

# WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #33, FISCAL YEAR (FY) 2015

JUNE 3, 2015

## NUMBERS AT A GLANCE

**27,145**

Number of Suspected, Probable, and Confirmed Ebola Virus Disease (EVD) Cases in Acutely Affected Countries\*  
UN World Health Organization (WHO) – June 2, 2015

**11,147**

Number of EVD-Related Deaths in Acutely Affected Countries\*  
WHO – June 2, 2015

**12,827**

Number of EVD Cases in Sierra Leone\*  
WHO – June 2, 2015

**10,666**

Number of EVD Cases in Liberia\*  
WHO – June 2, 2015

**3,652**

Number of EVD Cases in Guinea\*  
WHO – June 2, 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

- As the one-month anniversary of the end of the EVD outbreak in Liberia approaches, the Government of Liberia (GoL) remains focused on cross-border issues and implementing the requisite 90 days of enhanced surveillance activities
- The Kambia Community Action Plan (Operation KCAP)—a Government of Sierra Leone (GoSL) effort to prevent new EVD cases in Kambia District—will be extended until May 31 to sustain progress
- International media report unrest and attacks targeting humanitarian workers in Guinea’s Boké Prefecture

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

USAID/OFDA <sup>1</sup>	\$696,514,070
USAID/FFP <sup>2</sup>	\$104,247,423
USAID/GH <sup>3</sup>	\$20,076,000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$3,482,000
DoD <sup>4</sup>	\$390,355,000
CDC <sup>5</sup>	\$462,351,381 <sup>6,7</sup>

**\$1,693,125,874**

USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE<sup>8</sup>

## KEY DEVELOPMENTS

- With the outbreak in Liberia declared over, the USG Disaster Assistance Response Team (DART)—in coordination with the GoL and WHO—continues to support USAID/OFDA partners involved in EVD treatment unit (ETU) management to implement the ETU decommissioning process, including decontamination and asset disposition. As of May 28, WHO, on behalf of the GoL, approved decommissioning plans for ten of the USAID/OFDA-supported ETUs in Liberia; the majority of the remaining ETUs that do not yet have WHO-approved decommissioning plans are scheduled to remain open in the coming months.
- The number of Guinean prefectures with active chains of transmission increased from three to four following the recent discovery of a new confirmed EVD case in Fria’s Banguigny Sub-Prefecture. The new case in Fria is the first since mid-April, according to the Government of Guinea (GoG).

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

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

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

<sup>4</sup> U.S. Department of Defense (DoD)

<sup>5</sup> U.S. Centers for Disease Control and Prevention (CDC)

<sup>6</sup> In FY 2014, CDC funded its West Africa EVD response with CDC’s internal operational resources. Of the \$444,912,381 that CDC has thus far obligated in FY 2015, approximately \$60,888,300 supports activities outside the United States and \$331,077,779 supports activities inside the U.S. All other CDC obligations occurred during the Continuing Resolution and are not available to be categorized as domestic or international obligations.

<sup>7</sup> CDC funding as of May 25, 2015; total includes estimated salaries, benefits, and funding from all CDC sources for programs in West Africa and the United States. The CDC funding total does not include \$3 million from USAID/OFDA, \$600,000 from DoD, or CDC Foundation donations.

<sup>8</sup> 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 12 new confirmed EVD cases from May 18–24, including nine new cases in Guinea and three in Sierra Leone. The 12 new cases were recorded across three prefectures in Guinea and two districts in Sierra Leone. The Guinean prefecture of Forécariah remains the greatest challenge with five new cases reported in four sub-prefectures, according to WHO.

