

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #36, FISCAL YEAR (FY) 2015

JUNE 23, 2015

NUMBERS AT A GLANCE

27,443

Number of Suspected, Probable, and Confirmed Ebola Virus Disease (EVD) Cases in Acutely Affected Countries*

UN World Health Organization (WHO) – June 23, 2015

11,207

Number of EVD-Related Deaths in Acutely Affected Countries*

WHO – June 23, 2015

13,059

Number of EVD Cases in Sierra Leone*

WHO – June 23, 2015

10,666

Number of EVD Cases in Liberia*

WHO – June 23, 2015

3,718

Number of EVD Cases in Guinea*

WHO – June 23, 2015

*Includes cumulative EVD cases in Guinea, Liberia, and Sierra Leone. Numbers are subject to change due to reclassification, retrospective investigation, and availability of laboratory results.

HIGHLIGHTS

- Overall active EVD transmission decreases in Guinea and Sierra Leone since the week ending June 7
- The Government of Sierra Leone (GoSL) launches Operation Northern Push to scale up response efforts and local-level engagement in districts where EVD persists
- New chain of transmission emerges as the Government of Guinea (GoG) reports five new confirmed cases in Boké Prefecture

USG HUMANITARIAN ASSISTANCE TO EVD OUTBREAK RESPONSE TO DATE IN FY 2014 & FY 2015

USAID/OFDA ¹	\$728,495,325
USAID/FFP ²	\$104,247,423
USAID/GH ³	\$20,076,000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$390,355,000
CDC ⁵	\$473,638,235 ^{6,7}
\$1,736,393,983	
USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE ⁸	

KEY DEVELOPMENTS

- EVD transmission continues in Guinea and Sierra Leone, with 24 new EVD cases confirmed during the week ending June 14, according to WHO. EVD transmission decreased slightly between early and mid-June, affecting four Guinean prefectures—Boké, Conakry, Dubréka, and Forécariah—and Sierra Leone’s Kambia and Port Loko districts. Of the 24 new cases identified in the two countries between June 8 and 14, 18 were found from known contact lists and five were from unknown sources of transmission.
- The GoSL’s Operation Northern Push—a 21-day surge effort to reach zero EVD cases by focusing on combined chiefdom-level activities—officially commenced on June 16 in affected areas of Kambia and Port Loko. According to WHO, response actors are aiming to end behaviors that perpetuate transmission, such as unsafe movement of EVD-affected people.
- As of June 14, health actors were monitoring nearly 1,930 contacts across eight Guinean prefectures; in Sierra Leone, contact tracers were following up with more than 440 people.

¹ USAID’s Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

² USAID’s Office of Food for Peace (USAID/FFP)

³ USAID’s Bureau for Global Health (USAID/GH)

⁴ U.S. Department of Defense (DoD)

⁵ U.S. Centers for Disease Control and Prevention (CDC)

⁶ In FY 2014, CDC funded its West Africa EVD response with CDC’s internal operational resources. Of the \$456,199,235 that CDC has thus far obligated in FY 2015, approximately \$67,053,387 supports activities outside the United States and \$336,385,854 supports activities inside the U.S. This amount includes some estimated salaries and benefits during the Continuing Resolution (CR) period. All other CDC obligations occurred during the CR and are not available to be categorized as domestic or international obligations.

⁷ CDC funding as of June 22, 2015; total includes estimated salaries, benefits, from the CR period and funding from all CDC sources. At this time, FY 2015 funding includes actual obligations; estimates of salaries and benefits have been excluded. The CDC funding total does not include \$3 million from USAID/OFDA, \$600,000 from DoD, or CDC Foundation donations.

⁸ Total funding figure includes committed U.S. Government (USG) humanitarian and development funding to date, as well as CDC’s combined contribution to the international and domestic EVD response. This number represents a subset of the total USG effort to respond to the ongoing EVD outbreak.

