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The Contribution of Non-Governmental Organizations (NGOs) to Community Health Improvement in Idenau-Bibunde, Southwest Region of Cameroon

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ABSTRACT

The purpose of this study was to evaluate the role of NGOs in enhancing the health condition of people in Idenau-Bibunde community in the South West Region of Cameroon, in the context of increasing community vulnerability. .Adopting the framework of Health Belief Model (HBM), Social Determinants of Health (SDH) and Partnership theory of development, this research was carried out using a mixed method approach. The primary and secondary data were collected using questionnaires, interviews, observation and document analysis respectively. The sampling technique employed in selecting the sample was a combination of stratified random and systematic sampling methods resulting in the selection of 394 respondents from the communities affected. Quantitative data were analyzed using descriptive and inferential statistics, while qualitative data were analyzed thematically. The research reveals that NGOs have made a huge contribution towards the improvement of community health and livelihood status and recommends better coordination among institutions and improved information flow for the better success of NGO activities.

INTRODUCTION

Non-governmental organizations have become central actors in improving community health because they extend services, raise awareness, and reach populations that formal systems often leave behind. At the global level, NGOs are increasingly recognized as important partners in health systems because they support service delivery, strengthen community participation, and help expand access to care for vulnerable groups (Pfeiffer, 2003; WHO, 2021). Their role matters as many health systems still struggle with staff shortages, weak infrastructure, unequal access, and rising costs that place care beyond the reach of poorer households (UNICEF, 1996; Agyepong & Adjei, 2025). In such an environment, NGOs help close the gap by bringing care closer to communities, supporting prevention campaigns, and building trust between providers and local people (Levine, 2004; International Medical Corps, 2018). Their contribution is therefore not only clinical. it also includes education, prevention, and social mobilization, all of which are essential to sustainable health improvement (Mays & Shadlen, 2019; WHO, 2021).

Across countries, NGOs have shown that health improvement depends on both direct service delivery and community engagement. In many low- and middle-income settings, they provide maternal health services, child vaccination, reproductive health care, HIV/AIDS support, nutrition programs, and referral services for more serious cases (Smith, 2005; Levine, 2004). For example, a recent study in India found that NGOs improve health outcomes in underserved communities by providing maternal and child health services, disease prevention, sanitation support, mental health services, and community participation (Saha *et al.*, 2025). This is consistent with the view that NGOs often succeed because they can work in places where public providers are weak, overloaded, or geographically distant from the people they are meant to serve (World Bank, 2010; Agyepong & Adjei, 2025). Internationally, NGOs are also valuable because they are often more willing than public institutions to address sensitive health issues such as reproductive health for women and youth, HIV prevention, and community counselling (Levine, 2004; WHO, 2021). Their contribution becomes especially important where health problems are tied to behaviour, poverty, or social exclusion, because treatment alone cannot resolve those deeper causes (International Medical Corps, 2018; UNICEF, 1996).

In Africa, NGOs play an even more visible role because many health systems are under pressure from poverty, displacement, disease burdens, and weak institutional capacity. Studies on NGO participation in health systems show that these organizations help fill service gaps, improve access to medicines, support health information systems, mobilize resources, and strengthen governance (Agyepong & Adjei, 2025; Pfeiffer, 2003). They are important in reaching vulnerable groups such as displaced persons, rural communities, women in restrictive environments, and other marginalized populations (Smith, 2005; WHO, 2021). In Africa, religious-affiliated hospitals and mission-based institutions still make a major contribution to health delivery, often functioning as practical extensions of the public sector where state services are limited (Levine, 2004; UNICEF, 1996). NGOs support outreach, vaccinations, reproductive health, and health education, all of which help reduce preventable illness and

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improve local wellbeing (International Medical Corps, 2018; Reproductive Health Outlook, 2004). Their effectiveness is often strongest when they work through local volunteers, community health workers, and trusted community leaders, because this increases acceptance and sustainability (Mays & Shadlen, 2019; WHO, 2021). Sub-Saharan Africa provides some of the clearest examples of how NGOs improve community health in difficult environments. The region continues to face high burdens of HIV/AIDS, malaria, maternal mortality, malnutrition, and displacement, which means that health interventions must be targeted, flexible, and community-based (Levine, 2004; Smith, 2005). NGOs have responded through family planning, counselling, HIV testing, condom distribution, antenatal care, vaccination, and treatment referrals, especially for populations that the public sector often neglects (Pfeiffer, 2003; UNICEF, 1996). This matters because communities do not only need treatment after illness begins; they also need information, prevention, and social support that reduce risk before illness occurs (WHO, 2021; International Medical Corps, 2018).

