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NON GOVERNMENTAL ORGANIZATION OUTREACH AND WELLBEING OF INTERNALLY DISPLACED PERSON IN HUMANITARIAN ORGANISATIONS IN THE ANGLOPHONE REGIONS OF CAMEROON

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Abstract

This study examines the effect of Non-Governmental Organizations outreach on the wellbeing of internally displaced persons from selected Humanitarian Organizations in the Northwest and Southwest Regions of Cameroon. Looking at the volatile nature of the Anglophone crisis, humanitarian organizations have increasingly become central actors in delivering emergency relief, promoting resilience, and improving the well-being of displaced populations. The study employed an explanatory cross-sectional survey design with primary data collected from 400 Internally Displaced Persons from LUKMEF, Plan International Cameroon, Intersos, Norwegian Refugee Council and Caritas. Data was analyzed using descriptive statistics, correlation analysis and multiple regressions. The findings showed that both reach and awareness and beneficiary engagement exerted strong, positive, and significant effects on beneficiary well-

being across all dimensions. Reach and awareness produced larger effects than engagement across most well-being dimensions, with psychological and economic well-being recording the most gains. The study concluded that Non-governmental outreach is a significant predictor of improvements in the well-being of internally displaced persons. It recommended that Non-Governmental Organizations should broaden their operational reach to ensure that humanitarian services are accessible to displaced persons in remote, insecure, and underserved communities.

Keywords: Non-Governmental Organization outreach, wellbeing, internally displaced persons, humanitarian Organization, Anglophone region

INTRODUCTION

The forced movement of people caused by violent conflict, political instability, and natural disasters ranks among the most urgent humanitarian issues of the 21st century. Cristina and Patricia (2017) defines internally displaced persons, or IDPs, as people and groups compelled to abandon their homes due to armed conflict, widespread violence, violations of human rights, or disasters, yet who have not crossed an international border. In contrast to refugees, IDPs continue to fall under the authority of their own state. However, many national governments do not have the resources or political will to offer sufficient protection and assistance. Because of this gap, humanitarian actors, especially non-governmental organizations now play a leading role in providing emergency aid, building resilience, and supporting the well-being of displaced communities (Osman & Omdurman, 2024)

Over time, NGOs have shifted from being short-term charity groups to becoming long-term partners in development. Since World War II, international NGOs have moved beyond Europe and expanded into developing countries. Their work now covers emergency response, poverty reduction, healthcare, education, human rights, and local community development (Lewis & Kanji, 2009). This role becomes even more critical in fragile and conflict-affected areas where state institutions are weak or have collapsed. In these contexts, the effectiveness of NGO outreach largely determines whether vulnerable groups can access basic services, information, and chances to take part in decisions (Brinkerhoff, 2007) Outreach is therefore more than just handing out aid. It involves actively finding those most at risk, informing people about available support, and involving communities in the design, delivery, and review of programs (World Bank, 2023).

Scholars have paid more attention to outreach lately because humanitarian programs cannot really help people if those who need them do not know about the services or are not

properly involved (casey et al., 2015). Two key parts make up outreach, first is reach and awareness. This is about how well humanitarian actors find, access, and inform vulnerable groups about the support that exists. Second is beneficiary engagement. This refers to how much beneficiaries take part in identifying problems, making decisions, carrying out activities, and assessing results (Marlowe et al., 2018). Research shows that when programs are participatory, communities feel more ownership, accountability improves, and results last longer. It also makes humanitarian work more effective overall (Sphere Association, 2018).

The main goal of humanitarian outreach is to improve how affected people are doing. Well-being is not just about money. The OECD (2020) describes it as having multiple parts: physical, psychological, social, and economic conditions that allow people to live with dignity and purpose. Physical well-being covers health, nutrition, housing, and access to medical care. Economic well-being involves jobs, income, restoring livelihoods, and financial stability. Social well-being relates to relationships, inclusion, and how people participate in and stay connected to their community. Psychological well-being is about mental health, emotional balance, resilience, hope, and coping with trauma (WHO, 2022). Because these areas are connected, humanitarian actors now agree that meeting only material needs is not enough. Real impact happens when people also see progress in their health, relationships, and mental state.

Across the world, internal displacement has kept rising over the last ten years. According to the Internal Displacement Monitoring Centre (IDMC, 2024), over 75 million people were living in internal displacement caused by conflict and violence at the end of 2023. That is the highest number ever recorded. Countries like Syria, Sudan, DR Congo, Ukraine, Colombia, Ethiopia, and Nigeria are still facing mass displacement, and this has created huge humanitarian needs. In response, international NGOs have rolled out programs covering food aid, health care, psychosocial support, education, livelihood recovery, shelter, and protection. Still, new evidence shows that how well these programs reach people makes a big difference in whether displaced communities actually benefit (UNHCR, 2024).

In Africa, internal displacement has turned into a long-term development problem. The main drivers are armed conflict, terrorism, communal clashes, climate change, and natural disasters. Sub-Saharan Africa hosts a large share of the world's IDPs. Nations such as Sudan, Nigeria, Ethiopia, Somalia, Mozambique, Burkina Faso, and DR Congo keep experiencing repeated crises (IDMC, 2024). To respond, NGOs in these countries are using more community-based outreach. This includes awareness campaigns, mobile teams, community volunteers, local partnerships, and approaches that involve people directly. The aim of these strategies is not only to help more people access aid, but also to build resilience and support long-term well-being. However, several challenges still limit outreach in many African contexts.

These include poor access to remote areas, insecurity, limited funding, cultural differences, and weak involvement from communities (African Union, 2019).

