

SAINT-CAMILLE COMMUNITY OF LELLIS-BENIN "OASIS OF LOVE"

Association for the care and rehabilitation of mentally ill people abandoned in the streets
and villages.

RAPPORT D'ACTIVITES 2024



Bilan des activités-Défis- Perspectives

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INTRODUCTION

The Saint-Camille de Lellis Community is a Catholic movement created by a group of committed lay people. It primarily targets mentally ill people who wander the streets, chained or nailed to the ground in villages or cities: this is the association's main concern. It also combats ignorance about mental health and works to eradicate the mistreatment of the sick on the streets. It is also a family for many sick people who have nowhere to go or are lost far from their families.

As a healthcare facility, they remain the first point of contact for patients with the structure. From then on, patients are cared for throughout their stay in the association's various structures until their family and social reintegration, where they remain the responsibility of the association in terms of medical treatment and medication supplies. We currently have 5 mental health treatment centers in Benin, the centers of Avrankou, Bohicon, Djougou, Tokan and Dassa inaugurated on August 17, 2024.

For the year 2024, 42 relay centers were active in Benin with an increase of 12 relay centers compared to the year 2023.

Furthermore, training centers are centers created for occupational therapy, that is to say the gradual activation of a former patient at the end of his stay in the reception centers. These free training courses for a patient represent an opportunity for his reintegration. We currently have six training centers in Benin: Dangbodji, Agoïta, Calavi, Tokan, Djougou, and Gbedavo near Dassa.

The activity report is structured around a brief overview allowing you to get an idea easily the major realities of the whole year, a presentation of the centers, a summary of the activity data, the activities of the relay centers, the activities of the reintegration centers, the point of the medical-social centers, the activities of the Oasis d'Amour fraternity, perspectives, thanks and a hierarchical organization chart of the managers

BRIEF OVERVIEW

In general and synthetic terms, the activities of the Saint Camille de Lellis Association are present as follows in 2024:

PSYCHIATRIC ACTIVITIES IN 2024 FOR THE WHOLE OF THE SAINT CAMILLE IN 2024 IN BENIN (Reception centers and relay centers)

• CONSULTANTS	20,057
• CONSULTATIONS	110,514
• RELAPSES	2,198

1. Reception and treatment centers in Benin

The 5 Reception and Treatment Centers recorded a total of:

• Number of consultants (new cases): **4,745** including

• Avrankou	1,093 or 23.03%
• Bohicon	1,071 or 23.57%
• Djougou	524 or 11.04%
• Tokan	1,735 or 36.56%
• Dassa	322 or 6.79%

• Number of consultations: **82,121** including

• Avrankou	27,585 or 33.59%
• Bohicon	15,780 or 19.22%
• Djougou	7,318 or 8.91%
• Tokan	30,787 or 37.49%
• Dassa	651 or 0.79%

• **204** patients were taken in the street and **257** brought in by the firefighters and the police, making a total of **461 patients**.

• Number of relapses: **2,033**

• Note that a total of **5,411** patients were hospitalized in 2024

With an average per day for 2024

• Avrankou	118
• Bohicon	180
• Djougou	64
• Tokan	292
• Dassa	130

- The total number of patient discharges amounts to **4,560**, including:
 - **4,515** were reintegrated into families, i.e. **96.82%** of exits;
 - **65** in reintegration centers, i.e. **1.43%** of exits;
 - **43** for escapes (exits without medical advice) or **0.94%** of exits;
 - **37** for deaths or **0.81%** of exits.
- Drug addiction affects **405** patients (1018 men and **923** women) or **8.54%** of consultants.

2. Relay centers

- The **42** relay centers in Benin received a total of **15,312** new patients and carried out **28,393** consultations and the number of relapses **165**.
- These relay centers are an appropriate response to the costs of transport and other hazards linked to travel, the time required and ultimately they facilitate reintegration by making it easier to obtain medication once in the family.

3. Social and medical centers

There are currently **2** Saint Camille medical-social centers in Benin.

3.1. Adjarra Health Center

- Adjarra Hospital carried out **7,633** consultations and **19** cataract surgeries.
- The maternity ward has **1,653** prenatal consultations and **121** deliveries

The Adjarra center also hosted **three** foreign missions, including **two** surgical ones, and carried out a total of **5,800** general consultations, **430** surgical consultations, and 145 surgical operations during these missions, including **54** by our local team. It should be noted that all surgeries were successful.

3.2. Technical platform

- At the same time, the technical platform located in Tokan carried out **337** consultations General, **96** prenatal consultations, including **77** inpatients. It's worth noting that the services in these centers are truly high-quality and at affordable prices. This is to enable the most disadvantaged to receive dignified and affordable care.

4. Socio-professional reintegration centers

There are four of them in Benin. For their part, the reintegration centers have been dynamic in occupational therapy and the socio-professional reintegration of our friends. These are training, rehabilitation and fraternization structures in which human beings learn to get back on their feet and give new meaning to their lives. These centers are essential in the process of caring for and healing our patients.

5. Support

In the reception and treatment centers, the patient who comes for the consultation leaves with a batch of medication for one month and pays, if he can, **2,000 FCFA** as a participation fee. If it is a case requiring hospitalization, the patient pays **5,700 FCFA** for the entire duration of his stay in the center. There, he is housed, fed, cared for, and clothed. Social cases are fully supported by the center.

Consultations are free. The average daily cost for a hospitalized patient (intern) is **3,000 CFA francs** (food, medication, utilities).

6. Monitoring and support

The activities of the reception and treatment centers were supervised by the National Coordination of Psychiatrists of Benin. These same centers, along with the relay centers, were supervised by psychiatrists from the SMAO (Mental Health in West Africa) and other countries.

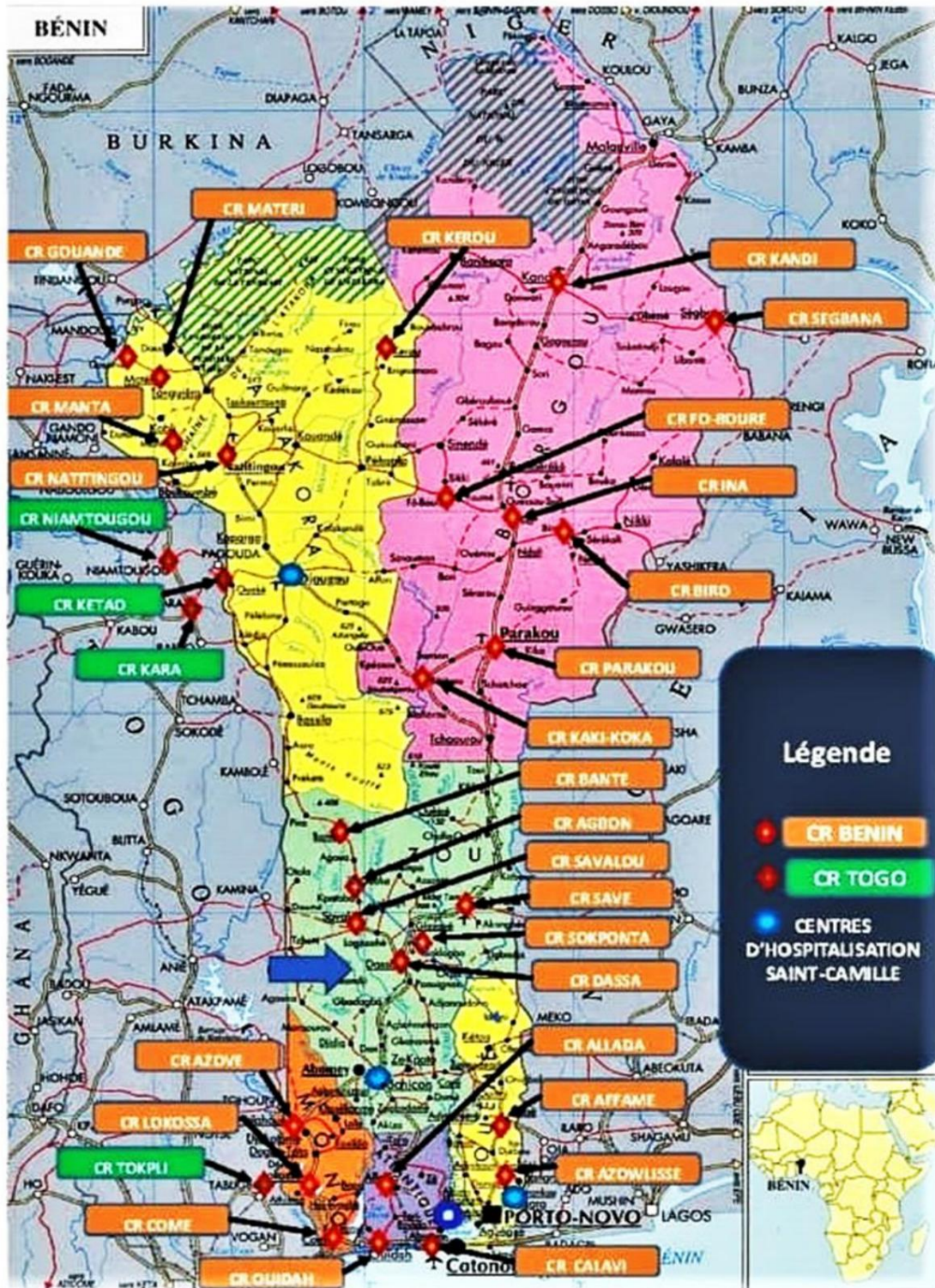
7. Recognitions and achievements:

- On July 27, 2024, during the celebration of the 20 years of presence of Saint Camille de Lellis in Benin, the consecration of three religious sisters took place: Patricia AZONYITO, Gertrude A. KOTIN, Ameline AHOUANGBO.
- On August 18, 2024, we inaugurated the Dassa center.
- On October 1, 2024, Grégoire AHONGBONON, the founder, received an honorary doctorate at Suor ORSOLA BENINCASA University in Naples, Italy, for his work with the mentally ill in West Africa.
- On November 18, 2024, Grégoire AHONGBONON, the founder, also received an honorary doctorate in psychology from the University do Sul de Santa Catarina, in Tubarao, Brazil.
- Brother Franck HOUESSIGBEDE was consecrated and ordained priest on February 2, 2025. Note that Father Franck is the first ordained priest of the fraternity.

8. Needs and projects

For 30 years, we have been working to achieve ever-increasing autonomy; and working to maintain a healthy balance between internal resources and external financing. However, there's still a long way to go. Therefore, to support its high-impact social commitment, geared toward the most disadvantaged, the Saint Camille de Lellis Association "Oasis d'Amour" needs outside help for its operations and development. Our needs and projects are diverse, and a specific fundraising form for each project is available upon request. For more details, please contact: associationsaintcamille@gmail.com ; (+229) 01 95 31 60 94 (WhatsApp) /01 94 01 03 57. ***Have more heart in [your hand and let your generosity express itself.](#)***

MAP OF CENTERS: 42 RELAY CENTERS INCLUDING 12 NEW



**RECEPTION CENTERS
AND TREATMENT
SICK PEOPLE
MENTALS**

AVRANKOU RECEPTION AND TREATMENT CENTER FOR THE MENTALLY ILL



1. Presentation and psychiatric support report:

The center of Avrankou is 7 km from the capital Porto Novo, it is the first center of Benin.

