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| **Proposed Title:** **Name of agency:**      **Location:** **Country**     **Province/District/State**     **Type of intervention (s)/activities/adaptations** (check all that apply): [ ]  IYCF E Policy [ ]  IYCF-E Training and Capacity Building [ ]  IYCF-E Coordination and Collaboration [ ]  IYCF-E M&E, Assessments/Surveys and Knowledge management[ ]  IYCF-E Protection, Promotion and Support for breastfeeding/ [ ]  IYCF-E Protection, Promotion and Support for complementary feeding [ ]  IYCF-E Protection, Promotion and Support for the non-breastfed with re-lactation/wet nursing [ ]  IYCF-E Financial management [ ]  IYCF-E Control and management of BMS donations procurement[ ]  IYCFE Safer BMS support/support for the non-breastfed child/infant dependent on BMS[ ]  IYCF-E Preparedness [ ]  IYCF in the context of COVID-19[ ]  Other (s):      Country(ies) where intervention is being/has been implemented:       |
| **What is the aim of the intervention/activities (100 words max):** |
| **Objectives/Aims** of the intervention/experience are to:(1):      (2):      (3):       |
| **Are there any multi Sectoral (s) linkage (s):** **[ ] Yes** **[ ]  No (check what is appropriate) and which sector (s)****FSL** [ ]  **WASH** [ ]  **Nutrition** [ ]  **Health** [ ]  **Child Protection** [ ]  **Education and Early Child Development/ECD** [ ]  **Mental Health/Care Practices** [ ] **[ ] Other (s):**  |
| **Description of the intervention/action/adaptation (process supported, activities etc.) (200 words max):**<Please give a description of the intervention/adaptation including the theme(s)/topics(s) and what was the main adaptation. It would be helpful if this could include the stage of development (e.g. whether final or its being developed is, tested).>      |
| **Initial results and learnings (200 words max):**<A brief outline of what worked well, any challenges faced, lessons learned –and how these were addressed.>      |
| **Scalability and transferability (100 words max):**<Is this intervention scalable and transferable? What is the potential for it being expanded and/or run by others without your support?      A brief outline of commitments and inputs (time of people, resources, etc) that were needed in establishing and maintaining the intervention)>      |
| **Is it an on-going intervention?** **[ ] Yes/****[ ] No****If Not, when did you complete it?**  |
| **Focal person of intervention** **and contact for further information (enter the details below):**<This could be two different people. Include email contact details and possibly WhatsApp number.>      |
| **When will you be available to facilitate the webinar (type the month and circle the week):** **Option 1: Month** **, Week** **[ ] 1st ,** **[ ] 2nd , [ ] 3rd , [ ] 4th** **Option 2: Month** **, Week [ ] 1st, [ ] 2nd, [ ] 3rd, [ ] 4th**  |
| **Date of submission of the proposal:** |