Cameroon is facing one of the most complicated humanitarian crises in Central Africa. Apart from hosting refugees from nearby countries, the country is also dealing with large-scale internal displacement. Two major drivers are responsible. First is the Boko Haram insurgency in the Far North. Second is the socio-political crisis in the North West and South West Regions, which started in 2016. The continued fighting between state forces and non-state armed groups has damaged infrastructure, destroyed livelihoods, closed schools, weakened the health system, and forced many people to flee their homes (UNOCHA, 2024). Reports show that hundreds of thousands of people have been displaced within the North West and South West. Many others have moved to other regions where living conditions are very difficult (UNOCHA, 2024).

In these conflict-affected areas, the humanitarian response has mainly been carried out by national and international NGOs. They work together with UN agencies and local community organizations. Some of the key NGOs operating in the North West and South West include LUKMEF, Plan International Cameroon, Caritas Cameroon, the Norwegian Refugee Council (NRC), and INTERSOS. These groups run programs on emergency shelter, food security, and education during emergencies, child protection, health, livelihoods, legal aid, WASH, and psychosocial support. Through wide community outreach, their goal is to restore dignity, build resilience, and improve the overall well-being of IDPs.

LUKMEF has focused its work on peacebuilding, human rights advocacy, civic education, livelihood support, and building community resilience among people affected by conflict. Plan International Cameroon has put more emphasis on child protection, education, gender equality, and empowering young people, especially vulnerable children and displaced families. Through its diocesan network, Caritas Cameroon delivers humanitarian aid that includes food distribution, shelter, healthcare, and livelihood recovery. The Norwegian Refugee Council (NRC) concentrates on shelter, legal protection, education, livelihoods, and providing information, counselling, and legal support to displaced people. INTERSOS runs integrated programs in protection, health care, psychosocial support, nutrition, and emergency response for vulnerable households in affected communities. Even though these organizations have different mandates, they all depend a lot on outreach. This involves raising community awareness, finding the most vulnerable households, mobilizing beneficiaries, and staying engaged with them during the entire program cycle (OCHA, 2025).

Even with the large amount of humanitarian funding spent to support IDPs in Cameroon; questions remain about whether NGO outreach actually leads to clear improvements in people's

well-being. Reports still show that many displaced families face food insecurity, poor shelter, limited health care, disrupted schooling, unemployment, mental distress, and weaker social ties, despite years of humanitarian support (UNOCHA, 2024). This suggests that the impact of humanitarian aid may not just depend on how much assistance is given. It also depends on how well outreach is done to identify, inform, and involve beneficiaries during program implementation. This study raises the question of how NGO outreach affects the wellbeing of internally displaced persons in the Anglophone regions of Cameroon. To answer this question the objective of the study was to examine the effect of NGO outreach on the wellbeing of internally displaced persons in the Anglophone regions of Cameroon. The following hypothesis were put in place-

H0: NGO outreach has no statistically significant effect on the wellbeing of IDPs in The Anglophone Regions of Cameroon

H01: NGO outreach has a statistically significant effect on the wellbeing of IDPs in the Anglophone Regions of Cameroon

LITERATURE REVIEW

Conceptual Literature

Outreach refers to the planned strategies and activities that NGOs use to find, access, communicate with, and involve target groups, especially people who are vulnerable, marginalized, or hard to reach (Lewis & Kanji, 2009). In humanitarian contexts, outreach is not limited to distributing relief items. It also includes mobilizing communities, sharing information, raising awareness, and encouraging participation so that beneficiaries know what services exist and can take part in how programs are run. When outreach is done well, it improves access, promotes inclusion, and builds stronger accountability between humanitarian actors and the communities they serve (Sphere Association, 2018). For this study, NGO outreach is defined using two connected parts. The first is reach and awareness. This looks at how well IDPs are identified, informed, and able to access NGO programs. The second is beneficiary engagement. This measures how much beneficiaries are involved in identifying needs, planning, implementing, monitoring, and evaluating humanitarian activities.

Well-being is understood as a broad concept that goes beyond material conditions to cover the overall quality of life of individuals. The OECD (2020) describes well-being as a mix of material living conditions and quality-of-life factors that allow people to live healthy, secure, productive, and meaningful lives. The Capability Approach by Sen (1999) also stresses that well-being should be viewed in terms of what people are actually able to do and the freedoms they have to live lives they value, not just the resources they own. In humanitarian settings, well-

being matters even more because displacement touches almost every part of a person's life. For this reason, this study looks at well-being through four related dimensions. Physical well-being covers health status, nutrition, housing, and access to health services. Economic well-being includes livelihood options, jobs, income, and financial security. Social well-being refers to inclusion, family ties, community involvement, and social cohesion. Psychological well-being involves emotional stability, resilience, mental health, hope, and the ability to cope with trauma caused by forced displacement (WHO, 2022).

There have been numerous studies on the NGO outreach and wellbeing of IDPs such as

Garba & Abdulrahman (2025) in a paper outlined serious communication strategies and development amongst internally displaced persons. Using qualitative design and in-depth interviews and content analysis the results showed that communication on supporting IDPs welfare but participation of displaced persons in communicating becomes limited and many IDPs lack access to digital tools and it says satisfactory communication improves social inclusion and development outcome .

Metuge et al. (2025) examined nutritional vulnerability, food security, and the socio-economic factors affecting the physical and economic well-being of IDPs in Kumba Municipality, South West Region of Cameroon. Data were collected from 248 IDP households using questionnaire, anthropometric measurements, and dietary assessments. Using OLS regression and descriptive statistics, the findings showed that. 50.6% of IDP children were stunted and 97.6% of households experienced food insecurity. The authors concluded that NGO outreach should go beyond emergency food aid. They recommended adding direct economic support, cash transfers, food vouchers, and livelihood programs to improve long-term physical and economic well-being

Bang (2024) looked at displacement-related poverty, livelihood challenges, and how well institutions and NGOs were restoring sustainable livelihoods for IDPs from the Anglophone crisis in Cameroon. 380 IDP household heads and 25 institutional actors were analyzed with OLS regression and thematic analysis. The results showed that NGO and institutional outreach helped reduce extreme poverty in the short term. However, beneficiary engagement was mostly limited to emergency distributions, not capacity building. As a result, there were very few long-term gains in economic independence or psychological well-being.

