

Memisa's flexible approach to a changing context in Ituri (DRC, 2002 – 2012)

Health System strengthening and conflict transformation
in fragile states

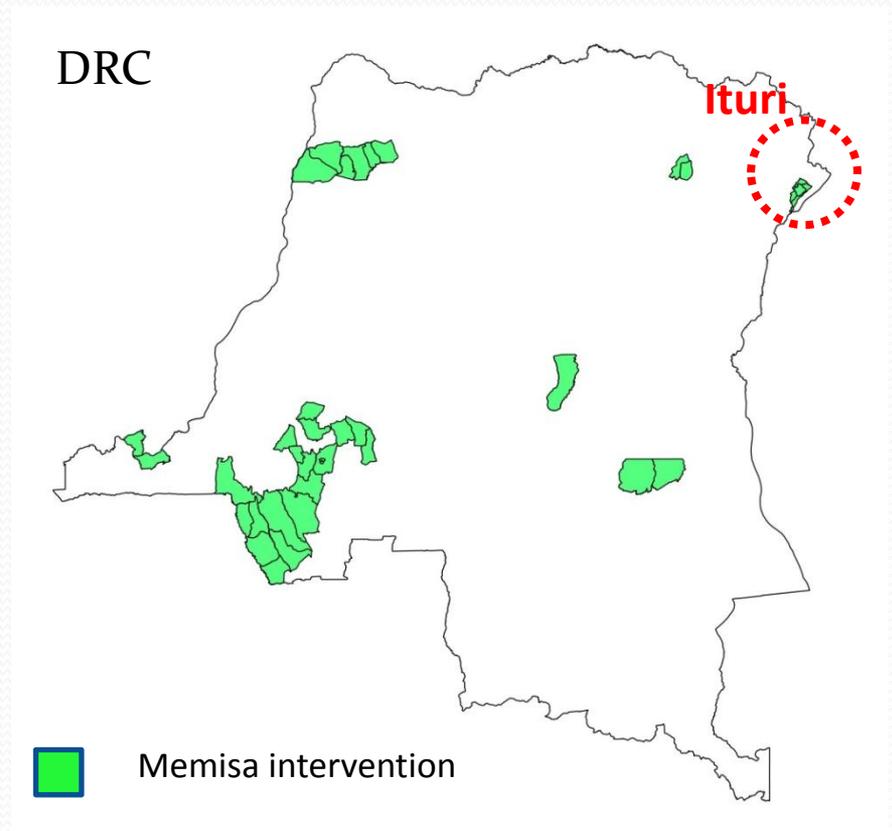
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Amsterdam, oct 11th, 2012

MMI - Cordaid

Context

- DRC has important governance and security issues since its independence
- Armed conflict in East Congo 1999 – 2006
- Important population displacements
- Multiple international interventions, often chaotic



