“MY HEART IS IN PAIN”

OLDER PEOPLE’S EXPERIENCE OF CONFLICT, DISPLACEMENT, AND DETENTION IN NORTHEAST NIGERIA

AMNESTY INTERNATIONAL

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Cover photo: *Shakwa, around 90 years old, sits against her shelter in an IDP camp in Borno State, Nigeria, October 2020. © The Walking Paradox / Amnesty International.*

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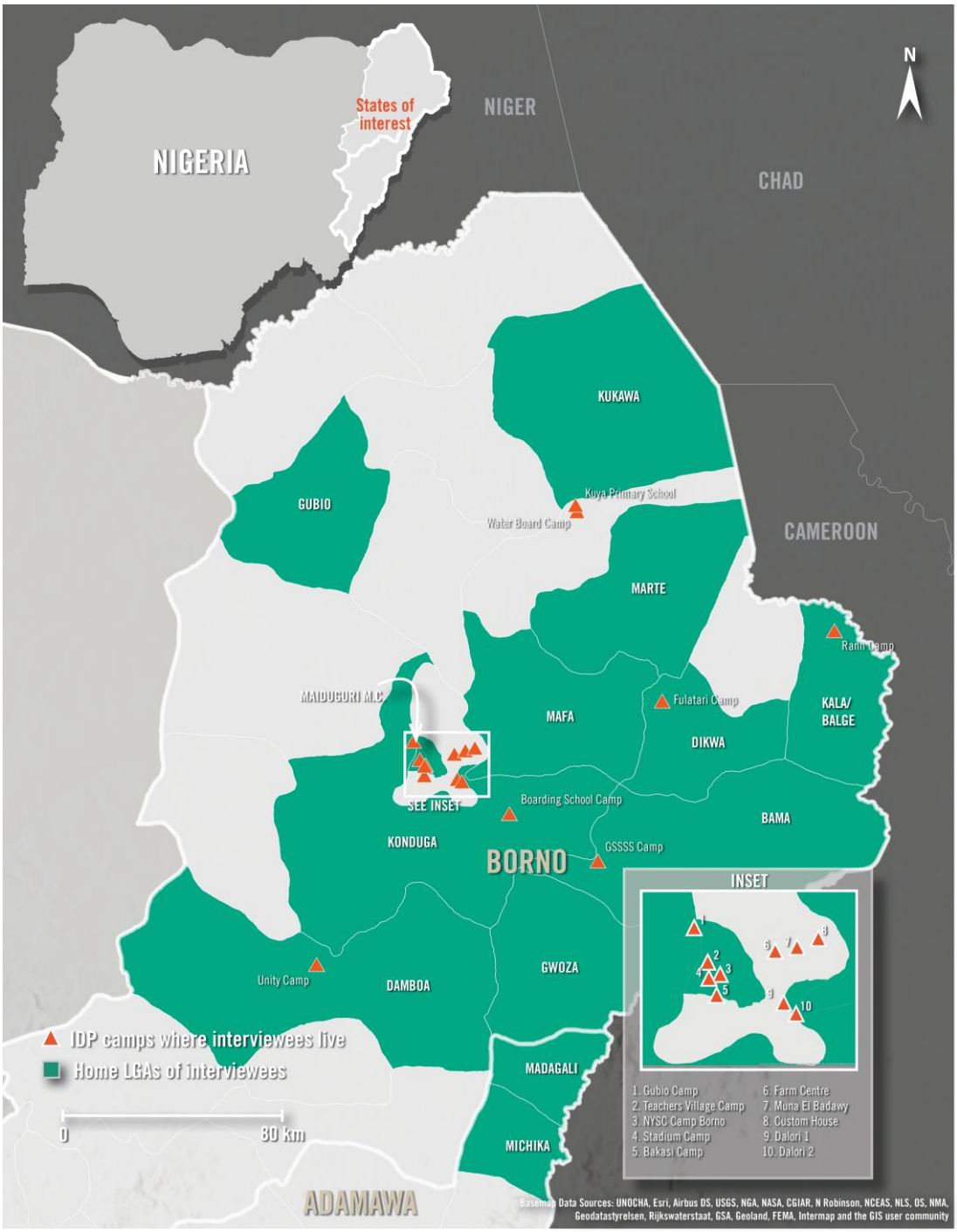
N
States of interest
NIGERIA
NIGER
CHAD
CAMEROON
KUKAWA
GUBIO
Kuya Primary School
Water Board Camp
MARTE
Rann Camp
MAIDUGURI M.C
Fulatari Camp
MAFA
KALA/ BALGE
DIKWA
SEE INSET
Boarding School Camp
BAMA
KONDUGA
GSSSS Camp
BORNO
INSET
Unity Camp
DAMBOA
GWOZA
IDP camps where interviewees live
Home LGAs of interviewees
0
80 km
MADAGALI
MICHIKA
ADAMAWA
1. Gubio Camp
2. Teachers Village Camp
3. NYSC Camp Borno
4. Stadium Camp
5. Bakasi Camp
6. Farm Centre
7. Muna El Badawy
8. Custom House
9. Dalori 1
10. Dalori 2
Basemap Data Sources: UNOCHA, Esri, Airbus DS, USGS, NGA, NASA, CGIAR, N Robinson, NCEAS, NLS, OS, NMA, Geodatastyrelsen, Rijkswaterstaat, GSA, Geoland, FEMA, Intermap and the GIS user community

EXECUTIVE SUMMARY

> **"The military came around 4 p.m. When we heard the gunshots, we ran to the bush, those who could run. The six [who were killed], it was four older men and two older women. They couldn't run, and they were killed."**
>
> A 60-year-old farmer from a village in Bama local government area (LGA), Borno State, who was able to flee at the outset of the military's attack; he was among a group that returned to the village that night, after the soldiers left, and buried the bodies.[1]

> **"I'm an older woman, no one cares about me. I can't go there [to the distribution], and they won't come to me… No one is paying attention to us. No NGO has come and asked about my situation."**
>
> A 68-year-old woman, displaced to Dalori 2 Camp in Borno State, who has a spinal condition that makes it difficult to walk; she said Cameroonian soldiers had killed one of her sons and the Nigerian military has been unlawfully detaining five men in her family, including several of her adult grandchildren, for more than four years.[2]

The violence in Northeast Nigeria is in its second decade, with a resurgence of Boko Haram attacks and military operations in 2020, especially in Borno State. The armed conflict has devastated individuals and communities across the region, with Boko Haram and the Nigerian military both responsible for war crimes and likely crimes against humanity. Older people's experience of the conflict has been largely ignored in media, human rights, and humanitarian reporting. Yet they face distinct and often exacerbated risks from both sides of the conflict, linked also to the intersection of older age, gender, and disability.

This report examines crimes under international law that Boko Haram and the Nigerian military have committed against older people or that have affected older people in particular ways. It also looks at the humanitarian response to the crisis in Northeast Nigeria, and how this response has neglected older women and men. The atrocities and wider neglect remain ongoing, especially across Borno State.

The research for this report was undertaken between November 2019 and October 2020. In total, Amnesty International interviewed 62 older women and 71 older men from across Borno and north-eastern Adamawa States, including nine older women and 17 older men whom the Nigerian military detained illegally, often for several years, for alleged association with Boko Haram. Delegates also interviewed more than 100 other individuals, including prison staff at a facility where people, including older people, are held in the context of

[1] Amnesty International interview, 8 December 2019.
[2] Amnesty International telephone interview, August 2020.

the conflict; people involved in burying bodies from two detention sites in Maiduguri; hospital staff; witnesses to conflict-related deaths of older people; and staff from humanitarian organizations operating in the Northeast. The report builds on a decade of Amnesty International's work on Northeast Nigeria.

International law does not provide a global definition of what constitutes an "older person". It is often defined as age 60 or older, including in a regional human rights treaty signed by Nigeria, but the UN Office of the High Commissioner for Human Rights (OHCHR) has promoted a context-specific approach, which Amnesty International agrees responds better to individual rights. For Northeast Nigeria, Amnesty International has included people in their 50s, also taking into account their self-identification as an "older person".

Older people, like individuals of all social identities, are not homogenous. Many older women and men in Northeast Nigeria provide for themselves and for others in their families; they farm, drive transport vehicles, run restaurants, and sell goods at market. Other older people have severe physical disabilities and, especially without access to assistive devices, are forced to rely on the assistance of others. In between, there is a spectrum of experience and needs. To respect and fulfil everyone's individual rights, governments, donors, and humanitarian organizations need to identify and respond to the range of risks associated with older age, including those related to mobility, disability, nutrition, and certain health conditions.

BOKO HARAM'S ATROCITIES

In its attacks on towns and villages, Boko Haram has committed massacres and regularly abducted younger women and children. Its treatment of older women and men has varied; at times, fighters have killed or mutilated them, while in other attacks Boko Haram has left them alone, referencing their older age.

While older people are at lower risk of being killed or seriously injured in any individual attack, they have made up a disproportionately large segment of the population living in areas that Boko Haram controls or contests. Some older people remain because they have reduced mobility and are unable to flee; other older people stay because of deep ties to their homes and villages, where they have lived for decades and provided for themselves and their families, generally through farming. The long-term contact that comes from living in Boko Haram-controlled areas brings unique risks of abuse, violence, and deprivation by Boko Haram and further risks of violations and stigmatisation by the Nigerian authorities.

Boko Haram often murders those, including older men, who refuse to hand over a demanded portion of their harvest, livestock, and other property, including money. Fighters loot or "tax" people repeatedly, and the demands have become more extreme in recent years, especially by the Boko Haram faction led by Abubakar Shekau. Relinquishing a significant part of their harvest and livestock makes it difficult for older people to access adequate food and to survive. Many of them are already food insecure, as adult children and grandchildren who would have helped farm the family's land had fled previously to government-controlled areas or were killed or abducted by Boko Haram.

The food insecurity is further compounded by Boko Haram's restrictions on women, including older women, working outside the home, reducing farm yields and other livelihood opportunities. A 60-year-old woman from a village in Marte LGA, Borno State, described: "We older [women] had our own field to grow crops… Boko Haram came and said we could not go to our field." Several older women said fighters beat or whipped them if they tried to go to their farms.

Thousands of older people, and likely tens of thousands, remain in Boko Haram-controlled areas and are unable to obtain adequate food. Many have died as a result. A 55-year-old man from a village in Bama LGA, Borno State, told Amnesty International: "Boko Haram came and asked what we'd farmed. They took our crops… My father died first, then my mother. Other elders also died, because of the starvation."

Certain older women in some areas under Boko Haram control are at particular risk of being murdered. Amnesty International documented several incidents, occurring as recently as 2019, in which fighters killed small groups of older women for being "possessed" or "witches". The reasons that fighters have perceived older women to be "witches" are unclear, though several witnesses said at least some of the older women who were killed had mental health issues or cognitive impairments—potentially dementia.

More generally, older people said Boko Haram fighters beat or lashed them frequently, anytime the older person "failed" to follow the group's rules. Older men in particular described feeling angry and hurt at being told by "boy" fighters that the older men, who had been practicing Muslims their whole lives, did not know how to pray properly or perform other central tenets of Islam.

The older people interviewed by Amnesty International, even those who had stayed in Boko Haram areas for three or more years, had no affinity for the armed group. Fighters had caused them to suffer immensely. At least 26 of the older people interviewed had children or grandchildren whom Boko Haram had killed or

abducted; many older people had been forced to watch those crimes and, in the case of abductions, still did not know the fate or whereabouts of their relatives several years later.

The inability to access sufficient food, combined with Boko Haram's daily abuses and humiliations, has forced tens of thousands of older people to ultimately flee—at risk of death. Boko Haram has regularly killed people caught trying to leave for government-controlled areas; older people are usually no different. Amnesty International has continued to document such incidents through the research for this report. In other incidents, fighters killed a younger family member who was trying to help an older person flee; they spared the older person but said explicitly that they expected the older person would die on their own.

Fleeing itself presents great risks. Several older people said that, even two or more years later, they were dealing with the effects of injuries suffered while fleeing. A farmer, 59, from a village in Madagali LGA, Adamawa State, said he fell in escaping a Boko Haram attack and injured his hand: "As we fled, I stepped on a nail that pierced through my left foot. It healed on its own, because I couldn't get help on the mountain. The hand was the most painful one. The delay in getting help worsened the wound, with maggots coming out." He could not close his hand or move his fingers several years later, which made it difficult to farm.

These crimes by Boko Haram against or affecting older people amount to war crimes, and may amount to the crimes against humanity of murder, torture, and other inhumane acts. They are part of the countless crimes under international law that the group has committed since 2013, the date from which Amnesty International considers the situation in Northeast Nigeria to have been a non-international armed conflict.

THE NIGERIAN MILITARY'S CRIMES

Older people in Boko Haram-controlled areas also endure Nigerian military attacks. These operations are ostensibly against Boko Haram, but soldiers rarely make an effort to distinguish combatants from civilians—or to determine if fighters are even present. Many older people with limited mobility are unable to flee and have been shot and killed or seriously injured when soldiers spray bullets through houses. Others have burned to death inside their homes when the military torched villages perceived to support Boko Haram.

In some operations, the Nigerian military strongly appears to have targeted civilians. A 75-year-old farmer from a village in Bama LGA described how, in 2019, soldiers came to his village one morning; most people fled at the sound of the military, but he, and several other older people and people with disabilities, were unable to run. "The soldiers came to my house," the man recalled. "The door was open, and I was sitting there, and the soldier just fired… I'd just finished eating… I bled a lot, and I vomited [what I'd eaten]." He survived but named several other older people in the village who were shot and killed.

The Nigerian military has repeatedly burned villages it perceives to support Boko Haram—even if most people in those villages loathed Boko Haram and suffered abuses by the group. Village burning causes harm to all civilians, but the consequences can be particularly pronounced for older people, who often lose, in addition to their home, the wealth and possessions they had acquired over a lifetime. Older people can also face greater challenges in rebuilding, due to the limited livelihood options available to them in displacement.

Many of the Nigerian military's actions during such operations amount to war crimes, including intentional attacks against the civilian population; murder; and ordering the displacement of a civilian population, where their security or imperative military reasons did not demand so.

For older people who can flee Boko Haram territory for government-controlled areas, further risks await. Older people are among the tens of thousands whom the military has unlawfully detained during the conflict. Older men are detained more frequently than older women, but at least several hundred older women have also been held for several months or years; the military has held some older women simply because they have sons who are alleged Boko Haram members. Consistent with Amnesty International's past reporting, none of the formerly detained older people interviewed during this research had been charged with any crime, much less prosecuted or convicted for one. They had been held for between four months and more than five years, primarily in Giwa Barracks, the most notorious detention facility in Northeast Nigeria.

Soldiers have flogged older people in detention and, in one case documented by Amnesty International, hung two older men from ropes while beating them to extract "confessions". In general, however, torture through physical violence is less common against older detainees than against younger detainees.

But everyone in military detention, including older women and men, suffer grossly inhuman conditions: severe overcrowding, extreme heat, inadequate food and water, lack of access to health services, and appalling sanitation conditions—with several hundred people generally held in cells with one toilet. Older people with chronic illness, including diabetes and hypertension, said soldiers denied them medication and food that fit their dietary needs, during months of detention; one older woman, who was detained in Giwa Barracks in 2020, said she still had severe health effects several months later.

The lack of access to a toilet is a particular problem for older men—one that violates their right to dignity. A 69-year-old man released from Giwa in January 2020 described a problem many others have faced: "For the toilet, you'd wait for 30 minutes to an hour. So many times I urinated on myself, because I couldn't wait."

The grossly inhuman conditions have led to thousands of deaths in custody, as Amnesty International has reported previously. Older people appear to have died at disproportionately high rates, compared to their likely percentage of the detained population in Northeast Nigeria. People involved in receiving and burying bodies from two detention sites in Maiduguri estimated that, from 2013 through 2020, older men accounted for 15 to 25% of the deaths in custody at those detention sites, with deaths among all age groups declining over that period. By comparison, older men are estimated to comprise around 4% of the population in Northeast Nigeria. Former detainees similarly described older men dying in particularly large numbers, mostly before 2018, the year that some conditions improved at Giwa Barracks.

A 65-year-old man, whose brother was killed by Boko Haram, was detained unlawfully by the military for four years, before being released in early 2020. He said, "When we first came [to Giwa], many people died… I fled [my village] and tried to come to a place that would be safer. But when I came, the military arrested me, mistreated me, and took me away for something I didn't do… It's very painful. The injustice is too much."

Even when not detained unlawfully themselves, older people have had to deal with the enforced disappearance or incommunicado detention of their children and grandchildren. At least 29 of the older people interviewed for this report had children or grandchildren whom the military had unlawfully detained. These older people overwhelmingly did not know where their relatives were detained or even if those relatives were alive or dead unless they, or someone with whom they shared a cell, had been released.

A 63-year-old man from a village in Bama LGA told Amnesty International: "I arrived with six children. I will never forget, they flogged my children, tied them, and took [three of] them to Giwa. Until now, I don't know where they are. I cry, asking myself, why did I come here? I regret leaving my village. So much regret."

The Nigerian military's detention-related violations against older people, among others, amount to the war crimes of "cruel treatment and torture" and potentially, for deaths in custody, of murder; they may also amount to the crimes against humanity of murder, imprisonment, torture, and enforced disappearance.

CHALLENGES OF DISPLACEMENT

In their villages, older women and men in Northeast Nigeria play a central role in providing for themselves and their families, as farmers, traders, and in raising livestock. Most have done so for decades. Being forced to leave has a severe economic and psychosocial impact; many older people described their devastation at going from independent providers in their villages to being invisible and dependent on assistance. The mental health effects of that exclusion build on the traumas—often repeated traumas—that older people have experienced as a result of atrocities by Boko Haram and the Nigerian military.

More than 2.1 million people are displaced within Northeast Nigeria, which, based on estimates, includes around 150,000 people age 60 or older; many women and men between 50 and 59 years old see themselves as older people and should be seen as such by the authorities. The federal and state governments are failing to meet these displaced older people's needs and to protect their rights, including their rights to food, health, shelter, dignity, and non-discrimination. Older people repeatedly described feeling unvalued and ignored; during assessments and in the design of humanitarian programmes, they are seldom consulted, much less meaningfully involved. Older women are especially excluded.

Most displaced older people interviewed by Amnesty International said food was their biggest concern. They consistently described inadequate access to food and, in camps where the Nigerian authorities managed food assistance, almost all said distributions were repeatedly delayed, typically by weeks. Displaced older people have limited access to livelihoods, even compared to other parts of the displaced population, making them heavily dependent on assistance. Many described eating one meal a day and having to beg to survive. A woman around 70 years old in Farm Centre Camp, who was a primary caregiver for three grandchildren under the age of 10, described: "We are hungry. The food provided is very small, and it doesn't come on time… After the food is finished, I have to go and beg at Custom Market… I was a guinea corn farmer [in my village]. I had my own cows, my own farm. Now we are beggars. I'm suffering. My grandsons are suffering."

For many displaced older people in camps, the problems are even worse: they do not receive any food assistance because they have never been registered or find themselves inexplicably removed from registration lists; camp authorities have routinely failed to resolve the problems in a timely manner. Amnesty International interviewed 15 older people in Borno State camps who had gone at least four months without food assistance, despite their repeated efforts to resolve the problems. Such issues arise for more than just older people, but older people appear disproportionately affected and can face more barriers in getting resolution. Many older people described indifference, at best, from camp authorities; the challenges are

particularly severe for older women. “We women, do we have an ability to report [problems]?” said a 65-year-old woman in Stadium Camp. “Only men can. If we women go, they won’t even give us an audience.”

In addition, displaced older people overwhelmingly do not have access to essential health services, despite often having specific health needs. While some camps have a clinic, displaced people said the clinics deal mainly with malaria, acute diarrhoea, and other emergency care. Older people said medication for common chronic illnesses that disproportionately affect them, like hypertension and diabetes, is not available in camp clinics. Instead, for such care, displaced older people must pay at every step: for the transport to a doctor or hospital; for the tests and care during a visit; for their hospital stay; for the transport to a pharmacy; and for medication. Such costs are often impossible to bear. Many older people said they were forced to go without essential medication; others sold part of their food assistance to pay for medication. A 70-year-old woman in Muna El-Badawy Camp said, in words echoed by many others: “When they refer us to the hospital, we don’t have money, so we just stay at home. So many of my friends, other older people, have died because of this.”

The first confirmed case of COVID-19 in Northeast Nigeria occurred in April 2020. Humanitarian actors and local health authorities appear to have mobilized quickly, minimizing infections and deaths from the virus. But while the response has, so far, helped avoid widespread infection, the restrictions have exacerbated risks for many older people, especially in accessing adequate food and essential health services.

Finally, many displaced older people live in damaged or otherwise inadequate shelters that provide little protection from rain and flooding. Some of the worst shelter conditions are in camps managed by the Nigerian authorities. Older women at these camps told Amnesty International that when they arrived, they were only told where they could construct their shelters; no material or other assistance was provided. They also reported that when they sought help from camp authorities to reconstruct damaged shelters, no assistance was provided. Older people who headed households, and particularly older women, also felt excluded in distributions of essential non-food items, like blankets during the cold season.

THE WAY FORWARD

Despite repeated atrocities by Boko Haram and the Nigerian military, including against older people, the Nigerian authorities have failed to ensure credible investigations and prosecutions of those responsible, including commanders. A decade after opening a preliminary examination into the situation in Nigeria, the time is long overdue for the International Criminal Court to conclude that phase and open an investigation.

In recent years, Nigeria has positioned itself as a regional leader on older persons’ rights. But the authorities are failing older people across the Northeast. Hundreds of older people, primarily men, remain in unlawful detention in inhumane conditions. The federal government, including the military, must once and for all end its longstanding and widespread practice of arbitrary deprivation of liberty. And it must end the severe restrictions on humanitarian access throughout Northeast Nigeria, which undermine the humanitarian response, the consequences of which always fall hardest on groups most at risk, including older people.

The Nigerian government should also swiftly ratify the Protocol to the African Charter on Human and People’s Rights on the Rights of Older Persons in Africa, and ensure, in accordance with the protocol, that older people are among those prioritized for assistance in situations of crisis. This should involve specific measures by the federal and Borno State governments to ensure access to adequate food, including by resolving problems with food registration; to improve access to health services, including care for chronic illness; to reduce camp congestion; and to support the construction and repair of shelters.

For its part, the humanitarian community faces a challenging environment, as they are targeted by Boko Haram, restricted by the Nigerian military, underfunded by donors, and dealing with the COVID-19 pandemic. Donors must provide greater funding for the response and, with aid organizations, be inclusive in the design and evaluation of assistance. Inclusion means respecting the rights of people with different needs and risks, including those associated with aging. It begins with the collection and analysis of data, and with systematically engaging older people—including older women, older people with disabilities, and older people living alone—in assessments and programme design. Standards and best practices exist for including older people. It is time to implement them and to stop treating older people as an afterthought.

Amina, 70, sits with her grandchildren in an IDP camp in Borno State, Nigeria, October 2020. © The Walking Paradox / Amnesty International

Lawan (left), 77, buys fish from a girl selling in an IDP camp in Borno State, Nigeria, October 2020. © The Walking Paradox / Amnesty International

METHODOLOGY

This report is based primarily on field and remote research undertaken between November 2019 and October 2020. Amnesty International delegates undertook three research missions to Northeast Nigeria with a focus on the experience of older people, including a two-week mission to Borno State and to Abuja in December 2019; a 10-day mission to the Michika and Madagali local government areas (LGAs) of north-eastern Adamawa State in December 2019 and January 2020; and another two-week mission to Borno State and Abuja in January 2020.

One subsequent research mission was planned, but restrictions related to the COVID-19 pandemic made further travel to Northeast Nigeria impossible. The remainder of the research was carried out through remote interviews, primarily in August, September, and October 2020.

In total during this research, Amnesty International interviewed 62 older women and 71 older men affected by the conflict. A diverse group of interviewees was sought, including related to the intersection of older age and different types of disabilities and to different ages within older age. Amnesty International interviewed 28 people between 52 and 59 years old who identified as older people;[3] 70 people between 60 and 69 years old; 30 people between 70 and 79 years old; and five people between 80 and 89 years old.[4]

In addition to interviews with older persons themselves, Amnesty International interviewed 16 children for whom an older person, generally a grandparent, was the principal caregiver; five caregivers for older people with disabilities; 19 younger adults or children who witnessed conflict-related deaths of one or more older persons, generally a relative; more than 50 people who were held with older persons in military detention; and five people who worked in a Nigerian military detention facility where older people were held or who participated in burying those who died in detention.

A few interviews were conducted without interpretation, either in Hausa or, less frequently, English. The rest were conducted with interpretation from Kanuri, Hausa, or Fulfulde to English.

Among the 133 older people interviewed for this report, Amnesty International interviewed 17 older men and nine older women whom the military detained for an alleged association with Boko Haram. The people had been held in Giwa Barracks, the Safe Corridor detention facility in Gombe, Maiduguri Maximum Prison, and a Damaturu military base, as well as in formal and informal detention sites near the front lines, including in Bama, Damboa, and Monguno.

Amnesty International prioritized speaking with older people from across conflict-affected Northeast Nigeria. Delegates interviewed survivors and witnesses from the following LGAs (also on the map on page 4):

- in Adamawa State: Michika and Madagali LGAs; and
- in Borno State: Bama, Damboa, Dikwa, Gubio, Gwoza, Kala/Balge, Konduga, Kukawa, Mafa, Maiduguri M.C., and Marte LGAs.

[3] Including them as "older people" for the purposes of this report is also appropriate when considering the context. According to the World Health Organization (WHO), the average life expectancy in Nigeria is around 54 years for men and 55 years for women. See WHO, Nigeria, https://www.who.int/countries/nga/ (accessed 24 November 2020). The Northeast is likely to have an even lower life expectancy, given the conflict and a much longer history of marginalization. A United Nations Development Programme (UNDP) survey in 2018 found that a plurality of people in Northeast Nigeria reported a life expectancy of between 31 and 40 years old. Only 12.2% reported a life expectancy of more than 60 years old. UNDP, *National Human Development Report 2018: Achieving Human Development in North East Nigeria*, p. 25.

[4] Most people interviewed did not have records indicating their age or date of birth, often because such documents were destroyed or left behind when their village was attacked. Ages are based on how old the person said they were. This presents challenges, especially in parts of rural Northeast Nigeria, where education has been limited and birth records may not have existed. People tended to give ages in five-year increments (i.e. 60 or 65, but rarely 63). Some people said openly they were not sure. The lack of records or clearly defined ages for many people is even more reason why context and individuals' self-definition of being an "older person" should be given due consideration.

Amnesty International also interviewed older people living in different displacement sites, as part of examining the specific challenges older people face in displacement. Delegates carried out interviews with people living in the following displacement sites:

- in Bama LGA: Government Senior Science Secondary School Camp ("GSSSS Camp");
- in Damboa LGA: Unity Camp;
- in Dikwa LGA: Fulatari Camp;
- in Jere LGA: Custom House, Farm Centre, and Muna El-Badawy;
- in Konduga LGA: Gubio Camp ("400 Housing Estate"), Dalori 1 ("Federal Training Centre Camp"), Dalori 2 ("250 Housing Estate"), and Boarding School Camp;
- in Maiduguri M.C.: Bakasi Camp, NYSC Camp Borno, Stadium Camp, Teachers Village Camp, and people renting homes or squatting on land in host communities;
- in Monguno LGA: Kuya Camp and Water Board Camp; and
- in Kala/Balge LGA: Rann Camp.

Delegates also interviewed more than two dozen representatives of international and local humanitarian organizations operating in Northeast Nigeria, as well as experts on the conflict and representatives of foreign donors funding humanitarian assistance.

The research for this report builds on a decade of Amnesty International's work on the conflict, including previous reporting on crimes by Boko Haram and by the Nigerian military.[5] Hundreds of Amnesty International interviews from prior research projects contribute to this report's analysis, including more than 140 interviews with people formerly detained in Giwa Barracks.

Amnesty International informed interviewees about the nature and purpose of the research and how the information would be used. Delegates obtained oral consent from each person prior to the interview. People were told they could end the interview at any time and could choose not to answer specific questions. No incentives were provided to interviewees in exchange for speaking.

Almost everyone interviewed for this report spoke on condition of anonymity, generally due to concerns they might face reprisals from the Nigerian authorities, and in particular the military, should it become known they had spoken with Amnesty International. Where specific details in a testimony could identify the speaker, Amnesty International has withheld them from this report for the person's security and privacy.

On 2 November, Amnesty International sent letters to Nigeria's Minister of Justice, Abubakar Malami; and to the governor of Borno State, Babagana Umara Zulum. The letters detailed the research's main findings and sought responses to questions related to those findings. The Minister of Justice's office confirmed receipt on 4 November, and the Borno State Governor's office confirmed receipt on 5 November, but at time of publication, Amnesty International had not received a substantive response from either office.

