensional nature of nutrition. Given Ethiopia's status as an early dividend country, Big Win Philanthropy's existing relationship and the trust that has been built, the immediate aspiration of this investment is to learn and demonstrate how Ethiopia can strengthen its foundations to reap the benefits of a demographic dividend.

The implementation of the Seqota Declaration will occur in three phases.



1.13 **There are other 'big wins' to be achieved from this investment.** Many countries are faced with similar changes of ending child undernutrition. The sustainable model to be developed from this investment and other learnings and insights will serve as a toolkit that could be replicated all over the world. In particular, the lessons on multisectoral coordination to address nutrition, the inclusion of performance management approach at community level, and evaluations of innovative solutions within each of the sectors will be of relevance to several countries and global initiatives addressing malnutrition.[14]

II. Investment Analysis

2.1 **Despite the economic growth, undernutrition remains one of the main public health problems in Ethiopia.** In Ethiopia, 45 percent of children under the age of five suffer from stunting and almost half of all child deaths are associated with undernutrition. For those that survive, stunting can lead to poor cognitive and physical development and lifelong limits on the education, health, productivity and earning potential of millions of young children. The major causes of undernutrition in Ethiopia are preventable and these are: poor maternal nutrition, poor infant and young child feeding, childhood illness, poor Water, Sanitation and Hygiene (WASH) practices, inadequate health care practices, and limited availability and access to diversified foods. In addition, caregivers' illiteracy and inadequate maternal economic access and control exacerbate the situation.

[14] Global initiatives addressing malnutrition include: Scaling Up Nutrition (SUN), Renewed Efforts Against Child Hunger and Undernutrition (REACH), The 1,000 Days Partnership, Feed the Future, and Nutrition for Growth (N4G)

2.2 **Till date, the implementation of the National Nutrition Program has been led by the health sector with three key limitations:** (i) weak incorporation of nutrition in some implementing sectors' strategies and programs, resulting in critical missed opportunities to improve nutrition and complement successes both in these sectors and in existing nutrition interventions; (ii) limited horizontal ministerial-level intersectoral coordination mechanisms at national and regional levels; and (iii) poorly focused or incomplete strategies and interventions for breaking the intergenerational cycle of malnutrition, particularly in addressing the critical window of opportunities – the first 1,000 days.

2.3 **Achieving nutrition's full impact on health and development outcomes requires a coordinated multisectoral approach.** Nutrition specific interventions that address the *immediate* causes of undernutrition are key to accelerating progress on nutrition. However, it is also critical that other sectors – like agriculture, education, water, sanitation and hygiene, and social protection – implement high value interventions that tackle the *underlying* causes of undernutrition.

2.4 **Focused on the Innovation Phase of the Implementation Plan between 2016 - 2018, a critical path**[15] has been developed to outline the sequence of activities to be undertaken. A 2-staged program management approach with a combination of process and outcome targets has been designed to support the 'Seqota' Declaration Implementation Plan with the first stage involving proactive collaboration on evidence, measurement, and performance management. The second stage will involve focused implementation of the plan and collaboration on evaluation.

2.5 **At federal and regional levels, the Government of Ethiopia will work to maximize the impact on ending child undernutrition through three main processes (all to be achieved during the Innovation Phase):** (i) increased knowledge and evidence base to maximize the impact of multisectoral interventions on nutrition: The federal level delivery unit will develop and disseminate a compendium of literature and resources that provide the evidence base for tackling undernutrition multi-sectorally; (ii) improved multisectoral coordination and governance for nutrition: Lessons learnt from the 'Seqota' Declaration will accelerate the move from stand-alone project interventions to more coordinated program approaches by strengthening institutional platforms including the National Nutrition Coordination Body and National Nutrition Technical Committee (and their regional equivalents) for planning, coordination and alignment; and (iii) strengthened regional capacities to manage multi-sectoral nutrition programs.

Investment Component 1: Driving performance through the establishment of 'Seqota' Declaration delivery units at federal and regional levels

2.6 **Several governments around the world have recently established 'delivery units' at the center of government to drive performance improvements.**[16] In addressing the challenge of limited horizontal ministerial-level intersectoral coordination mechanisms at national and regional levels in Ethiopia, a two-tiered government delivery unit will be established at federal and regional levels with the following five

[15] See annex 2 for the 'Seqota' Declaration Critical Path

[16] Examples include the UK Prime Minister's Delivery Unit (PMDU), Malaysia's Performance Management Delivery Unit, and South Africa's Delivery Unit.

distinctive functions: (i) focusing political pressure for results through progress-chasing on behalf of the head of government; (ii) providing a simple and direct monitoring mechanism for the 'Seqota' Declaration Implementation Plan; (iii) signaling key government delivery priorities within and outside of the public sector; (iv) providing a clear signal that government is holding implementing sectors and senior staff accountable for delivering the government's key priorities; and (v) supporting innovation, coordinating efforts of various implementing sectors, and providing a forum for problem solving when needed.

2.7 **By funding 'Seqota' Declaration delivery units** underpinned by a clear, unwavering mandate from the Office of the Deputy Prime Minister at federal level and Office of the Regional Presidents in Amhara and Tigray, Big Win Philanthropy will be utilizing the effectiveness of delivery units, including lessons learnt from the Government of Ethiopia's experience with delivery units through the Agricultural Transformation Agency, to facilitate the coordination of the National Nutrition Coordinating Body and Technical Committee and their regional equivalents (see annex 4 for organogram and composition of both structures)

