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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:** |