



REPORT OF THE SPECIAL INDEPENDENT INVESTIGATIVE PANEL ON HUMAN RIGHTS VIOLATIONS IN COUNTER INSURGENCY OPERATIONS IN THE NORTH EAST (SIIP NORTH-EAST)

[PURSUANT TO SECTIONS 5 AND 6 OF THE NHRC ACT 2010]

NOVEMBER 2024

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Preface

On behalf of the members of the Special Independent Investigative Panel on Human Rights Violations in Counter-Insurgency Operations in North-East Nigeria (SIIP North-East), and its secretariat staff, I want to thank the National Human Rights Commission (NHRC) for appointing us to serve the course of human rights and bestowing on us the independent mandate to investigate allegations of this magnitude. The mandate given to the Panel to investigate the allegations contained in the Reuters reports of December 2022 against the Nigerian military was a challenging one from the onset.

The challenges of conducting an investigation in a volatile environment as well as the non-appearance of Reuters and a few other key institutions meant that the Panel had to work longer and more extensively, broadening its investigations and reach. It is to the credit of the Panel members, the secretariate, the NHRC and the supporting partners that today, I can proudly assert that an extensive and thorough investigation based on justice and fairness has been achieved.

The following report has been a result of extensive work of the Panel and its secretariate, encompassing 199 testimonies and visit to twenty field locations. They also include analyses of documentations and records received from state hospitals and the Nigerian military. The report contains several aspects of the investigative processes that would be instrumental in framing our human rights accountability mechanism as well as the criminal justice system in Nigeria. It is very informative and would serve as a guide or future reference material for future Panels of this magnitude.

Apart from reporting on the investigations carried out on these allegations, it captures the challenges faced by the Panel in the course of carrying out its investigation. I have already highlighted the non-appearance of Reuters and the lack of cooperation from the International Committee of the Red Cross and Medecins Sans Frontieres. In its field visits, the Panel also encountered poor record keeping in both State and military hospitals; the dire state of the returnees which the Panel encountered in Kukawa; and the state of the IDP camps visited.

I would like to use this opportunity to call for the implementation of the recommendations contained in the report by the NHRC, the Federal and State governments, the Nigerian military, UN Agencies and NGOs working in the region.

Let me once again express my gratitude to the NHRC and especially appreciate the Executive Secretary for the opportunity to serve as the Chairman of this esteemed Panel, an honour I do not take lightly. I would also

like to appreciate the Members who served with me and were drawn from all disciplines relevant to our mandate. It has been an honour working and learning from you. I would like to congratulate the General Counsel of the Panel and his secretariat team for their professionalism and handwork which they put into the work of the Panel and the preparation of this report.

Lastly, I would like to appreciate the Borno and Yobe State Governments, the Nigerian Military and the various witnesses and Non-Governmental Organisations whose cooperation ensured that the Panel carried out a holistic investigation of these allegations.

The Honourable Justice Abdu Aboki
Justice of the Supreme Court of Nigeria (Rtd)

Foreword

The work of the Special Independent Investigative Panel on Human Rights Violations in Counter-Insurgency Operations in the North-East (SIIP North-East) reflects a major contribution by the National Human Rights Commission in ongoing efforts to ensure accountability and uphold human rights standards in Nigeria. The SIIP North-East was established under the legal and inherent powers of the National Human rights Commission (NHRC) in line with its mandate under sections 5 and 6 of the NHRC (Amendment) Act, 2010. This gives the NHRC the mandate to receive complaints and investigate human rights violations in Nigeria and make appropriate determination and compensation to victims of human rights violations. This mandate and its deployment stand as a testament to our independence as an 'A Status' National Human Rights Institution and our commitment to justice, transparency, and respect for human dignity.

The SIIP North-East was established in response to Reuters' reports of December 2022 alleging serious human rights violations against the Nigerian Armed Forces in conflict zones in the North-East. The allegations included illegal and forceful terminations of 10,000 pregnancies, the extra-judicial killing of children and the violation of the rights of women through targeted attacks. The Panel was mandated to conduct an independent and impartial investigation into the alleged violations and proffer recommendations to the Commission, including possible indictments and compensation where it deems fit to do so.

The findings and recommendations in this report reveal both the complexities of the mandate of the Panel and the human costs of counter-insurgency operations in Nigeria's North-East region. The recommendations are more than a call to action, they are a blueprint for meaningful reform. They underscore the need for transparent practices within our armed forces and robust mechanisms for human rights protection and accountability for violations, even as we combat threats to our National security.

As we continue the journey toward achieving peace and stability in the North-East and across the country, this report will serve as a foundational document for shaping policies and practices that will ensure the integration of human rights standards into our military and security operations. The days are long gone when our uniformed forces will operate without checks and accountability. It is therefore our hope that the recommendations provided herein will guide the government, security forces, and the National Human Rights Commission in fostering an environment of accountability and reform in military and security operations.

I extend my deepest appreciation to the Chairman and members of the SIIP North-East, as well as to the Secretariat for their tireless efforts at fulfilling the mandate of the Panel, often having to work in very dangerous and risky environments. The Commission and the nation are indebted to you. I also want to express my thanks to the United Nations and all witnesses, stakeholders, and partners who contributed to the success

of the work of the Panel. I salute your contributions to ongoing efforts to secure a just and peaceful future for all Nigerians.

Dr Tony Ojukwu OFR ficmc
Senior Advocate of Nigeria
Executive Secretary/CEO
National Human Rights Commission

Acknowledgements

The Special Independent Investigative Panel on Human Rights Violations in Counter-Insurgency Operations in North-East Nigeria (SIIP North-East) wishes to acknowledge the sterling work of the following secretariate staff in the research, documentation, legal and data analyses that led to the production of this report: Obioha Ikechukwu Ben-Okoro, Uzoamaka Victoria Ifechi-Fred, Bukunmi A. Naiyeju, Chioma Henrietta Okoli, Martha Okolo and Anthonia C. Nwabueze.

The SIIP North-East acknowledges the contributions of the following external experts in the drafting of this report: Professor Adedeji Adekunle SAN, Professor Nsongurua Udombana and Dr. Kelechi Akubueze.

Managing and analysing data from various sources, including military and State hospitals have been a major task for the SIIP North-East essential to its investigations and the production of this report. For this special task, the Panel acknowledges the excellent work of its Chief Statistician, Ateda Thomas and Data Analyst, Samuel Tejiri Etatuvie.

The SIIP North-East also acknowledges the contributions of the following staff of its secretariate and State Liaison Offices in the collation, processing and documentation of evidence and records leading to the production of this report: Moses Ulagba Okwoli (Secretariat), Jummai Mshelia and Yunusa Bello Ibrahim (Borno State), Grace N. Mamza and Ibrahim Kawu Gadaka (Adamawa State), and Labaran Babangida and Ali Ahmed Bulama Ambiya (Yobe State).

The SIIP North-East benefited from collaboration from the Office of Director of Public Prosecution of the Federation and the Borno State Ministry of Justice and wishes to acknowledge the support of the following seconded staff from these institutions: Maryam Okorie of the Federal Ministry of Justice; Habiba Yakubu Gana, Falmata Harun Mohammed and Mustapha Bukar Mustapha of the Ministry of Justice, Borno State. The SIIP North-East also acknowledges the technical support of Ureaku Chinwendu Nkemadu seconded to the Panel from the Federal Judicial Service Commission.

The SIIP North-East wishes to commend Colonel Clement Bako Dominion Waziri, Military Liaison Officer to the Panel seconded from the Defence Headquarters for the dedication he brought to the very onerous tasks of facilitation of the service of summons, the appearance of military witnesses and the receipts of military documentations and records.

The SIIP North-East takes responsibility for all the contents of this report and the decisions and recommendations rendered herein.

Hilary Ogbonna
Head of Secretariate and General Counsel
SIIP North-East

Appreciation

The Special Independent Investigative Panel on Human Rights Violations in Counter-Insurgency Operations in North-East Nigeria (SIIP North-East) wishes to extend its appreciation to the National Human Rights Commission for the opportunity to make contributions to the protection of human rights in Nigeria. The SIIP North-East particularly extends its gratitude to Dr Salamatu Hussaini Suleiman, Chairperson of the Governing Council and Dr. Tony Ojukwu SAN, Executive Secretary and Chief Executive Officer of the Commission for their support.

The SIIP North-East would specially want to thank all the witnesses that appeared and testified before it during its sessions and field investigations. From IDP Camps to hospitals and returnee communities, their testimonies served as a stark reminder of the impact of the insurgency and conflicts to human and peoples' rights across the North-East region.

The SIIP North-East appreciates the cooperation and support of the Governments of Borno, Adamawa and Yobe States to its investigations and sessions. The Panel notes the extraordinary support of the Attorneys General and Commissioners of Justice of Borno and Yobe States. In addition, the SIIP North-East acknowledges the security support offered to the Panel and its secretariate by the Nigerian Police Force, the Department of State Services and the Nigeria Security and Civil Defence Corps in Borno, Yobe and Adamawa states.

The SIIP North-East investigations often meant that the Panel would travel to hard-to-reach locations in the region. The Panel is grateful to the United Nations Humanitarian Air Service (UNHAS) for the support of lifting its team to the cities of Damaturu and Yola from Maiduguri. In the same vein, the SIIP North-East acknowledges the logistical support of the Multinational Joint Task Force, Chad (Air Service) in airlifting the Panel to Baga as well as the ground security support provided by the 403 Amphibious Brigade, Baga and 19 Brigade, Cross Kauwa during its field mission to Kukawa.

For their various roles at facilitating partnerships, providing documentation, institutional and technical expertise and financial support, the SIIP North-East appreciates the United Nations System in Nigeria and would specially want to mention the UN Resident and Humanitarian Coordinator, the United Nations Children's Fund, the United Nations High Commission for Refugees and the Office of the High Commissioner for Human Rights for their various support to the mandate of the Panel.

The SIIP North-East appreciates the support of the Nigerian media in promoting the work of the Panel. Communication and outreach were important parts of the work of the Panel and a huge reliance was placed on various media platforms for call for witnesses and victims and the coverage and dissemination of the proceedings and work of the Panel. In this regard, the Panel appreciates the work of Fatima Agwai Mohammed and Uchechukwu Kenneth Mebrim of its Communication and Public Affairs Bureau.

ACRONYMS

A

AA - Abortion Assault

AO- Administrations Officer

ASP - Assistant Superintendent of Police

ALIMA- Alliance for International Medical Action

B

C

CHEWS - Community Health Extension Workers

CJTF - Civilian Joint Task Force

CMD - Chief Medical Director

D

E

ECs - Emergency Contraceptives

F

G

GOC- General Officer Commanding

GBV - Gender Based Violence

GHSC - Global Health Supply Chain

H

HOD – Head of Department

I

IDP - Internally Displaced Persons

IEDs - Improvised Explosive Devices

ICSSS- International Strategic and Security Studies

ICRC- International Committee of Red Cross

ICHCR- Initiative for Community Health and Crisis Response

IHL- International Humanitarian Law

IMMAP - Information Management Mind Action Support

INGO - International Non-Governmental Organisation

J

JIC- Joint Investigation Centre

K

L

M

MSF - Medicines Sans Frontiers

MVA - Manual Vacuum Aspiration

MNCH - Maternal Newborn Child Health

MNJTF- Multinational Joint Task Force

MIB - Military Intelligence Brigade

MSR - Main Supply Route

MMC - Maiduguri Metropolitan Communities

N

NOTICA - Notification of Casualty to the Unit

NGO – Non-Governmental Organisation

O

OIC - Officer in Charge

OPG REGISTER - Out Patient Department Register

P

Q

QRF - Quick Response Force

R

Recce - Reconnaissance (Battalion)

RUF - Revolutionary United Front

RSM- Regimental Sergeant Major

S

SEMA - State Emergency Management Agency

SIIP-North-East - Special Independent Investigative Panel on Human Rights Violations in Counter-Insurgency Operations in North-East Nigeria

SFH- Society for Family Health

SROE - Standing Rules of Engagement

SRUF - Standing Rules for the Use of Force

SITREP - Situation Report

SPS - Smothered, Poisoned and Shot

T

TDH - Terre Des Hommes

U

UNICEF - United Nations Children's Fund

UNISFA - United Nations Interim Security Force for Abyei

UMTH - University of Maiduguri Teaching Hospital

V

W

WASH - Water Sanitation and Health

WOW - War on Women

X

Y

Z



**SPECIAL INDEPENDENT INVESTIGATIVE Panel ON HUMAN RIGHTS
VIOLATIONS IN COUNTER-INSURGENCY OPERATIONS IN North-East NIGERIA
(SIIP North-East)
[Pursuant to Sections 5 and 6 of the NHRC Act 2010]**

AUTHENTICATION AND APPROVAL OF REPORT

We the undersigned have jointly and severally authorized the publication of this report as a true account of the work and recommendations of the Special Independent Investigative Panel on Human Rights Violations in Counter-Insurgency Operations in North-East Nigeria (SIIP North-East), on this 8th Day of November 2024.

Honourable Justice Abdu Aboki, Justice of the Supreme Court (Retired)
Chairman, SIIP North-East

- | | |
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Part 1: Introduction

Chapter 1

The Boko Haram Insurgency

1.0 Origin and Early Activities

Boko Haram officially known as Jama'atu Ahlis-Sunna Lidda'Awati Wal-Jihad (People Committed to the Propagation of the Prophet's Teachings and Jihad), is a militant Islamist group based in North-Eastern Nigeria.¹ The group was founded by Mohammed Yusuf in 2002 in Maiduguri, the capital of Borno State. The group's name, Boko Haram, translates to "Western education is forbidden," reflecting its opposition to Western influence and secular education.² Initially, Boko Haram operated as a non-violent religious movement advocating for a strict interpretation of Islamic law and the establishment of an Islamic state in Nigeria.³

In its early years, Boko Haram focused on preaching against Western education, which they believed was sinful and incompatible with Islam. The group gained followers, particularly among marginalized youth in the region who were attracted to its anti-establishment message and promises of social justice.⁴

Tensions between the group and Nigerian authorities escalated into violent clashes. The Nigerian military launched a crackdown, resulting in the death of Yusuf while in police custody.⁵ This event radicalized the group, leading to a shift towards more violent activities. The turning point came in 2009 when a confrontation between Boko Haram members and Nigerian security forces led to a violent crackdown by the government. This event marked the beginning of Boko Haram's armed insurgency. The group retaliated with attacks on police stations and government buildings, sparking a cycle of violence that would escalate over the following years.⁶

After Yusuf's death, Abubakar Shekau took over leadership. Under Shekau, Boko Haram became more radical and violent, engaging in attacks on government facilities, security forces, and civilians.⁷

Boko Haram's tactics have included suicide bombings, kidnappings, assassinations, and raids on villages. The group has targeted not only security forces but also civilians, including schools, churches, mosques, markets, and other public places. These attacks have

¹ Freedom Onuoha & Samuel Oyewole 'Anatomy of Boko Haram: The Rise and Decline of a Violent Group in Nigeria' Aljazeera Centre for Studies, 22 April 2018 https://studies.aljazeera.net/sites/default/files/articles/reports/documents/4f179351e3244e1882a6033e0bf43d89_100.pdf (accessed 30 May 2024).

² As above.

³ Salisu Salisu Historical Evolution of Boko Haram in Nigeria: Causes and Solutions 1 September 2015.

⁴ Omar S. Mahmood 'Boko Haram: A Primer' Foreign Policy Research Institute 27 May 2016, <https://www.fpri.org/article/2016/05/boko-haram-primer/> (accessed 5 June 2024).

⁵ As above.

⁶ As above.

⁷ CNN 'Boko Haram in Nigeria: Split emerges over leadership' 16 July 2018, <https://www.bbc.com/news/world-africa-36973354#:~:text=Boko%20Haram%20has%20split%20before%20but%20this%20is,of%20the%20group%2C%20possibly%20foreshadowing%20an%20eventual%20collapse.> (accessed 5 June 2024).

have resulted in thousands of deaths and widespread displacement in the region.⁸ In 2011, the group carried out a major suicide bombing at the United Nations headquarters in Abuja, signaling its capacity for large-scale attacks and gaining international attention.⁹

Boko Haram began to target schools, villages, and towns in North-East Nigeria, employing tactics such as suicide bombings, abductions, and mass killings. Their activities led to widespread displacement and humanitarian crises. In 2014, the kidnapping of 276 schoolgirls from Chibok garnered global condemnation and led to the #BringBackOurGirls campaign, drawing international focus to the insurgency.¹⁰

By 2014, Boko Haram had significantly expanded its territorial control in North-East Nigeria, declaring a caliphate in areas under its influence. In 2015, the group pledged allegiance to the Islamic State (ISIS), leading to its rebranding as “Islamic State’s West Africa Province” (ISWAP).¹¹ This affiliation brought new strategies and resources to the insurgency. It also brought international attention to the conflict and raised concerns about the global reach of extremist ideologies.¹²

Boko Haram's activities spread beyond Nigeria's borders, affecting neighboring countries like Cameroon, Chad, and Niger.¹³ The group conducted cross-border raids and established strongholds in remote areas.

2.0 Nigerian Military Intervention in the Boko Haram Insurgency

The Nigerian military has been actively involved in combating the Boko Haram insurgency, which has posed a significant security threat to the country and the Lake Chad region for over a decade.¹⁴ The conflict with Boko Haram has resulted in widespread violence, displacement of civilians, and loss of lives. The Nigerian military’s intervention against the Boko Haram insurgency has been a complex and evolving effort, involving various strategies, operations, and collaborations with international partners.

Since the emergence of the Boko Haram insurgency in 2009, the Nigerian military has conducted various military campaigns to combat the group. Major military offensives were launched in 2015–2016, which succeeded in degrading Boko Haram’s territorial control.¹⁵ These campaigns aimed to push back the insurgents, reclaim territory, and weaken their operational capabilities.

⁸ n5.

⁹ The Guardian ‘Nigeria attack: Islamist militants claim responsibility for UN building blast’ 26 August 2011, <https://www.theguardian.com/world/2011/aug/26/nigeria-attack-islamists-claim-responsibility> (accessed 5 June 2024).

¹⁰ Zack Beauchamp ‘Boko Haram’s kidnapping of 276 girls and its aftermath, explained’ Vox News, 12 May 2015 <https://www.vox.com/2014/5/12/18076900/nigeria-kidnapping> (accessed 5 June 2024).

¹¹ Sarah Alhmukhtar ‘How Boko Haram Courted and Joined the Islamic State’ The New York Times, 10 June 2015, <https://www.nytimes.com/interactive/2015/06/11/world/africa/boko-haram-isis-propaganda-video-nigeria.html> (accessed 5 June 2024).

¹² Amnesty International ‘Boko Haram at a glance’ 29 January 2015, <https://www.amnesty.org/en/latest/news/2015/01/boko-haram-glance/> (accessed 5 June 2024).

¹³ n5.

¹⁴ As Above

¹⁵ Sakia Brechenmacher ‘Stabilizing Northeast Nigeria After Boko Haram’ Carnegie Endowment For International Peace May 3 2019, <https://carnegieendowment.org/research/2019/05/stabilizing-northeast-nigeria-after-boko-haram?lang=en> (Accessed June 5 2024).

The Nigerian military employed a range of strategies in its fight against Boko Haram. These strategies include conventional warfare tactics, counterinsurgency operations, intelligence-driven missions, and collaboration with regional partners such as Cameroon, Chad, and Niger through initiatives like the Multinational Joint Task Force (MNJTF).¹⁶

In 2009, following a series of violent clashes and attacks by Boko Haram, the Nigerian military launched a major offensive against the group in Maiduguri, Borno State. This operation resulted in the death of the group's founder, Mohammed Yusuf, and a temporary lull in activities.¹⁷ Despite the initial crackdown, Boko Haram regrouped under new leadership and escalated its attacks. The Nigerian military struggled to contain the growing insurgency, facing criticism for inadequate resources, poor intelligence, and allegations of human rights abuses.

In May 2013, President Goodluck Jonathan declared a state of emergency in Borno, Yobe, and Adamawa states, the epicenters of Boko Haram activities.¹⁸ This move allowed for an intensified military campaign and greater deployment of troops to the affected areas.

The Joint Task Force (JTF) was replaced by the 7th Infantry Division, specifically created to combat Boko Haram.¹⁹ However, the insurgents continued to carry out high-profile attacks, including the abduction of 276 schoolgirls from Chibok in April 2014.²⁰

In response to the transnational nature of Boko Haram's activities, Nigeria collaborated with neighboring countries (Chad, Cameroon, Niger, and Benin) to form the Multinational Joint Task Force (MNJTF) in 2015. This regional force aimed to coordinate efforts to combat the insurgency more effectively. The MNJTF launched several joint operations, resulting in the recapture of territory previously held by Boko Haram and disrupting their logistics and supply lines.²¹

The Nigerian military launched Operation Lafiya Dole (Hausa for "Peace by Force") in 2015, focusing on a comprehensive strategy to defeat Boko Haram.²² The operation included direct military action, intelligence gathering, and efforts to win the hearts and minds of local populations in North-East Nigeria. Leadership changes within the military saw new strategies being implemented, including increased use of air strikes and improved coordination with MNJTF partners.

¹⁶ n1.

¹⁷ International Crisis Group 'Curbing Violence in Nigeria (II): The Boko Haram Insurgency' 3 April 2014 <https://www.crisisgroup.org/africa/west-africa/nigeria/curbing-violence-nigeria-ii-boko-haram-insurgency#:~:text=A%20series%20of%20clashes%20between> (accessed June 6 2024).

¹⁸ n5.

¹⁹ International Crisis Group 'Watchmen of Lake Chad: Vigilante Groups Fighting Boko Haram' 23 February 2017 <https://www.crisisgroup.org/africa/west-africa/nigeria/244-watchmen-lake-chad-vigilante-groups-fighting-boko-haram> (Accesses 6 June 2024).

²⁰ n11.

²¹ n16.

²² PM News 'Boko Haram: army chief launches "Operation Lafiya Dole"' 20 July 2015 <https://pmnewsnigeria.com/2015/07/20/boko-haram-army-chief-launches-operation-lafiya-dole/> (Accessed 6 June 2024).

The Nigerian military adopted counter-insurgency tactics, establishing "super camps" to concentrate forces and improve defensive capabilities.²³ These camps aimed to protect civilians, secure major towns, and disrupt Boko Haram's operations. Efforts were also made to cut off Boko Haram's funding and recruitment channels, with a focus on addressing the root causes of extremism, such as poverty and lack of education.²⁴

Boko Haram's fragmentation into different factions, including the Islamic State's West Africa Province (ISWAP), presented new challenges. ISWAP proved to be more tactically sophisticated, focusing on targeting military installations and avoiding civilian casualties to gain local support. The death of Boko Haram's leader Abubakar Shekau in 2021, reportedly during clashes with ISWAP, further complicated the security landscape.²⁵

The Nigerian military continues to conduct operations against both Boko Haram and ISWAP. These operations include air and ground assaults, intelligence-driven raids, and efforts to rescue abductees and reclaim occupied territories. Despite some successes, the insurgency remains resilient. Challenges include difficult terrain, the insurgents' guerilla tactics, and the need for sustained regional cooperation.

The Nigerian military's efforts to combat Boko Haram have been supported by international partners such as the United States through various programs aimed at enhancing Nigeria's military capabilities. The U.S. has provided training, equipment, advisory support, and funding to bolster Nigeria's counterterrorism efforts.²⁶

Through initiatives like the Trans-Sahara Counterterrorism Partnership (TSCTP) and Foreign Military Sales (FMS), the U.S. has facilitated arms sales to Nigeria to enhance its capacity to combat insurgent groups like Boko Haram.²⁷ Training programs on International Humanitarian Law have also been conducted to ensure compliance with legal standards during military operations in the North-East.

3.0 Impact of the Boko Haram Insurgency on Human Rights

The Boko Haram insurgency has had a profound and devastating impact on the rights of citizens of North-Eastern Nigeria. The group's tactics have included targeted abductions, forced marriages, sexual violence, and exploitation, which have resulted in severe physical, psychological, and social consequences for countless women and girls. The following

²³ Jacob Zenn 'The Humanitarian Dilemma Around the Military's "Super Camp" Strategy in Nigeria', Council on Foreign Relations 5 September 2019 <https://www.cfr.org/blog/humanitarian-dilemma-around-militarys-super-camp-strategy-nigeria> (Accessed 6 June 2024).

²⁴ As Above

²⁵ Festus Iyorah 'What Abubakar Shekau's reported death means for Nigeria Security' Aljazeera, 28 May 2021 <https://www.aljazeera.com/news/2021/5/28/what-boko-haram-leaders-death-means-to-insecurity-in-nigeria> (Accessed 6 June 2024).

²⁶ n16.

²⁷ Festus Iyorah 'What Abubakar Shekau's reported death means for Nigeria Security' Aljazeera, 28 May 2021 <https://www.aljazeera.com/news/2021/5/28/what-boko-haram-leaders-death-means-to-insecurity-in-nigeria> (Accessed 6 June 2024).

represent a summary of the impact of Boko Haram insurgency on human rights:

3.1 Mass Killings

Boko Haram insurgents have been responsible for some of the worst forms of war crimes and crimes against humanity, including mass killings using bombs, Improvised Explosive Devices (IEDs), superior firepower and the burning of villages. Boko Haram's largest killing took place in Baga town in January 2015 where an estimated 2,000 people were brutally murdered, and military facilities carted away. On February 25, 2014, 59 students of the Federal Government College, Buni Yadi in Yobe State were killed by Boko Haram. The twenty-four buildings of the school were also burned down as a result of the attack. The bodies of twenty-nine of the murdered students were lined up in front of the school hostel. Boko Haram has also been responsible for mass killings in churches, mosques and villages across northern parts of parts.

3.2 Mass abductions

Boko Haram is notorious for its mass abductions of women and girls. The most infamous case was the kidnapping of 276 schoolgirls from Chibok in April 2014.²⁸ In a similar horrific event on Monday, February 19, 2018, at 5:30pm, 110 schoolgirls aged 11–19 years old were kidnapped by Boko Haram from the Government Girls' Science and Technical College (GGSTC), Dapchi in Yobe State. These abductions are used as a tactic to spread terror, gain international attention, and pressure the government.

3.3 Forced marriages

Many abducted girls are forced into marriages with Boko Haram fighters.²⁹ These marriages are a form of sexual slavery, with girls coerced into relationships with much older militants. This practice is intended to reward fighters and ensure the loyalty of members through familial ties.

3.4 Sexual violence

Sexual violence is rampant, with many abducted girls and women subjected to rape and other forms of sexual abuse.³⁰ This violence is used as a weapon of war to humiliate, dominate, and break the will of victims and their communities.

3.5 Exploitation and forced labor

Women and girls are often forced into domestic labor, cooking, cleaning, and performing other tasks for Boko Haram fighters.³¹ Some are also used as human shields during military operations or forced to participate in attacks, including as suicide bombers. Also, as has-

²⁸ n11.

²⁹ Harriet Sherwood 'Boko Haram abductees tell of forced marriage, rape, torture and abuse' The Guardian 27 October 2014 <https://www.theguardian.com/world/2014/oct/27/boko-haram-forced-marriage-rape-torture-abuse-hrw-report> (Accessed June 6 2024).

³⁰ As Above.

³¹ As Above

has been seen from the Chibok case, a lot of the girls are forcefully converted into Islam violating their rights to freedom of religion, conscience and thought as guaranteed by the Nigerian Constitution.

3.6 Trauma and mental health issues

The experiences of abduction, sexual violence, and forced labor result in severe psychological trauma. Many survivors suffer from post-traumatic stress disorder (PTSD), depression, anxiety, and other mental health issues. The stigma associated with sexual violence further exacerbates their trauma.

3.7 Social stigmatization

Women and girls who escape or are rescued often face social stigmatization and rejection by their communities.³² They are sometimes viewed with suspicion, seen as collaborators with Boko Haram, or blamed for the violence they endured. This social rejection can lead to isolation and difficulties in reintegrating into society.

3.8 Displacement

The insurgency has displaced millions of people in North-East Nigeria, with women and children comprising the majority of displaced populations. Displacement camps are often overcrowded and lack adequate resources, leading to further vulnerabilities for women and girls.³³

3.9 Disruption of education

Boko Haram's attacks on schools and the abduction of schoolgirls have severely disrupted education in the region. Fear of abductions and violence has led to many families withdrawing their daughters from school, depriving them of education and future opportunities.³⁴

The impact of the Boko Haram insurgency on women and girls has been appalling, involving severe human rights abuses and long-term social, cultural and economic repercussions.

4.0 The Nigerian Armed Forces and Human Rights in the North-East Counter-Insurgency Operations

The operations of the Nigerian Armed Forces in the North-East have not come without the violation of human rights of civilians. The Nigerian military has been accused of gross human rights violations, including revenge killings on civilians, extrajudicial executions, arbitrary arrests and prolonged detention. In its response to attacks or threats by Boko Haram and ISWAP, the Nigerian forces have reportedly hit civilian targets resulting in deaths and severe injuries. For instance, in January 2017, a Nigerian Air Force fighter jet mistakenly bombed a civilian location in Rann town in Borno state, leading to the deaths of 115 people,

³² n11.

³³ n11.

³⁴ n11.

including aid workers and injuring more than 100 others.³⁵ The Nigerian Air Force acknowledged the incident as operational error and ordered investigation.³⁶

The spate of killings of civilians by accident continued in spite of assurances by the military authorities. On the 15th of September 2021, nine people were killed, including three children and several persons injured during a military air strike in Buwari village in Yunusari Local Government Area (LGA) of Yobe state. The military said it had hit the village accidentally. Recently, on the 18th of December 2022, a Nigerian Air Force in pursuit of terrorists in Mutumji Community in Maru LGA of Zamfara State reportedly killed over 64 civilians. This incident was condemned by the African Commission on Human and Peoples' Rights.³⁷ It is important to note that the Nigerian security forces have also suffered monumental losses of men, operational bases and infrastructures in the Boko Haram conflict. In June 2022, 30 soldiers were reportedly killed in Shiroro in Niger State.³⁸ Prior to this, at least 31 soldiers were reportedly killed by ISWAP on in Mainok, Borno State.

³⁵ Other reports stated that casualties rose to 236. See <https://www.voanews.com/a/nigeria-idp-camp-bombing-death-toll-adjusted/3689824.html>

³⁶ "Accidental bombing: It was a tragic mistake- Air Chief" - <https://thenationonlineng.net/accidental-bombing-it-was-a-tragic-mistake-air-chief/>

³⁷ African Commission on Human and Peoples' Rights: "Press Statement on the airstrike of Nigerian Airforce that killed civilians in Zamfara State," December 27, 2022. <https://achpr.au.int/en/news/press-releases/2022-12-27/press-statement-tairstrike-nigerian-airforce-killed-civilians> (Accessed 19 January 2023)

³⁸ <https://www.reuters.com/world/africa/least-30-nigerian-soldiers-killed-ambush-after-mine-attack-sources-2022-07-02/>

Chapter 2

The Reuters Report

1.0 Introduction

In December 2022, international media group, Reuters published “Nightmare in Nigeria,” a three-part investigative report alleging series of systematic gross human rights violations by the Nigerian Armed Forces during counter-insurgency operations in the North-East region. The three reports are: “the Abortion Assault,” “Smothered, Poisoned and Shot” and “A War on Women.” Reuters published a supplementary report to the “the Abortion Assault,” in 2023. According to Reuters, these violations alleged in the reports involved mass abortions and systematic killings of women and children.

2.0 Reuters Report No. 1: Abortion Assault

2.1 Description of Analysis

The Reuters investigation accused the Nigerian military of conducting a secret, systematic abortion program involving at least 10,000 forced abortions on women and girls impregnated by Boko Haram fighters. The program allegedly targeted women and girls primarily in military detention centres and health facilities across North- Eastern Nigeria over several years.

Many victims were kidnapped and raped by insurgents, resulting in pregnancies. The report highlights the case of one Fati, who was four months pregnant when rescued. She described soldiers performing a medical abortion on her without her knowledge or consent. The abortions reportedly occurred without consent, affecting women from a few weeks to eight months pregnant, with some as young as 12 years old.

Interviews with 33 women and girls revealed that only one gave consent for the abortion. Another victim, Bintu, described how soldiers gave her injections without her consent and threatened those who demanded explanations. Witnesses reported deaths from abortions, though the total number of deaths and the program’s operators remain unidentified.

The military reportedly aimed to prevent the birth of children believed to be predisposed/predestined to joining the insurgency. Reuters alleged that illegal and forced abortion procedures occurred in at least five military facilities and five civilian hospitals, primarily in Maiduguri, Borno State and across the North-Eastern states of Yobe and Adamawa. Oxytocin and Misoprostol was used to induce abortions, and some procedures involved inserting and twisting of instruments inside the women.

2.2 Evidence Presented

The Reuters report is based on interviews with women and girls subjected to forced abor-

abortions, healthcare workers, and confidential military documents. Detailed survivor accounts described unsanitary conditions and lack of proper medical care during abortions. Only one out of 33 women interviewed gave consent for the abortion.

The Reuters report includes interviews with five civilian healthcare workers and nine security personnel involved in the abortion program. Reuters reviewed military documents and hospital records tallying thousands of abortion procedures. Due to the program's secretive nature, the total number of abortions performed is undetermined. However, estimates suggest at least 10,000 abortions based on interviews and patient registers.

2.3 Corroborating Information

Reuters alleged that nearly all sources spoke at great personal risk, including health workers, soldiers, and guards. The report provides specific details and descriptions of forced abortions corroborated by multiple sources, including survivor testimonies and healthcare workers. The secretive nature of the program and the military's control over the region hindered comprehensive verification.

The report highlights that six soldiers and guards confirmed forced abortions at Giwa Barracks, with corroborative descriptions matching survivor accounts. Victims' stories, such as Ibrahim's, who never wanted an abortion, further support the allegations.

3.0 Reuters Report No. 4: Abortion Assault (Part 2)

The second part of the Reuters report provides further details and additional evidence about the forced abortion program, highlighting specific cases and corroborating the scale of the abuse.

3.1 Description of Allegations

Reuters alleged that the abortion programs took place in the North-Eastern states of Yobe, Borno, and Adamawa, where the Nigerian military has been fighting Islamist insurgents for nearly 14 years. Specific cases, such as Binta Yau and Rabi Ali, describe similar experiences of being captured, impregnated by insurgents, and subjected to forced abortions by Nigerian soldiers.

3.2 Evidence Presented

The report draws on military and hospital documents, interviews with civilian health workers, and security officials involved in the program. Survivor testimonies corroborate the initial findings, aligning with previously reported patterns. The program allegedly involved administering unidentified pills and injections, leading to heavy bleeding and severe trauma.

3.3 Corroborating Information

New evidence and testimonies reinforced the initial findings, with survivor stories aligning with accounts from soldiers and health workers. Yau's account, consistent with other women, describes abortions performed in groups and corroborated by other witnesses.

4.0 Reuters Report No. 2: Smothered, Poisoned, and Shot

4.1 Description of Analysis

Reuters reported that the Nigerian military allegedly engaged in deliberate killings of children to prevent them from becoming future insurgents or because they were the offspring of Boko Haram fighters. Witnesses stated that military personnel often separated children from their mothers, and in numerous cases, the children were never seen again, with some accounts describing direct killings.

The report claims that more than 40 soldiers and civilians witnessed or discovered evidence of the Nigerian military killing children, estimating the total number of child deaths in the thousands. At least 60 children were confirmed dead in six specific incidents. Testimonies included Kaka's account of soldiers shooting children at a waterhole and Bukar's story of soldiers smothering her 4-month-old twin boys.

Methods of killing varied: children were shot while fleeing, poisoned, or suffocated. One father recounted how his 14-year-old son was taken by soldiers in 2019 and never seen again. Witnesses described traumatic scenes, including mass burials to hide the bodies and prevent inquiries.

4.2 Evidence Presented

The Reuters investigation was based on detailed testimonies from witnesses, former soldiers, and internal military documents. Interviews with 44 civilian witnesses and 15 security force personnel supported the allegations. Specific cases, such as the waterhole massacre, were corroborated by multiple sources and satellite imagery. Reuters reconstructed the waterhole massacre based on five separate accounts, confirming the massacre and corroborating with satellite imagery.

For instance, Kaka described an incident where soldiers shot at least 10 children and several adults, burying their bodies in pre-dug graves. Bukar's account of her twins being smothered was supported by fellow captives and local residents.

4.3 Corroborating Information

Reports of suspicious disappearances and deaths of children in conflict areas were noted by various sources. Bukar's and Ibrahim's accounts of smothering incidents were corroborated by other witnesses. Testimonies from soldiers and local militia members described soldiers burying children's bodies in mass graves. Furthermore, Reuters stated that Satellite

that Satellite imagery was used to corroborate massacre site descriptions, and consistent testimonies from witnesses helped reconstruct the events. Local references, such as growing seasons or religious holidays, were used to estimate dates due to trauma and unfamiliarity with the Gregorian calendar.

5.0 Reuters Report No. 3: A War on Women

5.1 Description of Analysis

The report details widespread sexual violence by military personnel against women and girls in their custody. Reuters alleged that women and girls faced sexual violence and physical abuse in detention facilities and during military operations.

The story of Aisha highlights these allegations. Aisha was coerced into an abortion by soldiers, and her children were killed. Her mother died from gunfire during a raid, and Aisha was later captured by Nigerian soldiers. She described being subjected to medical procedures without her consent, including forced abortions and injections that caused severe pain and bleeding. Her daughter Fatima was also given injections by soldiers and soon fell ill and died, which Aisha believed was due to poisoning. Furthermore, Aisha's story was corroborated by testimonies from her sister, a friend, one of her brothers, and a neighbour. In a displaced persons camp, Aisha met Felerin, who had similar experiences of forced abortion and the loss of her children due to alleged poisonings by soldiers.

5.2 Evidence Presented

The Reuters report drew on survivor accounts, medical records, and statements from aid workers and former military personnel. The story of Aisha was supported by testimonies from her sister, a friend and fellow captive, one of her brothers, and a neighbour. Felerin's similar experiences added credibility to the allegations. Furthermore, medical records and statements from aid workers and former military personnel were used to support the allegations. Witness accounts and documents reporting on a secret abortion program and intentional killings of children by the Nigerian military were cited.

5.3 Corroborating Information

Aisha's story was corroborated by her sister, a friend, a brother, and a neighbour who witnessed or heard about the events. Felerin's testimony added further credibility. Musa, a neighbour, confirmed Aisha's account of Fatima's death and helped bury the child. Aisha and Felerin's experiences were corroborated by other witnesses in the displaced persons camp and medical records. Testimonies from healthcare workers and former military personnel provided additional support.

6.0 Nigerian Military's Response

6.1 Response on the Abortion Assault:

The Nigerian military denied the allegations, claiming the report was fabricated to tarnish its image. Military officials argued that such abuses would be impossible to hide from international and local aid groups involved in humanitarian efforts. The military's Counter-Insurgency campaign Commanders emphasised their commitment to respecting life, families, women, and children.

Major General Christopher Musa and Major General Jimmy Akpor rejected the accusations, describing them as an attempt to undermine Nigeria's fight against insurgents. The military argued that transparency in their operations would have revealed such abuses if they had occurred. Top military leaders overseeing Counter-Insurgency operations also denied any involvement in or knowledge of the alleged abortion program.

6.2 Response on the Smothered, Poisoned and Shot:

The Nigerian military strongly denied the allegations, calling them baseless and fabricated to tarnish their image. Military leaders, including Major General Christopher Musa and General Lucky Irabor, asserted that the army has never targeted children. They emphasised their commitment to protecting non-combatants, often separating women and children from conflict zones and turning them over to state authorities for care.

The military refused to investigate the allegations, maintaining their operations were conducted with transparency and were focused on protecting innocent lives. Statements from military officials dismissed the Reuters report as an attempt to undermine their fight against insurgents.

7.0 International Reactions

International human rights organisations condemned the alleged actions, calling for independent investigations. Amnesty International and the International Criminal Court expressed concerns over possible war crimes. U.N. Secretary-General Antonio Guterres urged Nigerian authorities to investigate the findings seriously.

Human rights organisations and the international community demanded transparency and accountability from the Nigerian government, emphasising the need for thorough investigations and addressing the reported atrocities

Chapter 3

The Reuters Reports in Human Rights and Humanitarian Law

1.0 Introduction:

The Reuters report detailing severe allegations of sexual violence, forced abortions, and the killing of children by the Nigerian military has extensive implications under various international, regional, and national legal frameworks. The alleged abuses represent severe violations of international and regional legal instruments designed to protect civilians, particularly women and children, during armed conflicts. This analysis examines how these allegations intersect with human rights and humanitarian laws, including relevant international, regional treaties, and national legislation. It also explores relevant UN resolutions, declarations, and general comments that underscore the gravity of these violations.

2.0 International Human Rights and Humanitarian Law:

2.1 *Geneva Convention IV Relative to the Protection of Civilian Persons in Time of War, 1949*

1. Article 27 provides that protected persons are guaranteed respect for their dignity, family rights, and religious beliefs, and must be treated humanely at all times, safeguarded against violence, threats, insults, and public scrutiny. Special protections are afforded to women against violations of their honor, including rape, enforced prostitution, and any form of indecent assault.
2. Article 147 provides for grave breaches of the Convention which include acts such as wilful killing, torture, unlawful deportation, and taking hostages against protected persons or property. These actions are characterised by their intentional nature and the severe harm they inflict, which is not justified by military necessity.

2.2 *Additional Protocol I to the Geneva Conventions 1949, and relating to the Protection of Victims of International Armed Conflict, 1977*

1. Article 75 provides for fundamental guarantees for persons in the power of a party to the conflict, including the prohibition of torture and inhuman treatment.
2. Article 76 specifically protects women, including the prohibition of rape, enforced prostitution, and any form of indecent assault.

2.3 *Additional Protocol II to the Geneva Conventions 1949, and relating to the Protection of Victims of International Armed Conflicts, 1977*

of Victims of International Armed Conflicts, 1977

Article 4 explicitly prohibits violence to life, health, and physical or mental well-being, particularly against persons who do not take a direct part in hostilities, including women and children. This includes prohibitions against rape, forced prostitution, and any form of indecent assault.

2.4 International Covenant on Civil and Political Rights (ICCPR) 1966

1. Article 7 provides for the prohibition of torture, cruel, inhuman, or degrading treatment or punishment. The report's allegations of sexual violence and coerced abortions fall under this prohibition.
2. Article 6 provides for the protection of the right to life, which is relevant to the allegations of killings and other forms of severe violence against women and children.

2.5 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) 1979

1. Article 1 defines discrimination against women to include gender-based violence, which impairs or nullifies the enjoyment of human rights and fundamental freedoms.
2. Article 2 obligates state parties to condemn discrimination against women in all its forms and to pursue policies to eliminate such discrimination, including through appropriate legislative and other measures.
3. Article 5 calls for measures to modify social and cultural patterns of conduct that contribute to violence against women.

2.6 Convention on the Rights of the Child (CRC) 1989

1. Article 6 recognises that every child has the inherent right to life and that state parties shall ensure to the maximum extent possible the survival and development of the child.
2. Article 19 requires state parties to protect children from all forms of physical or mental violence, injury, abuse, neglect, maltreatment, or exploitation.
3. Article 38 obligates state parties to ensure that children affected by armed conflict are provided with special protection and care.

2.7 UN Convention Against Torture (CAT) 1984

Articles 1 and 16 prohibit torture and other forms of cruel, inhuman, or degrading treatment or punishment. The report's allegations of forced abortions and severe physical abuse are in violation of CAT's provisions.

2.8 *General Comments and Recommendations*

1. *UN Human Rights Committee General Comment No. 20: Prohibition of torture or other cruel, inhuman or degrading treatment or punishment (article 7) (1992)*

Article 7 of the ICCPR prohibits not only torture but also any cruel, inhuman, or degrading treatment or punishment, reinforcing the need for state parties to protect individuals from such abuses.

2. *General Recommendation No.30 of the UN Committee on the Elimination of Discrimination against Women on women in conflict prevention, conflict and post-conflict situations 2013*

The Recommendations addresses women in conflict and post-conflict situations, emphasizing that states must protect women from sexual violence and ensure that survivors receive adequate support.

2.9 UN Resolutions and Declarations

1. *UN Security Council Resolution 1325 on women and peace and security (2000)*

The Resolution emphasises the need to protect women and girls from sexual violence in armed conflict and to ensure their participation in peace processes.

2. *UN Security Council Resolution 1820 on women and peace and security. Conflict-related sexual violence (2008)*

This Resolution condemns sexual violence in armed conflict and calls for measures to prevent and respond to such violence, emphasizing accountability and support for survivors.

- a. Paragraph 1 demands the immediate and complete cessation by all parties to armed conflict of all acts of sexual violence against civilians with immediate effect, and calls upon Member States to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, in situations of armed conflict.
- b. Paragraph 2 demands that all parties to armed conflict immediately take appropriate measures to protect civilians, including women and girls, from all forms of sexual violence, which could include, inter alia, enforcing appropriate military disciplinary measures, upholding the principle of command responsibility, training troops on the categorical prohibition of all forms of sexual violence against civilians, and debunking myths that fuel such violence.
- c. Paragraph 3 requests the Secretary-General, where appropriate, to include in his reports to the Council, analysis of the prevalence and trends of sexual violence in situations of armed conflict, and to develop and implement appropriate guidance and strategies to address sexual violence.

- d. Paragraph 4 expresses its intention, when establishing and renewing State-specific sanctions regimes, to take into account the appropriateness of targeted and graduated measures against parties to armed conflict who commit rape and other forms of sexual violence.
 - e. Paragraph 5 recognises the need for civilian and military leaders to be held accountable for sexual violence committed by those under their command and encourages Member States to strengthen their judicial and health systems in order to reinforce the fight against impunity for sexual violence in armed conflict.
 - f. Paragraph 7 requests the Secretary-General and relevant United Nations agencies, inter alia, through consultations with women and women-led organisations, to develop effective mechanisms for providing protection from violence, including in particular sexual violence, to women and girls in and around United Nations managed refugee and internally displaced persons camps, and in this regard, invites the Office of the United Nations High Commissioner for Refugees, the Department of Peacekeeping Operations and other relevant agencies to share and implement best practices for the prevention of sexual violence.
 - g. Paragraph 9 urges appropriate regional and sub-regional bodies to consider developing and implementing policies, activities, and advocacy for the benefit of women and girls affected by sexual violence in armed conflict.
 - h. Paragraph 11 stresses the need for the exclusion of sexual violence crimes from amnesty provisions in the context of conflict resolution processes, and calls upon Member States to comply with their obligations for prosecuting persons responsible for such acts and to ensure that all victims of sexual violence, particularly women and girls, have equal protection under the law and equal access to justice.
3. *UN Security Council Resolution 1888 on Women, Peace and Security (2009)*
- a. Paragraph 3 calls upon Member States to ensure that all reports of sexual violence against civilians in armed conflict are promptly, thoroughly, independently and impartially investigated, and that those responsible are brought to justice, and encourages the United Nations to cooperate with national authorities in the investigation and prosecution of those responsible for such acts.
 - b. Paragraph 4 urges Member States to take effective steps to prevent

and respond to acts of sexual violence in conflict, including through appropriate military training and the deployment of women protection advisers.

- c. Paragraph 10 stresses the importance of ending impunity for such acts as part of a comprehensive approach to seeking sustainable peace, justice, truth, and national reconciliation.

4. United Nations Security Council Resolution 1960 on Women and Peace and Security (2010)

- a. Paragraph 3 reaffirms its intention, when establishing and renewing State-specific sanctions regimes, to take into account the appropriateness of targeted and graduated measures against parties to armed conflict who commit rape and other forms of sexual violence.
- b. Paragraph 6 requests the Secretary-General to include detailed information on parties to armed conflict that are credibly suspected of committing or being responsible for patterns of rape and other forms of sexual violence in situations of armed conflict on the agenda of the Council.
- c. Paragraph 9 calls upon all parties to armed conflict, including non-State actors, to make and implement specific and time-bound commitments to combat sexual violence, which should include but not be limited to: the issuance of clear orders through chains of command, the prohibition of sexual violence, and the timely investigation of alleged abuses in order to hold perpetrators accountable.

5. United Nations Security Council Resolution 2106 on Sexual Violence in Armed Conflict (2013)

- a. Paragraph 2 urges Member States to comply with their obligations for prosecuting persons responsible for acts of sexual violence and to ensure that survivors have equal protection under the law and equal access to justice and emphasises the importance of a survivor-centered approach in preventing and responding to sexual violence in conflict.
- b. Paragraph 4 encourages Member States to deploy greater numbers of female military and police personnel to United Nations peacekeeping operations and to ensure that these personnel receive appropriate training to carry out their responsibilities.
- c. Paragraph 12 reiterates its demand for the complete cessation with immediate effect by all parties to armed conflict of all acts of sexual violence, and that all parties immediately implement specific,

violence, and that all parties immediately implement specific, time-bound commitments to combat sexual violence.

6. United Nations Security Council Resolution 2467 on Women, Peace and Security (2019)

- a. Paragraph 14 encourages Member States to support the development and use of early warning indicators of sexual violence in conflict, including systematic sexual violence, and to adopt measures to prevent such violence, and calls upon the international community to strengthen the capacity of civil society organisations to assist survivors and prevent sexual violence in conflict.
- b. Paragraph 15 urges Member States to adopt and implement legislation to provide all survivors of sexual violence, including children born as a result of such violence, with non-discriminatory access to services, reparations, and justice, and to provide sustainable support for survivors in their pursuit of accountability, protection, and reparations.
- c. Paragraph 19 calls upon all parties to armed conflict to make and implement specific and time-bound commitments to combat sexual violence in conflict and to include the prevention of and response to sexual violence in national security and justice sector reforms, and in disarmament, demobilisation and reintegration processes.

3.0 Regional Human Rights and Humanitarian Law

3.1 African Charter on Human and Peoples' Rights (ACHPR) 1983

1. Article 4 guarantees the right to life and the integrity of the person.
2. Article 5 prohibits all forms of exploitation and degradation of man, particularly slavery, torture, and cruel, inhuman, or degrading punishment and treatment.

3.2 *Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) 2003*

1. Article 4 guarantees the rights to life, integrity, and security of the women, specifically prohibiting all forms of exploitation, cruel, inhuman, or degrading punishment and treatment.
2. Article 11 provides for the protection of women in armed conflicts from all forms of violence, including rape and other forms of sexual exploitation.

3.3 African Charter on the Rights and Welfare of the Child (ACRWC) 1990

1. Article 5 guarantees the right to life and mandates the protection of the child's survival and development.
2. Article 16 ensures protection against child abuse and torture, requiring measures

to prevent and address such abuses.

3. Article 22 provides for respect for rules of international humanitarian law applicable in armed conflicts which pertains to children.
4. Article 27 places an obligation on the State to protect children from all forms of sexual exploitation and sexual abuse.

3.4. African Union (AU) Guidelines for Protecting Civilians in Conflict, 2009

These guidelines were established to enhance the protection of civilians during armed conflicts and to ensure that member states adhere to international humanitarian law and human rights standards.

4.0 National Laws and Responses

4.1 Constitution of the Federal Republic of Nigeria 1999 (as amended)

1. Section 33 guarantees the right to life.
2. Section 34 ensures the dignity of the human person, prohibiting torture and inhuman or degrading treatment.
3. Section 35 provides for the right to personal liberty and security.

4.2. African Charter on Human and Peoples' Rights (Ratification and Enforcement) Act, Cap A9 LFN 2004

1. Article 2 prohibits discrimination on various grounds including race, gender, language, or any other status.
2. Article 5 addresses the right to dignity of the individual, prohibiting torture, cruel, inhuman or degrading treatment or punishment.

4.3. Anti-Torture Act, 2017

1. Section 1 prohibits all forms of torture and ensures that the rights of all persons, including suspects and detainees are respected at all times.
2. Section 8 Criminalises acts of torture and prescribes imprisonment for a term not exceeding 25 years against any person who is found to be in contravention of the Act.

4.4. Geneva Convention Act, Cap G3 LFN 2004

Section 3 provides for punishment of any person who commits any graves breaches of the four Geneva Conventions.

4.5. Criminal Code Act, Cap c38 LFN 2004

1. Section 351 criminalises the offence of assault with imprisonment.
2. Section 358, Criminalises the offence of rape with imprisonment for life.

3. Section 360: Criminalises acts of indecent assault on a woman or girl with imprisonment.

4.6. Penal Code Act, Cap 53 LFN 2004

Sections 282 and 283 criminalises the offence of rape and other forms of sexual violence with imprisonment in Northern Nigeria.

4.7. Violence Against Persons (Prohibition) Act, 2015

1. This Act outlines the general prohibition against all forms of violence, including sexual violence. It establishes that any act of violence against a person is prohibited.
2. Section 1 addresses the offence of rape, detailing the circumstances under which an act is classified as rape and outlined the penalties associated with it. It emphasised consent and defines situations where consent cannot be given.
3. Section 5 provides for offensive conducts which includes compelling or forcing another to engage in any sexual conduct or act to the detriment of their physical or psychological wellbeing as well as the penalty.

5.0 Specific Legal Frameworks and Human Rights Instruments Relevant to Allegations in the Reuters Reports

5.1 The Abortion Assault

1. Right to Life
 - (a) Section 33 of the 1999 Constitution of the Federal Republic of Nigeria (as amended) provides that every person has a right to life, and no one shall be deprived intentionally of his life....
 - (b) Article 6 of the International Covenant on Civil and Political Rights provides that every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.
 - (c) Article 4 of African Charter on People and Human Rights provides those Human beings are inviolable. Every human being shall be entitled to respect for his life and the integrity of his person. No one may be arbitrarily deprived of this right.
2. Right to Dignity of Person
 - (a) Section 34 of the 1999 Constitution of the Federal Republic of Nigeria (as amended) provides that Every individual is entitled to respect for

- the dignity of his person, and accordingly -no person shall be subject to torture or to inhuman or degrading treatment.
- (b) Article 7 of the International Covenant on Civil and Political Rights provides that no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.
 - (c) Article 5 of African Charter on People and Human Rights provides that every individual shall have the right to the respect of the dignity inherent in a human being and to the recognition of his legal status. All forms of exploitation and degradation of man, particularly slavery, slave trade, torture, cruel, inhuman or degrading punishment and treatment shall be prohibited.
 - (d) Anti-Torture Act of 2007 – Sections 2(1)(b)(c) and (2)(a)(xiii)(xiv)
 - (e) The Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment – Articles 2(2), 4, 5 and 6.

