

GOOFIRM ANNUAL REPORT 2025



Reflecting on a Year of Expansion and Impact

I would like to take a moment to reflect on the remarkable journey we've embarked upon in 2025—a year marked by significant expansion and profound impact. At GOOFIRM, we have dedicated ourselves to serving our communities, and I am proud of the strides we have made.

The year 2025 has been a transformative chapter for GOOFIRM. It was a year where we transitioned from foundational research to active, life-changing community interventions across the Southwest, Northwest, Littoral and Centre regions of Cameroon. Our mission to support community health through advocacy and awareness has never been more vital, and I am incredibly proud of the strides we have made in serving the most vulnerable among us.

Celebrating Our Achievements

Our efforts this year were anchored in four key pillars: Universal Health Coverage (UHC), WASH standards, Restored dignity for girls through our SRHR Advocacy programs, and Specialized Health. We successfully expanded our reach into Tiko and Muyuka, providing critical health screenings and pre-enrollment education to bridge the gap in healthcare access. In our pursuit of better sanitation, we achieved a remarkable 63.3% improvement in the cleanliness of public facilities in Limbe and trained 25 community members in drinking water quality testing.

Our community engagement efforts have grown in depth and breadth. We have conducted numerous outreach programs, workshops, and health fairs, educating thousands of individuals on critical health topics. The feedback we've received highlights the positive changes in health awareness and behaviors across our communities.

The scale of our impact is best reflected in the numbers: over 12,000 individuals engaged during our 16 Days of Activism against Gender-Based Violence, and more than 1,000 people screened for Non-Communicable Diseases (NCDs). Beyond these statistics, we witnessed profound qualitative shifts—from breaking the taboos surrounding menstrual health in schools to empowering rural women in Mudeka and Scipio to take charge of their sexual and reproductive health.

Facing Challenges Together

However, our journey has not been without challenges. In 2025, we encountered several significant obstacles, including limited resources, logistical hurdles, and fluctuating funding often delayed project implementation, especially in remote areas where access to essential supplies was limited. These challenges tested our resolve and commitment to our mission. Despite these challenges, what has truly stood out is our resilience. Time and again, our dedicated team has risen to the occasion, demonstrating that obstacles are merely opportunities for innovation and growth. Through creative problem-solving, we adapted our strategies, leveraging partnerships with local organizations to enhance resource mobilization.

We embraced collaboration as a tool, sharing insights and best practices to overcome logistical barriers. As a result, we not only met our goals but also learned invaluable lessons that will strengthen our operations in the



future. Our ability to navigate these challenges has reinforced our belief that, together, we can overcome any obstacle. It is this spirit of teamwork and determination that has defined our year and will continue to propel us forward.

Looking Ahead

As we look toward the future, we are excited about the possibilities that lie ahead in 2026. Our strategic plan encompasses several key initiatives:

In 2026, we plan to roll out new health services, including mental health support, nutrition counseling, and preventive care initiatives. These services will be tailored to meet the diverse needs of our communities and will help bridge gaps in existing health programs.

We are committed to exploring new partnerships with local and international organizations, government agencies, and private sector stakeholders. These collaborations will enhance our capacity to serve and will allow us to leverage additional resources and expertise for our initiatives.

Together, we will continue to advocate for health equity, ensuring that every individual has access to quality healthcare regardless of their circumstances. Our vision remains clear: to create a healthier and more sustainable future for all. As we embark on this exciting journey, I invite each of you to be active participants in our mission. Your passion, ideas, and involvement are crucial as we strive to turn our vision into reality.

Gratitude and Thanks

I want to express my deepest gratitude to each and every one of you. Your unwavering support, dedication, and passion have been the driving force behind GOOFIRM's success. To our partners, donors, and community members—thank you for placing your trust in us. None of these achievements would have been possible without our dedicated staff, our network of volunteers, and our valued partners.

As we look toward 2026, we remain committed to sustainability. By strengthening our resource mobilization efforts and scaling up our infrastructure projects in underserved riverine areas, we will continue to build safer, healthier, and more livable societies.

Thank you for being part of this journey.

Happy New Year 2026

Derick Mwambo

Executive Director, GOOFIRM

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1. ORGANIZATIONAL OVERVIEW

GOOFIRM is a leading non-profit organization Led by an Executive Director with a dedicated management team and a growing network of volunteers dedicated to enhancing public health and well-being in the Southwest region of Cameroon. Established in 2020 with Head Office in Limbe Cameroon, our organization has continuously focused on addressing critical health challenges through innovative programs, community engagement, and strategic partnerships with significant increase in activities across South West, Center, and Littoral regions of Cameroon with contributions to;

- **Health Education and Awareness:**
 - We conduct regular community outreach programs to educate the public on various health topics, including maternal and child health, disease prevention, hygiene, and SRHR.
 - Workshops and informational sessions are organized in schools and community centers to raise awareness about healthy practices that reduces the incidence of preventable diseases.
- **Vaccination Campaigns:**
 - GOOFIRM has been instrumental in rolling out vaccination initiatives aimed at increasing immunization coverage among children and vulnerable populations.
 - Our coordinated efforts have helped to combat vaccine-preventable diseases, thereby enhancing community health.
- **Maternal and Child Health Initiatives:**
 - We provide support for maternal health programs, ensuring that women have access to prenatal and postnatal care under the Universal Health Coverage framework.
 - Special focus is placed on reducing maternal and infant mortality rates through community health workers who provide guidance and support to expectant mothers.
- **Collaboration with Health Authorities:**
 - GOOFIRM actively collaborates with the Ministry of Public Health and other stakeholders to align our programs with national health priorities.
 - Our partnership efforts focus on strengthening health systems, sharing data, and providing feedback on health service delivery.
- **Disease Surveillance and Response:**
 - We engage in disease surveillance activities to monitor health threats and respond promptly to outbreaks.
 - Our teams work closely with local health facilities to report on disease trends and implement necessary interventions.
- **Access to Healthcare Services:**
 - We advocate for improved access to healthcare services by identifying gaps in service delivery and working to address barriers that hinder healthcare access for underserved populations.
 - By facilitating mobile clinics and health camps, we ensure that remote communities receive essential health services.

2. KEY OBJECTIVES OF THE YEAR 2025

- To educate 500 students about menstruation and menstrual health
- Educate 100 community members about safe sex practices and the role of condoms in promoting sexual health. Share condoms and ensure that individuals are equipped with accurate information and resources on condom usage and to break the stigma surrounding condom use and encourage open dialogue about sexual health.
- Raise awareness on menstrual hygiene management (MHM) among girls and young women. Distribute 35 dignity kits to promote safe and hygienic menstrual practices. Educate participants on menstrual cycle tracking using menstrual beads. Address myths and stigmas related to menstruation.
- Boost rural UHC enrollment through awareness campaigns
- Provide essential support kits to 20 preterm mothers, with emphasis on teenage mothers Provide psychosocial encouragement to young mothers navigating early parenthood
- Campaigns in zones of needs with CHWs in various communities and online advocacy
- Promote awareness on water hygiene and sanitation practices to 100 community members. Educate community members on the importance of safe drinking water. Distribute essential hygiene materials such as aqua tabs and soap.
- Raise awareness about the global sanitation crisis; billions of people still lack access to safe toilets. Conduct a practical cleanup and minor refurbishment of 3 selected public toilets. Raise public awareness about the link between safe sanitation, public health, and dignity
- Provide emotional and material support to 150 children in orphanages. To Give children opportunities to show their talents, creativity, and voices.
- Promote the rights, equality, and empowerment of women and girls. Raise awareness in schools (3000 students/pupils) on Gender- Based Violence (GBV), sexual and reproductive health and rights (SRHR), and substance abuse. Engage men, boys, institutions, and community leaders as allies in promoting gender equality. Strengthen collaboration between civil society organizations, government institutions, and communities.
- Raise digital safety awareness among 100 students and community members. Strengthen knowledge on GBV through dialogues and discussions. Promote continuous online advocacy and education. men and boys as allies

3. STRATEGIC PERFORMANCE SUMMARY

3.1. PROJECTS, PARTNERS, ORGANIZATIONAL REACH AND COVERAGE

Thematic	Project title	Partners	Implementing period 2025	Implementing area/region	Status
WASH AND HEALTH	Enhancing access to primary health care services and reducing out of pocket payment under the universal health coverage.	MINSANTE	January to December	Southwest	Ongoing
	Addressing chronic risks through screenings, advocating for better health policies and corporate health cultures to fight against Non-communicable diseases (NCDs) NCD Alliance Workshop Healthy Food Policy Workshop 10km Solidarity walk and NCD screenings.	MINSANTE, RADA, Cameroon NCD Alliance, NQSA	January to December	Southwest, Centre, Littoral, Northwest	Ongoing
	Ensuring safe water access and improving hygiene standards in riverine and urban areas. Cleaning and disinfecting public toilets. Training on drinking water quality testing.	MINEE, Southwest WASH Cluster	January to December	Southwest	Ongoing
	Supporting and empowering mothers of preterm babies, raising awareness on baby handling techniques like Kangaroo Mother	Limbe Regional Hospital	November to December	Southwest	Closed



GOOFIRM

Health & Development Non-profit
Organisation

Care (KMC), and providing essential support items to improve neonatal wellbeing.

GENDER, POLICY & GOVERNANCE

Safe spaces: empowering rural SRHR education through outreach programs and advocacy

GBV prevention awareness and solidarity walk.

