

# CIVILIAN PROTECTION SNAPSHOT: Persons with Disabilities and the Elderly in Northeast Nigeria

September 2020

## ABOUT CENTER FOR CIVILIANS IN CONFLICT

**Center for Civilians in Conflict (CIVIC)** is an international organization dedicated to promoting the protection of civilians caught in conflict. CIVIC's mission is to work with armed actors and civilians in conflict to develop and implement solutions to prevent, mitigate, and respond to civilian harm. Our vision is a world where parties to armed conflict recognize the dignity and rights of civilians, prevent civilian harm, protect civilians caught in conflict, and amend harm.

CIVIC was established in 2003 by Marla Ruzicka, a young humanitarian who advocated on behalf of civilians affected by the war in Iraq and Afghanistan. Building on her extraordinary legacy, CIVIC now operates in conflict zones throughout the Middle East, Africa, Europe, and South Asia to advance a higher standard of protection for civilians.

At CIVIC, we believe that parties to armed conflict have a responsibility to prevent and address civilian harm. To accomplish this, we assess the causes of civilian harm in particular conflicts, craft practical solutions to address that harm, and advocate for the adoption of new policies and practices that lead to the improved well-being of civilians caught in conflict. Recognizing the power of collaboration, we engage with civilians, governments, militaries, and international and regional institutions to identify and institutionalize strengthened protections for civilians in conflict.

## ACKNOWLEDGMENTS

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## I. EXECUTIVE SUMMARY

Over the last 11 years, civilians have borne the brunt of the conflict in northeast (NE) Nigeria. The insurgency has resulted in the deaths of more than 39,000 people,<sup>1</sup> the majority of whom have perished in Borno state. As a result of the ongoing conflict, civilians have experienced arbitrary detention, abduction, sexual exploitation and abuse (SEA), the destruction of property, extra-judicial killings, torture, recruitment as child soldiers, forced displacement, as well as other forms of physical and psychological harm.

While civilians of all genders, ages, and abilities have been greatly affected by the conflict, CIVIC has found that persons with disabilities (PWDs) and the elderly are particularly vulnerable, even more so if they are also internally displaced.<sup>2</sup> Research concerning the protection issues faced by PWDs and the elderly living in conflict in Nigeria is limited, and as such, this research contributes to the body of knowledge on this important topic. CIVIC adopted a qualitative approach to capture the experiences of PWDs and the elderly given how often they are missing from mainstream news and statistics, and how frequently they are neglected in both government and civil society initiatives to advance civilian protection.<sup>3</sup> This brief focuses on the experiences of PWDs and elderly internally displaced persons (IDPs) in two Local Government Areas (LGAs) of Borno state (Bama and Dikwa) – the epicenter of the crisis – and provides a window into the protection concerns they face.

PWDs and elderly respondents interviewed for this research highlighted the harm they faced during the conflict – including, for some, injuries that led to their disabilities – as a result of attacks by armed opposition



groups (AOGs) and firefights between government security forces and AOGs. They also highlighted that some AOGs tolerated their presence and did not subject them to the same violence experienced by many other civilians during AOG occupations of their communities. Respondents lamented that government security forces had not done enough to protect communities from AOG attacks – a common complaint among civilians – but also commended them for their support to move or evacuate vulnerable people from conflict zones. They also noted how traditional self-protection strategies such as fleeing violence have proven complicated, and in some cases, simply not feasible given their physical limitations. Moreover, PWDs and the elderly feel generally unsafe owing to the absence of traditional caregivers whom they depend on for support, who often have to flee for their own safety. Despite the lack of tailored protection strategies, some community structures in the northeast have recognized the distinct challenges PWDs and the elderly face when seeking protection and security, and have taken actions to better protect such groups.

CIVIC intends for this protection snapshot to inform the Government of Nigeria, the military, civil society organizations, and the diplomatic community on how to tailor existing civilian protection initiatives to the specific protection and security challenges faced by PWDs and the elderly.