Omam and Metuge (2023) assessed how the multi sectoral Rapid Response Mechanism (RRM) affected the physical and psychological well-being of IDPs in hard-to-reach areas of Ekondo Titi, South West Region, Cameroon.. Data were gathered from program records, household surveys, and health facility logs for 1,250 beneficiaries selected through stratified cluster sampling. Descriptive statistics and OLS regression were used to measure changes in

service access and well-being. The results showed that RRM outreach significantly improved physical well-being by restoring access to primary health care, reducing waterborne diseases through WASH kits, and boosting psychological well-being for displaced children through psychosocial support in child-friendly spaces.

Tassang et al. (2023) studied how social integration, community solidarity, and support networks affect the psychological and social well-being of IDPs in Cameroon. Using 412 IDPs, Data was analyzed with OLS regression and Structural Equation Modeling (SEM). The findings showed that NGO awareness programs that encouraged engagement with host communities reduced feelings of alienation and improved psychological well-being.

Thompson & Lopez (2019) examined how NGO programs influence community resilience after natural disasters. The study aimed to assess the effectiveness of NGO interventions in building resilience in disaster-affected areas. Survey data were analyzed quantitatively to track changes in resilience indicators such as psychological well-being. Interview data were analyzed qualitatively to understand how NGO programs contributed to resilience. The findings showed that well-designed NGO programs can greatly improve community resilience after disasters, especially when they strengthen social networks, support economic diversification, and provide psychosocial services.

Aunger (2015) examined the psychology of humanitarian communication: persuasion, motivation, and behaviour change. The study aimed at exploring the psychological principles that underpin effective humanitarian communication and promote behavior change among beneficiaries. A literature review and synthesis of behavioral science research approach was used through a thematic analysis and synthesis of research findings. The study highlighted that humanitarian actors should adopt a more psychologically informed approach to communication, drawing on insights from behavioral science to tailor messages, promote engagement, and maximize the impact of interventions.

Ghafran & Yasmin (2025) explored the Participation Strategies and Ethical Considerations in NGO Led Community-Based Conservation Initiatives in Pakistan. Community participation here is treated as a form of outreach using a qualitative case study approach. The results showed that projects with higher levels of community participation were more likely to last over time. Community ownership and involvement in decision-making were identified as key factors.

Barron et al. (2011) investigated whether development projects implemented by NGOs and other actors in Indonesia acted as part of the solution or part of the problem in conflict-affected areas. Quantitative survey data were analyzed using statistical correlations, while qualitative data from interviews and discussions were analyzed using narrative and content

analysis. The findings showed that projects that actively promote social inclusion and conflict resolution were more likely to support peace building and improve well-being.

Devereux & Solórzano (2016) worked on the Transformative Social Protection? The Political Economy of Protection in Sub-Saharan Africa. Its objective was to analyze the impact of social protection programs, including those implemented by NGOs, on poverty reduction and social transformation in Sub-Saharan Africa. The design was based mostly on Literature review and case study analysis. The study concluded that social protection programs can be effective in reducing poverty and vulnerability.

Duflo & Udry (2004) carried out a study on "Intrahousehold Resource Allocation in Côte d'Ivoire: Social Norms, Separate Accounts and Impact of Female Income. The main aim was to examine how income controlled by women impacts the well-being of children in Côte d'Ivoire with the help of a quantitative survey. Regression analysis (OLS) was used. Findings suggest that when women control more income, the nutritional status of children improves. This highlights the importance of projects that empower women economically. The study advocates for programs that increase women's economic power and access to resources, as this can lead to positive impacts on child health and nutrition.

Summarily, Thompson and Lopez (2019) showed that resilience improves when outreach goes beyond relief to include social networks, livelihoods, and psychosocial support. This is similar to what Omam & Metuge (2023) found with RRM. Bang (2024) foundout, without beneficiary engagement and ownership, interventions struggle to be sustainable. Tassang et al. (2023) and Thompson (2015) both highlight social and psychological dimensions, showing that outreach must address community cohesion, not just material needs. Together, these studies reinforce the research gap. That is to say, while NGO outreach improves short-term outcomes, there is limited empirical evidence in conflict settings like NW/SW Cameroon on how reach and awareness combined with beneficiary engagement affect all four dimensions of well-being. This study therefore bridges the gap.

Theoretical literature

The main theory guiding this study is Stakeholder Theory, first proposed by R. Edward Freeman in 1984. Stakeholder Theory argues that organizations create lasting value when they recognize and respond to the interests of all groups that can affect or are affected by their work, instead of focusing only on the organization’s own goals. Stakeholders include beneficiaries, staff, donors, government, local communities, development partners, and civil society organizations. When applied to NGOs, the theory suggests that humanitarian work is more effective when NGOs involve beneficiaries and other stakeholders in every stage of a project;

planning, implementation, monitoring, and evaluation. This kind of involvement improves accountability, transparency, trust, and the ability of organizations to respond to the real needs of the people they serve (Freeman et al., 2010). This theory is very relevant to the current study because beneficiary engagement is one of the key parts of NGO outreach. It represents an important stakeholder management practice. When NGOs communicate well with internally displaced persons (IDPs), raise awareness about available services, and include beneficiaries in decision-making, they are more likely to design and deliver programs that improve the physical, economic, social, and psychological well-being of those beneficiaries. Therefore, Stakeholder Theory offers a useful lens for explaining how real stakeholder participation leads to better humanitarian results and stronger well-being outcomes for IDPs.