It is a center widely known to the populations of the region. During the year 2024, the center recorded:

- **1,093** consultants (new cases) including
 - 15** taken from the streets and **82** brought in by law enforcement
- **27,585** consultations
- **287** relapses
- **1,145 patients reintegrated into their respective families.**

2. Human and material resources:

2.1. Human resources:

The center's staff is made up of 38 people:

- 4 seasonal expatriate psychiatrists
- 1 psychiatrist
- 1 general practitioner
- 2 nurses
- 5 nursing assistants
- 3 cashiers
- 1 manager
- 1 director
- 1 community human resources director
- 1 data entry operator

- 8 maintenance agents
- 4 stoves
- 2 sentry guards
- 1 psychologist
- 1 sociologist
- 3 archive agents
- A sewing workshop

2.2. Material resources:

They consist of:

- 8 dormitories for the accommodation of patients
- 1 building for the community of the Oasis of Love Fraternity Avrankou
- 1 administrative building
- 1 pharmacy
- 1 chapel
- 1 cafeteria
- 1 building for medical staff
- 1 building for board games
- 1 building to accommodate visitors
- 1 store
- 1 store
- 1 car

3. Activities carried out:

- Psychiatric consultations
- Individual psychotherapy session with a psychologist
- Individual psychosocial assessments.
- Nursing care
- **Gardening:** The vegetable garden has a dual objective, which is to produce vegetables at the center and to provide training for certain stabilized patients.
- **Sewing:** Stabilized patients benefit from training in sewing with the possibility of obtaining a national diploma at the end of the training.

• Manual activities:

Wednesday morning: Drawing on the beach hut in small groups. A lesson in observing faces, expressions, and the body.

Thursday morning: Various craft activities. Several workshops are offered at each session: coloring, painting, beading, collage.

• **Sports activities:**

Monday evening: football match

Tuesday morning: Gymnastics and physical games.

Thursday evening: football / basketball.

• **Dance/percussion/singing activities :**

Tuesday and Friday evenings after 6 p.m. at the center. Those who wish can play percussion instruments at the same time. On some days, the music is replaced by singing.

• **Cartoon screening:**

Sunday afternoon

• **Spiritual activities:**

- Mass every Wednesday morning at 9 a.m.

- Rosary: every day at 3 p.m. except Sunday

- Adoration every 15 days from Tuesday evening to 6 p.m.

BOHICON MENTAL RECEPTION AND TREATMENT CENTER



1. Presentation and psychiatric support report:

The Saint Camille Center "Oasis of Love" of Bohicon, called "Saint Louis and Zélie Martin Center", is a non-profit reception and care center for the mentally ill. Located in the Sèmè district along the paved road, going from the Saint François d'Assise parish to the Houéfa pharmacy, it is right next to the CEG1 of Bohicon. The second reception and care center for the mentally ill opened in Benin in 2006, in the Center-South of the country, by the Saint Camille de Lellis Association, the Bohicon center serves the sick and all people in difficulty; by offering services: psychiatric, psychological and nursing consultations and care, psychiatric hospitalization and social reintegration of the sick. The center seeks above all to promote the dignity and freedom of all, without any distinction. In fact, the staff often goes to the streets and villages to recover the chained and abandoned patients in the city and even in the surrounding regions.

For the year 2024, we recorded:

- **1,071 consultants (new cases)** including
 - 30** taken from the streets and **10** brought in by law enforcement
- **15,780 consultations**
- **581 Relapses**
- **1,028 patients reintegrated into their respective families.**

To achieve this result, the center relied on human and material resources:

2. Material and human resources:

2.1. Human resources:

The human resources of this center are made up of 46 people:

• 1 center manager • 1

psychiatrist

• 1 psychologist

• 1 sociologist

• 1 social worker

• 2 state-certified nurses

• 4 nursing assistants

• 2 cashiers

• 1 manager

• 1 secretary

• 15 maintenance staff

• 6 cooks

• 2 sentry guards

• 1 driver

• 1 miller

• 6 lingers

• 2 motorcycle guards

• 2 archivists

• 1 store manager

• 1 chaplain priest

2.2. Material resources:

As material resources we have:

• 1 administrative building

• 2 buildings (R + 1) serving as accommodation for patients and staff • 1 shop

• 1 treatment room

• 1 oratory

• 1 large kitchen

• 1 large refectory

• 1 chapel • 1

central straw hut

• 2 blocks of women's and men's toilets

• 2 stores

• 1 sewing workshop

ÿ 1 biomedical analysis laboratory not yet equipped

ÿ 1 hutch

ÿ 1 water tower

ÿ 1 mill

ÿ 1 car (covered) in poor condition

ÿ 1 motorcycle

ÿ 1 accommodation for the consecrated, located on the floor above the kitchen

3. Activities performed

- Consultations, psychiatric, psychological and nursing care
- **Sewing:** All kinds of sewing are done here as needed for the center's residents. Stabilized patients who wish to do so can benefit from sewing training with the possibility of obtaining a national diploma at the end of the training.
- **Mill:** For the training of our friends, and grinding for the center
- **Art therapy:** for games, activities, activities for enjoyment and awakening intelligence
- **Mass:** every Sunday at 11 a.m.
- **Rosary:** every day at 7 p.m.
- **Breeding:** rabbits

DJOUGOU RECEPTION AND TREATMENT CENTER FOR THE MENTALLY ILL



1. Presentation and psychiatric support report:

The Saint Camille Center in Djougou, also known as the "Saint Louis-Marie Grignon de Montfort Center," is a non-profit reception and care center for the mentally ill. Located in the Sérrou-Midjeninga neighborhood on the outskirts of Djougou, it faces the Camillian Religious Charity Center and borders the paved road leading to Parakou.

The third mental health reception and care center opened in Benin by the Saint Camille de Lellis Association, the Djougou center serves the sick and anyone in difficulty, offering services such as consultations, nursing care, psychiatric hospitalization, and social reintegration of patients. The center's primary goal is to promote the dignity and freedom of all, without distinction. In fact, staff often go out into the streets and villages to rescue chained patients abandoned in the city and even in the surrounding areas.

For the year 2024, we recorded:

• **524 consultants (New cases)**

• **44 patients were taken from the street and 36 were brought in by the police and firefighters.**

Djougou Reception and Treatment Center

• 7,319

• consultations

• 114 relapses

• 548 patients reintegrated into their respective families.

In order to be able to implement the various activities mentioned above, the center relied on the following means: human and material resources.

2. Human and material resources:

2.1. Human resources:

The staff consists of a team of 51 people (including 3 dedicated):

• 1 director

• 2 State-certified nurses • 1 nurse

specializing in mental health (Master's in mental health) • 1 trained psychologist • 3

nursing assistants • 1 manager

• 1 cashier

• 2 pharmacy managers • 2

managers responsible for distributing medication to interns • 4 managers

responsible for distributing medication to interns • 2 records managers

• 1 secretary

• 2 shop attendants • 2 cooks

(small kitchen) • 7 cooks (large

kitchen) • 4 maintenance and hygiene

staff • 4 shower and hygiene staff for the

weak (women) • 4 shower and hygiene staff for the weak (men) • 3 guards •

1 driver

• 3 millers

2.2. Material resources:

The center's material resources include:

- 2 different blocks intended for the accommodation of male and female patients (men's ward) and (women's ward)
- 1 administrative building (Administration)
- 1 main house for the community
- 1 accommodation building for healthcare staff at the reception of foreigners
- 1 chapel
- 1 large kitchen • 1 small kitchen
- 1 sentry box for the guard
- 1 building housing the mill
- 1 small garage (capacity 1 vehicle)
- 1 large garage (capacity 2 vehicles)
- 2 stores intended for sale
- 2 water towers
- 2 boreholes, the first powered by local energy (SBEE) and the second by solar panels
- 3 vehicles: a MITSUBISHI van, a NISSAN car and a MITSUBISHI tarpaulin,
- 1 SANYA motorcycle, a tricycle motorcycle
- 3 computers
- 1 mechanical workshop equipped with various machines, but not yet functional
- Sewing and hairdressing workshops, a bakery and two warehouses
- 1 accommodation building for learners (reintegration).
- 1 building housing the kitchen and the refectory for learners • 1 sheepfold and a chicken coop

Djougou Reception and Treatment Center

3. Activities carried out:

- Medical and psychological care

- psychiatric consultation and nursing care.

- psychological consultation: meeting with the psychologist by patients, art games for psychological awakening, psychologically inspired sport supervised by the psychologist.

- Spiritual and social formation

- catechism led by Camillian monks every Sunday at 3 p.m.

- mass said every day at 5:30 p.m. and Sundays at 10 a.m.

- rosary meditation every day starting 45 minutes before mass led by the Oasis of Love religious sisters

- Training and socio-professional reintegration

- Vocational training is a way to reintegrate our recovered patients into a social and normal life and to gradually prepare them for independent living.

- The mill: it is used to grind the cereals in the center and to form the recovered patients.

- Bakery: a powerful means of training for direct employment opportunities.

- Sewing: it offers the possibility of obtaining a national diploma at the end training.

- Hairdressing: like sewing, it also offers the possibility of obtaining national diploma at the end of training.

4. REINTEGRATION



This is a sector that is still in its infancy; however, a lot of effort is being made to meet the challenges we face.

With this in mind, we have motivated a number of our well-recovered patients to make bread and maintain the bakery premises. Retraining has been provided for the bakers to improve their production, as described above.

TOKAN RECEPTION AND TREATMENT CENTER FOR THE MENTALLY ILL



1. PRESENTATION AND PSYCHIATRIC SUPPORT REPORT

The Saint Camille de Lellis Oasis d'Amour de Tokan Reception and Treatment Center is located 18 kilometers north of Cotonou, in the commune of Abomey-Calavi, precisely next to the Tokan market. It was inaugurated on October 15, 2016, by the Apostolic Nuncio, His Excellency Monsignor Brian UDAIGWE.

The Tokan Center is a reception and rehabilitation center for the mentally ill. Within the center, there is a community of brothers and sisters who have dedicated their lives to serving the sick. Here, as in other centers, stabilized patients receive formal training and then return to work in the centers as peer helpers. Activities include: psychiatric, psychological, and nursing consultations and care, psychiatric hospitalization, and biomedical analysis. In addition, workshops such as baking, milling, sewing, animal husbandry, and gardening are available for the socio-professional reintegration of stabilized patients.

We recorded during the year 2024:

• **1,735** consultants (new cases) including

62 sick people were taken from the streets and **102** were brought in by the firefighters

• **30,787** consultations

• **1,000** Relapses

• **1,637** reintegrated into their respective families

To achieve this result, the center relied on human and material resources:

2. HUMAN AND MATERIAL RESOURCES

• Human Resources

The staff consists of a team of 85 people:

- 01 Non-permanent psychiatrist
- 01 Director
- 01 Manager
- 02 Psychologists
- 01 Educator
- 06 State-certified nurses
- 04 Nursing assistants
- 02 Art therapists
- 03 Pharmacy agents
- 04 Cashiers
- 04 Archives Officers
- 01 Secretary
- 01 librarian
- 08 Cookers
- 04 Sentry agents
- 04 Sales managers of various items
- 01 bike locker
- 01 Driver
- 03 Gardeners
- 02 Millers
- 10 Maintenance agents
- 02 lingerie maids
- 01 chaplain priest
- 01 Master baker and 07 student bakers
- 02 Master seamstresses and 7 apprentices

• **Material resources**

They consist of:

• An administrative building comprising

- 1 direction
- 1 secretariat
- 1 archive room
- 1 pharmacy
- 02 boxes

- 01 treatment room
- 04 consultation rooms
- 02 psychological interview rooms
- 01 room for the psychiatrist
- 02 observation rooms
- 01 meeting and training room
- 01 library
- 01 dressing room

ÿ Two wards intended for the hospitalization of male and female patients;

ÿ A main house for the community and for female staff;

ÿ A building for housing male staff;

ÿ Two kitchens:

ÿ A chapel;

ÿ A conference room;

ÿ A building for the mill;

ÿ A building for the bakery with a traditional oven;

ÿ A space for the garden;

ÿ A space for breeding

ÿ Two water towers

ÿ Four computers;

ÿ A vehicle;

ÿ Two straw huts for leisure;

ÿ A sentry box;

ÿ Four blocks of toilets and showers (2 for women and 2 for men)

ÿ A building housing bakers

ÿ A small R+1 building for the emergency service

ÿ A technical platform for physical health care (See *Medical-Social Centers section*).

