## Commonly Used Acronyms

### Non-Governmental Organizations (NGOs)

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AAH/USA</td>
<td>Action Against Hunger/U.S.</td>
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<tr>
<td>ACF</td>
<td>Action Contre la Faim</td>
</tr>
<tr>
<td>ACTED</td>
<td>Agency for Technical Cooperation and Development</td>
</tr>
<tr>
<td>ADRA</td>
<td>Adventist Development and Relief Agency</td>
</tr>
<tr>
<td>AmCross</td>
<td>American Red Cross</td>
</tr>
<tr>
<td>ARC</td>
<td>American Refugee Committee</td>
</tr>
<tr>
<td>CRS</td>
<td>Catholic Relief Services</td>
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<tr>
<td>FEWS NET</td>
<td>Famine Early Warning Systems Network</td>
</tr>
<tr>
<td>HKI</td>
<td>Helen Keller International</td>
</tr>
<tr>
<td>IMC</td>
<td>International Medical Corps</td>
</tr>
<tr>
<td>IRC</td>
<td>International Rescue Committee</td>
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<tr>
<td>IRD</td>
<td>International Relief and Development</td>
</tr>
<tr>
<td>Oxfam/GB</td>
<td>Oxfam/Great Britian</td>
</tr>
<tr>
<td>SC/US</td>
<td>Save the Children/U.S.</td>
</tr>
<tr>
<td>WCDO</td>
<td>World Concern Development Organization</td>
</tr>
<tr>
<td>WHH</td>
<td>Welthungerhilfe</td>
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### International Organizations and United Nations (UN) Agencies

<table>
<thead>
<tr>
<th>Acronym</th>
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<tbody>
<tr>
<td>FAO</td>
<td>UN Food and Agriculture Organization</td>
</tr>
<tr>
<td>ICRC</td>
<td>International Committee of the Red Cross</td>
</tr>
<tr>
<td>IFRC</td>
<td>International Federation of Red Cross and Red Crescent Societies</td>
</tr>
<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
</tr>
<tr>
<td>OCHA</td>
<td>UN Office for the Coordination of Humanitarian Affairs</td>
</tr>
<tr>
<td>UNDP</td>
<td>UN Development Program</td>
</tr>
<tr>
<td>UNDSS</td>
<td>UN Department of Safety and Security</td>
</tr>
<tr>
<td>UNFPA</td>
<td>UN Population Fund</td>
</tr>
<tr>
<td>UN HABITAT</td>
<td>UN Human Settlements Program</td>
</tr>
<tr>
<td>UNHAS</td>
<td>UN Humanitarian Air Service</td>
</tr>
<tr>
<td>UNHCR</td>
<td>Office of the UN High Commissioner for Refugees</td>
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<tr>
<td>UNICEF</td>
<td>UN Children's Fund</td>
</tr>
<tr>
<td>UNOPS</td>
<td>UN Office for Project Services</td>
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<tr>
<td>WFP</td>
<td>UN World Food Program</td>
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<tr>
<td>WHO</td>
<td>UN World Health Organization</td>
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### U.S. Government (USG) Acronyms

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<tr>
<th>Acronym</th>
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<tbody>
<tr>
<td>AFRICOM</td>
<td>U.S. Africa Command</td>
</tr>
<tr>
<td>CDC</td>
<td>U.S. Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CENTCOM</td>
<td>U.S. Central Command</td>
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### DART

- Disaster Assistance Response Team

### DCHA

- USAID’s Bureau for Democracy, Conflict, and Humanitarian Assistance

### DoD

- U.S. Department of Defense

### EUCOM

- U.S. European Command

### FFP

- USAID’s Office of Food for Peace

### HHS

- U.S. Department of Health and Human Services

### NIH

- U.S. National Institutes of Health

### OFDA

- USAID’s Office of U.S. Foreign Disaster Assistance

### OTI

- USAID’s Office of Transition Initiatives

### PACOM

- U.S. Pacific Command

### RMT

- Response Management Team

### SOUTHCOM

- U.S. Southern Command

### State

- U.S. Department of State

### State/PRM

- State’s Bureau of Population, Refugees, and Migration

### USAID

- U.S. Agency for International Development

### USDA

- U.S. Department of Agriculture

### USEU

- U.S. Mission to the European Union

### USFS

- U.S. Forest Service

### USGS

- U.S. Geological Survey

### USUN

- U.S. Mission to the United Nations

### OFDA Acronyms

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<tbody>
<tr>
<td>CMAM</td>
<td>Community Management of Acute Malnutrition</td>
</tr>
<tr>
<td>DRR</td>
<td>Disaster Risk Reduction</td>
</tr>
<tr>
<td>ERMS</td>
<td>Economic Recovery and Market Systems</td>
</tr>
<tr>
<td>GAM</td>
<td>Global Acute Malnutrition</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender-Based Violence</td>
</tr>
<tr>
<td>SAM</td>
<td>Severe Acute Malnutrition</td>
</tr>
<tr>
<td>USAR</td>
<td>Urban Search and Rescue</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation, and Hygiene</td>
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### Miscellaneous

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<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AFP</td>
<td>Agence France-Presse</td>
</tr>
<tr>
<td>ETU</td>
<td>Ebola Treatment Unit</td>
</tr>
<tr>
<td>FY</td>
<td>Fiscal Year</td>
</tr>
<tr>
<td>IDP</td>
<td>Internally Displaced Person</td>
</tr>
<tr>
<td>mph</td>
<td>Miles per Hour</td>
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<tr>
<td>MT</td>
<td>Metric Ton</td>
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INTERNALLY DISPLACED AFGHAN CHILDREN POSE FOR A PHOTOGRAPH AS THEIR PARENTS COLLECT FOOD RELIEF AID FROM THE WFP IN KABUL. PHOTO COURTESY OF SHAH MARAI/AFP
Message from the OFDA Director

BY JEREMY KONYNDYK

FY 2015 was a tremendous year. OFDA had DARTs responding to five major crises simultaneously—a record number—including the Ebola outbreak in West Africa, a massive magnitude 7.8 earthquake in Nepal, and large-scale complex crises in Iraq, South Sudan, and Syria. At the same time, new challenges emerged during the year. OFDA ramped up efforts to deliver humanitarian assistance in Yemen as violence escalated; we also sprang into action when floods hit southern Africa and a tropical cyclone struck islands in the Pacific.

At the beginning of 2015, the UN estimated that nearly 78 million people would require humanitarian assistance. In just over a decade, the number of people in need of humanitarian aid has more than doubled. Around the world, violence and insecurity are causing massive internal and cross-border displacement, and aid workers are saving lives at great risk to their own.

Despite these challenges, OFDA’s disaster experts worked with dedicated humanitarian partners to save and change millions of lives. Together, we navigated fluid frontlines in some of the world’s most dangerous areas to help more than 180,000 Syrians—caught in the crossfires of violence—get life-saving surgery. We helped stop the spread of a cholera outbreak in Iraq by providing safe drinking water, sanitation facilities, and hygiene supplies to more than 420,000 Iraqis. When the worst Ebola outbreak in history struck West Africa, we supported health care workers and Ebola treatment centers that treated nearly 1,200 Ebola cases. These efforts, combined with the hard work of the affected countries, helped to stem the tide of the disease and build capacity to manage future outbreaks.

As the lead federal coordinator of the USG’s international disaster response efforts, OFDA brought together federal agencies to tackle major obstacles and ensure that humanitarian assistance was delivered to the people and places most in need. After the April 25 earthquake in Nepal, OFDA called on the unique capabilities—including airlift and logistical support—of the U.S. military to deliver emergency relief items to inaccessible communities. We activated urban search-and-rescue teams from Fairfax County, VA, and Los Angeles County, CA, to deploy with us to Nepal to rescue people trapped in the rubble. In West Africa, our DART served as the USG response platform for the entire Ebola response, coordinating USAID’s efforts with CDC, U.S. Public Health Service, and the Departments of State and Defense. President Obama called the DART the “strategic and operational backbone” of the U.S. Ebola response, and personally called the team to thank them for their efforts.

Yet today’s mega-crisis—such as those in Syria, Yemen, South Sudan, and Iraq—show no signs of subsiding and conditions continue to deteriorate. The humanitarian system is struggling to meet the scale and complexity of current challenges, and we need to think hard about how to reform and invent new solutions.

With this in mind, OFDA engaged closely with the humanitarian community to advance serious reforms and innovations. We have actively expanded our donor coordination efforts to leverage unique capabilities and additional resources through partnerships with new and emerging donors, as well as other rising global actors. We finalized OFDA’s Policy for Humanitarian Action during the year, which formally defines the fundamental principles and core values that guide our actions for providing assistance to the world’s most vulnerable. As defined in this document and demonstrated through our work during the year, OFDA seeks to ensure excellence in our own operations and programs, and we will continue to push for significant changes to establish a humanitarian system that is more nimble, effective, and accountable. The World Humanitarian Summit in 2016 will provide a crucial opportunity to lock in important reforms.

I want to take this opportunity to thank our partners, who once again showed tremendous dedication and relentless drive to reach people in need. I am also extremely proud of OFDA’s greatest resource: the hard-working men and women who bring the highest levels of commitment and professionalism to meet our mandate of saving lives, alleviating human suffering, and reducing the social and economic impact of disasters.

OFDA seeks to ensure excellence in our own operations and programs, and we will continue to push for significant changes to establish a humanitarian system that is more nimble, effective, and accountable.
In FY 2015, OFDA responded to 49 humanitarian emergencies in 45 countries, assisting tens of millions of disaster-affected individuals around the world.

Nearly 60 percent of OFDA’s FY 2015 funding supported humanitarian activities in Africa. In West Africa, OFDA responded to an Ebola outbreak in Guinea, Liberia, Mali, and Sierra Leone. With approximately $717 million for the regional Ebola response, OFDA supported a range of humanitarian activities that helped slow transmission and increase capacity to prevent and respond to new cases, including providing health care support, facilitating safe burials, and raising community awareness of Ebola detection and prevention measures. OFDA also responded to conflict-related emergency needs in a number of West African countries, as well as food insecurity in Senegal and a volcano in Cabo Verde.

OFDA continued to provide critical, life-saving assistance in response to ongoing conflict and displacement in South Sudan and Sudan’s Darfur Region and the Two Areas. OFDA also met conflict-related needs in the Central African Republic, the Democratic Republic of the Congo, and Somalia, and provided nutrition assistance in Kenya. In Southern Africa, OFDA supported flood-affected communities in Madagascar, Malawi, and Mozambique.

As the crisis in Syria extended into its fifth year, an estimated 12.2 million people in the country required urgent humanitarian assistance. OFDA provided more than $303 million—the largest funding amount to a single country response in FY 2015—to support crisis-affected individuals in Syria. Through local partners, international NGOs, and UN agencies, OFDA prioritized the delivery of relief commodities and support for emergency medical care, in addition to protection, shelter, and WASH interventions. Elsewhere in Europe, the Middle East, and Central Asia Region, OFDA assisted conflict-affected populations in Iraq, Ukraine, and Yemen and mudslide-affected communities in Tajikistan.

In Asia, OFDA supported populations affected by complex emergencies in Afghanistan, Burma, and Pakistan. In addition, OFDA responded to humanitarian needs arising from natural disasters, including drought, floods, and landslides, as well as the magnitude 7.8 earthquake that struck central Nepal in April and a volcanic eruption in the Philippines. OFDA also continued to prioritize DRR programs in Asia, investing in local capacity to prepare for and mitigate the potential impacts of future disasters. In Latin America and the Caribbean, OFDA responded to emergency needs resulting from floods, fires, and a tornado. OFDA also implemented numerous DRR programs in the region to strengthen local response capacity and promote techniques to mitigate the effects of disasters.

Throughout FY 2015, OFDA maintained DARTs for the complex crises in Iraq, South Sudan, and Syria and for the Ebola outbreak in West Africa, and deployed a DART to respond to the effects of the earthquake in Nepal. OFDA also maintained or stood up corresponding Washington, D.C.-based RMTs to facilitate coordination efforts. OFDA provided more than $3.9 billion in assistance in FY 2015, including more than $1.6 billion for disaster response activities. These interventions saved lives while also promoting early recovery and building resilience to future stresses, as the situation allowed. In FY 2015, OFDA also contributed nearly $90 million in DRR funding to help communities across the world prepare for and mitigate the effects of disasters, as well as approximately $66 million for disaster response programs that incorporated DRR activities.
SAVING LIVES

Saving lives is a core component of OFDA’s mandate. Guided by this principle, OFDA staff leap into action in times of crisis, rapidly identifying critical needs among affected populations while closely coordinating with host governments and other humanitarian organizations. OFDA tailors its life-saving interventions to effectively address the most urgent needs resulting from each crisis. In FY 2015, OFDA assistance ranged from health interventions to care for Ebola-affected people in West Africa to search-and-rescue efforts for people trapped by rubble in the aftermath of an earthquake in Nepal. OFDA also continued programs that provide humanitarian aid to people who have lost their belongings, homes, and livelihoods in Iraq, South Sudan, Syria, and other countries experiencing protracted conflict.

In FY 2015, OFDA provided more than $1.6 billion in disaster assistance, responding to 49 emergencies in 45 countries. Despite insecurity, poor roads, and other constraints in many crisis-affected countries, OFDA and its partners worked throughout the year to save the lives of some of the world’s most vulnerable people.

Amid Insecurity and Conflict, Humanitarian Aid Reaches Yemenis in Need

BY KAELA GLASS

Jamila comes from a farming family in a small village of Ibb Governorate in southern Yemen. She’s a single mother, filling the dual role of breadwinner and caregiver for multiple children. As a widow, Yemen’s ongoing crisis has made it nearly impossible to provide for her children, disrupting her livelihood opportunities and significantly reducing the community services, like health care, that she once relied on. Conflict in her community also damaged public infrastructure in and around her village and interrupted market and commercial activity. As fighting continued, many families left Jamila’s village to seek refuge and find work elsewhere, but Jamila stayed, opting to keep her family together in the home she has always known.
Escalating Conflict Exacerbates Needs Across Yemen
Jamila’s story is a familiar one for many families in Yemen, particularly in 2015 when an increase in ground fighting, airstrikes, and political instability deteriorated already difficult conditions across much of the country. The conflict, which significantly escalated in March 2015, damaged essential public infrastructure, such as hospitals and water systems, and destroyed the community networks that many families relied on. Although Yemenis have experienced intermittent conflict between the Republic of Yemen Government (RoYG) and Al Houthis opposition forces since 2004, as well as hostilities between the RoYG and Al-Qaeda-affiliated groups, the mid-2014 Al Houthis expansion from northern areas of the country to central and southern Yemen increased hostilities and active fighting, displacing communities and disrupting lives. In September 2014, Al Houthis forces gained control of much of Yemen’s capital city of Sana’a and fighting further intensified and expanded, affecting much of the western and southern areas of the country. Following the Al Houthis advance on southern Yemen’s key port city of Aden in late March 2015, the RoYG and its allies in the Kingdom of Saudi Arabia-led Coalition began airstrikes against Al Houthis forces across multiple governorates. Intense conflict continued through the end of FY 2015, limiting livelihood opportunities, causing widespread displacement, inhibiting humanitarian access, and worsening living conditions for Jamila and millions of others. At the end of FY 2015, the UN estimated that more than 21.1 million Yemenis—80 percent of the country’s population—required humanitarian assistance.

Humanitarian Partners Provide Life-Saving Assistance
Despite active conflict and other major access constraints, OFDA-supported humanitarian partners succeeded in delivering aid to Jamila, her family, and millions of other conflict-affected people in Yemen. Working through nine NGOs, six UN agencies, and one international organization, OFDA supported health care and nutrition programs, the procurement and delivery of relief supplies, water, and sanitation interventions, and other urgently needed life-saving assistance throughout the country.