Cameroon offers a strong local example of how NGOs contribute to community health in practical and meaningful ways. Reach Out Cameroon reports that its health department works to promote positive health-seeking behaviour and improved quality of life through mobile clinics, consultations, laboratory testing, treatment, counselling, HIV/AIDS support, maternal care, and water and sanitation activities (Reach Out Cameroon, 2022). ALIMA also works in Cameroon with refugee and displaced communities, especially in areas where health vulnerability overlaps with conflict and forced migration (ALIMA, 2025). Other health charities and NGOs in Cameroon provide free or subsidized healthcare, maternal support, disability assistance, eye care, and patient welfare services, showing that NGO health work is broad and community oriented. These interventions matter because many communities in Cameroon still face poor access to facilities, staff shortages, insecurity, and high treatment costs, all of which limit the use of formal health services (WFP, 2025; Ministry of Public Health Cameroon, 2000). NGOs help reduce these barriers by bringing services closer to people, building local trust, and working with community structures to make health care more accessible and acceptable (Reach Out Cameroon, 2022;).

NGO contributions address both immediate illness and the underlying conditions that produce poor health. They support clean water, sanitation, reproductive health, nutrition, child survival, and community education, showing that health is tied to everyday living conditions and not only to clinics or hospitals (UNICEF, 1996; International Medical Corps, 2018). They also work directly with community members rather than simply for them, which gives their programs a stronger local base and often improves sustainability (Pfeiffer, 2003; Agyepong & Adjei, 2025). In many cases, NGOs serve as intermediaries between the state, donors, and communities, helping translate policy goals into practical action (World Bank, 2010; WHO, 2021). Their role has become integral to health systems, since many communities would otherwise remain excluded from essential healthcare services (Levine, 2004; Mays & Shadlen, 2019). In Cameroon and beyond, their contribution to community health remains one of the clearest examples of how civic action can improve human wellbeing in places where inequality and scarcity still shape everyday life (Reach Out Cameroon, 2022; UNICEF, 1996).

In Idenau-Bibunde, NGOs have become increasingly important due to humanitarian pressures associated with the Anglophone crisis, which has intensified displacement, insecurity, and limited access to basic services. Organizations such as the International Rescue Committee (IRC), Norwegian Refugee Council (NRC), and LUKMEF contribute to community health by supporting access to clean water, sanitation, emergency assistance, shelter, food security, protection services, and livelihood support, particularly for displaced populations and vulnerable groups. Existing studies on NGOs in Cameroon have largely focused on humanitarian assistance, livelihoods, or development interventions with relatively little attention given to understanding how NGO activities influence community health within conflict-affected localities. Consequently, there remains insufficient evidence on the contribution of NGOs toward improving access to healthcare services, strengthening community wellbeing, and addressing health vulnerabilities among displaced and host populations in Idenau-Bibunde. This study therefore seeks to examine the contribution of NGOs to improving community health in Idenau-Bibunde by assessing their interventions, contributions, and influence on the wellbeing of vulnerable populations.

Theoretical Framework

The study is based on three closely related theories that have helped in defining NGO interventions in improving community health; they include the Health Belief Model, the Social Determinants of Health Theory, and the Theory of Partnership in Development. The above three theories help in gaining an understanding of NGO interventions in health behaviors, social determinants of health problems, and partnerships with stakeholders in resource-poor and crisis-hit communities like Idenau-Bibundi.