3. ACTIVITIES CARRIED OUT

- **Gardening** : The vegetable garden has a dual objective, which is to provide vegetables and tubers to the center and to ensure the training of certain stabilized patients.
- **Mill** : for the training of our friends, it is run by them.
- **Bakery** : The bakery opened in October 2020, supplies the traders in the area to help some provide for their families, and it also provides training for our stable friends.

- **Sewing** : stabilized patients benefit from sewing training with the possibility to obtain a national diploma at the end of training.
- **Sports physical activities** : for our friends
- **Consultations, psychiatric, psychological and nursing care**
- **Biomedical analyses**
- **Mass** : Monday to Saturday at 4 p.m., Sunday at 10 a.m. sometimes at 11 a.m. (if necessary).
- **Rosary meditation** : Monday to Saturday at 3 p.m., except Thursday adoration

4. PSYCHOLOGICAL FOLLOW-UP REPORT

Complete in a dynamic of holistic care of the disease. It is generally accepted that entry into the center follows life events likely to induce psychological suffering. In addition to the psychiatric approach linked to the taking of medications, injections, etc., psychological care is essential.

Clinical listening allows us to understand the personal, family and social factors that are sources of decompensation, in order to better support patients towards recovery.

During the year 2024, psychological support was provided through:

- Psychological interviews every day from 8 a.m. to 2 p.m.
- Individualized psychotherapy for each patient and, if necessary, with relatives
- Group psychotherapy with families and caregivers every Tuesday from 10 a.m. to 12 p.m.
- Group therapy for addicts every Thursday from 10 a.m. to 12 p.m.
- A music therapy workshop
- Art therapy workshops every day from 10 a.m. to 12 p.m. led by a team (social worker, specialist educator, art therapy workshop facilitator)
- Supervision of 30 trainees
- The nursing team staff every Tuesday from 2 p.m. to 4 p.m.
- Psychology classes for the entire care team, Fridays from 2 p.m. to 4 p.m.
- Psychological support for more than 100 patients in 4 relay centers (Allada, Hekanmey, Ouidah, Come)
- A total of **2,076** patients were interviewed, including children, young people and adults.

The assessment of psychological suffering is mentioned in the table below:

New patients J		FMAMJ				I	ASON					D TOTAL	
Former patients	23 19	21 13	18 12	05 14	06 11	06 06	158						
Personality disorder	168	223	175	150	176	156	180	146	136	143	120	145	1918
Identity disorder		05	03	01									09

Tokan Reception and Treatment Center

Alcohol opiate cannabis drugs	77 81	90 77	97 32	41 39	57 40	34 47	712						
Games								01		02			03
Sex													
Bipolar disorder		02			12	07	08			03 13	03 04	52	
Depressive disorder	68 91	29 35	25 55	55 64	38 46	45 46	597						
Post- traumatic stress	27 31	30 26	32 47	47 36	25 37	18 31	387						
Schizophrenia	11 25	26 11	09 10	10 04	05 07	11 06	135						
Psychosis							02						01 03
Couples therapy		02 04	02 04					08		02 02	01		25
Anxiety fear	12 05	14 11	11 07	03 10	07 06	11 12	109						
Puerperal psychosis								02			01		03 6
Epilepsy					04 08	10 07	03 02	01 01	36				
Sickle cell disease													
Typhoid fever													
Mental retardation													
Dementia													
Total	195	242	196	163	194	168	185	160	142	154	126	151	2076

THE DASSA DRUG ADDICTION CENTER



I. PRESENTATION AND PSYCHIATRIC SUPPORT REPORT

The Saint Camille de Lellis Oasis d'Amour de Dassa reception and treatment center is located in 500m from the paved road that separates it from the Marian Sanctuary of Our Lady of Arigbo in the Vêdji district in the commune of Dassa Zoumé. It was inaugurated on August 17, 2024 by His Excellency Monsignor François GNONHOSSOU, Bishop of the Diocese of Dassa Zoumé.

This Dassa center is a reception and rehabilitation center for the mentally ill. It exists in

Within the center, a community of brothers and sisters who have dedicated their lives to serving the sick. The unique feature of this center is that stabilized patients become peer helpers for newcomers after a period of monitoring and training to restore dignity to their sick brothers and sisters.

This center has a comprehensive care unit for people who use psychoactive substances and/or alcohol, commonly known as Bethany. Activities include inpatient and outpatient consultations, psychiatric, medical, and psychological care, psychiatric hospitalization, and biomedical analysis. In addition, workshops such as sewing, gardening, milling, and baking are available, as well as livestock breeding projects.

We have recorded from April 2024 to December 2024:

- 322 consultants (new cases)

- 54 patients were taken from the streets and 28 were brought in by the police or firefighters

- 651 consultations

- 51 relapses

- 343 reintegrated into their respective families

- 97 people consuming psychoactive substances and/or alcohol (drug addicts) were recorded in Béthanie, including 44 drug addicts who were reintegrated into their families.

• 53 addicted subjects followed in the center and 3 in studies

To achieve this result, the center relied on the following human and material resources:

II. HUMAN AND MATERIAL RESOURCES

1. HUMAN RESOURCES

The staff consists of a team of 50 people, namely:

- 01 psychiatrist
- 01 director
- 02 secretaries • 01 manager
- 01 psychologist
- 2 state-certified nurses
- 02 laboratory technicians
- 04 nursing assistants
- 02 pharmacy agents
- 02 cashiers
- 02 archivists
- 02 archive managers
- 6 animators
- 01 hygiene officer
- 02 medicine dispensers for interns
- 05 cooks
- 03 doormen
- 01 seamstress with 02 apprentices • 01 miller
- 04 gardeners
- 01 driver
- 01 hairdresser
- 01 sales manager for miscellaneous items

2. MATERIAL RESOURCES

They consist of:

- 01 administrative building comprising a management office, a secretariat, an archive room, a pharmacy, a cash register, three consultation rooms, an observation room, a psychological interview room, showers and toilets, a meeting and training room
- 2 areas intended for the hospitalization of male and female patients with showers and toilets
- 01 a main house for the community • 01 building for the staff

- ÿ 01 building for subjects consuming psychoactive substances and/or alcohol
- ÿ 01 conference room
- ÿ 01 chapel
- ÿ 01 kitchen
- ÿ 01 vehicle
- ÿ 01 building for the mill ÿ 01 building for the store ÿ 01 sewing room and 01 showroom
- ÿ 01 space for the garden
- ÿ 02 straw huts for leisure
- ÿ 1 space for PE and football
- ÿ 01 building for the bakery and a non-functional traditional oven
- ÿ 01 accommodation building for learners ÿ 01 computer ÿ 01 printer

- ÿ 01 room for parents' visits
- ÿ 01 sentry box
- ÿ 01 water tower and drilling
- ÿ 01 tricycle

III. ACTIVITIES CARRIED OUT

1. Sewing

Stabilized patients benefit from training in sewing with the possibility of obtaining a national diploma at the end of the training.

2. The mill

It allows for the grinding of cereals at the center and also facilitates the training of stabilized patients for the population. It is run by themselves.

3. Gardening

The vegetable garden's goal is to provide the center with vegetables and tubers to improve patients' diets. It also provides training for stabilized patients.

4. Therapeutic workshops

We have a beading workshop, drawing, relaxation, prayer and lectio Divina, speaking time, awareness and discussions on mental illness, addiction and healthy living, discussion groups, family psychoeducation sessions, music therapy, theatrical improvisation, recreational and strategic games.

5. The staff

We hold staff meetings every Thursday from 2:30 p.m. to 4 p.m.

6. Physical and sporting activities

They take place twice a week. We have football twice a week (sometimes tournaments)

7. Various games for distraction

They take place every day.

8. Reading

It takes place every day.

9. Reciting the rosary

It is held every day at 4 p.m.

10. Singing classes

They take place three times a week.

11. The Mass

It takes place every Sunday at 8 a.m. and the second and last Fridays of the month at 4 p.m.

IV. PSYCHOLOGICAL FOLLOW-UP REPORT

From April to December 2024, more than 560 consultations with addiction patients and 200 with psychiatry were formally conducted. Psychological care is essential and complementary to medication, and the psychologist must demonstrate attentive listening and interdisciplinary work, working in conjunction with the entire team.

The psychologist is present at all times: from the moment the patient arrives, during a crisis that is more or less acute depending on the patient, by their bedside, in the center, at the office, or during group activities. They are also present to establish bonds of trust, permanence, and security with their colleagues during everyday moments such as getting up in the morning, taking a shower, eating meals, or at bedtime in the evening.

In addition to formal psychotherapeutic interviews, he conducts family interviews, assessment interviews, or at the time of discharge with the manager, which contributes greatly to the overall care for working together in the interest of the patient.

The psychologist is also a facilitator or co-facilitator of therapeutic groups described above with addicted subjects or in psychiatry with objectives of releasing emotions, expression, awareness of one's state, one's drug use and its effects, and finally gaining confidence and self-esteem. He is also present at times of prayer and mass.

He participates in weekly staff meetings with the medical team.

He very often notes that crises are linked to emotional outbursts linked to fears, repeated violence, shocks, traumas, loss of children, spouses, abandonment of spouses, financial difficulties, poverty, family and generational conflicts and various injuries, not to mention the diverse and varied consumption of toxic products and stays in prayer camps with or without chaining.

This comprehensive care of the patient, regular and involving listening, patience, and gentleness in conjunction with the home team, is successful because it supports the patient in their recovery. It should be noted that follow-up continues for many patients after discharge, either during follow-up appointments or by telephone.



Data from reception and treatment centers

DATA FROM RECEPTION AND TREATMENT CENTERS

I. PRESENTATION

In these reception and treatment centers in Benin we distinguish:

- The center of Avrankou in the south of the country near Porto-Novo, the capital of the country. The first center in the country, it opened its doors in 2004.
- The one in Bohicon in the interior of the country. Open since 2006, it is the 2^e center.
- The one in Djougou in the north of the country. This is the third. It opened its doors in 2011.
- The one in Tokan in the south of the country near Cotonou. Opened in 2016, it is the 4th center.
- The 5th^e The center is in Dassa-Zoumé and is already in operation, inaugurated on August 17, 2024, it assists 97 drug addicts.

The care model used at Saint Camille centers: The modern approach is the only one used. To achieve this, we use medication, psychotherapy, hygiene measures (revalorizing the body), occupational therapy, and lots of love.

This section summarizes the activity data of all these centers.

