



# DEMOCRATIC REPUBLIC OF THE CONGO - COMPLEX EMERGENCY

FACT SHEET #1, FISCAL YEAR (FY) 2020<sup>1</sup>

DECEMBER 2, 2019

## NUMBERS AT A GLANCE

**15.9 million**

Estimated People Experiencing Crisis or Worse Levels of Acute Food Insecurity in the DRC  
IPC – August 2019

**4.8 million**

IDPs in the DRC  
IOM – July 2019

**732,000**

New displacements in the DRC from January to June 2019  
IDMC – September 2019

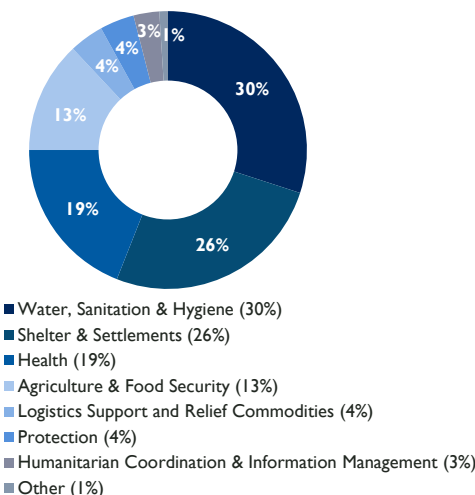
**890,044**

DRC Refugees and Asylum-Seekers Across Africa  
UNHCR – October 2019

**538,657**

Refugees in the DRC  
UNHCR – September 2019

## USAID/OFDA<sup>2</sup> FUNDING BY SECTOR IN FY 2019



## USAID/FFP<sup>3</sup> FUNDING BY MODALITY IN FY 2019



## HIGHLIGHTS

- Renewed violence in North and South Kivu prompts new displacement and hinders humanitarian assistance efforts
- An estimated 15.9 million people face acute food insecurity through December
- Ongoing measles outbreak results in approximately 250,000 suspected cases and 5,110 related deaths as of November

## HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2019<sup>4</sup>

USAID/OFDA	\$80,347,198
USAID/FFP	\$212,058,930
State/PRM <sup>5</sup>	\$51,500,000
<b>Total</b>	<b>\$343,906,128<sup>6</sup></b>

## KEY DEVELOPMENTS

- Armed conflict and violence against civilians continue to cause new displacement and exacerbate humanitarian needs in eastern Democratic Republic of the Congo (DRC). From January to late November, the Armed Conflict Location and Event Data (ACLED) project recorded nearly 3,300 conflict-related fatalities in the DRC, more than 90 percent of which occurred in the DRC's Ituri, North Kivu, and South Kivu provinces.<sup>7</sup>
- Ongoing cholera and measles outbreaks are exacerbating humanitarian needs among populations in the DRC affected by acute food insecurity, armed conflict, and the Ebola virus disease (EVD) outbreak.

<sup>1</sup> This USAID Bureau for Democracy, Conflict, and Humanitarian Assistance (DCHA) fact sheet focuses on the complex emergency in the DRC, rather than the ongoing EVD outbreak.

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

<sup>3</sup> USAID's Office of Food for Peace (USAID/FFP)

<sup>4</sup> This funding does not include any U.S. Government (USG) support for the ongoing EVD outbreak in the DRC.

<sup>5</sup> U.S. Department of State's Bureau of Population, Refugees, and Migration (State/PRM)

<sup>6</sup> This total does not include the \$35,150,000 in FY 2019 State/PRM funding for Congolese refugees in neighboring countries, which increases total USG emergency funding for the DRC crisis in FY 2019 to \$379,056,128.

<sup>7</sup> ACLED is a non-profit organization, which receives financial support from the U.S. Department of State Bureau of Conflict and Stabilization Operations, the Dutch Ministry of Foreign Affairs, the German Federal Foreign Office, the Tableau Foundation, IOM, and the University of Texas at Austin.