[5] See Amnesty International, *"We dried our tears": Addressing the toll on children of Northeast Nigeria's conflict* (Index: AFR 44/2322/2020), 27 May 2020; Amnesty International, *Willingly unable: ICC preliminary examination and Nigeria's failure to address impunity for international crimes* (Index: AFR 44/9481/2018), 10 December 2018; Amnesty International, *"They betrayed us": Women who survived Boko Haram raped, starved and detained in Nigeria* (Index: AFR 44/8415/2018), 24 May 2018; Amnesty International, *"If you see it, you will cry": Life and death in Giwa Barracks* (Index: AFR 44/3998/2016), 11 May 2016; Amnesty International, *Stars on their shoulders. Blood on their hands: War crimes committed by the Nigerian military* (Index: AFR 44/1657/2015), 3 June 2015; Amnesty International, *"Our job is to shoot, slaughter and kill": Boko Haram's reign of terror in North-east Nigeria* (Index: AFR/44/1360/2015), 14 April 2015; Amnesty International, *"Welcome to hell fire": Torture and other ill-treatment in Nigeria* (Index: AFR 44/011/2014), 18 September 2014; Amnesty International, *Nigeria: Trapped in the cycle of violence* (Index: AFR 44/043/2012), 1 November 2012.

1. BACKGROUND

1.1 CONFLICT, DISPLACEMENT, AND IMPUNITY

For more than a decade, Northeast Nigeria has been wracked by violence between the security forces and an armed group commonly referred to as Boko Haram. Fighting began in 2009, when the Nigerian security forces arrested several members of the group, also known as Jama'atu Ahlis Sunna Lidda'awati wal-Jihad (JAS), and extrajudicially executed its leader, Mohammed Yusuf. Boko Haram had been established in 2002 as a religious movement with a vision of reforming society based on its interpretation of Islam. It initially predominated in urban areas. From 2010, the group turned increasingly to violence, which escalated in parallel alongside unlawful arrests, detention, and killings by the security forces.[6]

In 2013, the Nigerian security forces, together with state-sponsored militias like the Civilian Joint Task Force (CJTF), cracked down further on Boko Haram, forcing it out of cities and into rural areas. Boko Haram launched attacks across the Northeast and elsewhere, targeting security forces and civilians alike; at its peak, in early 2015, it controlled most of Borno, northern Adamawa, and eastern Yobe States.[7] That year, the Nigerian military, with the armed forces of Cameroon, Chad, and Niger, launched a counter-offensive. By March, they recaptured most towns, including Gwoza, which Boko Haram had proclaimed its capital.[8]

Amnesty International, like the Office of the Prosecutor of the International Criminal Court (ICC), considers the situation in Northeast Nigeria to have been a non-international armed conflict since at least May 2013.[9] Both sides have committed war crimes and likely crimes against humanity. For Boko Haram, the atrocities include widespread murder, abduction, rape and other sexual violence, forced marriage, attacks on schools, and recruitment and use of child soldiers.[10] The Nigerian armed forces have committed extrajudicial executions, indiscriminate attacks, torture and other ill-treatment, arbitrary detention, and sexual violence.[11]

In 2016, Boko Haram fractured, after long-simmering disagreements and the loss of significant territory the year before.[12] Two major factions emerged: the Islamic State West Africa Province (ISWAP), led by Mamman Nur and Abu Musab al-Barnawi, a son of Mohammed Yusuf; and JAS, led by Abubakar Shekau, who had been one of Mohammed Yusuf's lieutenants and led Boko Haram since 2010. The armed group calling itself the Islamic State (IS), then led by Abu Bakr al-Baghdadi, recognized the ISWAP faction as its affiliate.[13]

ISWAP is headquartered around Lake Chad and reportedly numbers around 3,500 to 5,000 fighters; JAS has been based primarily in Sambisa Forest and other parts of southern Borno State and is estimated to

[6] See Amnesty International, *Nigeria: Trapped in the cycle of violence*; Human Rights Watch, *Spiraling Violence: Boko Haram Attacks and Security Force Abuses in Nigeria*, October 2012; and International Crisis Group, *Curbing Violence in Nigeria (II): The Boko Haram Insurgency* (Africa Report No. 216), 3 April 2014.
[7] Amnesty International, *"Our job is to shoot, slaughter and kill"*; International Crisis Group, *Facing the Challenge of the Islamic State in West Africa Province* (Africa Report No. 273), 16 May 2019, pp. 1-3.
[8] International Crisis Group, *Facing the Challenge of the Islamic State in West Africa Province*, p. 1.
[9] Amnesty International, *Stars on their shoulders. Blood on their hands*, pp. 28-30; ICC Office of the Prosecutor, *Report on Preliminary Examination Activities—2013*, November 2013, paras 214-21
[10] See, for example, Amnesty International, *"Our job is to shoot, slaughter and kill"*; Amnesty International, *"We dried our tears"*; Human Rights Watch, *"They Set the Classrooms on Fire": Attacks on Education in Northeast Nigeria*, April 2016.
[11] See, for example, Amnesty International, *Stars on their shoulders. Blood on their hands*; Amnesty International, *"If you see it, you will cry"*; Amnesty International, *"They betrayed us"*; Amnesty International, *"We dried our tears"*.
[12] For more detail, see International Crisis Group, *The Islamic State Franchises in Africa: Lessons from Lake Chad*, 29 October 2020.
[13] After an initial reluctance, Shekau had pledged allegiance to IS in 2015, after Boko Haram had lost several towns. Over time, IS reportedly disapproved of some of the tactics he oversaw, including the use of women and girls as suicide bombers and the murder and enslavement of Muslims whom Shekau considered "apostate" because they lived in Nigerian government-controlled areas. See International Crisis Group, *The Islamic State Franchises in Africa: Lessons from Lake Chad*; International Crisis Group, *Facing the Challenge of the Islamic State in West Africa Province*, pp. 1-2; and Jason Warner and Charlotte Hulme, "The Islamic State in Africa: Estimating Fighter Numbers in Cells Across the Continent," *CTC Sentinel* (August 2018), pp. 21-22.

have 1,500 to 2,000 fighters.[14] In early 2020, ISWAP had further conflict among its senior ranks; Lawan Abubakar, also known as Ba Lawan, overthrew the group's former leader, Ba Idrisa, according to reports.[15] Despite the seeming turmoil, both factions of Boko Haram have continued to carry out attacks, with the ISWAP faction particularly responsible for a spike in attacks throughout 2020.[16]

The Nigerian military continues to carry out operations against Boko Haram, a term used in this report to denote ISWAP, JAS, and other potential factions. Civilians have suffered the most. The presence of Nigerian civilian authorities rarely extends to rural areas, especially after the military announced, in August 2019, that it was leaving some towns with poorly fortified posts in favour of "super camps".[17] The military's strategy has clashed with that of the governor of Borno State, Babagana Zulum, who has sought a return of civilian authorities—and displaced civilians—to areas the military has largely abandoned.[18] In late July 2020, the governor's convoy was attacked, allegedly by Boko Haram fighters, near the town of Baga.[19]

There is no reliable estimate of the total number of people killed during the conflict. Documentation has been lacking in general, in part due to the Nigerian authorities' restrictions on access and harassment of those who speak out about its crimes.[20] Estimates of the conflict's death toll vary significantly, with UNICEF reporting more than 20,000, the UN Office for the Coordination of Humanitarian Affairs (OCHA) reporting more than 36,000, the Council on Foreign Relations' Nigeria Security Tracker reporting 39,557, and others suggesting a total of 70,000 or more.[21] In September 2019, the International Committee of the Red Cross (ICRC) said it had registered more than 22,000 people as missing, at the time the highest number of missing persons registered in any country where it operated; ICRC indicated it had "solved" 367 of those cases.[22]

There has been no genuine effort by the Nigerian authorities to investigate and prosecute crimes under international law and other serious human rights violations perpetrated by Boko Haram or by the Nigerian security forces, as Amnesty International has detailed repeatedly.[23] In November 2010, the Office of the Prosecutor of the ICC opened a preliminary examination into the situation in Nigeria. A decade later, it has still not moved to an investigation, despite concluding in November 2019 that "it does not appear that the [Nigerian] authorities are investigating and/or prosecuting cases concerning substantially the same conduct or cases that are otherwise similar to those identified by the Office [of the Prosecutor]".[24]

Borno State remains the conflict's epicentre. As of October 2020, there were 299,314 people displaced from Nigeria to neighbouring countries and another 2,118,550 displaced internally in the north-eastern part of the country, including 1,566,011 in Borno State alone.[25] Nigeria's National Emergency Management Agency (NEMA) and the International Organization for Migration (IOM) have estimated that around 7% of the internally displaced population is age 60 or older, with a slightly higher percentage of older men than older women; 7% equates to around 150,000 people.[26] As discussed below, many people in their fifties should also be considered older persons in the context of Northeast Nigeria.[27]

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[14] See International Crisis Group, *Facing the Challenge of the Islamic State in West Africa Province*, p. 2 and Appendix C; Jason Warner and Charlotte Hulme, "The Islamic State in Africa: Estimating Fighter Numbers in Cells Across the Continent," pp. 21-23. JAS has a sub-faction around Lake Chad. See Remadji Hoinathy, "Is counter-terrorism history repeating itself in Lake Chad Basin?" ISS Today, 15 April 2020.
[15] See Bassim Al-Hussaini, "New ISWAP boss slays five rebel leaders, silences clerical tones," *Premium Times* (Nigeria), 3 March 2020; International Crisis Group, *The Islamic State Franchises in Africa: Lessons from Lake Chad;* Jacob Zenn, "Islamic State in West Africa Province's Factional Disputes and the Battle with Boko Haram," Jamestown Foundation Terrorism Monitor vol. 18(6), March 2020.
[16] See International Crisis Group, *The Islamic State Franchises in Africa: Lessons from Lake Chad* (noting also that, following suggestions from IS, ISWAP has "pushed ahead with military reforms" that have led to a "growing professionalism"); Agence France-Press, "Jihadists 'take hundreds hostage' in raid on northeast Nigeria town," 19 August 2020; Human Rights Watch, "Cameroon: Boko Haram Suicide Bombers Strike Displacement Site," 25 August 2020; CNN, "81 killed in bloody Boko Haram attack in Nigerian village," 10 June 2020.
[17] See, for example, Jacob Zenn, "The Humanitarian Dilemma Around the Military's 'Super Camp' Strategy in Nigeria," Council on Foreign Relations, 5 September 2019; Reuters, "Islamic State fills the void in Nigeria as soldiers retreat to 'super camps'," 16 September 2019.
[18] Motunrayo Ogundipe, "Military decision to set up super camps responsible for recent Boko Haram attacks -Borno Gov" *NigerianEye*, 25 August 2019; Abdulkareem Haruna, "Furious Borno governor blames military for Boko Haram massacre of over 30 travellers," *Premium Times*, 11 February 2020, BBC, "Nigeria Boko Haram: Governor says battle against militants being sabotaged," 2 August 2020.
[19] Adejumo Kabir, "Gov Zulum speaks on convoy attack, criticises Army," *Premium Times*, 31 July 2020.
[20] See, for example, Associated Press, "Nigeria suspends UNICEF work, alleges 'clandestine' activity," 14 December 2018; Al Jazeera, "Nigeria's presidency expresses 'concern' over Amnesty activities," 18 December 2018.
[21] UNICEF, Emergencies: Nigeria, https://uni.cf/3cqo1Ky; OCHA, About OCHA Nigeria, https://bit.ly/2WnB0XR; Council on Foreign Relations, Nigeria Security Tracker, https://on.cfr.org/2LioeU7 (all figures from 24 November 2020); Jacob Zenn, "Where will Boko Haram go next after ten years of moving around?" *African Arguments*, 23 July 2019 (at least 30,000, while saying "observers suggest the real total could be closer to 70,000"). See also Andalou Agency, "100,000 killed by Boko Haram, Nigerian governor says," 13 February 2017.
[22] ICRC, "Nigeria: 22,000 people registered as missing after a decade of war, ICRC's highest caseload in the world," 12 September 2019.
[23] See, for example, Amnesty International, *Willingly unable*; Amnesty International, *"We dried our tears"*, pp. 15-16.
[24] ICC Office of the Prosecutor, *Report on Preliminary Examination Activities—2019*, 5 December 2019, para. 199. The Office of the Prosecutor said it had identified 10 cases, seven related to Boko Haram and three related to the Nigerian security forces. Para. 189.
[25] See UNHCR, Nigeria Situation, https://data2.unhcr.org/en/situations/nigeriasituation (accessed 6 October 2020); and IOM and NEMA, *Displacement Report 33: North East Nigeria* (August 2020), pp. 6, 7. Overall displacement had increased from the prior report.
[26] IOM and NEMA, *Displacement Report 33: North East Nigeria* (August 2020), p. 9.
[27] The number of displaced people between 50 and 59 years old is unclear from the published data, as NEMA and IOM only disaggregate published data in the following age ranges: less than 1 year old; 1-5; 6-17; 18-59; and 60 and older. IOM and NEMA, *Displacement Report 33: North East Nigeria* (August 2020), p. 9. The lack of inclusivity in data collection and disaggregation is discussed on page 52.

1.2 OLDER PEOPLE IN SITUATIONS OF CRISIS

The COVID-19 pandemic has laid bare a long-existing reality: older people are often marginalized, as a result of widespread prejudice on the basis of age as well as discriminatory policies and practices. Compared to other groups with specific risks in situations of armed conflict and humanitarian crisis, older people's experience and perspectives have historically been largely absent from reporting, including from human rights organizations like Amnesty International. In humanitarian response, donors and aid organizations have likewise neglected older people, including in undertaking assessments and in allocating resources.[28]

There is no global treaty on the rights of older persons nor a unified definition in international law of what constitutes an "older person". Several regional treaties exist, however, including the Protocol to the African Charter on Human and Peoples' Rights on the rights of older persons in Africa (hereinafter African Protocol on Older Persons), which defines older persons as age 60 or older.[29] Nigeria signed the African Protocol on Older Persons in February 2020 but has not ratified it.

The Office of the High Commissioner for Human Rights (OHCHR) promotes a context-specific approach to older age, recognizing that "age is a social construct based on custom, practice, and the social role a person plays in his or her community".[30] From a rights perspective, an arbitrary minimum age cut-off is misguided, as it risks failing to respond based on individual rights and needs. "Older age" should be considered, as OHCHR does, according to context, and, in addition, take into account individuals' self-identification. In Nigeria, the average life expectancy nationwide is around 55 years for women and 54 years for men.[31] The Northeast is likely to have a lower average life expectancy, given the conflict and longstanding under-development and marginalization. A United Nations Development Programme (UNDP) survey in 2017 found that a plurality of people in Northeast Nigeria reported a perceived life expectancy of between 31 and 40 years old; only 12.2% reported a perceived life expectancy of more than 60 years.[32]

HelpAge International is the leading global voice on the rights of older people in situations of crisis. It has published research and guidelines on, among other issues, nutrition interventions, health interventions, mental health, exclusion in humanitarian data, and best practices for responding to specific risks.[33] It was among a consortium that, in 2018, drafted the *Humanitarian inclusion standards for older people and people with disabilities*, which include over-arching standards on involving older people in the design and implementation of humanitarian response, as well as standards for different aspects of humanitarian assistance, including protection, food security, shelter, health, and water, sanitation, and hygiene (WASH).[34]

The intersection of older age, gender, and disability presents specific risks. In 2011, the World Health Organization (WHO) estimated that 53.3% of people in Africa over the age of 60 lived with one or more moderate or severe disabilities, including a slightly higher percentage of older women than older men.[35] In Northeast Nigeria, the percentage of older persons living with one or more disability is likely higher, due to the ongoing armed conflict as well as the region's under-development and lack of sufficient health care services. Past documentation by Amnesty International and HelpAge International, among others, shows that worldwide older people with disabilities face frequent physical, attitudinal, and institutional barriers.[36]

Since 2018, there has been increasing, though still infrequent, reference to older people's rights and risks in the context of armed conflict and humanitarian crisis, including in UN Security Council resolutions and in

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[28] For more on under-resourcing, see HelpAge International, *End the neglect: a study of humanitarian financing for older people*, 2016.
[29] Protocol to the African Charter on Human and Peoples' Rights on the rights of older persons in Africa, 31 January 2016, Article 1. Compare with Inter-American Convention on Protecting the Human Rights of Older Persons, Article 2 (a "person aged 60 or older, except where legislation has determined a minimum age that is lesser or greater, provided that it is not over 65 years"). National law on what constitutes an "older person" varies significantly, often linked to an age at which pension plans or certain government assistance begins.
[30] OHCHR, Report of the United Nations High Commissioner for Human Rights (2012 ECOSOC Report), UN Doc. E/2012/51, 20 April 2012, para. 8, https://undocs.org/E/2012/51
[31] See World Health Organization (WHO), Nigeria, https://www.who.int/countries/nga/ (accessed 24 November 2020).
[32] UNDP, *National Human Development Report 2018: Achieving Human Development in North East Nigeria*, p. 25 ("the overall implication being that for a significant number of people in the area, life expectancy is between 31 and 40 and further highlighting the deficiency of health facilities and related services in the area").
[33] See, for example, HelpAge International, *Nutrition interventions for older people in emergencies*, 2013; HelpAge International, *Health interventions for older people in emergencies*, 2012; HelpAge International, *Older voices in humanitarian crises: Calling for change*, 2016; HelpAge International, *More at risk: How older people are excluded in humanitarian data*, 2019; HelpAge International, *Older people in emergencies identifying and reducing risks*, 2012.
[34] Age and Disability Capacity Programme (ADCAP), *Humanitarian inclusion standards for older people and people with disabilities*, 2018. The Age and Disability Consortium that oversees ADCAP includes the following members: CBM, DisasterReady.org, Handicap International, HelpAge International, International Federation of Red Cross and Red Crescent Societies (IFRC), Oxford Brookes University, and RedR UK.
[35] WHO and World Bank, *World Report on Disability*, 2011, p. 30 (Table 2.2).
[36] Amnesty International, *Excluded: Living with disabilities in Yemen's armed conflict* (Index: MDE 31/1383/2019), 3 December 2019; Amnesty International, *"Fleeing my whole life": Older people's experience of conflict and displacement in Myanmar* (Index: ASA 16/0446/2019), 18 June 2019; and HelpAge International and the London School of Hygiene & Tropical Medicine (LSHTM), *Missing millions: How older people with disabilities are excluded from humanitarian response*, April 2018.

statements and reports by the Secretary-General and other senior UN officials.[37] In 2019, a report of the UN Independent Expert on the enjoyment of all human rights by older persons focused on emergency situations, examining ways that crises affect older people disproportionately. The Independent Expert recommended increased funding to respond to older people's needs; improved data collection and disaggregation; better assessments and planning from a crisis's first moments; better consultation with older people; and non-discrimination, including in nutrition, health, and psychosocial programming.[38] In May 2020, the Secretary-General published a policy brief on COVID-19's impact on older persons, calling for a commitment to older people's rights, including to dignity; a specific focus on their rights and needs in humanitarian response; and greater consultation and participation of older people, including through better data disaggregation.[39]

In recent years, the Nigerian government has positioned itself as a regional leader on the rights of older people. In November 2019, it hosted an expert conference on the human rights situation of older persons in Africa, associated with the UN General Assembly Open-ended Working Group on Ageing.[40] Tijjani Muhammad-Bande, a Nigerian diplomat and the President of the UN General Assembly's 74th session, has been outspoken on ending discrimination against older people and pushed senior officials in Nigeria "to show the world" how to respect older people's rights and to value their contributions.[41]

In 2019, the Older Persons (Rights and Privileges) Bill was introduced before Nigeria's Senate. Among other things, the draft text prohibits discrimination on the basis of age or disability; calls for the federal government to raise awareness about older people's rights as well as their "capabilities, achievements and contributions"; guarantees older people's rights to an adequate standard of living and to the "highest attainable standards of physical and mental health and long term care without discrimination"; and calls for the government to ensure their "safety and security" in "situations of violence [and] emergencies", taking into consideration the specific risks they face.[42] But while the bill has important provisions and protections, it is overly exclusive, defining older age as "above 65 years" and indicating the bill's "rights and privileges" apply only if an older person obtains a "Certificate of Old Age".[43] The definition of "above 65 years" would be in conflict with the African Protocol on Older Persons, which uses age 60 and older. And the certificate requirement appears to involve having a "birth record… examined";[44] many older people in Northeast Nigeria do not have birth records, at times because they were lost or destroyed due to the conflict. As of November 2020, the bill had been referred to the Senate Committee on Women Affairs, after passing a second reading in the Senate.[45]

The development of humanitarian standards to respond to older people's rights and needs, along with greater attention in global and regional fora, has been notable. But major progress is still needed, especially in turning commitments into practice. Older people remain largely invisible in situations of crisis, and their rights regularly neglected. The year 2020 has shown the devastating consequence of that neglect, with COVID-19's ever-rising global toll made up overwhelmingly of older people, amid failed and often discriminatory government responses that treat older people as expendable.[46]

[37] See, for example, UN Security Council, Resolution 2417 (2018), 24 May 2018; and *Report of the Secretary-General on the protection of civilians in armed conflict* (S/2020/366), 6 May 2020, paras 1, 27.
[38] *Report of the Independent Expert on the enjoyment of all human rights by older persons*, 4 July 2019.
[39] United Nations, *Policy Brief: The Impact of COVID-19 on older persons*, May 2020.
[40] Stakeholder Group on Ageing Africa (SGA Africa), Concept Note: Regional Expert Conference on The Human Rights Situation of Older Persons in Africa, 20 November 2019, https://bit.ly/3iCQAXJ
[41] See Statement by H.E. Tijjani Muhammad Bande, President of the 74th Session of the United Nations General Assembly, 10 October 2019, https://www.un.org/pga/74/2019/10/10/international-day-of-older-persons/; News Agency of Nigeria, "UN committed to promoting welfare, inclusion of older persons – Muhammad-Bande," 24 November 2019; Salome Nuhu, "Nigeria should lead on proper treatment of the elderly – UN official," *Premium Times* (Nigeria), 22 November 2019.
[42] An Act to Provide Certain Rights and Privileges for Older Persons in order to Ensure Health and Economic Reliefs and Protection for their Social and Civil Rights and for Other Related Matters, 2019 (SB. 114) (hereinafter Older Persons (Rights and Privileges) Bill, 2019).
[43] Older Persons (Rights and Privileges) Bill, 2019, Sections 33 and 39, and First Schedule.
[44] Older Persons (Rights and Privileges) Bill, 2019, First Schedule (Part I – Certificate of Old Age).
[45] SB 114: Older Persons (Rights and Privileges) Bill, 2019, https://placbillstrack.org/view.php?getid=6671 (accessed 19 November 2020). See also Deji Elumoye, "FG: Adamawa, Bauchi, Eight Others Yet to Endorse Child Rights Act," *This Day*, 15 October 2020; Chimezie Godfrey, "Bill to protect rights, privileges of older persons passes 2nd reading at Senate," *Newsdiary Online*, 17 March 2020.
[46] See, for example, Amnesty International, *As if expendable: The UK government's failure to protect older people in care homes during the COVID-19 pandemic* (Index: EUR 45/3152/2020), 4 October 2020.

Bintu, 60, packs up a stall where she sells dried vegetables in a market near her IDP camp in Borno State, Nigeria, October 2020. © The Walking Paradox / Amnesty International

Aisa, 62, and two of her granddaughters put dried vegetables in small packages to sell, in their shelter in an IDP camp in Borno State, Nigeria, October 2020. © The Walking Paradox / Amnesty International

THE STORY OF J.L., A 75-YEAR-OLD FARMER FROM A VILLAGE IN BAMA LGA, BORNO STATE[47]

"The Boko Haram boys were chased away from Bama [town], so they came to our villages. They told me I didn't know anything about religion, [even though] I've mastered the Qur'an.

One day… they came and said, 'Your wife was arrested, you should go and see her.' I went there with my neighbour. [A fighter] asked, 'Why did you leave your wife roaming about without a [full body covering]?' I said I'd gone to the farm. They said they'd arrested her because she didn't have the full covering on…

They told me, 'You don't know anything about religion.' They said we should do things according to their interpretation… [That day], one of the boys said, 'Because you're an older person, I won't do anything to you. I'll be soft with you.' He said I should bring my wife a [full covering], so she could go home with me…

My daughter was in [another village]. She went into labour and died. They sent someone and told me. I went there for the condolences. Then I came back on my bicycle. I came across three Boko Haram with guns. They said they needed my bike, they had something urgent to do but would bring it back… It was 12 kilometres back to [my village]; I walked for more than four hours. They never brought my bike back…

One day, I went to the mosque, and I saw there were no plastic mats. I went out and saw three Boko Haram lying on them in a shelter. I told them it was time for prayers, and I wanted a mat. They said there was still time before the prayer. One of them took a stick and hit me and chased me away… It was very painful to be told by children [I didn't know how to pray]. Only on judgment day will it be decided.

Under Boko Haram, older people were mistreated so much. There are so many things that happened, we could never finish telling them. Without your knowledge, they'd come from Sambisa, go to your land, cut your crops, and steal them. Last year, one Boko Haram boy told us, 'We'll come and take all your crops.' Like this, we were all suffering…

The first time [the Nigerian military attacked my village], we went to the field, to the farms. When the military arrived, no one was there. They burned it—burned our houses, our belongings. We were very sad, but we rebuilt it—our homes, everything.

Two years later, the military came again… They went to another village, found no one there, then came slowly to [my village]. It was morning, we hadn't yet gone to our farms. I hadn't heard them [and] didn't know they were coming. They set fire to a few houses—it was around 9 a.m., I had just taken my meal.

A soldier shot me. I fell down and was bleeding. A CJTF guy came in, he saw me—saw me bleeding—and took me to a car. There was another older man, [name redacted], they opened fire on him, and he died… Then the soldiers came and shot me. I have a bullet wound here [in my hip]. It happened [in 2019]…

Another man, [name redacted], he was about 70, they set fire to the house with him inside. He died. A soldier shot him, inside his room. Then they set fire [to the house] and burned it. Another one, [name redacted], they shot him, and he was burned too. He was around 50 years old. The last [person I know who was killed]… was around 40. He was shot.

Everybody ran when they heard [the soldiers]. The 40-year-old one, he was fit and could run. But he didn't have time [to get away]. The others, they were all older, they couldn't run.

The soldiers came to my house. One soldier pointed [his gun] and shot me. There were around 10 of them. I was sitting inside the room… All of them were wearing the same [military] uniform. I'd just finished eating. Before I realized the military was [in the village], others had run. I bled a lot [from the gunshot], and I vomited [what I'd eaten]… The door was open, and I was sitting there, and the soldier just fired…

After the soldier left, [the CJTF guy] came to the room and asked me what happened. I said, 'The guy just shot me.' He asked if it reached my bone. I felt and said no, and he said I was lucky. [The soldiers] never said sorry or anything, there was no sympathy. I walked, and [the CJTF guy] held my hand…

[After the CJTF guy took me to a car], we came to T Junction. There, they got me an ambulance and sent me to Mai Malari barracks. I was held and treated there.

The soldiers [at Mai Malari] asked me, 'Were you running, is that why they shot you?' I said no, I was just sitting there… They started to interrogate me. They asked, 'Where were Boko Haram? What are they doing?' Three military personnel came to interview me. They asked me what Boko Haram had done; I told them. They asked me about life in [my village]. I told them the soldiers came and opened fire on me. Nobody asked me any questions about them—the soldiers [who shot me]…

They gave me a drip. The [military] doctor worked on me… They made stitches and then every couple days, they cleaned the wound.

In the Mai Malari clinic, there's a room, the soldiers call it the 'Boko Haram room'. They put me there. They brought two older people from Giwa; they were very sick. And they said it was the 'Boko Haram ward'. They brought five people from Giwa [in total]; they all died. Not from gunshots, they were all sick…

They told me the military had detained them in Giwa. When they fell sick, they were brought to Mai Malari. One from Giwa, he died that day [he was brought]. The other three, one stayed maybe three days, one five days, then they died. The two [older ones], they were more than 65 years old… When someone died, they got a big plastic sack with a zipper. They put the body inside, closed it, and took it out of the ward…

I was chained [in Mai Malari]. They chained my hands and my ankles… They were metal [chains]… They'd take off the hand chains [when I went to the toilet]. I was chained even in the night.

My family didn't know [where I was]. They searched everywhere. The Red Cross. Prisons. No one knew… After eight months, [the soldiers] said, 'You are clear. You're not Boko Haram. We'll get your family.'

Now when I sit down like this, it takes a long time [to get up]. I can't move well.

I'm living with one of my daughters [in the host community]… I haven't benefitted from anything, as an IDP. The day I was leaving [Mai Malari barracks], there was another older man who'd been [shot]. They discharged us together. The military gave each of us clothes and 20,000 naira (US$52)."