MINSANTE, MINPROFF

January to December

Southwest

Ongoing

Propelled Progress: Resilience of a Public Servant

Divisional Officer 'office in Limbe 1

December

Southwest

Closed

PROJECT 1: ENHANCING ACCESS TO PRIMARY HEALTH CARE SERVICES AND REDUCING OUT OF POCKET PAYMENT UNDER THE UNIVERSAL HEALTH COVERAGE

The UHC project focuses on reducing out-of-pocket (OOP) payments and enhancing access to primary healthcare in the Southwest Region. Data was collected using the qualitative and quantitative approaches. Materials used for data collection were pre-enrollment sheets designed by GOOFIRM (see appendix 1), pens, phones, credit, and data for the UHC app. Data that was collected include:

Demographic information (Name, age, gender, address, contact number, Date and Place of Birth, Contact Person Name and Contact, socio-economic status).

Interviews were conducted by local healthcare workers, UHC focal point coordinators, and policymakers.

Mobile teams were deployed to reach remote areas and facilitate on-site enrollment.

CHWs were trained to serve as liaisons between the health system and the community, fostering relationships.

This table provides a more detailed breakdown of the data, showing the count of males and females within each description category. It highlights that the "CHILD" category is almost evenly split between male and female, while the "PREGNANT" category, as expected, is exclusively female

Description	Female	Male	Total
Child	261	257	518
HIV	2	2	4
Kidney	7	5	12
Pregnant	32	-	32
Grand total	302	264	566

Table: 1 Distribution by description and sex, Muyuka

Category	Subcategory	Count	Percentage
Sex	Female	21	53.8%
	Male	17	46.2%
Age Group	0-1 years	11	28.95%
	2-3 years	15	39.47%
	4-5 years	10	26.32%
	15+ years	2	5.26%
Description	Child	36	94.9%
	Pregnant	2	5.1%

Table 2: Distribution of the different categories by sex, age group and description, Tiko.

The pie chart breaks down the total population by their description, which includes categories like Child, Pregnant, Kidney, and HIV. The vast majority of the individuals are children, making up over 90% of the total.

Distribution of Individuals by Description

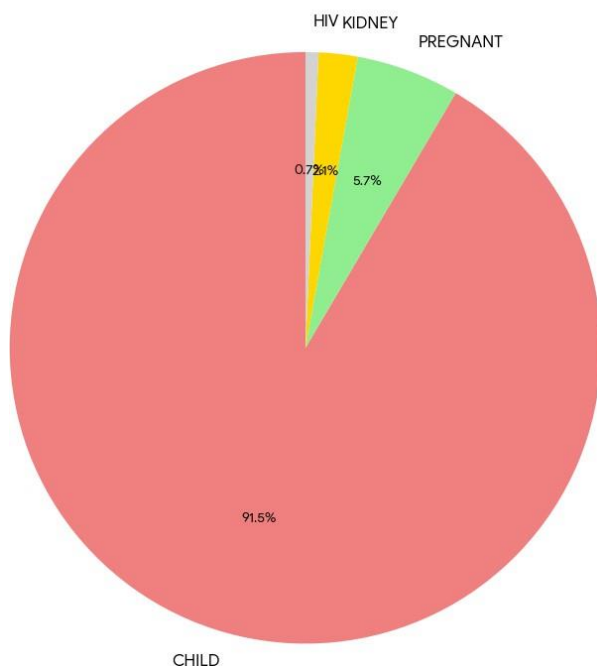


Figure 1: Distribution by description, Muyuka

Gender Distribution – Slight female majority (53.8% female, 46.2% male).

Gender Distribution

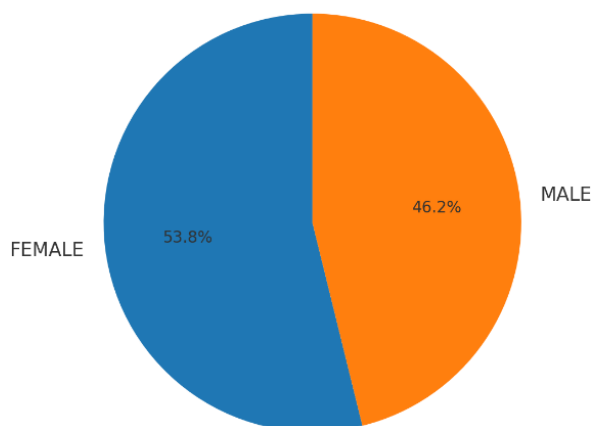


Figure 2: Gender Distribution (percentage), Tiko

Category Distribution – Vast majority are **children (94.9%)**, with **pregnant women making up 5.1%**.

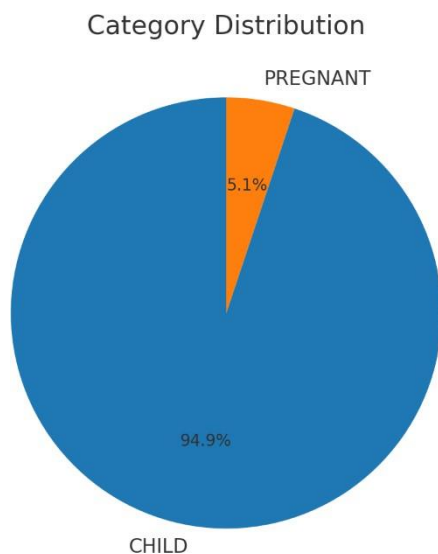


Figure 3: Category Distribution (Percentage), Tiko

This bar chart visualizes the number of individuals across the four different locations listed in the data: Muyuka, Ekona, Malende, and Meanja. As shown, the Muyuka location has the highest number of registered individuals, followed closely by Ekona.

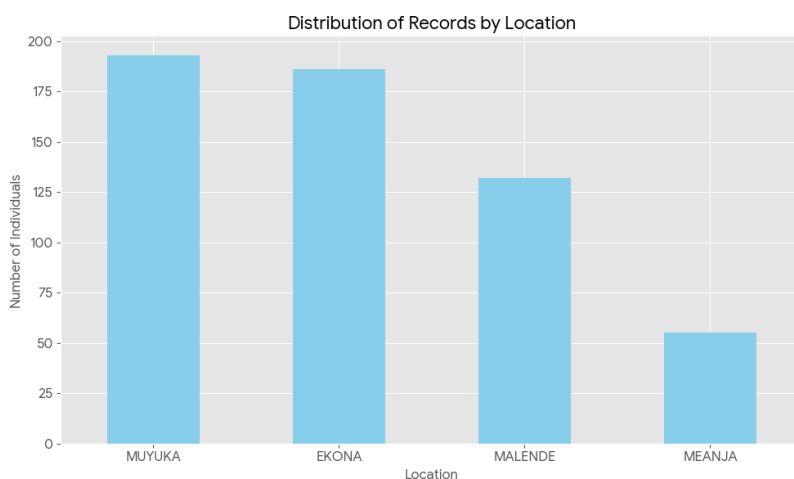


Figure 4: Distribution by location

Age Distribution – Most individuals are **between 0–5 years old**, with very few above age 10.

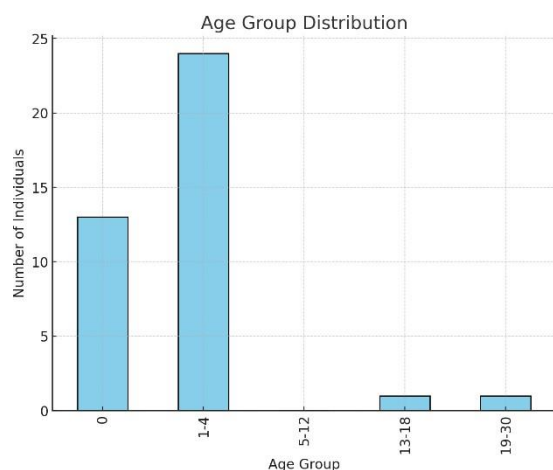


Figure 5: Age Group Distribution, Tiko

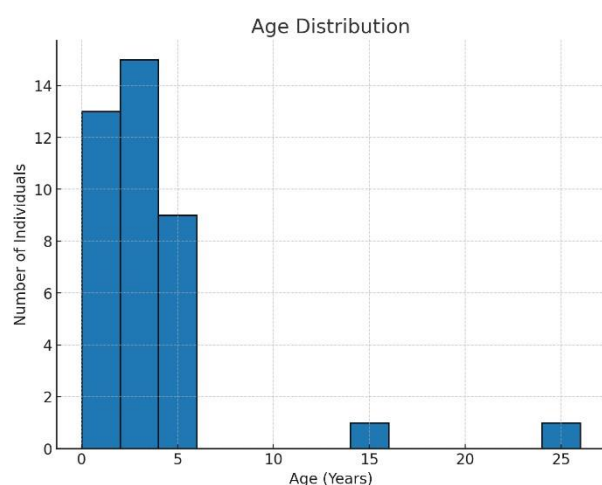


Figure 6: Age Distribution, Tiko

Project Impact

- A majority of participants indicated a reduction in out-of-pocket healthcare expenses as a result of UHC, though some expressed concern about continued co-payments for certain medical services.
- There was an increased awareness of up to 80% in the rural communities through many community sessions and mobile campaigns about the UHC program, its benefits and enrollment procedures.
- Many CHWs and volunteers were trained and deployed to support pre-enrollment activities, improve healthcare deliveries and address community needs.
- The traditional rulers in the various communities were involved in community sensitization programs to reduce cultural resistance.

Limitations

- Despite efforts to promote the scheme, many residents are not fully informed about the UHC program's benefits or enrollment procedures.
- Residents in remote areas of Muyuka and Tiko still face difficulties in accessing nearby health centers.

