



Report of fact-finding mission to Cameroon

Country Information and Policy Unit

**Immigration and Nationality Directorate
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TABLE OF CONTENTS

1.	<u>Preface</u>	1.1
2.	<u>Background</u>	2.1
3.	<u>Opposition Political Parties / Separatist Movements</u>	3.1
	<u>Social Democratic Front (SDF)</u>	3.2
	<u>Southern Cameroons National Council (SCNC)</u>	3.6
	Ambazonian Restoration Movement (ARM)	3.16
	<u>Southern Cameroons Youth League (SCYL)</u>	3.17
4.	<u>Human Rights Groups and their Activities</u>	4.1
	<u>The National Commission for Human Rights and Freedoms (NCHRF)</u>	4.5
	<u>Action by Christians for the Abolition of Torture (ACAT)</u> <u>Action des Chrétiens pour l'Abolition de la Torture</u>	4.10
	<u>Nouveaux Droits de l'Homme (NDH)</u>	4.12
	<u>Human Rights Defence Group (HRDG)</u>	4.16
	<u>Collectif National Contre l'Impunite (CNI)</u>	4.20
5.	<u>Bepanda 9</u>	5.1
6.	<u>Prison Conditions</u>	6.1
	<u>Bamenda Central Prison</u>	6.17
	<u>New Bell Prison, Douala</u>	6.27
7.	<u>People in Authority</u>	7.1
	<u>Security Forces and the Police</u>	7.1
	<u>Operational Command</u>	7.8
	<u>Government Officials / Public Servants</u>	7.9
	<u>Human Rights Training</u>	7.10
8.	<u>Freedom of Expression and the Media</u>	8.1
	<u>Journalists</u>	8.4
	<u>Television and Radio</u>	8.10
9.	<u>Women's Issues</u>	9.1
	<u>Education and Development</u>	9.3
	<u>Female Genital Mutilation (FGM)</u>	9.9
	<u>Prostitution / Commercial Sex Workers</u>	9.13
	<u>Forced Marriages</u>	9.16
	<u>Domestic Violence</u>	9.17

10.	<u>Children’s Rights</u>	10.1
	<u>Health</u>	10.3
	<u>Education</u>	10.7
	<u>Child Protection</u>	10.11
11.	<u>People Trafficking</u>	11.1
12.	<u>Homosexuals</u>	12.1
13.	<u>Tribes and Chiefdoms</u>	13.1
14.	<u>Ethnic Group</u>	14.1
	<u>Anglophone and Francophone Relationship</u>	14.2
15.	<u>Medical Care</u>	15.1
	<u>Hospitals and Medical Staff</u>	15.5
	<u>Availability of Treatment</u>	15.9
	<u>Traditional Healers</u>	15.17
	<u>HIV/AIDS</u>	15.19
	<u>Buruli Ulcers</u>	15.39
	<u>Malaria, Tuberculosis and Cholera</u>	15.40
	<u>Kidney Illness</u>	15.42
	<u>Diabetes</u>	15.43
	<u>Cancer</u>	15.44
	<u>Epilepsy</u>	15.45
	<u>Vaccination Projects</u>	15.46
	<u>Mental Health Treatment</u>	15.47
	<u>Treatment for Post Traumatic Stress Disorder (PTSD)</u>	
	<u>Treatment for Paranoid Schizophrenia</u>	
	<u>Victims of Torture or Rape</u>	15.55
	<u>Emergency Treatment</u>	15.56
16.	<u>Treatment of Refugees</u>	16.1
17.	<u>Treatment of Returned Failed Asylum Seekers</u>	17.1
18.	<u>Cameroonians Seeking Asylum Abroad</u>	18.1
19.	<u>Individuals and Organisations Consulted</u>	
20.	<u>Abbreviations</u>	
21.	<u>List of Annexes</u>	
	<u>SCNC Membership Card</u>	Annex A
	<u>Photograph of ARM Demonstration</u>	Annex B

<u>CNI Membership Card</u>	Annex C
22. <u>List of Political Parties</u>	
23. <u>List of Source Documents</u>	

1. Preface

1.1 This report has been produced by the Country Information and Policy Unit, Immigration and Nationality Directorate, Home Office, from information obtained from within the country and from reports from a wide variety of recognised sources. It concentrates on the issues most commonly raised in asylum / human rights claims made in the United Kingdom.

1.2 The mission met with diplomatic representatives, inter-governmental organisations, non-governmental organisations, political, religious, academic, medical and media groups. These groups were identified by the British High Commission in Yaoundé and the delegation as ones who could provide the most information to aid decision-making in asylum and human rights claims. The delegation would like to express their gratitude for the help and information they were given.

1.3 Some of the sources consulted by the mission have consented to the use of the information they have provided on condition that they are not identified in the Report. In such cases the source has been referred to in a way which protects the anonymity of the individuals concerned, for example “a diplomatic source”, “an international humanitarian organisation”. A list of persons consulted may be found at the end of the report.

1.4 This report has been compiled solely to inform the decision making process for Cameroon asylum applications. It is not exhaustive and will be used alongside other available information on the current situation in Cameroon. If some facts or events are not mentioned in this report it is by no means an indication that these don't exist, but more likely that information was not obtainable due to time constraints and the fluidity of the present situation. In the report, care is taken to present the views of the various spokespersons in an accurate and transparent way. It is inevitable that this report will contain a number of seemingly contradictory statements. However, it should be noted that the report has been produced to accurately reflect, as far as is possible, what the fact-finding delegation were told in its various meetings and does not contain any opinion or policy of the Home Office.

1.5 The report was finalised on 12 May 2004.

2. Background

2.1 French Cameroon became independent, as the Republic of Cameroon, on 1 January 1960, under the presidency of Ahmadou Ahidjo. In the British Cameroons, a UN-sponsored plebiscite was held in February 1961. The northern region voted to merge with Nigeria (becoming the province of Sadauna), while the south voted for a union with the Republic of Cameroon (which took place on 1 October 1961). Ahmadou Ahidjo assumed the presidency of the new Federal Republic of Cameroon. [1]

2.2 In May 1972, a new Constitution was endorsed and the federal system was replaced by a unitary republic. The country was re-named the United Republic of Cameroon in June 1972. A presidential form of government was retained, but Cameroon remained a one-party state, with the Union Nationale Camerounaise (UNC), in control. In November 1982 Ahidjo resigned from the presidency and named Paul Biya as his successor. Biya was elected chairman of the UNC and in January 1984 he was re-elected as President reportedly obtaining 99.98 percent of the votes cast. The country's original official name, the Republic of Cameroon, was restored. [1]

2.3 Opposition to the Biya regime increased after a failed coup attempt in 1984, and his critics called for more substantive democratic reform. In 1985 the UNC changed its name to the Cameroon People's Democratic Movement (CPDM) or Rassemblement Démocratique du peuple Camerounais (RDPC). Following an increasing amount of civil unrest, the National Assembly approved a further amendment to the Constitution on 5 December 1990, which ended single-party rule and provided for a multi-party system. The Legislative and Presidential elections were held in October and November 1992 respectively. The CPDM secured an absolute majority in the National Assembly by forming an alliance with the Movement for the Defence of the Republic (Mouvement pour la Défense de la République, MDR). Biya again won the presidency but the result was tainted by widespread charges of fraud, and violent protests followed. [1]

2.4 Legislative elections were contested on 17 May 1997 by 46 political parties and were monitored by a Commonwealth observer mission. The Presidential elections followed on 12 October 1997. However, the three major opposition political parties, the Social Democratic Front (SDF), the Union Nationale pour la Démocratie et le Progrès (National Union for Democracy and Progress, UNDP) and the UDC, declared a boycott of all elections, in protest at the absence of an independent electoral commission. A fourth opposition political party, the Union du peuple Africain, (UPA) later joined the boycott. [1]

2.5 Municipal and legislative elections were held concurrently on 30 June 2002. Out of the 180 seats available in the National Assembly, 133 were won by the ruling CPDM party, the SDF won 21 seats, the UDC won five seats, the UPC won three seats and the UNDP won one seat. [1]

2.6 The results of the 1997 and 2002 elections prompted claims from opposition parties of widespread electoral malpractice and that irregularities had taken place. [1]

2.7 In recent years the English-speaking inhabitants of the former British provinces have sought autonomy or a return to federal government. In the 1990s, tensions increased between Cameroon and Nigeria over competing claims to the oil-rich Bakassi peninsula in the Gulf of Guinea. [1]

3. Opposition Political Parties / Separatist Movements

3.1 Diplomatic sources within Cameroon informed the delegation that there are anecdotal patterns within the types of claim that arise from Cameroon. Southern Democratic Front (SDF) and Southern Cameroons National Council (SCNC) members constitute the majority of asylum claims from Cameroon nationals. The majority of SDF applicants do not have a legitimate claim to asylum. Such claims may be fraudulent both to obtain visas and to obtain asylum. Similar problems arise from SCNC alleged members. However in both these types of claims there is a possibility of a genuine well-founded claim. Furthermore a crime or political act may lead to human rights abuses, that then lead to death. It should be noted, nevertheless, that this is not a premeditated persecution.

Social Democratic Front (SDF)

3.2 Ni John Fru Ndi, National Chairman of the Social Democratic Front (SDF) told the delegation that government officials and the police harass and intimidate members of the SDF in Cameroon. Young people whose parents are members of the SDF in particular are harassed and intimidated by the government. The government bans students that are associated with the SDF from going to University to further their education. Therefore about 80 percent of young SDF supporters that want to further their education, do so in another country. Many young SDF supporters are also stopped from obtaining jobs or starting up new businesses. Often the government claim that they have not paid the correct taxes so keep postponing the necessary documents needed to start a new business. It is hard for many young SDF supporters to live in Cameroon because of the harassment and intimidation, therefore many claim asylum in other countries for two main reasons, to get an education or to get a job. However, it must be noted that this form of intimidation is not used against all SDF members.

3.3 According to Fru Ndi, genuine SDF members carry a membership card. The membership card includes the party logo, the motto and a ward. False membership cards however, can be obtained, usually by theft and occasionally from people that have lost their position in the party but do not return their documents but instead sell them to someone. SDF membership cards have also been obtained fraudulently in other countries. Fru Ndi has received reports that there is a business in Washington, USA that duplicates the membership cards then sells them for approximately US \$1,000 to people wanting to strengthen their asylum case.

3.4 Fru Ndi advised the delegation that SDF membership cards have been known to be used as part of the asylum claim for drug traffickers, criminals, and Cameroon People's Democratic Movement (CPDM) members. Fru Ndi is now the only one that checks the authenticity of SDF membership cards and endorses, if need be, asylum claims.

3.5 Fru Ndi added that people do occasionally ask to join the SDF just so they can get a membership card to improve their asylum claims in other countries. However, Fru Ndi stated that he refuses membership to such people.

Southern Cameroons National Council (SCNC)

3.6 A representative of the Southern Cameroons National Council (SCNC) informed the delegation that the SCNC was established in 1992 as a result of disagreements within the SDF. There are two factions of the SCNC, the genuine one and one that is being managed by the state to discredit the genuine one.

3.7 According to the representative of SCNC, the Southern Cameroonians had independence from 1954 until 1961. However, since 1961, there has been no dialogue between the government and the SCNC. It was also stated that in March 1999 President Biya proposed a referendum to solve the plight of Southern Cameroonians. However this has yet to be conducted.

3.8 The SCNC informed the delegation that many of its members are harassed, followed and occasionally beaten by the government security forces because of their alliance. SCNC members and their families are denied privileges in society, such as schooling and jobs. The SCNC are suppressed by the government and are offered bribes to keep quiet about their objectives.

