

# 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.

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## RAPPORT D'ACTIVITES 2025

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## Bilan des activités-Défis-Perspectives

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*Calavi, Benin, April 8, 2026*

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## INTRODUCTION

The Community of Saint Camillus de Lellis is a Catholic movement founded by a group of committed lay people. Its primary focus is on mentally ill individuals who wander the streets, chained or nailed to trees in villages and towns: this is the association's main concern. It also combats ignorance about mental health and works to eradicate the abuse suffered by those with mental illness. It is also a family for many people with mental illness who have nowhere else to go or who are lost far from their families.

In our reception and treatment centers, patients receive holistic care throughout their stay until their reintegration into family and society. We currently have five mental health treatment centers in Benin: Avrankou, Bohicon, Djougou, Tokan, and Dassa.

In 2025, 43 relay centers were active in Benin. These centers support a policy of providing local access to psychotropic medications for patients after their reintegration into their families, as well as care for new cases that do not require hospitalization. By reducing both distances and transportation costs, they facilitate the care of patients reintegrated into their families.

Furthermore, these training centers are dedicated to occupational therapy, which involves the gradual reintegration of former patients into the workforce after their stay in care facilities. This free training represents an opportunity for patient rehabilitation. Currently, we have six training centers in Benin: Dangbodji, Agoïta, Calavi, Tokan, Djougou, and Gbédavo, near Dassa.

The health centers are in Tokan and Adjarra. The latter resembles a hospital, bringing together numerous services available. These health centers are designed for the most disadvantaged.

The activity report is structured around a brief overview that allows for easy comprehension of the year's activities. This is followed by a presentation of the centers, a summary of treatment data, an update on the relay centers, reintegration centers, health centers, and the Fraternité.

## BRIEF OVERVIEW

In general and in summary, the activities of the Saint Camille de Lellis Association in 2025 are as follows:

### PSYCHIATRIC ACTIVITIES FOR THE WHOLE OF SAINT CAMILLE IN BENIN IN 2025

*(Reception centers and relay centers)*

• **CONSULTANTS 6,989**

• **CONSULTATIONS 112,463**

• **RECOVERIES 1987**

#### 1. Reception and Treatment Centers in Benin

The 5 Reception and Treatment Centers recorded a total of:

• Number of consultants (new cases): **5,438**, of which

• Avrankou 1,189, or 21.86%

• Bohicon 1,103, or 20.28%

• Djougou 662, or 12.17%

• Tokan 1,737, or 31.94%

• Dassa 747, or 13.74%

• Number of consultations: 82,121 including

• Avrankou 28,082, or 34.06%

• Bohicon 16,208, or 19.66%

• Djougou 7,323, or 8.88%

• Tokan 28,844, or 34.99%

• Dassa 1,985, or 2.41%

• 110 patients were found in the street, **190** were brought in by firefighters and law enforcement, and **7** by the Ministry of Social Affairs and Microfinance, for a total of **307** sick.

• Number of relapses: **1,903**

• Note that a total of **6,322** patients were hospitalized in 2025

With an average of per day for 2025

• Avrankou 152

• Bohicon 191

• Djougou 64

• Tokan 351

• Dassa 210

- The total number of patient discharges is **5,286**, including:
  - **5,035** were reintegrated into families, representing **95.25%** of the exits;
  - **107** in reintegration centers, i.e. **2.02%** of exits;
  - **124** for escapes (leaving without medical advice) i.e. **2.35%** of leaves;
  - **20** for deaths, or **0.38%** of exits.
- Drug addiction affects **544** patients, or **10.00%**

## **2. Relay centers**

- The **43** relay centers in Benin received a total of **1,551** new patients and performed **30,021** Consultations and the number of relapses: **84**.
- These respite centers are an appropriate response to transport costs and other travel-related risks, the time required, and ultimately they facilitate reintegration with a making it easier to obtain medication once with family.

## **3. Medical and social centers**

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

### **3.1. Adjarra Health Center**

- General medicine performed **966** consultations.
- The ophthalmology department of Adjarra Hospital carried out **4,176** consultations and **104** cataract surgeries.
- The maternity ward handles **1,196** prenatal consultations and **130** births .
- The Adjarra center conducted **349** surgical consultations and performed **289** operations surgical.

### **3.2. Technical platform**

- At the same time, the technical platform located in Tokan carried out **338** general consultations including **130** interns and **239** prenatal consultations. It should be noted that the services in these centers are truly high-quality and offered at affordable prices. This allows even the most disadvantaged to receive dignified and cost-effective healthcare.

## **4. Socio-professional reintegration centers**

There are four such centers in Benin. For their part, the rehabilitation centers have been active in occupational therapy and the socio-professional reintegration of our patients. These centers are structures for training, rehabilitation, and community building, where individuals learn to get back on their feet and find new meaning in their lives. These centers are essential in the care and recovery process for our patients.

## **5. The care**

In the reception and treatment centers, patients who come for a consultation leave with a month's supply of medication and pay, if they 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 their stay in the center. There, they are housed, fed, cared for, and clothed. Social cases are fully supported by the center. Consultations are free. The average daily cost for a hospitalized (interned) patient is **3,000 FCFA** (food, medication, overhead).

## **6. Follow-up 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 referral centers, were supervised by psychiatrists from SMAO (Mental Health in West Africa) and other countries.

## **7. Recognitions and achievements:**

- Brother Franck HOUESSIGBEDE was consecrated and ordained a priest on February 2, 2025. It should be noted that Father Franck is the first ordained priest of the Fraternity.

## **8. Needs and projects**

The Saint Camillus Community is a national and even international cause, so the support of everyone plays a crucial role in providing basic necessities for the country's most vulnerable. We work tirelessly to remain a humanitarian and non-profit organization.

Currently, despite all the successes we could be credited with, we are under considerable pressure from patients' families: the overcrowding of our centers is one example. For instance, we desperately need a new center in the Cotonou region, but the funds are lacking. We still believe in the generosity of many and are convinced that their support for the year 2026.

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RELAY CENTERS IN 2022



# **RECEPTION AND CENTERS TREATMENT OF MENTALLY ILL**

## AVRANKOU MENTAL ILLIES AND TREATMENT CENTER



### 1. Presentation and accompanying psychiatric report:

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

It is a center widely known to the local population. During the year 2025, the center recorded:

• **1,189** consultants (new cases), including **8** apprehended in the streets and **87** brought in by the security forces  
the order

• **28,082** views

• **226** relapses

• **1,150** patients reintegrated into their respective families.

### 2. Human and material resources:

#### 2.1. Human Resources:

The center's staff consists 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 Workers • 4

Cooks • 2 Guards • 1

Psychologist

• 1 sociologist • 3  
archivists • A sewing  
workshop

## **2.2. Material resources:**

They consist of:

• 8 dormitories for accommodating the sick • 1 building  
for the Oasis of Love Avrankou Fraternity community • 1 administrative building

• 1 pharmacy • 1  
chapel • 1  
refectory • 1  
building for medical staff • 1 building for board  
games • 1 building for visitors • 1 store • 1  
shop • 1 car

## **3. Activities carried out:**

- Psychiatric consultations • Individual  
psychotherapy sessions with a psychologist • Individual psychosocial  
assessments • Nursing care

- **Gardening:** The vegetable garden has a dual purpose, which is to produce vegetables at  
center and to provide training for certain stabilized patients.

- **Sewing:** Stabilized patients receive sewing training with the possibility  
to obtain a national diploma at the end of training.

- **Manual activities:**

Wednesday morning: drawing on the thatched hut in small groups. Lesson in observing the face, expressions,  
and body.

Thursday morning: Various manual activities. Several workshops are set up for each session: Colouring, 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. in the center. Those who wish can play percussion at the same time. On  
some days, the music is replaced by singing.

• **Animated film screening:**

Sunday afternoon

• **Spiritual activities:**

- Mass every Wednesday morning at 9am
- Rosary: every day at 3 p.m. except Sunday
- Adoration every other Tuesday evening at 6pm

## BOHICON MENTAL ILLIES AND TREATMENT CENTER



### 1. Presentation and accompanying psychiatric report:

The Saint Camille Center "Oasis of Love" in Bohicon, also known as the "Saint Louis and Zélie Martin Center," is a non-profit mental health care and treatment center. Located in the Sèmè neighborhood, along the paved road leading from the Saint Francis of Assisi Parish to the Houéfa Pharmacy, it is right next to the CEG1 school in Bohicon. The second mental health care and treatment center opened in Benin in 2006, in the south-central region of the country, by the Saint Camille de Lellis Association, the Bohicon center serves patients and all those in difficulty by offering psychiatric, psychological, and nursing consultations and care, psychiatric hospitalization, and social reintegration services. Above all, the center seeks to promote the dignity and freedom of all, without discrimination. In fact, staff members often go into the streets and villages to rescue patients who are chained and abandoned in the city and even in the surrounding areas.