### Liberia

- As the one-month anniversary of the end of the EVD outbreak in Liberia approaches, the GoL remains focused on cross-border issues and implementing the requisite 90 days of enhanced surveillance activities. However, community resistance to continuing EVD prevention measures, including hand washing prior to entering public buildings and safe burials, remains a key challenge. USAID/OFDA partner Global Communities continues to manage active safe burial teams and is advocating for the GoL to reinforce the importance of prioritizing safe burials until the outbreak ends in the West African region.
- Response actors anticipate heightened challenges related to the delivery of infection prevention and control (IPC) supplies to areas with poor transportation and communication infrastructure due to the rainy season, which spans May to November. Between April 1–May 20, a DART logistics officer assessed nine IPC supply storage sites—including six mobile storage units and three forward logistics bases—in Grand Bassa, Grand Cape Mount, Grand Gedeh, Grand Kru, Gbarpolu, Margibi, Maryland, Nimba, and Sinoe counties. The assessments—including evaluations of each site's IPC supply pipeline and distribution operations, storage and security practices, and rainy season preparedness—enabled the DART to better understand how distribution challenges differ across counties and to convey site improvement recommendations to the Logistics Cluster, the coordinating body for humanitarian logistics activities, comprising UN agencies, non-governmental organizations (NGOs), and other stakeholders.
- With USAID/OFDA support, the International Rescue Committee (IRC) continues to support post-EVD outbreak transition efforts in Liberia's Montserrado County by supporting the safe restoration of health care services in EVD-affected facilities, encouraging safe sanitation and hygiene at EVD-affected health facilities and schools, and providing psychosocial support services to EVD-affected communities and health care workers. From May 4–17, IRC health care personnel at Montserrado's Redemption Hospital conducted clinical rounds and mentoring on clinical decision-making and patient care quality. During the reporting period, IRC's Redemption-based personnel also supported the in-patient and out-patient staff to screen more than 5,000 patients, of which nearly 10 individuals met the EVD case definition and were referred to the hospital's IRC-supported transit unit; all later tested negative for EVD. IRC staff also completed signage to guide patient flow at Redemption to facilitate safe, organized patient transfer and increase the observance of IPC measures. During the reporting period, IRC psychosocial staff assisted approximately 25 individuals, including patients and their family members, at Redemption.
- From May 4–17, IRC also continued to provide IPC support in other Montserrado health care facilities and schools, including training 55 health care workers on IPC protocols, facilitating IPC supply distribution to 11 health care facilities, distributing hygiene kits to 18 schools, and working with 15 schools to form health and hygiene club action plans.

### Sierra Leone

- From May 25–31, the GoSL Ministry of Health and Sanitation reported 12 EVD cases in Sierra Leone. Eight of the cases emerged in Port Loko District, three in Western Urban District, and one in Kambia District, which had previously not reported a new EVD case in more than two weeks. The increase in Port Loko EVD cases is associated with a woman who died in childbirth on May 16. The woman subsequently tested EVD positive, and the deaths during the previous week were family members and other individuals who assisted in the birth—all of whom were in quarantine. Eight people associated with the quarantined household absconded, and seven of those remain missing. The woman who gave birth was not from an existing contact list, according to the National Ebola Response Center (NERC).
- During the week ending May 24, the NERC confirmed three new EVD cases in Sierra Leone—a decrease from the eight new cases reported during the prior reporting period, WHO reports. Two of the new confirmed cases occurred in Sierra Leone's capital city of Freetown, in Western Urban, while Port Loko confirmed one case. All three cases were from

known sources, with the two in Western Urban from contact lists linked to the Moa Wharf transmission chain. The NERC reported that the third case was a new transmission chain in a Port Loko village close to Lungi International Airport; airport management assured the NERC that appropriate screening and control measures remain actively in place, including health screening checkpoints at the entrance and exit areas. In recent weeks, USAID/DART staff visited Lungi International Airport and observed ongoing training of health screeners, led by the International Organization for Migration (IOM).

