IMPACT REPORT

2025 Completed Free Medical Mission

Promoting Healthcare in Underserved Communities

Ewongo and surrounding villages • Limbe, Cameroon, Africa

1,209	1,209	76.8%	≈929
total encounters	mental-health patients screened	positive mental-health screens	estimated positive screens

COMPLETED COLLABORATIVE PROJECT OF

Hope and Beyond Mental Health Services
American Solidarity
Likembi Advanced Medical Foundation

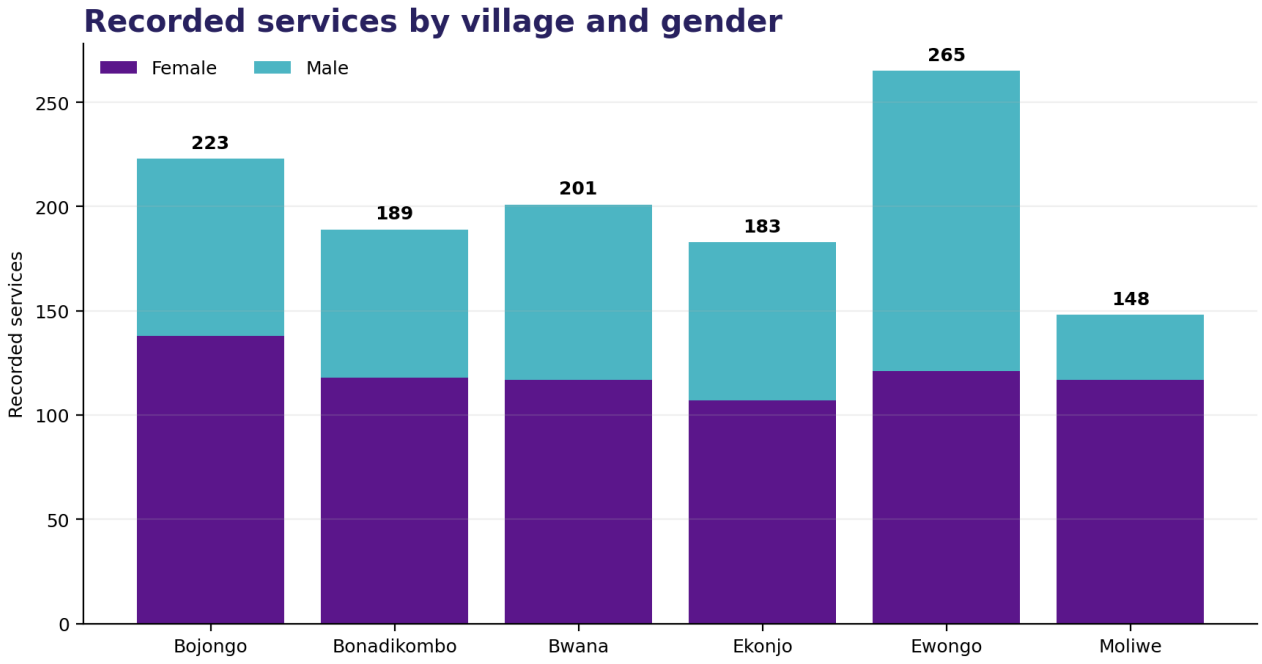
Project status: Completed | Reporting year: 2025

Prepared for donors, partners and community stakeholders • EIN 87-2642513

Executive Summary

The completed 2025 Free Medical Mission brought preventive, primary and mental-health services closer to underserved residents of Ewongo and the neighboring communities of Bojongo, Bonadikombo, Bwana, Ekonjo and Moliwe. The project was jointly advanced by Hope and Beyond Mental Health Services, American Solidarity and Likembi Advanced Medical Foundation, with support from medical professionals, volunteers, community leaders, partner organizations and individual donors.

The completed mission recorded 1,209 encounters, consistent with the original LAMF project document. All 1,209 patients were included in the mental-health screening program. Metabolic disease services—including diabetes, hypertension and cholesterol concerns—accounted for 484 recorded services (40.0%), while eye care accounted for 302 (25.0%). Mental-health screening identified positive symptoms in 76.8% of the 1,209 patients—approximately 929 people.



Source: 2025 mission service records supplied by Likembi Advanced Medical Foundation.