### For the year 2025, we have recorded:

• **1103 consultants (new cases)** , including **10** apprehended in the streets and **16** brought in by the security forces the order

• **16208 views**

• **571 Relapses**

• **1054 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 consist of 46 people:

• 1 center manager • 1  
psychiatrist • 1 psychologist  
• 1 sociologist • 1  
social worker • 2  
state-registered nurses •  
4 nursing assistants • 2 cashiers • 1  
manager • 1 secretary  
• 15  
maintenance workers  
• 6 cooks • 2  
guards • 1 driver • 1 miller •  
6 laundry  
workers • 2 motorcycle  
guards • 2  
archivists • 1  
shop manager  
• 1 chaplain priest

### **2.2. Material resources:**

Our material resources include:

• 1 administrative building  
• 2 buildings (ground floor + 1) used to house patients and staff • 1 shop • 1 treatment room  
• 1 oratory • 1  
large kitchen • 1  
large refectory  
• 1 chapel • 1 central  
thatched hut • 2 toilet  
blocks (men's  
and women's) • 2 shops  
• 1 sewing workshop  
  
• 1 biomedical analysis laboratory (not yet equipped) • 1 rabbit hutch  
• 1 water  
tower  
• 1 mill • 1  
car (covered) in poor condition • 1 motorcycle

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

### 3. Activities carried out

- Consultations, psychiatric, psychological and nursing care
- **Sewing:** Here, all kinds of sewing are carried out 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 upon completion.
- **Mill:** For training our friends, and grinding for the center
- **Art therapy:** for games, animations, joyful and awakening activities  
intelligence
- **Mass:** every Sunday at 11 a.m.
- **Rosary:** every day at 7 p.m.
- Rabbit **breeding**

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## DJOUGOU MENTAL ILLIES AND TREATMENT CENTER



### 1. Presentation and accompanying psychiatric report:

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

The third mental health center opened in Benin by the Saint Camille de Lellis Association, the Djougou center serves the mentally ill and all those in difficulty by offering consultations, nursing care, psychiatric hospitalization, and social reintegration services. The center's primary aim is to promote the dignity and freedom of all, without discrimination. In fact, staff members frequently go into the streets and villages to rescue patients who are chained and abandoned in the city and even in the surrounding areas.

**For the year 2025, we have recorded:**

**• 662 consultants (New cases)**

**• 29 sick people were taken from the street and 56 were brought in by law enforcement and firefighters.**

## Djougou Reception and Treatment Center

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• 7,323 views

• 283 relapses

• 621 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 (3 of whom are dedicated):

• 1 Director • 3

State-Registered Nurses • 1 Mental

Health Nurse (Master's in Mental Health) • 1 Psychologist • 2 Nursing Assistants • 1

Administrator • 1 Cashier • 2

Pharmacy Assistants •

1 Medication

Dispensing

Officer for Outpatients • 2

Medication Dispensing Officers for Residents • 2 Records Officers • 1

Secretary • 2 Shop Assistants • 2 Cooks (Small Kitchen) • 7 Cooks (Main  
Kitchen) • 6 Maintenance and

Hygiene Staff • 4

Shower and Hygiene Officers for

Vulnerable Women • 4 Shower and

Hygiene Officers for Vulnerable Men •

2 Security Guards • 1 Driver • 3 millers • 1

hairstylist • 1 seamstress

#### 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)

## Djougou Reception and Treatment Center

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- 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 guardhouse
- 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 supplied by local energy (SBEE) and the second by solar panels

• 2 vehicles: a MITSUBISHI van, a NISSAN car.

• 1 SANYA motorcycle, a three-wheeled 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 dining hall for students • 1 sheepfold and a chicken coop

### **3. Activities carried out:**

#### **3.1 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.

#### **3.2 Spiritual and social formation**

• Catechism classes led by Camillian religious every Sunday at 3 p.m. • Mass celebrated daily at 5:30 p.m. and on Sundays at 10 a.m.

• Daily meditation on the rosary, starting 45 minutes before Mass, led by the religious sisters of Oasis of Love

#### **3.3 Training and socio-professional reintegration**

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

## Djougou Reception and Treatment Center

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- ÿ The mill: it is used to grind the center's grain and for patient training recovered.
- ÿ The bakery: a powerful means of training for direct market access employment.
- ÿ Sewing: it offers the possibility of obtaining a national diploma at the end of training.
- ÿ Hairdressing: like sewing, it also offers the possibility of obtaining a national diploma at the end of training.

### 4. REINTEGRATION



This is a sector that is still in its embryonic stage; however, much effort is being made to meet the challenges we face.

With this in mind, we motivated several of our fully recovered patients to participate in bread making and bakery maintenance. Retraining was provided for the bakers to improve their production, as described above.

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**TOKAN MENTAL ILLIES RECEPTION AND TREATMENT CENTER**

**PSYCHIATRIC PRESENTATION AND ACCOMPANYING REPORT**

The Saint Camille de Lellis Oasis d'Amour reception and treatment center in Tokan is located 18 kilometers north of Cotonou, in the municipality of Abomey-Calavi, specifically next to the Tokan market. It was inaugurated on October 15, 2016, by the Apostolic Nuncio, His Excellency Archbishop Brian Udaigwe.

The Tokan Center is a care and rehabilitation center for people with mental illness. 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 as peer support workers. Activities include psychiatric, psychological, and nursing consultations and care, psychiatric hospitalization, and biomedical analyses. Furthermore, for the social and professional reintegration of stabilized patients, there are workshops such as baking, milling, sewing, animal husbandry, and gardening.

We recorded the following during the year 2025:

• **1,737** consultations (new cases), including **5** patients found in the streets, **7** brought in by the Ministry of Social Affairs and **45** brought by the firefighters

• **28,844** views

• **682** Relapses

• **1,656** reintegrated into their respective families

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

**1. HUMAN AND MATERIAL RESOURCES**
**1.1. Human Resources**

The staff consists of a team of 85 people:

- 01 Psychiatrist
- 01 Director
- 01 Manager

- 2 Psychologists
- 01 Educator
- 6 State-Registered Nurses • 4  
Nursing Assistants • 2 Art  
Therapists • 3 Pharmacy  
Technicians
- 04 Cashiers
- 4 Archivists • 1 Secretary

- 01 librarian
- 08 Cooks
- 4 Guards • 4 Salespeople  
(miscellaneous items) • 1 Bicycle Guard

- 01 Driver
- 03 Gardeners
- 02 Millers
- 10 Maintenance Workers •  
2 Laundry  
Workers • 1 Chaplain  
Priest • 1 Master Baker and 7 Student Bakers • 2 Master  
Seamstresses and 7 Apprentices

## **1.2. Material Resources**

They consist of: ÿ An

administrative building comprising:

- 1 direction
- 1 secretariat
- 1 archive room • 1  
pharmacy
- 02 crates
- 01 treatment room
- 4 consultation rooms
- 2 psychological interview rooms • 1 room  
for the psychiatrist • 2 observation rooms
- 01 meeting and training room
- 1 library • 1  
dressing room

ÿ Two wards for the hospitalization of male and female patients; ÿ A main house for the community and for female staff; ÿ A building for the accommodation of male staff; ÿ Two kitchens:

- A chapel;
- A conference room;
- A building for the mill;
- A building for the bakery with a traditional oven;
- A space for the garden;
- A space for livestock farming
- Two water towers
- Four computers;
- A vehicle;
- Two thatched huts for leisure;
- A guardhouse;
- Four toilet and shower blocks (2 for women and 2 for men)
- A bakers' housing building
- A small two-story building for the emergency services
- A technical platform for physical health care (See section *Medical and social centers*).

## 2. ACTIVITIES CARRIED OUT

- **Gardening** : The vegetable garden has a dual purpose, 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 to provide for their families, and also provides training for our stabilized friends.
- **Sewing** : Stabilized patients receive sewing training with the possibility of obtaining a national diploma at the end of the training.
- **Physical sports 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 needed).
- **Rosary meditation** : Monday to Saturday at 3 p.m., except Thursday (adoration)

## 3. PSYCHOLOGICAL FOLLOW-UP REPORT

Comprehensive within a holistic approach to managing illness. It is generally accepted that admission to the center follows life events likely to induce psychological distress. In addition to the psychiatric approach involving medication, injections, etc., psychological support is essential. Clinical listening allows for an understanding of the personal, familial, and social factors contributing to decompensation, in order to better support patients on their path to recovery.

During the year 2025, psychological support was provided through:

- Psychological consultations are available every weekday from 8:00 AM to 1:30 PM and from 3:00 PM to 5:00 PM
- Individualized psychotherapy for each patient and, if necessary, with family members

- Group psychotherapy sessions with families and caregivers every Tuesday from 10 a.m. to 12pm
- Group therapy for addicts every Thursday from 10am to 12pm
- A music therapy workshop
- Mondays from 10am to 12pm: drawing with friends who are interned
- Art therapy workshops every day from 10am to 12pm led by a team (social worker, (specialized educator, art therapy workshop facilitator)
- Supervision of 52 trainees
- The healthcare team staff are available every Thursday from 2pm to 4pm
- Psychology courses for the entire care team, Fridays from 2 p.m. to 4 p.m.
- Psychological support for more than 120 patients in 4 relay centers (Allada, Hekanmey, Ouidah, Come)
- In total, **1994** patients were interviewed. These included children, young people, and adults. The evaluation Psychological suffering is mentioned in the table below:

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## THE DASSA DRUG ADDICTION CENTER



### 1. PRESENTATION AND ACCOMPANYING PSYCHIATRIC REPORT

The Saint Camille de Lellis Oasis of Love Reception and Treatment Center in Dassa-Zoumè is located 500 meters from the paved road that separates it from the Marian Shrine of Our Lady of Arigbo in the Vêdji neighborhood of the Dassa-Zoumè municipality. It was inaugurated on August 17, 2024, by His Excellency Bishop François Gnonhossou of the Diocese of Dassa-Zoumè.