- On May 25—which marked one year since the first confirmed EVD case in Sierra Leone—President Ernest Bai Koroma met with more than 20 EVD survivors and pledged continued government support to assist survivors, including free health services. The International Federation of Red Cross and Red Crescent Societies (IFRC) also held an event in Freetown where EVD survivors and frontline responders spoke about their struggles with the disease and reaffirmed the need to sustain progress made in the fight against the outbreak. During the past year, more than 4,000 people in Sierra Leone contracted EVD and survived, while approximately 3,550 people died as a result of the virus as of May 28.
- The Kambia District Ebola Response Center (DERC) requested an extension of Operation KCAP at a scaled-down level through May 31 to sustain the progress made during the May 10–22 campaign, including a 21 percent increase of the number of sick people seeking treatment at community care centers (CCCs) compared to the two previous weeks. From May 10–17, GoSL representatives and paramount chiefs, with the support of CDC and NGOs, held more than 60 community engagement meetings with nearly 6,800 people to discuss the EVD response, as part of the campaign. In addition, the campaign involved 4,400 local youths in active case finding in 880 communities throughout the district and supported strengthened cross-border monitoring by local authorities. As of May 28, Kambia had not reported any new EVD cases in 14 days.
- Through the UN World Food Program (WFP), USAID/OFDA has provided more than 40 metric tons (MT) of High Test Hypochlorite (HTH) chlorine—commonly used for disinfecting medical infrastructure, surgical instruments, and ambulances and to decontaminate water supplies for drinking, hand washing, and surface cleaning—to response actors in Sierra Leone, including Christian Aid, IFRC, International Medical Corps (IMC), IOM, IRC, and Save the Children (SC), as well as the GoSL Ministry of Health and Sanitation’s Central Medical Stores. As of May 27, WFP reported that 3.1 MT of USAID/OFDA-supplied HTC chlorine remained in stock in Sierra Leone. Correctly mixed and applied, HTH chlorine used on personal protective equipment and other surfaces is an effective tool to counter the spread of the disease, particularly among patients and health care workers, according to CDC.

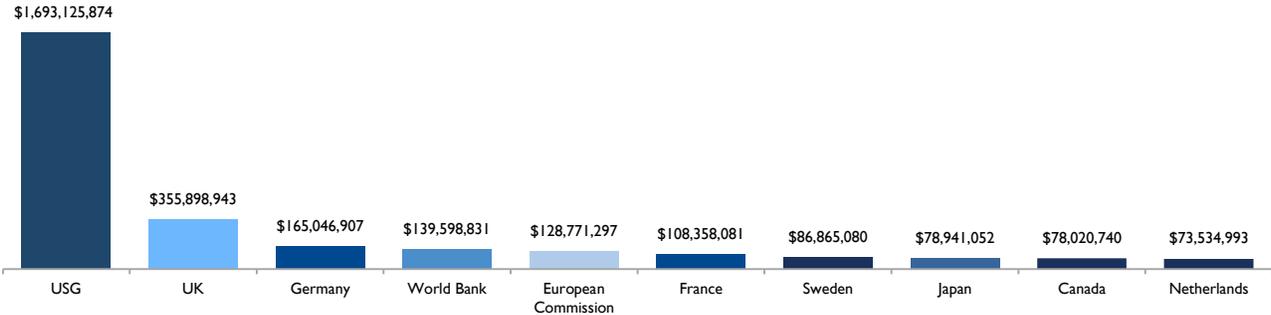
## Guinea

- Of the nine new cases confirmed in Guinea during the week ending May 24, five occurred in Forécariah, three in Dubréka Prefecture, and one occurred in Boké. Due to the recent uptick of cases in Boké—including five confirmed cases reported during the week ending May 17 and the one confirmed case from the most recent reporting period—as well as the proximity of the prefecture to neighboring Guinea-Bissau, a response team from Guinea-Bissau deployed to the border region to assess points of entry, WHO reports.
- In recent days, the GoG reported five additional confirmed EVD cases, including three cases in Forécariah, one case in Boké, and one new case in Fria; the Fria case marks the first confirmed case in the prefecture since mid-April. In addition to the four prefectures with active chains of transmission, the GoG continues to classify the capital city of Conakry and Kindia Prefecture as areas on alert, as tracers are following contacts in both locations.
- Growing unrest across Guinea’s EVD-affected prefectures has resulted in damaged infrastructure, attacks on response actors, and the arrest of approximately 60 people in recent days, according to international media sources. On May 28, residents of Fria’s Banguigny Sub-Prefecture attacked and threw stones at a car carrying GoG officials traveling to the area to engage with local communities and discuss reported reticence. Despite the attack, prefecture authorities continue efforts to engage communities in Banguigny and assuage resistance to EVD-related activities. International media also reported anti-Ebola protests and attacks on health care workers in Boké, including an attack on two Guinean Red Cross vehicles and an employee’s home.
- Given ongoing disease transmission, hidden cases, and community deaths, the National Ebola Coordination Cell lead, Dr. Keita Sakoba, continues to stress the importance of community engagement and social mobilization activities to inform

communities of how to identify and respond to cases while simultaneously engaging with local authorities and groups to report and refer suspect cases. Throughout the response, the social mobilization strategy has called for engagement with traditional healers, religious figures, and other local authorities; however, USAID/OFDA partners report a continuing need to reinforce dialogue with key community groups, including women’s groups, imams, and other community leaders.