REGIONAL

- WHO reported 24 confirmed cases of EVD between June 8–14, including 10 cases in Guinea and 14 in Sierra Leone, with new cases found across four Guinean prefectures and two districts in Sierra Leone. The source of infection for some cases remains unknown, highlighting continued undetected chains of transmission, according to the UN agency.
- In mid-June, USG Disaster Assistance Response Team (DART) staff traveled to Guinea’s Forécariah—which borders Sierra Leone’s Kambia—to meet with partners and assess prefecture-level coordination and cross-border activities. The International Federation of Red Cross and Red Crescent Societies (IFRC), the Sierra Leone Red Cross Society, and the Guinean Red Cross noted several challenges to working on cross-border EVD activities between Guinea and Sierra Leone. Participants underscored that improved information sharing and cross-border contact tracing was essential to strengthen the countries’ joint effort to reach zero EVD cases, particularly along the common border.

Liberia

- In recent weeks, health experts have emphasized the importance of continuing practices that mitigate the risk of EVD resurgence in Liberia. Given ongoing EVD transmission rates in Guinea and Sierra Leone, Liberia continues to experience a high risk of EVD re-importation despite ongoing prevention efforts. Consequently, experts are advocating for response efforts which ensure that Liberia has the capacity to rapidly identify, investigate, isolate, test, refer, and care for an EVD case if one arises.
- Technical experts from the DART and CDC continue to assist the Government of Liberia (GoL) infection prevention and control (IPC) task force in developing post-EVD standard precaution guidelines to strengthen Liberia’s national health system. The task force—which includes participation from response agencies, USAID/OFDA partners the International Medical Corps (IMC), the International Organization for Migration (IOM), Jhpiego, and other non-governmental organizations (NGOs)—is also developing a national IPC policy to ensure implementation of the guidelines, such as hygiene promotion and health-related best practices, and advocating for creation of a permanent IPC lead and support team within the GoL’s Ministry of Health (MoH). IPC task force members are also endeavoring to establish a permanent IPC lead and support team within the GoL MoH to bolster sustainability.
- On June 17 and 18, the training sub-group of the GoL Incident Management System case management committee hosted a workshop to revise Liberia’s national IPC training for health care workers. The GoL and health partners had developed the previous IPC training, known as the Keep Safe and Keep Serving (KSKS) model, during the EVD outbreak; the training sub-group is now refining the KSKS curriculum to align with standard, risk-based IPC precautions. The new curriculum—referred to as the safe and quality services (SQS) training—aims to prevent the spread of EVD and other communicable diseases through the planned inclusion of facility-based surveillance training and an emergency clinical management component. The SQS training is also expected to include training for providing psychosocial support services, including psychological first aid and patient privacy and confidentiality. WHO plans to continue coordinating the training development process and begin the training in the coming months in collaboration with other partners.
- The absence of a nationally standardized surveillance system remains a key gap in Liberia’s ability to respond to public health events, including EVD and other infectious disease outbreaks. Liberia’s National Disease Surveillance Technical Coordination Committee (NDSTCC) is developing a standardized disease surveillance system to rapidly detect disease-related events and obtain the information necessary to enable a prompt public health response. NDSTCC members expect to finalize a new integrated disease surveillance and response strategy and an implementation plan—which will include cross-border surveillance assessment tools—in the coming weeks.

Sierra Leone

- The GoSL Ministry of Health and Sanitation (MoHS) reported eight new confirmed EVD cases in Sierra Leone between June 15 and 21—a decrease of six EVD cases from the total recorded between June 8 and 14. Kambia District reported two EVD cases, Port Loko District had four cases, and two cases occurred in Western Urban Area District following more than two weeks without a reported EVD case. Of the eight reported EVD cases, two were from unknown sources, four were from a known epidemiological link, and two were from contact lists. District Ebola Response Centers

(DERCs) are currently monitoring more than 1,000 contacts in the EVD-affected districts; the high number of contacts reflects an increased amount of persons of interest identified during Operation Northern Push.