3.9 Franca Nzoukekang of the Human Rights Defence Group (HRDG) stated that SCNC members are tried in military tribunals because these are not open to the public. The moment a person tries to advocate their rights, members of the ruling party as well as government authorities can order police to harass that person.

3.10 The SCNC representative said that President Biya stops the SCNC from holding meetings. On 1 December 2002 the Anglophones were celebrating Independence Day in Yoko when six people were killed by the authorities.

3.11 The source added that there has been no difference in treatment of Anglophones by the government since President Ahidjo was in power. Anglophones are leaving the country because of the harsh treatment that they receive. Anglophones suffer marginalisation, economic blockage (75 percent of resources come from the Anglophone province) and discrimination. The source stated that intellectual Anglophones have been “bought over” by the Francophones.

3.12 According to the SCNC, freedom of movement is a problem for SCNC members because they fear for their lives and are constantly being watched by government authorities. Every day there is a fear of being arrested. Government forces have been known to approach the wives of the members of the SCNC and offer them money in exchange for details about their husband’s activities.

3.13 Dr Chemuta Divine Banda, Chairman of the National Commission for

Human Rights and Freedoms (NCHRF) informed the delegation that SCNC members have contacted the Commission and it is accepted that they have suffered persecution. However NCHRF encourages SCNC members to inform the authorities of when they intend to demonstrate so that the authorities can make the necessary preparations. Dr Banda emphasised that NCHRF endorses peaceful demonstrations.

3.14 Jacques Franquin, a representative of United Nations High Commission for Refugees (UNHCR) in Cameroon stated that although in the past particular groups have suffered persecution by state authorities within the country, this is no longer the case. In the past members of the SCNC have faced harassment and inhumane treatment by the police. For example, between 1999-2001 there were some clashes between SCNC members and the police and some SCNC activists were jailed for their behaviour. However, the source was unaware of any SCNC activists still in prison today.

3.15 A representative of the SCNC informed the delegation that members of the SCNC are issued with a membership card, which includes the organisation's logo and motto. (See annex A)

Ambazonian Restoration Movement (ARM)

3.16 According to a representative of the SCNC, the Ambazonian Restoration Movement (ARM) has been set up by the Cameroon authorities as a fake Anglophone movement with the intention of discrediting the genuine objective for independence. The ARM has offices under the guise of the SCNC in Bamenda and has had demonstrations in Washington, USA. They claim persecution from the authorities and they produce letters to support asylum claims. The delegation was shown photographs of this (See annex B)

Southern Cameroons Youth League (SCYL)

3.17 A representative of the SCNC told the delegation that the Southern Cameroons Youth League (SCYL) was a separate organisation and had no connections to the SCNC.

4. Human Rights Groups and their Activities

4.1 Madeleine Afite of the Cameroon based human rights group Action by Christians for the Abolition of Torture (ACAT), informed the delegation that the situation for human rights organisations is very difficult in Cameroon. In order to operate legally within Cameroon, all human rights organisations are required to apply for licence. However, the Government authorities often make it difficult to obtain a licence by prolonging the application process.

4.2 Djeukam Tchameni, the Chairman of the Collectif National Contre l'Impunite (CNI), confirmed that on the surface there is freedom of association. However, Tchameni stated that when you set up a human rights group you need to declare yourself, and then the authorities give you a

document. If they do not give you a document, then you can be arrested at any time because you do not have the necessary documents. You can be detained for eight days and then taken in front of a court. It becomes costly for human rights organisations, as they have to pay the court fees each time. This is a method used by the government to destroy the human rights organisations.

4.3 Fr Mukengashayi from the Douala Archdiocese informed the delegation that human rights groups, and in particular the Catholic Church which has considerable independence, do have influence over the government. In contrast small NGO's have pressure put upon them by the government. This is not always direct pressure. It could constitute intimidation through threatening telephone calls. No complaints can be made, as these telephone calls would be anonymous and difficult to report.

4.4 Dr Hilaire Kamga of Nouveaux Droits de l'Homme (NDH) told the delegation that they have not registered any cases of human rights activists being persecuted because of their activities.

The National Commission for Human Rights and Freedoms (NCHRF)

4.5 Dr Chemuta Divine Banda, Chairman of the National Commission for Human Rights and Freedoms (NCHRF) and Nelson Ngayinkfu of the Bamenda branch of the same organisation informed the delegation that the NCHRF was established on 8 November 1990 with the understanding that political prisoners should be set free. It was set up by presidential decree and in 1991 20 members and 20 standby members were appointed. Members are appointed for a five year term, which is renewable. NCHRF is split between members and staff, and Bamenda is the first regional office created. NCHRF is organised into a general assembly, which is the main policy organ and an executive bureau, which is responsible for implementation.

4.6 According to Nelson Ngayinkfu, the NCHRF receives complaints of human rights abuses within the office and files are then made up. The complaint is considered and a remedy is searched for. The conclusion is either mediation or legal action. There are no legal officers within the branch but legal aid can be sought and can be financed. Some cases are taken to the state council and the ones that have serious legal implications are taken to the Prosecutor at the level of the government. In respect of illegal detention NCHRF have got involved and liberated such individuals.

4.7 Dr Banda, told the delegation that the NCHRF has come under strong criticism that they are too closely linked to the government and they are keen to lose this image. The "Paris Principle" gives guidelines that human rights organisations should not be government supported and a bill will go through Parliament in March to endorse this (a representative of the British High Commission later advised the delegation that due to pressure on parliamentary time the Bill should go through in June 2004). This will ensure that the NCHRF is restructured along the guidelines of the Paris Principle.

4.8 However, Franca Nzoukekang of the Human Rights Defence Group (HRDG) advised the delegation that all of the members of the NCHRF are Cameroon People's Democratic Movement (CPDM) members. She stated that NCHRF is a front for the government and therefore people do not have confidence in it.

4.9 Dr Banda, stated that the NCHRF's relationship with other NGO's was good and they try to co-ordinate all the groups in Cameroon. Nelson Ngayinkfu confirmed that the NCHRF provides an umbrella organisation over all the human rights groups within Cameroon. During their tour of the provinces they met human rights groups and they co-operate together. Human Rights activists who have been persecuted because of their activities are provided protection by the NCHRF, however their credentials are studied to ensure they do not want endorsement so they can claim asylum in another country. Of these type of asylum claims, NCHRF considers very few to be genuine.

Action by Christians for the Abolition of Torture (Action des Chrétiens pour l'Abolition de la Torture, ACAT)

4.10 Madeleine Afite of Action by Christians for the Abolition of Torture (ACAT) informed the delegation that ACAT was formed in 1993. In the past it has had over one hundred members, now it has less than 30 in the province of Littoral including two doctors. Due to the sensitivity of the contents of the cases, only five of the members have detailed access to all information.

4.11 Madeleine Afite told the delegation that ACAT deals mostly with torture cases in Cameroon. In particular domestic violence, prison cases, and the fight against impunity, as well as other minor issues. It also provides legal aid to those that can not afford to take action in such cases.

Nouveaux Droits de l'Homme (NDH)

4.12 Dr Hilaire Kamga of Nouveaux Droits de l'Homme (NDH) informed the delegation that NDH has three offices within Cameroon, in Yaoundé, Douala and Bafoussam. The NDH has seven permanent staff and twelve volunteers. The NDH has been working in collaboration with a group called Conscience Africaine (Africa Conscience, CA) since 1997. The collaboration aimed to focus on problems with the Cameroon government. The partnership can be summarised in a few programmes:

- Electoral programme
- Refugee assistance
- Education of Human Rights
- Information on torture in Cameroon

4.13 Dr Kamga told the delegation that the NDH gets assistance from the European Union (EU). The NDH has the status of consultant to the United

Nations (UN) and has been elected for the International Office for Peace based in Geneva.

4.14 According to Dr Kamga, in August 2002 France requested the expertise of NDH to look at the problem of asylum seekers originating from Central Africa. The NDH often provides information to various Embassies as well as UNHCR regarding asylum seekers. NDH produces individual reports to establish whether or not an asylum seeker is genuine. The reports are then used to make decisions on individual cases.

4.15 Dr Kamga stated that it is important to note that their relationship with the Cameroonian government had been very bad until 1997. Up until then several members of the NDH had been targeted victims of theft, as well as having two assignation attempts against them. However, since 1998 their relationship with the government has been tolerable.

Human Rights Defence Group (HRDG)

4.16 Franca Nzoukekang of the Human Rights Defence Group (HRDG) advised the delegation that the HRDG was established in March 1995 (when human rights abuses were high) to aid “prisoners without a crime” and to educate people about their human rights. In 1995 they initiated a public education programme. The HRDG have committees in all provinces except the south and they are willing and able to take legal action in response to people’s complaints. They have 80,000 members and the annual membership fee is 2000 CFA.

4.17 According to Franca Nzoukekang, their work had an impact on the government because they cry out loud whenever a human right is breached, therefore the government has to take action. She emphasised that free and fair elections are the answer to Cameroon’s human rights issues.

4.18 Franca Nzoukekang advised the delegation that in 1990 liberty laws were produced to placate the people. Nzoukekang stated that Cameroon was the worst country in the world for human rights abuses. She stated that there were good laws but they were not applied and that the rule of law was applied arbitrarily. The average Cameroonian is denied his rights.

4.19 Franca Nzoukekang told the delegation that since 10 December 2003 she has been in hiding because of the document that the International Federation for Human Rights (FIDH) produced. One of HRDG’s co-ordinators went to prison for five years on the charge of “cessation and disruption of separation”. This is not in the penal code but is similar to the “disruption of public order” charge. She further stated that government authorities occasionally harass their members.

Collectif National Contre l’Impunite (CNI)

4.20 Djeukam Tchameni, the Chairman of the Collectif National Contre l’Impunite (CNI) informed the delegation that CNI was set up in April 2001 in

response to the actions of the Operational Command. When the CNI was first formed the members were arrested and told they could not legalise the organisation because it did not conform to the law.

4.21 Tchameni stated that when CNI was set up it was announced on the radio that it was illegal, and that people should not join it otherwise they would be arrested. He further advised that the authorities harassed the less well-known members, which made it very difficult to get qualified staff. He advised that there is a hidden method of intimidation by the government and that CNI are trying to make it more open so international agencies can see it.

4.22 The source added that the CNI started off with 50 members, however many members are now overseas. The CNI issues membership cards (see annex C for example), and are happy to produce letters in support of asylum claimants if they are valid. These are signed by Tchameni or the Secretary of the group.

5. Bepanda 9

5.1 Fr Mukengashayi from the Douala Archdiocese informed the delegation that the families of the Bepanda 9 came to the Cardinal Christian Tumi and asked him to get involved. The Cardinal asked Fr Mukengashayi to handle the case. The Father went to see the suspects, of which some were arrested. The families also handed him letters that had been sent by the boys from the Military camp. One was sent on 29 January 2001 and was shown to the delegation. It reads that they had had no charges brought against them, that they had been accused of stealing and that they had been beaten with police sticks, and had injuries on their backs.

5.2 Fr Mukengashayi told the delegation that there were firing squads at Edéa, 60km outside Douala and that two members of the firing squad were Christians so came to talk to the Father about it. They said that “the children had died. We shot them”. The Father then wrote this in the “L’Effort” and following this the Minister in charge of Security asked him to go and see the President in Yaoundé. However the Secretary of State for National Security produced a report and so advised him that he didn’t need to see the President.

5.3 Fr Mukengashayi advised the delegation that there was a Military Tribunal, which declared no one guilty. Initially this trial was open to the public. The lawyer representing the families of the Bepanda 9 asked the Father and the Cardinal Christian Tumi to attend, however the Tribunal refused them.

