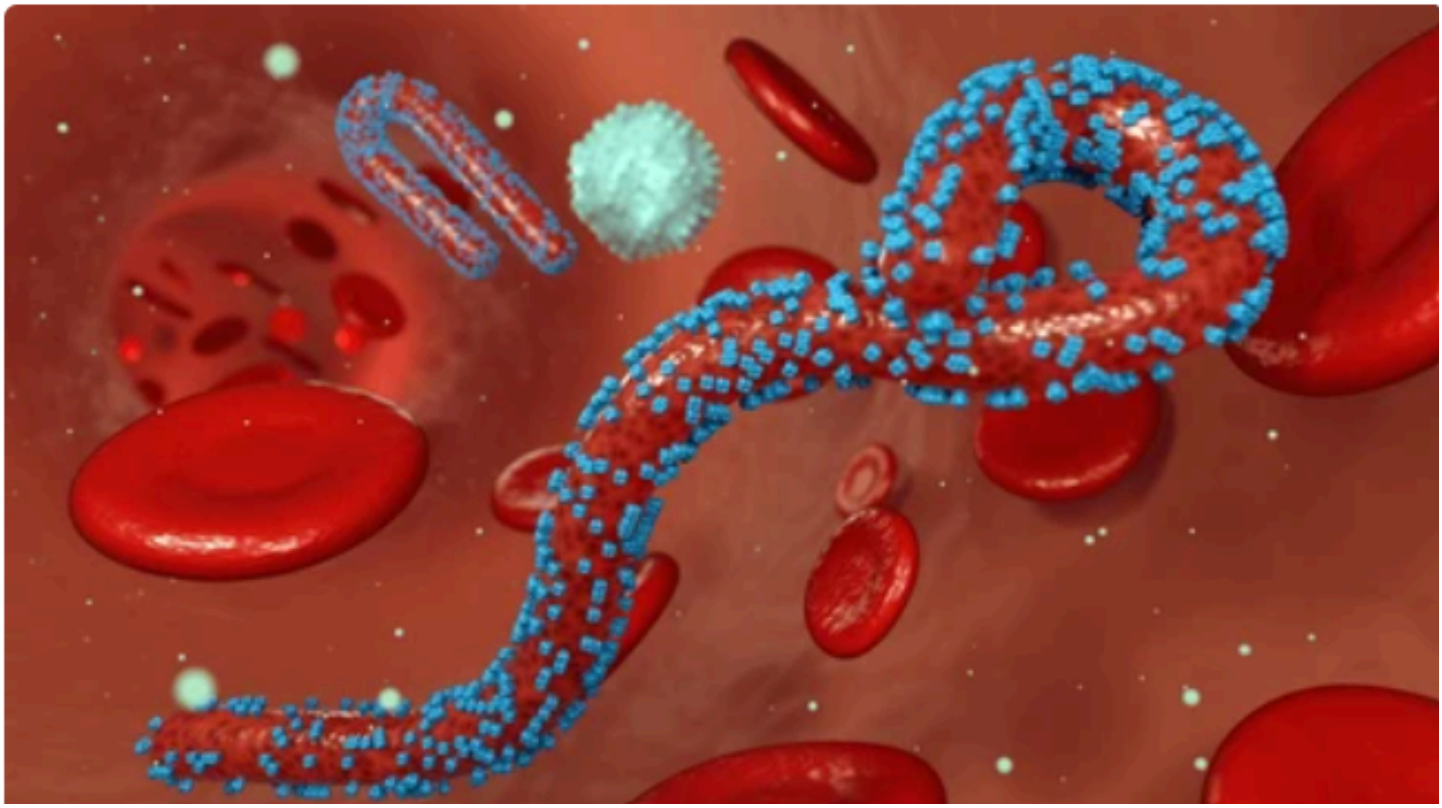
DREF Operation

Ethiopia Marburg Outbreak 2025



Appeal: **MDRET039**	Hazard: **Epidemic**	Country: **Ethiopia**	Type of DREF: **Response**
Crisis Category: Orange	Event Onset: **Slow**	DREF Allocation: **CHF 478,670**	
Glide Number: **-**	People Affected: **573,000 people**	People Targeted: **573,000 people**	
Operation Start Date: **19-11-2025**	Operation Timeframe: **6 months**	Operation End Date: **31-05-2026**	DREF Published: **27-11-2025**

Targeted Regions: **Oromia, SNNP, Addis Ababa, Sidama**

Description of the Event

Date when the trigger was met

12-11-2025

Ethiopian Map locating Jinka in Arsi zone

What happened, where and when?

On 14 November 2025, the Federal Ministry of Health (FMOH), in collaboration with the Ethiopian Public Health Institute (EPHI), issued a press release declaring an outbreak of Marburg virus disease in the South Region of Ethiopia. As of 26 November 2025, 78 laboratory tests have been conducted, of which twelve confirmed cases, including seven confirmed deaths, have been reported, three cases remain probable. Of the twelve confirmed cases, five are currently alive, three on treatment, and two discharged. More than 300 contacts have been identified and are under active follow-up. Given the high fatality potential and rapid transmissibility of Marburg, (MVD) an immediate and coordinated public health response is essential. Early detection, isolation, contact tracing, and community sensitization are critical to prevent further spread by strengthening infection prevention and control (IPC) in health facilities, ensuring the safety of health workers, mobilizing rapid response teams (RRTs), and effective risk communication are key priorities at this stage.

An urgent response is warranted due to the potential for rapid local and cross-regional transmission, and significant public health threat associated with hemorrhagic fevers. Delayed intervention could result in high morbidity and mortality, community panic and overburdening of the health system. Immediate action will help contain the outbreak source, interrupt transmission chains, and protect both the affected population and health workers while laboratory confirmation and epidemiological investigations continue.

ERCS RCCE training by RHB and WHO

Scope and Scale

Extent of Potential Negative Impacts:

Ethiopia has recently confirmed its first-ever Marburg virus disease (MVD) outbreak reported in Jinka town of the South Ethiopia Region. As of November 14th, 2025, a total of six cases have been reported. Genetic analysis by the Ethiopia Public Health Institute revealed that the virus is of the same strain as the ones that has been reported in previous outbreaks in other countries in East Africa.

The Marburg disease is a severe and often fatal illness caused by the Marburg virus. The disease is often characterized by high fever, severe headache, muscle aches and fatigue. Many patients develop severe bleeding within a week of onset. The disease is rapidly transmitted through direct contact with bodily fluids of infected individuals or contaminated materials.

The disease can lead to significant disruption to local health systems. A potential outbreak could lead to increased morbidity and mortality, fear and stigma within communities, and interruption of essential services due to movement restrictions or fear of healthcare settings.