## II. METHODOLOGY

Information for this protection snapshot was collected qualitatively via a literature review and in-depth interviews from Bama and Dikwa LGAs in Borno state. CIVIC collected primary data for two weeks in April and May 2019. The research did not aim for a statistically representative sample, but rather initial analysis into the protection issues of the target groups and the impact of the conflict on them.

CIVIC interviewed a total of 32 respondents, 16 from each LGA, of which 20 were men and 12 were women. Fifteen respondents were elderly, 10 were disabled, and seven were both elderly

and disabled. Further research is recommended to compare the experiences of those who are also IDPs with those who are not. Participants were selected from communities where CIVIC had pre-existing relationships. CIVIC aimed to capture diverse demographics in age and a balance in gender. All respondents were older than 18, and persons older than 50 were categorized as elderly.

A limitation of this research is it focused only on physical disabilities due to do-no-harm concerns around interviewing respondents with psychosocial disabilities. Measures were put in place to ensure ethical standards were upheld throughout the course of the research. Participants were made aware of the aims and objectives of the research and their right to stop the interview at any time if they felt uncomfortable. All participation was voluntary. Interviews were conducted in Hausa and Kanuri languages and translated to English. Due to the sensitivity of the research, the names of respondents are withheld for their protection and pseudonyms are used throughout the brief.

## III. CONTEXT

Civilians living through the conflict in NE Nigeria have faced a persistent protection crisis during the Government of Nigeria's 11 year fight against Jama'atu Ahl al-Sunna li-l-Da'wa wa-l-Jihad (JASDJ), Islamic State West African Province (ISWAP), and other AOGs. The armed conflict is concentrated in three states – Borno, Adamawa, and Yobe – with Borno being the most affected state with the greatest number of recorded attacks on civilians.<sup>4</sup> The crisis has claimed an estimated 39,000 lives across the region,<sup>5</sup> placed many more communities in vulnerable positions, and has left the NE region highly unstable.<sup>6</sup>

Over the years, civilians have experienced harm and abuse at the hands of all parties to the conflict. Armed actors have carried out widespread abuses against civilians in the form of targeted attacks on communities and IDP camps, arbitrary detention, abductions, sexual exploitation and abuse, burning of villages, extrajudicial killings, torture, recruitment



An elderly male sells ice cream to children in Dalori camp in Maiduguri Metropolitan Council, December 2019. **The Walking Paradox**

of child soldiers, and forced displacement. While civilians who are disabled or elderly encounter some of the same threats as civilians who do not fall into these categories, they also face unique protection concerns.

Research on the impact of the conflict on these groups, especially the elderly, is limited. In 2017, UNHCR reported that 11 percent of households facing protection challenges in Nigeria included PWDs and 8 percent were headed by elderly members.<sup>7</sup> The conflict has exacerbated the breakdown of family structures where caregivers for PWDs and the elderly have been killed, are missing, have fled, or have been recruited by AOGs, placing PWDs and the elderly in more vulnerable positions.<sup>8</sup> Since 2009, UNHCR has frequently reported on the increase in elderly-headed households in the NE due to younger family members being killed in the conflict; in some families, this means that family members and children who are caregivers often leave the elderly in order to care for themselves and prioritize their

own safety.<sup>9</sup> If the elderly in such situations are themselves disabled, it amplifies their vulnerability and associated protection risks.

## IV. PATTERNS OF HARM AND THE ROLES OF ARMED ACTORS

PWDs and elderly respondents highlighted a number of ways in which the conflict – and in particular armed actors – has affected them over time. They detailed their experiences with AOGs, who often cause physical harm, but have also tolerated their presence, and they share their perspectives on the military, who has both failed to protect them and played a vital role in evacuations. The wide range of personal experiences is consistent with CIVIC's observations during our work in eight LGAs in northeast Nigeria over the last four years. The variance of the behavior of armed actors across geographies is quite high, making generalized findings difficult; nonetheless, the issues respondents highlighted deserve





A young male on his tricycle in Bama market square, May 2019. CIVIC Photo

further attention from both the government and organizations working on protection and security challenges for PWDs and the elderly.