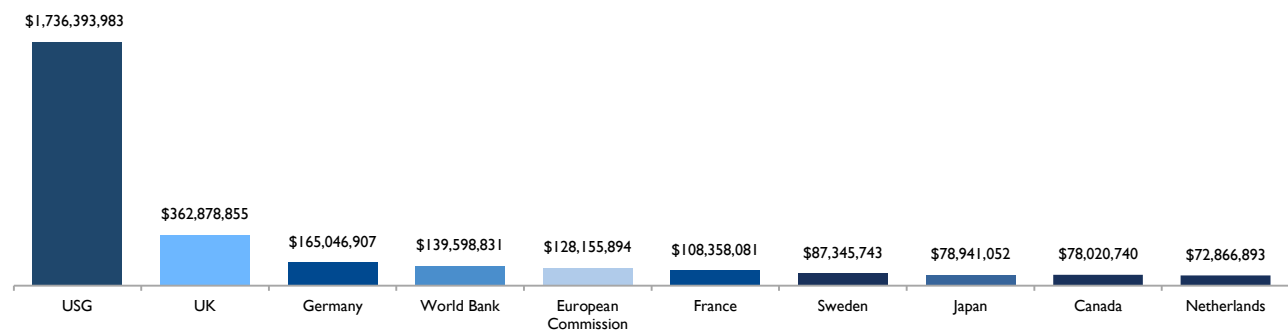
- As part of the 21-day surge effort, the Kambia DERC is focusing on quarantining EVD-affected households in Kadalo and Kagboto villages, following a confirmed EVD case who was reportedly involved in an illegal burial. Coordination is ongoing between response actors in Kambia and Guinea's Forécariah to deter unsafe, cross-border burials and slow the transmission of EVD. The Port Loko DERC also remains focused on new EVD clusters, contact tracing, and monitoring efforts in the affected chiefdoms. Port Loko paramount chiefs and traditional healers attended the operation's launch, receiving key messages to apply in their influential role among local communities. With support from WHO, the MoHS also deployed 35 medical workers to the affected districts. USAID/OFDA partners are also participating in the operation, having recently scaled up relief activities in the affected districts.
- USAID/OFDA partner the International Rescue Committee (IRC) is working to strengthen Sierra Leone's health care system beyond EVD-related capacities through its leadership of the Ebola Response Consortium (ERC)—a group of 14 NGOs working to implement a national IPC program in more than 1,100 peripheral health units (PHUs) and 19 government hospitals in Sierra Leone, in coordination with the MoHS, the UN Children's Fund (UNICEF), WHO, and CDC. In recent months, the ERC IPC program has expanded beyond EVD-specific staff training to now focus on expanding IPC training for all health care facilities beyond EVD treatment. The MoHS, WHO, and CDC are working to finalize and circulate an IPC guidelines package. With nearly \$9.7 million in USAID/OFDA funding, IRC is bolstering IPC capacities at the PHUs and supporting NGO IPC mentors who partner with MoHS IPC focal points at 19 public hospitals to train health care staff and improve IPC at the facilities.
- Through USAID/OFDA support, IOM and implementing partners World Hope International and Wellbody Alliance are working to address identified social mobilization gaps, including the continuation of harmful traditional practices such as the washing of deceased family members, in Bombali and Kono districts. IOM's community-centered intervention has trained 100 community representatives, religious leaders, and EVD survivors to educate their communities on the outbreak. In addition, selected communities in 18 chiefdoms learned basic IPC measures and developed community-led action plans to reduce the risk of EVD transmission. To date, IOM's implementing partners have reached more than 20,000 individuals through the use of social mobilizers and community health workers and community engagement on EVD-related issues—including culturally sensitive safe burial practices, disease identification and referral of late-stage malaria and measles, health promotion, and urging continued vigilance against possible EVD outbreaks.
- On June 20, DART and CDC staff traveled with USAID/OFDA partner Medair and two quarantine response team members to Upper Allentown in Sierra Leone's Western Urban Area to visit a household released from a 21-day quarantine the same morning. The seven-member household related a generally positive quarantine experience, reporting that response staff from Medair and local partner Lifeline visited the family on a daily basis, bringing fresh food and offering psychosocial support.
- Medair is currently supporting between four and six quarantined households in Western Area. At the height of the outbreak, Medair and Lifeline were providing daily services—including fresh food, EVD interim care kits, psychosocial support, and basic first aid—to between 100 and 150 quarantined households. Medair's response teams also conduct follow-up visits after quarantines end or people return home from EVD treatment units (ETUs). As Medair response teams visited the same quarantined households during the 21-day period, the teams developed good relationships not only with the quarantined inhabitants, but also the communities, resulting in awareness initiatives.