Health Belief Model (HBM)

According to the Health Belief Model, individual behaviors are shaped by perceived levels of susceptibility, severity, benefits, barriers, cues to action, and self-efficacy. In Idenau-Bibundi, where displacement and poverty limit access to formal healthcare, NGOs function as critical "cues to action"

through health sensitization campaigns, vaccination drives, and community outreach. By providing subsidized healthcare and health education, NGOs reduce perceived barriers and enhance perceived benefits of preventive health practices. Thus, HBM explains the behavioral pathway through which NGO interventions translate into improved health-seeking behavior and uptake of services.

Social Determinants of Health (SDH) Framework

The World Health Organization's SDH framework (WHO, 2008) emphasizes that health outcomes are shaped by social, economic, and environmental conditions in which people live. These include access to clean water, sanitation, food security, education, and healthcare services. In Idenau-Bibundi, vulnerability is driven by displacement, poor WASH infrastructure, and economic hardship. NGO activities such as provision of potable water, sanitation interventions, food assistance, and livelihood support directly target these upstream determinants. From the SDH perspective, NGO efforts can be considered part of a structural approach because SDH suggests that any improvements in people's health should involve eliminating social inequalities.

Partnership Theory of Development

Partnership Theory (Brinkerhoff, 2002) holds that effective development outcomes depend on collaborative relationships between state, non-state, and community actors. It stresses mutuality, accountability, and common objectives. In conflict-affected and under-resourced contexts, the state often lacks capacity to meet health needs alone, creating space for NGOs to complement public services. In Idenau-Bibundi, NGOs such as NRC, LUKMEF, IRC, Reach Out, and WFP operate alongside local authorities and communities to deliver health services. This theory describes how coordination between NGOs and government, information exchange, and common planning can improve coverage, prevent redundancy, and promote sustainability, which are among the most significant recommendations in this study

Integration of the Frameworks

Combined, these theories explain NGO contributions at three levels:

1. Individual level (HBM): NGOs change health beliefs and behaviors through education and service access.
2. Structural level (SDH): NGOs modify environmental and social conditions that determine health.
3. Institutional level (Partnership Theory): NGOs achieve scale and sustainability through collaboration with government and communities.

Therefore, this study adopts an integrated framework to assess not only what NGOs do, but how their interventions interact with individual, structural, and institutional factors to improve community health outcomes in Idenau-Bibundi.

MATERIALS AND METHODS

Study Area

The Idenau municipality was created by presidential decree No 95/206 of 24th April 1995. Idenau is the headquarters of the West Coast Sub division located in Fako Division of the South West Region of Cameroon. It is located some 29km from Limbe city (Figure 1). The municipality of Idenau covers an overall land area of 16km2 with an estimated population of 38,000 people residing in 8 villages (Council Project Report, 2024). It is located between latitude 4.23oN and longitude 8.98oE with an altitude of about 300m above sea level in the mainland area and 5m in the maritime area. Generally, Idenau municipality is found on the North of the Atlantic Ocean and on the windward side of Mount Cameroon. It is bounded to the North by a stretch of the Mount Cameroon National Park, to the North East by Buea sub-division, to the East by Limbe II municipality, to the South by the Atlantic Ocean, to the West by Bamusso sub-division, and to the North West by Mbonge Sub-division. The average temperature range is about 25-30oC and have a mean monthly rainfall of about 5000mm to 8000mm (Idenau Municipal Council, 2024).