Recognizing the deteriorating livelihoods and living conditions in Jamila’s community, one OFDA-supported NGO partner began an emergency livelihoods program to distribute animals and feed to vulnerable households, particularly women-headed households. The program also trained families on livestock feeding and breeding techniques and cheese making with livestock milk. Jamila became an active leader in the program—participating in focus groups to determine the most useful form of livestock assistance and contributing to training session development. Inspired and empowered by her participation in the project, Jamila now believes there is opportunity and hope for her family and other communities in Ibb.

In many areas of Yemen, people feared leaving their homes to travel to health facilities, afraid of getting caught in the crossfire. As of June 2015, the UN estimated that more than 15.2 million people in Yemen lacked access to basic health support. Despite complex and ever-changing access challenges and an insecure operating environment, OFDA partners provided essential health care services to pregnant women, children, and families in western Yemen, addressing outstanding needs. From July through September 2015, one NGO partner provided safe delivery kits to more than 1,000 women in their third trimester of pregnancy in the western governorates of Al Hudaydah and Amran. The kits provided basic materials and instructions to help pregnant women without access to health care facilities deliver as safely as possible. During the same period, the NGO provided counseling to more than 1,500 women on infant and young child feeding practices and provided a supportive environment for more than 500 pregnant and lactating women to participate in mother-to-mother support groups in Al Hudaydah. As conflict increased across the country, OFDA partners not only supported basic health services and medical supply deliveries, but also helped maintain the community relationships that support the development and well-being of women and children—strengthening the social fabric necessary for Yemen’s recovery.

OFDA-Supported NGOs Reach Communities in Sana’a and Ta’izz
Amid increasing tensions and clashes between armed groups in Sana’a and Ta’izz governorates during FY 2015, one OFDA partner provided life-saving health services, distributed essential medical supplies, and supported critical WASH services to fortify the near-failing health system. The NGO delivered medical supplies and pharmaceuticals to more than 24 health facilities in Sana’a and provided safe drinking water to 26 hospitals on a daily basis, allowing the facilities to maintain outpatient, reproductive, and pediatric services. In Ta’izz, rapidly growing insecurity at the end of the fiscal year challenged access to people in the governorate, particularly populations living within the city of Ta’izz. Despite access constraints, six mobile medical teams provided care and services across the governorate, for example reaching nearly 2,300 people in Ta’izz health facilities in a two-week period between August and September. The teams provided primary medical care, family planning support, and antenatal and postnatal care, and conducted hundreds of pediatric consultations for families.

At the end of FY 2015, NGO partners and UN agencies faced a crisis in Yemen in which more than 21.1 million people required humanitarian assistance. Overcoming profound challenges, navigating insecurity, OFDA partners and their staff provided essential, life-saving programs to countless Yemenis—including Jamila and her family—in need.

Despite active conflict and other major access constraints, OFDA-supported humanitarian partners succeeded in delivering aid to Jamila, her family, and millions of other conflict-affected people in Yemen.

home garden, plant seeds and tree saplings, and protect plants to ensure a strong harvest. Participants received seeds, tools, and irrigation kits, allowing each household to increase their food self-sufficiency and consume a more diverse diet. In Yemen’s war-torn communities, livelihood programs allowed families to stay together and remain in their homes during a time when they may have otherwise had to flee.

Women and Children Receive Essential Health Supplies
OFDA also supported partners to deliver essential medical supplies and provide basic health services in Yemen’s western governorates, filling a growing gap as increased conflict cut off access to primary health care services.

In many areas of Yemen, people feared leaving their homes to travel to health facilities, afraid of getting caught in the crossfire. As of June 2015, the UN estimated that more than 15.2 million people in Yemen lacked access to basic health support. Despite complex and ever-changing access challenges and an insecure operating environment, OFDA partners provided essential health care services to pregnant women, children, and families in western Yemen, addressing outstanding needs. From July through September 2015, one NGO partner provided safe delivery kits to more than 1,000 women in their third trimester of pregnancy in the western governorates of Al Hudaydah and Amran. The kits provided basic materials and instructions to help pregnant women without access to health care facilities deliver as safely as possible. During the same period, the NGO provided counseling to more than 1,500 women on infant and young child feeding practices and provided a supportive environment for more than 500 pregnant and lactating women to participate in mother-to-mother support groups in Al Hudaydah. As conflict increased across the country, OFDA partners not only supported basic health services and medical supply deliveries, but also helped maintain the community relationships that support the development and well-being of women and children—strengthening the social fabric necessary for Yemen’s recovery.

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OFDA-Supported ETUs Save Lives, Reduce Ebola Transmission

BY MICHAEL KARESKY

After Abu’s parents succumbed to Ebola in late November 2014, his sister developed symptoms of the disease. Soon, Abu also became sick. While conducting house-to-house surveillance visits, health care workers found him in his home clinging to life, weakened by severe fever—a hallmark of Ebola infection. They immediately transported Abu to the nearby IMC Ebola treatment unit (ETU) in Sierra Leone’s Port Loko District. The facility—constructed and operated through OFDA funding—specialized in diagnosing, isolating, and safely providing care to Ebola patients. Abu received food, fluids, and treatment for secondary infections that he developed due to the disease. After ten days, he had fully recovered, and following a second negative test for Ebola, doctors discharged Abu from the ETU. He was a survivor.

When Abu contracted Ebola in November, the three acutely affected countries of West Africa—Guinea, Liberia, and Sierra Leone—had already recorded nearly 16,000 suspected, probable, and confirmed Ebola cases and more than 6,000 deaths. With few facilities capable of diagnosing, isolating, and treating patients, family and community members cared for the sick and soon became sick themselves. At hospitals, health care workers lacking the specialized training and equipment to prevent infection also contracted the disease from patients. Ebola preyed on individuals’ kindness and compassion—providing care to people who were sick was a primary mechanism of transmission.

OFDA, Host Governments, and Partners Develop Response Strategy

In late September 2014, epidemiologists in West Africa issued a dire warning: without sustained efforts to break chains of transmission, the outbreak could generate more than 1 million Ebola cases by January 2015. USG interagency DART teams, led by OFDA and present in the three countries, worked side by side with host governments, international organizations, and NGO partners to devise a comprehensive Ebola response strategy. Each government agreed that an extensive network of ETUs with broad geographic coverage was integral to stemming the tide of cases. By screening patients and isolating cases, ETUs and highly trained staff helped stop Ebola from spreading throughout communities. Equally as important, by improving the outcomes of patients like Abu, ETUs restored confidence that the fight against Ebola could be won.

With input from the host governments and the regional DART, OFDA strategically selected sites to complement other planned ETUs and ensure that people who were sick could receive care close to their homes. NGO partners rapidly mobilized teams to construct the facilities and engage in community outreach and education. OFDA funding supported all aspects of ETU operations—including acquisition of medical supplies and personal protective equipment, staff training, and waste disposal. In FY 2015, OFDA supported 20 ETUs in Liberia, three in Guinea, and five in Sierra Leone.

As ETUs came online throughout the region, caseloads began to decline. With viable options for treatment, people sought care at symptom onset, reducing the rate of transmission and increasing the chance for survival. Infection rates declined in hotspot areas and each new case that emerged generated fewer secondary cases. At the height of the outbreak in November 2014, West Africa recorded nearly 700 Ebola cases in a single week. By March 2015, cases had declined to an average of 85 per week. In the final week of FY 2015, there were a mere four cases in the entire region.

OFDA-supported ETUs treated nearly 1,200 Ebola cases and screened at least 3,700 other patients in FY 2015. As response efforts halted Ebola transmission throughout the region, OFDA coordinated with host governments and international responders to demobilize ETUs in compliance with decontamination standards and redirect resources to places where active transmission persisted. As ETUs demobilized, OFDA partners worked to transition Ebola treatment capacity to routine health care facilities, ensuring long-term capacity to address potential future flare-ups. Many local staff from demobilized facilities assumed positions at hospitals and clinics, strengthening health care services with the skills developed through work at ETUs.

Ending the Outbreak and Building Resilience

While ETUs played a key role in disrupting the chain of transmission, they were only one component of OFDA’s comprehensive response to the outbreak. Through nearly $717 million in FY 2015 funding, OFDA supported humanitarian coordination, programs to restore and strengthen health care services, social mobilization and communication campaigns, and surveillance and epidemiology efforts. OFDA played a key role as a leader in the international response to the outbreak through multifaceted and interconnected programs.

As active Ebola transmission decreased in Guinea, Liberia, and Sierra Leone, OFDA continued supporting residual response capacity in the region to identify, isolate, and safely care for patients in the event of future outbreaks. OFDA remains committed to helping each country end the outbreak and build resilient communities, health care systems, and emergency management structures to address potential re-emergence of the disease and maintain the health and safety of people like Abu.
Promoting Earthquake Preparedness and Response Capacity in Nepal

BY SOFIE FREEDLUND-BLOMST

At 11:56 a.m. local time on April 25, 2015, a magnitude 7.8 earthquake struck central Nepal’s Gorkha District, approximately 51 miles northwest of the capital city of Kathmandu, causing widespread damage, population displacement, and loss of life. The earthquake—the strongest to hit the country in more than 80 years—was followed by hundreds of aftershocks, including a magnitude 7.3 tremor on May 12, and several significant avalanches and landslides. Response efforts began immediately, but due to blocked roadways, collapsed structures, and heavy debris, the full scale of the disaster—nearly 8,900 deaths and more than 894,000 damaged or destroyed houses—would remain unknown for weeks.

Within hours of the earthquake, OFDA activated a Washington, D.C.-based RMT and deployed a DART to Nepal to assess damages and humanitarian needs, coordinate the USG response, and provide search-and-rescue operations. At its height, the DART comprised 136 members, including 22 humanitarian experts and 114 urban search-and-rescue (USAR) specialists, as well as 12 canines, from Fairfax County Fire and Rescue Department and Los Angeles County Fire Department. In addition to supporting rescue efforts, the DART worked with the Government of Nepal (GoN), humanitarian organizations, and USG interagency partners, including the U.S. military, to conduct aerial assessments and ensure that emergency relief items, such as medical supplies and shelter materials, reached hard-hit communities. Within months, OFDA had provided more than $33.5 million for the Nepal earthquake response.

“An Ounce of Prevention is Worth a Pound of Cure”

Seismologists had long warned that a large-scale earthquake could strike Nepal, causing widespread destruction and population displacement. The country is nestled high in the Himalayan Mountains, near the intersection of the Eurasian and Indian tectonic plates, and is known for its seismic activity. A combination of rapid and unplanned urbanization and poor building construction makes residents of Kathmandu Valley particularly vulnerable to earthquakes. As such, OFDA has worked with the GoN, humanitarian organizations, and USG interagency partners, including the U.S. military, to conduct aerial assessments and ensure that emergency relief items, such as medical supplies and shelter materials, reached hard-hit communities. Within months, OFDA had provided more than $33.5 million for the Nepal earthquake response.

Promoting Earthquake Preparedness and Response Capacity in Nepal

by Sofie Freedlund-Bloemst

At 11:56 a.m. local time on April 25, 2015, a magnitude 7.8 earthquake struck central Nepal’s Gorkha District, approximately 51 miles northwest of the capital city of Kathmandu, causing widespread damage, population displacement, and loss of life. The earthquake—the strongest to hit the country in more than 80 years—was followed by hundreds of aftershocks, including a magnitude 7.3 tremor on May 12, and several significant avalanches and landslides. Response efforts began immediately, but due to blocked roadways, collapsed structures, and heavy debris, the full scale of the disaster—nearly 8,900 deaths and more than 894,000 damaged or destroyed houses—would remain unknown for weeks.

Within hours of the earthquake, OFDA activated a Washington, D.C.-based RMT and deployed a DART to Nepal to assess damages and humanitarian needs, coordinate the USG response, and provide search-and-rescue operations. At its height, the DART comprised 136 members, including 22 humanitarian experts and 114 urban search-and-rescue (USAR) specialists, as well as 12 canines, from Fairfax County Fire and Rescue Department and Los Angeles County Fire Department. In addition to supporting rescue efforts, the DART worked with the Government of Nepal (GoN), humanitarian organizations, and USG interagency partners, including the U.S. military, to conduct aerial assessments and ensure that emergency relief items, such as medical supplies and shelter materials, reached hard-hit communities. Within months, OFDA had provided more than $33.5 million for the Nepal earthquake response.

“An Ounce of Prevention is Worth a Pound of Cure”

Seismologists had long warned that a large-scale earthquake could strike Nepal, causing widespread destruction and population displacement. The country is nestled high in the Himalayan Mountains, near the intersection of the Eurasian and Indian tectonic plates, and is known for its seismic activity. A combination of rapid and unplanned urbanization and poor building construction makes residents of Kathmandu Valley particularly vulnerable to earthquakes. As such, OFDA has worked with the GoN, humanitarian organizations, and USG interagency partners, including the U.S. military, to conduct aerial assessments and ensure that emergency relief items, such as medical supplies and shelter materials, reached hard-hit communities. Within months, OFDA had provided more than $33.5 million for the Nepal earthquake response.

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code implementation; and train local, national, and regional first responders. When the April 25 earthquake occurred, these preparedness measures enabled families to protect themselves and local responders to mobilize safely and effectively to care for those in need.

Building the Capacity of Local, National, and Regional First Responders

The first 72 hours after a catastrophic earthquake are critical for search and rescue, as trapped individuals have the highest chance of survival during that brief window. In large-scale disasters like the Nepal earthquake, USAR teams often arrive from all corners of the world to support rescue operations. Often overlooked amid the impressive influx of international aid, however, is the crucial role played by local communities and authorities, who are almost always the first—and sometimes the only—responders on the ground in the initial hours and days following a disaster.

Recognizing Nepal’s vulnerability to seismic activity and that many Nepalese communities live in remote and hard-to-reach areas, OFDA has supported programs that build in-country response capacity for decades. Through the Program for the Enhancement of Emergency Response (PEER), implemented by the Kathmandu-based National Society for Earthquake Technology, OFDA assists regional, national, and district disaster response organizations, such as the Nepal Red Cross Society (NRCS), to organize and conduct trainings in search and rescue, community-based disaster response, hospital preparedness for emergencies, and medical first response. OFDA also supports AmCross and its local partner NRCS to continue implementation of the Community Motivation for Disaster Response (CADRE) system, originally developed as part of PEER. Since 2009, CADRE has trained more than 880 community-based first responders across more than 90 at-risk Nepalese communities in basic life support, community incident command systems, light search and rescue, and dead body management. Following the April 25 earthquake, CADRE and PEER-trained responders from Nepal and nearby countries, such as India and the Philippines, were among the first people on the scene and assumed a lead role in the early rescue operations.

Pre-Positioning Emergency Relief Supplies and Preserving Humanitarian Open Spaces

In addition to preparing emergency first responders, OFDA has worked with partners to ensure the immediate availability of emergency relief supplies and open spaces for humanitarian use in the event of an earthquake or other sudden-onset disaster. Prior to the April 25 earthquake, OFDA supported NRCS to procure and pre-position two emergency water treatment units and latrine construction materials, as well as stocks of relief commodities, including plastic sheeting, blankets, clothes, hygiene kits, and kitchen supplies, at strategic locations throughout Nepal. Within four days of the earthquake, NRCS distributed pre-positioned emergency relief items to approximately 3,000 earthquake-affected households and established a water treatment unit in Gorkha—near the epicenter of the earthquake—to provide safe drinking water and help reduce the risk of waterborne disease transmission. NRCS later installed a second water treatment unit in Bhaktapur District, located in Kathmandu Valley.