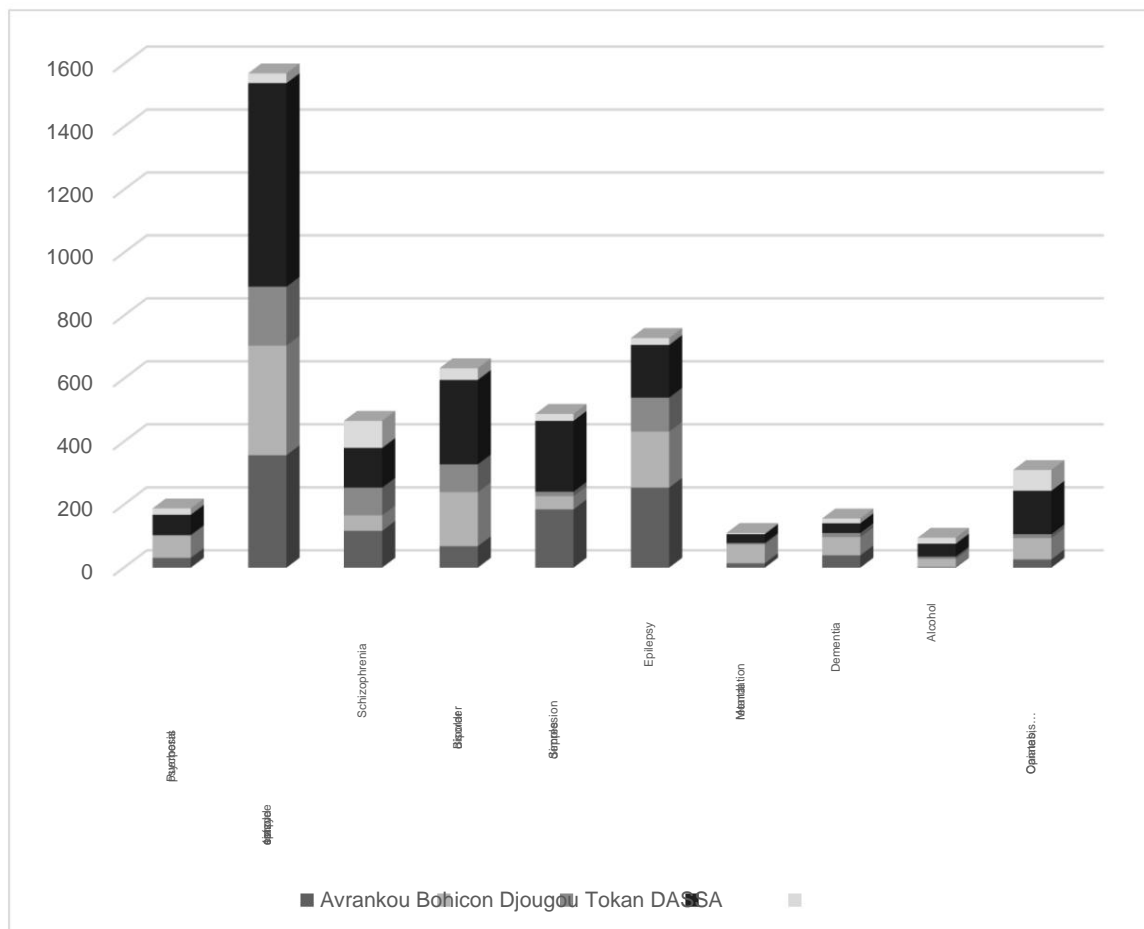
Data from reception and treatment centers

II. TECHNICAL REPORT

1. Distribution according to pathologies

Pathology	Centers				Total			%
	Avrankou	Bohicon	Djougou	Tokan DASSA				
Puerperal psychosis	31	70	3	64	20	188	3.96%	
1st simple crazy episode	357	348	187	647	31	1570	33.09%	
Schizophrenia	117	49	88	126	86	466	9.82%	
Bipolar disorder	68	172	88	268	37	633	13.34%	
Simple depression	185	42	14	225	22	488	10.28%	
Epilepsy	254	178	108	167	22	729	15.36%	
Mental retardation	14	60	4	28	4	110	2.32%	
Dementia	39	58	13	31	15	156	3.29%	
Alcohol	2	26	7	41	19	95	2.00%	
Opiates, Cannabis...	26	68	12	138	66	310	6.53%	
TOTAL	1093	1,071	524	1735	322	4745	100.00%	

Graph: Distribution according to pathologies

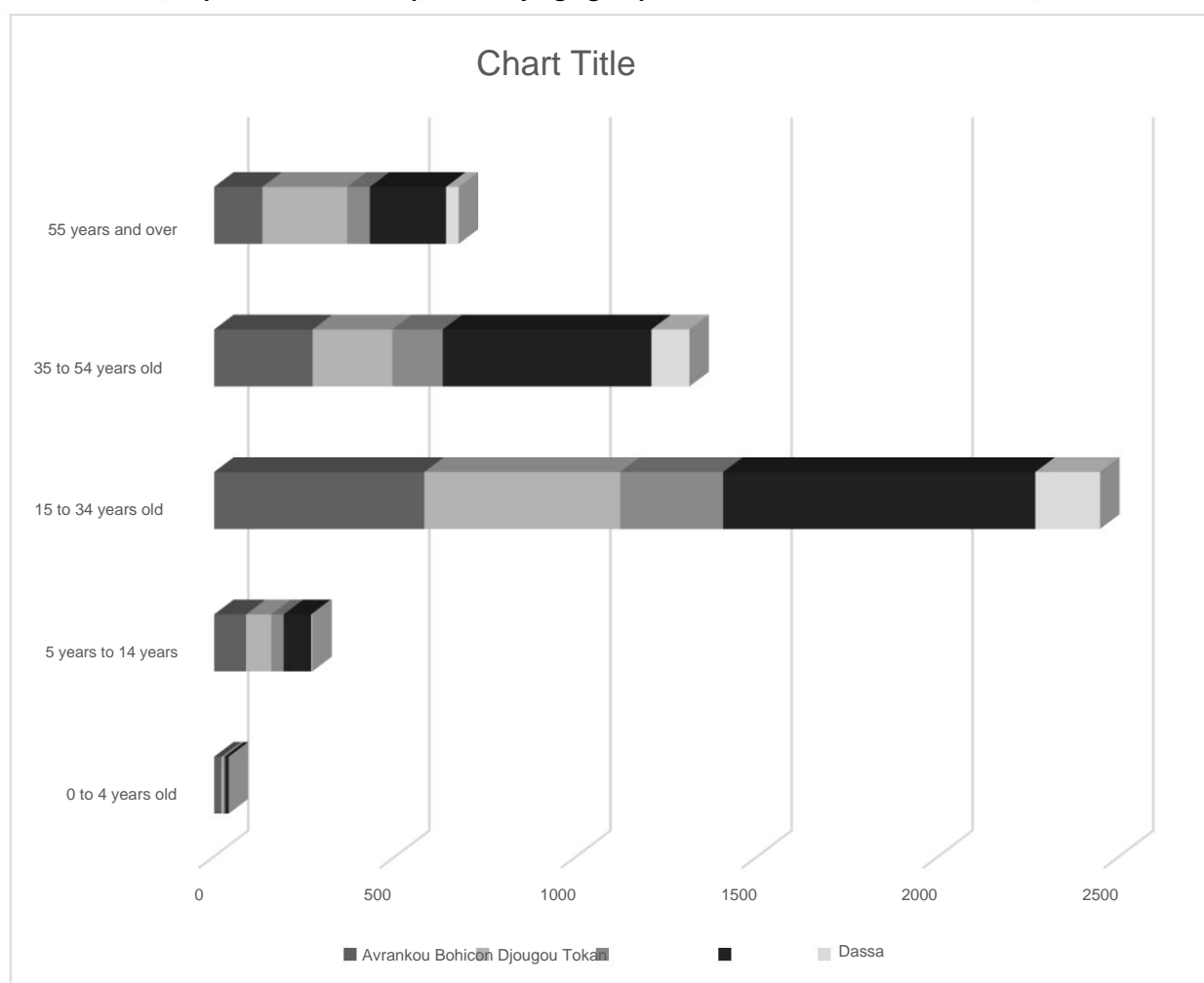


Data from reception and treatment centers

Distribution of patients by age

Age groups	Avrankou	Bohicon	Djouougou	Tokan	Dassa	Total	%
0 to 4 years old	20	6	4	10	0	40	0.84%
5 years to 14 years	88	70	34	76	3	271	5.71%
15 to 34 years old	580	541	284	863	179	2,447	51.57%
35 to 54 years old	272	220	139	576	105	1,312	27.65%
55 years and over	133	234	63	210	35	675	14.23%
TOTAL	1093	1,071	524	1735	322	4,745	100.00%

Graph: Distribution of patients by age group

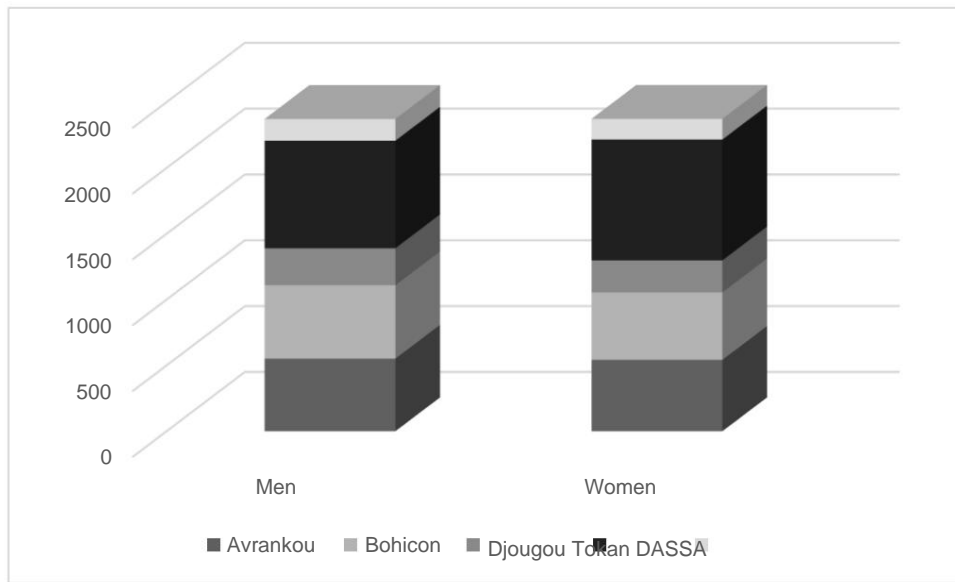


Data from reception and treatment centers

2. Distribution of patients according to sex

Gender	Avrankou	Bohicon	Djouougou	Tokan DASSA	Total	%
Men	551		558	281	817 165 2372	49.99%
Women	542		513	243	918 157 2373	50.01%
TOTAL	1093		1,071	524	1735 322 4745	100.00%

Graph: Distribution of patients by gender

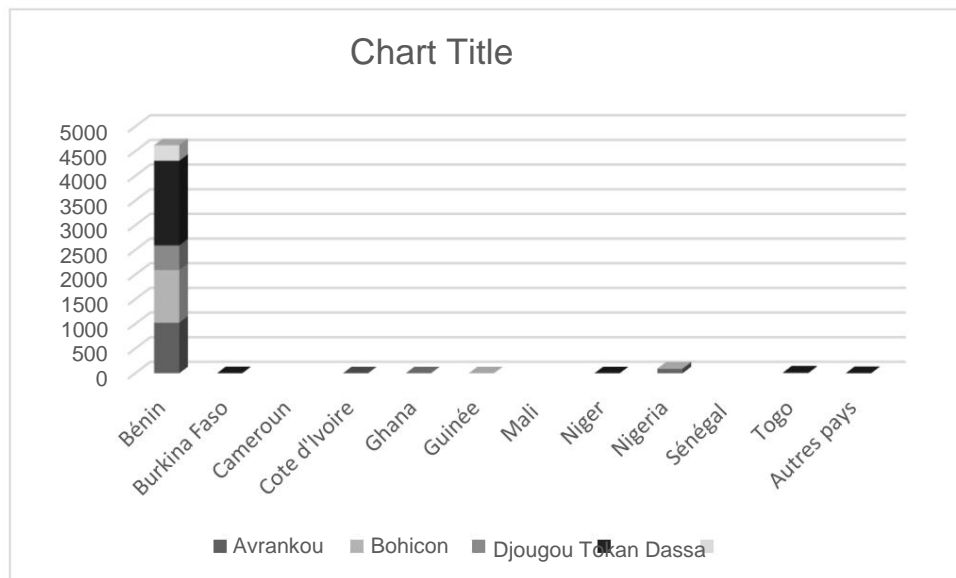


Data from reception and treatment centers

3. Distribution of patients according to country of origin

Country of origin	Avrankou	Bohicon	Djougou	Token	Dassa	Total	%
Benin	1024	1070	497	1715	316	4622	97.41%
Burkina Faso			1	1		2	0.04%
Cameroon						0	0.00%
Ivory Coast	1					0	0.00%
Ghana			1			1	0.02%
Guinea					1	1	0.02%
Mali						0	0.00%
Niger				1		1	0.02%
Nigeria	68	1	14	9	5	97	2.04%
Senegal						0	0.00%
Togo			11	5		16	0.34%
Other countries				4		4	0.08%
Total	1093	1071	524	1735	322	4745	100.00%

