



Note to Task Teams: The following sections are system generated and can only be edited online in the Portal. *Please delete this note when finalizing the document.*

Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 10-Apr-2020 | Report No: PIDA29046

**BASIC INFORMATION****A. Basic Project Data**

Country Chad	Project ID P173894	Project Name Chad COVID-19 Strategic Preparedness and Response Project	Parent Project ID (if any)
Region AFRICA	Estimated Appraisal Date 30-Mar-2020	Estimated Board Date 07-Apr-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of Chad	Implementing Agency Ministère de la Santé Publique	

Proposed Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national system for public health preparedness in Chad.

Components

Component 1: Emergency COVID-19 Preparedness and Response

Component 2: Community Engagement and Social and Behavior Change Communication

Component 3: Implementation Management, Monitoring and Evaluation and Coordination

PROJECT FINANCING DATA (US\$, Millions)**SUMMARY**

Total Project Cost	16.95
Total Financing	16.95
of which IBRD/IDA	16.95
Financing Gap	0.00

DETAILS**World Bank Group Financing**

International Development Association (IDA)	16.95
---	-------



IDA Grant	16.95
Environmental and Social Risk Classification	
Substantial	
Decision	

Note to Task Teams: End of system generated content, document is editable from here. *Please delete this note when finalizing the document.*

Other Decision (as needed)

B. Introduction and Context

Country Context

- 1. Chad is a low-income country (LIC) in the African Sahel region with a population of over 13 million people.** Chad is a landlock, sparsely populated country with a high share of the population living in rural areas. Economic growth in Chad has been volatile over the last decade and its economy has been highly impacted by the changes in oil prices of 2014 and 2015. The subsequent recovery in oil prices and the increase in oil and agricultural production have contributed to a slow but positive growth of real GDP since 2018 (World Bank, 2020). Despite recent economic growth, poverty rates in Chad remain high and nearly half of the population (47 percent) lives below the poverty line (World Bank, 2020).
- 2. Chad has the lowest Human Capital Index (HCI) in the world.** A child born in Chad today will be 29 percent as productive when she grows up as she could be if she enjoyed full health and complete education (World Bank, 2018). This weak performance is driven largely by high infant mortality rates and poor quality of education. An underlying driver of Chad’s Human Capital (and broader development) challenges is its high population growth. With a Total Fertility Rate (TFR) of 6.4 Chad is among the fastest growing countries in the world (DHS 2014/15). Nutrition outcomes, in turn, are very poor with 40 percent of children under five being stunted (World Bank, 2018). Further, while Human Capital outcomes are poor for both boys and girls, girls are particularly vulnerable and perform lower on the HCI, particularly in terms of expected years of schooling and survival rates.
- 3. Chad is highly vulnerable to the impact of climate change and it has repeatedly experienced security threats over the last decade.** With a CPIA of 2.7 in 2018, Chad is classified as an FCV (Fragility, Conflict and Violence) country. Regional security risks destabilize the country and lead to severe humanitarian needs. As of January 2020, there were 442,672 refugees settled in 19 camps in the East, the South



and Lake Chad regions. Climate change has contributed to the region's social fragility (particularly in the Lake Chad Region and the pastoral areas in the Sahelian part of the country) and it seriously affected Chadians' livelihoods.

4. **There is a Bank financed Refugees and Host communities support project being implemented in Chad.** This refugees and hosts communities project will finance projects in water and sanitation (water points, latrines, wells, rainwater harvesting facilities) and provide shock-response cash transfers to approximately 14,000 households. These project activities will go a long way to also help in the COVID-19 control. The COVID-19 project will complement these activities in the camps. Working with NGOs and civil society, it will provide prevention supplies and the design of targeted communication campaigns for Refugees and displaced populations.
5. **The direct impact of COVID-19, the anticipated slowdown in the global economy, will likely reduce trade and disrupt supply chains of living commodities.** The effects of a pandemic-driven global economic downturn and its impact on Chad's economy are difficult to predict at this stage.