OFDA also supported IOM to identify, prepare, and preserve more than 80 open spaces in Kathmandu Valley. IOM raised public awareness on the use of open spaces, established coordination and information centers, and trained GoN officials on open-space management. In the aftermath of the April 25 earthquake, the pre-identified sites sheltered displaced households and facilitated humanitarian aid distributions.

Strengthening Partnerships for a More Effective Humanitarian Response

Early and sustained investments in disaster preparedness and response can save lives and lessen the impact of sudden-onset disasters such as the Nepal earthquake. These investments also help build enduring partnerships with local and national actors, enabling a more effective response when disaster strikes. Following the April 25 earthquake, OFDA relied on partners in Nepal to provide first-hand information about the overall situation and the humanitarian needs. As the response progressed, OFDA partners played a critical role in informing OFDA’s understanding of the evolving situation and corresponding needs. Additionally, OFDA DRR partners already on the ground were able to redirect their efforts to assist with earthquake response and early recovery activities. The longstanding partnerships and community relations developed over more than 20 years proved invaluable to OFDA’s earthquake response.

Central to OFDA’s mandate of saving lives, alleviating human suffering, and mitigating the economic and social impact of disasters is recognizing populations’ exposure to risk and reducing their vulnerabilities. Although OFDA’s investments in DRR did not eliminate the vulnerability of the Nepalese population to a large-scale earthquake, preparedness measures put in place prior to the April 25 earthquake saved lives and enabled a more effective humanitarian response.
OFDA AT THE FOREFRONT

During an international disaster, OFDA serves as the lead federal coordinator for USG-wide response efforts. While fulfilling this role, OFDA often partners with other USAID offices and USG agencies, both operationally and as part of the broader USG strategic efforts to support countries experiencing a crisis. Additional USAID and USG offices provide technical and material assistance to ensure that populations in need of humanitarian aid receive it rapidly and efficiently, under the umbrella of OFDA’s response platform.

OFDA simultaneously plays a global leadership role in shaping and encouraging policies to improve humanitarian action, addressing the structure and performance of the international humanitarian architecture and the broader humanitarian community. OFDA engages other donors, multilateral institutions, regional entities, and NGOs in global fora and bilaterally, aiming to harmonize and optimize approaches to humanitarian assistance.

By harnessing capabilities across the USG and driving international efforts to improve the delivery of assistance, OFDA is at the forefront of helping the world’s most vulnerable.

Coordinating a Whole-of-Government Response to the Ebola Outbreak

BY BENEDICT TEAGARDEN

Scenes of a response: Military tents flutter as a U.S. Army helicopter departs from a base in the Liberian capital of Monrovia, transporting USG staff to sites across the country; CDC epidemiologists and their national counterparts hurry through the corridors at the Ministry of Health with stacks of patient data; uniformed members of the U.S. Public Health Service (USPHS) zip into bright yellow protective suits before treating patients; and OFDA disaster response experts bound down parched, dusty roads to USG-funded treatment units with response partners.
In late summer 2014, the Ebola outbreak in West Africa was growing exponentially and increasingly constituted a global public health threat. As of October 1, WHO had reported nearly 7,200 suspected, probable, and confirmed Ebola cases—more than 50 percent of which were in Liberia. Despite the heroic efforts of local doctors, nurses, and other health professionals, the coastal West African countries of Guinea, Liberia, and Sierra Leone were confronting a viral epidemic of historical proportions that rapidly outpaced their ability to respond.

As the lead coordinator for international USG humanitarian efforts, OFDA played a critical role in the West Africa Ebola response. While the mission’s objective across the three countries was straightforward, the regional operating environment presented a multitude of obstacles—already fragile national health systems verging on collapse, limited access to high-risk zones due to poor road networks, the exponential rise in cases and contacts requiring strong health systems, and civil–military affairs coordinators worked closely with DoD personnel to ensure that the department’s support harmonized with both the overall international response efforts and the USG strategy.

OFDA facilitated conversations between the Government of Liberia and DoD regarding ETU locations and acted as a liaison between DoD and humanitarian organizations engaging in similar activities. DoD constructed 10 ETUs throughout the country to improve access to care and transported USG and partner personnel hard-to-reach areas of Liberia, significantly reducing the time required to reach Ebola-affected communities. Under the OFDA-led DART platform, CDC and the U.S. military also dispatched resources to bolster local diagnostic laboratory capacities in Guinea, Liberia, and Sierra Leone. Additionally, OFDA collaborated with DoD and USPHS to establish the Monrovia Medical Unit—a facility dedicated to providing care to health staff who contracted Ebola while responding to the crisis. These are just a few examples of how OFDA fulfilled its role as lead USG coordinator during the West Africa Ebola response.

As 2015 progressed, the number of new Ebola cases in Liberia decreased substantially, driven by the efforts of the Liberian people and supported by the USG’s interagency response. A similar trend unfolded in Guinea and Sierra Leone. The USG was successful in supporting host country responses because of its unified action, coordinated through OFDA and utilizing the strengths and expertise of other offices, agencies, and departments.
The humanitarian landscape is increasingly complex. Poorly coordinated responses can waste precious resources and imperil lives, affecting those who most need our help. As the lead federal coordinator of USG international disaster response and serving as a global leader in the broader international humanitarian architecture, OFDA is uniquely placed within the humanitarian system. OFDA embraced the office’s leadership role to spur forward initiatives during FY 2015 that increased the ability of both the USG and the international community to prepare for and respond to humanitarian crises.

Within OFDA
In order to formally define the office’s guiding principles and structures, OFDA finalized a Policy for Humanitarian Action.1 The Policy outlines the context in which OFDA operates, the fundamental principles and core values which underpin OFDA’s humanitarian activities, and the approach OFDA takes to address the critical humanitarian needs of the most vulnerable disaster-affected populations worldwide. OFDA also worked to develop an internal framework that describes, defines, and codifies how OFDA prepares for and responds to international disasters. These two documents formally establish OFDA’s engagement with humanitarian partners within the USG and beyond.

Within the USG
OFDA is charged with coordinating USG international humanitarian response activities and aims to continuously improve these efforts. To do this, OFDA proactively maintains strong relationships with federal partners, both during steady-state periods and during times of crisis. For example, in 2015 OFDA engaged the interagency in constructive dialogues—through quarterly International Disaster Response and DRR forums, interagency coordination calls on current responses, and a newly launched Interagency Dialogue—on the humanitarian impacts of El Niño and lessons learned during OFDA’s response to the Ebola outbreak in West Africa. OFDA also formally launched the Humanitarian Assistance/Disaster Response Course, a two-day classroom-based training that provides an overview of how the USG responds to disasters overseas and engages within the international humanitarian architecture. Graduates of the senior managers course then have the opportunity to participate in a three-day humanitarian coordination field simulation that allows participants to tangibly experience the coordination structures and challenges associated with large international responses involving multiple actors. These training efforts aim to enable more effective decision-making and interagency coordination.

Beyond the USG
OFDA is broadening its bilateral relationships with governments and intergovernmental organizations that are increasing their involvement in the international humanitarian system and impacting the current humanitarian landscape. They can leverage new funding streams and political action, may have better access to populations in need, and can tap into networks of local organizations. One such actor is the Organization of Islamic Cooperation (OIC).

This year, OFDA has deepened knowledge of itself in relation to a changing landscape of humanitarian assistance, even during a year of exceptional growth.

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In 2015, USAID’s engagement with the OIC included a senior dialogue between leadership of DCHA and members of the OIC, as well as an introduction to the OFDA-funded Building a Better Response program and tailored humanitarian assistance training for the OIC and its partners. Thanks to this engagement, OIC leadership is organizing a series of trainings for its member states and NGO partners. The trainings focus on the international humanitarian architecture and aim to ensure that the OIC and its partners coordinate with and augment existing structures.

The Government of Canada and OFDA—on behalf of the USG—assumed the role of the 2014–2016 Good Humanitarian Donorship (GHD) co-chairs as a way to provide international donors focus ahead of the World Humanitarian Summit ( WHS). Over the course of the chairmanship, the USG and Canada are seeking to address a number of core issues, including humanitarian financing, needs assessments, risk management, and donor reporting. As part of its contribution, OFDA surveyed GHD members on their safety and security policies, identifying numerous commonalities and best practices. In addition, OFDA and State/PRM co-funded NGO InterAction and Humanitarian Outcomes, an independent team of humanitarian consultants, to provide an analysis of risk management protocols and program criticality among major operational humanitarian NGOs. Linked to the Grand Bargain for humanitarian financing, OFDA also funded Humanitarian Outcomes to develop a matrix on donor reporting requirements across GHD members to identify areas of harmonization and provide an evidence base to initiate a broader conversation on donor reporting requirements, balancing the needs of both donors and implementing organizations. Findings from all of these initiatives will be made publicly available to share best practices and initiate discussion.

OFDA has also played a significant role in improving response to health-related emergencies. In mid-2015, WHO undertook a series of processes to review and reform its work in outbreaks and health emergencies, based on lessons learned during the Ebola outbreak in West Africa and WHO Executive Board and member state recommendations. To facilitate the reform process, WHO created a high-level Advisory Group of experts in emergency management, infectious disease, and preparedness—which included the OFDA Director—to provide guidance and offer specific suggestions to strengthen WHO’s response capacity. Through in-person meetings and regular teleconferences, Advisory Group members developed key recommendations that will set the course for emergency reforms in the UN agency.

Being at the forefront of international humanitarian coordination and planning is imperative for OFDA, and it is critical that OFDA take a broad and holistic approach to strengthening the international humanitarian system. This year, OFDA has deepened knowledge of itself in relation to a changing landscape of humanitarian assistance, even during a year of exceptional growth; expanded knowledge of the international humanitarian system within the USG; cultivated new relationships with international actors who will be part of future humanitarian emergency responses; and committed to challenging itself and others regarding the fundamentals of the international humanitarian system and their role in the system. These actions all ultimately improve the delivery of assistance, changing and saving the lives of the world’s most vulnerable.

Often we focus on the bigger picture—the catastrophic natural disasters and continued conflicts, the millions of dollars spent on assistance in a given country, the hundreds of international and local organizations that partner with OFDA to implement life-saving activities around the globe. Yet humanitarian assistance is truly about the individuals we—the American people—help. Every dollar spent in response to an emergency benefits the life of a vulnerable person. A few dollars in Zimbabwe helped a woman support her family with sustainable agricultural practices. In Nepal, they provided a safe space for an earthquake-affected child to receive support. And in West Africa, an OFDA-provided dollar helped someone infected with Ebola to walk away from a treatment center, cured of the disease. These are only some of the millions of life-changing stories in which OFDA plays a role every year.
MONGOLIA
With help from OFDA partner Mercy Corps, community members in Mongolia learn to use a mobile phone-based information platform that provides herders with up-to-date weather information to allow them to better prepare for severe weather. Weather can significantly impact the lives of herder communities by affecting conditions critical for the health of livestock, including food availability. Through the tailored information platform, people can access, interpret, and apply weather and pasture forecasts when making decisions about migration, pasture use, and fodder production. Photo courtesy of Mercy Corps

PHILIPPINES
Community members in the city of Tacloban, Philippines, stand near their OFDA-funded shelters. Typhoon Haiyan struck the Philippines in November 2013, killing approximately 6,300 people and damaging or destroying an estimated 1.1 million homes. The typhoon severely affected the Eastern Visayas Region, including Tacloban—the most populous city in the region. With OFDA support, Plan International addressed multi-sector needs identified as priorities by the neighborhoods in which they were working in Tacloban’s dense urban setting, focusing on rehabilitating typhoon-damaged structures and providing transitional shelters to individuals who lost their homes. OFDA also supported Plan International to implement longer-term activities that strengthened local capacity to prepare for and mitigate the effects of future disasters. Photos courtesy of Plan International
NEPAL
Children displaced by the magnitude 7.8 earthquake that struck Nepal on April 25 play with building blocks in a temporary classroom. The classroom was located in an open space created to provide a feeling of community and restore a sense of normalcy for children and other earthquake-affected populations. As part of its humanitarian response following the earthquake, OFDA provided plastic sheeting for temporary shelter and communal spaces and also facilitated the distribution of emergency relief items in open spaces such as this one. Kashish Das Shrestha/USAID

EBOLA
Ebola survivors leave their handprints on the wall of an ETU in Bong County, Liberia. With OFDA support, the IMC-operated ETU—which opened in September 2014—treated or screened more than 500 people. OFDA supported the operations of 28 ETUs in Guinea, Liberia, and Sierra Leone as part of its robust response to the regional Ebola outbreak. Shannon Mesenhowski/USAID
OFDA responded to 23 disasters in 22 countries in Africa in FY 2015. In total, OFDA provided more than $1.13 billion for humanitarian assistance in Africa, including approximately $1.1 billion for disaster response, nearly $14.5 million for DRR activities, and approximately $8.6 million for disaster response programs with DRR components. OFDA maintained DARTs to respond to the complex emergency in South Sudan, as well as the Ebola outbreak in Mali, Guinea, Liberia, and Sierra Leone. OFDA also deployed humanitarian staff in response to floods in Malawi and Mozambique and complex emergencies in Cameroon, Central African Republic, and Nigeria. OFDA maintained full-time staff in Mali, Senegal and South Africa to monitor and respond to events in Southern and West Africa, as well as full-time staff in the Democratic Republic of the Congo, Ethiopia, Kenya, and Sudan to track and respond to events throughout East and Central Africa.
In FY 2015, approximately 748,000 people faced food insecurity in Burkina Faso, a decrease from approximately 2 million people in 2012, according to the UN. Although food security conditions improved since the 2011-2012 drought, erratic rainfall and subsequent decreased harvests reduced food availability, reduced grazing land in livestock-dependent areas, and exacerbated malnutrition rates in most affected areas of the country. The prolonged displacement of approximately 34,000 Malian refugees—many of whom arrived in 2012—and approximately 60,000 IDPs also contributed to strain on host community resources. In addition, political unrest in late September 2015 worsened security conditions and resulted in at least 14 deaths and 250 injuries.

On October 22, 2014, U.S. Ambassador Tulimabo S. Mushingi reissued a disaster declaration due to the ongoing complex emergency in Burkina Faso. In response, OFDA supported agricultural, livelihood, and nutrition interventions, including strengthening the capacity of local health staff to manage acute malnutrition, facilitating community access to quality of cereals, and providing training on animal management.

**Implementing Partner in Burkina Faso**

**AfricaRice**

**OFDA ASSISTANCE** $1,600,000

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On November 23, 2014, Cabo Verde’s Pico do Fogo volcano began erupting, causing tremors and molten lava flows that destroyed a main access road to Chã das Caldeiras town and surrounding areas. The eruption displaced nearly 1,100 people, destroyed more than 230 buildings, and damaged more than 1.7 square miles of agricultural land, according to the Government of Cabo Verde and the UN.

On November 26, 2014, U.S. Ambassador Adrienne S. O’Neal declared a disaster due to the effects of the volcanic eruption. In response, OFDA provided emergency relief supplies—including blankets, mattresses, and protective face masks—to assist affected populations.

**Implementing Partner in Cabo Verde**

**UNDP**

**OFDA ASSISTANCE** $50,000

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On April 16, 2015, U.S. Ambassador Michael S. Hoza declared a disaster for the complex emergency in Cameroon. OFDA regional advisors traveled to Cameroon in April to assess the situation and coordinate response activities with the Government of the Republic of Cameroon, UN agencies, and other stakeholders. OFDA also supported critical assistance for IDPs, host communities, and other vulnerable populations, particularly in Far North. OFDA-funded activities included the distribution of emergency relief items, as well as interventions that improved sanitation and hygiene conditions, strengthened food security through the provision of seeds and agricultural tools, and provided humanitarian protection services.

