KEY DEVELOPMENTS

- While new Nigerian President Muhammadu Buhari has reinforced the Nigerian military offensive against militant group Boko Haram, insurgents continue to attack households in northeastern Nigeria, particularly in Adamawa, Borno, and Yobe states, which remain under a Government of Nigeria (GoN)-declared state of emergency. As of late May, Nigeria hosted an estimated 1.5 million IDPs, with significant humanitarian needs among both displaced and host communities, according to the UN.

- On April 28, Nigerian forces found approximately 700 children and women abducted by Boko Haram in Borno’s Sambisa Forest. Priority humanitarian needs among these individuals include nutritional and psychosocial support.

- The UN projects that at least 3 million Nigerians will require emergency food assistance between July and September 2015. Areas in Borno, northern Adamawa, and southern Yobe will likely face Emergency—IPC 4—levels of food insecurity by July, the USAID-funded Famine Early Warning Systems Network (FEWS NET) reports. USAID/FFP recently provided more than $13 million to non-governmental organizations (NGOs) to address urgent food needs among conflict-affected, food-insecure populations.

HIGHLIGHTS

- Increased displacement due to Boko Haram attacks results in an estimated 1.5 million IDPs in Nigeria as of late May
- Approximately 700 Boko Haram survivors found in Borno State
- U.S. Secretary of State John F. Kerry leads a U.S. delegation to the May 29 inauguration of President Muhammadu Buhari, who pledges to defeat the Boko Haram insurgency

NUMBERS AT A GLANCE

1.5 million
Internally Displaced Persons (IDPs) in Nigeria
UN Office for the Coordination of Humanitarian Affairs (OCHA) – May 2015

168,000
Nigerian Refugees in Neighboring Countries
Office of the UN High Commissioner for Refugees (UNHCR) – May 2015

4.6 million
Estimated Number of People Facing Food Insecurity in Nigeria
OCHA – May 2015

1.5 million
Malnourished Children Under the Age of Five and Pregnant and Lactating Women
OCHA – May 2015

24.5 million
People Living in States Subject to Recurrent Boko Haram Attacks
OCHA – May 2015

USAID/OFDA1 FUNDING BY SECTOR IN FY 2014 & FY 2015

- Humanitarian Coordination & Information Management (24%)
- Protection (22%)
- Logistics & Relief Commodities (16%)
- Economic Recovery & Market Systems (15%)
- Water, Sanitation, & Hygiene (15%)
- Agriculture & Food Security (4%)
- Health (4%)

USAID/FFP2 FUNDING BY MODALITY IN FY 2014 & FY 2015

- U.S. In-Kind Food Aid
- Food Vouchers
- Local and Regional Procurement
- Cash Vouchers

HUMANITARIAN FUNDING TO THE NIGERIA CRISIS IN FY 2014 & FY 2015

<table>
<thead>
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$65,487,403 TOTAL USAID AND STATE ASSISTANCE TO THE NIGERIA CRISIS

1 USAID’s Office of U.S. Foreign Disaster Assistance (USAID/OFDA)
2 USAID’s Office of Food for Peace (USAID/FFP)
3 U.S. Department of State’s Bureau of Population, Refugees, and Migration (State/PRM)
**DISPLACEMENT, HUMANITARIAN ACCESS, AND SECURITY**

- Despite recent Nigerian military gains against Boko Haram, insurgent attacks against civilians persist in northeastern Nigeria, with an estimated 1,000 civilian deaths occurring between January and March, according to a March report from the Inter-Agency Standing Committee. From January–May, the UN reported 27 suicide attacks in Nigeria, compared to 26 attacks in all of 2014. Boko Haram continues to exploit girls and women as suicide bombers, according to the UN Children’s Fund (UNICEF), with at least nine girls used in attacks between January and May.