Graph: Distribution of patients by country of origin

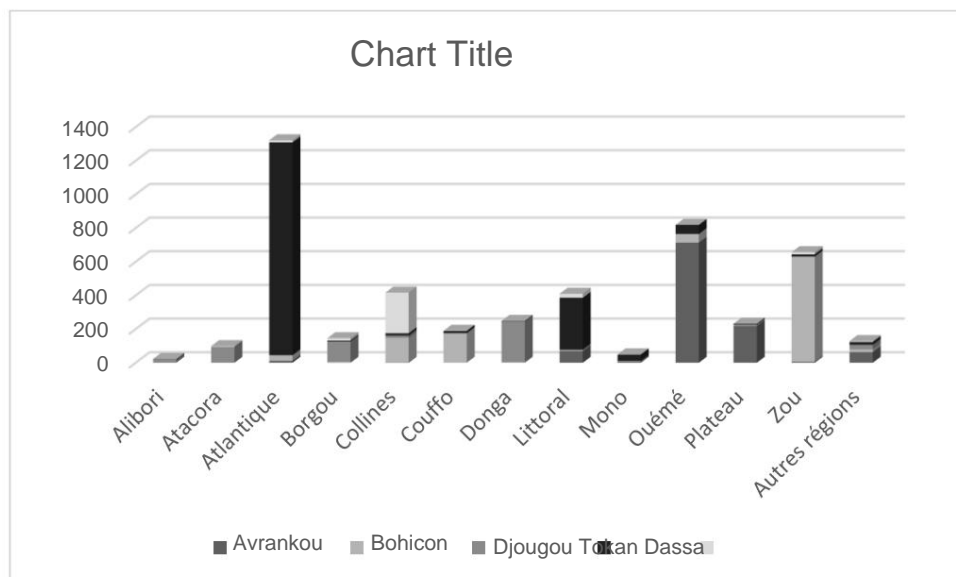


Data from reception and treatment centers

4. Distribution of patients by region

Region	Avrankou	Bohicon	Djougou	Tokan	Dassa	Total	%	
Alibori			19	2	2	23	0.48%	
Atacora			95	0	4	99	2.09%	
Atlantic	12	33			1264	131322	27.86%	
Borgou	1	5	121	5	14,146	3.08%		
Hills	2	146	14		13,242	2,417	8.79%	
Couffo	1	175	1	13	1	190	4.00%	
Donga	1	4	241	3	1	249	5.25%	
Coastline	69	5	4		308	24410	8.64%	
Mono	6	4			39	1	50	1.05%
Ouémé	713	52			54	0819	17.26%	
Plateau	219	6	1	5	1	232	4.89%	
Zou	6	624	1	13		13,657	13.85%	
Other regions	63	17	27	16	6	129	2.72%	
TOTAL	1093	1071	524	1735	3224	745	100.00%	

Graph: Distribution of patients by region



Data from reception and treatment centers

5. Distribution of patients according to the case

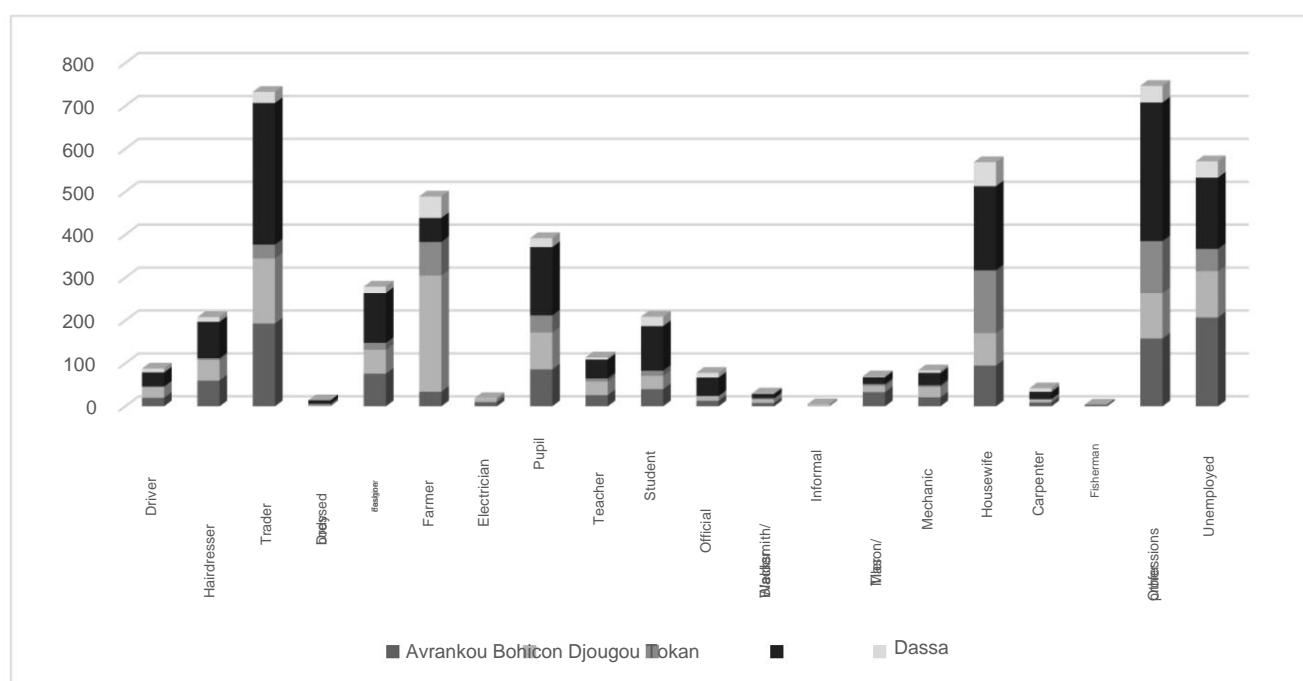
Case	Avrankou Bohicon	Djougou	Tokan Dassa	Total		
Consultants (New cases)	1093	1,071	524	1735	322	4745
Consultations	27585	15,780	7318	30787	651	82121
Number of relapses	287	581	114	1000	51	2,033
Patients taken from the street	14	30	44	62	54	204
Patients brought in by law enforcement	81	10	36	102	28	257

Data from reception and treatment centers

6. Distribution of patients according to profession

Occupation	Avrankou	Bohicon	Djougon	Tokan	Dassa	Total	%
Driver	20	26	0	33	9	88	1.85%
Hairdresser	60	48	4	85	11	208	4.38%
Trader	193	152	32	330	26	733	15.45%
Dressed body	0	2	4	8	0	14	0.30%
Fashion designer	76	56	16	116	15	279	5.88%
Farmer	34	271	78	56	50	489	10.31%
Electrician	10	8	0	0	1	19	0.40%
Pupil	86	86	40	159	21	392	8.26%
Teacher	26	32	7	44	5	114	2.40%
Student	40	31	12	104	22	209	4.40%
Official	13	11	0	43	11	78	1.64%
Blacksmith/Welder	8	8	3	10	1	30	0.63%
Informal	0	4	0	0	1	5	0.11%
Mason/Tiler	33	15	4	16	2	70	1.48%
Mechanic	21	24	4	29	6	84	1.77%
Housewife	95	76	146	196	56	569	11.99%
Carpenter	9	7	1	17	8	42	0.89%
Fisherman	4	0	0	0	0	4	0.08%
Other professions	158	106	121	323	39	747	15.74%
Unemployed	207	108	52	166	38	571	12.03%
TOTAL	1093	1071	524	1735	322	4745	100.00%

Graph: Distribution of patients by profession

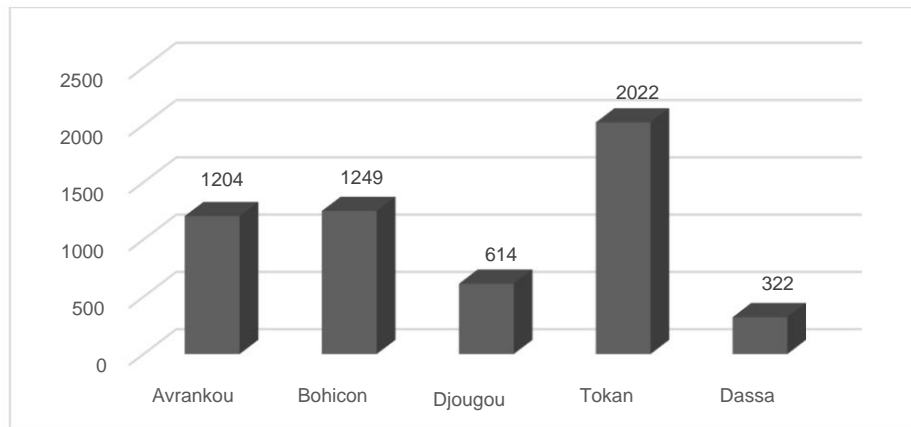


Data from reception and treatment centers

7. Table of patient movements in the centers (Hospitalization)

Activities Centers	Former sick (12/31/2023)	TOTAL Entries		EXITS					REMAINING (12/31/2024)
				Family	Center reintegration	Without medical advice	TOTAL Deaths		
Avrankou	111	1093	1204	1040	0	16	7	1063	141
Bohicon	178	1071	1249	1028	40	0	8	1076	173
Djougou	90	524	614	548	0	5	1	554	60
Token	287	1735	2022	1637	23	22	17	1699	323
Dassa	0	322	322	162	2	0	4	168	154
Total	666	4745	5411	4415	65	43	37	4560	851

Graph: Patients admitted according to centers



Data from reception and treatment centers

8. Drug Addiction Report

8.1. Distribution of drug addicts by sex

Sex	Avrankou	Bohicon	Djougou	Dassa	Tokan	Total	%
Men	28	62	17	94	817	1018	52.44
Women	0	0	2	3	918	923	47.56
TOTAL	28	62	19	97	1735	1941	100

8.2. Distribution of drug addicts by age group

Age groups	Avrankou	Bohicon	Djougou	Dassa	Tokan	Total	%
0 to 4 years old	0	0	0	0	10	10	0.51
5 years to 14 years	0	0	1	0	76	77	3.76
15 to 34 years old	25	50	15	60	863	1013	52.18
35 years to 54 years	3	8	3	37	576	627	32.30
55 years and over	0	4	0	0	210	214	11.02
TOTAL	28	62	19	97	1735	1941	100

8.3. Distribution of drug addicts by profession

Occupation	Avrankou	Bohicon	Djougou	Dassa	Tokan	Total	%
Driver	1	6	0	3	33	43	2.21
Hairdresser	1	4	0	2	85	92	4.73
Trader	4	3	0	2	330	339	17.46
Dressed body	0	0	2	0	8	10	0.51
Fashion designer	4	1	2	2	116	125	0.61
Farmer	0	19	3	9	56	87	4.48
Electrician	0	3	0	1	0	4	0.20
Pupil	0	2	1	7	159	169	8.70
Teacher	0	0	2	0	44	46	2.36
Student	4	1	1	13	104	123	6.33
Official	0	0	0	1	43	44	2.26
Blacksmith/Welder	0	0	0	1	10	11	0.56
Informal	0	0	0	1	2	3	0.15
Mason/Tiler	0	1	1	1	16	19	0.97
Mechanic	0	2	2	5	29	38	1.95
Housewife	0	0	0	2	196	198	10.20
Carpenter	3	1	0	3	17	24	1.23
Fisherman	0	0	0	0	0	0	0
Other jobs	8	16	2	33	321	380	19.57
Unemployed	3	3	3	11	166	186	9.58
TOTAL	28	62	19	97	1735	1941	100

Data from reception and treatment centers

III. MEDICINES

Given the modern approach to care used at Saint Camille centers, medications are essential for effective patient care. In fact, although patients' fixed fees for consultations are insufficient, Saint Camille managers work day and night to ensure patients never run out of medication. Thus, medication coverage was satisfactory in all centers in 2024. However, procuring medications was both costly and complicated given the procedures, availability, and rising prices on the global market. Therefore, rigor is essential, including monitoring medication inflows and outflows and maintaining good data.

