



DEMOCRATIC REPUBLIC OF THE CONGO - COMPLEX EMERGENCY

FACT SHEET #1, FISCAL YEAR (FY) 2019¹

FEBRUARY 15, 2019

NUMBERS AT A GLANCE

12.8 million

People in the DRC Requiring Humanitarian Assistance in 2019
UN – December 2018

13.1 million

Acutely Food-Insecure People in the DRC
UN – December 2018

4.5 million

IDPs in the DRC
UN – December 2018

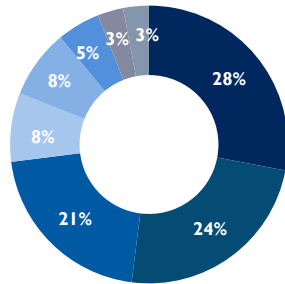
814,975

DRC Refugees and Asylum-Seekers Across Africa
UNHCR – December 2018

534,828

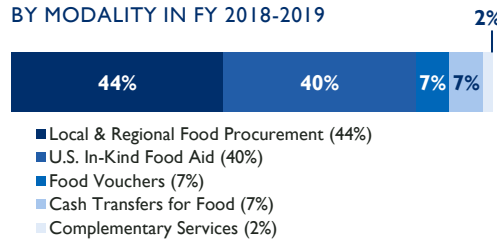
Refugees in the DRC
UNHCR – December 2018

USAID/OFDA² FUNDING BY SECTOR IN FY 2018-2019



- Health (28%)
- Water, Sanitation & Hygiene (24%)
- Shelter & Settlements (21%)
- Logistics Support & Relief Commodities (8%)
- Agriculture & Food Security (8%)
- Protection (5%)
- Humanitarian Coordination & Information Management (3%)
- Other (3%)

USAID/FFP⁵ FUNDING BY MODALITY IN FY 2018-2019



- Local & Regional Food Procurement (44%)
- U.S. In-Kind Food Aid (40%)
- Food Vouchers (7%)
- Cash Transfers for Food (7%)
- Complementary Services (2%)

HIGHLIGHTS

- 374,000 Congolese nationals arrive from Angola
- Health officials record approximately 820 confirmed and probable EVD cases
- Insecurity contributes to deteriorating food security conditions in the DRC

HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2018-2019³

USAID/OFDA	\$71,695,201
USAID/FFP	\$190,238,866
State/PRM ⁴	\$68,550,000
\$330,484,067⁶	

KEY DEVELOPMENTS

- Nearly 374,000 Congolese nationals had arrived in the Democratic Republic of the Congo (DRC) from neighboring Angola as of mid-December, following an expulsion order issued in Angola in early October, according to the UN. Relief agencies are scaling up response activities to provide emergency food, health, and water, sanitation, and hygiene (WASH) assistance to the affected individuals.
- In December, the humanitarian community launched the 2019 Humanitarian Response Plan (HRP) for the DRC. The plan estimates that nearly \$1.7 billion is required to reach 9.0 million of the most vulnerable people across the country. According to The UN Office for the Coordination of Humanitarian Affairs (OCHA), the 12.8 million people assessed to be in need of humanitarian assistance in the DRC in 2019 represents ten percent of the total worldwide humanitarian caseload.

¹This USAID/DCHA fact sheet focuses on the complex emergency in the Democratic Republic of the Congo (DRC), rather than the ongoing Ebola virus disease (EVD) outbreak.

² USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

³ This funding does not include any U.S. Government (USG) support for the ongoing EVD outbreak in the DRC.

⁴ U.S. Department of State's Bureau of Population, Refugees, and Migration (State/PRM)

⁵ USAID's Office of Food for Peace (USAID/FFP)

⁶ This total does not include the \$35,897,282 in FY 2018 USG funding for Congolese refugees in neighboring countries, which increases total USG emergency funding for the DRC crisis in FY 2018 to \$363,897,891.