Three-Organization Partnership

The completed project reflects a coordinated partnership in which each organization contributed a distinct strength: U.S.-based nonprofit leadership and mental-health expertise, solidarity-based philanthropic support, and locally grounded implementation and community access.

Partner organization	Documented project role
Hope and Beyond Mental Health Services	U.S. 501(c)(3) nonprofit partner and major funder; supported donor engagement and the integration of mental-health screening, education and treatment support. EIN 87-2642513.
American Solidarity	U.S.-based nonprofit partner and major funder supporting the collaborative delivery of essential community-health services.
Likembi Advanced Medical Foundation	Local implementing partner in Ewongo/Mile Four Bonadikombo; coordinated community access, local relationships, volunteers and mission operations.

Community Need

Communicable diseases—including malaria, tuberculosis, HIV/AIDS and diarrheal illness—remain important public-health concerns in Cameroon, while noncommunicable conditions such as cardiovascular disease, cancer, diabetes and mental-health disorders are increasingly prevalent. Poverty, limited healthcare access and constrained infrastructure can delay detection and treatment. The mission responded with a community-based model that combined screening, education, treatment support and referral.

Purpose and Objective

The project objective was to implement a comprehensive health outreach program that improved access to preventive services, health education and early detection in underserved communities, consistent with United Nations Sustainable Development Goal 3: good health and well-being.

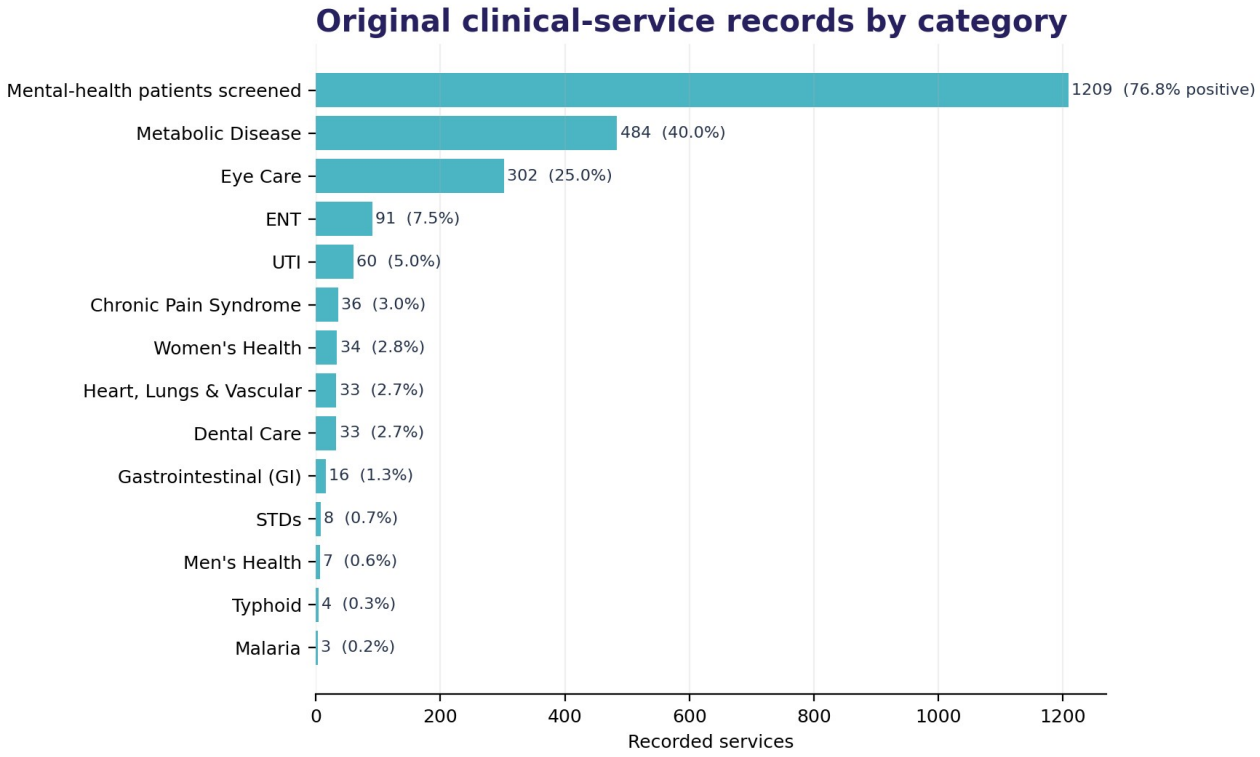
Program Model and Key Components

- Health screening for hypertension, diabetes, HIV/AIDS, mental-health concerns, malnutrition and other common conditions, supporting early identification and intervention.
- Immunization outreach designed to increase protection against vaccine-preventable diseases among children, pregnant women and higher-risk individuals.
- Health education on nutrition, hygiene, family planning, reproductive health and disease-prevention practices.