The second theory used in this study is the Capability Approach. It was developed by Amartya Sen (1985, 1999) and further developed by Martha Nussbaum (2000). The approach argues that development should not be judged only by the amount of resources available or by economic growth. Instead, it should be judged by people's capabilities; their real freedoms and opportunities to live the kind of life they value. According to this view, well-being depends on what people are actually able to do and to be, referred to as their "functionings," rather than just on what resources they have. Because of this, development programs should aim to expand people's capabilities by improving access to education, health care, livelihoods, social participation, security, and other opportunities that help people live with dignity. The Capability Approach fits well with this study because it treats well-being as something with many parts. This matches the study's four dimensions: physical, economic, social, and psychological well-being. When NGO outreach works well through better reach and awareness, and through active beneficiary engagement, it can increase IDPs' access to humanitarian services, livelihood options, psychosocial support, and community life. In doing so, it expands their capabilities to recover from displacement and improve their quality of life. The theory therefore provides a strong foundation for examining how outreach strategies can improve the overall well-being of IDPs, going beyond just providing humanitarian aid.

METHODOLOGY

Research Design

The research design for this study is the explanatory cross-sectional survey research design to examine relationships between variables at a single point in time. The explanatory component focuses on understanding the cause-and-effect relationship between NGO outreach and the well-being of IDPs in the NW and SW regions of Cameroon.

Population, Sample and Sampling Technique

The population of this study was made up of internally displaced persons who are beneficiaries of humanitarian intervention implemented by selected NGOs in the Northwest and Southwest region of Cameroon. This study targets IDPs who benefited from Martin Luther King Jr Memorial Foundation (LUKMEF), Plan international Cameroon, Caritas Cameroon, Norwegian Refugee Council (NRC) and INTERSOS. According to documents from OCHA, the five NGOs chosen for this study are estimated to having been able to concretely helped the following numbers of IDPs since the beginning of the crisis.

Table 1: Distribution of respondents according to organisation

Name of organisation	Internally Displaced persons
Norwegian Refugee Council	1000
CARITAS Cameroon	900
Plan International Cameroon	1100
INTERSOS	800
LUKMEF	1200
Total	5000

Source: OCHA (2024)

Therefore, the population of this study is made up of 5000 internally displaced people made up of both males and females between the ages of 18 and 60 years. To get the sample, the researcher used the Yamane (1967) formula for when the population is known.

$n= \frac{N}{1+N(e^2)}$

Where;

n= Sample size

N = Population size

e = acceptable sampling error (e =0.05)

Given the population size of 5000 IDPs as calculated above, the required sample size is;

$n= \frac{5000}{1+5000\ (0.05)^2}$

$n= \frac{5000}{1+\ 5000\ (0.0025)}$

$n= \frac{5000}{1+12.5}$

$n= \frac{5000}{13.5}$= 370.37

Required sample size = 371 respondents. However, the sample was increased to 400 respondents. This was done in order to enhance precision as increasing the sample size from 371 to 400 reduces the sampling error and increases the precision of the estimates. This improves the generalizability of the study findings.

Multi-stage non-probability sampling technique was used to collect the needed data for this study. Multistage sampling involves the selection of samples in successive stages using different but complementary sampling techniques. At first stage, purposive sampling was used to select the Northwest and Southwest regions of Cameroon based on the fact that they have a high proportion of internal displacement due to the ongoing humanitarian crisis. Secondly, purposive sampling was used to select NGOs based on their active involvement in project implementation related to humanitarian assistance. Beneficiaries (IDPs) of NGO interventions are selected using a combination of purposive and snowball sampling techniques. Purposive sampling is used to identify individuals who have directly benefited from NGO projects, ensuring that respondents possess relevant experience. However, due to the absence of reliable beneficiary lists and the difficulty in accessing some populations, snowball sampling is used to complement this process, whereby initial respondents refer the researcher to other beneficiaries within their communities.

The total sample of 400 respondents is allocated proportionately across the five NGOs based on the number of registered internally displaced persons served by each organization. Proportionate allocation ensures that organizations with larger beneficiary populations contribute a correspondingly larger share of respondents to the study. The distribution is as seen on table 2.

Table 2: Sample size determination according to organization

Name of organisation	Internally Displaced persons	Sample size
Norwegian Refugee Council	1000/5000* 400	80
CARITAS Cameroon	900/5000*400	72
Plan International Cameroon	1100/5000*400	88
INTERSOS	800/5000*400	64
LUKMEF	1200/5000* 400	96
Total	5000	400

Data Sources

Primary data was used for this study. A questionnaire was used to collect the data directly from IDPs who have benefited from the five NGOs in these two regions. The

questionnaire is divided into four sections. Section A captures the demographic characteristics of the respondents, Section B measures the independent variable, Outreach of NGOs, through two dimensions: reach and awareness and beneficiary engagement. Reach and awareness is captured using five items each. Respondents were tasked with indicating their level of agreement with each statement using a four-point Likert scale, where 1 = Strongly Disagree (SD), 2 = Disagree (D), 3 = Agree (A), and 4 = Strongly Agree (SA). Section C measures the dependent variable, Well-Being of Internally Displaced Persons, through four dimensions: economic well-being, social well-being, physical well-being, and psychological well-being. Economic well-being is measured using five items. Again, they were captured using five items and with a four-point likert scale as above.

Model Specification and Estimation Technique

The relationship between NGO outreach and the wellbeing of internally displaced persons in the NW and SW regions of Cameroon.

$$WB_i = \beta_0 + \beta_1 REA_i + \beta_2 ENG_i + \beta_3 EDU_i + \beta_3 HHS_i + \mu_i$$

Where;

WB is wellbeing, REA is reach and awareness, ENG is beneficiary engagement, EDU is educational level of the respondents, HHS is household size of the respondents.

Note that the sub models for each type of wellbeing were extracted from the above general model.