INSECURITY AND POPULATION DISPLACEMENT

- As of mid-December, nearly 374,000 Congolese nationals had arrived in the DRC's Kasai, Kasai-Central, and Kwango provinces from Angola following an early October expulsion order by the Government of Angola, according to the UN. Following the order, the UN called upon Angolan and Congolese authorities to ensure that all returns are safe, voluntary, and dignified, in accordance with international humanitarian law. The population influx has exacerbated humanitarian needs in the provinces, which have inadequate health and WASH infrastructure and limited shelter availability to support returnee populations. Relief agencies are also concerned that the influx could intensify ongoing intercommunal tensions and increase the risk for renewed clashes in and around the greater Kasai region, which comprises Kasai, Kasai-Central, Kasai-Oriental, Lomami, and Sankuru provinces. Populations in the greater Kasai region experienced widespread violence from 2016–2018 that displaced more than 1.3 million people and adversely impacted livelihoods in the area. On November 5, U.S. Ambassador Michael A. Hammer declared a disaster due to the effects of the expulsions on humanitarian needs in Kasai, Kasai-Central, and neighboring provinces.
- Intercommunal violence from December 16–18 in Western DRC's Yumbi Territory, Mai-Ndombe Province, resulted in the deaths of at least 890 people and injured at least 82 people across four villages, the Office of the UN High Commissioner for Human Rights (OHCHR) reports. The violence internally displaced an estimated 12,500 people, according to a January 28–February 2 humanitarian interagency assessment in Yumbi. The clashes also damaged or destroyed nearly 500 buildings—including homes, health facilities, schools, a market, and a government office—and displaced an estimated 16,000 people to neighboring Republic of Congo (RoC). The Office of the UN High Commissioner for Refugees (UNHCR) requested that the Government of RoC grant refugee status to the estimated 16,000 asylum seekers. Government of the DRC (GoDRC) authorities and OHCHR have launched separate investigations into the violence, and a recent fact-finding mission by the Joint UN Office for Human Rights in the DRC and GoDRC authorities identified more than 50 mass and individual graves in Yumbi, according to local media.
- Increased insecurity in and around Tanganyika Province's Kalemie and Moba territories in recent months has resulted in civilian deaths, prompted population displacement, and adversely affected humanitarian operations, relief actors report. Since late October, violence has displaced approximately 9,200 people, many of whom had recently returned to areas of origin in the province. On November 15, armed actors killed two relief workers traveling to a project site located nearly 50 miles from Kalemie, prompting the non-governmental organization (NGO) to suspend activities in the area. In response to the increased insecurity, the Armed Forces of the DRC and the UN Stabilization Mission in the DRC have expanded patrol efforts in and around Kalemie, facilitating the resumption of previously restricted humanitarian activities in the territory, where acute food, health, protection, and shelter needs persist, according to relief agencies.
- Clashes continue to displace populations and exacerbate humanitarian needs throughout South Kivu Province, particularly in Uvira Territory, where armed clashes displaced approximately 15,000 people in early November. The fighting damaged or destroyed civilian infrastructure, with 80 percent of the houses in Uvira's Katala Health Zone burned during the clashes. The early November violence in Uvira also impeded the ability of internally displaced persons (IDPs)—the majority of whom were displaced by intercommunal violence between April and June—to return to areas of origin in and around the territory's Bijombo locality. Additionally, after the deteriorating security situation in South Kivu's Fizi Territory prompted approximately 13,000 people to flee, the majority of IDPs—85 percent—had returned to areas of origin in Fizi as of late December.

EVD RESPONSE

- As of February 14, health officials had recorded approximately 820 confirmed and probable EVD cases, including 517 related deaths, originating from 18 health zones in Ituri and North Kivu provinces. While North Kivu's Beni Health Zone accounts for the highest caseload in the outbreak, with more than 230 confirmed and probable cases recorded in the health zone as of February 5, response stakeholders have noted decreased cases reported in Beni and increased transmission in the province's Katwa Health Zone, where health actors recorded 75 of 119 new EVD cases—63 percent—from January 16–February 5.