- Some healthcare workers reported unwillingness from the inhabitants in being pre-enrolled under the program.
- Healthcare facilities in Muyuka and Tiko still face limitations, including shortages of staff and inadequate equipment to handle the increased demand for services.
- Concerns about the financial sustainability of the UHC scheme were raised, particularly regarding its reliance on external funding.
- The data collected in the field could only be uploaded in the app in an area of accessible network and this was only at the head office.
- The CHWs gave incomplete data thus making pre-enrollments difficult.
- Poor network and constant crashes of the UHC app delayed pre-enrollments procedures.
- Residents unwillingness in letting CHWs to take images of them and their children because of security concerns.



Figure 7: Training of CHWs of Malende-Muyuka subdivision on the different thematic under UHC framework

PROJECT 2: SAFE SPACES: EMPOWERING RURAL SRHR EDUCATION THROUGH OUTREACH PROGRAMS AND ADVOCACY

Safe Spaces is an initiative developed by GOOFIRM aimed at empowering rural communities with critical knowledge about Sexual and Reproductive Health and Rights (SRHR). Through targeted outreach programs and advocacy, we strive to create environments where individuals, especially youth and women, can access comprehensive SRHR education and support.

GOOFIRM carried out a sensitization campaign on menstruation and menstrual health in three schools in Tiko: GHS Tiko, STARMOTEC Tiko, and SURE Foundation Tiko. This initiative aimed to educate students on menstrual health, break taboos surrounding menstruation, and emphasize the importance of gender-inclusive education, aligning with the values of the International Day of Education.

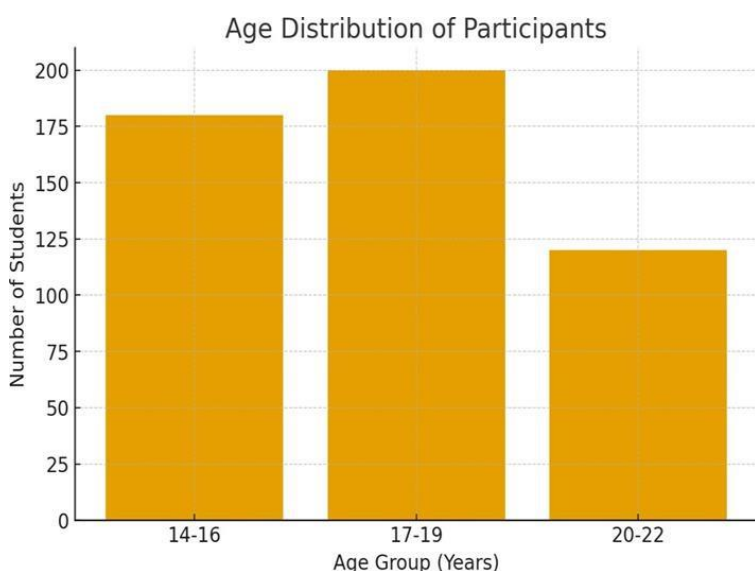


Figure 8: distribution by age

Gender Distribution of Participants (Total = 500)

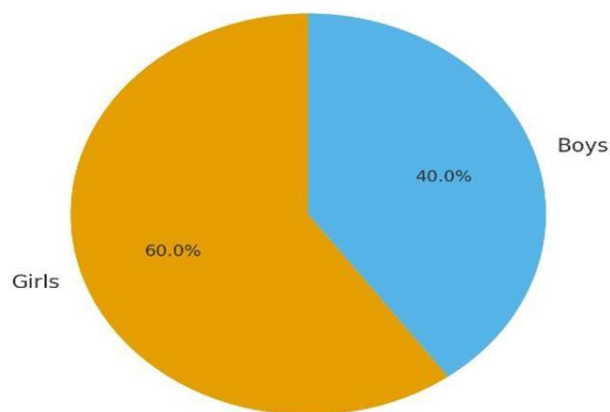


Figure 9: distribution by gender

Impact and Outcomes

- Improved Support from Boys: Boys expressed a stronger willingness to support their female peers, and some even volunteered to help organize future awareness activities.
- There was a noticeable shift in the attitudes of both boys and girls, with a growing acceptance of menstruation as a normal and natural process.

GOOFIRM carried out a sensitization campaign in Westcoast Idenau precisely in the communities of Soden, Scipio and Last Kombo; on the importance of safe sex practices and the significant role condoms play in preventing the spread of sexually transmitted infections (STIs), including HIV, and in promoting sexual health. In addition, GOOFIRM shared condoms to promote safe sex and sexual health in these communities.

Gender Distribution of Participants (Total: 100)

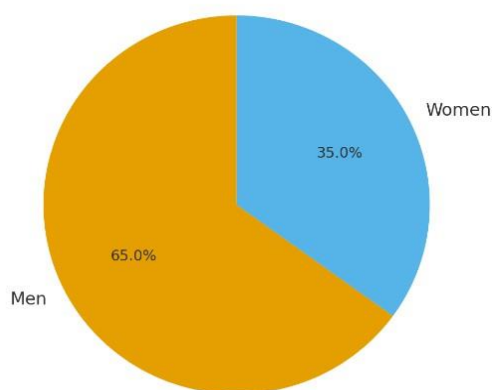


Figure 10: participants by age.

Impact and Outcomes

- The distribution of condoms directly addresses barriers to access, ensuring that community members have the necessary resources to practice safe sex.
- The open discussions and educational activities contributed to reducing the stigma around condom use and sexual health, encouraging individuals to approach these topics with more openness and confidence.
- By providing informative talks and demonstrations, community members gained a clearer understanding of the importance of condom use and how to use them correctly. This knowledge empowers individuals to make informed choices about their sexual health.

GOOFIRM carried out activities in the Mudeka and Scipio communities to address key issues affecting women and girls, focusing on sexual and reproductive health and rights (SRHR), menstrual hygiene management, and STI prevention.

International Women's Day Participation by Location (2025)

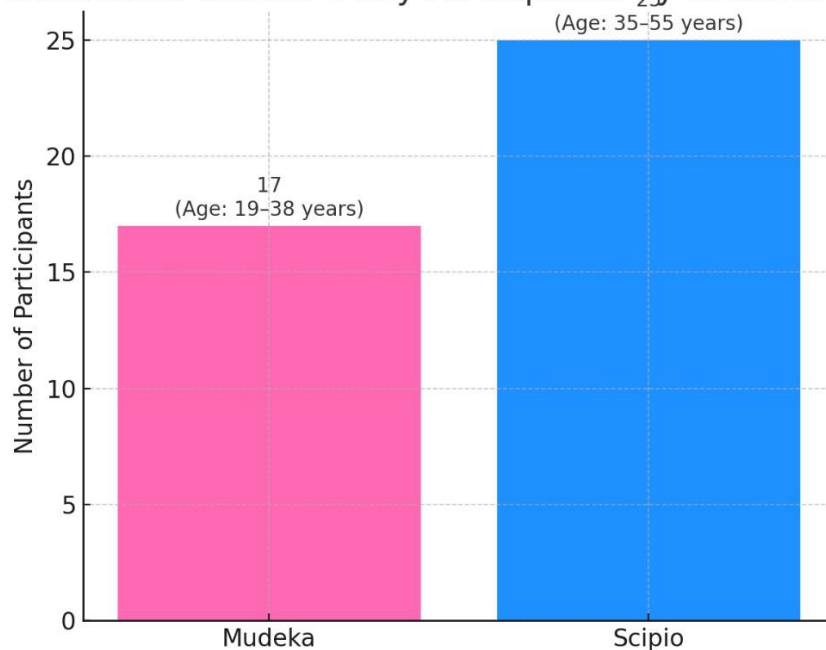


Figure 11: participants by location.

- **Mudeka:** The session was attended by 17 young women, aged between 19 and 38 years.
- **Scipio:** The session in Scipio had 25 participants, aged 35 to 55 years, mostly mothers and community leaders, interested in learning how to educate their children about SRHR.

Impact and Outcomes

In Mudeka, 75% of the young women gained a deeper understanding of menstrual hygiene and STI prevention, which were key health issues affecting their daily lives. The condom distribution was especially appreciated, and participants expressed their intent to use the knowledge gained to improve their own health practices.

In Scipio, 80% of the women attested to feeling empowered with the knowledge about SRHR. They now have the tools to approach sensitive health topics with their children, which is expected to positively influence family dynamics and youth health awareness in the community. Both sessions provided a safe space for women to openly discuss topics that are often considered taboo, such as sexual health, and were highly appreciated by the participants.

For GOOFIRM, menstrual hygiene is not just about health—it is about dignity, rights, and equality. By empowering young women and girls with knowledge, resources, and confidence, GOOFIRM continues to advance its mission of improving community health through research, awareness, and advocacy, while tackling barriers that undermine the sexual and reproductive health and rights (SRHR) of vulnerable groups.

In 2025, under the global theme “Together for a Period-Friendly World,” GOOFIRM – Health and Development Organization joined this important movement by organizing an outreach program in Ewongo Community, Fako Division, Southwest Region of Cameroon. The outreach was designed to address critical challenges faced by girls and women in managing their periods, especially the lack of accurate knowledge, cultural myths, and limited access to sanitary products. 35 Young women and adolescent girls from Ewongo and surrounding areas.