## INSECURITY AND INTERNAL DISPLACEMENT

- Despite slightly improved security conditions in North Kivu's Lubero Territory in October, security worsened in other parts of the province, and in November, an Armed Forces of the DRC (FARDC) offensive against armed groups in North Kivu's Beni Territory led to a rapid deterioration in security conditions. In North Kivu's Masisi and Rutshuru territories, clashes between armed groups intensified during October, increasing risks to civilian populations. The Office of the UN High Commissioner for Refugees (UNHCR) recorded more than 100 protection violations in Masisi between October 25 and 30, as well as 12 attacks on civilians near Masisi's Mweso town between November 5 and 11. ACLED recorded 229 fatalities due to political violence in North Kivu between November 1 and 23, representing a nearly 90 percent increase from the 121 fatalities recorded for all of October.
- Since early November, clashes between the FARDC and local armed groups in Beni have limited relief actors' access to vulnerable populations, disrupted humanitarian operations, and prompted the displacement of an estimated 2,600 people, according to the UN. Moreover, the FARDC offensive in Beni has prompted reprisal attacks by local armed groups against civilians, causing dozens of casualties and additional displacement, international media report. Between November 11 and 18, armed group attacks resulted in the deaths of more than 50 civilians, according to relief actors. In response to ongoing violence against civilians, protestors attacked UN facilities in Beni in late November, further disrupting relief efforts. As of November 25, humanitarian actors in Beni reported partial to total cessation of humanitarian response activities and warned that continued instability increased the risk of infectious disease outbreaks in the area.
- Since early September, renewed intercommunal violence in the Minembwe Highlands region of South Kivu's Fizi Territory has led to new population displacement and increased humanitarian needs. Between August and October, UNHCR recorded nearly 11,000 new internally displaced person (IDP) arrivals in Fizi Territory's Fizi town, compared to approximately 150 IDP arrivals between May and July. In November, clashes between rival militias displaced an additional estimated 9,000 people in Fizi Territory, according to UNHCR reports. Non-governmental organization (NGO) and UN representatives of the DRC Humanitarian Country Team assessed conditions in Fizi in late September and noted that competition over access to land was likely to continue to create conflict in the area.
- As of mid-October, Mercy Corps—which began responding to IDP needs in Fizi town in July—had identified more than 32,000 IDPs in the town, compared to a host community population of approximately 89,000 people. Initial assessments by Mercy Corps found that more than 50 percent of the host and IDP populations relied on unsafe water sources for drinking water and only an estimated 10 percent had access to sanitation facilities. In response, Mercy Corps is working to rehabilitate nearly 20 water sources and construct more than 400 community and household latrines in Fizi town. In total, USAID/OFDA provided \$3 million in FY 2019 funding for Mercy Corps humanitarian assistance programs in eastern DRC.
- Security conditions in parts of Ituri—where an escalation of violence internally displaced approximately 360,000 people in June—have relatively improved in recent months, leading to lower displacement rates and significant IDP and refugee returns, relief actors report. UNHCR reported a more than 30 percent decrease in protection incidents between August and September in the province. Moreover, an estimated 14,500 people returned to areas of origin in Ituri between mid-September and late October, according to the NGO Cooperazione Internazionale. Localized improvements in security conditions notwithstanding, armed group clashes and protection violations continued to cause new population displacement and exacerbate humanitarian needs in Ituri. Nearly 227,000 people were sheltering in IDP sites across Ituri in early October, compared to an estimated 145,000 IDPs in mid-August, according to the UN. IDP sites in Ituri's capital city of Bunia remain overcrowded, with sheltering IDPs experiencing significant unmet needs, particularly for food, health care, and education. In September, provincial authorities and relief actors agreed to establish a new IDP site in Bunia to accommodate newly arriving IDPs and reduce pressure on existing sites. IDPs began relocating to the new site from other Bunia IDP sites in late November.
- Tanganyika provincial authorities announced plans on September 20 to close three of the province's 14 IDP sites, which would leave more than 17,000 people in need of shelter and additional humanitarian assistance, the UN reports. The majority of IDPs at the three affected sites report willingness to return to their areas of origin, and relief actors in the area have begun identifying candidates for assisted, voluntary returns in collaboration with the provincial authorities.

However, the UN notes that increased insecurity in Tanganyika in recent months—particularly in Kalemie Territory—may complicate the returns and generate additional humanitarian needs.

