

CAMEROON

Working environment

The context

Cameroon remains a preferred destination for many refugees and asylum-seekers in the Central African and Great Lakes regions, even though the country is experiencing an economic crisis and socio-political tensions due to high unemployment and the rising cost of living.

Security, though still precarious, has improved significantly in the East and Adamaoua regions, and the Government has deployed two divisions of elite forces to secure the area.

UNHCR and the Cameroonian authorities provide international protection and humanitarian assistance to some 81,000 refugees: 62,900 Central Africans in the Adamaoua and East regions, 2,870 Nigerians in Adamaoua and the Northwest region, 4,420 Chadians in Langui Camp near Garoua and 10,820 refugees living in urban areas. In addition, there are 2,230 asylum-seekers.

The needs

Despite improvements in protection and humanitarian assistance due to the efforts of UNHCR and its partners, field evaluations have revealed several gaps.

Food security remains a critical issue in the East and Adamaoua regions, where about 63,000 Central African refugees are settled and dependent on humanitarian food aid. Their nutritional status, though improved, remains a major concern. The global malnutrition rate is 7.2 per cent among



Planning figures

TYPE OF POPULATION	ORIGIN	JAN 2010		DEC 2010 - JAN 2011		DEC 2011	
		TOTAL IN COUNTRY	OF WHOM ASSISTED BY UNHCR	TOTAL IN COUNTRY	OF WHOM ASSISTED BY UNHCR	TOTAL IN COUNTRY	OF WHOM ASSISTED BY UNHCR
Refugees	CAR	84,810	84,810	90,260	90,260	94,690	94,690
	Chad	10,200	10,200	8,860	8,860	9,310	9,310
	Rwanda	1,380	1,380	1,400	1,400	1,400	1,400
	Various	5,130	5,130	5,170	5,170	5,000	5,000
Asylum-seekers	CAR	200	200	200	200	200	200
	Various	300	300	300	300	300	300
TOTAL		102,020	102,020	106,190	106,180	110,900	110,900

children under five, with 2.2 per cent severely malnourished. Furthermore, 53.7 per cent of women of childbearing age are undernourished and emaciated.

The morbidity rate in the refugee population is still very high. Access to health care is difficult in spite of agreements signed with some health centres and hospitals. The immunization coverage of refugee children remains low (less than 59 per cent) and well below the national average. The availability of water is limited to less than 15 litres per person per day. The school enrolment rate is below 40 per cent, and many schools in the area lack the infrastructure to accommodate all children and cope with overcrowding.

In Langui camp, the development of basic infrastructure to accommodate refugees in dignity has not received adequate attention. At present, refugees find themselves in a camp where basic services are far below accepted standards. The situation has repeatedly sparked riots.

Urban refugees have access to education and primary health care and the women among them receive sanitary kits. But only refugees identified as having special needs benefit from targeted and timely assistance.

| Main objectives |

Favourable protection environment

- Reinforce the national protection framework by advocacy for the application of the law on refugees.

Fair protection processes

- Training of local authorities in protection.
- Ensure that refugees and asylum-seekers have access to reliable and efficient procedures for refugee status determination (RSD) and receive credible documentation in conformity with national legislation.

Security from violence and exploitation

- Prevent and respond to sexual and gender-based violence.

Basic needs and services

- Increase the service-delivery capacity of local health and educational facilities.
- Promote the access of children and adolescents to education.

Durable solutions

- Promote durable solutions, especially the voluntary repatriation of refugees from Burundi, Liberia and Rwanda as well as the resettlement of persons with specific needs.

| Strategy and activities |

UNHCR will continue to be responsible for RSD and play an important role in general protection in 2010. Despite Cameroon's adoption of a Law on the status of refugees (2005), it is unlikely that the national organs in charge of RSD (the National Commission on Eligibility and the National Commission for Appeals) will be operational soon. Meanwhile, UNHCR will continue to advocate for the publication of the law.

Key targets for 2010

- All refugees have access to medical care, and people living with HIV and AIDS are assisted.
- All women of childbearing age receive sanitary materials every month.
- Some 400 refugees with specific needs are resettled.
- At least 60 per cent of school-aged children are enrolled in primary schools.
- All refugees are registered, and newborns are provided with birth certificates.
- Gaps in the water, sanitation, health, education and social services sectors are bridged with the assistance of the Government and humanitarian actors in Langui camp, and in the East and Adamaoua regions for CAR refugees.
- Some 100 refugees develop successful income-generating activities with UNHCR's help.
- Refugees in urban areas with specific needs receive adequate assistance.
- Some 2,000 asylum-seekers have access to timely and fair RSD procedures.
- All refugees in Langui and in the East and Adamaoua regions receive monthly WFP food rations in line with standards.