RESULTS

Reliability testing

Table 3: Cronbach Alpha Coefficient table for both dependent and independent variables

Dimension	Number of items	Cronbach Alpha
Reach and Awareness	5	0.8696
Engagement	5	0.7491
Economic wellbeing	5	0.8696
Social wellbeing	5	0.8352
Physical	5	0.8224
Psychological	5	0.8404

The results shown in table 3 demonstrate the dependability of four distinct scales or dimensions, as determined by their respective Cronbach's alpha coefficient values. Cronbach's

alpha is a metric that assesses the consistency of measurements within a set of items that are intended to measure the same underlying construct. It provides an indication of how well the items within each dimension or scale are aligned with each other. A higher value of Cronbach's alpha suggests superior scalability and dependability. The findings indicate that the scales or dimensions are dependable indicators of their intended constructs since they all had a Cronbach Alpha value above 0.70, and may be confidently used in both research and practical contexts.

Descriptive Statistics

Table 4: Descriptive Statistics of variables used in the regression

Variable	Obs	Mean	Std. Dev.	Min	Max
WB	400	.2732458	.2456085	0	1
ECW	400	.2762563	.282253	0	1
SCW	400	.1928405	.2979242	0	1
PSW	400	.301794	.2815815	0	1
PYW	400	.2708535	.3191135	0	1
REA	400	.2123054	.2616124	0	1
ENG	400	.2315436	.2648318	0	1
NOEDU	400	.135	.3421515	0	1
PEDU	400	.175	.380443	0	1
SECEDU	400	.3875	.4877895	0	1
GRAD	400	.1925	.3947573	0	1
PGRAD	400	.11	.3132816	0	1
b1to4persons	400	.4625	.4992162	0	1
b5to8persons	400	.3375	.4734492	0	1
greater9pe~s	400	.2	.4005009	0	1

The descriptive statistics provide an overview of the distribution of the variables used in the regression analysis. The overall wellbeing score recorded a mean of 27.3%, indicating that, on average, respondents demonstrated a relatively low level of wellbeing, scoring just above one-quarter of the possible range. Among the four wellbeing dimensions, physical wellbeing recorded the highest mean at 30.2%, suggesting that respondents fared comparatively better in physical health outcomes than in other domains. Social wellbeing recorded the lowest mean at 19.3%, pointing to notable deficits in social connectedness or social support among the sampled population. Economic wellbeing and psychological wellbeing were closely comparable, with means of 27.6% and 27.1% respectively, both reflecting moderate-to-low levels. The standard

deviations across all wellbeing dimensions ranged from 24.6% to 31.9%, indicating considerable variability in wellbeing outcomes among respondents and suggesting that experiences of wellbeing were far from uniform across the sample.

Reach and awareness recorded a mean of 21.2%, while engagement was slightly higher at 23.2%. Both values are low, suggesting that on average, respondents had limited exposure to relevant programmes or information and that active participation remained modest. The standard deviations for both variables, at 26.2% and 26.5% respectively, indicate meaningful dispersion around these averages, implying that while some individuals had higher levels of awareness and engagement, a substantial proportion experienced very low levels.

The educational background of respondents varied. Secondary education was the most frequently reported level, representing 38.8% of the sample and thus the modal category. Graduate education and primary education followed, accounting for 19.3% and 17.5% of respondents respectively, indicating moderate representation. About 13.5% of respondents had no formal education, while postgraduate education was the least common at 11.0%. The high standard deviations across education categories, ranging from 31.3% to 48.8%, are typical for binary-coded variables and reflect the spread of respondents across the different educational levels.

In terms of household composition, most respondents lived in smaller households. Households with 1–4 members constituted the largest group at 46.3%, nearly half of the sample. Medium-sized households with 5–8 members made up 33.8%, while large households with 9 or more members were the least common at 20.0%. The standard deviations, which ranged from 40.0% to 49.9%, indicate expected variation across the binary household size categories.

Correlation Analysis

The results showed that overall well-being was strongly and positively correlated with all four of its component dimensions. Psychological well-being had the strongest relationship with overall well-being ($r = 0.857$), followed by economic well-being ($r = 0.816$), social well-being ($r = 0.796$), and physical well-being ($r = 0.796$). These strong correlations are expected because the overall well-being index was computed from these four sub-dimensions. The findings confirm that each dimension makes a meaningful contribution to overall well-being. Among the sub-dimensions, psychological well-being was most strongly linked to social well-being ($r = 0.613$) and physical well-being ($r = 0.586$). In contrast, the relationship between economic well-being and social well-being was relatively weaker ($r = 0.492$). This suggests that while economic and social well-being are related, they reflect somewhat different aspects of respondents' lived experiences.

Table 5: Pair-Wise Correlation Matrix

	WB	ECW	SCW	PSW	PYW	REA	ENG	NOEDU	PEDU	SECEDU	GRAD	PGRAD	b1to4p~s	b5to8p~s	greater9pe~s
WB	1.0000														
ECW	0.8164	1.0000													
SCW	0.7963	0.4920	1.0000												
PSW	0.7956	0.5779	0.5201	1.0000											
PYW	0.8567	0.5749	0.6131	0.5864	1.0000										
REA	0.5742	0.4765	0.4789	0.3524	0.5500	1.0000									
ENG	0.5180	0.3933	0.4831	0.3540	0.4743	0.4611	1.0000								
NOEDU	-0.0985	-0.0997	-0.0985	-0.1243	-0.0355	-0.1058	-0.0837	1.0000							
PEDU	0.0425	0.0256	0.0980	0.0254	-0.0108	0.0392	0.0927	-0.1819	1.0000						
SECEDU	0.1082	0.0693	0.0446	0.0922	0.1565	0.1557	0.1017	-0.3142	-0.3663	1.0000					
GRAD	-0.1629	-0.1032	-0.0840	-0.1601	-0.1760	-0.1518	-0.1098	-0.1929	-0.2249	-0.3884	1.0000				
PGRAD	0.0927	0.1000	0.0251	0.1631	0.0300	0.0168	-0.0412	-0.1389	-0.1619	-0.2796	-0.1717	1.0000			
b1to4persons	0.2318	0.1545	0.1354	0.1854	0.2366	0.1893	0.1914	0.1618	-0.0313	-0.0585	-0.0841	0.0585	1.0000		
b5to8persons	-0.1744	-0.1207	-0.0986	-0.1353	-0.1816	-0.1232	-0.1049	-0.2046	-0.0644	0.1268	0.0940	-0.0144	-0.6621	1.0000	
greater9pe~s	-0.0828	-0.0499	-0.0522	-0.0712	-0.0802	-0.0903	-0.1146	0.0402	0.1151	-0.0770	-0.0063	-0.0559	-0.4638	-0.3569	1.0000