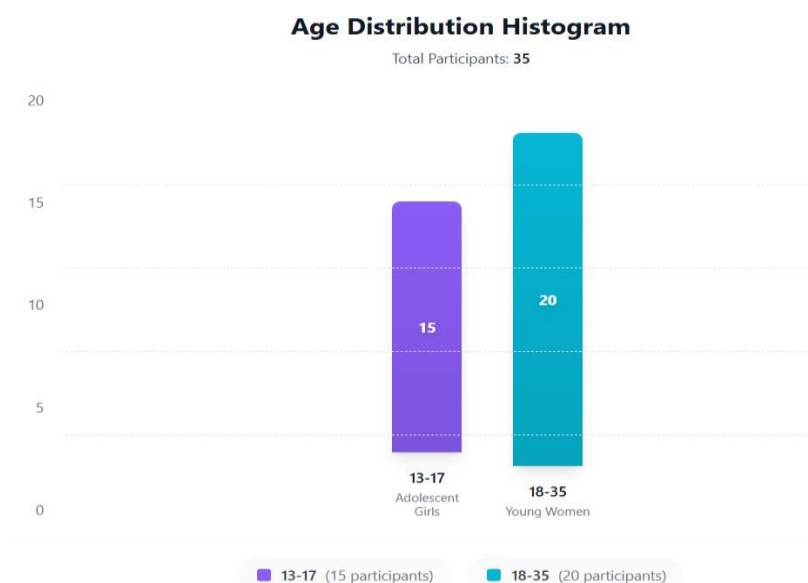


Figure 12: Age distribution of participants of dignity kits

Impact and Outcomes

- 85% of participants were able to correctly identify the phases of the menstrual cycle during a short recall session.
- Distributed 35 dignity kits, each containing sanitary pads, soap, detergents, toothbrush & toothpaste.
- All participants (100%) received and were trained to use menstrual tracking beads.
- 80% demonstrated correct use of menstrual beads during a practical quiz.
- 90% of participants stated they felt “more confident and informed” about managing menstruation after the session.
- 75% could identify and debunk at least one menstruation-related myth by the end of the session.



Figure 13: Beads making and menstrual cycle tracking using menstrual beads session Ewongo

Challenges

- Some students were initially shy or hesitant to talk openly about menstruation due to cultural taboos.
- While many boys participated, a few remained passive and less engaged in discussions.
- Without ongoing follow-up activities, there is a risk that the knowledge and attitude change may fade over time.
- Some community members were timid and shy to benefit from the condom distribution due to fear of how they would be perceived.
- Some initial reluctance to speak openly about menstruation.
- Although flyers were distributed, the demand for additional learning materials and sanitary items was higher than what was available.

Lessons Learned

- Interactive tools like menstrual beads make education more relatable and memorable
- Addressing stigmas requires building trust and engaging in culturally respectful conversations
- Future outreach should consider transportation logistics and increase kit quantities
- Hands-on condom usage demonstrations helped clarify misconceptions and built participants' confidence.
- Some participants were shy to collect condoms due to fear of judgment, showing the need for continued stigma-reduction campaigns.
- The openness and gratitude expressed by participants indicate readiness for more such sensitization campaigns.
- More men (65) than women (35) attended, highlighting the need for strategies to better engage women in future programs.
- Providing free condoms and knowledge simultaneously ensures participants are both informed and equipped to practice safe sex.
- Open discussions and Q&A sessions helped break silence and encouraged active learning.
- Involving boys in menstruation education reduces stigma and promotes supportive school environments.
- Providing educational materials and sanitary products enhances both learning and practical support.
- Creating a friendly and non-judgmental atmosphere helped students feel comfortable sharing experiences.
- Regular sensitization sessions and peer-led initiatives would ensure lasting impact.

Conclusion

The Safe Spaces initiative represents a crucial step toward empowering rural communities with the knowledge and resources they need to navigate their sexual and reproductive health. By combining outreach programs with robust advocacy efforts, we aim to create lasting change that not only improves individual health outcomes but also promotes broader societal acceptance and support for SRHR.

PROJECT 3: ADDRESSING CHRONIC RISKS THROUGH SCREENINGS, ADVOCATING FOR BETTER HEALTH POLICIES AND CORPORATE HEALTH CULTURES TO FIGHT AGAINST NON-COMMUNICABLE DISEASES (NCDs)

Addressing Chronic Risks: Fighting Non-Communicable Diseases (NCDs)

Non-communicable diseases (NCDs) such as diabetes, cardiovascular diseases, hypertension, kidney failure and cancer have emerged as leading causes of morbidity and mortality worldwide. These conditions often stem from preventable risk factors including unhealthy diets, physical inactivity, and tobacco use. At GOOFIRM, we recognize the urgent need to address these chronic risks through a multi-faceted approach: implementing routine screenings, advocating for better health policies, and fostering corporate health cultures. Our goal is to foster healthier communities by tackling the root causes of NCDs and encouraging proactive health management.



Figure 14: Capacity Building workshop for CNCD member organization

Regular health screenings are a critical component of proactive healthcare, particularly in the fight against non-communicable diseases (NCDs). Early detection through screenings enables individuals to identify health issues before they develop into more serious conditions, significantly improving health outcomes and reducing healthcare costs. GOOFIRM has been actively involved in facilitating regular health screenings, particularly for hypertension, pre-diabetes, diabetes, overweight, and obesity, using our mobile clinic services. This initiative aims to enhance health awareness and provide critical health interventions in underserved areas.

Our mobile clinics are designed to bring healthcare directly to the communities that need it most. They provide essential health screenings in a convenient and accessible manner, breaking down barriers that often prevent individuals from seeking care.

Results

Overall, the results show that the study population is largely young to middle-aged, male, and employed, but carries a significant burden of non-communicable disease risk factors, particularly hypertension, pre-diabetes, diabetes, overweight, and obesity. These findings underscore the urgent need for community-based health education, lifestyle modification interventions, and regular screening programs to prevent the progression of non-communicable diseases.

Overall sociodemographic variables for all participants

Variables	Categories	Frequency	Percentage (%)
Age(years)	18-29	62	28.6
	30-44	83	38.2
	45-59	44	20.3
	60+	28	12.9
	Total	217	100
Sex	Male	144	66.4
	Female	73	33.6
	Total	217	100.0
Occupation	Employed	192	88.5
	Unemployed	25	11.5
	Total	217	100.0
Blood Sugar	Low	3	1.4
	Normal	109	50.2
	Pre-diabetic	73	33.6
	Diabetes	32	14.7
	Total	217	100.0
Blood Pressure	Low	7	3.2

	Normal	55	25.3
	Pre-Hypertension	77	35.5
	Hypertension	78	35.9
	Total	217	100.0
Pulse	Low	14	6.5
	Normal	189	87.1
	High	14	6.5
	Total	217	100.0
BMI	Underweight	3	1.4
	Normal healthy weight	75	34.6
	Overweight	61	28.1
	Obesity class I	48	22.1
	Obesity class II	21	9.7
	Obesity class III	9	4.1
	Total	217	100.0
Location	Mile 4	14	6.5
	Bimbria	16	7.4
	Botoland	20	9.2
	Mosobo Beach	48	22.1
	Down Beach	31	14.3
	Batoke	12	5.5
	Mondoni Village	28	12.9
	Limbola	21	9.7
	Wovia	27	12.4
	Total	217	100.0

The majority of participants were young to middle-aged adults. Individuals aged 30–44 years constituted the largest proportion (38.2%), followed by those aged 18–29 years (28.6%). Participants aged 45–59 years accounted for 20.3%, while older adults aged 60 years and above formed the smallest group (12.9%). This indicates that most respondents were within the economically active age group.

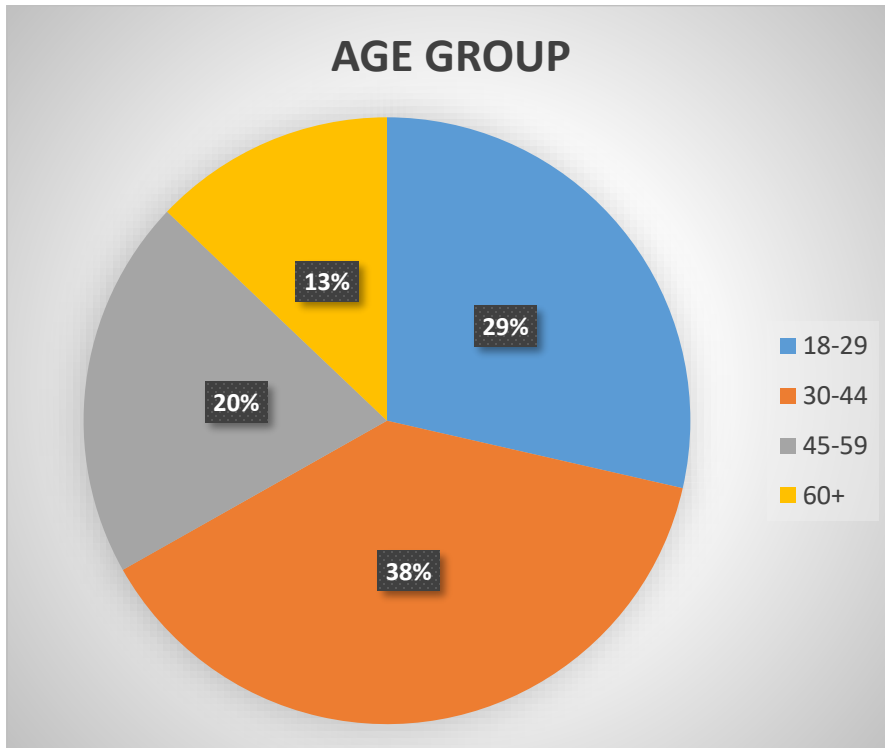


Figure 15: Overall age distribution of participants

There was a male predominance among participants, with 66.4% males compared to 33.6% females. This suggests higher male participation in the screening or outreach activities.