- Response actors continued infection prevention and control and surveillance activities, including decontamination of affected homes and health facilities, distribution of infection prevention and control kits, and contact tracing, all aimed at mitigating further transmission of EVD. Health workers also continue to vaccinate primary and secondary contacts of confirmed or suspected cases, as well as front line health care workers, in EVD-affected areas, with health teams administering EVD vaccinations to approximately 77,200 people as of February 9. In addition, relief agencies continue to support community mobilization and sensitization activities to communicate EVD-related messages, such as the importance of seeking early treatment. Since the GoDRC declared an EVD outbreak in early August, the UN Children’s Fund (UNICEF) had coordinated with community leaders to reach more than 10.2 million people with advocacy messages on EVD prevention as of January 20. Health organizations also continue to broadcast sensitization programs on local radio stations and engage with local and religious leaders to initiate community mobilization activities.

FOOD SECURITY AND NUTRITION

- Preliminary results of the latest Integrated Food Security Phase Classification (IPC) assessment project that approximately 13.1 million people could experience Crisis—IPC 3—or Emergency—IPC 4—levels of acute food insecurity in the DRC through June.⁷ The total represents a 70 percent increase from the 7.7 million people who likely experienced Crisis or Emergency levels between June and December 2017.
- Increased conflict—particularly in Ituri, South Kivu, and Tanganyika, as well as the greater Kasai region—is the main driver of the deteriorating food security conditions, according to the IPC assessment. Similarly, the Famine Early Warning Systems Network (FEWS NET) reports that violence, population displacement, and disease outbreaks continue to contribute to food insecurity in the DRC. Renewed conflict in Ituri since September has also limited household access to agricultural and pastoral fields, undermined agricultural livelihoods activities, and restricted access to food. Relief actors estimate that nearly 40,000 people are displaced in Ituri’s Djugu town as of December 2018 and populations continue to face heightened humanitarian needs. The mortality rate among children younger than five years of age is 3.6 deaths per 10,000—well above the UN World Health Organization (WHO) emergency threshold of 2 deaths per 10,000 people per day for that age group—according to a recent Médecins Sans Frontières (MSF) survey. Should insecurity continue, which has deprived households of two consecutive agricultural seasons, the situation will continue to deteriorate. In North Kivu, an outbreak of Small Ruminant Plague—a destructive, fast-spreading viral disease that kills sheep and goats—resulted in the deaths of approximately 50,000 animals, which could reduce access to food and income for some households.
- To address the food needs of newly displaced Congolese populations expelled from Angola, USAID/FFP partner Action Against Hunger (AAH) conducted food distributions in Kamako to assist 9,800 new households—including both returnee and host populations. In addition, USAID/FFP partner the UN World Food Program (WFP) has commenced distributing life-saving food and nutrition assistance to affected populations, aiming to reach 72,500 vulnerable people in Kasai’s Kamonia Territory. The UN agency is providing emergency food rations sufficient to feed a household of five people for one week to Congolese nationals arriving at key entry points in Kamonia, as well as a 30-day food ration and one-time cash distribution to vulnerable populations in Kamako.
- The recent population influx from the DRC to RoC resulting from conflict in Yumbi has strained local markets and food stocks in RoC’s Plateaux Region. WFP reports food price increases—including a 60 percent increase in the price of rice and a 100 percent increase in the price of cassava flour—and the cessation of cross-border trade since the onset of the crisis. As of January 8, WFP had provided emergency food assistance to 10,500 Congolese refugees in Plateaux with in-kind assistance provided through WFP’s Emergency Operation in RoC and USAID/FFP FY 2018 funding.
- USAID partner ACTED provided emergency food assistance to more than 11,600 vulnerable people in South Kivu’s Shabunda Territory in late October. The partner also distributed emergency relief commodities to nearly 4,000 people and provided dignity kits to 250 women during the same period.
- USAID/FFP recently contributed more than \$1.4 million to WFP to assist vulnerable populations in Ituri, North Kivu, South Kivu, and Tanganyika. With this support, WFP plans to distribute cornmeal purchased in U.S. markets to approximately 25,000 people across the four provinces, covering an estimated 70 percent of the population’s food needs

