RESTORE HEALTH

Restore Health Alliance Cameroon

Authorisation:915/G.37/C84/VOLI/3AP
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Restore Health Alliance Cameroon
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Vision

A Healthier, empowered Limbe Community where vulnerable people can access quality health support, prevention services and dignity-driven care regardless of income.

Mission

- To assist local communities to their door steps especially vulnerable and mentally unstable
- To sustain and harness capacity building programs free of charge
- To improve access to free essential healthcare
- To foster multi-sector partnership to improve campaigns such as humanitarian services like cleanup campaigns
- To carry out mental health and psycho social support/needs

Core Values

- Compassion and dignity
- Integrity and transparency
- Accountability
- Evidence based action
- Community participation
- Respect and non-discrimination

Mission:

- To assist local communities with medical assistance especially vulnerable disabled persons and mentally unstable
- To sensitive and harness capacity building programs
- To foster multi sector partnerships to improve community outreach, education and humanitarian services
- Community volunteering without discrimination
- To mobilise volunteers as local implementers for partners and sustainable de-

velopment initiatives
Empowering,capacity building and information technology.

Strategic Goals

Objective: 3 – 5 main goals for the first 2 – 3 years

Case example

Goal A: Health Education and Prevention

- Conduct community sensitization on common issues (HIV/STI'S Malaria, hygiene, maternal health, TB awareness, nutrition, reproductive health, disability, inclusive health)
- Train community health volunteers and peer education

Goal B: Vulnerable Patient Support and Referrals

- Provide basic support e.g. transport, stipend, medicine referral support, hygiene, kits follow up, coordination
- Create a simple part way with partners clinic hospitals

Goal C: Community Outreach Programs

- Run monthly outreach in selected neighbourhood in Limbe
- Support schools/community groups with health talks and screenings

Goal D: Organizational Capacity and Governance

- Establish strong leadership, volunteer management, financial controls and reporting systems
- Build partnership and credibility to attract funding

Goal E: Income Sustainability

- Diversity funding source beyond donations (grants, partnership, revenue generating programs)

Action Plan (First 12 – 18 months)

Phase 1: Setup and Credibility (1- 3 months)

Activities

- Finalize NGO structure, board coordinator, leadership etc
- Draft policies: safeguarding, complaint mechanism, conflict of interest, child protection
- Authorisation control
- Proposal template, logbooks, monitoring forms
- Partnership templates and possible organs

Deliverables

- Approved work plan and budget
- Volunteer roster and training plan
- Referral SOP (standard operating procedure)

VISIT BY STAKEHOLDERS OF FAKO

Financial Report on the launching of Restore Health Alliance Association Limbe 14th August 2026.

The event took place at Ebenezar Baptist church Hall Down Beach Limbe and began at 11am.
It began with an opening Prayer, singing of the Cameroon National anthem. Then followed a welcome from the Fako desk coordinator Mr Shey and then formal introduction of everyone.
Then came the arrival of authorities of Fako from Ministries of Youth, Health and National Youth Council. A health talk was presented by Mr Kwalar on Health and the factors surrounding our freedom.
A free medical blood testing was carried out for everyone.
The President of Restore health Mr Bonko lesley gave a speech on the vision, mission and it's modules especially the challenges communities faced and the responses thanks to Restore Health Alliance Cameroon Volunteers and partners humanitarian assistance. He encourage the vulnerable disabled persons to know they are part of the vision and that in the days ahead another seminar will be held with those who indicted empowerment. In response, the different stakeholders presented greetings from their hierarchy and pledge full support to Restore Health Alliance Cameroon.
The last presentation came a song and word of appreciation from the leaders of the vulnerable persons living with disability association.
It ended with a group photograph.

Expenses:

Bags of rice worth =190000frs were donated

4 cartoons of groundnut oil = 60000frs

Invitation of stakeholders = 90000frs

T shirts =140000frs

Medical kits and materials = 120000frs(partnership reduction)

Transport =15000

Media = 40000frs

Hall rental = 70000

Total: 725,000frs

Thank you!