Livelihoods— particularly those dependent on daily trade, livestock markets, and cross-border movement—could be severely disrupted. Infrastructure such as health facilities may become overwhelmed or constrained by infection control requirements and staff shortages.

Most at risk Populations:

The populations most likely to experience impacts include those residing in Jinka Town and surrounding rural kebeles within the South Omo Zone. This area has limited health infrastructure, low access to sanitation and clean water, and frequent population movement for trade and pastoral activities—all of which increase exposure and complicate containment efforts.

Vulnerable groups include:

1. Children and the elderly, who have weaker immune systems and limited resilience to infection and dehydration.
2. Pregnant and lactating women, due to heightened physiological vulnerability and barriers to care-seeking.
3. People with disabilities who often face mobility and communication challenges during health emergencies.
4. Internally Displaced Persons (IDPs) and refugees in and around the South Omo area, who live in crowded conditions with poor access to health services.
5. Health workers who are at elevated risk due to direct exposure and inadequate infection prevention and control (IPC) measures.

Geographic and Social Vulnerability:

South Omo Zone is geographically remote with poor road networks and limited laboratory capacity, delaying diagnosis and response.

The population's mobility across regional and cross-border routes (e.g., with Kenya and South Sudan) also increases the risk of wider

spread. Cultural practices such as close family care for the sick and traditional burial rituals may further heighten transmission risks if not managed with community engagement and safe practices.

Historical Context:

Ethiopia and neighboring countries have previously experienced outbreaks of hemorrhagic fevers such as Rift Valley Fever and Yellow Fever, which caused significant loss of life, livestock, and economic disruption. For instance, past outbreaks in Southern and Southwestern Ethiopia have resulted in livestock deaths, human infections, and trade restrictions. These historical experiences highlight the region's high susceptibility to zoonotic and epidemic-prone diseases, emphasizing the urgency of rapid containment, community awareness, and cross-sectoral coordination.

In summary, the confirmed Marburg cases in Jinka represent a serious emerging health hazard with the potential to cause widespread social, health, and economic consequences if not rapidly contained through a well-coordinated public health emergency response.

Source Name	Source Link
1. Ministry of Health- Ethiopia	https://www.dawan.africa/news/ethiopia-warns-of-hemorrhagic-fever-outbreak
2. Afro WHO	https://www.afro.who.int/news/ethiopia-suspected-viral-haemorrhagic-fever-outbreak
3. African CDC	https://africacdc.org/tag/haemorrhagic-fever/

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

Lessons learned:

This is the first VHF (Marburg) outbreak ever declared in Ethiopia, hence the National Society does not have the specific experience or learning to share in the management of this type of outbreak. however, ERCS has an ongoing PREPARE project, which has built capacity of its staff on CBS, RCCE and EPIC, TOT models in 6 regions, the skills which will be cascaded in the affected Jinka zone of the Southern region.

ERCS will ensure to follow best practices and lessons learned from other VHF and specifically Marburg responses in neighboring countries across East Africa.

ERCS will also adopt Community Engagement Accountability (CEA) and RCCE models employed during the Covid-19 outbreak to ensure awareness and risk is effectively communicated and communities adopt the best practices.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	No

Current National Society Actions

Start date of National Society actions

13-11-2025

Health	Ethiopian Red Cross Society (ERCS) Ari Zonal Branch has mobilized 46 volunteers and ambulance services in collaboration with regional government taskforces, while Jinka General Hospital and ERCS Ari Zone have urgently requested personal protective equipment (PPE) and other critical supplies, which have been dispatched to the region on 14th Nov. Additionally, the deployed volunteers are supporting the RHB in contact tracing, safe patient transport, and risk communication and community engagement (RCCE).
Water, Sanitation And Hygiene	Available stocks of IPC and NFI materials transportation to the area from the NS prepositioned stock in the warehouse per the request from the Jinka general hospital.
Community Engagement And Accountability	ERCS volunteers are being involved in risk communication and community engagement with key messages developed by regional RCCE team.
Coordination	ERCS is involved in the coordination meeting with partners in the region and is being requested to support with some materials to strengthen the Jinka general hospital for case management, At NHQ level a federation wide coordination meeting was held to involve PNS, and a task force was established to coordinate with the region for regular update and technical support to the region.

IFRC Network Actions Related To The Current Event

Secretariat	The International Federation of Red Cross and Red Crescent Societies (IFRC) maintains a permanent presence in Ethiopia, providing strategic, technical, and operational support to the Ethiopian Red Cross Society (ERCS) across health, disaster management, and emergency preparedness. Following recent reports from the Ministry of Health (MoH) and the Ethiopian Public Health Institute (EPHI) on suspected hemorrhagic fever cases in Jinka Town, the IFRC has confirmed its readiness to support ERCS in mounting a timely and coordinated response. Support and Coordination: The IFRC Country Delegation has initiated discussions with ERCS and MoH to assess the situation, align with national coordination mechanisms, and explore early activation of emergency tools, including a potential Disaster Response Emergency Fund (DREF) request. Technical and Strategic Support: IFRC is providing technical guidance in key areas including: - Public Health in Emergencies (PHE) and epidemic preparedness - Community-based surveillance and RCCE - Infection Prevention and Control (IPC) and health promotion - Operational planning, coordination, and rapid response mechanisms - PMER: Systematic tracking, reporting, and learning - Finance & Administration: Timely mobilization and accountable management of DREF or other funds - Human Resources: Deployment of technical and surge staff - Security: Context analysis, safety guidance, and coordination with UNDSS - Logistics: International Procurement, supply chain support, and transport of health and WASH supplies - National Society Development (NSD): Assessing ERCS's institutional and technical

	capacities in epidemic preparedness and emergency operations Summary: IFRC remains actively engaged and ready to support ERCS through technical assistance, coordination with national authorities, and resource mobilization, ensuring a timely, effective, and accountable response to the emerging hemorrhagic fever threat in Ethiopia with the support from the neighboring countries.
Participating National Societies	Participating National Societies (PNSs) maintain ongoing partnerships and support programs with the Ethiopian Red Cross Society (ERCS) in various sectors, including health, disaster management, and resilience building. These include the Danish Red Cross, Finnish Red Cross, Norwegian Red Cross, Swiss Red Cross, and Netherlands Red Cross, among others. Their current engagements primarily focus on longer-term health system strengthening, disaster risk reduction, and community resilience initiatives across different regions of the country. The capacity built to the NS is mapped to support this operation with additional skill to manage MVD. For this specific emergence, the Norwegian RC in country have committed to replenish the stock and actively coordinating with their HQ for additional support. Netherland RC as a lead in ECHO DP, has communicated to the ECHO the NS action including the DREF application, and the ECHO is following up with IFRC on the progress for possible support. From their ongoing projects, they have committed 10,000 USD to facilitate immediate needs of the NS. The ERCS, in coordination with the IFRC Country cluster Delegation, is closely monitoring the situation and will organize the emergence meeting on 17th Nov to updates with status and to all PNS partners to facilitate timely coordination and mobilization of support as needed including the technical personnel. Meanwhile this DREF will be communicated to all PNS and ICRC. Once the situation is further assessed and response needs are clarified, PNS contributions may be mobilized in alignment with the national response framework and the IFRC's coordinated support, including possible engagement through the DREF mechanism or other joint response arrangements.