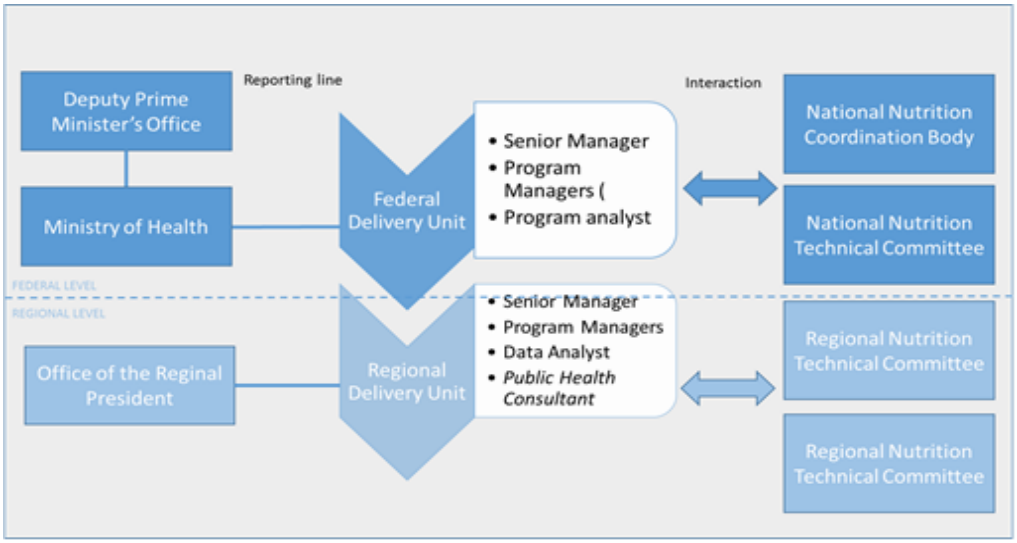
2.8 **The three 'Seqota' Declaration delivery units will combine the best local talent from both the civil service and private sector.** While responsibility for end-to-end delivery ultimately rests with the respective implementing ministries, the 'Seqota' Declaration delivery units at federal and regional levels will work to develop program coordination, program management and performance management capacity in identified counterpart Government officials who will ultimately be responsible for managing the expansion and national scale-up phases. The delivery units will build capacity through a combination of training workshops and mentoring of assigned government staff.

2.9 **The federal level 'Seqota' Declaration delivery unit will be designed with the key ingredients identified for a successful system[17]:** (i) leadership, clarity of vision and strategy across the system – Drive delivery of the eight components of the 'Seqota' Declaration with established numerical metrics for each component measuring outcomes; (ii) implementing ministries working together and building coalitions - Under a successful and dedicated leader, the delivery unit will have political authority and visibility and an open line of communication to the Minister of Health and ultimately to the Deputy Prime Minister. This will empower the delivery unit to provide support that accelerates delivery capacity in implementing ministries and sustains continual improvement – helping remove or resolve obstacles to delivery; (iii) knowledge about what works in the delivery system – Provide analytical support and recommendations to overcome key delivery challenges; (iv) effective performance management – Develop a performance management framework with responsibilities for reporting on the progress being made on implementation and more importantly on outcomes; and (v) good data/metrics - Data across all sectors (using existing data sources) will be integrated to ensure that the outcomes and impact of implementation activities are successfully tracked.

[17] Seminar at the World Bank: The UK Public Sector Performance Regime: The Politics, the Practice, and the Impact held on May 28, 2009,
http://intresources.worldbank.org/INTECASUMECSPE/Resources/WorldBankMay28.pdf

2.10 **Reporting fortnightly to the Minister of Health on progress made and challenges encountered,** the federal level 'Seqota' Declaration delivery unit will also generate quarterly update reports highlighting selected issues that require attention for review and discussion by the 'Seqota' Declaration Council.[18] This will allow challenges to be discussed multisectorally and appropriate course correction measures instituted.

2.11 **The federal level 'Seqota' Declaration delivery unit will be led by a successful, dedicated, senior manager level officer** with a track record of delivering big results fast, familiarity with how government works, possession of peer relationships with ministers and heads of agencies/departments and with top-level access. S/he will be supported by three staff members namely: *(i) Two Program Managers (one each from the water and agriculture sectors)* to establish, maintain and strengthen collaborative professional relationships with government counterparts and development partners, exchange knowledge and experience, and address emerging issues. They will lead documentation efforts aimed at accurately recording a timeline of events to capture valuable learnings and insights that can serve as blueprints for other countries; and *(ii) Program Analyst* to analyze and assess relevant political, social and economic trends and provide substantive input to implementation, monitoring and evaluation arrangements. S/he will provide hands-out support for administrative duties such as preparation for quarterly review meetings and dissemination of update reports to stakeholders. The federal level delivery unit will coordinate the operations of the regional delivery units with clear communication and reporting channels between both tiers (see diagram below).



2.12 **At regional level, separate 'Seqota' Declaration delivery units will be established for Amhara and Tigray regions** to drive a timely and coordinated execution of the Implementation Plan. Underpinned by a clear, unwavering mandate from the Office of the respective Regional Presidents, the regional delivery units will replicate the functions of their federal counterparts. In addition, they will provide technical and management oversight for the activities of Community Labs (see component 2). These delivery units will also be led by experienced senior manager level officers and supported by program managers and data analysts. The data analysts will

[18] The 'Seqota' Declaration Council is a new oversight structure headed by the Deputy Prime Minister and including the Regional Presidents of Amhara and Tigray as well as Ministers of all implementing line ministries

import, clean, and validate data to inform the updating of score cards as part of the performance management function. They will also utilize validated data to develop illustrative charts, graphs and tables to provide in-depth analysis of program implementation and inform decision-making and course-correction measures.

2.13 **In response to a request from the Minister of Health,** Big Win Philanthropy will, through the regional delivery units, support the engagement of two experienced public health consultants to provide technical and capacity building assistance to the newly inaugurated regional public health institutes in Amhara and Tigray with the objective of establishing sound technical, implementation, management and administrative arrangements and routines for the operationalization of the community labs. This will include an assessment and adaptation of the governing structure of the public health institute to serve as advisory boards for the community labs. On behalf of the regional delivery units, the experienced public health consultants will also serve to coordinate the work of the regional public health institutes with other implementing sectors involved in identified regional Community Lab pilot projects.

Investment Component 2: Providing technical support for the establishment of two regional 'Seqota' Declaration Community Labs.

2.14 **Governments often establish innovation labs as pilot projects – waiting until the "lab concept has been proven" before providing more secure funding.** There are variations of this concept but they broadly signify an independent and distinct entity that is created with a specific goal in mind, which is to pilot unproven projects before they can be scaled up (if proven impactful). Funding in the initial stage is often from private parties. Evidence suggests that it is important that the mission of the labs be government-led so that the projects are more likely to be delivered at scale and sustainable. The entity itself can be of a time-bound nature, dissolving once its goal has been achieved. It can also be embedded within a larger organization or achieve a permanent status (such as a Center of Excellence), provided sustained funding is available.