**Implementing Partners in Cameroon**

**IDM and NGO partners**

**OFDA ASSISTANCE** $2,093,887

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On October 1, 2014, U.S. Chargé d’Affaires David E. Brown declared a disaster due to the ongoing complex emergency in CAR. In response, OFDA-funded programs provided essential health care and psychosocial services to displaced populations, improved access to safe drinking water, trained farmers on improved agricultural methods, helped families restart livelihoods, assisted with the reintegration of GBV survivors, and distributed emergency relief supplies such as blankets, kitchen sets, plastic sheeting, and water containers.

**Implementing Partners in CAR**


**OFDA ASSISTANCE** $137,412,982

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Although food security conditions improved since the 2011-2012 drought, chronic malnutrition affected more than 50 percent of children in the western regions of Bahr-el-Gazal, Kanem, and Lac in FY 2015. On May 28, 2015, U.S. Ambassador James A. Knight reissued a disaster declaration for the complex emergency due to ongoing displacement and food insecurity. In response, OFDA provided critical assistance for IDPs, host communities, and other vulnerable populations. OFDA-funded activities included the distribution of emergency relief items, as well as interventions that improved agricultural production and food security, health, nutrition, sanitation, and hygiene conditions.

**Implementing Partners in Chad**

**OCHA, UNHAS, and NGO partners**

**OFDA ASSISTANCE** $9,843,153

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In FY 2015, insecurity in neighboring countries caused people to seek refuge in Cameroon, with an estimated 320,300 refugees from CAR and Nigeria residing in Cameroon as of late September, according to the UN. In addition, Nigeria-based militant group Boko Haram increasingly crossed into Cameroon to perpetrate attacks, particularly in the Far North Region, resulting in casualties and displacement; the UN reported approximately 63,700 IDPs in Far North in late September. The population movements strained already scarce local resources, exacerbating food insecurity and malnutrition among displaced and host community populations. Insecurity in Far North also impeded livelihood activities, such as agriculture, and restricted humanitarian access during the year.

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**Implementing Partners in Cameroon**

**IDM and NGO partners**

**OFDA ASSISTANCE** $2,093,887

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Intercommunal violence and attacks on civilians and humanitarian workers continued in the Central African Republic (CAR) in FY 2015. However, the UN reported relatively improved security in parts of the country, and these improved conditions, bolstered by an increased presence of UN Multidimensional Integrated Stabilization Mission in CAR (MINUSCA) forces in some areas, contributed to some IDPs returning to areas of origin during the fiscal year. The number of IDPs in September 2015—approximately 369,000 people—represented a significant decrease from the more than 900,000 people displaced at the height of the crisis in January 2014. Significant humanitarian needs persisted, however, and an estimated 2.7 million people—more than half of the country’s population—continued to require humanitarian assistance in FY 2015. Clashes between armed groups—including ex-Séléka and anti-Balaka elements—resulted in displacement and protection needs, and approximately 464,000 Central Africans had fled CAR to neighboring countries as refugees as of September 2015. In addition, ongoing insecurity caused market disruptions, impeded access to sufficient food sources, and significantly reduced agricultural production. The UN estimated that between 1.3 and 1.6 million people required food assistance as of August 2015.

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**Implementing Partners in CAR**


**OFDA ASSISTANCE** $137,412,982

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For more than a decade, Chad has confronted regional unrest and experienced recurrent drought and flooding. In FY 2015, increasing demand for scarce resources driven by the presence of refugees and attacks by Boko Haram compounded the challenges faced by host communities and IDPs in Chad. Bordered by multiple countries with ongoing conflict, Chad hosts the largest refugee population in Africa’s Sahel region. As of September 2015, Chad hosted nearly 379,000 refugees, including approximately 296,000 people from Sudan, 66,000 people from CAR, and 14,000 people from Nigeria, according to the UN. Additionally, many Chadians living in neighboring countries fled regional conflicts—the UN estimated in August 2015 that 75,000 people had returned to Chad since January. Further complicating the situation, Boko Haram cross-border attacks into southwest Chad in February 2015, displacing thousands of people in the Lac Region.

**Food insecurity and malnutrition persisted in Chad during FY 2015.** In September 2015, the UN estimated that 2.5 million people were food insecure, with nearly 403,000 experiencing severe food insecurity. The prevalence of GAM among populations in several regions, notably in Kanem and Lac regions, exceeded the UN’s emergency threshold. Further, the prevalence of SAM exceeded the UN’s emergency threshold in nearly all regions of the country, while chronic malnutrition affected more than 50 percent of children in the western regions of Bahr-el-Gazal, Kanem, and Lac in FY 2015.
Insecurity-driven displacement continued in eastern Democratic Republic of the Congo (DRC) throughout FY 2015. Attacks by armed actors and intercommunal violence exacerbated the security situation, while clashes between armed groups and Government of DRC and UN forces resulted in additional humanitarian needs. Vulnerable populations—including host communities, IDPs, and returnees—in conflict-affected areas lacked adequate access to agricultural areas, basic services, and livelihoods. As of September 2015, the UN reported that approximately 1.6 million IDPs resided in DRC and more than 430,000 Congolese refugees were living outside the country.

As a result of violence and continued displacement, an estimated 7 million people in DRC required life-saving humanitarian assistance as of June 2015, according to the UN. Displaced populations lacked adequate access to basic services, such as health care. Protection-related incidents against vulnerable populations also impacted communities in eastern DRC.

On October 3, 2014, U.S. Ambassador James C. Swan reissuessed a disaster declaration due to the effects of the ongoing complex emergency. In late October 2014, OFDA staff traveled to conflict-affected North Kivu Province to meet with NGO partners and conduct humanitarian assessments to determine priority needs. During FY 2015, OFDA assistance supported partners to provide health care services for IDPs; pregnant women, and survivors of GBV; improve access to sanitation facilities; increase agricultural productivity; and provide cash-for-work opportunities to bolster livelihoods and local economic activity. OFDA also maintained flexible response mechanisms to enable rapid distribution of relief commodities to populations recently affected by conflict.

Implementing Partners in DRC


OFDA ASSISTANCE $49,199,726

Insecurity and heightening malnutrition among vulnerable populations in Ethiopia. Above-average cereal prices, low livestock prices, and few alternative income-generating opportunities exacerbated food consumption gaps, while floods, disease outbreaks, and population displacement due to intercommunal violence also continued to generate humanitarian needs. In August 2015, the Government of Ethiopia and humanitarian partners estimated that 4.5 million people required emergency food assistance, while nearly 303,000 children were severely malnourished.

On October 20, 2014, U.S. Ambassador Patricia M. Haslach reissuessed a disaster declaration due to the ongoing complex emergency in Ethiopia. In FY 2015, OFDA-funded programs provided vital assistance to support children and pregnant and lactating women experiencing acute malnutrition. OFDA also supported agriculture and food security initiatives, essential health care services, WASH interventions, the procurement and distribution of emergency relief supplies, and humanitarian coordination efforts.

Implementing Partners in Ethiopia

FAO, GOAL, IRC, OCHA, SC/US, UNDSS, UNICEF, USFS, and WFP

OFDA ASSISTANCE $19,255,631

The West Africa Ebola Virus Disease outbreak began in late December 2013 in Guinea’s Guéckédou Prefecture and spread undiagnosed until a blood sample from Guinea tested positive for Ebola in mid-March 2014, confirming the outbreak. By May 2014, the number of people contracting Ebola had increased, with new cases appearing in Liberia, Mali, and Sierra Leone in the following months. On August 4, 2014, a USG DART deployed to West Africa to respond to the outbreak as the number of new cases continued to increase, positioning staff in Guinea, Liberia, and Sierra Leone. OFDA also stood up a Washington, D.C.-based RMT to support the DART. In FY 2015, USG DART staff also deployed to Mali to respond to the Ebola outbreak. During FY 2015, OFDA continued to lead the regional DART, comprising disaster response and medical experts from USAID, DoD, CDC, NIH, and U.S. Public Health Service (USPHS). The DART coordinated and supported Ebola response efforts among USG agencies and with host governments, the UN, and NGO partners. OFDA also maintained a Washington, D.C.-based RMT in FY 2015 to support the DART. OFDA assistance included health, protection, and WASH activities; humanitarian coordination; information management; and logistics support; and the provision of relief commodities.

EBOLA OUTBREAK

The West Africa Ebola Virus Disease outbreak began in late December 2013 in Guinea’s Guéckédou Prefecture and spread undiagnosed until a blood sample from Guinea tested positive for Ebola in mid-March 2014, confirming the outbreak. By May 2014, the number of people contracting Ebola had increased, with new cases appearing in Liberia, Mali, and Sierra Leone in the following months. On August 4, 2014, a USG DART deployed to West Africa to respond to the outbreak as the number of new cases continued to increase, positioning staff in Guinea, Liberia, and Sierra Leone. OFDA also stood up a Washington, D.C.-based RMT to support the DART. In FY 2015, USG DART staff also deployed to Mali to respond to the Ebola outbreak. During FY 2015, OFDA continued to lead the regional DART, comprising disaster response and medical experts from USAID, DoD, CDC, NIH, and U.S. Public Health Service (USPHS). The DART coordinated and supported Ebola response efforts among USG agencies and with host governments, the UN, and NGO partners. OFDA also maintained a Washington, D.C.-based RMT in FY 2015 to support the DART. OFDA assistance included health, protection, and WASH activities; humanitarian coordination; information management; and logistics support; and the provision of relief commodities.

In late March 2014, Government of Guinea (GoG) health officials notified WHO of a confirmed Ebola outbreak in Guinea linked to the early December 2013 death of an Ebola-positive child in the country’s Guéckédou Prefecture. By late September 2014, health officials had identified more than 1,000 confirmed, probable, and suspected cases in Guinea. The Ebola outbreak continued in FY 2015 and as of late September 2015, the number of confirmed, probable, and suspected cases in Guinea had increased to more than 3,800, including more than 2,500 deaths.

On October 10, 2014, U.S. Ambassador Alexander M. Laskaris redeclared a disaster due to the effects of the Ebola outbreak in Guinea. In response, OFDA supported essential Ebola response programming to address critical needs—such as disease surveillance, infection prevention and control, and response coordination—and maintained DART staff in Guinea to lead the USG response and coordinate closely with the GoG, donor representatives, UN agencies, and other humanitarian organizations.

Implementing Partners in Guinea

Centre for International Studies and Cooperation (CIEC), CRS, ChildFund, Danish Refugee Council, French Red Cross, Health Communication Capacity Collaborative, HVI, IOM, IHC, IHC, Jhpiego, Plan USA, Première Urgence, Relief International, SC/US, Terre Des Hommes, UNICEF, WFP, and WHO

OFDA ASSISTANCE $111,094,238

GUINEA

EBOLA OUTBREAK

The West Africa Ebola Virus Disease outbreak began in late December 2013 in Guinea’s Guéckédou Prefecture and spread undiagnosed until a blood sample from Guinea tested positive for Ebola in mid-March 2014, confirming the outbreak. By May 2014, the number of people contracting Ebola had increased, with new cases appearing in Liberia, Mali, and Sierra Leone in the following months. On August 4, 2014, a USG DART deployed to West Africa to respond to the outbreak as the number of new cases continued to increase, positioning staff in Guinea, Liberia, and Sierra Leone. OFDA also stood up a Washington, D.C.-based RMT to support the DART. In FY 2015, USG DART staff also deployed to Mali to respond to the Ebola outbreak. During FY 2015, OFDA continued to lead the regional DART, comprising disaster response and medical experts from USAID, DoD, CDC, NIH, and U.S. Public Health Service (USPHS). The DART coordinated and supported Ebola response efforts among USG agencies and with host governments, the UN, and NGO partners. OFDA also maintained a Washington, D.C.-based RMT in FY 2015 to support the DART. OFDA assistance included health, protection, and WASH activities; humanitarian coordination; information management; and logistics support; and the provision of relief commodities.

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On October 10, 2014, U.S. Ambassador Alexander M. Laskaris redeclared a disaster due to the effects of the Ebola outbreak in Guinea. In response, OFDA supported essential Ebola response programming to address critical needs—such as disease surveillance, infection prevention and control, and response coordination—and maintained DART staff in Guinea to lead the USG response and coordinate closely with the GoG, donor representatives, UN agencies, and other humanitarian organizations.

Implementing Partners in Guinea

Centre for International Studies and Cooperation (CIEC), CRS, ChildFund, Danish Refugee Council, French Red Cross, Health Communication Capacity Collaborative, HVI, IOM, IHC, IHC, Jhpiego, Plan USA, Première Urgence, Relief International, SC/US, Terre Des Hommes, UNICEF, WFP, and WHO

OFDA ASSISTANCE $111,094,238
Health officials documented Liberia’s first two cases of Ebola in late March 2014. The virus spread rapidly and continued to impact Liberia in FY 2015, with WHO declaring Liberia free of Ebola transmission for the second time on September 3, 2015. The outbreak had resulted in nearly 10,700 suspected, confirmed, and probable cases, including more than 4,800 deaths, in the country as of September 30. Following the WHO declaration, the Government of Liberia (GoL) and response partners—including OFDA—continued efforts to improve Liberia’s surveillance and response systems and integrate public health disease response into the routine health care system.

On October 7, 2014, U.S. Ambassador Deborah R. Malac redeclared a disaster due to the effects of the Ebola outbreak in Liberia. In response, OFDA supported essential Ebola response programming to address critical needs, such as medical and logistics expertise to increase the capacity for case detection, isolation, and transfer of Ebola-positive patients to health facilities for treatment; contact tracing; safe burial management; and prevention messaging and awareness building to prevent further Ebola transmission. OFDA also supported partners to manage ETUs. OFDA maintained a DART presence in Liberia in FY 2015 to lead the USG response and coordinate closely with the GoL, UN agencies, and other humanitarian organizations.

Implementing Partners in Liberia

- ACF, ARC, BRAC, CARE, ChildFund, Concern, CRS, Global Communities, GOAL, Heart to Heart International, IFRC, IOM, IRC, Jhpiego, John Snow Inc., Medical Teams


**International, MENTOR, Mercy Corps, Partners in Health, Plan USA, Project Concern International, Samaritan’s Purse, SCUS, UNICEF, WHH, WFP, and WHO**

**Liberia**

**Ebola Outbreak**

In late October 2014, health officials in Mali recorded the country’s first Ebola case in an individual who had contracted the disease in neighboring Guinea and subsequently traveled to Mali’s western Kayes Region. In mid-November 2014, health officials reported a cluster of Ebola cases in Mali’s capital city of Bamako. In total, the Ebola outbreak in Mali resulted in eight confirmed Ebola cases, including six Ebola-related deaths. To contain the outbreak, the Government of Mali (GoM) worked with various USG and UN agencies, as well as other humanitarian partners, to trace known contacts and expand emergency medical services.

On November 17, 2014, U.S. Chargé d’Affaires, a.i., Andrew Young declared a disaster due to the effects of the Ebola outbreak in Sierra Leone. In response, OFDA supported essential Ebola response programming to address critical needs, such as Ebola treatment capacity, health care worker training, and social mobilization activities. OFDA also maintained a DART presence in Sierra Leone to lead the USG response and coordinate closely with the Government of Sierra Leone, other donor representatives, UN agencies, and implementing humanitarian organizations.