5.2 Smothered, Poisoned and Shot

1. Right to life

- (a) Section 33 of the 1999 Constitution of the Federal Republic of Nigeria (as amended) provides that provides that persons living in Nigeria, “...shall have a right to life and no one shall be deprived intentionally of his life...”
- (b) Article 4 of the African Charter on Human and Peoples’ Rights provides those human beings are inviolable. Every human being shall be entitled to respect for his life and the integrity of his person. No one may be arbitrarily deprived of this right.

2. Right to Dignity

- (a) Section 34 of the 1999 Constitution of the Federal Republic of Nigeria (as amended) provides that Every individual is entitled to respect for the dignity of his person, and accordingly-a. no person shall be subject to torture or to inhuman or degrading treatment.
- (b) Article 5 of the African Charter on Human and Peoples’ Rights provides that Every individual shall have the right to the respect of the dignity inherent in a human being and to the recognition of his legal status. All forms of exploitation and degradation of man, particularly slavery, slave trade, torture, cruel, inhuman or degrading punishment and treatment shall be prohibited.

3. **Right of the Child to Survival and Development**
 - (a) Section 4 Child's Right Act Which provides that every child has a right to survival and development
 - (b) Article 5 African Charter on the Rights and Welfare of the Child which provides that Every child has an inherent right to life. This right shall be protected by law. It further provides that State Parties to the shall ensure, to the maximum extent possible, the survival, protection and development of the child as well as ensuring that death sentence shall not be pronounced for crimes committed by children.

6.3 War on Women

1. **Right to life**
 - (a) Section 33 of the 1999 Constitution of the Federal Republic of Nigeria (as amended) provides that provides that persons living in Nigeria, "...shall have a right to life and no one shall be deprived intentionally of his life..."
 - (b) Article 4 of the African Charter on Human and Peoples' Rights provides that human beings are inviolable. It further provides that every human being shall be entitled to respect for his life and the integrity of his person, and no one may be arbitrarily deprived of this right.
2. **Right to Dignity**
 - (a) Section 34 of the 1999 Constitution of the Federal Republic of Nigeria (as amended) provides that Every individual is entitled to respect for the dignity of his person, and accordingly-a. no person shall be subject to torture or to inhuman or degrading treatment.
 - (b) Article 5 of the African Charter on Human and Peoples' Rights provides that Every individual shall have the right to the respect of the dignity inherent in a human being and to the recognition of his legal status. All forms of exploitation and degradation of man, particularly slavery, slave trade, torture, cruel, inhuman or degrading punishment and treatment shall be prohibited.
3. **Right of the Child to Survival and Development**
 - (a) Section 4 Child's Right Act provides that every child has a right to survival and development
 - (b) Article 5 African Charter on the Rights and Welfare of the Child cited above.

Chapter 4

Establishment of the Special Independent Investigative Panel on Human Rights Violations in Counter-Insurgency Operations in North-East Nigeria (SIIP North-East)

1.0 Introduction

In response to the allegations in the Reuters reports, the National Human Rights Commission in line with its mandate under sections 5 and 6 of the NHRC (Amendment) Act, 2010 established the Special Independent Investigative Panel on Human Rights Violations in Counter-Insurgency Operations in North-East Nigeria (SIIP North-East).

2.0 Terms of Reference and Mandates of the SIIP North-East

2.1 The SIIP North-East is established with the following terms of reference:

- (a) Investigate allegations of gross violations of national and international human rights laws/principles alleged against the Nigerian Armed Forces in the three reports by Reuters. (Sections 5(a)(b)(j) and 6(1)(a) of the NHRC Act, 2010).
- (b) Receive memorandum from individuals and organisations with interest in the subject matter of the mandate of the SIIP North-East, especially human rights, security and humanitarian organisations working in the North-East.
- (c) Make appropriate determinations as to culpability of individuals or institutions as may be deemed necessary in each circumstance. (Section 5(j) of the NHRC Act 2010).
- (d) Make determination as to the damages or compensation payable in relation to any violation of human rights where it deems this necessary in the circumstances of the case (sec. 6(e) of the NHRC Act, 2010).
- (e) Refer any matter of human rights violations requiring prosecution to the Attorney General of the Federation or of a State, as the case may be. (Section 5(p) of the NHRC Act, 2010).
- (f) Make recommendations to government on:
 - i) Institutional, Policy and Regulatory measures to be taken to integrate human rights principles and practices into military and Counter-Insurgency Operations.
 - ii) Propose Remedial steps that may enhance the professional conduct of military personnel in counter-insurgency operations.

- iii) Any other related issues that the SIIP North-East may consider appropriate.

2.2 The SIIP North-East shall operate under the mandate of the National Human Rights Commission and shall enjoy its express and incidental powers under section 6(1) and (2) of the NHRC Act. These include power to:

- (a) Enter upon any land or premises or by any agent or agents duly authorized in writing for any purpose to receive evidence
- (b) Summon and interrogate any person, body or authority to appear before it for the purpose of a public inquiry aimed at the resolution of a complaint of human rights violation.
- (c) Issue a warrant to compel the attendance of any person who, after having been summoned to attend, fails refuses or neglects to do so and does not excuse such failure, refusal or neglect to the satisfaction of the Commission.
- (d) Compel any person, body or authority who, in its opinion, has any information relating to any matter under its investigation to furnish it with any information or produce any document or other evidence which is in his or her custody and which relates to any matter being investigated.
- (e) Compel the attendance of witnesses to produce evidence before it.

3.0 Membership of the SIIP North-East

3.1 Composition

The SIIP North-East is composed of members from the following diverse professions and expertise reflecting the various dimensions of the human rights violations alleged in the Reports, including professionals representing the following sectors:

1. Civil Society working on humanitarian fields in the North-East
2. Women's rights, especially in sexual and gender-based violence
3. International human rights and humanitarian law
4. Military Law and Justice
5. Obstetrics and gynaecology
6. National human rights regime and practice

Accordingly, the following is the structure of leadership and membership of the SIIP North-East:

- (a) A Chairman who shall be a retired jurist of repute
- (b) A Medical expert versed in obstetrics and gynaecology.

- (c) Members representing the National Human Rights Commission versed in national human rights regime and practice
- (d) A retired military officer with expertise in Military law and justice.
- (e) Two civil society representatives with experience in women’s rights and humanitarian response in the North-East.

3.2 Chairman and Members of the SIIP North-East

On the 7th of February 2023, the National Human Rights Commission announced and inaugurated the Honourable Justice Abdu Aboki, a retired Justice of the Supreme Court as the Chairman of the SIIP North-East and the following Nigerians as members of the SIIP North-East:

1. Ms Kemi Okenyodo, representing Women Rights Organisation
2. Barrister Azubuike Nwankenta, representing the Nigerian Bar Association (NBA).
3. Major General Letam Wiwa Rtd. - Military Law and Intelligence Expert
4. Dr Maisaratu Bakari, Consultant Obstetrics and Gynaecologist, representing the Nigerian Medical Association
5. Dr. Fatima Akilu, Humanitarian Expert, - Representing civil society
6. Ms Halima Nuradeen, Psychologist – Representing youth population
7. Hilary Ogbonna – Head of Secretariate

4.0 Guiding Human Rights Frameworks and Principles

In the performance of its mandate, the SIIP North-East was guided by the following national and international human rights frameworks:

4.1 National Frameworks:

1. The Constitution of the Federal Republic of Nigeria, 1999 (as amended) - Sections 33(1), 34(1)
2. Anti-Torture Act of 2007 – Sections 2(1)(b)(c) and (2)(a)(xiii)(xiv)
3. The African Charter on Human and Peoples' Rights (Ratification and Enforcement) Act – Articles 4 and 5.

4.2 International Frameworks:

1. The International Covenant on Civil and Political Rights - Articles 6, 7 and 10.
2. The Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment – Articles 2(2), 4, 5 and 6.

3. The Additional Protocol II Relating to the Protection of Victims of Non-International Armed Conflicts - Article 4
4. Resolution 1820 adopted by the UN Security Council on 19 June 2008 (paras 1 and 4)
5. Declaration on the Protection of Women and Children in Emergency and Armed Conflict - General Assembly Resolution 3318 (XXIX) of 14 December 1974.

5.0 The General Counsel

The NHRC appointed Mr. Hilary Ogbonna to serve as the General Counsel to the SIIP North-East. The General Counsel led the organisation of the work and sessions of the SIIP North-East, including investigations, witness profiling, summons and testimonies. Working with the secretariate Legal Officers and staff, the General Counsel led the research work, legal and analysis and documentation of the SIIP North-East. He further managed stakeholders' outreach and partnerships for the Panel and the Commission.

6.0 The Secretariate

The NHRC established a secretariate for the SIIP North-East which was charged with the provision of administrative and legal support to the investigations and proceedings, logistics, partnerships, communications and the reporting work of the SIIP North-East. The Secretariate staff is comprised of legal, investigation, data, and communication experts. The secretariate also maintained a roster of medical, forensics and military experts which it called upon periodically as the needs arose.

7.0 State Liaison Offices:

Due to the nature of its assignment, the SIIP North-East also established State Liaison Offices which were domiciled in the State offices of the National Human Rights Commission in Maiduguri, Damaturu and Yola. The State Liaison Offices under the direction of the Head of Secretariat coordinated state level investigations, delivery of summons and invitations, coordination of the work of community investigators as well as local outreaches and organisation of logistics for the Panel's sessions and field visits.

8.0 Seconded Staff

The SIIP North-East enjoyed the secondment of experts to its secretariat. The Department of Public Prosecution, Federal Ministry of Justice, the Federal Judicial Service Commission and the Borno State Ministry of Justice seconded senior legal staff to provide support to the General Counsel in the profiling of witnesses, organisation of testimonies and other duties.

The Panel also had the services of a Military Liaison Officer seconded from the Defence Headquarters who managed the service of witness summons, and the facilitation of appearances and access to military documentations and served as overall relationship manager between the Panel and the Armed Forces.

9.0 Consultations and Public Outreaches

9.1 Introduction

The Special Independent Investigative Panel on Human Rights Violations in the Counter Insurgency Operations in the North-East (SIIP North-East), recognising the need for partnership and stakeholder mobilisation in support of its mandate embarked upon series of consultations, outreaches and public briefings in Abuja and the three North-East States of Borno, Adamawa and Yobe. The purpose of these consultations include:

1. Promote the mandate and mission of the SIIP North-East
2. Build partnerships with multi-stakeholders in support of the work of the Panel.
3. Serve as a platform to promote public engagement with the Panel, including submission memorandum by victims and survivors of human rights violations attributed to the Nigerian Armed Forces in counter-insurgency operations in the North-East.

9.2 Consultations with Military Hierarchy

1. As a major first step in establishing cooperation from the Nigerian Armed Forces, the SIIP North-East engaged with the Chief of Defence Staff (CDS), General Lucky Irabor and the top military hierarchy in Abjua. The aim of the consultation was to explain the mandate of the Panel and solicit the support of the military structure in the investigations, especially in providing full access to military witnesses, institutions and records.
2. The SIIP North-East further held consultations with the Theatre Command Headquarters of Operation Hadin Kai in Maiduguri, Borno state. The delegation interacted with the Deputy Theater Commander Major General Koko Akamba Isoni, the Component Commanders and other Principal Officers under the Theater Command on the mandate of the Panel and the procedures for its sessions and investigations.

9.3 Consultations with the Government of Borno State:

The SIIP North-East also held consultations with the Government of Borno State to present its mandate and seek for the cooperation of the government. The Panel received the assurances of the Deputy Governor of the State, Alhaji Umar Kadufar, and the members of the

the State Executive Council, including the Attorney General and Commissioner for Justice and the Commissioner for Health.

9.4 Shehu of Borno:

The delegation of the SIIP North-East, paid a visit to the Shehu of Borno, Alhaji Abubakar Umar Garbai El-Kanemi, to build support for the mandate and work of the Panel. The eminent traditional ruler pledged the support of his emirate and the District and Village Heads of the areas impacted by the Panel's investigation.

9.5 Multi-stakeholder Consultations:

The SIIP North-East organized a multi-stakeholder' consultations in Abuja, Maiduguri, Yola and Damaturu to interact with representatives of civil society organisations, UN agencies, humanitarian stakeholders, Nigeria Bar Association (NBA), and faith and community leaders on its mission and mandate. The Consultations also aimed at explaining the allegations in the Reuters reports and to elicit cooperation in identifying witnesses, victims and survivors who will assist the Panel in its investigations.

9.6 Media Outreach

In order to build and sustain public engagement, the Panel's secretariate embarked upon extensive media outreaches on local radio stations in Maiduguri and developed and aired messages and jingles explaining the mandate of the SIIP North-East. Similar outreaches were adopted to solicit for testimonies from the public to provide information to the Panel.

The SIIP North-East also ensured that its hearings were open to media and ensure that its communication team issues report at the end of each session of the Panel, ensuring that the Nigerian and global publics are kept informed on the activities and progress of the Panel.

9.7 Call for Memoranda and Testimonies

One of the major mandates of the Panel was to "receive memorandum from individuals and organisations with interest in the subject matter of the mandate of the SIIP North-East, especially human rights, security and humanitarian organisations working in the North-East."

Following this mandate, the SIIP North-East took initial steps to advertise its call for memorandum to ensure full participation of the public in its session, especially victim or survivors of human rights violations. The Panel took out long term radio advertisements in Maiduguri and also disseminated the call for memorandum across NGO networks and the Nigerian Bar Association membership across the North-East.

10.0 Methodology

Upon its establishment, the SIIP North-East adopted the following methodologies in line with its mandate and to secure its effectiveness:

1. **Public Hearings:** The Panel recognises the need for transparency as a major foundation for upholding accountability and justice.
2. **Data Collection** using testimonies, interviews and summons for the production of documents.
3. **Investigations:** The Panel adopted physical investigation of sites to gain first-hand knowledge of events and make appropriate assessments thereon.
4. **Witness Protection**, ensuring that vulnerable populations were able to present their case before the panel without hindrance.
5. **Gender-based approach:** The Panel adopted a gender-based focus in line with best practices and in recognition of the context of the allegations on Reuters reports.

11.0 Values and Principles

11.1 As an independent investigation constituted under the mandate of the National Human Rights Commission, the SIIP North-East adopted the following values and principles to guide its operations:

11.2 Independence

The SIIP North-East is independent of any institutions or persons. The Panel strived to live beyond its name and title as an independent investigative body but in fulfilment of the powers and legal status of the National Human Rights Commission as provided in section 6(2) of the NHRC Act of 2010 that: "In exercising its functions and powers under this Act, the Commission shall not be subject to the direction or control of any other authority or person."

11.3 Fair Hearing

The SIIP North-East affirms that the allegations notwithstanding, everyone who appeared before it was afforded the right to fair hearing. This right ensures that individuals before the Panel were presumed innocent in accordance with the Constitution of Nigeria. Furthermore, the Panel strived to afford every individual and institutions for whom summons were issued the occasion to be heard in line with the principle of "Audi alterem parte."

11.4 Neutrality

Related to its independence is also the Panel's neutrality. The SIIP North-East in the exercise

of the mandate it held, and in reaching its decisions was not swayed by political, financial, social or cultural considerations. The Panel maintained a broad-minded approach ensuring the objectivity of its members and staff.

11.5 Empathy

The SIIP North-East recognises that for victims, perpetrators, and the society at large, the impact of the conflict has taken its toll on everyone. While remaining in solidarity with victims and survivors, the Panel recognises the multi-dimensional impacts of an ecosystem of conflict related human rights violations.

Part 2: Testimonies

Chapter 5

Background to Witness Testimonies

1.0 Introduction

Witness testimonies and interrogations are at the heart of the power to conduct human rights investigations provided for in sections 5 and 6 of the NHRC Act. Section 6, sub-section (2) bestows on the NHRC four distinct but related powers in this regard. These are:

1. Power to “summon and interrogate any person, body or authority to appear before it for the purpose of a public inquiry aimed at the resolution of a complaint of human rights violation – section 6(2)(b)
2. Power to “issue a warrant to compel the attendance of any person who, after having been summoned to attend, fails, refuses or neglects to do so and does not excuse such failure, refusal or neglect to the satisfaction of the Commission - 6(2)(c)
3. Power to “compel any person, body or authority who, in its opinion, has any information relating to any matter under its investigation to furnish it with any information or produce any document or other evidence which is in his or her custody and which relates to any matter being investigated” – section 6(2)(d).
4. Power to “compel the attendance of witnesses to produce evidence before it” - section 6(2)(e).

The SIIP North-East deployed the legal and inherent powers of the NHRC as described above in undertaking its mandate. The Panel summoned and received testimonies and documents from 199 witnesses across the 3 states and the 3 reports as shown in charts 1 and 2. The Panel also received testimonies from 57 witnesses across 11 military and civilian medical institutions.

2.0 Witness Information Charts

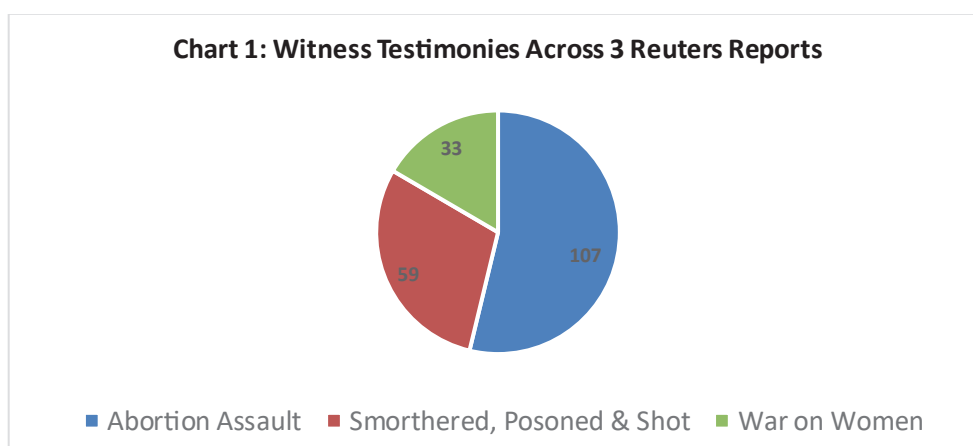


Chart 2: Testimonies Across Locations

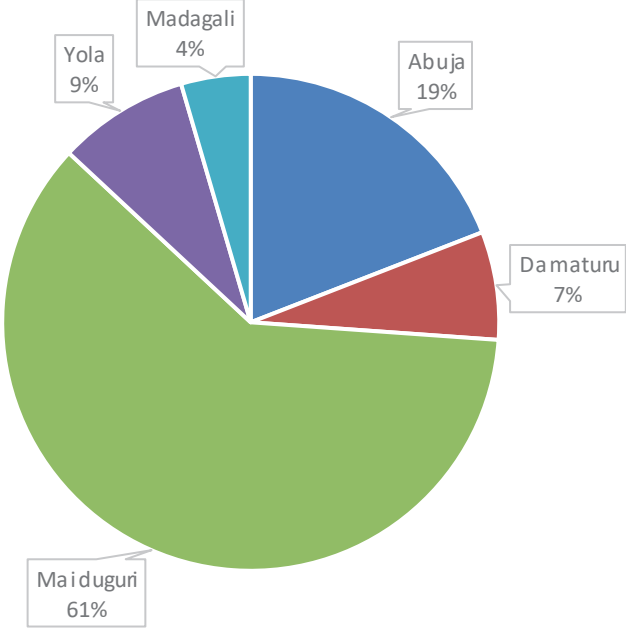
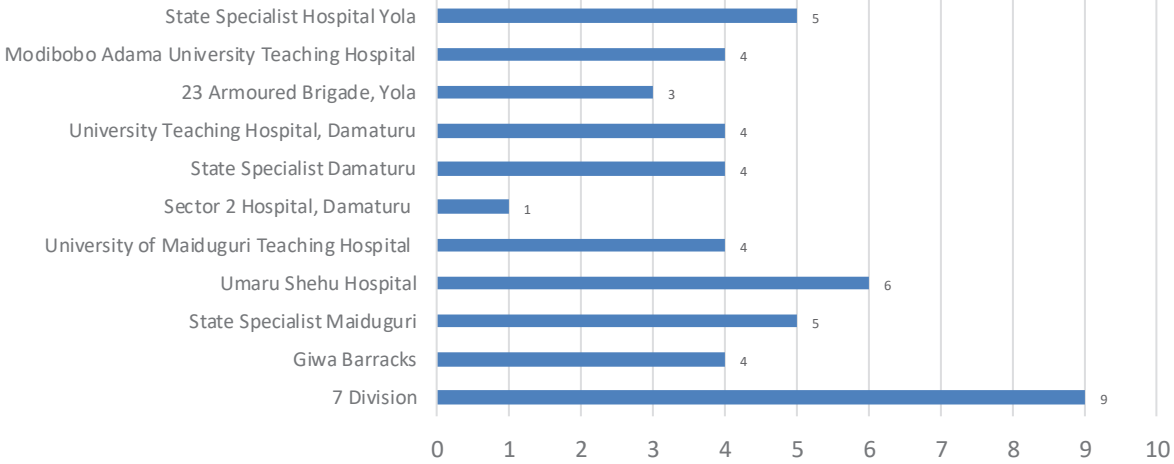


Chart 3: Testimonies Across Medical Facilities



Chapter 6

Overview of Testimonies Across the Three Reuters Reports

1.0 Abortion Assault

1.1 Testimonies During Hearings

The Special Independent Investigative Panel on Counter Insurgency in the North-East, in investigating the allegation of an abortion program convened various public sittings where it took testimonies from military and non-military witnesses regarding the alleged abortion assault. The Panel's inquiry included a broad spectrum of witnesses, comprising serving and former Chiefs of Defense/Army Staff and former Theatre Commanders who had played active roles in the counter-insurgency operations between 2013 and 2022. Medical personnel from both military and civilian hospitals across Borno, Yobe, and Adamawa states were also summoned to provide testimonies. Additionally, non-governmental organizations (NGOs) and international organizations were invited to testify about their humanitarian work in the region, particularly focusing on the health and welfare of women and children, and to share their perspectives based on their experiences working within communities in the North-East region.

In all, the SIIP North-East recorded a total of 107 witnesses for this report with the following being the major witnesses that appeared and provided testimonies on this report.

1. Major General Christopher Musa
2. General Lucky E.O. Irabor
3. Lt. Col. A.S. Ogunsakin
4. Lt. Col D. Tumaka
5. Major General John Ochai
6. Prof Ahmed Ahidjo
7. Dr Bilkisu Isah
8. Mrs Oiza Nicholson
9. Dr Usman Gwarzo
10. Dr Hussaini Abdu

(A full list of the witnesses is attached to the report)

1.2 The Panel's Field Investigations/Testimonies

The SIIP North-East field investigations were largely focused on conducting assessment of the locations mentioned in the report as sites where the alleged abortions took place, and to obtain testimonies from witnesses on key aspects of the allegations contained in the

report. The Panel visited 11 medical institutions across the three states. Key areas of focus and interests for the Panel included verifying the existence or otherwise of an abortion programme, the extent of culpability of both military and civilian personnel and institutions. The Panel also received testimonies from women residing in internally displaced persons (IDP) camps and detention centers, as well as ex Boko-Haram insurgents who were undergoing rehabilitation after surrendering to the Nigerian military. The Panel conducted field investigations at military and state-owned hospitals to obtain testimonies from staff and review hospital records. Additionally, inspections of military detention facilities were carried out to gather testimonies from both detainees and staff working within the facilities.

1.3 Summary of Witness Testimonies and Observations from the Field Investigations

The military witnesses denied the occurrence of an abortion program targeted at ending the pregnancies of women and girls, stating, among other things, that the complexities of counter-insurgency operations and the limited personnel available to counter the activities of the insurgency cannot support any abortion program targeted at returnees or surrendees. High-ranking military commanders refuted the existence of any policy or program related to forced abortions, citing adherence to medical and military ethics and the oversight of the Nigerian Medical and Dental Council, which regulates medical practices. Similarly, military medical witnesses stated that abortion procedures require special skills that cannot be conveniently deployed in war situations, while medical professionals from state hospitals in Borno, Yobe, and Adamawa denied any involvement in or knowledge of a state-sanctioned abortion program in collaboration with the military. Testimonies from women and girls in IDP camps and ex-Boko Haram fighters denied the claims that illegal and forced abortions were carried out on women and girls rescued from the insurgency, asserting that they did not witness or experience any such abortion program while in active engagements as insurgents.

From the generality of the testimonies of military Chiefs and Theatre Commanders, both serving and former, soldiers and officers of the Nigerian Armed Forces, military medical and non-medical staff, staff of state-owned hospitals in Borno, Adamawa, and Yobe States, representatives of NGOs and INGOs, women and girls in IDP camps and detention centers, and ex-Boko Haram fighters, there was a general denial that an abortion program was conducted by the Nigerian military in the North-East targeted at ending the pregnancies of women and girls.

2.0 Smothered, Poisoned and Shot

2.1 Testimonies During Hearings

The Panel in conducting its investigation of the allegations contained in this report received

testimonies from over 59 witnesses ranging from former and serving Chiefs of Army Staff, Former Theatre Commanders, Former GOC 7 Division, Maiduguri, HOD Laboratory Services, 23 Armored Brigade, Former Chief of Staff, 7 Division, Former Garrison Commander, Former Chief of Army Staff, District Heads of Kukawa, Kulli, Old Marte, Guzamala, Village Heads in Villages across Alagarno, Kukawa, Marte, Guzamala and Former Commanding Officer, 153 Taskforce Battalion, New Marte, who generally denied knowledge of such incidents by the Nigerian Army in the North-East as alleged by Reuters in its report.

The testimonies received by the Panel addressed issues on whether or not the Nigerian Army engaged in actions involving burning, suffocation and administration of illegal substances leading to the death of children in the North-East. They also addressed the allegation that the Nigerian Army engaged in an operation tagged “Operation No Living Thing” during its counter-insurgency operations in the North-East. Lieutenant General Tukur Buratai, Major General Victor Ezeugwu, Major General James Olubunmi Akomolafe (Rtd) and Major General Abba Mohammed Dikko all denied the allegation stating that, the Nigerian Army has never conducted any operation coined “Operation No Living Thing” targeted at killing children of Boko Haram insurgents or children believed to be collaborating with insurgents.

The Nigerian military witnesses generally denied the allegation that the military engaged in the massacre of children at the waterhole or other locations in Kukawa, New Marte and Gasarwa area. In supporting his denial of the allegation, Lieutenant General Tukur Buratai (rtd), tendered Exhibits, ranging from the Chief of Army Staff Policy Directive on Nigerian Army Comprehensive Programme to Improve Compliance with Domestic and International Laws Guiding the Conduct of Operations; Chief of Army Staff Directive on Standing Rules of Engagement (SROE) and Standing Rules for the Use of Force (SRUF) for the Nigerian Army; Chief of Army Staff Policy Directive on Arrest, Detention and Interrogation; and, Nigerian Army Handbook on Domestic and International Laws Guiding the Conduct of Operations, amongst others, was admitted and marked **SIIP/MAID/001** to **SIIP/MAID/007**.

2.2 Testimonies from Non-State Actors

The testimonies of some of the District Heads and Village Heads of Kukawa, Yoyo and Guzamala under Marte Local Government Area, revealed that they fled their various villages as a result of the incessant attacks on them by Boko Haram insurgents, however, at the time they left, there were no reports of any attacks on children by the Nigeria Army at a waterhole as alleged in the Reuters report. Asheikh Mohammed, Village Head of Kirenowa, Marte Local Government Area described the 2016 incidence in Abisari, where men of the Nigerian Army allegedly gathered and opened fire on settlers leading to the death of 18 people,

amongst whom were children and adults.

The Panel during its investigation received testimonies from some protected witnesses and whistle blower from the Abisari Community, who narrated the June 18, 2016, incidence at about 6:30 a.m where soldiers invaded the town and opened fire on civilians which resulted in the deaths of 18 persons, among whom was a female and her three children. The witnesses further stated that several persons also sustained injuries during the attack.

The protected witnesses highlighted their personal ordeal and that of their family during the attack by the Nigerian Army. One of the witnesses stated that his father lost three of his brothers who were 57, 53 and 51 years old respectively. The witness also stated that his relation lost his 8 years old son.

The following are some of the major witnesses that appeared and provided testimonies on this report:

1. Major General James Olubunmi Akomolafe Rtd
2. Major General Abba Mohammed Dikko, Former Theatre Commander
3. Lieutenant General Farouk Yahaya the former Theatre Commander Operation Lafiya Dole
4. Lieutenant General Tukur Buratai (rtd), former Chief of Army Staff
5. Zanna Bukar Bundi, District Head of Kulli, Marte Local Government
6. Lawan Mala Dunom, Village Head Mawulli, Marte Local Government Area
7. Asheikh Mohammed, Village Head of Kirenowa, Marte Local Government Area;
8. Eleven Protected witnesses and whistle blower from Abisari community under Marte Local Government Area.

(A full list of the witnesses is attached to the report)

3.0 War on Women

3.1 Testimonies During Hearings

The Panel invited both civilian and military witnesses to testify before it and give account of their engagements in the North-East with regards to the allegations contained in this report.

A total of 33 witnesses testified specifically on this report, including the following:

1. Theatre Commander, Operation Hadin Kai
2. The Commissioner for women Affairs
3. The Solicitor General of Borno State
4. Community Women who were rescued, surrendered or returned from the Boko Haram encampments, who were brought into the camps
5. Ex Boko Haram leaders

6. Warrant Officers
7. Non-Governmental Organisations

(A full list of the witnesses is attached to the report)

All the witnesses generally addressed the issue of whether or not there was a specific target on women in the Counter-Insurgency Operations in the North-East. The witnesses also addressed the complexities of military operations generally and military procedures in provision of medical services especially, to captured, surrendered or returning individuals, including women and girls from the theater of war. Some of the high points of the testimonies included testimonies from women in the IDP camps and female detainees at the Joint Investigation Centres (JIC), Giwa Barracks and testimonies of high-ranking government officials as well as ex-Boko Haram Commanders.

3.2 Witness Denials

The military witnesses denied having knowledge of or being part of a war on women in the North-East particularly Borno State or in Giwa Barracks as the case may be. Some of the witnesses described the professionalism that was displayed by the Nigerian Army in the North-East as well as the duty of care they exhibited while conveying the captured, surrendered and returned community women and children who were found in the frontline.

Some civilian witnesses gave account of the social responsibilities engaged by the Armed Forces in the communities and how they never witnessed any incident suggesting a deliberate “war on women” by the Nigerian military. What they witnessed was the utmost level of professionalism on the part of the Nigerian Military.

**TABLE 1
TOTAL MILITARY AND CIVILIAN WITNESSES**

SUMMARY	TOTAL		
Military Witnesses	66		
Civilian Witness	133		
LOCATION	FREQUENCY		
	MILITARY WITNESSES	CIVILIAN WITNESS	TOTAL
Maiduguri	36	85	121
Damaturu	2	12	14
Yola	6	11	17
Madagali		9	9
Abuja	22	16	38
TOTAL	66	133	199

SIIP North-East
Tabel 2: List of Military and Civilian Witnesses

1.	MILITARY WITNESSES			CIVILIAN WITNESSES		
	NAME	WITNESS NUMBER	LOCATION	NAME	WITNESS NUMBER	LOCATION
2.	Major General Christopher Musa	SIIP-NE/2023/W/001	Maiduguri	Dr Baba Shehu Mohammed	SIIP-NE/2023/W/013	Maiduguri
3.	Major General W Shaibu	SIIP-NE/2023/W/002	Maiduguri	Dr Ahmed Laraba Bello	SIIP-NE/2023/W/014	Maiduguri
4.	Lt. Col. A. S. Ogunsakin	SIIP-NE/2023/W/003	Maiduguri	Dr. Zara Umarte	SIIP-NE/2023/W/015	Maiduguri
5.	Corporal Sunday Adedeji	SIIP-NE/2023/W/004	Maiduguri	Juliana Jaduwa	SIIP-NE/2023/W/016	Maiduguri
6.	Lt Col D. Tumaka	SIIP-NE/2023/W/005	Maiduguri	Amodu Mohammed	SIIP-NE/2023/W/017	Maiduguri
7.	Dr C.K. Joachim Maduka	SIIP-NE/2023/W/006	Maiduguri	Pharmacist Alheri Mbiting Wakawa	SIIP-NE/2023/W/018	Maiduguri
8.	Sergeant Nelson Maiture	SIIP-NE/2023/W/007	Maiduguri	Dr Emmanuel Filibus	SIIP-NE/2023/W/019	Maiduguri
9.	Corporal Micheal Babatunde	SIIP-NE/2023/W/008	Maiduguri	Dr Idris Ali Usman	SIIP-NE/2023/W/020	Maiduguri
10.	Lt. D.K Nuhu	SIIP-NE/2023/W/009	Maiduguri	Dr Haruna Manuwa	SIIP-NE/2023/W/021	Maiduguri
11.	Captain O. H.Adeniyi	SIIP-NE/2023/W/010	Maiduguri	Mrs. Dije Musa Mustapha	SIIP-NE/2023/W/022	Maiduguri
12.	Lt. S.A Ogoshi	SIIP-NE/2023/W/011	Maiduguri	Hadiza Lawal Dawusa	SIIP-NE/2023/W/023	Maiduguri
13.	Asp Hyelapamduwae Wakawa	SIIP-NE/2023/W/012	Maiduguri	Pharmacist Amina Yakubu	SIIP-NE/2023/W/024	Maiduguri
14.	Major General Ibrahim Manu Yusuf	SIIP-NE/2023/W/031	Maiduguri	Zirburi Y. Mamza	SIIP-NE/2023/W/025	Maiduguri
15.	Colonel Nndi Stephen Onuchukwu	SIIP-NE/2023/W/032	Maiduguri	Prof Mohammed Arab Alhaji	SIIP-NE/2023/W/026	Maiduguri
16.	Col D.C Ibe	SIIP-NE/2023/W/033	Maiduguri	Hon Zuwaira Gambo	SIIP-NE/2023/W/027	Maiduguri
17.	Major General Abba Mohammed Dikko (Rtd)	SIIP-NE/2023/W/034	Abuja	Pharmacist Adamu Usman	SIIP-NE/2023/W/028	Maiduguri
18.	Major General Olusegun Gabriel Adeniyi	SIIP-NE/2023/W/035	Abuja	Barr. Garba Musa Chibok	SIIP-NE/2023/W/029	Maiduguri
19.	Major General Victor Ezeugwu	SIIP-NE/2023/W/036	Abuja	Abdullahi Suleiman	SIIP-NE/2023/W/030	Maiduguri
20.	Major General Felix Osawaro Omoigui	SIIP-NE/2023/W/037	Abuja	Mr Emmanuel Ajah	SIIP-NE/2023/W/038	Abuja
21.	Lieutenant General Farouk Yahaya	SIIP-NE/2023/W/040	Abuja	Dr. Kingsley Odogwu	SIIP-NE/2023/W/039	Abuja
22.	Major General Ibrahim Sallau Ali	SIIP-NE/2023/W/049	Maiduguri	Mohammed Saleh	SIIP-NE/2023/W/041	Maiduguri
23.	Major General A. E. Abubakar	SIIP-NE/2023/W/052	Maiduguri	Kellu Dauda	SIIP-NE/2023/W/042	Maiduguri
24.	Major General Mayirelso Lander David Saraso	SIIP-NE/2023/W/053	Damaturu	Mr Mustapha Kukawa	SIIP-NE/2023/W/043	Maiduguri
25.	Major Dikkol Nandangtok Dakup	SIIP-NE/2023/W/056	Damaturu		SIIP-NE/2023/W/044/A	Maiduguri
26.	Brigadier General Beyidi Martins	SIIP-NE/2023/W/067	Yola		SIIP-NE/2023/W/044/B	Maiduguri
27.	Brigadier General Mohammed Jibril Gambo	SIIP-NE/2023/W/068	Yola		SIIP-NE/2023/W/044/C	Maiduguri
28.	Captain Saheed Olalekan Salaudeen	SIIP-NE/2023/W/069	Yola		SIIP-NE/2023/W/044/D	Maiduguri
29.	Captain Olufemi Olawale	SIIP-NE/2023/W/081	Yola	Community Girls	SIIP-NE/2023/W/044/E	Maiduguri
30.	Lance Corporal Onah Hillary	SIIP-NE/2023/W/082	Yola		SIIP-NE/2023/W/044/F	Maiduguri
31.	Corporal Alexander Vincent	SIIP-NE/2023/W/083	Yola		SIIP-NE/2023/W/044/G	Maiduguri
32.	Major General James Olubunmi Akomolafe (Rtd)	SIIP-NE/2023/W/084	Abuja		SIIP-NE/2023/W/044/H	Maiduguri
33.	Major General Benjamin Olufemi Sawyer	SIIP-NE/2023/W/085	Abuja	Mohammed Abubakar	SIIP-NE/2023/W/045	Maiduguri
34.	Major General Ali Abdu Nani (Rtd.)	SIIP-NE/2023/W/086	Abuja	Goni Musa Mohammed	SIIP-NE/2023/W/046	Maiduguri
35.	Col. Yakubu Ibrahim	SIIP-NE/2023/W/087	Abuja	Kaka Mallam	SIIP-NE/2023/W/047	Maiduguri
36.	Major General Abdulwahab Adelokun Eytayo	SIIP-NE/2023/W/088	Abuja	Mohammed Adam	SIIP-NE/2023/W/048	Maiduguri
37.	Major General Benson Akinroluyo (Rtd)	SIIP-NE/2023/W/089	Abuja	Abba Aji Kalli	SIIP-NE/2023/W/050	Maiduguri
38.	Major General Hassan Umaru (Rtd)	SIIP-NE/2023/W/090	Abuja	Brigadier General Abdulsalam Sabi Ishaqu	SIIP-NE/2023/W/051	Maiduguri
39.	Major Kehinde Sewedo Avoseh	SIIP-NE/2023/W/091	Abuja	Protected Witnesses	SIIP-NE/2023/PW/005	Maiduguri
40.	Major General Rogers Nicholas (Rtd)	SIIP-NE/2023/W/092	Abuja		SIIP-NE/2023/PW/006	Maiduguri
41.	Brigadier General A. G. L Haruna	SIIP-NE/2023/W/093	Abuja		SIIP-NE/2023/PW/007	Maiduguri
42.	Brigadier General Tunji Isa	SIIP-NE/2023/W/094	Abuja		SIIP-NE/2023/PW/008	Maiduguri
43.	Army Warrant Officer Baba Abdullahi	SIIP-NE/2023/W/095	Abuja	Barr. Saleh Samanja	SIIP-NE/2023/W/054	Damaturu
44.	General Lucky E. O. Irabo	SIIP-NE/2023/W/096	Abuja	Dr. Goje Mohammed	SIIP-NE/2023/W/055	Damaturu
45.	Master Warrant Officer Abdullahi Saad	SIIP-NE/2023/W/097	Abuja	Dr Aisha Adamu Buba	SIIP-NE/2023/W/057	Damaturu
46.	Master Warrant Officer Aliyu Umar	SIIP-NE/2023/W/098	Abuja	Pharmacist Modu Ali Gambo	SIIP-NE/2023/W/058	Damaturu
47.	Lt. Gen. Tukur Buratai	SIIP-NE/2023/W/099	Maiduguri	Bulama Madu Biririma	SIIP-NE/2023/W/059	Damaturu
48.	Brigadier Gen Mohammed Farggo Babayo	SIIP-NE/2023/W/108	Maiduguri	Abdullahi Alhaji Ago	SIIP-NE/2023/W/060	Damaturu
49.	Col. Muhammed Idris Abdulkadir	SIIP-NE/2023/W/109	Maiduguri	Adamu Haruna	SIIP-NE/2023/W/061	Damaturu

50.	Major General John Ochai	SIIP-NE/2023/W/128	Abuja	Dr Baba Waru Goni	SIIP-NE/2023/W/062	Damaturu
51.	Major General Suleiman Idris (Rtd)	SIIP-NE/2023/W/129	Abuja	Dr Amina Waziri Bello	SIIP-NE/2023/W/063	Damaturu
52.	Col. Olusegun David Otenigbagbe	SIIP-NE/2023/W/130	Maiduguri	Pharmacist Sale Abubakar Maidele	SIIP-NE/2023/W/064	Damaturu
53.	Maj. Gen Godwin Michael Mutkut	SIIP-NE/2023/W/131	Maiduguri	Nurse Idris Alhaji Usman	SIIP-NE/2023/W/065	Damaturu
54.	Maj Gen Folusho Oyinlola	SIIP-NE/2023/W/132	Maiduguri	Hannatu David	SIIP-NE/2023/W/066	Damaturu
55.	Brig. Gen Garba Abubakar Suru	SIIP-NE/2023/W/133	Maiduguri	Dr Ahmadu B Usman	SIIP-NE/2023/W/070	Yola
56.	Lt. Col Andrew Abore Malgwi	SIIP-NE/2023/W/134	Maiduguri	Dr Umaru Inuwa	SIIP-NE/2023/W/071	Yola
57.	Col. Aliyu Dabai Umar	SIIP-NE/2023/W/135	Maiduguri	Nurse Fadimatu Umar	SIIP-NE/2023/W/072	Yola
58.	Brig. Gen Samson Oluwafunmilayo Okoigi	SIIP-NE/2023/W/136	Maiduguri	Pharmacist Philip Faith	SIIP-NE/2023/W/073	Yola
59.	Col. Abdullateef Raji	SIIP-NE/2023/W/137	Maiduguri	Abdullahi Umaru	SIIP-NE/2023/W/074	Yola
60.	Maj. Chiemezie Innocent Asogwa	SIIP-NE/2023/W/138	Maiduguri	Dr Wadinga Dauda	SIIP-NE/2023/W/075	Yola
61.	Maj. Ovie Dolor	SIIP-NE/2023/W/139	Maiduguri	Dr Fadimatu Abubakar	SIIP-NE/2023/W/076	Yola
62.	Brig. Gen Suleiman Adamu	SIIP-NE/2023/W/140	Maiduguri	Nurse Grace Gadzama	SIIP-NE/2023/W/077	Yola
63.	Brig Gen. David Daniel Kurmi	SIIP-NE/2023/W/141	Maiduguri	Comrade Mohammed Baba	SIIP-NE/2023/W/078	Yola
64.	Brig Gen Saidu Tanko Audu	SIIP-NE/2023/W/142	Maiduguri	Pharmacist Hashiya Shuaibu Muhammad	SIIP-NE/2023/W/079	Yola
65.	Brig Gen Aliyu Jibril Shehu Gulani	SIIP-NE/2023/W/143	Maiduguri	Aliyu Ibrahim	SIIP-NE/2023/W/080	Yola
66.	Lt. Col. Leghemo Pretel Kaiser	SIIP-NE/2023/W/145	Maiduguri	Wakiru Bukar	SIIP-NE/2023/W/100	Maiduguri
67.	Lt. Col. Yohanna Datikum	SIIP-NE/2023/W/146	Maiduguri	Yerima Lawal	SIIP-NE/2023/W/101	Maiduguri
68.	Brig. Gen Cyriacus Anyanwu Osuagwu	SIIP-NE/2023/W/151	Maiduguri	Aji Gana Aduramah	SIIP-NE/2023/W/102	Maiduguri
69.	Brig. Gen Ismaila Babangida Abubakar	SIIP-NE/2023/W/152	Maiduguri	Lawal Modu Mustapha	SIIP-NE/2023/W/103	Maiduguri
70.				Kaka Lawal Zana Isah	SIIP-NE/2023/W/104	Maiduguri
71.				Zana Adam	SIIP-NE/2023/W/105	Maiduguri
72.				Lawal Ali	SIIP-NE/2023/W/106	Maiduguri
73.				Zanna Bukar Bundi	SIIP-NE/2023/W/107	Maiduguri
74.				Lawan Mala Dunom	SIIP-NE/2023/W/110	Maiduguri
75.				Shettima Babagana Alhaji	SIIP-NE/2023/W/111	Maiduguri
76.				Asheikh Mohammed	SIIP-NE/2023/W/112	Maiduguri
77.				Zanna Majama	SIIP-NE/2023/W/113	Maiduguri
78.				Babashehu Mustapha	SIIP-NE/2023/W/114	Maiduguri
79.				Abdulkadir Usman	SIIP-NE/2023/W/115	Maiduguri
80.				Bashir Bukar Botulbe	SIIP-NE/2023/W/116	Maiduguri
81.				Lawan Goni Zama	SIIP-NE/2023/W/117	Maiduguri
82.				Zanna Bulama	SIIP-NE/2023/W/118	Maiduguri
83.				Babakura M. Kolo	SIIP-NE/2023/W/119	Maiduguri
84.				Zana Marana Madiyi	SIIP-NE/2023/W/120	Maiduguri
85.				Mohammed Isa Bulama	SIIP-NE/2023/PW/001	Maiduguri
86.				Hamza Suleiman	SIIP-NE/2023/PW/004	Maiduguri
87.					SIIP-NE/2023/PW/002/A	Maiduguri
88.					SIIP-NE/2023/PW/002/B	Maiduguri
89.					SIIP-NE/2023/PW/002/C	Maiduguri
90.					SIIP-NE/2023/PW/002/D	Maiduguri
91.				Community Session (New Marte)	SIIP-NE/2023/PW/002/E	Maiduguri
92.					SIIP-NE/2023/PW/002/F	Maiduguri
93.					SIIP-NE/2023/PW/002/G	Maiduguri
94.					SIIP-NE/2023/PW/002/H	Maiduguri
95.					SIIP-NE/2023/PW/002/I	Maiduguri
96.					SIIP-NE/2023/PW/002/J	Maiduguri
97.				Fani Alkali	SIIP-NE/2023/W/121	Maiduguri
98.				Dr Muhammad Aminu Ghuluze	SIIP-NE/2023/W/122	Maiduguri
99.				Prof Ahmed Ahidjo	SIIP-NE/2023/W/123	Maiduguri
100.				Dr Bilikisu Isah	SIIP-NE/2023/W/124	Maiduguri
101.				Adamu Salihu Mirnga	SIIP-NE/2023/W/125	Maiduguri
102.				Pham Anna Samndi	SIIP-NE/2023/W/126	Maiduguri
103.				Dr Abba Zarami Bukar	SIIP-NE/2023/W/127	Maiduguri

Part 3: Investigations

Chapter 7

Investigations

1.0 Introduction and Scope

The National Human Rights Commission (Amendment) Act of 2010 confers on the Commission wide-ranging powers to “monitor and investigate all alleged cases of human rights violations in Nigeria and make appropriate recommendations to the Federal Government for the prosecution and such other actions as it may deem expedient in each circumstance.” – section 5, paragraph (b).

The Act in section 5(j) further mandates the NHRC to “receive and investigate complaints concerning violations of human rights and make appropriate determination as may be deemed necessary in each circumstance.” The NHRC also has powers to determine the procedures, format and structures of its investigations in terms of section 6(1)(a).

Investigation is at the heart of the mandate of the Special Independent Investigative Panel on Human Rights Violations in Counter-Insurgency Operations in North-East Nigeria (SIIP North-East).

The terms of reference and mandate of the SIIP North-East is to:

- (a) Investigate allegations of gross violations of national and international human rights laws/principles alleged against the Nigerian Armed Forces in the three reports by Reuters. (Sections 5(a)(b)(j) and 6(1)(a) of the NHRC Act, 2010).
- (b) Receive memorandum from individuals and organisations with interest in the subject matter of the mandate of the SIIP North-East, especially human rights, security and humanitarian organisations working in the North-East.
- (c) Make appropriate determinations as to culpability of individuals or institutions as may be deemed necessary in each circumstance. (Section 5(j) of the NHRC Act 2010).
- (d) Make determination as to the damages or compensation payable in relation to any violation of human rights where it deems this necessary in the circumstances of the case (sec. 6(e) of the NHRC Act, 2010).

In fulfilment of the above, the Panel undertook field investigations to military and state medical facilities and to IDP camps and communities referenced in the Reuters reports.

2.0 Field Investigations on Medical Facilities

2.1 Introduction

The Panel carried out field investigation visits to 7 Division Hospital Maimalari Barracks Maiduguri, Borno State; Sector 2 Hospital Damaturu, Yobe State; and 23 Brigade Medical Center Yola, Adamawa State which are military medical facilities located in the North-East. The purpose of the visit was to investigate military facilities where secret and illegal abortions were alleged by Reuters to have been conducted on pregnant women and girls in the North-East.

2.2 7 Division Hospital, Maimalari Barracks Maiduguri, Borno State

2.2.1. Introduction

The 7 Division Hospital, Maimalari, is a military medical facility located in Maiduguri, Borno State. It operates under the supervision of the General Officer Commanding 7 Division Hospital Maimalari Barracks. The objective of the Panel's visit to 7 Division is to conduct an area investigation of the Division as one of the alleged facility where secret and illegal abortions is being conducted by the Nigerian military on pregnant women and girls in the North-East.

2.2.2. Testimonies Received

During the field investigation at 7 Division Hospital, Maimalari, the Panel received testimonies from: the Commander 7 Division Hospital, Health Service Administrator, Chief Nursing Superintendent, Resident Doctor, Obstetrics and Gynaecology, Pharmacy Technician, Mortician, and Head of Department Health Information Ledger management.

2.2.3. Observations

The medical staff of the hospital gave testimonies as to their operations and services before the Panel and denied the Reuters allegation that the hospital conducted forced and illegal abortions on pregnant women and girls rescued from Boko Haram insurgents. The hospital provides medical care to military personnel and their relatives, as well as provides a range of medical services which includes, reproductive health, and pregnancy related care. The Panel also inspected various sections of the hospital which includes: hospital wards, Pharmacy, and records division. While inspecting the wards, Panel identified some Inpatients who are relatives of military personnel, whose pregnancies were being managed in the hospital.

2.3 Sector 2 Hospital Damaturu, Yobe State

2.3.1. Introduction

Sector 2 Hospital, Damaturu, Yobe State, was established as a Regimental Aid Post, then expanded to a Company Aid Post, and was subsequently designated as a field ambulance and Basic Hospital Service Center.

2.3.2. Testimonies Received

The Panel received the testimony of the Acting Commander, Sector 2 Hospital, who stated that the hospital does not have capacity to handle serious medical cases, as they refer them to Yobe State University Teaching Hospital, Damaturu.

2.3.3. Observations

The Panel observed that although, the hospital had both military and civilian staff, the civilian workers only handled cleaning and laboratory services. The Panel also observed that the hospital's pharmacy does not keep Misoprostol and Oxytocin. The witness stated that they do not keep such medications, as they are used to manage labor and control hemorrhage associated with pregnancy, which is not a service they provide in the hospital.

2.4 23 Armoured Brigade Medical Center Yola, Adamawa State

1. Introduction

The 23 Armoured Brigade Medical Center is a military medical center located in Yola, Adamawa State, which provides medical support and treatment to both military and civilians within the area.

2. Testimonies Received

The Panel received testimonies from the Acting Commander 23, Senior Nursing Officer, Pharmacy Technician, and Head of Department Laboratory Services at the 23 Armoured Brigade Medical Center.

3. Observations

During the field investigation, the Panel investigated various sections of the hospital including, the Obstetrics and Gynecological Unit, Pharmacy Unit, Laboratory Department, Out-patient and Records Unit, Male and Female Wards, Consultation Rooms, and Maternity Wards. The medical staff of the facility who were military personnel gave testimonies to the effect that the facility attends to both military and civilians within the area. They however denied the occurrence of forced and illegal abortions on pregnant women and girls within the hospital facility.

2.5 Joint Investigation Center, Giwa Barracks, Maiduguri, Borno State

1. Introduction

The Panel conducted field investigation at the Joint Investigation Center (JIC), Giwa Barracks Maiduguri, Borno State, a military detention facility where Boko Haram suspects

are kept. The facility also serves as the investigation center where various state agencies charged with the responsibility of investigating and prosecuting suspects of Boko Haram insurgents, conduct their investigations.

2. Testimonies

The Panel received testimonies from the Officer in Charge (OIC) Investigations, OIC Documentation and Record JIC, and the Nurse in charge of the medical clinic. The witnesses stated that the clinic is managed by a nurse assigned there by the Commanding Officer of the JIC, Giwa Barracks. They stated that the clinic only handles minor medical treatments, while very serious cases were referred to 7 Division Hospital, Maimalari Barracks.

3. Observations

During the field investigation, the Panel visited various facilities within the JIC, Giwa Barracks which includes the male and female detention facilities, Joint Investigation Center, General Operational area and the medical clinic. The Panel carried out further investigations around the general operational area which revealed two detention facilities housing male and female detainees separately. The female detainees were seen with their children and upon inquiry could not establish the existence of a “fotid grey walled room” which was described by Reuters as a place within the facility where illegal and forced abortions were allegedly conducted on pregnant women and girls. Panel observed that some of the detainees were seen engaged in various skills including cap making, tailoring, auto mechanics and electricals, using facilities and materials provided by authorities at the facility. The personnel stated that the products from the detainees were eventually marketed and sold on their behalf.

2.6 State Hospitals

2.6.1 Introduction

The Panel conducted field investigation in the government owned civilian hospitals identified as the alleged locations of the forced and illegal abortion program in the North-East. The Panel also expanded the hospitals to include all the government owned civilian hospitals, in Adamawa, Borno and Yobe states, which are the states of concern. The objective of the investigation is to investigate, receive testimonies and evidence from witnesses on the allegations that civilian hospitals collaborated with the military to carry out a systematic, illegal, and forced abortion on pregnant women and girls who were surrendeeds and returnees of Boko Haram insurgency in the North-East.

2.6.2 State Specialist Hospital Maiduguri, Borno State

1. Introduction

State Specialist Hospital, Maiduguri is a government owned hospital that provides a wide range of medical services in the State, to everyone, including victims of Boko Haram insurgency. The Panel inspected the Medical wards, Surgical wards, Obstetrics and Gynecology ward, laboratory, Pharmacy, Outpatient clinics, and the Nursing Department within the hospital.

2. Testimonies Received

During the field investigation, the Panel received testimonies from the Chief Medical Director, Head of Department, Obstetrics and Gynaecology, Head of Department Health Information Management, Chief Mortician, Head of Pharmacy, and Consultant Gastrointestinal Physician at the hospital.