2.15 **The concept of Community Labs has been piloted in addressing child undernutrition and access to water with varying results.**[19] Adopting a learning approach, the experienced public health consultants will support the Government of Ethiopia in establishing the Community Labs. Among other experiences, they will transfer lessons and insights gained from the implementation of the Bhavishya Alliance Maharashtra Change Lab for Child Undernutrition to fit into the Ethiopian context primarily based on similarities shared in terms of the scope and nature of the problem of undernutrition, federal system of governance, and commitment to explore innovative approaches with potential of success. Key achievements of this Alliance included: *(i) contributed to reduction in stunting* – Research by UNICEF found that stunting among children under two in Maharashtra fell from 39 percent to 23 percent over the approximate time period of the partnership; *(ii) succeeded in scaling up innovations beyond pilot stage* – Bhavishya utilized an iterative prototyping approach to test, refine and implement several innovative concepts as pilot projects;[20] *(iii) created a unique,*

[19] Bhavishya Alliance Maharashtra Change Lab Overview. Version 5. April 2006; Delivering Change Foundation website

[20] Examples of pilots that successfully met objectives and are being scaled up include : The Food Diversification Project, The Girls Gaining Ground initiative, The Day Care Centres project, The Computer-Aided Literacy, and Health and Nutrition Awareness Programme,

multi-stakeholder partnership that harnessed the commitment of leadership at the highest levels of key, relevant government agencies, businesses and civil society organisations to tackle the complexity of child malnutrition; and *(iv) introduced a groundbreaking model for problem solving* that blended strong community participation/ownership with an entrepreneurial approach for developing, testing and refining new ideas or ways of doing things and a firm grounding in developing trusting relationships with project partners.

2.16 **The Community Labs will be formed by the Office of the Regional President** and oversight will be via a committee comprising a government representative, the public health consultant, staff of the regional public health institute, the regional delivery unit senior manager, key representatives from the development partners' matrix, district representatives, and private sector (as applicable). Quarterly meetings will be coordinated by the Office of the Regional President, supported by the public health consultant and regional delivery unit staff.

2.17 **Operationalization of the 'Seqota' Declaration Community Labs** will be informed by the body of learning generated by the Bhavishya Alliance,[21] some of which include: (i) invest time and trust to establish strong multi-stakeholder partnerships; (ii) ensure conditions are favorable to establishing successful innovation projects; (iii) prototype the viability of interventions to gain insights into challenges of implementation; (iv) maintain continuity of key personnel and contributing team members to benefit optimally from the deep relationships, commitment to issues and different way of working established among its partners; (v) foster government commitment on the importance of child malnutrition and the need for programs to address it; (vi) ensure authentic involvement of community and nongovernmental organisations; (vii) identify and tap the diverse resources of the corporate sector partner to ensure its meaningful participation and maximize its contribution, beyond traditional corporate social responsibility engagements; and (viii) engage and involve partners in meaningful ways for resourcing efforts.

2.18 **Based on the evidence and expert interviews with implementers of Community Labs,** it is envisioned that the 'Seqota' Declaration Community Labs will apply three fundamental approaches to impact child undernutrition in Ethiopia: During the Innovation Phase, selected woredas (i.e. districts) will serve as testing grounds for nutrition interventions by: *(i) Implementing a multi-sectoral response* – During the first 6 months of the innovation phase, the public health consultants, along with the staff of the Delivery Units (federal and regional), will work on strengthening multi-sectoral commitment in Amhara and Tigray regions and formulate goals and plans collaboratively. This will primarily involve reviewing regional and sub-regional governance and implementation arrangements with the aim of identifying a clear leadership structure with the mandated responsibility to drive multisectoral coordination; *(ii) Ensuring greater stake of the community in designing solutions* – Efforts will focus on convening all stakeholders with a commitment to accelerate reduction in child undernutrition. Representatives from the districts will be actively consulted to interpret the baseline data, develop solutions and test them; and (*iii) Committing to evaluating the solutions and learning from evidence* – Underpinning this

[21] Bhavishya Alliance: Legacy and Learning from an Indian Multi-sector Partnership to Reduce Child Undernutrition

commitment is the access to real-time data through the established monitoring system to generate progress update and track performance over time. While the delivery of the identified solutions will be led by the respective sectors (with support of technical experts as needed), the Community Labs (via the Oversight Committee) will ensure that the projects are evaluated for impact and scalability.

2.19 **Research protocol:** The federal and regional councils will select the major project areas after the baseline survey is conducted. In addition, the Nutrition Technical Committees at federal and regional levels, together with academicians will recommend research topics and sites for the Oversight Committee to endorse. Agreement will be made for the transparent use of data and outputs from implementation and research between all parties. Data will be managed by data protection legislation of the country, and the use of information (i.e. publication, development of materials, etc.) must have the consent of all parties involved. Ethical clearance by institutions and agencies involved in research will be sought from existing government channels – universities from their ethical board and Ethiopian Public Health Institute from its ethical board and/or Science and Technology Commission. All outputs from this investment will acknowledge the funding source after securing permission.

Investment Component 3: Implementation of a Knowledge and Technology Transfer Program

2.20 **Technological progress and innovation are essential for economic growth and development** and are major determinants of long-term improvements in income and living standards.[22] For developing countries, technological progress is strongly influenced by the ability to access, adapt and diffuse technological knowledge that has been generated abroad. Big Win Philanthropy supported the Government of Ethiopia by engaging two Israeli consultants from Engineers Without Borders, Israel to serve as members of the 'Seqota' Declaration Taskforce in the development of the implementation plan.

2.21 **Israel was chosen for this technical cooperation because the country shares similar challenging terrain and climatic factors with Ethiopia, and possesses technical expertise in developing successful innovative solutions.** Engineers Without Borders is already engaged in similar projects in Mekelle district located in Tigray region, and possesses extensive working knowledge of Ethiopia especially in the water and agriculture sectors. In view of the importance and contribution of the water and irrigated agricultural sectors to achieving the set targets in the Seqota region, this knowledge and technology transfer will provide the necessary expertise and technical support to improve the capacity of Ethiopian implementing sectors and smallholder farmers.

