



National Intelligence Estimate

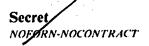
Global Humanitarian Emergencies, 1993-94 (CAF)

This National Intelligence Estimate represents the views of the Director of Central Intelligence with the advice and assistance of the US Intelligence Community.

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Global Humanitarian Emergencies, 1993-94 (CNF)

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Figure 1 Most Likely Critical Humanitarian Emergencies

Estimated number of persons in need (millions)

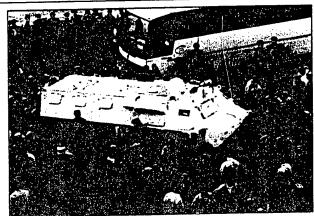
Present situation compared to last year:

- More critical Unchanged

	1992-93 Cause	1993-9 Presen	nt	Conditions Assumed Present Potential	• Less critical
Sub-Saharan Africa Angola	2.0-3.0 Drought, conflict	2.0 3.0	•	Conflict; poor security. No cease-fire; renewed attacks on food c	onvoys/flights.
Liberia	1.0 Conflict	1.0 1.7	0	Unsteady cease-fire. Conflict stops; refugees return."	
Mozambique	4.0 Conflict, drought	1.8 3.0	•	Peace accords hold; some security prob Refugees return, or conflict resumes.	olems.
Rwanda	1.0 Conflict	1.0 1.5	9	Peace accords hold. Refugees return, or renewed fighting.	
Somalia	2.0 Conflict, drought	1.3	•	Sporadic violence, food security good. Renewed clan warfare.	
Sudan	3.0-5.0 Drought, conflict	2.0 3.4+	•	Intensified war in south. Conflict worsens; local food supplies tary	geted.
Former Yugoslavia Bosnia-Herzegovina	1.3 Conflict	2.8	•	Continued conflict. Conflict stops; refugees return.	
Central Eurasia Armenia	0.35 Blockade	0.5 0.3	•	Supply routes cut off. Situation improves if conflicts end in Ge	eorgia and/or Azerbaijan.
Azerbaijan	0.5 Conflict	0.9 1.4	•	Secessionist movements and leadershi Government paralysis deepens, greater z	p crisis persist. Armenian involvement in war
Georgia	0.1 Conflict	0.5	•	Secessionist wars persist. Full-blown civil war.	
Tajikistan	1.0 Conflict	0.3	0	Low-level clan/regional fighting continues. Clan, regional warfare intensifies.	
Middle East/North Africa Iraq (Kurds)	0.75 Blockade by Baghdad	1.2 1.2	•	Baghdad sustains blockade. Electricity cut off, harsh winter.	
South Asia Afghanistan	4.5 Conflict	5.0 5.5	•	Fighting does not subside. More Tajiks cross border, or some Afgh	ans repatriate if conflict lesse



Sudan: Southern rebels-as well as the government-often impede the flow of supplies.



Bosnia: Relief convoys headed for opposing sides frequently are blocked and turned back.

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^a If conflict stops, the number of people in need of aid would increase as refugees return, but the situation would be less critical because relief probably would flow more freely.



Key Judgments

Ethnic conflict and civil strife have increased humanitarian needs around the world.

The international relief system is under severe strain and faces burgeoning demands in the future. Bureaucratic tangles and competition will remain the most common problems; the UN often has trouble coordinating relief efforts even among its own agencies. "Donor fatigue" will lead to more selective responses to disaster situations. Other donor countries and UN agencies will look to the United States for leadership.

Hostile environments are impeding relief efforts. In some areas of conflict, only forceful—and costly—intervention will ensure that aid reaches those in need.

International operations are becoming more dangerous. Relief workers, including those under the UN flag, increasingly will become targets of violence

Africa will continue to generate the most severe humanitarian crises despite the end of the drought in the southern part of the continent. More than 6 million refugees and three to four times that many internally displaced persons will be at risk of hunger and disease. Fighting in Angola and Sudan is creating conditions as severe as those in Somalia last year. In Somalia itself, the recovery is precarious.

If fighting continues in Bosnia as we expect, the population in need will be double that of last winter, or reach some 2.8 million. Bosnians will need about 390,000 metric tons of supplies to survive—the equivalent of 19,500 C-130H flights—over the next six months. Even if fighting stopped, the region would require about 270,000 metric tons.

Conflicts within the countries of the former Soviet Union have intensified over the last year and will result in greater numbers of people needing emergency aid. The most severe needs this winter will be in Georgia, Armenia, Azerbaijan, and Tajikistan.



Secret NOFONNOCONTRACT

Ethnic warfare in Afghanistan and, to a lesser extent, in Sri Lanka will cause millions to be displaced. The number of Kurds requiring relief in northern Iraq has grown from 750,000 to 1.2 million over the past year. The 100,000 to 150,000 Shias in the southern marshes of Iraq could be at risk of severe food shortages over the next few months.

Emergency humanitarian needs in the East Asia—Pacific region are declining for the second consecutive year. The political situation in Cambodia remains tenuous, however, and intensified conflict would produce additional humanitarian needs.

Segret



Scope Note

This Estimate identifies the ongoing and potential humanitarian crises stemming from conflict worldwide for which the United States may be asked to provide assistance over the next year. In addition, it addresses the following questions:

- What will be the magnitude and scope of the crises? How many people will be affected and what are their needs?
- What are the complications for delivery of aid? Is "donor fatigue" a factor?
- Can the international infrastructure cope with burgeoning demands?

Included with this Estimate is a wall chart (in pocket at back) containing specific environmental and operational data for each crisis and a foldout locater map indicating the need, degree of severity, and cause of potential or actual emergencies. Areas most often affected by natural disasters are identified in figure 10



Discussion¹

Unrelenting civil strife and ethnic warfare around the world continue to place millions of noncombatants at risk of death from starvation and disease. Since last year's Estimate, critical humanitarian needs stemming from conflict have increased.

Efforts to respond to humanitarian crises have had mixed success. International intervention in Somalia relieved the mass starvation, and resourceful and determined efforts in Iraq sustain the Kurds. In Bosnia, however, attempts to meet critical needs—while saving thousands of lives—have fallen short.

Can the Relief System Cope?

The demands placed on the international infrastructure for delivering emergency relief over the past two years have uncovered ominous faultlines. Lives continue to be saved, but breakdowns in the system have occurred. Even where food supplies are adequate, bureaucratic tangles and coordination problems, especially among UN agencies, as well as local political and economic barriers, impede the delivery of aid to people in critical need. If not addressed, the effect of these weaknesses, particularly those involving UN agencies, will erode donor confidence and make donor countries more reluctant to participate.