Guinea

- In recent days, the GoG reported five new confirmed cases of EVD from Boké Prefecture. Between June 18 and 19, prefectural authorities recorded four cases in Tamarassy village, which is located three miles from Boké city. The four Tamarassy cases reportedly came from known contacts in the same area of the town, according to IMC. On June 20, the GoG reported an additional case from the city of Port Kamsar. In recent months, prefectural authorities had recorded only one case outside of Boké Prefecture's Kamsar sub-prefecture. Epidemiologists in Guinea believe that the cluster of cases in Tamarassy is linked to a chain of transmission from Forécariah—a transmission chain independent from the cluster of cases in Kamsar, active since May.

- One of the recent confirmed cases from Tamarassy included a health care worker, according to the GoG. The infection—the first EVD case among health care workers since April—reportedly occurred outside of a health care setting. As of June 22, the National Ebola Coordination Cell reported that 203 health care personnel had contracted EVD during the course of the outbreak. The nurse is receiving care at the Government of France-supported EVD treatment facility for health care workers (CTS) in the capital city of Conakry. A second health care worker from Boké—a suspected case awaiting diagnostic test results—is also receiving care at the CTS.
- In mid-June, the GoG removed Kindia from the list of prefectures with active EVD transmissions, as Kindia did not have a confirmed case during the prior 21 days. Although local authorities reported three confirmed cases during the first week of June, subsequent tests at the Coyah Prefecture laboratory found that the cases were false positives, according to CDC. As of June 16, the GoG reported four active prefectures—a decrease of two prefectures from the previous week. In addition, the GoG also removed Fria Prefecture on June 16 after the prefecture passed 21 days without a case.
- The UN World Food Program (WFP) is preparing to renovate the WHO-managed ETU in Coyah to address issues related to rainy season soil erosion. Renovations in the red zone—the area of the ETU where suspected and confirmed patients are isolated and receive care—are expected to take two weeks during which the ETU will close; additional structural rehabilitations outside the red zone will take longer but likely will not impede clinical operations. On June 22, the National Ebola Coordination Cell confirmed that while the renovations are in progress, health actors will transfer suspected cases from Boké—previously treated at the Coyah ETU—to the Kindia ETU; new suspected cases discovered during the ongoing case finding and EVD messaging campaign in Dubréka will be transported to ETUs in Kindia or Forécariah. As of June 22, no patients remained at the Coyah ETU.
- During a June 17 meeting with DART staff, UNICEF—the lead agency for social mobilization efforts in Guinea—reported that while social mobilization and community engagement remains a challenge, overall efforts have improved in Guinea and the GoG has recently reported fewer incidents of resistance to response efforts compared to previous months. To further address reticence, UNICEF is adjusting its social mobilization strategy to work with communities, specifically targeting women and youth groups, to overcome remaining resistance. The strategy is also broadening to encourage sick individuals to seek care quickly and work with transportation actors in Guinea—the Ministry of Transportation and the police—to reinforce efforts limiting the movement of suspected cases and bodies. UNICEF’s current social mobilization program engages with community leaders and religious authorities at the community level; outreach to religious leaders typically focuses on reducing unsafe burial practices, which remains a critical behavioral gap in Guinea.

2014 & 2015 TOTAL FUNDING FOR THE EBOLA RESPONSE* PER DONOR



* Funding figures are as of June 23, 2015. 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 2014 and to date in 2015, while USG figures are according to the USG and reflect USG commitments from FY 2014 and FY 2015, which began on October 1, 2013, and October 1, 2014, respectively.

CONTEXT

- EVD is a severe illness transmitted through direct contact with the blood, bodily fluids, and tissues of infected animals or people. There is currently no cure or preventive vaccine for EVD.
- On August 4, U.S. Ambassador Deborah R. Malac declared a disaster due to the effects of the EVD outbreak in Liberia. U.S. Chargé d’Affaires Kathleen FitzGibbon declared a disaster in Sierra Leone on August 13. On August 15, U.S. Chargé d’Affaires Ervin Massinga declared a disaster in Guinea. U.S. Chargé d’Affaires, a.i, Andrew Young declared a disaster in Mali on November 17.
- The USG deployed a field-based DART on August 5 and established a corresponding Response Management Team (RMT) based in Washington, D.C. The DART—including disaster response and medical experts from USAID and CDC—is working to identify key needs stemming from the EVD outbreak, amplify humanitarian response efforts, and coordinate all USG efforts to support the EVD response.