[47] Amnesty International interview, 8 December 2019. For this and other extended testimonies that appear in this report, Amnesty International has used initials that do not reflect the survivors' real names or initials, to protect their identity.

2. BOKO HARAM'S CRIMES

> **"Boko Haram… asked why I was still around when others had run away… I told them it was my house and I was not scared of dying. Some of them said instead of killing me, they'd put me in permanent pain. They brought out their knife and stabbed me in my foot, leaving a big gash."**
>
> An 80-year-old woman from a village in Michika LGA, Adamawa State.[48]

> **"Boko Haram came and asked what we'd farmed. They took our crops… My father died first, then my mother. Other elders also died, because of the starvation."**
>
> A 55-year-old man from a village in Bama LGA, Borno State, who said he stayed in his village when Boko Haram took control because his parents were unable to flee. After they died, he fled with his wife and kids to Bama town, in 2019.[49]

The conflict has devastated almost every person, family, and community across Northeast Nigeria. During its attacks, Boko Haram fighters have at times spared older people, and older women in particular, when massacring younger men and abducting younger women and children. But in other instances, fighters kill or torture older people, like anyone else they find. And older people are often disproportionately present when Boko Haram attacks, as many are either unable to flee or choose not to, out of ties to their village.

Older people who do not flee often live in areas of Boko Haram control for several months or years. They face further risk of death or serious injury for refusing to relinquish property or for planning an escape. In a few documented incidents, the most recent of which occurred in 2019, Boko Haram fighters have also murdered older women that fighters claimed be "witches"—at times because the woman had a cognitive impairment or psychosocial disability, and at other times as a pretext for revenge, for example because the woman tried to block a fighter from forcibly "marrying" a relative.

At least thousands of older people in Boko Haram areas, and likely more, also face extreme food insecurity, due to the group's looting of crops and livestock as well as its ban on women, including older women, from

[48] Amnesty International interview, 31 December 2019.
[49] Amnesty International telephone interview, November 2019.

farming or undertaking other livelihoods outside the home. The challenge of accessing food is often compounded by adult children and others fleeing their villages for government-controlled areas before older people, eliminating support that older people would normally have, for example in farming. Many older people in Boko Haram areas have died from starvation and related illness; testimonies suggest such deaths are common in parts of Borno State that are inaccessible and where looting has been particularly severe.

The killings and food insecurity force many older people to flee, even after staying during an initial attack. The journey by foot often takes several days and carries its own risks; many older people described suffering injuries that continue to affect them many months or years later.

BOKO HARAM'S CRIMES UNDER INTERNATIONAL LAW

Boko Haram's crimes amount to war crimes and crimes against humanity.

War crimes are serious violations of international humanitarian law, committed in the context of an international or a non-international armed conflict. As discussed in Chapter 1, Amnesty International considers the situation in Northeast Nigeria to constitute a non-international armed conflict since at least May 2013. All crimes discussed in this chapter occurred after that date. Most amount to war crimes, including prohibitions against "violence to life and person, in particular murder of all kinds, mutilation, cruel treatment and torture"; directing attacks against the civilian population; and pillaging.[50]

Crimes against humanity are certain prohibited acts when committed as part of a widespread or systematic attack directed against a civilian population.[51] In a 2015 report, Amnesty International determined Boko Haram had an organizational policy to attack a civilian population and had done so in a widespread and systematic nature.[52] That attack on a civilian population is ongoing. The findings from this report provide further support that Boko Haram commanders and fighters should be investigated for the crimes against humanity of murder, torture, and other inhumane acts.[53] The Nigerian authorities have failed to undertake credible investigations and prosecutions for any of these crimes.[54]

In its preliminary examination, the Office of the Prosecutor of the ICC has identified similar war crimes and indicated that there is a reasonable basis to conclude that at minimum Boko Haram has committed the crimes against humanity of murder and persecution.[55]

2.1 MURDER AND TORTURE

Media and human rights reporting on Boko Haram has focused primarily on the widespread abduction of women and children and on the killing of men considered to be of fighting age. Fighters have at times spared older people, and older women in particular, during attacks in which dozens, or even hundreds, of others were killed or abducted.[56] Yet in other respects, older people face specific risks of physical violence, especially when they are unable to flee an attack or choose to remain behind.

In several attacks from earlier stages of the conflict, fighters executed dozens of older people who were unable to flee.[57] Witnesses at times described dissension among fighters over the killing of an older person—scant consolation, but an indication that Boko Haram has often seen them differently. For example, a 65-year-old woman from Michika LGA, Adamawa State, described, about an attack in 2014 or 2015:

> **I heard gunshots and Boko Haram came into the house. They asked me where other people were, but I said no one else was around. My husband was sleeping in another room, but… I did not want them to find him. They went in and saw him lying down, so they shot him dead. They put a gun to my head and accused me of lying… The moment they shot my husband, some of them were not happy because their target was not older people. My husband was 90 years old and could barely walk.[58]**

[50] Rome Statute, Articles 8(2)(c) and 8(2)(e).
[51] Rome Statute, Article 7.
[52] Amnesty International, *"Our job is to shoot, slaughter, and kill"*, pp. 25-26.
[53] Rome Statute, Article 7. See also Amnesty International, *"We dried our tears"*; *"Our job is to shoot, slaughter, and kill"*; Amnesty International, *Nigeria: Trapped in the cycle of violence*; Amnesty International, *"They betrayed us"*.
[54] For a detailed examination, see Amnesty International, *Willingly unable*.
[55] ICC Office of the Prosecutor, *Report on Preliminary Examination Activities—2013*, November 2013, paras 209-210; ICC Office of the Prosecutor, *Report on Preliminary Examination Activities—2019*, 5 December 2019, paras 178, 181, 189.
[56] See, for example, Amnesty International, *"Our job is to shoot, slaughter and kill"*, pp. 32, 39-40, 50, 54, 75.
[57] See, for example, Associated Press, "Extremists in Nigeria lining up elderly and shooting them," 20 December 2014; Associated Press, "Amnesty: Nigeria massacre deadliest in history of Boko Haram," 10 January 2015.
[58] Amnesty International interview, 31 December 2019.

Another woman, in her mid-50s, said she screamed after her daughter told her that Boko Haram had killed the woman's husband, who was around 70 years old, in their village in Gwoza LGA. Fighters came to her house as she screamed. "They hung me up, tied my neck," she recalled. "They were going to kill me, when one of them came and stopped the others," since she was an older woman.[59] When Amnesty International interviewed her several years later, significant swelling was still visible on her neck.

During another attack, on a village in Michika LGA, Adamawa State, an 80-year-old woman described:

> **Boko Haram met me at home more than five years ago and asked why I was still around when others had run away… I told them it was my house and I was not scared of dying because I knew I would die someday. They said they would kill me, so I asked to be allowed to say a prayer. Some of them said instead of killing me, they'd put me in permanent pain. They brought out their knife and stabbed me in my foot, leaving a big gash. Then they left. Without help, I knew I'd bleed to death. So I dragged myself to the back of the house, plucked some leaves, squeezed, and applied it to the wound, to stop the bleeding. The next day, they came back and sarcastically asked why I was still alive, saying they thought I'd have died. They went inside the house, searched it again and then left.[60]**

More often, however, the inability to flee, or decision not to flee, means that many older women and men live under Boko Haram for extended periods; dozens of people interviewed by Amnesty International said older people are often disproportionately represented in villages that the armed group controls or visits frequently. As a result, even if older people face lower risks of being killed or seriously injured in any individual attack or incident, the long-term contact brings unique risks of abuse, violence, and deprivation.

Halima, around 60, shows scars from serious injuries inflicted by Boko Haram, Borno State, Nigeria, October 2020. © The Walking Paradox / Amnesty International

Several people described incidents in which Boko Haram killed older men for refusing to hand over property, including crops and livestock. The looting leads to further challenges, as discussed in Section 2.4. A 65-year-old farmer from a village in Bama LGA, Borno State, said Boko Haram first came to his village in 2015. "They asked my brother to give them his sheep and goats, and he refused," he recalled. "So they killed my three brothers and took all the sheep and goats—70 in total."[61] The farmer slipped out the family's compound when fighters arrived; he returned to find and bury the bodies. All three were older men.

With their livestock, crops, and other valuables stolen and their livelihoods undermined, the prospect of starvation forces many older people to leave. As Amnesty International documented previously, Boko Haram typically murders people caught fleeing or planning to flee its territory.[62] Older people, especially older men, are no exception. A 55-year-old textile seller from a village in Konduga LGA, Borno State, said his older brother, who was more than 60 years old, collected his belongings, including goats, in preparing to flee. A neighbour reported the brother to Boko Haram fighters. "They thought he was leaving, so they killed him," the man said. "They shot him with a gun. They took all the animals."[63]

[59] Amnesty International interview, 9 December 2019.
[60] Amnesty International interview, 31 December 2019.
[61] Amnesty International interview, 9 December 2019.
[62] See Amnesty International, *"We dried our tears"*, pp. 29-31.
[63] Amnesty International interview, 10 and 11 December 2019.

A 65-year-old trader from a village in Kukawa LGA, Borno State, said he tried to flee the group's territory in 2015. Two fighters on motorbikes spotted him when he went to get water from a river, after he had been hiding in vegetation for several days. They forced him to lie down and shot him. "The Boko Haram boys left, they thought I was dead," the trader recalled, saying he was bleeding from the head and ultimately lost his eye. "I lay there, and then I crawled to a tree. I crawled more and got to a watermelon farm nearby. I stayed there, surviving on watermelon. Later, a nomadic Fulani saw me."[64]

At times, Boko Haram spares the older person from execution while killing other family members, with an explicit expectation that the older person will die on their own from starvation. Amnesty International interviewed a 70-year-old man from a village in Bama LGA, Borno State, who lived with his 17- or 18-year-old grandson. In late 2018, they planned to escape. The 70-year-old man recalled:

> **Three Boko Haram came [to my house]. They said, "We heard you speaking with your boy, discussing how you're going to escape." So they shot the boy… They didn't touch me. They just said, "Your boy, the one taking care of you, he's dead. So you'll stay here and die."**
>
> **I stayed there for 11 more months. It was horrible. Since [they killed him], I never ate much. I was in pain. I became sick… I told the [Boko Haram] boys that cold season was coming, so I needed to go and get firewood. I took my axe and walked a long distance. One of the Boko Haram boys saw me and said, "What are you doing here?" I said I didn't have anyone to help me, so I needed to collect firewood.[65]**

He said he walked, resting against a tree every hour or so, until he made it to a Nigerian military checkpoint.

In general, older women face less risk than older men of being murdered by Boko Haram fighters. But six people interviewed by Amnesty International described separate incidents they had witnessed that reflected a unique threat to older women: when fighters considered a woman to be a "witch" or "possessed".[66] The documented incidents occurred over several years in different villages of Bama LGA, perhaps suggesting unique dynamics related to communities or fighters in that area. Descriptions varied on why Boko Haram believed certain older women were "witches". At times, it appears to have been used against older women with psychosocial disabilities or cognitive impairments like dementia.[67] For example, a 65-year-old farmer from a village in Bama LGA said she was forced to watch as Boko Haram slit the throats of six older women: "If they saw an older woman became sick [mentally], they'd say, 'This woman is a witch!' and kill her."[68]

A 70-year-old woman from another village in Bama LGA said fighters went to her neighbour, who was around the same age, and said she was a witch. The woman pleaded for her neighbour, but, she recalled: "They cut her throat and took her head. And they tied a rope around her ear and showed her head to everyone, said she was a witch, this is the head of a witch. But she was just an older woman."[69]

In one documented instance, a fighter appears to have labelled an older woman a "witch" as a pretext for revenge; the woman, in her 60s, refused the fighter's demand to "marry" a 10-year-old girl in her family.[70]

Older people also said they were tortured and threatened with death for allegedly speaking about Boko Haram's activities. A small restaurant owner in her early 60s, who had lived in Konduga LGA, described:

> **They came to my house. It was in the night. They were shouting at me, "You, old woman, you're talking about us. We're warning you, stop saying things." They started pulling my cheek out and then they grabbed my lower lip and tied a rubber around it. They said, "You're talkative." My tooth has been hurting since that day. And they grabbed my ear too and said, "Don't talk about us. The next time you do, we'll cut your head off and put it on your back."**
>
> **My children and grandchildren were so scared. They were shivering with fear. I urinated on myself. And [the fighters] said, "Never, ever leave this place. If you do, we'll find you and kill you."[71]**

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[64] Amnesty International interview, 19 January 2020.
[65] Amnesty International interview, 8 December 2019.
[66] Two Kanuri interpreters independently indicated that the word used translated as "witch" or "witchcraft".
[67] The association of dementia and mental health conditions with "witchcraft" has been reported in other parts of Nigeria. See RFI, "Nigeria's elderly suffering from dementia, not witchcraft says activist," 11 March 2019.
[68] Amnesty International interview, 11 December 2019.
[69] Amnesty International telephone interview, November 2019.
[70] Amnesty International telephone interview, October 2020. The incident could suggest that, even for actions that commonly result in Boko Haram killing people, like blocking a forced "marriage", fighters feel compelled to find additional "justification" for killing an older woman. One expert on the conflict in Northeast Nigeria said older people, including older women, often play a leading role in traditional practices, such as those meant to confer protection, for example through charms or amulets. The expert said those practices at times bring people into conflict with Boko Haram and wondered whether fighters labelling someone a "witch" might be related. Amnesty International telephone interview, November 2020. Further exploration of this issue is needed.
[71] Amnesty International interview, 21 January 2020.

She said she fell sick from the threats and, for a while, was too afraid to flee. Later, she climbed a wall behind her home, together with the grandchildren she cared for, and fled to a government-controlled area.[72]

More commonly, older people described being beaten for failing to follow Boko Haram's rules. (For one example, see the story of J.L., on page 18.) A 63-year-old man, who lived for several years in a Boko Haram-controlled area, described, "They'd flog us older men—70, 80 lashes. Even me, I went to farm and missed the prayers, two of them came with their guns [and] asked, 'Why were you [not there]?'"[73]

As with killing, there is sometimes conflict within Boko Haram over the treatment of older people. A 60-year-old retired driver from a village in Bama LGA said Boko Haram required them to attend religious instruction. "One day I failed," he recalled. "One [Boko Haram] boy started beating me, but another said, 'He's an older man, leave him.'"[74] He said he faced such situations regularly: "Sometimes a very small person, a teenager, would beat us… We sat for more than four years under the control of teenagers. If I had a bicycle, a boy would come and say, 'Bring me the bike,' and I'd have to bring him the bike."[75] He escaped in late 2019.

These Boko Haram crimes against older people amount to war crimes and may amount to the crimes against humanity of murder and torture. In 2018 and 2019, the ISWAP faction appeared, at times, to become less abusive toward civilians in areas it controlled—and toward older women and men in particular.[76] For example, older people who remained in Baga when ISWAP took control of the town in late 2018 and early 2019 said fighters promised they would not be hurt, even apologizing for past actions.[77] But even without physical violence, older people still suffered; several older people whose families fled the initial attack died while living alone, during the weeks before the military retook the town (see page 29).

In contrast to ISWAP, older people in JAS-controlled areas described little change through early 2020. And any positive shift from ISWAP may have been short lived. The ISWAP head who was overthrown in early 2020 was seen as relatively moderate; the group's murder of civilians seems to be rising.[78]

2.2 MURDER AND ABDUCTION OF CHILDREN

Many older people described the murder or abduction of one or more children or grandchildren by Boko Haram, saying that in some cases they had witnessed these acts. In addition to the emotional and psychosocial impact of these atrocities, older people described a devastating economic effect. In rural Northeast Nigeria, adult children are at times the primary provider for their parents, as they take over the bulk of work associated with planting and harvesting a family's farm. In other instances, adult children's income or harvest production supplements what older people continue to produce themselves.

At least 26 of the older people interviewed for this report said they had children or grandchildren whom Boko Haram had killed or abducted; others had siblings or other relatives who had been killed or abducted. After escaping Boko Haram with their surviving family members, many older people then faced another set of troubles, with the Nigerian military unlawfully detaining surviving children and grandchildren for several years (see Section 3.3). For example, a man in his late 60s from a village in Dikwa LGA, Borno State, said Boko Haram killed his nephew and then his 30-year-old son; his son had sold cows, and fighters shot him for preparing to flee. Afraid Boko Haram might kill more of his family, the man in his late 60s, his wife, and his two other sons fled at night, without taking any of their belongings. On the way to Maiduguri, the Nigerian military arrested both sons; five years later, the sons are still being detained unlawfully.[79]

Many older people were forced to watch as Boko Haram abducted several relatives; years later, they often do not know if the person is alive. A 69-year-old woman from a village in Michika LGA, Adamawa State, said:

> **I was sitting outside the house with my grandson when they came. They were shooting and by that time the men in the village had fled… They asked us not to look at their faces and to remain where we were.**

[72] Amnesty International interview, 21 January 2020.
[73] Amnesty International telephone interview, November 2019.
[74] Amnesty International interview, 8 December 2019.
[75] Amnesty International interview, 8 December 2019.
[76] Amnesty International interviews, December 2019 and January 2020. See also International Crisis Group, *Facing the Challenge of the Islamic State in West Africa Province*.
[77] Amnesty International interviews, December 2019 and January 2020.
[78] Danielle Paquette and Ismail Alfa, "A massacre in Nigeria's Borno state left more people dead than months of coronavirus," *Washington Post*, 10 June 2020; France 24, "String of apparent jihadist attacks kills dozens in northeast Nigeria," 14 June 2020; Agence France-Presse, "Boko Haram killed 10 civilians in attacks on three villages," 9 September 2020. For more on the leadership changes, see Jacob Zenn, "Islamic State in West Africa Province's Factional Disputes and the Battle with Boko Haram".
[79] Amnesty International telephone interview, August 2020. The older man had received information that his sons were still alive and in detention. Amnesty International has independently established that the two sons are being held in a detention facility in Maiduguri.

They left some men to guard us while others went house to house, bringing people out. They gathered everybody and separated the young [women] and children from older people. Then they asked the older people to go into a room and stay while they went away with the women and children.

Seven of my family members were taken away… Two of my grandchildren [who were] abducted are not back—a boy and a girl. The boy was six when he was taken and the girl four… I could not talk to or beg Boko Haram, because we were all very scared.[80]

The murder of children and grandchildren has serious physical and mental health consequences. A woman around 70 years old from a village in Kala/Balge LGA, Borno State, said Boko Haram fighters attacked a market where her adult sons went to buy food. She was among a group that found the bodies the next day. She described: "We had become older. Those sons were taking care of my husband and me. Without them, we became confused, disoriented. Because of the pain of my sons' death, my husband fell down and died."[81] She said her husband, who was around 70, died four days after the boys were killed. She now takes care of three grandchildren under age 10—all boys of the two sons whom Boko Haram killed.[82]

2.3 BEATINGS AND DENIAL OF OLDER WOMEN'S LIVELIHOOD

In areas it controls, Boko Haram has generally forced women to remain indoors, denying them the right to engage in livelihood activities, or even social interaction, outside the house. Fighters have forcibly married and subjected to sexual slavery thousands of women and girls.[83] Although older women are largely, though not entirely, spared such atrocities, they typically face the same deprivation of liberty—at risk of physical violence if caught working on a farm or going to market. In rural areas of Northeast Nigeria, older women play a critical role in a family's livelihood, most often by growing vegetables and other crops. The denial of their rights to move freely and to work has a cascade of consequences—especially when combined with Boko Haram's looting, discussed in Section 2.4—on their and their family's access to food. The impact is particularly acute given that many younger people in those villages had fled or been killed or abducted.

A 60-year-old woman from a village in Marte LGA, Borno State, told Amnesty International, "We older [women] had our own field to grow crops… Boko Haram came and said we could not go to our field… We were all affected by this. There was nothing we could do."[84]

Another woman, 68, from Bama LGA, Borno State, said fighters did not stay in her village permanently but came often, setting up schools and imposing strict rules, including that women must stay inside. "They forced us not to go out, not to go to our farm," she said. "We women needed to go to our farm, we needed to go to the water point to fetch water… They told us to never come out, to never go to the market."[85]

More than a dozen older women described the same restrictions, as did younger women interviewed by Amnesty International during past documentation. Some older women said they at times defied the orders, especially when they believed Boko Haram was not around, because the family needed food. If they were caught, Boko Haram fighters generally inflicted physical violence. For example, a woman around 65, from another village in Bama LGA, described: "We started seeing that, even when we'd go to our farms, as older women, [Boko Haram] would stop us. Things became worse and worse. They'd shout, 'Who permitted you to travel?' They'd flog us and send us back."[86]

A few older women who ran businesses out of their homes—including a small restaurant and a hair salon—likewise said they had to stop. In two cases, Boko Haram did not force the closing directly, but rather caused it through its wider restrictions and intimidation. A 60-year-old woman from Kala/Balge town said she used to make bean cakes and sell them in the morning. "I had no more customers," she said, once Boko Haram took over. "No one went out anymore [to buy] my cakes."[87]

Boko Haram's restrictions affected everyone. But older people living alone, or who did not have adult sons nearby—who could farm the land that older women normally worked—suffered disproportionately. A 70-

[80] Amnesty International interview, 30 December 2019.
[81] Amnesty International interview, 18 January 2020.
[82] Amnesty International interview, 18 January 2020.
[83] For more, see Amnesty International, *"We dried our tears"*, pp. 21-26.
[84] Amnesty International telephone interview, November 2019.
[85] Amnesty International telephone interview, August 2020.
[86] Amnesty International interview, 11 December 2019.
[87] Amnesty International interview, 18 January 2020.

year-old woman from a village in Bama LGA, who had been a farmer and run a small shop, described:

> **Usually in the village, we older women have small areas of farmland where we grow beans and okra to get a little extra money. [Boko Haram] told us to stop all these things… If we went, small boys beat us… Those without children, they became very hungry, the situation was really bad for them.[88]**

Although most older women interviewed said Boko Haram banned them from going to the farm or doing other work outside the home, several described a different experience. A woman in her late 60s, also from a village in Bama LGA, said: "Because we were older women, they told us we could keep coming to the market and doing our business. But those younger women, they couldn't go outside anymore."[89]

As with other issues, Boko Haram has at times been more lenient with older people, though in general subjected them to similar abuses. And given that older people have been disproportionately present in many villages under Boko Haram control—meaning many live alone, or at least without adult children, who fled already—the consequences of Boko Haram's abuses have fallen heavily on them.[90]

2.4 LOOTING, EXTREME FOOD INSECURITY

Throughout the conflict, Boko Haram has engaged in mass looting, both during attacks and against communities living in areas it controls, as Amnesty International has documented previously.[91] The impact on older people is particularly acute.

Older women and men, like others living in Boko Haram-controlled territory, almost all described fighters taking a sizable proportion of their harvest and animals. The precise proportion varied by location and over time, with Boko Haram—and especially Shekau's JAS faction—taking an ever-greater amount; older people who fled Boko Haram areas in late 2019 described having to give half of their harvest and livestock.[92] They appear to have been forced to hand over the same proportion as everyone else. "They came and would take our animals, our crops," said a 69-year-old man from a village in Mafa LGA, Borno State.[93] Refusing to hand over crops or livestock usually results in the person being killed, as described in Section 2.1.

Family members and neighbours said the looting caused many older people to die from a lack of sufficient food and related illness. A 60-year-old man from a village in Bama LGA, Borno State, said that in a typical year his harvest produced around 150 kilograms; he said Boko Haram took at least 70 kilograms and sometimes more. "Anything you have—goats, anything—they come and take it," he continued. "Our animals were eventually finished—they took all of them… Some of the older people died from malnourishment."[94] He named two older people, one 70 years old and the other 85, who died in his small farming village from a lack of food. The man stayed in the village through mid-2019 because he said his mother was unable to flee; once she died, he and other remaining family members escaped at night to Bama town, in late 2019.[95]

A 55-year-old man similarly described staying back to look after his parents, who could not physically flee:

> **It was very hard for us. Boko Haram came and asked what we'd farmed. They took our crops. We even cooked for them and sometimes had to pay them… After some years, 11 months ago, we left, because my father died first, then my mother. Other elders also died, because of the starvation. That's when I decided to leave.[96]**

For nomadic families in Northeast Nigeria that rely on cattle rearing, Boko Haram has routinely demanded money and livestock, in place of crops. A 71-year-old man from a nomadic community in Mafa LGA described: "They even put a gun to my neck, because they said I should bring money. I said, 'I don't have any.' They said, 'We're warning you, you should bring money.' All nomadic elders were treated like this."[97]

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[88] Amnesty International interview, 11 December 2019.
[89] Amnesty International interview, 23 January 2020.
[90] Although this section focuses on abuses against older women, the effect of Boko Haram's restrictions and violence on farming and food security is much wider. For example, a 56-year-old man said he did not face restrictions on farming himself, but his wife did and, given the man's age and health, he had relied on his adult children for help in the fields. When Boko Haram first arrived, he said his children fled, as they were afraid of being killed or abducted. The man was left to fend for himself: "We had no one to help us… so we had to leave. That is why we escaped our villages." Amnesty International telephone interview, November 2019.
[91] See, for example, Amnesty International, *"We dried our tears"*, pp. 28-29.
[92] Amnesty International interviews, December 2019 and January 2020. See also Amnesty International, *"We dried our tears"*, pp. 28-29.
[93] Amnesty International telephone interview, August 2020.
[94] Amnesty International interview, 8 December 2019.
[95] Amnesty International interview, 8 December 2019.
[96] Amnesty International telephone interview, November 2019.
[97] Amnesty International telephone interview, November 2019.

The situation for older people in Boko Haram-controlled areas is compounded by the lack of humanitarian access. Boko Haram has captured and killed aid workers, and the Nigerian military has imposed severe restrictions on accessing areas where the armed group is active.[98] As of October 2020, OCHA estimated that 1.2 million people in Northeast Nigeria were cut off from humanitarian assistance.[99] The areas cut off from assistance track closely with the areas facing the most extreme food insecurity.[100] In September 2020, the UN Secretary-General reportedly indicated that Northeast Nigeria was at risk of famine, with "alarming levels of food insecurity and hunger" caused by the conflict and worsened by COVID-19's impact directly on communities (see box on page 58) and indirectly through funding shortages for humanitarian aid.[101]

Many older people described wanting to stay in their village, despite having no affinity for Boko Haram, because of their attachment to home and land. Others, especially those with limited mobility, said they stayed because the journey to government-controlled areas seemed too difficult. But Boko Haram's looting gave some little choice, forcing them to flee to an internally displaced persons (IDP) camp.

In areas where some people have returned home, like north-eastern Adamawa State, the impact of Boko Haram's looting persists. An 80-year-old woman from a village in Michika LGA said almost all of her village fled when Boko Haram attacked, leaving mostly older women and men who could not flee or chose to remain behind. With Boko Haram in control, she said she snuck out early each day, "when I knew they would be in the mosque," to get some water and vegetables.[102] The situation grew dire, and she watched as two older men living on their own died of hunger. She eventually fled and was displaced for several years before returning, once she felt confident the military had regained control of the area:

> **The biggest challenge upon returning was starting life afresh. [Boko Haram] destroyed the house, took everything away, including my livestock. So I had no food or a place to sleep… Life is not the same as a result of the crisis. I developed high blood pressure and ulcers because of it. What I want to see happen is for peace to return and then to get help regarding my health and livelihood.[103]**

2.5 CHALLENGES OF FLEEING

People displaced from their homes and villages have cited crimes by Boko Haram and by the Nigerian military as having caused them to flee, as Amnesty International has documented previously.[104] But the majority of the older women and men interviewed for this report said Boko Haram killings or threats to food security were the principal cause of their displacement. Older people, and especially those with physical disabilities or who have visual impairments, often face particular challenges in fleeing. Some are left behind.