ICRC Actions Related To The Current Event

ICRC has presence in the country supporting on conflict related matters. The NS has shared the information with them, in the meantime no support has been provided. NS will request the capacity strengthening in SDB and supplies from the prepositioned stocks.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The Ministry, in collaboration with EPHI, is undertaking coordinated surveillance and response activities to identify the source of infection, contain potential spread, and ensure early detection of additional cases. Health authorities have deployed a rapid response team to the area to determine the cause, conduct laboratory testing, and prevent further spread. Community-level monitoring has been strengthened through engagement of local health workers and volunteers, while contact tracing teams are actively identifying and following up all individuals who may have been exposed to suspected cases. In addition, house-to-house case finding has been intensified to promptly detect any new symptoms within the community, facilitate timely referral to health facilities, and enhance public awareness on preventive and precautionary measures. Sample collection, packaging, and transportation for diagnosis and confirmation of the suspected cases started.

UN or other actors	WHO pledged to support 300, 000 USD for the response in the area and Africa CDC called a meeting for coordination and collaboration for response. WHO Afro, UNICEF and ACDC have deployed technical team to support the region in response. WHO is co-chairing with the MOH the coordination at national and regional level. Other international organization are mobilized to support the response.

Are there major coordination mechanism in place?

The Ethiopian Public Health Institute (EPHI), under the Ministry of Health (MoH), leads preparedness and response coordination through the existing Incident Management System (IMS) at regional levels. Technical working groups and Emergency Operation Centers (EOCs) will be activated to oversee surveillance, case investigation, laboratory testing, and risk communication in response to the suspected hemorrhagic fever in Jinka Town, South Ethiopia.

National coordination is guided by the Public Health Emergency Operations Center (PHEOC) chaired by EPHI, with participation from MoH, WHO, UNICEF, and key partners. At the regional level, the Regional Health Bureau (RHB) leads coordination through PHEM units in collaboration with local authorities and community health workers.

Role of ERCS:

The Ethiopian Red Cross Society (ERCS) participates in coordination platforms at regional levels, supporting community engagement, risk communication, contact tracing, and surveillance through its volunteer network. While not in a lead role, ERCS is a vital operational partner in community-based response activities.

Gaps/Overlaps:

Current coordination is mainly health-focused, with limited involvement of non-health sectors such as logistics, psychosocial support, and WASH. Strengthening cross-sector coordination and information sharing between national and regional levels will enhance the effectiveness and inclusiveness of the response.

Needs (Gaps) Identified

Health

This is the first outbreak of Marburg in the country. The mortality rate of this disease, combined with the lack of awareness of the disease, poses a significant risk to the country and its surroundings. Currently, the outbreak has strained local health systems in the region, disrupted essential services, and has triggered widespread fear and misinformation across affected communities. In response, the Ethiopian Red Cross Society (ERCS) Arsi Zonal Branch has mobilized volunteers and ambulance services in collaboration with government taskforces, while Jinka General Hospital and ERCS Arsi Zone have urgently requested personal protective equipment (PPE) and other critical supplies. Immediate actions expected from ERCS include intensified contact tracing, provision of PPE and infection control materials, safe patient transport, MHPSS and deployment of targeted risk communication and community engagement (RCCE) strategies to contain the outbreak. Meanwhile the NS capacity and knowledge on the Marburg remain limited and requires urgent support, thus this operation will aim to strengthen the community-based health services and support the facilities to ensure MVD is contained in the shortest time, not limited to Arsi, but also in neighboring regions where the contact will be communicated.

Water, Sanitation And Hygiene

Jinka Town and surrounding rural kebeles within the South Omo Zone has limited access to sanitation and clean water, and frequent population movement for trade and pastoral activities all of which increase exposure and complicate containment efforts. this response operation will strengthen WASH services along with awareness creation to ensure community adopt best practices.

Protection, Gender And Inclusion

Currently the response has been meagering in case management and prevention, through this DREF ERCs will address protection gender and inclusion challenges to ensure specific needs of the special groups are addressed. Symptoms exhibited by the disease are bound to

bring stigma and discrimination amongst affected community members, which requires parallel action. The right to information will be reinforced for different groups to ensure no one is left behind.

Community Engagement And Accountability

Misinformation and lack of knowledge on the part of communities is a significant risk that needs to be addressed from the outset through a strong feedback management system and engagement at both community and institutional levels through local leaders, stakeholders, and other actors.

Data collection and management will be an important pillar in addressing awareness raising. Existing feedback systems and other identified will be activated to ensure information are well managed and timely collected and addressed.

Jointly with the RHB, will translate key messages and communicate to the community through different media to ensure wider coverage, and call for action for individual and institutions.

Any identified gaps/limitations in the assessment

- Insufficient WASH supplies for activation preventive measure.
- Limited knowledge among the community on the outbreak, which led to normal treatment of cases.
- In adequate PPE to meet standard of the MVD, only normal surgical PPE available and capacity is strained at regional level.
- Reports from Government mentioned the strained capacity and limited medical supplies available.
- Limited facilities to manage both normal and isolation for case management.
- Limited health supplies to manage both isolation and general health facilities.
- HCW, Volunteers deployed with limited PPE, urgent supply is required to meet the needs.

Assessment Report

Operational Strategy

Overall objective of the operation

The IFRC-DREF operation aims to support the ERCS and the Ethiopian Ministry of Health and the Ethiopian Public Health Institute in preventing and controlling the Marburg outbreak in Ethiopia by enhancing early detection, case management, and community engagement, thereby minimizing morbidity, mortality, and the risk of further transmission.