UNHCR is helping to replace a makeshift school with a more permanent structure to serve refugees and the local population.

UNHCR's presence in 2010

□ Number of offices	4
□ Total staff	93
International	9
National	63
UNVs	20
Others (consultant)	1

PARTNERS

Implementing partners

NGOs:

Première Urgence
Plan International
Action Aid
Association de Lutte contre les Violences faites aux Femmes

Others:

Cameroon Red Cross International
Federation of National Societies of Red and Crescent Cross

Operational partners

Government agencies:

Ministry of Territorial Administration and Decentralization
Ministry of External Relations
Presidency of the Republic (National security and armed forces)
Ministry of Basic Education
Ministry of Secondary and Technical Education
Ministry of Public Health

NGOs:

International Medical Corps
Médecins Sans frontière (Suisse)
International Relief and Development

Others:

IOM
ONUSIDA
PNUD
UNFPA
UNICEF

The registration of asylum-seekers and documentation of persons of concern are priorities for UNHCR. The Office will continue to promote durable solutions for refugees, including voluntary repatriation and resettlement for eligible refugees and those with special needs. UNHCR will try to persuade the authorities to grant residency to urban refugees in protracted asylum situations.

The Office will continue to assist all CAR refugees, focusing primarily on education and basic health services. Particular attention will be given to HIV and AIDS awareness and prevention. There is no major return movement foreseen during the year 2010, but instability in the Central African Republic will continue to drive a constant flow of refugees into Cameroon.

UNHCR will promote these refugees' self-sufficiency in order to reduce malnutrition and decrease their dependence on humanitarian aid. The Office will also engage in sensitization and special assistance activities with regard to the prevention of sexual and gender-based violence and reproductive health.

Community participation in all assistance activities will enhance refugees' capacity to cope with their new environment. Particular attention will be given to water availability, while the operational capacities of implementing partners working with Central African refugees will be strengthened.

WFP will deliver food for general and supplementary feeding programmes to Chadian refugees, while UNHCR will provide complementary commodities. Camp recreational activities and education for all refugee children will be maintained. To mitigate environmental degradation and rehabilitate the areas in and around the camp, environmental concerns will be integrated into the programme. The protection of women and children remains a priority.

Following the 2004-2005 repatriation operations, the residual caseload of Nigerian refugees in Cameroon is some 2,870 persons who are well integrated into the local population. Naturalization is legally possible but, the complex and laborious process has not allowed any refugee to obtain citizenship. In 2010 UNHCR will advocate that these refugees be granted an alternative status, if not naturalization.

○ Constraints

In the East and Adamaoua regions, access to refugee settlements remains difficult. Refugees are settled in more than 70 sites spread over a territory of more than 30,000 square kilometres. Poor roads and the difficulty of reaching basic services such as health care and water, both for refugees and host populations, makes it difficult for UNHCR to ensure protection and assistance to the population of concern.

Security remains a concern for humanitarian actors in this area as well as for the refugees. This has a considerable financial impact on the operation due to the need for armed escorts to accompany all humanitarian convoys, as well as special security systems and telecommunications.

The socio-economic situation of the country, which does not allow urban refugees to become self-reliant and less dependent on humanitarian assistance, remains a major constraint.

Organization and implementation

○ Coordination

UNHCR's operations are implemented in collaboration with the Government of Cameroon as well as implementing and operational partners. It is foreseen that six NGOs will act as implementing partners. UNHCR will also cooperate with WFP, UNICEF, UNDP and UNFPA in food distribution, food security, nutritional support and maternal health.

General coordination meetings held once a month for all UNHCR-funded programmes will continue, as will sectoral meetings in each field office. UNHCR is involved in the elaboration of inter-agency programmes, and will continue to participate in the implementation of UNDAF activities.