5.4 Fr Mukengashayi informed the delegation that there is no further action on this case. A committee consisting of the families is still asking for the matter to be brought up again. However, as far as the Father was concerned, no other group had been set up in response to the Bepanda 9 incident. People now are focusing on the elections. The Father also stated that the Central Committee of CPDM have used rich influential people of the same ethnicity as

the Bepanda (Bamikele) to speak with the families and prevent the complaints. The families have contacted another lawyer. The woman who originally accused the nine of stealing the gas canisters has never been seen since the allegation.

5.5 Fr Mukengashayi added that the people who protested the treatment of the Bepanda 9 and who went on marches were beaten up. They were protesting every Sunday and were consequently beaten by the police with batons. They were arrested and detained for a day or two and then released.

5.6 Djeukam Tchameni, the Chairman of the Collectif National Contre l'Impunite (CNI) informed the delegation that in December 2001 CNI used the Belgium law to file a case against the President. He advised that none of the Bepanda 9 families wanted to go to court. However the Belgium lawyers found family members of those that have suffered living in Belgium and used them to testify. Tchameni's passport was confiscated on his return from Belgium making it difficult for him to travel so CNI transferred the office to Belgium. On 17 December 2003 the lawyers filed the case, however Belgium has been pressured to only accept cases from within Belgium. Only two members have filed a case.

6. Prison Conditions

6.1 A representative of the British High Commission advised the delegation that the legal system within Cameroon is a mixture of the French legal system and the common law system, and the detainee can be held for a 72 hour period. However this period is renewable.

6.2 Dr Banda stated that the NCHRF tries to prevent people being detained for longer than 24 hours, and ensures that they are not held longer than three months. Dr Banda stated that currently both levels of torture and detention are unacceptable.

6.3 Jacques Franquin, a UNHCR representative in Cameroon stated that respect for human rights within Cameroons prisons could be a problem. However, no specific group is particularly targeted. A large number of pre-trial detainees have been in prison for several years without having a trial. Most of the time, it is because the detainees cannot afford to pay the judges, magistrates and prison guards, not because of their political opinion. Those that do have sufficient funds are not detained for such long periods.

6.4 Madeleine Afite of ACAT informed the delegation that detainees are often refused access to lawyers whilst in police cells. If a prisoner cannot afford to pay a fine, they would be put into a cell with violent criminals as punishment. The more violent criminals are often left untouched because they have money to negotiate with the prison officials.

6.5 Fr Mukengashayi from the Douala Archdiocese advised the delegation that it is the custom for old prisoners to make new prisoners pay money for sharing the cell. This cell fee is 3200 CFA (£3.20).

6.6 Dr Banda informed the delegation that in respect of detention centres there are two main problems, congestion and prolonged detention without trial. Prolonged detention is as a result of few people able to do preliminary investigation, and few people to judge. However there is some evidence of Ministers trying to improve the situation. Dr Banda added that there is some political will, however resources are short.

6.7 A representative of the British High Commission informed the delegation that there are a lot of people within the prison who do not know the reasons for their confinement. Consequently the EU Commission is conducting a survey of all prisoners to find out why they are being held.

6.8 Dr Kamga of NDH, confirmed that the government has shown a readiness to improve the conditions of the prisons in Cameroon and problem of prolonged detention.

6.9 Madeleine Afite told the delegation that detainees in prisons have experienced torture from the prison officials. She has received reports that prison officials have used bastinado (in which the victims were beaten with police batons) and balançoire (in which the victims were hung up-side-down with their hands tied together and beaten). According to Madeleine Afite, the torture is often so severe that people have died as a result. Many prisoners, in particular children, have been shot or attacked with machetes whilst in prison and/or detention centres. Although families of the victims complain about the treatment of their relatives in detention, the autopsies are often hidden by prison officials so that it is difficult to prove that the prisoners were tortured whilst in prison. It is hard to complain or report such treatment to the authorities because there is no justice in Cameroon. For example, one doctor that worked in a prison in Cameroon had his medical identity card taken from him because he said "too much" about the torture that the prisoners had faced.

6.10 Madeleine Afite stated that although the amount of torture in prisons has reduced over the last few years, it still occurs systematically. Detainees are often tortured throughout the day and night. There is no difference in the treatment of political activists and ordinary criminals in detention in Cameroon. Nevertheless, it is often difficult to determine the reason why political activists are in prison. Their records often state another crime that the detainee says they did not commit.

6.11 Madeleine Afite further advised the delegation that there is no difference between criminal and penal offences in Cameroon. For example you could end up in prison for a crime that could be sorted out in a police station. People have escaped from the New Bell prison, many with the knowledge of the officials. They pay bribes to the prison guards or prosecutor. Once the detainee has escaped they often flee abroad for asylum.

6.12 The source added that there are few penitentiary centres for minors (under eighteen's). When children are stopped and arrested, those with

parents that can afford it, pay for their children to go to a penitentiary centre for young offenders rather than an adult prison. The children whose parents have no money are sent to prison with adults.

6.13 Within prisons NCHRF try to make sure that males are not detained with females, and children are not detained with hardened criminals.

6.14 Madeleine Afite told the delegation that the sub-directorship, which is located in the penitentiary centre, are responsible for monitoring the prisons to make sure that they are kept at the correct standard. However, the sub-directorship often take the money without carrying out any checks.

6.15 Nelson Ngayinkfu of the Bamenda branch of NCHRF informed the delegation that the NCHRF and other organisations make frequent surprise visits to the country's prisons in order to monitor the human rights conditions.

6.16 Dr Banda informed the delegation that NCHRF encourages training to sensitise those in charge of prisons, and to diminish the amount of people in prison. There are differences between the anglophone and francophone prisons and NCHRF try to harmonise the two.

Bamenda Central Prison

6.17 Sone Ngle Bome, the Superintendent of the Bamenda Central Prison, escorted the delegation around Bamenda Central Prison in order to observe the prison conditions. On the day of visiting, Bamenda Central Prison held 501 prisoners. Unlike other prisons in Cameroon there is a separation of prisoner categories in Bamenda Central prison. The categories and total number of prisoners in each category are as follows:

• Minors (under eighteen's)	-	23
• Female	-	12
• Pre-trial detainees	-	295
• Convicted criminals	-	171

6.18 Sone Ngle Bome informed the delegation that the prison doctor sees all of the prisoners when they arrive at the prison. However, the examinations are basic because the prison does not have adequate equipment to carry out thorough checks on the prisoners. At the time of visiting the prison the delegation saw only one patient in the medical ward.

6.19 The delegation observed that there was no wall around the prison so prisoners could walk out at any time. However, by doing this the prisoners risk being caught again. As a form of punishment and for security measures, the prisoners that have attempted to escape have chains linking both their feet so that they can walk but can not run. In terms of escapees, Bamenda Central Prison has the lowest figures in Cameroon despite having no wall. There were four escapes in four months from September to December 2003, compared to around 40 to 50 in other prisons during the same period.

6.20 Sone Ngle Bome advised the delegation that the prison conditions are not the best but in terms of the treatment of prisoners the prison officials try as hard as possible not to torture any of the prisoners.

6.21 Sone Ngle Bome told the delegation that he has worked in two other prisons in Cameroon. Mokolo and Mfou. In Mokolo prison 45 prisoners died in 1998 because of poor sanitary conditions and a food problem. A new system was consequently introduced in the prison letting prisoners clean the facilities themselves and soya beans were put in the food for nutrition. In 1999 the deaths in Mokolo Prison had fallen to four.

6.22 Sone Ngle Bome informed the delegation that in theory the amount of pre-trial detainees should be less than the amount of convicted prisoners but in practise there are far more pre-trial detainees than convicted criminals. The situation therefore should be better for pre-trial detainees but as a result of the huge backlog of cases to be heard in court, the pre-trial detainees are cramped in to a smaller area. Almost all of the pre-trial detainees have their own bed but some have to sleep on a mattress on the floor in cells. At the time of visiting more than sixty people were sharing one cell. No one is denied sleep and prisoners all sleep at the same time. All the cells are equipped with a television and a radio.

6.23 The delegation observed that Bamenda prison has a separate enclosure for women prisoners. During the daytime some of the female prisoners are allowed out of the prisons to sell items they have made in prison. They have to come back in the evenings.

6.24 The delegation observed that Bamenda Central Prison has a ward specifically for minors. The minors have much more space than the adults. At the time of visiting there were twenty-three minors in one cell. The prison has a school that is compulsory for minors to attend. There they work towards their school leaver's certificate and study subjects such as moral studies. Adults can also attend school if they wish and they study in a separate classroom to the minors.

6.25 Sone Ngle Bome informed the delegation that prisoners are able to set up small businesses in order to make some money to buy additional food. Bamenda Central Prison has a workshop where the prisoners can learn trades such as shoe and clothes making and metal skills. The prison is also equipped with a church, a computer room, and a poultry farm. The prisoners also have occasional access to a social worker on site.

6.26 Sone Ngle Bome added that 70 percent of the prisoners in Bamenda Central Prison are detained because of theft related crimes. There are no political prisoners in the prison as far as Sone Ngle Bome knows, but the real reason for being detained is not always written in their notes.

New Bell Prison, Douala

6.27 A medical representative in Cameroon informed the delegation that there are 3000 detainees at New Bell prison, Douala, and although the prison has many problems, overcrowding is its largest. It was built in the 1950's and is intended to hold between 600 and 800 prisoners.

6.28 A representative of the British High Commission informed the delegation that New Bell prison holds both convicted prisoners and those detained awaiting trial.

6.29 A medical representative in Cameroon informed the delegation that the medical complaints vary from tuberculosis, HIV and malaria to gastro-enteritis and diarrhoea. A lot of prisoners have open wounds, which have become infected. There are numerous cases of elephantiasis within the prison, and some prisoners still have bullets within their bodies. The medical examinations are conducted within the prison and there is only one doctor for eight prisons within the province. Prior to the year 2000 there were no doctors in the prisons at all. There is no capacity to give medical examinations for new prisoners and so often people arrive with unknown medical conditions.

6.30 According to a medical representative in Cameroon, the cell sizes vary from the largest cell, which can hold 150 people, to a small cell, which holds 20 people. As far as sleeping space goes there is enough to lie down as there are beds, bunk beds, and the floor. La Cooperation Francaise recently built toilets and shower blocks within the prison.

6.31 A medical representative in Cameroon told the delegation that the condition of the prison building is not good and in bad weather the building material disintegrates, and the dust from this causes respiratory problems. Furthermore epidemics spread quickly because of the hot, humid weather.

6.32 The source added that some prisoners were on death row; they had received a presidential pardon but were still held with those who have life sentences.

6.33 A medical representative in Cameroon advised the delegation that there is one free meal a day consisting of maize and beans (similar to porridge), and this is the same every day. The prison gets the same budget each year for food, but this does not take into account the amount of prisoners there are.

6.34 A medical representative in Cameroon stated that there have been a lot of escapes and some can be accounted to the fact that there are no prison vehicles so an outside visit to a doctor has to be taken by a taxi. Furthermore prisoners can and do climb onto the roof to get out.

6.35 A medical representative in Cameroon informed the delegation that New Bell prison's over capacity problem is further exacerbated by the fact that should anyone want to appeal they have to come to Douala. Although the problems that New Bell prison faces are the worst in the country they are representative of all the prisons in the country.

6.36 The UK delegation observed over-crowding and unsanitary conditions on its visit to New Bell prison, Douala. The delegation observed numerous cases of infected open wounds, elephantiasis, bullet wounds and poor health conditions generally. Several prisoners were stretched out on the hard ground with no ability to get up. There appeared to be little control over prisoners, and few guards were observed. Indeed in one part of the prison the delegation observed prisoners with whips in their hands to keep other prisoners away from particular prohibited parts of the prison. The delegation were advised that those awaiting trial were held in the same environs as those convicted and there appeared to be no segregation.