Sources of Information

The information used in this Estimate comes from a variety of sources including diplomatic, military, and press reporting; data from UN agencies and nongovernmental organizations; and interviews with relief workers on the scene.

These reports frequently provide conflicting information: each organization reports on situations as seen through the filter of its own program, and crises developing in isolated or denied areas often have few observers. We believe some reporters—political opponents, rebel groups, governments, and relief providers—at times exaggerate the gravity of a situation. For example, at one point last year, estimates on the number of people at risk of starvation in Sudan ranged from 200,000 to 10 million.

Any specific numbers cited in this Estimate, therefore, represent our best assessment based on a review of all available information, and we are confident that they accurately portray the magnitude of the problem—if not the absolutely precise numbers of the population in need.

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^{&#}x27;We define "critical humanitarian needs" as those arising from acute emergency conditions—wars, conflict, natural or technological disasters—that are not met by routine relief programs and mechanisms. We use the term "populations at risk" to mean those in need of or dependent on international aid to avoid deprivation leading to serious malnutrition or death. (U)

The International Relief Network

A multitude of organizations—UN agencies, international and national nongovernmental organizations (NGOs), and regional organizations—as well as donor countries comprise the humanitarian relief system. The UN bodies include the UN Department of Humanitarian Assistance (UNDIVA), the UN High Commissioner for Refugees (UNHCR), the World Food Program (WFP), the International Children's Fund (UNICEF), the UN Development Program (UNDP), the World Health Organization (WHO), and the Food and Agriculture Organization (FAO). Among the largest and most active of the more than 16,000 NGOs are the International Committee of the Red Cross, various national Red Cross Societies, the International Rescue Committee, Medecins Sans Frontieres, Equilibre, OXFAM, and the International Save the Children Alliance.

Formal interaction between humanitarian aid providers takes place in organizations established for that purpose. The 86-member International Council of Voluntary Agencies (ICVA) meets regularly with UN relief agencies; its task forces provide a focal point for NGO activities in disaster-stricken countries. The Licross/Volags Steering Committee, founded by the League of Red Cross and Red Crescent Societies (LORCS) and several other NGOs, submits humanitarian relief policy

to the UN and meets monthly to review current disaster situations. The EC/NGO Liaison Committee provides a dialogue between about 600 European NGOs and the EC. In addition, the Conference of NGOs (CONGO) provides for NGO participation in UN meetings and committees.

When disasters occur, UN agencies, NGOs, and representatives of donor countries meet to plan relief efforts. They often carry out needs assessments in combined missions, although they also may do so independent of each other. Likewise, they may issue appeals as a consolidated group or on an individual basis. International conferences are held to elicit contributions as well as to coordinate relief efforts. In addition, a Special Representative of the Secretary General and a UNDHA Special Coordinator are sent to disaster areas; in theory at least, the UNDHA Special Coordinator organizes the relief operations. NGOs, the EC, and donor countries also send coordinators. While all of these representatives—as well as those from aid-receiving countries—meet to discuss their individual operations and to coordinate their efforts, the number of meetings and the level of successful coordination appear to be specific to the country receiving aid and the organizations operating there.



Showing Its Warts...

The international relief system comprises myriad independent or semi-independent organizations that often work together but sometimes do not. The UN's agencies and officials frequently compete for primacy, to the detriment of aid delivery. In Angola, for example, the personal representative of the UN Secretary General, working with little data, has tried to make crucial decisions that run counter to the plans of the UN agencies charged with delivering emergency aid. Duplication of activities, bureaucratic bungling, tensions between organizations, and lack of coordination are commonplace. The creation last year of the UN Department of Humanitarian Affairs (UNDHA) was supposed to alleviate these problems but instead has compounded them. UNDHA often has difficulty coordinating between its New York office responsible for policy and its operations headquarters in Geneva

... And Coming Under Fire

Hostile environments around the world impede, and sometimes prevent, organizations from delivering sufficient assistance in a timely fashion. Attacks on relief convoys, theft of supplies, and murders of relief workers all contribute to the impression that the organizations cannot get the job done. Private volunteers have long faced such dangers, but attacks on UN forces and officials during the past year have struck a blow against the UN's moral authority. The UN's experiences in Bosnia and Somalia will encourage belligerents elsewhere to regard relief workers under the UN flag as legitimate targets of violence. (S NF)

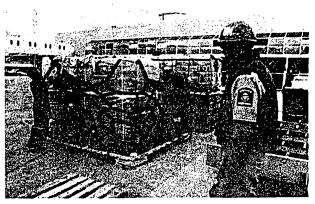


Figure 2. Swedish UN troops secure relief supplies at Sarajevo airport. (U)

More Challenges Ahead

As humanitarian needs grow, the task of delivering emergency assistance is becoming more dangerous and complex:

- In areas of conflict, forceful and costly intervention—requiring a range of logistic, security, and combat forces—often is required to ensure that food, shelter, and medicines reach the populations at risk.
- International forces will face additional problems from infectious diseases and environmental health risks, which represent a greater threat than battle injuries to the effectiveness of units conducting the relief operations.

Potential exposure to the AIDS virus presents another complexity. The militaries of some countries with which US forces may be working have HIV-infection rates in excess of 50 percent. Special planning will be required in operations involving those forces, especially in areas of conflict and in places

Acquired Immune Deficiency Syndrome (AIDS) and Humanitarian Emergencies

AIDS is the final stage of a viral infection of the human immunodeficiency virus (HIV), which destroys the body's natural immunity to fight infections. All HIV infections are fatal. (U)

Refugees, peacekeeping or monitoring forces, demobilizing militaries, and labor migrants contribute to the spread of AIDS beyond specific countries. Humanitarian aid missions involving militaries with high HIV-infection rates could spread viruses to countries where it is not now a problem. For example, Liberia's relatively low infection rate could be threatened by all three countries—Uganda, Tanzania, and Zimbabwe—considering joining an expanded monitoring force there

UN regulations now require governments to certify that their personnel are HIV-negative before deploying them on UN-sponsored missions. However, AIDS screening is expensive, and some militaries will shirk this costly procedure. Some

countries are already having difficulty finding sufficient HIV-negative personnel to meet multinational force commitments—another disincentive to testing.

In addition, UN officials are not enforcing their HIV regulation. Thus, the Ugandan contingent soon to arrive in Somalia has at least a 50-percent infection rate. The commander of the UN force in Mozambique has asked that the Zambian contingent—many of whom he says have AIDS and are causing operational and morale problems—be replaced at the end of its tour by troops from another country; however, he is skeptical that the UN will honor his request.