⁷The Integrated Food Security Phase Classification (IPC) is a standardized tool that aims to classify the severity and magnitude of acute food insecurity. The IPC scale, which is comparable across countries, ranges from Minimal—IPC 1—to Famine—IPC 5.

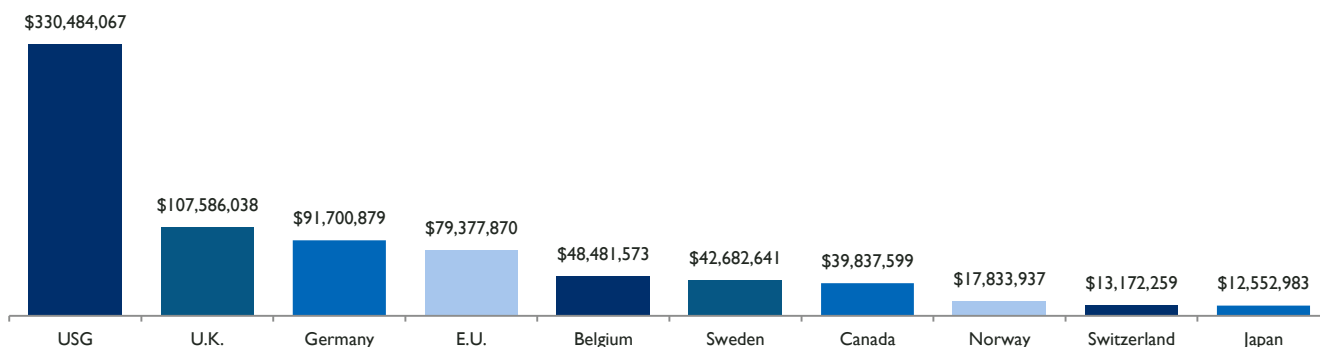
for three months. In FY 2018, USAID/FFP provided more than \$135 million to support WFP's life-saving efforts in the DRC.