USG HUMANITARIAN ASSISTANCE TO THE EVD OUTBREAK RESPONSE PROVIDED IN FY 2014 & 2015¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA²			
REGIONAL			
African Union (AU)	Health	Guinea, Liberia, Sierra Leone	\$10,000,000
CDC	Health	Guinea, Liberia, Sierra Leone	\$3,000,000
UNICEF	Health, Protection	Guinea, Liberia, Sierra Leone	\$1,100,000
UN Humanitarian Air Service (UNHAS)	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$250,000
OCHA	Humanitarian Coordination and Information Management	Guinea, Liberia, Sierra Leone	\$2,042,536
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$19,026,877
Overseas Development Institute	Humanitarian Studies, Analysis, or Applications	Guinea, Liberia, Sierra Leone	\$30,011
Tufts University	Humanitarian Studies, Analysis, or Applications	Guinea, Liberia, Sierra Leone	\$558,504
	Program Support		\$6,803,093
LIBERIA			
Action Contre la Faim (ACF)	Health, Protection, Water, Sanitation, and Hygiene (WASH)	Liberia	\$1,013,803
American Refugee Committee (ARC)	Health	Liberia	\$7,633,633
BRAC	Protection	Liberia	\$1,177,902
CARE	Health	Liberia	\$1,652,992
ChildFund	Health, Protection	Liberia	\$3,502,025
Concern	Health, Protection	Liberia	\$6,806,343
Catholic Relief Services (CRS)	Health	Liberia	\$960,447
Global Communities	Health	Liberia	\$32,076,365
GOAL	Health	Liberia	\$4,702,667
Heart to Heart International (HHI)	Health, Protection	Liberia	\$7,001,161

IFRC	Health	Liberia	\$1,000,000
IMC	Health, Protection	Liberia	\$26,794,897
IOM	Health, Protection, WASH	Liberia	\$39,021,886
IRC	Health, Protection	Liberia	\$18,443,770
Jhpiego	Health	Liberia	\$2,814,287
John Snow Inc. (JSI)	Health	Liberia	\$7,233,653
Medical Teams International (MTI)	Health	Liberia	\$4,702,901
MENTOR Initiative	Health	Liberia	\$3,926,216
Mercy Corps	Health, Humanitarian Coordination and Information Management	Liberia	\$12,000,000
Partners in Health (PiH)	Health, Protection	Liberia	\$24,393,170
Plan USA	Health	Liberia	\$1,508,821
Project Concern International (PCI)	Health, Logistics Support and Relief Commodities, Protection	Liberia	\$11,354,485
Samaritan's Purse	Health, Logistics Support and Relief Commodities	Liberia	\$7,782,027
Save the Children/U.S. (SC/US)	Health, Protection, WASH	Liberia	\$8,276,263
USAID/OFDA-Supported Non-Medical ETU Management Contracts	Health	Liberia	\$86,249,157
U.S. Public Health Service	Health	Liberia	\$4,988,272
UNICEF	Health, Logistics Support and Relief Commodities, Protection, WASH	Liberia	\$54,260,411
Welthungerhilfe (WHH)	Health, WASH	Liberia	\$1,955,645
WFP	Logistics Support and Relief Commodities	Liberia	\$57,277,108
WHO	Logistics Support and Relief Commodities, Health, Protection	Liberia	\$35,000,000
SIERRA LEONE			
CRS	Health	Sierra Leone	\$548,619
Christian Aid	Health, Humanitarian Coordination and Information Management, Logistics Support and Relief Commodities, Protection	Sierra Leone	\$945,690
GOAL	Health, WASH	Sierra Leone	\$2,005,780
IFRC	Health	Sierra Leone	\$13,000,000
IMC	Health, Protection, WASH	Sierra Leone	\$12,936,976
IOM	Health	Sierra Leone	\$5,679,410
IRC	Health	Sierra Leone	\$9,688,573
Medair	Health	Sierra Leone	\$5,349,216
Oxfam/Great Britain (Oxfam/GB)	Health	Sierra Leone	\$690,646
PiH	Health, Protection	Sierra Leone	\$7,881,461
UNICEF	Health, Protection, WASH	Sierra Leone	\$16,080,214