3. Observations

The Panel observed that in addition to the medical services they provide, the hospital also collaborates with Non-Governmental Organizations such as the International Committee of the Red Cross which operates a clinic within the hospital. The Panel observed that essential medications like Oxytocin and Misoprostol that are used in the O and G ward for delivery and miscarriages, are properly kept and monitored. The witnesses denied any occurrence of illegal abortion procedures, citing stringent oversight structures within the hospital that would preclude undetected malpractice.

3.2.3 Umaru Shehu Ultra-Modern Hospital Maiduguri, Borno State

1. Introduction

Umaru Shehu Ultra-Modern hospital Maiduguri is a medical facility that provides essential medical services to everyone, including surrendeers and returnees of Boko Haram insurgents. The Panel inspected the medical wards, Surgical wards, Obstetrics and gynecology department, Laboratory, Pharmacy, Nursing Department, and Outpatient clinics with the hospital.

2. Testimonies Received

During the field investigation, the Panel received testimonies from the Chief Medical Director, Head of Department, Obstetrics and Gynaecology, a Trained Neurologist, Nurse in charge of the labour ward, Chief Nursing Officer, Head of Department Health Information Management, Head of Pharmacy at the hospital. Panel observed that witness testimonies established the hospital's commitment to ethical practices and adherence to established medical protocols.

The witnesses further stated that the hospital policy does not give room for any illegal or forced abortion with the facility undetected.

3. Observations

The Panel observed that Oxytocin and Misoprostol are often stocked for use in the O and G ward during child delivery and miscarriages. The witnesses established in their testimony the protocol adopted for the purchase and storage of the drugs from a state central source, which shows that the medications are only released to patients who presents a doctor's prescription. This shows that there is a proper trajectory for control of drug purchase, stocking and usage.

3.2.4 University of Maiduguri Teaching Hospital Maiduguri, Borno State

1. Introduction

The Panel conducted a field investigation in University of Maiduguri Teaching Hospital Maiduguri, Borno State and inspected the; Thermoforming Room (Utilized for the production of medical plastics), Wheelchair Manufacturing (Used for the production of wheelchairs, including customized ones for children), Prosthetic Production Unit, Traumatic Unit (equipped with a functional helipad system and four operating theatres), Trauma Unit Facilities (Includes a functional laboratory and nurses common room), Burn Centre(Equipped with monitors and burn treatment facilities), Chemical Pathology Department (Features an Accident and Emergency resuscitation unit with antibacterial tiling flooring), Obstetrics and Gynecology Department: (Houses ten delivery rooms catering to all stages of delivery), Medical Emergency Unit (Dedicated to handling medical emergencies promptly), Department of Radiology (Equipped for diagnostic imaging services), Anesthesiology Unit: (Provides anesthesia services for surgical procedures), and Cancer Centre (Offers various facilities including a linear accelerator machine for radiotherapy).

2. Testimonies Received

The staff of the facility the allegation that illegal and forced abortions were conducted on pregnant women and girls in collaboration with the military. It was noted that while they act as referral hospital where they receive patients who are sometimes victims of insurgency from the military and other state health facilities, they submitted that they do not carry out such illegal procedures, while expressing pride in the hospital's advanced facilities and dedication to patient care.

3. Observations

The Panel observed that the Hospital is one of the civilian healthcare institutions in the North-East region, offering a wide range of specialized medical services. The hospital's infrastructure and facilities are well-equipped to handle medical emergencies and provide comprehensive patient care. The hospital collaborates with organizations such as the North East Development Commission and other International and national non-governmental organizations operating in the region.

Further observations revealed the existence of ethical practices and adherence to medical protocols among its medical staff. The hospital maintains transparency and accountability in managing medical records and the fact that drug distribution follows strict protocols, ensures limited usage of oxytocin and misoprostol for appropriate medical purposes such as labor induction and delivery complications management.

3.2.5 State specialist Hospital Damaturu

1. Introduction

States Specialist Hospital is a medical facility that provides essential medical services to everyone, including surrendeers and returnees of Boko Haram insurgents. The Panel conducted its field investigation in hospital, where it inspected, the medical wards, Surgical wards, Obstetrics and gynecology department, Laboratory, Pharmacy, Nursing Department, Outpatient clinics, and Mortuary.

2. Testimonies received

The Panel received testimonies from, Chief Medical Director, Head of Pharmacy, Chief Nursing Officer, Head of Laboratory Services, and Mortician at the State Specialist Hospital Damaturu. The witnesses denied the possibility that the hospital conducted illegal and forced abortions on pregnant women and girls in collaboration with the military as alleged in the Reuters report. It was noted that the facility acts as a referral hospital where they receive patients who are sometimes victims of insurgency from the military and other state health facilities. Despite this they submitted that no incident of illegal abortion procedures, ever occurred.

3. Observations

The Panel observed that the facility offers medical services to a wide range of patients. The hospital's infrastructure and facilities are well-equipped to handle medical emergencies and provide comprehensive patient care. The hospital also catered to patients who were victims and were brought in after the insurgency.

Further observations at the facility, reveals the existence of ethical practices and adherence to medical protocols among its medical staff. It also maintains transparency and accountability in managing medical records. The hospital's drug distribution follows strict protocols, ensures limited usage of oxytocin and misoprostol for appropriate medical purposes such as labor induction and delivery complications management.

3.2.6 Yobe State University Teaching Hospital

1. Introduction

Yobe State University Teaching Hospital, provides essential medical services to everyone, including surrendeers and returnees of Boko Haram insurgents. The Panel conducted its field investigation of the hospitals' Medical wards, Surgical wards, Obstetrics and gynecology ward, Laboratory ward, Pharmacy, Nursing Department, Outpatient clinics, and Mortuary.

2. Testimonies received

The Panel received testimonies from the Chief Medical Director, Head of Department Obstetrics and Gynaecology, Head of Pharmacy, Head of Department, Nursing Services, and Histopathologist at Yobe State University Teaching Hospital. The witnesses denied the allegation of and illegal and forced abortions on pregnant women and girls in collaboration with the military. They noted that while they act as referral hospital where they receive patients who are sometimes victims of insurgency from the military and other state health facilities, they submitted that they do not carry out such illegal procedures, while expressing pride in the hospital's dedication to patient care.

3. Observations

It was observed that the facility offers medical services to a wide range of patients. The hospital's infrastructure and facilities are well-equipped to handle medical emergencies and provide comprehensive patient care. The hospital also catered to patients who were victims and were brought in after the insurgency.

Further observations at the facility, reveals the existence of ethical practices and adherence to medical protocols among its medical staff. Denials of allegations regarding illegal and forced abortions were established on grounds that they deal with a wide range of patients from within and outside the state. The hospital maintains transparency and accountability in managing medical records and their drug distribution follows strict protocols, ensures limited usage of oxytocin and misoprostol for appropriate medical purposes such as labor induction and delivery complications management.

3.2.7 Modibbo Adama University Teaching Hospital, Yola, Adamawa State.

1. Introduction

Modibbo Adama University Teaching Hospital, provides essential medical services to everyone, including surrendeers and returnees of Boko Haram insurgents.

2. Testimonies Received

The Panel received testimonies from heads of departments, as well as departmental representatives within the facility, who all denied the allegation of any illegal or forced abortions program on pregnant women and girls in collaboration with the military. They noted that while they act as referral hospital where they receive patients who are sometimes victims of insurgency from the military and other state health facilities, they submitted that they do not carry out such illegal procedures, while expressing pride in the hospital's dedication to patient care.

3. Observations

During the Panels' field investigation of the Modibbo Adama University Teaching Hospital, the Panel visited the Obstetrics and Gynecology unit, the labor ward, the Pharmacy as well as the records units. It was observed that the facility maintains a hierarchical chain of command within various departments, and as such makes it improbable to conduct in secret any illegal operations within the hospital without the knowledge of the various heads of department. The Panel also observed that all patient brought into the hospital, are made to register their necessary details, before they could be attended to by any health personnel within the facility.

3.2.8 State Specialist Hospital, Yola Adamawa State

1. Introduction

The Panel inspected the Obstetrics and Gynecology department, the hospital pharmacy where disbursements of drugs are done upon prescriptions by doctors, the Labor Ward, and also the records units of the State Specialist Hospital, Yola, Adamawa State.

2. Testimonies Received

The Panel received testimonies from heads of departments, as well as representative of department within the facility. who all denied the allegation of and illegal and forced abortions on pregnant women and girls in collaboration with the military. They noted that while they act as referral hospital where they receive patients who are sometimes victims of insurgency from the military and other state health facilities, they submitted that they do not carry out

such illegal procedures, while expressing pride in the hospital's dedication to patient care.

3. Observations

It was observed during the course of the field investigation, that the facility maintains a hierarchical chain of command within various departments, and as such makes it improbable to conduct in secret any illegal operations within the hospital without the knowledge of the various heads of department. The Panel also observed that all patient brought into the hospital, are made to register their necessary details, before they could be attended to by any health personnel within the facility.

3.3 IDP CAMPS

3.3.1 Introduction

The Special Independent Investigative Panel on Counter-Insurgency in the North East (SIIP-NE) conducted a field visit to Hajj and Bulumkutu Camp. The aim was to ascertain the veracity of the allegations, examine the conduct of military and civilian authorities, and gather evidence from victims and witnesses.

3.3.2 Hajj Camp, Maiduguri

1. Introduction

The Panel conducted an on-site visit to Hajj Camp, Maiduguri, where it inspected Hajj Camp Medical Facility as well as medical records.

2. Testimonies received

The Panel interviewed a total of 11 witnesses, including the Medical Facility Manager; the registered nurse attached to the medical facility; the camp manager; and 8 community girls from the camp.

3. Observations

The Panel observed that the Hajj Camp was severely overcrowded, with the number of occupants far exceeding the capacity of the available facilities. A significant number of children were visibly present in the camp, residing with their parents and caregivers. The camp is entirely managed by the Borno State Government. The Panel noted ongoing efforts by the State Government to improve the camp's infrastructure to accommodate the growing population, which primarily consists of returnees and former insurgents from the conflict in Borno State. Upon arrival, the Panel also observed that food was distributed according to

households for married individuals, while meals for unmarried individuals were prepared and distributed from a central location. Additionally, the Panel noted structures built by the United Nations Children's Fund (UNICEF) including new medical facility, a livelihood Centre, a child friendly space and a Re-integration centre.

3.3.3 Bulumkutu Rehabilitation Centre

1. Introduction

The Panel conducted an on-site investigation of the Bulumkutu Rehabilitation Centre, which provides support to individuals affected by the Boko Haram insurgency, as well as rehabilitating former combatants and those displaced as a result of the insurgency.

2. Testimonies Received

During the field investigation, the Panel received testimonies from 4 witnesses, including Dr Mohammed Abubakar, a senior community health worker in charge of Bulumkutu Camp; Kaka Mallam, a Boko Haram surrendee; Goni Musa, a Boko Haram surrendee; and Mohammed Adam, another Boko Haram surrendee.

3. Observations

The Panel observed that the Bulumkutu Rehabilitation Centre serves as a reception facility where former Boko Haram members who have renounced their involvement are profiled before being transferred to larger rehabilitation centers in the North East. It was noted that the center lacks an on-site medical facility. According to officials, sick inmates receive basic first aid at the center and are subsequently transferred to government medical facilities in Maiduguri for further treatment.

Part 4:

Issues for Determination and Findings

Chapter 8

Issues for Determination - Abortion Assault (AA)

1.0 ISSUE 1

Whether the Nigerian military conducted a secret, systematic and illegal abortion programme in the country's North-East, ending at least 10,000 pregnancies among women and girls.

1.1 Relevant Allegations and Extracts from the Reuters Report - AA

1.1.1 "Since at least 2013, the Nigerian military has conducted a secret, systematic and illegal abortion programme in the country's North-East, ending at least 10,000 pregnancies among women and girls".¹

1.1.2 "The abortions mostly were carried out without the person's consent – and often without their prior knowledge, according to the witness accounts. The women and girls ranged from a few weeks to eight months pregnant, and some were as young as 12 years old, interviews and records showed".²

1.1.3 "The army-run abortion programme has been in place since at least 2013, and procedures were being performed through at least November of last year, according to accounts from soldiers".³

1.2 Witness Testimonies in Relation to Allegations in Issue 1

1.2.1 W096 General Lucky E.O. Irabor, Chief of Defence Staff (26 January 2021 to 19 June 2023)* denied Reuters allegation contained in paragraphs 1.1.1. to 1.1.3 stating that he was shocked and insisting that such acts cannot be attributed to the Nigerian military.

1.2.2 W040 Lieutenant General Farouk Yahaya, Chief of Army Staff (27 May 2021 to 19 June 2023)* denied Reuters allegations contained in paragraphs 1.1.1 to 1.1.3 stating that loyalty, integrity, courage, and respect for others are some of the core values of the Army.

He testified further as follows:

I have been in the Army for about 37 years now. From the time I joined, 27 September 1985 till now and by the grace of God now, I am the head of the Army and commander of the Army so I know and appreciate how

¹ Reuters, AA, para. 1.

² *Ibid.*, para. 10.

³ *Ibid.*, para. 27.

*Editor's Note:

General Irabor and Lieutenant General Yahaya were at the commencement of the mandate of the SIIP North-East, the Chief of Defence Staff and Chief of Army Staff respectively. They retired alongside others on June 19, 2023 following the appointment of new Service Chiefs

the army operates and the tenets of the service. When you join the Army, the basic tenets they teach every soldier and every officer... there is what is called the core values of the Army, they are 5. Among them is loyalty, among them is integrity, among them is courage, among them is respect for others, this is drilled in your ears, in your head if you go anywhere in the Army. So, we all imbibe them and this army is based on these tenets.

1.2.3 W099 Lieutenant General Tukur Buratai (rtd) in responding to paragraphs 1.1.1 and 1.1.3 debunked the claim of abortion and stated as follows: “It is just unimaginable, no matter the number of years, one thousand is not even a small number and we expect even if they want to bring any evidence, maybe about one hundred or two hundred if they can identify them, but ten thousand is just something that is impossible to say.” He further stated that Reuters accused him, through a letter, of masterminding the abortions. Reuters, according to him, did not provide verifiable evidence, thereby making the report “unbelievable,” “scandalous,” and “frivolous” meant to denigrate the Nigerian military.

1.2.4 W010 Captain O.H Adeniyi with respect to paragraph 1.1.1 stated that “from 2013 to 2021 the number of women brought into the facility of the Joint Investigation Centre [JIC] were not up to 100. As of today we have 2048, [of which] females are only 35.”

1.2.5 W088 Major General Abdulwahab A. Eyitayo with respect to paragraph 1.1.1 denied the allegation, describing it as a sign of disaffection and hatred towards the Nigerian armed forces. He stated that he served thrice in different capacities in the Counter-Insurgency Operations; and that throughout his deployment in the North-East, the military only carried out peacekeeping operations and never engaged in illegal abortion.

1.2.6 W136 Brigadier General Samson O. Okoigi with respect to paragraphs 1.1.1, 1.1.2 and 1.1.3 stated that the Nigerian Army Medical Corps is a creation of the Nigerian Medical Society and is guided by the same professional law of practice. He denied the possibility of the allegation occurring within the Nigerian military facilities, stating as follows:

[I]t is very unlikely that any of the medical personnel will indulge in such an indecorous act of terminating pregnancies. In Maimalari barracks, 7 Division hospital, nobody will procure abortion . . . nobody will carry out a forced abortion. When you say forced abortion, it is when you do not have concession from the person on whom the abortion is being carried out. And in the real sense of it, abortion is something that is not legal in the first instance. So, carrying out abortion within the hospital, I do not think such would happen . . . so it is not likely that these allegations are true.

1.2.7 W134 Lieutenant Colonel Andrew A. Malgwi stated that by virtue of his position as an Intelligence Officer in the Multinational Joint Task Force (MNJTF), he would have known if medical personnel or officers of the Nigerian Army conducted any secret, systematic, and illegal abortion programme on women and girls and attempted to conceal it. In his words: “If it had happened, no matter how secret someone would want to shield it from public hearing, I would have known.”

1.2.8 W089 Major General Benson Akinroluyo debunked the allegation in paragraph 1.1.1 stating that, “it only existed in their own imagination, that is why the whole thing is secret because I am not aware . . . but like I said, the Army . . . has a system of check back, if anything is happening, you will know, so you can generally vouch for your officers and soldiers that at least they have been asked to do what you asked them to do.”

1.2.9 W049 Major General Ibrahim S. Ali in his response to paragraph 1.1.2 submitted that officers of the Nigerian military cannot be associated with the alleged acts based on the rigorous training given to them at the Nigerian Defence Academy on International Humanitarian Law, including military operations.

1.2.10 In response to the question whether there was a documented policy or state practice by the Borno State Government to support health institutions in the State and the Nigerian armed forces to orchestrate a programme of abortion of women who were rescued from the field of battle, W164 Attorney General and Commissioner for Justice of Borno State responded thus:

I have been attending the Executive Council meeting since August 2022 and I have never witnessed either a formulation of policy, or a discussion on a policy that is on termination of pregnancy, not of any sort and as the Chief Law Officer of the State, I have not seen, and I have not been required to support any policy that the Government will use to terminate pregnancies of the Boko Haram members or any other person in the State and when you mentioned either the military and the State Government have any sort of policy to carry out such termination of pregnancy . . . the Borno State Government and the military are not in collaboration in that regard. The military are there for security operations because of the insurgency in the North-East, which we all know and the Government is only in support of what the security operations will do, to restore back or to counter the activities of the insurgents. So, I would like to say that I am not aware of any policy that the State has to

encourages such activities or to carry out the termination of pregnancies as alleged by Reuters. So, I find this allegation baseless.

1.2.11 W160 David Isa Habba representing ActionAid Nigeria stated that: “ActionAid is a human rights organization . . . we speak up for the vulnerable and the oppressed, and we will not keep quiet if we hear or come across any such information. At this time, we are not aware and it has not come to our information on this.”

1.2.12 W161 Dr Hussaini Abdu, in his testimony stated that he was the Country Director of ActionAid from 2009 to 2015, Country Director of Plan International from 2015 to 2021, and Country Director of CARE from 2021 till date. The witness stated that he has never heard of any abortion programme in the North-East. While emphasising on his knowledge of the humanitarian landscape in the North-East, the witness stated further as follows:

[B]eyond being the Country Director of CARE, I am arguably the longest serving Country Director in this intervention. I have seen across three different organisations from the beginning of the crisis till date, I think I have been constant. . . I was the Country Director of Plan when the escalations started, and I ran one of the biggest programs there, and I am currently the country director of CARE. And for CARE in particular, before I came in for this, before this Panel, I tried to gather information from my colleagues, if we had at any moment, any period, in any facility, had course to deal with the issue of abortion or an abortion program, or someone being compelled to carry out an abortion. And I say it here categorically, I do not... we do not have any information related to that, we do not have any, we have not experienced any program of that nature, and like I mentioned, we do not do clinical services, and therefore not able to support such a program.

1.2.13 W149 Dr. Susan Gana Mshelia, represented the Society for Family Health (SFH) before the Panel. He testified with respect to paragraph 1.1.4 stated as follows:

We are not aware of any of the happenings alleged in the Reuters report while undertaking our programmes. We would like to state that SFH does not carry out interventions that relate to abortions nor any related activities in any manner as we recognise its illegal nature. SFH is also not aware of any human rights violations against women and children (or any person for that matter) whether perpetuated by State or Non-State Actors. SFH remains committed to its mission of providing

safe, secure and effective health interventions and products to communities within and outside the North-East of Nigeria.

1.2.14 W100 Wakiru Bukar represented the District Head of Kukawa before the Panel. In response to the question whether he came across any woman or girl that laid any complaint about being pregnant and was forced by the military or any NGO to terminate it, the witness stated that he never heard of such an incident.

1.2.15 W114 Babashehu Mustapha was the District Head of Old Marte. When the Panel asked him whether women or girls reported to him that the military forced them to undergo abortions, he answered in the negative.

1.2.16 W115 Abdulkadir Usman was the Village Head who represented the District Head of Baga before the Panel. When asked if women or girls reported to him that the military forced them to undergo abortions, he stated no such reports were made to him.

1.2.17 PW006, a protected witness and detainee at JIC, Giwa barracks, in responding to paragraphs 1.1.2 and 1.1.3 denied knowledge of the allegation. She stated that the military registered her for antenatal care after a test conducted on her upon arriving the facility revealed that she was six months pregnant. She stated that she continued with her antenatal care until she delivered at Maimalari barracks.

1.3 Field Investigations on Allegations Related to Issues 1

1.3.1 The Panel visited the 7 Division hospital at Maimalari barracks in Maiduguri, which was one of the hospitals mentioned in the Reuters report. It appears from the Panel's inspection that the hospital primarily serves military personnel and their families. During the ward tour, the Panel observed that some of the inpatients were relatives of military personnel, receiving care alongside military-related pregnancy cases.

1.3.2 During the field visit, the Panel reviewed operational procedures to verify the medical services rendered at the hospital and their adherence to established medical protocols in the handling and treating of patients. It observed that civilians rescued from the insurgency received first aid services at the facility before being transferred to state authorities. This indicates that the hospital followed established protocols in providing medical treatment to rescued civilians, ensuring that their initial medical needs were addressed before being handed over to the appropriate state authorities for further processing and care.

1.3.3 The Panel reviewed records of General Court Martials from 7 Division, Maimalari. The records contain lists of concluded cases from October 2016 to March 2023 referenced as SIIP/DOC/2023/009 and SIIP/DOC/2023/010, respectively. A total of 260 convictions were recorded in various charges against the officers during this period. The charges included abduction, unlawful possession of controlled substances, wrongful use of controlled substances, conducts prejudicial to service discipline, disobedience to specific orders, absence without official leave, desertion, escape from custody, grievous bodily harm/hurt by dangerous means, attempt to commit suicide, and murder. None of the officers were tried for offenses related to illegal or forced abortions.

1.4 Analyses of Testimonies and Investigations on Issue 1

1.4.1 The Panel took into account the fact that the testimonies were obtained from top military hierarchy and officers who were in active commands in the North-East Counter-Insurgency Operations between 2013 and 2021. Since these witnesses held key positions during the period under review, their testimonies are deemed direct evidence of their first-hand knowledge of the facts in issue.⁴

1.4.2 Witnesses W010 and W099 disputed the possibility of such a high number of abortions of 10,000 pregnancies by the military by arguing that it could be debatable if the statistics were put at 100 or 200 victims.

1.4.3 Testimonies from W099, W010, W049, W088, W090, W134, and W136 also corroborates the military's denial that the armed forces conducted a secret, systematic, and illegal abortion programme in the North-East terminating 10,000 pregnancies among women and girls.

1.4.4 From its visit to the 7 Division hospital in Maimalari, the Panel found that the medical facilities primarily serve personnel of the military and their relatives. Testimonies obtained from medical staff, and medical records reviewed during the visit confirmed that the hospital's operations included interventions on referrals of some rescued civilians from Military Intelligence Brigade (MIB) and the JIC, Giwa barracks.

1.4.5 The Panel observed that though 7 Division hospital primarily focus on military personnel and their families, it also had initial contact with some returnees and treated referrals of rescued civilians from MIB and JIC, Giwa barracks. It provided first aid services to the returnees before they were transferred to state authorities for further processing and assistance. This indicates that while the hospital's main patients consist of military personnel and their relatives, it also plays a secondary role by providing emergency medical care to returnees needing immediate attention before they are handed over to relevant civil authorities.

⁴ Evidence Act 2011, sections 125-127.

1.4.6 W100, W160, W161, W149, and PW003 were non-military witnesses. They consisted of some non-governmental organisations (NGOs) operating in the North-East as well as some village and district heads from communities in the region. The Panel questioned them on whether they heard of, or came across, or received reports of any illegal or forced abortion programme on women and girls in the North-East. They dismissed the allegation, noting that they would have been aware if such activities had taken place, because their engagements brought them into communities to interface directly with the civilians in the area.

1.4.7 PW006, a female detainee in JIC, Giwa barracks, was one of the non-military witnesses who gave testimonies before the Panel. She informed the Panel that she was pregnant when she came into the facility, and was registered for ante-natal care. Her evidence corroborated the military's denial of an illegal or forced abortion programme in the North-East.

1.4.8 The Panel considers that testimonies of humanitarian actors operating under the platform of Non-Governmental Organisations (NGOs) are central to its investigation, given their presence and role in communities in the North-East.

1.4.9 The Panel acknowledges the existence of military frameworks that regulate the conduct of soldiers but notes that a gap exists on its effectiveness in adequately preventing officers from engaging in conducts like those recorded between October 2016 and March 2023, leading to 260 convictions.

1.5 Findings on Issue 1

1.5.1 General Findings:

The Panel finds that:

1. There is no evidence that the Nigerian military conducted a secret, systematic and illegal abortion programme in the North-East.
2. There is no evidence of illegal abortion programmes terminating 10,000 pregnancies by the Nigerian military in the North-East.

1.5.2 Specific Findings:

The Panel finds that:

1. The Nigerian military did not operate a secret programme or any policy of illegal abortions in the North-East. The testimonies of W096, General Lucky Irabor, Chief of Defence Staff and W040 Lieutenant General Farouk Yahaya, Chief of Army Staff underscore the extensive regulatory frameworks under which the military operates. The Panel agrees that such frameworks exist, but finds a gap in the application of those regulations in effectively addressing some

excesses in the conduct of officers and men. The record of court martials on erring military officers that the Panel reviewed support this conclusion.

2. The testimony of W164, Hauwa Abubakar, Attorney General and Commissioner for Justice, Borno State, who appeared before the Panel as the Chief Law Officer of Borno State, and a member of the State Executive Council and the State Security Council to the effect that she never witnessed either a formulation or discussion of policy relating to termination of pregnancy, and has not been required to support any policy on illegal abortion in Borno State, is persuasive. The Panel believes that the witness was in a position to know if an abortion policy existed in the State.
3. The testimonies of W040 Lieutenant General Farouk Yahaya, Chief of Army Staff and W050 Abba Aji Kalli, State Coordinator, Civilian Joint Task Force, Borno State that the Nigerian Army has maintained a long-term presence in the North-East, where over 201 NGOs and United Nations agencies, regularly visit military facilities are incontestable. Their testimonies suggest that the extensive engagements makes it highly unlikely for any illegal or forced abortion programme to operate secretly or otherwise within the military.
4. The principles guiding the Nigerian military and ethics governing the Nigerian Army Medical Corps (NAMC) do not support the conduct of secret, systematic, and illegal abortion programmes. The testimonies of W136 Brigadier General Samson O. Okoigi, Corps Commander, NAMC, and W056 Major Dikkol Nendangtok Dakup, Acting Commander, Sector 2 Hospital, Damaturu, affirm that the NAMC operates under strict medical ethics as laid down by regulatory bodies, such as the Medical and the Dental Council of Nigeria, and the Medical Association of Nigeria.
5. The testimony of W161, Dr. Hussaini Abdu, Country Director of CARE International in Nigeria, who denied witnessing or receiving any information on any secret, systematic, and illegal abortion programmes in the North-East was compelling. His deep familiarity with the humanitarian landscape in the North-East region, from 2009 to 2024, weakens the claim of an alleged abortion programme leading to the termination of 10,000 pregnancies. The testimonies of community leaders in the region—W100 Wakiru Bukar, representative of District Head of Kukawa, W114 Babashehu Mustapha, the District Head of Old Marte and W115 Abdulkadir Usman, representative of the District Head of Baga were corroborative in establishing that the Nigerian military did not conduct illegal or forced abortions in its Counter-Insurgency Operations in the North-East.

2.0 ISSUE 2

Whether Nigerian soldiers conducted forced and illegal abortions in the North-East.

2.1 Relevant Allegations and Extracts from the Reuters Report - AA

2.1.1 “The Army-run abortion programme has been in place since at least 2013, and procedures were being performed through at least November of last year, according to accounts from soldiers. The enterprise has been elaborately engineered, the sources told Reuters, with pregnant former captives of insurgents transported regularly in trucks under armed guard, sometimes in convoys, to barracks or hospitals across the northeast for abortions”.⁵

2.1.2 “The soldiers had aborted their pregnancies without asking – or even telling – them”.⁶

2.1.3 “The abortions mostly were carried out without the person’s consent – and often without their prior knowledge, according to the witness accounts. The women and girls ranged from a few weeks to eight months pregnant, and some were as young as 12 years old, interviews and records showed”.⁷

2.1.4 “Women and soldiers described a room in Giwa Barracks where abortions took place: a foetid, grey-walled space like a hallway, where women lay on floor mats amid cockroaches and mosquitoes”.⁸

2.1.5 “About a week later, Fati said, she lay on a mat in a narrow, dim room at a military barracks in Maiduguri, the state capital. It was rank, with cockroaches skittering across the floor. Uniformed men came in and out, giving her and five other women mysterious injections and pills”.⁹

2.1.6 “Six soldiers and guards confirmed that forced abortions took place at Giwa Barracks. Two of those witnesses, as well as a woman who said she had an abortion last year at the detention centre, also recalled a room where the terminations were performed that matched Fati’s description: a foetid, grey-walled space like a hallway, where women lay on floor mats amid cockroaches and mosquitoes”.¹⁰

2.2 Witness Testimonies in Relation to Allegations in Issue 2

2.2.1 W001 Major General Christopher Musa, Commander Infantry Corps and former Theatre Commander Operation Hadin Kai in responding to paragraphs 2.1.1 to 2.1.6 denied the possibility of the Nigerian military conducting forced and illegal abortions on pregnant women and girls as the soldiers did not have direct access to them. He stated as follows:

⁶ Ibid. para. 7.

⁷ Ibid. para. 10.

⁸ Ibid. para. 78.

⁹ Ibid. para. 4.

¹⁰ Ibid. para. 67.

[O]ur procedure is, once they report to the closest unit, they are profiled, the State Government provides the transport, we provide the escort and take them to the camps and then hand them over to the State Government. We only provide security, so we are not involved in their day to day running, especially the hospital . . . [We have] the 7 Division Hospital at Maimalari. We have another hospital at Giwa barracks, those ones cater for only personnel. . . So, anything on abortion is not with the military.

2.2.2 W032 Colonel Ndidi Stephen Onuchukwu, former Commanding Officer, 7 Division Hospital, Maimalari from 2015 to 2018, denied the allegations in paragraphs 2.1.1 and 2.1.2 the witness stated as follows: “I have never been involved in committing abortion within my period of deployment in the North-East.” He further stated as the Commanding Officer 7 Division Hospital Maimalari from 2015 to 2018, such a medical procedure could never have happened within the facility without his knowledge, stressing that the hospital kept records of all patients treated within the hospital.

2.2.3 W051 Brigadier General Abdulsalam Sabi Ishaqu debunked the allegation in paragraph 2.1.1, stating that the Nigerian military only provides security and first aid treatment to injured victims of Boko Haram insurgency. He further noted that abortion is a sacred issue to Muslims who represent about 95 percent of the population in the North-East, including the soldiers allegedly involved in the procedure. Such actions, according to the witness, cannot successfully thrive in secrecy.

2.2.4 W031 Major General Ibrahim Manu Yusuf, was the Commandant Nigerian Defence Academy, and former General Officer Commanding 7 Division, Maimalari from 2017 to 2021. In response to the allegations in paragraph 2.1.3, he stated that, “abortion is a specialised thing, it is not like taking a gun, pump and we kill, no . . . abortion takes a process, it is not everybody that can do abortion. Even if now you call me to say okay do abortion where do I start from.” He stated that abortion procedure requires some degree of medical expertise, which is not common and concluded that such an allegation cannot be imputed on the Nigerian military as they do not possess the full capacity, in terms of the number of medical personnel, to carry it out.

2.2.5 W049 Major General Ibrahim Salla u Ali, the Theatre Commander, Operation Hadin Kai, and also a former Commanding Officer, 241 Reconnaissance Battalion Monguno and Operation Restore Order 3, Damaturu from 2012 to 2013; and former Sector Commander, Sector 2 Damaturu in 2019, with respect to the allegations in paragraph 2.1.1 stated that the military medical facility he operated in Damaturu was in an apartment at the State Govern-

**Editor's Note:
On the 19th of June 2023,
Major General Christopher
Musa was appointed as the
Chief of Defence Staff by the
President and Commander in
Chief of the Armed Forces of
Nigeria.

Government Lodge between 2013 and 2019. He stated that the facility had only one doctor who handled minor cases, while the major cases were referred to secondary medical facilities.

2.2.6 W006 Dr C.K Joachim Maduka, a part time doctor at the 7 Division Hospital, in responding to the allegation in paragraph 2.1.1 denied treating civilians who were non residents within Maimalari barracks where the 7 Division hospital is located. He testified that, although he handled cases of Manual Vacuum Aspiration (MVA) for wives of soldiers and officers of the Nigerian military as well as civilians working within the facility, he never carried out any illegal abortion on victims of Boko Haram insurgency.

2.2.7 W003 Lieutenant Colonel Adeniyi S. Ogunsakin emphasised that, aside from being Officers within the Nigerian military, medical personnels are bound by the Hippocratic Oath to save lives and care for patients. According to the witness, “we prioritise patient care. Somebody that prioritises patient’s care will not be killing patients . . . you are killing for God’s sake, we do not do that in medicine, let alone being in the military.”

2.2.8 W011 Lieutenant Sodique Ahmed Ogoshi, Officer in Charge of Documentation and Record at the Joint Investigation Centre, Giwa Barracks, W012, ASP Hyelapamduwa Waka-wa, Nurse at JIC, Giwa Barracks while responding to questions as to whether Nigerian soldiers carried out abortions at JIC, Giwa Barracks denied the allegation stating that JIC only operated a medical unit. The witnesses stated that the facility did not carry out deliveries.

2.2.9 W069 Captain Saheed Olalekan Salaudeen with respect to paragraphs 2.1.1, 2.1.2 and 2.1.3 stated that:

The Nigerian Army Medical Corps is structured...like the Regimental Aid Post is like a medical reception station in the field and the organogram in the medical unit is such that there is no way you can be on your own. So, if you are in a Regimental Aid Post, you are going to have soldiers that are in the Medical Corps deployed with you apart from your Commander on ground in the field... If it is in the Battalion, for a Brigade Commander if it is a Brigade, they are going to have a Division Hospital that supervises what you do. Supervision in terms of the patient you attend to, the kind of medication you stock, the places you get those medications. So, it would have been impossible for such an act and the number of abortions you just mentioned to be performed secretly.

2.2.10 W084 Major General James Olubunmi Akomolafe (rtd.) was the former Commander, 21 Armored Brigade, Bama. He denied knowledge of the allegations in paragraph 2.1.1, stating that the medical unit under his command in 2014 only provided medical services to military personnel. W093 Brigadier General Abubakar Garba Lawal Haruna, denied the allegation as false and a clear attempt to smear the image of the Nigerian military.

2.2.11 W163 Dozie Ezechukwu, is the Country Representative, Management Sciences for Health (MSH). He denied knowledge of an abortion programme, stating as follows:

We have not heard, even from the staff we have on the ground in those states, we have not received any report related to abortion or military experiences in those states. No, not at all we have never had any instant report whatsoever and we have people on ground.

2.2.12 W154 Jean-Paul Mushenvula, Medical Program Manager, Alliance International Medical Action (ALIMA), denied knowledge of any abortion programme stating that they do not have any information regarding any abortion and he did not hear anything relations such allegations. He added that their facility was situated around the Ministry of Health at Muna which was opposite the main Muna IDP camp, and some pregnant women from the IDP camps came to their facility for medical care.

2.2.13 W120 Zana Marana Madiywas the Village Head of Cross Kauwa in Kukawa Local Government Area. While denying Reuters allegation, the witness stated that he did not received any report from women and girls alleging that the Nigerian military or NGOs in Maiduguri asked them to abort their pregnancies because they were fathered by Boko Haram insurgents.

2.2.14 W117 Lawan Goni Zamawas the Village Head of Gollom in Guzamala East. He testified before the Panel that he never received any report from women and girls alleging that their pregnancies were aborted by the military or NGOs.

2.2.15 W115 Abdulkadir Usman, representative of the District Head of Baga, with respect to the allegation in paragraph 2.1.1, stated that they did nor receive reports from women or girls alleging that men of the Nigerian armed forces asked them to undergo abortions.

2.2.16 In responding to the allegation in paragraph 2.1.1 W159 Muhammadu Ousman, Country representative of IMMAP in Nigeria stated as follows: “we did not come across any kind of information related to this as we do not engage with the affected population, but even when we talk about the scope, we did not come across any kind of information that you have currently mentioned”

2.2.17 W161 Dr Hussaini Abdu, Country Director of CARE in Nigeria stated that he does not have knowledge of any woman who needed psychosocial support at CARE International or any other organization he headed, resulting from being a victim of forced abortion by the Nigerian military.

2.2.18 PW005 a protected witness and surrendee at JIC, Giwa Barracks, in responding to the allegations in paragraphs 2.1.4, 2.1.5 and 2.1.6 denied knowledge of any abortions being carried out on women and girls who were affiliated with Boko Haram insurgents. PW005 stated as follows: “No, I have never seen or heard anything like that. The Military always takes care of us and every pregnant woman or girl is given antenatal treatment and when it was time for her delivery, she is taken to the hospital to give birth.”

2.2.19 PW008, a protected witness and detainee at JIC, Giwa barracks, denied knowledge of the allegations, stating “No, I have never seen or heard anything like that. The military always takes care of us and even assists with taking care of our children.”

2.2.20 W047 Kaka Mallam, an ex Boko Haram insurgent denied the allegations in paragraphs 2.1.1-2.1.3 He testified that his major roles in the insurgency included fighting and teaching of the Quran to women. The witness stated further that while he was engaged with the insurgency he fought in the Monguno and Gamboru Ngala axis, and stated that he did not experience incidents suggesting that the Nigerian military engaged in abortions.

2.2.21 W048 Mohammed Adam, an ex Boko Haram fighter denied the allegations in paragraphs 2.1.1-2.1.3 and testified that he fought in an area known as Jime axis in Sambisa forest and that he had active insurgent engagements in places such as Kukawa, New Marte and Gasarwa.

2.2.22 W055 Goje Mohammed, Superintendent, Nigerian Prison Service Borno State (2010-2015) and Executive Secretary, Yobe State Emergency Management Agency (2019-Date), denied the allegations in paragraphs 2.1.1-2.1.3 and testified that in the line of his operations in the North-East and having worked in Borno and Yobe states, there were no identified incidents that suggest an abortion program was operated by the Nigerian military in the North-East.

2.3 Field Investigations on Allegations Related to Issue 2

2.3.1 The Panel investigated Reuters claims about the JIC detention facility at Giwa barracks, specifically the alleged "foetid, grey-walled" area used for illegal and forced abortions on pregnant women and girls. To verify these claims, the Panel conducted a field visit

visit to the JIC detention facility. During the inspection, the Panel assessed the conditions and practices at the facility. It searched for the specific area described by Reuters, seeking evidence of its existence and use. It interviewed female detainees on the specific allegations outlined in Reuters report, specifically on the existence of a “foetid, grey-walled space like a hallway” within the facility where abortions were performed.

2.3.2 By conducting the field visit, the Panel gathered firsthand information to corroborate or refute the allegations against the Nigerian military. The inspection revealed that some female detainees at the JIC were in the company of their children. The detainees could not identify any room or area within the facility that matched Reuters description. They also denied knowledge of a space where women lay “amidst cockroaches and mosquitoes” for alleged abortions as stated in the Reuters report.

2.3.3 The Panel also conducted field investigations in Madagali district, Madagali Local Government Area, Adamawa State where Reuters, in their report alleged that women and girls were transported to sites for the purpose of conducting forced abortions on them. The Panel interviewed PW010, PW011 and PW012 who were women rescued by the military in Madagali, one of whom was pregnant at the time of her rescue. The witnesses narrated their experiences while in the camp of the insurgents as well as the military. PW012 stated that she was abducted along with her husband and children and were rescued by the military in Madagali. The witness stated further that she decided to stay in the military camp until she was handed over to the district head who facilitated her reunion with her family. PW011 stated that she, alongside others, were rescued and taken to the military camp by the soldiers and were provided food, shelter, and medical care for the sick and injured, including the pregnant women. The witness stated further that she was captured by Boko Haram in 2014 at about age 13 and was rescued by the military some years later while pregnant. The witness narrated that after their rescue, they were taken to a military camp in Damboa, where they were kept for two months before being reunited with their families. The witness narrated further that her parents were killed by the insurgents, and she now lives with relatives alongside her child who is one year and six months old. PW010 stated that she was abducted by insurgents in Gubla and taken to the Sambisa Forest. The witness stated further that while in the insurgent camp, she was forced into marriage at a young age, and was later rescued by the military who cared for them for several weeks, providing food and medicine before reuniting them with their family members.

2.4 Analyses of Testimonies and Investigations on Issue 2

2.4.1 The law of evidence stipulates that the proof of facts rest on the high probability of

the existence of a set of facts.¹¹ In determining the relevance or admissibility of evidence, a tribunal may lend credence to its probative value without prejudicing a fair trial.¹² What, therefore, is left for the Panel to determine is whether the witness testimonies on the procurement of illegal and forced abortions by the Nigerian military are probable, in light of the facts they expressed.

2.4.2 The Panel takes into consideration the fact that witnesses were non-state actors working directly with civilians in communities and camps, as well as community dwellers who were on ground areas where the Counter-Insurgency Operations took place. In making its findings, the Panel will consider the various submissions from government officials and non-state actors.

2.4.3 W001 testified that they had no direct dealings with the women and girls rescued from the insurgency. Their task was limited to rescue operations, after which they handed the returnees to the State Government. W051 corroborated this testimony, adding that they administered only first aid to injured returnees after their rescue.

2.4.4 W031 challenged Reuters allegations, asserting that abortion is a procedure that requires medical expertise. W032 and W049 testified in like manner, arguing that the medical facilities that the military deployed in its operations do not have the expertise to conduct abortions as alleged. They stated that their focus was on attending to the medical needs of military personnel, and referred serious cases to secondary medical facilities. W006, a civilian part-time doctor working at the 7 Division hospital, corroborated the testimony of the witness, stating that the women he handled were wives of soldiers and not civilians.

2.4.5 W003, W069, W084 and W093 argued that the Nigerian Military Medical Corps is a professional body bound by oath. They submitted that the structures in place within such facilities does not create room for illegal or forced abortions to be carried out.

2.4.6 During its field investigation of the JIC, Giwa barracks, the Panel observed that children accompanied some of the female detainees. They were also undergoing basic education activities within the facility at the time of the visit. This suggests efforts towards creating educational opportunities for children whose parents were detained at the facility despite the challenging circumstances.

2.4.7 This observation indicates that despite their detention, efforts were being made within the JIC, Giwa Barracks, to provide basic educational opportunities for children whose parents were detained at the facility. It underscores a recognition of the needs of these

¹¹ Evidence Act 2011, section 121

¹² Rome Statute of the International Criminal Court 1998, Article 69(4)

children and an effort to provide them with some form of educational support during their stay at the detention facility.

2.4.8 Testimonies of W154, W120, W117, W115, W159, W161, and W163 indicates that there was no illegal or forced abortion programme targeting women and girls rescued by Nigerian military during the Counter-Insurgency Operations. Additionally, testimonies from PW010, PW011 and PW012 indicate that the military provided security and medical care for the rescued victims including pregnant women and girls and reunited the rescued victims with their families.

2.5 Findings on Issue 2

2.5.1 General Findings:

The Panel finds that there is no evidence that Nigerian soldiers conducted forced and illegal abortions on women and girls in the North-East.

2.5.2 Specific Findings:

The Panel finds that:

1. There is no evidence that the Nigerian military conducted illegal or forced abortions in the North-East. In arriving at this finding, the Panel considered the direct testimony of W032 Colonel Ndidi Stephen Onuchukwu, who denied the Nigerian military's involvement in any illegal abortion programme. This was corroborated by the testimonies of PW010, PW011 and PW012 who were women and girls rescued by the military, some of whom, were pregnant. W032 was the Commanding Officer of 7 Division Hospital Maimalari, from 2015 to 2018. The Panel also considered the testimonies of W046 Goni Musa Mohammed, W047 Kaka Mallam, and W048 Mohammed Adam, ex Boko Haram commanders who stated that they had no knowledge of illegal or forced abortions in the frontlines. W055 Dr. Goje Mohammed, the Executive Secretary of the Yobe State Emergency Management Agency and a former Programme Coordinator for ActionAid, revealed that the military supported them in administering polio vaccines to children in the front lines as a part of medical outreach.
2. Based on evidence from military and medical witnesses, abortions are special medical procedures requiring time and expertise which are not readily available in the frontlines. The Panel relied on the testimonies of W031 Major General Ibrahim Manu Yusuf, W094 Brigadier General Tuni Isa, and W086 Major General Ali Abdu Nani (rtd.), who all affirmed that abortion is a specialised process requiring the right personnel and medical expertise

which is not common during Counter-Insurgency Operations. The Panel also relied on the testimony of W067 Brigadier General Beyidi Martins, Commander 28 Task Force Brigade, Yola Adamawa State, who gave an instance where the military engaged a local midwife to assist a rescued pregnant woman to deliver her baby. This suggests that the military, even under challenging environments, will aid the delivery of babies rather than abort them.

3. The structure and operational protocols of the Nigerian military makes it difficult for them to conduct illegal and forced abortions. The Panel relies on the testimonies of W069 Captain Saheed Olalekan Salaudeen, Acting Commander 23 Brigade Medical Centre, Yola and W084 Major General James Olubunmi Akomolafe (rtd.), former Commander, 21 Armoured Brigade Maiduguri, who described the medical structure within the military as involving Regimental Aid Posts and battalion level medical units. These agencies do not operate independently, but are accountable to senior officers and subject to oversight from higher authorities. The Panel acknowledges that the military has an organised structure for monitoring and accountability of soldiers at all levels of operation.
4. There is no evidence to support the claim that the Nigerian military conducted illegal and forced abortions at the JIC, Giwa barracks. For this finding, the Panel relies on the testimonies of W010 Captain O. H Adeniyi, Officer in Charge of investigations at the JIC Giwa Barracks, W011 Lieutenant S.A Ogoshi, Officer in Charge of Documentation and Record at the JIC, and W012 ASP Hyelapamduwae Wakawa, Assistant Superintendent of Police and a Nurse attached to the JIC The Panel did not find any “foetid, grey-walled space like hallway” allegedly used for illegal and forced abortions during the field investigations it conducted at the JIC Giwa Barracks.

3.0 ISSUE 3

Whether the Nigerian soldiers and civilian healthcare workers conducted forced and illegal termination of pregnancies using inappropriate objects on surrendees and returnees in the North-East.

3.1 Relevant Allegations and Extracts from the Reuters Report - AA

3.1.1 “One guard said he observed women crying out while having abortions forced on them. “There are those who are given pills,” he said. “There are those who, they open their thighs and they put something in there and twist it, like those things butchers use, like scissors, they push it inside and twist it. You’ll see her scream as they’re moving it inside of her”.¹³

3.1.2 “The woman described herself as eight weeks pregnant at the time. She said soldiers took her to a civilian hospital for an abortion, but she refused to undergo the procedure. Then the staff told her they would do some “tests,” she said. “They were just using some metal and plastic objects,” said the woman, in her mid-twenties, who spoke on condition of anonymity”.¹⁴

3.2 Witness Testimonies in Relation to Allegations in Issue 3

3.2.1 W054 Barr. Saleh Samanja, Attorney General and Commissioner for Justice, Yobe State, in responding to the allegations in paragraphs 3.1.1 and 3.1.2, stated that as the Chairman, Sexual Assault Referral Centre Yobe State between 2015 to 2017, he received no complaint of illegal abortion by the military within the period. He further testified that hospitals in the State did not run, either independently or in collaboration with the Nigerian military, any abortion programme to stop the regeneration of Boko Haram insurgents.

3.2.2 W057 Dr Aisha Adamu Buba, Chief Medical Director (CMD) and Head of Department Obstetrics and Gynecology, Yobe State Specialist Hospital, Damaturu, in response to the allegations in paragraph 3.1.2 stated that he received various categories of persons from the military including women and girls that were rescued from the insurgency to the hospital. He however denied conducting any abortion on them.

3.2.3 W013 Dr Baba Shehu Mohammed, CMD, State Specialist Hospital Maiduguri, Borno State, with respect to the allegations in Paragraphs. 3.1.1 and 3.1.2 denied knowledge of any secret abortion program, where drugs and injections were administered on women and girls. The witness further denied having knowledge of any program where surgical and non-surgical objects were forcefully inserted into the private parts of women and girls to terminate their pregnancies.

¹³ Reuters, AA, para. 88.

¹⁴ Ibid. para. 82.

3.2.4 W125 Adamu Salihu Mirnga, Head of Department, Department of Nursing, University of Maiduguri Teaching Hospital, Borno State, in responding to the allegation in paragraph 3.1.2, stated that, “I have never heard of this in the first place and there was not at any time in this hospital we had such a report. As a Nurse Manager, I have been taking reports for long, even when I was working as a unit head before I even became the HOD, such reports have never been brought forth to me and I have never heard of it.”

3.2.5 W070 Dr Ahmadu B Usman, Acting CMD, Modibbo Adama University Teaching Hospital, Yola, in denying the claim in paragraph 3.1.2 testified that the partnership that existed between the hospital and the Nigerian military was strictly professional. The witness informed the Panel that whenever the military experienced casualties, the hospital makes provisions for their medical needs.

3.2.6 W093 Brigadier General Abubakar Garba Lawal Haruna informed the Panel that they received surrendeeds and offered first aid treatment before moving them to Maiduguri because some were either traumatised or sick on arrival. He however added that the Nigerian military did not conducted pregnancy tests on the surrendeeds.

3.3 Field Investigations on Allegations Related to Issue 3

3.3.1 The Panel conducted field investigations at the State Specialist Hospitals in Maiduguri and Yola, which were specifically mentioned in the Reuters report. The goal was to gather evidence to either substantiate or refute the claim that State health institutions collaborated with the military to conduct illegal and forced abortions on pregnant women and girls who were rescued during Counter-Insurgency Operations in the North-East.

3.3.2 The Panel examined medical records and received testimonies from hospital staff during the field investigation. It also inspected medical facilities and assessed services provided at the hospital. It also received testimonies from other stakeholders on the services they received at the hospital.

3.3.3 The Panel noted that the State hospitals collaborates with international organisations, such as the International Committee of the Red Cross (ICRC), which operates a clinic within the facility. This collaboration focuses on providing reproductive health-care services, including ante-natal and post-natal care. The Panel also took note of the fact that the State health facilities functions as a secondary referral centers where the military refers complicated cases of their personnel for specialised medical management. In essence, the State facilities plays a the role of a secondary referral centers to manage complicated

3.3.4 The Panel however observed that there is no formal agreement between the State health facilities and the Nigerian military to define the referral process. In other words, there is no structured or official pact defining the relationship. Referrals occur on an ad hoc basis.

3.3.5 At the State Specialist Hospital in Yola, the Panel visited the Obstetrics and Gynecology department, and observed the processes and procedures related to women's health care. The goal was to understand how medical examinations and treatments were conducted for pregnant women and girls. The Panel also visited the records unit to review documentation related to patient care and treatment histories. The goal was to gather information on medical procedures and outcomes recorded on women and girls admitted in the hospital.

3.3.6 Additionally, the Panel observed that the State specialist hospital Yola has established protocols requiring all patients to register their necessary details upon arrival. This registration process is a necessary requirement before any medical attention is provided by healthcare personnel within the facility. This systematic approach ensures that proper records are maintained for every patient, facilitating transparency and accountability in patient care.

3.4 Analyses of Testimonies and Investigations on Issue 3

3.4.1 The Panel's responsibility is to determine whether civilian and military health facilities collaborated to carry out illegal abortion procedures on the returnees using inappropriate objects. The words "inappropriate objects" mean unsuitable, not appropriate for a particular occasion or situation.

3.4.2 W057, W013, W125, W070, and W093 denied Reuters allegations, testifying that there was no form of collaboration between the military and the civilian hospital to conduct abortions. They however admitted the existence of a relationship between the State health facility and the military to the extent that the former served only as a referral centre for returnees needing medical attention. They testified that their dealings with returnees brought to State facilities were strictly provided evidence to show that the hospital acts professionally as a referral facility for returnees who needed medical attention. W054 The Attorney General and Commissioner for Justice, Yobe State also dismissed the existence of a state policy authorising any civilian hospitals to engage in a secret and systematic abortion programme in collaboration with the Nigerian military.

3.4.3 The Panel notes that no evidence was provided to establish that any collaboration existed between the State specialist hospital and the Nigerian military. Thus, determining

whether an inappropriate object was used to procure the same is futile.

3.4.4 The Panel's field visit to the State Specialist Hospital in Maiduguri confirmed that there is no formal or special partnership between the Nigerian military and State health institutions in handling patient referrals. Instead, The State hospitals operated as an open secondary referral centres, accessible to all without any exclusive arrangements or agreements with the military.

3.4.5 The Panel also observed that certain NGOs operate clinics within the State health facilities. These clinics provides medical services to patients referred to them within the facilities.

3.5 Findings on Issue 3

3.5.1 General Findings:

The Panel finds that:

1. There is no evidence that Nigerian soldiers and civilian healthcare workers conducted forced and illegal termination of pregnancies on surrendeeds and returnees in the North-East.
2. There is no evidence that Nigerian soldiers and civilian healthcare workers conducted illegal termination of pregnancies using inappropriate objects on surrendeeds and returnees in the North-East.

3.5.2 Specific Findings:

The Panel finds that:

1. The Nigerian military had no agreement with any civilian healthcare institution to forcibly and illegally terminate pregnancies in the North-East. In making this finding, the Panel relied on the testimonies of W057 Dr. Aisha Adamu Buba, W013 Dr. Baba Shehu Mohammed, and W070 Dr. Ahmadu B. Usman. These witnesses not only denied Reuters' allegation, but insisted that civilian healthcare institutions only responded to emergency situations involving civilian casualties. The finding is further strengthened by the absence of any formal agreement between the military and civilian healthcare institutions to conduct illegal and forced abortions.
2. No State policy exists that enables both civilian and military healthcare institutions to conduct forced and illegal termination of pregnancies on surrendeeds and returnees in the North-East. The Panel relied on the testimonies of W054 Barrister Saleh Samanja, the Attorney General and Commissioner for Justice of Yobe State, who also served as the Chairman of

the Yobe State Sexual Assault Referral Centre from 2015 to 2017; W051 Brigadier General Abdulsalam Sabi Ishaqu, Special Adviser to the Governor of Borno State on Security; W055 Dr Goje Mohammed, Executive Secretary, Yobe State Emergency Management Agency; and W129 Major General Suleiman Idris (Rtd.), former Commander, Nigerian Army Armoured Corps Headquarters. These witnesses testified that civilian healthcare institutions operate an open referral system with no special arrangement with the military to attend to selected civilians for abortion purposes.