The United States and other donor countries will have to take measures—including leading and funding the international oversight of HIV testing—to ensure the safest possible environment for relief personnel.

where medical-facilities are shared with partner nations

n some relief operations, US forces may be expected to provide medical services directly to local populations that have high infection rates

"Donor Fatigue" Sets In ...

The extent of critical humanitarian needs and the problems of addressing them are affecting the international response. Over the past year, donors generally have become slower to respond, and contributions often have fallen short. For example:

 Aid for Afghanistan lagged badly this year; the UN Secretary General's Special Representative reported in late June that only about \$36 million of a \$138 million appeal for the January to September period had been pledged.

Who Are the Donors?

The European Community provides significant humanitarian aid in addition to the aid provided by its members on an individual basis. Other West European and North American countries plus Japan contribute most of the personnel, supplies, and funds for humanitarian assistance, either unilaterally or through UN organizations and nongovernmental organizations. The share of funding varies with the situation: developed nations had contributed over \$950 million in disaster relief to the former Yugoslavia as of June 1993; the United States contributed some \$354 million of the total. On the other hand. the United States has contributed about three-fourths of the funds for relief efforts in Liberia.

What Do They Provide?
In addition to food, medicine, and funds, donors provide mobile hospital units, shelter supplies, blankets, trucks, and

communications equipment. Russia and Ukraine have specialized in supplying military and civil transport and helicopters on a contract basis at advantageous rates. Russian aircraft have supported operations in Somalia and Cambodia; the Ukrainians have flown hundreds of missions into Armenia.

Stockpiles of emergency items are maintained by various governments and private relief organizations around the world. For example, Japan's International Relief Organization has storehouses in Japan, Singapore, Mexico, and Italy for rapid deployment to disaster sites. The UN Department of Humanitarian Assistance is promoting the worldwide register of such disaster stocks.

- As of early August this year, the International Committee of the Red Cross's appeal for the former Soviet Union had yielded less than half of the amount requested.
- The UN so far this year has received commitments of only \$89 million of the \$226 million requested for Angola.
- ... With Tough Choices in Store
 The international relief system, already
 under severe strain, faces burgeoning
 demands in the future. The resources of the
 United States and other donors will be

spread more thinly, and donors will have to be more selective about which crises to address.

The decision of the international community to respond to a specific humanitarian crisis will depend on the accessibility of the population in need, the risks to relief personnel, and severity of the crisis, as well as the level of effort already being expended for other critical needs. As in the past, some dire situations in remote locations will be overlooked by donors. Other crises will receive widespread media attention that will



World Grain Supply

Few countries have suffered serious crop failures from droughts, floods, or other natural disasters in 1993. In most countries requiring food relief, shortages have resulted from political or economic turmoil that has disrupted imports or distribution within the country, particularly distribution of food to persons displaced by conflict.

Although global production of grains, which provide human as well as animal sustenance, will probably decrease slightly from the record levels of 1992, grain production will still be above the average for the past five years. Production of wheat and rice—the main components of the human diet in most countries—will likely be higher than that of 1992 and almost 3 percent above the recent average.

Most countries with large increases in grain production had good rainfall this year, and their governments have raised crop prices and promoted irrigation to boost production. For example, wheat crops in most of the countries in a band from Kazakhstan through the Middle

East to parts of North Africa benefited from above-normal rainfall during 1993. Moreover, several of these countries—including Iran, Iraq, and Turkmenistan—have vigorously promoted wheat production to decrease their dependency on imports. Despite their production increases, several of these countries will still have large deficits and will require imports or food aid.

Agricultural experts expect the largest proportional declines in food production to occur in a diverse group of countries: Morocco, hit by a drought this year; Venezuela, whose economic disruption has curbed production; Somalia, where conflict has prevented planting of much cropland; and East European countries, subject to both drought and economic disruption. Most of the countries in which 1993 production is likely to be 10 percent or more below average will not experience food problems, however, because they can afford to increase imports or, in some cases, will still have surpluses for export.

enhance our ability to estimate the scope of the crisis while increasing international pressure to act. Still, some crises—especially in areas that are less accessible or where conflict is intense—may be considered too costly or complex to undertake large-scale relief efforts.

The United States will be expected to take the lead in identifying and responding to humanitarian crises.

Sub-Saharan Africa

Africa will continue to generate humanitarian emergencies on an unparalleled scale. Despite progress toward peace in some countries and the end of the drought in the southern part of the continent, Africa still has most of the world's refugees—about 6 million—and three to four times that many



displaced persons. Moreover, African governments on the whole are the world's neediest and least able to cope with their emergencies:

- More than half of the world's poorest countries are found in Sub-Saharan Africa.
- Africa has 12 ongoing insurgencies, including those in Rwanda and Mozambique where cease-fires are in force but rebels have not been disarmed.
- The AIDS epidemic is spreading through all of Africa and straining its already feeble health care systems; of the 13 million people worldwide infected with the HIV virus, 8 million are in Africa.

During the coming year, international aid and intervention will be necessary to stave off human catastrophes in parts of Africa. In addition to emergency shipments of food and medicine, the transition from war to peace in some areas will require assistance in refugee resettlement, infrastructure repair, landmine removal, and support for demobilized military forces.

The Horn: More Turmoil in Store

Somalia. The massive international relief effort has ended the starvation, and some local councils are beginning to function again. Nevertneless, instability in Mogadishu and random violence in the countryside make the recovery precarious. Most of the 1.3 million refugees and displaced persons in camps remain dependent on international assistance, and the majority of international relief workers—forced to leave by the earlier

violence—have not returned. The security of food supplies and delivery is problematic. Without a continued international effort, widespread hunger and disease could reappear quickly.