Sectoral and Institutional Context

6. **Chad's performance in terms of human capital outcomes is closely linked to the structural weaknesses of its health sector.** Mortality rates are among the highest in the world with a Maternal mortality ratio (MMR) of 860 deaths per 100,000 live births and under-five child mortality rate of 131 per 1,000 live births in 2015. Infant mortality is estimated at between 87 to 90 per 1,000 live births. Several factors help explain the performance of Chad's health sector, including: (i) limited financial resources; (ii) salient shortages of health workers and inadequate infrastructure; and (iii) significant geographic barriers to the delivery of health services. In addition, Chad's Joint External Evaluation (JEE) conducted in 2017 revealed important capacity constraints in all 19 technical areas. This shows the country's vulnerability to health security threats.
7. **Health financing in Chad is insufficient and highly inequitable.** In 2017, Chad spent 4.5 percent of its GDP on health. In per capita terms, the country only spent US\$ 32. This is less than countries of similar levels of income and less than other countries in the region¹. Furthermore, health has not been sufficiently prioritized in Chad's public budget and the share of health to general government spending has declined over the last decade from over 12 percent in 2009 to less than 4 percent in 2018, well below the Abuja target of 15 percent. In fact, the largest share (61.2 percent) of Chad's total health spending is financed by households through out-of-pocket payments. This poses major challenges in terms of the equity, the efficiency and the sustainability of the country's health financing architecture.
8. **Health facilities have low readiness levels to deliver quality health services.** According to the most recent SARA survey, one in three health facilities had access to electricity and two in three had access to improved water sources. The availability of essential medical equipment (scales, thermometers, stethoscopes, etc.) and laboratory capacity were also substandard (WHO, 2019). In terms of health

¹ LICs countries spent on average US\$ 35, while Sub-Saharan African countries spent US\$ 82 (World Bank 2020)



professionals, in 2017 there were less than 10,000 professionals in all Chad. Shortages are particularly acute for doctors and specialized health professionals (0.38 per 10,000 population), and there are important disparities in the distribution of health professionals between provinces.

9. **The coverage of essential health services is low.** The above-mentioned constraints, together with the significant geographic barriers enhanced by the poor transport infrastructure, lead to the low coverage of essential health services such as reproductive, maternal, neonatal and child health services and nutrition. In 2017, one in four children under five received all required vaccines. According to the DHS 2014/2015, only 25 percent of women attended at least four antenatal care visits and less than 30 percent delivered at a health facility. These coverage rates reflect as well a low demand for health services and great difficulties delivering health services through outreach.

10. **Weakness in core capacities to enforce International Health Regulation (IHR) can increase the risk of emergencies.** Chad signed on to the International Health Regulations (RSI, 2005) in 2012. Five years later (August 2017), there was a Joint External Evaluation (JEE)². This evaluation highlighted the capacities and skills of Chad for the 19 technical fields. It was found that out of the 19 technical areas assessed on a scale of 1 (no capacity) to 5 (sustainable capacity), there was no area with a favorable rating of 4 or 5. Most of the technical areas were rated as 1 (no capacity)³, particularly, Coordination, communication and promotion of IHR; antimicrobial resistance; emergency response operations ; preparedness; biosafety and biosecurity; medical countermeasures; and Point of entry. Only one technical area was rated as 3 (capacity) for all their indicators: vaccination. Based on the recommendations of the Joint External Assessment, a National Plan for Health security has been developed and validated whose implementation is slow to be effective for lack of availability of resources. Furthermore, the Government of Chad has already started the implementation of activities to strengthen these core capacities and the REDISSE IV project (P167817) will contribute to further strengthen national and regional cross-sectoral capacity for collaborative disease surveillance and epidemic preparedness.

11. **The first case in the country was diagnosed on 19th March 2020.** Since then, nine more cases have been confirmed and no deaths caused by COVID-19 have been reported. All cases are imported cases and there is no evidence of local transmission of COVID-19 in Chad. In response to the COVID-19 outbreak, the government initially introduced surveillance measures at the airport. The international airport was subsequently closed for all passenger flights, all educational facilities have been closed and leisure venues such as restaurants, bars and casinos have been closed as well.

12. Generally, hospitals in Chad lack critical equipment to effectively respond to complications from COVID-19. A mobile laboratory based in Ndjamen is available for testing, and an isolation center has been identified at the airport. All suspected cases identified in Ndjamen will be kept at the Farcha Provincial hospital and others identified in provinces will be kept in provincial/district hospitals.

² Joint External Evaluation of IHR Core Capacities of the Republic of Togo. Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0 IGO.

³ The following technical areas were rated as 1 (no capacity) for all of their indicators: IHR coordination, communication and advocacy; antimicrobial resistance; biosafety and biosecurity; linking public health and security authorities; medical countermeasures and personnel deployment; and point of entry. Some technical areas were rated as 2 (limited capacity) or below for all their indicators: national laboratory system, zoonotic diseases, reporting, preparedness, and emergency response operations, among others.