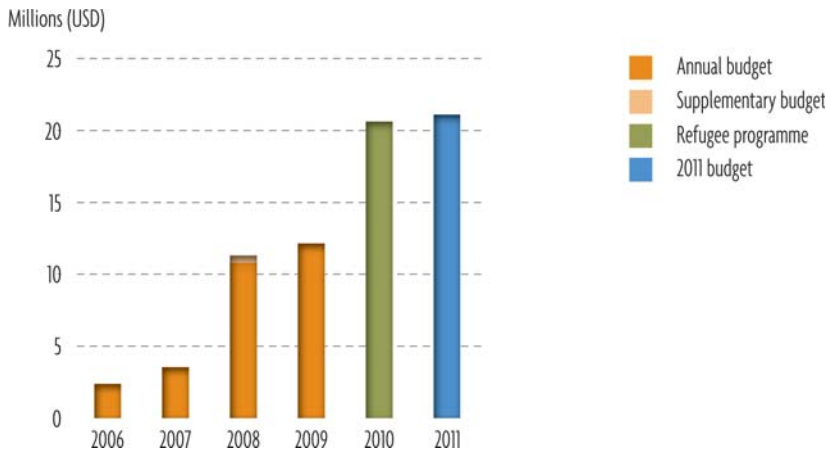
A humanitarian crisis prevention forum presided over by UNHCR meets quarterly and holds extraordinary meetings depending on the circumstances. This forum is made up of UN agencies such as UNHCR, WFP, UNICEF and WHO, as well as other international humanitarian agencies and Red Cross movements.

Financial information

The steady increase of refugees, mainly from Chad and the Central African Republic, has been the cause of a growing budget for UNHCR in Cameroon, since 2006. That was the year the Office completed the voluntary repatriation operation to Nigeria. Cameroon was a

pilot country for the global needs assessment, which led to an increase of the operation's budget in 2009. The gaps identified during the global needs assessment were mainly related to addressing basic needs and providing essential services. These needs have been mainstreamed in the budget presented in this Global Appeal.

UNHCR's budget in Cameroon 2006 - 2011



2010 UNHCR Budget for Cameroon (USD)

RIGHTS GROUPS AND OBJECTIVES	REFUGEE PROGRAMME PILLAR 1
Favourable protection environment	
National legal framework	118,191
Cooperation with partners	1,165,819
Emergency management	157,182
Subtotal	1,441,191
Fair protection processes and documentation	
Registration and profiling	556,916
Access to asylum procedures	107,978
Fair and efficient status determination	254,189
Family reunification	121,787
Individual documentation	238,867
Civil status documentation	379,791
Subtotal	1,659,527
Security from violence and exploitation	
Impact on host communities	39,284
Community security management system	74,285
Gender-based violence	396,768
Protection of children	69,074
Non-arbitrary detention	200,708
Access to legal remedies	71,678
Subtotal	851,796

Consequences of a 20 – 40 per cent funding shortfall

- There will be no registration and verification of the refugee population.
- Schools and health centres will not receive supplies and basic equipment.
- Community health services will not be available.
- Some 100 health-centre workers in the areas of reproductive health and HIV and AIDs will not benefit from training workshops.
- Hygiene and sanitation will not be improved in the four health centres in Toktoyo, Mandjou, Mbarang and Meiganga.
- Five health centres will not receive minimum HIV and AIDS packages (universal precautions, safe blood transfusions, condom distribution, opportunistic infection prophylaxis and long-term anti-retroviral care).
- Training for refugees in small-business practices will be limited.

RIGHTS GROUPS AND OBJECTIVES	REFUGEE PROGRAMME PILLAR 1
Basic needs and essential services	
Food security	469,960
Nutrition	607,177
Water	1,026,154
Shelter and other infrastructure	352,320
Basic domestic and hygiene items	1,132,415
Primary health care	2,140,447
HIV and AIDS	303,846
Education	2,028,241
Sanitation services	384,297
Services for groups with specific needs	590,881
Subtotal	9,035,739
Community participation and self-management	
Participatory assessment and community mobilization	177,398
Community self-management and equal representation	292,169
Camp management and coordination	64,410
Self-reliance and livelihoods	2,824,171
Subtotal	3,358,147
Durable solutions	
Voluntary return	75,511
Resettlement	324,449
Local integration support	122,805
Subtotal	522,765
External relations	
Donor relations	22,242
Resource mobilization	42,242
Partnership	42,242
Public information	52,242
Subtotal	158,968
Logistics and operations support	
Supply chain and logistics	955,993
Programme management, coordination and support	2,652,645
Subtotal	3,608,638
Total	20,636,773
2011 Budget	21,125,600
2009 Revised annual budget	12,158,513