- Universal mental-health screening using the GAD-7 for anxiety, PHQ-9 for depression, sleep screening, post-traumatic stress screening, a brief substance-use screen focused mainly on alcohol, and self-screening tools for stress.
- Community engagement through local leaders, volunteers and grassroots organizations to strengthen cultural relevance and sustainability.
- Health fairs and outreach events to increase awareness, promote healthy behavior and encourage use of available services.
- Referral networks linking individuals needing additional evaluation or specialized care with facilities, clinics and clinicians.

Mission Results

The mission recorded 1,209 encounters, matching the total in the original LAMF document. All 1,209 patients were screened for mental-health symptoms. Village and gender totals reconcile to 1,209. The displayed named non-mental-health service categories total 1,111 after 16 residual source records were excluded as requested. Mental-health screening is an overlapping program measure and must not be added to the medical-service categories.



Mental health: 1,209 patients screened, 76.8% positive (approximately 929). Named non-mental-health service categories total 1,111; 16 residual source records are not displayed. Measures overlap and are not additive.

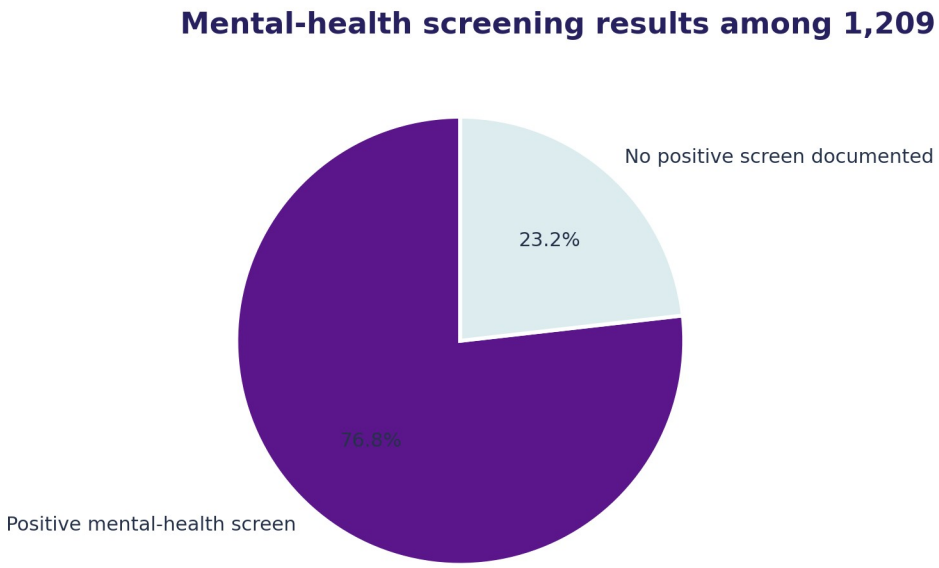
Service category	Count	Share
Chronic Pain Syndrome	36	3.0%
Dental Care	33	2.7%
ENT	91	7.5%
Eye Care	302	25.0%
Gastrointestinal (GI)	16	1.3%
Heart, Lungs & Vascular	33	2.7%
Malaria	3	0.2%
Men's Health	7	0.6%
Mental-health patients screened	1209	76.8% positive
Metabolic Disease	484	40.0%
STDs	8	0.7%
Typhoid	4	0.3%
UTI	60	5.0%
Women's Health	34	2.8%

Mental-Health Screening and Treatment Findings

The mission saw and screened 1,209 mental-health patients. Screening covered anxiety using the Generalized Anxiety Disorder-7 (GAD-7), depression using the Patient Health Questionnaire-9 (PHQ-9), sleep problems, post-traumatic stress symptoms, brief substance use focused mainly on alcohol, and stress using self-screening tools.