However, isolation capacity at provincial and district hospitals will need to be developed. The country does not have enough quantities of basic PPE in case of an increase in the number of cases. In addition, the country is currently experiencing a polio outbreak posing additional pressures on the PPE stocks.

13. **The proposed project will support activities identified by the government in their response plan.**

The Ministry of Public Health, in close collaboration with the WHO, has prepared a COVID-19 National Action Plan (“Plan National de Contingence pour la Preparation et la Riposte a l’epidemie de la Maladie a Coronavirus Covid-19”). The Plan consists of the following six strategies: (1) Strengthening coordination through a multisectoral approach; (2) strengthening health surveillance; (3) mobilization of a mobile lab; (4) strengthening of communication and community engagement; (4) implementation of hygiene measure to reduce the spread of the disease; and (6) strengthening the health system’s response capacity.

14. The following activities are ongoing:

- **Coordination:** Government put in place a Health Security Committee and a Technical Committee to coordinate the response. The first one is chaired by the Secretary General at the Presidency and has an executive function. The second one is chaired by the Director General of the Ministry of Health and it is responsible for day to day follow-up of the evolution of the epidemic.
- **Surveillance:** Surveillance was reinforced at the points of entry, particularly at the international Hassan Djamouss airport where an isolation and treatment centers were identified and equipped. The airport is closed since March 20th for all passenger flights.
- **Laboratory:** A mobile laboratory from the Ministry of health and WHO is available as a site for diagnosis of COVID-19.
- **Communication:** Information and sensitization messages are made via the media, flyers and posters.
- **Rapid Intervention Team:** Rapid intervention teams have been put in place to investigate, follow up passengers from endemic countries and their contacts.
- **Preparation of quarantine and isolation centers:** Government has proposed to use Ibis Hotel and Hotel Chari for the 14-day quarantine of suspected cases. As for isolation, the Farcha Provincial hospital is being used as an isolation center for cases identified. Suspected cases identified in the regions will be isolated in District/Provincial hospitals. These sites will need to be renovated and equipped.
- **Financing:** a Special Fund was created to pool resources for the COVID-19 response.

15. The REDISSE IV project (P167817) will contribute to further strengthen national and regional cross-sectoral capacity for collaborative disease surveillance and epidemic preparedness. The selection of activities to be financed under this operation considers the support available under REDISSE IV and the support planned by other development partners, including the AFD and GAVI.

16. **In Chad, two major challenges were identified to be addressed to build the capacity** required to prevent, detect and respond to public health emergencies. Among these are:

- Insufficient and inadequate equipment to prevent and control infections, as well as to manage COVID-19 complications.
- Misinformation and limited SBC campaigns to promote the hygiene measures required to prevent the



spread of COVID-19.

C. Proposed Development Objective(s)

Note to Task Teams: The PDO has been pre-populated from the datasheet for the first time for your convenience. Please keep it up to date whenever it is changed in the datasheet. *Please delete this note when finalizing the document.*

Development Objective(s) (From PAD)

17. The PDO is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national system for public health preparedness in Chad.
18. While the project is structured around the government's response to COVID-19, activities implemented through the project will have a broader, long-lasting impact that will contribute to overcome structural challenges in Chad's health system. For example, the project will address critical needs in terms of equipment needed to respond to the COVID-19 outbreak. Most of this equipment is also utilized to treat other diseases. The project will also increase knowledge on infection prevention and control therefore promoting better quality of health services. Finally, better emergency preparedness is critical to ensure that service delivery is not disrupted by emergency response efforts.

Key Results

19. The proposed PDO level indicators are the following:
 - a) Number of suspected cases of COVID-19 cases reported and investigated based on national guidelines;
 - b) Number of designated laboratories with COVID-19 functioning diagnostic equipment, test kits, and reagents per MOH guidelines;
 - c) Percentage of targeted acute healthcare facilities with isolation capacity;
 - d) Number of laboratory-confirmed cases of COVID-19 treated per approved protocol;

D. Project Description

Note to Task Teams: The following sections are system generated and can only be edited online in the Portal. *Please delete this note when finalizing the document.*

20. This operation addresses critical country-level needs for preparedness and response for COVID-19, and other diseases with epidemic potential. This project has been designed to support the implementation of Chad's National Action Plan against COVID-19, benefiting from the agile procedures established under the Fast Track Facility. This project will therefore prioritize those activities that will benefit from the added agility in fiduciary procedures, including the procurement of essential equipment and the engagement of UN agencies to support the immediate response.