- Humanitarian organizations, including USAID partners, continue to provide assistance to IDPs, returnees, and host community members throughout the eastern DRC. In one health zone of Ituri’s Djugu Territory, USAID/OFDA partner Mercy Corps has identified more than 20,000 IDPs sheltering with an estimated host community population of 6,300 people. In order to bolster the community’s strained water, sanitation, and hygiene (WASH) capacity, Mercy Corps is constructing more than 170 household latrines for families hosting IDPs, as well as installing infrastructure to increase access to safe drinking water.
- USAID/OFDA partner the Norwegian Refugee Council (NRC) continues to provide shelter support to returnee communities in Ituri and Tanganyika. Between July 2018 and October 2019, NRC supported the rehabilitation or construction of more than 9,000 houses. NRC provides shelter assistance to vulnerable households through cash transfers or vouchers for the procurement of shelter materials or skilled labor.

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## REFUGEES AND RETURNEES

- More than 890,000 Congolese nationals were living as refugees or asylum-seekers in nearby countries as of October, according to UNHCR. Approximately 44 percent of Congolese refugees were residing in Uganda, with another 26 percent living in Burundi, Rwanda, and Tanzania. As of September 30, international donors had contributed \$143 million to the DRC Regional Refugee Response Plan—approximately 20 percent of the total \$720 million appeal. In addition, approximately 538,700 refugees from neighboring countries—primarily Burundi, Central African Republic, Rwanda, and South Sudan—were residing in the DRC as of September 2019. Refugees in the DRC are concentrated in the eastern provinces of North Kivu, South Kivu, and Ituri, as well as the northern provinces of Bas-Uele, Haut-Uele, Nord-Ubangi, and Sud-Ubangi.
- Between October 9 and November 20, UNHCR organized six convoys to facilitate the voluntary repatriation of Congolese refugees from the Lóvua refugee settlement in Angola’s Lunda Norte Province to adjacent areas of the DRC. By November 20, more than 1,800 Congolese had returned to the DRC through the repatriation operation; UNHCR expects to complete voluntary repatriation by mid-December. Relief actors provided food, health, shelter, and WASH assistance for the returnees during transit and upon arrival in the DRC. The operation follows a late August agreement between UNHCR and the governments of Angola and the DRC to facilitate the safe, dignified, and voluntary repatriation of Congolese refugees who had fled to Angola amid the 2017 surge of violence in the Kasai region—comprising Kasai, Kasai-Central, Kasai-Oriental, Lomami, and Sankuru provinces—of southern DRC. Improvements in security conditions in Kasai region prompted the return of more than 14,000 Congolese refugees from Angola in August and September, the UN reports. Previously, more than 428,000 Congolese returned from Angola between October 2018 and May 2019, primarily as a result of forced expulsion by the Government of Angola. USAID/FFP partner the UN World Food Program (WFP) continues to assist Congolese refugees returning to the Kasai region from Angola, providing returnee households with cash transfers for food, high-energy biscuits, and in-kind food assistance.

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## FOOD SECURITY AND NUTRITION

- Approximately 15.9 million people in the DRC will likely experience Crisis—IPC 3—or higher levels of acute food security from July to December, according to revised estimates from an August IPC assessment; the increase of approximately 300,000 people from the original IPC estimate of 15.6 million people is primarily due to an increase in the total country population estimate.<sup>8</sup> The most severely food-insecure populations are concentrated in eastern DRC, particularly in Ituri, Maniema, North Kivu, South Kivu, and Tanganyika provinces, as well as the Kasai region. Primary drivers of acute food insecurity include conflict and displacement, restricted access to agricultural areas, and poor road infrastructure. The Famine Early Warning Systems Network (FEWS NET) anticipates that Crisis levels of acute food

<sup>8</sup>The 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.

insecurity will likely persist through at least May 2020 throughout eastern and southern DRC. FEWS NET reports that the recent intercommunal violence in South Kivu has constrained access to livelihood opportunities and prevented humanitarian assistance from reaching households in conflict-affected areas. Much of the fighting and subsequent displacement has taken place in important agricultural areas and will likely cause a decline in local food availability, according to FEWS NET.

- With the support of USAID/FFP and other donors, WFP reached more than 980,000 people in the DRC in September with cash transfers, food vouchers, emergency in-kind food assistance, and nutrition support, and is currently on track to meet its target of assisting more than 5.1 million people in DRC in 2019.