2.22 **Agriculture has been the dominant sector of Ethiopia's economy, representing nearly 42 percent of GDP, 77 percent of employment and 84 percent of exports.**[23] As an agrarian country, the majority of the agriculture sector consists of smallholder farmers who make their living from less than two hectares of land. However, despite significant gains in the past few years, Ethiopia is yet to realize its full agricultural potential. This is, in part, due to underutilization of the irrigation

[22] Transfer of technology and knowledge sharing for development, United Nations Conference on Trade and Development UNCTAD, Current studies on science, technology and innovation, No. 8, 2014

[23] Agriculture Transformation Agency (ATA) website as of 13th February, 2016

potential, which is estimated at 2.7 million hectares with the actual irrigated land in Ethiopia being only about 0.29 million hectares. Ethiopia has a generous endowment of water but an insignificant amount is currently utilized as evidenced by a water availability of 1,743 cubic meters per person per year.

2.23 **A capacity development/study tour of Israel focused on the agriculture and water sectors will be conducted during the first year of this investment.** Key technical officers drawn from implementing government agencies and institutions at federal and regional levels with sectoral focus on water and agriculture will participate in a 7-day study tour comprising site visits and learning-in-site in demonstration sites in Israel, which will be facilitated by consultants from Engineers Without Borders. This will be complemented by short-term secondment of subject matter experts in water and agriculture from Israel to provide hands-on technical assistance and institutional capacity building services to counterpart government agencies especially the Tekeze River Basin Authority that will soon be established by the Government of Ethiopia. This support will be coordinated by the regional delivery units. A detailed proposal and budget has been submitted by Engineer Without Borders and is currently being reviewed by the Government of Ethiopia. *It is expected that this could eventually lead to a bilateral technical cooperation agreement between Ethiopia and Israel.*

Investment Component 4: Evidence and Evaluation component

2.24 **Evidence: Implementing evidence-based programs assists agencies and organizations in moving towards accountability.** In addition, funders want to invest in programs that have demonstrated outcomes, meaning a good return on investment. Evidence-based programming helps to ensure that agencies are spending resources on a proven program that works. Specific components to be supported by Big Win Philanthropy that focus on evidence include: *(i) Assessment* – of regional implementation plans to identify bottlenecks and nutrition smart intervention opportunities across sectors; *(ii) Refining costing estimates* – The US$211 million estimated cost for the 'Seqota' Declaration Implementation Plan was based on assumptions and will need to be refined based on the results of the baseline assessment; and *(iii) Supporting pilot projects* in the Community Labs to generate evidence for scale-up.

2.25 **Evaluation: In an era of increasingly tight fiscal budgets, public sector policymakers need more objective and impartial means of reviewing publicly funded programs to determine if the greatest value is being provided.** As part of the evaluation, the components to be supported by Big Win Philanthropy would be: *(i) Baseline assessment in Amhara and Tigray regions across sectors* - Although the Ethiopian Public Health Institute will lead the Amhara and Tigray Public Health Institutes in the conduct of the baseline assessment, technical assistance will be provided for incorporating appropriate multisectoral parameters into the study protocol to ensure an accurate information base against which monitoring and assessment of program activities and effectiveness during and after implementation will be conducted; *(ii) Modelling using the Lives Saved Tool (LiST)* to establish performance targets and also model impact on nutrition outcomes at midline and endline; and *(iii) Process evaluation at midline and endline* – to understand what worked well or not so well and why. The process evaluation will document the overall impact of the Innovation Phase and provide recommendations for implementing Phase II of the Seqota Declaration Plan. More details are given in Section III Monitoring and Evaluation.

Investment Component 5: Implementing a Public Communications component

2.26 **Increased awareness of undernutrition and understanding of potential solutions** among both the general public, development partners and key decision makers is the fundamental prerequisite for mobilizing and sustaining the political, financial, partnership and other resources needed to end child undernutrition. A focused and intensified public communication program with a major emphasis on community-level knowledge and participation and one that aligns the messages and priorities of major partners at all levels is critical for achieving the goals of the 'Seqota' Declaration.

2.27 **In order to support the Government of Ethiopia's long-term commitment on eliminating stunting** and aligned with the various phases of the 'Seqota' Declaration Implementation Plan, this public communications component will: (i) conduct a diagnostic of the main communication platforms available in Ethiopia for raising awareness, harnessing commitment and advocating for additional resources for nutrition; (ii) design a communications strategy that will be implemented by the Ministry of Health during the three phases of the 'Seqota' Declaration; and (iii) develop a long-term plan for dissemination of evidence and learnings from implementation.

2.28 **Sub-component 1: Assessment** – This will involve landscaping the most relevant government leaders, influential voices and non-governmental organizations who can rally for nutrition, identification of the most relevant communication platforms such as mass media, tools or affiliations (e.g. Scaling Up Nutrition [SUN], Renewed Efforts Against Child Hunger and Undernutrition [REACH], etc.), examination of the most relevant barriers for the message on nutrition to reach the public (e.g. lack of interest from the media, evidence gaps, social and cultural norms promoting poor nutrition practices), and research on what has worked in Ethiopia and other similar geographies in terms of public communication strategies.

2.29 **Sub-component 2: Strategy design** – This will involve developing key messages targeting the different audiences and identifying opportunities for making an effective case for nutrition for each different set of stakeholders; developing solutions, tools and platforms to engage during the various phases of the 'Seqota' Declaration Implementation Plan but focusing on the Innovation Phase as this is fundamental in order to gather support for the expansion and national scale-up phases; and identifying donors, partners and resources, and civil society actors involved in nutrition communication.

2.30 **We are proposing a 3-year investment with a total budget of US$3,081,125.** The budget has been developed in collaboration with the Government of Ethiopia and the main components are outlined below.