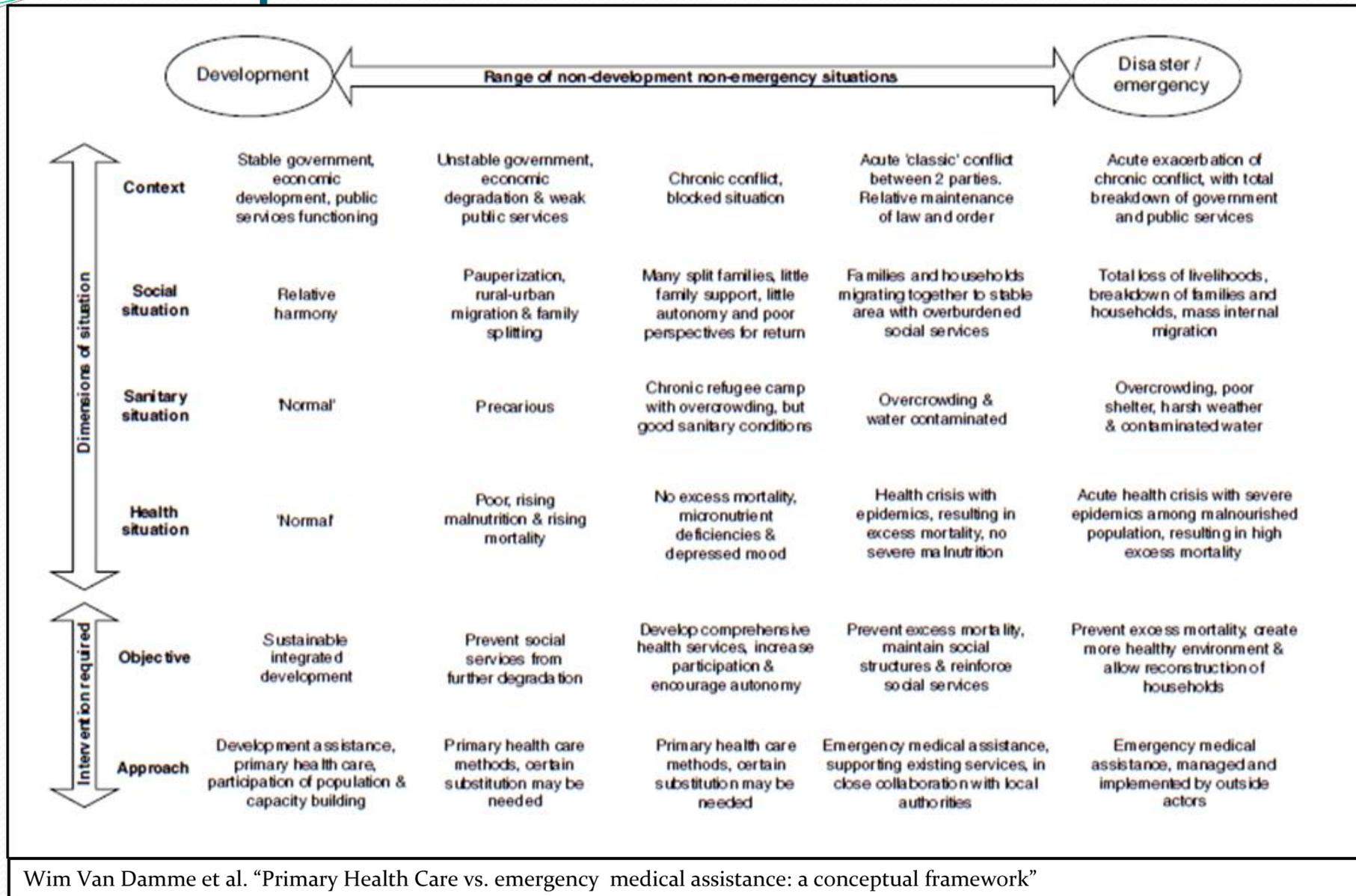
Memisa's interventions

- **Emergency** interventions when the conflict was most heavy (2003 – 2006)
- **Structural** interventions to keep facilities functioning
- **Re-integration of ex-militia**
- **Rehabilitation** and reconstruction of health facilities