3. The civilian healthcare workers operate professionally in the State healthcare facilities in responding to civilian casualties arising from the insurgency in the North-East. The Panel makes this finding from the testimonies of W057 Dr Aisha Adamu Buba, Chief Medical Director (CMD) and Head of Department Obstetrics and Gynecology, Yobe State Specialist Hospital, Damaturu; W013 Dr Baba Shehu Mohammed, CMD, State Specialist Hospital Maiduguri, Borno State; W125 Adamu Salihu Mirnga, Head of Department, Department of Nursing, University of Maiduguri Teaching Hospital, Borno State; and W070 Dr. Ahmadu B Usman, Acting CMD, Modibbo Adama University Teaching Hospital, Yola.
4. There is no evidence that the Nigerian military and civilian healthcare workers conducted illegal termination of pregnancies of returnees and surrendees, using inappropriate substances. The Panel having found that no collaboration existed between the military and civilian healthcare institutions to conduct illegal abortions, the allegation of using inappropriate objects for a non-existent procedure has been rendered nugatory and irrelevant.

4.0 ISSUE 4

Whether Nigerian soldiers conducted forced and illegal termination of pregnancies using Oxytocin and Misoprostol in facilities belonging to the Armed forces.

4.1 Relevant Allegations and Extracts from the Reuters Report - AA

4.1.1 “A drug called Oxytocin was commonly used for abortions at military facilities, Nigerian soldiers and guards told Reuters. The drug, a potent hormone, is not recommended for abortions by the WHO and other experts”.¹⁵

4.1.2. “Staff at Nigerian military facilities gave women one or more intramuscular injections of Oxytocin in quick succession to induce abortion, according to soldiers and documentation”.¹⁶

4.1.3 “Also given was the drug Oxytocin, which is widely used during labour to stimulate contractions and safe to use when under medical supervision. Though experts say it is not recommended for abortions, it was sometimes given at military bases to trigger terminations, said two soldiers who performed the procedures”.¹⁷

4.1.4 “Among those forced to undergo an abortion was a girl named Hafsat. She arrived at an army base in March 2019, a skinny teen of 14 or 15, clad in a turquoise dress and covered in mosquito bites, according to a soldier present that day. The soldier said he and other troops injected Hafsat and three others with Oxytocin while they lay on the ground outside the army clinic”.¹⁸

4.2 Witness Testimonies in Relation to Allegations in Issue 4

4.2.1 In responding to the allegations in paragraphs 4.1.1 to 4.1.4, W003 Lieutenant Colonel Adeniyi S. Ogunsakin, Commanding Officer, 7 Division Hospital, denied the possibilities that rogue elements seeking to carry out illegal abortion could have obtained medications within the 7 Division Hospital without the knowledge of the hospital authorities. He explained that when procuring medications and medical supplies for the hospital, the Division always involved its Intelligence and Military Police units to ensure proper accountability. He stated further as follows:

We make sure that everybody, even the authorities, it is not limited to me as the Commander of the hospital, the authorities know about every tablet and every injection . . .that enters into this hospital. And how we dispense them, like I told you, even on a weekly basis, we send details of the kind of patients seen, their diagnosis, they even sign, each of them will sign, the drugs that we give them, they sign. . . We send a copy

¹⁵ Ibid. para. 140.

¹⁶ Ibid. para. 142.

¹⁷ Ibid. para. 75.

¹⁸ Ibid. para. 105.

to the Headquarters, on a weekly basis, so they are involved. When they go to get the drugs, they are involved, they collect from the pharmacy, they bring them here, they check whether everything is in the voucher, they check that everything is present, they see it physically, if you say this thing is twenty, they will count and say that this is actually twenty, or 50.

4.2.2 When asked if it was probable that the alleged victims of the forced abortion were administered Misoprostol or Oxytocin to stop them from bleeding in the 7 Division hospital, W003 Lieutenant Colonel Adeniyi S. Ogunsakin responded as follows:

[W]e have not had any of these women that you are talking about, we have not had any. The only two pregnant women, that were rescued to this place, are the Chibok girls, and I told you that they were still in their pregnancy state, without labour no nothing, they had not reached term, and we kept them here for a few days, when they were okay, and the authorities were ready to take them, we released them to the State authorities.

4.2.3 W007 Sergeant Nelson Maiture, Pharmacy Technician, 7 Division Hospital, Maimalari Barracks, in response to the allegation in paragraph 4.1.2, admitted to the Panel that the hospital's pharmacy stocks Misoprostol and Oxytocin, but denied knowledge of their use to commit illegal abortion. He further testified that the pharmacy dispenses drugs only with the approval of the Head of Department. He denied having knowledge of any uniformed personnel in the Nigerian military allegedly administering injections to women and girls to terminate their pregnancies. In support of his claim, he reiterated that the hospital has a Standard Operating Procedure for drugs and that all necessary information on procurement and dispensation in the facility are accessible in their records.

4.2.4 W032 Colonel Ndidi Stephen Onuchukwu, in response to the allegations in paragraphs 4.1.3 and 4.1.4 testified that at the time of his deployment at the JIC, Giwa barracks between August 2010 and November 2014, there was no one named Hafsat who bled to death in the barracks. He further denied ever administering Oxytocin or Misoprostol during his deployment at the JIC Giwa Barracks.

4.2.5 W012 Assistant Superintendent of Police (ASP) Hyelapamduwae Wakawa, was the nurse attached to the medical centre at the JIC, Giwa barracks. In response to Reuters allegation in paragraph 4.1.4, the witness stated as follows: "[A]s far as I am concerned, I have never seen that. I do not know if there is a woman, because there are many, so I may not know the name. But in terms of abortion, forcing any lady on abortion, not in Giwa barracks." She further stated that "as far as I am concerned, we never administered . . . such a drug to anybody . . . I do not know of any woman whose pregnancy was terminated."

4.2.6 W096 General Lucky E. O. Irabor, Chief of Defence Staff, stated that the allegations described in paragraphs 4.1.2 and 4.1.4 sound like actions of militias and not the Nigerian military. He stated that the military has instruments like the Armed Forces Act, Code of Conducts, Standing Rules of Engagement and the Use of Force, Nigerian Army Policy on Human Rights and Rules of Engagement. These instruments prohibit any member of the armed forces from engaging in illegal acts.

4.3 Field Investigations on Allegations Related to Issue 4

4.3.1 The Panel conducted a field visit to Sector 2 Hospital in Damaturu, a military health facility in Yobe State. The purpose of the visit was to inspect the facility and investigate the allegations that the military administered Oxytocin and Misoprostol drugs to abort pregnancies women and girls across the North-East.

4.3.2 The Panel observed among other things that the military facility neither conducted diagnostic tests and surgical procedures nor rendered mortuary services. The facility serves as an initial point for medical care. Complex cases requiring surgeries or post-mortem care referred to Yobe State University Teaching Hospital in Damaturu.

4.3.3 The Panel's inspection of the health facility at JIC, Giwa barracks revealed that it primarily manages minor health concerns. Interviews with medical staff revealed that the facility does not stock Oxytocin and Misoprostol because they do not handle deliveries.

4.4 Analyses of Testimonies and Investigations on Issue 4

4.4.1 The use of the drugs Oxytocin and Misoprostol in hospitals during delivery is a matter of public knowledge. All hospital witnesses that appeared before the Panel admitted knowledge of Oxytocin and Misoprostol as controlled drugs that can be used during delivery to manage complications. They however denied Reuters allegation that the drugs were used to procure illegal and forced abortions.

4.4.2 In making a determination on the issue, the Panel poses the question on whether, in the light of the witnesses' admission of the existence and use of Oxytocin and Misoprostol, it was probable that these drugs might have been deployed for abortion in the hospitals. W003 denied that probability, even possibility, stating that the 7 Division's Intelligence and Military Police are always involved during procurement of medications and medical supplies in the hospital to ensure accountability. W007, a Pharmacy Technician, stated that these drugs could not be dispensed without approval of the HOD who has control over the drug store. Hospital records reviewed by the Panel revealed that the Military Intelligence Brigade referred rescued civilians to the 7 Division hospital for medical interventions before being

united with their families.

4.4.3 W032 and W012 denied the use of Oxytocin and Misoprostol drugs for abortion. They testified that the drugs were not stored in the JIC, Giwa barracks because deliveries are not conducted there.

4.4.4 In light of the evidence before the Panel, it is necessary to further examine the standards of operation or existence of structures in the military and civilian healthcare facilities to effectively control the procurement, storage, and deployment of Oxytocin and Misoprostol drugs. As stated by the witnesses, procedures for procurement, storage, distribution, and use of these drugs are closely monitored and controlled by established structures and personnel who are accountable to the hospitals or medical facility for their management.

4.4.5 The Panel's examination of military medical facilities across the region show a general agreement among healthcare institutions on the specific purposes of Oxytocin and Misoprostol, which is that they are stocked and primarily used to address pregnancy and delivery related complications.

4.5 Findings on Issue 4

4.5.1 General Findings:

The Panel finds that there is no evidence that Nigerian soldiers conducted forced and illegal termination of pregnancies using Oxytocin and Misoprostol in medical facilities belonging to the Armed Forces.

4.5.2 Specific Findings:

The Panel finds that:

1. The Nigerian military did not use Oxytocin and Misoprostol to forcibly and illegally terminate pregnancies in military facilities. The Panel relies on the testimonies of W003 Lieutenant Colonel Adeniyi S. Ogunsakin and W082 Corporal Alexander Vincent, which highlights the involvement of key military units in ensuring accountability and preventing unauthorised acquisition or misuse of these drugs.
2. The Nigerian military healthcare facilities operated in accordance with the pharmaceutical protocols for drug management and dispensation. The Panel relies on the testimonies of W007 Sergeant Nelson Maiture and W003 Lieutenant Colonel Adeniyi S. Ogunsakin. Both witnesses indicated that military facilities followed pharmaceutical standards in the handling and use of Oxytocin and Misoprostol at the time of the alleged abortion. Additional

testimonies from W053 Major General Mayirelso Lander David Saraso and W082 Lance Corporal Onah Hillary indicate that Commanders purchase drugs and medical supplies after allocating funds through structured documentations.

3. There is a consensus among testimonies from military and civilian health care workers to the effect that Oxytocin and Misoprostol are stocked, and used to handle complications associated with pregnancies. The Panel relies on testimonies of W058 Pharmacist Modu Ali Gambo, W015 Dr Zara Umarte, W042 Kellu Dauda, and W064 Pharmacist Sale Abubakar Maidede. Their testimonies indicate that Oxytocin and Misoprostol are administered in hospitals to handle complications associated with deliveries. W082 Lance Corporal Onah Hillary 23 Armoured Brigade Medical Centre Yola, and W007 Sergeant Nelson Maiture Sergent Nelson Of 7 Division Hospital Maiduguri, corroborate the submissions from civilian healthcare workers.

5.0 ISSUE 5

Whether civilian healthcare workers conducted illegal abortions of pregnancies using Oxytocin and Misoprostol in the State health facilities in the North-East.

5.1 Relevant Allegations and Extracts from the Reuters Report - AA

5.1.1 “Nigerian facilities often used Misoprostol, which helps induce labour or contractions, according to the documentation reviewed by Reuters. The drug is also used to treat ulcers and postpartum hemorrhage, and is widely available in Nigerian cities, including through unofficial abortion-drug distribution networks. Women sometimes were also given the progesterone-blocker called mifepristone, which in many countries is used in conjunction with Misoprostol in medication abortions”.¹⁹

5.1.2 “Also given was the drug Oxytocin, which is widely used during labour to stimulate contractions and safe to use when under medical supervision. Though experts say it is not recommended for abortions, it was sometimes given at military bases to trigger terminations, said two soldiers who performed the procedures”.²⁰

5.2 Witness Testimonies in Relation to Allegations in Issue 5

5.2.1 W058 Pharmacist Modu Ali Gambo, Head of Pharmacy, Yobe State Specialist Hospital, Damaturu, in response to the allegations in paragraph 5.1.1 expressed his familiarity with Oxytocin and Misoprostol as drugs that are used to induce labour during delivery. He stated that for such drug categories, the storekeeper directs their supply, which is often done directly for use at the point of delivery.

5.2.2 W015 Dr Zara Umarte, Head of Department, Obstetrics and Gynecology, State Specialist Hospital, Maiduguri, testified that the department uses Misoprostol to relax the uterus and ripen the cervix during delivery. She also stated that the department does not terminate pregnancies, though it offers post-miscarriage care. Upon inquires on how abortions are done, The witness described the two methods of terminating a pregnancy as follows: The first is the surgical method, entailing using either syringes or the dilation and curettage, and the second is medical termination using drugs.

5.2.3 W023 Hadiza Lawal Dawusa, Chief Nursing Officer, Umaru Shehu Ultra-Modern Hospital, Maiduguri, with respect to the allegation in paragraph 5.1.2 admitted that the hospital uses Misoprostol for management of medical abortion but does not administer Oxytocin because it performs a similar function. She acknowledged that the pharmacy controls access to the drugs, stating that upon prescription, the patient’s relative proceeds to the

¹⁹Ibid. para. 74

²⁰ Ibid. para 75

to the pharmacy to buy and take it to the nurses to administer. The witness further stated that she is not aware of any instance where the military brought pregnant women to the ward for abortion purposes.

5.2.4 W018 Pharmacist Alheri Mbiting Wakawa, Head of Pharmacy, State Specialist Hospital, Maiduguri, in responding to the allegation in paragraph 5.1.1 acknowledged her familiarity with Misoprostol and Oxytocin, which are used “in clinical practice . . . to induce labour.” She stated that though the drugs could also be used for abortion, the State Specialist hospital only uses them for “induction of labour, at the labour ward when women come to deliver.”

5.2.5 W024 Pharmacist Amina Yakubu, Manager, Borno State Expanded Drug Revolving Fund Scheme, described the method adopted in distributing and storing Misoprostol and Oxytocin as follows:

The drugs are stored in the store; Oxytocin is in the fridge. So, when the patients actually come with their prescription, my dispensers are in the dispensing point, so we do give them medications to put in their lockers, just not much, just in small quantities, so as it is moving we go back to the main store, I have a store attendant, she is also a dispenser, so you go there, if I am there I will give you, if I am not there she gives it to them and then they dispense only on prescriptions.

5.3 Field Investigations on Allegations Related to Issue 5

5.3.1 The Yobe State University Teaching Hospital in Damaturu serves as a civilian health-care institution within the North-East region, providing comprehensive medical services to patients in the state. The Panel visited the hospital to investigate Reuters allegations that state health institutions in the region used the drugs Oxytocin and Misoprostol to forcefully abort pregnancies of women and girls.

5.3.2 During the investigation, questions were asked regarding the availability and use of Oxytocin and Misoprostol. These questions were addressed by testimonies of the staff of the pharmaceutical unit indicating that the distribution of these drugs adheres strictly to medical protocols and that their usage is strictly limited to inducing labour and managing complications that could arise at the hospital during deliveries.

5.3.3 During the Panel's visit to the State Specialist Hospital in Damaturu, medical staff of the hospital denied the allegations of conducting illegal and forced abortions on pregnan-

pregnancies of women and girls using Oxytocin and Misoprostol. During inquiries, a staff of the pharmaceutical unit stated that they strictly adhere to medical protocols and ethical standards in the distribution and use of the drugs Oxytocin and Misoprostol. The staff witnesses noted that hospital authorities would be aware of any use of the drugs to forcefully procure abortions due to the stringent oversight and monitoring procedures in the facility.

5.3.4 The Panel also visited the Modibbo Adama University Teaching Hospital in Yola to investigate its facilities. The Panel visited critical units in the hospital to assess their facilities and operations. It visited the pharmacy unit to review the dispensing of medications and the management of pharmaceutical supplies. It assessed how drugs were stored, dispensed, and managed to ensure adherence to regulatory standards.

5.3.5 The Panel visited the Umaru Shehu Ultra-Modern Hospital Maiduguri which provides medical services in Borno State. Medical staff informed the Panel that the hospital stocks Oxytocin and Misoprostol as essential medications. The Panel also reviewed the protocol for the purchase and storage of the drugs from a central state source and found that such protocols exist, ensuring control over the purchase, storage, and usage of the medications in the hospital.

5.3.6 The Panel was convinced after its visit to the University of Maiduguri Teaching Hospital that Oxytocin and Misoprostol drugs were exclusively used for medical sanctioned purposes and in accordance with hospital protocols. The purposes primarily include labour induction and management of complications arising from deliveries conducted in the hospital.

5.4 Analyses of Testimonies and Investigations on Issue 5

5.4.1 The Panel's task is to resolve the issue of whether civilian healthcare workers forcefully and illegally used Oxytocin and Misoprostol to conduct abortions as alleged by Reuters.

5.4.2 W058 denied the possibility of the hospital diverting Oxytocin and Misoprostol for abortion purposes, stating that the storekeeper directs the supply of the drugs from the department to the dispensing point. The established protocol ensures proper checks, making it difficult for anyone to divert any medication for other purposes.

5.4.3 W015 stated that the State Specialist Hospital in Maiduguri uses Oxytocin and Misoprostol to manage complications during childbirth. W023 corroborates W015's testimony,

5.4.3 W015 stated that the State Specialist Hospital in Maiduguri uses Oxytocin and Misoprostol to manage complications during childbirth. W023 corroborates W015's testimony,

testimony, adding that they do not use the drugs simultaneously as both serve the same purpose. W018 testified that the State Specialist Hospital uses the drugs to induce labour during delivery. W028 and W024 align themselves with the same facts. W012 stated that they did not use the drugs at the JIC Giwa barracks, corroborating the testimonies of W032 and W012.

5.4.4 From all the witness testimonies, the facts about Misoprostol and Oxytocin and their uses appears to be uncontroverted. There is also no controversy on whether the state hospitals have used such drugs. The witnesses admitted using them manage pregnancy related complications. However, no evidence was presented to the Panel to suggest that such drugs have been used illegally to abort pregnancies.

5.4.5 During its visits to state healthcare facilities in Borno, Yobe, and Adamawa, the Panel observed that Oxytocin and Misoprostol drugs are stocked primarily to manage complications related to pregnancy. The pharmaceutical unit and departments of obstetrics and gynaecology oversee the management of these drugs. The pharmaceutical unit is tasked with storage, distribution, and adherence to protocols of these medications. The obstetrics and gynaecology departments dispense the drugs under regulated conditions.

5.5 Findings on Issue 5

5.5.1 General Findings:

The Panel finds that there is no evidence that civilian healthcare workers conducted illegal abortions using Oxytocin and Misoprostol in State health facilities in the North-East.

5.5.2 Specific Findings:

The Panel finds that:

1. Civilian healthcare workers did not use Oxytocin and Misoprostol to illegally abort pregnancies in the State healthcare facilities. The Panel relies on the testimonies from W023 Hadiza Lawal Dawusa and W018 Pharmacist Alheri Mbiring Wakawa. During its field investigations into civilian health facilities in the North-East, the Panel found that Oxytocin and Misoprostol were stocked, managed and utilised in maternal healthcare wards within the civilian health facilities.
2. The distribution of Oxytocin and Misoprostol is tightly controlled by the State. According to the testimony of W028 Adamu Usman, Manager, Borno State Expanded Drug Revolving Fund Scheme, medications are centrally stored in Borno State, dispensed in small quantities at designated points, and only provided upon presentation of a valid prescription from a patient. This suggests

a regulated and monitored system for accessing these medications, with controls in place to prevent misuse or unauthorised distribution.

3. Civilian healthcare workers did not use Oxytocin and Misoprostol to conduct illegal abortions. As W015 Dr. Zara Umarte, the Head of Department, Obstetrics and Gyneacology at the State Specialist Hospital testified, these drugs are usually employed to deal with medical emergencies under established medical protocols.

6.0 ISSUE 6

Whether the Nigerian military escorted pregnant women and girls to sites or locations for the purpose of conducting forced and illegal abortions in the North-East.

6.1 Relevant Allegations and Extracts from the Reuters Report - AA

6.1.1 “Three soldiers and a guard who were deployed in the Maiduguri area in the past decade provided Reuters with estimates of how many women they had escorted for abortions. In separate interviews, each said he had helped transport between 7,000 and 8,600 pregnant women to military facilities for the procedures. The figures may overlap as some sources may have been part of the same transports at times”.²¹

6.1.2 “This investigation is based on interviews with 33 women and girls who say they underwent abortions while in the custody of the Nigerian Army. Just one said she freely gave consent. Reporters also interviewed five civilian healthcare workers and nine security personnel involved in the programme, including soldiers and other government employees such as armed guards engaged in escorting pregnant women to abortion sites”.²²

6.1.3 “The army-run abortion programme has been in place since at least 2013, and procedures were being performed through at least November of last year, according to accounts from soldiers. The enterprise has been elaborately engineered, the sources told Reuters, with pregnant former captives of insurgents transported regularly in trucks under armed guard, sometimes in convoys, to barracks or hospitals across the northeast for abortions”.²³

6.1.4 “Reuters spoke with eight soldiers and guards involved in transporting women for abortions. Batches of pregnant women held captive by insurgents were often picked up in rescue operations and placed into trucks. Some of the women were separated out in the field from other rescued people, the sources said. For other women, the winnowing came later, while enroute to or after reaching military or civilian facilities”.²⁴

6.1.5 “The Maiduguri sites include the detention centre at Giwa Barracks, where Fati said she was forced to have an abortion. Other sites include the Maimalari Barracks, which is the city’s main military base, and two civilian hospitals – State Specialist and Umaru Shehu. The two hospitals did not comment for this story”.²⁵

6.2 Witness Testimonies in Relation to Allegations in Issue 6

6.2.1 W123 Prof Ahmed Ahidjo, CMD, University of Maiduguri Teaching Hospital, with respect to the allegation paragraph 6.1.3 denied seeing the Nigerian military bring women

²¹ Ibid. para. 96

²² Ibid. para. 11.

²³ Ibid. para. 27.

²⁴ Ibid. para. 98

²⁵ Ibid. para. 29

respect to the allegation paragraph 6.1.3 denied seeing the Nigerian military bring women or children to the hospital. He also testified that he never experienced any situation where the Nigerian military referred women or girls, victims of Boko Haram insurgency, to the hospital for “obstetrics and gynecological attention.”

6.2.2 W036 Major General Victor Ezeugwu, General Officer Commanding 7 Division, Maimalari from 2016 to 2017, in responding to the allegation in Paragraphs 6.1.1 to 6.1.2 denied knowledge of any instance where armed guards escorted pregnant women and girls to abortion sites. He described the procedure adopted by the Nigerian military at the front-line, stating that, “our first rule is that you must take these civilians out of the combat zone, so that you do not endanger their lives. So, I have told you that the process is to screen them and the moment we screen them, we are not responsible for keeping them in custody . . . we take them to the IDP camp and soldiers only guard or provide security for the IDP camp.”

6.2.3 W085 Major General Benjamin Olufemi Sawyer in response to the allegation in paragraph 6.1.1 refuted it, stating that: “There was never a time we treated civilians, we do not treat civilians in our camp, but we carry out what we call medical outreach, which is usually done to win the hearts and minds of the locals.” He further stated that his medical team never conducted any medical test, including pregnancy test, during those outreaches.

6.2.4 W001 Major General Christopher Musa, former Theatre Commander Operation Hadin Kai from 2021 to 2022, highlighted the involvement of the Nigerian military during the course of its operations in the North-East as it relates to surrendees as follows:

[O]ur procedure is, once they report to the closest unit, they are profiled, the State Government provides the transport, we provide the escort and take them to the camps and then hand them over to the State Government. We only provide security, so we are not involved in their day to day running, especially the hospital . . . the hospitals we have, 7 Division Hospital at Maimalari. We have another hospital at Giwa barracks, those ones cater for only personnel and basically. So, anything on abortion is not with the military.

6.2.5 In response to the allegation in paragraph 6.1.1 to 6.1.5 W094 Brigadier General Tuni Isa, former Acting Garrison Commander, 7 Division Maimalari, from 2017 to 2018, stated that his troops provided medical assistance to civilians wounded by Boko Haram insurgents who sustained injuries from long walks while escaping from insurgents. He stated that the Nigerian military only provides surrendees with security and armored vehicles to convey

them to Maiduguri. According to him:

we move them to the town, to the hospitals in the town. Mostly grownup males and even children that have been injured from bullet wounds, fracture and bruises. Some are children including girls whose parents have been killed and they have been left alone. So, we move them... most of them have their relatives in Maiduguri. So, as we are entering the town, once we bring them down, the relatives come for them.

6.2.6 W003 Lieutenant Colonel Adeniyi Samuel Ogunsakin described the procedure that the Nigerian military adopts in relating to women and girls rescued from the field of battle during the Counter-Insurgency Operations in the North-East:

When wives and children or women generally are rescued from the cross fire of the enemy during a war circumstance, they are usually rescued to the rear. The rear is the back of the fighting force. . . and in that rear, the medical components of any unit that is advancing in any war fare is usually at the rear. So, they rescue them to the medial components at the rear. The medical components examines them and gives first aid care immediately. The ones that are not sick or injured, are rescued and handed over to the State Emergency Management Agency (SEMA) . . . anyone that is sick or someone that is pregnant as the case may be, after the initial first aid care, are rescued and an ambulance brings them to the hospital.

6.2.7 W124 Professor Bilikisu Isah, Head of Department, Obstetrics and Gynaecology University of Maiduguri Teaching Hospital admitted receiving pregnant returnees experiencing delivery complications at the hospital. He stated that the Nigerian military often provide assistance and support to these women when they are unable to transport themselves to the hospital. He expressed disbelief at Reuters allegations, stating: “they are helping them, this is why when they say military is so so so, I was shocked because they are bringing patients having difficulty in delivery and have problems, that cannot afford to come, sometimes they use to help them to bring them to us, so that we will see, not like something like any other harassment.”

6.2.8 W019 Dr Emmanuel Filibus, CMD, Umaru Shehu Ultra-Modern Hospital Maiduguri, Borno State, denied ever handling any patient brought in from the frontlines or the IDP camps during his time as the CMD. He testified he received community members while he was at State Specialist Hospital. He stated that they might have been relatives of people

frontline, but that it was never brought to his attention that such a case existed.

6.2.9 W013 Dr Baba Shehu Mohammed, CMD, State Specialist Hospital Maiduguri, Borno State denied having knowledge of any existing relationship between the State Specialist Hospital and the Nigerian military. When asked about the relationship between “both the 7 Division Hospital and the Giwa Barracks Clinic,” the witness responded: “Honestly, I do not know much about the relationship with the Hospital, we hardly see the Military unless when they have some relations, they bring them to the clinic, like any other person, other than that, I do not have any relation with the military personnel.”

6.2.10 W027 Honourable Zuwaira Gambo, Honourable Commissioner for Women Affairs and Social Development testified that after receiving women and girls from the military, the Ministry processes and sends them to IDP camps. She further stated that, “once they enter Hajj camp, all . . . the stakeholders . . . will go through another round of screening, take their pictures and give the officials and the traditional rulers from the communities to take back home and confirm to us that, yes, these people are people we knew, these people we know.”

6.2.11 PW005 a protected witness and surrendered detainee at JIC, Giwa Barracks, in responding to the allegations in paragraph 6.1.4 and 6.1.5 denied knowledge of any abortions carried out on women and girls affiliated with Boko Haram insurgents. The witness stated that he had “never seen or heard anything like that. The military always takes care of us and every pregnant woman or girl is given ante-natal treatment and when it is time for her delivery, is taken to the hospital to give birth.” The witness also stated that during her detention in Giwa barracks, she did not see, or hear of a soldier beating or maltreating women or girls.

6.2.12 PW006 a protected witness and detainee at JIC, Giwa barracks, in responding to the allegation in paragraph 6.1.4 denied knowledge of Reuters allegation, stating that the military registered her for antenatal care after a test conducted on her upon entry into the facility which revealed that she was six months’ pregnant. She further stated that she continued with her antenatal care until she delivered.

6.2.13 W044(A - H) Community Girls (Special testimony of girls from Kukawa, New Marte and Garsawa areas, who narrated their experiences during the Panel’s sittings in Hajj Camp) stated that some of them were wandering in villages under Bama Local Government, before tracing their way to the camp. Some others claimed that when their family members heard that they were in Bama town, they came and brought them to the Hajj Camp in Maiduguri.

6.3 Field Investigations on Allegations Related to Issue 6

6.3.1 As part of its investigation, the Panel visited the Hajj and Bulumkutu camps where returnees were kept. The purpose was to assess the health facilities at the camps and investigate the alleged illegal or forced abortions carried out by military or state health authorities. During the visit to the Hajj camp, the Panel observed infrastructures provided by the United Nations Children's Fund (UNICEF), including a newly constructed medical facility. Other structures that UNICEF supported included a livelihood center, child-friendly space, and reintegration center. These facilities cater to the diverse needs of returnees, particularly focusing on health, education, child welfare, and community integration.

6.3.2 The Panel examined records from the medical facility at the Hajj camp. It found that the facility manages between five to six deliveries per day. The medical records documented one case of miscarriage that occurred due to a fall by a pregnant patient at the camp, leading to miscarriage.

6.3.3 At the Bulumkutu camp, the Panel saw a rehabilitation center equipped with a medical reception facility that provides initial medical care. The observation of the Panel indicates that the camp offers antenatal care, but refers deliveries to state health facilities for comprehensive obstetric care. Former Boko Haram insurgents at the camp denied knowledge of any alleged illegal or forced abortion programme targeting pregnancies of women and girls. The former insurgents confirmed being in the Bulumkutu camp with their families where their children were engaged in basic educational studies. Staff at the camp informed the Panel that military personnel do not enter the camp premises.

6.3.4 The Panel carried out field investigations in Madagali Local Government Area, Adamawa State. Furthermore, the Panel interviewed PW009 representative of the Acting District Head of Madagali district; PW013, District Head of Gulak; PW016, an Indigene of Gulak District; PW017, Imam, Muslim Council Madagali Local Government Area; PW014 and PW015, Internally Displaced Persons from Kauda and Wanu; and PW010, PW011 and PW012, women rescued by the military from Boko-Haram encampment. The focus of the interviews were to determine if there were known incidents where the Nigerian military escorted pregnant women and girls to locations in Madagali district for the purpose of conducting illegal abortions.

6.3.5 PW009 stated that a camp was set up for displaced persons from Gwoza and other areas. Additionally, the witness stated that persons who escaped or were rescued from Sambisa forest by the military during the insurgency were handed over to Madagali district

head after family tracing for reunion. PW013 described his experiences before, during, and after the insurgency. The witness stated that he was evacuated by the military for safety in 2014, returned in 2016, and was fully resettled in Gulak in 2020. The witness testified that soldiers reunited rescued persons from the insurgency with their families.

6.3.6 PW010, PW011 and PW012 were women rescued by the military from the Boko Haram encampment. The witnesses shared testimonies of their experiences while under the captivity of the insurgents and instances where the military rescued them and took them to the Army Headquarters Madagali and provided them with food and medical care. PW012 stated that she was abducted along with her husband and children but were rescued by the military in Madagali. The witness stated further that she decided to stay in the military camp until she was handed over to the district head who facilitated her reunion with her family. PW011 stated that she, alongside others, were rescued and taken to the military camp by the soldiers and were provided food, shelter, and medical care for the sick and injured, including the pregnant women. The witness stated further that she was captured by Boko Haram in 2014 at about age 13 and was rescued by the military some years later while pregnant. The witness narrated that after the rescue, they were taken to a military camp in Damboa, where they were kept for two months before being reunited with their family. The witness narrated further that her parents were killed by the insurgents, and she now lives with relatives alongside her child who is one year and six months old. PW010 stated that she was abducted by insurgents in Gubla and taken to the Sambisa Forest. The witness stated further that while in the insurgent camp, she was forced into marriage at a young age, and was later rescued by the military who cared for them for several weeks, providing food and medicine before eventually reuniting them with their family members.

6.3.7 PW014 and PW015 were IDPs who denied knowledge of the allegations that women were transported to sites by the military where their pregnancies were forcefully aborted. PW015 stated that he escaped to yola when the insurgents invaded their village but had no direct encounter with the military. PW016 is a volunteer worker with the Nigerian Red Cross in Madagali district. The witness stated that he was involved with the IDP camp in Madagali town which was set up for IDPs from Gwoza in 2015. The witness stated further that during this period, the military provided security for the camp. The witness stated additionally that they were not permitted to enter the military camp, and when persons who had been rescued or escaped were brought into the military camp, they were kept under strict confidentiality for profiling before being handed over to the district heads. PW017, was an imam with the muslim council in madagali. The witness denied knowledge of the allegations of forced abortions.

6.4 Analyses of Testimonies and Investigations on Issue 6

6.4.1 The issue for determination, in line with the allegations contained in paragraphs 6.1.1 to 6.1.4, is whether the various testimonies disclose that the Nigerian military took pregnant women and girls to sites to conduct illegal and forced abortions on them. W036 denied this allegation, asserting that they only handed women and girls to the State Government after rescuing them from the combat zones. W001 also denied the allegations, stating that the military does not provide vehicles to transport returnees. The witness submitted that the State Government provides transport while the military provides security to the returnees. W094's testimony aligned with that of W001.

6.4.2 PW005 and PW006, who were female detainees in Giwa barracks, denied any abortion procedure there. They testified that pregnant women and girls among them were registered for ante-natal care. The testimony of the witnesses contradicts the allegation that soldiers carried out abortions on pregnant women and girls in military facilities.

6.4.3 W044(A - H) narrated their experiences stating that some of them met their husbands during the conflict, while some were married for years before they were captured by Boko-Haram. They stated that their husbands were mostly from the New Marte area. The witnesses were visibly seen with children in the camp. Additionally, the witnesses denied knowledge of forced abortions on pregnant women and stated that they have stayed safe in the camp with their children.

6.4.4 The above testimonies show that the military provided security and ante-natal care to the women and girls who returned from the insurgency. While Reuters allegation claimed that they were escorted to sites for illegal or forced abortions, the military officers testified that they only provided security to the returnees while the state government provided the vehicles that took them to IDP camps.

6.4.5 Staff at the Hajj and Bulumkutu camps informed the Panel on how the camps are run, and their testimonies helped in understanding operations within the camp. The authorities' denial that abortions took place at their facility dispels allegations related to the conduct of illegal and forced abortion on pregnant women and girls at camps in the North-East region.

6.4.6 The Panel notes that testimonies of the district heads, volunteer workers, religious leaders and IDPs from Madagali district indicates that there were no military or civilian facilities in Madagali involved in forced abortions. The district heads affirmed that the military's role was limited to rescuing individuals from conflict zones and facilitating their reunion with

reunion with families. Women who were former captives of the insurgents testified that although they were mistreated by insurgents, the military provided substantial care, including medical attention, food, and clothing, upon their rescue.

6.4.7 The above testimonies, in particular, the testimony of PW011 who testified that she was pregnant while being rescued by the military and had her baby thereafter which was also corroborated by PW012 who testified that pregnant women and girls who were among those rescued were provided medical care while under military custody until they were reunited with their families collectively corroborate the testimonies of military witnesses that their involvement with civilians were focused on provision of security, providing initial medical care before handing them over to civil authorities.

6.5 Findings on Issue 6

6.5.1 General Findings:

The Panel finds that:

1. There is no evidence to substantiate the claim that the Nigerian military escorted pregnant women and girls to sites or locations, for the purpose of conducting forced and illegal abortions in the North-East.
2. The Nigerian military escorted the surrendees and returnees to the Hajj and Bulumkutu camps in Maiduguri for rehabilitation and reintegration.

6.5.2 Specific Findings:

The Panel finds that:

1. There is evidence that the Nigerian military took surrendees and returnees to the Hajj and Bulumkutu camps in Maiduguri for rehabilitation and reintegration. Testimonies from W088 Major General Abdulwahab Adelokun Eytayo and W093 Brigadier General A.G.L. Haruna support this finding.
2. There is no evidence to prove that the Nigerian military transported women and girls to sites where illegal or forced abortions were carried out on them. The Panel finds as credible, the testimony of W036 Major General Victor Ezeugwu, who stated that rescued civilians were screened and conveyed to the camps where they were handed over to the State Government for safe custody. Corroborating this testimony, W001 Major General Christopher Musa explained the procedure for conveying rescued civilians to the camps. He stated that the Nigerian military took those civilians to the nearest military unit where they are profiled and taken to the vehicles provided by the State Government. The military thereafter, provided security as they were taken to the camps and handed over to State Government officials.

3. There is no evidence to sustain the allegation that the Nigerian military transported women and girls to Hajj and Bulumktu camps for illegal abortion. The testimony of W027 Honourable Zuwaira Gambo confirmed that the military usually take the surrendeeds and returnees to the gate of the camps, where they are received by the civil authorities who thereafter, process and settle them in the camps.
4. There is no evidence to support allegations of forced and illegal abortions conducted by the Nigerian military on women and girls at the JIC Giwa Barracks. This conclusion is based on testimonies from W033 Colonel D.C. Ibe, who denied any knowledge of a woman named Hafsat dying in the barracks during his tenure; W094 Brigadier General Tuni Isa, who stated that medical assistance was provided to civilians for injuries sustained, from insurgent attacks or escape attempts, and that surrendeeds were escorted to Maiduguri in armoured vehicles; W036 Major General Victor Ezeugwu, who clarified that the military does not detain captured individuals at the frontline; and W001 Major General Christopher Musa, who confirmed that the 7 Division Hospital at Maimalari and the JIC Giwa Barracks medical unit, exclusively serve military personnel and their families. These testimonies collectively refute the allegations of forced abortions.
5. There is no evidence to suggest that the Nigerian military escorted women and girls to civilian hospitals for abortion procedures. This finding is supported by testimonies from W013 Dr. Baba Shehu Mohammed, and W019 Dr. Emmanuel Filibus, CMDs of State Specialist Hospital and Umaru Shehu Ultra-Modern Hospital respectively, who refuted the allegations of the military's collaborations with state healthcare workers to conduct forced abortions at civilian hospitals. W013 denied any collaboration between the hospital and the Nigerian military for such purposes. W019 stated that he never handled patients brought from the frontline or IDP camps during his tenure as CMD. He also stated that he did not receive such patients during his time at the State Specialist Hospital either.
6. There is no evidence to indicate that the Nigerian military escorted pregnant women and girls to Hajj, Bulumkutu and Madagali camps, with the purpose of aborting escorted surrendeeds or returnees of the insurgency, to the camps for rehabilitation, reintegration and reunion with families, as corroborated by W044 A-H, PW009, PW010, PW011, PW012, PW013, PW014, PW015, PW016 and PW017. The Panel relying on these testimonies of rescued women and

girls, finds no evidence to substantiate the allegations by sources that Reuters claimed to have interviewed, that they underwent abortions while they were in the custody of the Nigerian military.

7.0 ISSUE 7

Whether there are available hospital records in both military and civilian health facilities indicating the conduct of abortion procedures in the North-East.

7.1 Relevant Allegations and Extracts from the Reuters Report - A.A

7.1.1 “Reuters reviewed copies of military documents and civilian hospital records describing or tallying thousands of abortion procedures”.²⁶

7.1.2 “Surgical abortions were done as well – by manual vacuum aspiration or dilation and curettage, according to multiple sources, hospital records and military lists of abortion procedures”.²⁷

7.1.3 “The tally, at least 10,000, is attested to by three sets of sources: 155 individual procedures recorded in patient registers; at least 3,900 performed over several years by a soldier at one military base; and 7,000 or more in another area described by three soldiers and one guard. Reuters rounded down the sum to 10,000 because of possible overlap in some cases”.²⁸

7.1.4 “Copies and excerpts of five patient registers seen by Reuters provide snapshots in time at five civilian hospitals. They list the abortion procedures performed on 155 women at different points over several years. Each list was confirmed as authentic by at least one health worker and, in most cases, one or more women whose names appear on them. Military documentation indicates abortions were done in far larger numbers”.²⁹

7.1.5 “The programme is clandestine, said eight sources involved – sometimes kept secret even from colleagues in the same hospital. At certain civilian hospitals, women taken for abortions were held in separate wards from other patients or had their names entered into separate registers, some of the sources said”.³⁰

7.2 Witness testimonies in relation to allegations in issue 7

7.2.1 W003 Lieutenant Colonel Adeniyi S. Ogunsakin in responding to the allegations in paragraph 7.1.1, 7.1.4 and 7.1.5 denied the existence of any hospital record in the 7 Division Hospital indicating the number of abortions conducted on women and girls. He stated further that: “there is no justification for an abortion register in any hospital; it is wrong, it is an illicit practice”

7.2.2 W008 Corporal Micheal Babatunde, Mortuary Technician 7 Division Hospital, Maimalari Barracks from 2022 till date, in addressing the allegation in paragraph 7.1.1 informed the Panel of the existence of a register for deceased patients (deceased patient’s register) where records of such persons, past and present, are maintained under his custo-

²⁶ Ibid. para. 11.

²⁷ Ibid. para. 80.

²⁸ Ibid. para. 92.

²⁹ Ibid. para. 93.

³⁰ Ibid. para. 31.

custody. When asked about how civilians who passed away at the 7 Division Hospital are handled, the witness responded by stating that: “[S]ince I reported, we have never had a case of civilians [who] died either in the hospital or anywhere, I have never received any dead civilian patient, all I receive is military dead patient [who] was killed in action.”

7.2.3 W005 Lieutenant Colonel D. Tumaka, Chief Nursing Superintendent 7 Division Hospital, denied knowledge of the allegations in paragraph 7.1.5. He testified that he was aware of the daily operations and activities that the 31 nursing staff within the 7 Division Hospital.

7.2.4 W134 Lieutenant Colonel Andrew A. Malgwi in response to the allegation in paragraph 7.1.3 outlined the operational protocol of the Multinational Joint Task Force, Medical Reception Station (MRS) during his deployment in Baga, thus:

The headquarters, Multinational Joint Task Force has a Medical Reception Station (MRS) as we call it. We do not treat civilians in MRS, I cannot recall receiving civilians... for the purpose of treatment let alone to conduct this kind of abortion ... I cannot recall. And if it had happened, I would have known, the number of people that, even if it is 5 or 6 the surgeon would have trickled out to me I would have known, but to the best of my knowledge we have not encountered such loss there.

7.2.5 W016 Juliana Jaduwa, Head of Department Health Information Management, State Specialist Hospital, Maiduguri, responded to the allegation in paragraph 7.1.1 she informed the Panel of the availability of patients’ information from 2013 to 2021. She testified that a patient’s folder is usually transferred to the Central Library for further safe keeping after discharge by the hospital.

7.2.6 W011 Lieutenant Sodique Ahmed Ogoshi, Officer in Charge of Documentation and Record at the JIC, Giwa Barracks, responded to the allegation in paragraph 7.1.3. He stated that the records at the disposal of his office are intact.

7.2.7 W028 Pharmacist Adamu Usman, the manager of Borno State Expanded Drug Revolving Fund Scheme, responded to the allegations in paragraphs 7.1.1 He informed the Panel that the records of the dispensing history, of Misoprostol and Oxytocin within the timeframe of the investigation, are with the Government. He explained thus:

Formerly, the diary was domiciled at Hospital Management Board, we have three boards in the ministry, Hospital Management Board is one of it, then by then the diary was under the custody of the Director of the pharmaceutical services, then that was last year, the government expands it and change the managers and I came in. So, the issue of the document is a government property and I think the record will stay with the government. But I can't say, as it is for now, whether it is still with the DPS or at the Hospital Management Board.

7.2.8 In responding to the allegation in paragraph 7.1.2, W124 Professor Bilikisu Isah, Head of Department, Obstetrics and Gynaecology at the University of Maiduguri Teaching Hospital, stated that she could not give a breakdown of the number of MVA that the hospital had conducted. However, she stated that the hospital's record could be accessed at any time.

7.3 Field Investigations on allegations related to Issue 7

7.3.1 The Panel conducted field investigations at military and civilian health facilities in Borno, Adamawa, and Yobe states. It examined MVA registers provided by the hospitals, which spanned a period between 2013 and 2023. It identified a total number of 5,953 MVAs conducted in both military and civilian health facilities.

7.3.2 The Panel scrutinised records pertaining to the administration and use of Oxytocin and Misoprostol in both military and civilian hospitals. The review revealed that a total of 358,642 doses were administered on patients between 2013 and 2022.

7.3.3 The Panel also reviewed documents and data from the health institutions, including mortuary registers. It could not find records of any death arising from abortion-related complications.

7.3.4 The Panel reviewed hospital records from 7 Division hospital Maimalari and JIC, Giwa Barracks Medical facility covering a period between 2017-2019. The records referenced as SIIP/DOC/2023/001, SIIP/DOC/2023/002, SIIP/DOC/2023/003, SIIP/DOC/2023/004, SIIP/DOC/2023/005, SIIP/DOC/2023/006, SIIP/DOC/2023/007 and SIIP/DOC/2023/008, relates to suspects who were referred for medical attention from 7 Division Military Intelligence Brigade (MIB), Nigerian Army Maiduguri and JIC clinic Giwa Barracks. The records showed various medical conditions including pregnancy related complications and a drug course chart for a patient who had surgery.

7.3.5 Hospital records of suspects AA and AU (real names withheld) referred by the 7 MIB, Nigeria Army to 7 Division hospital Maimalari revealed that they were treated for malaria. Additionally, suspect FM who was 5 months pregnant was referred for treatment of Pelvic Inflammatory Disease, Urinary Tract Infection and Vaginal Discharge.

7.3.6 The military hospital records further revealed that JIC clinic, Giwa Barracks referred suspects HW, SA, DI, HM, and BA to 7 Division hospital Maimalari Barracks for secondary management of abnormal uterine bleeding, prolonged labour, psychotherapy, acute peptic ulcer disease and treatment of a suspect who sustained bullet wounds in the femur from Nigerian Air Force fighter jet who underwent surgery.

7.4 Analyses of testimonies and investigations on Issue 7

7.4.1 The Panel took into consideration that the witnesses were both from military and civilian health facilities. The Panel received copies of hospital records which included patient registers, ante-natal registers, death registers, among other medical documents. It analysed the records in relation to the claim that about 10,000 abortions were conducted during the Counter-Insurgency Operations in the North-East.

7.4.2 W003, W008, W016, W011, W028, and W124 denied the allegations contained in paragraphs 7.1.1, 7.1.2, 7.1.3 and 7.1.4, which claimed that Reuters examined hospital records tallying up to 10,000 pregnancies of women and girls. The witnesses admitted the existence of hospital records containing details of their patients and the various categories of treatments they underwent but denied any record showing abortion procedures.

7.4.3 The Panel received Hospital records from 7 Division Hospital Maimalari, JIC, Giwa Barracks Medical Facility, Umaru-Shehu Ultra-Modern Hospital and State Specialist Hospital Borno State. Others include, Modibbo Adama University Teaching Hospital, and the 23 Brigade Medical Center Yola, Adamawa State. Additionally, hospital records were received from State Specialist Hospital and Yobe State University Teaching Hospital, Damaturu, Yobe State. The hospital records indicate a total of 358,642 administrations of Oxytocin and Misoprostol and 5,953 MVAs conducted in military and civilian hospitals across the three North-East States of Borno, Adamawa and Yobe.

7.4.4 W134 and W005 refuted the claims of a secretly-run abortion program in military and civilian hospitals as alleged in paragraph 7.1.5, submitting that the hospitals had structures and procedures that guide their management. They stated that such an abortion program cannot operate secretly without the knowledge of the management, irrespective of how clandestine it might have been.

7.4.5 The Panel took into consideration the testimony of the witnesses and the hospital records from the civilian and military medical facilities at Borno, Adamawa, and Yobe States.

7.4.6 The Panel notes that the testimonies of military witnesses who stated that they did not treat civilians or pregnant surrendees contradict the hospital records which revealed that suspects were referred from Military Intelligence Brigade and JIC clinic Giwa Barracks to 7 Division hospital for medical interventions including pregnancy related complications as have been shown in SIIP/DOC/2023/004, SIIP/DOC/2023/005, SIIP/DOC/2023/006, SIIP/DOC/2023/007 and SIIP/DOC/2023/008.

7.5 Findings on Issue 7

7.5.1 General Findings:

The Panel finds that:

1. There is no hospital record to indicate that forced and illegal abortions were conducted on women and girls in military medical facilities.
2. There is no record of illegal and forced abortion procedures conducted in civilian health facilities as alleged by Reuters.

7.5.2 Specific Findings:

The Panel finds that:

1. There is no evidence to prove that the military has a secret record of abortions conducted in their healthcare facilities. In arriving at this finding, the Panel relies on the testimonies of W003 Lieutenant Colonel Adeniyi S. Ogunsakin, who affirmed that the 7 Division Hospital does not maintain such records because non-medical abortion is illegal, and W005 Lieutenant Colonel D. Tumaka, who indicates that such a record does not exist given his vigilance and knowledge of the activities of all 31 nursing staff members, at the 7 Division Hospital. W011 Lieutenant Sodique Ahmed Ogoshi additionally stated that their medical facilities do not keep such records because they do not conduct abortions in their facilities.
2. There is no record to show that abortion procedures were performed at the Medical Reception facility. This finding relies on the testimony of W134 Lieutenant Colonel Andrew A. Malgwi, a staff officer at G2 Cell and a member of the Military Intelligence Corps stationed in Baga, Borno State.
3. There is substantial evidence that civilian hospitals maintain records of medical and surgical abortions conducted within their facilities, known as the Manual Vacuum Aspiration (MVA) register. The collective testimonies of W028

Pharmacist Adamu Usman, W016 Juliana Jaduwa, and W124 Professor Bilikisu Isah confirm that an MVA register is a standard procedure in every civilian hospital, where medical and surgical abortions are carried out.

4. The MVA registers received from the Yobe State Specialist Hospital; State Specialist Hospital Borno State; Umaru Shehu Ultra-Modern Hospital, Borno State; Modibbo Adama University Teaching Hospital, Adamawa State; and Yobe State University Teaching Hospital, Damaturu; confirm that these facilities carried out 5,945 medical and surgical abortions, between 2013 and 2022.
5. Hospital records pertaining to the administration of Oxytocin and Misoprostol in Yobe State Specialist Hospital; Yobe State University Teaching Hospital; State Specialist Hospital, Borno State; Umaru Shehu Ultra-Modern Hospital, Borno State; and Modibbo Adama University Teaching Hospital, Adamawa State; confirm that these facilities administered 357,693 doses of Oxytocin and Misoprostol between 2013 and 2022.
6. The military hospitals received and provided medical treatments to civilians. Records from 7 Division Hospital in Maimalari reveal it received civilian referrals from JIC Giwa Barracks for various medical treatments.
7. The MVA register from 23 Armoured Brigade Medical Center Yola, Adamawa State confirm that the military facility carried out 8 medical and surgical abortions between 2014 and 2018.
8. Hospital records pertaining to the administration of Oxytocin and Misoprostol in 23 Armoured Brigade Medical Center Yola, Adamawa State confirm that the military facility administered Oxytocin and Misoprostol to 949 patients between 2013 and 2020.

8.0 ISSUE 8

Whether Nigerian soldiers administered any form of medication on the returnees or surrendees at any point in the North-East

8.1 Relevant Allegations and Extracts from the Reuters Report - A.A

8.1.1 “Most of the women Reuters interviewed said they were given no explanation for the injections and pills they received. Others, like Fati, said medics and soldiers passed off injections and pills as cures for weakness or disease”.³¹

8.1.2 “Three soldiers and a guard said they commonly assured women, who often were debilitated from captivity in the bush, that the pills and injections given to them were to restore their health and fight diseases such as malaria”.³²

8.1.3 “About a week later, Fati said, she lay on a mat in a narrow, dim room at a military barracks in Maiduguri, the state capital. It was rank, with cockroaches skittering across the floor. Uniformed men came in and out, giving her and five other women mysterious injections and pills”.³³

8.2 Witness Testimonies in relation to allegations in Issue 8

8.2.1 W034 Major General Abba Mohammed Dikko (Rtd) with respect to paragraphs 8.1.1 and 8.1.2 admitted that in situations where there are civilian populations and they seek medical advice or they seek medical intervention, it is part of the military’s Corporate social responsibility to extend medical facilities to their host community whether in the Theatre or out of the Theatre.

8.2.2 W036 Major General Victor Ezeugwu with respect to paragraph 8.1.1 stated that: “It depends on the ailment that the captured civilians are exposed to. If it is gunshot injuries or malaria, the result of the tests that the medical unit carried out will enable them to know what kind of treatments to give them. Women and children are also susceptible, because the environment under which they stay while across the enemy lines is very precarious.”

8.2.3 W032 Colonel Ndidi Stephen Onuchukwu with respect to paragraph 8.1.1 stated that the only time he injected children was when he received WHO certification to give them polio vaccines, during operations on the field.

8.2.4 W027 Honourable Zuwaira Gambo, the Commissioner for Women Affairs and Social Development, Borno State, with respect to paragraph 8.1.1 admitted that some of the returnees presented with ailments. The Hon disclosed that there was an instance when one

³¹ Ibid. para. 72.

³² Ibid. para. 12.

³³ Ibid. para. 4.

person came in with HIV/AIDS, but they are usually processed and given medical attention. The Witness further stated that: “everybody that has passed through our house and has undergone some kind of illness, we have treated. But you cannot stop ... a child dies from measles or chickenpox, or as a result of being affected by malnutrition, not because of food but because of lack of you know ... You can’t rule that out, it happens even in our normal communities.”

8.2.5 W003 Lieutenant Colonel Adeniyi S. Ogunsakin, in responding to the allegation in paragraph 8.1.2 explained the procedure adopted by the Nigerian Military as it relates to women and girls rescued from the field of war during the counter insurgency operation in the North-East in the following words:

“When wives and children or women generally are rescued from the crossfire of the enemy during a war circumstance, they are usually rescued to the rear. The rear is the back of the fighting force. That force that is rescuing them, in this case, we call it force in residing them from any crossfire to the rear. And in that rear, the medical components of any unit that is advancing in any war fare is usually at the rear. So, they rescue them, the troupes rescue them to the medial components at the rear. The medical component examines them and gives first aid care immediately. The ones that are not anywhere sick or injured, those ones are rescued and handed over to the State Emergency Management Agency (SEMA) ... Anyone that is sick or someone that is pregnant as the case may be, all of them are rescued and brought, after the initial first aid care, they are rescued and an ambulance brings them to the hospital.”