Both reach and awareness and beneficiary engagement showed moderate positive correlations with overall well-being, with r = 0.574 and r = 0.518 respectively. This indicates that respondents who had greater exposure to programs and higher levels of engagement were more likely to report better well-being outcomes. At the dimensional level, reach and awareness was most strongly correlated with psychological well-being (r = 0.550) and social well-being (r = 0.479). Its weakest association was with physical well-being (r = 0.352). A similar pattern was observed for engagement, which had its strongest correlations with social well-being (r = 0.483) and psychological well-being (r = 0.474), and its weakest with physical well-being (r = 0.354). The correlation between reach and awareness and engagement was moderate (r = 0.461). This suggests that while the two constructs are related, they are not identical and each represents a distinct aspect of interaction with NGO programs.

The correlations between education level and well-being were generally weak, indicating that education alone does not strongly predict well-being outcomes in this sample. Respondents with no formal education showed small negative correlations with all well-being dimensions. The strongest negative association was with physical well-being (r = -0.124), suggesting that those with no formal education tended to report slightly lower physical well-being. Primary education had negligible correlations with most well-being dimensions. The only notable relationship was a small positive correlation with social well-being (r = 0.098). Secondary education showed small positive correlations with overall well-being (r = 0.108) and psychological well-being (r = 0.157). This suggests a modest positive link between secondary education and well-being in this sample. Graduate-level education was negatively correlated with all well-being dimensions. The strongest negative associations were with psychological well-being (r = -0.176) and physical well-being (r = -0.160). This is a somewhat unexpected finding and may require further investigation. Postgraduate education showed small positive correlations with overall well-being (r = 0.093). Its strongest association was with physical well-being (r = 0.163). The negative correlations among the education categories themselves, such as between secondary education and graduate education (r = -0.388) and between secondary education and no education (r = -0.314), are expected. They reflect the mutually exclusive nature of dummy-coded education variables.

Household size showed a clear and consistent relationship with well-being in this sample. Respondents in smaller households of 1–4 persons had positive correlations with overall well-being (r = 0.232) and with all four well-being dimensions. The strongest associations were with psychological well-being (r = 0.237) and physical well-being (r = 0.185). This suggests that individuals in smaller households tended to report better well-being outcomes. In contrast, medium-sized households of 5–8 persons were negatively correlated with overall well-being (r =

-0.174) and with all well-being dimensions. The strongest negative association was with psychological well-being (r = -0.182). Large households with 9 or more persons also showed negative correlations with all well-being dimensions. However, these associations were generally weaker, ranging from r = -0.050 to r = -0.115. The strong negative correlation between 1–4 person households and 5–8 person households (r = -0.662), and the moderate negative correlation between 1–4 person households and 9+ person households (r = -0.464) are expected. They reflect the mutually exclusive nature of the dummy-coded household size variables and confirm that the three categories adequately capture the full distribution of household sizes in the sample.

Table 6: Estimate of the effect outreach of NGOs on the overall well-being of internally displaced persons in the NW and SW regions of Cameroon

	WB Index	Sub Categories of Wellbeing of beneficiaries			
VARIABLES	WB	ECW	SCW	PSW	PYW
REA	0.373***	0.387***	0.367***	0.213**	0.477***
	(0.0507)	(0.0748)	(0.0921)	(0.0830)	(0.0802)
ENG	0.289***	0.234***	0.370***	0.246***	0.324***
	(0.0511)	(0.0730)	(0.0870)	(0.0728)	(0.0776)
PEDU	0.0302	0.0327	0.0661*	0.0727*	-0.0409
	(0.0303)	(0.0386)	(0.0384)	(0.0410)	(0.0360)
SECEDU	0.0403	0.0397	0.0185	0.0930***	0.0283
	(0.0271)	(0.0321)	(0.0336)	(0.0341)	(0.0356)
PGRAD	0.00322	0.0293	0.0339	0.0218	-0.0532*
	(0.0241)	(0.0291)	(0.0291)	(0.0315)	(0.0275)
b1to4persons	0.0984**	0.122***	0.0597	0.207***	0.0234
	(0.0381)	(0.0458)	(0.0455)	(0.0516)	(0.0504)
b5to8persons	-0.0594***	-0.0381	-0.0161	-0.0715**	-0.0841***
	(0.0229)	(0.0291)	(0.0286)	(0.0308)	(0.0297)
greater9pe~s	-0.0272	-0.00505	0.00139	-0.0390	-0.0389
	(0.0261)	(0.0319)	(0.0309)	(0.0343)	(0.0355)
Constant	0.120***	0.114***	0.00266	0.156***	0.135***
	(0.0184)	(0.0215)	(0.0253)	(0.0249)	(0.0247)
Observations	400	400	400	400	400
R-squared	0.434	0.280	0.323	0.222	0.389
F(8, 391)	23.69	10.51	9.13	8.97	21.52
Prob > F	0.0000	0.0000	0.0000	0.0000	0.0000