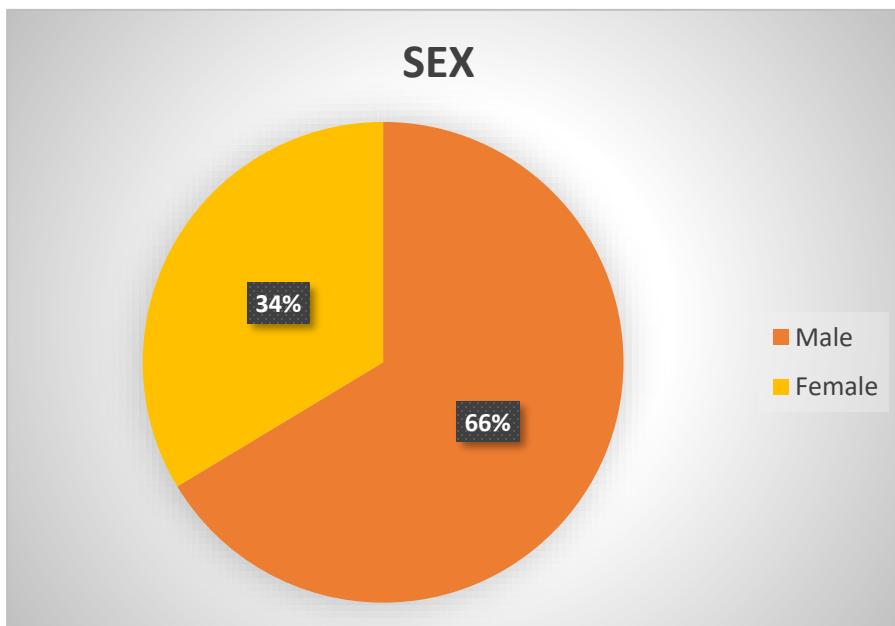


Figure 16: Overall Sex Distribution of participants

A large proportion of participants were employed (88.5%), while only 11.5% were unemployed. This reflects a predominantly working population, which may be associated with lifestyle-related health risks such as physical inactivity, stress, and poor dietary habits.

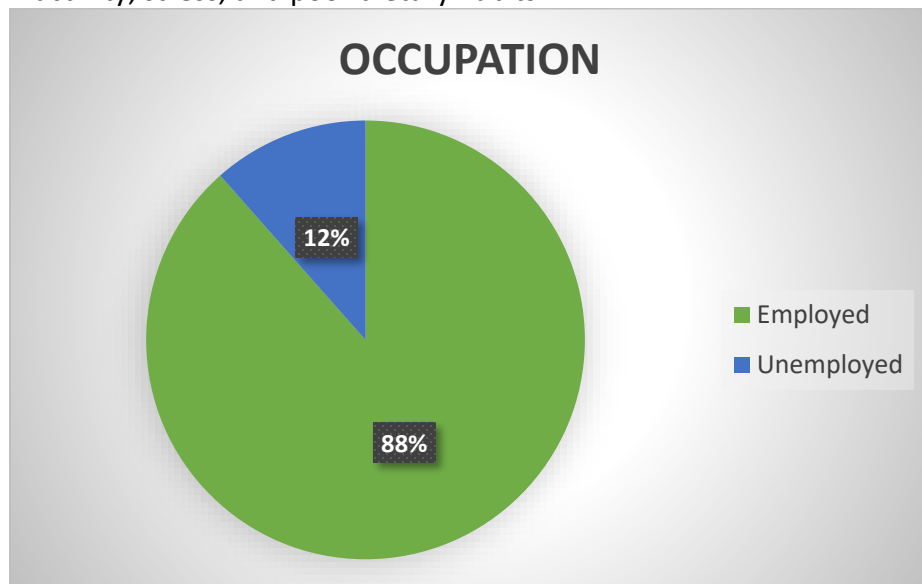


Figure 17: Overall occupational status of participants

Half of the participants (50.2%) had normal blood sugar levels. However, a substantial proportion were pre-diabetic (33.6%), and 14.7% were already diabetic, indicating a high burden of glucose regulation disorders within the population. Only 1.4% recorded low blood sugar levels. These findings suggest an increased risk of future diabetes among a significant segment of participants.

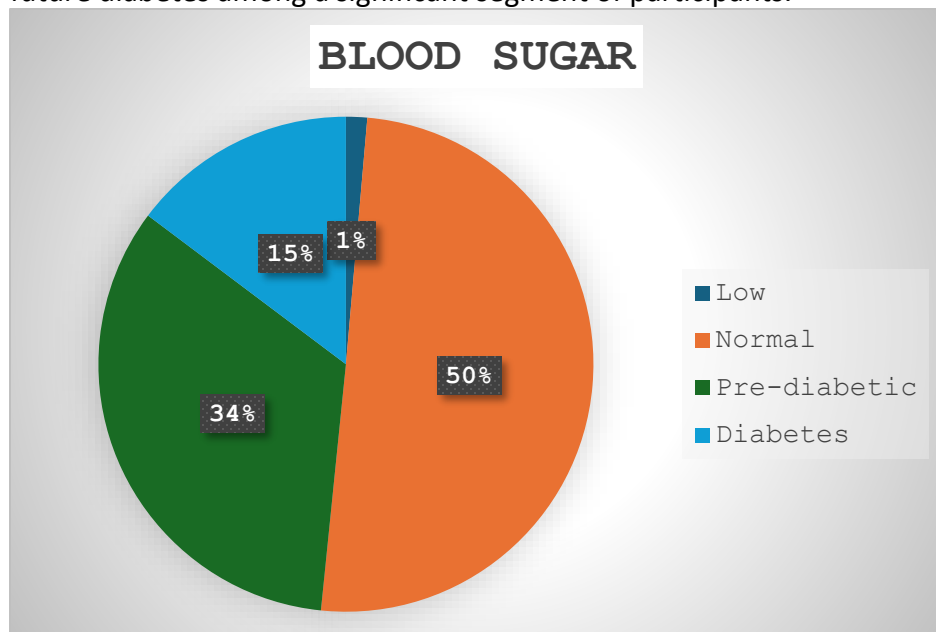


Figure 18: Overall Blood Sugar Levels of Participants

Only 25.3% of participants had normal blood pressure. The majority presented with elevated readings, with 35.5% classified as pre-hypertensive and 35.9% hypertensive. This shows a high prevalence of raised blood pressure, highlighting hypertension as a major public health concern in the study population.

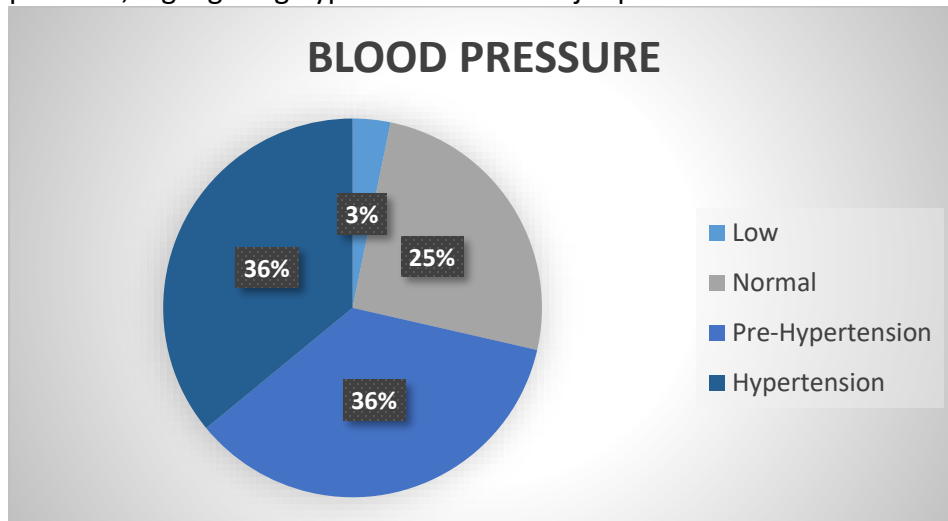


Figure 19: Overall Blood Pressure Status of Participants

Most participants (87.1%) had a normal pulse rate, while 6.5% had a low pulse and another 6.5% had a high pulse. Overall, pulse findings suggest generally stable cardiovascular function among most participants.

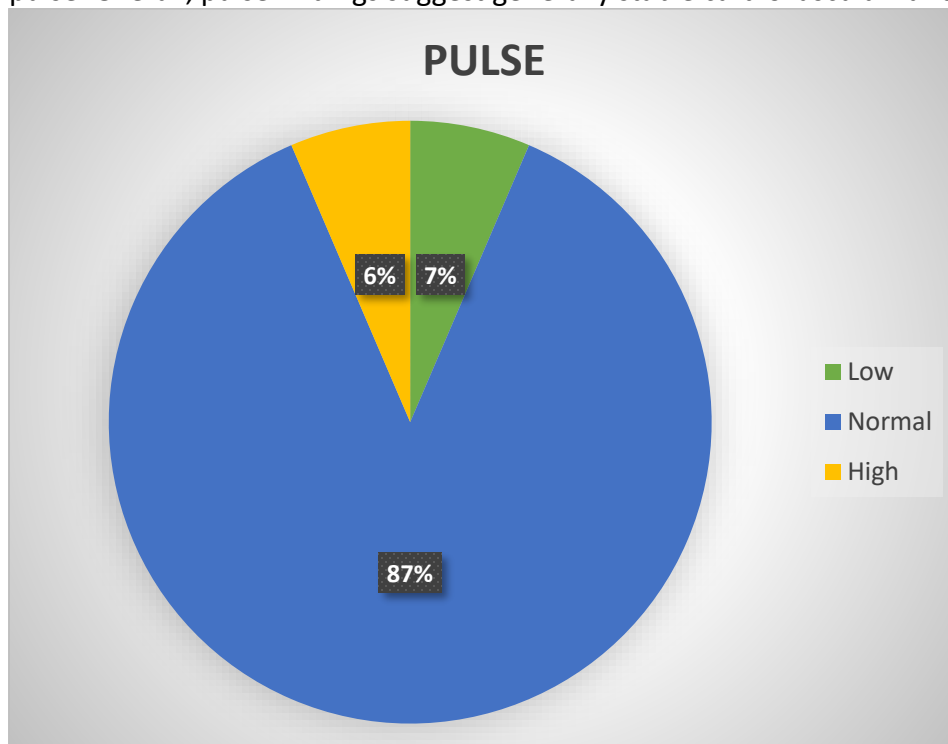


Figure 20: Overall Pulse Rate of Participants

Only 34.6% of participants had a normal healthy weight. Overweight individuals accounted for 28.1%, while those classified as obese (Classes I–III combined) represented 35.9% of the population. Underweight participants were minimal (1.4%). This indicates a high prevalence of overweight and obesity, which are known risk factors for diabetes, hypertension, and cardiovascular diseases.