**Implementing Partners in Sierra Leone**

- CRS, Christian Aid, GOAL, IFRC, IRC, IOM, IRC, Medair, Oxfam/GB, Partners in Health, UNICEF, WFP, WHO, and World Vision

**OFDA Assistance**

- $15,897,329

**Sierra Leone**

**Ebola Outbreak**

In late May 2014, health officials reported the first Ebola case in Sierra Leone and by late September 2014, WHO had reported more than 2,000 confirmed, probable, and suspected Ebola cases in the country. The Ebola outbreak continued to affect Sierra Leone in FY 2015, with the total number of Ebola cases rising to more than 5,200 as of October 2014 and reaching more than 10,500 cases by late January 2015. While the number of new Ebola cases reported in Sierra Leone peaked in December 2014 and continued to decrease in the following months, health officials reported six confirmed Ebola cases in the country in September 2015.

On October 8, 2014, U.S. Ambassador John Hoover redeclared a disaster due to the effects of the Ebola outbreak in Sierra Leone. In response, OFDA supported essential Ebola response programming to address critical needs, such as Ebola treatment capacity, health care worker training, and social mobilization activities. OFDA also maintained a DART presence in Sierra Leone to lead the USG response and coordinate closely with the Government of Sierra Leone, other donor representatives, UN agencies, and implementing humanitarian organizations.

**Implementing Partners in Sierra Leone**

- CRS, Christian Aid, GOAL, IFRC, IRC, IOM, IRC, Medair, Oxfam/GB, Partners in Health, UNICEF, WFP, WHO, and World Vision

**OFDA Assistance**

- $5,626,051

**KenyA**

**Food Insecurity and Malnutrition**

Several years of drought and erratic rainfall resulted in deteriorating food security and nutrition conditions in parts of northern Kenya and some informal urban settlements by mid-2014. The situation worsened in early FY 2015, as below-average October-to-December short rains—exacerbated by intercommunal conflict, population displacement, and high food prices—left more than 1.6 million people in need of emergency food assistance by February 2015. Government of Kenya (GoK) interventions, humanitarian assistance, and near-normal rainfall during the March-to-May long rains reduced the number of people requiring emergency food aid to 1.1 million by August. However, nearly 240,000 children required treatment for acute malnutrition, and GAM prevalence continued to exceed the WHO emergency threshold of 15 percent in some affected areas, including Mandera, Marsabit, Turkana, and Wajir counties, according to the GoK.

On October 22, 2014, U.S. Ambassador Robert F. Godbee reissued a disaster declaration due to the effects of food insecurity and deteriorating nutrition conditions. OFDA also maintained a DART presence in Sierra Leone to lead the USG response and coordinate closely with the Government of Sierra Leone, other donor representatives, UN agencies, and implementing humanitarian organizations.

**Implementing Partners in Kenya**

- Food for the Hungry, Norwegian Refugee Council, UNICEF, WHH

**OFDA Assistance**

- $7,884,917

**Madagascar**

**Floods and Drought**

Floods resulting from two tropical storms in early 2015 and continuing heavy precipitation through March resulted in 23 deaths and affected more than 64,000 people in Madagascar’s capital city of Antananarivo and surrounding areas, according to the Government of Madagascar National Office for Disaster Risk Management (BNGRIC). The floods displaced approximately 35,600 people and damaged or destroyed more than 1,800 houses. BNGRC coordinated preventive measures, including disseminating alert messages, evacuating people from affected or high-risk areas, distributing food commodities and relief items, and reinforcing the Ikopa, Imamba, and Sisainary riverbanks. The Malagasy Red Cross provided tents to displaced people in Antananarivo and WFP provided 145 MT of food commodities to flood-affected people.

Meanwhile, prolonged drought since late 2014 through early 2015 in southern Madagascar resulted in low crop yields and a stressed food security situation in Amboasary, Ambamvobe, Ampahiny, Bekofaka, Bekily, Beloha, and Tsihombe districts. According to the UN, approximately 200,000 people experienced food insecurity, almost 40,000 of whom were children younger than five years of age.

On March 19, 2015, U.S. Ambassador Robert T. Yamate declared a disaster due to the effects of food insecurity, almost 40,000 of whom were children younger than five years of age.

On January 14, 2015, U.S. Chargé d’Affaires, a.i., Michael C. Gonzales declared a disaster due to the effects of the floods. In response, OFDA supported the provision and distribution of relief commodities to populations affected by floods. Additionally, OFDA provided seeds and agricultural inputs to drought-affected communities.

**Implementing Partners in Madagascar**

- CARE and CRS

**OFDA Assistance**

- $100,000

Heavy rainfall and subsequent flooding that began in late December 2014 and continued in January 2015 affected an estimated 1.1 million people, displaced approximately 230,000 individuals, and resulted in the deaths of 106 people. Floods damaged bridges, houses, power lines, roads, and other public infrastructure across 15 districts—including Chikawara, Karonga, Mangochi, Nsanje, and Zomba—and restricted access for relief activities, according to the Government of Malawi (GoM) Department of Disaster Management Affairs (DoDMA). Priority needs among flood-affected populations included shelter support, improved access to safe drinking water, and adequate sanitation facilities to prevent disease outbreaks. DoDMA evacuated flood-affected residents to temporary facilities and distributed tents, plastic sheeting, and other shelter materials in coordination with the Malawi Red Cross Society and UNICEF.

On January 14, 2015, U.S. Chargé d’Affaires, a.i., Michael C. Gonzales declared a disaster due to the effects of the floods. In response, OFDA supported early-recovery agriculture, logistics, protection, and health activities. OFDA also airlifted emergency
shelter material, sufficient for 2,000 flood-affected households, to implementing partners for distribution. In addition, OFDA staff deployed to Malawi to conduct humanitarian assessments and coordinate response efforts with the GoM, UN agencies, and other humanitarian organizations.

Implementing Partners in Malawi
CRS, GOAL, OCHA, Project Concern International, SC/US, UNICEF, and WFP

OFDA ASSISTANCE $1,850,052

MALI COMPLEX EMERGENCY
Since 2012, conflict in northern Mali has resulted in displacement, violence, and food insecurity. In FY 2015, improvements in the availability of food and basic services and security conditions in some parts of the country resulted in the return of approximately 423,500 displaced people to areas of origin; however, the UN reported that approximately 61,900 people remained internally displaced, while 136,700 Malians had fled to neighboring countries as of September 2015. Prolonged displacement, disrupted trade flows, and constrained humanitarian access continued to increase vulnerabilities among affected families, according to the UN.

As of August 2015, the Government of Mali estimated that 3.1 million Malians were food-insecure—including 410,000 people facing severe food insecurity and requiring emergency food assistance—largely due to population displacement and insufficient rainfall, which reduced agricultural production. In addition, continued insecurity and attacks targeting relief efforts, as well as poor road conditions, impeded humanitarian access.

On October 29, 2014, U.S. Chargé d'Affaires, a.i., Andrew Young reissued a disaster declaration due to the ongoing complex emergency in Mali. In response, OFDA supported food-insecure and vulnerable IDP and host families through projects that aimed to reactivation agricultural production, restore food security, and revitalize livelihood activities. In addition, OFDA improved access to emergency health care, protection services, safe drinking water, and sanitation infrastructure. OFDA also funded technical support and data collection on IDPs, returnees, and host communities to ensure effective, appropriate assistance.

Implementing Partners in Mali
FAO, OCHA, UNICEF, WFP, and NGO partners

OFDA ASSISTANCE $16,241,895

MAURITANIA COMPLEX EMERGENCY
In FY 2015, Mauritania continued to experience a complex emergency, including recurrent drought and flooding and subsequent reduced agricultural production, livestock losses, and critical levels of acute malnutrition. The UN reported that approximately 1.3 million people in Mauritania were food-insecure, including 465,000 experiencing severe food insecurity, and approximately 96,000 children were experiencing moderate acute malnutrition as of September 2015. Mauritania also continued to host a significant number of Malian refugees, with UNHCR reporting more than 51,600 refugees and asylum seekers in the country as of September, further straining basic resource supplies and food systems still recovering from the effects of a severe drought in 2011–2012.

On November 4, 2014, U.S. Ambassador Larry E. André, Jr., reissued a disaster declaration due to the ongoing complex emergency. In response, OFDA provided support focused on agriculture and food security, nutrition, and WASH interventions, including projects to reduce the prevalence of acute malnutrition among young children, enhance livestock productivity, and prevent the spread of waterborne diseases.

Implementing Partners in Mauritania
AAH/USA, Counterpart International, and Oxfam/GB

OFDA ASSISTANCE $2,101,939

MOZAMBIQUE FLOODS
Flooding triggered by heavy rainfall that began in December 2014 and continued through January 2015 affected more than 160,800 people in central and northern Mozambique, according to the UN. The floods resulted in 158 deaths, displaced approximately 50,000 people, and damaged or destroyed nearly 19,900 houses, primarily in Nampula, Niassa, and Zambezia provinces. Damage to public infrastructure, including bridges, power networks, and roads, hindered access to affected areas, particularly in Zambezia. The Government of Mozambique National Institute of Disaster Management deployed rescue teams, conducted damage assessments, and managed accommodation centers for displaced people. Humanitarian agencies provided emergency relief supplies, food, and water to flood-affected populations.

On January 26, 2015, U.S. Ambassador Douglas M. Griffiths declared a disaster due to the effects of the floods. In response, OFDA supported agriculture and food security activities and provided logistics support and relief commodities, including hygiene kits. In addition, OFDA and USAID/Mozambique deployed staff to Zambezia to conduct humanitarian assessments and coordinate response efforts with government officials, UN agencies, and other humanitarian organizations.

Implementing Partners in Mozambique
ACF, CARE, WFP, and World Vision

OFDA ASSISTANCE $1,050,000

NIGER COMPLEX EMERGENCY
Throughout FY 2015, vulnerable households in Niger continued to experience the impact of recurrent shocks, including floods and loss of assets from previous food security emergencies, with the UN estimating that 3.6 million people were food insecure during 2015. Escalating insecurity in neighboring countries caused people to seek refuge in Niger, while Nigeria-based militant group Boko Haram increasingly crossed into Niger to perpetrate attacks, particularly in Bosso and Diffa regions, resulting in casualties and displacement.

As of September 2015, an estimated 66,400 IDPs were residing in Niger; in addition, the country continued to host approximately 105,600 displaced persons from Nigeria and 5,230 Malian refugees, according to the UN. These populations placed increased strain on local resources and already limited services.

On October 29, 2014, U.S. Chargé d’Affaires, a.i., Andrew Young reissued a disaster declaration due to the ongoing complex emergency in Niger. In response, OFDA funded programs that sought to reduce malnutrition in children, boost agricultural production, stimulate local economies, and improve water systems, particularly in Bosso and Diffa regions. In addition, OFDA continued supporting UN flights that allowed humanitarian personnel and relief items to reach vulnerable populations that might otherwise be inaccessible due to insecurity or remoteness.

Implementing Partners in Niger
FAO, UNHCR, UNICEF, and NGO partners

OFDA ASSISTANCE $10,151,677
IOM, OCHA, and NGO partners
Implementing Partners in Nigeria
aimed to improve the economic status and
tracking, as well as interventions that
data collection and population-movement
Nigeria. OFDA also supported enhanced
for women and children in northeastern
supplies, as well as protection activities
delivery of emergency shelter and hygiene
in October 22, 2014, U.S. Ambassador
at least 178,300 people had fled to the
services, including medical care, and
impeded humanitarian access during the
year. In addition, the UN reported that
at least 178,300 people had fled to the
neighboring countries of Cameroon, Chad, and
as of September.

On October 22, 2014, U.S. Ambassador
James F. Entwistle redelivered a disaster
for the complex emergency in Nigeria. In
response, OFDA funded health, protection,
shelter, and WASH programs, including the
delivery of emergency shelter and hygiene
supplies, as well as protection activities
for women and children in northeastern
Nigeria. OFDA also supported enhanced
data collection and population-movement
tracking, as well as interventions that
aimed to improve the economic status and
food security of vulnerable families.

Implementing Partners in Nigeria
IOM, OCHA, and NGO partners

OFDA ASSISTANCE $12,396,805

Rain deficits for the third consecutive
agricultural season led to reduced pasture
and crop production, exacerbating food
insecurity in Senegal during FY 2015. As of
September 2015, approximately 3 million
people in Senegal were experiencing food
insecurity, while an estimated 333,000 children
under five years of age were experiencing acute
malnutrition, according to the UN. In early April, the
Government of Senegal presented a
response plan, outlining the need for food
distribution, cash-based programming,
and livestock and feed allocations.

On January 8, 2015, U.S. Chargé d’Affaires,
a., Sandra E. Clark redelivered a disaster
due to the effects of food insecurity in
Senegal. In response, OFDA supported
activities that improved water supply
infrastructure; strengthened the capacity of communities to identify, prevent,
and treat malnutrition; distributed agricultural
tools and drought-resistant seeds; and
trained vulnerable farming populations on
conservation agriculture techniques and
seed storage and preservation.

Implementing Partners in Senegal
AHI/USA, ACTED, Concern, CRS, FAO, Food
For the Hungry, GOAL, IMA World Health,
IMC, Intarsos, IOM, IRC, Medair, Mercy Corps,
OCHA, Oxfam/GB, Relief International,
Samaritan’s Purse, Solidarités, Tearfund,
UNFPA, UNHCR, UNICEF, UNICEF, Vétérinaires Sans
Frontières/Germany, WFP, WHO, World Relief
International, and World Vision

OFDA ASSISTANCE $2,993,344

Persistent food insecurity, widespread
violence, and recurrent droughts and floods
have characterized the complex emergency
in Somalia since 1991. In FY 2015, although
food security and nutrition conditions
improved since the previous year—widely regarded as a country’s
crisis in 65 years—more than 3.1 million
people were in need of life-saving food
assistance and remained highly vulnerable
to shocks and at risk of food insecurity.
Malnutrition prevalence in Somalia remained
among the highest in the world and
insecurity persisted, particularly in areas
where the conflict continues.

As of September, approximately
1.7 million Somalis were internally displaced,
and neighboring countries were hosting
966,000 Somali refugees.

Military operations since 2013 have reduced
al-Shabaab presence in south-central
Somalia, improving humanitarian assistance
to populations in previously inaccessible areas. Despite security improvements,
attacks on civilians and violence against aid
workers continued to constrain movement
and humanitarian activities in FY 2015.

On October 1, 2014, U.S. Special
Representative for Somalia James P.
McAuley redelivered a disaster for the
complex emergency in Somalia due to
ongoing humanitarian needs. In response, OFDA-supported humanitarian interventions
addressed acute health, nutrition,
food security, and WASH needs among
affected Somali communities. OFDA also
supported economic recovery programs
for strengthening resilience and improved
livelihoods in vulnerable communities.

Implementing Partners in Somalia
Partner Organizations

OFDA ASSISTANCE $52,028,621

In the four years since the country gained
independence in July 2011, South Sudan
had coped with the interconnected effects of
armed conflict, population displacement, food
insecurity, and perennial environmental shocks—widely regarded as
that exacerbated humanitarian needs. The
security situation and humanitarian
conditions significantly deteriorated in
South Sudan after December 15, 2013,
when clashes between armed factions
of the Government of South Sudan erupted
in the capital city of Juba and
South Sudanese in protracted fighting
countrywide, particularly affecting Jonglei,
Unity, and Upper Nile states. During FY 2015, the violence and displacement
continued, and the number of IDPs increased to
more than 1.6 million people.

As of June 2015, 6.4 million people remained
in need of humanitarian assistance in
South Sudan and, as of September,
3.9 million people were facing severe
life-threatening food insecurity due
to decreased food production, displacement,
disrupted livelihoods, poor market access
and functionality, increased food prices,
and violence. Active hostilities, targeted
attacks against aid workers, movement
denials, and interference by armed actors
hindered humanitarian access and delivery
of life-saving assistance to conflict-affected
communities. While the majority of IDPs
continued to face food insecurity, as of June
2015, approximately 1.5 million IDPs
were living in urban areas in the
northeastern part of the country.