6.37 The delegation observed one development project headed by Sister Jackie that involved teaching the prisoners to make shoes and clothes. The room with which the training and work took place was incredibly small, and there was limited space for expanding. Within the prison there appeared to be no other rehabilitation projects and prisoners had set up stalls similar to roadside stalls, selling primarily food products to other prisoners. Two prisoners were noted with axes in their hands chopping wood and there appeared to be no supervision of this. Mass was held on Sundays and this was strongly attended. It was held in a large shack with wooden benches and the Priest came in to conduct the service. The choir consisted of prisoners from both the male and female prison.

7. People in Authority

Security Forces and the Police

7.1 Dr Chemuta Divine Banda, Chairman of the National Commission for Human Rights and Freedoms (NCHRF) informed the delegation that force is sometimes used to implement the law. For example, in respect of highway robbers in the north, police were told to disarm them rather than kill them. Therefore torture is used in response to public security.

7.2 In respect of torture Dr Banda stated that it is news to a lot of personnel in authority that torture has been made a crime and is punishable. His organisation encourages frank discussion, and as a result police officers have admitted using excessive control. NCHRF tries to encourage the police force to disable the criminals rather than kill those who present a threat.

7.3 A representative from the British High Commission informed the delegation that in July 2003, a motor-bike taxi driver was killed by a policeman for crossing a roadblock without stopping. The policeman threw a lump of wood at the driver, which knocked him off his bike. The act led to riots where a further five people were shot dead by the police. The policeman that killed the taxi driver was arrested but it is not known what has happened to him since.

7.4 Djeukam Tchameni, the Chairman of the CNI advised the delegation that ACAT claims 1000 people were killed during organised marches, in protest of the Bapenda 9 situation. Tchameni was aware of 100. In response to the

pressure from the CNI against the extra-judicial killings, one policeman was arrested and brought in front of a military court for his actions. He was consequently sentenced to one year in prison.

7.5 Dr Hilaire Kamga of Nouveaux Droits de l'Homme (NDH) informed the delegation that policemen who have committed human rights violations have been prosecuted for their actions. People are able to complain about police violations without having to fear persecution.

7.6 Dr Banda added that those that perpetrate torture have been punished by the law (325 police officers were sanctioned between 1995-2002), however NCHRF encourage reconciliatory action rather than legal. People generally don't want to go to court because of excessive lawyer fees.

7.7 Dr Kamga stated that not all police and magistrates are corrupt.

Operational Command

7.8 According to Djeukan Tchameni in 2000 the government had set up a special force to combat bandits called the Special or Operational Command. The Operational Command was under the leadership of the army general and it was made up of members of other forces such as the police force and gendarmerie. Tchameni was put on a committee in January 2000 to oversee the force. It seemed that a couple of months later those who were meant to fight crime became the criminals. These individuals were arresting people, taking them to locations, and contacting the family for a ransom. They were also involved in extra-judicial killings. Tchameni went to the General Prosecutor to complain and was told that he had orders from the Presidency to leave these individuals alone. He was told that these people were outside of the law. Tchameni explained that there is a direct implication that the President is aware of and condones such individual's actions.

Government Officials / Public Servants

7.9 Nelson Ngayinkfu of the NCHRF informed the delegation that FIDH's report is not representative of the real situation and that NCHRF stated that it is more likely that a particular individual is abusing his position rather than a state sponsored persecution. He gave examples of officers who have abused their positions and have been punished for it. A divisional officer was charged with an abuse of office and told to pay 300,000CFA (£300). There are numerous records of public servants that have been sanctioned because they have abused their positions. He emphasised that it is more to do with ignorance and that public officials do not know that what they are doing is wrong. The human rights violations are not as widespread as they used to be. Prosecution of those that have abused their power is not happening at the rate that they would like, but they are trying to improve that. Some people merely think they are doing their duties when beating prisoners. With education of human rights, abuses should reduce.

Human Rights Training

7.10 Dr Banda informed the delegation that every June they hold an assessment workshop to consider leading themes such as detention, torture, women's rights and children's rights. Within the workshop they bring together leading prison administrative officials, the police force, Human Rights groups, NGO's, members of the diplomatic committee, and members of the mass media.

7.11 Nelson Ngayinkfu advised the delegation that the NCHRF seeks to promote human rights as well and has public information campaigns. NCHRF focuses on education within schools and are planning radio programmes. On the international human rights day, 10 December, they hold organised events focusing on human rights.

8. Freedom of Expression and the Media

8.1 Fr Mukengashayi from the Douala Archdiocese informed the delegation that people can express themselves within Cameroon however the situation is controlled. Proof of this exists in the amount of authorisation that you need to get to do anything. His example for this was the Cardinal Christian Tumi's radio station "Radio Truth" which took 3 ½ years to set up. However now that it is set up it works 24 hours a day.

8.2 Fr Mukengashayi added that the situation with regards to the freedom of media has got worse due to the forthcoming elections and six to ten radio stations have been closed down, mainly in Bamenda. The reason given for this was that they did not have authorisation.

8.3 Puis Njawe, publisher of Le Messenger and press freedom fighter informed the delegation that not all things are bad in terms of press freedom in Cameroon. Due to international pressures, it is rare for a journalist to be victimised by the government. The government wants to show that they are democratic. However, the media are biased towards the government and articles in the newspaper are often reported in such a way to support the government.

Journalists

8.4 Puis Njawe added that the treatment of the press is very similar to the treatment of NGOs and opposition political parties. Ten to twelve years ago the government realised that there were problems associated with a free media so they created government organised media. However this did not succeed in stopping the victimisation of journalists. For many years, journalists have been suffering at the lack of press freedom. Due to intense censorship, newspapers would find themselves publishing half sentences as the other half had been blanked out by the authorities. They also had to provide a full specimen of the newspaper to get authorisation to publish.

8.5 Puis Njawe, advised the delegation that in January 1996 the government introduced press freedom laws. Since then newspapers can be published without having to provide a specimen beforehand. However, the police can seize the newspaper at any time. In theory the government can seize a newspaper for an article written three years ago. The government still has control over the newspapers and their contents.

8.6 Puis Njawe, told the delegation that if someone feels their reputation has been attacked in a newspaper article, then that person can sue the journalist that published the article. Previously the journalist had ten days to defend the contents of the article, now the journalist only has five days, and the tendency is to issue the writ on a Friday, ensuring there is even less time to defend the case. Previously there was only a window of six months within which you could sue a newspaper for libel, now it is three years, changed as a result of the press laws adopted in Parliament in December 1990.

8.7 Puis Njawe informed the delegation that many journalists have been attacked or victimised in Cameroon.

8.8 Puis Njawe advised the delegation that journalists do not have identity cards however there is a committee in charge of producing press cards. There is emphasis that this committee should be independent.

8.9 Puis Njawe informed the delegation that it has been known for policemen to pose as journalists in order to mingle with journalists and find out what they are reporting on.

Television and Radio

8.10 Puis Njawe informed the delegation that the press law of 1990 also focused on the audio and visual areas of the media (television and radio). It took ten years for the decree to be implemented. In April 2000 the decree was finally implemented because of pressures. However, there was a problem with the 2000 decree. In theory every one can broadcast but there are a lot of conditions to fill in order to get a licence from the Ministry of Communications. As a result of this process few licences have been granted.

8.11 Puis Njawe stated that in order to receive a licence the applicants must be able to produce evidence of the following:

- Technical conditions
- Tax
- Registration with the Ministry of Communication
- A fee of 500,000 CFA for radio or 10 million CFA for television
- Statute of station

8.12 Njawe added that radio stations cannot be owned by individuals only by organisations.

9. Women's Issues

9.1 Pauline Biyong from the League of Women and Child Education informed the delegation that many women do not know their rights. However, the situation has improved over ten years.

9.2 According to Pauline Biyong women now are better informed. She advised that in 2003 at the conference for "Women's Corporation and foundation" in Beijing, African Capacity Building Association was given a substantial amount of money for women, and that there were 20 women's associations represented.

Education and Development

9.3 Pauline Biyong informed the delegation that the League of Women and Child Education was set up in 1993 after Pauline Biyong became disillusioned with politics and her involvement with UNDP. She advised that after travelling to the USA and meeting the "League of Women's Voters" she decided to educate women and children within Cameroon.

9.4 Pauline Biyong advised the delegation that her focus is on civil education and that she is trying to improve the representation of females at posts such as Councillors and MP's. She encourages women to get involved with the elections and to vote for a leader who will change conditions for the better. The aim of the NGO is to change policy rather than focus on small projects. For four years she has been focusing on lobbying and advocacy. This involves communicating with letters and radio campaigns, pushing the government to get involved with certain campaigns. The NGO's main problems are financial means and organisation. She advised that the NGO is a foundation not a membership organisation. It is headed by herself but has a general consultative, co-operative, and associate role. As Pauline Biyong is also a businesswoman: the NGO is not reliant on donors. As an individual she is involved in many committees including Good Governance, the Fight against Corruption, Economics and Finance, and Education.

9.5 Pauline Biyong stated that she has her own paper called "la cite" which is presently preparing for the elections. Rather than being overtly political the paper strives to present the middle ground.

9.6 Pauline Biyong told the delegation that she has recently received computers from an organisation called New Technology Company (NTC). She has received 30 computers and intends to develop women and children's computer skills. The centre will be open on Wednesday afternoons for children as there is no school and the centre will charge 1000CFA (£1) for entry. The centre also teaches women and children how to set up small businesses such as hairdressing and car washing.

9.7 Pauline added that they have focused various projects on rural areas. For example for those women that are carrying heavy burdens on their heads, the

NGO has given carts so that their burden can be pushed rather than carried. Pauline Biyong stated that the rural areas are actually very well organised, they are just lacking in means. In these areas women have problems with credit and inheriting land. The emphasis is to change policies.

9.8 Dr Banda told the delegation that in respect of women's rights there is some progress, and that there is no gender discrimination when bringing up children. In some parts of the country however, parents give more priority to educating the boys than girls. The government is encouraging the education of both. There is free primary and secondary education for both sexes.

Female Genital Mutilation (FGM)

9.9 Dr Chemuta Divine Banda, Chairman of the National Commission for Human Rights and Freedoms (NCHRF) informed the delegation that with regard to Female Genital Mutilation (FGM) out of the 500 human rights complaints they had received last year, none were related to FGM. Nevertheless, FGM is practised in Cameroon, in particular the north and south-west provinces. It is believed that some women are too sexual, so FGM is practised to demoralise the women. It is typically practised before and after marriage. Churches are speaking out against the practise of FGM.

9.10 A representative from the British High Commission added that FGM is usually practised so that the women stop getting physical pleasure from sex, and therefore people think this will make them more faithful.

9.11 A diplomatic source within Cameroon explained that FGM is a relatively minor problem within Cameroon compared to other African countries such as Somalia. The source added that FGM occurs in three out of ten provinces in the east, southwest and far north. The government criticises such acts but does not prohibit them.

9.12 Pauline Biyong advised the delegation that the Association of Cameroon Female Doctors (ACAFEM) which is a female medical association deals with the problem of FGM in Cameroon.

Prostitution / Commercial Sex Workers

9.13 Roger Bracke, head of the regional office of the International Federation of the Red Cross and Red Crescent (IFRCRC) informed the delegation that the extent of commercial sex workers is one of their biggest concerns. There is an incredible problem of prostitution and Roger Bracke indicated that approximately 50 percent of secondary school aged girls would occasionally or regularly use prostitution to supplement their schooling. Over 50 percent of college aged girls would practice prostitution to get by. It is illegal, however there is an attitude of acceptance and tolerance. Females are arrested but then immediately released. There are a lot of incidents of occasional prostitution to make ends meet, and Roger Bracke suggested that if you ask ten males if they are faithful to their partners, one is likely to be so; four out of ten females would give the same answer.