### **Harm During the Conflict:**

PWDs and elderly respondents shared varied experiences of how physical violence affected them during the conflict. Many respondents – including some former members of self-defense forces – suffered debilitating and life-long injuries over the past 11 years of conflict. One of the respondents, Abdullahi, is 70 years old, married, and has 12 children.<sup>10</sup> Before the crisis, he was a businessman who sold petroleum products, owned four commercial cars, and had houses for rent in various parts of Dikwa. When AOGs attacked Dikwa, they seized his cars and then came for his properties. Abdullahi's wrists and leg were broken and he has had to rely on crutches ever since. After the attack, he escaped from Dikwa to Maiduguri with his family by vehicle, where they

stayed in an IDP camp for three years and seven months. Once the military retook Dikwa from the AOGs, Abdullahi and his family were able to return.<sup>11</sup>

**Many respondents – including some former members of self-defense forces – suffered debilitating and life-long injuries over the past 11 years of conflict.**

In Bama, a middle-aged man was shot in the hand by AOGs while fleeing from attacks – he had to play dead in order to survive.<sup>12</sup> Two former community militia members (in Bama and Dikwa) were beaten and shot in their legs during a fight against AOGs. Both must now crawl, having lost the ability to use their legs.<sup>13</sup> Danjuma, an elderly man, was also shot in the leg as he was fleeing Dikwa with his family and was left behind. He doesn't remember how he made it to the nearest

village, but by the time he arrived the condition of his leg deteriorated and it needed to be amputated.<sup>14</sup> In Bama, a middle-aged woman was held hostage with her family by AOGs. When the military arrived, she was caught in the crossfire and shot in the leg. She was taken to Maiduguri by the military, where her leg was amputated.<sup>15</sup> Another middle-aged man in Bama was captured and beaten by AOGs, receiving many blows to his head before he was able to escape.<sup>16</sup> Lastly, an elderly woman in Dikwa reported being beaten daily by AOGs for 45 days before she was released.<sup>17</sup> These are but a few of the many experiences of harm civilians have encountered during the conflict, which have resulted in life-long disabilities.

### **Tolerance from Armed Opposition Groups:**

While many respondents reported that they were harmed by AOGs, some elderly and disabled respondents survived encounters unscathed, specifically because of their conditions. 60-year-old Maryam encountered AOGs while fleeing from Bama to Maiduguri with her family and members of her community. Since the majority of the group was elderly, AOGs permitted them to stay in Bama unharmed, but warned them not to proceed to Maiduguri. Two days later, as the group attempted to leave Bama again, the AOGs abducted all the young people – male and female – and sent the elderly back to Bama.<sup>18</sup> Separately, a 21-year-old disabled man was kidnapped three times by AOGs in Dikwa, but was released every time.<sup>19</sup> Then, there is the story of Isa. Isa comes from a family where six out of the seven children are disabled and cannot walk, and therefore were unable to escape when AOGs invaded their town. Isa and his siblings stayed in Dikwa for three years living alongside AOGs until the military arrived. Isa said, "Boko Haram did not kill us because we are disabled...they threatened our father (who was not disabled) with death many times."<sup>20</sup>

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Some elderly respondents also stayed behind in communities because of limited mobility. In Bama, an elderly man was given the option, alongside other traditional leaders, to either leave Bama or stay behind; the group chose to stay behind and wait for the military.<sup>21</sup> The same happened with an elderly woman who, according to her son, was too old to flee. She stayed, but ended up developing high blood pressure, which her son attributed to the devastation she experienced after seeing children she knew carrying weapons. Boko Haram gave her medication, but she eventually died from the condition.<sup>22</sup> Another elderly disabled woman determined that escaping was not feasible and decided to wait in Bama for the military to arrive. She was later assisted by the military to relocate to Maiduguri.<sup>23</sup>

Many respondents were unsure of why they had not been harmed, as they were aware of AOG attacks where civilians were harmed indiscriminately. There are a few possibilities we can infer from their experiences – perhaps in some instances the AOGs recognized that they could not mount an active resistance, or were pursuing a deliberate strategy not to harm the most vulnerable; some might simply be outliers.