This center in Dassa is a care and rehabilitation center for people with mental illness. Within the center, there is a community of brothers and sisters who have dedicated their lives to serving the sick. A unique aspect of this center is that stabilized patients become peer mentors for new arrivals after a period of follow-up and training, helping them restore dignity to their fellow patients.

This center includes a comprehensive care unit for individuals using psychoactive substances and/or alcohol, commonly known as Bethany. Activities offered include inpatient and outpatient consultations, psychiatric, medical, and psychological care, psychiatric hospitalization, and biomedical analyses. Furthermore, for the social and professional reintegration of stabilized patients, workshops are available in areas such as sewing, hairdressing, gardening, milling, baking, and animal husbandry.

We recorded the following in 2025:

• 747 consultants (new cases)

• 87 patients were found in the streets and 42 were brought in by law enforcement or firefighters

• 1,985 views

• 141 relapses

• 598 reintegrated into their respective families

• 167 people consuming psychoactive substances and/or alcohol (drug addicts) were registered in Bethany, including 97 drug addicts reintegrated into families.

ÿ 70 addicted individuals were monitored at the center, including 10 who were reintegrated into socio-professional training activities.

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

## **2. HUMAN AND MATERIAL RESOURCES**

### **2.1. HUMAN RESOURCES**

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

- ÿ 01 psychiatrist
- ÿ 01 responsible
- ÿ 01 Assistant to the Manager
- ÿ 2 secretaries
- ÿ 01 manager
- ÿ 01 psychologist
- ÿ 04 state-certified nurses
- ÿ 03 laboratory technicians
- ÿ 04 caregivers
- ÿ 02 pharmacy technicians
- ÿ 02 cashiers
- ÿ 03 archivists
- ÿ 8 presenters
- ÿ 02 hygiene officer
- ÿ 6 medication dispensers for interns
- ÿ 09 cooks
- ÿ 03 doormen
- ÿ 2 master tailors, 1 master embroiderer with 4 apprentices ÿ One master hairdresser with 4 apprentices
- ÿ 01 farm technician responsible for training stabilized patients with 12 learners
- ÿ 1 miller with 3 apprentices
- ÿ 1 driver ÿ 2 master bakers with 5 apprentices
- ÿ 01 hairdresser
- ÿ 2 sales associates for miscellaneous items

### **2.2. MATERIAL RESOURCES**

They consist of:

ÿ One administrative building comprising a management office, a secretariat, an archive room, a pharmacy, a cashier's office, three consultation rooms, an observation room, a psychological counseling room, showers and toilets, and a meeting and training room. ÿ Two wards for the hospitalization of male and female patients, each with showers and toilets.

- ÿ 01 a main house for the community of sisters
- ÿ 01 building for male staff

- ÿ 01 building for female staff
- ÿ 01 unit for monitoring people who consume psychoactive substances and/or alcohol
- ÿ 01 conference room
- ÿ 01 chapel
- ÿ 01 kitchen
- ÿ 01 vehicle
- ÿ 01 motorcycle
- ÿ 01 tricycle
- ÿ 1 building for the mill ÿ 1 building for the shop ÿ 1 sewing workshop and 1 showroom
- ÿ 01 hair salon
- ÿ 01 building for the bakery with a functional traditional oven
- ÿ 1 student accommodation building ÿ 1 garden area
  
- ÿ 2 thatched huts for leisure in each district
- ÿ 01 space for PE and football
- ÿ 01 computer
- ÿ 01 printer
- ÿ 01 room for parents to visit
- ÿ 02 guardhouses ÿ 01 water tower and well

### 3. ACTIVITIES CARRIED OUT

#### • Sewing

Stabilized patients receive sewing training with the possibility of obtaining a national diploma upon completion. In addition to sewing, they also make various other items. These items are sold both to the residents and the general public. This training aims to empower stabilized patients.

#### • The hairstyle

The hairdressing workshop opened in October 2025 and allows stabilized patients wishing to reintegrate into society with basic training.

#### • The bakery

It opened in August 2025 with two master bakers and five apprentice bakers, all peer support workers. The bakery benefits impoverished women in the area by allowing them to sell bread to support their families. The bakery also provides vocational training for our stabilized patients and supplies bread to...

our patients. The sale of this sweet bread is currently taking place throughout Dassa and is developing well.

- **Livestock farming**

The project began on November 1 , 2025, with Goliath chickens (chickens) providing animal protein (broiler chickens) for the Christmas celebration for all the residents of the center. The Goliath chickens remained for breeding and also to provide eggs for feeding the patients. It also allows for the socio-professional training in animal husbandry for stabilized patients.

- **The mill**

It allows the center's grain to be ground, and for the local population, it also facilitates the training of stabilized patients. It is run by the residents themselves.

- **Gardening**

The vegetable garden aims to provide the center with vegetables and tubers to improve patients' nutrition. It also provides training for stabilized patients, whose numbers increase as the cultivated area expands according to the center's needs.

They also produce corn, beans, and peanuts for internal consumption by patients.

- **Therapeutic workshops**

We have a workshop for beads, drawing, relaxation, prayer and lectio Divina, times for talking, awareness and discussion on mental illness, addiction and lifestyle, discussion groups, family psychoeducation sessions, music therapy, theatrical improvisations, recreational and strategic games, etc.

### **The staff**

We hold monthly meetings and the staff meets every Thursday from 2:30 PM to 4:30 PM.

- **Physical and sporting activities**

They take place twice a week. We have football twice a week (regular tournaments) with prizes.

- **Various games for entertainment**

They take place every day.

- **Reading**

It takes place every day.

- **Reciting the rosary**

It takes place every day at 4pm.

- **Singing classes**

They take place three times a week.

- **The Mass**

It takes place every Sunday at 8am and on the second and last Fridays of the month at 4pm.

#### 4. PSYCHOLOGICAL FOLLOW-UP REPORT

In 2025, over 850 consultations with patients struggling with addiction and 500 with psychiatric care were formally conducted. Psychological support is essential and complements medication, and the psychologist must demonstrate empathetic listening skills and work collaboratively with the entire team.

The psychologist is present at all times: from arrival, in crisis more or less acute depending on the patient, near his bed, in the center, in the office or even during group activities.

It is also important to establish bonds of trust, permanence, and security with colleagues during daily moments such as getting up in the morning, showering, eating meals, or going to bed at night.

In addition to formal psychotherapeutic interviews, he conducts family interviews, evaluation 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 also leads or co-leads therapeutic groups, as described above, with individuals struggling with addiction or in psychiatric settings. These groups aim to release emotions, encourage expression, foster awareness of one's condition, drug use and its effects, and ultimately build confidence and self-esteem. The psychologist is also present at prayer services and Mass.

He participates in weekly staff meetings with the medical team.

He very often observes that crises are linked to emotional outbursts related to fears, repeated violence, shocks, traumas, loss of children, spouses, abandonment of spouse, 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 and consistent patient care, characterized by attentive listening, patience, and gentleness in collaboration with the care home team, is proving successful as it supports the patient's recovery. It is worth noting that follow-up continues for many patients after discharge, either through scheduled appointments or by telephone.

#### IV- CHALLENGES TO OVERCOME

Before the center was established, the mentally ill were considered possessed, bewitched, and their parents resorted to prayer camps, exorcist fathers, and healers, which very often aggravated the illness.

Since the center's creation, exorcist fathers, pastors, and healers have begun referring mentally ill people to the center because of the center's results.

Unfortunately, we are seeing many parents shirking their responsibilities and abandoning their sick children in the said center without any follow-up despite multiple reminders.

The social and parental environment of disorganized families is not conducive to patient follow-up; moreover, poverty and the high cost of living only lead so many other patients to relapse.

In view of the above, the challenges to be met include raising awareness among the population and families, and patient self-care.

Furthermore, the Saint Camille center in Dassa is facing a lack of donations from the

Goodwill. Regular awareness campaigns and effective communication are gradually improving the conditions for its success.

Conferences, talks, and awareness campaigns are of vital importance to instill in the patient and family that mental illness is considered like any other illness.

## Data from reception and processing centers

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### DATA FROM RECEPTION AND TREATMENT CENTERS

#### 1. PRESENTATION

In these reception and treatment centers in Benin, we distinguish:

• The Avrankou center in the south of the country near Porto-Novo, the country's capital.

The first center in the country, it opened its doors in 2004.

• The one in Bohicon, inland. Open since 2006, it is the 2<sup>nd</sup> center.

• The one in Djougou in the north of the country. It's the third one. It opened in 2011.

• The one in Tokan in the south of the country near Cotonou. Opened in 2016, it is the 4<sup>th</sup> center.

• The 5<sup>e</sup> The center is in Dassa-Zoumé and is already operational, equipped with a specialty component for the treatment of drug addiction.

**The care model used in Saint Camille centers:** The modern strategy is the only one used. To achieve this, we employ: medical treatment accompanied by psychotropic drugs, psychotherapy, hygiene measures (body reevaluation), occupational therapy, and a great deal of love.

This section summarizes the activity data of all these centers.