The mission reported that 76.8% of the 1,209 mental-health patients screened positive for symptoms—approximately 929 people. Approximately 280 patients did not have a positive screen documented. These two counts are rounded estimates derived from the reported rate. A positive screening result is not by itself a confirmed psychiatric diagnosis; it identifies a need for clinical assessment. The conditions identified or considered during follow-up included major depressive

disorder, generalized anxiety disorder, insomnia, alcohol use disorder, post-traumatic stress disorder, schizophrenia and bipolar disorder.

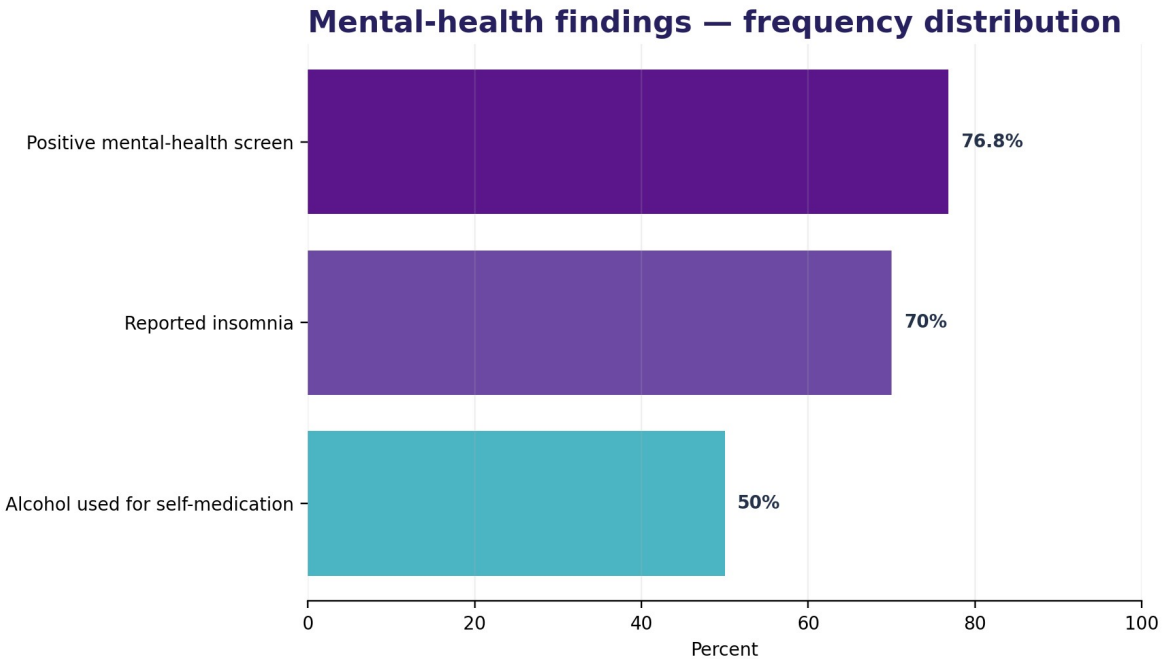


Screening base: 1,209 mental-health patients. Approximate counts are derived from the reported 76.8% rate and rounded to whole people.

Mental-health screening measure	Count	Share
Total mental-health patients seen	1209	100.0%
Positive mental-health screens (estimated)	929	76.8%
No positive screen documented (estimated)	280	23.2%

The corrected mental-health entry is 1,209 patients seen, with 76.8% screening positive. Community-level screening counts were not provided, so no village allocation is reported.

Among those with identified mental-health symptoms, 70% reported insomnia and received a sleep aid, while 50% reported using alcohol to self-medicate anxiety and depression. Because individual-level records and exact denominators were not supplied, these percentages are presented without converting them into patient counts.



Histogram-style frequency chart based on source-reported percentages. A categorical bar format is used because patient-level score distributions were not supplied; categories may overlap.

Why Mental Health Required Special Attention

Some Cameroon mental-health advocacy messaging characterizes the burden as approximately one in five Cameroonians experiencing a mental-health disorder. That figure should be treated as a broad estimate rather than a precise national prevalence measure because reliable population-level data remain limited. Available research and field experience nevertheless show substantial unmet need, restricted service capacity and persistent stigma. Cultural interpretations of mental illness, fear of judgment and reliance on informal or traditional responses can delay help-seeking and contribute to underreporting or minimization of symptoms.