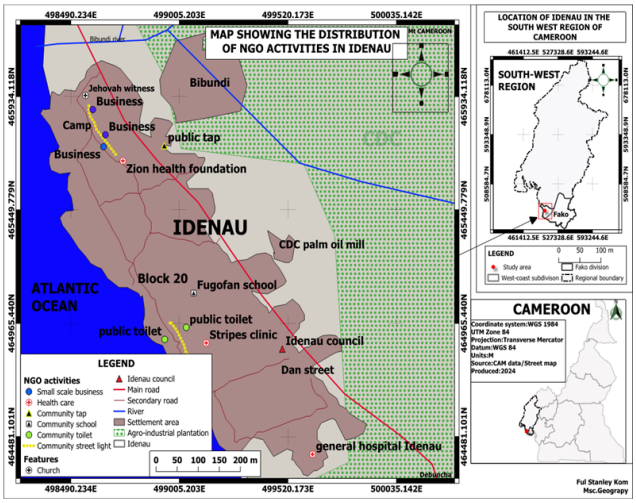


Figure 1: Location of the Study Area in Idenau Municipality

Idenau has an equatorial climate that is marked by two distinct seasons (dry and rainy seasons). Rainfall is unimodal and spreads from March to November with a temperature range of about 25-28 ℃. The rainfall rises up to 4000 mm with its peak being in July, August and September. The peak of the dry season falls in December and January (Idenau Municipal Council 2011). Average annual temperature is 27°C and the wind speed is 2 mph. The mean annual relative humidity ranges between 80% and 95% (CDC weather records, 2013). These climatic conditions make the soil favourable for the growth of oil palms, cocoa, cassava and other food crops. The relief consists of fairly high and lowlands which are made of igneous rocks (basalts) as a result of the volcanic eruption that occurred in 1999 on mount Cameroon. The main land area of Idenau is endowed with so many water courses including rivers, creeks, streams, and springs. The mainland area is covered by evergreen forest vegetation with some of the villages situated along the coast of the Atlantic Ocean. It has an an estimated population of 38,000 inhabitants living in 8 villages, among which are fishing ports, native communities and CDC camps (Idenau Council project report 2024). Transportation in the maritime is by commercial engine boats and canoes from one village to the other. The potentials range from, Sea/Atlantic Ocean, fishing ports/beaches, Islands, sandy beaches, creeks, mangrove vegetation, national park, forest, waterfalls in Enyenge and Etome, lava deposits in Bakingili and Idenau, crater lakes in Debundscha/Njonji, boat anchor at Idenau wharf, and the active volcanic mountain at the Northern section of the municipality

Research Design and Sampling Framework

This study adopted a mixed-methods research design, combining quantitative and qualitative approaches to examine the contribution of non-governmental organizations (NGOs) to improving community health in Idenau-Bibunde. A mixed design was appropriate because the required both measurable evidence on NGO-supported health services and lived experiences from community members who have benefited from such interventions. The quantitative component enabled the researcher to capture p atterns in access to clean water, sanitation, health services, and related support, while the qualitative component allowed a deeper understanding of how beneficiaries and NGO representatives perceived these interventions.

The target population consisted of internally displaced persons, host community members, and other vulnerable residents who had directly or indirectly benefited from NGO health-related interventions. The study also included NGO officials and field personnel involved in the delivery of health, water, sanitation, and protection services. The sample was drawn from neighbourhoods and settlements where NGOs presence was most visible, especially areas where displaced populations and host communities interact and where access to basic health services remains a concern.

A multistage sampling procedure was used to select respondents and sites for the study. First, NGOs operating in the area were identified and grouped according to their areas of intervention, particularly health, water and sanitation, emergency relief, and community support. From these, organizations such as the International Rescue Committee, the Norwegian Refugee Council, LUKMEF, and OUTREACH were purposively selected because of their direct involvement in community welfare and health-related support. Second, the study locations were selected from the most affected and most relevant communities in Idenau-Bibunde. Third, households and individuals were chosen using systematic sampling to ensure that respondents came from different parts of the study area and reflected a range of experiences with NGO interventions. A total of 394 respondents were selected as follows; Block 20 had had 200 respondents which was the highest, CDC camps with 120 and Las kombo had 74 respondents.

Primary data were collected through questionnaires, interview guides, field observation, and GPS Camara. Questionnaires were administered to community members to gather information on access to health services, clean water, sanitation, hygiene promotion, and general perceptions of NGO support. Interview guides were used to obtain detailed responses from NGO staff on the nature of their health-related activities, the populations they serve, the challenges they face, and the extent of their contribution to community health improvement. Field observation helped the researcher document visible interventions such as water points, sanitation facilities, health outreach activities, and other community-based support structures. A GPS camara was used to take pictures of the the exact locations of sampled communities and NGOs intervention sites, thereby improving the geographical accuracy of the study.