On October 7, 2014, U.S. Chargé d’Affaires
Charles H. Twining renewed the disaster
declaration for the South Sudan complex
emergency. In response, OFDA provided
support for agriculture and food security,
ERMS, health, nutrition, protection, shelter,
and WASH interventions, as well as for humanitarian coordination,
information management, logistics, relief
commodities, and multi-sector rapid
response activities. OFDA also maintained
a Juba-based DART that coordinated the
USG response to the crisis in South Sudan
and a Washington, D.C.-based RMT to
support the DART.

Implementing Partners in South Sudan
AHI/USA, ACTED, Concern, CRS, FAO, Food
For the Hungry, GOAL, IMA World Health,
IMC, Intarsos, IOM, IRC, Medair, Mercy Corps,
OCHA, Oxfam/GB, Relief International,
Samaritan’s Purse, Solidarités, Tearfund,
UNFPA, UNHCR, UNICEF, Vétérinaires Sans
Frontières/Germany, WFP, WHO, World Relief
International, and World Vision

OFDA Assistance $110,040,960

The complex emergency in South Sudan continued in FY 2015, with armed conflict
resulting in population displacement in
the western region of Darfur, as well as
the Two Areas of Southern Kordofan
and Blue Nile states. Sudan also continued to
cope with the effects of economic shocks
and perennial environmental hazards,
such as drought and flooding. At the
conclusion of FY 2015, Sudan was hosting
approximately 3.1 million IDPs and nearly
370,000 refugees, according to the UN.

Acute food insecurity continued to affect
at least 3.5 million people in Darfur and
the Two Areas; however, above-average
harvests in late 2014 and early 2015
improved overall food security conditions
in the rest of the country, according to
FEWS NET. Although approximately
6.6 million people—14 percent of Sudan’s
population—required humanitarian
assistance in FY 2015, attacks on aid
workers, weather conditions, and
procedures and policies of the Government
of Sudan impeded the ability of relief
organizations to provide assistance.

On October 9, 2014, U.S. Chargé d’Affaires
Jerry P. Lanier renewed the disaster
declaration for the complex emergency
in South Sudan. In response, OFDA supported
agriculture and food security, ERMS,
health, nutrition, protection, and
WASH interventions, as well as
humanitarian coordination,
information management, logistical support,
and the provision of relief commodities in
Sudan. OFDA assistance to Sudan in FY 2015 included
nearly $45.9 million to support emergency
response activities in Darfur where
security and access permitted.

Implementing Partners in Sudan
ARC, CARE, Concern, FAO, GOAL, IMA, IOM,
Mercy Corps, OCHA, Relief International,
5C/US, Tearfund, United Methodist
Committee on Relief, UNDP, UNDSS,
UNICEF, WHO, and World Vision

OFDA Assistance $63,072,433
REGIONAL SUMMARY
OFDA responded to 17 disasters in 14 countries in Asia in FY 2015. In total, OFDA provided nearly $136 million for humanitarian assistance in Asia, including more than $71 million for disaster response, $41 million for DRR activities, and nearly $22.5 million for disaster response programs with DRR components. OFDA deployed a DART to respond to the earthquake in Nepal and deployed humanitarian staff in response to floods in Burma and Malaysia; tropical storms in the Federated States of Micronesia, India, the Philippines, and Vanuatu; and a volcano in the Philippines. OFDA also maintained a full-time presence in Afghanistan, Indonesia, the Marshall Islands, Pakistan, and Thailand to monitor and respond to disasters in the region.
AFGHANISTAN

COMPLEX EMERGENCY

Protracted conflict and frequent natural disasters contribute to repeated population displacement and significant vulnerability throughout Afghanistan. In FY 2015, persistent insecurity, attacks on aid workers and civilians, and clashes between armed groups limited humanitarian access and hindered relief efforts, while natural disasters—including floods and landslides—exacerbated humanitarian needs. As of September 2015, more than 1 million people remained displaced throughout the country due to conflict and insecurity, with additional people displaced by natural disasters, according to the UN.

Furthermore, military operations in Pakistan that began in 2014 caused a significant number of Pakistani and Afghan families to flee from Pakistan to eastern Afghanistan’s Khost and Paktika provinces. As of August 2015, UNHCR reported that approximately 218,000 refugees from Pakistan—many of whom required humanitarian assistance—remained in Afghanistan. More than 330,000 displaced Afghans also returned from Pakistan between January and August 2015, further straining humanitarian resources in areas near the Afghanistan–Pakistan border.

On October 9, 2014, U.S. Ambassador P. Michael McKinley reissued the disaster declaration for the complex emergency due to ongoing displacement, continued insecurity, and recurring natural disasters. Throughout FY 2015, OFDA assisted conflict- and disaster-affected populations by supporting the pre-positioning and distribution of emergency relief commodities and humanitarian interventions in the agriculture and food security, health, protection, shelter and settlements, and WASH sectors. OFDA also supported programs to strengthen humanitarian coordination and information management and logistics capacity among relief agencies. Additionally, OFDA continued to focus on increasing the capacity of government authorities, NGOs, and communities to prepare for and respond to disasters.

Implementing Partners in Afghanistan


OFDA ASSISTANCE $25,705,986

BURMA

COMPLEX EMERGENCY

Ongoing conflicts in Burma’s Kachin, Rakhine, and northern Shan states resulted in continued population displacement and humanitarian need in FY 2015. Conflict-affected populations in Kachin and northern Shan required humanitarian assistance as a result of ongoing fighting between Government of Burma military forces and the Kachin Independence Army that began in June 2011. As of August 2015, more than 99,000 people remained displaced in Kachin and northern Shan, according to the UN.

In Rakhine, an outbreak of intercommunal violence in October 2012 between ethnic Rakhine Buddhists and Rohingya and non-Rohingya Muslims prompted significant population displacement, according to the UN. As of August 2015, approximately 143,500 people remained displaced in Rakhine, while other conflict-affected populations continued to lack access to basic services and livelihood opportunities due to ongoing tensions and movement restrictions.

On January 30, 2015, U.S. Ambassador Derek J. Mitchell reissued a disaster declaration due to the ongoing complex emergency. In FY 2015, OFDA supported WASH activities—including the construction and rehabilitation of water supply and sanitation infrastructure, as well as hygiene promotion initiatives—targeting more than 300,000 conflict-affected people in Kachin and Rakhine. OFDA also provided emergency relief commodities and logistics assistance to help relief agencies reach populations in remote areas and supported agriculture and food security, ERMS, health, nutrition, and shelter interventions. In addition, OFDA staff traveled to affected areas of Kachin and Rakhine throughout FY 2015 to evaluate humanitarian conditions and determine response priorities.

Implementing Partners in Burma

IOM, SC/US, Solidarités International, UNICEF, and ZOA

OFDA ASSISTANCE $3,961,472

FEDERATED STATES OF MICRONESIA

TYPHOON

Between March 29 and April 1, 2015, Typhoon Maysak traversed Chuuk and Yap states in the Federated States of Micronesia (FSM), bringing sustained winds of more than 160 mph and causing significant damage to houses, public infrastructure, and food sources, such as crops and fruit trees. The typhoon affected 25,700 people and resulted in at least four deaths, according to the UN.

On April 2, 2015, U.S. Ambassador Dorothy-Marie Rossen declared a disaster due to the effects of Typhoon Maysak. In response, OFDA provided an initial $100,000 to support the provision of emergency supplies to typhoon-affected populations. OFDA also airlifted relief items, including plastic sheeting to provide emergency shelter assistance, to FSM from its warehouse in Dubai, United Arab Emirates. Additionally, OFDA deployed staff to FSM to coordinate USG response activities in collaboration with FSM authorities, USG interagency staff, and regional humanitarian actors.

Following the disaster declaration, the USG conducted a preliminary damage assessment to determine the impacts of the typhoon. On April 28, 2015, U.S. President Barack Obama issued a presidential disaster declaration (PDD) for FSM under the Compact of Free Association (COFA) between the USG and the Government of FSM. The PDD authorized the release of funding for relief and reconstruction assistance from the U.S. Department of Homeland Security’s Federal Emergency Management Agency (FEMA), USDA, and other USG agencies.

As mandated by the COFA, FEMA provided OFDA funding to conduct typhoon response activities, including transporting humanitarian personnel and OFDA-provided relief supplies to affected areas, as well as supporting WASH interventions and agricultural recovery programs for typhoon-affected households. OFDA also coordinated the distribution of emergency food commodities provided by USDA’s Food and Nutrition Service.

Implementing Partners in FSM

IOM and IOM

OFDA ASSISTANCE $12,030,908

INDIA

TROPICAL CYCLONE

On October 12, 2014, Tropical Cyclone Hudhud made landfall near Visakhapatnam city in India’s Andhra Pradesh State, resulting in at least 53 deaths and affecting an estimated 920,000 people, primarily in Andhra Pradesh and Odisha states, according to the Government of India and local media. The cyclone and associated floods and landslides damaged or destroyed more than 9,000 houses and caused significant damage to agricultural land and public infrastructure.

On October 24, 2014, U.S. Chargé d’Affaires, a.i., Kathleen Stephens declared a disaster due to the effects of the cyclone. In response, OFDA supported the distribution of relief supplies, including kitchen sets and hygiene kits, for approximately 1,500 affected households. In early November, OFDA staff traveled to India to monitor response efforts and assess the humanitarian situation.

Implementing Partner in India

Plan International

OFDA ASSISTANCE $100,000

KIRIBATI

TROPICAL CYCLONE

In March 2015, strong winds and floods resulting from Tropical Cyclone Pam

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affected up to 4,000 people in Kiribati, including populations in the capital city of South Tarawa and the country’s outer islands, according to IFRC. The winds and floods damaged houses, crops, and public infrastructure, such as water, communications, and transportation systems.

On March 30, 2015, U.S. Chargé d’Affaires, a.i., Douglas Sonnek declared a disaster due to the effects of Tropical Cyclone Pam. In response, OFDA supported the provision of emergency relief commodities and WASH assistance to affected populations.

Implementing Partner in Kiribati
IFRC

OFDA supported partners to procure and distribute emergency relief supplies and implement WASH interventions in flood-affected communities. OFDA also airlifted 1,000 rolls of plastic sheeting from its relief supply warehouse in Dubai, United Arab Emirates, and transported tents provided by Qatar Charity from Dubai to Malaysia to provide emergency shelter assistance. Additionally, OFDA deployed staff to Malaysia to assess the situation, liaise with government officials and other humanitarian actors, and coordinate the USG response.

Implementing Partners in Malaysia
IFRC and IOM

OFDA ASSISTANCE $1,244,663

NEPAL EARTHQUAKE

On April 25, 2015, a magnitude 7.8 earthquake struck Nepal’s Gorkha District, 48 miles northwest of the capital city, Kathmandu. The earthquake and aftershocks—including a magnitude 7.3 aftershock in Dolakha District on May 12—affected 39 of Nepal’s 75 districts and resulted in nearly 9,000 deaths, damaged or destroyed approximately 894,000 houses, and caused widespread damage to public infrastructure, including water systems and health facilities.

Within hours of the earthquake, U.S. Ambassador Peter W. Bodde declared a disaster due to the effects of the earthquake. In response, OFDA activated a Washington, D.C.-based RMT and mobilized a field-based DART. At its peak, the DART comprised 136 members, including 22 OFDA staff and 114 USAR specialists from Fairfax County Fire and Rescue Department and Los Angeles County Fire Department, as well as 12 canines. Along with deploying staff, OFDA provided an initial $1 million on April 25, followed by an additional $9 million on April 27, to support search-and-rescue efforts and address urgent humanitarian needs. OFDA also requested logistical assistance from DoD, which airlifted approximately 114 tons of relief supplies, transported more than 500 humanitarian personnel, conducted 63 casualty evacuations, and streamlined operations at the national airport in Kathmandu to support the earthquake response.

A critical part of OFDA’s earthquake response, the DART USAR teams remained in Nepal for more than three weeks. DART USAR personnel searched more than 15 square miles, and the teams’ structural engineers surveyed approximately 130 buildings and bridges for earthquake damage. Most significantly, the teams helped rescue a 15-year-old boy and a 41-year-old woman from collapsed buildings.

As the earthquake response progressed, OFDA increased its assistance. In total, OFDA provided more than $10.5 million for logistics support and relief commodities, including airlifting 6,200 rolls of plastic sheeting—sufficient to provide emergency shelter assistance for up to 310,000 people—from its warehouse in Dubai, United Arab Emirates. OFDA also provided support for other identified priority sectors, including shelter, health, protection, and WASH. Additionally, OFDA supported programs to strengthen agriculture and food security, ERMS, humanitarian coordination and information management, and risk management policy and practice.

Implementing Partners in Nepal

OFDA ASSISTANCE $33,529,119

PAKISTAN COMPLEX EMERGENCY

Protracted conflict between Government of Pakistan (GoP) forces and militant groups continued to generate displacement and humanitarian needs in northwestern Pakistan’s Federally Administered Tribal Areas (FATA) and Khyber Pakhtunkhwa (KP) Province in FY 2015. Spontaneous and GoP-assisted returns to areas of origin occurred throughout the year; however, GoP security operations, including an October 2014 operation in FATA’s Khyber Agency, resulted in new and secondary displacement. As of September 2015, an estimated 1.3 million people remained displaced due to conflict throughout FATA and KP, according to the UN.

In addition to ongoing conflict, Pakistan regularly experiences natural disasters that result in further population displacement and humanitarian needs. Monsoon rains that began in mid-July 2015, combined with ongoing glacial melt, caused floods in northern Pakistan, most severely affecting Chitral District in KP Province and parts of western Punjab and northern Sindh provinces. The rains affected more than 1.6 million people, resulted in at least 238 deaths, and damaged or destroyed more than 10,700 houses countrywide, according to the GoP.

On October 31, 2014, U.S. Ambassador Richard G. Olson reissued a disaster declaration due to continued humanitarian needs resulting from ongoing conflict and recurring floods. In FY 2015, OFDA supported a number of programs designed to improve humanitarian conditions for vulnerable displaced populations and build resilience within host communities. OFDA activities focused on agriculture and food security, ERMS, health, protection, and WASH assistance, as well as supported logistics operations, the provision of relief commodities, and humanitarian coordination and information management.

Implementing Partners in Pakistan
OCHA, UNICEF, USGS, and NGO partners

OFDA ASSISTANCE $13,844,134

PAPUA NEW GUINEA FROST AND DROUGHT

In August 2015, frost in high-elevation areas of Papua New Guinea caused widespread damage to sweet potato crops—the country’s primary food staple and an important source of income for many families. Additionally, areas throughout...

900 people, and damaged or destroyed
the Philippines (GPH). The typhoon
according to the Government of the
Eastern Visayas, MIMIROPA, National
Visayas Region, and traveled westward
Eastern Samar Province, Eastern
Hagupit—locally known as Ruby—
Between December 6 and 9, 2014, Typhoon
OFDA ASSISTANCE
IOM

PHILIPPINES

TYPHON

Between December 6 and 9, 2014, Typhoon Hagupit—locally known as Ruby—made initial landfall in the Philippines’ Eastern Samar Province, Eastern Visayas Region, and traveled westward across the country, affecting more than 1.8 million people as of September. On September 15, 2015, U.S. Ambassador Walter E. North declared a disaster in Papua New Guinea due to the effects of the frost and drought. In response, OFDA supported agricultural and food security activities and WASH interventions for disaster-affected populations.