Notes: Robust standard errors in parentheses, *** p<0.01, ** p<0.05, * p<0.1

Multiple regression analysis was conducted to examine the effect of NGO outreach variables and socio-demographic characteristics on overall well-being and its four dimensions: economic, social, physical, and psychological well-being. The analysis was based on 400 respondents. The F-statistics for all estimated models were significant at $p < 0.001$. This indicates that each model is statistically significant at the 1% level and has about 99% reliability. Thus, the explanatory variables jointly have a significant effect on overall well-being and on each dimension of well-being among beneficiaries of the Anglophone Crisis. The model for overall well-being had an R^2 of 0.434. This means that NGO outreach variables and the socio-demographic controls jointly explain 43.4% of the variation in overall well-being. The remaining 56.6% is explained by factors not included in the model. For the sub-dimensions, the explanatory variables accounted for 28.0% of the variation in economic well-being, 32.3% in social well-being, 22.2% in physical well-being, and 38.9% in psychological well-being. To test for multicollinearity, the Variance Inflation Factor (VIF) was examined. The results showed no evidence of multicollinearity among the independent variables, indicating that the regression estimates are reliable.

The regression results showed that both NGO outreach variables have significant positive effects on well-being. Resource Accessibility had a positive coefficient of 0.373 on overall well-being. This means that a one-unit increase in access to NGO resources is associated with an increase of approximately 0.373 units in overall well-being, holding other factors constant. The effect is statistically significant at the 1% level ($p < 0.01$). At the dimensional level, resource accessibility also had positive and significant effects on economic well-being ($\beta = 0.387$), social well-being ($\beta = 0.367$), and physical well-being ($\beta = 0.477$), all at the 1% level. It had a positive effect on psychological well-being ($\beta = 0.213$) that was significant at the 5% level. These results indicate that improved access to NGO services enhances all four dimensions of beneficiaries' well-being.

Beneficiary Engagement also had a positive coefficient of 0.289 on overall well-being. A one-unit increase in engagement is associated with an increase of approximately 0.289 units in overall well-being, ceteris paribus. This effect is statistically significant at the 1% level ($p < 0.01$). Beneficiary engagement similarly showed positive and significant effects on economic well-being ($\beta = 0.234$), social well-being ($\beta = 0.370$), psychological well-being ($\beta = 0.246$), and physical well-being ($\beta = 0.324$), all significant at the 1% level. This suggests that higher levels of beneficiary participation in NGO programs contribute significantly to improvements across all dimensions of well-being.

The regression results indicate that education level has limited effects on overall well-being. Primary Education had a positive but statistically insignificant coefficient of 0.0302 on

overall well-being. This suggests that beneficiaries with primary education report slightly higher overall well-being than the reference group, but the difference is not significant. At the dimensional level, primary education had positive and significant effects on social well-being (β = 0.0661) and psychological well-being (β = 0.0727), both at the 10% level. The effects on economic well-being (β = 0.0327) and physical well-being (β = -0.0409) were not statistically significant. This implies that primary education mainly contributes to improvements in social and psychological aspects of well-being.

Secondary Education also recorded a positive but insignificant coefficient of 0.0403 on overall well-being. This indicates a positive but non-significant relationship with beneficiaries' overall well-being. For the sub-dimensions, secondary education had a positive effect on psychological well-being (β = 0.0930) that was significant at the 1% level. This suggests that beneficiaries with secondary education experience significantly better psychological well-being than the reference category. The effects on economic, social, and physical well-being were statistically insignificant.

Postgraduate education had a positive but negligible and statistically insignificant coefficient of 0.00322 on overall well-being. This suggests almost no relationship between postgraduate education and beneficiaries' overall well-being. At the dimensional level, postgraduate education also had positive but insignificant effects on economic well-being (β = 0.0293), social well-being (β = 0.0339), and psychological well-being (β = 0.0218). However, postgraduate education had a negative coefficient of -0.0532 on physical well-being, which was significant at the 10% level. This indicates that beneficiaries with postgraduate education reported slightly lower physical well-being compared to the reference category.

Household size showed significant effects on well-being. Beneficiaries living in small households of 1–4 persons had a positive coefficient of 0.0984 on overall well-being. This relationship is statistically significant at the 5% level, indicating that smaller households are associated with higher overall well-being. For the sub-dimensions, households of 1–4 persons had positive and significant effects on economic well-being (β = 0.122) at the 1% level and on psychological well-being (β = 0.207) at the 1% level. The coefficients for social well-being (β = 0.0597) and physical well-being (β = 0.0234) were positive but not statistically significant.

Households of 5–8 persons had a negative coefficient of -0.0594 on overall well-being. This indicates that beneficiaries in medium-sized households experience lower overall well-being compared to the reference category. The effect is statistically significant at the 1% level. For the sub-dimensions, medium households had negative and significant effects on physical well-being (β = -0.0841) at the 1% level, and on psychological well-being (β = -0.0715) at the

5% level. The effects on economic well-being (β = -0.0381) and social well-being (β = -0.0161) were negative but statistically insignificant.

Households of 9+ persons had a negative coefficient of -0.0272 on overall well-being, suggesting a decline in well-being relative to the reference group. However, this effect was statistically insignificant. Similarly, the coefficients for economic well-being (β = -0.0051), psychological well-being (β = -0.0390), and physical well-being (β = -0.0389) were negative but not statistically significant. The coefficient for social well-being (β = 0.00139) was positive but also insignificant. These results imply that very large household sizes do not have a statistically significant influence on beneficiaries' well-being after controlling for other explanatory variables.

Table 7: Variance Inflation Factor (VIF) Test for Multicollinearity

Variable	VIF	1/VIF
REA	1.70	0.586911
ENG	1.74	0.576339
eduleve		
2	1.42	0.704565
3	1.92	0.522123
4	1.77	0.566563
5	1.39	0.718178
houssize		
2	1.37	0.727730
3	1.17	0.852568
Mean VIF	1.56	

The Variance Inflation Factor (VIF) was used to test for multicollinearity among the independent variables. The results indicate that multicollinearity is not a major problem in the model since all values were below the threshold of 10. Hence, the regression estimates are not affected by multicollinearity.

