



**U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
BUREAU FOR DEMOCRACY, CONFLICT, AND HUMANITARIAN ASSISTANCE (DCHA)
OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE (OFDA)**

LIBERIA – Complex Emergency

Situation Report #5, Fiscal Year (FY) 2003

August 8, 2003

Note: The last Liberia Situation Report was dated August 1, 2003.

BACKGROUND

Liberia has been marked by intermittent civil war since Charles Taylor launched a rebellion against the military regime of Samuel Doe in 1989. More than 200,000 people were killed during the ongoing conflict in Liberia in the 1990s. In 1997, Taylor emerged the dominant power, winning the 1997 presidential election. Two opposition groups, controlling between 60 and 80 percent of the country, are currently attempting to oust Taylor from power. The main opposition group, Liberians United for Reconciliation and Democracy (LURD), has been fighting President Taylor since 1999 and has grown from a northern-based insurgent movement to a force that now controls the majority of the country. The second opposition group, the Movement for Democracy in Liberia (MODEL), based in southern Liberia, began incursions into Liberia from Côte d'Ivoire in April 2003 resulting in large-scale population displacement. Years of conflict have had devastating consequences for the humanitarian situation in Liberia. The country is currently ranked 174 out of 175 by the United Nations (U.N.) World Human Development Index, which measures health and living conditions.

NUMBERS AT A GLANCE		SOURCE
Internally Displaced	Total : 500,000-600,000 in Liberia 150,000 – IDP camps and irregular settlements in Monrovia 200,000-300,000 – Unidentified locations in Monrovia 160,000 – Outside of Monrovia	UN OCHA and NGOs, July 2003 UN OCHA and NGOs, July 2003 European Commission, July 2003
Refugees	70,000 Liberians in Guinea 53,000 Liberians in Sierra Leone 50,000 Liberians in Côte d'Ivoire 35,000 Ivoirians 14,000 Sierra Leoneans in Liberia	UNHCR, July 2003 UNHCR, June 2003 UNHCR, June 2003 UNHCR, July 2003 UNHCR, July 2003

Total FY 2003 USAID/OFDA Assistance to Liberia (To Date) \$2,542,822
Total FY 2003 USG Humanitarian Assistance to Liberia (To Date) \$19,868,986

CURRENT SITUATION

(Updated weekly)

Political

On July 19, following the complete breakdown of a June 17 cease-fire agreement, LURD launched its third major offensive since June in Monrovia, the capital city of Liberia. Heavy fighting between LURD and Government of Liberia (GOL) forces continued in and around Monrovia following the July 19 attack, as LURD gained control of strategic areas of the city, including the Free Port of Monrovia. Unconfirmed media reports estimate that the most recent outbreak of the fighting has killed approximately 1,000 people.

On August 4, the first of 1,500 troops of the Nigerian battalion, the vanguard of an Economic Community of West African States (ECOWAS) force, began to arrive at

Roberts International Airport (RIA). With the arrival of the troops, fighting significantly abated in Monrovia, and LURD expressed a willingness to withdraw to the suggested demarcation line of the Po River.

On August 4, President Taylor met with ECOWAS officials and agreed to transfer power to his successor on August 11 and eventually leave the country. Since then, however, the President has expressed unwillingness to leave the country unless he is granted immunity from an International Court of Justice indictment against him for war crimes in Sierra Leone.

On August 6, a three-person USAID Office of U.S. Foreign Disaster Assistance (OFDA) Disaster Assistance Response Team (DART) arrived in Monrovia, Liberia. The DART had been in Freetown, Sierra Leone since July 20 due to the unstable security situation. Additional DART members, including a USAID Office of Food for

Peace (USAID/FFP) Officer, Water and Sanitation Officer, Logistics Officer, Communications Officer, and Centers for Disease Control and Prevention (CDC) Epidemiologist, plan to deploy to Monrovia during the week of August 11.

On August 7, more than 100 Nigerian troops entered Monrovia. On the same day, President Taylor chose current Vice President Moses Blah to succeed him as President on August 11. On August 8, LURD indicated that it would continue fighting if Blah assumed the Presidency.