Implementing Partner in Papua New Guinea

OFDA ASSISTANCE $100,000

PHILIPPINES

VOLCANO

In mid-September 2014, following increased activity at Mayon Volcano in Albay Province, the Philippine Institute of Volcanology and Seismology issued an Alert Level 3, indicating a potential eruption within weeks. The alert prompted provincial authorities to evacuate households within a 5-mile radius of the volcano, primarily to temporary evacuation centers. The activity at Mayon Volcano affected more than 60,500 people, according to the GPH.

On October 6, 2014, U.S. Chargé d’Affaires, a.i., Brian L. Goldbeck declared a disaster due to the effects of Typhoon Hagupit. In response, OFDA supported the procurement and distribution of relief supplies, including hygiene items and shelter repair kits. In addition, OFDA deployed staff to the Philippines to assess the humanitarian situation, liaise with the GPH and other humanitarian actors, and coordinate the USG response.

Implementing Partners in the Philippines

OFDA ASSISTANCE $775,851

SOLOMON ISLANDS

TROPICAL CYCLONE

From March 10–12, 2015, Tropical Cyclone Pam caused heavy rains, strong winds, and wave-induced coastal flooding in the Solomon Islands, particularly in eastern areas. The cyclone affected up to 30,000 people in Malaita and Temotu provinces, damaging houses, food gardens and agricultural land, and public infrastructure, according to IFRC.

On March 18, 2015, U.S. Chargé d’Affaires, a.i., Melanie Higgins declared a disaster due to the effects of Tropical Cyclone Pam. In response, OFDA supported emergency logistics operations and the provision of relief commodities to assist cyclone-affected households.

Implementing Partner in the Solomon Islands

OFDA ASSISTANCE $50,000

SRI LANKA

FLOODS

Heavy rains in late December 2014 caused flooding and landslides that resulted in at least 39 deaths and affected more than 1.1 million people in 22 of Sri Lanka’s 25 districts, according to the Government of Sri Lanka (GoSL). Floods and landslides damaged or destroyed nearly 25,000 houses and displaced more than 50,000 people to GoSL-managed evacuation centers. In addition, the floods and landslides contaminated wells, restricting access to safe drinking water, and destroyed crops, reducing livelihood opportunities and likely contributing to increased food insecurity in affected areas. OFDA complemented GoSL response efforts by supporting the establishment of sustainable safe drinking water facilities benefitting more than 1,000 flood-affected families. Additionally, OFDA supported hygiene promotion programs to improve sanitary conditions in affected areas and provided livelihood support for approximately 100 vulnerable households.

Implementing Partner in Sri Lanka

OFDA ASSISTANCE $100,000

SRI LANKA

LANDSLIDES

On October 29, 2014, heavy rainfall triggered a landslide in Haldummulla Division, Badulla District, that resulted in at least 37 deaths and displaced nearly 4,500 people, according to the UN. The landslide damaged more than 300 houses, and many affected families lost their possessions and assets.

On October 30, 2014, U.S. Ambassador Michele J. Sison declared a disaster due to the effects of the landslide. In response, OFDA supported the provision of emergency relief commodities, including hygiene kits, water filters, and other items, to meet the immediate humanitarian needs of landslide-displaced individuals. OFDA also assisted with the establishment of child-friendly spaces and the provision of psychosocial services in nearby emergency evacuation centers.

Implementing Partner in Sri Lanka

OFDA ASSISTANCE $50,000

TUVALU

TROPICAL CYCLONE

From March 9 to 12, 2015, tidal surges and floods resulting from Tropical Cyclone Pam caused significant damage to houses, public infrastructure, and agricultural land in Tuvalu’s outer islands. IFRC estimated that the cyclone affected up to 4,600 people, approximately 42 percent of the country’s population.

On March 15, 2015, U.S. Ambassador Judith B. Celikin declared a disaster due to the effects of Tropical Cyclone Pam. In response, OFDA supported the provision of emergency relief items and WASH assistance to cyclone-affected households across the country. OFDA also deployed staff to the capital city of Port Vila to assist the humanitarian situation, liaise with relief actors and government authorities, and coordinate the USG response.

Implementing Partners in Vanuatu

IFRC, CARE, French Red Cross, WFP, and World Vision

OFDA ASSISTANCE $1,026,717

VANUATU

TROPICAL CYCLONE

From March 13 to 14, 2015, Tropical Cyclone Pam crossed over central and southern Vanuatu, bringing heavy rains and sustained winds of approximately 155 mph that affected 188,000 people, according to the Government of the Republic of Vanuatu. The cyclone displaced an estimated 65,000 people, caused at least 11 deaths, and damaged or destroyed 38,000 houses. Following the storm, the UN reported that approximately 110,000 people lacked access to safe drinking water due to contaminated groundwater and damaged rainwater tanks and infrastructure. On March 14, 2015, U.S. Ambassador Walter North declared a disaster due to the effects of Tropical Cyclone Pam. In response, OFDA supported the distribution of relief commodities, provided emergency shelter assistance, and implemented WASH interventions to benefit approximately 17,000 people in cyclone-affected areas. In addition, OFDA deployed staff to the capital city of Port Vila to assess the humanitarian situation, liaise with relief actors and government authorities, and coordinate the USG response.

Implementing Partners in Vanuatu

CARE, French Red Cross, WFP, and World Vision

OFDA ASSISTANCE $1,026,717

PHILIPPINES

TYPHON

OFDA ASSISTANCE $100,000
REGIONAL SUMMARY
OFDA responded to five disasters in Europe, the Middle East, and Central Asia (EMCA) in FY 2015. In total, OFDA provided approximately $461.5 million for humanitarian assistance in EMCA, including more than $457.8 million for disaster response, $190,000 for DRR activities, and more than $1.2 million for disaster response programs with DRR components. OFDA maintained a DART in response to the complex emergency in Iraq and a DART—based in Jordan and Turkey—in response to the complex emergency in Syria. OFDA also deployed humanitarian staff to Ukraine to respond to the conflict, as well as to Jordan and Saudi Arabia to respond to the complex emergency in Yemen. OFDA maintained full-time staff in Hungary to monitor events throughout the region.
IRAQ
COMPLEX EMERGENCY

Widespread insecurity and significant population displacement—resulting from the advance of the Islamic State of Iraq and the Levant (ISIL) across northern and central Iraq beginning in early 2014—persisted through late 2014 and into 2015. Government of Iraq forces and allied militias continued to clash with ISIL fighters, particularly in Anbar Governorate, constraining humanitarian access and hindering access to safety for civilians. As of September 2015, the violence had displaced nearly 3.2 million people within Iraq, while an additional 370,000 people had fled to neighboring countries. In total, more than 8 million people throughout Iraq, including IDPs, host community members, and other vulnerable populations, required immediate humanitarian assistance, according to the UN.

On October 30, 2014, U.S. Ambassador Stuart E. Jones reissued a disaster declaration due to the scale and scope of humanitarian needs resulting from continued conflict. In response, OFDA supported humanitarian coordination efforts, the distribution of emergency relief items, and the provision of health care services, protection activities, and shelter and WASH interventions to benefit more than 2.5 million IDPs throughout the country. In addition, a DART—initiated in August 2014—remained active throughout FY 2015 and comprised members located in Iraq and Kuwait. A Washington, D.C.-based RMT—also activated in August 2014—supported the Iraq response during FY 2015.

Implementing Partners in Iraq
IOM, OCHA, UNFPA, UNICEF, WFP, WHO, and NGO partners

OFDA ASSISTANCE  $70,408,136

SYRIA
COMPLEX EMERGENCY

The Syria crisis—which began in March 2011 when the Syrian Arab Republic Government (SARG) responded violently to pro-democracy demonstrations—entered its fifth year in FY 2015, with continued, widespread violence prompting additional population displacement and further worsening humanitarian conditions among conflict-affected people in Syria. As of September 2015, fighting among SARG forces, moderate opposition groups, and extremist factions, such as ISIL, had internally displaced 7.6 million people and driven an estimated 4.1 million Syrians to flee to neighboring countries.

Persistent aerial bombing by the SARG and ground fighting among multiple parties to the conflict during FY 2015 heightened the civilian death toll, increased population displacement, and led to significant humanitarian needs throughout the country, including the deterioration and destruction of health systems, a shortage of water and sanitation services, and protection concerns. Widespread violence, targeting of aid workers, and siege tactics also limited humanitarian access. According to the UN, the violence resulted in acute humanitarian needs among 12.2 million people inside Syria, including more than 422,000 people in besieged areas.
In response to the conflict’s humanitarian impact, OFDA initially deployed staff to the region in March 2012 to coordinate assistance with relief agencies, the UN, and other USG offices. In early 2013, OFDA activated a DART—consisting of humanitarian staff in Hungary, Jordan, and Turkey—and an RMT based in Washington, D.C., to support the Syria response. The DART and RMT remained active throughout FY 2015.

OFDA, through its implementing partners, supported the provision of life-saving humanitarian assistance across international borders and conflict frontlines, reaching vulnerable Syrians regardless of religious or political affiliation. In FY 2015, OFDA-funded relief efforts, including critical health care services, emergency relief commodities, humanitarian protection activities, shelter support, and WASH interventions, aided more than 6.9 million people in Syria.

**Implementing Partners in Syria**

FAO, IOM, IFRC, OCHA, UNFPA, UNICEF, WHO, and NGO partners

**OFDA ASSISTANCE** $303,151,568

**UKRAINE COMPLEX EMERGENCY**

Humanitarian conditions in eastern Ukraine worsened during FY 2015 due to ongoing conflict and additional population displacement from and within Donetsk and Luhansk oblasts. Despite efforts to negotiate and implement an enduring ceasefire, clashes—which first began in early 2014—between Government of Ukraine (GoU) and separatist forces displaced approximately 2.5 million people, including more than 1.1 million individuals who fled to neighboring countries, as of September 2015. Approximately 5 million people requiring humanitarian assistance—including older people and disabled populations—remained in government-controlled and non-government-controlled areas (NGCAs) of Donetsk and Luhansk, according to the UN.

Insecurity, conflict-related damage to infrastructure, and harsh winter conditions exacerbated needs among vulnerable households throughout FY 2015, particularly in frontline areas. Critical needs among conflict-affected populations in Ukraine included access to health care and adequate WASH services, food, protection assistance, shelter support, and cold-weather relief interventions. Increasing restrictions and the revocation of access permissions further impeded local market activity, population movements, ongoing response operations, and humanitarian access, particularly in NGCAs.

On October 29, 2014, U.S. Ambassador Geoffrey R. Pyatt reissued a disaster declaration for Ukraine due to the continued humanitarian needs of IDPs and other vulnerable populations affected by conflict in eastern Ukraine. In response, OFDA supported income-generating activities, psychosocial support and child protection efforts, health care and WASH interventions, and the delivery of relief supplies to conflict-affected households. In addition, OFDA maintained a senior humanitarian advisor and deployed technical experts to the capital city of Kyiv to determine humanitarian needs and coordinate response efforts with the GoU, international humanitarian community, and other USG offices.

Prior to and throughout the winter months, OFDA-funded partners also distributed winter-specific relief items, including shelter insulation and repair materials. Partners also provided cash grants and vouchers to subsidize rent and utility payments and support the local purchase of humanitarian supplies to address the immediate needs of IDPs and other vulnerable populations in affected areas.

**Implementing Partners in Ukraine**

OCHA, UNICEF, and NGO partners

**OFDA ASSISTANCE** $25,606,600

**TAJIKISTAN MUDSLIDES**

In July 2015, rapid snow and glacier melt caused by abnormally high temperatures triggered mudslides throughout eastern Tajikistan’s Gorno-Badakshan Autonomous oblast. By mid-August, the natural disaster had resulted in the deaths of six people and damaged or destroyed at least 100 houses, according to the findings of a Rapid Emergency Assessment and Coordination Team comprising Government of Tajikistan officials and personnel from local and international relief agencies. The mudslides also damaged or destroyed infrastructure, including irrigation canals, bridges, roads, and electrical networks, throughout the affected areas.

In response, OFDA supported the distribution of emergency relief items to affected populations. The commodities included WASH supplies and tents for temporary shelter.

**Implementing Partners in Tajikistan**

Focus Humanitarian Assistance and Mercy Corps

**OFDA ASSISTANCE** $100,000

**YEMEN COMPLEX EMERGENCY**

A significant increase in conflict and political instability further deteriorated humanitarian conditions across Yemen in FY 2015. Since 2014, Yemen has experienced ongoing conflict between the Republic of Yemen Government (RoYG) and Al Houthi opposition forces in the north, and between Al Qaeda in the Arabian Peninsula and RoYG forces in the south. Following the mid-2014 expansion of Al Houthi forces from northern areas to central and southern Yemen, localized conflict and displacement increased throughout much of the country. In September 2014, Al Houthi forces gained control over most areas of Yemen’s capital city of Sana’a, and fighting between Al Houthi and RoYG forces spread and intensified through March 2015. Following escalated hostilities that reached southern Yemen’s key port city of Aden in late March, the Kingdom of Saudi Arabia (KSA) and a coalition of allies began airstrikes targeting Al Houthi forces across multiple governorates. Airstrikes, escalated violence, and insecurity continued through the end of FY 2015, limiting humanitarian access and worsening conditions for vulnerable, displaced, and conflict-affected populations.

Ground fighting and airstrikes disrupted commerce, damaged infrastructure, generated additional displacement, resulted in civilian deaths, and constrained the provision of humanitarian assistance throughout the fiscal year. Severe fuel shortages, soaring food prices, diminished livelihood prospects, and the breakdown of public services further exacerbated humanitarian needs. As a result, more than 21.1 million people required humanitarian assistance, including 20.4 million people lacking access to adequate WASH services, 15.2 million people in need of basic health care, and 12.9 million people experiencing food insecurity, including at least six million people who were severely food insecure. As of mid-September, the renewed conflict had resulted in approximately 1.4 million IDPs.

On October 13, 2014, U.S. Ambassador Matthew H. Tueller reissued a disaster declaration for Yemen for FY 2015 due to the continued humanitarian needs resulting from conflict and the impact of the country’s political and economic crises on vulnerable populations. In response, OFDA provided health, nutrition, protection, and WASH programs to address emergency needs associated with acute malnutrition, the absence of basic health care services, and lack of access to safe drinking water and sanitation facilities. OFDA partners also delivered emergency relief commodities to conflict-affected populations and supported shelter and settlements activities in affected communities; implemented agriculture, food security, and economic recovery programs to rebuild livelihoods; and supported humanitarian coordination and information management systems to build a stronger response to the growing humanitarian needs.

**Implementing Partners in Yemen**

FAO, IOM, OCHA, UNICEF, WFP, WHO, and NGO partners

**OFDA ASSISTANCE** $62,029,644
OFDA responded to four disasters in Latin America and the Caribbean (LAC) in FY 2015. In total, OFDA provided more than $25 million for humanitarian assistance in LAC, including $450,000 for disaster response, more than $18 million for DRR activities, and more than $725,000 for disaster response programs with DRR components.

OFDA activated or deployed humanitarian staff in response to the floods and fires in Chile and a tornado in Paraguay, while also maintaining full-time staff in Costa Rica and Haiti to track events in the region.
CHILE
FLOODS AND FIRES

On March 24 and 25, 2015, heavy rainfall triggered significant flooding and multiple landslides in northern Chile’s Antofagasta, Atacama, and Coquimbo regions, resulting in at least 26 deaths and affecting more than 164,000 people, according to the UN. Flooding also destroyed more than 8,300 houses, displaced nearly 5,600 people to emergency shelters, and damaged public infrastructure.

Concurrently, nearly 50 uncontrolled forest fires placed additional stress on Chile’s emergency response system and affected nearly 40,000 acres of vegetation in Araucanía, Biobío, Los Lagos, Los Ríos, and Maule regions, according to the Government of Chile.