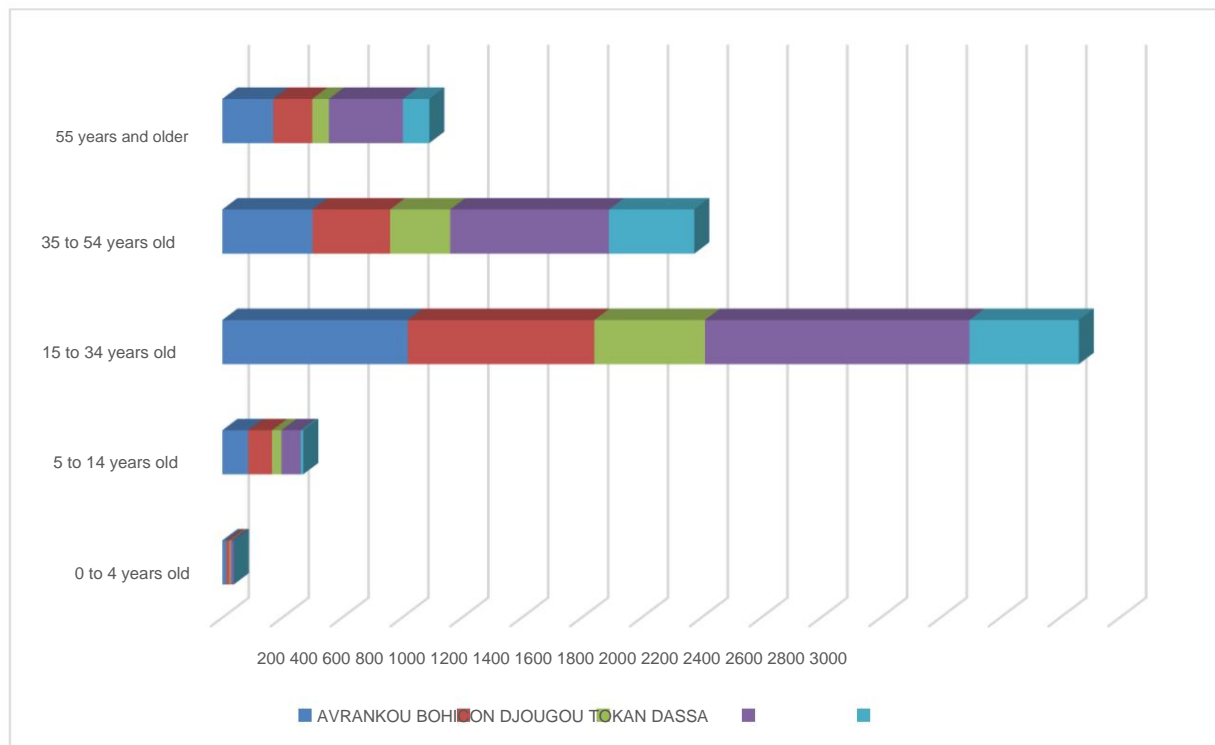
## Data from reception and processing centers

### 2. TECHNICAL REPORT

#### 2.1. Distribution according to pathologies

		Avrankou Bohicon	Djouougou	Tokan Dassa		Total	%	
1 <sup>st</sup> crazy episode	Puerperal psychosis, 28th		6	58	34	18	144	2.65%
	delusional episode 1 simple	302	439	116	725	88	1,670	30.71%
Several hilarious episodes	Schizophrenia	225	17	90	35	142	509	9.36%
	Bipolar disorder	66	64	147	261	105	643	11.82%
	Simple Depression 201		226	21	252	84	784	14.42%
	Epilepsy	227	180	113	180	118	818	15.04%
	Mental retardation	18	82	6	19	6	131	2.41%
	Dementia	59	53	13	51	19	195	3.59%
Drug addict e	Alcohol	3	4	7	30	23	67	1.23%
	Opiates, Cannabis... 60		32	91	150	144	477	8.77%
TOTAL	TOTAL	1189	1,103,662		1,737	747	5,438	100.00%
	%	21.86%	20.28%	12.17%	31.94%	13.74%	100.00%	

#### 2.2. Distribution of patients according to age

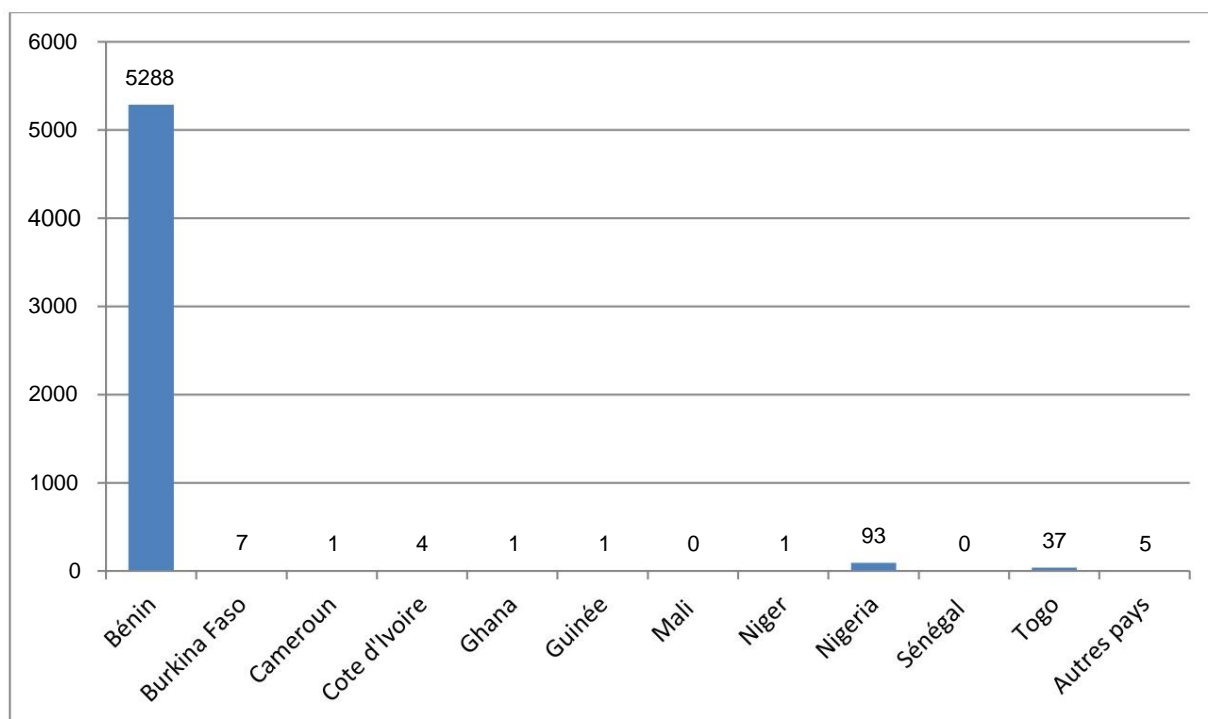


## Data from reception and processing centers

### 2.3. Distribution of patients by sex



### 2.4. Distribution of patients according to country of origin



## Data from reception and processing centers

### 2.5. Distribution of patients by region

Region	Avrankou Bohicon	Djougou	Tokan	Dassa		Total	%
Alibori			32			32	
Atacora		2	145	1	1	149	
Atlantic	11	29	5	1,274	27	1,346	
Borgou		6	113	12	16	147	
Hills	4	59	25	8	669	765	
Couffo	1	180	1	4	1	187	
Donga	1		295			296	
Coastline	87	33	2	337	10	469	
Mono	1	24		39		64	
Ouémé	763		1	41	4	809	
Plateau	242	81		3	3	329	
Zou	2	671		7	9	689	
Other regions	77	18	43	11	7	156	
TOTAL	1189	1103	662	1,737	747	5,438	1

### 2.6. Distribution of patients according to the case

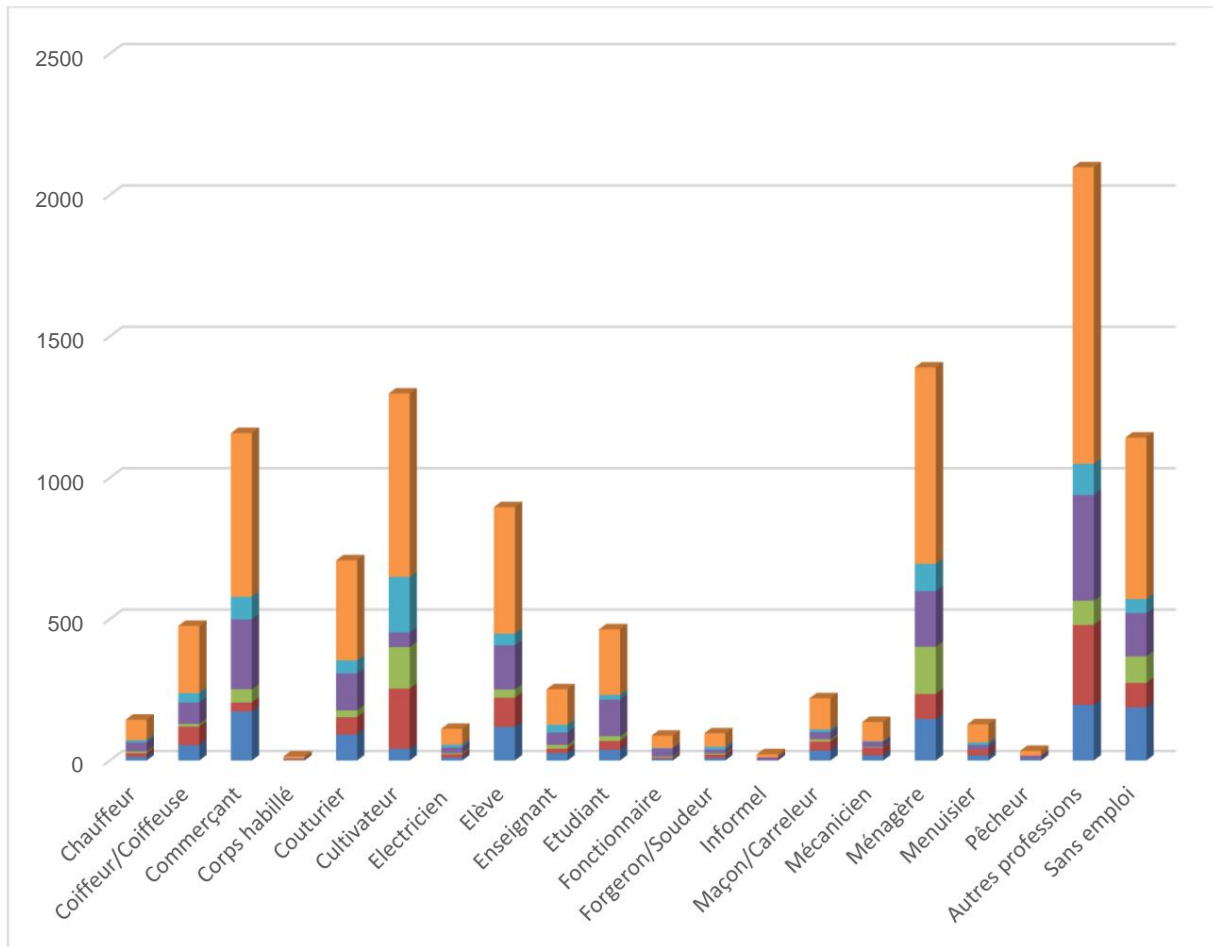
Case	AVRANKOU BOHICON	DJOUGOU	TOKAN	DASSA	Total	
Consultants (New cases)	1189	1103	662	1,737	747	5,438
Consultations	28,082	16,208	7,323	28,844	1,985	82,442
Number of relapses	226	571	283	682	141	1903
Number of sick people taken in the streets	8	10		5	87	110
Patients brought in by law enforcement	87	16		45	42	190
Sent by the ministry				7		7