Furthermore, while we can rely on various partners for infrastructure construction and the purchase of medical machines and devices, we must shoulder the entire cost of medication. It is therefore imperative that we find income-generating activities to finance the purchase of medication. Furthermore, we strongly hope that patients become aware of the situation and follow up on their care properly so as not to relapse. We thank all the healthcare staff and support them for all the sacrifices made in this regard to help their patients.

IV. TRAINING

In addition to training in socio-professional rehabilitation centers, Saint Camille sends recovered patients each year to Burkina Faso and Benin for training in nursing, biomedical analysis laboratories, midwifery, etc., to strengthen healthcare teams. This proves effective, as it provides both jobs for our friends and also a fraternal approach in the spirit of "Saint Camille."

... In addition, ongoing training is provided to staff already in the field, in order to make them more dynamic and more efficient.

V. CHALLENGES OF RECEPTION AND TREATMENT CENTERS

- ÿ The fight against mental illness on all levels requires significant resources.
- ÿ Side effects are a difficulty that not all patients overcome.
- ÿ Many patients are completely dependent on the centers while they are already struggling to meet their basic needs.
- ÿ Lifelong treatment is poorly perceived by some patients who get tired of always taking medications and often claim to be cured.
- ÿ Modern psychiatric care is not the first reflex of families when they have a sick person. They generally resort to the services of healers or prayer camps, driven by the search for an immediate cure. They thus become ruined before facing the facts and going to a psychiatric treatment center like Saint Camille or the Jacquot center in Cotonou.
- ÿ Self-care is a major challenge facing all centers in all countries.

RELAY CENTERS

1. Presentation and aims of the relay centers

Relay centers are a major focus of Saint Camille's social policy; they reduce travel costs for our patients for medication supplies and also for care. The desire of Saint Camille's leaders is to open as many as possible to better cover the national territory and help patients far from reception centers. In the relay centers, nursing nuns provide services on behalf of Saint Camille: care and distribution of medication.

Relay Centers

2. Technical report

The table below provides an update on the activities of the relay centers in 2024

No.	Relay Centers	New cases		Consultations (Total)	Relapses		
		EPIL	PSY			Total	
1	Hungry	114	225	302	339	3	
2	Agbon Bantè	599	427	31	901	315,868	
3	Allada	794	1796		458	1637	
4	Azovè				2590	2591	
5	Azowlissè	372	607		979	953	29
6	Bagou	6	4		10	358	
7	Bahikoara	8	9		17	40	
8	Bassila included in Manigri						
9	Biro	71	80		151	2020	8
10	Colby	45	7		52	396	0
11	Come	20	6		26	904	7
12	Dassa						0
13	Dassari	45	4		49	143	0
14	Fo-Bouré / Kérou	621	1127		1748	1748	0
15	Glo inactive						
16	Gogounou	11	9		20	84	0
17	Gouande included in fo-bouré						
18	Hékanmey	13	9		22	775	75
19	Ira	509	1028		1537	1677	
20	Kaki-Koka	8	4		12	353	6
21	Kandi	19	23		42	218	1
22	Kbuandé included in fo-bouré						
23	Kérou included in fo-bouré						
24	Lokossa	31	92		123	2481	0
25	Manigri	15	4		19	277	6
26	Manta	36	16		52	490	
27	Materials	51	22		73	1112	3
28	Natitingou	16	30		46	441	3
29	Otola inactive						
30	Ouidah	16	2		18	1199	20
31	Parakou_Guerma	1320	3116	4436		4624	
32	Pendo						
33	Savalou inactive						
34	Save	230	471		701	704	
35	Segbannan waiting						
36	Sèhouè	126	409		535	535	
37	Sèkponta	52	181		233	233	
38	Sonsoro included in Kandi						
39	Spri to ignore						
40	Tchaourou	8	14		22	366	
41	Tchatchou	42	59		101	851	4
42	Wassa included in fo-bouré						
	Total	5,328	9,984	15,312		28,393	165

NB: EPIL = Epileptic patient / PSY = Psychiatric patient

Relay Centers

The table above shows that **42** relay centers were operational during the year 2024. However, it should be noted that a relay center covers several localities (surrounding towns or villages). This is the case, for example, of the Fo-Bouré relay which covers Kérou, Wassa-Pehunco, Firou, Kouandé, Gogounou, Sinandé and Fo-Bouré.

In addition, Benin's 42 relay centers received **15,312** new patients and conducted **28,393** consultations. Relapses totaled **165** patients. These relay centers have been a great relief for the population, as they have allowed them to avoid long journeys, which can be too costly for some, as well as traffic hazards and accidents. The relay centers encourage families to continue treatment.

This year, the tour of the SMAO (Mental Health in West Africa) doctors' relay centers took place in April 2024. The Italians, Nicole, and the Spanish.

Challenges and prospects for relay centers

The challenges for relay centers include visits, the creation of new relay centers, and training. We are also planning to create mobile relay centers similar to those used in camper vans. These mobile relay centers will have the advantage of regularly meeting patients in their usual living environments.

Finally, we take this opportunity to express our deep gratitude and heartfelt thanks to all our collaborators at the various relay centers. We would like to acknowledge the various religious institutions that host the relay centers, the healthcare staff of the relay centers and their assistants (collaborators), the religious and political-administrative authorities, and all the people who work for the well-being of patients and their families, through the relay centers.

CENTERS OF REINTEGRATION

DANGBODJI REINTEGRATION CENTER**1. Presentation:**

Located in the commune of Avrankou, the Dangbodji vocational training center is less than one km from the Saint Camille d'Avrankou mental health center.

2. Human and material resources:**2.1. Material resources:****The center is equipped with:**

• 1 fish farm;

• 6 buildings serving as a workshop, bakery, dormitories, breeding, store and chapel.

2.2 Human Resources:**The center is made up of 20 people:**

- 1 manager;
- 1 weaving center manager with 4 learners;
- 1 seamstress with 3 apprentices;
- 1 batik manager;
- 1 baker who works with 13 people including 5 of our friends;
- 1 farmer who takes care of livestock.

3. Activities:**Education Section**

This was a section intended to help our friends who had dropped out of school due to illness get back on track. They came from all the Saint Camille reception centers in Benin.

Once recovered, these children often pass all exams such as the CEP (French National Examination Certificate), the BEPC (French National Examination Certificate), or the BAC (French Baccalaureate). They are boarded and are at various levels: primary and secondary. Tutors are hired to help them improve their skills, especially those in exam classes.

Sewing

Some donors have offered sewing machines to help our friends improve their skills.

Weaving

This business thrives because orders are always fulfilled. There are ready-made men's and women's outfits available for purchase.

Batik

Batik is also experiencing development.

Dangbodji Reintegration Center

Breeding

We raise rabbits and pigs. We also farm fish. However, we were hit by swine fever, which devastated part of our livestock. Otherwise, the other areas (rabbit hutch and fish farming) are doing well.

Garden

It's thriving. The vegetables are used for our friends' meals and sometimes sold to women in need. We currently have a gardener to monitor the situation.

Bakery

The bakery is quite productive with the drop in the price of a bag of wheat flour. The yield in this sector is excellent. There are thirteen of them working with the manager, who is one of our friends. This sector helps more than **80** women in the region; already at **4** a.m., women, sometimes accompanied by their husbands, come to collect bread to resell in town. This shows you that Saint Camille's Day truly contributes to the country's development by freeing many people from unemployment.

AGOÏTA FARM

AGOÏTA FARM

This year on the farm was marked on the one hand by an effort to control expenses and on the other by anxiety about the future of the farm. We heard quite a few voices advising to close the farm and that discouraged us.

Regarding the future, after talking with Grégoire, we are considering the farm becoming a true rehabilitation center, that is, a training center, where friends stay for three years to learn everything about the banana plantation, the palm grove, and the process of making either red or white oil. After three years, they leave and don't give it to others.

1. Human resources

During this year we had an average of 31 people, including 27 friends and 4 leaders. The distribution of tasks on the farm is as follows:

N	Names	Responsibilities
THE RESPONSIBLE		
1	Martinien Tomavo	Director, field work, marketing.
2	George Kinha	Palm grove, banana tree, rice, all the work in the field
3	Joseph Cortadellas	Electricity, accounting, maintenance, irrigation, health.
4	Toto Alvaro	Clothing store, sewing, cleaning, health
FRIENDS (those who help a lot)		
1	Edem Khondi	Sharing medications, injections
2	Laure Kinennon	Kitchen
3	Thérèse Djedje	Kitchen
4	Idelfonse Bankolé	Welding, driver, social, purchasing

This year, 15 friends left Agoïta including:

- 1 fled and the other 2 stayed with us for a very short time
- 4 new friends remain among us
- 4 friends who had been living at the center for a longer time also left: 1 for reception and treatment centers and 3 to return to their families
- 1 of our elders ran away.

In the future, we would like to have no more than 24 people on the farm.

2. Health

We had two visits from the nurses to review our friends' treatments. We would like these visits to happen every three months. We would also like to receive some training on mental illnesses and their treatments.

The main therapy for us is work.

3. Religion

Even though our chapel has been part of the Koussoukpa parish since July 2020, we have had almost no Mass for the past two years. We hope that this year we will resume the habit of coming to Mass once a month.

There was the confirmation of Martinian and Roland at the same time as the consecration of the parish church of Koussoukpa on October 5.

We also started two prayer sessions on the farm every day. A short prayer session in the morning at the general gathering before leaving for work, and in the evening, after dinner, we pray the rosary and read the Gospel of the day.

4. Agricultural and livestock activities

Even though we had decided to focus all our efforts on the palm and banana trees, in the end, perhaps because of our habits, perhaps out of fear of the ever-increasing prices, we still grew corn and rice. But after talking again with Grégoire, we are determined to work only with bananas and the palm grove.

This year we harvested rice (1300 kg), cassava and yam for our consumption.

We sowed 1/2 hectare of rice, not yet harvested and 1 hectare of corn which gave us about a ton.

This year, **the palm grove** gave us 143 cans of red oil, but the price remained very low throughout the year. We tried to sell the oil retail, but on the one hand, we had too many bottles to bring from Calavi to Bohicon that never arrived, and on the other, the price of the oil was so low that it wasn't going to work well.

We have plenty of seeds to make white oil.

We continue to make soap for ourselves. We have spoken with Bohicon about the possibility of making soap for them.

Banana plantation, this year we sold 10 tons of bananas and we still had to pay eat at the farm

The oxen bothered us a lot, they even settled down on the farm to sleep there. Above all, they caused us problems with the water (quite a few damaged valves) and a power line is still damaged.

In the end, after dealing with the focal point, the police, the **CV** and the **CA**, we had a meeting with the **CA** and the owners of the oxen. They agreed to pay **80,000 francs** for the damage. We are still waiting.

Breeding

• Sheep farming

Our flock has grown to **62** sheep. We've eaten **10** of them . Raising sheep provides us with meat once a month, **3** tons of manure a year, and provides employment for **two** people.

ÿ **Chicken farming**

Since October, we have received the chickens from Bohicon. Half were for them, to celebrate Christ the King, and with the others, we have enriched our diet; once a week, we can eat boiled eggs. We will decide whether to continue with this breeding; quite a few chickens die, and the breeding costs are expensive.