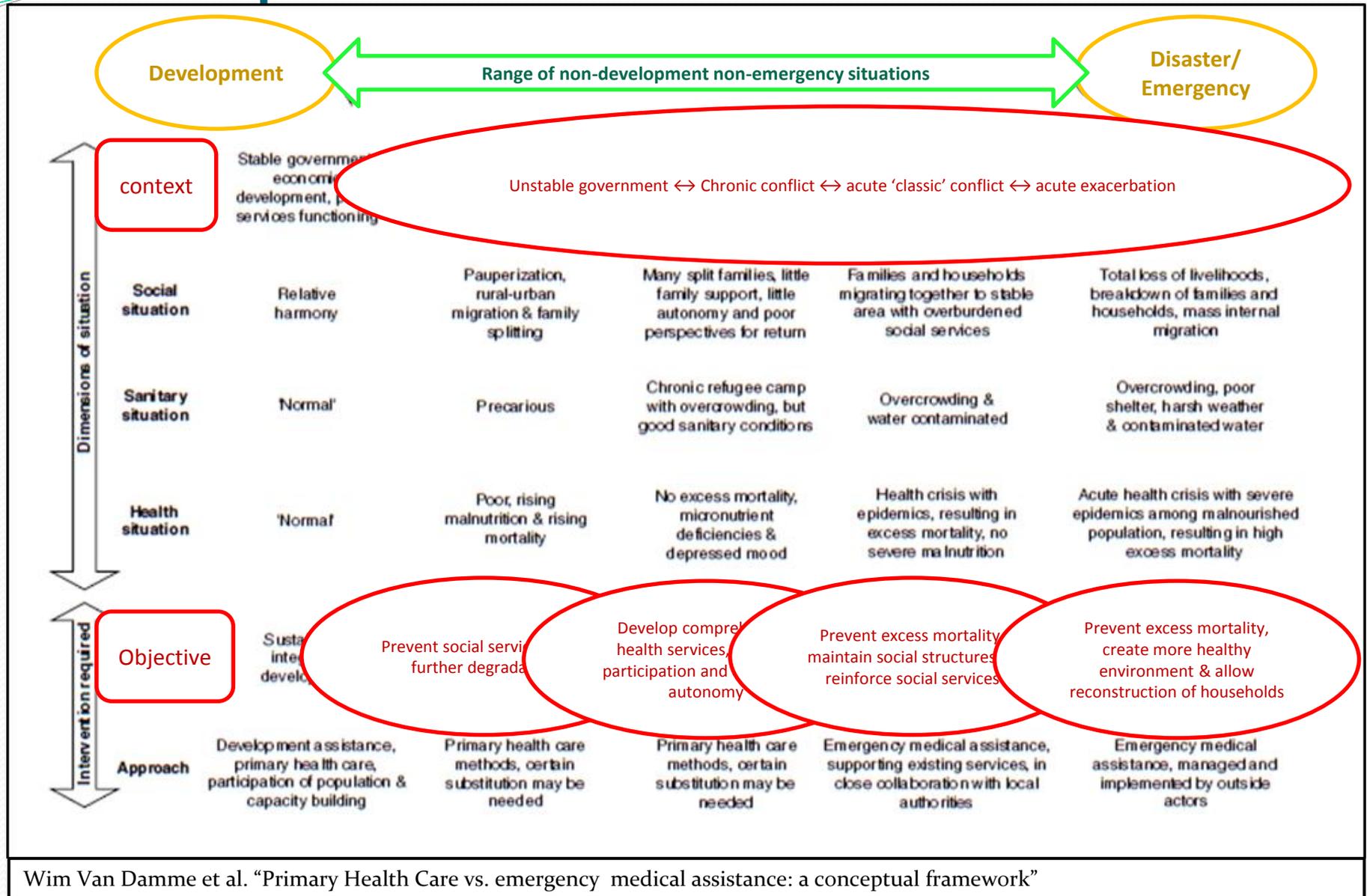
Logic of interventions:

- **Sustainability** thinking despite the conflict
- Assure **continuity** of existing health facilities
- **Right to healthcare** as a key-principle
- Opportunity of strategic **partnerships & inter-sector collaboration**
- **Engaging the population** and local actors in activities and decision making (health committees , community participation)