DISCUSSION OF RESULTS

The above findings demonstrate that both dimensions of NGO outreach; reach and awareness as well as beneficiary engagement exert strong positive and highly significant effects on beneficiary well-being across all dimensions. The results powerfully affirm the centrality of outreach in humanitarian programming and resonates deeply with a wide body of empirical literature. The strong positive effect of reach and awareness on well-being aligns with the

findings of Bang (2024) who found that NGO and institutional outreach helped reduce extreme poverty in the short term. However, beneficiary engagement was mostly limited to emergency distributions, not capacity building. As a result, there were very few long-term gains in economic independence or psychological well-being. No doubt Metuge et al. (2025) concluded in their study that NGO outreach should go beyond emergency food aid. They recommended adding direct economic support, cash transfers, food vouchers, and livelihood programs to improve long-term physical and economic well-being. Another study worth citing is that of Omam and Metuge (2023) who assessed how the multisectoral Rapid Response Mechanism (RRM) affected the physical and psychological well-being of IDPs in hard-to-reach areas of Ekondo Titi, South West Region, and Cameroon. The results showed that RRM outreach significantly improved physical well-being by restoring access to primary health care, reducing waterborne diseases through WASH kits, and boosting psychological well-being for displaced children through psychosocial support in child-friendly spaces. The study also found that involving community-based health workers increased service uptake and overall success. The present results extend these findings to the Anglophone Crisis context, showing that when beneficiaries are more aware of and informed about NGO programmes, their wellbeing improves across economic, social, psychological, and physical domains.

The strong positive effect of engagement on all dimensions of well-being is equally well supported in the literature. Tassang et al. (2023) demonstrated that stronger social integration and community solidarity significantly predicted lower levels of depression and PTSD among IDPs. In addition, NGO awareness programs that encouraged engagement with host communities reduced feelings of alienation and improved psychological well-being. Their results showed that projects with higher levels of community participation were more likely to last over time and have a greater effect on the population. The findings from the Anglophone Crisis corroborate these conclusions, suggesting that active engagement of beneficiaries in NGO programmes creates meaningful improvements across all wellbeing dimensions.

The finding that reach and awareness produced consistently larger effects than engagement across most wellbeing dimensions carries important programmatic implications. It suggests that in the crisis-affected context of the Anglophone region, the foundational act of making programme information accessible and visible to beneficiaries may be even more consequential than the depth of participatory engagement at least in terms of measurable wellbeing gains. This aligns with the findings of Garba & Abdulrahman (2025), which showed that information deprivation was a primary driver of suffering among displaced populations, and supports the argument advanced by Aunger (2015) that understanding beneficiary motivations

and ensuring information reaches them effectively is foundational to behavior change and wellbeing improvement.

The household size findings particularly the stronger wellbeing benefits observed among female beneficiaries in smaller households may reflect the reduced competition for resources and greater access to programme support that characterises smaller household units. This is consistent with Duflo and Udry's (2004) finding that household resource allocation dynamics significantly shape individual wellbeing outcomes, particularly for women.

CONCLUSION AND POLICY RECOMMENDATIONS

This study examined the effect of NGO outreach on the well-being of IDPs in the NW and SW regions of Cameroon. The findings showed that both; reach and awareness and beneficiary engagement exerted strong, positive, and significant effects on beneficiary well-being across all dimensions. Reach and awareness produced larger effects than engagement across most well-being dimensions, with psychological and economic well-being recording the most pronounced gains. Engagement's strongest effect was observed on social well-being. The study concludes that NGO outreach is a critical determinant of beneficiary well-being. When humanitarian organizations are able to reach vulnerable populations, communicate programme information clearly, and involve beneficiaries throughout the implementation process, they are significantly more likely to improve the economic, social, physical, and psychological well-being of internally displaced persons. Thus, outreach should not be viewed solely as a support function. It operates as a strategic capability that enhances the effectiveness of humanitarian interventions and reinforces organizational accountability to beneficiaries. The study established that NGO outreach is a significant predictor of improvements in the well-being of internally displaced persons. Consequently, humanitarian organizations should prioritize outreach as a core strategic component of project implementation, rather than treating it as a secondary communication activity. Therefore;

NGOs should broaden their operational reach to ensure that humanitarian services are accessible to displaced persons in remote, insecure, and underserved communities. To achieve this, organizations should strengthen partnerships with community-based organizations, religious institutions, local councils, traditional authorities, and volunteer networks. These local actors possess contextual knowledge and established trust, which can facilitate access to populations affected by displacement and insecurity.

Organizations should enhance awareness creation by utilizing diverse communication channels. These include community meetings, local radio broadcasts, mobile messaging platforms, social media, community volunteers, and local information centers. Clear and

consistent dissemination of information on eligibility criteria, available services, complaint mechanisms, and beneficiary rights is essential. This will help to reduce exclusion, address misinformation, and ensure that displaced populations can access humanitarian support.

NGOs should establish regular community consultation forums, functional beneficiary feedback systems, grievance redress mechanisms, and participatory monitoring and evaluation platforms. Such platforms will enable internally displaced persons to actively participate in decision-making and project implementation. This approach will promote transparency, accountability, trust, and project ownership, while also improving the responsiveness and relevance of humanitarian interventions.

LIMITATIONS OF THE STUDY

Like any empirical investigation, this study was subject to several limitations. First, the study adopted a cross-sectional research design, which captured respondents' perceptions at a single point in time. Consequently, changes in NGO outreach, and the well-being of internally displaced persons over time could not be examined. Although the study examined NGO outreach, and well-being, other factors such as donor funding stability, government policies, organizational leadership, inter-agency coordination, institutional capacity, beneficiary characteristics, and environmental conditions may also influence humanitarian outcomes but were beyond the scope of the present study

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