On March 26, 2015, U.S. Chargé d’Affaires, a.i., Dale B. Eppler declared a disaster due to the effects of the floods and fires. In response, OFDA supported the local procurement and distribution of emergency relief supplies, including blankets and cleaning supplies. OFDA also deployed local surge capacity consultants to assess the humanitarian situation, liaise with humanitarian and government actors, and coordinate the USG humanitarian response.

Implementing Partner in Chile
Caritas

OFDA ASSISTANCE $200,000

DOMINICA
FLOODS

Heavy rainfall caused by the passage of Tropical Storm Erika approximately 90 miles north of Dominica resulted in flash flooding, landslides, and widespread damage across the mountainous island in late August 2015. The storm and subsequent floods caused 13 deaths and damaged or destroyed more than 270 houses, leaving approximately 570 people without homes and more than 300 people in temporary shelters, according to the Caribbean Disaster Emergency Management Agency.

On August 31, 2015, U.S. Ambassador to Barbados and the Eastern Caribbean Larry L. Palmer declared a disaster due to flooding in Dominica. In response, OFDA supported the local procurement and distribution of emergency relief commodities, as well as livelihood and protection programs for flood-affected households.

Implementing Partners in Dominica
Dominica Red Cross Society and IFRC

OFDA ASSISTANCE $150,000

PANAMA
FIRE

On June 3, 2015, a natural gas accident in a remote village of Kuna de Madugandí municipality, Panamá Province, resulted in an uncontrolled fire that destroyed an estimated 60–70 percent of the village, according to the Government of Panama. The fire left more than 1,000 people without shelter and damaged the village’s water supply infrastructure, limiting access to safe drinking water.

On June 5, 2015, U.S. Ambassador Jonathan D. Farrar declared a disaster due to the effects of the fire. In response, OFDA supported the procurement and delivery of emergency relief commodities to affected residents.

Implementing Partner in Panama
AmCross

OFDA ASSISTANCE $50,000

PARAGUAY
TORNADO

On April 4, 2015, a tornado struck northern Paraguay’s Horqueta and Loreto districts, Concepción Department, causing two deaths, destroying more than 190 houses, and damaging at least 7,400 acres of agricultural land. The severe weather event also damaged electrical infrastructure and water and communications systems in some areas. According to the Government of Paraguay, the sudden storm affected an estimated 10,000 people.

On April 8, 2015, U.S. Ambassador Leslie A. Bassett declared a disaster due to the effects of the tornado. In response, OFDA supported the delivery of emergency relief items—including bedding and mattresses, food preparation supplies, fuel, hygiene kits, and safe drinking water—to approximately 2,500 affected people. OFDA also activated local surge capacity consultants to assess humanitarian needs, liaise with humanitarian and government actors, and coordinate USG response activities.

Implementing Partner in Paraguay
ADRA

OFDA ASSISTANCE $50,000
How the USG Provides Humanitarian Assistance

**OFDA’s Organizational Structure**
A professional team of more than 400 staff, including senior managers, experienced disaster responders, and technical experts, work to implement OFDA’s mandate at headquarters in Washington, D.C., and in regional and country offices, Combatant Commands, and USUN coordination hubs strategically located around the world.

**Africa Response** (Africa) Division and Asia, Latin America, and Europe, Middle East, and Central Asia Response (ALE) Division staff assess needs, program, and coordinate the provision of humanitarian assistance. OFDA regional and technical experts work collaboratively with partner staff to ensure interventions are effective, efficient, and consistent with OFDA’s mandate.

**Humanitarian Policy and Global Engagement (HPGE) Division** staff track trends and policy developments in the humanitarian assistance field; engage in policy dialogue with other parts of USAID, the USG interagency, other donors, multilateral agencies, and NGO partners; maintain global relationships with implementing partners to improve field performance and the broader humanitarian architecture; lead OFDA’s communications, information support, and social media outreach; and serve as OFDA’s primary interlocutor on strategic issues and interagency training with other federal partners to improve USG humanitarian coordination and responses during large-scale crises.

**Operations (Ops) Division** staff work to ready people and systems for disaster response, project USG humanitarian capacity quickly into the field, and deliver material and technical assistance. Ops develops and manages expertise in disaster logistics; field staffing and administration; Urban Search and Rescue; safety and security; incident command systems; Operations Center management; mission disaster preparedness; activation/ readiness; chemical, biological, radiological, nuclear, and explosive (CBRNE) support; and civil-military coordination.

**Preparation, Strategic Planning, and Mitigation (PSFM) Division** staff are technical experts representing sectors related to the needs and concerns generated by a disaster. Staff members apply scientific, technical, and analytical knowledge and skills to OFDA’s activities and decision-making processes in order to achieve the OFDA mission more effectively and efficiently.

**Program Support Division** staff provide programmatic and administrative support, including budget and financial services; procurement planning; contracts and grants administration; training support; information technology; staffing, recruitment, and humanitarian resources management; and communications support.

**OFDA’s Federal Partners**
Within USAID, OFDA coordinates closely with regional and pillar bureaus, as well as with USAID missions worldwide. OFDA also works closely with other offices within DCHA.

**Beyond USAID**, depending on the type of disaster, key USG entities may provide specialized support, funding, and technical assistance. OFDA maintains agreements and memorandums of understanding (MOUs) with federal and local entities that allow OFDA to request resources under OFDA authority, direction, and funding, as well as expedite operational support during a disaster.

**OFDA holds interagency agreements with HHS**, including CDC and Federal Occupational Health; National Oceanic and Atmospheric Administration; U.S. Department of Energy; USDA, including USFS; and the U.S. Department of the Interior, including USGS. OFDA also has MOUs with DoD and the U.S. Department of Homeland Security, including FEMA and the U.S. Coast Guard. OFDA also partners with USAR teams from Fairfax County, Virginia, and Los Angeles County, California, and works closely with State Department.
<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>DISASTER</th>
<th>DECLARATION DATE</th>
<th>AFFECTED</th>
<th>DISASTER ASSISTANCE PROVIDED BY OFDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>MADAGASCAR</td>
<td>Floods and Drought</td>
<td>03/19/15</td>
<td>264,000</td>
<td>Agriculture and food security activities; logistics support and the provision of emergency relief commodities</td>
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<tr>
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<td>Floods</td>
<td>01/14/15</td>
<td>1,100,000</td>
<td>Deployment of OFDA staff to conduct assessments and coordinate USG humanitarian assistance; agriculture and food security, health, shelter and settlements, protection, and WASH activities; humanitarian coordination and information management; logistics support and the provision of emergency relief commodities, including airlift of OFDA commodities from the Dubai warehouse</td>
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<tr>
<td>MALI</td>
<td>Complex Emergency</td>
<td>10/29/14</td>
<td>3,100,000</td>
<td>Agriculture and food security, ERMS, health, nutrition, protection, shelter and settlements, and WASH activities; humanitarian coordination and information management; logistics support and the provision of emergency relief commodities</td>
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<td>Ebola Outbreak</td>
<td>11/17/14</td>
<td>8****</td>
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<td>MOZAMBIQUE</td>
<td>Floods</td>
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<td>12/05/14</td>
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<td>Agriculture and food security; ERMS, nutrition, protection, risk management policy and practice, and WASH activities; humanitarian coordination and information management; logistics support and the provision of emergency relief commodities</td>
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<td>10/22/14</td>
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<td>SENEGAL</td>
<td>Food Insecurity</td>
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<td>Ebola Outbreak</td>
<td>10/08/14</td>
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<td>10/01/14</td>
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<td>COUNTRY</td>
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<td>DECLARATION DATE</td>
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<td>Complex Emergency</td>
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<td>Floods</td>
<td>08/04/15</td>
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<td>FEDERATED STATES OF</td>
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<td>04/02/15</td>
<td>29,700</td>
<td>Deployment of OFDA staff to conduct assessments and coordinate USG humanitarian assistance; agriculture and food security, shelter and settlements, and WASH activities; logistics support and the provision of emergency relief commodities, including airlift of OFDA commodities from the Dubai warehouse</td>
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<td><strong>INDIA</strong></td>
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<td>INDIA</td>
<td>Tropical Cyclone</td>
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<td>Deployment of OFDA staff to conduct assessments and coordinate USG humanitarian assistance; logistics support and the provision of emergency relief commodities</td>
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<tr>
<td>KIRIBATI</td>
<td>Tropical Cyclone</td>
<td>03/30/15</td>
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<td><strong>EMCA</strong></td>
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<td>Earthquake</td>
<td>04/25/15</td>
<td>2,800,000***</td>
<td>Deployment of a DART to conduct assessments and coordinate USG humanitarian assistance; agriculture and food security, ERMS, health, protection, risk management policy and practice, shelter and settlements, and WASH activities; humanitarian coordination and information management; logistics support and provision of relief commodities, including airlift of OFDA commodities from the Dubai warehouse</td>
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<td>10/31/14</td>
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<td>PAPUA NEW GUINEA</td>
<td>Drought and Frost</td>
<td>09/15/15</td>
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<td>Agriculture and food security and WASH activities</td>
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<td>Volcano</td>
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<td>Typhoon</td>
<td>12/10/14</td>
<td>4,149,484</td>
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<td>SOLOMON ISLANDS</td>
<td>Tropical Cyclone</td>
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<td>SRI LANKA</td>
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<td>WASH activities</td>
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<td>SRI LANKA</td>
<td>Landslide</td>
<td>10/30/14</td>
<td>4,460</td>
<td>Protection activities; logistics support and the provision of emergency relief commodities</td>
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<td>TUVALU</td>
<td>Tropical Cyclone</td>
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<td>WASH activities; logistics support and the provision of emergency relief commodities</td>
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<td>VANUATU</td>
<td>Tropical Cyclone</td>
<td>03/14/15</td>
<td>188,000</td>
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<td>IRAQ</td>
<td>Complex Emergency</td>
<td>10/30/14</td>
<td>8,400,000</td>
<td>Deployment of a DART to conduct assessments and coordinate USG humanitarian assistance; health, protection, shelter and settlements, and WASH activities; humanitarian coordination and information management; logistics support and the provision of emergency relief commodities</td>
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<tr>
<td>COUNTRY</td>
<td>DISASTER</td>
<td>DECLARATION DATE</td>
<td>AFFECTED</td>
<td>DISASTER ASSISTANCE PROVIDED BY OFDA</td>
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<td>SYRIA</td>
<td>Complex Emergency</td>
<td></td>
<td>12,200,000</td>
<td>Deployment of a DART to the region to coordinate USG humanitarian assistance; agriculture and food security, ERMS, health, nutrition, protection, shelter and settlements, and WASH activities; humanitarian coordination and information management; logistics support and the provision of emergency relief commodities</td>
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<tr>
<td>TAJIKISTAN</td>
<td>Mudslides</td>
<td></td>
<td>1,500</td>
<td>Logistics support and the provision of emergency relief commodities</td>
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<tr>
<td>UKRAINE</td>
<td>Complex Emergency</td>
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<td>5,000,000</td>
<td>Deployment of OFDA staff to conduct assessments and coordinate USG humanitarian assistance; ERMS, nutrition, protection, shelter and settlements, and WASH activities; humanitarian coordination and information management; logistics support and the provision of emergency relief commodities</td>
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<tr>
<td>YEMEN</td>
<td>Complex Emergency</td>
<td>10/13/14</td>
<td>21,100,000</td>
<td>Deployment of OFDA staff to the region to coordinate USG humanitarian assistance; agriculture and food security, ERMS, health, nutrition, protection, risk management policy and practice, shelter and settlements, and WASH activities; humanitarian coordination and information management; logistics support and the provision of emergency relief commodities</td>
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<tr>
<td>LAC</td>
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<tr>
<td>CHILE</td>
<td>Floods and Fires</td>
<td>03/26/15</td>
<td>164,140</td>
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<td>Floods</td>
<td>08/31/15</td>
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<tr>
<td>PANAMA</td>
<td>Fire</td>
<td>06/05/15</td>
<td>1,200</td>
<td>Logistics support and the provision of emergency relief commodities</td>
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<tr>
<td>PARAGUAY</td>
<td>Tornado</td>
<td>04/08/15</td>
<td>10,000</td>
<td>Deployment of OFDA staff to conduct assessments and coordinate USG humanitarian assistance; logistics support and the provision of emergency relief commodities</td>
</tr>
</tbody>
</table>

* Figures represent the number of people who are food insecure or at risk of food insecurity.
** Figures represent number of people displaced by the natural disaster or complex emergency.
*** Figures represent number of people in need of assistance.
**** Figures represent number of confirmed, probable, and suspected Ebola cases, including deaths.

A NEPALESE WOMAN RECEIVES USAID PLASTIC SHEETING IN SANKHU VILLAGE, NEPAL. USAID DART
## FY 2015 Funding Summary

*Funding is Rounded to the Nearest Dollar*

<table>
<thead>
<tr>
<th>COUNTRY/REGION</th>
<th>DISASTER</th>
<th>DD DATE</th>
<th>ADMIN SUPPORT</th>
<th>DISASTER RESPONSE</th>
<th>DISASTER RESPONSE WITH DRR</th>
<th>DRR</th>
<th>OPERATIONAL READINESS</th>
<th>GRAND TOTAL</th>
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<td><strong>AFRICA</strong></td>
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<td><strong>DISASTERS</strong></td>
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<td>1,600,000</td>
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<tr>
<td><strong>CABO VERDE</strong></td>
<td>Volcano</td>
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**Fact Sheets or Program Summaries**

**Produced for Major Disasters and DRR Programs in FY 2015**

*AFGHANISTAN*
- Complex Emergency Fact Sheets

*AFRICA*
- DRR Fact Sheet

*BURMA*
- Complex Emergency Fact Sheets;
  Floods Fact Sheets

*CAMEROON*
- Success Story

*CAR*
- Complex Emergency Fact Sheets

*DRC*
- Complex Emergency Fact Sheets

*EAST AND CENTRAL AFRICA*

*EAST ASIA AND THE PACIFIC*
- DRR Fact Sheet; Humanitarian Assistance in Review 2006 – 2015

*ETHIOPIA*
- Complex Emergency Fact Sheets

*Bящих*
- Complex Emergency Fact Sheets

*LATIN AMERICA AND THE CARIBBEAN*
- DRR Fact Sheet; Humanitarian Assistance in Review 2006 – 2015

*NEPAL*
- Earthquake Fact Sheets; Success Story; DRR Program Summary

*NIGERIA*
- Conflict Fact Sheets

*NORTH KOREA*
- Complex Emergency Fact Sheets

*PAKISTAN*
- Complex Emergency Fact Sheets

*SOMALIA*
- Complex Emergency Fact Sheets

*SYRIA*
- Complex Emergency Fact Sheets

*UKRAINE*
- Conflict Fact Sheets

*WEST AFRICA*

*YEMEN*
- Complex Emergency Fact Sheets
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OFDA Publications

In addition to the annual report, OFDA produces several other publications that are available on the Internet and by request:

• The Field Operations Guide (FOG) is a pocket-sized manual that contains methodologies for conducting disaster assessments, as well as information on OFDA response procedures.

• To fulfill its mandate, OFDA has developed Guidelines for Unsolicited Proposals and Reporting to assist in the preparation of proposals for new grants and grant modifications for submission to OFDA. The publication provides information relevant to the grant proposal review and award process, outlines the main components of a grant proposal, and presents reporting guidelines.

• OFDA also produces fact sheets on selected international disasters and crises, which describe the humanitarian situation and the corresponding USG response.


Cover Photo Credits

A Liberian nurse prepares to go inside the Ebola patient ward to draw blood from patients for testing. Morgana Wingard/USAID