- Insecurity due to Boko Haram attacks continues to drive displacement, with 1.5 million IDPs registered in northeastern Nigeria, primarily in Borno, as of late May. While this figure represents the estimated number of IDPs registered in northeastern Nigeria through the USAID/OFDA-supported, International Organization for Migration (IOM)-operated Displacement Tracking Matrix (DTM), the UN reports that the total number of internally displaced Nigerians is likely higher due to access constraints and limited data collection in conflict-affected areas. An estimated 90 percent of Nigerian IDPs are sheltering with host communities, increasing demands on local resources, while only 10 percent are in GoN-administered IDP camps. Approximately 168,000 Nigerians have also fled to neighboring Cameroon, Chad, and Niger.

- While most individuals were displaced in 2014, up to a third of IDPs fled violence between January and April 2015, according to the DTM. The UN reports that May 2015 attacks in Borno and Yobe continued to prevent IDPs from returning to areas of origin in those states; however, at least 50 percent of IDPs in formal camps in Adamawa’s capital of Yola have returned home, according to the GoN.

- The UN reports that nearly all of Borno’s 940,000 IDPs—including the entire population, or approximately 260,000 people, of the Cameroon-bordering Bama local government area (LGA)—are sheltering in the state’s capital of Maiduguri. In addition, Maiduguri’s 14 GoN-established camps collectively sheltered 125,000 IDPs as of late May. Given that camp populations continue to increase, the number of GoN-provided meals is insufficient to meet food needs among camp-based IDPs, the UN reports.

- From May 18–22, a USAID/OFDA implementing partner provided more than 900 vulnerable households in Adamawa with emergency relief commodities—including hygiene kits, bedding, and kitchen sets. As of the end of April, the partner had reached more than 55,000 people—including approximately 21,000 IDPs—in Adamawa with emergency relief commodities and other assistance.

- USAID/OFDA recently provided OCHA with nearly $1.3 million in funding to strengthen humanitarian coordination, information sharing, and advocacy throughout Nigeria. In recent weeks and with support from USAID/OFDA, OCHA and the Adamawa State Ministry of Information have created a task force to provide information and feedback mechanisms to IDPs. It plans to launch a campaign on safety issues, including landmine awareness, and establish an emergency hotline for IDPs.

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**FOOD SECURITY AND NUTRITION**

- Boko Haram conflict continues to limit agricultural and market activities in northeastern Nigeria, thereby reducing affected resident and displaced populations’ access to traditional food and income sources, FEWS NET reports. Households are employing a variety of negative coping mechanisms, including eating fewer or smaller meals, selling assets, and taking loans for food. Due to insecurity-related constraints on household livelihoods and food consumption, areas in Borno, northern Adamawa, and southern Yobe most severely affected by the conflict will likely face Emergency—IPC 4—levels of food insecurity by July, according to FEWS NET. In addition, FEWS NET projects that increasing numbers of vulnerable households in Adamawa, Borno, and Yobe will face Crisis—IPC 3—levels of food insecurity through September. An estimated 4.6 million Nigerians are currently at risk of food insecurity, with at least 3 million people projected to require emergency food assistance between July and September, according to the UN.

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4 The Integrated Food Security Phase Classification (IPC) is a standardized tool that aims to classify the severity and magnitude of food insecurity. The IPC scale, which is comparable across countries, ranges from Minimal—IIPC 1—to Famine—IIPC 5.
• A March FEWS NET assessment found that the region’s major trade routes are severely restricted, with only one partially functioning route—the road between Maiduguri and Yobe’s capital town of Damaturu. In addition, most pastoralists have sold their animals and left the area, losing their household assets and significantly reducing livestock trade. As a result, staple food prices in northeastern markets are up to 30 percent higher than in neighboring regions.

• Displacement, coupled with limited food availability and limited humanitarian access, has exacerbated northeastern Nigeria’s chronically high levels of acute malnutrition. March/April nutrition surveillance by international NGOs in greater Maiduguri, Borno, found global acute malnutrition rates of at least 30 percent, exceeding the UN World Health Organization’s emergency threshold of 15 percent. Between January and April, approximately 16,000 children under the age of five in Adamawa, Borno, and Yobe received treatment for malnutrition, UNICEF reports. Nutrition and health organizations treated and discharged more than 10,300 recovered children, or 65 percent of those admitted, from therapeutic care. In addition, approximately 32 percent of children in Adamawa, Borno, and Yobe IDP camps require treatment for severe acute malnutrition (SAM), according to the UN. From January to mid-May, nutrition actors admitted more than 1,500 children in camps for SAM treatment. UNICEF and NGO partners are also delivering critical information regarding nutrition and infant and young child feeding to IDPs and host communities.

