



Traditional/ modern mental & primary care

for humanity

Mbenjeh Babungo
Babessi subdivision
P.O. Box 6 Ndop

tel: +237 79834047
33165764
email: bihcare@yahoo.com

Information Leaflet

Background

The Babungo Integrated Health Care (BIHC) originated as a traditional/modern psychiatric home with a Primary Health Care unit in Ngoketunjia Division, North West Province (presently North West Region). It was one of the few places in Cameroon where psychiatric patients could be admitted and treated for their mental health problems.

It started in 1959 when Pa Mathias Tumenta began treating his first patients traditionally. In 1989, he was granted an official recognition from the government as a traditional healer. In 2001, Charity Health Foundation (a national NGO) took the traditional home as an annex to carry out primary health care with modern medications. In June 2003, a VSO (Voluntary Service Organisation) volunteer from the Netherlands; Yolanda Van den Broek took up a placement in BIHC. The home was registered as a Common Initiative Group in May 2004 with registration number NW 30/04/8492 with the name Babungo Integrated Health Care (BIHC). Since then, BIHC has expanded its activities to cover other areas such as Human rights and advocacy for underprivileged groups, income generating activities, capacity building workshops, watershed protection, sustainable agriculture, entrepreneurship and livelihoods and in 2011, BIHC being a CIG was changed to Babungo Integrated Mental Health Care (BIMEHC). Its activities have also expanded to education for underprivileged in the society with emphases on the girl child.

Vision and Mission

The Vision of Babungo Integrated Mental Health Care is to have a society in which all persons, especially the underprivileged have acceptable access to basic health, economic resources and social facilities necessary for a normal life. BIMEHC's mission is to contribute to this vision by engaging in domains such as the provision of basic health care for the poor; empowerment of underprivileged groups, promotion of sustainable agriculture and income generating activities and promotion of education within the underprivileged group in the society.

BIMEHC recognizes that its Vision and mission can only be successfully achieved with a qualified, devoted and experienced staff working on issues developed with the active participation of the beneficiaries. Meaningful partnership, fund raising, transparent/participatory management and accountability and targeting disadvantaged gender groups are equally important for the vision and mission to be realized.

Strategy

Globally, BIMEHC's strategy focuses on a combination of local and external resources to enable local people, especially the poor and underprivileged to improve their own conditions of life. Gender is mainstreamed in all its endeavors. Essentially its strategy includes:

- Networking and maintaining collaborative partnerships with local and international partners
- Fund raising and networking
- Target group involvement at all levels of the project cycle
- The setting up and maintenance of basic health care facilities, seed center, processing and demonstration units on BIMEHC center in Babungo
- Training, demonstrations and follow up
- Human rights and Advocacy

Objectives

- To promote access to basic health care for disadvantaged groups (e.g. Psychiatric; PLWHA, etc)
- To support income generating activities for these underprivileged groups
- Support education of children from underprivileged homes, with specific focus on the girl child
- To promote food security and sustainable agriculture
- To enhance the protection of the environment and sustainable management of natural resources
- To become training centre in North West Region

Target group

BIMEHC targets the most vulnerable segments in society who have very limited access to livelihood resources, or who are discriminated upon by society. Some of the groups include

- People suffering from mental disorders
- PLWHA
- Poor rural farmers
- Women, especially widows
- Orphans and vulnerable children

As at 2009, BIHC works with about 1000 persons annually in communities and groups

Networking and collaboration

To achieve its objectives, BIMEHC maintains collaborative relationships with many international and partners organizations and networks, such as

- Voluntary Service overseas
- Habitat for Humanity
- PRTC Fonta
- Development for Humanity Cameroon
- Babungo Foundation
- Government services
- Baptist health center

Staff

BIMEHC maintains a staff of 12 persons, who are devoted, and experienced in the different fields of activities. The staff also includes volunteers from VSO who have supported the organization immensely in its efforts towards enhancing better livelihoods for the targeted beneficiaries.

Achievements

The following key achievements have been realized by BIMEHC as at December 2010 in collaboration with our partners and target groups:

- One modern psychiatric clinic constructed and fairly equipped to accommodate 54 inpatients and over 150 outpatients
- A primary health care unit with a capacity to accommodate at least 20 inpatients and over 80 outpatients
- A community Hall for trainings and workshops
- 4 Guest houses with facilities to accommodate at least 20 persons
- Training and demonstration units (e.g. Poultry, Piggery, gardening)
- Recreation facilities for guests and patients
- Support to poor schools and underprivileged in schools
- Solar energy installation for the centre.

Future outlook

BIMEHC intends to continue to lead in the integrated health care sector in Cameroon, with particular emphasis on mental health, HIV&AIDS and general primary health care. However, the integration of livelihood activities, advocacy and environmental activities in its program philosophy is aimed at supporting full recovery and better livelihoods for these groups, while conserving natural resources. As such BIMEHC is continuously open to new partnerships in order to attain its objectives

In spite of its achievements, BIHC faces lots of **problems**:

1. Inadequate electricity supply
2. Absence of means of transport
3. Insufficient water supply
4. The absence of permanent partnerships to enable long term planning
5. Lack of constant internet access
6. Rehabilitation of the recovered patients into their various communities.

BIMEHC will be willing to discuss and establish new partnerships to overcome these problems and consolidate its on-going achievements.