### **Presence of State and Non-State Security Forces:**

**“Protection means that Boko Haram does not take my kids.”**

*- Elderly woman, Dikwa, Nigeria*

“Protection means that Boko Haram does not take my kids,” said an elderly woman in Dikwa who had already lost two of her children to AOG abductions.<sup>24</sup> Her statement captures the underlying expectations among civilians of the role they expect the state and security forces to play in protecting the life and property of Nigerians. Throughout the course of the insurgency thousands of civilian lives have been lost – fathers, mothers, children, aunts, uncles, grandparents – and unknown numbers remain missing after



individual and mass abductions. While retelling their stories, respondents conveyed undertones of grievances against state security forces and the Nigerian government, who they believed had not done enough to protect civilians from AOGs. Some respondents claimed that during attacks it took a significant amount of time for the military to respond, allowing AOGs time to burn houses, kill civilians, and abduct others. While this criticism of security forces is not unique to PWDs or the elderly, their limited mobility means they are particularly sensitive to a delayed response by state security forces because their ability to flee – a natural response to security threats – is impaired.

According to respondents, the military liberated some communities that were held hostage by AOGs and were instrumental in moving stranded elderly civilians and PWDs to Maiduguri. The military also aided in transporting injured civilians to areas where they could receive medical care, with one respondent noting how the military took her out of the community and transferred her to the general hospital in Maiduguri where her leg was amputated.<sup>25</sup> At the time of data collection, respondents did not report specific cases of abuse by the military toward PWDs or elderly civilians, however, they noted that there were no special services offered by the military for the elderly and PWDs. Of note, these perspectives vary from CIVIC's work and research in Borno state, where it is rare that any group of civilians does not report some level of harm caused by the members of the military, either incidentally or intentionally, over the course of the conflict. Another reason for this may be because the PWDs and the elderly interviewed for this policy brief – perhaps owing to their limited mobility and lack of effective advocates – reported having infrequent dealings with the military.

There are also cases where the military played a role in inhibiting freedom of movement. As a result of increased insecurity, state security forces built trenches around the perimeter of some towns to deter AOGs from entering. While the trenches kept AOGs out, they also prevented civilians from moving freely to their farms outside of the town. Farmers, or anyone leaving the security of the

town, face greater risk of AOG attacks beyond the trenches. Movement in and out of IDP camps is also restricted by the military and civilian security forces, and special passes are required to ensure that AOGs do not gain access to the camp. Despite the rationale for these measures, some of the PWDs and elderly persons interviewed for this brief complained about the negative impact on their livelihoods. Some of the elderly male respondents explained that their inability to enter and exit the camp freely to collect firewood and/or engage in other livelihood activities inhibited their ability to feed themselves and their families, and disabled respondents echoed similar concerns regarding their caregivers.<sup>26</sup> Most of the respondents are reliant on humanitarian aid, but require additional resources like firewood to cook meals for their families. For others engaged in small-scale trading activities, the restrictions affect their ability to conduct business outside the camp.<sup>27</sup> It also limits respondents' access to essential services such as healthcare, which are not always adequately provided within the camps. These restrictions put PWDs and the elderly, especially women, in vulnerable positions where they are open to exploitation and may resort to risky coping strategies, such as trading sex for food. There have been various reports of sexual exploitation of women in the northeast due to poor livelihood conditions within IDP camps or towns that have limited livelihood opportunities due to reduced trade or the lack of ability to farm beyond the secure perimeter.<sup>28</sup>

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Aside from the military, respondents identified a variety of other groups they believed should be responsible for their protection, including the police, the National and Civil Defence Corps (NSCDC), the Civilian Joint Task Force (CJTF) and



An elderly female in Jere, December 2019. **The Walking Paradox**

other community-based civilian security forces, traditional leaders, and NGOs, stating that they felt safe when they saw these groups around their camps and host communities. Alongside the military, civilian security forces have been instrumental in recovering territory from AOG control and filling everyday security roles such as screening new arrivals in IDP camps and providing camp security. A more thorough analysis of the patterns of harm committed by, as well as protection activities carried out by, civilian security forces can be found in CIVIC's report, *"To Defend or Harm? Community Militias in Borno State, Nigeria."*<sup>29</sup> Respondents also felt that the presence of NGOs had pushed the military and government to provide additional security for civilians to be able to resume essential livelihood activities such as clearing their farms and collecting firewood.