5. Electricity

We had 2 major problems with electricity.

On one side, the oxen damaged the continuous power line between the old houses and the oil mill. Due to a poor connection, half of our panel fields didn't bring light to the line. As a result, the mill couldn't work for three months.

So far we have repaired the bad connection and now all the panels are working, but the line is still damaged.

Then, one of the two converters broke down. We sent it to Catalonia, and in mid-December, Toto, back from there, brought it, and it's working fine. Now the other converter has broken down, but apparently it's something easy to repair and we can do it ourselves.

6. Transport

Gasoline, repairs, and fines are still a major concern due to our dependence on cars, the poor condition of the roads, and the government's insatiable hunger to fill its pockets. We haven't been able to get a copy of the parts for the car, which is registered in Togo, and which the rats have eaten.

7. Initiatives

In March we renovated the kitchen to make the cooks' work easier and to save wood, but the fireplace doesn't work well, and since then they've been telling us they're coming to fix it, but they never arrive. We hope that the New Year will soon bring us this repair.

We have also tried initiatives that can bring money to St. Camille. In this sense, we contacted the "*Fons Menorquí de Cooperació*", the organization that manages the money intended for cooperation on the island of Menorca in Spain, so that they could help us start manufacturing the very typical sandals on this island, called *Avarques*. They contacted the *Avarques* Manufacturers Association and there are 3 of them willing to come and train us and help us launch this initiative. If all goes well, it will be in 2025.

8. Challenges

Our main challenge is the farm's self-sufficiency. In this regard, this year we have tried to have greater control over expenses, resulting in almost \$2 million less in expenses.

We believe we need to seriously consider the future of the farm. We see that the current situation on the farm cannot continue. Decisions must be made, and this dry season seems to be the ideal time.

AGOÏTA FARM

We always say that the farm is a rehabilitation center, but a rehabilitation center is a training center, it is not possible that friends stay 10 years at most on the farm, in the end they only learn to escape from work and it becomes a school for lazy people.

We would like the friends to stay on the farm for no more than 3 years, in which time they learn everything they need to know about banana trees, palms, and the processes for making red and white oil and soap. And then they don't leave it to new friends.

CALAVI PROFESSIONAL REINTEGRATION CENTER

1. Presentation

Located in Abomey-Calavi, 7 km from Cotonou in the Calavi-Sêmê district, a 4-minute walk from the "Le Faucon" school group, the Calavi center has been exclusively a rehabilitation center since October 8, 2016. The activities carried out there are: shopping, sewing, batik, gardening and livestock breeding.

Furthermore, the center is the headquarters of the NGO. The latter has a website: <https://www.associationsaintcamille.org> and a [Facebook](#) page: Association Saint Camille de Lellis.

Currently the website is being relaunched with the support of 3 partners of Western origin.

2. Human and material resources

2. a. Human Resources

The center has a staff of 20 people made up of:

- 1 center manager
- 1 manager
- 2 Secretaries
- 3 Cookers for friends
- 3 cooks for managers
- 2 priests
- 2 seamstresses
- 1 mechanic
- 1 pharmacy manager
- 1 batik manager
- 1 shop manager • 2 garden
and livestock managers

2. b. Material resources

As material resources we have:

- 1 building for men's accommodation
- 1 building for women's accommodation
- 1 building for the community • 2 stores

- 1 administrative building with a large dining room and guest rooms upstairs.
- 1 sewing and exhibition workshop
- 1 batik workshop and exhibition
- 1 Marian grotto with rooms

• 1 store

• 1 pharmacy with a floor for accommodation for cooperators

3. Activities of the center

Various activities take place in the center:

• Batik:

Batik was mainly supported by purchases from Western expatriates, but with the Covid-19 pandemic, sales are difficult.

• **Sewing:** The workshop is somewhat reduced to responding to specific needs.

• Shop:

The shop is doing well. It's run by a woman. Many sales were made at the end of the year, thanks to the significant price reductions. However, with the depletion of high-quality clothing, revenues have plummeted again.

• Garden and breeding

The garden and livestock are managed by our friends at the center. The manager takes responsibility for the garden well. With the help of another friend, he has successfully revived the garden.

The farm was restarted with rabbits and chickens. Sales were difficult. At the end of the year, two rabbits from the farm were used as meat for the New Year's celebrations.

• Welcoming expatriates

The center is the main reception point for expatriates, which partly justifies the managers' kitchen. Expatriates are housed in this center, and from there they visit other centers. Expatriates are often doctors or volunteers who come to support the NGO's activities.

4. CENTER DIFFICULTIES AND CHALLENGES

Currently, the center is facing financial difficulties and relies heavily on the Tokan center. Officials are working to make the center financially self-sufficient, but the problem remains. Its activities have been affected by the Covid-19 pandemic. In addition, foreign visits and missions, which are a source of income, have declined. The real challenge, therefore, is financial self-sufficiency.

Djougou Reintegration Center

DJOUGOU REINTEGRATION CENTER

Opened in June 2021, the Djougou rehabilitation center is integrated with the mental health treatment center. The shop, bakery, and sewing and hairdressing workshops are built along the treatment center's fence. However, the mechanical workshop and the accommodation for learners and trainers are located behind the treatment center and connected to it by a gate.

1. Activities of this center

This center brings together various activities, namely:

• **The shop:**

There is a department for general food (food, drinks, etc.), a department for cosmetic and hygiene products (ointments, soaps, etc.), a department for clothing and shoes, a department for bedding equipment (mats, night vases, etc.), and a department for miscellaneous items (eating bowls, batteries, candles, bags, etc.). The sale of frozen products (fish, chickens, sausages, fins, etc.) has also been added; it is run by two people. Given the competition on the ground, it often experiences poor sales.

• **Hairstyle:**

It has a women's section and a men's section. However, the men's section is not yet operational due to a lack of trainers and trainees. In fact, only the women's section is operational. A qualified hairdresser is in charge, and a patient trainee is a recovered student at the center.

Note that the hairdressing salon sells various beauty products. We created an advertising banner to increase its visibility.

• **Sewing:**

Managed by a lady with a degree in haute couture, this sector offers services in: women's, men's and children's sewing, making bags, pencil cases, purses, hats, etc.

Party outfits for patients are also made there, as are various repairs to them. For the moment, this sector is not very profitable because the manufactured items are difficult to sell. The buyers are mainly the rare Western visitors who pass through.

• **The bakery:**

Run by two trainers, three hardworking friends, and four learners, they mainly make sweet bread. Indeed, there are many bakeries in the city of Djougou; competition is therefore fierce. It is then necessary to go to the surrounding villages to seek customers. In addition, there are often power outages that cause the bread dough to rise too much, making the bread no longer fit for sale. In this case, the bread is given free of charge to the center's patients. It is therefore urgent to find solar panels to overcome this problem. A lot of effort has been made to address the difficulties it faces; the purchase of a tricycle motorcycle for delivery to the villages and neighborhoods of Djougou, thanks to our partners; the retraining of bakers for quality production; the motivation of some friends to work and learn at the bakery. All this gives us a sigh of relief and a glimmer of hope despite the fierce competition on the ground and the inconsistency of those who work there.

• **The mechanics:**

Djougou Reintegration Center

This workshop is intended for welding and manufacturing car parts. It has been ready and equipped with good quality machines for years (2019). However, we are still unable to find trainers conscientious enough to make it operational. All those who come show no further willingness.

ÿ **Agropastoral:**

As part of the socio-professional reintegration of our recovered patients, an agro-pastoral project called (Sanitation and Market Gardening Project) is underway. The plan has already been defined and will be implemented in 2024. However, livestock and fields, two agro-pastoral activities carried out in the center, continue.

The farm produces local chickens, sheep, and goats to provide protein for the patients; therefore, none of them are sold. The field, meanwhile, hasn't yielded much due to the scarcity of rain.

Djougou Reintegration Center

2. Challenges

The main challenge at the Djougou rehabilitation center is motivating recovered patients. Indeed, the center was built with the goal of providing vocational training to recovered mentally ill patients, thereby facilitating their reintegration. However, it is clear that these recovered patients show no motivation to learn. It is therefore urgent to find ways to address this challenge.

Gbedavo Reintegration Center

GBEDAVO REINSERTION CENTER

CONTEXT: The Gbedavo farm was added to the Dassa center for the rehabilitation of mentally ill people and drug addicts.

It is located 24 km from Dassa, towards Bohicon, and 4 km from the road.

This farm was purchased by the Saint Camille de Lellis Association in 2021.

Its surface area is 70ha in 2 plots: 20ha+50ha.

- 2022: digging of a borehole to a depth of 75m.
- 2024: **In April**, start of clearing for the first 20ha plot.

In June, arrival of a container with agricultural equipment: tractor + Covercrop + rotary cutter + brush cutter + chainsaw, irrigation system, drip irrigation for 11ha, spare tire, trailer.

In July, sowing of 1 ha of corn harvested in October.

For three months, two interns from the ESA engineering school in Angers participated, helped build a nursery, and sowed market garden crops. This allowed them to test the terrain with tomatoes, zucchini, cucumbers, carrots, leaves, and more.

In September, half a hectare of banana trees (2,300 plants) will be planted. They will begin to bear fruit from April.

Drip irrigation was installed on 2 hectares, with onion beds sown on 0.30 hectares, transplanted in December and harvested in May. Then green peppers were sown on 0.10 hectares, **transplanted and harvested in May. And finally, watermelons were sown on 1 hectare, harvested in mid-January.**

The clearing of this 20-hectare plot was completed at the end of December.

Human resources : -

- A technical assistant Gérard who comes from Mali
- 2 Friends of St Camille who succeeded each other during the year.

On the fringes of the crops, we have the construction of the Gbedavo center. It has begun in July. In December, the walls are erected and the septic tanks are dug. All that remains is the roofing, backfilling, and exterior and interior work (electricity, plumbing, windows, ceiling, painting).

For all this work we thank the Friends of Saint Camille association, the Seeds of Friendship Association.

GBEDAVO IN PICTURES



Gbedavo Reintegration Center



CENTERS MEDICOSOCIAL

Saint Camille d'Adjarra Health Center**SAINT-CAMILLE D'ADJARRA MEDICAL CENTER****1. Presentation**

A few kilometers from Porto Novo, the capital of Benin, this medical center has been open since July 2013. He offers his services to the sick of St-Camille and to the general population.

It consists of an ophthalmological consultation and surgery department, an optical department with on-site lens fitting, a general medicine department, where it is possible to consult a doctor or a nurse assisted by nursing assistants, and a laboratory newly opened in May 2020. The center also offers a maternity department which, like the medical department, is open 24 hours a day; three midwives and three nursing assistants make up the team. Any high-risk pregnancy, or any delivery deemed dangerous, is referred to other centers with a gynecology department. The center also has an ultrasound department as well as an operating theater that began its activities in a small way during this year, where a surgeon and an anesthesiologist regularly intervene to carry out consultations and minor surgeries. A dental department is also open in the center where a dentist carries out consultations and dental surgeries.

2. Human Resources

The staff consists of 33 employees:

- 1 director
- 1 general practitioner
- 1 surgeon
- 1 dentist
- 1 ophthalmologist
- 4 midwives
- 1 state-certified nurse (IDE)
- 1 anesthesiologist
- 3 nursing assistants
- 3 agents at the pharmacy checkout
- 1 sonographer
- 1 optical technician
- 1 senior technician in ophthalmology
- 1 laboratory technician
- 1 manager
- 1 operating room nurse
- 1 laboratory assistant
- 2 block aids
- 1 night watchman

Saint Camille d'Adjarra Health Center

• 4 maintenance agents

• 2 stoves

3- Technical report: Hospital services 2024

Services	Acts and consultations	S/Total	TOTAL
Maternity	Consultations		1,653
	Childbirth		121
Medicine general Consultations	Saint Camille	1,018	5,800
	Brazilian Mission NGO INSPIRALI	2,514	
	Italian Mission NGO SORRIDI KONOU KONOU	2,268	
Ophthalmology	Consultations		2,671
	Cataract operations		19
Laboratory	Exams		1,956
Ultrasound	Ultrasonounds		214
Dental services	Consultations		52
	Acts		53
	Prosthetics		4
Surgery consultations	Brazilian Mission NGO SEMENTES DA SAUDA	177	430
	Italian Mission NGO SORRIDI KONOU KONOU	253	
Operations surgical	Brazilian Mission	35	145
	Italian Mission	56	
	Saint Camillus after the Brazilian mission	35	
	Saint Camillus after the Italian mission	19	

Saint Camille d'Adjarra Health Center

4- Statistical point of the missions

The Adjarra Medical Center has received three different missions during the year 2024.