21. While the project will help strengthen the national capacity to respond to the COVID-19 emergency, the distribution of equipment and supplies and the training of staff will prioritize the seven provinces identified by the WHO as high-risk provinces. These provinces are those where there are points of entry to the country and include: N'Djamena, Lake Chad, Mayo Kebbi East, Mayo Kebbi West, Logone Oriental, Moyen-Chari and Ouaddai. In addition, the project will support activities in selected refugee camps. The camps will be selected based on their proximity to points of entry and the frequency and size of inflows of new refugees. Activities targeted to refugee camps include the provision of prevention supplies (e.g. hand-washing stations and PPE for health staff) and the design of targeted communication campaigns.
22. The project has 3 components: (1) Emergency COVID-19 Preparedness and Response, (2) Community Engagement and Social and Behavior Change Communication, (3) Implementation Management, Monitoring and Evaluation, and Coordination.
23. **Component 1. Emergency COVID-19 Preparedness and Response (US\$ 13.45 million):** This component will support the country's ability to promote an integrated preparedness and response to COVID-19 through improved prevention measures, laboratory capacity and surveillance, case detection and contact tracing, case management and treatment. Furthermore, this component will support coordinated efforts that will enable the country to mobilize surge response capacity through trained, motivated and well-equipped frontline health workers. The component will also finance provisions for emergency response activities targeted at migrant and displaced populations in fragile, conflict or humanitarian emergency settings compounded by COVID-19. This component has three subcomponents:
24. Subcomponent 1.1. COVID-19 Prevention and Preparedness Planning (US\$ 4.24 million). Given the limited number of COVID-19 cases confirmed in Chad, it is of utter importance to strengthen prevention measures that can help control the spread of the disease. Further, it will be important to develop robust plans to ensure that the country is prepared to manage the response. For that purpose, this subcomponent will finance: (i) technical assistance to build the government's capacity on preparedness planning, including technical assistance to strengthen fiduciary mechanisms under the COVID-19 Special Fund; (ii) the purchase of all infection prevention and control commodities, consumables and equipment including masks, gloves, gowns, cleaning supplies, autoclaves, etc., as well as strengthening medical waste management and disposal systems; and (iii) the provision of prevention supplies for Refugees and displaced populations. Given the potential exacerbation of Chad's social fragility through the implementation of certain prevention measures (e.g. the use of force to ensure compliance with restrictions to movement), the Technical Assistance delivered under this subcomponent will integrate an analysis of the social implications of such policies and it will include mitigating measures to such risks.
25. Subcomponent 1.2. Improving Case Detection, Confirmation, Contact Tracing, Recording and Reporting (US\$ 2.86 million): This sub-component will finance the following activities: (i) disease surveillance activities including early detection, investigation, active contact tracing, risk assessment, on-time data and information collection and utilization; (ii) the reinforcement of human resources through mobilization of additional health personnel; (iii) the purchase of ambulances for the rapid intervention team; (iv) the establishment and/or upgrade of laboratory capacity including purchase



of equipment, specimen collection and transport, as well as training of personnel; (v) procurement of laboratory tests and related consumables for the national laboratory; (vi) organization of screening at all points of entry into the country; (vii) support to strengthen health management information systems to facilitate recording and real-time sharing of information; (viii) hardware and software needs such as internet connection and telephone communication of health facilities at operational, regional and central levels;

26. Subcomponent 1.3. Improving Case Management of COVID-19 Patients (US\$ 5.80 million): This subcomponent will build Chad's capacity to provide quality supportive treatment for COVID-19 patients. It will finance the establishment of specialized and intensive care units and beds in selected primary care facilities and hospitals. This includes the rehabilitation of existing infrastructure, the provision of medical equipment and supplies to comply with WHO standards for COVID-19 supportive treatment, drugs, and other operational expenses. In addition, this subcomponent will finance the development and validation of treatment guidelines and the clinical training of health personnel.
27. Subcomponent 1.4. Food and basic supplies to households and patients (US\$: 0.55 million): This component aims to address the significant negative economic impact on COVID-19-affected households. Using the services of civil society and NGOs, it will provide emergency support to quarantined households and to people in isolation and treatment centers, including food and basic supplies.
28. **Component 2. Community Engagement and Social and Behavior Change Communication (US\$ 2.50 million):** This component will support the development and testing of social and behavior change (SBC) messages and materials to raise awareness, knowledge and understanding among the general population about the risk and potential impact of the pandemic and to promote prevention measures, including hand-washing, hygiene and social distancing. Targeted messages will be developed for vulnerable groups, including refugees living in refugee camps and internally displaced persons, as social distancing and other prevention measures will need to be adapted to the different realities of refugees living in refugee camps and people on the move. Partnerships with organizations with experience addressing such vulnerabilities in Chad will be explored.
29. Communication activities will cover the entire country using cost effective channels of communications such as radio, television and social media as appropriate, as well as SBC campaigns in schools, workplaces, and through ongoing outreach activities of various ministries and sectors, especially ministries of health, education, agriculture, and transport. This will be done after a rapid community behavior assessment to gather information about the knowledge, attitudes, beliefs and challenged related COVID-19 response. This component will primarily finance the production of SBC and mass media products as well as buying the air time of mass media. These materials will be translated to French, Arabic and local languages. Advocacy communication and community mobilization activities through civil society organizations including religious and tribal leaders, community health worker and community organization will also be supported, especially in rural areas.
30. **Component 3. Implementation Management, Monitoring and Evaluation and Coordination (US\$ 1.00 million):** This component will finance operational costs of the project implementation Unit (PIU). These include equipment, additional staff and other operational expenses needed to implement the