9.14 Roger Bracke stated that prostitution is not organised and there are no pimps. It is more likely that the family will impose it on the girls. Roger Bracke stated that the average Cameroonian male would refuse to use a condom, and will pay more to do so. He stated that a good price would be 5000CFA (£5) but it is more likely that a payment of 1000CFA/2000CFA (£1-2) would be paid. In the rural areas even as little as 200CFA (20p), or on credit.

9.15 Roger Bracke added that most females would want to be out of prostitution but there is no financial alternative. Females are willing to protect themselves through the use of condoms however due to competition from other girls will be willing to have unprotected sex in order to secure the money. Sex is rarely discussed within the family, it is silently accepted that females have no choice but to turn to prostitution in order to support themselves.

Forced Marriages

9.16 A diplomatic source within Cameroon informed the delegation that forced marriages are considered a big problem in Cameroon. Such marriages are traditional and not civil and occur for females between the ages of 14 and 18. The marriages tend not to be civil because the birth certificate and marriage certificate has to be paid for. In addition to being too young to get married, the girls are not protected through the family law and have few rights. Such marriages usually occur in the north and far north, although the practice may occur throughout the country.

Domestic Violence

9.17 Dr Banda informed the delegation that domestic violence has resulted in one complaint to the human rights organisation and this was resolved via mediation. It is possible to take a domestic violence case to court.

9.18 Pauline Biyong advised the delegation that SOS is an organisation that deals specifically with women who have been beaten in Cameroon.

10. Children's Rights

10.1 Dr Banda, explained that in respect of children's rights there are 13 ministerial departments out of 30 which have programmes for children's rights.

10.2 A representative from the United Nations Children's Fund (UNICEF) based in Cameroon advised the delegation that the UNICEF operation in Cameroon is focused on providing awareness to and improving education and health for children in the country. UNICEF has introduced a five-year plan to tackle these issues. The plan was introduced in 2002 to improve the rights of the child, and categorises the child into three groups – 0-6 years, 6-12 years, and a cross cutting programme from 0-18 years.

Health

10.3 A representative from UNICEF informed the delegation that health care in Cameroon for children is not adequate. Although the immunisation programmes have improved considerably in the country, they are not yet at an acceptable standard. There is still a long way to go in promoting awareness of mother to child HIV/AIDS transmission and the spread of HIV/AIDS.

10.4 A representative from UNICEF advised the delegation that although the government has made efforts to reduce the price of essential drugs, the price is still too high for the majority of the population.

10.5 The source added that part of the five-year plan is to integrate survival of the young child. This part of the plan is aimed at 0-6 year olds and is focused on health issues such as nutrition, immunisation, breast feeding, reproductive health for mother and child and psychological help. The immunisation programmes are available in every village in Cameroon.

10.6 The source advised that another part of the programme is orientated towards adolescents and the promotion of HIV/AIDS control. The HIV/AIDS promotion introduced by UNICEF is set up in all provinces.

Education

10.7 A representative from UNICEF informed the delegation that the education system in Cameroon is not satisfactory and it could be better. However for that particular region of Africa it is satisfactory. The final part of the programme concentrates on 6-12 year olds. This part of the programme focuses more on education, particularly in the North. The enrolment of school children is not a problem in Cameroon, however, keeping the children in school to complete their education is a problem. The cost of keeping children in education is often too high for the families, especially female children, and UNICEF work to achieve equality in education.

10.8 Madeleine Afite of ACAT informed the delegation that according to the law primary education is free but in reality the parents of the children have to pay.

10.9 Dr Banda, Chairman of the NCHRF confirmed that primary and secondary education is free however he stated that textbooks and travel to school is not and this results in some street children.

10.10 Pauline Biyong from the League of Women and Child Education told the delegation that to develop children's rights she has created a theatre group. The theme of the theatre is electoral and she has the children acting the various roles within an electoral process. The attempt is to develop the children's education of the process and to encourage respect of the right to vote. This is one of the projects that her NGO encourages and with her

contacts outside Yaoundé these can be extended to the more rural areas, sometimes in partnership with other private and public companies.

Child Protection

10.11 A representative from UNICEF informed the delegation that there is a limited amount of protection for children in Cameroon. Many children are living on the streets, often because the families cannot afford to care for them. The government and various NGOs offer support in terms of social and psychological care. Education is in the form of a non-formal school, and the children receive birth registration rights so they can obtain identity cards.

10.12 The source stated that there are state orphanages that can care for the children although UNICEF are more in favour of strengthening family support and ensuring the child remains within the extended family.

10.13 Dr Banda advised that there are institutions within Cameroon that look after street children, and this would include runaways and orphans.

10.14 The UNICEF representative added that there are also many children in prison, sometimes in the same cells as adults. The child adult contact often leads to abuse and the spread of disease. The minimum age of detention is 10 to 12 years old and UNICEF involve themselves in ensuring the release of children from detention, although they recognise that this can leave the child in a more vulnerable position. The five-year programme aims to reintegrate the children back into society once they are released from prison.

11. People Trafficking

11.1 A diplomatic source within Cameroon informed the delegation that women are trafficked from Cameroon to Europe. They are usually duped into believing they will have a better life but are often trafficked to an abusive husband, or into prostitution. Trafficking is technically illegal but there is no legislation protecting people against it. Women being trafficked for prostitution is a sensitive subject as often the answer is that it is their choice for a better life.

11.2 A diplomatic source within Cameroon informed the delegation that Cameroon is a source, transit, and destination country for trafficked people. Furthermore internal trafficking particularly of children occurs. Children are trafficked for household labour, and boys are trafficked for construction sites and small production companies.

11.3 According to UNICEF, child trafficking is a problem. Cameroon is a source, transit, and destination country for child trafficking, although the Cameroon government believe it is a transit country only. UNICEF believes that children are trafficked from the north of the country to Yaoundé and Douala to work on the streets or as servants. UNICEF states that there are no figures indicating the magnitude of the problem however a survey is being

conducted. UNICEF is also aware that children are being trafficked to Europe. UNICEF is helping the government to take responsibility for promoting the rights of the child, and to ensure legislation is in line with international conventions.

12. Homosexuals

12.1 A letter from the British High Commission dated 19 November 2003 noted that the relevant article (347a) in the Penal Code of Cameroon, headed "Homosexuality" reads as follows:

Anyone who has sexual relations with a person of their own sex is punishable with imprisonment for between six months and five years and a fine of between CFA 20,000 and CFA 200,000. (*rough translation*) [2a]

12.2 The British High Commission stated that this appears in the section of the Code dealing with crimes against children and the family. In practice, the British High Commission knew of few, if any, cases of prosecution under this Article. The authorities would be unlikely to bring such prosecutions; the only sexual offences that are regularly prosecuted are offences against minors and rapes. [2a]

12.3 The British High Commission explained that homosexuality as a social issue is discussed little in Cameroon. There is certainly an established male homosexual community in the urban areas (the British High Commission is less certain about a female one). Certain bars and clubs in Yaoundé, Douala and other towns are known as places where homosexual men gather. In the urban areas, homosexuality is tolerated (though public displays between homosexual men or women are very rare). However, the British High Commission doubts whether men (or women) in the urban context are ostracised or persecuted socially because of their sexuality. [2a]

12.4 The source added that in rural areas, the situation is rather different. There, homosexuality is regarded as abhorrent, and anyone who is discovered to be homosexual is likely to be expelled from his/her community. [2a]

12.5 As a general premise, the British High Commission regards it as improbable that being homosexual would be likely to constitute good grounds for claiming asylum. EU Heads of Mission had a brief exchange of views on this a little while ago: the consensus was that claims were ill founded, and worked up by applicants simply because they thought they would be viewed favourably. The Minister Amadou Ali said that applications based on the claim that homosexuals would be persecuted if returned to Cameroon was nonsense. The government was not interested in pursuing homosexuals per se. [2a]

12.6 A diplomatic source within Cameroon informed the delegation that homosexuals received some societal bias, which the government would

reinforce but not to the degree that it would amount to persecution. The source further noted that they were unaware of any prosecutions of homosexuals for their activities.

13. Tribes and Chiefdoms

13.1 Dr Hilaire Kamga of Nouveaux Droits de l'Homme (NDH) informed the delegation that without a doubt, gruesome human rights violations do exist, particularly in the northern part of the country. People are tortured within tribes and chiefdoms in Cameroon by 'Lamidos' (the highest authority within the tribe). Such abuses include slavery and being chained up. Dr Kamga also reported that he had heard cases of dead bodies being used as fertiliser for the land. NDH have launched a campaign to make the international community aware of the human rights abuses committed within Cameroon's tribes.

13.2 Dr Kamga explained that the reasons for the various human rights abuses within the tribes are because no one has the right to disobey the Lamido. If a member of the tribe resists an order they are put into a prison, which is in the tribal village. In the tribal villages the law is not respected. The Lamido has supreme authority and often acts without government intervention. During the time of colonisation the northern part of Cameroon was not subjected to the law. Muslim law suppressed people who lived in the north. State authority in Cameroon is disappearing and the Lamido is gaining authority once again.

13.3 Dr Kamga informed the delegation that the human rights violations that occur within tribes mainly occur in the north of Cameroon. Most of the human rights cases in Cameroon do not come directly from the government. Lamidos have power over their subjects and the government gives Lamidos freedom in return for the support of the village in the elections. Therefore the government turns a blind eye to the human rights abuses.

13.4 Dr Kamga added that human rights violations within tribes are more prevalent in the north. The Lamido of Tcheboa is alleged to have his own prison in the village. The Lamido jails anyone that disobeys an order. The Lamido in the Rayeouba tribe also has a lot of power and is responsible for human rights violations.

14. Ethnic Group

14.1 A diplomatic source within Cameroon informed the delegation that most incidents of discrimination do not amount to a level of persecution. Pygmies were an example of such discrimination but that this was societal and not government persecution.

Anglophone and Francophone Relationship

14.2 A UNHCR representative based in Cameroon informed the delegation

that without a doubt there is some kind of tension between the francophone and anglophone people but the tension does not amount to persecution.

15. Medical care

15.1 A representative of the World Health Organisation (WHO) in Cameroon informed the delegation that the population of Cameroon is approximately 16 million, of which 50.8 percent are women and 46 percent of which are children under 15. The average life expectancy during 2001 was 59 years. Maternal mortality the same year was 430 per 100,000 life births.

15.2 WHO also informed the delegation that a district health system was introduced in Cameroon in 1995 and as a result a total of 144 health districts were created. The district health system operates on a pyramid structure at three levels:

- Central level (more specialised)
- Intermediary/provincial level (offers technical support)
- Peripheral/district level (has contact with the population)

15.3 WHO advised the delegation the Heavily Indebted Poor Countries (HIPC) initiative 2000 was set up to observe poverty reduction and health problems. HIPC was finally adopted in November 2001. It concentrated on the fight against diseases such as HIV/AIDS, malaria, tuberculosis, leprosy, cholera, polio, yellow fever and measles; reproductive health, in particular pregnant women and children; health promotion; and access to essential drugs. Approximately 80 percent of the population have taken a drug for an illness even though it may not be the correct treatment. This is because sometimes the patient is prescribed the wrong drug or it is more likely the patient cannot afford the proper drug. About 40 percent of the population go to the street dealers to get medicine.

15.4 According to a representative of the WHO, major health problems remain throughout the country but steps are being made to improve the water, hygiene and sanitary conditions, and housing and national literacy. The health determinants are low purchasing power of the population, and a low level of literacy. The problems relating to the performance of the health system are personnel de-motivation, the "brain drain" (exodus of academics), and the co-ordinating of the health sector.

