ANNEX B - Implementation Plan Timeline

IMPLEMENTATION PLAN, Objective 1, Scope 1								
Task For each task, please be as specific as possible. Use additional pages if necessary.	**Target Audience** Who is the audience targeted for the task?	**Subaward Resources Required** and Detailed Explanation of Use	**Non-Subaward Resources Required** (Sub-recipient or Third Party Contribution) and Detailed Explanation of Use	**Three (3) Month Timeline** Place an X in the appropriate box to indicate the first and last month of the task, with approximate start and end dates. (Add more months if necessary)			**Person(s) Responsible** Who is responsible for overseeing and implementing the task?	**Evaluation Indicators and Milestones** How will you measure the success of the task?
				1	2	3		
1.1 Market Landscape report with recommendations on next steps for strengthening private health sector Quality of Care (QoC)								
1.2 Market Landscape report with recommendations for strengthening supply of and client driven demand for integrated FP, MCH, and nutrition services.								