The data collected from the field were processed and analyzed using both descriptive and inferential techniques. Descriptive statistics such as frequencies, percentages, means, and standard deviations were used to summarize responses and present the general pattern of NGO contribution to community health in Idenau-Bibunde. Qualitative responses from interviews and observations were organized thematically to highlight recurring issues such as access to healthcare, water availability, and community support. The findings were then interpreted in relation to the study objectives, with attention to how NGO interventions influence health outcomes among displaced persons and host communities.

RESULTS AND DISCUSSION

Knowledge of the Health Facilities

The knowledge of community members was sought with regards to health centers present and the result is illustrated on Table 1.

Table 1: Awareness of health Centres in the Locality

Knowledge	Responses	frequency(N=394)	frequency %
Are there hospitals/ health centers in your area	Yes	386	98.0
	No	8	2.0
	Total	394	100%

The findings presented in Table 1 indicate that a significant majority of respondents (98%) acknowledged the presence of health centers and hospitals within the area, while only 2% reported being unaware of existing health facilities. This limited awareness may be attributed to recent arrivals into the locality as a result of displacement caused by the Anglophone crisis.

Ownership of Health Centres/ Hospitals found in the Community

The study also analyzed the ownership of health facilities in the Idenau community and the results are illustrated in figure 2 below.

The findings from Figure 2 reveal that a majority of respondents (50.8%) indicated that most health centers

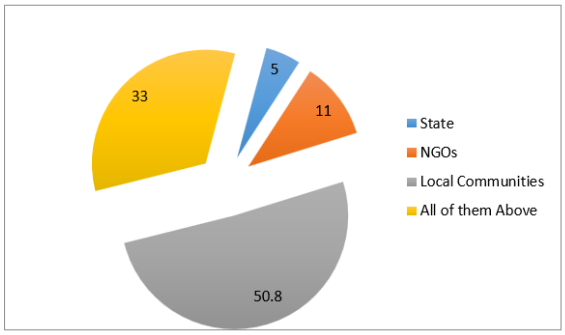


Figure 2: Ownership of health Centres/ hospitals in the community

operating within the community are owned by local community members. About 33% of respondents stated that health facilities are communally owned, while 11% reported that some health centers are owned and managed by NGOs. Only 5% of respondents indicated that health facilities in the area are state-owned. These findings suggest that healthcare provision in the community is largely supported by community-based initiatives, with NGOs playing a complementary role and relatively limited government involvement in health service provision.

Knowledge of NGOs Involved in Health Improvement

The study also analyzed the knowledge of NGOs who participate on Health improvement. The NGOs identified include: World Food Program, Norwegian Refugee Council, Red Cross, The care, doctors without borders, Reach-out, Lukemef. This is illustrated in Figure 3.

The results revealed that the Norwegian Refugee Council was identified by the largest proportion of respondents (24%) as the NGO playing the most significant role in health improvement programs within the locality. This was closely followed by LUKMEF (23%), while 19% of respondents identified the World Food Programme as a major contributor. Furthermore, 17% of respondents mentioned Reach-Out, 8% identified Doctors Without Borders, and 5% recognized CARE International and the Red Cross for their contributions to health improvement activities. Respondents also acknowledged the presence of other NGOs such as the International Rescue Committee (IRC) and the Danish Refugee Council (DRC), which also contribute to healthcare and humanitarian interventions in the community. These findings demonstrate the active involvement of multiple NGOs in supporting health improvement and community wellbeing in Idenau.