An 80-year-old woman with limited mobility said Boko Haram killed several local officials in her village in Dikwa LGA, Borno State, after which she decided to flee with her children and grandchildren. There was a river near the village; to cross, she said people made a wooden board and carried her. They then stopped for several days to rest and eat, before continuing on foot. She described:

> **We followed [the road] for four more days. It was a very difficult journey. I've never had to do a journey like that before… I'd walk for two or three hours, then I'd stay and rest, then the journey would restart. The journey took most people two days, but it was four days for me… If I was tired, some of the stronger people would help carry me on their backs… There were some bushy places on the road. [My son] would arrange it for me, and I'd sleep there.[105]**

A woman in her late 60s, who had a severe physical disability as a result of a fall in which she broke her ankle, which was never treated, said she and her adult son fled one night from their village in Bama LGA, afraid Boko Haram might harm them. "My son bought a bike and made a seat on it," she recalled. "I was sitting on it, and he was pushing… He couldn't pedal, because that would have hurt me. Later, I became

[98] Amnesty International interviews, December 2019 and January 2020. See also, for example, Associated Press, "Islamic State group says it killed 5 aid workers in Nigeria," 23 July 2020; Human Rights Watch, "Nigeria: Army Restrictions Stifling Aid Efforts," 4 March 2020.
[99] OCHA, Nigeria: Situation report, 14 October 2020, https://reports.unocha.org/en/country/nigeria.
[100] Famine Early Warning Systems Network (FEWS NET), Nigeria, https://fews.net/west-africa/nigeria/key-message-update/september-2020 (accessed 9 October 2020); and Cadre Harmonisé Updated Results on Identification of Risk Areas and Populations in Acute Food and Nutrition Insecurity in Adamawa, Borno, Kano and Yobe States of Nigeria, 7 July 2020, https://fscluster.org/nigeria/document/final-fiche-report-june-2020-cadre. See also Food Security Information Network, *The Global Report on Food Crises, 2020*, April 2020, pp. 144-148; and REACH, Borno - Food Security and Livelihoods (FSL): Assessment of Hard-to-Reach Areas in Northeast Nigeria, April 2020.
[101] Associated Press, "UN chief warns of famine risk in 4 countries," 5 September 2020.
[102] Amnesty International interview, 31 December 2019.
[103] Amnesty International interview, 31 December 2019.
[104] See, for example, Amnesty International, *"They betrayed us"*, pp. 22-27.
[105] Amnesty International interview, 14 December 2019.

tired, I couldn't sit, so my son put me on his back, and we continued. We spent the night on the way, in the bush, and we continued the next day. There was no food. We didn't eat. We didn't even drink water."[106]

When they made it to Bama town, the son who had carried her was arrested; the Nigerian military unlawfully detained him for more than three years, without charges, before releasing him at the start of 2020.[107]

Older age is not homogenous, and many older people described fleeing with no assistance. A 70-year-old woman from Mafa LGA, Borno State said her family left at night less than a week after Boko Haram murdered a younger man in her village who was partially blind. She described: "I ran—I am an older woman, but I ran for my life. My clothes were torn. Other people were amazed at how I ran… Everyone was separated. I could see [fighters] looking for us with their torchlights."[108]

As with the woman in her late 60s, above, many older people described fleeing Boko Haram in such haste that they were unable to bring water. A 71-year-old man from Kukawa LGA, Borno State, recalled:

> **We walked and walked, then we stopped and rested. Then walked and walked again. We became very thirsty, so we had to find a nomadic Fulani. He gave us a little water, and we continued. We were so thirsty. We were weak. We spent a day [walking], then we started again, but we lost the road. We were roaming in the bush, we didn't know where we were going… Finally we found the main road. I was barefoot. The soles of my feet became so raw.[109]**

Several older people interviewed by Amnesty International said that, several years later, they still experienced the effects of injuries suffered while fleeing; most had only been treated with traditional medicine. "It was during this journey that I developed problems in my knee," said a woman, 57, from a village in Michika LGA, Adamawa State. "I fell several times. The fear of Boko Haram gave us the impetus to keep going."[110] An 80-year-old woman, who was blind in one eye from an illness she suffered when younger, said she was at home with her daughter-in-law in another village in Michika LGA when they heard Boko Haram shooting. She said she fell when trying to jump a fence as they fled and dislocated her hip.[111]

A man, 59, from a village in Madagali LGA, Adamawa State, said Boko Haram attacked when he was at church. He likewise said he fell several times in fleeing to a nearby mountain, severely injuring his left hand. He continued: "As we fled, I stepped on a nail that pierced through my left foot. It healed on its own, because I couldn't get help on the mountain. The hand was the most painful one. The delay in getting help worsened the wound, with maggots coming out."[112] He said he still could not close his hand or move his fingers several years later, which made it difficult for him to farm.[113]

For some, the journey was too arduous to undertake. As described in the testimony of the 55-year-old man on page 26, some people stay in Boko Haram-controlled villages because their older parents cannot flee, most often as a result of physical disabilities. A 70-year-old man from Baga town said he "wanted to run" when Boko Haram attacked in December 2018, but "decided to stay" because neither his older brother, around 90 years, nor his sister-in-law, who had suffered a stroke that left her unable to walk, could leave.[114]

Many older people who cannot flee end up left alone, and at extreme risk. An 80-year-old man from Gubio town, Borno State, said he had been blind for more than fifteen years. Boko Haram attacked Gubio repeatedly in mid-2019; he described being left at home during one of those attacks:

> **I've suffered a lot. The others, they run to the bush, and for 72 hours, I'm left alone. As an older man, a blind man, I cannot run with them.**
>
> **[The last attack], my family went and left me. I was lucky, the pot of water [in my house] was full. I drank it and used it for ablutions. There were also some beans. I made some tea over charcoal and cooked the beans. That's how I survived. When hunger came, I'd use my stick to trace the room [and find the beans]. I boiled [beans] three times—once a day, in the early morning…**

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[106] Amnesty International interview, 23 January 2020.
[107] Amnesty International interview, 23 January 2020.
[108] Amnesty International interview, 14 December 2019.
[109] Amnesty International interview, 12 December 2019. A 55-year-old woman said she was able to bring a six-litre container of water when her family fled a Boko Haram attack, but she prioritized her grandchildren for the two days they walked: "When the children were thirsty, I gave a little [from the cannister]. We, the adults, we didn't take any water because we knew the children would suffer. Thankfully it was the cold season, so we didn't need much water." Amnesty International interview, 12 December 2019.
[110] Amnesty International interview, 2 January 2020.
[111] Amnesty International interview, 30 December 2019.
[112] Amnesty International interview, 3 January 2020.
[113] Amnesty International interview, 3 January 2020.
[114] Amnesty International interview, 15 December 2019.

[Boko Haram] came so many times. I was inside the room. I could hear their activities, the gunshots. They even came and burned some of the houses, but God saved me, they didn't burn mine.[115]

Across Borno State, thousands, if not tens of thousands, of older people continue to face similar risks—unable to flee Boko Haram territory, even as they confront extreme food insecurity.

An untold number of older people have died after being left behind, as they were unable to access adequate food and health care. A 72-year-old community leader in Baga town said he was one of dozens of older people who could not flee when Boko Haram took the town in December 2018; when the military re-captured Baga weeks later, soldiers asked him to assemble everyone, so that the military could bring them to Monguno. As the community leader went house to house, he found six people who had died. "Those people died in their homes—alone," he said. "We buried them in their houses."[116] He gave the names of all six; four were older men, and the other two were younger men with disabilities—one physical and one psychosocial.

On older man walks to his shelter in an IDP camp in Borno State, Nigeria, October 2020. © The Walking Paradox / Amnesty International

[115] Amnesty International interview, 12 December 2019.
[116] Amnesty International interview, 19 January 2020.

THE STORY OF S.N., A 65-YEAR-OLD FARMER AND TRADER FROM BAMA LGA, BORNO STATE[117]

"We were hearing about the [Boko Haram] crisis in Maiduguri, then it went everywhere—to Bama, Banki. We're in a town that borders Cameroon. Boko Haram used to come, preach, and then go. They said we weren't Muslim, we didn't follow their way of teaching, so our property was theirs. They took 10 of my cows and 15 goats… What they took of my guinea corn, it was too much. More than 200 bags…

Boko Haram always forced us to follow their interpretation. They stole our animals, our crops, our wealth. If you weren't following them, you were maltreated. It got worse over time. The religion we know, the one our forefathers gave us, it's not this… [Boko Haram] said our prayers were wrong, the way we practiced our religion was wrong. They said we couldn't stay with non-Muslims—we had been for so long, why couldn't we now? It became very harsh…

The day we fled… [Boko Haram] opened fire, they killed [my brother]. He was 31. I didn't see who shot him, but someone came and told me that when we were running, they killed my brother.

In our family, five households fled [to Cameroon]. We were around 40 [people]… [Cameroonian soldiers] searched us and beat people and took so many people's wealth—money from the men and jewellery from the women. In my pocket, I had 150,000 naira (US$391). All of that was taken. And they took everything my wife had too… The Cameroonian military took us [to Banki] and handed us to the Nigerian military.

In Banki, they put us in a house for three days. There was no food… The children were crying for the lack of food. The military said they needed to take us to Bama. They brought trucks and separated us—we were 30 men they brought to Bama Prison. They ordered us down one by one and wrote all our names.

They took us to a cell. Some of the younger ones were mistreated—beaten. We were there several days before the women [and children arrived]. After the women came, [the soldiers] brought us out [of the cell] and ripped our clothes, using them as blindfolds. They transferred [us] to Giwa.

Around 1 p.m., we reached Giwa. They took our names and put us in Cell 1… I stayed there for four years. The situation was very bad. There was no place to sleep then—we'd have to sleep sitting down.

There was no food. We ate two times a day at that time. There was no water. In the morning, we got half a cup. In the evening, another half a cup… There was no toilet… They just demarcated [a toilet area] with a sheet. We'd go in there and use a nylon bag [for stool]… There were lice everywhere.

People were dying on a daily basis… If someone died, say at 2 p.m., the body would be there until the next morning. In the morning, there were people assigned to take the bodies out. We don't know what they did with them… When we first came, many people died. It was rampant.

When we first went, it was every three or four months that we could take a bath. That lasted around two years like that. Things were very difficult. Then it became every month or so [that we could bathe].

With Oga Raji in charge—he was military police—the place was very dirty. When Oga Abdulraman came, we started getting a monthly bath, we could eat three times a day, we got some clothes. Things slowly started changing… The number of people dying went down… And after that, they took [some] older people to the new [Giwa] extension. There, I even took baths every week…

In the new extension, they put around 200 in each cell… They selected older people and put them in one cell… They said we were many in the cell, so sometimes they opened the door and said some of us should come out. There was always barbed wire around us… Before, when the Red Cross came, when the wind blew, they'd step back, the odour was so much. It was so unhygienic and dirty…

In the New Extension [of Giwa], they made two toilets [per cell]… We were 200—two toilets aren't enough for all those. So there was a queue… Some [cell] chairmen, sometimes if they saw us, as older people, they'd let us go ahead, because they know we can't hold it.

We older people sometimes went to speak with [military leadership at Giwa]. We said, 'Oga, we're ready to go back to our families.' He said, 'Yes, we have completed our investigation, but up to now, the order to release you hasn't come from the Defence Headquarters.' He always said this.

[My family] didn't know where I was. They knew I was in detention, but they didn't know where. Only when I was released [did they find out].

[After four years of detention, military police] came one day and said, 'Everyone should take a bath and shave your head. You're going to your family.'... The Executive Governor came and addressed us. He said,

[117] Amnesty International interview, 22 January 2020.

'Today, the military says they've finished your investigation. You are free. You are not Boko Haram.' He told us we'd be taken to a rehabilitation centre for one month and then released…

They gave us 10 yards of cloth and 20,000 naira (US$52). They said everyone who has family should come and collect them… [After we were released], on a Saturday, we went to the [IDP] camp [where my family lives] and the authorities said we couldn't enter—that there wasn't any permit. The SEMA [State Emergency Management Agency] authorities [at the IDP camp said this].

We went to Bama Station [in Maiduguri]. We pay 100 naira to sleep in the motorpark. In the morning, we get *keke* [tricycle] transport and go to the camp and wait at the gate. We've almost spent the 20,000 [naira we were given].

Last Tuesday, I tried to go to Bama to get my family… There's a roadblock in Konduga. They told me to go back. They asked me where my papers were. I said I didn't have one. They told me to sit by the road. I sat there in the sun for one hour. A CJTF guy from Bama saw me and knew me, he knew I'd just been released. The soldiers said I didn't have papers to show I'd been released.

Two of my sons were in Giwa [with me]. We went together and were released together…

It's all very painful. I can't even explain it. I fled [my village] and tried to come to a place that would be safer. But when I came, the military arrested me, mistreated me, and took me away for something I didn't do. Later, they said I was cleared, but they won't let me stay with my family… I don't even know what I've done to the nation. It's very painful. The injustice is too much."

3. NIGERIAN MILITARY CRIMES

> **"They came in the night… My father was an older man—more than 75. I said we should run to the bush. He said he couldn't, he was too old… We came back, around 2 a.m. He had bullets all in his body."**
>
> A man in his late 50s from a village in Bama LGA, Borno State, describing a Nigerian military attack on his village.[118]

> **"My older mates died. So many of them died. If you said it was 100 or 200, I'd say it's lies, as it was more than that."**
>
> A 69-year-old man, speaking about the years he was held in Giwa Barracks, before his release from detention in 2020.[119]

Older people in Boko Haram-controlled areas face an impossible choice. In their village, they can farm and raise livestock to feed their family, but they face the armed group's atrocities, looting, and restrictions. They also at times face attacks by the Nigerian military, ostensibly against Boko Haram but rarely with any effort to distinguish fighters from civilians—or to determine if fighters are even present. Many older people with limited mobility are unable to flee military attacks and have been shot and killed or seriously injured when soldiers spray bullets through houses. Others have died when burned inside their homes, when the military has torched villages perceived to host or otherwise support Boko Haram.

Fleeing presents its own risks, first from Boko Haram, as discussed in Chapter 2. After arriving to government-controlled areas, older people are among the tens of thousands whom the military has unlawfully detained. Older men are detained more frequently, but at least several hundred older women have also been held for months or years—some because their son is an alleged Boko Haram member.

The grossly inhuman conditions in military detention sites—in particular Giwa Barracks, where conflict-related detainees are most often held—have led to thousands of deaths in custody, as Amnesty International reported previously.[120] Amnesty International has determined that older detainees, and especially older men, comprise a disproportionately high percentage of those deaths, based on interviews with dozens of former detainees as well as with people involved in burying bodies from Giwa, with hospital staff who have received bodies from detention sites, and with prison staff at Maiduguri Maximum Prison. In addition, Amnesty

[118] Amnesty International interview, 8 December 2019.
[119] Amnesty International telephone interview, August 2020.
[120] Amnesty International, *"We dried our tears"*; Amnesty International, *Stars on their shoulders. Blood on their hands*; Amnesty International, *"If you see it, you will cry"*; Amnesty International, *"They betrayed us"*.

International has obtained and reviewed more than 120 videos and photographs from 2016 and 2017 that show bodies, including those of older men, brought from military detention to a Maiduguri mortuary.

Even when they avoid detention themselves, older people have been forced to watch as soldiers beat, blindfold, and truck away the children and grandchildren with whom they fled from Boko Haram-controlled areas. They then often go several years without information about whether the child is alive or dead, as the child—or, more often, multiple children and other relatives—is forcibly disappeared after the arrest. The ripple effects of the military's widespread unlawful detention therefore often fall hard on older people, both psychosocially and economically. Older women across Northeast Nigeria have been especially impacted, as many have become primary caregivers for grandchildren—the young children of those in detention.

THE NIGERIAN MILITARY'S CRIMES UNDER INTERNATIONAL LAW

For more than seven years, Amnesty International has documented the Nigerian military's crimes under international law in the Northeast. This report builds on those findings.

All crimes discussed in this report occurred in the context of the non-international armed conflict, which has been ongoing since at least May 2013. Many amount to war crimes, including prohibitions against intentional attacks against the civilian population; "cruel treatment and torture"; ordering the displacement of a civilian population, where their security or imperative military reasons did not demand so; and potentially, for deaths in custody, murder.[121]

In a 2015 report, Amnesty International determined the Nigerian military had an organizational policy to attack a civilian population and had done so in a widespread and systematic nature.[122] That attack on a civilian population remains ongoing. The findings from this report provide further support that individuals in the Nigerian military should be investigated for the crimes against humanity of murder, extermination, imprisonment, torture, and enforced disappearance.[123] The Nigerian authorities have failed to undertake credible investigations and prosecutions for any of these crimes.[124]

In its preliminary examination, the Office of the Prosecutor of the ICC has also indicated that there is a reasonable basis to believe the Nigerian security forces and the CJTF have committed crimes under international law, some of which older people, among other victims, have suffered. These include the war crimes of murder; torture or other ill-treatment of alleged Boko Haram members or supporters; and attacks against the civilian population.[125]

3.1 ATTACKS ON CIVILIANS, VILLAGE BURNINGS

Older people and other witnesses frequently described the Nigerian military entering their village and opening fire. People who were unable to flee the military's attack—a population that disproportionately includes older people—were at times shot and either killed or seriously injured. The military was ostensibly carrying out operations against Boko Haram, and at times there may have been fighters in the village when the military launched the attack, but soldiers made no effort to distinguish fighters from civilians. In some cases, the military's shooting appeared targeted at civilians; in others, it was indiscriminate.

A man in his late 50s from Bama LGA, Borno State, who fled Boko Haram-controlled area in late 2019, said the military had attacked his village several years earlier:

> **They came in the night. It was around 9 p.m. They opened fire. My father was an older man—more than 75. I said we should run to the bush. He said he couldn't, he was too old. We thought they wouldn't do anything [to him], so we ran [and left my father behind].**
>
> **We came back, around 2 a.m. He had bullets all in his body… We saw him at the entrance to the house. We saw it as if he was crawling out of the house… We couldn't do the burial, because [the military] was around. So we took the body to the farm area, and we buried it there.[126]**

The man said they also found the bodies of an older man and older woman who were married; he said their

[121] Rome Statute, Articles 8(2)(c)(i) and 8(2)(e)(i) and (viii).
[122] Amnesty International, *Stars on their shoulders. Blood on their hands*, pp. 36-38.
[123] Rome Statute, Article 7. See also Amnesty International, *Stars on their shoulders. Blood on their hands*; Amnesty International, *"If you see it, you will cry"*; Amnesty International, *"They betrayed us"*; and Amnesty International, *"We dried our tears"*.
[124] For a detailed examination, see Amnesty International, *Willingly unable*.
[125] ICC Office of the Prosecutor, Report on Preliminary Examination Activities—2019, 5 December 2019, para. 189.
[126] Amnesty International interview, 8 December 2019.

house was one of many the military had burned, and they had gunshot and burn wounds.[127]

From interviews for this report, Amnesty International documented at least 13 different incidents in which soldiers similarly fired on villages, in which all, or almost all, of the people present were those who could not flee at an attack's outset. The incidents occurred as early as 2015; four of them occurred in 2019. Amnesty International interviewed only a few older people who had fled Boko Haram areas during 2020, so was unable to determine if there had been changes in the military's behaviour over the last year. Amnesty International documented similar incidents, at times with even larger-scale killings, in past reports.[128]

A 60-year-old farmer from another village in Bama LGA said four older men and two older women were killed when the military attacked one day around 4 p.m. "When we heard the gunshots, we ran to the bush, those who could run," he recalled. "The six… couldn't run, and they were killed."[129] He and others from the village went back at night, after the soldiers left, and found and buried the bodies. The farmer said that more than a month later, the military attacked again and burned the village: "That day, they killed one older woman. When they set fire to the houses, she was inside [with] a six-month-old baby girl… When [the baby's mother] heard the gunshots, she ran, and they burned the house with the baby [and grandmother] inside."[130] He said Boko Haram came to the village regularly and stole property—and had killed four people who refused to give it—but that fighters were not based in the village or present when the military attacked.[131] (For another example, see page 18 for the story of J.L., who was one of several older people shot by soldiers.)

During such attacks, soldiers appear to make no effort to distinguish civilians from fighters. They often fail to determine whether there is any military objective present at all. A farmer and barber around 70 years old from a village in Marte LGA, Borno State, told Amnesty International that soldiers erected a small post near his village and ordered that no one in the village move around at night. One night around 9 p.m., the man, who needed the assistance of a cane to walk, said he heard several military vehicles stop at the entrance of the village and then saw soldiers enter on foot. He described:

> **They came and opened fire on our village… When the bullets were coming, part of our house caught fire… I saw the fire and was about to stand up. My wife saw me and yelled, "Sit down! Sit down! We'll get it." Then she was hit by a bullet… here [in her chest and ribs]. She fell down instantly and died…**
>
> **[My grandson] was hit in the wrist and shoulder. He was 10 years old then… All night I saw he was bleeding. I couldn't do anything… It's very painful. It's tough to remember these things.[132]**

The grandson survived, but the man's wife, who was around 55 or 60 years old, died. He said soldiers came to the village several days later and said everyone needed to leave, that it was no longer safe to live there; one soldier said they had seen a torchlight, which is why they entered the village and opened fire. The man said the soldiers made no apology and paid no compensation for the killing or the grandson's health care.[133]

In addition to those killed in their homes, several people described incidents in which soldiers killed older people, among others, who were trying to flee. For example, a 60-year-old man from Bama LGA said several Boko Haram fighters were in his village one day, when the military arrived on three vehicles. The fighters fled on their motorbikes into the bush; the soldiers opened fire as civilians ran. The man's older brother, around 65, and daughter, around 15, were both killed; he found his daughter's body on the street, with a gunshot to the head, and the brother's body right outside the village, with a gunshot to the chest. He said he and others also found the burned bodies of several older people who died in their rooms when soldiers set fire to their homes; the man said it was only Nigerian soldiers who shot and burned homes that day.[134]

The Nigerian military has repeatedly burned villages it perceives to support Boko Haram—even if most people in those villages loathed Boko Haram and suffered abuses by the group. A 62-year-old man from a village in Mafa LGA said soldiers came to his farming village and accused them of "feeding" Boko Haram; the soldiers burned the village and killed the man's two cows.[135]

Amnesty International has previously documented the military's village burning, including in early 2020.[136] In the incidents documented in 2020, no one appears to have been killed, as soldiers removed everyone from

[127] Amnesty International interview, 8 December 2019.
[128] Amnesty International, *Stars on their shoulders. Blood on their hands*, pp. 53-57.
[129] Amnesty International interview, 8 December 2019.
[130] Amnesty International interview, 8 December 2019.
[131] Amnesty International interview, 8 December 2019.
[132] Amnesty International interview, 23 January 2020.
[133] Amnesty International interview, 23 January 2020.
[134] Amnesty International interview, 9 December 2019.
[135] Amnesty International telephone interview, August 2020.
[136] See, for example, Amnesty International, *Stars on their shoulders. Blood on their hands*, pp. 53, 55-56; Amnesty International, "Nigeria: Military razes villages as Boko Haram attacks escalate," 14 February 2020.

their homes before setting the fires, though several men were unlawfully detained.[137]

Village burning has long-term effects on all civilians but can be pronounced for older people, who often lose, in addition to their home, the wealth and possessions they've acquired over a lifetime. They can also face greater challenges in rebuilding, due to the limited livelihood options for displaced older people (see Chapter 4). A 68-year-old woman described all that she lost when soldiers attacked her village near Banki:

> **We didn't know what they wanted to do. [The soldiers] didn't tell us we should move. When they came, they started firing in the air. All of us ran, we went to the bush and we watched. They came and set fire on our houses. All of my property—everything I had from the seasonal farming, all my jewellery was burned that day. I was only left with the clothes I was wearing.[138]**

At times, there have been Boko Haram fighters present as soldiers shoot, but the soldiers failed to distinguish fighters from civilians. In early 2019, for example, Nigerian soldiers tried to re-take Baga town, after Boko Haram captured it in late December. Amnesty International interviewed eight older people who stayed in Baga during that period. They gave consistent descriptions of the military's indiscriminate firing, first with longer-range shelling and then in moving through Baga. A 70-year-old man said there were around 50 to 70 civilians in the town, almost all of whom were older people, people with disabilities, or family members caring for them.[139] In her story on page 46, N.R., 60, describes Nigerian soldiers driving and walking through Baga, firing relentlessly on houses; she said an older man and a woman were killed and that it was luck—or divine providence—that saved her, as two bullets hit the house where she lay.[140]

The 70-year-old man likewise said bullets hit his house, as he lay hiding. He helped bury a woman who was shot and killed; he and N.R. independently provided the same name for her. "A day later, I started to think, in talking with my neighbours, that staying in Baga wasn't safe," the man said. "We thought, the military, when they come again, they'll kill us."[141] Both the man and N.R., along with several others, said some Boko Haram fighters were in Baga at the time, but that they hid until the soldiers left and did not return fire.[142]

Any attack directed at civilians violates international humanitarian law and is a war crime.[143] During most attacks described here, soldiers appear to have fired directly and intentionally on civilians. Ordering the displacement of a village's inhabitants, "unless the security of the civilians involved or imperative military reasons so demand," is also a war crime.[144] The subsequent burning of civilian homes may amount to a war crime as well; attacks on civilian objects are prohibited unless the objects are being used in such a way that they lose their civilian character and qualify as a military objective.[145] In incidents like Baga in 2019, where Boko Haram fighters seem to have been present, the military's attacks were indiscriminate at best. While the Rome Statute does not expressly criminalize indiscriminate attacks during non-international armed conflicts, they are considered war crimes under customary international law.[146]

3.2 WIDESPREAD UNLAWFUL DETENTION, TORTURE

Throughout the conflict, the military has unlawfully detained tens of thousands of people. In general reports on the military's crimes[147] and in separate reports on the experience of women[148] and children,[149] Amnesty International has documented the widespread unlawful detention and related crimes under international law, including crimes which may amount to crimes against humanity of murder, imprisonment, and torture.

This section focuses on the experience of older women and men, and particularly on aspects of military detention that affect them differently or disproportionately. Amnesty International interviewed 17 older men and nine older women whom the military had detained; their length of time in detention ranged from four months to more than five years, with older men typically detained longer than older women. They were

[137] Amnesty International, "Nigeria: Military razes villages as Boko Haram attacks escalate," 14 February 2020.
[138] Amnesty International telephone interview, August 2020.
[139] Amnesty International interview, 12 December 2019.
[140] Amnesty International interview, 19 January 2020.
[141] Amnesty International interview, 12 December 2019.
[142] Amnesty International interviews, December 2019 and January 2020.
[143] Rome Statute, Article 8(e)(i).
[144] Rome Statute, Article 8(e)(i).
[145] ICRC, Customary IHL Study, Rule 7.
[146] See, for example, ICRC, Customary IHL Study, Rule 11; *Prosecutor v. Dusko Tadić*, Decision on the Defense Motion for Interlocutory Appeal on Jurisdiction, Case No. IT-94-1-AR72, 2 October 1995; *Kupreškić case*, Judgment, Case No.: IT-95-16-T, 14 January 2000, paras 513, 524; *Prosecutor v.* Galić, Appeals Judgment, Case No. IT-98-29-A, 30 November 2006, paras 131-138.
[147] Amnesty International, *"If you see it, you will cry"*; Amnesty International, *Stars on their shoulders. Blood on their hands*, pp. 58-86.
[148] Amnesty International, *"They betrayed us"*, pp. 64-72.
[149] Amnesty International, *"We dried our tears"*, pp. 36-70.

detained as early as 2014 and as recently as April 2020. Almost all of them spent the majority of their detention in Giwa Barracks, the most notorious facility in Northeast Nigeria, after being held for many days or weeks at front-line military bases in Bama, Damboa, or Monguno. Some of the older men had also been transferred from Giwa to Maiduguri Maximum Prison or to the Safe Corridor detention centre in Gombe.

All of the older people interviewed for this report said they had not been affiliated with Boko Haram, much less involved in Boko Haram's crimes against civilians. During previous Amnesty International research, some former detainees, including children, admitted openly that they had been in the armed group—sometimes through recruitment and other times through abduction.[150] Amnesty International cannot rule out that older people interviewed for this report at times supported Boko Haram, but there is little indication, including in international and national media reporting, of older men and women participating in Boko Haram attacks or otherwise perpetrating the group's crimes against civilians. Instead, all of those interviewed described, as detailed in Chapter 2, fleeing Boko Haram-controlled territory because of the armed group's attacks, looting, and restrictions; many had relatives whom fighters had killed or abducted.

As detailed in prior Amnesty International reports, in 2011 Nigeria enacted the Terrorism (Prevention) Act, which was amended in 2013. The Act is widely inconsistent with Nigeria's Constitution and its international human rights obligations, including for being broad and vague in the acts it criminalizes, such as associating with a terrorist group, even if no act of violence is committed; concealment of information from the authorities; participating in a terrorist group meeting; and providing funds, property, or other material assistance.[151] None of the provisions has an exception for duress, even though, as detailed in this and prior reports, Boko Haram often forces people to provide food and livestock at threat of death.