## V. PROTECTION STRATEGIES

Respondents highlighted challenges to enacting common self-protection strategies – actions they would take to respond to or mitigate particular threats to their own protection and safety. Typical civilian strategies such as fleeing violence, hiding in homes, or advocating to security forces for improved protection are, at times, more challenging for PWDs and the elderly than for other civilians. Respondents noted that their main strategies for self-protection are fleeing and hiding, both of which proved challenging in the northeast.

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**Challenges to Fleeing Conflict for Self-Protection:**

AOGs often attack communities with little to no warning. A primary self-protection method that civilians employ to survive such attacks is to flee, either temporarily or for an extended period of time. One respondent described this protection method, saying “Over the years, Boko Haram would invade, we will run to the bush and come back.”<sup>30</sup> For most civilians, the process of escape is horrendous; families might walk for days or weeks without food and water before reaching safety.<sup>31</sup> A number of respondents cited examples of civilians sleeping in the bush without any form of shelter in order to escape capture by AOGs, including during the rainy season. “We walked from Bama to Maiduguri and slept in the bush for five days,” noted a respondent.<sup>32</sup> These hardships are compounded for PWDs and the elderly. “We walked for three days from Dikwa to Maiduguri with no clothes, no money, and no food. We suffered a lot,” said an elderly woman.<sup>33</sup> As they fled, hunger was the main concern of respondents, with some going as long as one week without food. This made the journey even more difficult. The pace of movement was also reduced for PWDs and the elderly, which in turn increased the amount of time it took to get to safety and made them more vulnerable to attack.

**The type of disability and the presence and willingness of caregivers to aid them were the most significant factors influencing their method of escape or if they were left behind in their communities.**

In other cases, fleeing was simply not an option for PWDs and elderly respondents, as evacuation and escape were often more difficult due to their physical limitations. The type of disability and the presence and willingness of caregivers to aid them were the most significant factors influencing

their method of escape or if they were left behind in their communities. In Dikwa, a 60-year-old man with an amputated leg had to be placed in a wheelbarrow and pushed out of the community as his family fled.<sup>34</sup> This slowed the pace of their escape, but they were eventually able to reach safety. Hafsah, who has been disabled since birth and never learned to walk, had no one to help protect her during AOG attacks after her husband was killed. To escape, Hafsah had to crawl to safety and suffered many injuries along the way.<sup>35</sup> In Bama, Aisha, who has one leg that is significantly shorter than the other, could not run when her family members were fleeing because of the pain in her legs, and she had to remain behind. Her mother stayed with her and they hid at home for a week with hardly any food or water until the military arrived and secured the village.<sup>36</sup>

**Dependence on Caregivers and Spouses in an Attack:**

Many PWDs and elderly respondents relied on family members or other caregivers to ensure their protection. However, the conflict has, in many cases, led to the loss of these critical allies. Respondents suggested that no one would help them in the event of an attack because their caregivers would have to take care of themselves first. For example, an elderly blind male over 65 years old lost all his family members to the conflict except for his 14-year-old grandson. Whenever his grandson was away looking for food the grandfather worried because he could not rely on the military or other community members to look after his safety in the event of an attack.<sup>37</sup> In this particular case, the caregiver, a 14-year-old boy, is a minor and is therefore vulnerable himself. This example points to the layers of vulnerabilities one individual faces, bringing into view the various complex factors that affect the protection of such civilians.