MULTI-SECTOR ASSISTANCE

- In 2018, health agencies recorded nearly 31,400 suspected cholera cases and more than 1,000 associated deaths across the country, with nine out of the DRC's 22 provinces reporting suspected cholera cases as of the last week of December, according to the WHO. In 2019, health workers recorded nearly 2,900 suspected cholera cases in the DRC, including nearly 70 associated deaths, as of January 27. In response, relief organizations are establishing cholera treatment centers, disseminating cholera prevention messaging, and providing WASH assistance to affected populations.
- MSF reports dire humanitarian conditions among IDPs who fled the December violence in Yumbi to nearby areas in Mai-Ndombe, particularly to islands in or areas along the Congo River. Many of the IDPs have sought refuge in unfinished shelters or open areas, which offer limited protection from adverse weather conditions and increase the risk for malaria and other waterborne illnesses during the September-to-February rainy season. IDPs from Yumbi are in urgent need of food and nutrition assistance, shelter supplies, and mosquito nets, and are unlikely to return to Yumbi as a result of continued tension in the area, according to MSF. In response, MSF mobile health clinics performed nearly 1,200 health consultations from January 4–10, through which health workers diagnosed one-third of patients with malaria or respiratory infections. MSF also supplied medicine and medical supplies to hospitals and health facilities in Yumbi and nearby towns. Additionally, the International Federation of Red Cross and Red Crescent Societies plans to provide 600 affected households—approximately 3,600 people—with food, health, shelter, and WASH support, including the distribution of hygiene kits, jerry cans, kitchen sets, and mosquito nets, among other assistance.
- Despite heightened security risks and other challenges facing relief agencies in conflict-affected areas of Tanganyika, USAID partner Catholic Relief Services (CRS) continues to respond to the acute humanitarian needs of vulnerable populations in the province. CRS is distributing relief commodities and providing emergency food, shelter, and WASH assistance in four displacement sites in Kalemie, while also providing emergency food assistance to more than 7,800 returnee households in Tanganyika's Kabalo Territory.
- Through the USAID/OFDA-supported Rapid Response to Population Movement (RRMP) mechanism, humanitarian organizations are establishing a water treatment system, as well as rehabilitating and installing water chlorination points, to improve access to safe drinking water for vulnerable populations in Kamako, where approximately 80 percent of expelled Congolese from Angola have arrived in recent weeks. Relief workers are also conducting hygiene awareness campaigns for displaced populations and host community members.
- Relief agencies also distributed emergency relief commodities—including blankets, kitchen sets, and tarpaulins—to nearly 18,900 IDPs from Bijombo through the RRMP between late September and early November. Humanitarian staff recently trained 1,000 people in the area to identify protection violations and increase awareness regarding the services available to survivors of sexual and gender-based violence (GBV), among other key protection issues.
- USAID/OFDA partner CARE is improving access to basic health care and psychosocial support services for conflict-affected people in North Kivu's Beni and Lubero territories. The NGO is bolstering the capacity of more than 20 local health facilities to provide care for IDPs and host community members, particularly as violence continues to prompt displacement in the region. In addition, CARE has recruited more than 200 community health workers to raise awareness of public health activities and respond to needs in hard-to-reach villages within Beni and Lubero. CARE is also coordinating with civil society organizations to increase GBV prevention awareness in North Kivu. To date, the NGO has trained nearly 90 health staff on GBV case management and nearly 400 community health workers on GBV prevention and psychosocial support provision to improve GBV survivors' access to treatment and other protection services.
- USAID/OFDA partner World Relief International (WRI) is providing multi-sector assistance to vulnerable populations in Ituri's Djugu Territory, where clashes between armed groups since November have prompted displacement, disrupted harvests, and restricted access to agricultural fields since November. The violence prevented the NGO from monitoring agricultural activities, potentially impacting the quality of the harvest. Despite ongoing insecurity, WRI continues to

support emergency interventions for displaced and vulnerable populations in Ituri’s Djugu town. With nearly \$3.5 million in FY 2018 funding, the NGO is providing emergency shelter materials, WASH commodities, and agricultural inputs, including seeds and tools, to support up to 134,600 conflict-affected people in the territory. In November, the partner provided agricultural training on the use of pesticides, cropping methods, and innovative gardening and food production techniques to more than 6,500 people. The NGO also reached more than 3,800 people with a nutrition education campaign during November and December. Additionally, in December, WRI provided training to improve farming techniques for more than 2,000 people and training on pesticide use for nearly 2,400 people in Ituri Province’s Drodro Health Zone.

2018-2019 TOTAL HUMANITARIAN FUNDING*
PER DONOR



*Funding figures are as of February 15, 2019. All international figures are according to the UN Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking Service and based on international commitments during 2018 and 2019, while United States Government figures are according to the USG and reflect commitments during FY 2018 and FY 2019, which began on October 1, 2017 and October 1, 2018, respectively.