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## HEALTH

- The measles outbreak in the DRC continues to spread throughout the country, reaching epidemic levels in more than 40 new health zones between mid-September and late October, according to the UN World Health Organization (WHO). As of November 17, WHO had recorded more than 250,000 suspected measles cases and 5,110 associated deaths in 2019 across all 26 provinces of the DRC, with more than 40 percent of the country's 519 health zones reporting epidemic levels of measles cases. Approximately half of 2019 cases have occurred in Haut-Lomami, Kasai, Kwilu, Sud-Ubangi, and Tshopo provinces, WHO reports. While the countrywide case fatality ratio remains approximately 2 percent, WHO has recorded regional variations as high as 17 percent in Sankuru and 13 percent in Nord-Ubangi. As part of ongoing response efforts, the Government of the DRC (GoDRC) Ministry of Health (MoH) and humanitarian partners launched a new measles vaccination campaign in late October in seven severely-affected provinces, targeting approximately 4.5 million children; preliminary results indicate that over 2.1 million children were vaccinated during the campaign. Health actors are accelerating the timetable for follow-up vaccination campaigns, with two currently scheduled for November and December.
- Health actors also continue to monitor and respond to a cholera outbreak in the DRC, with more than 24,000 suspected cases and 431 associated deaths recorded across 21 provinces between January 1 and October 27, WHO reports. While the reported cholera caseload for 2019 is roughly commensurate with the outbreak in 2018, the fatality rate has fallen by nearly 46 percent. Cholera-endemic provinces in eastern DRC, particularly Haut-Katanga, Haut-Lomami, North Kivu, South Kivu, and Tanganyika, continue to account for the majority of cases. In response, WHO and other health actors have scaled up surveillance and vaccination efforts in affected provinces. On October 30, the MoH—with support from WHO and Gavi, the Vaccine Alliance—launched the second phase of an oral cholera vaccine (OCV) campaign in North Kivu, aiming to reach more than 835,000 adults and children ages 12 months and older across seven health zones. The five-day campaign provided the second OCV dose to populations reached during the first phase of the campaign in June 2019. Health actors have already reached more than 2 million people across North Kivu and Kasai provinces with both OCV doses in 2019, according to WHO. The UN agency notes that a lack of safe drinking water and the ongoing rainy season continue to exacerbate the cholera outbreak in North Kivu.
- Ituri and North Kivu—provinces that are also affected by the EVD outbreak—continue to report significant cholera and measles caseloads. In both provinces, operational hurdles related to the EVD response continue to complicate cholera and measles responses, relief actors report.

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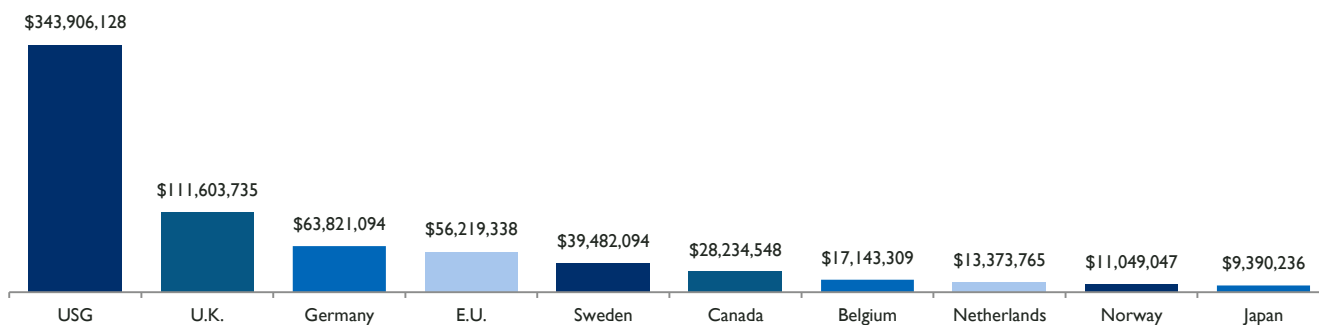
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## FLOODING

- Since mid-October, abnormally heavy rain and subsequent flooding have adversely affected more than 415,000 people across the DRC, particularly in areas along the Congo and Ubangi rivers, according to relief actors. The worst-affected provinces are Nord-Ubangi and Sud-Ubangi, with 380,000 people affected by floods. In Nord-Ubangi, approximately 9,000 people were displaced as of October 29, local media report, while flooding had displaced nearly 37,000 people in Sud-Ubangi as of November 11, relief actors report. Flooding also reportedly damaged or destroyed approximately 32,000 houses, more than 630 water points, and about 140 health centers and schools in the two provinces. In Tshopo, flooding in more than 40 villages had displaced approximately 18,000 people as of November 12, the UN reports.