Phase 2: Piloting Community Engagement (South West in general)

- Sensitization
- Outreach 2 – 3 days with partnering clinics
- Set up eligibility documents
- Follow up volunteer teams

Deliverables

- Baseline need assessment reports
- Outreach calendar
- Attendance beneficiary tracking system

Phase 3: Expand and Improve Impact (9 – 12 months)

Activities

- Launch targeted programs like malaria prevention, hygiene, maternal health support education
- HIV/STI awareness and linkage to services

Strengthen Fundraising

- Submit proposals to donors
- Partner with local companies for community responsibility programs

We begin with a simple monitoring and evaluation cycle (monthly review)

Deliverable

- First year impact report (numbers, stories, challenges)
- Updated proposal portfolio

Phase 4: Sustainability and Scaling (13 – 18 months)

Activities

- Implement revenue supporting activities
- Expand to more neighbourhood or partner institutions
- Apply for grants, corporate partnership and possible government linked programs

Deliverables

- Annual report to audited account plan (as resources allowed)
- Next 2 year strategic plan draft

As an NGO, we need to pursue legal and ethical income streams. Let's avoid anything that compromises the mission.

A) Grants and Donor Funding (Primary)

We write proposals for:

- ✓ Health Education programs
- ✓ Community outreach

- ✓ Vulnerable patient support
- ✓ Capacity building and volunteer training

B) Corporate Social Responsibility (CSR) Partnerships

- Pharmacies and health product distributors
- Telecom companies
- Super markets/retailers
- Logistics companies (transport support)

C) Community Health Kits Supply (Social Enterprise Model)

We are partners with wholesalers and resell kits at a reasonable margin or sell with cost subsidizing to vulnerable. Possible kits include;

- Hygiene kits
- Mosquito nets (only trusted channels)
- Basic first Aid kits (handle with safety and partner guidance)

D) Fund Raising Campaigns

- ✓ Support a patient transport fund
- ✓ Hygiene kit for a family
- ✓ Sponsor a health outreach month
- ✓ Mental health solution campaign amongst youths

E) Diaspora and Community Philanthropy

Limbe has a strong community network; diaspora often support local causes.

F) Monitoring and Reporting

- ✓ Number of outreach sessions conducted
- ✓ Number of people reached (disaggregated: age/male/female/group)
- ✓ Number referred to partner clinics
- ✓ Number of beneficiaries supported (types of support)
- ✓ Number of volunteers trained
- ✓ Amount of funding received and spent with budget breakdown

Results and Possible feedbacks

1. Health focus: HIV/STIs/disability inclusion
2. Low income patience, community at large
3. Pharmacies, hospitals
4. We started with 500,000frs (five hundred thousand francs)
5. We then met 3,000 persons in 30 communities across the reion.

In conclusion, we can propose a concept note and a detailed 12 months budget outline and a project proposal template to request for funding.

3. Strategic Integration for Restore's Fundraising

3.1 Urgent Funding Opportunities

Crisis Donor Entry Point Restore's Advantage
Cholera Prevention UN OCHA humanitarian pooled funds Existing Limbe community presence; WASH/health capacity
Flood Response Red Cross DREF, EU ECHO Active in affected neighborhoods; established partnerships
GBV/Protection GIZ PROSCIG, UNFPA Existing vulnerable group outreach; survivor support

3.2 Proposal Narrative Recommendations

1. Frame Limbe I/II activities as "building resilience in a cholera-vulnerable, flood-affected region"
2. Align with World Health Days: Submit proposals timed with relevant observances (e.g., World Birth Defects Day for surgical missions, World Mental Health Day for trauma support)
3. Link to current emergencies: Document how flood-affected vulnerable persons received Restore's food/medical support
4. Highlight "No contingency stock" gap: Position Restore as filling critical government capacity gaps

4. Recommended Immediate Actions

Action Timeline Expected Outcome

Issue emergency appeal for Limbe flood survivors Immediate Small donor/GlobalGiving funding

Develop cholera WASH proposal with UN OCHA September 2026 Humanitarian pooled funding

Submit GIZ PROSCIG concept note Q4 2026 Medium-term GBV/inclusion funding

Align World Health Day 2027 proposals Q1 2027 Visibility & partnership opportunities

· Region has been "repeatedly the epicenter of national cholera outbreaks"

Strategic Opportunity: Restore can position its Limbe I/II community health activities as cholera prevention infrastructure—hygiene promotion, WASH education, and mobile health screening.