However, even the flawed Terrorism (Prevention) Act only allows for administrative detention based on reasonable suspicion and with oversight by the courts. There is no indication that any of the older people interviewed for this report were held pursuant to a court order or were brought to a court during their detention. Thus, even under the Act, the detention is unlawful. Further, none of the older people interviewed were charged, tried, or had access to a lawyer. This fits a longstanding pattern.[152]

For years, the military and CJTF's "screening" of men, including older men, fleeing Boko Haram-controlled territory resulted in most of them being sent to Giwa, absent any credible investigation.[153] A 65-year-old farmer from Mafa LGA told Amnesty International that he fled his village because of Boko Haram's looting and other abuses; he made it to Monguno, where the CJTF "screened" him. He said the CJTF took more than 70 of them—the men and older boys—to the Monguno barracks. A week later, they were transported to Giwa, without any questioning, much less investigation. He spent the next 41 months in Giwa. Reflecting on what happened, after his release in early 2020, he said:

> **When they saw us come, we had our relatives in Monguno. They should have called them, and they could have been witnesses. Ask them, "Are those people with the [Boko Haram] boys?" No. It's too painful. There wasn't any investigation… If you take someone to Giwa, you should go and see the people from the village, from the area, to ask them, "Is this person Boko Haram?" It's an injustice.[154]**

A prison official in Maiduguri Maximum Prison estimated that only 30% of those detained there, in relation to the conflict, have any affiliation with Boko Haram, much less involvement in crimes against civilians. The remainder, he said, were people swept up in mass detention when arriving to government-controlled areas.[155] That estimate is consistent with testimony provided by former detainees who were trained as fighters by Boko Haram and who said that, of those they were detained with in Giwa, Safe Corridor, and other military detention facilities, only a minority had any affiliation.[156]

In recent years, soldiers and CJTF members involved in "screening" have sent fewer older people, among other groups, to detention. However, people, including older people, continue to be detained unlawfully—and hundreds of older men, and at least several thousand people in total, remain in unlawful military detention as a result of periods when "screening" meant most men and boys were detained.

Older women fleeing Boko Haram areas have, at times, also been subjected to unlawful detentions, though

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[150] See Amnesty International, *"We dried our tears"*, p. 40 ("Of the 58 detained men and boys interviewed by Amnesty International, 18 said they had been with Boko Haram—five were recruited and 13 abducted. The other 40 detained men and boys said they were never affiliated, only fled Boko Haram-controlled territory.").
[151] Terrorism (Prevention) (Amendment) Act, 2013. For a more detailed examination, see Amnesty International, *"We dried our tears"*; and Amnesty International, *Stars on their shoulders. Blood on their hands*.
[152] Amnesty International, *Stars on their shoulders. Blood on their hands*; Amnesty International, *"They betrayed us"*; Amnesty International, *"We dried our tears"*.
[153] See Amnesty International, *"We dried our tears"*, pp. 38-42; Amnesty International, *Stars on their shoulders. Blood on their hands*.
[154] Amnesty International telephone interview, August 2020.
[155] Amnesty International telephone interview, October 2020.
[156] See, for example, Amnesty International, *"We dried our tears"*, p. 40.

this has become rare in recent years. But older women continue to be detained unlawfully; Amnesty International interviewed several older women held in Giwa in 2020. The underlying basis was different, though likewise in violation of international law. Several older women were detained because they had a son in Boko Haram. For example, a 60-year-old woman in Maiduguri said one of her sons attended Mohammed Yusuf's preaching and, after the crisis started in 2009, left Maiduguri; she knew he had followed Boko Haram but said she was never in contact with him after that, as the family did not then have a mobile phone. In 2019, soldiers came to her house at night and took her to Giwa. She told Amnesty International:

> **They took me to a cell where there were some women. In the morning, they called me and asked, "Are you the mother of so-and-so?" I said yes. They asked, "Are you talking with him by mobile phone?" I said no, I hadn't spoken with him since he left…**
>
> **They said the CJTF had arrested [my son] and taken him to [location redacted]. They asked me what I'd heard about [my son]. I said I hadn't heard anything from him… They asked me for any information. I said I hadn't known where he was for many years. I said there was no mobile phone in 2010, 2011, so he didn't have my number… This was the worst thing. We hadn't done anything.[157]**

She was held in Giwa for almost a year. She said there was another older woman in her cell whom the military accused of receiving calls from a son who was allegedly in Boko Haram.

Consistent with Amnesty International's past documentation, none of the detained older people said they had access to a lawyer. None had been able to contact their family while in Giwa; a few had gotten letters out while at Maiduguri Maximum Prison, though had not been able to speak with, much less see, family. None had been informed of the reasons for their arrest or of any charges or other legal basis for their detention. They were never brought before a competent judge. Each element, on its own, amounts to unlawful detention, and often prolonged unlawful detention.[158] Together, they represent a flagrant violation of Nigeria's responsibilities as a party to the Geneva Conventions and to human rights treaties, and, as a widespread practice, may qualify as the crime against humanity of imprisonment.[159]

TORTURE THROUGH BEATINGS AND INHUMAN CONDITIONS

Soldiers are less likely to subject older people to beatings and other forms of physical torture, compared to younger people, though Amnesty International documented several such incidents. There was dissension, at times, as to whether it was appropriate to beat an older detainee, in contrast to soldiers' treatment of younger men and boys. As documented previously, soldiers often use torture to extract forced confessions.[160]

A 60-year-old man from a village in Bama LGA, Borno State, said he was first detained when he was 56, after his family became exhausted with Boko Haram's looting and other abuses and fled to Bama town. He was taken to Bama Prison, where soldiers and CJTF together tortured him:

> **When we first went to Bama Prison, they beat us and tied our arms and our legs. They tore our clothes and said, "You're Boko Haram." We said no, we're not Boko Haram. They beat us and beat us…**
>
> **We met some other people in the cell. One of the guys was older [than me], he was about 65. They tied our hands behind our backs… When they tied my hands, they brought a big rope and put it on the other side. The two [soldiers] came and started pulling me, pulling that rope, so I was going higher, going higher… They hung me on [something] metal, and they hung the other older man. They beat us and beat us and beat us. Then they let the rope down. When it came down, that other man, he was dead.**
>
> **I was lucky I didn't die. My hand was broken… I couldn't eat with my hand for three months. I couldn't even zip my trousers; someone had to help me, because my hand wasn't working.[161]**

Among the cases documented for this report, that was the most extreme suffered by an older person. Many other older men described watching soldiers torture younger detainees in similar ways, but said the soldiers exempted them.[162] Being forced to watch torture is itself a form of torture or other ill-treatment.

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[157] Amnesty International telephone interview, August 2020.
[158] For a more detailed discussion, see Amnesty International, *"We dried our tears"*, pp. 40-41, 56; Amnesty International, *Stars on their shoulders. Blood on their hands*, pp. 75-90; Amnesty International, *"If you see it, you will cry"*, pp. 19-23.
[159] Rome Statute, Article 7(1)(e). For more, see Amnesty International, *Stars on their shoulders. Blood on their hands*, pp. 36-37, 75-86.
[160] See Amnesty International, *"We dried our tears"*, pp. 38-40; Amnesty International, *Stars on their shoulders. Blood on their hands*, pp. 90-92; Amnesty International, *"Welcome to hell fire"*, pp. 13-22.
[161] Amnesty International telephone interview, August 2020.
[162] Amnesty International interviews, December 2019 and January 2020, and telephone interviews, August and September 2020.

Far more common were beatings during the first moments of detention, or when being moved from one site to another. A 65-year-old man from Mafa LGA said members of the CJTF beat him and others when they arrived at a checkpoint in Monguno, before taking them to the barracks. He said he became bruised. The military kept them for a week, then transferred them to Giwa.[163] Another man, also 65, said his family fled to Banki, where the military loaded them, and dozens of other people, on a truck and brought them to Bama Prison. "When we were getting down, they beat people," he recalled. "Even me, an older man, a soldier beat me, and I fell. He wanted to beat me again, but someone said, 'He's an older man, why?' … Even now, I'm feeling the beating in my back."[164] The man was released to an IDP camp several days later, but one of his sons and four nephews were transferred to Giwa; he said the authorities had never provided information about where they were detained or if they were even alive, but people who had been released from the same detention facilities had come and told the man that his son and nephews were still being held.

Previous Amnesty International reports have detailed the grossly inhuman conditions in Giwa and most other military detention sites, amounting to torture or other ill-treatment for every detainee.[165] From at least 2013 to 2017, detainees were served at most two small meals a day. They had limited access to water—often two or three small cups a day, amid the sweltering heat of Northeast Nigeria. They could only bathe once every two or three months. And the cells were obscenely congested, with more than 400 people crammed into a space roughly the size of half a tennis court; dozens of former detainees have described overcrowding so extreme that people slept while sitting or crammed together on their sides, unable to lie on their backs or to rotate.

Older detainees described the same conditions, with most saying they received no favourable treatment, despite particular risks associated with older age. A 69-year-old man detained in Giwa for several years said:

> **The conditions in Giwa were a lot of trouble, when I went there. It was very congested. There were more than 700 people in the cell. There was no place to sleep. They didn't care if you were older or a young man. They showed a plastic mat, and they said four of us could sleep on it, because there was no space. Even the water, they'd give us a teacup in the morning and then again in the night. We were thirsty. All the water in our body had finished.[166]**

Another man, around 60, who was released in January 2020 after several years in detention, said similarly: "The biggest problem in Giwa, there was no space to sleep… The place was very congested, very hot… Some of us, we even drank our urine because we were so thirsty. There's no difference between older people and younger. Everybody was in the same hardship. No one would help you as an older person."[167]

As a result, a disproportionately high number of older detainees appear to have died, as discussed below.

Conditions have improved in recent years, especially as the Red Cross received more access to some military detention facilities, including Giwa. Detainees' access to food, water, and bathing is better, albeit often still in violation of human rights standards. The construction of new cells, combined with several releases since 2018 involving hundreds of detainees, has decongested Giwa—though cells remain overcrowded. One of the new cells has, at times, been used primarily for older men (see the story of S.N., on page 30).

Several older men said that prior to the new cells, when congestion was horrific, soldiers at times singled them out for a reprieve. "Sometimes the soldiers would open the cell and allow us older people to go out for two or three hours, because it was so congested," said a 55-year-old man from Konduga LGA, detained for three years. "There are trees in the detention centre. They'd say we should go sit in the shade."[168] A 63-year-old man detained for more than two years said similarly, "Sometimes at night, they'd take us to the area by the Children's Cell. They made a corridor and said we older people should stay there."[169]

Throughout the conflict, the Nigerian military has gone to great lengths to hide the extent of its war crimes and likely crimes against humanity associated with Giwa—including war crimes of cruel treatment and torture and potentially, for deaths in custody, of murder. For years, it barred any independent observers. Even after granting a degree of access to the Red Cross and a Nigerian organization, it has remained closed to anyone who might speak publicly about the conditions, including to UN agencies and foreign donors supporting the Nigerian authorities.[170] Several former detainees described how the military also covered up

[163] Amnesty International telephone interview, August 2020.
[164] Amnesty International telephone interview, August 2020.
[165] See Amnesty International, *"Welcome to hell fire"*; Amnesty International, *"If you see it, you will cry"*; Amnesty International, *Stars on their shoulders. Blood on their hands*; Amnesty International, *"They betrayed us"*; and Amnesty International, *"We dried our tears"*.
[166] Amnesty International telephone interview, August 2020.
[167] Amnesty International telephone interview, August 2020.
[168] Amnesty International interview, 10 and 11 December 2019.
[169] Amnesty International interview, 16 January 2020. For more on the Children's Cell, see Amnesty International, *"We dried our tears"*, pp. 36-51; and Human Rights Watch, *"They Didn't Know if I Was Alive or Dead": Military Detention of Children for Suspected Boko Haram Involvement in Northeast Nigeria*, September 2019.
[170] Amnesty International interviews, January 2020, and telephone interviews, June and July 2020.

the conditions in advance of a visit by the Presidential Investigation Panel to Review Compliance of the Armed Forces with Human Rights Obligations and Rules of Engagement (PIP), which was established in August 2017.[171] A woman in her early 60s, who was detained from 2016 to early 2018, described:

> **Before the visit, the soldiers came to us and said, "You have to wash your clothes and bathe." That day we even swept and cleaned the cell. We enjoyed that day because we were outside the cell. They gave some women better clothes. Two days later, the Presidential Investigation came… Since then, when I think about [what I went through], my blood pressure gets high. Even when I sleep, I think about it, and my heart is in pain. Boko Haram wanted to kill me, I was one of their enemies, and still [the military] did an injustice to me… It's too painful. When I wasn't around, my children became beggars.[172]**

GROSSLY INADEQUATE SANITATION, DENIAL OF DIGNITY

Almost all of the older former detainees interviewed by Amnesty International said they had at times, and in some cases frequently, been forced to urinate or even defecate on themselves because of the overcrowding and grossly inadequate number of toilets in military detention. The sanitation conditions remain in clear violation of international law throughout the writing of this report.

Through at least part of 2017, many cells in Giwa did not have a single toilet, despite housing more than 350 people. Detainees used plastic buckets for urine and faeces.[173] The buckets often overflowed. A 65-year-old man held in Giwa from 2016 to 2018 described:

> **There was no toilet inside, just a space demarcated with clothes. We'd pee in a rubber bucket. In the morning, some people would take it out of the cell. For stool, we'd only go every three or four days, because our stomachs were empty. When we had to go, we used a plastic bucket. Sometimes there was no water, sometimes maybe a half-litre of water was left over that we could use to clean ourselves…**
>
> **Sometimes we waited in a queue, but there was no real toilet. Sometimes people would just bend down and go [where they were in the cell]. Sometimes people would knock you over as you were going, because we were all so thin. Sometimes the bucket was full.[174]**

Several older men said the situation was compounded by cell chairman—other detainees whom soldiers selected to ensure "order" in a cell—who often imposed arbitrary rules on when people could use the toilet. A man in his late 50s, whom the military released in January 2020 after four years of unlawful detention, said that during the first two years in Giwa, his cell chairman beat him regularly: "You couldn't even go urinate unless he permitted you; you'd just have to go on yourself. If you told him you needed to drink water, he'd say it's not time and would beat you. He had a big plastic rope that he used to beat people."[175]

The conditions have improved in recent years, as toilets have been constructed in the cells; a few new cells, which opened in 2018, have two toilets. But the sanitation remains woefully inadequate, with one or two toilets for 200 or more people in a cell. Older detainees overwhelmingly identify it as one of the worst, and most degrading, aspects of Giwa. "There was always a long queue," said one man, 63. "We older men would always urinate on ourselves, because we couldn't hold it. Some people even defecated on themselves."[176] A 69-year-old man released in January 2020 described similarly:

> **For the toilet, you'd wait for 30 minutes to an hour. So many times I urinated on myself, because I couldn't wait to go. Sometimes I had to beg, "Please let me go for the toilet." Sometimes [my cellmates] would be kind and let me go in front of the line.[177]**

Detainees have often been forced to continue wearing soiled clothes, without adequate soap—and in the past, access to water—to clean them. Many also described sitting in urine on the cell floor and occasionally faeces too, when cellmates fell sick and had diarrhoea.[178]

Women, including older women, have been detained in "women's cells" at Giwa, together with children under six years old. In early 2017, the military was detaining around 1,000 total women in three women's

[171] For more on the PIP, see Amnesty International, *Willingly unable*, pp. 23-25.
[172] Amnesty International interview, 21 January 2020.
[173] Amnesty International interviews, December 2019 and January 2020. See also Amnesty International, *"If you see it, you will cry"*, p. 18.
[174] Amnesty International interview, 21 January 2020.
[175] Amnesty International interview, 23 January 2020.
[176] Amnesty International interview, 16 January 2020.
[177] Amnesty International telephone interview, August 2020.
[178] Amnesty International interviews, December 2019 and January 2020.

cells, resulting in similar overcrowding—and similar lack of access to a toilet—as in men's cells.[179] After a series of releases in 2017 and early 2018, the number of women detained in Giwa reduced significantly. Several older women detained in early 2020 said there were 25 to 30 women in Giwa's one remaining "women's cell", together with around 15 young children. But while they could generally use a toilet as needed, that did not mean the tiny, overcrowded cell was sanitary. "[The children] urinated everywhere, went diarrhoea everywhere," said one woman, 60, who was released in early 2020 after a year in detention. "It was on everyone. What could we do? It was a small cell."[180] Another woman, who was also around 60 and was detained in Giwa for months in early 2020, said similarly: "Sometimes in the night, the children's urine would touch us all… [The cell] wasn't wide, it was too congested. When a boy urinated, it touched us."[181]

Unsurprisingly, given the sanitation conditions, older detainees said they were regularly sick and that many died. (For more on deaths in custody, see page 42.) The presence of parasites and insects adds further misery. "There were so many insects and parasites there," said a 61-year-old man detained by the military for more than two years. "People were always sick."[182] Several older detainees described routinely picking lice off their bodies, when they came out of the cell to be counted by the military.[183] One such detainee, around 60, said he was still suffering more than six months after his release: "Even now, if I take up my trousers, you'd see so much of my body was black because of those insects."[184]

The sanitation conditions at Giwa are so extreme as to constitute the war crime of cruel treatment and torture. They are also a denial of detainees' rights to health, sanitation, and dignity, with a disproportionate impact on older people, as a result of urinary conditions common in older age.[185]

LACK OF HEALTH CARE

Amnesty International has previously reported on the lack of prompt or adequate medical care for people, including children, held in Giwa Barracks and other military sites.[186] While still lacking, treatment for acute illness, like malaria, has improved since the conflict's early years, through on-site clinics. But for older people with chronic illness, like diabetes and hypertension, there is little to no care, and often an explicit indifference. The military bars access to families—not even informing them where or if someone is being held—which also means families are unable to bring essential medicine to the person in detention.

A 60-year-old woman told Amnesty International that the military detained her in late 2019. She was held in one military facility, not named here to protect her identity, for one week. She has diabetes and hypertension and said she told the soldiers she took medicine daily for both conditions; the soldiers refused to either provide the medicine or to let her contact family to bring it. She also said she had specific dietary needs, because of her diabetes, but they did not do anything; she was served the same food as others.[187] After a week, she was transferred to Giwa. There, the problems continued:

> **They brought food to us three times daily. But the food [wasn't good for me], as I have diabetes. After two weeks, I was crying, weeping. I told the soldier I was sick, that I am a diabetic patient, I can't eat this food. He said I had to deal with it. He didn't listen.**
>
> **After about 25 days, I fainted in the night. I didn't know where I was. The women [in the cell] thought I'd died. They started shouting and beating the cell door, "Soldiers come, soldiers come." The soldiers told them to keep quiet, not to disturb them in the night or they wouldn't get food the next day. I became**

[179] A woman in her early 60s, who was detained in Giwa from 2016 to 2018, recalled, "We were more than 500 in that cell—women and children. There was only one toilet… Because of the queue, people would use their eating dish [to defecate in], and then they'd wash the dish and use it to eat again." Amnesty International interview, 21 January 2020. For a more detailed examination of the women's cells during this period, see Amnesty International, *"They betrayed us"*, pp. 64-72.
[180] Amnesty International telephone interview, August 2020.
[181] Amnesty International telephone interview, August 2020.
[182] Amnesty International interview, 17 January 2020.
[183] Amnesty International interviews, January 2020.
[184] Amnesty International telephone interview, August 2020.
[185] ICESR, Articles 11 and 12; CRPD, Articles 25 and 28. See also United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), UN General Assembly Resolution 70/175, 8 January 2016. The right to sanitation has been recognized as being derived from the right to an adequate standard of living, and therefore implicitly contained in the ICESCR. Committee on Economic, Social, and Cultural Rights (CESCR), Statement on the Right to Sanitation, 19 November 2010, UN Doc. E/C.12/2010/1, para. 7. The right to sanitation requires special attention to the needs of children, older people, and people with disabilities. As noted by the Independent Expert on the human rights obligations related to safe drinking water and sanitation, "Sanitation, more than any other human rights issue, evokes the concept of human dignity." Report of the UN Independent Expert on the issue of Human Rights Obligations related to Access to Safe Drinking Water and Sanitation, 1 July 2009, para. 55.
[186] Amnesty International, *"They betrayed us"*, pp. 71-72; Amnesty International, *"We dried our tears"*, pp. 45-48, 63-67; Amnesty International, *"If you see it, you will cry"*. See also Human Rights Watch, *"They didn't know if I was alive or dead"*, pp. 24-26.
[187] Amnesty International telephone interview, August 2020.

conscious the next morning, and they said a doctor was coming.[188]

The 60-year-old woman told Amnesty International that she was taken to a hospital for a scan, after which the doctor told the soldiers she had to take her diabetes medicine. She said he provided a prescription for one month of medication. Once it was finished, she was again forced to go without her diabetes medicine until being released, one or two months later. She was never charged. During her detention, she never received medicine for her hypertension, nor a change in the food provided. "Up to now, my health is not recovered," the woman said, six months after her release. "I've gone to the hospital twice. The doctor said that because I hadn't taken medication for a long time, it would take time to improve… My sight has become very weak… In the night, I can't sleep. All of my body is in pain."[189]

The lack of proper health care in Giwa has long-lasting effects, as the 60-year-old woman described. A 69-year-old man released in January 2020, after more than four years of unlawful detention, said similarly:

> **I fainted twice in the cell. They brought me outside and put water on me, and then I came back, [regaining consciousness]. People said, "We thought you died, twice. I guess you can't die."**
>
> **Before they took me [to Giwa], I could walk, my sight was clear, I could do everything. But now, since being there, my sight is very weak. I can't walk 500 meters. Someone has to help me. If I stand for prayers, sometimes I'll fall down. I can't pray standing, sometimes I have to sit. All these things happened to me while I was in Giwa, me and the other older detainees.[190]**

He said the conditions improved during the four years he was detained, especially after a change in military leadership at Giwa around 2018. More food was provided, additional cells were built—slightly reducing overcrowding—and, on one occasion after he had suffered from illness for weeks, he was taken to a clinic inside Giwa, given medicine, and allotted additional food.[191] Based on dozens of testimonies taken by Amnesty International, that suggests he was identified as acutely malnourished.[192]

Although the conditions in military barracks like Giwa are particularly inhumane, and lead most often to death and serious illness, the lack of health care is a wider problem for people detained in the context of the conflict. Amnesty International interviewed two prison officials at Maiduguri Maximum Prison, a civilian-run facility.[193] They each said the prison holds two types of people: "inmates," which refers to those who come pursuant to a criminal conviction before a civilian court; and "detainees," who are brought by the military, often from Giwa, without being charged or prosecuted, much less convicted. They said "detainees" substantially outnumber "inmates", and that there are many older men among the "detainees".[194] As in Giwa, they said relatives are unable to bring medication to "detainees" in Maiduguri Maximum Prison.[195]

"We don't have a good clinic," said one of the prison officials, who had direct knowledge of conditions. "We don't have medicine. Where there's no medicine, no good clinic, sickness will break out… Every month, one to two older people die… The youth too are dying. The place is seriously congested. And there is not any [proper] medical facility."[196] He said there were at least 18 detainees with tuberculosis, many of them older men, and that other detainees suffered from malaria, diabetes, and hypertension, among other conditions.[197]

The prison official said that when a detained person becomes too sick for the clinic's care, they should be transferred to the University of Maiduguri Teaching Hospital or the State Specialist Hospital. He said the prison services have to provide money for the hospital to treat the detainee, but the federal government rarely disburses money for such treatment on time, if at all:

> **There's no money. The problem is financial… Sometimes we have to wait for one, two months to get small money to handle these people… We have to beg.**
>
> **When we take the patient to the hospital, we're supposed to pay for the admission, buy the medical tests, the medicine. The prison services, we have to ask Abuja for approval that they will pay. It takes time, sometimes two months. The person will be lying there in the hospital [untreated]… They don't**

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[188] Amnesty International telephone interview, August 2020.
[189] Amnesty International telephone interview, August 2020
[190] Amnesty International telephone interview, August 2020.
[191] Amnesty International telephone interview, August 2020.
[192] Amnesty International interviews, December 2019 and January 2020, and telephone interviews, 2020. See also Amnesty International, *"We dried our tears"*, pp. 47-48.
[193] Details about their positions are omitted to protect their identity.
[194] Amnesty International telephone interviews, September and October 2020.
[195] Amnesty International telephone interviews, September and October 2020.
[196] Amnesty International telephone interview, October 2020.
[197] Amnesty International telephone interview, October 2020.

even care about the person… It's not their relative, it's just a detainee. They don't care.[198]

The prison official cited a specific case from the week before, in which a detainee had a serious case of tuberculosis, but they could not get approval from Abuja to pay for the expenses. "We had to take him back to the prison, because no money for the treatment," he said.[199] The prison official said all of the detainees suffered as a result, but that it often impacted older men at Maiduguri Maximum Prison the most:

> **Those older people, they have to be released. They are not Boko Haram… For some of them, they have been there [in detention] so many years. Some have become blind. Some have developed a disability—they can't walk. If you see them, you'll weep for their condition. Let them be released. They have not done anything… They are suffering, seriously suffering.[200]**

DEATHS IN CUSTODY

Amnesty International has previously estimated that at least 10,000 people have died in custody since the crisis in Northeast Nigeria began, based on data from and visits to mortuaries; a review of internal military reports; statistics recorded by local human rights activists; and interviews with former detainees, military sources, hospital staff, and other witnesses.[201] That includes at least 7,000 people who died between March 2011 and mid-2015 in military or police custody in the Northeast, many in Giwa Barracks,[202] and a further 3,000 people when adding detention facilities in other areas, like Kainji Barracks in Niger State, as well as deaths in custody in the Northeast from mid-2015 through 2020. Most such deaths occurred in 2015, 2016, and 2017; deaths continued from 2018 to 2020, but at much lower, and steadily decreasing, rate.[203]

Testimony from former detainees, as well as descriptions provided by hospital staff and people involved in burying bodies brought from Giwa, strongly suggest that older detainees have died at disproportionately high rates, compared to their overall percentage of the population in Northeast Nigeria and their percentage of the population in military detention. That should come as no surprise. The grossly inhumane conditions, and the malnutrition as well as the rampant and often untreated disease those conditions bring, are most likely to be fatal for those with pre-existing conditions and weakened immune systems—both linked to older age.

"Older people like me, we weren't strong enough," said a 65-year-old man, detained in Giwa for more than four years, before being released in late 2019. "The life was terrible… People were dying because of hunger and thirst, and because of the congestion. It was too hot."[204] He said most of the deaths occurred in his first two years in Giwa and, of those who died, named several older men he knew personally.[205]

A 69-year-old man detained for two years in Giwa, before being released in 2018, said similarly:

> **So many older people died. They couldn't resist hunger, they couldn't resist all those things. Sometimes we'd see someone collapsed, and we'd put some water on them, to see if the person died… When it was dry and hot, people were dying too much. There's no consideration [for older detainees]. The older people were dying. And the younger people became like older people because of hunger.[206]**

Amnesty International obtained extensive, though incomplete, data from mortuary records from mid-2013 to late 2019.[207] The records show people in Giwa died regularly, and often in large numbers, through mid-2017. For example, soldiers brought three people from Giwa to the mortuary on 7 April 2017, six people on 8 April, and 19 people on 9 April; there were only three days in April 2017 when no one was brought to the mortuary from Giwa, and a total of 166 bodies were recorded that month. Eleven bodies were brought on 3 May 2017, followed by one each on 4 and 5 May and another seven on 6 May; the mortuary recorded a total of 58 bodies from Giwa that month. The pace slowed by late 2017, though deaths still occurred regularly; for

[198] Amnesty International telephone interview, October 2020.
[199] Amnesty International telephone interview, October 2020.
[200] Amnesty International telephone interview, October 2020.
[201] Amnesty International, *"We dried our tears"*; Amnesty International, *Stars on their shoulders. Blood on their hands.*
[202] Amnesty International, *Stars on their shoulders. Blood on their hands*, pp. 58-75.
[203] Data from a mortuary (on file with Amnesty International); and Amnesty International interviews and telephone interviews, including with former detainees, hospital staff, prison staff at Maiduguri Maximum Prison, and people involved in burying bodies.
[204] Amnesty International telephone interview, August 2020.
[205] Amnesty International telephone interview, August 2020.
[206] Amnesty International interview, 21 January 2020. Another 69-year-old man, detained for four years before being released in early 2020, said simply: "My older mates died. So many of them died. If you said it was 100 or 200, I'd say it's lies, as it was more than that." Amnesty International telephone interview, August 2020.
[207] As noted above, Amnesty International has also obtained and reviewed more than 120 videos and photographs taken in 2016 and 2017 of corpses brought from Giwa. Some of the videos clearly show the bodies of older men, though estimating ages is challenging.

example, soldiers brought bodies on four days in January 2018 and on at least eight days in May 2019.[208]

A person with direct knowledge, whose precise occupation is concealed to protect their identity, estimated that older men comprised 15% of the bodies taken from Giwa to one mortuary.[209] Another person, who had direct knowledge of the burial of people brought from Giwa, told Amnesty International:

> **Around 25 percent are older people… They put them in a big bag… If you saw the bodies, the bodies had become malnourished. You'd see it as someone who was unable to get food or water… You'd see someone had suffered. It was like they were dry, like they didn't have blood. It was like a skeleton.[210]**

Both people said there were deaths in Giwa in 2019 and 2020, but the number had dropped considerably.