## Data from reception and processing centers

### 2.7. Distribution of patients according to profession

Occupation	AVRANKOU	BOHICON	DJOU	GOU	TOKAN	DASSA	Total	%	
Driver	13	13		6		32	8	72	1.32%
Hairdresser	54	66		9		76	33	238	4.38%
Merchant	173	32		47		247	80	579	10.65%
Clothed body	0	3		1		3		7	0.13%
Fashion designer	92	61		24		131	46	354	6.51%
Farmer	41	213		147		52	196	649	11.93%
Electrician	10	12		4		20	10	56	1.03%
Pupil	119	103		29		156	41	448	8.24%
Teacher	26	16		13		44	27	126	2.32%
Student	38	31		17		129	17	232	4.27%
Official	6	4		4		28	2	44	0.81%
Blacksmith/Welder	9	12		4		13	10	48	0.88%
Informal	0					11		11	0.20%
Bricklayer/Tiler	35	32		8		25	10	110	2.02%
Mechanic	18	27		2		19	2	68	1.25%
Housewife	147	88		167		197	96	695	12.78%
Carpenter	18	21				16	9	64	1.18%
Fisherman	6					11		17	0.31%
Other professions	197	282		86		374	110	1049	19.29%
Unemployed	187	87		94		153	50	571	10.50%
<b>TOTAL</b>	<b>1189</b>	<b>1103</b>		<b>662</b>		<b>1,737</b>	<b>747</b>	<b>5,438</b>	<b>100.00%</b>

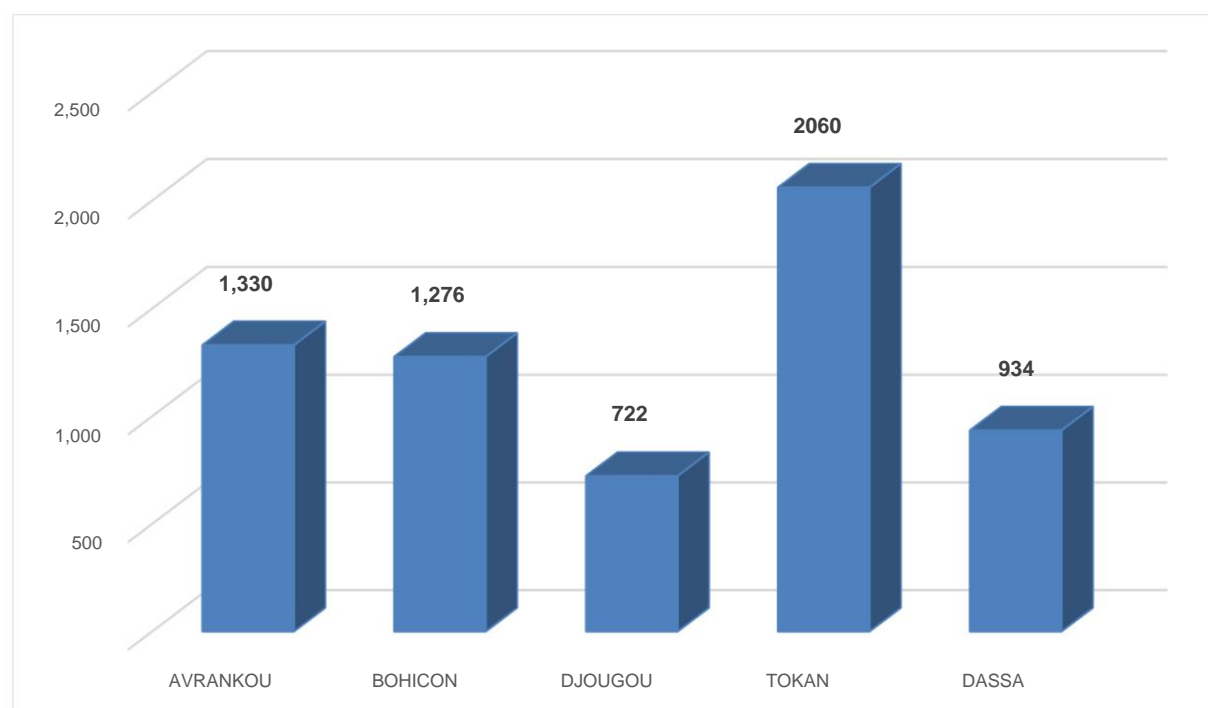
## Data from reception and processing centers

**Chart: Distribution of patients by profession****2.8. Table of patient movements within centers (Hospitalization)**

Activities Centers	Former patients (31/12/2024)	Total Entries	EXITS					REMAINING (31/12/2025)		
			Family	Center reintegration	Without notice medical	Total Deaths				
AVRANKOU 141		1189	1,330	1,150	1	37	3	1,191	139	
BOHICON	173	1103	1,276	1,010	10	30	4	1,054	222	
DJOUGOU 60		662	722	621	14	25	8	668	54	
TOKAN	323	1,737	2,060	1,656	33	21	5	1,715	345	
DASSA	187	747	934	598	49	11		658	276	
Total	884	5,438	6,322	5,035	107	124	20	5,286	1036	
					95.25%	2.02%		2.35%	0.38%	100.00%

## Data from reception and processing centers

**Chart: Patients hospitalized in 2025 by center**



## 2.9. Drug Addiction Report

### 2.9.1. Distribution of drug addicts by sex

Sex	AVRANKOU	BOHICON	DJOUGOU	TOKAN		DASSA	Total	%
Men	62	44	94	177		161	538	95.05%
Women		5	4	13		6	28	4.95%
TOTAL	62	49	98	190		167	566	100.00%
%	10.95%	8.66%	17.31%	33.57%		29.51%	100.00%	

### 2.9.2. Distribution of drug addicts by age group

Age groups	AVRANKOU	BOHICON	DJOUGOU	TOKAN		DASSA	Total	%
0 to 4 years old							0	0.00%
5 to 14 years old							0	0.00%
15 to 34 years old	53	37	64	138		49	341	60.25%
35 to 54 years old	9	9	30	42		80	170	30.04%
55 years and older		3	4	10		38	55	9.72%
TOTAL	62	49	98	190		167	566	100.00%

### Data from reception and processing centers

#### 2.9.3. Distribution of drug addicts by profession

Occupation	AVRANKOU BO	HICON DJOU	GOU TOKAN	DASSA		Total	%
Driver	5	2	2	10	4	23	4.06%
Hairdresser	6	4	1	10	4	25	4.42%
Merchant	1		2	23	3	29	5.12%
Clothed body						0	0.00%
Fashion designer	2		3	7	3	15	2.65%
Farmer		15	41	7	26	89	15.72%
Electrician	1	1	2	5	1	10	1.77%
Pupil	3		1	10	9	23	4.06%
Teacher	1		2	1	6	10	1.77%
Student	1		3	28	20	52	9.19%
Official			2	2	4	8	1.41%
Blacksmith/Welder		3	1	3	2	9	1.59%
Informal				1		1	0.18%
Bricklayer/Tiler	7	2	3	2	5	19	3.36%
Mechanic	1		2	5	4	12	2.12%
Housewife			2	2	2	6	1.06%
Carpenter	1				2	3	0.53%
Fisherman	1			2		3	0.53%
Other jobs	19	18	25	50	51	163	28.80%
Unemployed	13	4	6	22	21	66	11.66%
TOTAL	62	49	98	190	167	566	100.00%

## Data from reception and processing centers

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### 3. NIGERIA EXTENSION PROJECT

A project is underway to establish an NGO in Nigeria, but it is facing a lack of funding. This promising project will allow us to help many families who, like many others in the sub-region, are unable to afford the high costs of medical care for their patients.