Operation strategy rationale

This plan is established based on standard response for hemorrhagic disease and proposed support, and operation teams follow the capacity of the local branch and national Incident Management System. The operation will be implemented in close collaboration with MoH, EPHI, and the Regional Health Bureau, aligning with the existing government guidelines and SoP. The Ethiopian Red Cross Society (ERCS) will leverage its auxiliary role to strengthen community-level surveillance, risk communication, and volunteer mobilization, ensuring coordinated and efficient outbreak control. Detailed below are the actions to be undertaken by ERCS for each pilar of intervention

Coordination

NS is already participating in coordination meetings at national and regional levels, to ensure alignment between its strategy and that of MoH for best impact ERCS will scale up participation in different pillars. This will be led by the DPR Director, Ns PH specialist, NS RCCE lead, NS MPHH coordinator, Southern region branch head, Branch program coordinator, WASH coordinator and others as may be deemed. The structure is set to ensure NS is integrated in operational coordination and high-level discussion in county and at branch level.

IFRC have activated a response support coordination cell which had its first routine 3.00 pm meeting on 14th Nov, with Geneva, region and cluster teams and will incorporate ERCS and other stakeholders in the federation. The in-country movement coordination will be activated for a unified response approach. At country delegation level, IFRC operations is activated by the coordinator programs and operations, with the close follow up of the DRM Delegate with the support from the health technical team from region, CCD sr. PMER,

logistics, security, and finance to support the positioning of NS in the coordination system. A field coordinator, MVD Expert- PHiE surge will be deployed to support the response at the field level reporting to the IFRC operations manager.

1. Health

Across the health interventions, strong capacity through NS technical team, Surges will strenghten the capacity on the field. To reinforce health system or institutional readiness dfor effective health prevention, the operation will provide targeted training, essential WASH supplies, and support for triage and isolation systems at health facilities. Rapid Response Teams (RRTs) will be strengthened to improve case investigation, safe and dignified burials, contact tracing, and timely reporting. Community epidemic preparedness will be enhanced through the mobilization and training of 200 volunteers and Red Cross branches on CBS and EPiC. The duly trained volunteers and community health workers will play a central role in early detection, rumor management, and dissemination of accurate health messages to build trust and counter misinformation. The health response will be anchored in a community-centered approach, prioritizing the following pillars.

- Health prevention
- Risk communication and community engagement (RCCE).
- Community-based surveillance (CBS)
- Safe and dignified burials (SBD)
- Mental Health and Psychosocial Support (MHPSS)

1.1. RCCE and health prevention

On the RCCE approach, clear, well-translated case definitions will be shared through multiple media channels to ensure communities adopt proper preventive measures. Messages will be co-developped with relevant stakeholders, and ERCS will support translation, and dissemination via radio, community dialogues, printed materials, and house-to-house sensitization. Community leaders, religious figures, and associations will be engaged to promote trust and adherence to public health measures. Through community feedback systems, rumor tracking will be integrated to counter misinformation and stigma, while border health surveillance will be reinforced using tools from the PREPARE project.

1.2. CBS

The CBS strategy focuses on strengthening early detection and community-level response by training 200 volunteers and health workers through EPIC and CBS sessions that integrate CBHFA, ECV, PFA, PGI, and CEA modules. Once trained, volunteers will support case detection, referral pathways, IPC practices, and proper use of personal protective equipment. They will work alongside community health workers and surveillance teams to conduct active case finding and contact tracing, ensuring rapid identification of suspected cases. The approach also reinforces data collection and information flow between community structures, health posts, and district health offices to enable timely monitoring and response. To maintain effective communication and coordination at community level, airtime support will be provided for volunteers and key local stakeholders, including community leaders.

The trained 200 Volunteers will enable early detection and reporting of suspected cases. Active case finding, contact tracing, and community alert mechanisms will be linked to health facilities and the Public Health Emergency Management system, supported by airtime and coordination tools.

1.2 SDB

Safe and dignified burials will be addressed through surge support from neighboring countries, with ERCS staff, volunteers, and health workers trained and equipped to conduct safe practices.

1.3. Healkth servises (MHPSS and ambulances)

ERCS is providing ambulance services in the Southern region, However, the branch report revealed there is one ambulance in Jinka which currently has neither deployed health professional, nor trained volunteers for handling such outbreaks. it supports transportation services only. Thus, through this intervention the ambulance attendants will be trained in IPC and support the ambulance operational cost for 4 months, for the worst case, more ambulances will be deployed from other zones to support the operation. The Surge ambulance protection expert will be deployed to train the NS and ensure the duty of care to staff, volunteers and community.

Psychosocial support will be integrated into the response, with volunteers trained in psychosocial first aid (PFA) to provide immediate support, referrals, and information on stress, grief, and coping. Dedicated psychosocial support will also be provided to staff and volunteers to maintain resilience during the response.

2. WASH

WASH intervention at this stage prioritise the support to health facility readiness assessments to identify gaps in IPC materials, triage

systems, and isolation capacity in surrounding health facilities, as well as procuring and providing essential IPC supplies such as PPE, disinfectants, thermos scanners, hand hygiene materials, environmental cleaning products, sprayers, soap, and chlorine for health workers, health facilities, and volunteers responding to Marburg. ERCS will also provide logistical support for transporting IPC and WASH commodities, volunteers, and response teams to affected kebeles. Volunteers will be oriented in basic IPC and WASH components for community and personal safety, with WASH and hygiene promotion modules integrated into EPIC trainings. Hygiene promotion, WASH in health centers, and community-level activities will be incorporated into RCCE interventions, enabling the team to support disinfection in areas where suspected cases have been identified. ERCS will facilitate the installation of handwashing units at health centers, schools, markets, and border points, and deploy volunteers to manage these stations in public spaces and points of entry. Handwashing facilities will also be procured and distributed for public use, particularly in epicenters and ERCS branches. Households with suspected cases or identified through contact tracing will be equipped with handwashing buckets and soap to maintain continuous hygiene practices. Additionally, ERCS will ensure safe water supply for drinking and hygiene and provide orientations for volunteers supporting WASH activities, including waste management.

3. Protection, gender and inclusion

Under PSEA, Prevention, Mitigation and Response to Gender-Based Violence (GBV), the priority will be to ensure streamlined information to the communities on referral pathway, prevention and sensitive feedbacks. Therefore, ERCS will first give briefings/orientations to Volunteers & staff on the ERCS safeguarding policies (PSEA). Under protection, ERCS will also train staff and volunteers on personal safety (Stay Safe) and the code of conduct.

The trained team will do the dissemination of the ERCS child protection and safeguarding policy, and ensure all staff and volunteers sign the code of conduct. The stakeholders that will work with the NS will also get the relevant Safeguarding briefings and be required to work under the relevant requirements for PSEA and safeguarding.

The trained team with the lead of the PGI focal point of the NS will conduct a rapid gender analysis in the affected areas, ensuring to map out and update existing referral pathways for survivors of SGBV/VAC. Integrated to the CEA strategies, the community reporting and feedback mechanisms for SEA related incidents will be widely disseminated to the communities during awareness campaign and using IEC printings planned under this DREF for the families and response team references on key safeguarding messages, the hotlines and way to report any incidents. In case of breach to the standards, ERCS as per its policy will conduct investigations into allegations of SEA within the response.