project. This component will also finance coordination activities. These include meetings of Technical Coordination committees, Coordination’s meetings at different level of the health system and operation costs of Emergency Operation Center.

Legal Operational Policies

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Summary of Assessment of Environmental and Social Risks and Impacts

Note to Task Teams: This summary section is downloaded from the PAD data sheet and is editable. It should match the text provided by E&S specialist. If it is revised after the initial download the task team must manually update the summary in this section. *Please delete this note when finalizing the document.*

31. The main concerns relate to testing and treatment of infected persons, handling of medical samples and waste by medical professionals and local community health and safety. The project will finance equipment for selected primary health care facilities and hospitals to improve their ability to deliver critical medical services including testing, treatment and hospitalization. The PIU will prepare an ESMF to provide clear guidance regarding the treatment of medical waste, guidelines for community engagement and the preparation of subproject ESMPs (if needed). The ESMF will also incorporate international protocols for community health and safety during a pandemic and measures to address GBV/SEA. The ESMF will be consulted with stakeholders using the modified approach currently under preparation and publicly disclosed per the requirements of the ESF no later than 30 days after Project effectiveness.

Note: To view the Environmental and Social Risks and Impacts, please refer to the Appraisal Stage ESRS Document. *Please delete this note when finalizing the document.*

E. Implementation

Institutional and Implementation Arrangements

32. **The Government of Chad has established several working groups to coordinate the response to COVID-19.** The Health Security Committee is a high-level committee formed by ministers and chaired by the Secretary General at the Presidency. The Technical Committee is formed by Directors from the MOH and key stakeholders, including development partners, and it is chaired by the Director General

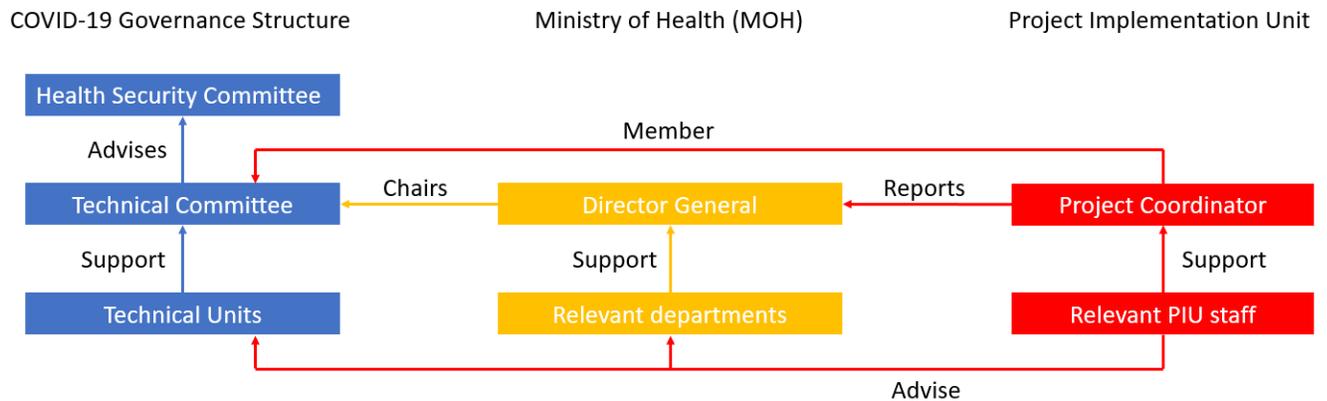


of the MOH. Technical units have been organized to cover critical areas of the response plan, including laboratory, rapid interventions teams, supportive treatment, and M&E. While the Health Security Committee has an executive function, the Technical Committee provides regular advice and coordinates the implementation of the National Action Plan.