Although their estimates should be considered rough approximations, both interviewees had extensive, relevant knowledge of deaths in custody from throughout the conflict period. Their estimates at minimum suggest older detainees, and especially older male detainees, have died disproportionately. As noted above, NEMA and IOM have estimated that men age 60 and older are around 4% of the internally displaced population in Northeast Nigeria,[211] and in Nigeria's last census, from 2006, men age 55 and older were around 3.4% of Borno State's population.[212] Older people very likely comprise a smaller percentage of the detained population than their overall part of the population, as dozens of Amnesty International testimonies with former detainees and others affected by the conflict indicate the military has been less likely to detain older people than younger people, even if unlawful detention is widespread across all age groups. In recent years, soldiers have increasingly refrained from detaining older people fleeing Boko Haram-controlled areas.

While many deaths in custody have occurred in Giwa, both because of its particularly inhumane conditions and its central role in conflict-related detention, detainees, including older detainees, have died in other military- and civilian-run detention sites, including in 2020. In a report earlier this year on the conflict's impact on children, Amnesty International examined Operation Safe Corridor, a detention facility that is part of a demobilization, disassociation, reintegration, and reconciliation (DDRR) programme coordinated by Nigeria's Defence Headquarters and partially funded by the European Union, United Kingdom, and United States.[213] As of the end of 2019, at least seven of the approximately 270 men and boys held at Safe Corridor had died, including at least one, and perhaps two, older men.[214] In a group of around 600 people detained at Safe Corridor from January to early September 2020, four more died, including at least two older men.[215]

Modu Lambai was one of those who died in Safe Corridor in 2020. He was originally from Cameroon but came to Nigeria before the conflict to do seasonal work; he married a Nigerian woman and stayed. A relative of Modu said their livelihood depended on farming and working a grinding machine, so they initially stayed when Boko Haram came to their village.[216] The fighters' harassment eventually became too severe, and the family fled. Arriving to Banki, soldiers arrested Modu and most other men and boys. Modu was detained in Giwa, then transferred to Maiduguri Maximum Prison, where he finally got a message to his family that he was alive. He was transferred to Safe Corridor in early 2020, never facing charges. The family member said:

> **When they told us he was in Gombe [at the Safe Corridor detention facility], we were surprised. Modu Lambai was over 60, around 65 years old. He wasn't involved in the issues, and they said they were taking Boko Haram to Gombe, so we were surprised… Modu Lambai was an older man. Those [Boko Haram] boys weren't using older people in their things. He wasn't involved in any of their activities…**
>
> **The way the government is doing things, it makes us very angry. They take people, and we can't see them. Their children can't see them… Before we fled, [Modu] had left the grinding machine, because he was an older man, and was just doing his farming activities.[217]**

As discussed on page 41, hundreds of people are currently held unlawfully in Maiduguri Maximum Prison, in relation to the conflict. The conditions there are better than in Giwa, though the facility is likewise congested and lacking in health care. In addition to men and boys formerly detained there, a prison official at Maiduguri Maximum Prison told Amnesty International that there were older male detainees who had died

[208] Data from a mortuary (on file with Amnesty International); and Amnesty International telephone interview, October 2020.
[209] Amnesty International telephone interview, October 2020.
[210] Amnesty International telephone interview, October 2020.
[211] IOM and NEMA, *Displacement Report 33: North East Nigeria* (August 2020), p. 9.
[212] See Nigeria Data Portal, Population Distribution by Age, 2006: Borno State, https://nigeria.opendataforafrica.org/xlomyad/population-distribution-by-age-2006?state=Borno (accessed 3 November 2020).
[213] See Amnesty International, *"We dried our tears"*, pp. 55-70.
[214] Amnesty International interviews, December 2019 and January 2020, and telephone interviews, August 2020. See also Amnesty International, *"We dried our tears"*, pp. 55-70.
[215] Amnesty International telephone interviews and email correspondence, August and September 2020.
[216] Amnesty International telephone interview, September 2020.
[217] Amnesty International telephone interview, September 2020.

at the prison this year, estimating one or two per month, on average; he said some younger detainees died as well, citing hepatitis and tuberculosis, among other causes.[218]

The conditions leading to widespread death in custody amount to war crimes of cruel treatment and torture and may amount to crimes against humanity of torture. Given the thousands who died deliberately, especially in Giwa, the deaths may also amount to war crimes of murder and the crimes against humanity of murder, extermination, and enforced disappearances.[219] There has been no accountability for these crimes.

3.3 CRIMES AGAINST THEIR CHILDREN

Older people are often affected in another way by the military's crimes: through the enforced disappearance or unlawful detention of their children and grandchildren. At least 29 of the older people interviewed for this report had children or grandchildren whom the military had unlawfully detained; most had several such children or grandchildren—usually adult or teenage sons. Most were forcibly disappeared or at best being held incommunicado, so the older person did not know where their children or grandchildren were detained or even if they were alive or dead unless they, or someone with whom they shared a cell, was released.

A 63-year-old man from a village in Bama LGA told Amnesty International: "I arrived with six children. I will never forget, they flogged my children, tied them, and took [three of] them to Giwa. Until now, I don't know where they are. I cry, asking myself, why did I come here? I regret leaving my village. So much regret."[220]

Older people described profound health, psychosocial, and economic effects of having their children detained; many watched as their children were beaten, blindfolded, and taken away, with no news since. "We're always thinking about our children," said a man, 65, whose son and four nephews were detained after they fled Boko Haram's abuses in their village. "They are in detention. I haven't seen any of them since… We don't know the children's situation. I'm supposed to be resting, but I haven't rested. I have high blood pressure. My eyes have become really weak. I'm just wondering when they will come back."[221]

A 60-year-old woman from a village near the Cameroonian border said Boko Haram's arrival had been a "disaster" for her family, due to the looting, and that she and her family fled to Cameroon, whose soldiers trucked them to Banki, in Nigeria. Nigerian soldiers took her 30-year-old son to Giwa. She described:

> **I became sick, I lost my mind… They'd taken my son to Giwa, and I did not know what to do. I lost my senses… I stayed with another woman, and later my mind came back. But I was so affected by his arrest… If he was around, he'd take care of me. But now I am the father, mother, and grandmother.[222]**

Since the son's arrest, the woman had become the primary caregiver for his four children, in an IDP camp.

When adult children are arrested, it is almost always older women who take on the responsibility of providing for the grandchildren. Amnesty International interviewed 14 older women who were caring for grandchildren, at times in addition to providing care for a husband with a disability, as a result of the military's unlawful detention. Many cared for multiple grandchildren, often as many as five or six under the age of 15. For example, a 70-year-old woman said that three of her adult sons, along with three of her adult nephews, had been detained after the family fled their village in 2015. In an IDP camp outside Maiduguri, she cares for six grandchildren between age six and 12:

> **I have to take care of them. I have to buy food. I have to buy firewood—I'm older, so I can't go collect it myself. For a year, I was a beggar. I came to the university here, at the gate, [to beg]. If I came early in the morning, I'd get something to bring back to the children… My main challenge is my children in detention. If they were around, I wouldn't have to do all this. They'd take care of their children.[223]**

The demands of caring for grandchildren—ensuring enough food, paying school fees—are often an incredible challenge, given the lack of access displaced older people have to livelihoods or to humanitarian assistance that meets their rights and basic needs. Those issues are examined in Chapter 4.

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[218] Amnesty International telephone interview, October 2020.
[219] Rome Statute, Article 7(1)(a), (b), and (i), and Article 8(2)(c)(i) and (ii). For more on the legal analysis, see Amnesty International, *Stars on their shoulders. Blood on their hands*, pp. 34-38; Amnesty International, *"They betrayed us"*, pp. 12, 77-78. In 2009, Nigeria acceded to the International Convention for the Protection of All Persons from Enforced Disappearance, which entered into force in December 2010.
[220] Amnesty International telephone interview, November 2019.
[221] Amnesty International telephone interview, August 2020.
[222] Amnesty International telephone interview, November 2019.
[223] Amnesty International interview, 11 December 2019.

Falmata, in her early 60s, sits in her IDP camp shelter with four grandchildren that she cares for as their father—her son—died as a result of the conflict, Borno State, Nigeria, October 2020. © The Walking Paradox / Amnesty International

A displaced older man sits and sells small goods at a market near Maiduguri, Borno State, Nigeria, October 2020. © The Walking Paradox / Amnesty International

THE STORY OF N.R., A 60-YEAR-OLD WOMAN FROM BAGA TOWN, KUKAWA LGA, BORNO STATE[224]

"Boko Haram started preaching in the town. They opened their mosques. We didn't even know they were Boko Haram then. Then they started being open [as Boko Haram]. This was when they were pushed back from Maiduguri to Baga. Later, they killed politicians, civil servants, businessmen, those in education.

Around five years ago, [the military] said Boko Haram killed a soldier. The military came and burned much of Baga, and some people were killed. I ran to the bush. We stayed there one day, then came back, and the soldiers chased us away again… When they left, we came back to the town.

About a year later, we heard there was a Boko Haram attack outside the town. People went to look and came back. My son was among them. I said, 'Why did you do that? This isn't our issue.' Boko Haram came and killed so many people that day. They had their rocket launchers. Everyone started running. Boko Haram killed so many innocent people who hadn't done anything… My younger brother was killed… Another one killed was my cousin, [name redacted]. He was a teenager…

I went with five women and hid in a house. It was a Saturday. We didn't eat anything on Saturday or Sunday. On Monday morning, three people [from Boko Haram] came [to the house]. They entered and shouted, 'As-salamu alaykum.' Then they saw us older women and said, 'You can't say anything? We greeted you.' We said we were afraid. [The Boko Haram fighters] said they wouldn't do anything. They said our men had been handing them over to soldiers, killing them, and where were [the men from Baga] now?

There were many women there. [Boko Haram] came in again… and said, 'You older women, go away.' The younger women stayed… They took me to another house. Other older women were there… They brought a truck, put the younger women and girls in, and took them away. We haven't seen them since…

We stayed for 56 days [with Boko Haram in Baga], then the military came and took back Baga. Then the soldiers went to Mile 4 and stayed there. They said no car should go to Baga. Food became very expensive. For two kilograms of rice, it became 2000 naira (US$5.26). Before, it was 1000 naira. Maize became 1200 naira; before, it was 200. And everything was scarce…

Then Boko Haram attacked again [in December 2018]. On a Wednesday night and Thursday, we heard gunshots. Thursday morning, we went out and heard the soldiers weren't at the checkpoint at the town entrance… Two district leaders went in a car to look around. They said there was no military anywhere, so everyone should find their way to escape. We started seeing Boko Haram fighters. They didn't talk to us the first day. Later, they said we were older people and should stay. They didn't disturb us… Usually Boko Haram was there during the day and would leave in the night.

The military started shelling [Baga]. We heard, 'Peeew,' then 'Boom'. 'Peeew', 'Boom'. We saw this house was burned and that house was burned. And Boko Haram came and burned some houses too—those of politicians and others.

The soldiers came twice [before re-capturing Baga], and they killed an older man and a woman and her goats… Even me, God saved me. The bullet came through my house and hit the wall. I was lying down. Then a second bullet came through…

The soldiers came in the morning. They crossed the town from one end to the other—to the roadblocks—and went back. They were blowing [horns], and they were going by and shooting at the houses… There was a big tree. They hit it with so many shots that it was cut up that day… No, there was no warning. They didn't say anything, they were just shooting.

[Weeks later], the military came back. On a Wednesday evening, the military truck came and took some people to their barracks. On Thursday too, they got some people from their houses in Baga and put them in a car. They asked one older man to tell the others [in Baga], 'Tomorrow everyone should assemble here. We're going to take everyone to Monguno.' [The older man] announced it. So on Friday, we came out of our houses. We went to their barracks… The soldiers forced us to get on the truck. We couldn't take our clothes, we couldn't take our belongings, we couldn't even lock our door. Isn't that by force?

We stayed there [in the Monguno barracks] one day, then NGOs came and took us. They had a computer, and they took our thumbprint, gave us a food card, and took us to a new-arrivals shed.

After we got a distribution, they took us to Kuya Camp. We stayed there for five months, and I received four distributions. Then they said my card had a problem, my name wasn't appearing [in their records], so I haven't gotten anything for three months… Some of my friends from the same locality have given me two or three kilograms [of food from their distribution]. That's how I survive. I'm not getting anything.

I've gone to the camp leader and complained. I've gone to Monguno, to the local government secretariat, to complain. It's been more than 10 times. I've had to pay for the *keke* transport each time, for me and the chairman. I've spent about 1,600 [naira] back and forth. They say I should come the next day, come back the next day… [Before], they'd said they were doing a registration and were taking pictures [of us]. I think that day, they made an error—from that day my card stopped.

I go [to the secretariat] and I cry and cry, and they just laugh at me and say come again.

We're displaced from our homes. We don't have a place to do any work. So we just depend on what they give us. It's hard [without the food card]. I'm alone, but my sister is there in the camp [in another shelter]. I don't have any children in Monguno…

My shelter has been torn. It was damaged by the rains. So I had to buy a tarpaulin for 3,500 [naira]. We've prepared the rooms ourselves. The NGOs haven't been bringing anything [for the shelter].

Firewood is expensive. It's 50 naira for two pieces. It's very far [to where people collect it]... The bush is dangerous, so I don't go… People give me two kilograms, three kilograms [of food]. From that, I buy firewood. Or people take pity on me and give me three or four pieces of firewood. I depend on what people give me. Before, when I got the food distribution, I could sell some [for firewood].

So many times I pass the day without eating. Sometimes I even hide myself because people know I'm in a bad situation and don't have anything.

[For water], they used to bring it in a water tank. This happened for four months, but then it stopped. Now we go a long way. I usually go myself, but sometimes our [community leader] tells me to sit [in the camp] and his children will get water for me. It's up to a kilometre away [to the water point]. We go in the morning, and we come back after 12. The queue is so long.

[An NGO] told us we should go to a clinic. They said they would write a prescription, and we should go to the shop [to get the medicine]. What's the point? How can we pay for the medicine?

The biggest thing is we want to go back to Baga. The military should finish the situation so we can go back. The second thing is my food and shelter situation. My card should be fixed."

[224] Amnesty International interview, 19 January 2020.

4. CHALLENGES OF DISPLACEMENT

> **"In the camp, no one has come and asked, 'Where are the older men and women?' No one has considered us."**
>
> A 70-year-old man displaced from his home in Kukawa LGA to Stadium Camp in Maiduguri.[225]

> **"If we go to the camp clinic, it's just drugs for emergencies, malaria and things like that. For what we need, we have to go to the hospital [outside the camp] and pay… We don't have money, so we just stay at home… So many of my friends, other older people, have died because of this."**
>
> A 70-year-old woman displaced from her home in Dikwa LGA to Muna El-Badawy Camp near Maiduguri.[226]

In their villages, older people in Northeast Nigeria play a central role in providing for themselves and their families, as farmers, traders, and in raising livestock. Most have done so for decades, often in the same village. That tie to their home and land is one of the main reasons why older people tend to be among the last to flee, despite threats from Boko Haram and the Nigerian military. Leaving their village has a severe economic and psychosocial impact, as they go from being independent and valued to being dependent and invisible. A 60-year-old farmer from Kala/Balge LGA, displaced for several years to Farm Centre Camp in Jere LGA, said, in a description echoed by many others: "In the village, we're always responsible for ourselves and our family. Here, someone comes and gives you a little food every two months. We see that we can't feed our family. We see we can't take care of our family. That's the frustration we have."[227]

More than 2.1 million people are displaced within Northeast Nigeria, which, based on estimates from NEMA and IOM, includes around 150,000 people age 60 or older.[228] Inadequate data disaggregation in disseminated figures makes it unclear how many displaced people are between 50 and 59 years old (see text box below); in Northeast Nigeria, many people in that age range see themselves as older people—and should be seen as such by the authorities and humanitarian actors.

[225] Amnesty International interview, 15 December 2019.
[226] Amnesty International telephone interview, August 2020.
[227] Amnesty International interview, 17 January 2020.
[228] IOM and NEMA, *Displacement Report 33: North East Nigeria* (August 2020).

Zara, in her 60s, sits for a portrait next to several grandchildren she cares for in an IDP camp in Borno State, Nigeria, October 2020. © The Walking Paradox / Amnesty International

Humanitarian response in Northeast Nigeria is incredibly difficult. The conflict remains active, with regular attacks by Boko Haram and with military operations ongoing across the region. Boko Haram has targeted and murdered aid workers, and the military has imposed severe restrictions on humanitarian access.[229] But even with those challenges, the response has fallen short for displaced older women and men. In fundamental aspects of humanitarian assistance—food, health, and shelter and housing—older people's rights are routinely violated, their needs neglected. Older people overwhelmingly reported feeling ignored and as if they were a "burden", both by the Nigerian authorities and by international and local organizations.

This chapter focuses on the current situation of displaced older people, including related to the COVID-19 pandemic. It does not re-examine some of the worst failures of the past, such as the large-scale death by severe acute malnutrition and diarrhoea in Bama Hospital Camp in 2015 and 2016, before Médecins sans frontières (MSF) raised alarm bells, leading to a mass evacuation to Maiduguri for medical care.[230] Amnesty International previously documented violations from that period.[231] Although much of the humanitarian and media focus was on children, especially young children, older women and men also died in enormous numbers. A group of displaced women whose husbands are in detention, known as the Knifar women's movement, shared with Amnesty International a list with the names and ages of 879 people who died in Bama Hospital Camp between December 2015 and July 2016; 267 of those on the list, or more than 30%, were age 50 or older.[232] Many people interviewed for this report each named three to seven older relatives and neighbours who died in the Bama camp from malnutrition or diarrhoea.[233] Humanitarian catastrophes often fall hardest on children and older people, though the latter receive comparatively little attention.

The Nigerian government and the humanitarian community must redouble their efforts for older people, respecting and fulfilling their rights to physical and mental health and to an adequate standard of living, which includes the rights to food, housing, water, and sanitation.[234] In 2020, Nigeria signed, though has yet to ratify, the African Protocol on Older Persons, which includes obligations to meet older people's health needs; to ensure their active participation; to prioritize them for assistance amid crises; and to provide them support in caring for "orphans and vulnerable children".[235] There are also specific protections, including to non-discrimination, for older women and older people with disabilities.[236] As a party to the Convention on the Rights of Persons with Disabilities (CRPD), Nigeria, working with the humanitarian community, also has a

[229] See OCHA, Nigeria: Situation report, 14 October 2020; Human Rights Watch, "Nigeria: Army Restrictions Stifling Aid Efforts," 4 March 2020; Amnesty International, *"They betrayed us"*; and OCHA, *Nigeria humanitarian response plan: January-December 2018*, December 2017, p. 8 ("[I]t limited the supply of food and goods to civilians remaining in hard-to-reach areas. These people who have stayed in the hard-to-reach areas are cut-off from basic services and international humanitarian assistance").
[230] See, for example, MSF, "At least 24,000 displaced people in dire health situation in Bama," 22 June 2016.
[231] Amnesty International, *"They betrayed us"*, pp. 35-51.
[232] List of people who died in Bama Hospital Camp between December 2015 and July 2016, on file with Amnesty International.
[233] Amnesty International interviews, December 2019 and January 2020, and telephone interviews, November 2019.
[234] International Covenant on Economic, Social and Cultural Rights (ICESCR), adopted by General Assembly resolution 2200A (XXI) of 16 December 1966, entry into force 3 January 1976, Articles 11 and 12.
[235] African Protocol on Older Persons, Articles 12, 14, 15, and 17.
[236] African Protocol on Older Persons, Articles 9 and 13.

responsibility to ensure the rights of people with disabilities, including older people with disabilities, to, among other things, non-discrimination; protection and safety; full inclusion and participation; personal mobility; health; and an adequate standard of living.[237] Finally, a more inclusive humanitarian response is needed to meet the Humanitarian Charter's principles of impartiality, non-discrimination, and of a right to life with dignity;[238] and the *Humanitarian inclusion standards for older people and people with disabilities*.[239]

4.1 INVISIBILITY, DISCRIMINATION

Displaced older people in Northeast Nigeria are largely overlooked by the Nigerian authorities and by the humanitarian response. The invisibility and neglect underlie the ways their rights are not respected.

Humanitarian assistance is limited, even compared to major crises in other countries. As discussed in more detail below, the cash or in-kind food assistance is insufficient to meet most displaced people's needs; the health services are limited in what they treat, with almost no care for risks linked to older age; distributions of essential non-food items are infrequent, and when they occur, rarely reach everyone in a camp and seem to marginalize older people; and the delivery of material to construct or repair shelters is inadequate. The operating environment, with threats and restrictions from the conflict's parties, as well as donors' extreme underfunding of aspects of the humanitarian response, contributes to the challenges.

As a result, displaced people in Northeast Nigeria often find themselves in desperate need to supplement the assistance with income. They undertake seasonal farm work in surrounding areas, getting paid with money or crops. They collect firewood from outside camps, to sell and to use. And they sew traditional Bama caps or cook bean cakes to sell at market. Livelihood options are limited for displaced people of all ages, but the displaced older people interviewed for this report described particular hardships. Many said they were unable, for example, to walk several kilometres each day to get to farming areas or to collect firewood. A 65-year-old man displaced to Water Board camp in Monguno, who had been a farmer and fisher in Baga, described: "The situation in the camp is too harsh. I can't go get firewood. You have to hire a trolley for 500 naira and then go very far. Before I'd reach [the firewood area], it would be 2 p.m. I couldn't even come back the same day."[240] In areas where Boko Haram is active, displaced older people said the risk of being caught in an attack and unable to flee quickly further impeded their livelihood options.[241]

Older people with disabilities or with reduced mobility have even greater challenges. "Two years back, I sold kola nuts," said a 65-year-old man displaced to Dalori 2 Camp. "I'd go and buy kola nuts and sell them. But now I can't walk around so much anymore."[242]

A few older women said they sold goods at markets outside their camps, but their income generation was in the clear minority among the displaced older people interviewed; even for them, the earnings were meagre, for example from selling a few vegetables or spices they planted in or near the camp, or from selling part of their food assistance. And no displaced older person interviewed by Amnesty International had been hired by or knew an older person who worked for a local or international organization operating in the camps.[243]

The lack of access to livelihoods thus leaves many displaced older people with no choice but to try to survive on the inadequate humanitarian assistance provided or, for those with adult children in the same camp, to depend on what little their families can spare.

In addition to the lack of livelihood options, older people described significant challenges in accessing assistance equally. The first problem, voiced by almost every older person interviewed, is that no one speaks with them about their needs and risks. A 70-year-old man displaced to Stadium Camp said, "In the camp, no one has come and asked, 'Where are the older men and women?' No one has considered us."[244] A man in his late 60s, displaced to Gubio Camp, said similarly, in speaking about staff from local and international humanitarian organizations: "Nobody has come to take care of older people. When people come, they don't come to us, they go to the camp chairman and speak with him."[245]

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[237] Convention on the Rights of Persons with Disabilities (CRPD), adopted by the UN General Assembly in resolution 61/106, 13 December 2006, UN Doc. A/RES/61/106, Articles 2, 4, 5, 9, 11, 19, 20, 25, 28, 31.
[238] *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response* (Fourth Edition), 6 November 2018, pp. 28-32, https://spherestandards.org/handbook/editions/ (in particular the "Common principles, rights, and duties" on pp. 29-31).
[239] ADCAP, *Humanitarian inclusion standards for older people and people with disabilities*, 2018.
[240] Amnesty International interview, 20 January 2020.
[241] Amnesty International interviews, January 2020, and telephone interviews, August 2020.
[242] Amnesty International telephone interview, August 2020.
[243] Amnesty International interviews, December 2019 and January 2020, and telephone interviews, August and September 2020.
[244] Amnesty International interview, 15 December 2019.
[245] Amnesty International interview, 23 January 2020.

Humanitarian officials presented a mixed picture. Several humanitarian officials interviewed by Amnesty International said there were focus groups with different parts of the displaced population, including older people.[246] But there was general recognition that more engagement and inclusion was needed; one aid worker said the consultation of older people was "absolutely minimal," and that when there was a gender focus, for example, it generally meant engaging younger women—which itself remained inadequate.[247] An expert on the conflict similarly said that in meetings and conversations with humanitarian and development actors in the Northeast, the specific protection risks of older people had never been raised.[248]

Inclusive data collection and analysis are critical to an effective humanitarian response (see box on page 52).

The older people interviewed for this report, who lived in 17 different camps, said they had not received targeted assistance as older people. In two camps, a few older people with severe disabilities benefitted from a distribution of detergent and a mosquito net for people with disabilities.[249] Some older people described struggling to access general distributions, saying they could not "fight" with younger people in lines, or, for those with limited mobility or who were shelter-bound, access the distribution points in the first place.[250]

Aid workers interviewed by Amnesty International said there had been some targeted efforts for older people; one cited a one-off cash grant in 2020 that benefited some displaced older people in Gwoza.[251] But there was acknowledgment that such assistance has been limited—attributed, in part, to donor underfunding of the response—or that, as Amnesty International's findings also showed, such assistance tended to occur in distributions linked to disability, which reached some older people with disabilities. Several humanitarian officials did say, however, that in recent years there was a growing practice of establishing separate queues for older people and people with disabilities, and even some efforts to support older people with limited mobility in reaching distribution sites and collecting assistance.[252] Those practices need to be standardized.

Compounding the difficulties, older people often said they did not know how to bring a complaint to Nigerian or camp authorities related to assistance or said that, even if they did, nothing happened. (For more on the specific impact on food, see Section 4.2.) Older people at times described language barriers, as they primarily spoke Kanuri or the Shuwa dialect of Arabic, while workers spoke Hausa. A woman around 60, who was displaced to Custom House Camp and spoke Shuwa, said: "We don't speak Hausa, we don't know what to do… [Aid organizations] made a desk office in the camp. But the desk offices aren't doing anything. We'll complain, but nothing happens. The workers don't speak our language, so how do we communicate?"[253]

As a result, displaced older people regularly described feeling outcast and like a burden. "We older people, we are not considered among the society, honestly," said a 65-year-old man displaced to Dalori 2 Camp.[254] A 66-year-old man displaced to Farm Centre Camp said similarly, "We older people are a burden. We have teenagers taking care of us. We're supposed to help them, but we're a burden instead."[255]

In the context of patriarchal Northeast Nigeria, older women face particularly severe discrimination and invisibility. "Nobody goes to older women," said a woman in her 60s displaced to Bama Secondary School Camp. "Nobody is hearing us, nobody is seeing us. We were even surprised you wanted to talk to us."[256]

As Amnesty International has documented elsewhere, humanitarian assistance is too often rooted in an assumption that all older people live with and are supported by other family members.[257] In addition to failing to respect older people's rights as individuals, it is often inaccurate. Amnesty International interviewed many older people living alone; their isolation, especially when combined with disability or limited mobility, puts them at high risk of neglect and human rights abuses. Older people also head households, including as primary caregivers for grandchildren whose parents were killed or detained. A more nuanced understanding of older persons' experiences and situations is essential to better respond to their needs.

[246] Amnesty International interview, December 2019, and telephone interview, November 2020.
[247] Amnesty International telephone interview, November 2020. The aid worker also said there had been increased attention to disability, in part due to the UK's specific focus on disability inclusion in its donor funding, but that younger men with disabilities were often the principal beneficiaries, with women and older people with disabilities still under-represented.
[248] Amnesty International telephone interview, November 2020.
[249] Amnesty International interviews, December 2019.
[250] Amnesty International interviews, December 2019 and January 2020, and telephone interviews, August 2020.
[251] Amnesty International telephone interviews, October and November 2020.
[252] Amnesty International telephone interviews, November 2020.
[253] Amnesty International telephone interview, November 2019.
[254] Amnesty International telephone interview, August 2020.
[255] Amnesty International interview, 17 January 2020.
[256] Amnesty International telephone interview, November 2019.
[257] See Amnesty International, *"Fleeing my whole life"*.

NEED FOR BETTER AGE-, SEX-, AND DISABILITY-DISAGGREGATED DATA

More than seven years into the conflict in Northeast Nigeria, the response to the humanitarian crisis has been undermined by a lack of inclusion of older people in data collection and by insufficient data disaggregation by age, sex, and disability. As the UN Independent Expert on the enjoyment of all human rights by older persons has said, the lack of inclusive, disaggregated data "can have a significant impact on planning and operational response to emergency situations. If older persons are invisible during the planning phase and preparedness assessment… the likelihood that the needs, capacities and contributions of older persons will be overlooked in the response and recovery phase sharply increases."[258]

Older people's under-representation in data collection is a recurrent problem in humanitarian contexts.[259] As described above, older people overwhelmingly said that they had never been interviewed or otherwise approached by the Nigerian authorities or humanitarian organizations, to assess their needs and risks. Older women and older people with disabilities are particularly ignored.