The ERCS will ensure inclusive and responsible operation that is sensitive to marginalised groups and specific context setting. as part of the piorities, the NS will develop and disseminate inclusive/accessible IEC materials on MVD for people with hearing or visual impairments. Thevolunteers engaged will be representative in age and sex to ensure more integration and acceptance when deployed. They will conduct awareness sessions MVD prevention with printed visual that are sensitive to marginalised groups/languages/people with an handicap.

4. Community engagement and Accountability

CEA interventions will serve across the sectors to inform a more relevant intervention, informed by communities feedback.

The first main pillar of the CEA actions will be to have in place an RCCE strategy using community dialogues, radio messaging, and house-to-house sensitization to promote preventive behaviors, safe caregiving, and dignified burial practices, while engaging community and religious leaders to ensure local ownership. As part of the dialogue and direct two-way communication channels, ERCS will hold engagement meetings. While ensuring two-way feedback, the group meetings will especially target community influencers, community members, and lower-level private health facility workers, including drug shop and clinic operators, who are key observers of risk and practice as people seeking care will approach them first. The meetings will give opportunity for the branches to share the key messages of prevention and care seeking to these community influencers/representatives that will be spread faster to the wilder communities and promote practice and acceptance better. These groups meetings will also provide a space to hear from communities themselves what are the key risks, rumors and belief but also the culturally appropriate approaches for the Risk communication. Considering trusted profile and are first line of contact for people that could have some suspicious symptom and are not directly going to health center.

ERCS will also establish real-time feedback channels to capture community concerns, rumors, and misinformation, and respond through trusted community platforms while ensuring that marginalized and at-risk groups can provide feedback throughout the operation.

To support follow-up and ensure staff and volunteers remain reachable, ERCS will disseminate its toll-free line. Jointly with EPHI, ERCS will conduct a KAP survey to evaluate knowledge, attitudes, and perceptions, followed by a rapid qualitative assessment. During the operation, lessons and key highlights will be compiled, discussed, and shared with stakeholders through a lessons-learned workshop and a video or written documentary. IFRC Africa Regional RCCE will support the ERCS RCCE lead in supervising deployed volunteers and participating in the RCCE pillar ahead of the deployment of an RCCE surge profile.

5. National society operational support strengthening

National society health capacity will be reinforced through the deployment of surge specialists, recruitment of branch-level staff, and training of volunteers and RRTs in CBS, IPC, and PPE use. Health facilities will be supported with supplies and readiness assessments, while coordination capacity will be strengthened at regional and district levels through support to PHEM units and emergency platforms.

Safety of staff and volunteers is at the center. Relevant technical and security briefings are included in this plan and some already engaged. There will also be adequate supervision, PPE provision, and psychosocial support to maintain wellbeing and operational continuity. all volunteers will be insured. As for the field, clear volunteers' management sheet will be in place per zonal level to get the best of each team, extensive coverage with all the mobilized volunteers and ensure well-being of the responders, NS will have a clear division of response team per pillars/ sector.

For streamlined involvement at various level, this operation support the NS with staffing at HQ and field level, to ensure smooth implementation including PH/RCCE. PMER LoE, finance LoE, and project coordinator accountant at branch level. The technical profiles and supprot services mobilised and dedicated to this intervention will ensure proper monitoring is in place qith effective tracking, data collection and reporting. To ease the process, the DREF is also covering electronic materials and platform fees for a digitalized process, smoother and easier to document.

6. Secretariat services

IFRC is supporting NS coordination efforts, donor engagement and compliance to response standards.

• Activation and capitalisation on IFRC emnergency tools and task force. Through, IFRC Surge rooster, NS will leverage the expertise from neighboring countries previously responded to MVD to support ERCS, and strengthen the health capacity of Ethipian response teams. Frthermore, the IFRC IM unit of the Secretariat is ensuring screening, dissemination of information on the sub-regional dynamic, providing an oversight of various risks of cases escalation, ensuring frequent information sharing.
• The capacity from the preparedness for pandemic in the country set-up from the PREPARE project serves as a quick start for NS presence and response to this Outbreak. The PoE assessments, stakeholder mapping, CBS, RCCE, and EPIC, communication and community engagement, infection prevention and control, coordination and leadership is being used to design the adequate support from secretariat despite the region being not in priority PoE, the capacity invested will be deployed to support this emergency response.
• As for the field and technical support, the deployment of surge will streghten the profiles already in country. Both surges and IFRC staff will ensure proper monitoring and quality assurance during this intervention. From planning, to implementation, ensuring minimum standards are followed and safety of responders is priorities.

A Detailed planning at field level will be implemented in parallel aligned to the stakeholders mapping to ensure we maximize the impact and keep a strong monitoring & reporting. The information and coordination with the regional task force of the secretariat will contribute to the quality assurance and inform that detailed planning. Financial monitoring through regular spot0check and follow-up will be done in parallel of technical and operational monitoring.

Targeting Strategy

Who will be targeted through this operation?

The operation will target both community and health system actors in and around Jinka Town, where suspected hemorrhagic fever cases have been reported, with a focus on populations at highest risk of exposure and transmission.

Primary Target Groups

1. Affected and At-Risk Communities:
Residents of Jinka Town and surrounding kebeles will be the main focus, as they are at immediate risk due to proximity to suspected cases. Targeting these groups ensures early detection, effective risk communication, and adoption of preventive behaviors.

2. Frontline Health Workers and Health Facilities:
Health professionals and facility staff in Jinka and neighboring districts will be prioritized for IPC training, PPE support, and readiness strengthening to prevent nosocomial transmission and ensure safe case management.

3. Community Health Volunteers and ERCS Branch Volunteers:
These groups will be trained and equipped to support community-based surveillance, contact tracing, and risk communication activities. Their trusted presence in communities will facilitate rapid information flow and community compliance.

4. Rapid Response Teams (RRTs) and PHEM Officers:
Strengthening the capacity of local RRTs and public health emergency management staff will enhance outbreak detection, investigation, and coordination with national authorities.

5. Vulnerable and Hard-to-Reach Populations
Special attention will be given to mobile and cross-border populations, including migrants, pastoralists, and refugees living or transiting through Jinka and nearby areas. Children in schools, where they stay on close contact, with limited knowledge or risk measures. These groups face higher exposure risks due to mobility, limited access to WASH and health services, and language or cultural barriers.

Targeting will be achieved through:

Deployment of Red Cross volunteers familiar with local languages and mobility patterns. Tailored communication and outreach using mobile awareness teams and culturally adapted IEC materials. Coordination with local authorities and humanitarian partners to ensure inclusion of refugee and migrant communities in surveillance, contact tracing, and RCCE efforts.