33. **The MOH plays a key role in the implementation of the COVID-19 response.** In coordination with other ministries (civil aviation, education, agriculture), the MOH leads many activities, particularly those related to surveillance, prevention and management of COVID-19 cases. The Department of Communicable Disease Control is the unit within the MOH leading most of these efforts.
34. **The project will be implemented by the REDISSE IV PIU.** The PIU has experience working on projects financed by the World Bank. Prior to the REDISSE IV project, the PIU managed the implementation of the Mother and Child Health Service Strengthening Project (P148052). That project included the engagement of UN agencies, which means that the PIU has experience managing this kind of contracts. Furthermore, the Project Coordinator is a member of the above-mentioned Technical Committee and participates in their meetings. The PIU is already staffed with a procurement and a financial management specialist, a Monitoring and Evaluation officer and a communications officer. The PIU is in the process of recruiting an environmental specialist and a social specialist. An emergency liaison officer (full-time) will be hired to coordinate all emergency response efforts and a part-time public health officer will be recruited to support the implementation of component 2. The emergency liaison officer will also be responsible for the oversight of the contract with UN agencies and for ensuring that information related to the implementation of activities carried out by UN agencies is shared with the government's COVID-19 governance structures in a timely manner. The public health officer will support activities under Component 2 and contribute to capacity building activities on advocacy and communication.
35. **The PIU will be responsible for the daily management, implementation, administration, project coordination, and monitoring and evaluation of the project.** The PIU is responsible for: (i) procurement and project financial management; (ii) implementing of a communication program to inform the public of project activities and obtain feedback; (iii) preparing annual work plans, quarterly and annual implementation and results reports; (iv) monitoring overall project implementation and ensuring compliance with safeguard policies; and (v) oversee service contracts with UN agencies and NGOs.
36. **Figure 2 summarizes the linkages between the government's COVID-19 governance structures, the MOH and the project's PIU.** The Project Coordinator – supported by the emergency liaison officer – will play a key role in the coordination with the Technical Committee and the MOH. He will continue to participate in the Technical Committee's meetings to update its members on progress made and to coordinate with other stakeholders involved in the response. The Project Coordinator will also report directly to the Director General at MOH and update him on issues that require MOH's attention. Relevant members of the PIU will also advise their respective department at MOH and they will ensure that the project is implemented in line with MOH's technical specifications. Particularly important will be the coordination between the technical team at the PIU and the Department of Communicable Disease Control, as well as the respective Technical Unit.



Figure 2 – Institutional set-up



Note: the PIU is part of the MOH but it is described separately for presentational purposes.

37. **The project will explore innovative approaches to overcome the logistical challenges posed by the COVID-19 pandemic and the difficulties of operating in a fragile environment.** The immediate response will be mostly executed through relevant UN agencies and NGOs (roughly 80 percent of activities, which represent 80 percent of the project’s financial envelop), and, where possible, other stakeholders like the private sector will be considered. These organizations will be selected based on their expertise and their ability to respond to this crisis in a timely manner. Organizations will also be selected based on their previous performance implementing similar projects in Chad. The project will engage UN agencies to (i) provide technical assistance/support to prepare and respond to the pandemic, (ii) implement effective IEC/BCC strategies, (iii) strengthen case management functions, and (iv) procure and deliver essential commodities and equipment. These activities will be funded out of the Financing Agreement with Chad

Note to Task Teams: The following sections are system generated and can only be edited online in the Portal.

Please delete this note when finalizing the document.

CONTACT POINT

World Bank

Andy Chi Tembon
Senior Health Specialist

Borrower/Client/Recipient



Republic of Chad

Implementing Agencies

Ministère de la Santé Publique
Salomon Garba Tchang
Dr.
garbasalomon@gmail.com

FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: <http://www.worldbank.org/projects>

APPROVAL

Task Team Leader(s):	Andy Chi Tembon
----------------------	-----------------

Approved By

Environmental and Social Standards Advisor:		
Practice Manager/Manager:		
Country Director:	Kofi Nouve	10-Apr-2020

Note to Task Teams: End of system generated content, document is editable from here. *Please delete this note when finalizing the document.*