Neighboring provinces were similarly affected, with an estimated 11,000 and 7,000 people displaced in Haut-Uele and Maniema provinces respectively, as of November 12. In addition to displacing tens of thousands of people, flooding has reportedly destroyed crops, food stocks, houses, and public infrastructure throughout the country. Moreover, relief actors remain concerned that flooded latrines and contaminated drinking water sources have increased the risk of water and vector-borne disease. As of November 15, many affected communities had not yet received any humanitarian assistance, the UN reports. In response to increased humanitarian needs generated by flooding in the DRC, U.S. Ambassador Michael A. Hammer declared a disaster in the DRC on November 27. As of December 2, USAID was engaging with the GoDRC and humanitarian partners to determine the type and amount of assistance appropriate to meet the most pressing needs.

## 2019 TOTAL HUMANITARIAN FUNDING\* PER DONOR



\*Funding figures are as of December 2, 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 2019, while USG figures are according to the USG and reflect commitments during FY 2019, which began on October 1, 2018 and ended on September 30, 2019.

## 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.
- In response to ongoing humanitarian needs, on November 7, 2019, U.S. Ambassador Michael A. Hammer reissued a disaster declaration for the complex emergency in the DRC for FY 2020.
- Heavy rains and resultant flooding adversely affected nearly 380,000 people in northern DRC in October and November 2019, primarily in areas along the Congo and Ubangi rivers. Flooding has generated widespread population displacement; damaged and destroyed critical WASH infrastructure; and inundated more than 48,000 hectares of cropland in Sud-Ubangi alone.
- On November 27, 2019, Ambassador Hammer declared a disaster due to the humanitarian impact of flooding in the DRC.

**USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2019<sup>1</sup>**

<b>IMPLEMENTING PARTNER</b>	<b>ACTIVITY</b>	<b>LOCATION</b>	<b>AMOUNT</b>
<b>USAID/OFDA<sup>2</sup></b>			
Agency for Technical Cooperation and Development (ACTED)	Shelter and Settlements, WASH	Maniema, South Kivu	\$3,026,952
CARE	Health, Protection	North Kivu	\$1,500,000
Concern	Economic Recovery and Market Systems, WASH	Eastern DRC	\$3,000,000
Catholic Relief Services (CRS)	Agriculture and Food Security, Shelter and Settlements, WASH	Tanganyika	\$9,159,313
IMA World Health	Health	Bas-Uele, Haut-Katanga, Haut-Lomami, Ituri, Kasai, Kasai-Oriental, Lomami, Lualaba, Maniema, Mongala, North Kivu, South Kivu, Tanganyika, Tshopo	\$2,758,642
International Medical Corps (IMC)	Health, Protection	South Kivu, Tanganyika	\$3,000,000
International NGO Safety Organization (INSO)	Humanitarian Coordination and Information Management (HCIM)	Ituri, North Kivu, South Kivu, Tanganyika	\$750,000
International Organization for Migration (IOM)	Shelter and Settlements, WASH	Ituri, North Kivu, Tanganyika	\$3,800,000
International Rescue Committee (IRC)	Health, Protection	North Kivu, Tanganyika	\$4,138,104
Medair	Health, WASH	Ituri, North Kivu	\$4,099,481
Mercy Corps	WASH	Ituri, North Kivu, South Kivu, Tanganyika	\$3,000,000
UN Office for the Coordination of Humanitarian Affairs (OCHA)	HCIM	Countrywide	\$1,000,000
Oxfam	HCIM, WASH	Haut-Katanga, Haut-Lomami, Ituri, North Kivu, South Kivu, Tanganyika	\$3,165,000
Save the Children Federation (SCF)	Health, Nutrition, WASH	Ituri	\$3,000,000
Samaritan's Purse	Agriculture and Food Security, Shelter and Settlements, WASH	Bas-Uele, Haut-Uele, Ituri, North Kivu, Tshopo	\$9,481,963
Tearfund	Agriculture and Food Security, WASH	Ituri, North Kivu, South Kivu	\$4,500,000
UN Children's Fund (UNICEF)	HCIM, Logistics Support, Protection, Risk Management Policy and Practice, Shelter and Settlements, WASH	Countrywide	\$10,000,000
UN Humanitarian Air Service (UNHAS)	Logistics Support	Countrywide	\$2,500,000
Welthungerhilfe (WHH)	Agriculture and Food Security	North Kivu	\$1,000,000
World Relief International (WRI)	Agriculture and Food Security	Ituri, Tanganyika	\$4,499,529
World Vision	Agriculture and Food Security, WASH	Haut-Katanga	\$1,549,895
	Program Support		\$1,418,319
<b>TOTAL USAID/OFDA FUNDING</b>			<b>\$80,347,198</b>
<b>USAID/FFP<sup>3</sup></b>			
ACTED	223 metric tons (MT) of local, regional and international procurement (LRIP), cash transfers, and complementary services	Maniema, South Kivu	\$7,783,394
	LRIP, Cash Transfers, and complementary services	Bas-Uele, Nord-Ubangi	\$4,881,080
Action Against Hunger/USA	LRIP, Complementary Services	Ituri	\$3,500,000