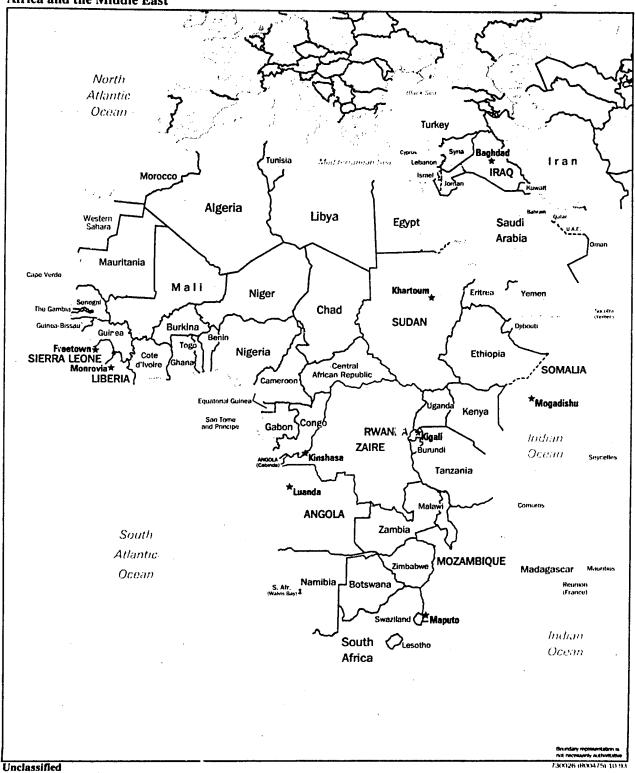
Sudan. The civil war in the south is creating humanitarian conditions as severe as those in Somalia last year. The intensified government offensive against the rebels makes the task of reaching the 1.5 million southerners in need of humanitarian assistance—800,000 of whom are already at risk of starvation even more difficult. An additional 1 million people elsewhere in Sudan-including 600,000 displaced in the transition zone between north and south—now need humanitarian assistance. Another 200,000 are in danger of being caught in the fighting and may join the 350,000 Sudanese refugees who already have fled to neighboring countries—primarily Zaire and Uganda.

Sudan has enough food to meet most of its needs but has provided only about half of the grain promised for relief in the south. The government suspects that relief efforts are aiding the rebels; all sides have impeded the flow of aid. Khartoum would oppose a US-or UN-led relief intervention in the south and would likely stage guerrilla attacks on foreign military forces and aircraft.

Meanwhile, locust infestations in both Somalia and Sudan have become serious and are likely to aggravate the food crises in both countries. The political situation in northern Somalia precludes international eradication efforts there; in Sudan, UN sources say the locust infestation will worsen if current weather conditions persist. (U)



Figure 3
Africa and the Middle East



Southern Africa: Drought Ends, But Peace Elusive

About 4 million people in this region are in danger of starvation.

Angola. Some 2 million are at risk as a result of a more destructive phase of the 16-year civil war. Relief organizations have substantial supplies in-country, but logistic constraints and attacks on food convoys and relief flights will contribute to even greater starvation; deaths per day may now exceed several hundred. The UN and other relief organizations, however, have little reliable data on the location and numbers of people in need.

Mozambique. The signing of peace accords has facilitated relief deliveries to the 1.8 million persons who depend on aid, although food deliveries are still subject to interdiction by armed bands. Ample rains this year have helped improve the local harvest; but, by yearend, surplus stocks of maize—both donated and locally produced—will be expended, and additional shipments will be needed. Moreover, uncertain security conditions and a ruined infrastructure will hamper resettlement efforts that are slated to begin late this year for 1.5 million refugees, several million displaced persons, and at least 60,000 demobilized soldiers. Until the former combatants are disarmed, a breakdown in security still could lead to an acute humanitarian crisis.

Peace Possible Elsewhere, But Conflict More Likely

Rwanda and Liberia. Recent peace accords are allowing supplies to flow to populations dependent on international relief in Liberia

and Rwanda. If the accords hold, the international community will be called upon to help resettle about 700,000 refugees and more than 185,000 displaced persons in Liberia and nearly 1 million displaced persons and 200,000 to 500,000 refugees in Rwanda. Chances of renewed conflict in both countries remain high, however.

Sierra Leone. More than 20 percent of the population has been displaced or has left the country as a result of fighting in the southeast. Some 240,000 already are dependent on feeding programs, another 300,000, most of whom are in Liberia, are expected to return from neighboring countries, and up to 300,000 more are internally displaced but not currently receiving aid. The government seems to have the upper hand against the rebels, but the end of the insurgency is far from certain.

Zaire. Three years of political impasse between the President and his opposition has led to a breakdown in central control. The collapse of basic services, ethnic strife, and looting and violence by unpaid soldiers have reduced the availability of food. Malnutrition and disease are at high levels in the capital, and low food reserves in all provinces make localized famine in urban areas likely over the next three to six months. The violence so far has displaced over 500,000. If substantial portions of Zaire's 40 million population begin to flee across borders, as some already have, neighboring Angola, Zambia, Rwanda, Uganda, and Sudan could not cope with the influx

Europe

After Africa, the world's most acute humanitarian crises are concentrated in the former Yugoslavia. Some 4.3 million people,





acording to the United Nations High Commissionerfor Refugees (UNHCR), are in need of aid—two-thirds of them in *Bosnia*.

Long-term subsistence on minimal food supplies, limited medical care, severe shortages of water and sanitation supplies, and damage to housing have left the Muslim population in Bosnia weakened, more susceptible to disease, and progressively less capable of surviving bouts of hunger and cold. The infrastructure in central and eastern Bosnia is severely damaged, and many towns there are dependent on the humanitarian relief effort. Relief deliveries fall short of demand and are hampered by insufficient resources, fighting and denial of access, poor road conditions, bureaucratic hurdles, and bad weather

If War Continues . . .

The impact of continued conflict will be more devastating this winter than anything we have seen thus far. Tens of thousands could perish from disease, hunger, and cold. If fighting continues as we expect, the Bosnian population in need will be double that of last winter—or about 2.8 million people. Total relief requirements during the next six months will be an estimated 390,000 metric tons—equal to about 19,500 C-130H flights at maximum payload—about 80 percent of which will be food.

Food reserves in Bosnia have been largely consumed. A harsh winter this year—unlike last year's unusually mild one—will make



Figure 4. Residents of Sarajevo line up to get their water from a runoff pipe flowing into a suburban river. (U)

Time O

Figure 5 Former Yugoslavia



relief deliveries throughout much of Bosnia more difficult at the same time that humanitarian needs are highest.

... And If the Fighting Stops

The humanitarian outlook would improve, but needs would dictate a substantial relief

Socret

² By comparison, the UNHCR sent 120,000 metric tons of relief supplies into Bosnia during the first six months of this year; in March 1993, UNHCR delivered 25,000 metric tons—the largest single monthly shipment to date. (U)

operation. Requirements could total as high as 270,000 MT of aid over the next six months. Planning figures by the UNHCR suggest that such an operation—through normal relief agency channels—would cost about \$200 million. The amount of aid would reach this level as significant population displacements occur, including the movement within Bosnia of as many as 200,000 Muslims from Croat- and Serb-controlled areas to the central Muslim core; of about 60,000 Croats to western Bosnia; and 20,000 to 50,000 Serbs to other parts of Bosnia. In addition, about 200,000 Muslim refugees probably would return from Croatia to Bosnia, as would about the same number of Serb refugees from Serbia itself.