8.2.6 W129 Major General Suleiman Idris (Rtd) in responding to the allegation in paragraph 8.1.2 claimed that when women and children are rescued, any of them with ailments are treated within the military hospital or referred to the University of Maiduguri Teaching Hospital before being handed over to the State Government, or to the Internally Displaced Persons camps. The Major General further stated that the men were profiled and handed to “Operation Safe Corridor” based in Gombe where they are taught vocational engagements.

8.2.7 W095 Army Warrant Officer Baba Abdullahi with regards to paragraph 8.1.2 stated that: “somebody that has been rescued from the bush, if you know the distance those people walked to rescue these people and bring them back, by now we should be celebrating the Nigerian Arm Forces. Nothing of such happened. There is no way somebody will

celebrating the Nigerian Armed Forces. Nothing of such happened...

8.2.8 W086 Major General Ali Abdu Nani Rtd disclosed that at the period he was in the North-East, the soldiers in the medical unit did not attend to any civilian in need, not even on humanitarian ground. The Major General further stated that: “our medical units had limited capacities, so any case we had, we referred it to the medical centre in Maiduguri, so we do not entertain any civilian within our own facility”

8.2.9 W010 Captain Oluwagbenga Henry Adeniyi in response to paragraph 8.1.1 stated that the JIC has a Medical Doctor and team that conducts pregnancy tests on the women. The Captain disclosed that the test was conducted to ascertain whether the women who came in were pregnant or not; and if pregnant, the duration. The witness further stated that any woman whose result show that she is pregnant is registered for antenatal.

8.2.10 PW005 a protected witness and surrendered detainee at JIC, Giwa Barracks, in responding to allegation in paragraph 8.1.3 stated that she had not witnessed any ill treatment from the soldiers in the following words “No, I have not. Whenever a woman or girl surrenders to the military, they will arrest her, give her food, drinks and bring her back to Maiduguri. Even when they see you running around for your life, they will help you and bring you to safety.” She further stated that: “The military always takes care of us and every pregnant woman or girl is given antenatal treatment and when it is time for her delivery, she is taken to the hospital to give birth”

8.3 Field Investigations on allegations related to Issue 8

8.3.1 During the field investigations at IDP camps in Maiduguri, the Panel engaged with female returnees. Upon inquiry, they stated that they neither heard nor personally experienced any incidents where the military administered medications that led to bleeding or the loss of pregnancy.

8.3.2 The female returnees were in company of their children within the camp. They were interviewed on their experiences with the military. They recounted that they were rescued by the military while fleeing from insurgency-affected areas. They described how the military provided assistance and transported them to the IDP camps where they currently reside.

8.3.3 The Panel interviewed PW010, PW011, PW012, who were women rescued by the military from the captivity of the insurgents, one of whom was pregnant. They provided personal accounts of how they were rescued by the military and the actions taken by the military after they were rescued. Additionally, the witnesses testified that the military provid-

provided security and care to the rescued victims while in their custody. The various testimonies of the witnesses corroborates each other, confirming that the military's support upon their rescue encompassed essential medical care and general assistance before they were handed over to the district heads for reunion with their families

8.4 Analyses of testimonies and investigations on Issue 8

8.4.1 The Panel considered the corroborated testimonies of the witnesses that the Nigerian military administered various forms of medication to civilians in their host communities. It however notes that, in response to Reuters allegations, the witnesses did not agree that the recipients were unaware of the medications administered to them.

8.4.2 The witnesses testified that the military medical administrations to the recipients in the communities and theaters were openly done in the form of their outreaches to provide humanitarian care to the civilians within their area of operation.

8.4.3 The Panel's interactions with the female returnees provided valuable insights into their personal experiences and perceptions regarding healthcare practices and treatments received after rescue from insurgency and conveyance to the IDP camps. Their accounts contribute to a clearer understanding of the dynamics and realities that women in vulnerable situations faced during the insurgency.

8.4.4 Witnesses W034, W036, W032, W027, W003, W129, W010, PW010, PW011 and PW012 admitted that the military provided some form of medical treatment to civilians. These treatments were for minor ailments that civilians usually suffer from. They further stated the military administered World Health Organization certified vaccinations to children as part of their medical outreaches and humanitarian services to the communities.

8.4.5 W095 and W086 denied treating civilians while they were actively engaged in the Counter-Insurgency Operations, stating that the circumstances under which they operated did not permit that.

8.4.6 PW005, a protected witness and female detainee at JIC, Giwa barracks, testified that the military provides access to ante-natal care services to pregnant returnees, thereby refuting the allegation that the military carried out abortions at a military barracks in Maiduguri.

8.5 Findings on Issue 8

8.5.1 General Findings:

The Panel finds that there is evidence that medical officers in the Nigerian Army administered medications on returnees and surrendeeds.

8.5.2 Specific Findings:

The Panel finds that:

1. There is evidence that officers of the Nigerian military provided counseling and medical interventions to civilians in their host communities, as part of their corporate social responsibility. The testimonies of W034 Major General Abba Mohammed Dikko (rtd.), and W032 Colonel Ndidi Stephen Onuchukwu support this finding. W034 testified that military officers administered medications and gave medical advice to civilians they met during their duty, while W032 indicated that the only time he injected children was when he was certified by the WHO to give them polio vaccines.
2. There is evidence to indicate that military medical officers interfacing with returnees and surrendeeds, conducted tests and administered first-aid treatments for their ailments. The Panel agrees with the testimonies of W036 Major General Victor Ezeugwu, W129 Major General Suleiman Idris (rtd.), and W003 Lieutenant Colonel Adeniyi S. Ogunsakin, who stated that returnees and surrendeeds are usually taken in an ambulance to the hospital for further medical attention after the initial first aid treatment.

9.0 ISSUE 9

Whether there was any Military or State policy targeted at forcefully terminating the pregnancy of women and girls in order to stop the regeneration of Boko Haram Insurgents in the North-East.

9.1 Relevant Allegations and Extracts from the Reuters Report

9.1.1 “Since at least 2013, the Nigerian military has conducted a secret, systematic and illegal abortion programme in the country’s northeast, ending at least 10,000 pregnancies among women and girls, a Reuters investigation has found”.³⁴

9.1.2 “Central to the abortion programme is a notion widely held within the military and among some civilians in the North-East: that the children of insurgents are predestined, by the blood in their veins, to one day take up arms against the Nigerian government and society. Four soldiers and one guard said they were told by superiors that the programme was needed to destroy insurgent fighters before they could be born”.³⁵

9.2 Witness testimonies in relation to allegations in Issue 9

9.2.1 W089 Major General Benson Akinroluyo in responding to paragraphs 9.1.1 and 9.1.2 debunked the allegation that the Nigerian Armed Forces engaged in a systematic abortion programme which was used to stop the regeneration of Boko Haram and prevent the stigma attached to bearing children of Boko Haram.

9.2.2 W136 Brigadier General Samson O. Okoigi with respect to paragraph 9.1.2 denied the possibility that men of the Nigerian Army carried out the abortion assault with the motive to stop the regeneration of the Boko Haram insurgents, or for the purpose of cleansing women who have been allegedly tainted by being pregnant for Boko Haram insurgents, or for the purpose of saving the women and girls from the stigma attached to their relationship with the insurgents. He stated as follows:

[T]he first reason of regeneration and not wanting fighters of boko haram to continue their lineage, I don't think it makes much sense to me, because by the time the child is born the child do not start fighting as a boko haram member, the child will grow up, it takes a long time probably 15 or thereabout, I don't think anybody will be expecting that a child that will be born will not have a different path in life I want to stop that process, it doesn't make much sense to me. The other one of cleansing the women, in the first place unless the pregnancy has gone beyond 12 weeks, 16 weeks that's when it shows that the woman is pregnant, so

³⁴ Ibid. para. 1.

³⁵ Ibid. para. 24.

how did they know that the women were pregnant? Were they carrying out blood tests to show that they were pregnant to now warrant them to cleanse them from the pregnancies? ... Then the third one of cleansing, i mean taking away the stigma from them, except somebody says I have been stigmatised by staying with this set of people, can you help me? That's now consensual, but when you say they were carrying out forced ... procedures against their wish, it is a different thing altogether...

9.2.3 W90 Major General Hassan Umaru (Rtd) in responding to paragraph 9.1.2, stated that he was not aware of any policy in the Nigeria Military targeted to end the descendants of Boko Haram insurgents by terminating their pregnancies. The Major General clarified that transparency in military policy and administration prevents such atrocities from occurring without the awareness of other officers.

9.2.4 W003 Lieutenant Colonel Adeniyi S. Ogunsakin in responding to paragraph 9.1.2 stated that: "... there is no military order ... that can be released for that, number one, Army does not support abortion, the Federal Government does not support abortion, Nigerian Government does not support abortion, so there is no Military order, because Army is a component of Nigeria, it is a Federal Government entity ... so they cannot give such order that you should commit abortion..."

9.2.5 W026 Prof Mohammed Arab Alhaji with respect to paragraph 9.1.2 denied the allegation that stated that: "it is a policy, to kill these children because they are offspring of Boko haram and they may likely become terrorists themselves, that's on one hand, and also that our military engaged in these abortions, because they were doing a favour to the women who were carrying these Boko haram children". The witness further stated as follows:

To the best of my knowledge, there is no such understanding or a policy by the government of Borno state to carry out such an unfortunate happening ... Government is not in support of such an act. As a person, both an individual also as a professional, I did say life is sacred and there is no way a health professional, will terminate life of unborn or a child that is born, its unethical, unprofessional and the state has never ever as a policy supported this alleged activities said to have been carried out, so as head of the health sector, the health officer of the state, such program, does not exist, I will repeat, I don't have the knowledge and to the best of my knowledge such has not been supported or endorsed by the government of Borno state.

9.2.6 W092 Major General Rogers Ibe Nicholas (Rtd) with regards to paragraph 9.1.2 stated that the allegation is baseless “because it would have been easier for the soldiers to eliminate the women instead of undergoing the pain of abortion”. The Major General emphasised that the allegation is malicious to the image of the Nigerian Military.

9.2.7 W068 Brigadier General Mohammed Jibril Gambo in responding to paragraph 9.1.1 and 9.1.2 dismissed the allegation as untrue stating that it will be unheard of for a soldier who is well trained and professional to carry out such acts. The Brigadier General expressed the fact that the military has inter-operators that are deployed in all military units and subunits, stressing that if such a thing went on, it would have been spotted.

9.2.8 W136 Brig. Gen Samson O. Okoigi in responding to paragraph 9.1.2 denied knowledge of any past and present policy document that highlighted a secret systematic abortion program adopted by the Nigerian Armed Forces, to terminate pregnancies of women and girls in the country’s North-East, since his assumption of duty as the Corps Commander of the Nigerian Army Medical Corps.

9.2.9 W005 Lieutenant Colonel D. Tumaka with respect to paragraph 9.1.1 denied allegations of secret abortion programs being run in the Military hospitals, or by any of its staff, and stated that he was aware of everything that goes on in the hospital. The witness stated that: “...he is aware of the activities of all the 31 nursing staff in 7 Division Hospital, that they were engaged in at every point in time.”

9.2.10 W071 Dr Umaru Inuwa in responding to paragraphs 9.1.1 and 9.1.2 that the abortion program was driven by the urge to stop the next generation of Boko Haram from being born stated as follows:

I have never witnessed one. When I was in Maiduguri, there were a lot of cases like that; the women were taken by force and married to Boko Haram. Some of them even gave birth... but since I have never seen one, I have never sat with one, I have never participated in one ... so I still maintain my position that because I have not personally participated or in this hospital that we have participated or taken the delivery being from a woman that was impregnated by either a military personnel or an insurgent person, I cannot say that.

9.2.11 W134 Lieutenant Colonel Andrew A. Malgwi in responding to Paragraphs 9.1.1 denied having knowledge of any policy to terminate the pregnancy of Boko Haram wives. The Lieutenant stated the following:

I am not aware of any policy like that. During the time of my tour of duty in the Theatre. I was in the Theatre for almost two years. I have never heard of any policy or even a hint of such activity being carried out, we are grappling with securing our localities and such a policy ... I would not know how Reuters got their report or how they gathered their information but to the best of my knowledge it sounds so ridiculous that the Nigerian Army as it were, would formulate policies to do such a systematic ... I am not aware actually it sounds so ridiculous to me.

9.2.12 W096 General Lucky E. O. Irabor in response to the allegation in paragraph 9.1.2 that 4 soldiers allegedly confided in them that the program was adopted in order to stop stigmatisation and destroy the insurgents before they could regenerate stated as follows:

It is not the responsibility of the Armed Forces to begin to determine who is being stigmatised and who is not being stigmatised ... certainly there is nothing of this nature, if Reuters believe that the four soldiers they claimed to have interviewed...Let me, before this Panel say that if they can bring those 4 soldiers, I give them immunity with respect to the powers vested on me, let them come to testify before this Panel, if Reuters can bring those 4 soldiers to say that this is what their superior officers have told them to do. I am using that to say that it does not exist.

9.3 Field investigations on allegations related to Issue 9

9.3.1 The Panel undertook field visits to military and state hospital facilities in Borno, Yobe, and Adamawa States to carry out further investigations. The investigation focused on the existence or otherwise of State-level policies, in collaboration with the military, to carry out illegal or forced abortions on pregnant women and girls to prevent the regeneration of boko haram insurgents. The Panel received testimonies from CMDs of these State hospitals and from Commanding Officers of the military hospitals. It sought clarification on whether specific policies or directives had been formulated at the state level to carry out illegal or forced abortion programmes.

9.3.2 The field investigations revealed no evidence or indication that any state-level policy existed, targeted at eliminating pregnancies of children linked to Boko Haram insurgents to prevent their regeneration.

9.4 Analyses of testimonies and investigations on Issue 9

9.4.1 The Panel carefully considered testimonies from State authorities which included Attorneys General and Commissioners for Women Affairs and Social Development in the region. They unequivocally affirmed that there were no policies adopted or implemented with the aim of eliminating pregnancies or children linked to Boko Haram insurgents with the intention of preventing the regeneration of insurgents. What is left is for the Panel to determine whether, from the available evidence available, it can be deduced if such a policy ever existed.

9.4.2 Witnesses W096, W136, W090, W003, W092, W068, W136, W005, and W134 denied the claim that the Nigerian military ran a policy on secret, systematic, illegal, and forced abortion targeted at stopping the regeneration of the Boko Haram insurgents. W096 was who was the Chief of Defence Staff at the time of his testimony. He made an open offer of immunity to the soldiers whom the report claimed testified to Reuters of the existence of an abortion policy ran by the Nigerian military. He invited them to come before the Panel to testify.

9.4.3 W090, W026, and W003 cited that the policies of the military in their line of administration are always open and transparent. They submitted before the Panel that no military or state policy can ever direct an abortion on the grounds that the Nigerian military and Government do not support illegal abortions.

9.4.4 W068 testified that the Nigerian military has inter-operators deployed to their military units and subunits. He suggested that if a secret policy on abortion took place, they would have spotted it. W092 claimed that if such a policy to stop the regeneration of Boko Haram existed, abortion of over 10,000 would be a more difficult approach to follow. He denied that such a policy existed.

9.5 Findings on Issue 9

9.5.1 General Findings:

The Panel finds that there is no evidence to support the allegation that the Nigerian military or the State Government, has a policy targeted at forcibly terminating pregnancies of women and girls, to stop the regeneration of Boko Haram insurgents..

9.5.2 Specific findings

The Panel finds that:

1. There is no evidence of a policy by the Nigerian military, directing its officers to help in erasing the stigma on women impregnated by Boko Haram

insurgents. The Panel relies on the testimonies of W089 Major General Benson Akinroluyo (rtd.), and W136 Brigadier General Samson O. Okoigi, who collectively denied the existence of such a policy. W136 added that the Nigerian military operates a policy of transparency, and cannot engage in the alleged acts.

2. There is no evidence to prove the existence of a policy directing the Nigerian military to terminate pregnancies with the aim of stopping the regeneration of Boko Haram in the North-East. The Panel relies on testimonies of W090 Major General Hassan Umaru (rtd.), and W136 Brigadier General Samson O. Okoigi, who both denied the allegation.
3. There is no evidence to prove that the Nigerian military, acting as an agent of the Nigerian Government, illegally and forcefully terminated pregnancies for whatever reasons.. The Panel relies on testimonies of W096 General Lucky E.O. Irabor and W003 Lieutenant Colonel Adeniyi S. Ogunsakin, who both stated that neither the Nigerian military nor the government, sanctioned illegal abortions. In this context, the Panel takes notice of the criminal sanction imposed on abortion in Northern States.³⁶
4. There is no evidence of a state policy directing the Nigerian military, to forcibly terminate pregnancies of women and girls in the North-East. The Panel relies on testimonies of W026 Professor Mohammed Arab Alhaji and W027 Zuwaira Gambo, Commissioners for Health and Women Affairs of Borno State respectively, who both denied the allegation.

³⁶ Penal Code Act, SS. 232-236

10.0 ISSUE 10

Whether women and girls died as a result of illegal or forced abortions by the military in the North-East.

10.1 Relevant Allegations and Extracts from the Reuters Report - Abortion Assault (AA)

10.1.1 “In time, the soldier said, his involvement in the programme – including digging graves for women who died – became routine. “I got used to it,” he said”.³⁷

10.1.2 “The details of the soldier’s account were corroborated by a second soldier at the base, who said he also witnessed the girl’s abortion and death”.³⁸

10.1.3 “One death is documented in a 2019 report from Maiduguri’s State Specialist Hospital, verified by a guard. The report, reviewed by Reuters, said a woman had been brought in dead from Giwa Barracks after bleeding because of an abortion. The guard said he witnessed the procedure and the death, and was the one who delivered her Corpse to the morgue”³⁹

10.1.4 “Reuters also reviewed four death certificates for women listed as having died at Giwa Barracks on the same day in 2013. Each recorded the cause of death as “miscarriage bleeding.” The same guard who verified the 2019 death report said he also saw these women die from their abortions”.⁴⁰

10.1.5. “Women given abortions in the Nigerian programme were in the custody of armed soldiers. A Reuters investigation found that some did not even know they were pregnant, and some were deceived or physically forced into abortions that sometimes resulted in injury or death”.⁴¹

10.2 Witness Testimonies in relation to allegations in Issue 10

10.2.1 W088 Major General Abdulwahab Adelokun Eyitayo in responding to the allegation in paragraphs 10.1.1, 10.1.2 and 10.1.3 stated that nothing like that existed throughout the period he served at the Theater of Operation in the North-East. The witness stated as follows:

The 7 Division Medical Hospital and Services is a community friendly Hospital, that is to say we do not just administer to soldiers, locals do benefit. But anything 7 Division does, is just on welfare note and as such what we do to the community has never gotten to the point of having any

³⁷ Reuters, AA, para. 124.

³⁸ Ibid. para. 108.

³⁹ Ibid. para. 111.

⁴⁰ Ibid. para. 112.

⁴¹ Ibid. para. 133.

negative report at all instances. Even when we conduct medical outreaches, we always come back with praise and acceptance. So, there have not been any form of negative report either from the community or individual to such a point that even the General Officer Commanding will be in the know either in petition form or radical approach of going to the media.

10.2.2 W092 Major General Rogers Ibe Nicholas (Rtd.), with regards to paragraph 10.1.4 stated that in 2017, Giwa barrack was used to keep high target Boko Haram members that were arrested. The Major General further stated that: “The cell was in Giwa barracks and the whole place was not fenced; it was just a cell that was fortified so I took it upon myself to fence Giwa barracks. In 2018 I fenced Giwa barrack from my own resources with a big gate. So, I am surprised to hear that abortion took place in Giwa barracks.”

10.2.3 W013 Dr Baba Shehu Mohammed with respect to paragraph 10.1.3 responded to the allegation that “State Specialist Hospital took delivery of a woman who was brought in dead from Giwa Barracks, after bleeding because of an abortion. One of your guards, said that he witnessed the procedure and the death of that lady and he also claimed that the mortuary took delivery of this dead body” with the following statement:

No, honestly, you know illegal abortions does not take place in the Hospital, especially with the knowledge of the management or Doctor committing it, actually we commit to our Hippocratic oath, so we hardly delve into that ... however once such a thing has been attempted elsewhere and the patient is brought in the Hospital, ... you are not talking of the illegality, you are talking of saving a woman’s life, she came in bleeding, that one is different but when a woman is brought in, just for the purpose of abortion, I do not think it is ethical for anybody to do it.

10.2.4 W031 Major General Ibrahim Manu Yusuf debunked the allegations contained in paragraph 10.1.3. The witness testified in the following words:

Giwa barracks they have the record; do they have this number of women they have the names of people that are in Giwa barracks. Do they have this number of women? of that age because the age distribution is there so taking the number of women that were there and within that period, look at the age distribution so that factually you can even knock out some things there ... At that time, the hospital of the brigade was located

within the 21 brigade in Giwa barracks but 21 brigade was now moved to Bama, the hospital of the 21 Brigade as at that 2017 that they are talking about was no longer here, so whatever medical facility you would have had there is just looking after this IDPs, ... they do not have the capacity to do what you are saying what the allegation is saying they did. Find out from ICRC, they have access to that facility, they go there if there are issues like that ICRC would have reported. They visited Mr. President and commended the way the military was managing the detainees in Giwa barracks. So, ... these people who are responsible for checking and improving the lives and whatever of detainees have not been denied access, they go there periodically to see the support, they did not bring this accusation because it never existed.

10.2.5 W088 Major General Abdulwahab Adelokun Eyitayo in responding to the allegation in paragraphs 10.1.2 and 10.1.4 regarding managing of deaths of women and girls by the Nigerian Armed Forces, debunked it and stated that there is nothing like that in existence throughout the period he served at the Theater of Operation in the North-East.

10.2.6 W017 Amoudu Mohammed, a Mortician at State Specialist Hospital, Maiduguri, in response to paragraphs 10.1.3 and 10.1.4 stated that; “The only ones that are brought from Giwa Barracks are male Corpse and they do accompany it with a certificate, death certificate, so with that we can accept but if it’s a female Corpse usually they were being brought in from the hospital”.

10.2.7 W033 Colonel D. C. Ibe in response to paragraph 10.1.3 stated that he was in Giwa Barracks between August 2010 to November 2014, during that period, there was no one named Hafsat that bled to death in Giwa Barracks, also they never used Oxytocin or Misoprostol while he was there.

10.2.8 W053 Major General Mayirelso Lander David Saraso, Commander, Sector 2, Joint Task Force, Operation Hadin Kai, Damaturu, Yobe State, in response to paragraph 10.1.2 denied the allegation by Reuters that since 2013, the Nigerian military has conducted a secret, systematic and illegal abortion program, in the country’s North-East ending at least 10,000 pregnancies among women and girls in the counter insurgency operation”. He stated that his Command under Sector 2 which covers the whole of Yobe State and some parts of Southern Borno did not have internally displaced persons camp from inception till the date of his appearance before the Panel.

10.2.9 W054 Barrister Saleh Samanja, Attorney General and Commissioner for Justice, Yobe State (2019 till date with respect to paragraph 10.1,3 dismissed the report by stating that he was hearing of the allegations made by Reuters for the first time. He added that while he was Chairman of the Sexual Assault Referral Centre, no reports of the allegations contained in the report were received.

10.2.10 W067 Brigadier General Beyidi Martins Commander 28 Task Force Brigade, Yola, Adamawa State, with respect to paragraph 10.1.3 stated that the Nigerian Army is a professional and operates under internationally established rules of engagement. He stated that the Nigerian Army does not cloud its operations with concerns around the private life of individuals.

10.2.11 W070 Dr Ahmadu B Usman, Acting Chief Medical Director, Modibbo Adama University Teaching Hospital, Yola, Adamawa State, with respect to paragraph 10.1.3 refuted the claim that the military connived with the civilian hospital, as alleged in the reports and held the view that that the allegation is unknown to him, noting that they have a system in place to detect any sharp practices should they occur.

10.2.12 PW006 a protected witness and detainee at JIC, Giwa barracks, in responding to the allegation in paragraph 10.1.5 denied knowledge of the allegation, stating that the military registered her for antenatal care after a test was conducted on her upon entry into the facility and it revealed that she was six months pregnant. She further stated that she continued with her antenatal care until she delivered at Maimalari Barracks.

10.2.13 PW005 a protected witness and surrendered detainee at JIC, Giwa Barracks, in responding to the allegation in paragraph 10.1.4 stated that she has not seen or heard of any pregnant woman or girl complaining of stomach pain which resulted in bleeding from abortion.

10.3 Field investigations on allegations related to Issue 10

10.3.1 The Panel conducted inspection visits at some military and State healthcare facilities during field investigations across Borno, Adamawa, and Yobe States. These investigations encompassed various departments, including mortuary sections, where mortuary attendants were interviewed to gather specific information on the bodies deposited in their mortuary facility.

10.3.2 The Panel inquired whether the military healthcare facilities received civilian bodies, and sought clarification on the primary causes of death for bodies deposited in these facili-

facilities. The purpose of the questioning was to ascertain the circumstances surrounding civilian deaths and any potential connections to military operations.

10.3.3 The interviews with mortuary attendants shed light on the protocols for receiving dead bodies and how the causes of death are documented. The exercise broadened the Panel's understanding of mortality patterns and handling of deceased bodies, enabling it to match its findings with Reuters claim.

10.3.4 The Panel conducted a thorough review of hospital records from various state hospitals across Borno, Adamawa, and Yobe States, focusing on deceased bodies deposited at these facilities. The goal was to investigate whether any women or girls died due to alleged illegal or forced abortions in the North-East. By examining the hospital records, the Panel sought to identify causes of death as documented by healthcare facilities, establish factual evidence and patterns related to mortality linked to illegal or forced abortions, and make informed determinations based on verifiable data. The thorough examination of hospital records provided critical information, enabling the Panel to draw conclusions grounded in empirical evidence. By examining the documented causes of death, the Panel sought to establish factual evidence and patterns related to mortality linked to illegal or forced abortion on pregnant women and girls. The thorough examination of hospital records allowed the Panel to make informed determinations based on verifiable data.

10.4 Analyses of testimonies and investigations on Issue 10

10.4.1 In the determination of Issue 10, the Panel considered the fact that an allegation that women and girls died as a result of illegal or forced abortions cannot be substantiated without further consideration of documentary evidence in proof of the oral testimonies and the claims in the Reuters report.

10.4.2 The Panel reviewed hospital records from the State Specialist Hospital Maiduguri, Borno State, State Specialist Hospital Hospital, Yobe State, Umaru-Shehu Ultra-Modern Hospital, Borno State, and Modibbo Adama University Teaching Hospital, Adamawa State. The reviews did not disclose any death of women and girls resulting from abortions.

10.4.3 During visits to state healthcare facilities, the Panel found evidence of the military depositing bodies of insurgency victims, mostly men, at some facilities. Majority of facilities visited denied receiving dead bodies from the military. Mortuary records from State hospitals in Borno, Adamawa, and Yobe States showed no deaths resulting from abortion, but rather from other medical-related causes.

10.4.4 The mortuary records from the facilities visited revealed that primary causes of death were mainly medical in nature, ranging in severity. No records indicated that pregnant women and girls died due to abortion procedures. Mortality in the facilities was primarily attributed to pre-existing medical conditions, or other health-related complications. The records provided a clear indication that medical conditions and complications, rather than abortion procedures, were the primary causes of death in the facilities.

10.4.5 W088, W092, and W013 denied allegations in Reuters report, stating that they did not engage in illegal abortions, and had no record of persons who died from abortion complications.

10.4.6 W013 further informed the Panel that the State Specialist Hospital Maiduguri never received a patient who was a victim of the abortion programme and was brought into the hospital facility dead as alleged by Reuters. The witness also noted that abortions are illegal, and that their Hippocratic oath only permits such procedures to save the life of the mother.

10.4.7 PW005 and PW006 who were female detainees at the JIC, Giwa barracks testified that the military provided access to ante-natal care for pregnant detainees and also noted that they did not witness any act of abortion conducted on female returnees.

10.5 Findings on Issue 10

10.5.1 General findings:

The Panel finds that there is no evidence that women and girls died as a result of illegal or forced abortions by the Nigerian military in the North-East.

10.5.2 Specific findings:

The Panel finds that:

1. There is no evidence to suggest that women or girls died from abortions performed by the military in the North-East. This conclusion is based on the testimonies of several high-ranking military and civilian medical witnesses, including W088 Major General Abdulwahab Adelokun Eytayo; W033 Colonel D. C. Ibe, W013 Dr. Baba Shehu Mohammed; W053 Major General Mayirelso Lander David Saraso; W054 Mr. Saleh Samanja; W067 Brigadier General Beyidi Martins; and W070 Dr. Ahmadu B Usman. These witnesses unanimously testified that, to the best of their knowledge, there were no cases of women or girls dying in the North-East from illegal or forced abortions performed by the military.

2. There is no evidence from the field investigations and documents that the Panel considered to confirm that women and girls died in the North-East from illegal and forced abortions performed by the Nigerian military.

11.0 ISSUE 11

Whether Non-Governmental Organisations (NGOs) had knowledge of or master-minded programmes on abortions in the North-East.

11.1 Relevant Allegations and Extract from Witness Testimony

11.1.1 W099 Lieutenant General Turkur Buratai, Former Chief of Army Staff from 2015 to 2021, alleged that some Non-Governmental Organisations (NGOs) and International Non-Governmental Organisations (INGOs) masterminded programs on abortion and other illegalities on the population in the North-East.

11.1.2 W099, Lieutenant General Turkur Buratai specifically alleged that Medecins Sans Frontiere (MSF) operated an illegal abortion programme in the North-East.

11.2 Witness testimonies in relation to allegations in Issue 11

11.2.1 W038 Emmanuel Ajah, Country Director, Marie Stopes, with respect to the allegation in paragraph 11.1.1 stated that, "It is not part of what we train our providers to deal with, the providers only provide family planning services, they are not trained on managing pregnancies." He also stated that his team provides counselling and family planning to the community they visit. He further explained that the 2021 impact report prepared by their Monitoring and Evaluation manager was misrepresented, with the total number of pregnancies presented being inaccurately portrayed as abortion services rendered, and it has been corrected. The witness tendered a document titled "Borno State Impact Report", which was admitted as **Exhibit SIIP/ABJ/002**

11.2.2 W038 with respect to the allegation in paragraph 11.1.1 stated that they have 56 public sector providers in Borno State. He stated that they have service providers who conduct outreaches across the country and with the majority of the outreach teams in the Northern part of the country, which consists of 2 midwives and a driver who travel in a Hilux to rural communities where they provide services on a daily basis, based on schedules. He also added that all the outreaches that they conduct are done by their providers at Government facilities. He reiterated that they do not have any outreach program in Borno, however, they have their team in Gombe, which covers a little bit of the southern part of Borno. The witness further stated that, they have visited 58 facilities along the southern part of Borno, and they have also engaged in social marketing which involves distribution and selling of condoms, emergency contraceptives (ECs), and other misoclear products. He tendered the List of Outreach Sites visited, which was admitted as **Exhibit SIIP/ABJ/004** and the List of

and the List of their service providers in Borno which was admitted as **Exhibit SIIP/AB-J/003**.

11.2.3 W039 Dr. Kingsley Odogwu, Director of Medical Services, Marie Stopes with respect to the allegation in paragraph 11.1.1 stated that Mariprist is one of the products available for Marie Stopes reproductive health services, an ethical product that must be used within a given specification and standards. He also stated that the product cannot be bought without prescription and all sources that give it out must meet certain requirements, as it is not an over-the-counter drug. The witness stated that Marie Stopes does not stock or administer Oxytocin.

11.2.4 In response to the allegation in paragraph 11.1.1, W149 Dr. Susan Gana Mshelia, Deputy Team Lead Project and Head of Office, Society for Family Health, Borno State, presented a letter from Dr. Omokhudu Idogho, Managing Director, Society for Family Health (SFH) addressed to the Panel which was admitted and marked as SIIP-NE/MAID/012. The letter highlighted the organisation's interventions in the North-East and other parts of Nigeria to include prevention and treatment of Malaria, prevention and treatment of HIV&AIDS, reproductive health, adolescent and youth empowerment, tuberculosis, Covid-19, amongst other areas.

11.2.5 In the letter presented by W149 Dr. Susan Gana Mshelia, Omokhudu Idogho denied the allegation in paragraph 11.1.1 by stating as follows:

We are not aware of any of the happenings alleged in the Reuters report while undertaking our programmes. We would like to state that SFH does not carry out interventions that relate to abortions nor any related activities in any manner as we recognize its illegal nature. SFH is also not aware of any human rights violations against women and children (or any person for that matter) whether perpetuated by State or Non-State Actors. SFH remains committed to its mission of providing safe, secure and effective health interventions and products to communities within and outside the Northeast of Nigeria.

11.2.6 With respect to the allegation in paragraph 11.1.1, W150 Hauwa Sani Magaji, Executive Director, Initiative for Community Health and Crisis Response (ICHCR) stated that the organisation implemented a project in Jere Local Government which responds to cases of Gender Based Violence within schools and neighbouring communities. She further stated that the GBV project trains teachers on the appropriate response to GBV cases as well as the appropriate reporting method.

11.2.7 W148 Mr. Idowu Ibietan, Head of Safety and Security for PLAN International Nigeria when asked about PLAN International's programs and projects on reducing Maternal and child mortality for vulnerable women and girls, stated that it is an arm of the health project, however, it is not operational in the North-East. He further stated that PLAN International has only carried out the nutrition and child stabilisation program in the North-East.

11.2.8 W160 David Isa Habba, Manager ActionAid Nigeria in responding to the allegation in paragraph 11.1.1, stated that: "ActionAid is a human rights organisation...we speak up for the vulnerable and the oppressed, and we will not keep quiet if we hear or come across any such information. At this time we are not aware and it has not come to our information on this." He further disclosed that in terms of maternal care and dealing with antenatal care or any issue relating to pregnant women and the provision of health assistance in the North-East, the work of Action Aid with pregnant women is limited to sensitisation and provision of supplementary field for malnourished pregnant women.

11.2.9 W161 Dr Hussaini Abdu, Country Director of CARE in Nigeria in his testimony stated that he was the Country Director of ActionAid from 2009 to 2015, Country Director of Plan International from 2015 to 2021 and Country Director of CARE from 2021 till date. In responding to the allegation in paragraph 11.1.1 W161 stated as follows:

I have no such information at all, and I say this because; one, beyond being the Country Director of CARE, I am arguably the longest probably serving Country Director in this intervention. I have seen across three different organisations from the beginning of the crisis to date, I think I have been constant ... I was the country director of Plan when the escalations started, and I ran one of the biggest programs there, and I am currently the country director of CARE. And for CARE in particular before I came in for this, before this Panel, I tried to gather information from my colleagues, if we had at any moment, any period, in any facility, had course to deal with the issue of abortion or an abortion program, or someone being compelled to carry out an abortion. And I say it here categorically, I do not, we do not have any information related to that, we do not have any, we have not experienced any program of that nature, and like I mentioned, we do not do clinical services, and therefore not able to support such a program.

11.2.10 WI54 Jean-Paul Mushenvula, Medical Program Manager, Alliance International Medical Action(ALIMA) in responding to the allegation in paragraph 11.1.1 stated that they do not have any information regarding abortion as they did not hear about it. He added

it. He added that some pregnant women from the main Muna IDP camps came to their facility for medical attention as their facility was around the Ministry of Health which was opposite the IDP camp.

11.2.11 W155 Eunize Solomon, Senior Human Resource Officer, Family Health International 360, in reference to the allegation in paragraph 11.1.1 stated that they provide support to the Government in areas of health, and pregnant women sometimes come to the facilities to seek such support. He further stated that, "...we have facilities that we are partnering with, so we also provide consultation services, to the people working in these facilities, the midwives that directly relate with the pregnant women, the beneficiaries that come for services, we also provide support in areas of antenatal care, post-delivery support and we also educate mothers, expecting mothers, mothers on family planning, family planning and what might work for them, but we do not directly relate with the beneficiaries, we relate with them, through the state Government workers, the health practitioner."

11.2.12 W156 Dr. Chioma Oduenyi, Project Director, JHPIEGO stated that their organisation does not work on emergency response in the humanitarian sector but focuses on developmental projects through routine channels. With respect to the allegation in paragraph 11.1.1 W156 noted that her organisation does not interface directly in humanitarian response in the North-East, on the premise of which she claimed not to have information on the allegation against the Nigerian Army.

11.2.13 W158B Dr. Philip Olusegun Afolabi, Health Coordinator, International Rescue Committee in responding to the allegation in paragraph 11.1.1 stated as follows:

For Government health facilities, Oxytocin is given to pregnant women, to stop bleeding, we do buy Oxytocin, after delivery you must give it to a pregnant woman. So Oxytocin is one drug that is among other drugs we procure, with which we support government facilities. we have a procurement process from the point is delivered into the country to the point that is accountable, so for every drug that is incoming.... we have waybill, we have stores unit that states where that drug is to be used, which states the health facilities, government facility that will be supplied to and ...facility we have, document and tools that guide us, we have drug consumption from store release to the store house release and then different consumption to the end, so that direct us to know where that drug goes and that drugs goes to, at the end of the day.

11.2.14 W159 Amr Ousman, Country Representative IMMAP in Nigeria, in responding to

the allegation in paragraph 11.1.1 stated that: “we did not come across any kind of information related to this as we do not engage with affected population, but even when we talk about the scope we have not come across any kind of information that you have currently mentioned.”

11.2.15 W162 Agathe Caroline Simoni, Desk Officer Medecins Du Monde, Nigerian Mission, disclosed that they have two clinics in Maiduguri and Damboa currently. In responding to the allegation in paragraph 11.1.1 stated that the nature of their intervention includes follow-up on pregnancy cases and in some instances, refer life threatening cases regarding pregnancies to hospitals. She indicated that the organisation runs postnatal care where they follow-up both mother and child. Additionally, she stated that abortion is not legal and the organisation does not do abortion. Furthermore, she denied knowledge of the allegation stating that: “I have no information myself as Medicines du Monde is not collecting this data, so we do not have this at our disposal.”

11.2.16 W163 Dozie Ezechukwu, Country Representative Management Sciences for Health(MSH) in response to the allegation in para 11.1.1 stated the following:

...we haven't heard, even from the staff we have on the ground in those state, we haven't received any report related to abortion or military experiences in that area in those states. No, not at all we have never had any instant report whatsoever and we have people on ground... for pregnant women who attend antenatal care at the health facility, they provide inter-related prevention of malaria treatment drug which they administer He stated that the drugs are usually procured through an agreement between donors and government and the government of Nigeria will be the one to buy those drugs...What we do is that we work with the government and provide technical assistant to the government system; state Ministry of Health, health care facility personnel to deliver quality care to the citizens. We also engage in distribution of what we call seasonal chemo malaria prevention targeting under five children to prevent malaria infection as well as cases of severe malaria which is the major killer for children under 5 in those regions.

11.2.17 W099 Lieutenant General Tukur Buratai Rtd stated in his allegation as follows:

Whether MSF is directly involved or not, they are aware, they are complicit, and now what are they called? Medicine Sans Frontier. They are Doctors Without Borders. So, if there are doctors ... They should be

asked, that is why I say, I do not know whether they have appeared, they should be asked and if they have not appeared, I think this is a very good place for them to go ...to confirm and the person has mentioned specific places...

11.2.18 PW003, a protected witness and whistleblower in responding to paragraph 11.1.2, disclosed that MSF started their psychosocial support program which was headed by one Mitchell, a Mexican whom PW003 introduced to the Ministry of Women Affairs and Ministry of Health, Borno State. The witness also stated that Mitchell inquired into the number of pregnant women impregnated by Boko Haram who come to the facility, the process of receiving them and who receives them. The witness stated as follows:

[W]e receive them from time to time, in a month, 2 or 3 ... they were referred from the ministry to check them for complications, and we refer them to a secondary facility. If we are able to contain it, then we do it at the primary level..." The witness further stated the following: "...The first point of reception is the Ministry of Women Affairs and if they observe that and receive such female, pregnant females, they refer them to the Ministry of Health.

11.2.19 PW003 claimed that MSF had conducted abortions from 2014 to 2015 when Mitchell's contract ended. The witness further admitted that when Mitchell was replaced in 2016, MSF continued to conduct abortions. PW003 disclosed that the relationship they had with ICRC was relating to training and donations of drugs and other items.

11.2.20 PW003 further disclosed that MSF agreed with the Ministry of Women Affairs that for purposes of offering psychosocial support to the victims, when they are referred to the Ministry of Health, MSF will meet the victims there. The witness stated that they were given a block of 6 bedrooms which they furnished for receiving the pregnant ladies rescued from the insurgency. The witness further stated that MSF expanded their activities to Umaru Shehu General Hospital Maiduguri where they received a high number of patients and pregnant women.

11.2.21 PW003 debunked the allegations by Reuters accusing the Nigerian Military of being involved in the abortion program. The witness further stated that they had no access to any military facility in the state and the military in turn had no access to them. The witness additionally stated as follows:

[T]he military has nothing to do and has no relationship with any organisation that is working in the North-East, not only MSF but any other humanitarian or developmental organisation in the state. The only thing that links the military and the organisations is in terms of clearance, getting clearance , access to new places and reporting the presence of their activities in their areas of operations.

11.2.22 W121, Fani Alkali, Chief Nursing Officer of Maimalari Clinic, Maiduguri and Facility Manager at Gomari Primary HealthCare Centre testified to the effect that MSF ran their facility for two years where they conducted over 200 deliveries a month as opposed to 20 deliveries which they recorded prior to the collaboration with MSF.

11.2.23 W122, Dr Muhammad Aminu Ghuluze, Permanent Secretary Borno State Ministry of Health and Human Services in response to their partnership with MSF stated as follows:

[T]hey came around 2017, 2018, they started with three, you know there are 5 of them, various types of MSF, classes of MSF that of France, Belgium, Holland , about 5 of them Swiss so three of them came and then they started, they opened, they started supporting us with services in the camps and then in our... in some of our hospitals also they established a base and then we support them with some staff because they requested that we give them a number of staff in each place they established maybe one or two, and so on, so but I wouldn't know exactly what transpired at their own level with the exception of what we saw on record.

11.2.24 W128 Major General John Ochai disclosed that individuals who surrendered were handed over to the Borno State Government for their healthcare needs and both local and international NGOs, particularly UNICEF, collaborated to provide immediate humanitarian assistance to them. The witness further stated that:

“extreme cases of a Specialist requirement that cannot be provided and is urgently required, for instance if there is an urgent surgery and the woman's life is at a peril and time is in essence, they could rush, a decision can be taken, okay rush her to a Military hospital, but as soon as that particular need is attended to, she is taken back to the primary place of Healthcare, which is under the purview of the Borno State Government and the international and local NGOs.”

11.3 Field investigations on allegations related to Issue 11

11.3.1 The Panel focused its field investigations primarily on facilities owned or operated by Government authorities, both military and State health facilities, across Borno, Adamawa, and Yobe States in the North-East region. The Panel also engaged extensively with NGOs involved in projects related to reproductive health, maternal and child health management in the region.

11.3.2 The Panel invited representatives from various NGOs to testify before it. From the witness testimonies, the Panel gathered information on the scope of NGO activities, their roles in providing healthcare services to women and girls, and their contributions to maternal and child health initiatives in the North-East.

11.3.3 The Panel's decision to expand its investigation to include Non-state actors, specifically NGOs, were driven by the need to thoroughly examine all relevant aspects of healthcare provision and policy implications in the North-East. This approach ensured a holistic assessment of reproductive health and maternal and child health initiatives in the region in order to gain deeper insights into the allegations of the conduct of illegal and forced abortions on over 10,000 pregnant women and girls in the region.

11.3.4 The Panel observed that some non-governmental organisations which includes the International Committee of Red Cross (ICRC), and MSF declined to appear before it, citing reasons of confidentiality, jurisdictional limitations and the fact that they are not in a position to confirm or deny the allegations of the conduct of forced or illegal abortion program in the North-East. MSF for instance, in their letter marked **SIIP/DOC/2023/011** stated that they were not in a position to confirm or deny the allegations despite the visit of staff and field investigators deployed to their facilities in Borno State, corroborating the testimonies of W121 and W122 to the effect that MSF had operations and collaborated with State healthcare facilities in Maiduguri, Borno State.

11.4 Analyses of testimonies and investigations on Issue 11

11.4.1 The witnesses who represented various NGOs clearly denied the allegation accusing such organisations of being involved in an abortion program. The Panel recognises the fact that the testimonies clearly indicated that some of the NGOs had various humanitarian intervention programs in the North-East, which includes maternal and childcare, training and capacity building of health institutions, and according to the testimonies of W038 and W039 were done in partnership with government health facilities. The Panel also took note of the fact that W061 the Country Director CARE in Nigeria from 2021 till date and has held

other positions as Country Director of ActionAid from 2009 to 2015, Country Director of Plan International from 2015 to 2021 denied the operation or running of any systematic, illegal or forced abortion by the military or civilian health facilities in the North-East. The Panel further notes that these organisations operated in the North-East between 2013 and 2022 being the period under the investigation of the Panel.

11.4.2 The question before the Panel is to what extent an abortion program allegedly conducted by NGOs can occur if at all it happened, when the operations of the NGOs are to a reasonable presumption with the approval or partnership of the government authorities and health institutions.

11.4.3 The Panel interviewed the NGOs as part of its expanded investigation into the activities of non-state actors in the region. Testimonies received from witnesses during its investigations on the involvement of various non-state actors beyond governmental institutions on reproductive health issues prompted the Panel to enlarge its investigation. While the Reuters report did not explicitly mention these actors, the Panel recognised the significance of investigating their activities. By engaging with representatives of these actors, the Panel sought to understand their operational frameworks and collaborations with local communities in order to gain perspectives on its investigation of the alleged illegal and forced abortion programmes in the North-East.

11.4.4 W038 Country Director Marie Stopes, denied being part of any abortion program, stating that his organisation does not get involved in the management of pregnancies but only provides family planning services. W038 tendered a document titled “Borno State Impact Report,” which was admitted as Exhibit SIIP/ABJ/002. He explained that the 2021 impact report prepared by their Monitoring and Evaluation manager was in respect of the number of pregnancies that was prevented through their family planning services, which did not relate to abortion of pregnancies. W039, another representative of Marie Stopes, aligned with the earlier position but added that they do not stock Oxytocin or Misoprostol.

11.4.5 W149 Dr. Susan Gana Mshelia, Deputy Team Lead of Society for Family Health, also denied the allegation, stating that non-governmental organisations may have been engaged in abortions. The witness submitted their involvement in the North-East to include prevention and treatment of malaria, reproductive health, prevention and treatment of HIV/AIDS.

11.4.6 W148, W150, and W160 all denied the claim that non-governmental organisations were involved in abortion programs. They stated that their intervention in the North-East was in varying areas of humanitarian interventions not related to abortions in the North-East. W161, representing CARE in Nigeria, denied the allegation categorically, stating that in the line of his engagement with non-state actors, he has served across three different

organisations from the beginning of the crisis to date in the North-East. The witness who was Country Director of ActionAid from 2009 to 2015, Country Director of Plan International from 2015 to 2021 and Country Director of CARE from 2021 till date stated that he never heard or witnessed non-governmental organisations engaging in abortion programs in the North-East.

11.4.7 W147 Aseervatham Florington admitted that his organisation Terre Des Hommes (TDH), Lausanne Switzerland, has had interventions in the North-East since 2017, but in the area of Water Sanitation and Health(WASH). He stated that the organisation's WASH project and Child Protection operated in 2018 at Monguno, Dikwa, Mafa and Wulari, which ended in 2020. He reiterated that since 2021, TDH only operates in the Maiduguri Metropolitan area at Wulari and Gusari community.

11.4.8 W153A Mrs Oiza Nicholson, Country Director, Palladium International Development Nigeria Limited admitted that her organisation works with the State Government to support and strengthen the State health care system. She mentioned the program, "Maternal New-born Child Health program"(MNCH), which was funded by the UK Government and ran from 2014 to 2019 by her organisation. She also stated that they, "provided support to the government of Nigeria, to strengthen the health system, and capacity to improve, access and utilisation of high-quality essential health services especially for women and children in six Northern states in Nigeria. So that included Jigawa, Kaduna, Kano, Zamfara, Katsina and Yobe. And the point of correction, the program did not operate in Borno, so it operated in Yobe". She denied that her organisation was involved in procuring drugs for the states where their projects are being run.

11.4.9 The Panel considers the direct allegation against Médecins Sans Frontières (MSF) in paragraph 11.1.2 claiming that they operated an illegal abortion program in the North-East as a cross-allegation for a further investigation of the Panel in line with its mandate. Resolving the issue in paragraph 11.0, the Panel poses a question as to whether MSF was directly involved in or aware of, or complicit in, the alleged illegal abortion program in the North-East.

11.4.10 The Panel takes into consideration the fact that MSF was invited to appear before the Panel over the allegations of conduct of illegal or forced abortion in the North-East but declined to appear by their letter addressed to the Panel dated 21st March, 2022,⁴² stating that they are not in a position to confirm or deny the allegations of the conduct of forced or illegal abortion program in the North-East.

11.4.11 In making its findings, the Panel considered the need to protect the identity of

⁴²Error in date,
See SIIP/DOC/2023/011

PW003 who testified before the Panel regarding the allegation in 11.1.2, in line with the provisions of Evidence (Amendment) Act 2023[Evidence (Amendment),⁴³ the Witness Protection and Management Act 2022⁴⁴ and the Rome Statute⁴⁵ which allows for broad protective measures for witnesses where required.

11.4.12 PW003, a protected witness testified to the effect that MSF had a psychosocial support program in the North-East, headed by one Mitchell. The testimony further established that MSF approached the Ministry of Women Affairs and Ministry of Health to provide psycho-social support to the victims of insurgency who were being received by the Ministry of Women Affairs, Borno State.

11.4.13 PW003 stated further that MSF conducted abortions from 2014 to 2015 when Mitchell's contract ended. The witness admitted that when Mitchell was replaced in 2016, MSF continued to conduct abortions.

11.4.14 PW003 exonerated the military of the allegations of illegal and forced abortions by Reuters, stating, "...The military has nothing to do and has no relationship with any organisation that is working in the North-East, not only MSF but any other humanitarian or developmental organisation in the state. The only thing that links the military and the organisations is in terms of clearance, getting clearance, access to new places, and reporting the presence of their activities in their areas of operations."

11.4.15 Testimonies W121, Fani Alkali, Chief Nursing Officer of Maimalari Clinic, Maiduguri and Facility Manager at Gomari Primary HealthCare Centre and W122, Dr Muhammad Aminu Ghuluze, Permanent Secretary Borno State Ministry of Health and Human Services indicated that MSF operated facilities in Borno State contrary to the letter from MSF addressed to the Panel dated 21st March, 2022, stating that they are not in a position to confirm or deny the allegations of the conduct of forced or illegal abortion program in the North-East.

11.4.16 The Panel considered testimonies from PW003, W121 and W122 and extended further invitations to MSF to respond to the direct allegations made against them to the effect that they conducted abortions in the North-East in order to afford them ample time and opportunity to make their defence in line with the principle and right to fair hearing. This step was taken to enable the Panel to thoroughly investigate and ultimately make informed decisions regarding the allegations made against MSF.

11.4.17 The principle of the Right to fair hearing as recognized under International Law and the Constitution of Nigeria requires that adequate time and opportunity be given to an accused

⁴³ Evidence (Amendment) Act 2023, Section 189

⁴⁴ Witness Protection and Management Act 2022 Section 4(1)(a)

⁴⁵ Rome Statute of the International Criminal Court 1998, Article. 69(4).

person to provide a defense to any allegation made against the accused. The Panel gave due considerations to the right of MSF to respond to allegations by PW003 to the effect that MSF had conducted abortions from 2014 to 2015 when the contract of one Mitchell (a staff of MSF) ended and the further allegation that when Mitchell was replaced in 2016, MSF continued to conduct abortions.

11.4.18 The Panel wrote official letters to the Intersectional Legal Department of MSF dated 3rd September, 2024 and wrote further letters to the Heads MSF facilities in Maiduguri Borno State which includes the Project Manager/Head of Office, Mobile Clinic, Gomari Primary Health Care Facility and Gwange facility dated the 22nd of October, 2024 which were duly acknowledged. The letters from the Panel to MSF communicated details of the allegation by PW003 and testimonies received from W121 and W122.

11.4.19 MSF in their letter dated 30th October requested for time to put their information together and to provide evidence in their possession to the Panel which was granted by the Panel. MSF in further email correspondences requested an extension of time, which the Panel was unable to grant in view of the time line for the presentation of its finding. The Panel makes a determination on the allegation based on current evidence available which does not foreclose the opportunity for MSF to present any evidence to the National Human Rights Commission.

11.0 Findings on Issue 11

11.1.1 General Findings:

The Panel finds probable evidence that MSF may have conducted abortions in MSF facilities located in Maiduguri, Borno State.

11.1.2 Specific Findings:

The Panel finds that:

1. Based on the preponderance of the evidence before it, there is a high probability that MSF may have conducted abortions in Maiduguri, Borno State. This conclusion is reached in the light of the compelling nature of the evidence presented by PW003, a protected witness and whistleblower who testified that abortions were conducted by MSF from 2014 to 2015 and continued after the replacement of one Mitchell, the Head of the Psychosocial Support Program in 2016, a Mexican woman PW003 introduced to the Ministry of Women Affairs and Ministry of Health, Borno State.
2. The letter addressed to the Panel by MSF marked SIIP/DOC/2023/011, which stated that as a medical organization, they are not in a position to confirm or

deny the allegation of an abortion program in the North-East is unsubstantiated by facts. The Panel considered the testimonies of W121, Fani Alkali, Chief Nursing Officer of Maisamari Clinic, Maiduguri and Facility Manager at Gomari Primary Healthcare Centre and W122, Dr Muhammad Aminu Ghuluze, Permanent Secretary Borno State Ministry of Health and Human Services who testified to the effect that they collaborated with MSF to run the maternity section of their facility, where MSF conducted over 200 deliveries a month as opposed to 20 deliveries which they recorded prior to the collaboration with MSF in reaching this conclusion. The active involvement of MSF in maternal and child health care through the deliveries conducted in state healthcare facilities involving women from Maisamari and other nearby settlements goes against the position MSF took in not appearing before the Panel. This is further contradicted by a subsequent email correspondence from MSF to the Panel requesting for an extension of time to provide contextual information on the investigations being conducted regarding the operation of MSF in the North-East. The Panel believes that the active involvement of MSF in maternal healthcare in collaboration with state owned health facilities, corroborated by the visit of staff and field investigators to their facilities in Borno State, puts MSF in a position to provide relevant information relating to the investigations of the Panel.