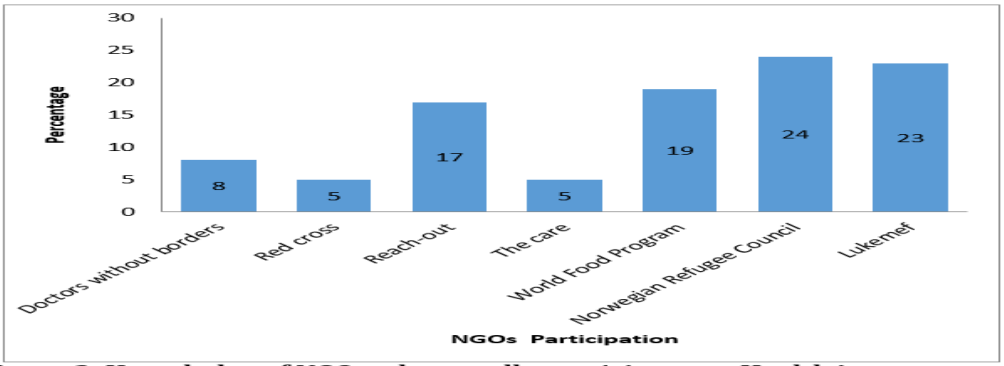


Figure 3: Knowledge of NGOs who usually participate on Health improvement

NGOs Activities on Health-related Issues

During the fieldwork, NGO activities related to health improvement were assessed among the local population in the study area. The major health interventions identified include; sensitization and awareness campaigns, subsidization of hospital bills, and vaccination campaigns aimed at improving community health and wellbeing. These activities are illustrated in Figure 4.

Findings from Figure 4 indicate that a majority of respondents (60%) reported that NGOs are actively involved in conducting sensitization and awareness campaigns within the community. This was followed by 25% of respondents who stated that NGOs support

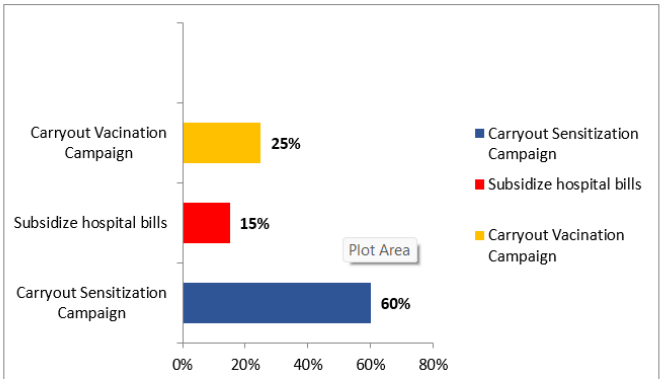


Figure 4: NGOs activities on Health-related issues

vaccination campaigns, while 15% indicated that NGOs assist in subsidizing hospital bills for patients attending community health centers. These findings suggest that sensitization campaigns constitute the most common health intervention provided by NGOs, highlighting their important role in promoting health awareness, improving healthcare access, and supporting community wellbeing.

Perception of NGOs Activities on Health Improvement

The study also analyzed the perception of the local population of NGOs activities on health improvement in the community of Ideneau. These activities are shown on Table 2.

The findings presented in Table 2 indicate generally positive perceptions of NGO activities on health improvement in Idenau. A majority of respondents (57%) agreed that they were satisfied with NGO activities in the community, while 23% strongly agreed and 20% disagreed. Regarding improvements in community health, 43% agreed and 31% strongly agreed that NGOs have contributed positively to the health of community members, although 25% disagreed.

Table 2: Knowledge of NGOs Activities in health Improvement

Knowledge of NGOs Activities on health improvement	Disagree Frequency/ (%)	Agree Frequency/ (%)	Strongly Agree Frequency/ (%)	Total
Satisfied with NGOs activities	80 (20%)	224(57%)	90(23%)	394(100)
Improvement on Health of community Members	124(31%)	170(43%)	100(25%)	394(100%)
Grant access to health facilities	10(3%)	134(34%)	250(63%)	394(100%)
NGOs activities are very successful	40(10%)	224(57%)	130(33%)	394(100)

Concerning access to health facilities, a majority of respondents (63%) strongly agreed that NGOs have improved access to healthcare services, while 34% agreed and only 4% disagreed. Furthermore, 57% of respondents agreed and 33% strongly agreed that NGO activities have been successful, whereas 10% disagreed. These findings suggest that NGO interventions have played a significant role in enhancing healthcare access, improving health outcomes, and supporting community wellbeing in Idenau.

Discussion of Findings

The findings reveal that NGOs play a significant role in promoting health improvement and community wellbeing in Idenau through interventions ranging from healthcare delivery and vaccination campaigns to sanitation programs and financial assistance. LUKMEF, which has been operational in the community since 1999, emerged as one of the major actors involved in health projects, economic empowerment initiatives, food security programs, vaccination campaigns against COVID-19 and cholera, distribution of sanitary materials, and financial support to vulnerable

households. These findings reinforce the argument that NGOs increasingly function as complementary institutions that fill service delivery gaps where state capacity is limited, particularly in conflict-affected and humanitarian settings.