The main global dataset in Northeast Nigeria is the quarterly Displacement Tracking Matrix (DTM), led by NEMA and IOM, which has estimated that 7% of the more than 2.1 million people displaced within Northeast Nigeria are age 60 or older.[260] That dataset contains important information and has noteworthy transparency, including about its collection means. But, as the methodology indicates, the information comes overwhelmingly from "key informants such as representatives of the administration, community leaders, religious leaders and humanitarian aid workers."[261] Such a methodology strongly risks under-representing marginalized groups, including older people, women, and people with disabilities. Indeed, the published DTM dataset does not provide information about the number of people with disabilities, the number of older people living alone, or the number of older people caring for children—in contrast to UNHCR and IOM practices in other contexts, including the refugee crisis in Bangladesh.[262]

The DTM's age disaggregation is likewise insufficient. It provides the following age brackets: under 1, 1-5, 6-17, 18-59, and 60+ years old. To uphold older people's rights, better practice would be to disaggregate into smaller brackets (e.g., 50-59, 60-69, 70-79, 80+), allowing for a more nuanced understanding of experiences at different ages.[263] That is true within what IOM and NEMA define as "elderly"—60 years and older—and in the other adult bracket: age 18 to 59. Given the decade of crisis and historic under-development in Northeast Nigeria, there are different needs and risks at the lower and upper ends of that age range. Related, NEMA and IOM, as well as other key humanitarian actors like OCHA, should adopt a more context-specific approach to "older age", rather than using 60 as a minimum cut-off.

Data collection is a challenge in Northeast Nigeria, given the ongoing fighting and restrictions. There are entire regions where state authorities and humanitarian organizations do not have access, and displacement numbers are regularly changing, as shifts in fighting force new communities to flee or allow communities to return home. Inclusive data collection would cost more than current efforts, but it would also allow for a response better able to meet the displaced population's rights and needs.[264] International donors should require more inclusive data collection and analysis as a condition of their support.

At minimum, NEMA and IOM should ensure an inclusive design to key informant interviews, such that older people, including older women and older people with disabilities, are systematically reached. Other UN agencies and humanitarian organizations should do likewise for their programmes. Absent inclusive data, "an emergency response cannot respond to the human rights concerns of older persons."[265]

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[258] *Report of the Independent Expert on the enjoyment of all human rights by older persons*, UN Doc. A/HRC/42/43, 4 July 2019.
[259] See HelpAge International, *More at risk: How older people are excluded in humanitarian data*. The report finds that under-inclusion of older people is linked to, among other things, a lack of policies on inclusion among many humanitarian organizations; attitudes among staff that de-prioritize older people's participation; a misconception that including older people will be expensive; a lack of understanding of the intersection of aging and other identities, including gender and disability; and a lack of analysis even when relevant data is collected.
[260] IOM and NEMA, *Displacement Report 33: North East Nigeria* (August 2020), p. 9.
[261] IOM and NEMA, *Displacement Report 33: North East Nigeria* (August 2020), p. 20.
[262] For the dataset of the assessment in Northeast Nigeria, see DTM, Nigeria — Baseline Assessment — Round 33, 24 September 2020, https://displacement.iom.int/datasets/nigeria-%E2%80%94-baseline-assessment-%E2%80%94-round-33. For more on the response in Bangladesh, see Amnesty International, *"Fleeing my whole life"*.
[263] See *Report of the Independent Expert on the enjoyment of all human rights by older persons*, UN Doc. A/HRC/42/43, 4 July 2019, para. 45 ("When data are collected, older persons are often frequently either overlooked or treated as if all persons over the age of 60 belonged to a homogenous population, even though the needs, vulnerabilities and capacities of the old and the older-old (those 80 years of age and over) are considerably different."). See also HelpAge International, *More at risk: How older people are excluded in humanitarian data*.
[264] Amnesty International telephone interviews, October 2020. See also *Report of the Independent Expert on the enjoyment of all human rights by older persons*, UN Doc. A/HRC/42/43, 4 July 2019, para. 48.
[265] *Report of the Independent Expert on the enjoyment of all human rights by older persons*, UN Doc. A/HRC/42/43, 4 July 2019, para. 48.

4.2 ACCESS TO FOOD

Displaced older people overwhelmingly said their biggest challenge was in accessing adequate food. Many routinely ran out of the food assistance before the next distribution or survived by eating only one or two small meals a day. Older people living alone or who are primary caregivers for grandchildren are even more at risk. Older people also appear to be disproportionately likely to be left off or removed from distribution lists and described challenges and at times outright indifference in trying to get the problem resolved.

The distribution of food assistance in Northeast Nigeria is not homogenous. In some camps, especially where the World Food Programme (WFP) leads, displaced people receive cash transfers—generally described as 17,000 naira (US$45) a month per household, with some variation based on the size of the household and the location where the person lives. In other camps, including where the Nigerian authorities—NEMA and SEMA—are in charge, displaced people receive in-kind distributions. The food provided is different from location to location; in Bama and Damboa, for example, it includes guinea corn and beans, whereas in camps around Maiduguri, it is generally rice and beans.[266]

Displaced older people, and displaced people more generally, almost all said the food assistance is insufficient. But older people receiving the cash transfer described less dire challenges; the number of days they said the cash assistance lasted them was generally longer than what was indicated by people receiving in-kind assistance. Another major problem, for displaced people receiving in-kind assistance led by the Nigerian authorities, is that it rarely comes on time. Amnesty International carried out dozens of interviews in at least four sites where NEMA and SEMA are in charge of food, and every person said that while the distribution is supposed to happen every month, it was often weeks or even a full month delayed.[267]

Most displaced older people described eating, at most, two meals a day, and said the food assistance ran out well before the next distribution. A woman around 70 years old in Farm Centre Camp, who was a primary caregiver for three grandchildren under the age of 10, said they received 18 kilograms of rice and eight kilograms of beans; she sold a few kilograms of rice to get basic condiments like salt. She described:

> **We are hungry. The food provided is very small, and it doesn't come on time… It lasted us seven days, if we ate twice a day. After the food is finished, I have to go and beg at Custom Market. The place is very far from the camp. I walk, I don't have the money [for transport].**
>
> **I leave around 9 a.m. I get to Custom Market around 11 a.m. I beg, and around 5:30 p.m., I go back to the camp… Sometimes [I get] 500 naira (US$1.30), sometimes more. Sometimes people give me raw food, and then maybe I don't have to beg for three days… I was a guinea corn farmer [in my village]. I had my own cows, my own farm. Now we are beggars. I'm suffering. My grandsons are suffering.[268]**

Without adequate food for her grandchildren, she was forced to send two of them to almajiri school, where they boarded with a religious teacher and begged for meals.[269] Sixteen other displaced older people said they often resorted to begging, since assistance was inadequate and they had no access to livelihoods.[270]

In July 2020, UN agencies and national and regional actors estimated that 4.3 million people in Borno, Adamawa, and Yobe States needed food security assistance, an increase of some 600,000 people from March 2020, largely due to the COVID-19 pandemic (see text box on page 58) and a spike in the price of staple foods.[271] Aid organizations face restrictions on humanitarian flights, meaning food security is worse in "deep field locations".[272] The situation is dire for many older people even though food security is one of the few areas of the Humanitarian Response Plan, excluding needs related to COVID-19, that donors have fully funded for 2020; however, additional food security support linked to COVID-19 is badly underfunded.[273]

For many displaced older people, the problems are even worse: they do not receive any food assistance, due to issues with the registration and a failure of the authorities and humanitarian organizations to resolve the problems in a timely manner. Amnesty International interviewed 15 older people displaced to camps who

[266] This paragraph comes from more than 150 Amnesty International interviews with displaced people, 2019 and 2020.
[267] Amnesty International interviews, December 2019 and January 2020, and telephone interviews, August 2020.
[268] Amnesty International interview, 18 January 2020.
[269] For more on the almajiri system, see Hannah Hoechner, *Quranic Schools in Northern Nigeria: Everyday Experiences of Youth, Faith, and Poverty* (Cambridge University Press, 2018); M.A. Yusha'u et al., "Problems and prospects of integrated almajiri education in northern Nigeria," *Scientific Journal of Pure and Applied Sciences*, vol. 2(3) (2013), pp. 125-134.
[270] Amnesty International interviews, December 2019 and January 2020, and telephone interviews, November 2019.
[271] See Cadre Harmonisé Updated Results on Identification of Risk Areas and Populations in Acute Food and Nutrition Insecurity in Adamawa, Borno, Kano and Yobe States of Nigeria, 7 July 2020. See also OCHA, Nigeria: Situation report, 14 October 2020.
[272] OCHA, Nigeria: Situation report, 14 October 2020.
[273] OCHA, Financial Tracking Services: Nigeria 2020, https://fts.unocha.org/appeals/869/summary. Figures are from 26 November 2020. Donors have funded US$228.5 million against the US$212.2 million needed under the Humanitarian Response Plan, excluding COVID-19. Of the US$102.5 million additional support needed for food security due to COVID-19, only US$3 million is funded.

had gone at least four months without a distribution, despite repeated efforts to resolve registration problems. Such problems undoubtedly arise for more than just older people, but older people appear disproportionately affected, based on interviews with displaced people of all age groups and with camp leaders in several sites.

Some older people in camps said they have never received food assistance, despite living in a camp for half a year or more. A woman in her early 70s said she had been displaced for more than six months to Gubio Camp, which is co-managed by SEMA; Boko Haram had killed or abducted two of her younger brothers, so she was taking care of five of their children in total, between the ages of three and nine. She described:

> **The NGOs come there and write our names. They ask us to do a thumbprint, but nothing has happened. We don't know why… There's not any food assistance.**
>
> **We go out and beg, and what I can get, that's what we use to eat… Some of the grandchildren go beg too… In the morning, we go for begging, until 12 noon. If we get something, then we will cook it [for lunch]. Then we go again in the afternoon, and come back in the evening… Sometimes we have nothing. The grandchildren cry and can only take some water.[274]**

She said many others in Gubio Camp were receiving assistance, but no one had told her when she would begin receiving support; she said people had first registered her name soon after she arrived to the camp.[275] Her situation was recurrent, especially for older women living alone or heading households, across camps from which Amnesty International interviewed people. Camp leaders in several camps, including Farm Centre, said older people were disproportionately among the unregistered.[276]

Amnesty International also documented registration challenges for older people released from military detention; it was further insult after years of being held unlawfully. A 65-year-old man in an IDP camp in Dikwa town, who was released from military detention in January 2020, after being held for more than three years, primarily in Giwa, said he had not been registered for food as of late August 2020. "I don't know if they haven't considered me, or if they don't have enough food," he said. "If you go and complain, [the NGOs] will write your name and leave it, write your name and leave it, and nothing happens. They'll say, 'We'll consider you next month.' I'm just tired. I'm tired of complaining."[277]

Other older people said they had been registered and received food regularly until, for reasons they generally did not fully understand, were deregistered—leaving them without food. (For one example, see the story of N.R. on page 46.) A 72-year-old man and community leader in Monguno's Kuya Camp said that, of the approximately 60 older people with whom he arrived from Baga town nine months earlier, there were 11, all of whom lived alone or as heads of households with grandchildren, who had stopped receiving food assistance for around five months. He told Amnesty International, about his efforts to resolve the issue:

> **I've gone with the 11 and made my complaints. They say, "Next month, next month." We go back again, and they say, "Next month, next month."… They tell us the photograph was damaged, [during a registration update], so those people don't get food… Those 11, if you see the way they're suffering, you will cry. They don't care about us.[278]**

A 65-year-old man in Kuya Camp, who lived alone and was one of the 11 no longer receiving the distribution, despite repeated trips to resolve the problem, said other older people in the camp gave a little of their food to him, which was the only way he survived.[279] N.R., on page 46, was one of several to describe feeling like a burden and even hiding from her neighbours, knowing they had inadequate food for themselves. She also said she had been laughed at when trying to get the registration problem resolved.[280]

Again and again, there was no urgency in resolving an older person's registration problem. Meanwhile, they, and children in their care, went months without food assistance, surviving by begging and off what little food that other displaced families could provide. A woman in her late 60s in Gubio Camp said she received assistance without any issue until she travelled to visit a son in another camp; after returning a couple months later, her card no longer worked. Some ten months later, she remained unable to get the situation resolved. She said she survived because an adult daughter lived in the camp and would give a little cooked food from her distribution. "I've gone so many times to the office," she said. "The chairman has gone with

[274] Amnesty International interview, 13 December 2019.
[275] Amnesty International interview, 13 December 2019. See also OCHA, "Fact Sheet: Gubio IDP Camp, Borno State, North-east Nigeria," January 2020 (indicating that "78 households that arrived from Gubio LGA between August and November 2019" had not been registered "for monthly food ration" as of January 2020).
[276] Amnesty International interviews, December 2019 and January 2020.
[277] Amnesty International telephone interview, August 2020.
[278] Amnesty International interview, 19 January 2020.
[279] Amnesty International interview, 19 January 2020.
[280] Amnesty International interview, 19 January 2020.

me. We go together to the [NGO] office. They said, 'We're coming to it. We'll resolve it.'"[281]

In trying to resolve registration problems, many older people described indifference, at best, perhaps reflecting ageist attitudes. The challenges are particularly severe for older women. "We women, do we have an ability to report [problems]?" said a 65-year-old woman displaced to Stadium Camp. "Only men can. If we women go, they won't even give us an audience."[282]

International human rights law recognizes "the right of everyone to an adequate standard of living… including adequate food," and recognizes "the fundamental right of everyone to be free from hunger".[283]

Ma Gambo, 63, prepares food in an IDP camp in Borno State, Nigeria, October 2020. © The Walking Paradox / Amnesty International

[281] Amnesty International interview, 23 January 2020.
[282] Amnesty International interview, 15 December 2019.
[283] ICESCR, Articles 11.1 and 11.2; CRPD, Article 28.

The Committee on Economic, Social, and Cultural Rights has said the right to food requires that food be affordable and accessible to all, including to those who face discrimination or barriers in obtaining adequate food, with specific reference made to older people; food must also be of sufficient quantity and quality to meet individuals' nutritional needs.[284] States must guarantee the right to food, like other economic and social rights, can be exercised without discrimination.[285] The Guiding Principles on Internal Displacement likewise call for the authorities to ensure displaced people have "safe access" to "essential food and potable water" without discrimination, and explicitly reference that older people, among other groups, "shall be entitled to protection and assistance… and to treatment which takes into account their special needs".[286]

States are required to take steps to the maximum extent of available resources to progressively realize economic and social rights, including to adequate food.[287] Situations of armed conflict may adversely affect a state's ability to fulfil some rights subject to progressive realisation, but it does not absolve states from respecting and protecting those rights. States must, for example, make every effort to use all available resources to satisfy minimum core obligations as well as refrain from actions that negatively impact the enjoyment of such rights.[288] The military's actions have undermined food security for people, including older people, across Northeast Nigeria, through forcibly displacing them from their homes, unlawfully detaining their relatives, and restricting humanitarian access. In camps where NEMA and SEMA manage food, the Nigerian authorities have further failed to provide adequate food. They also have not ensured that many older people have recourse to redress mechanisms to resolve issues with their food assistance.

4.3 ACCESS TO HEALTH SERVICES

Many older people across Northeast Nigeria have been displaced for half a decade. Camp health services respond primarily to emergency care, like malaria and acute diarrhoea, and support pre- and post-natal care.[289] Camp clinics, where they exist, are not equipped to treat chronic conditions that disproportionately affect older people, like hypertension and diabetes; this is a recurrent problem in humanitarian response.[290] Displaced older people in Northeast Nigeria are often unable to pay for such medication themselves, or at least to do so according to their needs, leaving many in a situation that violates their rights to health.

A decade of crisis marked by widespread atrocities has had a devastating impact on older people's physical and mental health. "Because of Boko Haram, we live in constant fear," said a 57-year-old woman from Michika LGA, Adamawa State. "Many older people are now living with high blood pressure and so many have lost their livelihoods and loved ones."[291] She said her husband, who was in his 60s, had died a year earlier due to hypertension and other illness she attributed to the conflict.[292]

A man in his late 60s from Dikwa LGA said Boko Haram had killed one of his sons and the Nigerian military had detained two other sons. "When my two children were arrested, I became too worried—I became sick," he said. "One time I fell down, because of hypertension… A year later, I collapsed again."[293] He had limited mobility, walking with a cane his family crafted. He said his condition continued to worsen as his family could not always pay for the medications he needed, or even for transport to go to the doctor.[294]

Hypertension was the most common condition cited by the older people interviewed by Amnesty International, followed by vision impairments, diabetes, urinary problems, and, for two older people, a stroke. The vision impairments were generally caused by untreated cataracts. Most of the displaced older people who spoke to Amnesty International said doctors had diagnosed their conditions, although a minority had self-diagnosed, saying they could not afford to pay for medications, so saw little benefit of visiting a doctor.

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[284] CESCR, General Comment 12, The right to adequate food (Art. 11), 12 May 1999, UN Doc. E/C.12/1999/5; General Comment No. 6: The Economic, Social and Cultural Rights of Older Persons, 8 December 1995 (also referencing the United Nations Principles for Older Persons, adopted by General Assembly resolution 46/91 of 16 December 1991).
[285] ICESCR, Article 2; CRPD, Articles 25 and 27; African Protocol on Older Persons, Article 3.
[286] UN Guiding Principles on Internal Displacement, UN Doc. E/CN.4/1998/53/Add.2, 11 February 1998, Principles 4 and 18.
[287] ICESCR, Articles 2(1) and 11. See also OHCHR, *Protection of economic, social and cultural rights in conflict*, 2015, para. 15.
[288] CESCR, General Comment No. 3: The Nature of States Parties' Obligations, UN Doc. E/1991/23, para. 10.
[289] Amnesty International interviews, December 2019 and January 2020, and telephone interviews, August 2020. See also, for example, OCHA, "Fact Sheet: Gubio IDP Camp, Borno State, North-east Nigeria," January 2020, p. 2 (on the health sector response).
[290] See HelpAge International, *Health interventions for older people in emergencies*, pp. 6, 15, 19-20; HelpAge International, *Older people in emergencies identifying and reducing risks*, p. 10; Amnesty International, *"Fleeing my whole life": Older people's experience of conflict and displacement in Myanmar* (Index: ASA 16/0446/2019), 18 June 2019.
[291] Amnesty International interview, 2 January 2020.
[292] Amnesty International interview, 2 January 2020.
[293] Amnesty International telephone interview, August 2020.
[294] Amnesty International telephone interview, August 2020.

Depending on the camp, displaced people rely on on-site, off-site, or mobile clinics.[295] But, at least in the 17 camps across Borno State from which Amnesty International interviewed people, care was not available for conditions suffered disproportionately by older persons. "There's a big clinic with lots of doctors, but it's only for emergency [care], for fever and malaria and those things," said a 66-year-old man in Farm Centre Camp. "For us [older people], there's nothing."[296] A 70-year-old woman in Muna El-Badawy Camp said similarly:

> **If we go to the clinic in the camp, it's just drugs for emergencies—malaria and things like that. For what we need, we have to go to the hospital [outside the camp] and pay for it… When they refer us to the hospital, we [older people] don't have money, so we just stay at home. So many of my friends, other older people, have died because of this.[297]**

Payment is required at every step of accessing such health care: for transport to a doctor or hospital; for tests and care during a visit; for a hospital stay, including food; for transport to a pharmacy; and for medicine. For many, such costs are impossible. Amnesty International interviewed a 60-year-old caregiver for a 65-year-old woman displaced to a camp near Maiduguri from Mafa LGA who, 18 months earlier, fell while going for firewood. Her pain worsened and, several months later, she became unable to speak; the caregiver believed the woman had suffered a stroke. The woman required complete care, including to move and use the toilet. The caregiver said they went to the camp clinic several times to get a health worker to visit the shelter. "They said, 'We're coming, we're coming,' but they never come," the caregiver said. "There's nobody to help us, and we need help. She needs help… Things have become so much worse, but we don't know what to do… To pay the tricycle to take her to the hospital, we don't have the means. Even if we sold some of our things to pay for the transport, we couldn't pay [for the hospital visit and medication]."[298]

Many other older people described the same challenges. A 65-year-old woman in Dalori 2 Camp said the 17,000 naira (US$45) she received each month for food assistance was all she had for herself and the four grandchildren she cared for. She had hypertension, which she said started when the military killed three of her adult sons; the medication she needed cost 2,500 naira a month (US$6.50). She said she was forced to choose between going without her medication or having far too little for her grandchildren and her to eat.[299]

Older people repeatedly described having to use part of their cash assistance for food, or having to sell some of an in-kind distribution, to pay for essential medication. Rising food costs linked to the COVID-19 pandemic made the situation worse (see text box, below). Several said they started to feel better when taking medication but had to stop to ensure enough food, reversing any health improvements. The inability to purchase needed medication affects other rights, including the right to dignity. A 67-year-old man from Bama LGA, displaced to an IDP camp outside Maiduguri, had recently recovered from tuberculosis but said he still suffered from vision problems. A doctor prescribed him oral medication and eyedrops, which together cost around 3,500 naira (US$9) a month. The man described:

> **My biggest challenge is my health… The doctor said I should be taking eyedrops every day. Sometimes I have money to buy it, sometimes I don't… If I don't take the medicine, my vision gets very weak in the evening, around 4 p.m. I'll only be able to see a little. By 6 p.m., even if someone is standing in front of me, I won't see the person; I'll only know by recognizing the voice. Going to the toilet at night becomes difficult… Sometimes I have to urinate on the street… But if I take the medicine, I see more easily, and I have the courage to go to the toilet at night.[300]**

In three different camps, older people with severe cataracts said someone had written down their name, saying doctors would come to perform eye surgery. Months later, they had heard nothing more.[301]

Older people living alone often describe the gravest challenges. A 65-year-old woman in Dalori 1 Camp said her husband was a retired officer in the Nigerian military; when Boko Haram attacked Bama, fighters killed him as well as four of their adult sons. Boko Haram also burned the family's house with documents inside, including for her husband's pension. The woman lived alone, relying on camp neighbours. She had hypertension and diabetes and had suffered a minor stroke. She described:

> **They give me 17,000 naira (US$45) for my monthly food. I sell part of the food [purchased with the food assistance card], and I buy the medicine. It's 3,000 naira [a month] for the medication—blood**

[295] For a detailed breakdown of the location of health facilities for each camp, see IOM and NEMA, DTM Nigeria – Site Assessment – Round 33, 24 September 2020, https://displacement.iom.int/datasets/nigeria-%E2%80%94-site-assessment-%E2%80%94-round-33
[296] Amnesty International interview, 17 January 2020.
[297] Amnesty International telephone interview, August 2020.
[298] Amnesty International telephone interview, August 2020.
[299] Amnesty International telephone interview, August 2020.
[300] Amnesty International telephone interview, August 2020.
[301] Amnesty International interviews, January 2020, and telephone interviews, August 2020.

pressure and diabetes… Even this month, I couldn't buy it. I just bought half—for fifteen days. When I was admitted [to the hospital], I spent 18,000. I have to pay back what I borrowed [from camp neighbours]. When I got the food, I sold part, to pay back the debts. So now the medication is finished… I have a shortage of food, but I just have to deal with it…

I feel so bad and sick [without medication]. The disease isn't leaving me… I can't walk now. Everything is inside my room… Before, I could go to urinate and take a bath. But now for two months, I can't even move as I want… If at night I need to make stool, to urinate, or anything, it's very difficult. I'll just cry. And then the next morning [my neighbour] comes and sees me in bed.

If I had a wheelchair, I'd go out every day, I would interact with people. The camp chairman said he talked with so many people, asking if they had a wheelchair to make life easier for me. The NGOs haven't even come to see me, to see that I am sick.

My husband is an ex-military officer. He made a service to the nation… But up to now, no one asks how I'm doing, how they can help me. If I think about it all, I cry. Even in the night, I just cry."[302]

International human rights law recognizes the "right of everyone to the enjoyment of the highest attainable standard of physical and mental health," without discrimination on the basis of age or disability.[303] The right to health requires that health care facilities, goods, and services be available in sufficient quantity; be accessible to everyone without discrimination, which includes affordability, information accessibility, and physical accessibility; be acceptable to all persons, that is, respectful of medical ethics and culturally appropriate; and be of good quality.[304] As a state party to the CRPD, Nigeria also has an obligation to "take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities," including by facilitating access to mobility aids.[305] Finally, the African Protocol on Older Persons, which Nigeria has signed, guarantees access to health services that meet older people's "specific needs" and requires states to "take reasonable measures to facilitate access… within available resources".[306]

For their part, donors and international organizations should support Nigeria's efforts to extend essential health services to older people, including access to medication for chronic diseases, taking into consideration many displaced older people's lack of access to livelihoods. As of late November 2020, donors had provided only US$17.5 million of the US$86.2 million needed for the non-COVID-19-related health appeal under the 2020 Humanitarian Response Plan.[307] Protection work, critical to identifying and responding to problems, including for health services, food, and shelter, is also significantly underfunded.[308]

NORTHEAST NIGERIA'S RESPONSE TO THE COVID-19 PANDEMIC

In contrast to the shortcomings with the wider health response for displaced older people, the health authorities in Northeast Nigeria, together with the humanitarian community, appear to have responded effectively, in many ways, to the COVID-19 pandemic. Across the country, however, Nigeria's security forces were often brutal and arbitrary in imposing a lockdown, killing, extorting, and unlawfully arresting people, as documented by Nigeria's National Human Rights Commission.[309]

As of mid-October 2020, Nigeria had 60,000 total confirmed cases across the country and around 1,100 total deaths.[310] The real totals are undoubtedly higher, as testing has been limited,[311] but the country has

[302] Amnesty International telephone interview, August 2020.
[303] ICESCR, Article 12; CRPD, Article 25; African Protocol on Older Persons, Article 3. See also CESCR, General Comment No. 14: The right to the highest attainable standard of health (Art. 12), 11 August 2000, UN Doc. E/C.12/2000/4; CESCR, General Comment 6, The Economic, Social and Cultural Rights of Older Persons, 8 December 1995, UN Doc. E/1996/22.
[304] CESCR, General Comment No. 14: The right to the highest attainable standard of health (Art. 12), para. 12.
[305] CRPD, Article 20.
[306] African Protocol on Older Persons, Article 15.
[307] OCHA, Financial Tracking Services: Nigeria 2020, https://fts.unocha.org/appeals/869/summary (accessed 26 November 2020).
[308] OCHA, Financial Tracking Services: Nigeria 2020, https://fts.unocha.org/appeals/869/summary (accessed 26 November 2020) (donors have given US$7.4 million of the US$22.8 million needed for general protection funding; they have likewise grossly underfunded child protection (US$761,552 funded of US$22.8 million needed) and protection related to gender-based violence (US$5.7 million funded of US$28.9 million needed), likely leading to the general protection budget being used primarily for those issues).
[309] National Human Rights Commission, "National Human Rights Commission Press Release on Covid-19 enforcement so far: Report on incidents of violation of human rights," 15 April 2020, and National Human Rights Commission, "Report of alleged human rights violations recorded between 13th April to 4th May, 2020 following the extension of the lockdown period," 10 May 2020. See also Ruth Olurounbi, "Nigerian Security Response to Covid Is Deadlier Than the Disease," Bloomberg, 5 July 2020.
[310] OCHA Nigeria, "COVID-19 in Nigeria passes the 60,000-case mark," 14 October 2020.
[311] See CNN, "As cases in Africa pass one million, Nigeria has tested less than 1% of its population. Here's why," 7 August 2020.

never been overwhelmed by the pandemic and, like much of sub-Saharan Africa, has fared significantly better than most of the Global North. In mid-April, Borno State had its first confirmed case: an MSF health worker who fell sick in Pulka and passed away in Maiduguri.[312] The Nigerian authorities, supported by the World Health Organization (WHO) and IOM, responded quickly, tracing the health worker's contacts, training rapid response teams, and constructing quarantine shelters.[313] State ministries of health and the WHO have provided weekly updates; in Borno State, for example, there were 746 total confirmed cases and 36 deaths by mid-October, including only a few cases in September and October.[314]

Most older women and men interviewed by Amnesty International in August and September 2020 had a detailed understanding of COVID-19 and preventative measures, generally from information sessions in IDP camps led by UN agencies or humanitarian NGOs as well as from radio messages.[315] "We have to keep some distance—at least two metres away," said a 65-year-old woman in Dalori 2 Camp. "Some NGOs came to our shelters and told us… They said we should put a mask on our face, so if someone sneezes, it doesn't go in the air."[316] Several said they were told older people were at particular risk.[317] A humanitarian official told Amnesty International that while the awareness was positive, the situation had also led to significant fear and anxiety among older people.[318]

Every displaced older person interviewed said there had been extra soap distributions, in the pandemic's first months, along with instructions to wash hands regularly.[319] In several camps, they said IOM also established handwashing stations.[320] None of the older people interviewed had received a mask through distribution, but most purchased a locally-made one, generally for 100 naira (US$0.26), saying they were required to wear a mask to visit the hospital or, for a former civil servant, to collect his pension.[321]

While the response appears to have minimized deaths caused directly by COVID-19, the restrictions worsened existing risks, especially in accessing food and other health services.[322] Every displaced older person said food prices spiked, leaving them with even less to eat. A man in his late 60s in Muna El-Badawy Camp described: "Things became very expensive. What we bought before, the price has doubled. We used to pay 200, 250 [naira] for guinea corn. Now we pay 500. Before, the groundnuts were 300. Now it's 800."[323] Among those receiving the food distribution through cash assistance, they said there had been no increase in the money given; one older man said his family's monthly assistance now finished in 12 days.[324] Several older women also said they had been unable to access markets for a lengthy period, including during a three-week lockdown.[325] Before the pandemic, they occasionally sold small goods at the market—often one of the only livelihoods available for a household headed by a displaced older person.