3. The request for a subsequent extension of time after a long silence on earlier communications of the Panel to MSF on the allegations against them and an initial extension of time as a further effort by the Panel to provide adequate time and opportunity to MSF to respond to the allegations against them goes against the timeline of the Panel to make a report of its findings. The Panel recognizes its role as a fact-finding body which does not foreclose an opportunity for MSF to provide any evidence in their possession to the National Human Rights Commission for a further consideration and final determination of the allegations against them. This finding is made with the understanding that it reflects the current state of evidence and that further submissions of MSF on the allegation will make a final determination on the allegations.

Chapter 9

Issues for Determination - Smothered, Poisoned and Shot - (SPS)

1.0 ISSUE 1

Whether the Nigerian military conducted a systematic operation targeting thousands of children “because they [were] children of Boko-Haram.”

1.1 Relevant Allegations and Extracts from the Reuters Report - SPS

1.1.1 “More than 40 soldiers and civilians told Reuters they witnessed the Nigerian military kill children or saw children's corpses after a military operation. Estimates totalled in the thousands. Reuters investigated six incidents in which at least 60 died. One mother described the deaths of her twin babies: “The soldiers said they killed those children because they are children of Boko Haram.”¹

1.1.2 “The soldiers said they killed those children because they are children of Boko Haram – they are not human beings,” said Bukar, whose account was corroborated by a fellow former captive. “They threatened me that if I wasn’t careful and didn’t keep quiet, they would kill me as well.”²

1.1.3 “The Reuters investigation found that Nigerian soldiers took aim at children of all ages in battle zones around the northeast because the army presumed the children were, or would become, terrorists. Soldiers selected babies and toddlers for killing after rescuing them and their mothers from Islamist militants; rounded youths up for interrogation and killing in raids of homes and marketplaces; or slaughtered children along with adult civilians in counterterrorism operations that were intended to leave no survivors. When commanders ordered towns to be cleared of presumed insurgents, soldiers said they understood, and sometimes were explicitly told, that children’s lives were not to be spared.”³

1.1.4 “In many cases, the army has taken steps to keep the killing of children and other civilians out of the public eye, according to multiple military sources. Soldiers pressured bereaved parents to remain silent, the army restricted access to the warzone, and commanders ordered troops to keep killings secret.”⁴

1.2 Witness Testimonies in Relation to Allegations in Issue 1

1.2.1 With regards to the allegations in paras 1.1.1, 1.1.2 and 1.1.4, W099 Lieutenant General Turkur Buratai, the former Chief of Army Staff between 2015 to 2021 denied knowledge

¹ Reuters SPS, para. 1.

² Ibid, para. 12.

³ Ibid, para. 23.

⁴ Ibid, para. 111

any knowledge of the allegations in the Reuters report. He stated that the Nigerian Army Handbook on Domestic and International Laws Guiding the Conduct of Operations, admitted as **Exhibit SIIP/MAID/006**, are clear and nobody has ever reported any of such incidents. In his words he stated that: "...Nobody has reported this particular incident to me and they have not reported this to any of the INGO's or even NGO's, their witnesses from whom they claim told them, let them present them so that they can testify." He asserted that he does not believe that troops of the Nigerian Army will ever shoot at innocent children.

1.2.2 W099 Lieutenant General Turkur Buratai in supporting his denial of the allegations in paras 1.1.1, 1.1.2 and 1.1.3 made an electronic presentation, admitted and marked as **Exhibit SIIP/MAID/002**, containing images of returnees whom the Nigerian military rescued from Boko Haram insurgents. He stated in his words that:

Some of them were rescued, even anything in contact, where exchanges have been carried out between the Boko Haram insurgents and troops, and they were extracted to safety, including children and you see now, they have been given water, conveying them with vehicles to safety and is it the same troops that will go back and burn children, women, their houses or poison them? Soldiers do not carry poison or open fire on defenceless children.

1.2.3 W110 Lawan Mala Dunom the Village Head of Mawulli Marte Local Government Area, Borno State, in responding to the allegation in para 1.1.3 denied hearing of any incident in Marte, Kukawa, or other places in Northern Borno where the Nigerian military allegedly carried out a mass killing of presumed children of Boko Haram insurgents in order to prevent their regeneration.

1.2.4 W090 Major General Hassan Umaru (rtd), the Theatre Commander of Operation Lafiya Dole denied the allegations under paras 1.1.1 and 1.1.2. He stated that there was never a time such incidents occurred during his deployment in 2015. He asserted that the Nigerian Armed Forces is a professional Army and they never administered any substance to kill children who are of Boko Haram descent. He further stated that, as the Theatre Commander at the time, he never received any report of child strangling or killing.

1.2.5 W092 Major General Rogers Ibe Nicholas (rtd.), the Theatre Commander Operation Lafiya Dole between 2017 to 2018 in responding to the allegations in paras 1.1.3 and 1.1.4 denied the possibility of the allegations that Reuters levelled against the Nigerian military, saying their rules of military engagement are clear. He further stated thus:

Our officers are trained on the issue of human rights and how to conduct these operations. But operations are operations, you could have collateral damages, it happens in every operation because there are certain things that you cannot avoid in these operations. However, the Nigerian Army is a highly professional Army when compared with other Armies in Africa that I have operated with, even with some of the Western. The Nigerian Army is really doing well in terms of that, people will think of the limitations of what we have, training, manpower and other things including the lack of support from civilians. You know civilians' resilience in some communities, you ask them to do certain things and they will refuse, give us information too they will not. So, these are the challenges but having said that, honestly speaking the Nigerian Army has remained for me a professional Army.

1.2.6 W036 Major General Victor Ezeugwu, General Officer Commanding 7 Division Nigerian Army, Maiduguri between 2016 and 2017 in supporting his denial of the allegations in paras 1.1.1 and 1.1.3, tendered an album titled "Major Pictorial Highlights of Major General V.O Ezegwu" admitted and marked as **Exhibit SIIP/ABJ/001**. The album contained pictures of events within the medical unit at the time of the Major General's deployment as the Brigade Commander and General Officer Commanding 7 Division, Maiduguri. He described aspects of the Exhibit stating as follows:

If you check the picture, the fourth picture by the right that is the below picture, you will see the women and children that you are talking about now, this is how we gather them and that is how we scrutinise them. Now let me take you further to, if you go to Giwa Barracks during these reports, I hear a lot about Giwa Barracks, about the detention camp we have there and what transpired there. If you go to page 4 of what I gave you now, this is what I did to the children of Boko Haram in Giwa Barracks detention camp, they came with only one cloth, I clothed them ..., apart from feeding them, I put television in their rooms, I put cartoon for them and we took very proper care of them, because like I keep telling you, we are a professional Army. There is a very prized picture, this is page 5, this one, you will see a Boko Haram member that we captured, he has wound and sores all over his body, but you can see our medical personnel treating him and clean up all the wounds so that he will live because we deradicalize them. We send them to where they are

going to be deradicalized, the purpose is not to kill them. And if you go through the rest of the pictures, you will see our medical personnel attending to these women and children we are talking about.

1.2.7 W034 Major General Abba Mohammed Dikko (Rtd) a Former Theatre Commander, Operations Lafiya Dole denied the allegations contained in paras 1.1.1, 1.1.2, 1.1.3, and 1.1.4. He stated that the Nigerian Army recruits only people who are of sound mind by making them go through medical assessment before being enlisted. In his words: “We cannot have rogue elements that will go and conduct such a heinous crime, except if somebody will go and steal the uniform somewhere, wear it and claim to be a soldier to carry out such an act.”

1.3 Field investigations on allegations related to Issue 1

1.3.1 The Panel visited the detention facility at the Joint Investigation Centre (JIC), Giwa barracks, which was one of the sites in Maiduguri where the military allegedly conducted illegal and forced abortions on pregnant women and girls. While inspecting the facility, the Panel saw the section where the female detainees were kept and noticed that some of them were with their children.

1.3.2 The Panel also visited facilities at Hajj and Bulumkutu camps, where some Boko Haram insurgents and their wives were kept, alongside other members of the communities who were either rescued, surrendered or escorted to the camps by the military. The State Government kept them there for documentation and care before reintegration into their communities. The Panel saw many children with their mothers in these facilities.

1.4 Analyses of testimonies and investigations on Issue 1

1.4.1 All the military witnesses who appeared before the Panel (W090, W099, W110, and W092) denied Reuters’ allegation of a systematic operation targeting thousands of children by the Nigerian military on the ground that “they are children of Boko Haram.” W090 and W092 insisted that the Nigerian military is a professional organisation that is guided by rules of engagement prohibiting the targeting of children as military objects of war. W099 the former Chief of Army Staff added that he never received such a report while he was in the theatre of operations. He noted that children are soft targets and therefore usually protected by the military during their operations.

1.4.2 **Exhibit SIIP/ABJ/001**, which W036 tendered, contains records of the military medical facility at the time he was the Brigade Commander. The pictures in the exhibit gave a

1.4.3 From a careful review of witness testimonies and exhibits, the Panel believes that rescued and largely malnourished children during the insurgency were taken to camps, fed and properly catered for.

1.4.4 During its inspection of several facilities in Maiduguri, including JIC, Giwa barracks, Hajj and Bulumkutu camps, the Panel observed some children who were in company of their mothers living within the camps. Its visits to Hajj and Bulumkutu camps revealed a broader context where former Boko Haram members and rescued or surrendered civilians were held. Many children were also with their mothers. The Panel sighted many children under the care of the camp officials and their parents.

1.5 Findings on Issue 1

1.5.1 General Findings

The Panel finds that there is no evidence to show that the Nigerian military targeted children because they were Boko Haram offsprings.

1.5.2 Specific Findings

The Panel finds that:

1. There was no operation conducted by the Nigerian military targeted at children. Testimonies from several high-ranking officials reveal that the Nigerian military did not conduct operations targeting children. W031 Major General Ibrahim Manu Yusuf, Commandant of the Nigerian Defence Academy and former Commander of the 21 Armored Brigade in Maiduguri from August 2013 to May 2014, noted that the military exercises extreme caution when women and children are present in combat zones. W084 Major General James Olubunmi Akomolafe, former Commander of the 21 Armoured Brigade in Maiduguri, described an incident where they withheld fire against the insurgents upon sighting civilians. W092 Major General Rogers Nicholas (rtd.), the former Theatre Commander of Operation Lafiya Dole (2017), and W094 Brigadier General Tuni Isa, Deputy Director of Administration at the Defence Headquarters Abuja, who cited an instance where civilians were evacuated before engaging the enemy to minimize civilian casualties. These testimonies collectively indicate that the Nigerian military did not target children during their operations against insurgents.
2. There is no evidence to support the claim that children were targeted by the military due to their connections with Boko Haram insurgents. This finding is supported by the testimonies of W035 Major General Olusegun Gabriel

Adeniyi, Director of Counter Terrorism at the Nigerian Army Research Centre, who stated that the military recognizes that women and children rescued from insurgency were often kidnapped or forced against their will; and W089 Major General Benson Akinroluyo, former Theatre Commander of Operation Lafiya Dole (2018), who acknowledged that the military understands the asymmetrical nature of the conflict, where they are engaging fellow citizens, and therefore denies any revenge killings to target insurgents. The Panel found corroborating evidence in the testimony of W110 Lawan Mala Dunom, Village Head of Mawulli, Marte Local Government who stated that he had never heard of any mass killings of children by the military in Northern Borno. This supports the military's testimony that they did not engage in revenge killings.

2.0 ISSUE 2

Whether officers and soldiers of the Nigerian military engaged in burning, suffocation, and administering of illegal substances to children in the North-East, leading to their deaths.

2.1 Relevant Allegations and Extracts from the Reuters Report - SPS

2.1.1 “Most of the children in the six army-led actions were shot, some in the back as they were fleeing. But soldiers used a range of methods to kill. Witnesses detailed specific instances in which Nigerian soldiers poisoned and suffocated children, too”.⁵

2.1.2 “In a separate event a few years ago, Felerin, a mother of two toddlers, said she and other mothers who had escaped insurgents were detained at the army’s Giwa Barracks in Maiduguri, the Borno state capital. Soldiers told the women that their children needed injections for malaria and other afflictions, she said”.⁶

2.1.3 “The soldiers gave several of the children shots and took them into another room, shutting the door behind them. After some time, Felerin, then 28, became worried. “Where are my two children?” she recalled asking the soldiers.”⁷

2.1.4 “The targeted killings of children were often kept under the radar and covered up by the military, Reuters found. The killings frequently took place in and around small, remote villages, where there is little communication with other towns. Witnesses and relatives were scared into silence, and bodies were buried or burned, according to multiple sources, including soldiers and residents.”⁸

2.1.5 “She watched the soldiers shoot one, a 16-year-old, in the street, along with his 18-year-old brother. The youngest, 9, was in the family home when soldiers burned it down, she said.”⁹

2.2 Witness Testimonies in Relation to Allegations in Issue 2

2.2.1 In responding to the allegation in para 2.1.5 W040 Lieutenant General Farouk Yahaya, Chief of Army Staff and Former Theatre Commander Operation Hadin Kai¹⁰ denied the allegations. He stated that it is not part of the military’s operations to burn places, as they only fight war. He further stated that some people find it difficult to differentiate between the military and Boko Haram insurgents, and Reuters probably believe the latter and end up producing such reports.

⁵ Reuters SPS, para. 10.

⁶ Ibid, para. 65.

⁷ Ibid, para. 66.

⁸ Ibid, para. 27.

⁹ Ibid, para. 107

¹⁰ Editor’s Note:

Lieutenant General Yahaya was at the commencement of the mandate of the SIIP North-East, the Chief of Army Staff. He retired alongside others on June 19, 2023 following the appointment of new Service Chiefs.

2.2.2 W052 Major General A. E. Abubakar, Commander of Sector 3, Multinational Joint Task Force, Monguno, Borno State, in responding to the allegations in paras 2.1.1, 2.1.3 and 2.1.5 stated that, “I have read reports of thousands of terrorist combatants that have come out, surrendered, treated and sent for documentation in Maiduguri, if that can be done to the combatants that are fighting the soldiers, so what business does anybody have trying to kill, smother, or even poison children, I think the Nigerian army is far above that”

2.2.3 W087 Colonel Yakubu Ibrahim the Brigade Commander, 22 Armoured Brigade Dikwa, Marte the claims in paras 2.1.1 to 2.1.4, stating that the Nigerian Army is a professional force and would not carry out any act that is against the Nigerian Army’s code of conduct.

2.2.4 W114 Babashehu Mustapha, the District Head of Old Marte in responding to the allegation in paras 2.1.1 and 2.1.3, stated that the Nigerian military has maintained a peaceful coexistence with the community and did not engage in the burning of any child.

2.2.5 In responding to the allegations in paras 2.1.1 and 2.1.5, W111 Shettima Babagana Alhaji, the Village Head of Alla, Marte Local Government disclosed in his testimony that the army came to their town and started shooting sporadically. He further stated that his brother ran into the house and hid by the grass kept for animals but was followed by a soldier who came into the house and lit the grass but his brother was lucky to escape with a scratch on his face.

2.2.6 PW001 in responding to the allegations in paras 2.1.1 and 2.1.4 narrated an incident that occurred in a community, called Abisari on June 18th, 2016, at about 6:30 a.m. where soldiers invaded the town and opened fire on civilians which resulted in the deaths of 18 persons, among whom was a female relative and her three children. The witness further stated that several persons also sustained injuries during the attack.

2.2.7 In responding to the allegation in para 2.1.1, PW002J stated that a neighbour (name withheld) was killed with her three children. Describing the gruesome killings, the witness stated that another woman (name withheld), who had her child strapped to her back, was shot while running to meet her relatives whose house was set on fire by the Nigerian military. The witness stated that the military thereafter set their bodies ablaze in the house.

2.3 Field investigations on allegations related to Issue 2

2.3.1 The Panel visited the JIC, Giwa barracks detention facility in Maiduguri, where allegations were made that soldiers killed children of detained women by administering injections and illegal substances on them. The visit and investigation were aimed at

verifying the allegations. The Panel inspected the facility and interviewed medical staff, including nurses and the matron responsible for detainees' medical care. It observed that drugs were not administered indiscriminately, but followed a strict process of checks by authorised officers, and that medical personnel attended to detainees who reported illnesses or complained of sickness.

2.3.2 The Panel also observed that the facility had police and military personnel as well as civilians working there. Staff of the State and Federal Ministry of Justice also visit to conduct investigation within the facility.

2.4 Analyses of testimonies and investigations on Issue 2

2.4.1 Witness testimonies and denials by the military pose a challenge to the Panel in establishing facts relating to the alleged killings in Abisari community. A careful assessment of each testimony is therefore necessary to establish the true state of affairs vis-à-vis the allegation.

2.4.2 On the question whether the Nigerian military burned, suffocated, or administered illegal substances on children leading to their death, the Panel evaluated the testimonies from the military and a village head who denied the allegations. It considered the testimonies of W040 and W052, senior military officers who cited instances where they treated and documented insurgents who surrendered to the military. W087 also submitted that the army operated professionally and did not engage in the alleged acts.

2.4.3 The Panel considered the testimonies of members of Abisari community of New Marte (PW001, PW002A, PW002B, PW002C, PW002D, PW002E, PW002F, PW002G, PW002H, and PW002J). They alleged that the Nigerian military invaded their community at about 6:30 am on 18 June 2016 and opened fire on them, killing 18 people including women and children. The Nigerian military denied these claims, asserting that they had no knowledge of troops being deployed to Abisari. They further stated that the details and tactics that the witnesses described did not align with standard military operational procedures of the Nigerian Army.

2.4.4 During its field visit to the JIC, Giwa barracks in Maiduguri, the Panel also investigated the alleged killing of children through injection of illegal substances in the detention facility. The Panel interviewed key responsible medical officers, including nurses and the matron, to understand the operational procedures and handlings of medical needs at the facility.

were not administered arbitrarily; rather, officers conducted daily checks prior to administering any medication. The medical personnel also responded promptly to complaints of illness of detainees or other medical issues.

2.5 Findings on Issue 2

2.5.1 General Findings

The Panel finds that:

1. There is no evidence to establish the allegation that the Nigerian military burnt, suffocated or administered illegal substances to children leading to their deaths as alleged in the report.
2. There was an incident of Nigerian soldiers burning a woman and three children in Abisari Community in Marte Local Government in 2016.

2.5.2 Specific Findings

The Panel finds that:

1. The Nigerian military did not engage in actions involving suffocation or administering of illegal substances leading to the deaths of children. For this finding, the Panel relies on the testimonies of W040 Lieutenant General Farouk Yahaya, the Chief of Army Staff and former Theatre Commander Operation Hadin Kai, W052 Major General A.E. Abubakar, Commander, Sector 3 of MNJTF, Monguno, Borno State, and W087 Colonel Yakubu Ibrahim, former Brigade Commander 22 Brigade, Dikwa (2020-2021). In support of their general denials, they insisted that the Nigerian military is a professional force that would not carry out any act contrary to the military code of conduct.
2. There is no evidence that the Nigerian military engaged in activities leading to the burning of children as alleged in the report. The Panel relies on the testimony of W114 Babashehu Mustapha (W114), the District Head of Old Marte, to the effect that the Nigerian military has maintained a peaceful coexistence with the community and could not have engaged in burning of the children.
3. Some Nigerian soldiers shot and set a mother and her three children ablaze in the Abisari community of Marte Local Government Area. This Panel relies on the testimony of PW002J who confirmed the burning of the four victims in their house.

3.0 ISSUE 3

Whether the Nigerian military engaged in “Operation No Living Things” during its war against Boko-Haram Insurgents.

3.1 Relevant Allegations and Extracts from the Reuters Report - SPS

3.1.1 “On the ground, soldiers and other counterinsurgency fighters told Reuters, the military has adopted an uncompromising approach towards communities it sees as infiltrated by militants.”¹¹

3.1.2 “During combat operations, soldiers told Reuters, it was common to take aim at anyone they came across in areas the army did not fully control. They were generally considered a member or supporter of the militants and therefore a legitimate target, troops said.”¹²

3.1.3 “More than 40 soldiers and civilians told Reuters they witnessed the Nigerian military kill children or saw children's corpses after a military operation. Estimates totalled in the thousands. Reuters investigated six incidents in which at least 60 died. One mother described the deaths of her twin babies: “The soldiers said they killed those children because they are children of Boko Haram.”¹³

3.1.4 “Army officers often branded particularly ruthless offensives “Operation No Living Things,” said four soldiers.”¹⁴

3.1.5 “The Nigerian Army also has targeted children as part of sweeping operations against entire areas and their populations, with little regard for whether the people there were insurgents or peaceful civilians, soldiers and other witnesses said.”¹⁵

3.1.6 “The army has described such take-no-prisoners’ operations as a patriotic fight against terrorists. But sometimes they occur after a stinging defeat, and the killing serves as retribution, soldiers said.”¹⁶

3.2 Witness Testimonies in Relation to Allegations in Issue 3

3.2.1 W096 General Lucky E. O. Irabor, the Chief of Defence Staff between 2021 to 2023¹⁷ in respect to the allegations in paras 3.1.4, 3.1.5 and 3.1.6 refuted the allegation stating that he never approved any operation known as “Operation No Living Things”. General Irabor, in supporting his denial, asserted that in 2016, he personally patrolled Old and New Marte and there were no humans in the communities.

¹¹ Reuters SPS, para. 45.

¹² Ibid, para. 46.

¹³ Ibid, para. 1.

¹⁴ Ibid, para. 47.

¹⁵ Ibid, para. 120.

¹⁶ Ibid, para. 121.

¹⁷ Editor's Note:

General Irabor was at the commencement of the mandate of the SIIP North-East, the Chief of Defence Staff. He retired alongside others on June 19, 2023 following the appointment of new Service Chiefs.

3.2.2 W036 Major General Victor Ezeugwu the General Officer Commanding 7 Division, Nigerian Army in Maiduguri between 2016 and 2017, in response to the allegation in paras 3.1.4 denied knowledge of any operation tagged “Operation No Living Things”. He stated in his words as follows:

No living things? No, not at all. We conducted 3 major operations during my time in Maiduguri. Operation Rescue Finale 1 and 2, Operation Crackdown 1 and 2 and many other operations were carried out but none of them has the name “No Living Things” . . . In fact, in the Nigerian Army nobody will conduct an operation and give it such a name because it connotes something that is profoundly serious. You do not give a misleading name to an operation, it is not a scorched earth policy... In our own time now, we are a conventional army, we are a modern army, we do not fight that way, we avoid collateral damage.

3.2.3 W034 Major General Abba Mohammed Dikko refuted the allegations in paras 3.1.3 and 3.1.5, and stated as follows:

We have never had such a case, we are a professional, the Nigerian Army is a professional military that will not commit such genocide. Honestly, I find these allegations a little bit funny. It does not describe the Nigerian Army, it does not. It does not fit the character of the Nigerian Army. We are better than this and such allegations should never be ascribed to the professional conduct of the Nigerian Army. I would not even give it any iota of thought that such a thing, if not but a figment of imagination of the reporter, that such a thing will happen. A fellow human being to a fellow human being, right in front of the mother of the child, to commit such an atrocious act. It is most unfortunate that we are having to respond to this, but I think that it is not in our place, it is not in our character.

3.2.4 W034 Major General Abba Mohammed Dikko (Rtd) a Former Theatre Commander, Operations Lafiya Dole, in responding to para 3.1.4, identified one of the locally arranged operations, named ‘Operation Sharangida’ which means ‘to sweep’, an internally conceived operation for administrative convenience to clean the town of debris and leftover carcasses following insurgent resettlement in the community. There was no equivalent ‘operation’ within the military hierarchy.

3.2.5 W084 Major General James Olubunmi Akomolafe (Rtd) who served at the Nigerian

Army Resource Centre in 2021 denied the allegations in paras 3.1.3, 3.1.4 and 3.1.6, stating that they are false. He supported his denial by stating that, "...we are professional soldiers as far as Africa is concerned..." He emphasised that the Nigerian Army is a professional organisation that has maintained a good reputation amongst nations. He gave an account of an incident where he was ambushed in Konduga which was part of his area of responsibility but could not return fire as a result of military discipline, rather, charged through to safety before taking account of the status of men and machineries.

3.2.6 W085 Major General Benjamin Olufemi Sawyer, the Force Commander/Acting Head of Mission for the United Nation Interim Security Force for Abyei (UNISFA) from 2021 till date refuted the allegation in para 3.1.3 stating that they helped children of the community and provided assistance in times of need. He further stated that the number of children, between ages 5 and 14, at the IDP camp in Dikwa is about 24,000, and if these children, were being killed by men of the Nigerian military as alleged, they would not have been in the camp.

3.2.7 W092 Major General Rogers Ibe Nicholas (Rtd), the Theatre Commander Operation Lafiya Dole between 2017 to 2018, denied the allegations in paras 3.1.2 and 3.1.5. He stressed that the Nigerian military comply with human rights norms in its operations, which led to the establishment of a Human Rights Desks in all military formations. At the time of his deployment in the North-East, he stated that he did not receive any complaint of human rights violations, as officers and soldiers are trained on human rights and humanitarian principles

3.2.8 W093 Brigadier General Abubakar Garba Lawal Haruna who served as Garrison Commander, 21 Armoured Brigade, Bama between 2014 to 2016, and Deputy Chief of Staff Operations 3 Division Tactical Damaturu between 2016 to 2017, in responding to the allegations in para 3.1.4, stated that, "Operation No Living Things" as alleged by Reuters seems to coincide with an operation conducted by Revolutionary United Front (RUF) in Sierra Leone." He also stated that the Nigerian military never carried out any operation tagged "Operation No Living Things" in Nigeria. Furthermore, in responding to para 3.1.5, W093 stated that the Nigerian Armed forces did not massacre children to stop the regeneration of Boko Haram as it is against international humanitarian law.

3.2.9 W099 Lieutenant General Tukur Buratai, a former Chief of Army Staff in supporting his denial of the allegations in paras 3.1.1, 3.1.5 and 3.1.6, tendered a document titled 'Nigerian Army Handbook on Domestic and International Laws guiding the conducts of Operations' which was admitted and marked as **Exhibit SIIP/MAID/006**. He stated that the handbook,

which the Panel admitted as **Exhibit SIIP/MAID/006**, provides for the protection of women and children and prohibits targeted killings, including genocide.

3.3 Field investigations on allegations related to Issue 3

3.3.1 The Panel visited the JIC, Giwa barracks, and the 7 Division Hospital. These were some of the alleged sites where the illegal massacre and killing occurred. The Panel observed women and children within the facility.

3.3.2 The Panel also visited Hajj and Bulumkutu camps where some Boko Haram members and their wives were kept, together with members of communities, who were rescued, surrendered, or escorted by the military to the camps. The Panel also saw children living with their parents.

3.3.3 The Panel conducted interviews with some military personnel during its field visits to military facilities. The purpose was to explore operational structures and investigate allegations of deliberate targeting and killing of children.

3.4 Analyses of testimonies and investigations on Issue 3

3.4.1 The interviews that the Panel conducted during the field investigations to JIC, Giwa barracks, 7 Division Hospital as well as Hajj Bulumkutu camps were aimed to ascertain compliance with International Humanitarian Law (IHL) which prohibits targeting civilians, including children, during armed conflicts. Such actions would constitute grave crimes as well as violations of human rights, including the right to life and protection from harm.

3.4.2 The Panel sought to understand military rules of engagement and protocols on civilian protection, and whether the military put in place sufficient safeguard and accountability mechanisms to prevent violations of IHL, including the investigation of allegations of civilian casualties, especially children.

3.4.3 The Panel notes, in regards to the alleged “Operation No Living Things”, that military code names are chosen to reflect the nature of an operation. Such codes provide references for those involved, and are designed to be easily remembered and transmitted through official communication lines.

3.4.4 The Panel engaged military personnel to understand operational protocols and practices employed in the field, particularly on the protection of children and other civilians. It sought clarifications from military witnesses on whether there were instances where children were specifically targeted and killed during operations.

3.4.5 Evaluating the consistency of their testimonies was crucial in determining the credibility and veracity of Reuters' allegations and understanding the context in which military operations were conducted. To achieve this goal, the Panel cross-referenced their testimonies with other evidence gathered during field investigations.

3.4.6 The Reuters report alleges that the Nigerian military launched a ruthless operation, code-named "Operation No Living Things," aimed at killing everyone cooperating with Boko Haram in the North-East. The Panel notes that military operations, including those with code names, are typically communicated through official channels. To verify this claim, the Panel will investigate whether such an operation is documented in the military's official records and was part of its counter-insurgency efforts in the North-East. The goal is to determine the accuracy of the Reuters report and establish the truth about the alleged operation.

3.4.7 W036 denied the existence of "Operation No Living Things" in the North-East. He submitted that such a name connotes something misleading and that the military did not conduct such an operation. He however identified some operations he conducted in Maiduguri, including "Operation Rescue Finale 1 and 2" and "Operation Crackdown 1 and 2."

3.4.8 W084 and W085 refuted the claims of an operation aimed at eliminating children. One of the witnesses narrated an incident where he was ambushed in Konduga, one of his areas of responsibility, but could not return fire because of military discipline on the probability of children being affected.

3.4.9 W093 stated that the so-called "Operation No Living Things" seems to coincide with one that the RUF conducted in Sierra Leone. W034 informed the Panel of "Operation Sharangida," which the military invented to clean the town of left-over post conflict debris in preparation for resettlement of civilians in the community. He submitted that "Operation Sharangida" (meaning to sweep the house) was internally conceived for administrative convenience

3.4.10 The Panel noted the testimonies of military witnesses, including those in high commands, under whose purview and authority operations are code-named. W096 and W099, who were Chief of Defence and Chief of Army Staff respectively, denied approving any operation code-named "No Living Things." The Panel reviewed **Exhibit SIIP/MAID/006**, used by the military to conduct operations.

3.5 Findings on Issue 3

3.5.1 General Findings

The Panel finds that there is no evidence to support the allegation that the Nigerian military engaged in “Operation No Living Things” as a strategy during the Counter-Insurgency Operations in the North-East.

3.5.2 Specific Findings

The Panel finds that:

1. The Nigerian military did not run any initiative known as “Operation No Living Things” during its counter insurgency operation in the North-East. The Panel relies on the testimony of W096 General Lucky E.O. Irabor the Chief of Defence Staff, who denied the existence or implementation of an operation named “No Living Things”. The testimony of W084 Major General James Olubunmi Akomolafe (rtd.), former Commander 21 Armoured Brigade, Maiduguri is corroborated by W096, who stated that the Nigerian military is tactical in their operations and will not attack non-combatants.
2. There is evidence to conclude that the Nigerian military rescued civilians, including children, during its counter-insurgency operations in the North-East. The Panel relies on the testimony of W085 Major General Benjamin Olufemi Sawyer, highlighting the assistance provided to children in IDP camps. The Panel further relies on the testimonies of W093 Brigadier General Abubakar Garba Lawal Haruna, who acknowledged receiving surrendeeds and offering first aid treatment before moving them to Maiduguri, and W087 Colonel Yakubu Ibrahim who stated that the medical units engaged in medical outreaches during the Army observances, using medicaments given to them by the Yobe State Ministry of Health.

4.0 ISSUE 4

Whether the Nigerian military massacred children at the waterhole and other locations in Kukawa, Borno State

4.1 Relevant Allegations and Extracts from the Reuters Report - SPS

4.1.1 “In Kukawa, where the waterhole massacre took place, the army regularly rounded up children to search them for weapons, interrogate them, or even kill them to ensure they wouldn’t pose a future threat, said 12 civilians and four soldiers and guards.”¹⁸

4.1.2 “At the Waterhole that day, in the hour before sundown, two other Kukawa residents witnessed the scene from different vantage points. One was Kaka, the youth who had been collecting firewood. He described hearing the soldiers speaking pidgin English as their captives pleaded, in Hausa, that they couldn’t understand. As he secretly watched from behind the acacia tree, he saw the adults get shot and then saw at least 10 children killed.”¹⁹

4.1.3 “A soldier who was involved in the July 2020 waterhole massacre in Kukawa told Reuters that it was one example among more than two dozen he had witnessed in the area in recent years in which children were rounded up and killed. Reuters reconstructed the massacre and the events that led up to it based on five separate accounts – by the soldier and four civilians.”²⁰

4.2 Witness Testimonies in Relation to Allegations in Issue 4

4.2.1 W152 Brigadier General Ismaila Babaginda Abubakar, the Commanding Officer, 243 Reconnaissance Battalion, Monguno between 2019 to 2020, rebuffed the allegations in para 4.1.3, and stated as follows:

[A]ll the patrols that my unit conducted in Kukawa LGA and surroundings . . . yes we saw a lot of destructions, many homes burnt, yes, even the Local Government Secretariat was burnt, however, at no point did we engage in any combat with the insurgents because we never met them there, we never had any contact with them, nor did we see any civilian in that area.

4.2.2 W040 Lieutenant General Farouk Yahaya, the former Theatre Commander Operation Hadin Kai in response to the allegation in para 4.1.1, stated that every ammunition given to an officer in the military is accounted for, and anyone who wastes as little as one ammunition would be court marshalled. In his words, “we do not have the ammunition to waste in killing innocent people.” He stated that if the military does not shoot prisoners of war, it has

¹⁸ Ibid. para. 75.

¹⁹ Ibid. para. 83.

²⁰ Ibid. para. 78

war, it has no reason to shoot non-combatants.

4.2.3 W105 Zana Adam, Village Head of Kekeno District, in response to paras 4.1.1 and 4.1.2, denied knowledge of such incidents, stating that, "...Kukawa is a very big place, I can only tell you what happened in Bundu and I do not have any idea of such."

4.2.4 In responding to paras 4.1.1 and 4.1.3, W135 Colonel Aliyu Dabai Umar, the Officer Commanding, 243 Reconnaissance Battalion, Monguno between 2019 to 2022, stated that his battalion did not carry out any operation or patrols in the Kukawa or Marte area at the time of his deployment in Monguno. He added that on two different occasions in 2020, his troops attempted to enter Marte, but were attacked with Improvised Explosive Devices (IED). So, they never entered the village throughout the time of his deployment there.

4.2.5 W109 Colonel Muhammed Idris, in responding to para 4.1.1, debunked the allegations and stated that:

[O]ur task outside other tasks that were given was to ensure that the line of communication between Maiduguri, Monguno and Baga were kept safe. So we were at the highest level of discipline in that location, we did not have anything to do with civilians and we honestly dislike having anything to do with civilians because having anything to do with them was not in our interest and we tried as much as possible to avoid civilians coming within our locations and thankfully it was a hit area, it was an area where Boko Haram and army people clashed several times, so to have to deal with women and children is strange to me.

4.2.6 W130 Colonel Olusegun David Otenigbagbe, the Commanding Officer, 101 Special Forces Battalion Gudumbali between 2018 to 2020, in responding to paras 4.1.2 and 4.1.3 denied knowledge of the allegations, stating that he was hearing about the alleged incidents for the first time. He supported his denial by stating that, "...at no point in time while I was in Command did my troops arrest civilians, kill civilians, more or less abduct children." He further supported his denial of the allegations by stating that, "...the army is set up in such a way that there is nothing you will do in a unit or sub unit that your higher commander will not get wind of because even in a battalion."

4.2.7 W091 Major Kehinde Sewedo Avoseh who served as Operations Officer Quick Response Force (QRF), Multinational Joint Task Force, Baga between 2014 to 2015, and served at 7 Division Hospital Maiduguri in 2015, refuted the allegations in paras 4.1.1 and

¹⁸ Ibid. para. 75.

¹⁹ Ibid. para. 83.

²⁰ Ibid. para. 78

4.1.2, describing it as “baseless and untrue”. He explained that for the one year he was in Kukawa, there was no record of any civilian death caused by a military mis-firing. He added that soldiers’ responsibility on the occasions they encountered insurgents was ensuring that civilians were guided to safe places. Buttressing his denial, the witness stated thus:

We are aware that when enemy comes, there is something we call freedom of action, you know, the enemy have freedom of action more than us and we do not really have it, so there are rules of engagements guiding our operations and we always try to ensure that, professionally we do that, we always ensure that we evacuate, we move civilians away, in as much you know that there is no how that they might have effects of the war going on between us and the bandit, I mean, and the terrorists, so we always ensure evacuation of civilians to a very safe place before we start engaging them.

4.2.8 W131 Major General Godwin Michael Mutkut, in response to the allegation in para 4.1.3 stated that:

[T]hroughout my stay as the Brigade Commander in Baga, Kukawa was never in the hands of Boko Haram, we deployed there in Kukawa, we had troops deployed, we excavated round. 2018 when we advanced to capture Metele Arige and entered the Island, it was so peaceful that the Army deemed it fit for them to initiate another operation, called Operation Last Hold, because they said Boko Haram were coming to beg that they want to drop their arms.

4.2.9 W100 Wakiru Bukar, the representative of Kukawa District Head, in responding to para 4.1.1, stated that he has served in Kukawa for over 10 years, and he never received any reports of the Nigerian military invading the community, and opening fire on children, killing and taking them away.

4.2.10 W101 Yerima Lawal, the Village Head Kukawa, denied knowledge of the allegation in para 4.1.3. He stated that the former Governor, Ali Modu of Borno State, installed two boreholes in the village during his administration from 2003 to 2011. He said that he had no knowledge of any killing incident by the borehole, nor had any information on the killing of children by the Nigerian military.

4.2.11 W106 Lawal Ali, the Second Village Head of Madai, Kukawa, in responding to para 4.1.3 stated as follows: “As far as I am concerned, I have not seen or heard about that incident, I have been made to talk under oath, and I will tell you absolutely what I know about

what happened.”

4.2.12 W099 Lieutenant General Tukur Buratai (rtd), the former Chief of Army Staff, in responding to paras 4.1.1 and 4.1.2, presented the Chief of Army Staff Directive on Standing Rules of Engagement (SROE) and Standing Rules for the Use of Force (SRUF) for the Nigerian Army; and the Nigerian Army Handbook on Domestic and International Laws Guiding the Conduct of Operations as evidence. The Panel admitted and marked them as **Exhibit SIIP/MAID/004** and **Exhibit SIIP/MAID/006**, respectively. The witness informed the Panel that the exhibits show that the Nigerian military is guided by a set of principles.

4.2.13 With respect to the allegations in paras 4.1.1 and 4.1.2, W096 General Lucky E. O. Irabor, Chief of Defence Staff, in his testimony made reference to the Armed Forces of Nigerian Joint Doctrine where he stated that:

[T]here are provisions for rules of engagement, and under the rules of engagement, the details of what it entails, which guides our training and operations, meaning you must train first before you go to the field, and even when you are being deployed to the field, you are also reminded of a few other things that do occur and they are all here chronically.

4.3 Field investigations on allegations related to Issue 4

4.3.1 The Panel conducted a site visit to Kukawa Local Government Area of Borno State on 21st January 2024. It was alleged in the Reuters Report as the location of the child massacre by a waterhole.

4.3.2 The Panel conducted a site visit to the waterhole point, as described in the Reuters report, and thoroughly inspected the area. The Panel observed the vastness of the site and its surroundings, comparing it to the descriptions provided in the Reuters report and witness testimonies related to Kukawa. The Panel also saw a waterhole in the vicinity, with civilians visibly taking their animals to the waterhole to drink. The Panel's observation suggests that the area was being used normally, without any apparent signs of fear or hesitation from civilians.

4.3.3 The Panel conducted a general tour of the Kukawa area and engaged with civilians who were camping together in the vicinity. With the assistance of an interpreter, the Panel interacted with the civilians to gain a better understanding of their living situation and the circumstances surrounding their presence in the neighbourhood.

4.4 Analyses of testimonies and investigations on Issue 4

4.4.1 On 21 January 2024, the Panel conducted a thorough site visit to Kukawa Local Government Area in Borno State, in response to Reuters' allegations of massacre of children at a waterhole, and widespread violations of women and children's rights. During the visit, the Panel inspected the waterhole site, observed the expansive surroundings and the presence of water, and noted civilians tending to their livestock without fear or hesitation. While the visit confirmed the existence of the waterhole, as reported by Reuters, the Panel still needed to investigate further to determine if the alleged massacre of children occurred.

4.4.2 In addition to the site visit, the Panel conducted a comprehensive tour of the Kukawa area, where it engaged with a small group of civilians living in makeshift camps, conducted interviews with some of them, assisted by an interpreter, and gained valuable insights into their daily lives and the circumstances surrounding their presence in the area. These interactions were essential in providing context and clarity and helping the Panel to better understand events that might have occurred around the time of the alleged incident.

4.4.3 The site visit and interactions formed a critical part of the Panel's fact-finding mission. By directly observing the terrain and engaging with civilians, the Panel sought to establish Reuters' allegation of massacre of children in Kukawa.

4.4.4 The Panel observes that Reuters' allegation of a massacre in para 4.1.3 is based on a "reconstruction" of events, compiled from five accounts - one soldier and four civilians. It views such "reconstruction" as potentially speculative or interpretive, rather than factual. Given the severity of the allegations against the Nigerian military, the Panel believes that reliance on reconstructed accounts, without direct confirmation from Reuters or witnesses, is insufficient.

4.4.5 Kukawa was notorious vis-à-vis the allegation that the military massacred children, especially at the waterhole area. The waterhole is a large area with a body of water where herders usually bring their cattle to drink water. A Reuters report also claimed that children were rounded up by the Nigerian military and massacred at the waterhole point while searching for weapons. Several witnesses—W096, W099, W152, W031, W040, W105, W135, W109, W130, W100, W101, and W106—denied the allegation.

4.4.6 What is left for the Panel is to determine whether, from witness testimonies, there is a balance of probability that the alleged massacre of children at a waterhole occurred.

4.4.7 W152 acknowledged witnessing some destruction while patrolling Kukawa, but attributed them to insurgent activities. He noted that his team did not have any active engagements with the insurgents. W040 testified that the military did not target children,

noting that every officer accounts for every bullet shot, thus, if it was used on a soft target, he would be court-martialed.

4.4.8 Two witnesses, W130 and W091, testified before the Panel, providing the following accounts: W130 denied that a massacre occurred, citing the Nigerian military's chain of command and reporting structure, which makes it unlikely that such an incident could be concealed from higher authorities. Additionally, the witness stated that the military's high command has no records of a massacre. W091 testified that he conducted patrols in Kukawa and observed no evidence or indications of a massacre having taken place.

4.5 Findings on Issue 4

4.5.1 General Findings:

The Panel finds that there is no evidence to establish that the Nigerian military engaged in the massacre of children at the waterhole or other locations in Kukawa, Borno State.

4.5.2 Specific Findings:

The Panel finds that:

1. There is no sufficient evidence to establish the allegations that the Nigerian military rounded up and killed children by the waterhole in Kukawa. The Panel relies on the testimonies of W109 Colonel Muhammed Idris; W130 Colonel Olusegun David Otenigbagbe; and W091 Major Kehinde Sewedo Avoseh, who collectively denied Reuters' allegations. The testimonies of district and villages heads in Kukawa—W100 Wakiru Bukar; W101 Yerima Lawal; and W106 Lawal Ali, who are District Heads and Village Heads in Kukawa, Yoyo and Madai corroborate the Panel's finding. They firmly testified that they did not hear or receive any report from their subjects of the killing of children at the waterhole by the Nigerian military. The Panel further relies on its observations and interactions with civilians during its field visit to Kukawa, who stated that they never heard or experienced any attack by the Nigerian military.
2. There is compelling evidence to show that there were no civilians in Kukawa at the time of the alleged attack by the Reuters report, as the area was largely uninhabitable. The Panel relies on the testimonies of W152 Brigadier General Ismaila Babangida Abubakar and W135 Colonel Aliyu Dabai Umar, who stated the general Kukawa area was largely volatile, which forced civilians to move to more secured places. W152 also stated that they did not see civilians nor engage in any combat with the insurgents in that area.
3. There is evidence of adherence to codified Rules of Engagement which prohibits

the violations of International Human Rights and Humanitarian Law. This evidence includes **Exhibit SIIP/MAID/004** and **Exhibit SIIP/MAID/006**, the “Standing Rules of Engagement (SROE) and Standing Rules for the Use of Force (SRUF)”, the “Nigerian Army Handbook on Domestic and International Laws Guiding the Conduct of Operations,” presented by W099 Lieutenant General Tukur Buratai (rtd.), the former Chief of Army Staff, and the Armed Forces of Nigerian Joint Doctrine referenced by W099. These documents, plus testimonies from W109 Colonel Muhammed Idris and W091 Major Kehinde Sewedo Avoseh, demonstrate that the Nigerian military follows guiding principles that prevent attacks on civilians, ensuring the safety of women and children during hostilities.

4. There exists a hierarchy and command system in the Nigerian army making it improbable for unsanctioned operations such as the alleged massacre, to be committed without consequences. The Panel relies on testimonies of W130 Colonel Olusegun David Otenigbagbe and W040 Lieutenant General Farouk Yahaya, Chief of Army Staff, who averred that the chain of command that exists within the Nigerian military makes it highly improbable for such incidents to have occurred without the knowledge of the higher command.
5. There is no evidence to support the reconstruction done by Reuters of “the massacre and the events that led up to it based on five separate accounts by the soldier and four civilians”.

5.0 ISSUE 5

Whether the Nigerian military engaged in massacre of children and other populations in New Marte in 2021 as alleged in the Reuters Report

5.1 Relevant Allegations and Extracts from the Reuters Report - SPS

5.1.1 “For the rest of my life, I will never forget what happened,” said the CJTF member. About 200 metres out from the town of New Marte, he said, troops and the militia opened fire. He said he watched “small children” and women shot dead as they ran away. In all, he said he saw 14 children’s corpses that day.”²¹

5.1.2 “Fatima, a woman in her mid-20s, told Reuters her 5-year-old stepson burned to death in the New Marte operation last year when soldiers torched the room in which he was sleeping.”²²

5.2 Witness Testimonies in Relation to Allegations in Issue 5

5.2.1 W132 Major General Eytayo Folusho Oyinlola, the Commander, Army Headquarters Special Forces Team A, Bama between 2013 to 2014; Commander, 22 Armoured Brigade Dikwa from 2018 to 2020; and Commandant, Nigerian Army Armoured School from January 2023 to April, 2023, with respect to the allegations in paras 5.1.1 and 5.1.2 stated that it is false and impossible, as there were no civilians in New Marte at the time. He stated in the following words:

It is still false. I still affirm that there were no civilians in New Marte. Remember when troops are at the point, they are attacked from Boko Haram, in those attacks we do not see children, we do not see women. We just hear gunshot, we defend ourselves and ensure that we hold our own. For the fact that Boko Haram will come and attack a location, even human beings who are not hostile cannot survive there. There is absolutely no support system, they cannot even survive there for 24 hours, it is not possible.

5.2.2 W132 further supported his denial of the allegations in paras 5.1.1 and 5.1.2, stating that in November 2019, his troops were attacked by Boko Haram between New Marte and Dikwa using a remotely detonated IED which led to the death of six of his men. He stated that, “because those routes were always laden with IED, it buttresses the fact that no civilian can go across that route... So, if that IED was planted, it was planted just for Army troops because nobody, no car, no vehicle, nothing, plies that road. And if they have been flying

²¹ Ibid, para. 130.

²² Ibid, para. 150.

that road, the IED would have killed those civilians then, and we would have seen the bodies of civilians along the road.”

5.2.3 In response to the allegation in para 5.1.1, W107 Zanna Bukar Bundi, District Head of Kulli, Marte Local Government denied knowledge of the allegation, stating that he is not aware of the incident. However, he stated that on 9th January 2013, Boko Haram insurgents attacked his town, killed his son and one of his wives. He further stated that in 2015, he received information that in Dadikome, Marte Local Government Area, about 12 or 13 people were killed by either Boko Haram or the Army in Marte local government. He affirmed that children were killed during the attack, although he could not ascertain the identity of the killers, whether they were Boko Haram insurgents or men of the Nigerian military.

5.2.4 W110 Lawan Mala Dunom, Village Head Mawulli, Marte Local Government Area, acknowledged to have heard of some killings in a neighbouring village called ‘Mugum’, around 2017. He stated that at the time he left, he heard that there was an attack in a neighbouring village called Mugum, that was believed to have been orchestrated by men of the Nigerian military as they were in uniform and killed about 27 people. He further stated that he was informed that none of the men spoke English, as they either spoke Kanuri, Hausa or other languages.

5.2.5 W112 Asheikh Mohammed, Village Head of Kirenowa, Marte Local Government Area, in responding to the allegation in para 5.1.1, described a killing that happened in 2016. The witness recounted that he was informed by someone in his community about the

“there was one settlement at Abisari, the settlers there did not go anywhere, they decided to stay in their own domain because most of them are farmers, so they now heard that the soldiers had come in and when the soldiers came, they came out and surrendered themselves to soldiers. When they surrendered themselves to the soldiers, the soldiers gathered them at a place, so they now selected one out of them because he is a trumpeter, and opened fire on the remaining 18 or so.”

He recounted further that a total of 18 people allegedly died on the spot and were buried, while 12 people survived the gunshots. He stated that amongst the 18 people that were killed, 9 were children.

5.2.6 W112 in responding to the allegation in para 5.1.1 stated that, besides the incidence he was informed about that allegedly occurred in Abisari, “I have never heard of any other incident other than the support that the soldiers give us, because at a point we were being

²¹ Ibid. para. 130.

²² Ibid. para. 150.

surrounded by Boko Haram people, it was the soldiers that came and rescued us and there was a combat between the soldiers and the Boko Haram people where some soldiers were even killed, but apart from that, I have never heard of any other one.”

5.2.7 W132 Major General Folusho Oyinlola the Commander, Army Headquarters Special Forces Team A, Bama between 2013 to 2014, Commander, 22 Armoured Brigade Dikwa from 2018 to 2020, with respect to the allegation in para 5.1.2 denied knowledge of the allegation stating that from inception of his command, there were no civilians in New Marte. He also stated that at the time of his deployment from 2018 to 2020, civilians were only in Mafa, Dikwa, Gamboru Ngala and Rann.

5.2.8 W114 Babashehu Mustapha, District Head of Old Marte, in Old Marte Local Government Area in responding to the allegation in para 5.1.2 denied knowledge of the allegation. He stated that he has maintained a peaceful coexistence with some military personnel who periodically visit to check on them.

5.2.9 W093 Brigadier General Abubakar Garba Lawal Haruna, who served as Garrison Commander, 21 Armoured Brigade, Bama from 2014 to 2016, and Deputy Chief of Staff Operations, 3 Division Tactical Damaturu, between 2016 and 2017, with respect to the allegation in para 5.1.1 stated that at the time his troop got to Marte, there was no human presence in the community, but rather saw burnt and dilapidated buildings. He accused Reuters of using fictitious names in its reports to pursue its demeaning agenda.

5.2.10 W086 Major General Ali Abdu Nani (rtd.), the Acting General Officer Commanding 8 Taskforce Division in Monguno, between 2016 and 2017, in response to the allegation para 5.1.1, stated that at the time of his deployment as the Commander, there were no civilians in most of the locations. According to him:

life was normal in Kukawa, but for Marte, there was no single civilian in Marte, I visited Marte more than four or five times, and each time we go to there, we did not see one single civilian because all the area and its surrounding villages were all deserted, if there were no people there, who are you going to massacre? So, there is nothing like that.

5.2.11 W087 Colonel Yakubu Ibrahim refuted the allegation in para 5.1.2, stating that the Nigerian Army is a professional force and would not carry out such heinous crimes as it contradicts its code of conduct. He stated that New Marte was a deserted place in 2020, with no civilian presence. According to him, Marte only started having civilian presence in 2021 when the State Governor helped to facilitate their return.

5.2.12 W143 Brigadier General Aliyu J S. Gulani, Brigade Commander, 24 Taskforce Brigade Command, Dikwa from March 2022 to February 2023, in responding to the allegation in para 5.1.1 stated that:

When I came to Marte, there were no civilians in Marte, it was during my time governor Zulum started moving civilians to Marte, I conducted movement, thousands of civilians, the governor was part of it, we moved civilians to Marte, provided food for them and everything, shelter, for them to start staying in Marte, during that period Boko-Haram attacked Marte And no civilian was killed in Marte, The only time we experienced the death of a civilian, that was even like a kind of assassination, it was sent . . . some people were sent to kill the man, I think it should be Boko-Haram people.

5.2.13 W034 Major General Abba Mohammed Dikko (Rtd), a Former Theatre Commander, Operations Lafiya Dole, in responding to the allegations in paras 5.1.1 and 5.1.2, stated that the Nigerian Army recruits only people who are of sound mind as the Army conducts medical assessment before enlisting them. He stated in his words that, "We cannot have rogue elements that will go and conduct such a heinous crime except if somebody will go and steal the uniform somewhere, wear it and claim to be a soldier to carry out such an act." He further supported his denial by citing instances where military facilities were attacked by Boko Haram insurgents in order to steal military uniforms, weapons and ammunition to replenish their depleted stock and enhance their operational capability.

5.3 Field investigations on allegations related to Issue 5

5.3.1 The Panel was unable to conduct an onsite investigation in New Marte due to insecurity challenges in that area. It however observed visible damages caused by IEDs that Boko Haram insurgents laid to attack the Nigerian military along the road leading to Kukawa community. Debris was still littered along the road and pathways, which indicates that the area is largely unsafe, confirming testimonies of village heads who worked remotely from Maiduguri after fleeing their communities due to the insurgency.

5.4 Analyses of testimonies and investigations on Issue 5

5.4.1 In determining whether the Nigerian military engaged in the massacre of children and other populations in New Marte in 2021, the Panel considered the testimonies of W005, W034, W112, W114, W132, W086, W087, W093, and W094. These witnesses denied any such incident in New Marte, in 2021.