Hospitals and Medical Staff

15.5 A representative of the WHO stated that the health system as a whole is currently being revised and more recent figures will be available after the revision. However, with regards to the number of health centres and hospitals within Cameroon, the figures taken in 1999 are as follows:

- 1952 Health centres: basic primary health care units for minor uncomplicated diseases. The health centres are generally run by senior nurses.
- 322 District hospitals: constitute the first reference units for health centres. The district hospitals are run by physicians. They have minimum equipment to take care of some emergencies (including surgery) and can treat a number of complications not treated at the health centre level.
- 9 Provisional hospitals: secondary reference units having most general and some specialised services that are not available at district level.
- 8 National hospitals: tertiary reference unit that are intended to take care of most specialised cases, in order to limit the number of evacuations to foreign country facilities.

There are also a number of private hospitals and military hospitals in Cameroon.

15.6 According to a representative of the WHO, all the national hospitals and some provisional hospitals provide specialised care in most medical fields, including cancer, HIV/AIDS, tuberculosis, cardiovascular disease, eye, ear, nose and throat diseases, as well as many other diseases/illnesses.

15.7 WHO stated that health centres are found mostly in the remote rural areas but health centres do exist for primary care in towns. District hospitals are also found, mostly in rural areas but do occur in the urban areas. Approximately, 75 percent of health centres and district hospitals are found in the rural areas. Provincial hospitals on the other hand are mainly found in the urban areas, specifically in the province capitals. The national hospitals are located in the two main towns, Yaoundé and Douala.

15.8 WHO also informed the delegation that in Cameroon there is approximately one doctor per 10,000 people and one nurse per 2,250 people.

Availability of Treatment

15.9 A representative of the WHO informed the delegation that essential medicine is generally available in most public health facilities and non-profit health organisations run by the church. The actual amount of available medicine is up to 75 percent. However, it is only available to approximately 50 percent of the population because many people cannot afford to pay for the drugs or prefer to go to the traditional healers. This is indicated by the fact that of all drugs prescribed, only 50 percent are dispensed.

15.10 Roger Bracke, head of the regional office of the International Federation of the Red Cross and Red Crescent (IFRCRC) informed the delegation that many people cannot afford basic treatment, and that doctors charge the

consultancy fee but then ask for more to supplement their income. He stated that only about 10-15 percent of the population can afford to pay the price for treatment. The rich-poor divide is particularly evident when it comes to medical treatment. Modern medicine is available to treat all illnesses or conditions, but at a considerable cost.

15.11 However, a representative of the WHO informed the delegation that they are trying to organise, with the government, reduced prices for essential drugs.

15.12 WHO advised the delegation that cash payment is generally required prior to a medical consultation. However, further payment is required as the treatment continues for the purchase of drugs, laboratory tests, service and hospitalisation fees.

15.13 Alice Djitik Tchomte of Medicines sans Frontiers (MSF) confirmed that patients must give cash payments to the hospitals / health centres before receiving treatment. There is a military hospital in Yaoundé that is managed by sisters. Here treatment is cheaper but not free. However, often people use traditional medicines to treat diseases/illnesses because they can not afford conventional treatment.

15.14 Madeleine Afite of ACAT informed the delegation that hospitals offered a better standard of treatment to those that can pay a fee. Even with contributions from international organisations, many people are dying from poor or no treatment in Douala Central hospital.

15.15 WHO informed the delegation that on occasion the Minister of Health will refer a particular individual to another country for medical care. Sometimes this will be sponsored.

15.16 Alice Djitik informed the delegation that psychologists and social workers are available in Cameroon for patients. There are many medical NGOs in Cameroon offering assistance and care to patients.

Traditional Healers

15.17 A representative of the WHO informed the delegation that the government has integrated traditional healers into the health system. It is estimated that 60 to 70 percent of the population go to traditional healers. At the provisional level there are organisations watching the traditional healers but there is still a big problem of people relying on them. There is no national regularisation of the traditional healers and it is hard to differentiate between those that are effective and that those that are not.

15.18 The sub-director of mental illness in the Ministry of Health, Dr. Dipoko, advised the delegation that traditional healers are more prominent in the north, west, north-west, south and south-west of the country.

HIV/AIDS

15.19 A representative from the National AIDS Control Committee (NACC) informed the delegation that there are 40 people working within the central committee in Yaoundé and that they co-ordinate and manage the control of AIDS throughout Cameroon.

15.20 According to the NACC representative NACC works on improving communication, change of behaviour, and social marketing. Its objective is that Cameroonians should have a positive attitude towards HIV/AIDS. Within this they have three main missions:

1. Promoting prevention means through abstinence, faithfulness, and the use of condoms.
2. Encouraging people to attend free screening tests – which is fundamentally the first stage of care for AIDS.
3. Encouraging people to live and support people with HIV/AIDS i.e. solidarity.

15.21 To achieve these missions, there are three main directions:

1. Communication through radio, TV, papers, and billboards
2. Interpersonal communication i.e. face to face. This method has been emphasised since last year, and will be developed in the next 2 years.
3. Commonly used products to pass on message i.e. exercise books, match boxes, postal services, SMS on mobile phones.

15.22 Moreover NACC use national events to bring together a large amount of people. As a consequence of these measures more people are aware of contamination and prevention means.

15.23 A representative from the NACC stated that they now need to go beyond this to get the population to change their behaviour. This is intended to be done through face to face communication to encourage people to be concerned about their behaviour, and to help them take control within their lives. In order to achieve this, NACC intends to get a consultant who will assist in putting in place this specific communication. NACC also works with UN departments such as UNESCO, UNICEF and they have a contract with BMSE (a local marketing company) to market their condoms. A further project is to send conventions to local radio stations to speak in local dialects, and to use Public Service Information to target specific groups such as youths, women, and truck drivers. One of their objectives is to distribute 50 million condoms in 2004.

15.24 Roger Bracke of the IFRCRC stated that condom distribution is significant however little is done to educate the public about how to use condoms.

15.25 A representative from the NACC added that there is a division called the Local Response Division. The main mission of this division is to assist the

local community in dealing with concerns; preparing for and actioning the fight against AIDS, and to provide support for those that are affected. In this way the community is participating and contributing to more appropriate behaviour. Initially NACC contributed financially to 5000 communities. Out of that 5000, they were able to mobilise 4490, and within this about 3000 already have an action plan. 60 percent of this number actually implemented their action plan. The main problem within the communities was changing people's belief that AIDS was not a real threat, and encouraging solidarity with people who have AIDS. In order to alleviate this concern NACC intends to put into post liaison officers. This would focus the progress of communities, and they would work together as a chain throughout the country. The Liaison Officer role would be to emphasise the cause of transmission, to provide capacity building within the community, and to provide social support and motivation for those with AIDS. NACC emphasise that this is the key point to the programme and that of the \$50 million US loan which was given for the years 2001-2005, half is going to be spent on this area. NACC stated that \$3000 US is going to be spent per community.

15.26 The NACC stated that it works in partnership with the private, the public, and the NGO's within Cameroon. Within the private sector they involve those enterprises that have over 500 workers, and they would ensure that people working with those with AIDS would receive training and management skills. They would encourage the protection of workers rights, encourage a code of conduct to be set up, and try to prevent stigmatisation. They encourage active engagement, which would involve the enterprise to visit the home of those living with AIDS, and for those living with AIDS to help enterprises to organise their activities. In the future NACC intends to target smaller enterprises, roadside businesses, and trade unions.

15.27 A representative from the NACC informed the delegation that in 1996 the prevalence rate for those with AIDS was 0.5 percent, in 2000 it was 11 percent and in 2001/2003 it was 11.8 percent.

15.28 WHO confirmed that approximately 12 percent of the population have HIV/AIDS.

15.29 Roger Bracke also confirmed that about 12 to 13 percent of the population have HIV/AIDS. The source added that the rate of HIV/AIDS is already high enough to be a problematic figure and it is still on the increase. It indicates that the disease affects the general population rather than specific at-risk groups. He added that HIV/AIDS is a problem that has been discovered fairly recently in Cameroon.

15.30 The NACC representative informed the delegation that the first case that was reported was in 1985, and in 1986 there were 29 cases reported. Presently there are estimated to be 210,000 orphans as a result of AIDS deaths. NACC is actively involved in getting up to date statistics through a sample of 11,000 households. NACC informed the delegation that between 30 to 40 hospital beds were being taken up by those with AIDS.

15.31 A representative from the NACC advised the delegation that NACC focuses on two elements of protection: prevention and care. Within prevention they focus on free screening tests, and they have put in place centres for free screening. There are currently 11 centres working. They also encourage security of blood in various transfusions and they are training lab technicians so that all the blood used is not infected. They further stated that a law has just been passed to regularise the transfusion of blood. They are also involved in the prevention of AIDS transmission from mother to child, and there are 160 centres taking care of this aspect. These centres can be found in both the public and private sector. They provide free preventative drugs such as Anti-Retroviral Drugs (ARV) in the prevention of transmitting the disease from mother to child. Within the care remit, NACC has worked with the government to considerably reduce the price of ARV drugs. ARV drugs are currently 15,000 CFA (£15-20) a month whereas previously they were 350,000 (£350). They are working on an equitable strategy for access to drugs. NACC currently has a pilot programme which works in five treatment centres which has taken care of 1025 people within 18 months. Other treatment centres have received substantial funds and have been able to take care of 2500 people over 13 months. With help from the global fund 36,000 people can now receive ARV drugs for 5,000 CFA (£5) per month. Overall 80,000 Cameroon citizens have access to ARV drugs. NACC stated that by 2009 it is their target to ensure that 50 percent of people will be eligible to ARV drugs for 5,000 CFA (£5) a month. A representative from NACC stated that there is political will to provide care and protection for those people living with AIDS.

15.32 WHO added that nearly 21 ARV treatment centres are spread throughout the country, ensuring HIV/AIDS case management to patients, including counselling before and after screening tests; laboratory controls for CD4 cells and other exams prior to treatment; procurement of ARV drugs at low cost (\$31 to \$60 US per month) as well as follow up tests. Only lab tests remain quite expensive to patients but not unaffordable.

15.33 Roger Bracke stated that there is access to ARV and the government contributes to a large cost of these medicines. There is a serious willingness on the part of the Minister of Health to contribute further. However in addition to the problem of expense, there are also the problems of prescription, monitoring, lab tests on the drugs, and support of the people. In respect of prescription Roger Bracke stated that there may be no one who can prescribe the treatment or a reluctance to prescribe it as the patient may not be able to follow the treatment.

15.34 Alice Djitik Tchomte of Medicines sans Frontiers (MSF) informed the delegation that MSF has been present in Cameroon for three years. She added that MSF operate from the military hospital in Yaoundé where they offer screening and treatment to about 400 HIV/AIDS patients. MSF also have a similar project in Douala at Nylon district hospital and Akonolinga medical centre. MSF encourage patients to be responsible for themselves and to pay 5,000 CFA per year for treatment. However if the patient is too poor to pay for the treatment, MSF will take over the costs. Blood screening is provided free of charge.

15.35 NACC stated that their main source of funds is from the World Bank which provides 80 percent of the budget – a loan of £37 million over a four year period. The Cameroon government has put in £2 million.

15.36 Roger Bracke informed the delegation that the First Lady is billing her image on the fight against AIDS within Cameroon. The National AIDS programme is not as efficient as it should be, and there is still a lot of work to be done. Local AIDS committees have been promised financial support which is still outstanding, and there is great emphasis on getting agreements signed by large companies to commit to policies of protection, prevention and training workers on HIV/AIDS however these commitments lack depth and complete understanding. They focus on quantity and not quality and few receive financial support for the programmes. Very few companies signed the proposed agreements, and many of those that did, do not honour their part of the agreement.