Media reports on August 6 indicate that the most recent round of cease-fire negotiations in Accra, Ghana that have been ongoing since July 4 has slowed as some participants, including LURD representatives, have departed from Accra. However, the negotiations are expected to end during the week of August 11 with the signing of a comprehensive peace agreement. The main issue at the negotiations has been whether the warring factions—the GOL, LURD, and MODEL—should hold any key positions in the transitional government.

The U.S. Government (USG) has positioned 2,300 U.S. troops off the coast of Liberia to assist the ECOWAS peace-keeping troops. The USG reported that a small team of U.S. Marines that arrived in Monrovia on August 6 will provide logistical support as needed for the ECOWAS mission in Liberia.

Although Monrovia remained relatively quiet with the arrival of the peace-keeping troops, the U.N. Office for the Coordination of Humanitarian Affairs (UN OCHA) reported on August 5 that heavy fighting has continued between LURD and GOL forces in Gbarnga, one of President's Taylor's strongholds in Bong County. LURD forces have also reportedly advanced from Gbarnga to Ganta in Nimba County.

In Buchanan, Liberia's second most populated city located 120 km southeast of Monrovia, heavy fighting between MODEL and GOL forces has continued since MODEL launched an attack there on July 28.

Resumption of Humanitarian Airlifts

The August 4 deployment of the initial Nigerian battalion marked a decrease in small arms fire and mortar fire in Monrovia, allowing for renewed humanitarian operations and greater freedom of movement among the population. The tenuous lull in fighting has also allowed many Monrovia residents to venture out in search of food and water.

Several non-governmental organizations (NGOs) airlifted commodities into RIA following the troop deployment. On August 4, Save the Children Fund (SCF)-UK airlifted

30 metric tons (MT) of relief commodities to Liberia, including 5 MT of high-energy biscuits, plastic sheeting for 3,000 families, clothes for children, water containers for 10,000 people, World Health Organization (WHO) emergency health kits, and 8.5 MT of cholera treatment kits.

Médecins Sans Frontières (MSF)-France reported that two full charter planes of humanitarian assistance arrived in Monrovia on August 4, including 68 MT of logistics and medical supplies for MSF-funded hospital and health facilities.

The International Committee of the Red Cross (ICRC) reported that a charter plane of relief commodities arrived at RIA on August 4. The commodities included emergency medical supplies, equipment, and a water truck.

On August 4 and 6, the U.N. World Food Program (WFP) airlifted a total of 4.3 MT of high-energy biscuits from Freetown to Monrovia. The biscuits are part of a total 12 MT of high-energy biscuits that WFP plans to bring into Liberia during the week of August 4 to meet emergency food needs. The biscuits are being distributed by WFP and its implementing partners, including MSF, World Vision, SCF, ICRC, the United Methodist Committee on Relief (UMCOR), and Medical Emergency Relief International (Merlin), to approximately 100,000 vulnerable people in Monrovia, including thousands of internally displaced persons (IDPs) who have established temporary camps near RIA.

Emerging Issues

Access to the Free Port of Monrovia: Humanitarian organizations report that control of Free Port by peace-keeping troops is essential to allow distribution of food stocks and relief supplies throughout the city. According to media reports on August 6, LURD expressed willingness to allow peace-keepers to use the port to deliver supplies of food, water, and medicine. NGOs have encouraged the establishment of a secure humanitarian corridor to allow for rapid movement of relief supplies.

Nutrition: Action Against Hunger (ACF) reported on August 7 that it conducted a nutritional survey from June 10 to July 31 of more than 6,000 children under the age of five in Monrovia. The results of the survey indicated that approximately 30 percent of the children suffer from acute malnutrition. ACF further stated that approximately five percent of the children in GOL-controlled areas of the city showed evidence of severe malnutrition. USAID/OFDA sources indicate that global acute malnutrition levels in Monrovia may be closer to 15 to 20 percent.

Security

Although the decrease in fighting afforded by the troop deployment has stabilized the situation in Monrovia, the basic issue in Liberia remains security. According to U.S. Embassy sources in Monrovia, humanitarian organizations have expressed willingness to provide assistance to affected populations and conduct distributions of relief commodities; however, they are unable to do so without basic security for the area surrounding the White Plains pumping station, the Free Port of Monrovia, and other facilities in greater Monrovia.