2.2 Limbe Floods & Landslide (August 5, 2026)

Event Summary:

· Heavy rains triggered landslide in Mbende/Gardens neighborhoods
· 3 women died (one pregnant), 1 hospitalized in intensive care
· 1,500 households (~12,000 people) affected
· 2,000 people (250 households) homeless; 700 people with special needs identified
· Flooding affected: Down Beach, Church Street, Motowoh, Mawoh, Mabeta New Layout, Cité SIC, Isokolo, Manga Williams Avenue, Bonjo, Mile 1,2,4 districts

Restore's Relevance:

· This is the same Limbe I & II communities where Restore already delivered medical aid and food support
· Emergency gap: "departmental committee...is almost powerless" without contingency stock

2.3 Ongoing Anglophone Crisis (NW/SW Regions) Current Situation (as of June 2026):

· Nearly 4,000 people displaced following armed attacks (April-May 2026)
· Over 9,000 children (including 7,564 girls) reached with non-formal education
· Complex humanitarian situation: "protracted conflict in the North-West and South-West, insecurity in the Far North, cholera outbreak and climate-related shocks"

Mr Bonko Lesley, President Restore Health Alliance Cameroon

1. Introduction and Background

Restore Health Alliance Cameroon is a newly es tablished humanitarian organization dedicated to serving the most vulnerable populations in the South West in particular. On August 14th 2026, the association was officially launched in Limbe, marking a significant milestone with over thirty (30) persons with disabilities, government stakeholders, and community leaders in attendance. This initial event demonstrated our strong grassroots support and commitment to a "***humanity service***" model.
The launch event successfully showcased the association's core mission by distributing over 800,000 FCFA worth of food and medical kits directly to attendees, addressing immediate needs while building trust and visibility within the community.

2. Context and Rationality

The South West Region of Cameroon faces significant humanitarian challenges exacerbated by ongoing crises, leading to displacement and increased vulnerability, particularly for persons with disabilities. Studies indicate that less than 5% of persons with disabilities in some areas have received humanitarian interventions during the current crisis, highlighting a critical gap in service delivery. Persons with disabilities often face heightened risks of neglect, exclusion, and lack of access to essential services.

Our association was founded to address this gap by providing inclusive health and humanitarian services that uphold the dignity of every individual.

3. Achievements from the Launch Event

The launch event on August 14 2026 successfully achieved the following:
- Mobilized Over 30 Persons with Disabilities: Demonstrated significant local demand and community engagement.
- Attracted Key Government Stakeholders: Secured initial government buy-in for our mission to work collaboratively with the state.
- Deployed Significant Immediate Aid: Distributed over **800,000 FCFA** worth of essential food and medical supplies, providing direct relief to those in need.

This event generated significant attention, attracting interest from potential donors and humanitarian partners who align with our vision of inclusive humanitarian action.

Following the successful launch, Restore Health Alliance Cameroon seeks to formalize and expand its operations. Our vision is to become a leading OPD (Organization of Persons with Disabilities) in the South West Region, recognized for its effective advocacy and service delivery.