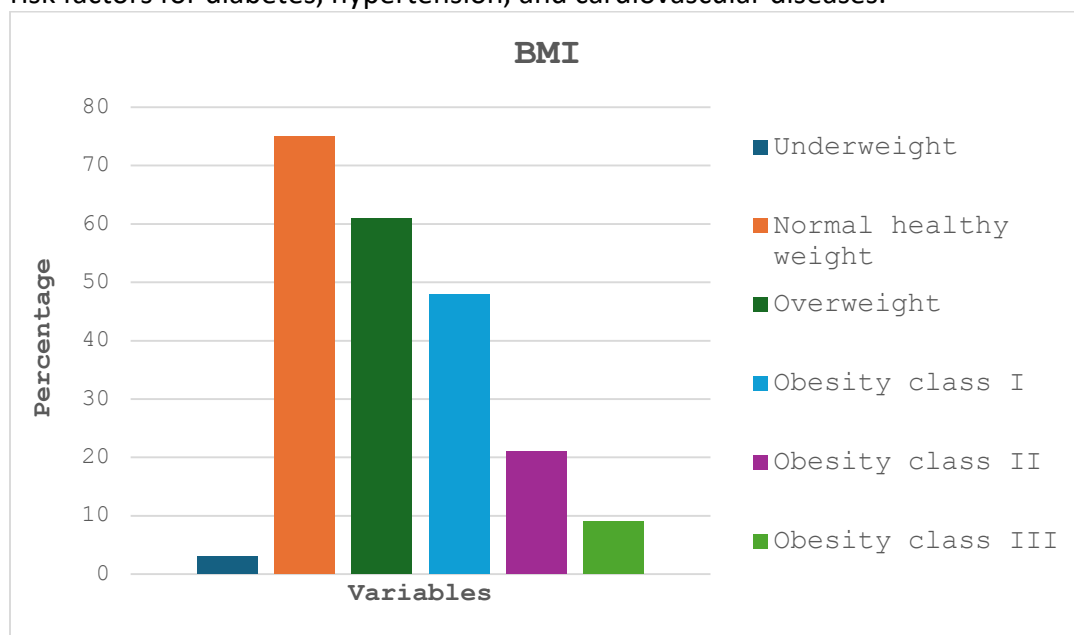


Figure 21: Overall Body Mass Index (BMI) of Participants

Participants were drawn from multiple communities, with the highest representation from Mosobo Beach (22.1%), followed by Down Beach (14.3%) and Mondoni Village (12.9%). Other locations contributed smaller but comparable proportions, ensuring broad geographic coverage of the study area

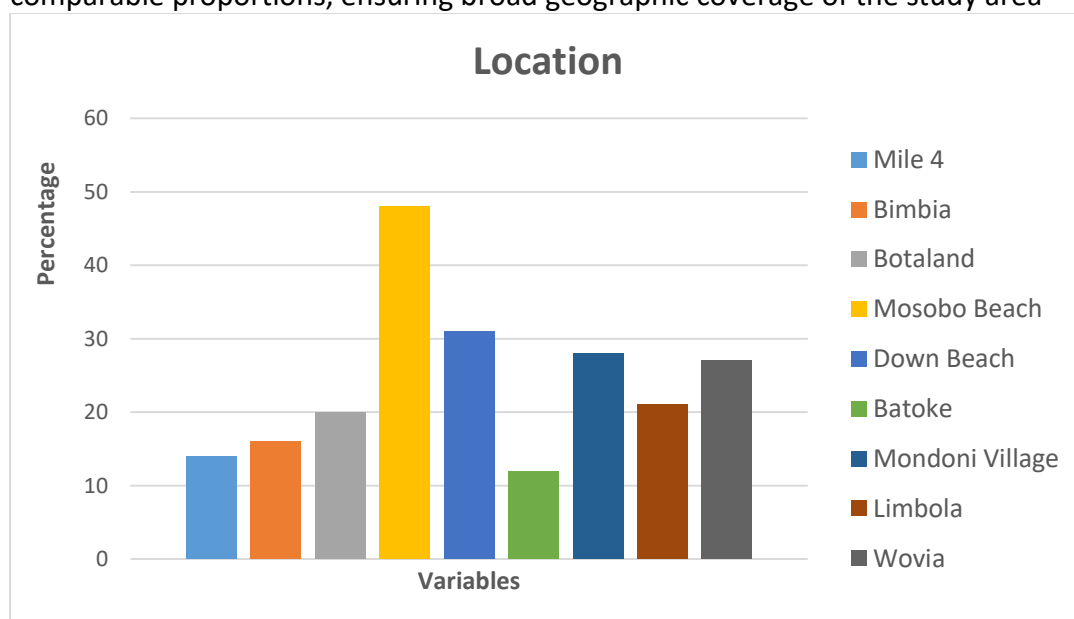


Figure 22: Overall Location distribution of participants

Addressing the chronic risks associated with non-communicable diseases requires a collaborative effort that encompasses routine screenings, robust health policies, and a culture of health within corporations. By implementing these strategies, GOOFIRM aims to significantly reduce the burden of NCDs in our communities and foster a healthier future for all. Together, we can make a profound impact on public health and empower individuals to take charge of their well-being.

PROJECT 4: ENSURING SAFE WATER ACCESS AND IMPROVING HYGIENE STANDARDS IN RIVERINE AND URBAN AREAS.

Access to safe water and proper hygiene standards are fundamental components of public health. GOOFIRM recognizes the critical need for these services in both riverine and urban areas, where populations often face significant challenges related to water quality and sanitation. Our initiatives aim to address these challenges through comprehensive strategies that promote health and well-being.

In collaboration with the Ministry of Water and Energy, CSOs, and the Southwest WASH Cluster, GOOFIRM visited the Last Kombo community, a fishing riverine area located at Down Beach, Limbe. GOOFIRM independently carried out a similar initiative in the Isobe community, another fishing settlement in West Coast Idenau.

Participants Number, roles, demographics

Total participants: 150

Demographics: 74% Females, 76% Males

Roles Represented:

- Government Representatives (5)
- CSOs (30)
- Inhabitants (115)

Key Outcome/Discussions

- Raising awareness about the importance of clean water and personal hygiene.
- Enhancing community knowledge on simple water treatment and disease prevention methods.
- Providing practical tools (aqua tabs and soap) to support the adoption of hygiene practices.
- Encouraging community engagement and ownership of public health measures

Feedback/Evaluation

- Participants from both communities expressed gratitude and a high level of interest in the sessions. Community members in Last Kombo and Isobe acknowledged the relevance of the information provided, especially given their dependence on river and coastal water sources.
- Verbal feedback indicated that many were learning about aqua tabs for the first time and were eager to start using them. The participatory approach adopted during the sessions facilitated better understanding and trust