Croatia. The UNHCR lists about 530,000 persons—250,000 displaced Croatians and more than 280,000 refugees from Bosnia—in need of assistance. (U)

Kosovo. If ethnic fighting expanded into Kosovo, we would expect that over 300,000 Albanian refugees initially will flow into Albania and Macedonia, and many more would flee as the fighting spread.

Central Eurasia

Conflicts along the southern flank of the former Soviet Union will generate acute needs for humanitarian assistance. Most regimes are less stable than they were a year ago. Virtually the entire Caucasus region, for example, is embattled or under blockade, and disputes among Tajikistan's clans and regional factions continue to impede efforts to provide relief and resettle refugees.

Conditions in Azerbaijan, Armenia, and Georgia are worse than last year. Azerbaijan's war with its ethnic Armenian-dominated enclave, Nagorno-Karabakh, has escalated since June with a Karabakh-Armenian offensive, sending some 300,000 Azeris toward the Iranian border. Tehran—already burdened by 2 million Afghan refugees—is delivering relief supplies and establishing displaced person camps on the Azerbaijan side of the border in an effort to prevent the Azeris from crossing into Iran; Turkey is providing funds for other camps. Baku cannot provide for its nearly 1 million refugees and displaced persons while it wages a losing war, struggles to resolve a leadership crisis, and tries to cope with regional secessionist movements in the north and south. We estimate the fighting this year alone has displaced more than 400,000 people. Living conditions can be expected to worsen as winter sets in and food supplies dwindle.

Armenia is all but cut off from the outside world by civil strife in Georgia and an Azerbaijani blockade. During what is expected to be its second consecutive harsh winter, Armenia will face shortages of food, oil, water, and electricity. Turkey will restrict use of its territory for delivery of relief supplies to Armenia as long as the Nagorno-Karabakh conflict continues, and airlifts will be necessary to sustain the population.

The ethnic and civil conflicts in Abkhazia and western *Georgia* will continue, with full-blown civil war a possibility. T'bilisi's access routes north to Russia and west to Black Sea

Figure 6 Caucasus Region



ports are tenuous and subject to frequent disruption. Emergency deliveries of food and medicine—in addition to current aid in the pipeline—will be needed during the winter.

Territorial and ethnic conflicts are also brewing in the North Caucasus region of Russia—particularly the republics of Ingushetia, Chechenia, and North Ossetia. Limited local warfare in those areas over the

next several months is likely and will produce refugees who will need support. Conflict in the North Caucasus will hinder supply routes into the entire Caucasus region.

More than 30,000 Tajik refugees have been repatriated from Afghanistan to southern *Tajikistan*, but efforts to reintegrate them are failing and the humanitarian situation there probably will worsen. The population of the Pamirs—swollen by more than 30,000 displaced persons and refugees returning from Afghanistan—faces a winter of famine if relief routes are not kept open. By October, snows will cut off much of the region. Meanwhile, the impoverished Gorno-Badakhshan and wealthier Leninabad regions are both operating independently from Dushanbe. The lack of central government control will hinder relief and resettlement efforts.

South Asia

Ethnic warfare—particularly in Afghanistan and, on a smaller scale, in Sri Lanka—will continue to generate humanitarian needs in South Asia. Conflicts will keep about 6 million people dislocated and dependent on humanitarian assistance. Pakistan will remain dependent on international support as long as it hosts significant numbers of Afghan refugees

In Afghanistan, fighting in Kabul and along the Afghan-Tajik border, as well as guerrilla attacks throughout the country, has worsened over the past year and will displace more Afghans, hinder refugee repatriation, and impede the delivery of international aid. Without emergency relief, about 5 million people—either refugees or internally displaced persons—would suffer from food and

fuel shortages, inadequate water and electricity, and epidemics. About 1.5 million Afghans are internally displaced, 1.5 million more are refugees in Pakistan, and another 2 million are in Iran. In addition, at least some 60,000 Tajiks fled to northern Afghanistan after civil war erupted in Tajikistan last year.

The job of delivering emergency aid in Afghanistan has become more treacherous. Factional fighting and lack of central government control have heightened the threat to aid workers. Relief operations staged in Afghanistan rely heavily on air transport, which is vulnerable to Afghan guerrillas armed with antiaircraft weapons. Overland transport to isolated populations requires the cooperation of local warlords.

Elsewhere in the region, the civil war in *Sri* Lanka that pits the Sinhalese majority against Tamil separatists will continue to inflict hardships on the populations in the north and east of the island. Some 600,000 people have been dislocated by the conflict, and about 80,000 refugees remain in India.

Middle East-North Africa

Iraq will be the only country in this region likely to generate substantial emergency humanitarian needs unrelated to natural disasters during the next year. The Kurdish population will face harsh conditions this winter; the number of Kurds requiring assistance has grown from 750,000 to 1.2 million over the past year, and the Kurds have become even more dependent on international



Figure 7 Afghanistan and Tajikistan



Figure 8. Thanks to Baghdad's continuing blockade, the Kurds of northern Iraq will spend their third winter as dependents of the international relief system. (U)



help. In addition, a health crisis is developing in parts of the North where the lack of electricity—which was cut off by Baghdad—is curtailing access to safe water.

As a result of Baghdad's ongoing embargo of the north, the UN estimates that over 90 percent of Kurdish food, fuel, and medical needs must come from territory that is not controlled by Baghdad. Shortfalls in the funding of relief agencies, harassment by the Iraqi Government, harsh weather that would close convoy routes, and a possible end to cooperation from Turkey—through which the aid flows—will combine to threaten relief efforts this winter.

The 100,000 to 150,000 Shias in the southern marshes of Iraq—site of a low-level insurgency—are likely to be at risk of severe food shortages over the next few months. Baghdad continues to dry out a substantial part of the marshlands where the Shia live, destroying their traditional means of subsistence.

We cannot verify the extent of acute needs in southern Iraq. Baghdad denies the UN and other relief organizations access to the area. The only route for delivering relief would be through Iran and would require smuggling supplies past Iraqi troops

East Asia-Pacific

The region is expected to have its usual share of emergencies stemming from natural disasters, but the number of people dependent on emergency aid for survival—displaced persons and refugees—will continue to decline as noted in last year's Estimate. Cambodian refugees have returned home from Thailand as a result of a UN-brokered peace agreement. In addition, improved conditions in Vietnam are encouraging many Vietnamese refugees to repatriate from asylum in Hong Kong, Indonesia, Malaysia, and elsewhere.