Targeting Logic

The targeting strategy follows a risk-based approach, prioritizing groups most likely to be affected, to transmit infection, or to play a critical role in containment. By addressing both the source (infected areas and at-risk populations) and the response capacity (health workers and surveillance teams), the operation ensures comprehensive coverage and effective containment.

Explain the selection criteria for the targeted population

Selection Criteria for the Targeted Population

The operation will target general public while specific groups will be guided by risk-based and vulnerability-focused approach, ensuring that those most exposed to the hemorrhagic fever and those critical to outbreak control are prioritized.

Criteria for Targeting

1. Proximity to Suspected Cases:

Communities residing in Jinka Town and surrounding kebeles are prioritized due to their immediate exposure risk. The rationale is that these populations are the first potential recipients of infection; targeting them enables early case detection, effective health messaging, and adoption of preventive behaviors.

2. Role in Health System and Response:

Frontline health workers, facility staff, Rapid Response Teams (RRTs), and PHEM officers are selected based on their direct involvement in case management, surveillance, and outbreak containment. Strengthening their capacity reduces the risk of nosocomial transmission and ensures a rapid, organized response.

3. Community Influence and Access:

Community health volunteers and ERCS branch volunteers are targeted because of their trusted position in communities. Their ability to facilitate surveillance, contact tracing, and RCCE ensures that health interventions reach households efficiently and that information flows quickly to authorities.

4. Vulnerability and Access Barriers:

Mobile and cross-border populations including migrants, pastoralists, and refugees—are prioritized due to higher exposure risks, limited access to health services, and potential language or cultural barriers. Selection considers mobility patterns, settlement areas, and connectivity with health systems.

Rationale and Logic

The targeting logic integrates risk exposure, functional role, and vulnerability: Risk Exposure: Populations in immediate proximity to suspected cases are more likely to contract and spread the infection.

Functional Role: Health workers and surveillance actors are critical for containment; their protection and capacity directly influence outbreak control effectiveness.

Vulnerability: Mobile, marginalized, or hard-to-reach groups face structural barriers to accessing health information and services, making targeted interventions essential for equitable protection.

Total Targeted Population

Women	292,230	Rural	20%
Girls (under 18)	-	Urban	80%
Men	280,770	People with disabilities (estimated)	10%
Boys (under 18)	-		
Total targeted population	573,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	No

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Expansion of the affected area outside the Ari zone and beyond the neighboring zones.	Mitigation by training the staff and volunteers in other areas and branches on MVD prevention and control. • Conduct branch MVD preparedness to the neighboring branches and take all the precautions. • Continuous Sharing updates with staff guidance from the in-country coordination. • Engage National media in RCCE awareness for wider coverage.
Limited knowledge to manage Marburg which may lead Infection of ERCS employees, Health care workers, or volunteers.	• Linkages to government ETUs to support ERCS employees, HCW or volunteers should they fall sick. • Provision of PPE (personal protective equipment) •Training and provision of standard SDB kits to SDB teams for safe burial procedures, avoiding improvisation without adequate material and protection. • Provision of regular PSS support to all response teams. • Sharing updated guidance through memos from the secretary general's office to all staff and volunteers.
Long procurement process for urgent supplied.	Use of available emergency procurement procedures Utilize available international supply through IFRC and other PNS

	in the country
Misinformation and stigma could potentially lead to resistance and denial which could be a security risk for our staff and volunteers.	- Strengthen community engagement and awareness. - Use trained local volunteers who understand local dynamics and languages to reduce tensions and build trust. - Monitor rumors and misinformation in real time and update in regular reports. - Ensure staff safety protocols
Safeguarding risk.	- Provide compulsory safeguarding and PSEA training for all staff, volunteers, contractors, and implementing partners. - Establish multiple confidential reporting channels - Community Awareness and Feedback Loops - Communicate a clear zero-tolerance stance on any safeguarding violation.

Please indicate any security and safety concerns for this operation:

According to the IFRC security risk classification, South Omo Zone is currently categorized under the Orange (high overall Risk) security phase. Contributing factors include:
- Harsh climate and environment, increasing operational challenges.
- Climate-related stressors drought, irregular rainfall, and resource scarcity—affecting pastoralist mobility and potentially triggering tension.
- Cross-border and inter-communal dynamics, including occasional pastoralist conflicts over grazing land and water.
- Public health vulnerabilities, where limited access to healthcare and weak surveillance systems may hinder early detection and response to outbreaks
- Misinformation and stigma could potentially lead to resistance and denial which could be a security risk for our staff and volunteers.

Has the child safeguarding risk analysis assessment been completed?	**No**

Planned Intervention

Health

Budget: CHF 223,072
Targeted Persons: 573,000

Indicators

Title	Target
No. of volunteers trained in CBS and RCCE	200
No. of volunteers deployed to conduct risk communication and CBS	200
Percentage of CBS alerts investigated (>80%)	80
No. of people reached with risk communication messages through HH visits	286,500
No of people reached to with risk communication messages through group gatherings or community meetings	343,800
No. of SDB starter kits procured	2
No of SDB training kits procured and delivered	1
No of SDB replenishment kits procured	1

No. of SDBs conducted	-
Percentage of SDB alerts responded to	90
Percentage of ambulance evacuations done by the EMS team	-
Cumulative number of vehicles/ambulances disinfected	5
No. of SDB and EMS personnel supported in deployment	42
No. of volunteers supported with DATA and airtime	116
No of people screened at high traffic areas such as schools, churches, hospital gates etc.	300,000

Priority Actions

1. CBS
• Conduct EPIC and CBS training to 200 volunteers and HCW, covering CBHFA, ECV, PFA, PGI and CEA, 25 pp per session for 5 days.
• Deploy trained volunteers to support case detection, referral, infection prevention and control (IPC), and use of personal protective equipment
• Conduct active case finding and contact tracing with close collaboration between ERCS volunteers, community health workers, and surveillance teams.
• Support data collection and information flow between community structures, health posts, and district health offices for rapid response and monitoring.
• Support airtime to facilitate report alerts and support community level coordination between volunteers and key stakeholders such as community leaders, covering all volunteers

2. RCCE
• Facilitate message development/review and translation with the EPHI/RCCE pilar for effective risk communication, including mapping appropriate communication channels for high reach.
• Facilitate the printing of assorted IEC materials.
• Engage media to conduct awareness campaigns on MVD symptoms, prevention, and the importance of early health-seeking behavior through radio and TV spots,
• Conduct sensitization session with community leaders, religious figures, and women and youth associations to promote trust and adherence to public health measures.
• Deploy volunteers to conduct Interpersonal sensitization in affected and surrounding kebeles to disseminate key messages on hygiene, safe care of the sick, and safe burial practices.
• Procurement of megaphones to support in public addressing interventions.
• Conduct awareness through megaphones.
• Conduct rumor tracking, misinformation integrated to awareness session, where people will be allowed to share feedback, and other agreed feedback mechanisms.
• Display if IEC materials with MVD key message at all critical points including border PoE.