A site has been found, we have obtained the necessary permits from the authorities and things are progressing slowly but we remain hopeful that in the near future we will have a center in Nigeria and that this will be a gateway to the English-speaking world because we have many English-speaking patients even among the Beninese.

### 4. MEDICINES

Given that the care methods used in Saint Camille centers are modern, medications are essential for the effective management of patients. In fact, although patients' co-payments for consultations are insufficient, Saint Camille staff work tirelessly to ensure that patients never run out of medication. As a result, medication coverage was satisfactory in all centers in 2025. Nevertheless, obtaining medications proved both costly and complex due to the procedures involved, not to mention availability and rising prices on the global market. Therefore, rigorous management is crucial, including monitoring medication inflows and outflows and maintaining accurate data records.

Furthermore, while we can rely on various partners for infrastructure construction and the purchase of medical equipment and machinery, we must bear the entire cost of medications ourselves. It is therefore imperative that we find income-generating activities to finance the purchase of these medications. In addition, we strongly urge patients to be aware of the situation and to adhere to their treatment plan diligently to avoid relapse.

We thank all the healthcare staff and caregivers for all the sacrifices made in this matter to help their patients.

### 5. TRAINING

In addition to training programs in socio-professional reintegration centers, the Saint Camille organization sends recovered patients each year to Burkina Faso and Benin for training in nursing, biomedical laboratory work, midwifery, and other fields to strengthen healthcare teams. This proves effective, as it provides both employment for our patients and a fraternal approach in the true 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.

For this year 2025, two patients have been sent to attend seminary training while another is in Niger for medical training.

## Data from reception and processing centers

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### 6. 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 entirely dependent on the centers, even though they are already struggling to meet the basic needs of the patients.

ÿ Lifelong treatment is poorly received by some patients who get tired of always taking medication and often claim to be cured.

ÿ Modern psychiatric care is not the first instinct of families when they have a sick relative. They generally resort to the services of traditional healers or prayer camps, driven by the search for an immediate cure. They often become financially ruined before finally facing the reality of the situation and going to a psychiatric treatment center like Saint Camille or the Jacquot Center in Cotonou.

ÿ Self-care is a major challenge faced by all patients

# RELAY CENTERS

## Relay Centers

**1. PRESENTATION AND PURPOSES OF RELAY CENTERS**

The relay centers are a major focus of the Saint Camille social policy, as they reduce travel costs for our patients for obtaining medication and receiving care. The Saint Camille leadership aims to open as many of these centers as possible to better cover the country and assist patients living far from their main healthcare facilities. At these relay centers, nursing nuns provide services on behalf of the Saint Camille, including care and medication distribution.

**2. Technical Report**

The table below summarizes the activities of the relay centers in 2025

<b>Relay Center Numbers</b>	<b>Consultants, Relapse Consultations</b>		
1 Hungry	12	392	3
2 Agbon_Bantè			
3 Allada	24	1,709	8
4 Azovè	129	2,614	8
5 Azowlissè	29	997	16
6 Bagou	23	386	
7 Banikoara	55	509	
8 Bassila included in Manigri			
9 Biro	124	2,312	10
10 Comé	24	810	5
11 Dassa			
12 Dassari	15	246	
13 Fo-Bouré / Kérou	12	218	16
14 Glo inactive			
15 Gogounou	15	189	1
16 Gouandé included in Fo-bouré			
17 Hèkanmey	24	753	1
18 Iha	169	1,752	
19 Kaki-Koka	22	474	11
20 Kandi	3	49	
22 Kerou included in Fo-bouré			
23 Lokossa	239	2,789	
24 Manigri	12	412	
25 Manta	60	820	6
26 Materials	61	1,344	
27 Natitingou	37	537	1
28 Inactive Otola			

## Relay Centers

Relay Center Numbers	Consultants, Relapse Consultations		
29 Ouidah	24	780	3
30 Parakou SMMI	249	5,117	
31 Pendo			
32 Savalou inactive			
33 Savè			
34 Ségbannan pending			
35 Sèhouè			
36 Sokponta			
37 Sonsoro	15	181	
38 Sori to ignore			
39 Tchaourou	45	768	5
40 Tchatchou	51	966	6
41 Wassa included in Fo-bouré			
42 COBLY	28	368	
43 Chabi Couma	22	59	
<b>Total</b>	<b>1473</b>	<b>27551</b>	<b>100</b>

The table above shows that **43** relay centers were operational during the year 2025. Note, however, that a relay center covers several localities (surrounding towns or villages).

These respite centers have been a great relief for the local population, as they have allowed them to avoid long journeys that can be too costly for some, as well as the uncertainties of traffic. The respite centers encourage families to continue their treatments.

#### Challenges and prospects of relay centers

The challenges faced by the respite centers include: visits, the creation of new centers, and training. We also envision the creation of mobile respite centers, similar to camper vans. These mobile centers will have the advantage of regularly visiting patients in their usual living environments.

Finally, we take this opportunity to express our deep gratitude and sincere thanks to all our colleagues at the various relay centers. We would like to name the

various religious institutions that house 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.

Many respite centres are regularly supported by staff from reception centres.

# **CENTERS OF REINSERTION**

**DANGBODJI REINTEGRATION CENTER**

Located in the commune of Avrankou, the Dangbodji center is a vocational training center with several sections of activity.

- The bakery • Sewing

- Weaving •

Batik

- Fish farming

**1. EDUCATION SECTION**

This section is currently undergoing changes. Instead of providing rehabilitation and literacy training for patients, the center now focuses on the boarding of primary and secondary school children, with volunteers from the NGO FIDESCO to raise their level.

**2. ECONOMIC AND SOCIAL DEVELOPMENT**

While seeking to promote the social advancement of recovered patients, the following activities simultaneously aim for the economic self-sufficiency of both the patients and the center. These include, among others:

- **Sewing**

This workshop has always had a large number of participants, but this year (2025) there are only four (4) learners. Two (2) of them will be taking their CQM (Vocational Qualification Certificate) exams.

- **Weaving**

Led by a woman with diverse skills, this workshop has four (4) trainees. Various items are made, displayed and sold there: men's and women's clothing, tablecloths, etc.

- **Batik**

This workshop is run by Mr. Aude, who uses all his ingenuity to offer beautiful items to customers.

- **Food processing**

This sector experiences ups and downs. Indeed, with a staff of twelve (12) people (men and women) working conscientiously, the Dangbodji bakery, given the high cost of raw materials, generates little revenue. Besides bread, they also produce and bottle grated coconut, roasted peanuts, and lemon syrup in the town center.

- **Fish farming**

This is an experiment we undertook this year and it's already showing promise.

## AGOÏTA FARM

This year, the farm has been marked by instability: Thefts, relapses, illnesses, 3 deaths, transport problems, problems with the caretaker, vacant director position, Toto and Josep M.'s two-month trip to Catalonia (Spain).

### 1. Human Resources

During this year, we averaged 19 people, including 16 friends and 3 managers. The division of tasks on the farm is as follows:

N	Names	Responsibilities
<b>THE MANAGERS</b>		
1	Martinien Tomavo	Director, fieldwork, marketing. But since mid-April he left us and we are left without a director.
2	George Kinha	Palm grove, banana tree. But since mid-April he has been taking charge of all the field work and the work of his friends.
3	Joseph Cortadellas	Electricity, accounting, maintenance, irrigation, health. In fact, he has been acting as director since his return from Barcelona in early June.
4	Toto Alvaro	Clothing store, sewing, cleaning, health.
<b>FRIENDS (those who help a lot)</b>		
1	Mathieu Kangala	Sharing medications, injections, mill.
2	Laure Kinennon	Kitchen
3	Idelfonse Bankolé	Welding, driving, socializing, shopping. He missed a month and a half due to a relapse.

### 2. Instability

#### a. Flights:

We had a lot of thefts this year, which forced us to dismiss the security guard.

For the future, we need to try video surveillance.

#### b. Transport

With the exorbitant cost of repairing the car, we chose to replace it with a motorcycle and get the tricycle back on its feet.

### 3. Agricultural and livestock activities

#### a. The palm grove

This year in the palm grove, we produced 127 cans of red palm oil, although the theft of 45 cans was quite discouraging. We have plenty of seeds for making white palm oil. We continue to make soap for ourselves. We regularly bring palm nut shells to Bohicon. For us, focusing on palm trees gives the farm a future.

#### b. Banana plantation

Managing the banana plantation presents numerous problems, including the clogging of holes for drip irrigation and rodents infesting the plants.

**c. Sheep farming**

Our flock reached a number of 57 sheep, of which we ate 10.

**d. Chicken farming**

Raising chickens has proven counterproductive.

**4. Challenges**

The major challenge is to ensure the economic autonomy of the farm, and for this, the expansion of the palm grove seems promising.

Another challenge will be to replace expatriates Josep m. and Toto who will be leaving Saint Camille towards the end of 2026.

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## CALAVI PROFESSIONAL REINTEGRATION CENTER

### 1. Introduction

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 reintegration center since October 8, 2016. The activities carried out there are: the shop, sewing, batik, gardening and livestock farming.

Furthermore, the center is the headquarters of the NGO. The latter has a Facebook page: Association Saint Camille de Lellis.

The death of the manager (Chantale D.) on February 23, 2026, weighs heavily on the center; it is a shock to each of us. We thank the Lord for another Chantale D.