15.37 Roger Bracke added that the advertising campaign is immense and has reached even the small communities. The delegation observed numerous posters warning the public about AIDS throughout the areas they visited.

15.38 Pauline Biyong from the League of Women and Child Education informed the delegation that her organisation has a general campaign for AIDS rather than a specific one. She focuses on increased awareness. She stated that the government's attempts have not changed anything. The President's wife, Madame Biya, has started to campaign for the fight against HIV/AIDS and more people are prepared to listen now.

Buruli Ulcers

15.39 Alice Djitik Tchomte of Medical sans Frontiers (MSF) told the delegation that they offer free treatment for Buruli Ulcers in four centres in Cameroon. Akonolinga medical centre in Douala provides treatment in co-operation with Aide sux Lépreux Emmaüs-Suisse (A Swiss Agency helping with Leprosy, ALES).

Malaria, Tuberculosis and Cholera

15.40 WHO explained to the delegation that most transmissible diseases, including malaria, can be treated in nearly all health facilities in Cameroon. Tuberculosis can be treated in approximately 150 treatment centres in all of the provinces in Cameroon. Treatment for tuberculosis is provided free of charge for patients by WHO and the Global TB Fund. Cholera can be treated at all levels of the health care system and measures have been put in place to avoid the spreading of the disease.

15.41 According to Alice Djitik Tchomte of MSF there were 29 cases of cholera in Douala, of which seven people died in 1997. MSF is working with the Minister of Health to assess the situation and to provide intervention.

Kidney Illness

15.42 According to WHO, there are at least three high standard hospitals that can provide kidney dialysis, the Central and General hospitals in Yaoundé and the General hospital in Douala.

Diabetes

5.43 According to WHO, diabetes can be treated in most of the health care facilities in Cameroon. However, insulin is fairly costly.

Cancer

15.44 WHO advised the delegation that cancer treatment, including chemotherapy, is available in Cameroon but at a cost.

Epilepsy

15.45 WHO informed the delegation the treatment for epilepsy, such as Valproilic Acid is available in Cameroon.

Vaccination Projects

15.46 Roger Bracke, head of the regional office of the International Federation of the Red Cross and Red Crescent (IFRCRC) informed the delegation that the Federation is involved in vaccination projects such as polio. The Ministry of Health provides the drugs; the Federation helps with the training and organisation of the manpower.

Mental Health Treatment

15.47 The sub-director of mental illness in the Ministry of Health, Dr. Dipoko, stated that there is no strict mental health policy in Cameroon at the present time. For the last twenty years the mental health treatment has been very specialised. However, the government is currently in the process of carrying out a programme that concentrates on mental health promotion and training activities to 2010. The programme aims to promote:

- Preventative measures
- Curative activities
- Rehabilitation (through the Ministry of Social Affairs)

15.48 According to Dr. Dipoko, problems of alcoholism, drug abuse and tobacco addiction are also covered in the health programme.

15.49 Dr. Dipoko advised the delegation that the programme aims to reduce mental illnesses made worse by the lack of emergency care, such as response to road accidents and poverty. The Ministry of Health has already started to implement an emergency health system.

15.50 According to Dr. Dipoko, only some patients with mental health problems are admitted to hospital, but many are not. There is a lack of specialised personnel in the mental health field. In the whole of Cameroon there is one GP that deals solely with mental health treatment; five psychiatrists that are not available all of the time; and no more than 30 specialised nurses. The specialised care is available in four public service hospitals:

- Jamot Hospital, Yaoundé
- Laquintinie Hospital, Douala
- Garoua Hospital, North (small unit within the provisional hospital)
- Maroua Hospital, Far North

15.51 A representative for the World Health Organisation (WHO) informed the delegation that mental health illnesses can be treated in Cameroon. Mental health treatment is available in the hospital in Yaoundé and Douala as well as private institutions and military hospitals. Brand named drugs are used to treat mental health illnesses but are very expensive. Specialists have little confidence in generic drugs. Many sufferers are taken care of by their family.

15.52 Dr. Dipoko confirmed that treatment is also available in private hospitals and medical centres throughout the country. In Yaoundé and Douala there are missionary hospitals which provide care. One doctor even offers treatment from his home. Some doctors and psychologists as well as universities and priests offer counselling.

15.53 The source told the delegation that traditional healers offer care for a number of people suffering from mental health illnesses. Some patients are treated very well by the traditional healers and are kept in care for quite a time.

15.54 Dr. Dipoko added that the main problem with mental health treatment is the lack of equipment, such as diagnostic equipment and personnel. There are a few psychologists in Cameroon but most don't work in the field of public health. Most work in private practices. He added most treatment for mental health illnesses are available in Cameroon. For example:

Treatment for Post Traumatic Stress Disorder (PTSD)

- Diazepam – Valium®
- Benzodiazepam, Tranxene®, Lysanxia®
- Atarax® and others

Treatment for Paranoid Schizophrenia

- Fluphenazine
- Haloperidol

Victims of Torture or Rape

15.55 A representative of WHO informed the delegation that to his knowledge torture and rape are rare events in Cameroon. However, victims can be treated in most health care facilities at a cost. Treatment also includes mental health care if required.

Emergency Treatment

15.56 Roger Bracke advised the delegation that emergency treatment cannot be provided because of distance, lack of ambulances, and that there is only one mobile intervention team which is in Yaoundé. The situation is worse in the rural areas of the country.

16. Treatment of Refugees

16.1 Jacques Franquin, a representative of United Nations High Commission for Refugees (UNHCR) based in Cameroon informed the delegation that there are just over 60,000 refugees currently residing in Cameroon. 17,000 of which arrived in 2002 and settled in the north-west under the protection of UNHCR.

16.2 The rest are urban refugees and are split between Douala (one-third) and Yaoundé (two-thirds). 30,000 refugees originate from Chad. In 1992 to 1993, following the fall of the Chadian President, about 80,000 Chadians sought asylum in Cameroon and camps were opened in the north to house the refugees. In 1996 there was an amnesty in Chad and half of the refugees returned to their home country. The camps were subsequently closed and the remaining refugees moved to Douala or Yaoundé.

16.3 The source added that there are about 17,000 to 18,000 refugees currently in Yaoundé and 6,000 refugees in Douala.

16.4 According to Jacques Franquin, since June 1994, the government has not issued refugees with identity cards. UNHCR issue documents with the UN logo, but they are not official Cameroon documents. However, refugees that can produce the UNHCR document do not face harassment from the Cameroon authorities.

16.5 However, Madeleine Afite of ACAT informed the delegation that refugees have a particular problem in Cameroon. The identity cards that refugees carry around are often taken by the police and either destroyed or used to bribe. Once they recognise a person as a refugee then they are continuously targeted for harassment.

16.6 Jacques Franquin informed the delegation that the job opportunities for refugees in Cameroon are very limited. Locals often exploit refugees. UNHCR has a health dispensary and provides health care to the refugees.

17. Treatment of Returned Failed Asylum Seekers

17.1 Jacques Franquin, a representative of United Nations High Commission for Refugees (UNHCR) based in Cameroon informed the delegation that although many Cameroonian asylum seekers have been returned to Cameroon, he is not aware that any have been arrested or harassed on return. There is no international organisation in the country that deal with the return of failed asylum seekers. Allegations have been made that some failed asylum seekers that have been forced to return to Cameroon have since disappeared, but there is no confirmation of this. It is possible that they may have been trying to seek asylum in another country.

18. Cameroonians Seeking Asylum Abroad

18.1 Dr Hilaire Kamga of Nouveaux Droits de l'Homme (NDH) informed the delegation that the NDH avoid coming to a conclusion on cases of Cameroonians that are claiming asylum abroad but at the same time aim to make sure that those that put forward fake claims are not ruining the chances of those with genuine reasons. The four most common reasons used by Cameroonians when claiming asylum are as follows:

- Persecution after elections
- SCNC membership (most used reason)
- Treatment by members of the Operational Command, with particular reference to the Bepanda 9 case (less relevant)
- To a certain extent - freedom of expression. For example being pursued because they are affiliated with an opposition political leader.

18.2 He added that only about 20 percent of asylum seekers using those reasons are genuine.

18.3 Jacques Franquin, a representative of United Nations High Commission for Refugees (UNHCR) in Cameroon stated that money is the major interest of the country. For instance, it is money that can buy a person a job and not their qualifications. Many people are well educated but there are few jobs for people with degrees. Many Cameroonians have lost their motivation and want to move abroad. Many people dream of living in the western world.

18.4 Sone Ngle Bome, the Superintendent of Bamenda Central Prison informed the delegation that many people claim asylum in other countries because many of them are well educated and some have PhDs, but they cannot get jobs in Cameroon. People in the country get jobs because of who they know rather than because of the qualifications they have.

19. Individuals and Organisations consulted

A diplomatic source within Cameroon.

A Medical Representative, Cameroon

Afité, Madeleine, Representative of Action des Chrétiens pour l'Abolition de la Torture (ACAT) *Action by Christians for the Abolition of Torture*, Douala.

Banda, Dr. Chemuta Divine, Chairman of the National Committee for human Rights and Freedoms (NCHRF) *Comité National des Droits de l'Homme et des Libertés (CNDHL)*, Yaoundé.

Biyong, Pauline, President and founder of the League of Women and Child Education, Yaoundé

Bome, Sone Ngle, Superintendent of Bamenda Central Prison, Bamenda.

Bougou, René, Representative of the World Health Organisation (WHO), Yaoundé.

Boyer, Jacques, Representative of United Nations Children's Fund (UNICEF), Yaoundé.

Bracke, Roger, Head of the Regional Office of the International Federation of the Red Cross and Red Crescent (IFRCRC), Yaoundé.

Dipoko, Dr. Sub-Director of Mental Illness, Ministry of Health, Yaoundé.

Fru Ndi, Ni John, Chairman of the Social Democratic Front (SDF), Bamenda.

Kamga, Dr. Hilaire, President of Nouveaux Droits de l'Homme (NDH), Yaoundé.

Léonard, Mbam Mbam, Representative of the World Health Organisation (WHO), Yaoundé.

Mbouzeko, Raymond, Representative of the World Health Organisation (WHO), Yaoundé.

Mukengashayi, Father, Douala Archdiocese, Douala.

Muluh, Dr, Ticha Johnson, Representative of the World Health Organisation (WHO), Yaoundé.

Ngayinkfu, Nelson, Representative of the National Committee for Human Rights and Freedoms (NCHRF) *Comité National des Droits de l'Homme et des Libertés (CNDHL)*, Bamenda

Njawe, Pius, Publisher of Le Messenger Newspaper and Press Freedom Fighter, Douala.

Nzoukekang, Franca, President of the Human Rights Defence Group (HRDG), Bamenda

Representatives of the British High Commission (BHC), Yaoundé

Representatives of the Southern Cameroons National Committee (SCNC), Bamenda.

Rose, Dr. Ngoni Mballa, Representative of the World Health Organisation (WHO), Yaoundé.

Sister Jackie, working within New Bell prison

Tchameni, Ndjeukam, Chairman of Collectif National Contre l'Impunite (CNI) *National Committee against Impunity*, Douala.

Tchomte, Alice Djitik, Representative of Medicines Sans Frontiers (MSF), Yaoundé.

Zekeng, Dr Leopold, National AIDS Control Committee (NACC), Yaoundé.