3. Psychosocial First Aid PFA and Psychosocial support
• Mapping of relevant services and rereferral pathways
• Provide PFA to affected persons and referral to relevant services including psychological and/or specialized care
• Provide information on normal reactions to stress, loss and grief.
• Psychosocial support activities for volunteers and staff

4. Emergency medical services. (Patient transfer)
• Deploy staff and volunteers to patient transfer.
• Conduct training to the ambulance attendants in order to support the transfer of sick/ potentially infectious patients.
• Provide ambulance running cost for 4 months

5. NS Health Capacity Strengthening
• Provide training to HCW and volunteers on SDB targeting two teams. (16 pp) for 4 days
• Preposition SDB kits. for simulation and response.
• Support health facility readiness/response capacity assessments to identify gaps in WASH, triage systems, and isolation capacities.

• Procurement of technical support and essential supplies (PPE, disinfectants, thermometers, hand hygiene materials) to frontline health facilities.
• Participation in the emergency coordination's at regional and National level, a Safe and dignified burial
• Training of 4 SDB teams @ containing 8 people.
• Conduct drills prior to deployment.
• Equip the team with necessary materials.
• Procurement and transportation of SDB kits including 1 Starter kit, 1 replenishment kit, 1 training kit.

Water, Sanitation And Hygiene

Budget: CHF 49,653
Targeted Persons: 573,000

Indicators

Title	Target
# of HF supported with IPC/PPE materials	10
# of HF supported with IPC/PPE materials	10
# of volunteers equipped with PPE	232
# of Hand Washing facilities procured and distributed to public sites	150
# of HH identified with suspect case or contacts, received HW bucket and soap	5,000
# of volunteers deployed to support IPC at community level	40
# of spray pump prcured and distributed	50

Priority Actions

• Volunteers training on IPC and WASH and hygiene promotion components for both community activities and personal safety. This training module are integrated in the trainings EPIC.
• Awareness on Hygiene, Wash in health centers and at communities will be integrated in the RCCE interventions,
communities and health centers on disinfections where suspected cases have been identified.
• Procure and facilitate the installation of hand washing units at public spaces, include health centers, schools, markets, border points and PoEs.
• Deployment of volunteers to support manning of hand washing stations in public places
• Procured and distribute Sprayers (12L or 16L) as part of the essential IPC supplies
• Procurement of soap and chlorine for public h/w units
• Orientation for volunteers supporting WASH activities including waste management
• Equip Households with suspected cases or reached for contact tracing with hand washing and soap for continuous practice.
• Procure and provide essential IPC supplies such as PPE, disinfectants, Themo scanner, hand hygiene materials, and environmental cleaning products for HCW, health facilities and volunteers engaged in the response to Marburg.

Protection, Gender And Inclusion

Budget: CHF 3,953
Targeted Persons: 286,500

Indicators

Title	Target

# of volunteers oriented on SGBV prevention, response and mitigation	232
# of awareness sessions targeting on children	20
# of inclusive IEC materials developed and distributed.	2,000
# of referral pathways identified and activated	6

Priority Actions

• Training to staff and volunteers SGBV prevention mitigation and response
• Review messages and IEC materials developed to ensure they don't promote stigma but are rather inclusive of the different target population.
• Create awareness on child roles and responsibilities in fighting further spread of MVD.
• Ensure all staff and volunteers are oriented on DAPS and sign the Code of Conduct.
• Development and dissemination of IEC materials to be inclusive to reach all targeted populations including people with disabilities and elderly.
• Strengthen community reporting and feedback mechanisms for SEA related incidents.
• Conduct a rapid gender analysis in the affected areas.
• Map out and update existing referral pathways for survivors of SGBV/VAC.
• Engage inclusive media awareness sessions MVD prevention to meet the needs of different groups.

Community Engagement And Accountability

Budget: CHF 35,988
Targeted Persons: 573,000

Indicators

Title	Target
# engagement meetings conducted community influencers and community members	12
# feedback channels established	4
% of feedback collected and addressed	80
# of lesson learned session conducted	1
# of KAP survey conducted	2
# Number of staff and volunteers trained on implementing CEA minimum standards	200
	-
of opportunities for community participation in managing and guiding the operation (e.g., number of community committee meetings, focus group discussions, town hall meetings etc) – Instead of the indicator on engagement meetings	-

Priority Actions

• Hold engagement meetings with community influencers and community members as well as meetings with lower private health facility workers including drug shop and clinic operators.
• Establish feedback channels to ensure community concerns, rumors and misinformation are captured and responded.
• Collect, Monitor and address rumors, misinformation, and stigma through community feedback mechanisms.

• Conduct KAP survey to evaluate the knowledge, attitude and perceptions.
• Conduct lessons workshop to share and key highlights will with stakeholders workshop and video/written documentary.

Coordination And Partnerships

Budget: CHF 0
Targeted Persons: -

Indicators

Title	Target
# of national level coordination meetings attended	12
# regional level meetings attended	24
# of joint supportive supervision conducted	2

Priority Actions

• Strengthen coordination capacity at regional and district levels through support to PHEM units and emergency coordination platforms.
• Conduct quarterly review meeting at national and regional levels led by EPHI and the Regional Health Bureau (RHB).
• Facilitate multi-sectoral collaboration between ERCS, MoH, and partners for integrated health, WASH, and community engagement interventions.
• Conduct regular joint supportive supervision in the affected area from the national and regional teams

Secretariat Services

Budget: CHF 73,142
Targeted Persons: 250

Indicators

Title	Target
#. of monitoring missions conducted	4
# of financial spot checks conducted	1
# of Lessons Learnt Conducted	1
# of surge capacity deployed to support field activities	3

Priority Actions

• Support NS coordination, donor engagement, and compliance with response standards.
• Deploy surge capacity. 03 profiles including PHE coordinator, ambulance protection support, and SDB expert.
• Leverage PREPARE project capacities (PoE assessments, stakeholder mapping, CBS, RCCE, EPIC, communication, IPC, coordination) to reinforce NS response.
• Mobilize DREF technical staff, resources, and volunteers to scale up field response.
• Establish clear volunteer management structures at zonal level and assign response teams per sector/pillar.
• Strengthen risk management and information management through screening, analysis, and dissemination of sub-regional dynamics and escalation risks.
• Implement detailed field-level planning aligned with stakeholder mapping for strong monitoring and reporting.
• Conduct financial spot checks to ensure accountability.