The mission's 76.8% positive-screen rate should not be generalized to all Cameroonians. It reflects this outreach population, the screening approach used and the local context. Its value is programmatic: it demonstrates why mental-health screening, education, destigmatization, clinical assessment and referral should remain integrated into future medical missions.

Geographic Reach and Gender Distribution

Ewongo recorded the highest service volume (265), followed by Bojongo (223) and Bwana (201). Across all villages, 718 recorded services were associated with female beneficiaries and 491 with male beneficiaries. These are service counts, not necessarily unique individuals.

Village	Total	Female	Male	Share of all services
Bojongo	223	138	85	18.4%
Bonadikombo	189	118	71	15.6%
Bwana	201	117	84	16.6%
Ekonjo	183	107	76	15.1%
Ewongo	265	121	144	21.9%
Moliwe	148	117	31	12.2%

Detailed Service Distribution by Village

The following cross-tabulation presents the medical-service distribution together with the updated mental-health positive-screen percentages supplied for each community. The mental-health percentages total 76.8%: Bojongo 10%, Bonadikombo 10%, Bwana 20%, Ekonjo 10%, Ewongo 15% and Moliwe 11.8%. They are percentages, not patient counts. Zeros represent blank/no recorded medical service in the original table.

Service	Bojongo	Bonadikombo	Bwana	Ekonjo	Ewongo	Moliwe	Total	%
Chronic Pain Syndrome	8	3	2	7	12	4	36	3.0%
Dental Care	10	3	7	3	5	5	33	2.7%
ENT	16	15	16	9	24	11	91	7.5%
Eye Care	48	65	45	46	60	38	302	25.0%
Gastrointestinal (GI)	2	2	1	3	5	3	16	1.3%
Heart, Lungs & Vascular	6	2	8	6	6	5	33	2.7%
Malaria	1	1	0	0	0	1	3	0.2%

Service	Bojongo	Bonadikombo	Bwana	Ekonjo	Ewongo	Moliwe	Total	%
Men's Health	1	0	3	0	2	1	7	0.6%
Metabolic Disease	95	73	87	74	95	60	484	40.0%
Mental-health positive-screen distribution	10%	10%	20%	10%	15%	11.8%	—	76.8%
STDs	1	2	4	1	0	0	8	0.7%
Typhoid	1	0	0	2	1	0	4	0.3%
UTI	13	6	10	10	12	9	60	5.0%
Women's Health	5	2	2	8	17	0	34	2.8%

Project Impact

- Improved access to preventive services and earlier identification of common health conditions.
- Greater community knowledge and confidence to make informed health decisions and practice self-care.
- Stronger local capacity, social-support networks and community ownership of health initiatives.
- More equitable access for underserved and marginalized residents through tailored, culturally responsive outreach.
- Better connections to follow-up evaluation and specialized care through referral relationships.
- A service dataset that can support future surveillance, program planning and targeted interventions.

Financial Framework

The source plan established an estimated 2025 mission budget of CFA 20,000,000. The categories below are reproduced and professionally standardized from the supplied LAMF report. They represent the approved project budget framework—not verified actual expenditures. Receipts, in-

kind valuations, donor restrictions and a budget-to-actual ledger were not supplied and should be added before describing these figures as final spending.

Budget category	Estimated amount
Program delivery: screening supplies, equipment, education and treatment	7,000,000 CFA
Accounting and bookkeeping	500,000 CFA
Publicity	1,500,000 CFA
Fundraising expenses	500,000 CFA
Accommodation and logistics	2,500,000 CFA
Facilitator and medical-provider support	2,500,000 CFA
Communication	250,000 CFA
Travel and lodging for U.S.-based healthcare professionals	3,000,000 CFA
Miscellaneous	500,000 CFA
Other / contingency	1,750,000 CFA
Total	20,000,000 CFA

Funding and Community Partners

Major funders

- American Solidarity
- Hope and Beyond Mental Health Services (501(c)(3); EIN 87-2642513)

Other partners named in the source report

- Enokpa Geriatric Association
- Life and Limb Restoration
- Solidarity Medical Care
- Gap Bridgers
- Patriots of Blessing Humanitarian Foundation

Funding Strategy

The original project framework identified government grants, nonprofit-foundation grants, corporate sponsorships and individual donations as complementary funding sources. This diversified approach remains appropriate for sustaining future missions and reducing reliance on any single donor.