20. Abbreviations

ACAFEM	Association of Cameroon Female Doctors
ACAT	Action des Chrétiens pour l'Abolition de la Torture, (Action by Christians for the Abolition of Torture)
ARV	Anti-Retroviral
CFA	Franc de la Coopération Financiere Africaine
CNI	Collectif National Contre l'Impunite
CPDM	Cameroon People's Democratic Movement
EU	European Union
FGM	Female Genital Mutilation
FIDH	International Federation for Human Rights (la Fédération internationale des Ligues des droits de l'Homme)
HIPC	Heavily Indebted Poor Countries
HRDG	Human Rights Defence Group
IFRCRC	International Federation of the Red Cross and Red Crescent
MDR	Mouvement pour la Defense de la Republique
MSF	Medicines sans Frontier
NACC	National AIDS Control Committee
NCHRF	National Committee for Human Rights and Freedoms
NDH	Nouveaux Droits de l'Homme
NGO	Non-Governmental Organisation
NTC	New Technology Company
PTSD	Post Traumatic Stress Disorder
RDPC	Rassemblement Democratique du Peuple Camerounais
SCNC	Southern Cameroons National Council
SDF	Social Democratic Front
UK	United Kingdom
UN	United Nations
UNC	Union Nationale Camerounaise

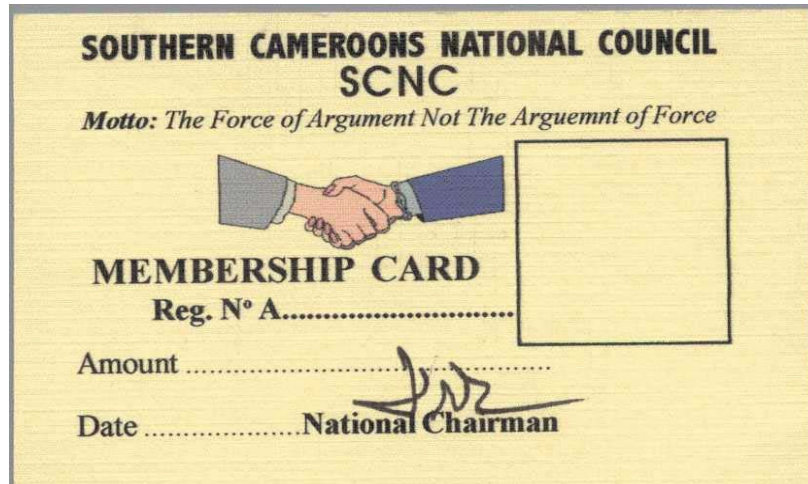
UNDP	Union Nationale pour la Démocratie et le Progrès
UNDP	United Nations Development Project
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UPA	Union du peuple Africain
WHO	World Health Organisation

21. List of Annexes

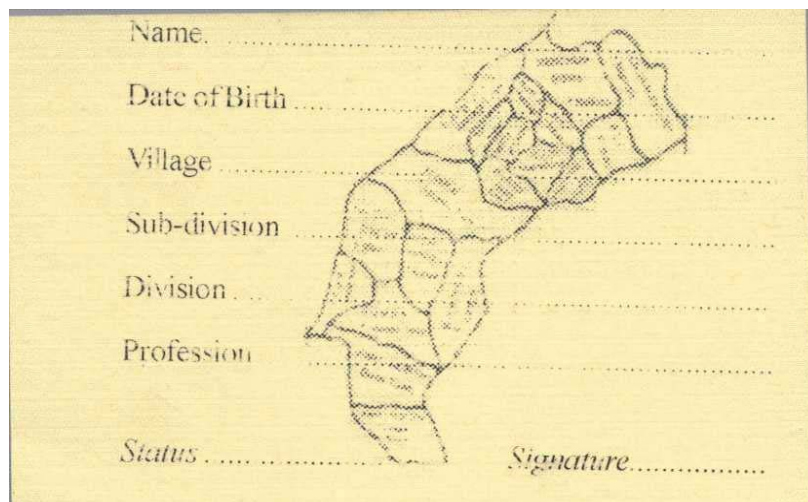
Annex A

SCNC Membership Card

Front:

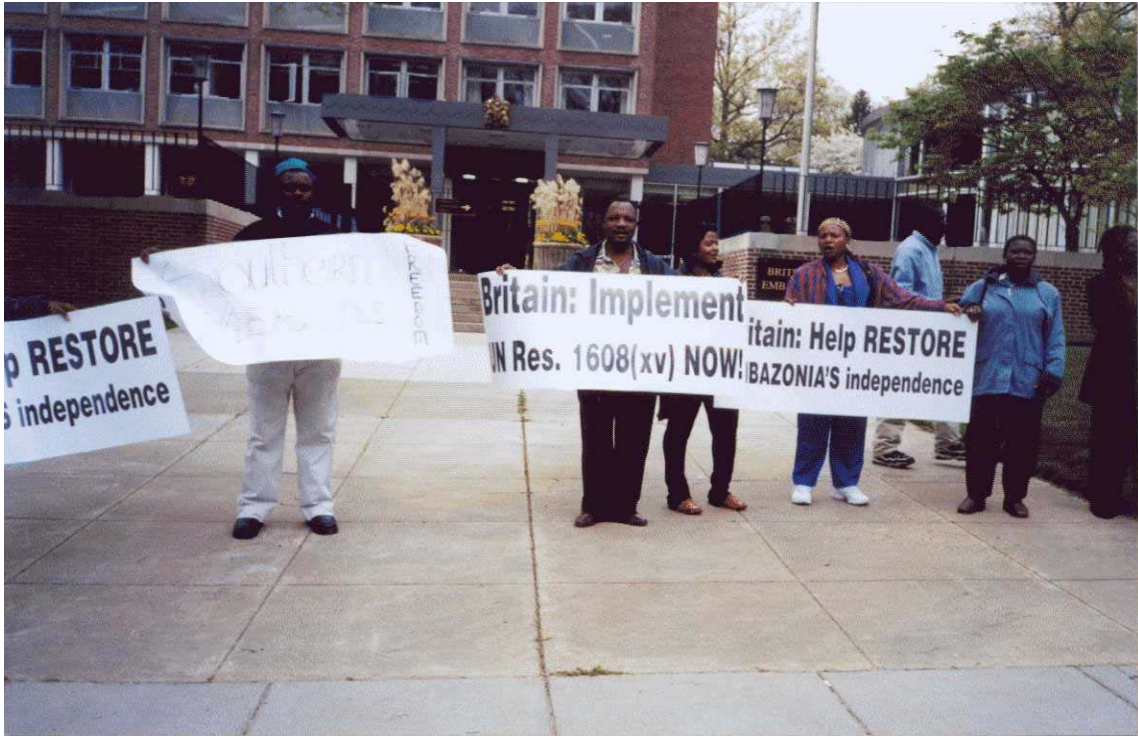


Back:



Annex B

Photograph of ARM Demonstration



Annex C

CNI Membership Card

Front:



Back:

The back of the membership card contains the following fields and text:

Nom & Prénom : [Redacted]

Adresse :

Date :

Signatures :

Président

Membre :

CARTE DE MEMBRE N° :

A faint circular stamp is visible in the background of the signature area.

22. List of Political Parties

Action for Meritocracy and Equal Opportunity Party (AMEC)

Leader - Joachim Tabi Owono

Alliance pour la Démocratie et le Développement (ADD)

Secretary General - Garga Haman Adji

Alliance Démocratique pour le Progrès du Cameroun (ADPC)

Formed in 1991

Alliance pour le Progrès et l'émancipation des dépossédés (APED)

Leader - Bohin Bohin. Formed in 1991

Alliance pour le Redressement du Cameroun (ARC)

Formed in 1992 by a number of opposition movements

Association Social-Démocrate du Cameroun (ASDC)

Formed in 1991

Cameroon Anglophone Movement (CAM)

Advocates a federal system of government

Congrès Panafricain du Cameroun (CPC)

Formed in 1991

Convention Libérale (CL)

Leader - Pierre-Flambeau Ngayap. Formed in 1991

Démocratie Intégrale au Cameroun (DIC)

Leader - Gustave Essaka. Formed in 1991

Front des Alliés pour le Changement (FAC)

Leader - Samuel Eboua. Formed in 1994. Comprising 16 opposition movements

Front Démocratique et Patriotique (FDP)

Formed in 1994. Comprises of six opposition parties

Liberal Democratic Alliance (LDA)

Leader - Henri Fossung

Mouvement Africain pour la Nouvelle Indépendance et la Démocratie (MANIDEM)

Formerly a faction of the UPC. Leader - Anciet Ekane

Mouvement pour la Démocratie et le Progrès (MDP)

Leader - Samuel Eboua. Formed in 1992

Mouvement pour la Défense de la République (MDR)

Leader - Dakole Daissala. Formed in 1991

Mouvement pour la Liberation et le Developement du Cameroun (MLDC)

Leader - Marcel Yondo. Breakaway faction of the MLJC.

Mouvement pour la Jeunesse du Cameroun (MLJC)

Leader - Dieudonne Tina

Mouvement Social pour la Nouvelle Démocratie (MSND)

Leader - Yondo Black

Nouvelle Convention (NC)

Based in Yaoundé

Parti des Democratres Camerounais (PDC)

Leader: Louis-Tobie Mbida. Formed in 1991. Based in Yaoundé.

Parti Libérale-Democrate (PLD)

Leader - Njoh Litumbe. Formed in 1991.

Parti Populaire pour le Developement (PPD)

Formed in 1997

Parti Republican du Peuple Camerounais (PRPC)

Leader - Ateba Ngoua. Formed in 1991.

Parti Socialiste Camerounais (PSC)

Leader - Jean-Pierre Dembele

Parti Socialiste Démocratique (PSD)

Leader - Nsame Mbongo Joseph. Formed in 1991. Based in Douala,

Parti Socialiste Démocratique du Cameroun (PSDC)

Leader - Jean Michel Tekam

Rassemblement Démocratique du Peuple Camerounais (RDPC) (Cameroon People's Democratic Movement (CPDM))

Leader - President Paul Biya. Secretary General - Joseph-Charles Doumba. Formed in 1966 as Union Nationale Camerounaise. Adopted present name in 1985. Sole legal party from 1972 to 1990. Ruling party. Based in Yaoundé.

Rassemblement Democratique du Peuple sans Frontieres (RPDF)

Formed in 1997

Social Democratic Front (SDF)

Leader - John Fru Ndi. Secretary General - Professor Tazoacha

Asonganyi. Formed in 1990. Based in Bamenda. The SDF is the largest opposition political party in Cameroon.

The Southern Cameroons National Council (SCNC)

Leader - Chief Ette Otun Ayamba. The anglophone community based in the North West and South West Provinces claim that the Francophone majority enjoy more power and economic benefits. The Southern Cameroons National Council (SCNC) was established in early 1990's to represent the interests of the anglophone community and has advocated secession of the two anglophone provinces from the Francophone provinces.

Social Democratic Movement (SDM)

Leader - Siga Asanga. Formed in 1995. Breakaway faction of the SDF.

Union Démocratique du Cameroun (UDC)

Leader - Adamou Ndam Njoya. Formed in 1991. Based in Yaoundé.

Union des Forces Démocratiques du Cameroun (UFDC)

Leader - Victorin Hameni Bieleu. Formed in 1991. Based in Yaoundé.

Union Nationale pour la Démocratie et le Progrès (UNDP)

Chairman - Bello Bouba Maigari. Formed in 1991 (split in 1995) Based in Douala.

Union des Populations Camerounaises (UPC)

Leader - Ndeh Ntumazah. Formed in 1948 and divided into two main factions in 1996:UPC (N) led by Ndeh Ntumazah and UPC (K), led by Augustin Kodock. Based in Douala.

[2b]

23. List of Source Documents

- [1] Country Information and Policy Unit (CIPU)**
Cameroon Country Report, October 2003

- [2] British High Commission, Yaoundé, Cameroon**
 - a. Letter dated 19 November 2003 (Homosexuality in Cameroon)
 - b. Letter dated 23 April 2004 (Cameroon: Facts for FFM report – Main Political Parties), via Foreign and Commonwealth Office.