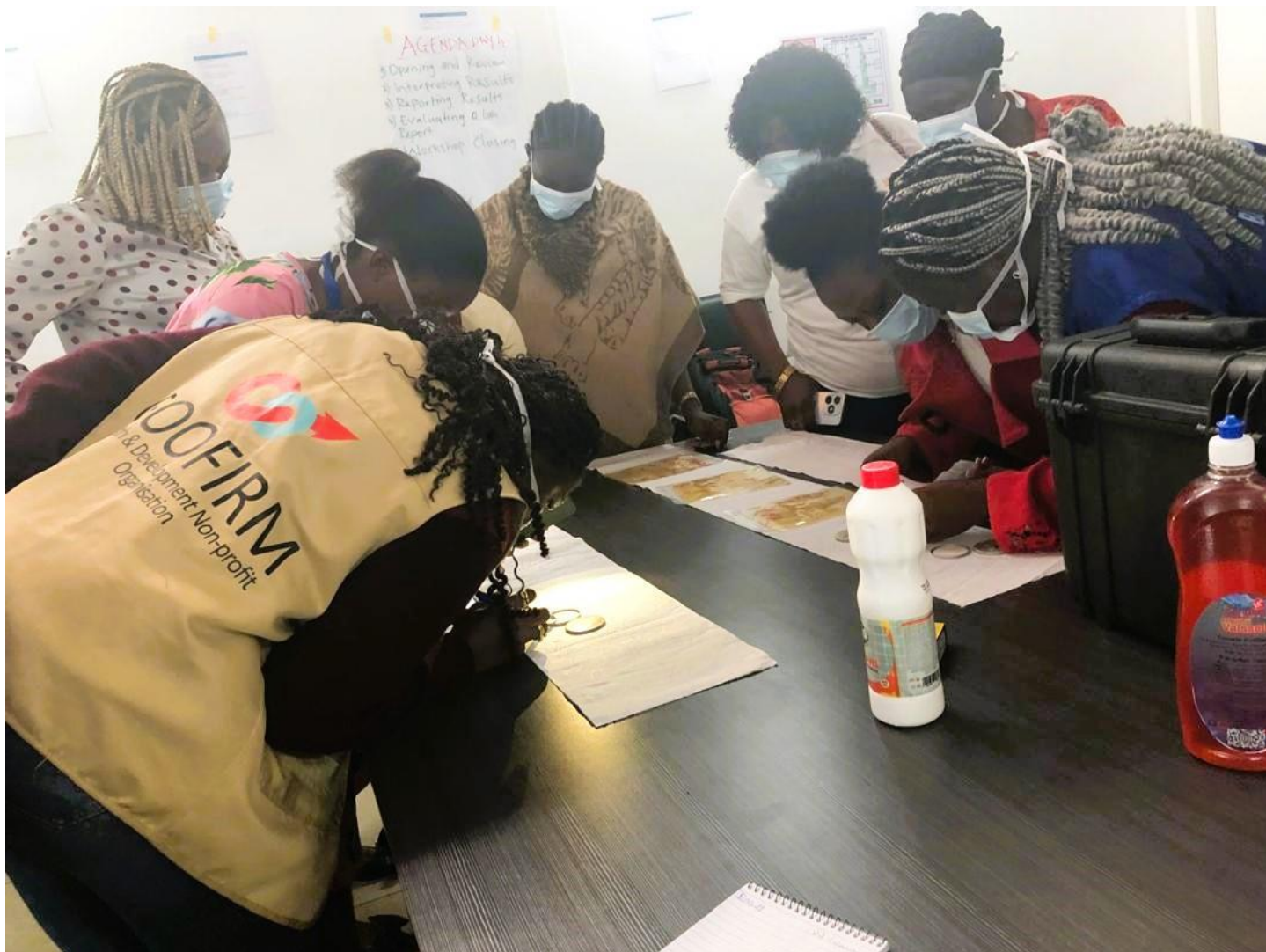


Figure 23: Drinking water quality testing training Buea offered by Research without borders organisation

The Drinking Water Quality Testing Training conducted by Research Without Borders Organization in Buea had a significant impact on both participants and the broader community. Here are the key areas of impact:

1. Enhanced Skills and Knowledge

- **Training Effectiveness:** Participants gained hands-on experience in water testing methodologies, improving their practical skills in sampling and analyzing water quality.
- **Increased Understanding:** Participants learned about water quality standards, contaminant types, and their implications for public health, leading to more informed decision-making in their communities.

2. Improved Water Quality Monitoring

- **Local Capacity Building:** Trained individuals have become local experts in water quality testing, enabling communities to monitor their own water sources regularly.

- **Early Detection:** Enhanced skills have led to the early identification of water quality issues, allowing for timely interventions to address contamination and protect public health.

3. Community Empowerment and Advocacy

- **Awareness Campaigns:** Participants have engaged in outreach activities to educate their communities about the importance of water quality and safe drinking practices, fostering a culture of health and safety.
- **Community Engagement:** Empowered community members now advocate for better water management practices and increased investment in water quality infrastructure.

4. Collaboration and Networking

- **Strengthened Partnerships:** The training facilitated connections between local health officials, environmental organizations, and community leaders, leading to collaborative efforts in monitoring and improving water quality.
- **Resource Sharing:** Participants have formed networks to share resources and information, enhancing the collective capability to address water quality challenges.

5. Positive Health Outcomes

- **Reduction in Waterborne Diseases:** With better understanding and testing of water quality, there has been a decrease in the prevalence of waterborne diseases in communities served by trained individuals.
- **Increased Public Health Awareness:** Community members are now more aware of hygiene practices and the importance of safe drinking water, leading to healthier lifestyles and improved overall well-being.

By equipping local stakeholders with essential skills and knowledge, Research Without Borders Organization empowered communities to take proactive steps in ensuring safe water access and improving hygiene standards. The ripple effect of this training promises lasting benefits, contributing to healthier, safer environments for all.

PROJECT 5: SUPPORTING AND EMPOWERING MOTHERS OF PRETERM BABIES, RAISING AWARENESS ON BABY HANDLING TECHNIQUES LIKE KANGAROO MOTHER CARE (KMC), AND PROVIDING ESSENTIAL SUPPORT ITEMS TO IMPROVE NEONATAL WELLBEING.

Premature birth presents numerous challenges for both infants and their families. At GOOFIRM, we are dedicated to supporting and empowering mothers of preterm babies by raising awareness about crucial baby handling techniques, such as Kangaroo Mother Care (KMC), and providing essential support items to enhance neonatal well-being. Preterm birth remains one of the leading causes of infant mortality in Cameroon. Teenage pregnancies further heighten vulnerability due to limited financial resources, reduced access to information, emotional stress, and weak support systems. In response, GOOFIRM designed this activity to provide emotional, educational, and material support to mothers of preterm infants admitted at Limbe Regional Hospital.

A total of twenty-two (22) pre-term mothers participated in the activity and amongst them, four (04) preterm mothers benefited from the initiative. The beneficiaries were mothers aged between 14 and 37 years, and each mother received a support kit containing baby clothing, hygiene items, blankets, and basic newborn care materials.

Participants

Total: 22 Preterm Mothers

Age range: 14 – 37 years

Support Kit Beneficiaries

Total: 04 preterm Mothers

Age Range: 14–34 years

Selection Criteria: Age, financial vulnerability, length of neonatal stay

Hospital Staff: Neonatal Unit Staff (05)

GOOFIRM Team:

Health Officer (01)

Gender Officer (01)

Methodology / Facilitation Style

The activity adopted an interactive, mother-centered approach. The health personnel from the Neonatal Unit delivered a brief sensitization session, followed by one-on-one engagement between GOOFIRM team members and each mother. The means of facilitation included verbal education on preterm and newborn care, demonstration and explanation of baby handling techniques like Kangaroo Mother Care (KMC), empathetic counselling and emotional support and distribution of essential support kits.

This project strengthened collaboration between GOOFIRM and Limbe Regional Hospital, increased visibility for community-led neonatal support initiatives, and contributed to improved maternal confidence, awareness, and newborn care practices.

Objectives	Indicator	Baseline	Results	Means of Verification
Outcome 1: Improved knowledge on preterm care and KMC among teenage mothers	% Of mothers who can correctly explain KMC benefits	25%	100% (22/22 mothers)	Verbal Q&A, nurse observations
Outcome 2: Increased emotional and psychosocial support for preterm mothers	% Of mothers reporting feeling supported and encouraged	Not documented	100%	Verbal feedback
Outcome 3: Improved access to essential newborn care materials	Number of mothers receiving support kits	0	4	Distribution list
Outcome 4: Strengthened GOOFIRM–Hospital collaboration	Number of joint activities implemented	0	1	Activity report
Impact: Improved maternal confidence and neonatal care practices	% Of mothers expressing confidence in newborn care	Not documented	80%	Post-activity feedback

Challenges

- Limited funding restricted the number of mothers supported
- Emotional distress among some mothers due to their babies' fragile condition
- Limited space within the Neonatal Unit constrained interaction time

Lessons Learned

- Early coordination with health facilities improves implementation
- Support kits remain a critical need for preterm mothers
- Community-led interventions significantly enhance neonatal care outcomes

Recommendations

- Expand future outreach to support 10–15 preterm mothers
- Include health talks on lactation, hygiene, and postnatal mental health
- Mobilize additional partners and donors to sustain the initiative
- Introduce follow-up visits to assess ongoing maternal and neonatal needs

GOOFIRM successfully combined awareness, psychosocial support, and material assistance for mothers of preterm babies. While 22 mothers benefited from health education, the targeted support provided to four preterm mothers addressed urgent vulnerability and reinforced equitable intervention.



Figure 24: Beneficiaries of the support kits

The activity demonstrated that small, well-targeted actions can have a big impact on maternal confidence and neonatal care outcomes.

Conclusion

By supporting and empowering mothers of preterm babies, GOOFIRM aims to make a significant impact on neonatal health and family well-being. Through education, awareness, and the distribution of vital support items, we are committed to ensuring that every mother has the tools and knowledge necessary to provide the best possible care for their preterm infants. Together, we can foster a nurturing environment that promotes healthy growth and development for all newborns.

PROJECT 6: PROPELLED PROGRESS: RESILIENCE OF A PUBLIC SERVANT – A Success Story

The execution and impact of GOOFIRM's 2025 IDPD initiative: a short documentary focusing on Madame Kaivi Kate, an effective and long-serving civil servant working at the Divisional Officer's (D.O.'s) office in Limbe 1. The primary objective was to challenge negative stereotypes, promote inclusive employment, and celebrate the professional contributions of persons with disabilities (PWDs). The film was successfully produced and disseminated across GOOFIRM's media platforms, achieving a total of 521 impressions and an engagement rate breakdown led by 81.8% Likes, demonstrating strong positive reception and affirmation of the project's central message.

Methodology

The activity employed a Qualitative Documentary Approach coupled with Quantitative Media Performance Tracking.

- *Documentary Production:* A short, narrative-driven documentary style was used to capture the personal and professional journey of Madame Kaivi Kate. It utilized observational footage (daily routines) and interviews (staff testimonies) to build a compelling case for her effectiveness.
- *Data Collection (Testimonies):* Testimonies from colleagues at the D.O.'s office focused on specific examples of her professionalism, dedication, and integration into the team, directly addressing potential biases about work performance and disability.
- *Dissemination and Tracking:* The final video was posted simultaneously across all GOOFIRM social media platforms. Performance data was tracked for two weeks' post-launch, focusing on key metrics provided by the respective platform analytics.