• USAID/FFP has provided over $13.3 million to address the urgent food needs of approximately 100,800 displaced persons and host community members in Adamawa, Gombe, and Yobe states. USAID/FFP is providing cash transfers and food vouchers to beneficiaries who have lost their livelihoods to enable them to purchase nutritious food from local markets. This assistance aims to increase household purchasing power, improve dietary diversity through increased access to food, prevent malnutrition, and support market activity. In addition, USAID/FFP is supporting nutritional awareness trainings on breastfeeding, dietary diversity, and infant and young child feeding.

**PROTECTION**

• The Protection Sector Working Group (PSWG) reports that protection issues remain of utmost concern in Nigeria’s humanitarian crisis. Emergency-related protection risks include forced displacement; attacks on civilians and freedom of movement; gender-based violence (GBV); child abduction and conscription; and forceful property occupation and/or evictions. GBV, particularly sexual assault, is highly prevalent, with reports of hundreds—and potentially, thousands—of untreated and unassisted survivors of physical and sexual assault. Children remain highly vulnerable to abduction, forced conscription, and sexual violence, among other violations. Further, the effects of acute insecurity and violence on populations in northeastern Nigeria has created significant need for tailored, nuanced psychosocial support programming, both for children and women exploited by Boko Haram and communities weathering protracted insecurity due to both the insurgency and the military counter-offensive.

• The Protection Sector in Nigeria, via UNHCR, recently confirmed the scale of protection needs outlined in the 2015 Nigeria Strategic Response Plan (SRP). The Sector upholds that 2.2 million people in the three most-affected states of Adamawa, Borno, and Yobe remain in need of protection, psychosocial support, and other critical protection services. As of June 16, donors had only contributed $6.3 million—or 22 percent of the $28.4 million appeal—toward the SRP’s protection activities, according to OCHA. As of the end of May, sector partners reported having reached only 12 percent of the SRP-targeted 1.3 million people in need of protection assistance.

• On April 28, Nigerian military forces found an estimated 700 survivors—most of whom were female and younger than 18 years of age—escaping Boko Haram in Borno. The survivors exhibited signs of dehydration, malnutrition, and severe trauma, with nutrition and psychosocial support identified as priority humanitarian needs. The 700 escapees represent only a small fraction of Nigerian civilians affected by Boko Haram’s abuses.

• The humanitarian protection architecture continues to develop, although needs still outpace infrastructure. To date in 2015, the humanitarian community has activated a Child Protection Sub-Working Group (CPSWG) and a Sexual and Gender-Based Violence Sub-Working Group (SGBVSWG), joining the PSWG, which was first activated in 2012. The SGBVSWG is co-led by the UN Population Fund (UNFPA) and the Ministry of Women Affairs and Social Development (MoWASD). UNICEF and MoWASD co-chair the CPSWG and are working to establish satellite CPSWGs in Adamawa and Borno. Currently, Yobe has too few child protection actors to warrant a working group. As of early June, the CSPWG in Adamawa had trained nearly 30 Nigerian social welfare officers on child protection in
emergencies and case management for unaccompanied and separated children, UNICEF reports. In addition, the national CPSWG has served nearly 38,300 children affected by the conflict—including in both IDP camps and host communities in northeastern Nigeria—with psychosocial support. USAID/OFDA partner IOM has also worked with the CPSWG to integrate child protection indicators into DTM surveys to improve data on child protection needs in areas hosting IDPs.