Our strategic objectives for 2026-2027 include:

1. Organizational Capacity Building: Strengthening the executive bureau and members in areas of organizational management, leadership, advocacy, and fundraising, as recommended for effective OPDs.
2. Expanding Humanitarian Response: Scaling up our medical outreach and food distribution programs to reach more hard-to-reach communities.
3. Establishing Formal Partnerships: Formalizing partnerships with international and local organizations to support our inclusion agenda.
4. Advocacy and Stakeholder Engagement: Actively participating in regional cluster meetings to advocate for the rights and needs of persons with disabilities.
5. Call to Action and Partnership Request

The Restore Health Alliance Cameroon is ready to transition from a successful launch to a high-impact humanitarian actor. We are seeking support for:

Support to disable persons with medical kits and food items

1. Key International Health Days (2026-2027)

Aligning activities with global observances strengthens funding proposals and visibility:

Date Day Relevance to Restore
- March 3 World Hearing Day Restore's work with hearing-impaired patients
- March 3 World Birth Defects Day Core mission: reconstructive surgery for congenital conditions
- April 7 World Health Day 2026 Theme: "Together for Health - Stand with Science"
- April 24-30 World Immunization Week Health outreach for vulnerable populations
- April 25 World Malaria Day Critical for Fako Division (high malaria prevalence)
- June 14 World Blood Donor Day Surgical mission support
- July 11 World Population Day Reproductive health, GBV awareness
- August 1-7 World Breastfeeding Week Nutrition for mothers/children
- October 10 World Mental Health Day Trauma/GBV psychosocial support
- December 1 World AIDS Day Community health outreach
- February 4 World Cancer Day Cancer awareness/screening
- March 24 World TB Day Respiratory health in vulnerable groups
- May 31 World No Tobacco Day Public health promotion

Strategic Note: World Health Day 2026's One Health Summit (Lyon, April 5-7) focused on health equity—directly aligning with Restore's mission .

2. Current Humanitarian Events in Cameroon

2.1 Cholera Outbreak (August 2026)

National Context:

· 1,252 cases and 31 deaths across 11 health districts as of August 12
· Outbreak spreading in Far North region; Minawao Refugee Camp (81,000 refugees, 324% capacity) hardest hit

Fako Division Relevance:

· August 2026 floods in Limbe left stagnant water contaminated with faeces in densely populated areas where shallow wells are main water sources

GLOSSARY

1. Operational definition of vulnerable persons in Cameroon, based on international rules implementation
2. IPV and SRHR prevalence in Fako Division (Springer, 2025)
3. Restore Foundation surgical missions in Cameroon (Africa24 TV, 2023)
4. NGO-government relations and IDP livelihood strategies (Taylor & Francis, 2024)
5. Community-based organization empowerment (Croix-Rouge Foundation, 2025)
6. Malaria and child health in Fako Division (Semantic Scholar, 2014)
7. Restore Health Alliance Assocition humanitarian week (REHA Cameroon, 2025)
8. Vulnerable group targeting in health programs (Impact Santé Afrique)
9. Cameroon humanitarian funding landscape (Alternatives Humanitaires, 2025)
10. MINAS food security initiative (Guardian Post, 2026)
11. NGO funding diversification strategies (HAL, 2025)

- Direct Program Funding: To provide medical care, food, and protection services to persons with disabilities and their families.
- Capacity Strengthening Support: To train our leadership and members in advocacy and project management.
- Material and Technical Support: To secure equipment and logistical resources.

We invite donors, government agencies, and humanitarian partners to join us in this vital mission. By investing in Restore Health Alliance Cameroon, you are investing in a community-led solution that ensures "no one is left behind".

We look forward to collaborating with you to build a more inclusive and resilient community.

Leslie Nsalar B
Certified International Procurement Professional (CIPP)
Certified Supply Chain Specialist (CSCS)
MSc Supply Chain Management (Cold Chain)
Certified Global Peace Advocate (CGPA)
President REHA
CEO and Founder: NSAMEDIS LTD

PARTNERSHIP AND ENGAGING DEVELOPERS WITH RESTORE HEALTH ALLIANCE ASSOCIATION

1. Reach Out Cameroon

Reach Out Cameroon conducts community health activities addressing malaria, including sensitisation, awareness raising, donation of treated mosquito nets, consultation and medication, with community engagement in disease prevention.
It has also worked specifically in the South-West and Littoral regions, including community-based malaria interventions in conflict-affected communities.