WFP	Humanitarian Coordination and Information Management, Logistics Support and Relief Commodities	Sierra Leone	\$20,000,000
WHO	Health	Sierra Leone	\$12,000,000
World Vision	Logistics Support and Relief Commodities	Sierra Leone	\$2,472,525
GUINEA			
CRS	Health	Guinea	\$4,041,621
ChildFund	Health, Protection	Guinea	\$1,500,000
French Red Cross (FRC)	Health	Guinea	\$4,505,445
HC3	Health	Guinea	\$1,000,000
Helen Keller International (HKI)	Health	Guinea	\$1,719,455
Internews	Risk Management Policy and Practice	Guinea	\$1,999,846
IOM	Logistics Support and Relief Commodities	Guinea	\$12,767,220
IFRC	Health	Guinea	\$2,999,552
IMC	Health	Guinea	\$14,854,760
Jhpiego	Health	Guinea	\$2,400,000
Plan International	Health, WASH	Guinea	\$2,111,738
Relief International (RI)	Health, Logistics Support and Relief Commodities	Guinea	\$4,000,000
SC/US	Health	Guinea	\$1,499,203
Terres Des Hommes	Health, Protection, WASH	Guinea	\$875,000
UNICEF	Protection, WASH	Guinea	\$10,555,447
WFP	Health, WASH	Guinea	\$8,500,000
WHO	Health	Guinea	\$19,626,849
MALI			
CRS	Health	Mali	\$954,122
IMC	Health	Mali	\$2,000,000
IOM	Health	Mali	\$2,033,983
UNICEF	Health	Mali	\$400,000
World Vision	Health	Mali	\$550,646
TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE EFFORTS			\$728,495,325
USAID/FFP			
ACDI/VOCA	Cash Transfers, Agricultural Input Vouchers	Liberia	\$9,000,000
ACDI/VOCA	Cash Transfers, Agricultural Input Vouchers	Sierra Leone	\$9,000,000
CRS	Food Vouchers	Guinea	\$1,325,443
FEWS NET	Food Security, Market, and Livelihood Monitoring, Analysis and Reporting	Guinea, Liberia, Sierra Leone	\$2,495,348

Mercy Corps	Cash Transfers, Agricultural Input Vouchers	Liberia	\$8,970,000
PCI	Cash Transfers, Agricultural Input Vouchers, Cash-for-Work	Liberia	\$8,030,564
Save the Children (SC)	Cash Transfers	Sierra Leone	\$4,384,010
WFP	In-Kind Food Assistance to EVD-Affected Ivorian Refugees: Title II and Local and Regional Procurement	Liberia	\$8,921,600
WFP	Assistance for EVD-Affected Ivorian Returnees from Liberia: Cash Transfers, Local and Regional Procurement	Cote d'Ivoire	\$3,000,000
WFP	WFP School Feeding Operation	Guinea	\$7,182,907
WFP	WFP School Feeding Operation	Liberia	\$7,370,323
WFP	WFP Regional Emergency Operation	Guinea	\$8,772,002
WFP	WFP Regional Emergency Operation	Liberia	\$12,633,568
WFP	WFP Regional Emergency Operation	Sierra Leone	\$13,161,658
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS			\$104,247,423
USAID/GH			
Johns Hopkins Center for Communication Programs (JHCCP)	Health	Guinea, Liberia, Sierra Leone; neighboring at-risk countries	\$7,288,500
WHO	Health	Guinea, Liberia, Sierra Leone; neighboring at-risk countries	\$12,787,500
TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE EFFORTS			\$20,076,000
USAID/Liberia			
GoL MoH	Health	Liberia	\$6,600,000
UNICEF	Education	Liberia	\$9,500,000
TOTAL USAID/Liberia ASSISTANCE TO EVD RESPONSE EFFORTS			\$16,100,000
USAID/Guinea			
Jhpiego	Health	Guinea	\$3,482,000
TOTAL USAID/Guinea ASSISTANCE TO EVD RESPONSE EFFORTS			\$3,482,000
DoD			
DoD		Liberia	\$390,355,000
TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS			\$390,355,000
CDC			
CDC	Health	West Africa and USA	\$473,638,235
TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS			\$473,638,235
TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 & 2015			\$1,736,393,983

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:
 - The Center for International Disaster Information: www.cidi.org or +1.202.821.1999.
 - 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>