National Society Strengthening

Budget: CHF 92,861
Targeted Persons: 247

Indicators

Title	Target
# NS staff engaged in the operation (Fully /Partially)	15
# of volunteers deployed to support operation	232
# of volunteers insured	232
# branches supported in capacity strengthening	2
% of contribution to digitize the NS data collection and documentation	50
# of monitoring visits conducted at HQ and branch level	8
# Operational decisions or changes made based on community feedback	5

Priority Actions

- Support NS capacity on emergency preparedness and response activities at national, regional, and zonal levels.
- Support the NS in the digitalization of data collection and documentation by procuring electronic materials at the national level.
- Safety of staff and volunteers will be ensured through briefings, supervision, PPE provision, and psychosocial support to maintain wellbeing and operational continuity. all volunteers will be insured.
- Operation will support the NS with staffing at HQ and field level, to ensure smooth implementation including PH/RCCE. PMER LoE, finance LoE, and project coordinator accountant at branch level.
- Monitoring and vehicle mileage cost, and tools for data collection.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

A total of 5 technical officers, 3 support staff, 2 drivers, 5 professional volunteers, and 200 volunteers will be involved. The technical staff will include the operations manager, Field coordinator, Supervisor for RCCE/CBS supervisor, MHPSS coordinator, and EMS coordinator. These will take lead in ensuring that activities under the different pillars are executed accordingly under overall leadership of the operations manager.

The support staff will include the logistics officer and finance officer who will support in ensuring procurement and financial processes are expedited.

The NDRTs will include 3 NDRT health officers, 1 PMER NDRT focal person, 1 volunteer management focal person, 1 Communications focal person, 5 EMTs, 5 ambulance drivers and 4 drivers for usual vehicles.

300 volunteers shall be deployed to support routine RCCE and CBS activities while 20 shall be deployed to support screening at selected public places.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age,

or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

YES

Will surge personnel be deployed? If yes, please provide the role profile needed.

Yes
This operation brings in peer support from neighboring countries with experience to set up MVD response while the surge team are sought. IFRC will support with Deployment of surge capacity to support with.

1. Project coordination (PHiE),
• Coordination with MOH. WHO, ACDC at the ICP and pillars
Duty of care for staff and volunteers
• Community based surveillance interventions (Engagement with community structures and enhance the RCCE interventions, through HH visits, FGDs, community meetings, Contact tracing)
• Link with stakeholders and other implementing partners and health facilities
• CBS: rapid assessment and system design
• Regular mentoring, quality assurance and supervision by supervisors
• Put in place community feedback mechanism and review process
• Conduct KAP survey to inform communication strategy

2. IPC Coordinator; Ambulance Management - EMS
• Regular mentoring/ supervision quality assurance and supervision by supervisors
• Participation in IPC forums and coordination
• Training of EMT and health facility staff on IPC and ambulance management
• Ensure PPE and IPC supplies to the health facility and Ambulance
• IPC checklist (daily) and detailed weekly or monthly assessments

3. Safe and Dignified Burials (SBD). -
• Plan for registration/check-in of volunteers and incentives for activities
• Simulations and rapid deployment/activation capacity in preparedness zones
• Regular mentoring, quality assurance and supervision by supervisors – this includes IPC for SDB and swabbing
• Regular data tracking and analysis, including daily data sharing with epidemiological management team (MOH, WHO and/or others)
• Simulations in recovery period

If there is procurement, will it be done by National Society or IFRC?

Mainly the procurements will be conducted by ERCS while for some items which are not locally available shall be conducted by IFRC. through the regional procurement. Procurements that exceed a stated threshold shall be initiated from ERCS and procurement files shared with IFRC for review, approval and payment made from IFRC cluster office., if international procurement and the NS if procured locally. All procurements by the national society shall be conducted according to the existing procurement policy. Distribution and utilization of procured items shall be done according to national society accountability and finance policies.

How will this operation be monitored?

The intervention and operations will be monitored regularly using the existing IFRC and ERCS PMER system. The system will incorporate field level visit, regular reporting and communication with branch offices and coordination meeting, data collection and analysis. The progress of the implementation tracked on weekly and monthly bases by the assigned focal point from both ERCS and IFRC. The IFRC team will visit the area as needed with ERCS and other actors. Monthly indicator tracking tool will be filled to track the status.

Please briefly explain the National Societies communication strategy for this operation

The Ethiopian Red Cross Society (ERCS) will use a coordinated internal and external communication approach to ensure timely, transparent, and evidence-based information sharing during the Marburg response. The ERCS Emergency Operations Center (EOC) at HQ

will monitor the situation, consolidate field updates, and support rapid decision-making.

Internal Communication

The EOC/ MOH will collect surveillance and operational reports from the Region Branch and share consolidated updates with ERCS leadership and field teams. Communication will be maintained through SitReps, email, WhatsApp/Telegram channels, and virtual coordination meetings through the Task force, which will guide operational adjustments and resource deployment.

External Communication

ERCS will provide regular intervention updates conducted by ERCS to MoH, EPHI, the Regional Health Bureau, local authorities, and partners through situation updates, briefing notes, and email communication. Public information will be shared through ERCS social media platforms and, when necessary, press releases aligned with MoH/EPHI messaging.

Communication With Affected Communities

Volunteers will deliver RCCE messages approved by EPHI through community dialogues, door-to-door sensitization, and distribute IEC materials. Local radio and feedback mechanisms (volunteers, hotlines, rumor tracking) will support two-way communication and address misinformation.

Media Strategy

ERCS will issue press releases and conduct media engagements as needed, following safety, confidentiality, and “do no harm” principles.

IFRC Support

IFRC will provide technical communication support, including help with SitReps, key messages, press releases, and visibility products, and will ensure alignment with Movement communication and coordination standards.

Budget Overview

IFRC

DREF OPERATION

MDRET039 - Ethiopian Red Cross Society
Ethiopia Marburg Outbreak

Operating Budget

Planned Operations	**312,667**
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	223,072
Water, Sanitation & Hygiene	49,653
Protection, Gender and Inclusion	3,953
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	35,988
Environmental Sustainability	0
Enabling Approaches	**166,003**
Coordination and Partnerships	0
Secretariat Services	92,861
National Society Strengthening	73,142
TOTAL BUDGET	**478,670**

all amounts in Swiss Francs (CHF)

Internal 24/11/2025 #V2022.01

Click here to download the budget file

Contact Information

For further information, specifically related to this operation please contact:

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Click here for the reference