Multiannual Budget

1 June 2016 - 31 May 2019

Key components	Year 1 (USD)	Year 2 (USD)	Year 3 (USD)
Component 1: Establishment of two-tiered program delivery units at federal and regional levels (annual salaries)			
Staff for the federal level delivery unit (4 members of staff)			
Senior Manager (PH/N)	48,000	48,000	48,000
Program Manager (Ag)	36,000	36,000	36,000
Program Manager (Water)	36,000	36,000	36,000
Program Analyst	24,000	24,000	24,000
Staff for the 2 regional level delivery units (4 members each)			
Senior Manager (PH/N)	72,000	72,000	72,000
Program Manager (Ag)	48,000	48,000	48,000
Program Manager (Water)	48,000	48,000	48,000
Program Analyst	24,000	24,000	24,000
Operating costs for the delivery units	42,000	42,000	42,000
Short-term engagement of 2 senior public health specialists	80,000	80,000	40,000
Subtotal component 1	**458,000**	**458,000**	**418,000**
Component 2: Technical Support for Community Labs			
Support for research/pilot projects	50,000	250,000	250,000
Subtotal component 2	**50,000**	**250,000**	**250,000**
Component 3: Implementation of a knowledge & technology transfer program			
One 7-day capacity development/study tour of Israel (15 people per trip)	65,405	-	-
Knowledge transfer (2 experts from Israel in Ethiopia for four months)	70,000	70,000	-
Trainings and internship program	61,000	99,000	
Subtotal component 3	**196,405**	**169,000**	**-**
Component 4: Evidence and Evaluation			
Baseline assessment in Amhara and Tigray regions	140,000	-	-
Modelling to establish performance targets and also model impact on nutrition outcomes at midline and end-line	80,000	80,000	80,000
Refine costing estimates	30,000	-	-
Process evaluation at midline [in 10 community labs woreda x 6000USD]	-	75,000	-
Process evaluation at end-line	-	-	
External evaluation of Innovation Phase	-	-	150,000
Subtotal component 4	**250,000**	**155,000**	**230,000**
Component 5: Implementing a Public Communications			
Communications consultant	50,000	-	-
Subtotal component 5	**50,000**	**-**	**-**
Subtotal per year	**1,004,405**	**1,032,000**	**898,000**
Contingency (5%)	**50,220**	**51,600**	**44,900**
Grand total per year	**1,054,625**	**1,083,600**	**942,900**
Total budget		**3,081,125**	

Budget notes:

1. Investment component 1 comprises mainly salaries. These were calculated based on local rates. The cost of the delivery unit will be absorbed by the Government of Ethiopia after year 3.
2. Under investment component 2, support for research/pilot projects budget line will be in 2-4 districts. The Government of Ethiopia and other development partners will fund the rest of the pilot districts.
3. The 7-day capacity development tour of Israel comprises a delegation of 15 people (managers and directors at federal level and implementers at regional level). The cost per person is US $4,360 and includes logistics, transportation and cost of planning and coordination. The knowledge transfer budget will be used to bring 2 subject matter experts (one on water and the other on agriculture) from Israel to work in Ethiopia for one month and three months of additional technical support. These two pieces are part of a larger partnership between Israel and Ethiopia. Further, there will be trainings and an internship program at Kalaamino Farm, which has been described as an 'out-of-the-box' intervention by Minister Kesete.
4. Costs of evaluation and assessments have been estimated based on rates provided by Johns' Hopkins University and other evaluation partners.
5. Communications consultant's rates were estimated based on international rates for experts on advocacy and communications.

2.31 **Big Win Philanthropy will be represented on the recently inaugurated 'Seqota' Declaration Council** and will work closely with the Ministry of Health and federal level 'Seqota' Declaration delivery unit. This will provide multiple opportunities for influencing course correction measures. The Big Win Program Manager will be Dr. Adetokunbo Oshin who has very relevant experience managing program delivery units in the Federal Ministry of Health, Nigeria, and served as a member of the Saving One Million Lives Initiative Delivery Unit established by the Government of Nigeria and funded by the Bill and Melinda Gates Foundation in 2012. In addition, Kevin Steele, Big Win Senior Manager for Communications and Advocacy will provide technical assistance to his counterpart in the Federal Ministry of Health Communications Department in the design and implementation of the public communications component.

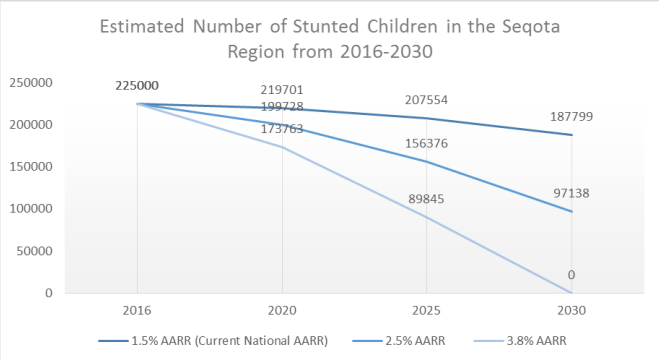
2.32 **Payments from Big Win Philanthropy will be quarterly and will be based on the 2-staged program approach outlined in the critical path.** Following the disbursement of a start-up tranche of funds, subsequent payments will be triggered by the completion of milestones defined in the critical path. This will be discussed and agreed with the Government of Ethiopia.

III. Monitoring and evaluation

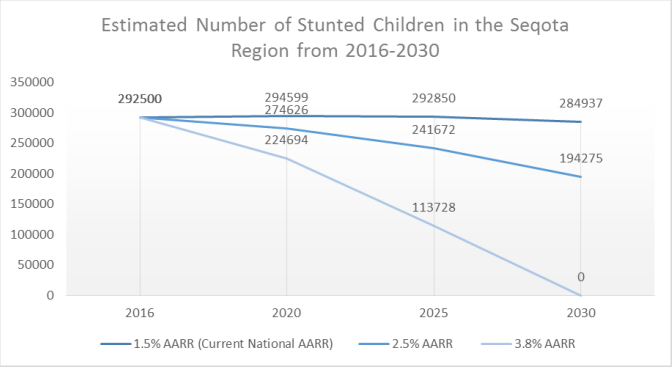
3.1 **Intermediate measures of success within the first 18 months of funding** would be: ***(****i) Scale up of nutrition interventions* focused on the first 1,000 days of life to meet quality and equity targets in Amhara and Tigray regions – these are interventions that have already been proven and will be funded by government and other partners; (ii) *Implementation of innovative interventions* in the water and agriculture sectors including the 'Bank of Water Technologies and Solutions' and 'Agricultural Innovation and Technology Centers (AITCs) along with their satellite demonstration centers'; (iii) *Implementation of regional 'Seqota' Declaration Community Labs* pilot project activities with baselines and impact targets; and *(iv) Increasing # of water sector technical officers and smallholder farmers* equipped with capacity to execute interventions outlined in the Implementation Plan.