According to UN OCHA, looting, rape, intimidation and harassment of residents by both GOL and opposition forces are common. NGOs report that rape is prevalent and is typically under-reported due to fear of harassment and stigma associated with the victim.

Looting and vandalization of assets and offices have compromised the ability of humanitarian agencies to respond appropriately to the needs of IDPs. According to UN OCHA, GOL militia commandeered a vehicle belonging to ACF in Monrovia on August 2 while it was dispensing humanitarian assistance to thousands of IDPs in Monrovia and the surrounding area. More than 30 vehicles belong to U.N. agencies and NGOs have been looted since fighting between LURD and GOL forces began in June 2003.

Displaced Populations

Due to the current level of insecurity and constant flux of IDP movements in and around Monrovia and Buchanan since July 19, humanitarian organizations have not been able to develop reliable and consistent estimates of IDP populations. Current estimates of IDPs in camps, irregular settlements, and unidentified locations in Monrovia range from 250,000 to 450,000 people.

Prior to the July 19 outbreak of fighting, combined estimates from UN OCHA and NGOs in Liberia indicated that approximately 600,000 Liberians are currently displaced as a result of the ongoing civil war.

According to U.S. Embassy sources in Monrovia, there are approximately 8,000 to 10,000 IDPs trapped in Buchanan in the Catholic Church compound. MODEL reportedly forced IDPs from the established camps to the compound, where they have no food, water, or medicine.

UN OCHA reported on August 1 that USAID/OFDA implementing partner Merlin is collaborating with ICRC to establish a number of IDP encampment sites in the vicinity of the Firestone Plantation Company. The agencies will construct latrines and provide health services and shelter.

WFP and other NGOs have reported that IDP camps outside of Monrovia and the surrounding area have been inaccessible since June, and the humanitarian situation there is expected to be catastrophic.

Refugees

On August 5, UNHCR indicated readiness to resume the repatriation of Sierra Leonean refugees from Monrovia. From July 4 to 20, the UNHCR's Motor Vessel (MV) Overbeck conducted evacuations of Sierra Leonean refugees from Monrovia to Freetown, Sierra Leone, but suspended operations on July 21 because it was unable to dock safely in Monrovia.

UNHCR reported on August 5 that refugees from Liberia continue to arrive on a daily basis in the southwestern part of Côte d'Ivoire. An estimated 40,000 Liberian refugees have arrived in Côte d'Ivoire since May.

According to UN OCHA, there have also been large population movements from Liberia into Danané, a border town in Côte d'Ivoire, due to fighting between GOL and MODEL forces in Butuo and Tweh towns in Nimba County.

Water and Sanitation

NGOs report that supplies of potable water have been exhausted in most parts of Monrovia. UNHCR reported that due to the prevailing rainy season, the water yield in most of Monrovia's deep wells has increased. However, the water is in serious need of chlorination. UN OCHA and NGOs report that the majority of IDPs are using water from potentially contaminated sources such as surface water and dilapidated wells, increasing fears that cholera and other water-borne diseases are likely to spread rapidly. Although people have been able to collect some rainwater, storage containers are in short supply.

On July 21, mortar fire damaged the White Plains pumping station, which is the primary supply of clean water for Monrovia, including IDP camps. Since July 30, the European Commission (EC), which supports the White Plains facility, has conducted damage assessments of the pumping station. However, the EC reported that continued harassment by competing groups in the area has hindered the assessments. The assessment team has been able to remove all water from the submerged pumps, but has been unable to remove and dry out the parts. Leaving the parts out to dry is impossible at present due to the insecurity around the station. Until the parts can be removed to dry, the team cannot determine which need to be repaired or replaced. Long-term security will be required for the repair and operation of the White Plains station.

According to USAID/OFDA sources, water trucking from a deep well, termed Deep Well I, to various IDPs has

become the only assured means by which NGOs are providing potable water to IDP populations. High demand for water from this well and other sources has translated into significant distribution delays. The shortage of fuel has also inhibited the capacity of NGOs to distribute water from deep wells throughout Monrovia, and some NGOs have indicated that they may discontinue distributions because they are running out of fuel.

Merlin, ACF, Oxfam, ICRC, and the EC continue to operate water distribution trucks on an intermittent basis due to the security situation.