5.4.2 W114 one of the village heads claimed that they co-existed well with the military. However, W112 the Village Head of Kirenowa claimed that soldiers launched an attack in Abisari settlement. The witness recounted that someone in his community informed him of the incident, continuing:

The settlers there did not go anywhere; they decided to stay in their own domain because most of them are farmers. So, when they heard that the soldiers had come in, they came out and surrendered themselves to the soldiers. The soldiers then gathered them at a place, selected one who is a trumpeter, and opened fire on the remaining 18 or so.

He further stated that 18 people died on the spot, including 9 children, while 12 people survived the gunshots.

5.4.3 The Panel reviewed the testimonies of other witnesses on the claimed attack of soldiers on civilians in New Marte, where W143, W132, W087, W086, W93, and W94 claimed that there were no civilians in New Marte at the time of the alleged attack. They stated that insurgents often laid IEDs on the road which made it difficult for civilians to survive there.

5.4.4 The Panel engaged with village heads from New Marte to understand the impact of the insurgency on their communities. They shared their experiences with the Panel, stating that the crisis forced them to flee their homes along with other community members. During these interactions, the village heads acknowledged the significant role of the Nigerian military in restoring peace and stability to the New Marte community. They credited the military presence with improving security conditions, allowing some IDPs to consider returning to their villages. Notably, the Panel did not receive substantial evidence suggesting that the military's activities in these areas resulted in civilian casualties, particularly among children.

5.4.5 The Panel shall base its findings on the balance of probabilities of the testimonies presented by the various witnesses before the Panel and the observations made from the field investigations.

5.5 Findings on Issue 5

5.5.1 General Findings:

The Panel finds that there is no evidence to establish that the Nigerian military engaged in the massacre of Children and other populations in New Marte in 2021 as alleged by the Reuters report.

5.5.2 Specific Findings:

The Panel finds that:

1. There is no evidence to prove that the Nigerian military opened fire, which led to the death of children and adults in New Marte in 2021. Panel relies on the testimonies of W132 Major General Folusho Oyinlola; W143 Brigadier General Aliyu J S. Gulani; W093 Brigadier General Abubakar Garba Lawal Haruna, W086 Major General Ali Abdu Nani (rtd.); and W087 Colonel Yakubu Ibrahim which indicates that there was no civilian presence in New Marte at the time of their deployment. W143 Brigadier General Aliyu J S. Gulani, the Brigade Commander, 24 Task Force Brigade Command, Dikwa from March 2022, to February 2023, stated that, “when I came to Marte, there were no civilians in Marte, it was during my time Governor Zulum started moving civilians to Marte..”
2. There is no sufficient evidence to conclusively prove that the alleged killing in New Marte in 2021 was done by men of the Nigerian military. The Panel relies on the testimonies of W107 Zanna Bukar Bundi, District Head of Kulli, Marte Local Government Area; W110 Lawan Mala Dunom, Village Head Mawulli, Marte Local Government Area; and W112 Asheikh Mohammed, Village Head of Kirenowa, Marte Local Government Area, who collectively admitted not being certain if the killing were by men of the Nigerian Army or Boko Haram insurgents dressed in soldiers’ uniforms, does not conclusively prove who the perpetrators of the alleged attack are. This is further supported by the testimony of W110 Lawan Mala Dunom, Village Head of Mawulli Marte who stated that there was a neighbouring village called Mugum which was attacked around 2017 by, “... some people believed to be military men in military uniform... and killed about 27 people, but none of them spoke English, they either spoke Kanuri or Hausa or other language, but none of them spoke English as at that time”. The Panel also considers the testimony of W034 Major General Abba Mohammed Dikko (Rtd), a Former Theatre Commander, Operations Lafiya Dole, who stated instances where military facilities were attacked by Boko Haram insurgents in order to steal military uniforms, weapons and ammunition to replenish their depleted stock and enhance their operational capability. These testimonies raise a doubt on the possibility that the Nigerian military carried out the alleged attack in Mugum, around 2017.

6.0 ISSUE 6

Whether the Nigerian military was involved in killing civilians in Abisari Community on 18th of June 2016.

6.1.1 “Eleven witnesses from Abisari community in Marte Local Government Area testified before the Panel and alleged that the Nigerian military opened fire in the early hours of 18th June 2016, killing 18 people including men, women and children.”

6.2 Witness Testimonies in Relation to Allegations in Issue 6

6.2.1 PW001, a protected witness and whistleblower in responding to the allegations in para 6.1.1 as described to the Panel by the Village Head of Karenowa, stated that the incident occurred on 18th June 2016, at 6:30 a.m, two years after they had left the village. According to the witness, the incident involved soldiers invading the town and shooting sporadically, which led to the death of 18 people, including a female relative and her three children, while others sustained injuries. PW001’s testimony provides a first-hand account of the alleged incident, which corroborates the Village Head’s earlier narrative.

6.2.2 PW002A, a protected witness in response to the allegation in para 6.1.1, recounted the harrowing tale of terror that happened in their community. The witness testified as follows:

On that fateful day, Boko Haram held us hostage until the following morning. Hope surged when the military arrived around 6 a.m., and we believed they had come to rescue us and escort us to safety in Mongonu or a nearby village. Tragically, our hopes were shattered when they opened fire on us and set our homes ablaze. Eighteen lives were lost, while the rest of us fled for our dear lives, seeking refuge wherever we could find it.

6.2.3 PW002A further stated that he lost his cousin (name withheld) from the attack, and that his 8 years old son (name withheld) suffered three gunshot wounds on his nose, hip, and leg.

6.2.4 PW002C, a protected witness, mentioned that his father lost three brothers (names withheld) from the attack, ages 51, 53, and 57, and that his relation also lost his eight-year old son (name withheld) during the attack.

6.2.5 PW002D, a protected witness, stated that he could not recall the exact number of military personnel present on the day in question, but he vividly remembered seeing four

cars as he ran barefooted into the bush.

6.2.6 PW002E, a protected witness mentioned that they were sitting down, confused, when someone came and said to them: “They are shooting everywhere and you guys are just sitting down, what are you waiting for?” They thereafter got up and started running, with his father carrying his younger son, as they hid in a dark place. He also mentioned that his mother (name withheld) lost three of her older brothers, aged 51, 53, and 57.

6.2.7 PW002F, a protected witness, testified that they thought the military was there to rescue them from Boko Haram. He stated that they called some of the villagers to approach the soldiers, only for them to open fire on the civilians unabated. The witness further disclosed that he lost his father Algoni Emma and some relatives.

6.2.8 PW002H, a protected witness stated in the following words:

One of the military men came and asked 14 of us to lay down flat on the floor, after like two minutes on the floor, we started hearing gunshots. I heard the first shot on my waist, later they started shooting the others then my younger brother Ramat raised his head and they went to him and said this one is not dead so they shot him again. When they thought they had finished shooting us all they left. Five of us got up injured but the remaining 9 were dead.

6.2.9 PW002H, another protected witness, testified to have counted at least 10 dead bodies when he got up, including a woman who was shot with her baby at her back. He stated there were dead bodies all over the place. He also mentioned that he lost three of his blood brothers; his elder brother (name withheld); and his younger brothers (names withheld) because of the attack.

6.2.10 PW002H, a protected witness, testified that he lost his brother-in-law, the husband to his deceased sister, and his two children, aged 13 and 20 (names withheld).

6.2.11 PW002I, also a protected witness, stated that his people were not assisting or harbouring Boko Haram in any way.

6.2.12 PW002J who was also a protected witness, testified as follows:

The soldiers and the Civilian JTF came right in front of my door. When I saw them in their car, they shot at me and it fell right beside my knee and I told myself today I am going to die so I ran into my room with my mother, my children and my father’s wives. When we sat down the

soldiers and the civilian JTF asked us to come out. As soon as the women and the children went out, I took the testimony of faith and then went under my bed and lay down. Then I saw a soldier with his gun looking round but by the mercy of God he did not see me. When he couldn't find me, he asked the civilian JTF to enter the room, but the civilian JTF told him that he is the one with the gun, he should be the one to go in, that brought misunderstanding between the two of them. They left and went and set my mother's house on fire, from my room I could see that the village was on fire including the animals we were rearing. Later the fire got to the curtain on my door; I devised a means of putting out the fire so that it wouldn't engulf the whole house. Around 8 o'clock when they finished their operation, I came out and saw a lot of dead bodies. Women rushed to ask me where I came out from and I told them that I came out from the room, seeing bodies all over the place, we were all scared and so we ran into the bush. We went to a nearby village where there was peace, we ate and spent the night there after which we headed to Mongonu. From Mongonu God brought us back here.

6.2.13 PW002J added that: "none of the women were killed because there was no man among them when they were asked to come out. If there were men, they would have shot him." He admitted that his neighbour (name withheld) was among those killed with her three children, one of whom was strapped to her back when she was shot. The witness further stated that she was shot while running to meet her relation, after which the military set their bodies ablaze in the house.

6.2.14 W137 Colonel Abdullateef Raj, the Commanding Officer, 153 Task Force Battalion, New Marte between 2015 to 2017, denied knowledge of the allegation against the Nigerian military in para 6.1.1 stating as follows:

Based on the timing you gave, that could not possibly be my troops because 6:30 in the morning because most time when we go out it is usually the earliest we have set out to go for operation are 7, 8 because we amass out troops, make sure they are prepared for the operation, if they are saying 6:30 that possibly cannot be my troops, for that 6:30 we will still be in our location and the weather will not be clear at that time. That was the period where we still maintained high alertness, when we went out on operation, we made sure that the area was clear and we prepared accordingly. Most times we set out from our location from 8, 9

and when we set out, we set out in such a way that by 6 in the evening, we were back. For that, there is no possibility. If you are saying 6:30 that means that they must have left probably, depending on the distance of the area, must have left around 4, 5 am which definitely I will not put out my troops at that hour considering the adverse threat that we are revisiting talking about IEDs and ambushes.

6.2.15 W139 Major Ovie Dolor, who served at the 153 Task-Force Battalion, Borno State between 2015 to 2017, denied knowledge of the allegation against the Nigerian military in para 6.1.1. He rebuffed the allegations in the following words:

At the time, there was hardly anybody in the local Governments where we were deployed, we could hardly see villagers, they were mostly around us, they were not there, so before you could see the villagers you would have to patrol for at least 30 kilometres in that rough terrain. At that period during 2016 you are referring to I was the operations officer at the time, if there was such an incident I would have been in the picture, but none of such was reported and I do not know about any of such.

6.2.16 W151 Brigadier General Cyriacus Anyanwu Osuagwu, the Commanding Officer, 243 Reconnaissance Battalion, Monguno between 2018 to 2019, denied having come across any place called Abisari in Old or New Marte throughout his deployment.

6.2.17 W138 Major Chiemezie Innocent Asogwa who served at 153 Task Force Battalion, New Marte, between 2015 to 2018, denied knowledge of the claim that on the 18th of June 2016, troops of the 152 Task Force Battalion were involved in an attack that led to the killing of civilians. He stated that he was nominated to attend a course at the Nigeria Institute of Ifantary, Jaji between 1st April 2016 to 1st July, 2016, which he completed and was given a certificate. The witness tendered the certificate before the Panel, and it was marked and admitted as **Exhibit SIIP/MA/MAID/010**. He also stated that he was not serving at his unit as at June 2016, the date which PW002A to PW002J alleged that the Nigerian military invaded Abisari community, shot and killed civilians. He further stated that upon his return, he never heard from his unit that they conducted any operation in Abisari, nor did he see any report regarding the conduct of any operations in Abisari. He further stated that there were no civilian within the vicinity of New Marte and its environs.

6.2.18 W112 Asheikh Mohammed the Village Head of Kirenowa, Marte Local Government

Area in responding to the allegation in para 5.1.1 described a killing that happened in the area around 2016. He recounted that he was informed of the incident by someone in his community, stating that:

“there was one settlement at Abisari, the settlers there did not go anywhere, they decided to stay in their own domain because most of them are farmers, so they now heard that the soldiers had come in and when the soldiers came, they came out and surrendered themselves to soldiers. When they surrendered themselves to the soldiers, the soldiers gathered them at a place, so they now selected one out of them because he is a trumpeter, and opened fire on the remaining 18 or so.”

The witness also stated that 18 people, including 9 children, died from the incidence, while 12 people survived the gunshots.

6.3 Field investigations on allegations related to Issue 6

6.3.1 The Panel could not carry out an on-site investigation at Abisari village due to security challenges. Witnesses however gave compelling testimonies on how the Nigerian military opened fire on civilians in the village on 18th June, 2016 at about 6:30 am, killing 18 people including women and children.

6.4 Analyses of testimonies and investigations on Issue 6

6.4.1 The Panel recognises that Reuters report did not allege the military attack on the Abisari community. Nonetheless, it decided to investigate an ancillary grave human rights violations alleged by any of the witnesses. The State has the responsibility to investigate allegations of human rights violations within its jurisdiction at all times.

6.4.2 In determining the issue raised for determination, the Panel must establish a link between the testimonies of PW001 and W112. W112's claim, corroborated by PW001, is that the incident occurred two years after he left the village, precisely on 18th June, 2016 at 6:30 am. He disclosed that soldiers invaded the town and shot sporadically, killing 18 people, including a female relative and her 3 children. Others sustained injuries.

6.4.3 PW002A to PW002I also corroborated PW001's testimony. They narrated how the attacks affected them, mentioning the names of deceased victims and survivors. PW002J further corroborated PW001's testimony, stating that soldiers carried out the attacks in complicity with the Civilian Joint Task Force team. They submitted that women were not the target of the attack as they were searching for men whom were suspected to be suicide

bombers.

6.4.4 W137, a military witness, denied the allegation, stating that the claimed attack at 6 am did not align with the pattern of troop operations, who usually embark on patrols around 8 to 9 am and return at 6 pm due to the rough and volatile terrain.

6.4.5 W139 also refuted PW001's claim, stating that people were scarcely around in the community at the material time. He also testified that the military hardly encountered villagers during patrols because of the insecure environment. But PW001 countered, submitting that the incident occurred two years after he left the village, precisely on June 18, 2016, at 6:30 am. He disclosed that soldiers invaded the town, shooting sporadically, resulting in the death of 18 people, including a female relative and her three children, while some sustained injuries.

6.4.6 The Panel's task is to make a finding based on the preponderance of evidence and the probability of such an attack taking place in the Abisari community. The military denial of the allegations demands a thorough investigation in view of the human rights and IHL norms implications. Beyond mere denials, the military must provide clear evidence to refute the allegations and prove that its operations in the Abisari community were conducted in accordance with domestic and international legal standards.

6.5 Findings on Issue 6

6.5.1 General Findings:

The Panel finds that there is evidence to establish that the Nigerian military attacked the Abisari community on 18th June 2016, leading to the death of 18 people, including women and children.

6.5.2 Specific Findings:

The Panel finds that:

1. Abisari community was attacked by men of the Nigerian military on the 18th of June, 2016 at 6:30am. Panel relies on the testimony of PW001 who stated that on the 18th June, 2016 at 6:30am, soldiers invaded Abisari community and shot sporadically, killing 18 people including a female relation and her 3 children, while some people sustained injuries. This testimony is corroborated by the testimonies of PW002A, PW002B, PW002C, PW002D, PW002E, PW002F, PW002G, PW002H, PW002I, and PW002J.
2. There are compelling testimonies from witnesses present on the day of the attack in Abisari. Panel relies on the testimonies of PW002A, PW002D, PW002E, PW002F, PW002H, and PW002J, who, in addition to witnessing the

attack are also relatives of the victims who sustained injuries or died as a result of the attack by the military.

3. There is evidence to prove that the military killed 18 people in the Abisari community on 18th June 2016. The testimonies of the eleven witnesses PW001, PW002A, PW002B, PW002C, PW002D, PW002E, PW002F, PW002G, PW002H, PW002I, and PW002J were largely related and compelling, more so as the deceased victims were their relatives. Additionally, the testimony of W112 Asheikh Mohammed, the Village Head of Kirenowa, Marte Local Government Area, stating that some farmers who stayed back in Abisari, got rounded up by soldiers who shot and killed 18 people instantly, corroborates the testimonies of the 11 witnesses from Abisari.
4. The testimony of PW002A strongly supports its finding that the military carried out the attack on Abisari community, in Marte Local Government Area in 2016. PW002A described how, on the day Boko Haram took the community hostage, the military arrived at approximately 6 a.m., after the Boko Haram insurgents had left. The community, believing the military was there to assist and escort them to safety, was shocked when the military instead opened fire and set homes ablaze, resulting in the deaths of 18 persons. The Panel finds the accounts of PW002A and other victims and survivors to be credible and compelling, clearly implicating the military as responsible for the attack.

7.0 ISSUE 7

Whether the Nigerian Armed Forces engaged in the massacre of children and adults in Gasarwa.

7.1 Relevant Allegations and Extracts from the Reuters Report - SPS

7.1.1 “In mid-2018, a few dozen kilometres southwest of Kukawa, the Nigerian Army stormed the town of Gasarwa after insurgents had passed through. Soldiers gathered children from the community and surrounding villages, two witnesses said.”²³

7.1.2. “They kept rounding up more and more of them,” said one of the witnesses, a soldier who told Reuters he participated in the shooting. “We opened fire.”²⁴

7.1.3 “He said the operation lasted from morning until almost midnight. “I didn’t see a single child survive that day.”²⁵

7.1.4 “At least 40 children were killed during the operation, and likely far more, according to an armed guard who drove a vehicle in the convoy.”²⁶

7.1.5 “They killed a lot,” said the guard, referring to the troops. He said he was among the first armed forces to leave Gasarwa, as children were still dying in the town. “One of them was screaming”²⁷

7.1.6 “They killed so many children,” said Falta, a woman in her mid-50s. Running through the bush near Gasarwa, Falta said, she caught sight of Nigerian troops standing by a pile of corpses, one on top of another; we can’t even imagine how they put those bodies together that way.”²⁸

7.2 Witness Testimonies in Relation to Allegations in Issue 7

7.2.1 W037 Major General Felix Osawaro Omoigui, the Chief of Staff, at the Multinational Joint Task Force, Baga from 2011 to 2012, who also served at 28 Task Force Brigade, Mubi from 2015 to 2017, and was the Deputy Theatre Commander in Mubi, from 2020 to 2021, in responding to paras 7.1.1 to 7.1.5, denied the allegation that soldiers gathered children from the Gasarwa and surrounding villages. He stated that, “... the idea of a group of soldiers storming a place is not true at all”, as the troops do not conduct independent operations, but rather carry out operations planned from the headquarters.

7.2.2 W135 Colonel Aliyu Dabai Umar, the Officer Commanding, 243 Reconnaissance Battalion, Monguno between 2019 to 2022, in responding to the allegation in para 7.1.6, denied knowledge of the allegation. According to the witness:

²³ Ibid. para. 98.

²⁴ Ibid. para. 99.

²⁵ Ibid. para. 100.

²⁶ Ibid. para. 101.

²⁷ Ibid. para. 102.

²⁸ Ibid. para. 103.

...the allegation is not true, because with the environment of Gasarwa, I do not see, in short, one of the scariest area if troops going to Maiduguri or coming back because they may be launched with Harikiji or IED and I did not see any settlement on the right and left. All that I know is that Gasarwa behind that leads to Marte. Sometimes the insurgents take advantage of the crossing points till they come and attack but seeing people, I have not seen people in that place talk more of that somebody killed and keep corpses anywhere. For the period that I was there, I did not see people there.

7.2.3 W119 Babakura M. Kolo who represented Lawan Mamman, the Village Head of Guzamala West in response to the allegations in paras 7.1.1 to 7.1.4, denied knowledge of the allegation that the Nigerian Army shot and killed people in Gasarwa. He stated that he fled Guzamala some few years back because of incessant Boko Haram attacks on neighbouring villages. He further debunked the incident involving soldiers in Gasarwa who opened fire and rounded up civilians, including children, in an operation that lasted all day, killing at least 40 children. He stated that he did not hear of any such incident while he was there.

7.2.4 In responding to allegations contained in paras 7.1.2 to 7.1.6, W001 Major General Christopher Gwabin Musa, Commander of the Headquarters of Sector 3, Operation Lafiya Dole, Monguno (July 2019 to August 2019)²⁹ debunked the claim by Reuters that women and children were killed in Gasarwa during a military operation, The witness stated in his words as follows:

"We have the situation where the Air [force] was even invited, but because they saw children, they saw the Militants, the terrorists, but because there were children and women, they refused to take action. On several occasions, we have lost opportunities to neutralise terrorists because they saw Children and Women." SIC

7.2.5 W099 Lieutenant General Tukur Buratai (rtd), in responding to the allegations in paras 7.1.1 and 7.1.4, stated that troops will not shoot at innocent children, as the operational guidelines are very clear, and nobody reported such incidents to the military high command. He supported his denial to the allegation by stating as follows:

I showed you pictures of rescue, and some of them were rescued, even anything in contact, where exchanges have been carried out between the Boko Haram insurgents and troops, and they were extracted to safety, including children and you see now, they have been given water, conveying them to vehicles to safety and is it the same troops that will

²⁹ Editor's Note:

On the 19th of June 2023, Major General Christopher Musa was appointed as the Chief of Defence Staff by the President and Commander in Chief of the Armed Forces of Nigeria.

go back and burn children, women, their houses or poison them?
Soldiers do not carry poison or open fire on defenceless children...

7.3 Field investigations on allegations related to Issue 7

7.3.1 The Panel was unable to conduct an on-site investigation in Gasarwa community due to security challenges in the area. It however observed visible damages caused by IEDs that Boko Haram insurgents laid to attack the Nigerian military along the road and pathway leading to Kukawa community, near Gasarwa. Visible debris still litter the road and pathways, revealing that the area is largely unsafe. The fact that majority of the village and district heads relocated to Maiduguri due to the high level of insecurity in their communities reinforces the Panel's conclusion.

7.4 Analyses of testimonies and investigations on Issue 7

7.4.1 The Panel took into account the testimony of W099 the former Chief of Army Staff who not only denied the alleged killings of children, but also presented pictorial evidence showing how they rescued children from the frontlines. The admitted evidence—**Exhibit SIIP/MAID/002**—clearly indicates that the military took steps to protect civilian objects during the war.

7.4.2 W001 denied Reuters' claim that women and children were killed in Gasarwa during a military operation. The witness stated that the Nigerian military has missed many opportunities to neutralise insurgents because they observed women and children among them. He cited an instance where the Air Force called-off an operation after sighting civilians amongst Boko Haram insurgents.

7.4.3 W119, W135, and W037 refuted the allegations of attacks by soldiers against civilians in Gasarwa. W037 asserted that soldiers in the theatre do not conduct independent operations but operate under directives from the headquarters. W135 noted that the environment of Gasarwa, leading to Marte, is exploited by insurgents who use crossing points to launch attacks, making it inconvenient for civilians to reside there.

7.4.4 The Panel considers W037's submission, indicating that military operations are centrally co-ordinated and that soldiers are not authorised to plan independent operations. The Panel will consider this information in determining whether there were operations in Gasarwa resulting in casualties, potentially including civilians.

7.4.5 Although the Panel did not visit Gasarwa, observations of the surrounding area revealed visible damage along the road and pathways leading to Kukawa community, near

Gasarwa and New Marte. The Panel observed visible debris indicating ongoing security risks, underscoring the unsafe environment. These observations corroborate previous statements from village heads, who operate remotely from Maiduguri due to security concerns, emphasizing the forced displacement of community members due to the persistent threat of insurgency and reflecting the broader impact of conflict and insecurity on civilian populations in the region.

7.5 Findings on Issue 7

7.5.1 General Findings:

The Panel finds that there is no evidence to prove that the Nigerian Army massacred children and other populations in Gasarwa.

7.5.2 Specific Findings:

The Panel finds that:

1. There is no evidence to support the allegation that the Nigerian Army attacked Gasarwa, gathered children from the community and surrounding villages, and opened fire on them after a Boko Haram attack. The Panel relies on the testimonies of W135 Colonel Aliyu Dabai Umar; W099 Lieutenant General Tukur Buratai (Rtd); and W001 Major General Christopher Gwabin Musa who denied the Reuters allegations, stating that the Nigerian Army does not carry out attacks or counter-attacks to massacre children or women.
2. The Gasarwa area experienced various degrees of security risks, occasioned by IED attacks on the Nigerian military along the road leading to Gasarwa, and New Marte by Boko Haram insurgents. The Panel agrees with the testimony of W119 Babakura M. Kolo, representative of Guzamala West Village Head who stated that the Guzamala people fled a few years earlier due to incessant attacks by Boko Haram insurgents on Gasarwa village. This finding is further strengthened by the testimonies of other Village and District Heads who stated that majority of the communities relocated to Maiduguri and elsewhere due to the high level of insecurity in the Gasarwa area.
3. There is no evidence to prove that civilians were present in Gasarwa at the time of the alleged attack by the Nigerian Army. The Panel relies on the testimony of W135 Colonel Aliyu Dabai Umar, the then Commanding Officer, 243 Reconnaissance Battalion, Monguno, who stated that Gasarwa was one of the scariest areas for troops going in and out of Maiduguri. He said that troops faced regular threats of attacks with IED, and there were no settlements settlements of people during the period he was stationed there.

8.0 ISSUE 8

Whether the Nigerian Army Commanders ordered soldiers to shoot ('delete') children because they collaborated with Boko-Haram Insurgents.

8.1 Relevant Allegations and Extracts from the Reuters Report - SPS

8.1.1 "I don't see them as children, I see them as Boko Haram," said one soldier, who told Reuters his best friend was shot dead by insurgents."³⁰

8.1.2 "The soldier said he had killed children himself. "If I get my hands on them, I won't shoot them, I will slit their throat ... I enjoy it."³¹

8.1.3 "Other soldiers said they had adopted a kill-or-be-killed attitude toward children because insurgents used them as fighters, informants and suicide bombers."³²

8.1.4 "The commanders said they had the blood of Boko Haram and that they were traitors, hiding Boko Haram there," recalled the soldier. The order was given, he said: "We should delete them."³³

8.1.5 "Several soldiers, guards and militia members said the ultimate blame for atrocities against children lay with the army's top commanders. But some also said that in the field they were given broad leeway in responding to the brutal tactics employed by insurgents."³⁴

8.2 Witness Testimonies in Relation to Allegations in Issue 8

8.2.1 W002 Major General Waidi Shaibu the General Officer Commanding 7 Division of Nigeria Army, Maiduguri in response to para 8.1.4 stated categorically that such things do not happen within the Nigerian military as they do not classify people according to blood.

8.2.2 W031 Major General Ibrahim Yusuf Manu the General Officer Commanding 7 Division between 2017 to 2021, in response to the allegation in para 8.1.3, stated that, "even when the military encounters Child Soldiers, they are not taken to be combatants, therefore they are not taken through the Disarmament, Demobilization and Reintegration stage. They are handed over to UNICEF for protection interventions"

8.2.3 W097 Master Warrant Officer Abdullahi Saad, in response to the allegation in para 8.1.4, debunked the allegation stating that, "in the course of the Rule of Engagement, the Armed Forces of the Federal Government cannot engage an underaged without arms in their hands, we can't, no human, no soldier, or officer, or Navy in Nigerian Armed Force can engage a child of that nature..."

³⁰ Ibid. para. 9.

³¹ Ibid. para. 25.

³² Ibid. para. 26.

³³ Ibid. para. 126.

³⁴ Ibid. para. 147

8.2.4 W084 Major General James Olubunmi Akomolafe (rtd.), who served at Nigerian Army Training and Doctrine Command Minna, Niger State between 2015 to 2016 and at Nigerian Army Resource Centre in 2021 with respect to the allegations in paras 8.1.1 and 8.1.2 stated as follows:

Truly, the training we are given does not allow you to shoot randomly, you must pick your target, and that explains that even when you pick a Boko-Haram man that probably is wounded and you are seeing him with his rifle, you do not kill him off, you rescue him, you collect the rifle you rescue him, the same thing when they are firing at you, you do not fire indiscriminately, fire discipline is one of those key trainings they gave to us right from 1984 till I retired.

8.2.5 With respect to the allegations in paras 8.1.1, 8.1.3 and 8.1.5, W096 General Lucky E. O. Irabor, Chief of Defence Staff, stated that, “there is no way that any Nigerian soldier or Army, not only Army but also Navy and Air Force could round up children to kill them. No it is not possible.”

8.3 Field investigations on allegations related to Issue 8

8.3.1 The Panel’s field investigation was facilitated by an airlift to Baga, where the Panel continued by road to Kukawa, passing through Cross-Kauwa. The Panel inspected the waterhole that Reuters described in its report as the location the Nigerian Army allegedly rounded up and killed civilians, including children.

8.3.2 The Panel observed that the road leading to Kukawa is largely unsafe, occasioned by IEDs laid by Boko Haram insurgents against the Nigerian military. The Panel also observed that a large number of civilians, male and female, occupy the Kukawa community.

8.4 Analyses of testimonies and investigations on Issue 8

8.4.1 The Panel is fully aware that IHL protects civilians, including children, during armed conflict. The Rome Statute of the International Criminal Court (ICC) 2002 also provides for the responsibility of commanders and other superiors.³⁵ Accordingly, a military Commander is held criminally responsible for crimes committed by armed forces under his command and control. The Panel shall bear in mind this legal position in its finding on whether, from available evidence, the Nigerian military targeted children in its Counter-Insurgency Operations in the North-East, irrespective of whether or not those who perpetrated the crimes

³⁵ ICC Statute, Art. 28.

perpetrated the crimes were under command at the material time.

8.4.2 During investigation, the Panel undertook an inspection of the waterhole, which Reuters mentioned in its report as the alleged site where the Nigerian Army allegedly rounded up children and killed them.

8.4.3 Additionally, during its visit to Kukawa, the Panel identified significant safety concerns regarding the road leading to the town, including frequent use of IEDs by Boko Haram insurgents, posing a substantial threat to Nigerian Army personnel, and volatile security conditions prevailing in Kukawa, impacting both civilians and military personnel. These observations highlighted the challenges of accessing the region due to the insecurity in the area. The Panel's findings emphasized the need for enhanced security measures to protect both military personnel and civilians navigating the region.

8.4.4 W002, W031, W096, and W097 denied Reuters' allegations, asserting that Nigerian Army commanders never issued a command to soldiers to shoot at children because they were collaborating with Boko Haram. W002 further stated that the military does not classify people according to blood during its operations. W031 described to the Panel how they handle children in the theatre of war, stating that they do not engage unarmed children in the line of battle, but rescue and hand them over to the civil authorities. W097 added that the rules of engagement do not permit the military to attack unarmed children.

8.5 Findings on Issue 8

8.5.1 General Findings:

The Panel finds that there is no evidence to prove that Nigerian Army Commanders ordered soldiers to shoot and kill children because they collaborated with Boko Haram insurgents.

8.5.2 Specific Findings:

The Panel Finds that:

1. The Nigerian Army did not target children during the course of its Counter-Insurgency Operations in the North-East, because of their alleged collaboration with Boko Haram insurgents. The Panel relies on the testimonies of W031 Major General Ibrahim Yusuf Manu; W097 Master Warrant Officer Abdullahi; and W084 Major General James Olubunmi Akomolafe (rtd.), who highlighted that the Rules of Engagement of the Nigerian Army contained in **Exhibit SIIP/MAID/004** prohibit them from engaging with unarmed civilians. The testimony of W031 reveals that even when the military encounters child soldiers it does not consider them as combatants, instead, they are handed over to the

United Nations Children Fund (UNICEF) for protection and intervention.

2. There is no evidence to establish that soldiers acting under the authority of the Nigerian Army Commanders, killed children presumed to be collaborating with Boko Haram insurgents. The Panel agrees with the testimonies of W097 Master Warrant Officer, Abdullahi Saad and W096 General Lucky E. O. Irabor, Chief of Defence Staff, who argued that it is unlikely for soldier or officer from the Nigerian Armed Forces to round up children to kill them.

9.0 ISSUE 9

Whether the Nigerian Army killed children while searching for suicide bombers in Alagarno

9.1 Relevant Allegations and Extracts from the Reuters Report - SPS

9.1.1 “In another attack not far from Kukawa in 2020, soldiers swooped into the village of Alagarno early one morning in 10 trucks, indicating they were on the hunt for suicide bombers, according to two civilian witnesses. The two, a father and another villager, said that an army vehicle struck and killed a child.”³⁶

9.1.2 “The father said the soldiers referred to the young people as “bad seeds” – either insurgents themselves or relatives of the enemy. He said the troops shot his 5-year-old daughter dead as she ran away with his wife and bludgeoned to death a neighbour's 9-year-old boy with a gun.”³⁷

9.2 Witness Testimonies in Relation to Allegations in Issue 9

9.2.1 W051 Brigadier General Abdulsalam Sabi Ishaq, the Provost Commander, 8 Task Force Division Monguno between 2016 to 2018; and the Police Coordinator Monguno in 2018, with respect to the allegation in paras 9.1.1, noted that Alagarno was notorious for Boko Haram attacks. According to him, the insurgents regularly laid IEDs along Damboa road, making it difficult for the Nigerian Army to access the routes. In debunking the allegations contained in para 9.1.2, the witness further stated that it is very difficult for the Nigerian Army to carry out attacks under such circumstances, describing the mode of operations thus:

I have investigated more than 15 dislodgement and I have interviewed most surrendered Boko Haram insurgent and those that were captured, the idea has always been, they will be on top of a tree, three kilometres to the camp, and when our troops are 6 kilometres, the Boko Haram has seen them and they move to the alternative axis. There has never been a place where Boko Haram was ever surprised ... I have investigated so many places, and in most of these places, like when Ganshiga was attacked, we lost ... 49 soldiers a day.

9.2.2 W104 Kaka Lawal Zana Isah the Village Head of Alagarno, in response to para 9.1.1, denied the allegation, testifying that nobody has ever gone back to live in Alagarno village since they left there.

³⁶ Reuters SPS, para. 109.

³⁷ Ibid. para.110.

9.3 Field investigations on allegations related to Issue 9

9.3.1 The Panel could not conduct a field visit to, and investigation in, Alagarno village due to the security challenges in the area. During its investigation in Kukawa, the Panel observed that the whole area is largely unsafe. It observed visible damages caused by IEDs that Boko Haram insurgents lay on the road to attack the Nigerian Army. This observation supports the assertion that Alagarno was notorious for Boko Haram attacks, and that the IEDs along Damboa road made it difficult for the Nigerian Army to have an easy passage.

9.4 Analyses of testimonies and investigations on Issue 9

9.4.1 In determining issue 9, the Panel takes cognisance of the testimony of W051, who denied the allegation that Alagarno was attacked. He explained the difficult circumstances that the military operated in Alagarno, noting that several Boko Haram attacks riddled the area. The question that the Panel needs to answer is, if the Alagarno was notorious for Boko Haram attacks, as the military claim, what made it improbable for the military to carry out an attack on the area as alleged?

9.4.2 W051's further submission becomes a necessary consideration for the determination of the issue in question. He stated thus:

I have investigated more than 15 dislodges and have interviewed most surrendered Boko Haram insurgents and those that were captured. The idea has always been that they will be on top of a tree, three kilometres from the camp, and when our troops are 6 kilometres away, the Boko Haram has seen them and they move to the alternative axis. There has never been a place where Boko Haram was ever surprised. I have investigated so many places, and in most of these places, like when Ganshiga was attacked, we lost ... 49 soldiers in a day.

9.4.3 W104 also dismissed the allegation, noting that no one returned to Alagarno since they left there. While taking note of this denial, the Panel deems it necessary to make a further determination on the claim that the Boko Haram strategy of launching attacks impaired the military. The Panel will also evaluate W104's claim that there were no civilians left in Alagarno at the time he left.

9.4.4 Although the Panel did not conduct a field investigation of Alagarno village due to security challenges, it observed significant evidence of insecurity in the region during its trip to Kukawa. The area showed visible damages caused by IEDs that Boko Haram insurgents laid to target the Nigerian Army. These observations corroborate the testimony of

of Brigadier General Abdulsalam Sabi Ishaq (W051) who stated that Alagarno village was notorious for frequent attacks by Boko Haram insurgents, and that insurgent often laid IEDs along Damboa road, complicating the Nigerian Army's efforts to navigate and effectively secure the area.

9.5 Findings on Issue 9

9.5.1 General Findings:

The Panel finds that there is no evidence to prove that the Nigerian Army killed children while searching for suicide bombers in Alagarno.

9.5.2 Specific Findings:

The Panel finds that:

1. There is no evidence to substantiate the allegation that the Nigerian Army launched an attack in Alagarno with intention of killing children suspected to be suicide bombers. The Panel relies on the testimonies of W051 Brigadier General Abdulsalam Sabi Ishaq, who stated that entering Alagarno was challenging due to frequent Boko Haram attacks, and W104 Kaka Lawal Zana Isah, the Village Head of Alagarno, who confirmed that the village was abandoned in 2015 following an attack, and no residents have returned to live there since then. These testimonies corroborate each other, suggesting that Alagarno was a high-risk area due to insurgent activities.
2. There is no evidence to support the claims that the Nigerian Army killed children in Alagarno because they were suspected to be suicide bombers. The testimonies received from W104 Kaka Lawal Zana Isah, the Village Head of Alagarno and men of the Nigerian Army are to the effect that these killings did not take place. In addition, the Panel released a Call for Memoranda and Testimonies from families of the alleged victims which was advertised for six months through local media outlets in Maiduguri and across the North-East, but no victim came forward to report this specific incident.

Chapter 10

War on Women - (WoW)

1.0 ISSUE 1

Whether the Nigerian military deliberately targeted women during their Counter-Insurgency Operations in the North-East leading to the termination of pregnancies

1.1 Relevant Allegations and Extracts from the Reuters Report - WoW

1.1.1 “My mother’s death is the first thing that pains me,” said Aisha, now 26, weeping quietly. By her account, that night marked the end of a secure childhood in a loving family – and the beginning of a hellish ordeal at the hands of both the Islamist militants and the Nigerian military, who have been locked in a 13-year war over control of the country’s northeast”.¹

1.1.2. “That war is being carried out, in part, upon the bodies of women and children. Thousands of women and girls have been kidnapped and forced into sexual slavery by Boko Haram and its Islamic State offshoot. The Nigerian military has responded to insurgents’ brutality with brutal tactics of its own, as revealed in two recent Reuters investigations”.²

1.1.3 “Abducted and enslaved by Boko Haram, Coerced into having an abortion. Two children died. The ordeal of Aisha shows how women’s lives have become a battlefield in the 13-year war between Islamist insurgents and the Nigerian military”.³

1.1.4 “Citing witness accounts and documents, the news agency reported on Dec. 7 that the army has run a secret abortion programme in the northeast, ending the pregnancies of thousands of women and girls freed from insurgent captivity. On Dec. 12, again citing dozens of witnesses, Reuters reported the army had intentionally killed children in the war, under a presumption they were, or would become, terrorists”.⁴

1.1.5 “Aisha’s ordeal encompasses some of the most extreme hardships the war has inflicted upon civilians: enslavement by Boko Haram, forced abortion by the military, the loss of one child in a military bombing and another, she suspects, to poisoning by soldiers. The war also took the life of a brother, in addition to her mother, and all but destroyed one of her arms, Aisha said”.⁵

1.1.6 “In the camp, Aisha found a new friend, Felerin, who held her as she cried over her losses. Felerin had suffered, too, telling Reuters she’d had a forced abortion and lost two young sons after soldiers injected them with poison at Giwa Barracks in Maiduguri. She confirmed to Reuters that Aisha had confided in her about her ordeal”.⁶

¹ Reuters, WoW, para. 5.

² Ibid. para. 6.

³ Ibid. para. 1.

⁴ Ibid. para. 7.

⁵ Ibid. para. 10.

⁶ Ibid. para. 53.

1.2 Witness Testimonies in relation to Allegation in Issue 1

1.2.1 W036 Major General Victor Ezeugwu in respect to the allegation in para 1.1.2 and 1.1.5 explained that the Army is a very disciplined organisation, it becomes more evident when they are carrying out operations and when they are bearing arms, their level of discipline is expected to be high. Hence, they are deliberate in their effort to save the lives of the women and children.

1.2.2 W154 Jean-Paul Mushenvula, a Medical Program Manager, Alliance for International Medical Action (ALIMA) in response to para 1.1.4 described how they attended to children in Maiduguri, stating that they have been in Muna corridor since mid-2016 to 2024, where they run daily clinics in collaboration with the Borno State Ministry of Health. The witness informed the Panel that they managed complicated cases of malnourished children within their area of operation in the North-East.

1.2.3 W154 in debunking the allegations contained in para 1.1.5 and 1.1.6 stated that they catered for women who were either rescued from Boko Haram and Internally Displaced Persons (IDP), or other residents in the camps who presented themselves with pregnancy cases in their facilities in the North-East. The witness added that their facility was around the Ministry of Health at Muna, opposite the main IDP camp, which explained why some pregnant women in the various camps visited their facilities.

1.2.4 W155 Mrs Eunize Solomon, Senior Human Resource Officer, FHI 360 described their role in catering for the welfare of women and children who were rescued from the insurgency as follows:

We provide support to the Government in areas of health. Sometimes, pregnant women come to the facilities . . . we have people working in these facilities like the midwives that directly relate with the pregnant women who are the beneficiaries that come for services. We also provide support in areas of antenatal care, post-delivery support and we also educate mothers, expecting mothers, mothers on family planning, family planning and what might work for them.

1.2.5 W158B Dr. Olusegun Philip Afolabi, Health Coordinator, International Rescue Committee in responding to para 1.1.5 and 1.1.6 identified specific projects in the North-East including those under the Bureau of Humanitarian Affairs grant, which had the objective of providing lifesaving support to conflict-affected individuals in Monguno, Gwoza, Dikwa,

Gwoza, Dikwa and Konduga Communities in Borno state.

1.2.6 W001 Major General Christopher Musa,⁷ Commander Infantry Corps and former Theatre Commander Operation Hadin Kai, in response to para 1.1.4 and 1.1.6 highlighted the involvement of the Nigerian military when dealing with surrendees in the course of its operations in the North-East in the following words:

[O]ur procedure is, once they report to the closest unit, they are profiled, the State Government provides the transport, we provide the escort and take them to the camps and then hand them over to the State Government. We only provide security, so we are not involved in their day-to-day running, especially the hospital... the hospitals we have, 7 Division Hospital at Maimalari. We have another hospital at the Joint Investigation Centre [JIC] (Giwa Barracks), those ones cater for only personnel basically. So, anything on abortion is not with the military.

1.2.7 W003 Lt. Col. A. S. Ogunsakin Commanding Officer, 7 Division Medical and Hospital services, in responding to para 1.1.4 on the question of how they handled pregnant women rescued from the frontlines stated that they never encountered pregnant women during their operation in the North-East, except for two pregnant Chibok girls. The witness stated that they do not have any record of pregnant women from the counter-insurgency operations in the North-East from 2013 to 2021.

1.2.8 In response to para 1.1.4 and 1.1.6, W003 explained further that the 7 Division Hospital does not admit civilian casualties, he stated as follows: “We do not keep them, once we have such an emergency, we have the International Committee of Red Cross, we send them there. They have a department in the State Specialist Hospital, we send them there, once we give them the initial care, we move them there.”

1.2.9 In response to para 1.1.6 and to the questions regarding the allegation by Reuters claiming that the Nigerian military conducted illegal and forced abortions in military facilities by injecting the victims with substances, W003 responded as follows:

It is fallacious, that is highly fallacious because even as medical doctors, let us forget about the military now, we have signed a . . . Hippocratic Oath, so the care of our patients is paramount over every other thing, so we prioritise patient care. Somebody who prioritises patient care will not be killing patients. Abortion is . . . you are killing for God’s sake; we do not do that in medicine, let

⁷ Editor’s Note:
On the 19th of June 2023,
Major General Christopher
Musa was appointed as the
Chief of Defence Staff by the
President and Commander in
Chief of the Armed Forces of
Nigeria.

alone being in the military. Being In the military gives you a higher foresight and a higher sense of discipline and responsibility. As I am here now, I am not just alone, I am under my GOC, [General] Officer Commander, 7 Division. Everything that happens here, he knows. We send a weekly report of everything we do in this hospital to him. Up to the drugs that we are giving to each patient that comes to this hospital, up to the kind of procedure that we do, every blessed day, with data and charts, bar charts and all of that on a weekly basis.

1.2.10 In responding to para 1.1.4 to 1.1.6, W003 Lieutenant Colonel A. S. Ogunsakin stated that the Division's Intelligence and Military Police are always involved during procurement of medicines and other medical needs to ensure proper accountability. He further stated as follows:

We make sure that everybody, even the authorities, it's not limited to me as the commander of the hospital, the authorities know about every tablet and every injection, or injected that enter into this hospital, and how we dispense them, like I told you, even on weekly basis, we send details of the kind of patients seen, their diagnosis, they even sign, each of them will sign, the drugs that we give them, they sign before. We send a copy to the Divisional Headquarters, on weekly basis, so they are involved, when they go to get the drugs, they are involved, they collect from the pharmacy, they bring here, they check whether everything is in the voucher, that everything is present, they see it physically, if you say this thing is twenty, they will count and say that this is actually twenty, or 50.

1.2.11 W096 General Lucky E. O. Irabor, Chief of Defence Staff, former Theater Commander (2016-2017),⁸ in response to para 1.1.4 and 1.1.6 expressed surprise at Reuters' allegation that the JIC, Giwa barracks was one of four primary locations where the Nigerian military conducted illegal abortions. The witness says barracks was manned by different professionals, including the International Committee of the Red Cross (ICRC). He further stated that if the abortion was "a programme" as alleged, the military hierarchies and key officers would know, and that he would have known of it by his position. He insisted that there was no instruction to that effect throughout the period he was on the field and assumed leadership of the armed forces, neither was he privy to any programme whether written or verbal.

⁸ [Editor's Note: General Irabor was at the commencement of the mandate of the SIIP North-East, the Chief of Defence Staff. He retired alongside others on June 19, 2023 following the appointment of new Service Chiefs.]

1.2.12 In response to the allegation in para 1.1.4, W096 denied formulating any policy for the Nigerian Army to use abortion as a tool during its counter-insurgency operations in the North-East. He stated in his words that, "I never ever gave such instruction, written or oral, that perhaps looks like what has been alleged. Never and never in my life will I even give such instructions".

1.2.13 W092 Major General Rogers Nicholas (Rtd), in responding to para 1.1.4 and 1.1.6 stated as follows:

In 2017 Giwa barrack was where we were keeping the high value target of Boko Haram that was arrested. The cell was in Giwa barracks and the whole place was not fenced; it was just a cell that was fortified so I took it upon myself to fence Giwa barracks. In 2018 I fenced Giwa barrack from my own resources with a big gate. So, I am surprised to hear that abortion took place in Giwa barracks.

1.2.14 W027 Zuwaira Gambo, Honourable Commissioner for Women Affairs Borno State in response to para 1.1.4 stated that her Ministry oversees the Operation Safe Corridor activities, an initiative of the State Government and the Nigerian Military to cater for surrendeeds and those captured at the frontlines. She further stated that they have comprehensive records of everything happening in the camps and the major challenge they have is that after they receive safe deliveries of babies, the mothers get pregnant again after about four about months of giving birth to the first baby, and not termination of pregnancies.

1.2.15 W009 Lieutenant D.K Nuhu Head of Departments, Health Information Ledger Management, 7 Division Medical and Health Services, Maiduguri in response to para 1.1.4 stated that all information of patients who were treated at the 7 Division Medical Services Maiduguri, are kept together at the records office. He further stated that there is no way such illegal action can occur without being traced.

1.2.16 PW005 a protected witness and surrendered detainee at JIC, Giwa Barracks, in responding to the allegations in paras 1.1.3 and 1.1.4 denied knowledge of any abortion carried out on women and girls affiliated with Boko Haram insurgents. The witness stated as follows: " have never seen or heard anything like that. The military always takes care of us and every pregnant woman or girl is given Antenatal treatment and when it is time for her delivery, she is taken to the hospital to give birth." The witness also stated that since her detention in Giwa barracks, she has never seen or heard of a soldier beating or maltreating women or girls.

1.2.17 PW006 a protected witness and detainee at JIC, Giwa barracks, in responding to the allegation in para 1.1.4 denied knowledge of the allegation, stating that the military registered her for antenatal care after a test was conducted on her upon entry into the facility and it revealed that she was six months pregnant. She further stated that she continued with her antenatal care until she delivered at Maimalari Barracks.

1.2.18 PW008, a protected witness and detainee of over 5 years at JIC, Giwa barracks, in responding to the allegations in paras 1.1.3 and 1.1.4, denied knowledge of the allegations, stating that: “[N]o, I have never seen or heard anything like that. The military always take care of us and even assist with taking care of our children”

1.2.19 W044(A - H) Community Girls (Special testimony of girls from Kukawa, New Marte and Garsawa areas, who narrated their experiences during the Panel’s field visit and session in Hajj Camp) in response to the allegation in para 1.1.2 stated that some of them escaped from Boko Haram insurgents and were staying in villages under Bama Local Government, before tracing their way to the camp. Others claimed that when their family members heard that they were in Bama town, they came and brought them to the Hajj Camp in Maiduguri.

1.3 Field Investigations on Allegations Related to Issue 1

1.3.1 The Panel conducted field investigations in the Madagali Local Government Area of Adamawa State. The Panel interviewed PW009, representative of the District Head of Madagali; PW013, the District Head of Gulak; PW010, PW011 and PW012 (women rescued from Boko Haram captivity), PW014 and PW015, (IDPs from Kauda and Wanu), PW016 an indigene of Gulak district and PW017, the Imam of the Muslim Council in Madagali Local Government Area.

1.3.2 The Panel notes the interview of PW011 who stated that she, alongside others, were rescued from the insurgents and taken to a military camp by soldiers, where they were provided with food, shelter, and medical care for the sick and injured, including pregnant women. She further explained that Boko Haram captured her in 2014 when she was about 13 years old, and was later rescued by the military while she was pregnant. After their rescue, they were taken to a military camp in Damboa, where they stayed for two months before being reunited with their families. She also revealed that her parents were killed by insurgents, and she now lives with relatives along with her one year and six months old child.

1.3.3 From the investigations conducted in Madagali, the Panel gathered that the Nigerian military rescued women and girls from the insurgents, cared for them and handed them over to the District heads to reunite them with their families.

1.3.4 The Panel conducted a field investigation at JIC, Giwa Barracks, Maiduguri to investigate Reuters allegations and claims by a woman named Felerin that she underwent a forced abortion and that her two young sons died after soldiers allegedly injected them with poison at the barracks.

1.3.5 Testimonies gathered from military personnel, civilian medical officials and detainees at the Medical and Health services in Giwa barracks regarding healthcare services indicated that the clinic primarily handles minor cases and does not provide services related to pregnancy. The officials also stated that the clinic's scope of care focuses on addressing non-pregnancy related health issues and provision of basic medical treatments to personnel and their families, as well as civilian health workers stationed at the barracks.

1.3.6 The Panel interviewed four female detainees at JIC, Giwa Barracks; PW005, PW006, PW007, and PW008. PW005, who was married to a Boko Haram insurgent, stated that during her time at the facility, she never witnessed or heard of any pregnant woman or girl who experienced stomach pain due to injections administered by soldiers, nor did she hear of any resulting bleeding or miscarriages. PW005 further stated that the military provided care for pregnant detainees, including antenatal services, and ensured they were taken to the hospital when it was time for delivery.

1.3.7 PW006, who was a detainee and a former wife of a Boko Haram insurgent, stated that upon her arrival at Giwa barracks, she was tested and informed that she was six months pregnant. She mentioned that no drugs or injections were administered on her, but the Nigerian soldiers took her for antenatal care until she delivered her baby. According to her, the military always took care of them and even assisted with taking care of their children.

1.3.8 PW007, a detainee at JIC, Giwa Barracks, stated that during her time in the facility, she has never witnessed or heard of any pregnant woman or girl experiencing stomach pain due to an injection administered by soldiers, nor has she heard of any resulting bleeding or loss of pregnancy. She also denied any knowledge of women or girls whose children were killed by the Nigerian Army within the facility.

1.3.9 PW008, a detainee at JIC, Giwa Barracks for six years, mentioned that the military provided for their needs and even helped to care for their children. She further stated that during her time at the facility, she had never witnessed or heard of any pregnant women or

girls experiencing stomach pain or suffering from complications, such as bleeding or pregnancy loss, due to injections administered by soldiers.

1.3.10 The Panel reviewed hospital records from 7 Division hospital Maimalari and the Joint Investigation Center (JIC) Clinic, Giwa Barracks covering a period between 2017 and 2019. These records had the following reference numbers: SIIP/DOC/2023/001, SIIP/DOC/2023/002, SIIP/DOC/2023/003, SIIP/DOC/2023/004, SIIP/DOC/2023/005, SIIP/DOC/2023/006, SIIP/DOC/2023/007, and SIIP/DOC/2023/008. The hospital records relate to suspects who were referred from 7 Military Intelligence Brigade (MIB), Nigerian Army, Maiduguri, and JIC, Giwa barracks to 7 Division hospital for medical attention related to various medical conditions, including pregnancy-related complications and a drug course chart for a patient who had surgery.

1.3.11 Hospital records of suspects AA and AU (real names withheld) referred by the 7 MIB, Nigeria Army to 7 Division hospital Maimalari revealed that they were treated for malaria. Additionally, suspect FM (real name withheld) who was 5 months pregnant was referred for treatment of pelvic inflammatory disease, urinary tract infection and vaginal discharge.

1.3.12 The military hospital records further revealed that JIC clinic, Giwa Barracks referred suspects HW, SA, DI, HM, and BA (real names withheld) to 7 Division hospital Maimalari Barracks for secondary management of abnormal uterine bleeding, prolonged labour, psychotherapy, acute peptic ulcer disease and treatment of a suspect who sustained bullet wounds in the femur from Nigerian Air Force fighter jet who underwent surgery.

1.3.13 From the investigations, the Panel gathered that in cases where serious medical attention were required, including pregnancies, the patients were referred to external healthcare facilities. The referral system ensured that individuals requiring specialised care beyond the capabilities of the Medical and Health services in the barracks, received appropriate medical attention at designated healthcare institutions equipped to manage such cases.

1.4 Analyses of Testimonies and Investigations on Issue 1

1.4.1 The Panel conducted the field investigation at Giwa Barracks to provide clarity and transparency on the alleged forced abortion and poisoning. It was also aimed at ensuring a thorough examination of the circumstances and operations at the JIC, Giwa barracks in light of the claims made in the December 2022 Reuters report. The Panel interviewed PW005, PW006, PW007 and PW008, all female detainees at JIC, Giwa Barracks.