Lessons, Limitations and Recommendations

- Metabolic and eye-care needs dominated service demand; future missions should protect adequate screening supplies, medications, referral capacity and follow-up for these areas.
- The 76.8% positive mental-health screening rate demonstrates the need to keep behavioral-health screening and treatment integrated with physical-health services.
- Future reports should retain de-identified patient-level screening scores, severity bands, diagnostic assessments, treatments, referrals and completed follow-up so outcomes can be audited without double counting.
- Financial reporting should add actual expenditures, receipts, in-kind contributions, donor restrictions and a budget variance explanation.
- A formal data-protection process, informed consent language and de-identification protocol should accompany future community health data collection.

Mental-Health Lessons, Limitations and Recommendations

- Lesson: Integrating mental-health screening with general medical care improved opportunities to identify anxiety, depression, insomnia, trauma-related symptoms, alcohol-related concerns and severe mental illnesses in a setting where stigma can reduce help-seeking.
- Lesson: The reported 76.8% positive-screening rate, 70% insomnia finding and 50% alcohol self-medication finding demonstrate the need for mental-health education, sleep care and substance-use interventions within future missions.
- Limitation: Screening results indicate possible symptoms and need for clinical assessment; they must not be presented as confirmed diagnoses without diagnostic evaluation.
- Limitation: Patient-level scores, severity bands, diagnostic confirmation, treatment response, referral completion and exact denominators for the insomnia and alcohol findings were not supplied.
- Limitation: The community percentages total 76.8%, but corresponding patient counts were not provided; therefore, the report does not convert those percentages into village counts.
- Recommendation: Retain de-identified PHQ-9, GAD-7, sleep, PTSD, stress and brief alcohol/substance-use results, including screening date, severity, disposition and follow-up outcome.

- Recommendation: Establish clear stepped-care pathways for brief intervention, medication management, psychotherapy, suicide-risk assessment, substance-use treatment and urgent referral.
- Recommendation: Use culturally responsive education and trusted community partners to reduce stigma, encourage early treatment and improve continuity after the mission.

Conclusion

The completed 2025 Free Medical Mission demonstrated the reach of coordinated nonprofit and community action. Together, Hope and Beyond Mental Health Services, American Solidarity and Likembi Advanced Medical Foundation recorded 1,209 encounters and screened all 1,209 patients for mental-health symptoms. The reported 76.8% positive mental-health screening rate—approximately 929 people—together with widespread insomnia and alcohol self-medication findings shows why integrated mental-health care is essential.

Mental health was a central component of the mission. Screening addressed depression, generalized anxiety, sleep disturbance, post-traumatic stress, stress and alcohol/substance use, while clinical attention also included major depressive disorder, generalized anxiety disorder, insomnia, alcohol use disorder, post-traumatic stress disorder, schizophrenia and bipolar disorder. Continued donor investment should support culturally responsive education, diagnostic assessment, medication and psychosocial treatment, suicide-risk evaluation, substance-use intervention, referral completion and longitudinal follow-up. Paired with stronger outcome tracking and financial reconciliation, this investment can deepen the project's impact and strengthen community health systems.

Source Note

This completed-project report synthesizes the "Likembi Advanced Medical Foundation Project 2025" document, the Hope and Beyond letterhead, and supplemental mental-health results provided for this update. The original village, service and budget data remain identified separately from the supplemental participant-level mental-health data. The partnership presentation identifies Hope and Beyond Mental Health Services, American Solidarity and Likembi Advanced Medical Foundation throughout.

Selected Context Sources

- Ngwa et al. "Prevalence, risk factors and management of common mental health disorders in Cameroon: a systematic review." BMJ Open, 2023. https://bmjopen.bmj.com/content/13/7/e068139

- Toguem et al. “A situational analysis of the mental health system of the West Region of Cameroon.” BMC Health Services Research, 2022. https://pmc.ncbi.nlm.nih.gov/articles/PMC8916933/
- American Psychiatric Association. “Stigma, Prejudice and Discrimination Against People with Mental Illness.” https://www.psychiatry.org/patients-families/stigma-and-discrimination