2. Drive Against Malaria

Drive Against Malaria has documented mosquito-net distribution in the Tiko Health District of the South-West Region, including areas such as Tiko, Mutengene, Kangue, Likomba, Missellele, Mondoni, Mudeka and Holforth. One documented programme involved 16,000 long-lasting insecticidal nets (LLINs) targeted particularly at children under five and pregnant women.

Medical supplies for outreach from partners

Our vision is for:
For the State (MINAS, MINSANTE, Regional Delegations):

· Formal partnerships through MOUs
· Alignment with national health and social protection strategies
· Joint implementation of disability-inclusive programs
For International Partners (UN agencies, GIZ, bilateral donors):
· Position Restore as an implementing partner in humanitarian response
· Leverage the localization agenda for direct funding access
· Build sustainable, multi-year programming, not just one-off missions
Interviewer: Are there specific partnership opportunities you're exploring?
Mr. Bonko Lesley: Yes. We're aligning with the GIZ PROSCIG project which focuses on civil society strengthening and gender inclusivity in the Northwest and Southwest Regions. We're also engaging the Cameroon Human Rights Commission (CDHC), which is committed to taking concrete measures to address disability inclusion—over 80% of realistic concerns can be resolved through coordinated action. There's a genuine window of opportunity here.

Vision for the Future

Interviewer: Looking ahead, what is your ultimate vision for Restore Health Alliance Cameroon?
Mr. Bonko Lesley: We want to establish a permanent presence—a center of excellence in the South West Region that provides:
1. Year-round trainings and medical services
2. Vocational training and economic empowerment programs for persons with disabilities
3. Mental health and psychosocial support for GBV survivors and IDPs
4. Strong advocacy capacity to influence national disability policy
Interviewer: Any final message?
Mr. Bonko Lesley: I want to say this: persons with disabilities are not problems to be solved—they are people with potential to be unleashed. When we remove barriers—medical, social, economic—they thrive. That's what Restore Health Alliance Associations is about. And we cannot do it alone. We need government, international partners, and local communities to walk this journey with us

Interviewer: What is your vision for persons with disabilities in Cameroon?

Mr. Bonko Lesley: My vision is simple but ambitious: full inclusion and representation. We know that persons with disabilities in Cameroon often face stigma some are hidden away because families are ashamed, or because disability is wrongly attributed to curses. We want to change that narrative.

Interviewer: How do you plan to achieve this?

Mr. Bonko Lesley: Through a three-pronged approach:

First, mental health restoration: We will continue providing free reconstructive mental health programs that allow individuals with visible deformities to reintegrate into society without fear of stigmatization.

Second, advocacy: We must work alongside national platforms like the Plateforme nationale des organisations de promotion de l'inclusion des personnes handicapées du Cameroun—to push for disability-inclusive policies and representation in decision-making bodies.

Third, economic empowerment: We need to create pathways for disabled persons to participate in livelihoods. Persons with disabilities are a significant part of the population; when integrated, they generate economic value and jobs.

Vision for Local Communities

Interviewer: Beyond disabled persons, what is your vision for local communities in Fako Division?

Mr. Bonko Lesley: We envision community resilience. Fako faces multiple challenges—cholera outbreaks, flooding, the Anglophone crisis, and food insecurity. Our vision is to build community-based health systems that can withstand these shocks.

Interviewer: How do you plan to achieve that?

Mr. Bonko Lesley: ***By integrating our vision of a healthier Fako in particular with community health programs. We want to:***

1. Establish mobile health units serving IDPs and remote communities
2. Train local community health workers from vulnerable populations
3. Link health services with livelihoods and food security
4. Partner with local organizations like FORUDEF, LYONGA FOUNDATION and the Rural Health Forum to ensure sustainability

Vision for the State and Partners

Interviewer: What is your vision for collaboration with the Government of Cameroon and international partners?

Mr. Bonko Lesley: We see ourselves as a bridge between vulnerable communities and government institutions.