(AAH/USA)	1,760 MT of LRIP, Complementary Services	Kasai	\$4,000,000
Adventist Development and Relief Agency (ADRA)	4,335 MT of LRIP, Complementary Services	Kasai	\$19,500,000
CARE	Food Vouchers, Complementary Services	Kasai, Kasai-Oriental	\$3,000,000
CRS	U.S. In-Kind Food Assistance, Cash Transfers	Tanganyika	\$6,153,275
Family Health International (FHI)	9,037 MT of LRIP, Complementary Services	Katanga, Tanganyika	\$11,000,000
Humanity and Inclusion	Cash Transfer, Complementary Services	Kasai-Central	\$4,799,384
IMC	LRIP, Complementary Services	South Kivu, Tanganyika	\$1,645,080
Mercy Corps	600 MT of U.S. In-Kind Food Assistance, Food Vouchers, Complementary Services	Ituri, North Kivu, South Kivu, Tanganyika	\$7,000,000
Samaritan's Purse	1,979 MT of LRIP, Cash Transfers, and Food Vouchers	Bas-Uele, Haut-Uele, Ituri, North Kivu, Tshopo	\$12,937,098
UNICEF	1,395 MT U.S. In-Kind Food Assistance, LRIP, Complementary Services	Kasai, Kasai-Central, Kasai-Oriental, Lomami, South Kivu, Tanganyika	\$13,344,085
WFP	46,865 MT of U.S. In-Kind Food Assistance, 10,604 MT of LRIP, Cash Transfers, Complementary Services	Equateur, Haut-Katanga, Haut-Uele, Ituri, Kasai, Kasai-Central, Kasai-Oriental, Maniema, Nord-Ubangi, North Kivu, South Kivu, Sud-Ubangi, Tanganyika	\$112,515,534
<b>TOTAL USAID/FFP FUNDING</b>			<b>\$212,058,930</b>
<b>STATE/PRM<sup>4</sup></b>			
International Committee of the Red Cross (ICRC)	Protection and Assistance for IDPs and Conflict Victims	Countrywide	\$19,400,000
UNHCR	Global Appeal for Refugees and IDPs in DRC, Multi-Sector Assistance, Protection	Countrywide	\$31,000,000
UNHAS	Logistics Support and Relief Commodities	Countrywide	\$1,100,000
<b>TOTAL State/PRM FUNDING</b>			<b>\$51,500,000</b>
<b>TOTAL USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2019<sup>5</sup></b>			<b>\$343,906,128</b>

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

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

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> This total does not include the \$35,150,000 in FY 2019 State/PRM funding for Congolese refugees in neighboring countries, which increases total USG emergency funding for the DRC crisis in FY 2019 to \$379,056,128.

## **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:
  - USAID Center for International Disaster Information: [www.cidi.org](http://www.cidi.org).
  - 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>