Most of the PWDs and elderly women CIVIC interviewed reported having lost their husbands because of the conflict, resulting in a pervasive sense of insecurity. “Protection is my husband,” said a young disabled female.<sup>38</sup> An elderly woman

further explained “I can talk to [traditional rulers and relatives] about issues disturbing me. I am not deprived. My problem is my husband. He was the one that would fight for my rights in the past.”<sup>39</sup> The loss of their husbands created a feeling of abandonment for these women.<sup>40</sup> However, as CIVIC has seen through its support to community self-protection groups in the northeast, female civilians are not merely victims – some have joined civilian security forces<sup>41</sup> and others have taken active roles in protecting their communities.<sup>42</sup>

**Support from Community Structures:**

While few protection strategies implemented by government actors seemed tailored to the specific protection needs of PWDs and the elderly, CIVIC has observed civilian-led initiatives to fill these gaps. CIVIC currently supports community protection groups – known as Community Protection Committees (CPCs) locally – across eight LGAs in the northeast, and all groups include PWD and elderly representatives. In Banki, the vulnerability of PWDs and the elderly during AOG attacks was noticed by the community protection groups with whom we work. As a result, when there is an attack on the community, the CPC members seek out PWDs and the elderly, stay with them, try to comfort them, lead them to safety, and assist with evacuation when necessary. This type of community-led action could be effectively scaled with minimal support.

**VI. CONCLUSION**

This protection snapshot adds to the understanding of protection challenges faced by civilians in northeast Nigeria and contributes to wider investigations of the difficulties faced by PWDs and the elderly in times of conflict. Treatment of these groups by AOGs varies and warrants closer examination, including determining if AOG conduct which spares these groups from violence is widespread and why it occurs. It is also important to consider the associated implications for how the Nigerian government and military can better protect these groups as part of its ongoing

efforts and operations in the northeast. It is clear that common protection strategies – such as fleeing – may not be feasible for many PWDs or elderly individuals, and special attention must be paid to their needs by those looking to aid civilians in northeast Nigeria. The ongoing conflict in northeast Nigeria has deprived many families of caregivers, often leaving vulnerable PWDs or elderly individuals to head households themselves and/or face major hardships without adequate support structures.

This brief serves as a building block for the Nigerian state and national governments, state and civilian security forces, donor governments that support protection initiatives in the northeast, and NGOs to better tailor interventions to address the unique experiences of PWDs and the elderly during conflict. It underscores the need for all actors to design protection activities in a way that accounts for the specific circumstances in which PWDs and the elderly are harmed and to develop interventions that enhance the protection strategies these vulnerable groups have adopted to survive. It is clear that tailored interventions to advance the protection and safety of PWDs and the elderly – rather than a blunt approach that targets all civilians in the same manner – are needed. Perhaps most concerning of all, this research shows that, more often than not, the protection and security challenges faced by PWDs and the elderly continue to be overlooked, even within a population that has been ravaged by more than a decade of conflict.

1. “Global Conflict Tracker” accessed July 24, 2020, <https://www.cfr.org/interactive/global-conflict-tracker/conflict/boko-haram-nigeria>.

2. This policy brief focuses on persons with disabilities and the elderly. While these are two distinct groups, sometimes there are shared attributes; for instance, a PWD can also be elderly. There are also times where gender can have a distinct impact on an experience. When discussing blanket findings for PWDs and the elderly, they are referred to as ‘respondents.’ Where necessary, references are made to specific characteristics or gender to better contextualize findings.

3. Jacob Udo-Udo Jacob, Abia-Bassey Marriem, Nkanga Emily and Aliyu Abdulahi. “Narratives of Displacement: Conversations with Boko Haram Displaced Persons in Northeast Nigeria”. *Contemporary French and Francophone Studies* 20, no. 2 (2016): 176-190

4. “The Violent Road: An overview of armed violence in Nigeria”, Action on Armed Violence, and National Working Group on Armed Violence, accessed June 18, 2019 <http://aoav.org.uk/wp-content/uploads/2013/12/The-Violent-Road.pdf>.

5. “Global Conflict Tracker” accessed July 24, 2020, <https://www.cfr.org/interactive/global-conflict-tracker/conflict/boko-haram-nigeria>.

6. “Humanitarian Response Strategy January 2019 – December 2021 Summary”, United Nations Office for the Coordination of Humanitarian Affairs, accessed February 25, 2020 <https://reliefweb.int/report/nigeria/nigeria-humanitarian-response-strategy-2019-2021-january-2019-december-2021-december>.

7. “Vulnerability Screening: On-going operational screening in Borno, Yobe and Adamawa States,” United Nations High Commissioner for Refugees, accessed February 21, 2019 <https://reliefweb.int/report/nigeria/nigeria-going-operational-screening-borno-yobe-and-adamawa-states-november-2017>.