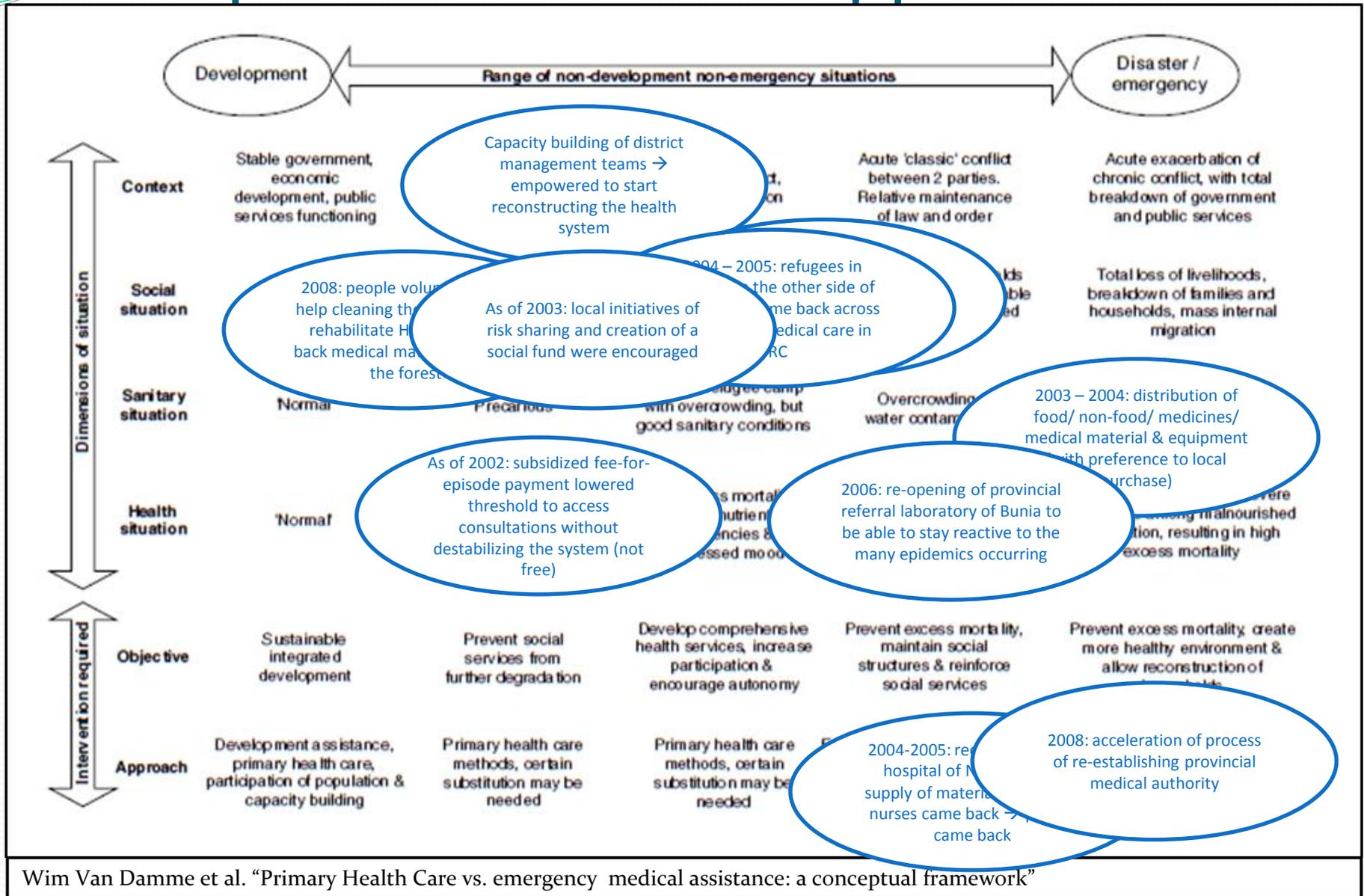
Conceptual framework



Conceptual framework



Conceptual framework: approaches



Conclusion

- Not emergency Aid OR Structural Aid but **how to get the most out of the “structural potential”** of any situation
- Keeping health facilities open generates **hope, trust and a dynamic of reconstruction**
- The certainty of access to medical care contributes to the feeling of **social and personal security** (directly influencing conflict transformation)
- **Impact?** → qualitative data more than quantitative; how to bring evidence into practice!

References

- Van Damme W. et al. Primary health care vs. Emergency medical assistance: a conceptual framework. *Health Policy and Planning* 2002; *17(1)*: 49-60.
- Gyselinck K. Boboto: vers une nouvelle logique pour ouvrir des “windows of opportunity”. *Lettre du RIAC December 2001*.