3. National malaria programme / international partners

Cameroon's malaria-control programme has used mass distribution of long-lasting insecticide-treated nets (LLINs) as a major prevention intervention. WHO reports that Cameroon has conducted mass LLIN distribution campaigns intended to ensure households have access to mosquito nets.

The U.S. President's Malaria Initiative also reports substantial support for mosquito-net distribution in Cameroon, including 1.7 million mosquito nets delivered since PMI support began.

Why the mosquito-net campaign is important

Insecticide-treated nets are among the most effective methods for preventing malaria. They create a physical barrier against mosquitoes while the insecticide repels or kills mosquitoes that come into contact with the net.

Research specifically conducted in rural and semi-urban communities in South-West Cameroon found that household ownership of insecticide-treated nets increased from 41.9% to 68.1% following free distribution.

A strong NGO campaign concept

Main activities:

- Distribution of long-lasting insecticidal mosquito nets
- Door-to-door community sensitisation
- Demonstration of correct mosquito-net installation
- Education on sleeping under the net every night
- Malaria prevention awareness sessions
- Referral of suspected malaria cases to health facilities
- Community health-worker mobilisation
- Monitoring of net use and household coverage

FIGHTING MALARIA
– ONE MOSQUITO NET AT A TIME

A Comprehensive Framework for Vulnerable Persons Support in Fako Division: The Role of Restore Health Alliance

Executive Summary

Vulnerable populations in Cameroon's Fako Division face intersecting crises: endemic gender-based violence, conflict-induced displacement, food insecurity, and inadequate healthcare access. Restore Health Alliance, building on its proven surgical mission model, is positioned to expand into comprehensive community-based care. This write-up analyzes the vulnerability landscape, proposes strategic interventions, and outlines funding strategies targeting international agencies and the Cameroonian government.

1. Understanding Vulnerability in Fako Division and Cameroon

1.1 Defining Vulnerability

Vulnerable persons are those in precarious situations with temporary or permanent weaknesses—inherent to their nature, living conditions, or physical/mental state—that interact with socio-cultural barriers to expose them to exclusion and threats to autonomy, dignity, and integrity. International frameworks identify four primary categories: children, elderly persons, women, and persons with disabilities.

1.2 The Fako Division Crisis Landscape

Gender-Based Violence Epidemic

Fako Division presents alarming statistics: 95.1% of women have experienced intimate partner violence (IPV), and 64.7% have had their sexual and reproductive health rights violated at least once. This represents a 10% increase from 2019 figures, reflecting the intensifying humanitarian crisis.

Conflict and Displacement

The Anglophone crisis has created widespread displacement, with internally displaced persons (IDPs) facing precarious conditions that limit healthcare access. The conflict has exacerbated pre-existing vulnerabilities, with government-NGO collaboration described as "weak" and "non-collaborative".

INTERVIEW WITH THE VISION BEARER:

Restore Health Alliance Cameroon President Mr. Bonko Lesley

Interviewer: Thank you for taking the time today, Mr. Lesley. Restore Health Alliance has been making significant strides in Fako Division. Can you share with us the core mission that drives your work?

Mr. Bonko Lesley: Thank you for having me. Our mission at Restore Health Alliance is fundamentally about restoring dignity and hope to individuals who have long faced the challenges of visible deformities and social exclusion. We believe that no one should be denied the opportunity to live a full, dignified life simply because they cannot afford basic healthcare.

Activities in Fako Division

Interviewer: What are your current activities in Fako Division, specifically in Limbe I and II?

Mr. Bonko Lesley: We've expanded our work significantly in this region. Our recent interventions include:

Free Medical Deliveries to Vulnerable Disabled Persons - Limbe I

We conducted mobile health outreach providing essential medications, health screenings, and psychosocial support to persons with disabilities. These are individuals who face compounded vulnerabilities—limited mobility, healthcare inaccessibility, and social stigmatization, especially during the ongoing Anglophone crisis.

Food Support and Medicines - Blind Initiative Group, Limbe II

We provided food supplies and essential medicines to visually impaired individuals and their families. Over 78% of households in crisis-affected regions face food insecurity, and visually impaired persons face heightened risks of malnutrition and untreated health conditions.