8. Ibid.

9. “Vulnerability Screening: On-going operational screening in Borno, Yobe and Adamawa States,” United Nations High Commissioner for Refugees, accessed February 21, 2019, <https://reliefweb.int/report/nigeria/nigeria-going-operational-screening-borno-yobe-and-adamawa-states-november-2017>.

10. Abdullahi is a pseudonym. To ensure the safety and security of respondents, CIVIC does not use real names in this report.

11. CIVIC interview with civilian #1, May 2019

12. CIVIC interview with civilian #2, April 2019

13. CIVIC interview with civilians #3 and #4, April and May 2019

14. CIVIC interview with civilian #5, May 2019

15. CIVIC interview with civilian #6, May 2019

16. CIVIC interview with civilian #7, April 2019

17. CIVIC interview with civilian #8, May 2019

18. CIVIC interview with civilian #7, May 2019

19. CIVIC interview with civilian #8, April 2019

20. CIVIC interview with civilian #9, April 2019

21. CIVIC interview with civilian #10, May 2019

22. CIVIC interview with civilian #5, May 2019

23. CIVIC interview with civilian #11, May 2019

24. CIVIC interview with civilian #12, April 2019

25. CIVIC interview with civilian #6, May 2019

26. CIVIC interview with civilians #13 and #14, April and May 2019

27. CIVIC interview with civilians #15 and #16, April and May 2019

28. “Women in displacement camps in Nigeria resort to transactional sex for survival”, United Nations news, accessed March 5, 2019 <https://www.un.org/africarenewal/news/women-displacement-camps-nigeria-resort-transactional-sex-survival>

29. Nagarajan Chitra, “To Defend or Harm? Community Militias in Borno State, Nigeria,” Center for Civilians in Conflict, [https://civiliansinconflict.org/wp-content/uploads/2020/05/CommunityMilitiasFINALLores\\_430.pdf](https://civiliansinconflict.org/wp-content/uploads/2020/05/CommunityMilitiasFINALLores_430.pdf)

30. CIVIC interview with civilian # 17, April 2019

31. When LGAs were attacked, civilians ran towards Maiduguri, the state capital for safety. Bama and Dikwa are neighboring LGAs to Konduga, an LGA adjacent to Maiduguri, so civilians traveled through Konduga to get to Maiduguri. Bama shares a border with Cameroon. During the interviews, civilians suggested that when their towns were attacked, AOGs killed civilians on the roads between Bama/Dikwa and Maiduguri. This may be a reason why they chose to flee to Cameroon instead. Approximate distances between Bama to Konduga, Maiduguri, and Cameroon are 36km, 71km, and 484km respectively. Dikwa to Maiduguri, Konduga, and Cameroon is 90km, 120km, and 547km respectively.

32. CIVIC interview with civilian #18, April 2019

33. CIVIC interview with civilian #19, April 2019

34. CIVIC interview with civilian #20, April 2019

35. CIVIC interview with civilian #21, April 2019

36. CIVIC interview with civilian #22, May 2019

37. CIVIC interview with civilian #23, April 2019.

38. CIVIC interview with civilian #20, April 2019.

39. CIVIC interview with civilian #24, May 2019

40. This finding contradicts what CIVIC has noticed from engagements in communities with CPCs and civilian security forces; women have been seen to take charge of their protection and are proactive in taking care of themselves and their families.

41. “To Defend or harm”, page 22.

42. CIVIC works with community protection committees in Bama, Damboa, Dikwa, Gwoza, Monguno, Banki, Jere, and Maiduguri Metropolitan Center. These groups are co-led by women and men and include PWD and elderly members. CIVIC supports these groups’ efforts to identify security and protection risks and put in place mitigation measures including, for example, engagement with security forces to advocate for improved patrols.

Cover Image:

A group of persons with disabilities at a meeting point in Bama market square, May 2019.

CIVIC Photo





*Elderly female in Bakassi camp who sells zobo (a hibiscus drink), December 2019. The Walking Paradox*

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