No.	Purpose of the mission	Production site	Mission type		Period	Number of patients affected	Number of Death
			Medi-wedge	Surgical			
1	Brazilian Humanitarian Mission NGO INSPIRALI	Saint Health Center Camille Adjarra and 10 Villages of the commune	Yes		01/23/24 At 06/02/24	2,514	0
2	Brazilian Humanitarian Mission NGO SEEDS FROM AUDE	Saint Health Center Camille Adjarra and Villages of the commune	Yes	Yes	09/15/24 At 09/27/24	2,268	0
3	Italian Humanitarian Mission NGO SORRIDI KONOU KONOU	Saint Health Center Camille Adjarra		Yes	11/16/24 At 11/22/24	253	0

5- Table of surgical missions

Missions	Periods	Operations	Consultations
Brazilian Mission	September 2024	177	35
Italian missions	November 2024	253	56
Patient operated by DENAKPO After the Brazilian mission		0	35
Patient operated by DENAKPO After the Italian mission		0	19
Total		430	145

6-Annual work plan (Activities/Missions) planned for 2025

No.	Missionary activities	Probable periods
1	Brazilian medical-surgical mission NGO INSPIRALI	February 13 to 25, 2025
2	Brazilian Medical-Surgical Mission NGO SEMENTES DA SAUDE	September 2025
3	Italian medical-surgical mission NGO SORRIDI KONOU KONOU	November 2025

Saint Camille Technical Platform in Tokan**SAINT-CAMILLE DE TOKAN TECHNICAL PLATFORM****1. Presentation**

Located behind the Tokan market in the commune of Abomey-Calavi, the Saint Camille de Lellis Oasis d'Amour technical platform in Tokan is part of the Tokan mental health reception and treatment center. It has its back to the latter and is the first to be seen when approaching from the market. It is a medical center that opened its doors on February 14, 2022. It offers various services to the general population and to patients of Saint Camille in particular.

2. The center's services

Tokan's technical platform operates from Monday to Friday, from 8 a.m. to 4 p.m. In order to provide efficient patient care, it provides the population of Calavi and the surrounding area, at affordable prices, with various high-quality services, including:

- Digital radiology: Carrying out all radiographic examinations;
- Ultrasound: Abdominal and obstetric;
- The electrocardiogram (ECG);
- Electroencephalogram (EEG)
- Endoscopy
- A biomedical analysis laboratory: Biochemistry, Hematology, serology, parasitology;
- General medicine;
- Prenatal consultations (CPN)
- Eutoic delivery.

3. Human Resources

The staff is made up of 15 people

These are:

- 1 director
- 1 doctor
- 1 laboratory technician
- 1 radio technician
- 1 pharmacist
- 1 cashier
- 2 midwives
- 1 midwife assistant
- 2 maintenance agents
- 2 nursing assistants
- 1 intern
- 1 lab assistance technician

Saint Camille Technical Platform in Tokan

4. Material resources

Tables: 12

Chairs: 12

Stool : 1

Bedroom table: 1

Beds: 8

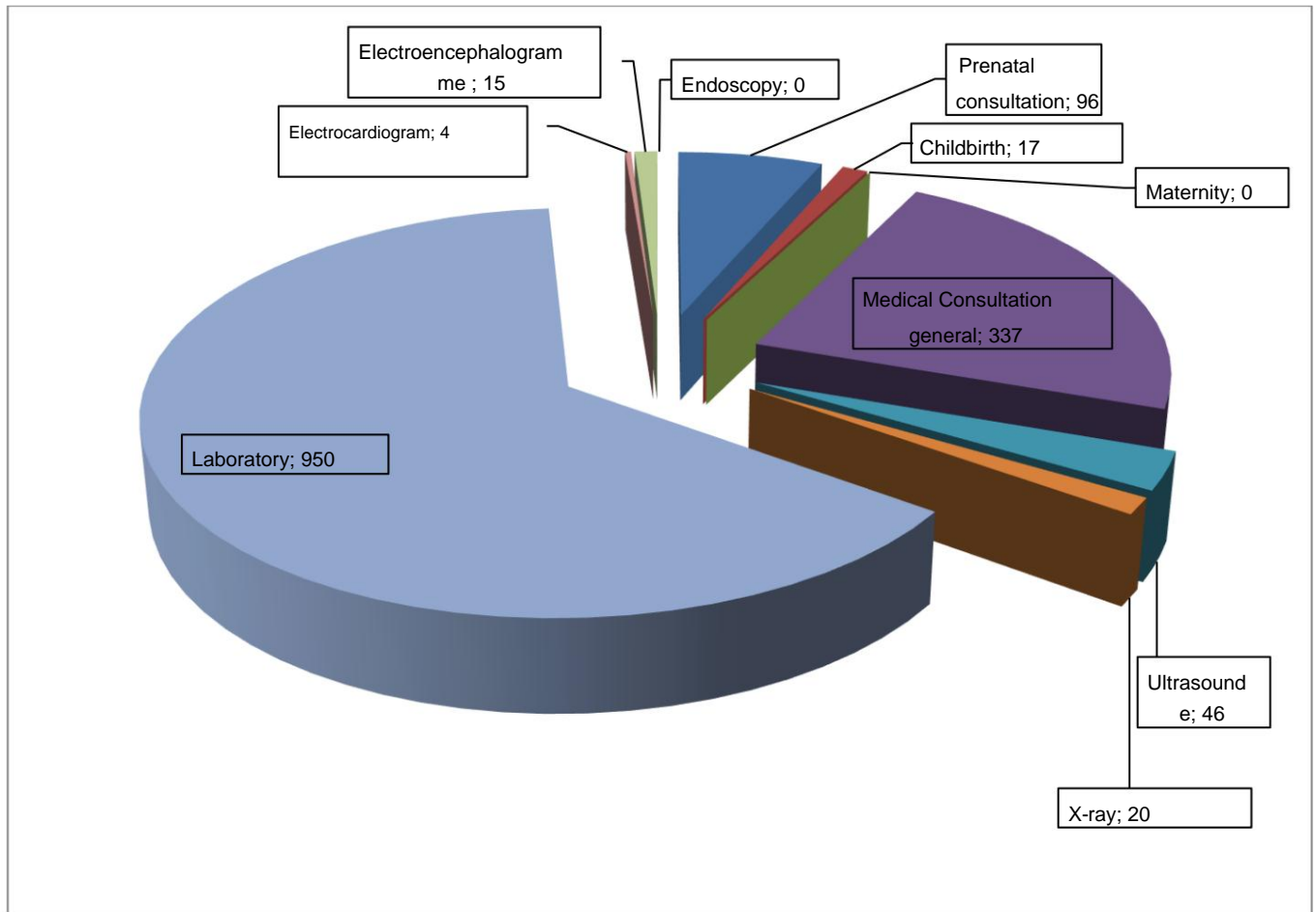
Printers: 2

Photocopier: 1

5. Technical Report

Consultations	Total	Internal cases
Prenatal consultation	96	
Childbirth	17	03 Internal delivery
Maternity	0	
General Medicine Consultation	337	77 Internal consultation
Ultrasound	46	
X-ray	20	
Laboratory	950	304 Internal Lab
Electrocardiogram	04	
Electroencephalogram	15	
Endoscopy	0	
Total	1485	

Saint Camille Technical Platform in Tokan



6. Difficulties

Despite these efforts, the center is experiencing a shortage of patients, and revenues are insufficient to cover operating costs. There is a shortage of equipment and well-qualified staff.

7. Challenges and perspectives

Our outlook for 2024 is maternity and endoscopy. For maternity, There is already an emergency to put in place the essential equipment.

THE FRATERNITY AND RELIGIOUS LIFE OF SAINT CAMILLI**A/ BROTHERHOOD:**

In order to perpetuate the vision, mission and ideal of the Saint Camille Association, the **Saint Camille Fraternity "Oasis of Love"** was born within it. It was born in 2003 from the intuition of Mr. Grégoire AHONGBONON and Sister Alice SOME. They are women and men of diverse origins (mostly sick), who seek to respond to their vocation by the total gift of their lives to the Lord; in order to serve their brothers and sisters suffering from mental illness and drug addiction.

Thus, a member of the said fraternity has the charisma of: seeking the face of the suffering Christ in people living with brain disease, "the forgotten of the forgotten"; paying particular attention to any person rejected by society, helping them to regain their human dignity, in total abandonment to Divine Providence. In short, it is through a welcome lived in compassion that the members (Consecrated) desire to listen and serve the sick in patience, with a confident regard for their human and spiritual growth. In fact, this Fraternity is inserted at the heart of the Association's reception and rehabilitation centers, where everyone is invited to radiate love for the sick....

In 2024, the *Fraternity* has 20 consecrated members spread across the Saint Camillus centers in Benin, Togo, and Ivory Coast. They are dynamic and effective pillars in all the centers, holding all kinds of responsibilities. They support the Association, the centers, and the patients with their prayers and activities. In addition, there are young people who aspire to this life.

B/ THE RELIGIOUS LIFE OF THE SAINT CAMILLE COMMUNITY:

The practice of religion occupies a very important place in the activities of the center. Everyone is free to practice their religion while respecting that of others. This especially promotes dialogue, fraternity, and living together. From Monday to Friday, we have Mass in the centers between 4:00 p.m. or 5:00 p.m. or 5:30 p.m. and on Sundays at 10:00 a.m. Saturdays are reserved for the choir and chapel maintenance. Visits to parishes in the diocese and elsewhere are frequent and reassure us of the closeness of our brothers and sisters. Eucharistic celebrations are also important moments to show our friends that mental illness is not inevitable and that they still have every chance to succeed in life. Finally, it is a school of spiritual, psychological, moral, and human formation: we start with God to help the sick person regain all their dignity and joy of living. The Mass service is provided by the Camilian Fathers of the *Foyer de Charité* and other priests of the diocese.



Perspectives and Acknowledgments

PERSPECTIVES OF SAINT CAMILLE DE LELLIS
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- The multiplication of awareness campaigns becomes a prerogative to be carried out.
This will help us change mentalities and thus limit cases of relapses and patients abandoning treatment.
- Sustained investment in rehabilitation centers is today an imperative and a challenge. Because these constitute the focal point of the Association's self-financing policy.
- The installation of a technical platform in the various reception and treatment becomes a necessity.
- The creation of mobile relay centers similar to camper vans. These mobile relay centers will have the advantage of regularly meeting patients in their usual living environments.

THANKS

If the work has been successful, it is above all thanks to the network of benefactors who have supported us throughout this year. We will not fail to thank them, whether they are from Benin, Canada, Spain, the United States, France, Italy, Switzerland, Togo, or elsewhere. Together, they have helped a large number of our patients find their way back to each other, for the happiness of our community. We also thank the volunteers and peer helpers, without whom Saint Camille could not exist, for the work they accomplish every day. May the Lord bless you and fill you abundantly with his graces.

Organizational chart of Saint Camille

ORGANIZATION CHART OF THE SAINT CAMILLE ASSOCIATION OF BENIN

As of December 31, 2024