### 2. NGO Headquarters

The center serves as the NGO's headquarters. It houses the administration, even though the official headquarters are in Avrankou. Meetings and most receptions for partners and project stakeholders are held at this center in Calavi. It also contains the main pharmacy from which medications are distributed to other patient treatment facilities.

This is the decision-making center. It centralizes the management of centers at the national level and, to a large extent, internationally. It is the primary point of contact with staff, partners, government authorities, and supporters. It is the monitoring and reporting point. It is the meeting place with the President, who comes here daily.

Meetings are held there with all the leaders of the main Saint Camille centers. Religious activity is very intense there with the monthly meetings of the "Saint Camille Oasis of Love Fraternity" of all the centers in Benin.

This center is the showcase of the Association both locally and internationally.

### 3. Human and material resources

#### • Human Resources

The center has a staff of 20 people, consisting of:

- 1 center manager
- 1 manager
- 1 Secretaries
- 3 Cookers for Friends
- 3 cooks for the managers
- 2 priests
- 2 dressmakers
- 1 mechanic-driver
- 1 pharmacy manager
- 1 batik manager
- 1 shop assistant
- 1 person in charge of the garden and livestock

#### • 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 equipped on the upper floor with a large hall and visitor rooms.
- 1 sewing and exhibition workshop
- 1 batik workshop and exhibition
- 1 Marian grotto with chambers
- 1 shop
- 1 pharmacy with an upper floor for housing for aid workers
- 1 Novitiate

#### **4. Activities of the center**

Various activities take place in the center:

##### **• Batik:**

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

• **Sewing:** The workshop is somewhat limited to responding to occasional needs.

• **Shop:** this workshop is struggling

##### **• Garden and livestock**

This is a workshop that faces many difficulties because it is an almost saturated field in the region, and the clientele is small.

##### **• Welcoming expatriates**

The center serves as the main reception point for expatriates. They are housed here and use it as a base to visit other centers. These expatriates are often doctors or volunteers who come to support the NGO's activities.

#### **5. CENTER DIFFICULTIES AND CHALLENGES**

Currently, the center is experiencing financial difficulties and is heavily dependent on the Tokan center. Officials are working to make the center financially self-sufficient, but the problem persists.

Despite the decline in the Covid pandemic, the pre-Covid situation is far from being restored. In short, Covid has left its mark, from which the center has yet to recover. Furthermore, visits and foreign missions, which constitute a source of revenue, have decreased. The real challenge, therefore, is achieving financial autonomy.

## Djougou Reintegration Center

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### DJOUGOU REINTEGRATION CENTER

Opened in June 2021, the Djougou reintegration center is integrated with the mental health treatment center. Indeed, the shop, bakery, and sewing and hairdressing workshops are built along the perimeter fence of the treatment center. However,

The mechanics workshop and the accommodations for learners and trainers are behind the processing center and are connected to it by a door.

#### 1. The activities of this center

This center encompasses various activities, namely:

##### • The shop:

The store includes a section for general groceries (food, drinks, etc.), a section for cosmetics and hygiene products (ointments, soaps, etc.), a section for clothing and shoes, a section for bedding (mats, chamber pots, etc.), and a section for miscellaneous items (dining bowls, batteries, candles, bags, etc.). Frozen products (fish, chicken, sausages, wings, etc.) have also been added and are managed by two people. Given the competition, sales are often slow.

##### • The hairstyle:

It has both women's and men's sections. However, the men's section is not yet operational due to a lack of instructors and trainees. Therefore, only the women's section is currently running. A qualified hairdresser is in charge, and a recovered patient trainee from the center is also involved.

Note that the hair salon sells various beauty products. We made a banner for advertising purposes to promote it.

##### • Sewing:

Led by a lady with a degree in haute couture, this sector offers services in: women's, men's and children's tailoring, making bags, pouches, wallets, hats, etc.

Festive outfits for patients are also made there, as well as various repairs. Currently, this sector is not very profitable because the manufactured items are difficult to sell. The customers are mainly the occasional Western visitors who pass through.

##### • The bakery:

Run by two trainers, three friends, and four trainees, the bakery primarily produces sweet bread. Indeed, there are many bakeries in the town of Djougou, making competition fierce. They have to travel to surrounding villages to find customers. Furthermore, frequent power outages cause the dough to over-proof, rendering the bread unsaleable. In such cases, the bread is given free of charge to patients at the center. It is therefore urgent to find solar panels to address this problem. Much effort has been made to overcome these difficulties.

She is facing several challenges: the purchase of a three-wheeled motorcycle for deliveries to villages and neighborhoods in the town of Djougou, thanks to our partners; the retraining of bakers to improve quality production; and the motivation of some friends to work and learn in the bakery trade. All of this gives us a sigh of relief and a glimmer of hope, despite the fierce competition in the field and the inconsistency of those who work there.

## Djougou Reintegration Center

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### • **The mechanics:**

This workshop is intended for welding and manufacturing car parts. It has been ready and equipped with good quality machines for years (since 2019). However, we are still unable to find sufficiently dedicated instructors to make it operational. Those who come show no further commitment.

### • **Agropastoralism:**

As part of the socio-professional reintegration of our recovered patients, an agro-pastoral project called the "Sanitation and Market Gardening Project" is underway. In addition to livestock farming and fieldwork, two agro-pastoral activities carried out at the center continue. The livestock farm produces local chickens, sheep, and goats to provide protein for the patients; therefore, nothing is sold. Meanwhile, the fieldwork has yielded little due to the lack of rain.

### Challenges

The main challenge at the Djougou rehabilitation center is motivating recovered patients. This center was built to provide vocational training for recovered mental health patients, thereby facilitating their reintegration. However, it is clear that these recovered patients show no motivation for learning.

It is therefore urgent to find ways to meet this challenge.

## Gbedavo Reintegration Center

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### GBEDAVO REINSERTION CENTER

**CONTEXT:** The Gbedavo farm has been added to the Dassa center for the reintegration of the mentally ill and drug addicts.

It is located 24 km from Dassa, in the direction of Bohicon, and 4 km from the road.

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

The reintegration farm of the "Saint Camille de Lellis Community" in Gbédavo was created as an annex to all the other centers in Benin to take better care of mentally ill people and drug addicts from the different centers in Benin.

The farm is divided into two sites of different sizes and with different productions. The first site has an area of twenty hectares and the second an area of fifty hectares.

In 2025, the activities on the farm are as follows:

#### PLANT PRODUCTION

It includes:

Market gardening: cucumber, chili pepper, papaya, tomato, beetroot, onion, watermelon and melon are the crops grown throughout the year on an area of approximately two (02) hectares

Plantain banana production on an area of three (3) hectares, of which two hectares are in production and one hectare was planted at the end of October.

Corn production on seven (07) hectares.

Papaya on an area of one quarter (1/4) of a hectare.

The installation of a teak plantation on an area of twenty (20) hectares on site 2.

Manual mowing over an area of approximately one (01) hectare to complete a stump-cleared area with a bulldozer to facilitate the installation of a grafted mango production unit over an area of four (04) hectares on site 2.

#### THE DIFFICULTIES ENCOUNTERED

These various activities, which are ongoing at both sites until the end of the year, are not without their challenges. These include, among others, accommodation and catering conditions for the on-site team, and the unavailability of qualified personnel for the smooth running of activities in real time, to name just a few.

The staff in charge of running the farm's activities:

In addition to 6 people in reintegration programs who ended up joining the Dassa reception center due to poor working conditions, the new team, starting in June 2025, is as follows:

- ÿ SEWA M. Henri (Director)
- ÿ BONI Narcisse
- ÿ TOMAVO Martinien
- ÿ AKOTO Charles
- ÿ ALLOWANOU Constance

GBEDAVO IN PICTURES



# **CENTERS MEDICO-SOCIAL**

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

Located 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 patients of St-Camille and to the entire population in general.

It includes an ophthalmological consultation and surgery service, an optical service with on-site lens fitting, a general medicine service where patients can consult a doctor or nurse assisted by nursing assistants, and a laboratory opened in May 2020. The center also offers a maternity service which, like the medical service, is open 24/7; the team consists of three midwives and three nursing assistants. Any high-risk pregnancy or delivery deemed dangerous is referred to other centers with gynecology services. The center also has an ultrasound service and an operating theater, where a surgeon and an anesthesiologist regularly perform consultations and minor surgeries. A dental service is also available at the center, where a dentist provides consultations and performs dental surgeries. The center hosts teams for humanitarian surgical and general medicine missions. These teams are either Brazilian NGOs SEMENTES DA SAUDA and INSPIRALI or Italian NGOs

SORRIDI KONOU KONOU.