1.4.2 While narrating their experiences, the witnesses stated that while they were at JIC,

Giwa Barracks, the military took care of them, including the pregnant women and their children. The Panel considers the testimony of PW008 who has been a detainee in JIC, Giwa Barracks for six years.

1.4.3 In determining the question of whether the Nigerian Army deliberately attacked women who either escaped or were rescued from insurgency, the Panel took into consideration testimonies from W044(A - H). It established that eight women, former Boko Haram captives and escapees from the insurgency, were brought to the Hajj camp in Maiduguri.

1.4.4 During the field investigations in Madagali in Adamawa state, the Panel received testimonies of PW009, PW013, PW010, PW011 and PW012 who stated that the Nigerian military provided food and shelter to rescued Boko Haram captives, as well as support to pregnant women and children.

1.4.5 PW012 informed the Panel that the Nigerian military rescued her and her children from the insurgents and cared for them before handing them over to the district head of Madagali. Additionally, PW010 stated that she was abducted in Gubla and taken to Sambisa forest by the insurgents, where she was mistreated and forced into child marriage by the insurgents. The witness further testified that when the military rescued her, she was cared for before she was reunited with her family.

1.4.6 The Panel reviewed testimonies from witnesses on the allegations of human rights abuses against women, accusing the Nigerian military of perpetrating forced abortions and brutal military operations leading to starvations and deaths. The Nigerian military denied these accusations, asserting instead, that their primary objective was to protect civilians from harm. The military also refuted the specific allegation of forced abortions, arguing that their operational protocols and internal reporting mechanisms do not permit such allegations. They also stressed that the data of military operations, documented through reports/war diary, did not support the alleged atrocities.

1.4.7 The Panel is under obligation to carefully consider the evidence presented during the proceedings and facts elicited during field visits to establish whether the alleged human rights violations against women, including forced abortions, have been fully established.

1.5 Findings on Issue 1

1.5.1 General Findings:

The Panel finds that there is no evidence to establish that there were deliberate attacks targeted at women by the Nigerian Armed Forces in Counter-Insurgency Operations in the North-East leading to the termination of pregnancies.

1.5.2 Specific Findings

The Panel finds that:

1. There is no evidence to establish the allegation that women and children were deliberately attacked by the Nigerian military in the North-East. The Panel relies on the testimony of W027 Zuwaira Gambo, the Honourable Commissioner for Women Affairs, Borno State, who stated that the Ministry of Women Affairs oversees the Operation Safe Corridor, an initiative of the Borno State Government and the Nigerian Army which takes care of surrendered insurgents and their families. She further stated that the initiative takes care of the insurgents who have surrendered and her Ministry has a comprehensive record of all the activities in the camps. W027 also stated that the major challenge faced in the camps is that the mothers become pregnant almost immediately after delivery of their babies and not termination of pregnancies. Also **Exhibit SIIP/ABJ/001** titled- 'Major Pictorial Highlight of Major General Victor Ezeugwu Tour of Duty,' tendered by W036 Major General Victor Ezeugwu indicates a culture of care and protection exhibited by the military in the theatre, of conflict with Boko Haram on women and children rescued from insurgents.
2. There are records of pregnant returnees and surrendeers referred and treated in 7 Division Hospital in Maimalari Barracks, Maiduguri. The Panel's field investigation and examination of military hospital records revealed the existence of pregnant returnees and surrendeers referred to 7 Division Hospital from JIC, Giwa barracks for medical interventions on prolonged labour and other ailments other ailments. This revelation is contrary to the testimonies of W003 Luitenant Colonel A.S. Ogunsakin, Commander 7 Division, and W009 Lieutenant D.K Nuhu, Head of Departments Health Information Ledger Management, 7 Division Hospital in Maiduguri. Both witnesses stated that they do not treat pregnant women from the counter-insurgency operations in the North-East at the 7 Division Hospital.
3. There is no evidence to establish that the Nigerian military conducted a secret abortion programme in the North-East, ending the pregnancies of thousands of women and girls freed from insurgent captivity. The Panel relies on the testimony of PW011, witness from Madagali camp and a pregnant woman rescued from Boko Haram captivity by the military, who stated that she was pregnant when the Nigerian military rescued her from the insurgents. This testimony is corroborated by PW005, PW006, PW07 and PW08 detained women in JIC Giwa Barracks who stated that the military cared for them and their children by providing them with food and shelter before reuniting them

with their families.

4. The Medical Centre at JIC, Giwa barracks handles only minor medical cases and does not provide pregnancy and abortion related services. The Panel relies on the testimony of W012 Hyelapamduwa Wakawa, Assistant Superintendent of Police and Nurse attached to the JIC who stated that every woman who comes into the clinic, regardless of age, undergoes a pregnancy test to determine whether or not they are pregnant. If the test proves they are pregnant, they are immediately referred to the 7 Division Hospital for antenatal care. PW006 a Detainee at JIC, Giwa Barracks stated that she was taken for antenatal care by the Nigerian soldiers, until she delivered her baby at 7 Division Hospital, Maimalari barracks. This indicates that the Medical Centre refers cases requiring serious medical attention to designated health care institutions equipped to manage such cases in the State.

2.0 ISSUE 2

Whether the Nigerian military launched air strikes on Boko Haram camps in the North-East, killing civilians including women and children.

2.1 Relevant Allegations and Extracts from the Reuters Report - WoW

2.1.1 “In the end, the Nigerian military decided Bana’s fate. One morning about four years ago, when he was roughly 3, the military launched an airstrike on the camp. They blew up the hut where the boy slept. Aisha, who was nearby, ran to save him but was too late”.⁹

2.1.2 “The explosion also hit Aisha, burning her severely and leaving one arm nearly useless, she said. She showed a reporter the arm, which she typically keeps hidden under her flowing hijab. She cannot use it, even to hold a drink”.¹⁰

2.2 Witness Testimonies in relations to Allegation in Issue 2

2.2.1 W001 Major General Christopher Gwabin Musa in responding to the allegation in para 2.1.2 denied Reuters allegations stating that: “there were situations where the air force was even invited (. . .) but because there were children and women, they refused to take action. On several occasions, we have lost opportunities to neutralise terrorists because they saw children and women”.

2.2.2 W002 Major General Waidi Shaibu, in responding to the allegations in para 2.1.1 and 2.1.2 explained the Nigerian military’s operations during the counter-insurgency in the North-East stating as follows:

In the conduct of operations generally, before troops go out, we give them the normal operational instructions when they go out, and mostly it is always written, you create a safe avenue for women and children in their orders, and it is also written in their code of conduct.

2.2.3 W097 Master Warrant Officer Abdullahi Saad in responding to the allegation in para 2.1.1 stated that the Nigerian military is tactical in its operations and engages only Boko Haram Insurgents when they launch an attack on them rather than non-combatants. He acknowledged that civilians were among the Boko Haram members in Gonoit, but that the military dislodged the insurgents from the locations without collateral damage.

2.2.4 W091 Major Kehinde Sewedo Avoseh, General Officer Commanding Operation Safe Haven in responding to the allegation in para 2.1.1 stated that there was no record of losing

⁹Ibid. para. 36.

¹⁰Ibid. para. 38

a civilian through misfiring in the one-year period (2015) that he was in Kukawa. He stated as follows:

Quite a number of times whenever we have an encounter with them, we have some of our soldiers, their sole responsibility was to ensure that civilians are guided to a safe place, even when I was in Kangarwa, because that is the reason why, we are there for them, and we are aware that when enemy comes, there is something we call freedom of action, you know, the enemy have freedom of action more than us and we do not really have it, so there are rules of engagements guiding our operations and we always try to ensure that, professionally we do that, we always ensure that we evacuate, we move civilians away, in as much you know that there is no how that they might have effects of the war going on between us and the bandit, I mean, and the terrorists, so we always ensure evacuation of civilians to a very safe place before we start engaging them.

2.2.5 W090 Major General Hassan Umaru (rtd) in responding to the allegations in para 2.1.1 and 2.1.2 submitted that he kept a war diary, where he documented daily incidents under his Command at the Theater of Operation, 7 Division Maiduguri, which he passed to the Nigerian military headquarters. He also stated that he never received any report of the allegations by Reuters.

2.2.6 In responding to allegations in para 2.1.1 and 2.1.2, W128 Major General John Ochai admitted that in war and conflict situations, human rights violations are bound to occur including illegal detention, destruction of properties and restriction of movement.

2.2.7 W084 Major General James Olubunmi Akomolafe (rtd), in response to para 2.1.1 refuted the claim and gave an account of an incident where he was ambushed in a village which was part of his area of responsibility but could not return fire as a result of military discipline. He charged through to safety before taking account of the status of men and machineries thereafter.

2.2.8 W031 Major General Ibrahim Yusuf Manu, in response to the allegations in paragraphs 2.2.2 and 2.1.2, narrated an instance where the Nigerian Air Force struck one of Boko Haram camps in Sambisa. During the raid, insurgents were preparing to execute a bodyguard assigned to one of the Boko Haram commanders' wives, who was accused of having an affair with her. The bodyguard managed to escape along with a pregnant woman

named Hadiza, both were rescued and cared for by the military in 7 Division. The witness stated that Hadiza later gave birth to a child, whom she named Lawal.

2.2.9 In response to 2.1.1 and 2.1.2, W044(A - H) the Communities Girls (From Kukawa, New Marte and Gasarwa areas) in Hajj Camp, narrated their experience stating that some of them met their husbands during the conflict, while some were married for years before they were captured by Boko-Haram. They stated that their husbands were mostly from the New Marte area, some of whom were visibly seen with children in the camp.

2.3 Field Investigations on Allegations Related to Issue 2

2.3.1 The Panel conducted a field investigation at Hajj Camp where they interacted with 8 women and girls. These women and girls had been rescued while fleeing from insurgent camps, and during the interactions with the Panel, they confirmed that there were no violations of their rights by the military.

2.3.2 The purpose of the inquiry was to gather first-hand testimonies from the women and girls to understand the circumstances of their captivity, the treatment they received while under insurgent control, and their current condition following their rescue and placement in Hajj Camp. They did not disclose any specific incident while in the camp of insurgents, where the Nigerian military launched air strikes killing women and children.

2.3.3 The witnesses were individually questioned by the Panel about their experiences while in the custody of the insurgents. They disclosed that they were held captive in Sambisa Forest and subjected to forced marriages with different men during their captivity.

2.3.4 The Panel conducted a field investigation in Bulumkutu camp, where testimonies were received from female returnees and ex-Boko Haram fighters. During their testimony, the witnesses denied any knowledge of any procurement of forced abortions on pregnant women and girls who had been rescued from insurgency by the Nigerian military.

2.3.5 Additionally, the witnesses W001, W031 and W090 did not disclose any knowledge of airstrikes on insurgent camps resulting in deaths of women and children, as alleged. These testimonies were gathered as part of the Panel's broader investigation into reported incidents and conditions within the camp.

2.3.6 The Panel conducted field investigations in the Madagali Local Government Area of Adamawa State. The purpose of the inquiry was to collect firsthand information from the District Heads, IDPs and former Boko Haram captives about their experiences during the insurgency in the North-East.

2.3.7 The Panel interviewed PW009, (representative of the District Head of Madagali), PW013, (District Head of Gulak), PW010, PW011 and PW012 (women rescued from Boko Haram camp), PW014 and PW015, (IDPs from Kauda and Wanu), PW016 (indigene of Gulak district) and PW017, (Imam of the Muslim Council in Madagali Local Government Area). During the investigation, the witnesses denied knowledge of any air strikes by the Nigerian military leading to the deaths of women and children.

2.4 Analyses of Testimonies and Investigations on Issue 2

2.4.1 The field visits to Hajj and Bulumkutu camps were integral components of the Panel's extensive investigation. The primary objective was to receive first-hand accounts on two key matters from the returnees. The first was to gather information to ascertain the veracity of Reuter's allegations that the Nigerian military conducted airstrikes on insurgent camps resulting in the deaths of women and children. The evidence could provide clarity on the circumstances and impact of such military actions. The second was to understand the experiences of the returnees in insurgent camps. This included gathering information on the treatment they endured, including any forced marriages, hardships, or other abuses that they might have suffered while in captivity.

2.4.2 By engaging directly with individuals at Hajj and Bulumkutu camps, the Panel aimed to document and analyse these testimonies comprehensively. These efforts were crucial in informing the Panel's broader investigation into human rights abuses, security operations, and the humanitarian impact of conflict on women and children in the North-East Region.

2.4.3 W044(A - H), while narrating their experiences, stated that some of them met their husbands during the conflict, while some were married years before they were captured by the insurgents. They claimed not to have knowledge of air attacks on any camp by the Nigerian military, noting that they have stayed safe in the camp with their children since their arrival.

2.4.4 In response to allegations regarding attacks on insurgent camps resulting in civilian casualties, including women and girls, the Nigerian military denied the claims by Reuters in its report. They submitted that their operational planning prioritises minimising collateral damage, particularly by ensuring the safe rescue and evacuation of civilians before engaging with insurgents.

2.4.5 The military cited specific instances where they halted operations to safeguard civilians and asserted that their protocols and procedures were designed to prevent harm to non-combatants while their attacks were directed solely at armed insurgents rather than civilians.

2.4.6 During the field investigation in Madagali, the Panel noted the responses from PW010, PW011 and PW012, who were women rescued from the insurgents. The witnesses stated that while they were in the Boko Haram camp, they did not witness any incidents of civilians who died as a result of airstrikes launched by the Nigerian military. They acknowledged that the military offered significant support which includes medical care, food, and clothing upon their rescue. These testimonies support the military witnesses' accounts, which emphasised their focus on treating civilians humanely, providing security, and transferring them to the District Heads.

2.5 Findings on Issue 2

2.5.1 General Findings:

The Panel finds that there is no evidence to establish the allegation that the Nigerian military launched air strikes on Boko Haram camps in the North-East targeting women and children.

2.5.2 Specific Findings:

The Panel finds that:

1. There exist documented Rules of Engagement for the Nigerian military admitted and marked as **Exhibit SIIP/MAID/004** governing their operational activities. These rules guide the use of force during combat operations as well as non-combat operations in support of civil authorities. The rules expressly states that military actions should target armed insurgents rather than civilians. The Panel relies on the testimonies of W001 Major General Christopher Gwabin Musa; W084 Major General James Olubunmi Akomolafe (rtd); and W002 Major General Waidi Shaibu, who all noted that the military missed opportunities to neutralise terrorists on several occasions due to the presence of women and children. The Panel also relies on the statements of W097 Master Warrant Officer Abdullahi Saad and W091 Major Kehinde Sewedo Avoseh, who mentioned that their Rules of Engagement require them to relocate civilians to a safe place before engaging insurgents.
2. There is no evidence to prove that the Nigerian military launched Air strikes on Boko Haram camps resulting in civilian casualties. The Panel finds as compelling, the testimonies of W044(A - H), PW010, PW011 and PW012 who were women rescued from Boko Haram camps. The witnesses did not recall any instance where the military launched airstrikes on the camps targeting women and children while they were held captive by the insurgents. The Panel relies on the testimonies of W044(A - H) and PW013 who were rescued

by the Nigerian Armed Forces from the insurgents and noted that they were accompanied by their children indicating that the military saved both women and children.

3. There is no evidence to substantiate the allegation that one “Aisha” sustained injuries “leaving one arm nearly useless” as a result of an air strike by the Nigerian Army. The Panel notes that a call for testimonies from any victim or survivor of violence by the Nigerian Armed Forces published and broadcast for six months in local languages did not yield any response in relation to this allegation.
4. Reuters news agency failed to appear before the Panel to testify to its allegations against the military, despite being invited to do so. The Panel finds that Reuters' failure to appear before it raises doubts on the source of information and credibility of its allegations.

3.0 ISSUE 3

Whether women and children were camped in a Nigerian military facility in Madagali for the purpose of conducting forced abortion and killing of children.

3.1 Relevant Allegations and Extracts from the Reuters Report - WoW

3.1.1 “The troops took the women and children to a nearby encampment in the town of Madagali – a cluster of five army tents and a thatched hut, she said. There, they underwent interrogation and medical check-ups. The soldiers took samples of their blood and urine”.¹¹

3.1.2 “The following day, they told Aisha she had a vaginal infection. They injected two vials of medicine into her buttocks, without telling her what it was, and gave her an assortment of pills, she said. An hour later, she said, she was in wrenching pain and began bleeding heavily from her vagina”.¹²

3.1.3 “Eventually, she said, she saw blood and a lump of what looked like flesh pass from her body. She had not known she was pregnant”.¹³

3.1.4 “She realised she had been tricked into an abortion but was too afraid to confront the soldiers. They told her later that they had done her a favour, she recalled, because a child of Boko Haram would be ostracised and a burden on her and her community”.¹⁴

3.1.5 “Aisha had not wanted another child from a Boko Haram father, she said, but abortion was against her Islamic faith”.¹⁵

3.1.6 “Several days later, soldiers said Fatima needed medicine to keep her strong after being so long in the wilderness. They gave her and other children injections. Afterward, the mothers and children were piled into cars and returned to their villages”.¹⁶

3.1.7 “After their arrival at the family’s former home, within hours of the injections, Fatima started acting strangely, Aisha said. She would not breastfeed, her eyes became distant and glassy, and she developed a fever. A local pharmacist told her the child must have been bitten by a bug and gave her a syrup to lower her temperature”.¹⁷

3.1.8 “Before dawn, Fatima went cold. She died in the same room where Aisha watched her mother bleed out years earlier. Aisha believes that the girl was poisoned by the soldiers”.¹⁸

3.1.9 “Later in the morning, neighbours who heard Aisha’s sobs came to help her bury the tiny body in the local cemetery. One neighbour, Musa, confirmed Aisha’s account of that episode, saying he saw the girl before she died, and saw Aisha grieving afterward”.¹⁹

¹¹ Ibid. para. 42.

¹² Ibid. para. 43.

¹³ Ibid. para. 44.

¹⁴ Ibid. para. 45.

¹⁵ Ibid. para. 46.

¹⁶ Ibid. para. 47.

¹⁷ Ibid. para. 48.

¹⁸ Ibid. para. 49.

¹⁹ Ibid. para. 50.

3.1.10 “After Fatima’s burial, Aisha had no traces left of her daughter. Phones were forbidden for women in the militant camp, so she had no pictures or videos. They had escaped only with the clothes they were wearing”.²⁰

3.2. Witness Testimonies in relation to Allegation in Issue 3

3.2.1 W143 Brigadier General Aliyu Jibril Shehu Gulani, denied knowledge of the allegation in para 3.1.3 and 3.1.1 stating that:

[W]hen they deployed troops to that place, there was nobody because Boko Haram had driven everybody away from Madagali. So, they ran down to Michika, Shuwa and the rest, so the last town where there is nobody is where they said we should deploy. So, where I was deployed in Madagali, there were no civilians, just old people. You know they do not move away even when you talk to them for their safety . . . so some of them will say they will not move, they will stay there, so we have such people around there.

3.2.2 W031 Major General Ibrahim Manu Yusuf in debunking para 3.1.1 denied witnessing any situation, where any of the military formations were keeping women and children, or even the men at the frontline, in his words he stated that: “once you capture people before you sort them out, their presence in your camp is a threat to you, as soon as you arrive, the women the children, we are moving them straight to IDP camps”. The witness further stated that there are lots of administrative challenges to keeping women at the frontline, it would hinder the troops from actually fighting the insurgents.

3.2.3 W032 Colonel Ndidi Stephen Onuchukwu in response to para 3.1.1 and 3.1.2 stated that the military facility where he served received rescued Boko Haram captives, including women and children. He described the process as follows: “. . . but what usually happens is that most times when we rescue them. . . it is just to attend to them because sometimes they are much; attending to them in terms of . . . we are trying to see if they have malaria or they have any other infectious disease, in terms of taking their samples, doing those tests but most times we don’t give medications”. The witness further stated that the only time he injected children was when he was certified by WHO to give them Polio vaccines, during operations on the field.

3.2.4 W098 Master Warrant Officer Aliyu Umar stated that his main responsibility as a Regimental Sergeant Major (RSM) at 22 Battalion, Madagali, Adamawa State was to secure his area of coverage and ensure that all the soldiers conducted themselves properly. The

²⁰ Ibid. para. 51.

witness in response to para 3.1.1 and the claim of forced abortion taking place at a military encampment in Madagali, stated that he coordinated the activities between the Soldiers and Officers cadre to ensure that they operated within the provisions of the law and noted that throughout the period he was the RSM, he never received any form of report on misconduct against soldiers and officers involving rescued civilians in their custody. He emphasised that soldiers were deployed to the field in company of officers to ensure that they follow laid down procedures.

3.2.5 W096 General Lucky E. O. Irabor in responding to the allegation in paras 3.1.2, 3.1.3, 3.1.4 and 3.1.6, that soldiers accosted women and administered some substances to terminate their pregnancies, stated that the gory description sounded like actions of militias and not that of the Nigerian military. The witness stated that the Nigerian military is guided by laws, rules and military ethics which include: the Armed Forces Act; Code of Conducts; **Exhibit SIIP/MAID/006** Standing Rules of Engagement on the Use of Force; **Exhibit SIIP/MAID/004** Nigerian Army Policy on Human Rights and Rules of Engagement among others, that prohibit any member of the Armed Forces who is engaged in military operations to undertake such acts.

3.2.6 W094 Brigadier General Tunisa in responding to Reuters allegations in para 3.1.1, stated as follows:

That is a figment of their own imagination, we were to save the lives of Nigerians, we move all injured Nigerians and those escaping the desert, we move them to the town. Not even to military locations, because their relatives are waiting in Maiduguri. So, it's absurd to even think of that and we do not even have that kind of medical facility where we are operating so it is just not possible. Ours is to save lives not to destroy lives of Nigerian citizens...those are Nigerians we are saving so there is no question of any abortion, you would not even know if a woman is pregnant at that time, so there is nothing like that.

3.2.7 In response to para 3.1.2 and 3.1.3, W093 Brigadier General A. G. L Haruna acknowledged to have received surrendeeds and offered first aid treatment before moving them to Maiduguri because some were either traumatised, or sick. The witness stated that at the time they attended to rescued or surrendered victims of the insurgency, they thought of conducting pregnancy tests never crossed their mind. He supported his denial of the allegations by submitting as follows:

By the time we were in Konduga, we only had two units standing in the whole of the theatre. Konduga was the only location of the men and without Konduga, Maiduguri would not have been there today. From there, we moved to recapture Bama, on re-capturing Bama we called on every individual, especially the weak ones, old men, women, children...we created an IDP camp for ease of administration. We divided them according to zones we had Banki, we had Banki junction, we had Bama, all these locations such that they would be well administered. Foods were brought in by philanthropists...we gave them through their leaders... those appointed, the idea is for us to be able to ensure nobody is wrongly harmed

3.2.8 In response to para 3.1.1, W092 Major General Rogers Nicholas (Rtd) explained the Command structure in the medical units on the battlefield while responding to the claim by Reuters that women were moved to military tents in Madagali upon being rescued, to be tricked into abortion. The witness stated as follows:

As a Brigade Commander, we have 4 battalions and then have a medical reception unit attached to them who report to their Commanding Officer. They also have a senior medical officer and Brigade Medical Officer who controls the medical outfit attached to the battalion. The Medical Officer himself reports the operational things to me, however, he first makes these issues to his headquarters, but operational issues, for instance ...when officers are wounded they need to move them out, we need casualty evacuation processes, we need a helicopter, we need vehicles to move them, we need ambulances and that is where I can come in as Operational Officer. When it comes to the issue of medical integrity, reports go straight to his headquarters.

3.2.9 In response to para 3.1.1, 3.1.2, and 3.1.3, W036 Major General Victor Ezugwu presented a document titled “Major Pictorial Highlight of Major General Victor Ezugwu, Tour of Duty,” which was admitted and marked as **Exhibit SIIP/ABJ/001**. The document contains pictorial representations of various events during General Ezugwu's command of the 28 Task Force Brigade, and a former General Officer Commanding 7 Division from 2014 to 2017. The images depict rescued women and children from Jaje/Chakawa village on August 12, 2015, and troops engaging with pupils in Madagali town, providing them with writing materials and provision of aid to rescued women and children Boko Haram terrorists.

.Additionally, the document features images of Boko Haram terrorists who were killed or injured and are receiving medical treatment. The 28 Task Force Brigade's activities at the IDP camp in Mubi and the provision of medical assistance to locals are also depicted in the document.

3.3 Field Investigations on Allegations related to Issue 3

3.3.1 The Panel conducted field investigations in Madagali Local Government Area, Adamawa State. The Panel interviewed PW009,(representative of the District Head of Madagali), PW013, (District Head of Gulak), PW010, PW011 and PW012 (women rescued from the insurgent), PW014 and PW015, (IDPs from Kauda and Muna), PW016 (an indigene of Gulak) and PW017, (Imam of the Muslim Council in Madagali Local Government Area). The purpose of the investigation was to determine if the Nigerian military encamped pregnant women and girls in Madagali for the purpose of conducting illegal abortions and killing of children.

3.3.2 PW009, (representative of the district head of Madagali) and PW013, (district head of Gulak) stated that they are not aware of any military facilities in Madagali engaged in forced abortions and they have not received any complaints of such. They emphasised that the military's role is to rescue individuals from conflict zones, including pregnant women and girls, and then transfer them to the district heads to unite them with their families.

3.3.3 PW010, PW011 and PW012, women rescued from the insurgents stated that after being rescued by the military, they were taken to the military camp in Madagali Army Headquarters, where they received care and support. PW011 highlighted that she was pregnant at the time of her rescue.

3.3.4 PW016, an indigene of Gulak district and a volunteer at the Nigerian Red Cross in Madagali, who oversaw the IDPs from Gwoza in 2015, stated that the Nigerian military provided security at the IDP camp in the Old Police Barracks. The witness also mentioned that they were not allowed into the military camp whenever the military brought in escapees and surrendees for profiling, as this was considered confidential.

3.3.3 The Panel conducted field investigations at several military hospitals, including those at 7 Division in Maimalari, Maiduguri, JIC Giwa barracks, Maiduguri, Sector 2 in Yobe State, and 23 Brigade Medical Center in Yola. During these field trips, the Panel interviewed military hospital personnel extensively on the military's protocols and procedures for providing medical treatment to returnees from insurgency-affected areas. The interviews focused on gathering in-depth information about the military's code of operations regarding

medical treatment for returnees.

3.3.4 The Panel sought to understand how medical care is administered to individuals rescued or returning from insurgency-affected areas, the protocols followed in treating them, and any specific guidelines or directives governing these operations.

3.4 Analyses of Testimonies and Investigations on Issue 3

3.4.1 The Panel notes that responses from PW009, PW010, PW011, PW012, PW013, PW014, PW015, PW016 and PW017 in Madagali did not reveal that illegal and forced abortions took place at the military camp. The Testimonies from the PW009 and PW013, (District heads of Madagali and Gulak) revealed that the military's role was primarily to rescue individuals from conflict zones and assist in reuniting them with their families.

3.4.2 PW010, PW011 and PW012, (women rescued from the insurgent) stated that while they suffered mistreatment at the hands of insurgents, the military provided them with significant care, including medical treatment, food, and clothing, after their rescue. These testimonies collaborated with the responses from the military witnesses, who asserted that their interactions with civilians were centred on humane treatment, ensuring security, and transferring them to district heads, as opposed to conducting illegal or forced abortions.

3.4.3 Regarding the allegation that the Nigerian military forcibly and illegally aborted pregnancies of women with children in Madagali, W143 acknowledged that troops were deployed in the area. However, he claimed that there were no civilians present at the time of the deployment, and the only individuals encountered were elderly residents who remained in their ancestral homes.

3.4.4 W096 described the alleged acts targeting women for abortion as resembling those of militias than the Nigerian military. He emphasised the military's adherence to several established codes of conduct and rules of engagement that collectively prohibit a soldier from committing acts inconsistent with international humanitarian law (IHL) and human rights standards. These guidelines seek to ensure ethical conduct by the military during hostilities. They emphasise respect for civilians, protection of non-combatants, and adherence to lawful orders. These regulatory and ethical standards differentiate the military from militias and irregular forces.

3.4.5 These regulations collectively prohibit any member of the Armed Forces from engaging in actions inconsistent with International Humanitarian Law and human rights standards. They outlined guidelines aimed at ensuring the ethical conduct of military personnel during operations, emphasising respect for civilian lives, protection of non-combatants, and

adherence to lawful orders. By highlighting these regulatory frameworks and ethical standards, the Nigerian military sought to differentiate its actions from those of unauthorised militias or irregular forces.

3.4.6 The military stated that their operations with the returnees focused on transporting injured and vulnerable individuals to towns like Maiduguri, where they can receive essential medical attention and reunite with their families. They dismissed claims of involvement in activities such as forced abortions, citing logistical impossibilities and the absence of medical facilities capable of such procedures in their operational areas.

3.4.7 W092, who oversees the medical units on the battlefield, responded to Reuters' allegations regarding the treatment of rescued women in Madagali by describing the hierarchical structure within the medical units. He explained that each of the four battalions under his command is equipped with a medical reception unit. These units operate under the direction of their respective Commanding Officers, supervised by senior medical officers and a Brigade Medical Officer responsible for managing medical operations within each battalion.

3.4.8 By visiting these military hospitals and engaging with personnel directly involved in medical operations, the Panel gained insights into the military's role in healthcare provision, particularly in responding to the medical needs of individuals rescued from conflict zones. These investigations were essential for assessing compliance with humanitarian standards, ensuring proper medical care, and understanding the broader implications for security and humanitarian efforts in the region in the light of the allegations by Reuters.

3.4.9 The Panel believes that the extant protocol for the provision of medical care during military engagements is to ensure adherence to established procedures and promote medical integrity. The testimony of W092 refutes claims of any unethical practices such as tricking rescued women into abortions.

3.4.10 On operational logistics, W092 explained that the medical officer in each battalion reports directly to him. Such reports include critical issues such as casualty evacuations, transportation requirements, and other urgent medical needs in the frontlines. He further stated that if such incident happened, he would have been aware of it.

3.4.11 The military medical personnel who testified during the Panel's field investigations consistently stressed that military medical facilities are primarily meant for treating military personnel and do not include services to civilians. Their role, according to them, is limited to administering temporary first aid treatments to returnees before referring them to civilian state authorities for further medical care. They stated that military medical facilities do not

handle pregnancy or other specialised civilian medical needs.

3.4.12 The military medical personnel however, acknowledged conducting outreaches primarily involving vaccination programmes. This was done in collaboration with international humanitarian organisations and state authorities, with vaccination kits provided by the collaborating organisations and authorities.

3.4.13 The testimonies of military medical personnel provided insights into the specific roles of military healthcare facilities in addressing the medical needs of individuals affected by conflict. In that role, they only provide emergency care and referral services within a broader framework of collaborative healthcare efforts.

3.5 Findings on Issue 3

3.5.1 General Findings:

The Panel finds that:

1. There is no evidence to support the allegation that Nigerian Military encamped women and children in Madagali for the purpose of conducting forced abortion and killing of children.
2. There is no evidence to support the allegation that the Nigerian Soldiers injected returnees and surrendees with poison.

3.5.2 Specific Findings:

The Panel finds that:

1. There is no evidence before it to support the allegation that the Nigerian military carried out forced abortion programmes and killing of children in Madagali. The testimony of W096 General Lucky E. O. Irabor, Chief of Defence Staff and Former Theater Commander of Operation Lafiya Dole, demonstrates the military's professional conduct. The testimony of PW012 proved that the military rescued and took care of pregnant women who successfully delivered their babies. Additionally, the testimonies of PW010 and PW011 establish that the Nigerian military rescued both women and children, contrary to the allegations in the Reuters report. PW011 was a rescued pregnant woman who was relocated from the frontlines to Damboa IDP camp and afterwards resettled in Madagali community. From the evidence before it, the Panel finds that the Nigerian military is guided by strict codes of conduct, including **Exhibit SIIP/MAID/006**, "Standing Rules of Engagement and the Use of Force", and **Exhibit SIIP/MAID/004** "Nigerian Army Policy on Human Rights and Rules of Engagement". These codes prohibit any member of the Armed Forces from engaging in actions

inconsistent with International Humanitarian Law (IHL) and human rights standards.

2. There is evidence to show that the Nigerian military only provided basic medical services to civilians, surrendees, escapees, and returnees in the North-East. The Panel finds no evidence to support the claim that soldiers poisoned a woman PW012 and PW016, the Panel finds that rescued that women and girls medical screening before being transfered to IDP camps. This process aims to prevent administrative challenges, and ensure uninterrupted military operations against insurgents.

Part 5: Challenges

Chapter 11

Challenges

1.0 Introduction

In executing its mandate, the SIIP North-East faced numerous challenges reflecting on the legal, political, social and cultural dimensions of the work of the Panel. The investigation of allegations of this magnitude covering over a decade with multiple stakeholders facing scrutiny at both national and international levels require an enabling environment devoid of the sort of challenges which the Panel faced. From the failure of key organisations such as Reuters, the International Committee of the Red Cross and Mediciens Sans Frontieres refusing to honour the Panel's invitations or failing to submit themselves to its jurisdiction, to issues of access to sites, communities and alleged victims, the work of the SIIP North-East became very challenging from the onset.

2.0 Logistical challenges limiting access to hard-to-reach areas.

2.1 A major challenge faced by the Panel in the course of its investigations was the difficulties in getting to hard-to-reach places due to insecurity and logistics. The reports by Reuters mentioned several communities where several alleged massacres took place such as Gasarawa, Kukawa and New Marte communities. These locations, as the Panel investigations unraveled were still under high security risk with limited but sustained activities of the insurgents.

2.2 In the course of interviewing the witnesses, some of the Military officers used their words to paint vivid pictures of some of those communities mentioned in the reports. They also mentioned the deplorable state of those communities, how some of them are deserted, the level of damage done as a result of the insurgency and so on. The civilians who were interviewed also gave their account of the state of those communities; they mentioned the damaging impact of the insurgency in those communities.

2.3 Besides interviewing the witnesses, the Panel identified the importance of visiting the locations where these alleged violations were stated to have occurred, to enable it to deepen its understanding or issues and have a well-informed investigation. The Panel was able to visit some locations within the state capital of the three North-Eastern states, namely Borno, Adamawa and Yobe. However, communities like Gasarawa, New Marte, Alargarno, and others were not accessible to the Panel because of the insecurity that still impacts these areas. The Panel had to deploy community investigators to provide on-ground information. The Panel further relied on partnerships with the United Nations to travel from Maiduguri

to Damaturu and Maiduguri to Yola through the services of the United Nations Humanitarian Air Services (UNHAS).

2.4 Furthermore, the Panel could only gain access to Kukawa community and was able to visit the 'water hole' in the Kukawa through the air assistance of the Multinational Joint Task Force. The Panel relied on the 403 Amphibious Brigade, Baga and 19 Brigade, Cross Kauwa for the provision of on-ground security and transport during its field mission to Kukawa. The SIIP North-East could not directly access communities like New Marte and Gasarawa because of insecurity

2.5 In the case of communities in New Marte, Gasarwa, Alagarno and others, the Panel received testimonies from various District and Village Heads who were working remotely from Maiduguri and neighbouring towns to receive information from community members regarding allegations in the Reuters report relating to their communities or individuals therein.

3.0 Religious and Technical Constraints in Carrying Out Exhumations and Conducting Forensic Examinations

3.1 The SIIP North-East considered conducting forensic and post-mortem examinations of bodies, essential for establishing connections between the claims and submissions made before it. These claims detailed disturbing circumstances surrounding civilian deaths.

3.2 During testimonies before the Panel, members of the Abisare community alleged that the Nigerian army was responsible for the deaths of about 18 individuals, including women and children. According to their accounts, the deceased were buried in specific and identifiable grave sites within the community. These assertions sparked the Panel's interest in conducting post-mortem examinations on the bodies, as part of efforts to substantiate the claims made regarding the circumstances of these deaths. The Panel recognized the importance of forensic investigations in uncovering the truth behind these allegations and in determining whether the reported deaths were linked to actions attributed to military personnel, potentially impacting serious legal implications at both national and international levels.

3.3 The Panel however encountered challenges in the effort to conduct post-mortem examinations on dead bodies relevant to their investigative work due to religious and technical constraints prevailing in the region. Religious prohibition against exhumation after burial stood as a major impediment. This prohibition, rooted in cultural and religious beliefs emphasizes their belief in the sanctity of burial grounds, which prevented the Panel from accessing deceased bodies necessary for comprehensive forensic analysis. As a human rights fact-finding body, the Panel is mindful not to engage in acts capable of undermining

the religious rights of others. Consequently, the Panel relied heavily on testimonies of witnesses before it as well as its on the field investigations by community investigators and NHRC staff.

4.0 Poor Records and Archival Systems in Government Medical Facilities Hampering Proper Analysis of Hospital Records:

4.1 In the course of the Panel's investigation into the allegations of illegal and forced abortions, the Panel was faced with the challenge of poor record system by Government owned hospital in Borno, Adamawa and Yobe States. This state of affairs also extends to military hospitals and medical centres investigated. This challenge hampered the investigation into the allegations as many records relating to patient data and hospital records were incomplete or inaccurate.

4.2 Although, few hospital witnesses testified to have kept records of in and out-patients, records of persons brought in dead, records of Manual Vacuum Aspiration (MVA), administration of oxytocin and misoprostol, requisition and disbursement of medicines within the hospital, it was observed that these records were largely manually recorded and poorly stored, hampering or impeding accessibility. They were often times either incomplete or lost as a result of poor storage. Most of the hospitals had some years without any form of records.

4.3 Some witnesses also testified that past Departmental Heads of the Hospital kept a personal record within their departments, but those records were not transferred to the hospital after their demise or transfer from the hospital. W080 Aliyu Ibrahim, the Chief Mortician at the State Specialist Hospital, Yola acknowledged in his testimony that the hospital keeps records of corpses that were brought into the mortuary, however, he only has records from 2018 when he took over as the Chief Mortician till date. He stated in his words that, "when I was under my superior officers, I cannot vouch that such registers exist, but from the time I took over, I can actually tell you that you will get the register that I have kept".

4.4 Furthermore, records obtained from some Government hospitals lacked detailed breakdown of the drugs administered to patients in the Obstetrics and Gynecology department of the hospital. This made it difficult to locate and retrieve necessary information especially those dating almost a decade ago.

4.5 The effect of maintaining this poor record system within the Hospitals is that the baseline of the hospital's operations become obscure, making it difficult to monitor trends, create a system of oversight and monitor the effectiveness of hospital staffs. The Panel wonders how hospitals could conduct follow-up investigations and care for patients in the

absence of data.

5.0 The length of the period under investigation: The SIIP North-East investigation is an inquisition into human rights violations allegedly committed in military operations dating back to 2013. The inquiry into alleged human rights violations committed a decade ago presents significant hurdles. These include:

5.1 Loss or Incomplete records: Official records documenting the events, including medical reports, military records, police investigations, or witness statements, may be lost, incomplete, or tampered with. This lack of reliable documentation makes it difficult to establish a clear timeline and sequence of events.

5.2 Death of key witnesses: Due to the length of time under investigation, some of the individuals who witnessed the alleged human rights violations may have passed away or retired from service and become untraceable. For victims, witnesses and perpetrators, the passage of a significant length of time becomes an impediment towards achieving justice and accountability. For investigators, the loss of firsthand accounts can create significant gaps in framing and understanding allegations, and in the contents, presentation and appreciation of the events and available testimonies.

5.3 Faded Memories: The human memory is fallible, and details of traumatic events can become hazy or distorted with time. This can make it difficult for surviving witnesses to provide clear and consistent testimonies.

5.4 Locating Witnesses: Tracing witnesses in a post conflict environment like the North-East could pose a significant challenge, especially with displacements due to insurgent or counter-insurgency activities as the case with Kukawa and New Marte. In many instances, the SIIP North-East relied on local community investigators which it commissioned as well as testimonies of traditional rulers to establish the occurrence or otherwise of events in the communities due to absence of witnesses.

5.5 Changes in the Community Dynamics: The SIIP North-East was also confronted with the fact that passage of time meant that communities have undergone significant political and socio-cultural changes over the past ten years. The Panel learnt of communities who have moved beyond state borders to resettle in other states and neighbouring Republic of Chad and other countries in the Sahel region. Some community leaders informed the Panel that both communities and individuals have moved on and embraced state policy towards peace and reconciliation.

Part 6:

Recommendations and Concluding Observations

Chapter 12

Recommendations

The Special Independent Investigative Panel on Counter-Insurgency Operations in the North-East, having concluded its investigations and made its findings on the allegations of violations of human rights and humanitarian law leveled against the Nigerian Armed Forces and State institutions, makes the following recommendations:

1.0 Recommendations on Findings:

1.1 On the Alleged Killings in Abisare, Marte Local Government of Borno State:

1. The Panel recommends to the Federal Government of Nigeria, the payment of compensation to the victims of the killings in Abisare in Marte Local Government. The Panel further recommends that this payment be made within 90 days of the receipt of this report.
2. The Panel urges the National Human Rights Commission to work out a compensation regime and recommend same to the Federal Government of Nigeria within a period of 30 days from the receipt of this report.
3. The Panel recommends to the Nigerian Armed Forces and other appropriate authorities to constitute a Court Martial to prosecute suspected officers and men of the Defunct 8 Task Force Division, Monguno who were operational in Abisare, Marte Local Government of Borno State in June 2016 or other units of the Nigerian Armed Forces who were operational at the location within the same period.
4. The Panel recommends to the National Human Rights Commission to act under section 5(p) of the NHRC Act of 2010 and refer for prosecution by the Attorney General of the Federation, retired suspected officers and men of the Defunct 8 Task Force Division, Monguno who were operational in Abisare, Marte Local Government of Borno State in June 2016 or other units of the Nigerian Armed Forces who were operational at the location within the same period.

1.2 Improving Basic Facilities and Education for Children in Camps and Recovered Post-Conflict Communities

1.2.1 General Recommendations to the Government of Borno State:

1. Provide basic social facilities such as schools, hospitals and recreational centres in the recovered communities, especially in Kukawa and environs, ensuring that children in the communities have access to basic education and adequate

social development.

2. Develop and execute within six months of the submission of this report, in collaboration with the Nigerian Armed Forces and the UN System, a contextual standard of assessment of security situations in post-conflict communities prior to initiating the return of communities.
3. Provide Access to Education for children in Hajj Camp and other such facilities in Maiduguri in partnership with relevant United Nations Agencies and Non-Governmental Organisations.
4. Develop and implement a comprehensive economic and social empowerment programme for women recovering from conflict in the state

1.3 Psycho-Social Support for Children Affected by Armed Conflict

The Panel recommends to the Borno State Government to adopt programmes that will support the emotional and psychological well-being of children affected by conflict by creating safe environments and activities to address their feelings of fear and insecurity is crucial, including the creation of rehabilitation and skills development centres.

1.4 On the Activities of the International NGO – Mediciens Sans Frontieres

1.4.1 The Panel recommends that Borno State Government undertakes an evaluation of the activities and programmes of the MSF in Borno State, including its Psychosocial Support Program.

2.0 General Recommendations:

2.1 Addressing Prolonged Detention at JIC, Giwa Barracks

2.1.1 Enhancing Processing and Prosecutorial Capacity for Terrorist Suspects

The Panel views prolonged detention as a violation of international and national human rights laws. The Panel recommends to the Nigerian Armed Forces and the Office of the Attorney General of the Federation and other relevant authorities to adopt new procedures in fast-tracking the process of profiling and documentation of detainees, access to legal representation and assistance from the outset of their detention.

2.1.2 The Panel recommends that enhancement of the capacity of the Legal Aid Council to provide legal aid services to terrorist suspects. This includes increasing resources for the legal aid council, increasing manpower, and providing training for lawyers working in the Council in the special area of prosecution of war crimes and crimes against humanity considered as both international crimes and acts of terrorism.

2.1.3 Panel recommends the strengthening of the mandate of the National Human Rights Commission to play an oversight, monitoring and reporting roles in integrating human rights principles in the counter-insurgency operations and the rehabilitation, detention and prosecution of terrorist suspects

2.1.4 Strengthening the Capacity of Judicial Personnel

The Panel recommends the strengthening of judicial capacity through the provision of continuous training and professional development opportunities for judges, prosecutors, and court staff involved in handling cases related to insurgency to address the challenge of long detention of suspected insurgents without trials. This includes training on international human rights standards and effective case management practices.

2.1.5 Enhancing Transparency and Accountability

1. The Panel recommends the enhancement of transparency in the prosecutorial process of terrorists suspects by regularly publishing statistics on the number and conditions of detainees, their legal status, and the outcomes of their cases and implementing mechanisms for independent monitoring and oversight to prevent abuses and ensure adherence to legal and human rights standards are effective steps to protect the rights of detainees.
2. Based on the foregoing recommendation, the Panel urges the NHRC to:
 - a. Within six months of the presentation of this report, develop Guidelines that will promote the human rights of detainees and terror suspects in accordance with international human rights standards.
 - b. Deploy its powers under section 6(1)(d) of the NHRC Act to conduct quarterly visitations to the Joint Investigation Centre and other Detention Facility holding terror suspects across Nigeria “in order to ascertain the conditions thereof and make recommendations to the appropriate authorities.”
 - c. Publish an Annual Status Report on Conditions of Detention of Terror Suspects in Nigeria.

2.1.6 Regular Review of Detention Cases

The Panel recommends the establishment of a systematic and regular review process for all cases of prolonged detention without trial in order to aid efforts at eliminating long detention without trials. This review should include intelligent profiling of suspects with a focus on releasing individuals who do not have any link to the insurgency, which will decongest the facilities and save time spent on unnecessary and unending trials.

2.2 Accountability for Human Rights Violations

2.2.1 Developing Accountability Mechanisms for Human Rights

The Nigerian Armed Forces and State Government's should develop accountability mechanisms for human rights violations. The Nigerian Military should designate and assign desk officers that will receive complaints on human rights violations.

2.2.2 Strengthening Oversight Functions

The National Human Rights Commission serves as an accountability mechanism for Human Rights Violations in Nigeria. Hence, there is need to strengthen the relationship between the NHRC and Nigerian Military and State Governments in the North East to enhance these oversight functions.

2.3 Internal Review Process in the Armed Forces

2.3.1 Internal Review process of the Nigerian Armed Forces

The Panel recommends that the Nigerian Armed Forces should strengthen its internal review process to ensure that men of the Armed Forces comply with international best practices in all aspects of their operations. This can be achieved by engaging in a series of activities, programs, evaluations, inspections, audits, compliance reviews, assessments, and surveys. These internal reviews should be conducted periodically to assess compliance, effectiveness, and performance as they are essential for maintaining effective processes and compliance within an institution.

2.3.2 Review and Strengthening of Existing Policies

Reviewing existing policies to ensure alignment with current human rights obligations of Nigeria, legislations and regulations in Nigeria is paramount for accountability for human rights violations. Conducting a gap analysis and assessment of policies and practices currently in place to identify discrepancies and strengthen human rights in military operations.

2.3.3 Transparency in Disciplinary Processes

Encouraging transparency in the disciplinary process of the Armed Forces, involving relevant stakeholders in court martial processes, is necessary for accountability. It is also important that such court martial processes should consider the involvement of relevant stakeholders to ensure that the disciplinary efforts of the Armed Forces are made known to the public.

3.0 Recommendations on Institutional, Policy and Regulatory Reforms

3.1 Considering the critical role of government on adopting Institutional, Policy and Regulatory measures to integrate human rights principles and practices into military and Counter- Insurgency Operations, the panel recommends as follows:

3.2 Institutional, Policy and Regulatory Measures

3.2.1 Institutional Reforms

1. The leadership of the Nigerian Armed Forces should within six months of the submission of this report:
 - a. Establish a dedicated human rights unit within the military operations and formations. This Unit will be responsible for providing training, guidance, and oversight on human rights issues. It should be staffed with experts in international human rights law, military ethics, and conflict resolution.
 - b. Develop a system for investigating and addressing human rights violations. This system should be independent, impartial, and transparent. It should include mechanisms for receiving complaints, conducting investigations, and holding perpetrators accountable.

2. The National Human Rights Commission should in recognition of its strategic oversight position on human rights in Nigeria:
 - a. Cooperate with the Nigerian Military to integrate human rights considerations into their mode of operations and training programs. Human rights principles should be clearly incorporated into all levels of military training, from basic recruit training to advanced command and staff courses. This training should cover latest developments in national legislations, international humanitarian law principles, the laws of war, the principles of proportionality and distinction, the importance of civilian protection and the rules of engagement.
 - b. Create more avenues for collaboration with the leadership of the Nigerian Armed Forces. This will help to promote best practices, sharing of information and feedback.
 - c. Develop within six months of the submission of this report, a Rapid Response Mechanism on Human Rights Violations by the Armed Forces to ensure early reporting and action by the relevant arms of the military to address complaints of human rights violations.

3.3 Policy Measures

The Panel urges the Nigerian Military to:

1. Develop clear and comprehensive policies on human rights into its operations. These policies should be based on international human rights law and best practices. They should address issues such as the use of force, detention, and the treatment of civilians.
2. Develop and implement a system of accountability for human rights violations. This system should include mechanisms for identifying, investigating, and prosecuting perpetrators. It should also provide for redress for victims and psycho-social support.
3. Promote transparency and accountability in its operations. The Nigerian Military should carry out regular reporting on human rights compliance in military operations and making these reports accessible to the public to ensure transparency.

3.4 Regulatory Measures

1. The National Human Rights Commission should monitor to ensure that the Military aligns national regulations with international humanitarian law treaties and conventions, ensuring that domestic laws reflect global standards.
2. The Government and Military Leadership should implement robust protections for whistle-blowers who report human rights abuses within the military, ensuring they are safeguarded from retaliation.
3. The Nigerian Military should ensure that all military operations are conducted without discrimination based on race, ethnicity, religion, or other statuses, respecting the human rights of all individuals involved.
4. The Armed Forces in collaboration with the Federal and State Governments should prioritize policies that focus on the protection of civilians, including the development of early warning systems and safe zones during Counter-Insurgency Operations.

4.0 Remedial steps that may enhance the professional conduct of military personnel in counter-insurgency operations.

4.1 Ethical Leadership and Command Responsibility

Promoting ethical leadership among military commanders by emphasizing the international law provisions on command responsibility and accountability for the conduct of personnel under their command will ensure caution on the part of the commanders which will encourage

leaders to set a strong example of professionalism and adherence to legal and ethical standards.

4.2 Community Engagement and Civil-Military Cooperation

Fostering positive relationships with local communities through proactive engagement and collaboration by involving community leaders, civil society organizations, and local authorities in planning and implementing operations to enhance transparency, patriotism and legitimacy.

4.3 Use of Technology and Monitoring

Utilization of technology, such as body cameras and GPS tracking, to monitor and document military operations will enhance accountability and provide objective evidence in case of disputes or allegations.

4.4 Support Services for Personnel

Providing adequate support services for military personnel involved in high-stress and high-risk operations, including mental health support, legal assistance, and access to family communication will aid their mental health in operations. In addition, the Armed Forces and the State Government should engage and collaborate with non-state actors in the to develop a system for psycho-social support which will include evaluation, analysis, diagnosis, and treatment for both victims and perpetrators of human rights violations.

4.5 Regular Review and Evaluation

Establishment of regular reviews and evaluations of operational procedures and practices to identify areas for improvement and ensure adherence to professional standards, soliciting feedback from military personnel, legal experts, and human rights organizations to inform continuous improvement efforts.

5.0 Recommendations on Electronic Health Record System

The panel emphasizes the importance of State Health Facilities investing in robust record-keeping and archival systems. This includes the introduction of an Electronic Health Record system in hospitals and healthcare facilities. Such investments would significantly enhance operational efficiency and productivity in government-owned and military hospitals, thereby improving overall healthcare service delivery and secure critical hospital data for

Chapter 13

Concluding Observations

1.0 Non-Appearances of Organisations

1. The SIIP North-East notes that the inability of the media agency Reuters to appear before the panel or collaborate in any form to provide information and access to witness testimonies to support the grave allegations on the illegal and forced abortions and the massacre of children by men of the Nigerian Army at the water hole in Kukawa, raises doubt on the validity of their alleged source of information.
2. The SIIP North-East further notes that the refusal of the International Committee of the Red Cross to honour the invitation of the Panel raises questions as to its commitment to the values and principles it has always projected. The Panel's investigations and testimonies from military and civilian sources all pointed to the fact ICRC operates medical facilities in the north-east, especially in Maiduguri, contrary to the assertion by the agency.
3. In the same vein, the Panel notes that despite efforts inviting them to appear before the Panel, Medecins Sans Frontiere (MSF) failed to honour multiple invitations.
4. It is the respectful view of the SIIP North-East that international organisations working in the humanitarian ecosystem must subject themselves to the highest standards of probity and accountability which they demand of others, including from state institutions. Non-cooperation with human rights inquiries only sends one message – an absolute lack of respect for national human rights institutions and mechanisms.

2.0 On the Reuters Report

1. The Panel notes with concern that Reuters, based its allegations on the 2020 waterhole massacre in Kukawa, on a reconstruction of facts based on accounts of a soldier and 4 civilians. Reuters reconstruction of the event is not supported by evidence presented to the Panel by witnesses and observations made by the Panel during its visit to Kukawa.
2. A number of the allegations including those in War on Women are of human rights violations committed by the insurgent Boko Haram and does not fall within the purview of the mandate of the SIIP North-East.
3. The Panel notes that the Reuter's Report on War on Women began with an initial focus on attacks on women by both Boko Haram and Nigerian Armed

Forces in camps but then progresses to largely include the allegations on illegal and forced abortion by administration of substances without consent. The Panel views the report on War on Women as a substantial repetition of initial allegations in Abortion Assault 1: illegal and forced abortions and the killing of children in the guise of stopping a regeneration of terrorists.

3.0 On Military Records

1. The Panel notes that access to military records of many sorts including postings of personnel, and hospital related data was a major challenge.

4.0 Conclusion

The investigation of human rights violations provides opportunities for legal, institutional and policy reforms which are essential to bringing institutions and governments in conformity with international, regional and national human rights instruments and mechanisms.

The SIIP North-East urges the National Human Rights Commission, the Nigerian Armed Forces and the Federal and State Governments to put mechanisms in place for the implementation of this report and to adopt far-reaching reforms and programmes prioritising human rights principles in military operations that will bring professionalism and respect for human rights within the Nigerian Armed Forces.



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