- In April, USAID/OFDA deployed a GBV Technical Protection Advisor to Nigeria to assess the protection response, meet with humanitarian stakeholders, and monitor response activities in northeastern Nigeria. The Advisor also traveled to northeastern Nigeria, including to displacement camps in and around Yola, to observe the local response and discuss continued challenges with implementing partners. The Advisor found that USAID/OFDA-supported partners in Adamawa are actively coordinating protection programming to provide psychosocial support to girls who survived abduction and their families, as well as other populations affected by conflict and GBV. The PSWG in Yola has established ethical data-sharing protocols and is developing required psychosocial and other service provider criteria. However, the magnitude of humanitarian needs among survivors—particularly psychosocial support—far exceeds the capacity of available resources to respond, meriting continued commitment from the international humanitarian community to bolster the protection response in northeastern Nigeria.

- Where protection activities are possible, USAID/OFDA-supported implementing partners are prioritizing family tracing and reunification, targeted child protection activities, GBV programming, and psychosocial support. Specific activities include group-based and case management emotional support services for survivors of GBV; risk reduction and safety planning; structured and recreational-based emotional support activities for children; and identification of alternative care options, such as foster families, for separated and unaccompanied minors. Additionally, mobile psychosocial teams approved by the GoN provide immediate services and referrals.

**HEALTH AND WATER, SANITATION, AND HYGIENE (WASH)**

- Health care services remain inadequate in northeastern Nigeria, particularly in Borno, where Boko Haram insurgents had destroyed at least 75 health facilities as of May, the UN reports. Of Borno’s 27 LGAs, only 13 have access to health care facilities. In response, the UN Health Sector had assisted in the construction of primary health care facilities for 17,000 new IDPs in Borno and Yobe as of late May.

- As of early June, the GoN and UNICEF had provided integrated primary health care services to approximately 139,800 people—including nearly 69,300 children—in Adamawa, Borno, and Yobe. Services include deworming, HIV testing and counseling, measles and polio immunizations, malnutrition screening, and the distribution of Vitamin A supplements.

- IDP camps in northeastern Nigeria lack adequate numbers of latrines and hygiene workers, UNICEF reports. In response, the GoN and UNICEF have provided 10,000 IDPs in Adamawa with access to improved sanitation facilities. The GoN and UNICEF have also distributed buckets, jerry cans, and soap to 3,600 residents of an IDP camp in Yobe’s Damaturu town to help facilitate improved hygiene.

- In partnership with the GoN, UNICEF has provided more than 78,000 conflict-affected people in northeastern Nigeria with access to safe drinking water through the construction and rehabilitation of water access points. The GoN and UNICEF are also conducting water purification and monitoring the quality of water storage tanks in seven camps in Borno, which serve approximately 60,800 IDPs. In addition, UNICEF has provided training on safe hygiene practices to more than 85,000 people in northeastern Nigeria.

**EDUCATION**

- Boko Haram attacks in Borno have killed more than 200 teachers and students and affected nearly 300 schools to date. As a result of the insurgency, more than 300,000 children have been unable to attend school for more than a year. Among IDP camp residents, many parents are not sending their children to nearby schools due to fear of attacks, UNICEF reports. In response, the GoN and the Education Sector Working Group are lobbying to create safe temporary learning spaces within the state’s camps and in 16 nearby schools.
• According to UNICEF, to date in 2015, more than 38,000 IDP children have accessed facility-based education and a further 30,900 conflict-affected children have received learning materials from partners in northeastern Nigeria. To increase the presence of teachers, the Education Sector Working Group is training future teachers in colleges throughout Adamawa, Borno, Gombe, and Yobe. Meanwhile, UNICEF is working to establish two-shift school sessions and new educational facilities in Borno to help improve child access to education. UNICEF is also working with a USAID/OFDA implementing partner to establish nearly 100 learning centers for children within various IDP communities throughout Adamawa.

IMPACT IN NEIGHBORING COUNTRIES

• The Boko Haram insurgency in northeastern Nigeria is increasingly affecting neighboring Cameroon, Chad, and Niger, UNHCR reports. As of late May, cross-border attacks had internally displaced approximately 81,700 Cameroonians, 5,000 Chadians, and 50,000 Nigeriens, in addition to some 168,000 Nigerian refugees and other nationals who fled to the three bordering countries from Nigeria. Among Nigerian refugees, priority humanitarian needs include emergency food assistance, health care, protection, relief commodities, and shelter, according to UNCHR.