USAID/OFDA implementing partner ACF is now engaged in water and sanitation activities as well as nutritional programs. ACF has distributed water to IDP sites throughout central Monrovia, constructed latrines at Samuel K. Doe (SKD) Stadium, and chlorinated wells throughout Monrovia. ACF reported on August 4 that it began distributing 100,000 liters of water per day to four IDP centers at Crawford, Gibson, and Tubman High Schools, and Johnson Street in Monrovia.

Oxfam, through USAID/OFDA funding, has delivered water to refill two 10,000-liter bladders at SKD Stadium and 20,000 liters of water per day to IDPs at the International School, which currently houses between 3,000 and 4,000 IDPs. Oxfam is also building two blocks of latrines at SKD Stadium, and is distributing soap to a number of IDP sites. Oxfam has constructed bath houses at the U.N. Development Program (UNDP) compound where IDPs are taking shelter.

Health

UN OCHA reported that the fighting in Monrovia has overwhelmed health facilities and drastically reduced access to medical care. Hospital and medical services also report severe shortages of fuel for vehicles and generators, food for patients, and basic equipment.

ICRC reported on August 4 that its surgery unit at John F. Kennedy (JFK) Memorial Hospital has registered nearly 1,000 new wounded since fighting resumed on July 19. The Chief Medical Officer at JFK Hospital reported that the situation is desperate due to the high number of patients, and the lack of accommodations and food stocks for patients. The unit performs approximately 25 to 30 operations a day, and is currently treating approximately 200 patients. In the last two months, ICRC treated more than 1,500 patients and performed more than 1,000 surgical operations. USAID/OFDA implementing partner Merlin continues to operate an ambulance service to transport the most critically wounded to JFK Hospital.

ICRC agreed to provide diesel fuel temporarily to Liberia's National Drug Service to prevent damage to WHO-donated vaccines. Once the provision of ICRC

fuel concludes, additional fuel will be needed to keep the cold chain constant.

Several NGOs continue to provide medical supplies and assistance at SKD Stadium. World Vision reported on August 5 that it has continued to supply medicines and vaccines to a health clinic at SKD Stadium. MSF staff continue to provide medical care, cholera treatment, and water in the SKD Stadium. MSF reported on August 4 that it conducts approximately 250 consultations per day at SKD Stadium.

On August 1, MSF-Holland flew 65 MT of logistical and medical supplies to commence official operations in Liberia. On August 8, MSF-Holland began a nutritional screening of children in Graystone. In conjunction with the screening, MSF-Holland will vaccinate children between the ages of six months and five years for measles. Both activities are scheduled to conclude on August 10.

NGOs have expressed concern over the lack of information regarding health conditions outside of Monrovia where little or no medical care is available. MSF has reported that the health status of Liberians in more than 75 percent of the country remains unknown.

Infectious Diseases

NGOs report that they expect to find high incidence of cholera, measles, malaria, and severe diarrheal disease once relief workers have greater access to IDPs in Monrovia.

Most IDPs living in established shelters or irregular settlements face serious shortages of potable drinking water, sanitation facilities, and food. Access to potable water has been severely compromised by the inoperative status of the White Plains pumping station. This situation has led to outbreaks of severe diarrheal disease and increases in the rate of malnutrition, particularly among children under age five.

According to an August 5 UN OCHA report, MSF reported that it currently has approximately 50 cholera and diarrhea cases at its cholera unit at the JFK Hospital, lower than the anticipated cases during this peak season. In comparison, MSF teams treated 700 cholera patients in Monrovia during the first two weeks in July. Merlin, which operates two cholera units in Monrovia, also reported much fewer cholera cases than anticipated. MSF stated that it is impossible to measure the extent of the epidemic in Monrovia as fighting has limited access to cholera treatment centers and rehydration points. MSF speculated that the incidence of cholera is much higher than reported in Monrovia, and that many of the unreported cases of cholera are in the LURD-controlled areas of Clara Town and New Kru Town, west of

Monrovia. In addition, MSF noted that many residents may prefer being treated at home due to fear of being caught in cross-fire in the streets.

According to USAID/OFDA sources, there are sufficient stocks of supplies for treating cholera, such as oral rehydration salts and antibiotics, within Liberia at present. Both MSF-Belgium and SCF-UK reportedly have stockpiles of cholera treatment kits in-country. NGOs cite the shortage of fuel, rather than vaccine and essential drug supplies, as the key constraint affecting the delivery of curative services within Monrovia.