3.2 **At the end of three years,** we anticipate that this investment would have laid the foundation to deliver sustainable improvement in the nutritional status of women and children in Amhara and Tigray regions. Further, lessons and insights from this investment will allow the Government of Ethiopia to outline a sustainable model for addressing child undernutrition that can ultimately be replicated in other regions during the expansion and national scale-up phases of the 'Seqota' Declaration beginning in 2018.

3.3 **Preliminary analyses by Big Win staff suggest that the goal of eliminating undernutrition by 2030 is an extremely ambitious one.** For instance, two scenarios for stunting to be eliminated by 2030 among under 5 children in the Seqota district are shown below. In both cases of differing stunting baseline levels (50% and 65%), an annual average rate of reduction of 3.8% is needed to achieve total elimination, while the current national rate (refer section 1.4) is about 1.5%. [24]



Assumptions:
Population: 3 million
Population growth rate: 2.6%
% of under 5: 15%
Baseline stunting rate: 50%
AARR – average annual rate of reduction in stunting



Assumptions:
Population: 3 million
Population growth rate: 2.6%
% of under 5: 15%
Baseline stunting rate: 65%
AARR – average annual rate of reduction in stunting

3.4 **Performance management:** The government delivery units will adapt the Health Sector M&E Framework to ensure a robust system that will enable the effective tracking of results and implementation progress of this multisectoral response (see figure 10 below).

[24] Note that these are linear models. In the absence of reliable regional and woreda-based data, it is hard to generate reliable estimates. The point of the calculations is to illustrate the enormity of the task ahead and the need for coordinated and concerted efforts from all sectors.

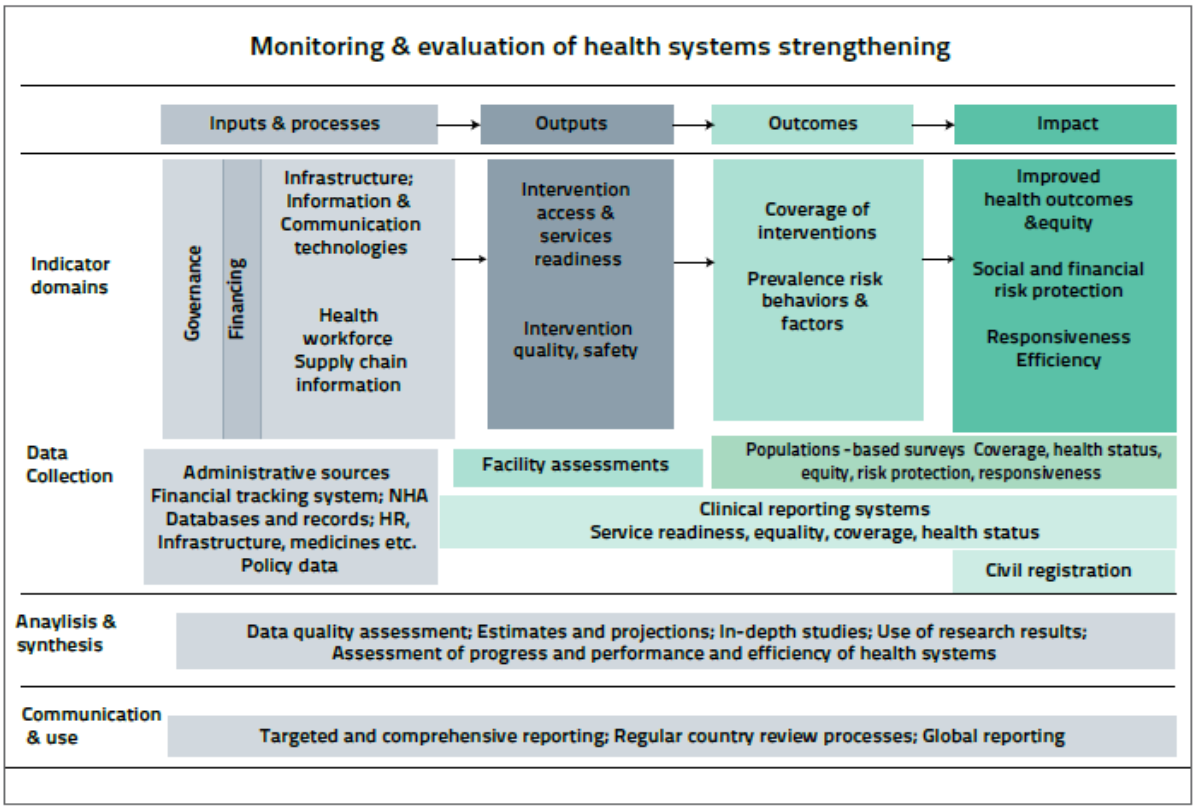
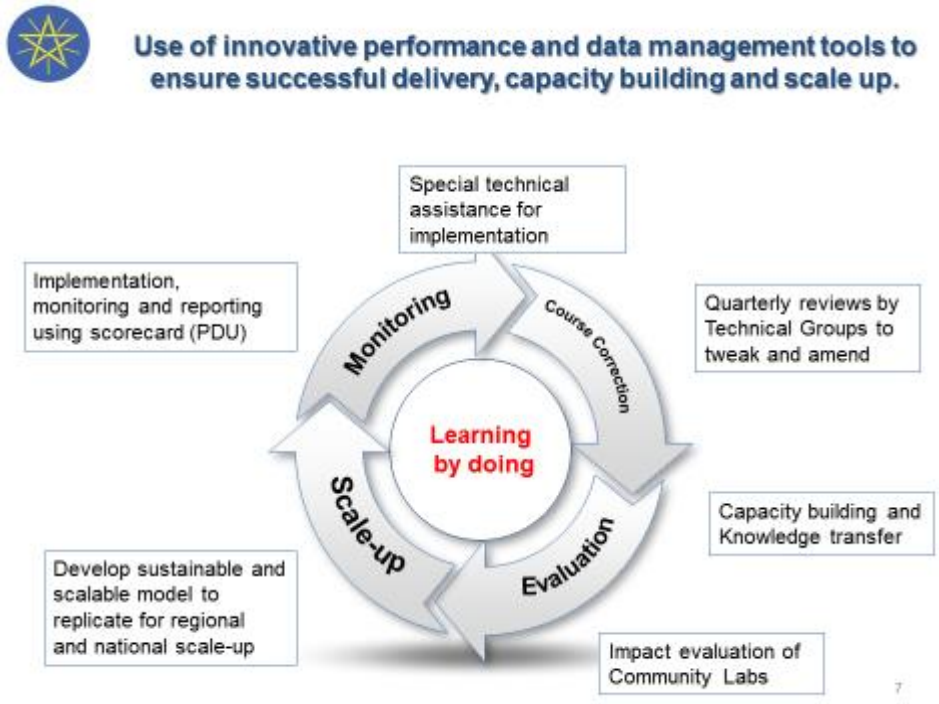
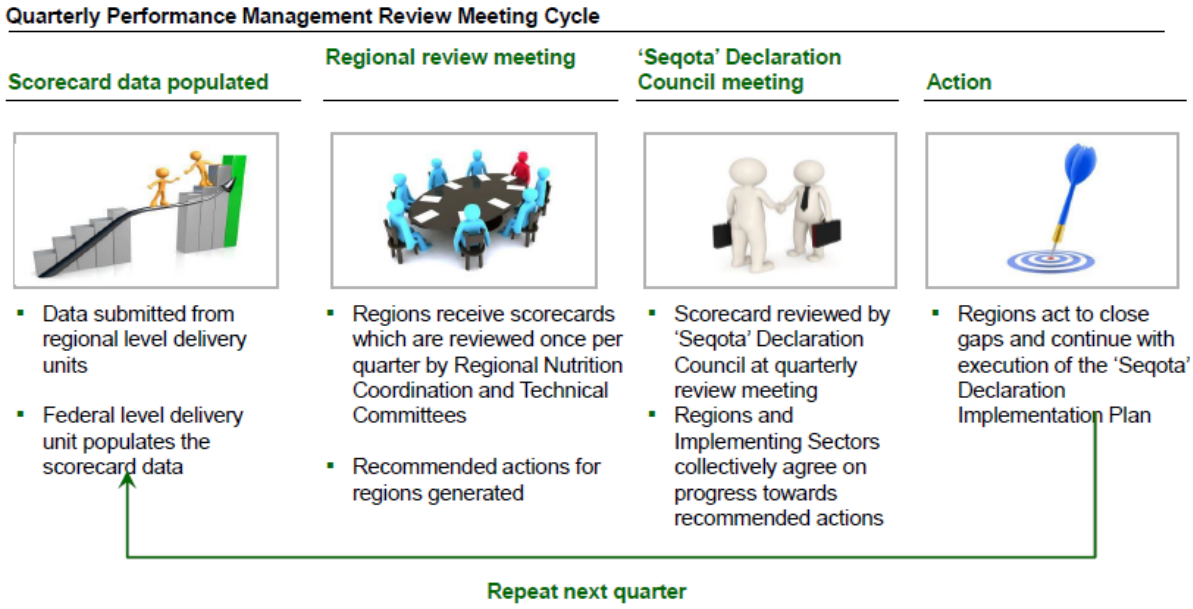