Figure 9. Extreme poverty and political violence in Haiti are a boon to the boat-building business but could again spark massive migration to the United States.



Wideworld @

Cambodia will need food assistance during the next year as more than 360,000 recently returned refugees run out of UN rations and Cambodians try to produce a crop without adequate irrigation or fertilizers. Low-level fighting and banditry will pose hazards for donors distributing assistance outside the capital. Moreover, the Khmer Rouge could return to more intense warfare that would once again displace large numbers of people, send refugees fleeing across borders, and dramatically increase the need for humanitarian assistance.

Latin America-Caribbean

Most humanitarian needs at present can be handled through routine aid programs. Desperate economic conditions and political repression in *Haiti* and *Cuba*, however, could bring calls for emergency relief and stimulate sudden and massive migration that would necessitate direct US assistance.





Figure 10 Countries With Significant Populations Vulnerable to Major Natural Disasters

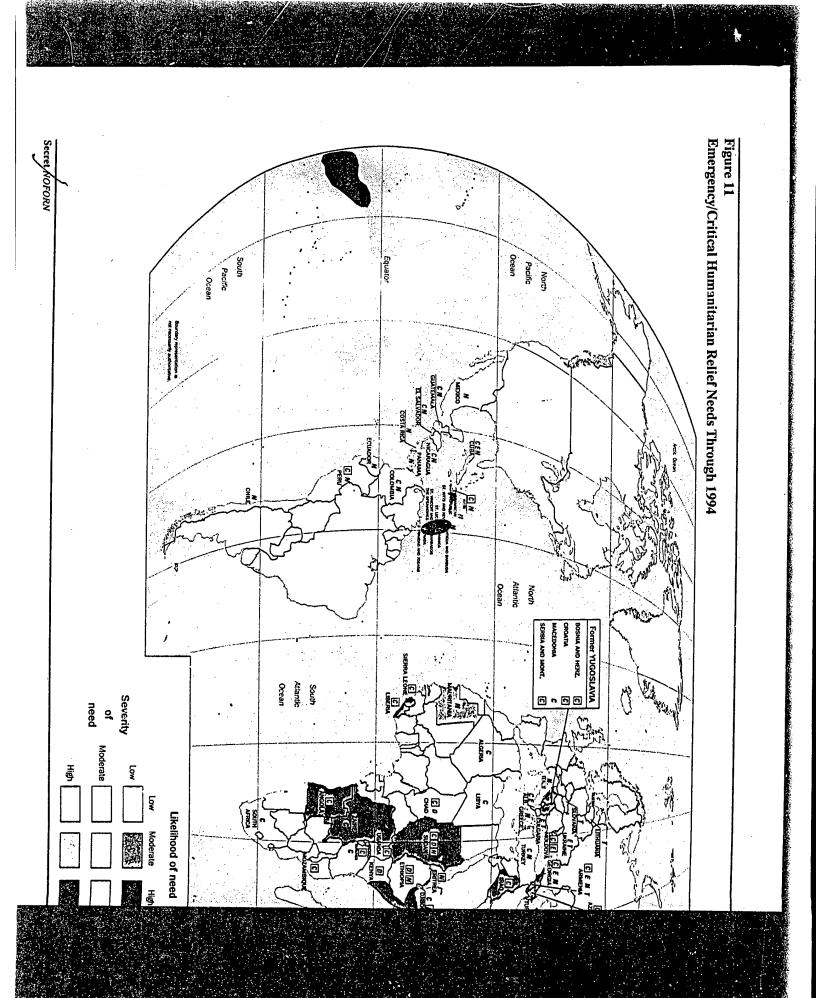
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	્યુ Earthquake	Volcano	(Tropical Cyclone ^a	Flooding
Country	Geophysical Disaster		Meteorological Disas	ter
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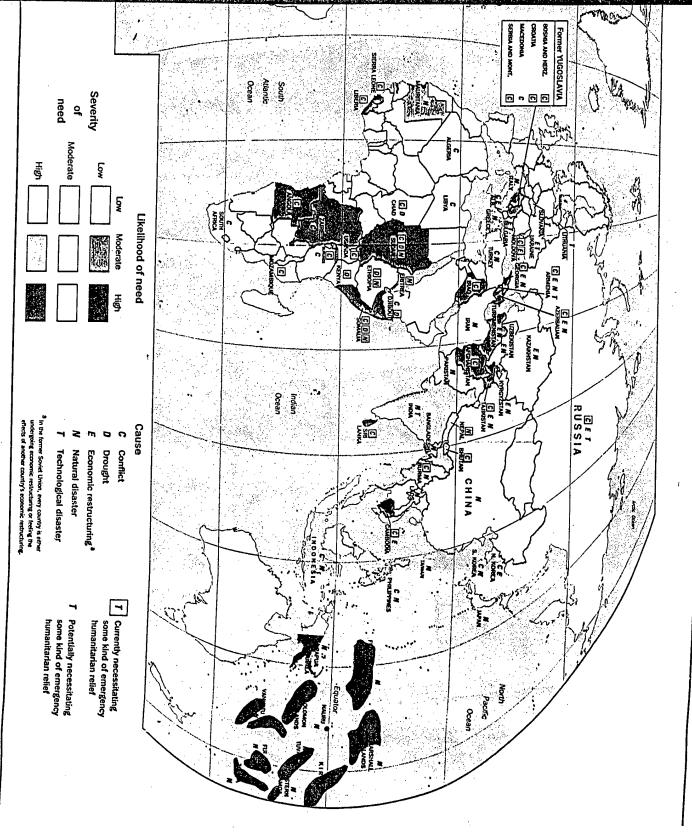
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^aHurricanes and typhoons, which are limited to the May-November period in the Northern Hemisphere.