CONTEXT

- Despite the implementation of a peace agreement in 2003, fighting between forces loyal to the GoDRC and various armed entities, including the Allied Democratic Forces, Mai-Mai militants, and the Democratic Forces for the Liberation of Rwanda, has contributed to high levels of insecurity and population displacement in eastern DRC.
- Violence, restricted humanitarian access, poor infrastructure, forced recruitment into armed groups, and reduced access to agricultural land and traditional markets have contributed to the deterioration of humanitarian conditions in the DRC and triggered mass internal displacement and refugee outflows.
- An estimated 374,000 Congolese nationals have arrived in the DRC’s Kasai, Kasai-Central, and Kwango provinces due to forced expulsions from northern Angola. Relief agencies have expressed concern that the population influx could exacerbate humanitarian needs, intensify intercommunal tensions, and increase the risk for renewed clashes in and around the greater Kasai region.
- In response to ongoing humanitarian needs, on October 29, 2018, U.S. Ambassador Michael A. Hammer reissued a disaster declaration for the complex emergency in DRC for FY 2019.
- On November 5, 2018, Ambassador Hammer declared a disaster due to the impact of the expulsions from Angola on humanitarian needs in DRC’s greater Kasai region and neighboring provinces.

USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2018–2019¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA			
DRC COMPLEX EMERGENCY RESPONSE			
Agency for Technical Cooperation and Development (ACTED)	Shelter and Settlements, WASH	South Kivu	\$1,769,232
CARE	Health, Protection	North Kivu	\$1,200,000
Concern	Shelter and Settlements, WASH	Haut-Katanga, Haut-Lomami, Tanganyika	\$3,101,980
CRS	Shelter and Settlements, WASH	Tanganyika	\$3,922,896
International Medical Corps (IMC)	Health	South Kivu, Tanganyika	\$3,720,000
International NGO Safety Organization (INSO)	Humanitarian Coordination and Information Management	Ituri, North Kivu, South Kivu, Tanganyika	\$746,323
IMA World Health	Agriculture and Food Security, Health, WASH	Kasaï, Kasaï-Central, Kasaï-Oriental	\$3,866,025
	Health	Countrywide	\$1,999,196
International Organization for Migration (IOM)	Humanitarian Coordination and Information Management, Shelter and Settlements	Ituri, North Kivu, Tanganyika	\$1,100,000
International Rescue Committee (IRC)	Economic Recovery and Market Systems, Health, Protection	North Kivu, Tanganyika	\$3,592,582
Medair	Health	Ituri, North Kivu	\$3,383,793
Mercy Corps	WASH	Ituri, North Kivu, South Kivu, Tanganyika	\$3,000,000
Norwegian Refugee Council (NRC)	Protection, Shelter and Settlements, WASH	Ituri, North Kivu, South Kivu, Tanganyika	\$4,000,000
OCHA	Humanitarian Coordination and Information Management	Countrywide	\$1,000,000
Oxfam	WASH	Haut-Katanga, Haut-Lomami, Ituri, North Kivu, South Kivu, Tanganyika	\$3,000,000
Save the Children/U.S. (SC/US)	Health, Nutrition	Kasaï-Oriental, Lomami, North Kivu	\$4,478,348
Samaritan's Purse	Agriculture and Food Security, Shelter and Settlements, WASH	Bas-Uele, Haut-Uele, Ituri, North Kivu, Tshopo	\$3,045,110
Tearfund	Agriculture and Food Security, WASH	North Kivu; Eastern DRC	\$3,633,539
UNICEF	Protection, Shelter and Settlements, WASH	Countrywide	\$8,000,000
UN Humanitarian Air Service (UNHAS)	Logistics Support and Relief Commodities	Countrywide	\$5,500,000
Welthungerhilfe (WHH)	Agriculture and Food Security	North Kivu	\$622,657
WRI	Agriculture and Food Security, Shelter and Settlements, WASH	Ituri	\$3,496,235
	USAID/OFDA Airlifted Relief Commodities	Countrywide	\$93,394
	Program Support		\$2,142,603
TOTAL USAID/OFDA FUNDING FOR THE DRC COMPLEX EMERGENCY RESPONSE 2018-2019			\$70,413,913
DRC ANGOLA EXPULSIONS RESPONSE			
Medair	Shelter and Settlements, WASH	Kasaï	\$531,288
NRC	Multipurpose Cash Assistance	Kasaï, Kasaï-Central, Kwango	\$750,000
TOTAL USAID/OFDA FUNDING FOR THE DRC ANGOLA EXPULSIONS RESPONSE 2018-2019			\$1,281,288
TOTAL USAID/OFDA FUNDING FOR THE DRC RESPONSE 2018-2019			\$71,695,201