Key Outcomes

The project yielded significant qualitative and quantitative results:

A. Qualitative Outcomes (Message Impact)

- *Positive Narrative Shift:* The documentary successfully presented a powerful counter-narrative to disability stereotypes, portraying Madame Kate as a dedicated, effective, and valued employee.
- *Advocacy Highlight:* The footage from the D.O.'s office established a best-practice model for inclusive employment within the public sector.
- *Staff Affirmation:* Staff testimonies strongly affirmed Madame Kate's professional value, emphasizing that her disability is not a hindrance to her work since 2015.

B. Quantitative Outcomes (Media Performance - 2 Weeks)

Metric	Value	Breakdown
Total Impressions	521	N/A
Total Engagement	55	N/A
Likes	45	81.8%
Comments	4	7.3%
Reposts	6	10.9%

Feedback and Evaluation

A. Internal Evaluation (GOOFIRM Team)

The project was deemed highly successful in meeting its qualitative objectives of awareness and advocacy. The video quality and message clarity were excellent and relevant to the IDPD theme.

B. External Evaluation (Audience Data)

- **High Positive Sentiment (Likes):** The dominant metric was Likes (81.8%), indicating that the audience strongly resonated with and affirmed the positive message of inclusion and capability.
- **Moderate Sharing:** A respectable 10.9% Repost rate suggests the content was deemed valuable enough to be shared with personal networks, extending its reach beyond GOOFIRM's direct followers.
- **Low Dialogue (Comments):** The low comment rate (7.3%) indicates that while the video was highly appreciated, it did not significantly spark public dialogue or extensive conversation about the topic, which is often a goal for advocacy content.

Lessons Learnt

- **Positive Narratives Drive Affirmation:** Content that celebrates successes and provides a positive role model (like Madame Kate) attracts high affirmation (Likes). This strategy is effective for building goodwill and challenging soft biases.
- **To Drive Dialogue, Ask Questions:** To increase the engagement rate in the future (especially comments), posts should explicitly include a call-to-action or a question (e.g., "Do you know a PWD thriving in their workplace? Share their story!").
- **Filming in Official Settings Adds Credibility:** The cooperation of the D.O.'s office added immense weight and authority to the advocacy message, reinforcing the legitimacy of inclusive employment.

Video Links of documentary

<https://www.facebook.com/share/v/1FgnriXtKH/>

<https://www.instagram.com/reel/DR1vXArjdqw/?igsh=MTE1ejVpZ2lycG50aw==>

<https://x.com/i/status/1996561434768027723>

<https://vt.tiktok.com/ZS5TCvwpg/>

https://www.linkedin.com/posts/goofirm_idpd2025-inclusionmatters-goofirm-activity-7402307961894883328-

[Vpnc?utm_source=share&utm_medium=member_android&rcm=ACoAADr3J7wBkbZukOtomlR0F9sF8_m8xGL1nU](https://www.linkedin.com/posts/goofirm_idpd2025-inclusionmatters-goofirm-activity-7402307961894883328-Vpnc?utm_source=share&utm_medium=member_android&rcm=ACoAADr3J7wBkbZukOtomlR0F9sF8_m8xGL1nU)

Conclusion

The GOOFIRM IDPD 2025 documentary on Madame Kaivi Kate was a well-executed and impactful advocacy project. It successfully leveraged a personal story to promote a national message of inclusion and workplace equality for persons with disabilities. The high positive engagement indicates that the message resonated widely. Moving forward, GOOFIRM should continue to prioritize storytelling that highlights PWD achievements while integrating explicit calls-to-action to further stimulate public dialogue and practical change.

4. RESULTS AND IMPACT

Quantitative

- 12, 075 individuals reached during 16 Days of Activism against GBV.
- 500, 300 girls and 200 boy's students educated on menstrual health across 3 schools.
- 200 children, 117 girls and 83 boys participated in Day of the African Child activities.
- 1,000 individuals screened for NCDs during Walk for Life.
- 150, 74% Females, 76% Males participants engaged in World Water Day hygiene promotion.
- 125, 55 Females (44%) and 70 (56%) Males community members screened for malaria.
- 100, 35 women and 65 men community members trained on condom use and safe sex.
- 50, 35 Females (70%), 15 Males (30%) participants screened for chronic diseases on World Health Day.
- 35 girls received menstrual health kits and training.
- 22 preterm mothers supported with education and materials.
- 11, 8 Females (73%), 3 Males (27%) staff members screened for diabetes, with 4 referred for follow-up.
- 3 public toilets cleaned and maintained, with 63.3% cleanliness improvement.
- 650 social media impressions for sanitation advocacy.
- 50, 35 Females (70%), 15 Males (30%) participants engaged in World AIDS Day sensitization.
- 521 impressions for IDPD documentary with 81.8% positive engagement.

Qualitative

- ✓ Increased openness in discussing menstruation and sexual health among youth.
- ✓ Improved community knowledge on GBV, digital violence, and support services.
- ✓ Enhanced confidence among girls in managing menstrual health.
- ✓ Strengthened collaboration with hospitals, schools, and government agencies.
- ✓ Reduced stigma around HIV and diabetes through education and screening.
- ✓ Empowered mothers of preterm babies with knowledge and emotional support.
- ✓ Fostered community ownership of sanitation and hygiene practices
- ✓ Promoted disability inclusion through positive storytelling and advocacy.
- ✓ Identified women as key health champions in community wellness initiatives.

5. CHALLENGES & MITIGATION STRATEGIES

Challenge	Impact	Mitigation Strategy
Resource Constraints	Limited funding for large-scale rural outreach and material distribution (test kits, dignity kits).	Pursuing dedicated grant writers and increasing corporate sponsorship.
Logistics & Accessibility	Low turnout in rural areas due to travel difficulties and poor road access.	Expanding partnerships with local leaders to improve mobilization and local ownership.
Participant Late Arrivals	Delayed session starts and reduced time for interactive Q&A/discussions.	Improving schedule communication and considering transportation support for vulnerable groups.

Challenge	Impact	Mitigation Strategy
Cultural Taboos	Initial reluctance to discuss sensitive topics like condom use or menstruation.	Using interactive, non-judgmental methodologies (Q&A, demonstrations) to build trust.

6. PARTNERSHIPS, PEOPLE & STAKEHOLDER ENGAGEMENT

- **Government:** Ministry of Social Affairs (MINAS), Ministry of Public Health, Ministry of Water and Energy, and the Divisional Officer's Office in Limbe, Limbe City Council.
- **NGOs & Coalitions:** RADA, RDWB, Cameroon NCD Alliance (CNCDA), and Southwest WASH Cluster.
- **Community:** Quarter heads and chairpersons in Westcoast Idenau, Mudeka, Scipio, and Tiko.

7. FUTURE INTERVENTIONS 2026

- strengthen access to health care services and reduce out-of-pocket payment under the Universal Health Coverage framework.
- Bridging the gap in rural SRH education and for people with disability access to SRH
- Mapping and assessment of public WASH Facilities
- Utilize strategically placed speakers in areas of high masculine density to broadcast recorded messages that promote positive masculinity and raise awareness about GBV
- Secure legal identity documents and restore access to essential services and rights for GBV victims, Street Children, and Teenage Mothers.
- Enhancing sustainable agricultural practices to promote Livelihood and Nature Conservation
- Amplifying the voice of the next generation through the distribution of learning kits to support lifelong learning opportunities for all
- Empowering 250 highly vulnerable youths, women, and men with foundational literacy skills and social/physical well-being necessary for formal/informal integration.
- Equip 150 Bororo children (60% girls) with foundational skills in computer programming, coding, and basic robotics, bridging the educational gap for pastoralist communities.

8. MORE OF OUR WORK



Figure 25: Putting smiles on the faces of vulnerable children we serve

Website: <https://www.goofirm.org/>

LinkedIn: <https://www.linkedin.com/company/goofirm/>

TikTok: <https://www.tiktok.com/@goofirm>

Twitter: https://x.com/goofirm_f

YouTube: <https://www.youtube.com/@goofirm237>

Facebook: <https://web.facebook.com/goofirm/>

Instagram: <https://www.instagram.com/goofirm/>

WhatsApp Channel: <https://whatsapp.com/channel/0029VbBMrAFly6d9BovvXz1a>



Figure 26: Community-Based Tracking (CBT) for Immunization (COMBAT) Workshop



Figure 27: Empowering rural women in agriculture and community development.



Figure 28: "Planning and Budgeting for Children's Rights: Progress since 2010."



Figure 29: 16 Days of Activism against GBV



Figure 30: 3 public toilets cleaned and maintained, with 63.3% cleanliness improvement



Figure 31: Mobile Clinic for NCDs Screening in Limbe



Figure 32: 10km Solidarity Walk against NCD



Figure 33: Boys' Inclusion is Key: Involving boys in menstruation education to reduce stigma and promote supportive school environments.

9. STAFF LIST AND VOLUNTEERS

No.	Name	Position/Role
1	Derick Mwambo	Executive Director
2	Esong Sandra	Health & Wash
3	Asua Lorna	Finance & Operations
4	Dr. Zigo Nelly	Gender & Advocacy
5	Elad Job	Grant Writer
6	Ako Shannaph	Driver & Logistics
7	Diale Zipha	Volunteer Gender & Advocacy
8	Meffo Brenda	Volunteer Nature CONSERVATION
9	Njobe Flaubert	Volunteer Community Outreach
10	Forbi Anna	Volunteer Wash Communication
11	Armél Guillaîne	Volunteer Livelihood Agriculture
12	Elema Mbandi	Intern Programs Officer
13	Kebei Ngong	Volunteer People & Culture
14	Woyeyah Hyvilia	Volunteer Wash & Health
15	Enanga Pamela	Volunteer Community Mobilizer
16	KATE Kaivi	Case Study Subject/Disability Inclusion Advocate
	CHWs & Local Volunteers (15)	Community Health Workers & Pre-enrollment Support