Potential Humanitarian Emer Generated by Conflict, 1993-9

1			F			
Country	Afghanistan	Albania		Angola	Armenia	Azerbaijan
Persons in Need, Most Likely Number	5 million	150,000		2 million	500,000	900,000
Estimated Food Needs for Next Six Months a (metric tons)	446,000	13,400		178,400	44,600	80,300
Political Environment	Unreliable Little government control Landmines	Reliable		Unreliable Civil war Landmines	Government support limited	Limited government control in west
Physical Environment	Deserts; scrub-covered mountains Extreme temperatures Snow; summer dust storms; earthquakes; avalanches	Forested mountains Coastal plains	Earthquakes	Coastal lowlands Interior highlands Winter rain	Mountainous Little forestland Hot, dry climate Winter snow Earthquakes Droughts	Large lowlands Mountains in north and west Semiarid Winter snow
Airfields	٥	ó		0	, 0	•
Ports				0	•	0
Rail	•	•		•	<u>.</u>	0
Highway	0	G		0	0	0
Inland Waterway	•	0	ni Wasye et ki		e	0
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nergencies 3-94

Civil strife and ethnic warfare around the world are putting civilian populations at risk of death from starvation and disease. The 24 countries or areas below have either ongoing humanitarian crises that are expected to persist through next year or have strong prospects of such emergencies occurring over the next year.

0	•	•	O	•	Inland Waterway
	0		С		Fuel
System taxed by conflict Critical shortages of supplies Equipment outdated Latest data 1989: 28,000 physicians (1:250 population)	System taxed by conflict Critical shortages of supplies Equipment outdated Latest data 1989: 14,200 physicians (1:232 population) 30,000 beds (1:110 population)	Below Western standards Shortages of personnel and supplies 57 hospitals 20,000 beds (1:445 population) 1,000 physicians (1:9,891 population) Relies on aid and imports	Below Western standards Physicians to population Numerous and well-spread ratio: 1:640 facilities Bed to population ratio: 1:180 Universal access Old equipment Personnel poorly trained Critical shortage of drugs	System in poor condition Marginal facilities in Kabul; others substandard Shortage of professional personnel Physicians to population ratio: 1:4,797 Bed to population ratio: 1:2,054	Medical
Serbia and Montenegro Montenegro	Rwanda	Russia (Northern Caucasus)	Mozambique	Macedonia	Country
A	1.5 million	N.	3 million	150,000	Persons in Need, Most Likely Number
AN	133,800	NA	267,500	13,300	Estimated Food Needs for Next Six Months a (metric tons)
Government supports relief	Fragile security situation	Government would support relief Some armed opposition	Fragile security Bandits Landmines Returning refugees Demobilizing military Devastated economy Government welcomes aid	Government likely to cooperate	Political Environment

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Transportation infrastructure

Supports relief effort
 Supports limited effort

Support severely constrained or no support
 Double dots indicate quality varies by region in country

Fuel infrastructure

Extensive
Limited
Very limited
NA Not available

supports	rity situation	would ef opposition	fugees g military conomy welcomes aid	likely to	ironment
Mountainous Sparse forests Moderate climate, little snow Earthquakes	Highlands Scattered plains Tropical climate Winter rain Short, dry summer	Very high forested mountains Winter snow	Plains Forested plateaus Subtropical south Tropical center and north October-November rains	Mountainous Sparse forests Hot and dry Winter snow Earthquakes Droughts	Physical Environment
0		•	o	0	Airfie)ds
•		•	•	•	Ports
0		•		•	Rail
•	•	•		•	Highway
0	•	0		•	Inland Waterway
	•			٥	Fuel
Facilities are old, poorly mair tained, overcrowded, and lack Western capabilities Many qualified physicians in Serbia Support services poor	Substandard 25 hospitals 2,500 beds (1:3,400 population) 250 physicians (1:32,825 population) All supplies imported	NA .	Substandard 143 hospitals 24,300 beds (1:614 population) Physicians to population ratio: 1:48,375 Severe shortages of supplies	Substandard Critical shortages of supplies and equipment Bed to population ratio: 1:170 Physicians to population ratio: 1:415	Medical

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S. S	Liberia	паш	Georgia		Cambodia	Bosnia-Herzegovina	Azerbaijan
1 million	1.3 million	900,000	500,000	, ,	360,000	2.8 million	900,000
89,200	115,900	80,300	44,600	47,300	32,100	315,000	80,300
Limited government control	Government can deliver support throughout country Government hinders relief to Kurds and Shias	Minimal government support for relief	Government supports relief Control of countryside doubtful	Government supports relief Potential ethnic strife	Factional strife Landmines Government supports relief Theft, corruption	Unreliable Little government control Landmines At times, all factions oppose relief to other parties	Limited government control in west
Flat, some forestland Hot and humid	Mostly flat Northern mountains Desert Freezing temperatures, north and desert Dust/sand storms Heat/dehydration	Mountainous Summer rain Warm, humid year-round Hurricanes Earthquakes	Mountains: cold, snowy winters Lowlands near Black Sea: mild winter, dry summer	Interior plains: hot summer, winter snow Coastal highlands: dry summer, mild winter	Flatlands Rolling hills Dense forest Low wetlands Monsoons Typhoons Flooding	Forested mountains Extreme temperatures	Large lowlands Mountains in north and west Semiarid Winter snow Drought
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36 hospitals before current	System operating at half capacity Supplies scarce Personnel mostly in cities 250 hospitals Bed to population ratio: 1:600 7,000 physicians (1:2,600 population) 10,000 nurses (1:1,800 population)	Substandard Little service in rural areas Critical shortages of personnel, supplies, and equipment 964 physicians (1:6,673 population) 60 poorly equipped hospitals (22 in capital)	System taxed by conflict Critical shortages of supplies Equipment outdated 32,000 physicians (1:171 population) 60,000 Leds (1:92 population)	Best system in former Yugoslavia Many large hospitals in Zagreb provide Western standard of services Sufficient, qualified physicians Shortages of other personnel	Rudimentary 150 facilities: damaged, lack piped water and electricity 7,500 beds (1:1,100 population) 700 physicians (1:12,200 population) Shortages of all supplies	Infrastructure damaged or destroyed Serious shortages of personnel and supplies Much equipment nonfunctional Physicians to population ratio: 1:580 Bed to population ratio: 1:220	System taxed by conflict Critical shortages of supplies Equipment outdated Latest data 1989: 28,000 physicians (1:250 population) 71,000 beds (1:98 population)
No ability to produce drugs or	1,000 dentists (1:18,000 population) 8,000 support personnel (1:2,200 population)	5,830 beds (1:1,103 population)		Pharmaceutical industry lacks money to buy raw materials Bed to population ratio: 1:130 Physicians to population ratio: 1:390			
Zaire	Taji	Sudan	Somalia	Sier	~ · · · · · · · · · · · · · · · · · · ·	Serbia	Sert Ma Mor
Control of the second of the s	Tajikistan		alia	Sierra Leone	Kosovo		Serbia and Montenegro Montenegro
500,000	300,000	3.4 million	1.3 million	A	N A	NA	A
44,600	26,800	302,200	115,900	A	Z A	NA	NA A
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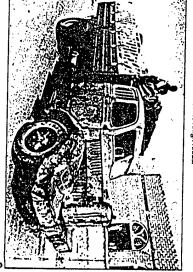
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Swamps in north Plateaus in south	Mountainous Very cold in Pamir Mountains Semiarid lower areas	Desert, extreme heat in north Swamp, forest, flooding in south	Large plateau Coastal plain Mountains in north Sparse rain Severe heat Drought	Swamps; beaches Low plains Highlands Tropical climate Seasonal changes Constant heat and humidity	Lowlands divided by mountains Summer, hot and dry Winter snow Droughts Earthquakes	Northern plains Southern mountains Cold, snowy winter Hot, humid summer	Mountainous Sparse forests Moderate climate, little snow Earthquakes Droughts
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Substandard A few facilities have modern	Basic services unavailable to most of population Facilities deteriorating Critical shortages of supplies 15,000 physicians (1:3,401 population) 55,000 hospital beds (1:92 population) Equipment outdated	Below Western standards 164 hospitals: old, overcrowded, unsanitary Critical shortages of personnel and supplies 2,170 physicians (1:11,153 population) 90 percent of medicine and all equipment imported	Substandard 90 hospitals prewar, now damaged No supplies available on open market UNISOM II medical support meets US standards Assessment of personnel or beds not possible	Substandard Some qualified physicians Facilities and equipment poor Shortages of supplies	System taxed by poor economy, political tensions Some hospitals closed Bed to population ratio: 1:320 Physicians to population ratio: 1:890	1:415	Facilities are old, poorly maintained, overcrowded, and lack Western capabilities Many qualified physicians in Serbia Support services poor Supplies available Bed to population ratio: 1:170 Physicians to population ratio:

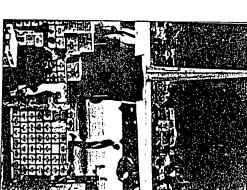
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. •	1 million		1.3 million		90,000		500,000
	89,200		115,900		80,300		44,600
	Limited government control Insurgents Bandits	relief to Kurds and Shias	Government can deliver support throughout country		Minimal government support for relief	-	Government supports relief Control of countryside doubtful
	Flat, some forestland Hot and humid Rainy and dry seasons	Freezing temperatures, north and desert Dust/sand storms Heat/dehydration	Mostly flat Northern mountains Desert		Mountainous Summer rain Warm, humid year-round Hurricanes Earthquakes		Mountains: cold, snowy winters Lowlands near Black Sea; mild winter, dry summer
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*Extinates of food needs for the next six months are based on UNICEF's standard of the minimum necessary for survival: 490 grams of food person day, except Bostia where UNICR's standard of winter food needs—614 grams person/day—was used.

Local transport for relief supplies is often inadequate for the task. This vehicle in Somalia has seen some rough roads.





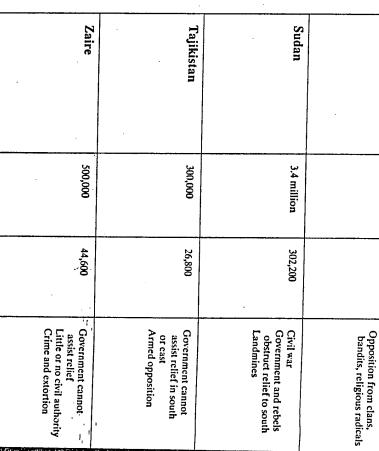
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36 hospitals before current conflict; many now damaged, destroyed 1,800 beds (1:1,359 population) Physicians to population ratio: 1:8,000 Personnel poorly trained	System operating at half capacity Supplies scarce Personnel mostly in cities 250 hospitals Bed to population ratio: 1:600 7,000 physicians (1:2,600 population) 10,000 nurses (1:1,800 population)	Substandard Little service in rural areas Critical shortages of personnel, supplies, and equipment 964 physicians (1:6,673 population) 60 poorly equipped hospitals (22 in capital)	System taxed by conflict Critical shortages of supplies Equipment outdated 32,000 physicians (1:171 population) 60,000 bcds (1:92 population)
No ability to produce drugs or other supplies	1,000 dentists (1:18,000 population) 8,000 support personnel (1:2,200 population)	5,830 bcds (1:1,103 population)	

In aress of conflict, a range of logistic, security, and combus forces could be required to ensure that food, shelter, and medicines reach populations at risk.



Landmines can be major impediments to the delivery of aid. Here in Cambodia, a UN vehicle is destroyed.



Somalia

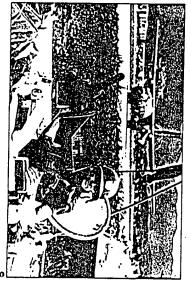
1.3 million

115,900

No local authority can

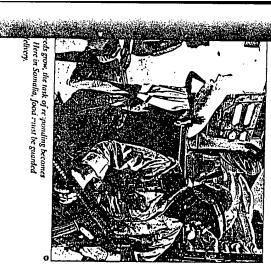
assist relief

Hosile environments sometimes prevent the timely delivery of aid to people in need. Sarajevo airport has frequently come under attack.



Even as glishal needs grow, the task of more dangerous. Here in Somalia, for at each stage of delivery.

t cannot f	t cannot fin south	t and rebels lief to south	from clans, ligious radicals
Swamps in north Plateaus in south Mountains in east Humid, tropical climate Heavy rains in east Dense vegetation over half the country	Mountainous Very cold in Pamir Mountains Semiarid lower areas	Descri, extreme heat in north Swamp, forest, flooding in south	Carge plateau Coastal plain Mountains in north Sparse rain Severe heat Drought
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NA		8	. 2
 Substandard A few facilities have modern equipment and well-trained physicians 300-bed clinic in capital Shortages of personnel and supplies	Basic services unavailable to most of population Facilities deteriorating Critical shortages of supplies 15,000 physicians (1:3,401 population) 55,000 hospital beds (1:92 population) Equipment outdated	Bclow Western standards 164 hospitals: old, overcrowded, unsanitary Critical shortages of personnel and supplies 2,170 physicians (1:11,153 population) 90 percent of medicine and all equipment imported	Substandard 90 hospitals prewar, now damaged No supplies available on open market UNISOM II medical support meets US standards Assessment of personnel or beds not possible



UN f: rees argotiate their entry into a village controlled by K!:mer Rouge guerrillas in Cambodia.





Securing the contronment for humanitarian relief: weapons captured by UN troops in Somalia.

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