Figure 10.Monitoring and evaluation framework of the health system.

3.5 **A performance management cycle has already been designed and endorsed for the 'Seqota' Declaration Implementation Plan.** The delivery unit and Big Win Philanthropy will design a performance dashboard with clear goals, milestones and explicit targets for each component of the 'Seqota' Declaration that will be agreed with the Government of Ethiopia before program execution. This will allow the delivery unit to identify barriers, apply pressure to achieve the goals, and create accountability



3.6 **In collaboration with the national and regional nutrition coordination and technical bodies,** the 'Seqota' Declaration delivery units will select the appropriate indicators and expected trajectory towards achieving the set outcomes. Tools, templates and an integrated management information system for data collection across sectors will be developed to allow for effective monitoring. Data from implementing sectors will be reported monthly and directly to the regional delivery units, where the data analysts will be responsible for assuring the quality of data being presented and conducting data analysis to generate key insights for informed decision-making. Clean data will be submitted by the regional delivery units to the federal delivery unit where the data will be populated into a score card. Creating accountability will be critical to making the 'Seqota' Declaration more than just a promise and the regional targets and progress against them will be made public to enhance accountability.



3.7 **Based on the baseline assessment and the LiST impact modelling exercise to be conducted by Johns Hopkins University,** performance targets for ending child undernutrition by 2030 will be established by the Government of Ethiopia prior to stage 2 of this investment. A performance dashboard will be designed to function as an *implementation tracking mechanism* capable of providing output and outcome information on a monthly basis. Ultimately, the performance dashboard will indicate successes, and point out areas that are under-performing and thus require closer attention. Progress against some process indicators contained within the performance dashboard will be reviewed with Minister Kesete and the Big Win Manager on a fortnightly basis in the inception phase of implementation and ultimately on a monthly basis, whilst progress against the outcome indicators (to be determined) for each sector will be reviewed on a quarterly basis at regional and federal levels. The purpose of these meetings will be to review progress and allow for prompt course-correction, whilst also ensuring that direct updates are being provided to all stakeholders.

3.8 **The evaluation component of this investment will:** (i) ensure that there is a robust baseline assessment against which progress can be tracked at midline and endline (using the LiST model as inputs) and (ii) determine the overall impact of the Innovation Phase to accelerate progress in ending child undernutrition in Ethiopia. The latter component

will use data from the performance dashboard, supplemented with surveys and interviews at midline and endline. Big Win Philanthropy, in collaboration with the Ministry of Health will identify an evaluator to undertake the evaluation activities. The independent evaluation findings will provide additional insights to inform the development of a sustainable model for addressing child undernutrition that can ultimately be replicated at national level during the expansion and scale-up phases in order to achieve the goal of ending child undernutrition. The evaluation will also assess the extent to which Big Win's goals of leverage and capacity building in a sustainable way have been achieved (see 3.9 and 3.10 below).

3.9 **Big Win Philanthropy's investment will leverage a number of factors:** (a) the political authority and financing resources of the Government of Ethiopia; (b) Government of Ethiopia's vast infrastructure and human resource investments in the Health Extension Program and Health Development Army (in the health sector), Agricultural Growth Program, Productive Safety Net Program, One WASH Program, and School Feeding Program; (c) resources and delivery platform of sectoral programs implemented by development partners in Ethiopia including UNICEF, USAID, World Bank, World Food Program, Bill and Melinda Gates Foundation, and others; and (d) Government of Ethiopia's encouraging reception to programmatic collaboration and guidance from Big Win Philanthropy – Big Win Philanthropy has already provided technical assistance which resulted in the development of a costed multi-year implementation plan estimated at US$211 million.