Interviewer: How does this compare with your broader experience in Cameroon?

Mr. Bonko Lesley: Our work here builds on Restore's proven model. During our humanitarian weeks at Buea and Limbe respectively, we mobilized over 40 volunteers from different parts of the country providing free reconstructive supports, trainings on mental health to over 1,000 participants. These included free medical kits, consultation, health didactic materials, as part of the vision for Disabled Persons

· Strengthen financial transparency to attract donors
· Document impact with rigorous data collection
· Share success stories for advocacy and fundraising

Conclusion

Restore Health Alliance has established credibility through surgical missions but must evolve to address Fako Division's complex vulnerabilities. By expanding into integrated GBV response, SRHR, nutrition, and mental health services while strategically diversifying funding sources, Restore can become a leading humanitarian actor.

Key Success Factors:

· Leverage localization agenda for direct funding access
· Navigate government relations pragmatically
· Build partnerships with UN agencies and donors
· Develop sustainable hybrid economic models

The crisis in Cameroon's Anglophone regions demands a comprehensive, community-centered approach—exactly what Restore is positioned to deliver.

Food Insecurity

Over 78% of households face food insecurity, with 2.9 million people in crisis-affected regions requiring humanitarian assistance. Climate shocks and reduced official development assistance have worsened conditions.

Health Challenges

Asymptomatic malaria prevalence among school children in Fako is extremely high, with stunting significantly worsening disease severity. Vulnerable groups—especially children under five, pregnant women, and IDPs—face compounded health risks.

2. Restore Health Alliance: Current Capacity and Strategic Evolution

2.1 Existing Model

Restore Health Alliance has demonstrated its capacity through successful volunteering missions in Cameroon. In partnership with CUYEA,ENYA Cameroon, Restore has mobilized over 40 volunteers to provide free reconstructive medical and empowerment support to patients with congenital malformations, post-burn contractures, and traumatic deformities.Restore Health Alliance Association have served over 1,000 patients, restoring dignity and social inclusion.

2.2 Strategic Expansion

To address Fako Division's holistic needs, Restore should evolve from a health mission model to a community-integrated health and protection program encompassing:

Component Activities Target Population

- GBV Response Psychosocial support, legal referral, safe spaces Women, girls
- Sexual/Reproductive Health SRHR education, antenatal care, family planning Women, adolescents
- Nutrition Support Therapeutic feeding, food security linkages Children Mental Health Trauma counseling, community healing circles IDPs, GBV survivors
- Disability Inclusion Assistive devices, rehabilitation, livelihoods Persons with disabilities

- Capacity Outreach Mobile clinics, malaria prevention, chronic care All vulnerable groups

3. Strategic Engagement with Vulnerable Populations

3.1 Women and Girls

· Intervention: GBV prevention programs, awareness campaigns on SRHR/IPV, economic empowerment groups
· Evidence: Awareness levels are high (85%+), but behavior change requires community dialogue

3.2 Internally Displaced Persons

· Intervention: Mobile health clinics, psychosocial support, livelihood restoration
· Challenge: IDPs face isolation; services must be conflict-sensitive

3.3 Persons with Disabilities

· Intervention: Medical support, Education and sensitization programs, social inclusion

Medical outreach with partners

Outreach programs by volunteers south west Region

4. Operational Recommendations

4.1 Strengthen NGO Collaboration

· Join CHOI (Cameroonian Humanitarian Organizations Initiative) to access coordination platforms and pooled funding
· Share resources with other NGOs to reduce costs
· Participate in sector-specific clusters coordinated by UN agencies

4.2 Enhance Government Engagement

· Secure formal authorization for all project activities
· Align with national strategic plans (malaria, health, social protection)
· Engage MINAS for social protection and vulnerable group programs

4.3 Build Local Capacity

· Empower community-based organizations (CBOs) as implementing partners
· Train community health workers from vulnerable populations
· Establish social cooperatives for food security and livelihoods

4.4 Monitoring and Evaluation