**2. Human Resources**

The staff consists of 38 employees:

- ÿ 1 director
- ÿ 1 general practitioner
- ÿ 1 surgeon
- ÿ 1 dentist
- ÿ 1 ophthalmologist
- ÿ 4 midwives
- ÿ 1 state-registered nurse (RN)
- ÿ 2 anesthesiologists
- ÿ 4 caregivers
- ÿ 2 cashiers
- ÿ 2 agents at the pharmacy
- ÿ 1 ultrasound technician
- ÿ 1 optical technician
- ÿ 1 senior ophthalmology technician
- ÿ 2 laboratory technicians
- ÿ 1 manager
- ÿ 2 Operating Room Nurses
- ÿ 1 lab assistant
- ÿ 2 block aids
- ÿ 1 night watchman
- ÿ 4 maintenance staff
- ÿ 2 cooks

## Saint Camille d'Adjarra Health Center

## 3- Technical Report: Hospital Services 2025

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL				
Maternity (Consultations)	97	89	102	110	116	94	118	114	82	81	96	97	11	196			
9 Births			10	10	9	14	6			8	15		13	16	9		11,130
Medicine (Consultations)	52	47	150	95	55	93	69	52	64	134	68	87	96	66			
Ophthalmology (Consultations)	319	377	307	339	292	237	396	362	387	438	300	372	4	176			
Cataracts	2		5	1	2	2	3	1		4	2		7	1	8	68	104
Laboratory Exams	98	87		98	99	80	68	99	82	87	247	172	103	1	320		
Ultrasound	23	19		14	17	15	16	20	11				12	16	16	10	189
Surgery (Consultations)	24	83		9	44	16	26	24	22					95	6		349
Surgical procedures	9		60	21	15	4			6	11	5		69	53	31	289	

## Saint Camille de Tokan Technical Platform

### SAINT-CAMILLE DE TOKAN TECHNICAL PLATFORM

#### 1. Introduction

Located behind the Tokan market in the municipality of Abomey-Calavi, the Saint Camille de Lellis Oasis d'Amour de Tokan medical center is integrated with the Tokan mental health center. It faces away from the center and is the first thing you see when coming from the market. This medical center opened its doors on February 14, 2022. It offers various services to the general public and to the patients of Saint Camille in particular.

#### 2. The center's services

The Tokan technical platform operates Monday to Friday, from 8 a.m. to 4 p.m. In order to provide effective patient care, it offers the population of Calavi and surrounding areas a range of quality services at affordable prices, including:

- Digital radiology: Performing 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 (PNC)

- Eutocic childbirth.

#### 3. Human Resources

The staff consists of 15 people

This includes:

- 1 director

- 1 doctor

- 1 laboratory technician

- 1 radiology technician • 1

pharmacist

- 1 cashier

- 2 midwives

- 1 midwife assistant • 2

maintenance workers • 2

- nursing assistants • 1

- intern • 1

laboratory support technician

#### 4. Material Resources

Tables: 12

Chairs: 12

Stool: 1

Bedroom table: 1

**Saint Camille de Tokan Technical Platform**

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Beds: 8

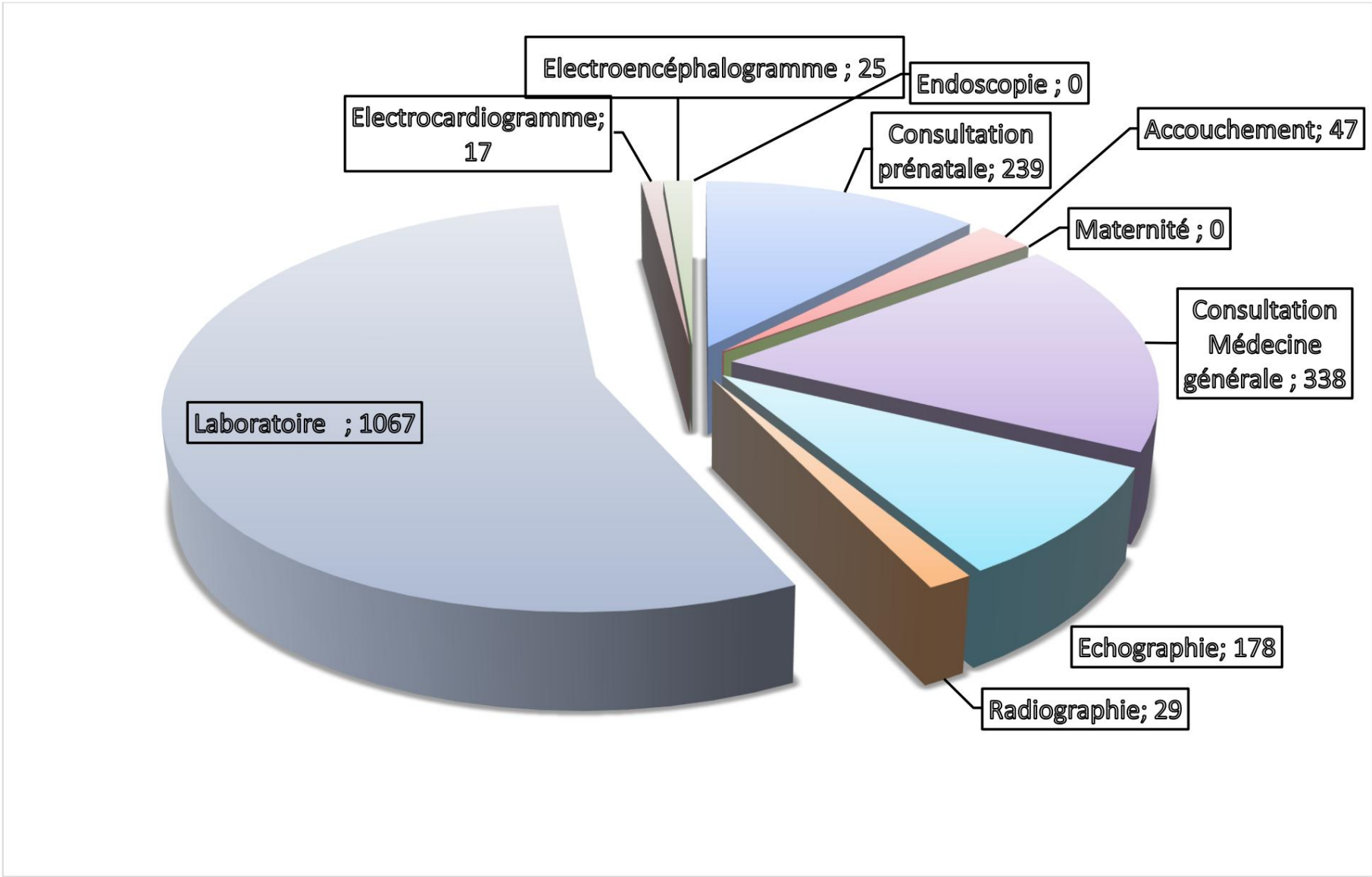
Printers: 2

Photocopier: 1

**5. Technical Report**

<b>Acts</b>	<b>Total</b>	<b>Internal cases</b>
Prenatal consultation	239	
Childbirth	47	06
General Medicine Consultation	338	130
Ultrasound	178	
X-ray	29	
Laboratory	1067	314
Electrocardiogram	17	
Electroencephalogram	25	
Endoscopy	0	

Saint Camille de Tokan Technical Platform



## Saint Camille de Tokan Technical Platform

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### **6. Difficulties**

Despite the efforts made, the center lacks patients and revenues are insufficient to cover operating costs. There is a shortage of equipment and qualified staff.

### **7. Challenges and Prospects**

Our focus for 2026 is maternity, ophthalmology, pediatrics, and endoscopy. For maternity, the immediate priority is to acquire the essential equipment.

### **THE FRATERNITY AND RELIGIOUS LIFE OF SAINT CAMILLE**

The Saint Camille de Lellis Fraternity "Oasis Amour" was born in 2003 at the heart of the Saint Camille de Lellis Association from the intuition of the Founder Mr. Grégoire AHONGBONON and Miss Alice SOME (See Article 9 § and the Statutes of the Saint Camille Association.)

It originates from the call received by individuals serving within the Centers who expressed a desire to live this service as a lifelong consecration. It brings together those who wish to dedicate their entire lives to serving people suffering from mental illness. It may also include consecrated persons who aspire to Holy Orders. (See Statutes of the Camille de Lellis Association, Article 95, § 3). Recognizing this as a call from God, the Founder agreed to welcome the first members. Together they seek to respond to this call from God.

This Fraternity is embedded in the heart of the reception and reintegration centers of the Saint Camille de Lellis Oasis d'Amour Association, where everyone is invited to radiate love for people suffering from mental illness.

The Association in which the Saint Camillus de Lellis Fraternity "Oasis of Love" was born was founded in 1983 by Grégoire AHONGBONON, a married man, father of six, and a tire repairman by profession.

It was during a pilgrimage to Jerusalem that Gregory was particularly moved by a saying he heard during a homily.

Every Christian must contribute to the building of the Church. What contribution will you make?

## Perspectives and Acknowledgments

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### **PERSPECTIVES FOR SAINT CAMILLE DE LELLIS**

- Increasing awareness campaigns is becoming a priority. This will help us change mindsets and thereby limit relapses and treatment abandonment among patients.
- Sustained investment in reintegration centers is now both an imperative and a challenge, as these centers are the focal point of the Association's self-financing policy.
- The installation of a technical platform in the various reception and treatment centers is becoming a necessity.
- The creation of mobile relay centers, similar to camper vans. These mobile relay centers will have the advantage of regularly visiting patients in their usual living environments.

### **THANKS**

The success of this project is largely due to the network of benefactors who supported us throughout the year. We extend our heartfelt thanks to them, whether they come from Benin, Canada, Spain, the United States, France, Italy, Switzerland, Togo, Brazil, Nigeria, or elsewhere. Together, they helped many of our patients reunite, bringing joy to our community. We also thank the volunteers and peer supporters for their daily work. May the Lord bless you and fill you abundantly with His grace.

We sincerely thank the religious institutions for their spiritual, material, or financial support, and in particular the Catholic Church, which is present at all levels of the NGO's activities.

We thank the government of Benin for its support with this "Headquarters Agreement", this valuable document without which we would face great difficulties.

Organizational chart of Saint Camille

**ORGANIZATIONAL CHART OF THE SAINT CAMILLE ASSOCIATION OF BENIN**

As of December 31, 2025