• On April 16, U.S. Ambassador to Cameroon Michael S. Hoza declared a disaster due to the complex emergency caused by intensifying Boko Haram attacks in the region. The significant increase in the number of IDPs is exacerbating pressures on an area already strained by periodic natural disasters and the influx of an estimated 50,000 Nigerian refugees as of late May. In response, USAID/OFDA provided $50,000 to an NGO partner to distribute emergency relief items to IDPs in Cameroon’s Far North Region.

• Following the influx of more than 18,000 Nigerian refugees to Chad in early 2015, the Government of Chad’s emergency strategy shifted from a host-community approach to the development of a refugee camp with the capacity to support up to 15,000 people. With assistance from State/PRM, UNHCR is providing refugees in Chad’s Lac Region with emergency relief commodities and health, livelihood, and shelter support.

• In response to increasing Boko Haram attacks on the islands of Lake Chad—affecting territories owned by Cameroon, Chad, Niger, and Nigeria—the Government of Niger began evacuating islands under its control in May. As of late May, the Government of Niger had evacuated some 50,000 people from the Lake Chad Islands, including some 16,000 Nigerians who returned to Nigeria. In addition, more than 100,000 Nigerian refugees and returning Niger nationals were displaced to Niger as of late May, with displaced people composing more than one-third of the population in Niger’s city of Diffa, according to UNHCR. In response, State/PRM is funding UNHCR and NGO partners to provide emergency assistance to Nigerian refugees in Niger’s Diffa Region.

• In addition, USAID/FFP has provided more than $25 million—including approximately $17 million for Niger, $7.5 million for Cameroon, and $1 million for Chad—to the UN World Food Program (WFP) and NGOs to address urgent food needs of Nigerian refugees and conflict-affected households. Using a combination of cash and voucher programming, in-kind food aid, and local and regional procurement, USAID/FFP is supporting food distribution, blanket and targeted supplementary feeding, and food for asset activities to help improve the health and nutritional status of vulnerable populations.
Funding figures are as of June 17, 2015. All international figures are according to OCHA’s Financial Tracking Service and based on international commitments during the current calendar year, while USG figures are according to the USG and reflect the most recent USG commitments based on the fiscal year, which began on October 1, 2014.

USAID AND STATE HUMANITARIAN ASSISTANCE TO THE NIGERIA CRISIS PROVIDED IN FY 2015

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<th>LOCATION</th>
<th>AMOUNT</th>
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²Funding figures are as of June 17, 2015. All international figures are according to OCHA’s Financial Tracking Service and based on international commitments during the current calendar year, while USG figures are according to the USG and reflect the most recent USG commitments based on the fiscal year, which began on October 1, 2014.

CONTEXT

- Following escalated violence in northeastern Nigeria, the GoN declared a state of emergency in Adamawa, Borno, and Yobe in March 2013. In the first half of 2014, attacks carried out by Boko Haram militants killed more than 3,000 people, and in mid-2014, a shift in tactics to the seizing and holding of territory further exacerbated the region’s humanitarian crisis. On October 22, 2014, U.S. Ambassador to Nigeria James E. Entwistle re-declared a disaster for the complex humanitarian emergency in Nigeria.
- Violence continues to displace people within and outside of northeastern Nigeria. By May 2015, an estimated 168,000 people, including returning migrants, had also fled to neighboring Cameroon, Chad, and Niger. In communities hosting IDPs, the presence of additional displaced families is straining local resources and exacerbating food, relief commodity, shelter, livelihood, and protection needs, among others.
<table>
<thead>
<tr>
<th>Implementing Partner</th>
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1 Year of funding indicates the date of commitment or obligation, not appropriation, of funds.
2 USAID/OFDA funding represents actual or obligated amounts as of June 17, 2015.
• 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:
  – Information on relief activities of the humanitarian community can be found at www.reliefweb.int.