As the pandemic continues, the Nigerian authorities, with further support from development and humanitarian actors, must better minimize its impact—ensuring people are able to access adequate food and that children, women, and older people are protected from abuse. The African Protocol on Older Persons, which Nigeria has signed, requires, in "situations of risk", that states ensure older persons are "among those to enjoy access, on a priority basis, to assistance" and "receive humane treatment, protection, and respect at all times and are not left without needed medical assistance and care."[326]

[312] WHO Africa, "WHO scales up support as Borno State confirms COVID-19 Outbreak," 22 April 2020.
[313] WHO Africa, "WHO scales up support as Borno State confirms COVID-19 Outbreak," 22 April 2020; IOM, "Nigeria: IOM builds quarantine shelters as conflict-affected Borno State records first COVID-19 cases," 29 April 2020.
[314] Borno State Ministry of Health, *COVID-19 weekly situation report: Week 41 (5-11 October 2020).* See also OCHA Nigeria, "COVID-19 in Nigeria passes the 60,000-case mark," 14 October 2020.
[315] Amnesty International telephone interviews, August and September 2020.
[316] Amnesty International telephone interview, August 2020.
[317] Amnesty International telephone interviews, August 2020. For example, a 68-year-old woman described, "They said it's affecting the older people like us, so we should take care of ourselves, we should wash our hands. Red Cross even came with soap. So we wash our hands regularly. And they said we should not sit close together, we should have metres between us."
[318] Amnesty International telephone interview, November 2020. The humanitarian official also said that some older people reported buying masks even when they did not have money for food.
[319] The one exception was an older person living in the host community, rather than in a camp, reflecting a wider issue.
[320] Amnesty International telephone interviews, August and September 2020. See also IOM, "Nigeria: IOM builds quarantine shelters as conflict-affected Borno State records first COVID-19 cases," 29 April 2020.
[321] Amnesty International telephone interviews, August and September 2020.
[322] See OCHA Nigeria, "COVID-19 in Nigeria passes the 60,000-case mark," 14 October 2020 ("Aid actors have raised concerns over rising food insecurity, malnutrition and protection risks… [A]dequate resources will be essential… to cushion the impact of the pandemic..."); Managing Conflict in Nigeria (MCN), *The impact of COVID-19 on Conflict, Gender and Social Exclusion in Borno State*, July 2020, pp. 1-2.
[323] Amnesty International telephone interview, August 2020.
[324] Amnesty International interview, August 2020.
[325] Amnesty International telephone interviews, August 2020. See also ICRC, "COVID-19: Fighting conflict and coronavirus in Nigeria's Borno," 2 June 2020.
[326] African Protocol on Older Persons, Article 14.

4.4 ACCESS TO SHELTER AND HOUSING

The quality of shelters varies significantly from camp to camp in Borno State, and even within camps, depending on whether someone can purchase needed materials. In a significant number of camps, people live in makeshift, self-made shelters, at times without having received any support; in other camps, people live in emergency shelters, for which they received construction support.[327] Many displaced older people have limited or no options for work, leaving them dependent on assistance. In some camps, that assistance has been so lacking that many older people live in shelters that clearly violate their right to housing.

In October 2020, OCHA reported an urgent need for "further scale-up" in shelter construction, as the security situation deteriorated, forcing new displacement. It noted construction was "extremely limited due to unavailability of land or lack of land allocation for camp expansion or construction".[328] In addition to the lack of land allocation, the humanitarian response to shelter and essential non-food items is hampered by grossly inadequate funding; only US$5.6 million of the US$65.6 million needed under the Humanitarian Response Plan was provided, as of late November 2020, which is one of the lowest percentages for any aid sector.[329]

Older people living in camps where the Nigerian authorities, and specifically SEMA, lead the response typically described the worst shelter situation. In Farm Centre Camp, for example, almost every older person interviewed said their shelters flooded during the rainy season. A woman in her late 60s displaced from Kala/Balge LGA said Boko Haram had killed two of her sons, which meant she was the primary caregiver for three grandchildren. She said that when they arrived to Farm Centre Camp, she was told her community was settling in a certain area but was not given any assistance in constructing a shelter; she borrowed money from another older woman to purchase a few wood poles and thatch, asked another displaced person to help her build a structure, and used some of her clothes to plug holes, as she did not even have a tarpaulin. "The situation in the camp is very hard," she said. "When the rain started, the rain came in our shelter. We had to go to another person's shelter," until the flooding receded.[330]

A 60-year-old woman in Farm Centre Camp, caring for four grandchildren, said likewise that camp authorities showed her a patch of land when she arrived from Rann, but she had to make a shelter herself:

> **We made a thatch shelter, with local grass and thatch. We spent about 10,000 [naira on materials]. Other women helped us to construct it. Sometimes the water comes to our ankles, sometimes to our knees. When the water drains back out [of the shelter], we return. We go stay with people who don't have water [entering their shelter]… I don't have [a tarpaulin]. I didn't get one. They gave it to other people, but I didn't get it. I told the SEMA manager, but he said we'd get one later.[331]**

As with the 60-year-old woman in Farm Centre Camp, older people in several camps said they reported shelter problems to camp authorities, but assistance rarely came. "The shelters for older women and men, in particular older women, their shelters are very bad," said one man, around 60, in Bama Secondary School Camp. "They collapse, and if you report it, they don't come to reconstruct them."[332] (For another example, see page 46 and the story of N.R., who lives in Kuya Camp in Monguno.)

Camp shelters are often also at risk of fire, due to congestion. On 23 May 2020, a fire ripped through Muna El-Badawy Camp, which is co-managed by SEMA, and burned more than 1,600 shelters.[333] Three months later, Amnesty International interviewed three older people whose shelters were burned; none had been reconstructed. They made makeshift structures themselves, with two tarpaulins an aid organization provided. "When the fire broke out, my wife wasn't here, she'd gone to the market," said a man in his late 60s, from Dikwa LGA. "My in-law and a man got me out. My wife came back shouting, thinking I'd been burned. I was lucky they took me out, because I can't walk well… There's no good shelter now and it's rainy season."[334]

[327] For a detailed breakdown, see IOM and NEMA, DTM Nigeria – Site Assessment – Round 33, 24 September 2020 (among the 234 displacement sites assessed in Borno State, there were more than 90 sites where the "most common type of shelter" is a "self-made/makeshift shelter" and 70 sites where there is no shelter support).
[328] OCHA, Nigeria: Situation Report, 14 October 2020.
[329] OCHA, Financial Tracking Services: Nigeria 2020, https://fts.unocha.org/appeals/869/summary (accessed 26 November 2020).
[330] Amnesty International interview, 18 January 2020.
[331] Amnesty International interview, 18 January 2020.
[332] Amnesty International telephone interview, November 2019.
[333] OCHA, "North-east Nigeria: Flash Update Fire at Muna Garage el-Badawe IDP Camp, Jere LGA, Borno State," 26 May 2020.
[334] Amnesty International telephone interview, August 2020.

The remains of burnt shelters in Muna El-Badawy Camp, May 2020 © Private / Amnesty International

Following a series of major fires in four different camps in the first half of 2020, including in Muna El-Badawy Camp, the Nigerian federal Minister of Humanitarian Affairs said the government would be developing a strategy to prevent fire outbreaks.[335] It is unclear what steps have been taken in subsequent months. Given the level of overcrowding, securing additional land for new or expanded camps is essential.[336]

Many older people also described lacking the barest essentials, such as plastic mats to sleep on or blankets for the cold season, from December to February. "It's terrible, we are suffering," said a 55-year-old woman caring for six grandchildren in Bakasi Camp. "The weather is very cold now in the night… We don't have anything to cover our bodies… We don't have the money to buy firewood."[337] A 70-year-old woman in Stadium Camp, displaced from Baga town and caring for five grandchildren, said similarly: "As an older person, we need blankets, my husband and me. It's too cold at night. We're just in a tent."[338]

Older people, and in particular older women living alone or heading households, frequently told Amnesty International they were discriminated against in distributions—that there were distributions of blankets and mats, but such assistance was only given to younger women or to people close to camp leadership or relevant NGO staff.[339] Several camp leaders said it was exceedingly rare for an NFI distribution to reach everyone, and that when priority was given based on "vulnerability," such assistance was often targeted to children, or households with young children; and to pregnant or lactating mothers.[340] Most of the humanitarians interviewed expressed similarly, though several said there was an increasing, though still insufficient, focus on disability, which at times intersected with older age.[341]

Another problem highlighted by older people living in several camps, and by some aid workers interviewed, is that some NFI distributions happen without adequate planning or advance notice; this is particularly the

[335] Radio Nigeria, "FG to address incessant fire outbreaks in IDP camps," 26 May 2020.
[336] See, for example, OCHA, "North-east Nigeria: Flash Update Fire at Muna Garage el-Badawe IDP Camp, Jere LGA, Borno State," 26 May 2020 ("The camp is highly congested with a mere 10 square meters of space per person, a third less space than required according to the minimum SPHERE standards of 30 square metres of space per person in uncongested camp settings. About 116.42 hectares of land are needed to decongest the camp.").
[337] Amnesty International interview, 11 December 2019.
[338] Amnesty International interview, 15 December 2019.
[339] Amnesty International interviews, December 2019 and January 2020.
[340] Amnesty International interviews, January 2020, and telephone interviews, February and March 2020.
[341] Amnesty International telephone interviews, March, October, and November 2020.

case for some distributions led by government authorities or by charities or individuals outside the humanitarian system. Older people and people with disabilities are particularly disadvantaged, saying they were unable to queue swiftly or to fight with crowds and so did not receive the assistance.[342]

Amnesty International was not able to determine if there was discrimination against older people in selecting beneficiaries, though unplanned, ad-hoc distributions clearly have that effect. At minimum, there has been little effort to target older people—including older people living alone or acting as primary caregivers—despite the heightened risks many face and the comparative lack of access to livelihood options needed to purchase blankets or mats. The African Protocol on Older Persons requires states to ensure older persons are among those prioritized for assistance during conflict and humanitarian crisis.[343]

Among those interviewed by Amnesty International, it was likewise rare for older people with moderate or severe disabilities to receive support essential to the realization of their rights, despite Nigeria's obligations as a party to the CRPD.[344] A 68-year-old woman displaced to Dalori 2 Camp, who had a son killed by Cameroonian soldiers and several adult grandchildren detained unlawfully by the Nigerian military, said she had a spinal condition that made it difficult for her to walk or to sleep on the ground. She described:

> **When a fire breaks out or anything happens, NGOs come and distribute mattresses. But I'm an older woman, no one cares about me. I can't go there [to the distribution], and they won't come to me. When they come, they always give to the younger men and women. Even when we go to them, they don't consider us. No one is paying attention to us. No NGO has come and asked about my situation.[345]**

As with other economic and social rights, states are required to take steps to the maximum extent of available resources to progressively realize the right to housing.[346] Situations of armed conflict do not absolve states from respecting and protecting those rights. States must, for example, make every effort to use all available resources to satisfy minimum core obligations as well as refrain from actions that would negatively impact such rights.[347] For many displaced older people, the Nigerian military's actions have negatively impacted their rights to housing, for example as a result of village burning and forced displacement.

Maya, 73, sits in her shelter in an IDP camp in Borno State, Nigeria, October 2020. © The Walking Paradox / Amnesty International

[342] Amnesty International interviews, December 2019 and January 2020, and telephone interviews, November and December 2020.
[343] African Protocol on Older Persons, Article 14.
[344] CRPD, Article 28.
[345] Amnesty International telephone interview, August 2020.
[346] ICESCR, Articles 2(1) and 11. See also OHCHR, *Protection of economic, social and cultural rights in conflict*, 2015, para. 15.
[347] Committee on Economic, Social and Cultural Rights (CESCR), General Comment No. 3: The Nature of States Parties' Obligations, UN Doc. E/1991/23, para. 10.

5. CONCLUSION AND RECOMMENDATIONS

> **"As if we are not in the society, they have no regard for us."**
>
> A man, around 60 years old, who had been a farmer before being forced to flee to Bama Secondary School Camp.[348]

Over the last decade, atrocities by Boko Haram and the Nigerian military, including war crimes and likely crimes against humanity, have affected every segment of the population in Northeast Nigeria. The conflict, as well as specific risks of abuse and deprivation, is experienced differently as a result of aging, gender, and disability—and the intersection of those identities. All too often, older people have been ignored.

Many villages in areas that Boko Haram controls or contests are disproportionately populated by older people who are unable to flee or who choose to stay and continue working their land. In these villages, older people face threats from all sides. Boko Haram loots their property and often restricts older women's movement, impairing families' ability to generate an income and feed themselves. Boko Haram also abducts or kills their children, and, at times, kills or tortures older people themselves. In its operations against Boko Haram, the Nigerian military frequently fails to distinguish combatants from civilians and at times even targets civilians. It fires on houses, killing and seriously injuring older women and men who have remained behind.

Fleeing likewise presents risks. If older people are caught, Boko Haram often kills them, as it does younger people. The journey itself, which can take days of walking with no food or water, leads to injuries and illnesses with long-lasting effects. And upon making it to Nigerian government-controlled area, older people are among the tens of thousands whom the military has detained unlawfully and subjected to torture and other ill-treatment. Many older men have died in detention. Interviews with people involved in registering and burying bodies from Giwa Barracks, as well as interviews with dozens of former detainees, strongly suggest that older men make up a disproportionately high percentage of deaths in custody, compared to their proportion of the overall population and their proportion of the population in military detention.

If they make it to IDP camps across Borno State, older people, and especially older women, find themselves excluded and invisible. Most displaced older people have few livelihood options and find themselves without access to adequate food, shelter, and health services. When they have problems with their registration for food assistance, many confront indifference that suggests prejudice against older people. Most displaced older people are also unable to access essential medications for even common chronic conditions, including hypertension and diabetes, because they cannot pay the medication's costs or for related health services. Going from a lifetime of independence and producing food in their village to having to beg to survive is devastating. Older people living alone or acting as primary caregivers face further risks and challenges.

The Nigerian authorities are failing older people across the Northeast. Hundreds of older people, primarily men, remain in unlawful detention. The federal government, including the military, must end its practice of arbitrary detention once and for all. The authorities also need to ensure the investigation and prosecution of those responsible for crimes against older people, among other groups. All of the conflict's victims deserve justice and reparations, yet the authorities have proven unwilling to take any genuine steps towards ensuring

[348] Amnesty International telephone interview, November 2019.

accountability, both for crimes by Boko Haram and by the Nigerian military. There has been no accountability, for example, for Nigerian military commanders who have overseen the widespread torture and murder of people, including older people, in custody.

Finally, as it positions itself as a regional leader on older persons' rights, the Nigerian government should swiftly ratify the Protocol to the African Charter on Human and People's Rights on the Rights of Older Persons in Africa, and ensure, in accordance with the protocol, that older people are among those prioritized for assistance in situations of crisis. This should include specific measures to resolve problems with food registration, improve access to health services, and reduce camp congestion.

The humanitarian community faces a challenging environment in the Northeast, where they are targeted by Boko Haram, restricted by the Nigerian military, woefully underfunded, and now must also deal with COVID-19. Their response to the pandemic has been encouraging. But in providing assistance more broadly, they have often left older people behind. There appears to be an assumption that older people have adult children or grandchildren who will communicate information and provide support to fill assistance gaps. This neglects older people's rights as individuals. It also ignores reality. Many displaced older people in Northeast Nigeria live alone or are the primary caregivers of grandchildren whose parents were killed or detained.

Donors and humanitarian organizations must do more to ensure that commitments on inclusion are reflected in the design and evaluation of all assistance. Inclusion demands an approach that responds to the rights of people with different needs and risks, including those associated with aging. It begins with the collection and analysis of data, and with systematically engaging older people—including older women, older people with disabilities, and older people living alone—in assessing needs and designing programmes. Relevant standards and best practices exist. The time for implementing them is long overdue.

5.1 RECOMMENDATIONS

TO THE FEDERAL GOVERNMENT OF NIGERIA

PROMOTE AND PROTECT THE RIGHTS OF OLDER PERSONS IN DETENTION

- Immediately release those, including all older persons, held in Giwa Barracks, Maiduguri Maximum Prison, Safe Corridor, and other detention facilities, unless they are reasonably suspected of having committed an internationally recognizable offence and charged accordingly; are remanded by an independent, civilian court; and are held in humane conditions in a civilian facility;
- Ensure all detainees are promptly brought before an independent, civilian court where they are represented by counsel and can challenge their detention;
- Ensure all detainees can access their rights to health care, adequate food and water, and all other necessities, as well as the right to have access to the outside world, including their families. Ensure that older people in detention have access to essential medication as well as, for people with diabetes and other illnesses, a diet that corresponds with their needs;
- Ensure that an up-to-date, centralized register is maintained of all people arrested and detained in relation to the conflict and is made accessible to detainees' relatives and lawyers. The register must include detainees' personal details; the names and places of detention; the names of individuals responsible for the detention; the basis of the detention; and the date of arrest, detention, and transfers. Include, for those who died in custody, the date, location, and cause of death;
- Immediately close all unofficial and secret places of detention, including ungazetted military detention centres, and other facilities where there is a pattern of inhumane conditions and/or failures to ensure procedural protections against arbitrary detention and torture and other ill-treatment. Either release such detainees or promptly bring them before an independent, civilian court;
- Ensure all places of detention without exception can be visited regularly and through unannounced visits by the National Human Rights Commission; that detainees can speak in confidence with such observers; and that no detainee who so speaks is intimidated or punished; and
- Allow the UN and other relevant international and Nigerian organizations unrestricted and unannounced access to monitor all detention facilities.

IMPROVE HUMANITARIAN ACCESS AND RESPONSE

- Provide immediate, unfettered humanitarian access across Northeast Nigeria. Allow UN agencies as well as international and national humanitarian organizations to assess and monitor the needs of displaced persons and others in need and to deliver assistance to them without restriction; and
- Provide greater support to the Ministry of Humanitarian Affairs, and to NEMA in particular, in ensuring that all displaced persons, including displaced older persons, have access to sufficient food, health care, and shelter. Put in place special measures to assist older people, and especially older women and older people with disabilities, living in IDP camps, to ensure that their rights are upheld and that they are able to access these essential services.

ENSURE ACCOUNTABILITY, REPARATIONS, AND NON-REPETITION OF VIOLATIONS

- Ensure that members of Boko Haram suspected of being responsible for war crimes, crimes against humanity, and other serious human rights abuses are investigated and, where there is sufficient evidence, prosecuted in fair trials not subject to the death penalty;
- Ensure that members of the military suspected of being responsible for war crimes, crimes against humanity, and other serious human rights violations are investigated and, where there is sufficient evidence, prosecuted in fair trials not subject to the death penalty. Investigate, among others, senior military officials in charge of detention facilities like Bama Prison and Giwa Barracks during periods of grave and systemic violations, including against older persons. Ensure witnesses can testify as part of any investigation or trial without fear of reprisal;
- Make public the report from the 2017 Presidential Investigation Panel to Review Compliance of the Armed Forces with Human Rights Obligations and Rules of Engagement;
- Ensure victims' rights to truth, justice, and reparations, including by guaranteeing trials are public and providing for meaningful participation of victims in judicial proceedings; and
- Establish a reparations programme in consultation with civil society and affected communities, ensuring the meaningful participation of older people, including older women and older people with disabilities. Seek and implement expert advice to maximize the impact of reparations as well as to design and distribute reparations so as to be accessible, including for people with disabilities.

DOMESTICATE AND IMPLEMENT IN FULL INTERNATIONAL HUMAN RIGHTS TREATIES

- Ratify the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons in Africa and revise domestic laws to bring them in line with the protocol's obligations;
- Revise the definition of older age in the Older Persons (Rights and Privileges) Bill currently before the Senate, extending the bill's protections at minimum to people age 60 or older, consistent with the African Protocol on Older Persons. Ensure the bill's other provisions are in line with international human rights law and then prioritize the bill's swift passage and implementation;
- Domesticate and fully implement the obligations under the Rome Statute;
- Ensure domestic law criminalizes enforced disappearances and that domestic standards on arrest and detention comply with international human rights law and standards, including with the International Convention for the Protection of All Persons from Enforced Disappearance and the African Commission on Human and Peoples' Rights Guidelines on the Conditions of Arrest, Police Custody, and Pre-Trial Detention in Africa;
- Bring the Terrorism (Prevention) Act in line with international law including by repealing the death penalty; providing that an individual may only be arrested on reasonable suspicion of having committed a criminal offence; providing that all individuals must be promptly brought before a court and charged with a recognizable criminal offence; and providing that law enforcement officers (including the military when exercising such a function) may only use force when strictly necessary and to the minimum extent required; and
- Make a declaration under Article 34(6), allowing individuals and non-governmental organizations access to the African Court on Human and Peoples' Rights, following Nigeria's ratification in 2004 of the protocol that established the court.

TO THE FEDERAL MINISTRY OF HUMANITARIAN AFFAIRS AND THE BORNO AND ADAMAWA STATE EMERGENCY MANAGEMENT AGENCIES (SEMA)

- Work with UN agencies and humanitarian organizations to ensure that assistance programmes are designed and carried out in a way that is inclusive and that does not discriminate on the basis of age or disability, in line with international human rights law and humanitarian principles;
- Work with UN agencies and humanitarian organizations to put in place special measures to reach the most at-risk and marginalized IDP populations, including older women and persons with disabilities;
- Work with UN agencies and humanitarian organizations to ensure information is disseminated, for example on how to resolve problems with a distribution card, in ways that reach the entire displaced population, with specific attention to those who are most at risk, including older people living alone and older people who are shelter-bound. Strongly consider, for example, developing networks of trained volunteers in the camps who can identify people at risk, communicate information to them proactively and in their primary language, and visit those people regularly to determine if there are gaps in assistance or other problems to bring to the attention of relevant service providers;
- Work with the Ministry of Health as well as with relevant UN agencies and humanitarian organizations to provide affordable access to medication and other appropriate health services for chronic diseases, including hypertension and diabetes;
- Take urgent steps to ensure that humanitarian assistance, including access to adequate food and to shelter, reaches people, including older people, who are not registered in IDP camps and who are staying in host communities; and
- Work with other parts of the federal and state government to secure additional land for camp construction or expansion, given the severe overcrowding and the related uninhabitable nature of many shelters.

TO THE NATIONAL HUMAN RIGHTS COMMISSION

- Conduct routine visits to detention facilities used in the context of the conflict in Northeast Nigeria, including Giwa Barracks and Maiduguri Maximum Prison, as well as detention facilities in front-line towns, like Bama Prison and military posts in Monguno and Damboa; and
- Investigate the allegations contained in this report, make the findings public, and work with the authorities to find ways to ensure an end to violations, and justice and reparations for victims.

TO UN AGENCIES AND HUMANITARIAN ORGANIZATIONS

ON ASSISTANCE, INCLUDING FOOD, HEALTH SERVICES, AND SHELTER AND HOUSING

- Work with the relevant Nigerian authorities in taking urgent steps to ensure that displaced people, including displaced older people, have access to adequate food, health care, and shelter;
- Improve outreach, including through networks of community volunteers that go shelter to shelter, to identify as a matter of urgency all older people who are unregistered or who are otherwise not receiving food assistance in IDP camps;
- Work with local authorities to ensure access to affordable medication for chronic diseases like hypertension and diabetes, including at camp health facilities;
- Develop networks of community volunteers in camps to assist older people with limited mobility in obtaining distributions of food and non-food items. For some older people with limited mobility, this may involve assistance in walking to distribution sites and in transporting items back to their shelter. For other older people, particularly those who are living alone and entirely or largely shelter-bound, this should involve delivery of distributions to their shelter, with protection monitoring to ensure that such shelter deliveries have been made; and
- Ensure that all those who need it, including older people, have access to material, financial, and other support needed for the construction and repair of shelters, as appropriate.

ON DATA COLLECTION, INCLUSION, AND NON-DISCRIMINATION

- Systematically collect, analyse, and report age-, sex-, and disability-disaggregated data. For age-disaggregated data, ensure reporting is more detailed than all people age 60 or older, for example by disaggregating age data into brackets of 50-59, 60-69, 70-79, and 80 years and older;
- Collect qualitative information on barriers to inclusion for older persons and persons with disabilities, for example by conducting more in-depth studies on access and participation;
- Collect information on, and design assistance programmes with attention to, displaced older people who are living alone or who are heading a household (i.e., caring for children or grandchildren);
- Monitor all assistance programmes for how they conform to humanitarian principles and commitments on inclusivity and non-discrimination, including specific attention to humanitarian programmes' impact on the rights of older people and people with disabilities;
- Promote the inclusion of older persons and persons with different types of disabilities in managing camp affairs and in designing, implementing, and monitoring assistance programmes. Engage organizations represented by older persons and persons with disabilities in humanitarian response;
- Ensure changes in humanitarian assistance or in the way programmes are implemented are communicated effectively, taking into consideration issues related to older age, including isolation, visual and hearing impairment, and limited mobility, including being shelter-bound; and
- Ensure humanitarian staff, particularly those in daily contact with affected communities, receive adequate and regular training on the rights of older persons and persons with different disabilities.

TO INTERNATIONAL DONORS, INCLUDING THE UNITED STATES, UNITED KINGDOM, AND MEMBER STATES OF THE EUROPEAN UNION

- Significantly increase assistance to the humanitarian response and ensure pledges are met, with urgent support in particular for health, shelter, and protection, which are woefully underfunded;
- Provide further support for, and advocate with the relevant Nigerian authorities to ensure, urgent steps are taken so that displaced persons, including displaced older persons, have access to adequate food, health care, and shelter;
- Update financial assistance agreements with the Nigerian authorities as well as grant agreements with implementing partners, including UN agencies and humanitarian organizations, to require the inclusion of older persons and persons with disabilities in the design, implementation, and reporting of programming, based on the principles of inclusivity and non-discrimination. Monitor and evaluate actions to ensure they fulfil these requirements, meeting or exceeding the Sphere standards and the *Humanitarian inclusion standards for older people and people with disabilities*;
- Increase pressure on the Nigerian authorities to end restrictions on humanitarian access and to facilitate the work of UN agencies and humanitarian organizations; and
- Demand that implementing partners systematically collect and analyse age-, sex-, and disability-disaggregated data according to best practices, including smaller age brackets.

TO THE OFFICE OF THE PROSECUTOR OF THE INTERNATIONAL CRIMINAL COURT (ICC)

- Conclude expeditiously the preliminary examination into the situation in Nigeria and seek authorization to open an investigation.

AMNESTY INTERNATIONAL IS A GLOBAL MOVEMENT FOR HUMAN RIGHTS. WHEN INJUSTICE HAPPENS TO ONE PERSON, IT MATTERS TO US ALL.

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“MY HEART IS IN PAIN”

OLDER PEOPLE’S EXPERIENCE OF CONFLICT, DISPLACEMENT, AND DETENTION IN NORTHEAST NIGERIA

The violence in Northeast Nigeria is now in its second decade, with both Boko Haram and the Nigerian military responsible for war crimes and likely crimes against humanity. Amid the conflict, older people’s perspectives and human rights have been largely ignored, despite the distinct and often disproportionate risks they face, whether in their villages, in military detention, or in displacement.

This report is based primarily on interviews with 62 older women and 71 older men affected by the conflict as well as with witnesses to conflict-related deaths of older persons; staff from humanitarian organizations in the Northeast; prison staff; and hospital staff. It examines specific violations and abuses that older people have suffered disproportionately, linked also to the intersection of older age, gender, and disability. It also analyses how the humanitarian response has failed to uphold many older people’s rights, including related to food, health, shelter, and participation.

In recent years, Nigeria has positioned itself as a regional leader on older people’s rights. It needs to follow through with actions. It must hold soldiers accountable for firing on civilians in villages, which often affects older people and people with disabilities who were unable to flee. It should immediately release older people in military detention or bring them before a civilian court. And, with donors and the humanitarian community, it should take swift action to ensure that assistance is inclusive and respects older people’s rights, actively involving them in assessments and programme design.

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