USAID/FFP ³			
ACTED	406 MT of Local and Regional Food Procurement	Bas-Uele	\$2,528,400
	808 MT of Local and Regional Food Procurement, Complementary Services	South Kivu	\$3,955,219
AAH	742 MT of Local and Regional Food Procurement, Complementary Services	Kasai, Kasai-Central	\$2,690,601
CARE	Food Vouchers, Complementary Services	Lomami	\$3,837,486
Catholic Relief Services (CRS)	305 MT of Local and Regional Food Procurement, Food Vouchers	Tanganyika	\$3,961,205
	271 MT of Local and Regional Food Procurement, Food Vouchers, Complementary Services	Kasai, Kasai-Oriental, Lomami	\$4,484,258
Humanity and Inclusion (H&I)	1,026 MT of Local and Regional Food Procurement	Kasai-Central	\$3,000,000
IMC	51 MT of Local and Regional Food Procurement	South Kivu, Tanganyika	\$1,250,000
Mercy Corps	Food Vouchers	Ituri, North Kivu, South Kivu, Tanganyika	\$3,500,000
Samaritan's Purse (SP)	769 MT of Local and Regional Food Procurement, Cash Transfers for Food, Food Vouchers	Bas-Uele, Haut-Uele, Ituri, North Kivu, Tshopo	\$4,599,971
	3,016 MT of Local and Regional Food Procurement, Complementary Services	Bas-Uele	\$7,578,662
UNICEF	1,600 MT of U.S. In-Kind Food Aid, Local and Regional Food Procurement	Lomami, Kasai, Kasai-Central, Kasai-Oriental, South Kivu, Tanganyika	\$12,043,505
WFP	Cash Transfers for Food, 63,766 MT of U.S. In-Kind Food Aid and Local and Regional Food Procurement	Haut Katanga, Haut-Uele, Ituri, Kasai, Kasai-Central, Kasai-Oriental, Maniema, North Kivu, Nord-Ubangi, Sud-Ubangi, South Kivu, Tanganyika	\$136,809,559
TOTAL USAID/FFP FUNDING			\$190,238,866
STATE/PRM ⁴			
ICRC	Protection and Assistance for IDPs and Conflict Victims	Countrywide	\$17,800,000
Office of the UN High Commissioner for Refugees (UNHCR)	Global Appeal for Refugees and IDPs in DRC, Multi-Sector Assistance, Protection	Countrywide	\$49,800,000
UNHAS	Logistics Support and Relief Commodities	Countrywide	\$950,000
TOTAL STATE/PRM FUNDING			\$68,550,000
TOTAL USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2018-2019⁵			\$330,484,067

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

² USAID/OFDA funding represents anticipated or actual obligated amounts.

³ Estimated value of food assistance and transportation costs at time of procurement; subject to change. USAID/FFP funding presented here does not include contributions that assist Congolese refugees sheltering in neighboring countries.

⁴ State/PRM funding benefits populations of concern inside DRC, including refugees from Burundi, the Central African Republic (CAR), and South Sudan. This amount does not include State/PRM funding for Congolese refugees in neighboring countries.

⁵ This total does not include the \$35,897,282 in FY 2018 USG funding for Congolese refugees in neighboring countries, which increases total USG emergency funding for the DRC crisis in FY 2018 to \$363,371,891.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at www.interaction.org.
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.
- More information can be found at:
 - USAID Center for International Disaster Information: www.cidi.org or +1.202.661.7710.
 - Information on relief activities of the humanitarian community can be found at www.reliefweb.int.

USAID/OFDA bulletins appear on the USAID website at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/responding-times-crisis/where-we-work>