World Vision reported multiple cases of measles among IDPs in three separate locations in Monrovia. NGOs expect that measles cases are higher than reported due to the high population density among IDPs in Monrovia, the constant flux of IDP movements, the high prevalence of malnutrition in the absence of food distributions, the low immunization rate among children country-wide, and the deteriorating conditions in which IDPs live.

UN OCHA has also reported that there is an outbreak of eye sickness among IDPs in Monrovia.

Food

Reports from humanitarian organizations indicate that there is chronic food insecurity among IDPs in Monrovia and the surrounding area. WFP reported on August 5 that at least 450,000 people in Monrovia face serious food shortages. WFP also indicated that malnutrition rates are rising in Monrovia, and that hundreds of thousands of people have not had adequate access to food since the most recent outbreak of fighting on July 19.

International media reports indicate that there may be a marked divergence in access to food between some LURD-controlled areas and GOL-controlled areas. The news reports indicate that markets in LURD-controlled areas are well-stocked with food, including rice, chickens, and canned goods, at prices sometimes 20 times less than in areas under GOL control. In some LURD-controlled areas, a cup of rice reportedly costs Liberian Dollars (LD) 5 compared to LD 100 (USD 2) in GOL-controlled territory. Those living in LURD-controlled areas have benefited from LURD distributions of rice looted from port warehouses, while food supplies have nearly been exhausted in GOL-controlled areas.

WFP reported on August 4 that throughout June and July, it has been diverting incoming food shipments to Freetown, Sierra Leone and Conakry, Guinea. WFP reported that it currently has on reserve for Liberia 1,870 MT of food in Freetown and 3,000 MT in Conakry. According to WFP, this food can be reshipped to Monrovia if the security situation permits. WFP also reported that it will have an additional 500 MT of food in

Freetown, Sierra Leone and 2,200 MT of food in Conakry available for Liberia in September.

In addition, 13,200 MT of USAID/FFP food commodities are scheduled to arrive in the region at the end of August. These commodities are donated to WFP for the West Africa Coastal Protracted Relief and Recovery Operation (PRRO) that includes Sierra Leone, Guinea, and Liberia.

Since mid-July, WFP has had no access to its stocks in Monrovia and cannot confirm current levels. WFP stated on August 1 that LURD forces reportedly opened and distributed food stocks located in the Free Port of Monrovia, and also used WFP trucks for the distributions in Daola, Kru Town, and other LURD-controlled locations. Prior to the outbreak in fighting, WFP had positioned 8,000 MT of food in warehouses and 2,000 MT in containers in Monrovia's port, which is enough food to feed 250,000 people for three months.

WFP noted that, should a ceasefire prevail, its targeted caseload could increase dramatically, particularly if the security situation permitted WFP to operate country-wide. Before the latest fighting erupted, WFP was targeting 250,000 beneficiaries in Monrovia. According to WFP, this figure may increase dramatically to as many as 500,000 people.

WFP reported that the WFP-chartered supply ship—the Motor Vessel (MV) Seabulk Martin I—arrived off of the coast of Liberia from Abidjan on August 7. WFP chartered the ship for an initial period of 60 days to function as a mobile office off the coast of Monrovia. Five WFP staff, one UNHCR staff, two UN OCHA staff, and two Oxfam staff, as well as three MT of high-energy biscuits and communications and logistics equipment, were aboard the ship. The United Nations Children's Fund (UNICEF), the International Rescue Committee (IRC), UN OCHA, UNHCR, and WHO are also sending cargo composed of various items such as medicines. WFP has not yet resumed distributions since it suspended operations on July 19 when the fighting began. From July 2 to 18, WFP, along with ICRC, distributed food to 100,000 beneficiaries in Monrovia.

USG HUMANITARIAN ASSISTANCE

(New information is underlined.)