- On May 26, members from the DART traveled to Boké to assess the ongoing response to the recent cluster of cases in the prefecture, particularly in Kamsar sub-prefecture. Contact tracing in the area around Kamsar town, Boké, remains challenging, according to local response actors. Response partners reported that tracers are not accurately recording contacts’ temperatures twice daily, as prescribed by contact tracing policy. Additionally, DART staff reported a shortage of response supplies in Boké, including universal IPC supplies at health facilities, as well as phlebotomy materials, and found that health facilities in Kamsar have yet to receive IPC training, increasing risk of infection. In response, USAID/OFDA partner Jhpiego is conducting an IPC training course in Kamsar for staff from nearby health facilities.
- Boké continues to lack an isolation option for suspect cases—confirmed cases have traveled to ETUs in other prefectures, driving several hours to reach isolation. In response, USAID/OFDA partner IMC has dispatched a rapid response team to Boké to establish temporary isolation near the Kasopo *centre de santé*. The Canadian mobile diagnostic laboratory—located in the Kasopo *centre de santé*—is also operational.
- After several days of negotiations, the National Ebola Coordination Cell decided that WHO would support clinical management at the ETU in Coyah Prefecture, which remains crucial for case management in Guinea; the ETU is currently the closest isolation option for suspected and confirmed cases originating from Boké and provides excess isolation and care capacity for cases from Forécariah. Previously, foreign medical teams from the African Union (AU) and Cuba had staffed the site before departing in mid-May. With the departure of the foreign medical staff, bed capacity at the Coyah ETU reduced to 20 beds from the 60 beds available when fully staffed. WHO plans to hire approximately 160 additional Guinean staff and retain other Guinean staff who had worked alongside the foreign medical teams, increasing the ETU’s bed capacity to 50 by early June.

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



\* Funding figures are as of June 3, 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 & 2015<sup>1</sup>

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
<b>USAID/OFDA<sup>2</sup></b>			
<b>REGIONAL</b>			
AU	Health	Guinea, Liberia, Sierra Leone	\$10,000,000
CDC	Health	Guinea, Liberia, Sierra Leone	\$3,000,000
UN Children’s Fund (UNICEF)	Health	Guinea, Liberia, Sierra Leone	\$600,000
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		\$6,676,510
<b>LIBERIA</b>			
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	\$23,767,075
IOM	Health	Liberia	\$28,048,894
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	\$4,021,836
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
<b>SIERRA LEONE</b>			
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	Sierra Leone	\$5,164,183
IOM	Health	Sierra Leone	\$4,779,410
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	\$4,000,000
World Vision	Logistics Support and Relief Commodities	Sierra Leone	\$2,472,525
<b>GUINEA</b>			
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
Jpiego	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
<b>MALI</b>			
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
<b>TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$696,514,070</b>
<b>USAID/FFP</b>			
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
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
<b>TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$104,247,423</b>
<b>USAID/GH</b>			
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
<b>TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$20,076,000</b>
<b>USAID/Liberia</b>			
GoL MoH	Health	Liberia	\$6,600,000
UNICEF	Education	Liberia	\$9,500,000
<b>TOTAL USAID/Liberia ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$16,100,000</b>
<b>USAID/Guinea</b>			
Jhpiego	Health	Guinea	\$3,482,000
<b>TOTAL USAID/Guinea ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$3,482,000</b>
<b>DoD</b>			
DoD		Liberia	\$390,355,000
<b>TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$390,355,000</b>
<b>CDC</b>			
CDC	Health	West Africa and USA	\$462,351,381
<b>TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$462,351,381</b>
<b>TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 &amp; 2015</b>			<b>\$1,693,125,874</b>

<sup>1</sup> Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

## **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](http://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](http://www.cidi.org) or +1.202.821.1999.
  - Information on relief activities of the humanitarian community can be found at [www.reliefweb.int](http://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>