



# Taking the Urban Turn

*What innovative approaches to progressively integrate the private health centers in the system? The example of the District of Kintambo in Kinshasa.*



**ULB-**  
**COOPÉRATION**  
L'ONG de l'Université libre de Bruxelles



# 1 Context

- Municipality of Kintambo : 100,000 inh., mostly in slums, high mobility of population (rural migration, real estate speculation,...).
- The place where epimedics are starting
- Health Services :1 General Hospital, about 65 health center (HC).
- 98% of health center are private (for-profit or supported by religious organisations).
  - High risk of merchandisation and focus on short-term curative offer
- No geographic delimitation.
  - Competition, fragmentation and inefficiencies
- Only 15 are supervised by the « *Equipe Cadre de Zone (ECZ)* ».
  - Low quality and mistrust



## 2 Approach

- Informal thinking group (9 hs and the ECZ).
  - To avoid powergames between private & public actors
  - To break isolation of HC
- « front door strategy ».
  - Focus on a concrete, circumscribed theme (sickle cell disease) : a quick win to start a dynamic
- Microproject & trainings.
  - Business planning, project planning
  - Linking the offer with the income flows & the regulation



# 3 Findings

- Small and concrete enhancement (water, solar panels) are well appreciated by the population.
- Sickle cell fast diagnosis process.
  - Create a shift in sensitization
  - Highlights the « gains » HC can make when acting together
- Putting the DPS on the same level as the HC eases the relation with private non-supervised HC.



