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By CAF NARA Date 2/21/98

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BIAFRA NIGERIA

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Origin
Info:

ACTION: Amembassy WELLINGTON

STATE _____

SUBJECT: Biafra Food Needs

REF: Wellington 1163

1. Following text of classified report dated July 7 on Biafra food situation should supply background material requested reftel. We consider this report excellent summary current situation. BEGIN TEXT: 1) Since 10 June 1969 night air deliveries of relief food to Biafra by the International Committee of the Red Cross and the Joint Church Aid have virtually ceased as the result of air attacks by the Federal Military Government. Information on Biafra's food supply is scanty, but because domestic food production probably will supply the population's caloric needs it seems unlikely that the predicted wave of mass deaths will occur during the next 2-3 weeks. Beyond this we are uncertain because useful data on the critical protein supply is almost wholly lacking and it was a protein shortage that led to large scale dying in the fall of 1968 especially

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among young children and the aged.

2) In the three-months before relief flights were suspended in early June, the emergency food programs was decisive in preventing widespread starvation in Biafran controlled areas. This was the normal hungry season--March through June--when domestic food supplies normally fall off sharply. The relief agencies during the period reportedly were providing food to an estimated 1.5 million persons daily and average food relief shipments were running at least 175 tons per day. These shipments probably accounted for some one-fourth to one-third of the caloric intake of those being fed and a much higher proportion of the protein intake. Many of these persons otherwise undoubtedly would have suffered even greater nutritional deficiencies and many would have died.

3) The lack of protein-rich foods remains the critical element in the Biafran food situation. Before the war the area now

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comprising Biafra was nearly self-sufficient in total calories. However, some 80 percent of protein requirements came from other regions of Nigeria and from foreign imports. Protein deficiency and malnutrition, especially among children, were common in eastern Nigeria, and malnutrition bordering on starvation frequently occurred during the traditional hungry season--the pre-harvest months which end in July. Food relief shipments--high-protein dietary supplements including stockfish, dried beans, rice, corn, salt, CSM (corn-soybean mixture), and milk--by the ICRC and JCS have helped minimize malnutrition in the past 6 months and death by starvation has declined far below the levels of September, October, and November 1968. Protein deficiency, however, is still widespread.

4) This year's harvest will almost certainly be the best since the outbreak of war. Planting for this harvest was carried out after the last influx of refugees and the mass starvation in the fall of 1968. The Ibos, well-known for their

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ingenuity, experience, and skills, reportedly responded vigorously to this critical situation. For example, a "land army" campaign was launched to increase the area under maize, cassava, yams, and cocoyams (the leaves of which are rich in protein) and the population was exhorted to plant every available foot of ground in food crops.

5) The food supply should be adequate in terms of caloric content even without relief shipments, at least through the end of the summer. The fresh (undried) maize harvest started in May with the beginning of the rainy season; the harvesting of peanuts (a protein food) began in June and will continue during July; and the harvest of dried maize and early planted yams begins in early July. The main yam harvest starts in early August and continues until November. Cassava planted in December and later can be harvested in July and during the following months.

6) With the cessation of relief flights the shortage of

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protein foods will become acute. Although the per capita availability of indigenous foods is expected to reach normal pre-war levels during the harvest months beginning about now, the lack of imported protein foods will increase malnutrition and kwashiorkor particularly among the children, the sick and the aged. The death rate in these groups is certain to increase and probably markedly. END TEXT.

END

ROGERS

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