3.10 **Sustainability:** This investment has been designed to transfer and build capacity to counterpart government of Ethiopia staff and institutions to create a competent pool of resources that would be deployed to manage the expansion and national scale-up phases of the 'Seqota' Declaration. For example, it is envisaged that staff of the 'Seqota' Declaration delivery units will increasingly delegate responsibilities to government staff in the third (i.e. last) year of this investment. Secondly, the Amhara and Tigray Regional Public Health Institutes will ultimately have technical and management oversight of the activities of the Community Labs and it is envisioned that they would transform into Learning Centers for other regions across Ethiopia. The provision of technical assistance and institutional capacity building of counterpart government agencies in Ethiopia will develop a pool of skilled Ethiopian public sector staff that would be deployed to conduct step-down capacity development initiatives in other regions during the expansion and national scale-up phases.

Annex 1: Letter of Commitment from the Government of Ethiopia

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Federal Democratic Republic of
Ethiopia
Ministry of Health

27 APR 2016

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Date

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Ref. No.

Big Win Philanthropy

Addis Ababa

Subject: Reaffirming the GOE commitment to 'Seqota' declaration implementation

A high-level strategic discussion meeting on 'Seqota' declaration implementation was held on Monday, March 7 2016 at Hilton Hotel Addis Ababa.

During this meeting, Deputy Prime Minister HE Demeke Mekonnen announced the Government of Ethiopia's decision to elevate the 'Seqota' Declaration to become a pillar of Ethiopia's Growth and Transformation Plan for the next 5 years with a commitment to part fund the costed implementation plan.

This is, therefore, to re – confirmthe commitment and dedication of the GOE by funding up to 50 percent of'Seqota' declaration implementation as outlined in the circulated plan.

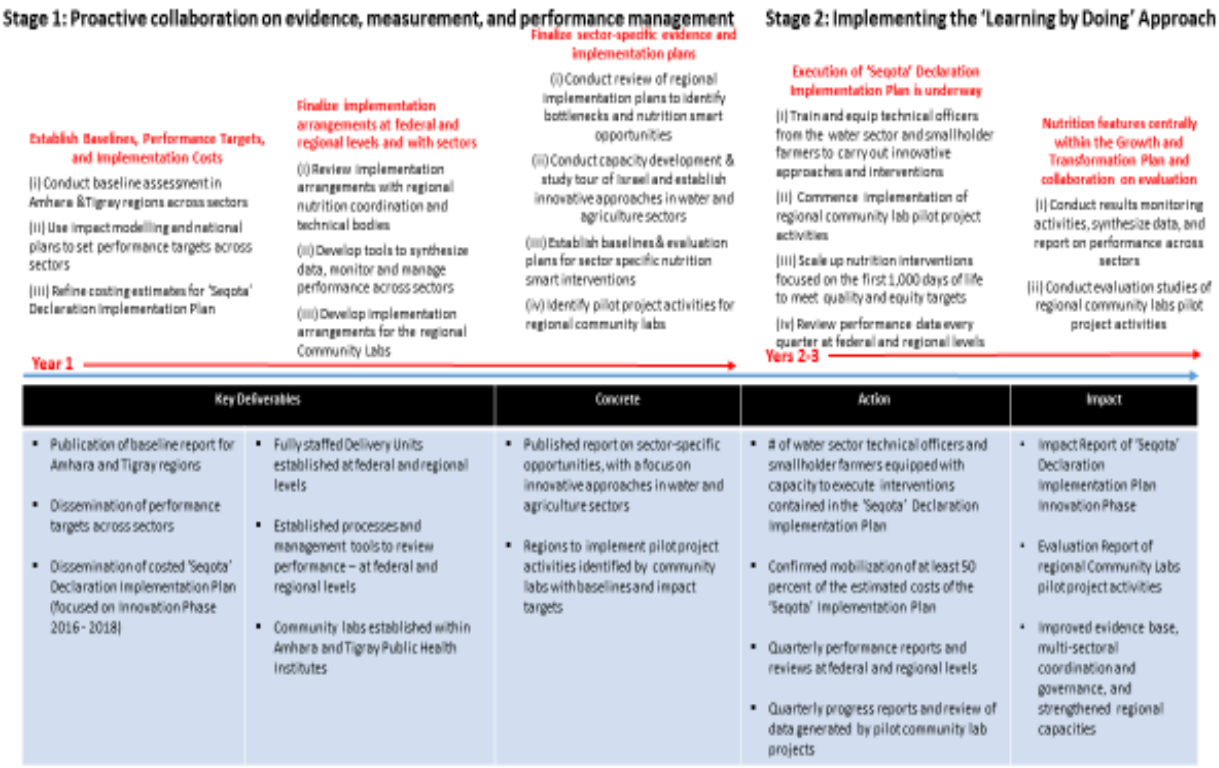
Sincerely Yours,

Kesete-birhan Admasu Birhane (Dr.)
Minister

cc.

- Office of the Minister

Annex 2: 'Seqota' Declaration Critical Path



Key Deliverables		Concrete	Action	Impact
• Publication of baseline report for Amhara and Tigray regions • Dissemination of performance targets across sectors • Dissemination of costed 'Seqota' Declaration Implementation Plan (focused on Innovation Phase 2016 - 2018)	• Fully staffed Delivery Units established at federal and regional levels • Established processes and management tools to review performance – at federal and regional levels • Community labs established within Amhara and Tigray Public Health Institutes	• Published report on sector-specific opportunities, with a focus on innovative approaches in water and agriculture sectors • Regions to implement pilot project activities identified by community labs with baselines and impact targets	• # of water sector technical officers and smallholder farmers equipped with capacity to execute interventions contained in the 'Seqota' Declaration Implementation Plan • Confirmed mobilization of at least 50 percent of the estimated costs of the 'Seqota' Implementation Plan • Quarterly performance reports and reviews at federal and regional levels • Quarterly progress reports and review of data generated by pilot community lab projects	• Impact Report of 'Seqota' Declaration Implementation Plan Innovation Phase • Evaluation Report of regional Community Labs pilot project activities • Improved evidence base, multi-sectoral coordination and governance, and strengthened regional capacities