Non-food Assistance

In FY 2003 to date, USAID/OFDA has provided more than \$2.5 million to support humanitarian needs in Liberia. USAID/OFDA provided more than \$517,000 to ACF in support of emergency nutrition needs in Monrovia and approved more than \$751,000 in funding to Merlin to address emergency health and water and sanitation needs throughout Liberia. USAID/OFDA approved more than \$616,000 in funding to IRC to support water and sanitation activities and the provision

of non-food items to IDPs in Monrovia. USAID/OFDA approved more than \$330,000 in funding to Oxfam to support multi-sector IDP response activities in Monrovia. USAID/OFDA has approved funding for more than \$320,000 to UN OCHA to support coordination and protection of IDPs.

On August 6, a three-person USAID/OFDA Disaster Assistance Response Team (DART) arrived in Monrovia, Liberia. The DART had been in Freetown, Sierra Leone since July 20 due to the unstable security situation. While in Freetown, the DART met with implementing partners to discuss coordination of humanitarian assistance operations. Additional DART members, including a USAID Office of Food for Peace (USAID/FFP) Officer, Water and Sanitation Officer, Logistics Officer, Communications Officer, and a Centers for Disease Control and Prevention (CDC) Epidemiologist, plan to deploy to Monrovia during the week of August 11.

Emergency Food Assistance

Including its latest \$10 million contribution provided in response to the UN Appeal, USAID/FFP has provided a total of 23,840 MT of P.L. 480 Title II emergency food assistance, valued at \$15.5 million, to Liberia. The commodities provided by USAID/FFP include a combination of cereals, pulses, and vegetable oil, and Corn Soya Blend for therapeutic and supplementary feeding. USAID/FFP emergency food assistance is provided to vulnerable populations through direct distribution, food for work programs, emergency school feeding, maternal and child health programs, and supplementary and therapeutic feeding programs. USAID/FFP programs are implemented in Liberia through WFP.

Refugee Assistance

The State Department's Bureau for Population, Refugees, and Migration (State/PRM) has provided support for Liberian refugees since 1989 and for Sierra Leonean refugees in Liberia since 1991. To date in FY 2003, State/PRM has provided more than \$1.8 million in assistance for refugees in Liberia through UNHCR and WFP. State/PRM has also provided nearly \$13 million to UNHCR and more than \$13 million to various NGOs to support Liberian refugees in Côte d'Ivoire, Guinea, and Sierra Leone. This is in addition to unearmarked funding for UNHCR for Africa (\$55.1 million) and ICRC for Africa (\$29.2 million).

U.S. GOVERNMENT HUMANITARIAN ASSISTANCE TO LIBERIA

<i>Agency</i>	<i>Implementing Partner</i>	<i>Sector</i>		<i>Amount</i>
LIBERIA – FY 2003 (TO DATE)				
USAID Total				\$18,042,822
USAID/OFDA				\$2,542,822
	ACF	Nutrition	Monrovia	\$517,773
	Merlin	Health and Water/Sanitation	Country-wide	\$751,011
	IRC	Water/Sanitation and non-food items	Monrovia	\$616,774
	Oxfam	Multi-sector IDP response	Monrovia	\$330,662
	UN OCHA ¹	Coordination and protection of IDPs	Monrovia	\$320,000
	OFDA	WHO Medical kit	Monrovia	\$6,602
USAID/FFP				\$15,500,000
	WFP	P.L. 480 Title II Food Assistance – 23,840 MT	Country-wide	\$15,500,000
STATE/PRM²				\$1,826,164
	UNHCR	Annual Refugee Operations	Country-wide	\$1,000,000
	WFP	WFP Support	Country-wide	\$826,164
TOTAL USG HUMANITARIAN ASSISTANCE TO LIBERIA IN FY 2003 (TO DATE)				\$19,868,986

¹ Funding is in process; award to be made shortly.

² State/PRM figures include funding within Liberia. State/PRM also provides additional Africa-wide and regional assistance not reflected in this total. Please see the USG Humanitarian Assistance section for further details.



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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 their drought response efforts in Liberia can be found at <http://www.interaction.org/liberia/index.html>. Information on other organizations responding may be available at www.reliefweb.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, warehouse space, etc); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; ensure culturally, dietary, and environmentally appropriate assistance.
- More information on making donations and volunteering services can be found at:
 - http://www.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/help/index.html
 - The Center for International Disaster Information: www.cidi.org or 703-276-1914
 - InterAction: www.interaction.org → “Guide to Appropriate Giving”
- Information on relief activities of the humanitarian community can be found at www.reliefweb.org