

## CONFERENCE ABSTRACT

### Improving person centered care in district health systems of Sud Kivu in DRC: an innovative tool for primary care organizational analysis

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**Introduction:** In the Democratic Republic of Congo, the health care system remains essentially focused on the management of the disease. The health center, the first point of contact between the community and the health system, operates on the basis of standardized flow charts that do not take into account the other dimensions of the person. How to ensure at the level of the health centers a psychomedicosocial care, centered on the patient? The first stage of the study aims to analyze the organizational capacity of health centers.

**Methodology:** A grid, inspired by the components of the Context and Capabilities for Integrating Care CCIC Framework has been developed, including the different components. The grid takes into account the importance of each of these components for the actors of the 6 study health centers. The pre-test of the grid at the level of a health center made it possible to improve it and to draw up a maintenance guide based on the management of a psychomedicosocial situation at the health center level.

**Results:** Preliminary results shed light on the lack of evolution of health centre for key characteristics included in the framework for providing patient centred care. It concerns, amongst others, 1 information systems too much focused on reports writing for donors agencies and ignoring individual comprehensive patient file, 2 tools for decision making too much oriented towards single disease management; 3 disintegrated multiple leadership, structured amongst specific disease control programs. Opportunities exist, i.e., on partnership with community and large experience of nurse's in-charge as part of a multi-disciplinary team.

**Discussion and conclusion:** The framework make it possible to identify emerging dynamics unconducive for the development of person centred care at health centre level. Through structured discussion, this framework helped the health centre staff to better understand how concretely reform health centre organisation for developing a psycho-medico-social approach called person centred care in 6 primary care facilities in Sud-Kivu in DRC. Future follow-up will assess the organisational changes implemented and the consequence on care provision in these facilities in DRC.

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**Keywords:** psychomedicosocial; organizational capacities; person-centered care; primary care

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