The growing involvement of NGOs in health service provision in vulnerable communities is consistent with recent literature suggesting that non-state actors have become important providers of basic healthcare services, especially in fragile and conflict-affected contexts. Recent studies indicate that NGOs contribute significantly to strengthening community resilience through health promotion activities, preventive healthcare, disease surveillance, and targeted interventions aimed at vulnerable populations (World Health Organization, 2023; United Nations Development Programme, 2024). Their comparative advantage often lies in their ability to rapidly mobilize resources, reach marginalized populations, and implement community-based interventions in areas where public institutions are constrained.

Findings further revealed that NGOs actively involved in health improvement within Idenau include the World Food Programme (WFP), Norwegian Refugee Council (NRC), Red Cross, CARE International, Doctors Without Borders, Reach-Out, and LUKMEF. The diversity of organizations involved demonstrates the multi-sectoral nature of health interventions in crisis-affected communities. Existing literature suggests that NGO participation in health systems has increasingly shifted from emergency response alone toward integrated approaches involving health education, psychosocial support, nutrition, water and sanitation, and livelihood support programs (UNHCR, 2024). NGOs are also recognized for their ability to implement innovative and community-centered healthcare delivery mechanisms, particularly among displaced populations and hard-to-reach communities.

The findings also show that NGOs have actively engaged in vaccination campaigns against diseases such as COVID-19, cholera, and malaria. These results are consistent with studies conducted by Epalle and Toumba (2023), who found that international and non-governmental organizations in the municipalities of Buea and Limbe contributed significantly to healthcare improvement through health education, subsidization of hospital bills, vaccination campaigns, distribution of mosquito nets, community sensitization programs, and sanitation campaigns. Similarly, recent evidence from humanitarian contexts suggests that NGO-supported vaccination campaigns have played a critical role in maintaining healthcare access and preventing disease outbreaks among displaced populations, particularly in regions affected by conflict and social instability (UNICEF, 2024).

Furthermore, NGO activities such as community sensitization, awareness campaigns, and health education support previous findings that community-based interventions remain essential in addressing public health challenges. Health promotion activities conducted by NGOs not only improve awareness but also influence behavioral changes relating to sanitation, disease prevention, maternal health, and healthcare utilization. Recent research emphasizes that locally driven health interventions supported by NGOs tend to achieve greater acceptance and sustainability because they involve community participation and respond directly to local health priorities (World Bank, 2023).

Overall, the findings suggest that NGOs in Idenau have moved beyond traditional humanitarian relief functions and increasingly contribute to strengthening local health systems, improving healthcare accessibility, and enhancing livelihood resilience among vulnerable populations. Their interventions are particularly important in contexts characterized by displacement, limited state capacity, and increasing pressure on health infrastructure due to population influxes associated with the Anglophone crisis.

CONCLUSION

This research concludes that NGOs have had an enormous impact on the livelihood of people in the Idenau area in terms of their intervention in the areas of health care, economic development, food security, and social wellbeing. NGOs have made an impact through the provision of health services, funding health-related programs, sponsoring health campaigns such as vaccination, promoting sanitation and hygiene practices, and ensuring vulnerable people gain access to health care services. Some of the areas where they have made an impact are health sensitization, financial support, clean water supply, food, entrepreneurial endeavors, and livelihood diversification. Rapid population growth and the inflow of IDPs into Idenau has stretched social amenities to the limit affecting the government's capacity. This is one of the key areas where NGOs have intervene. Generally, NGO activities have been instrumental in ensuring access to health services, increased economic opportunities, food security and social well-being. These measures will ensure sustainability in the Idenau-Bibundi area: increased collaboration between the government and NGOs in planning, improved information sharing, simplification of regulations for rapid delivery of health services, involvement of communities, capacity building of local health practitioners, integration of health and livelihoods/food security projects, sustainable financing, and monitoring and evaluation.

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