



# THE NEED FOR NURSES IN DR CONGO

WONDER FOUNDATION INSIGHT REPORT



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# ABOUT WONDER FOUNDATION

Our mission is to empower women, girls and their communities through access to quality education so that they can exit poverty for good. We recognise the intrinsic dignity of every human being as the basis of their human rights and freedom at each stage of their lives. Each person has the right to be respected and empowered to make informed decisions about their own lives and to give that same respect to those around them.

Poverty relief will only be sustainable when it is owned by local people. Working with local partners rooted in local communities is an essential part of this<sup>1,2</sup>. Local partners understand local cultural sensibilities and, as ongoing entities, are able to become hubs for social engagement and continued exchange of knowledge and ideas amongst alumni even after formal training or education courses have been completed.

The need for healthcare training at all levels, from training expectant and recent mothers to local healthcare workers and qualified professionals, is well established<sup>3</sup>. We support projects that provide basic health awareness and training to women and families, through to initiatives that provide training to the doctors and nurses who serve them.

We believe that supporting institutions like ISSI in training nurses and midwives to the highest standards will raise health standards nationally. Empowered students become leaders of change within their own healthcare settings and as a result, dictate larger scale innovation in a healthcare system in need of well trained and dedicated professionals. Consequently, the impact goes beyond changing their lives but contributes to systematic change.

We are proud to partner with ISSI, the leading institution for training nurses in DR Congo, who share our vision and equip students with much-needed skills for responding to the country's health crisis. We have been working together since 2015 and have, thus far, trained 577 students.

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1 Singelmann, J., Poston Jr D. L., Saenz, R., 2011. 'Expert and Local Knowledge: Poverty Researchers Meet Community Leaders', Applied Demography Series Vol. 2 pp385-398

2 Okere, T., Njoku, C. A. & Devisch,, R., 2005. 'All knowledge is first of all local knowledge: an introduction', Africa Development, 30 (3)

3 World Health Organisation, 2013. 'Fact sheet N°323: The right to health', [www.who.int/mediacentre/factsheets/fs323/en/](http://www.who.int/mediacentre/factsheets/fs323/en/) [Accessed: 03/09/2014]



# VIEW FROM KINSHASA

In a country with such a high mortality rate, and a poor health care system which, due to the scarcity of doctors largely depends on nurses, most of whom are poorly trained, ISSI plays a highly important role. ISSI's graduates are in high demand; most of the major hospitals in Kinshasa insist on employing only ISSI graduates because of their competency. Very often, they end up assuming supervisory or training roles in these hospitals, and transferring their competency to their colleagues.

Recently, ISSI graduates are also making a name for themselves as "Corporate Nurses", (a nurse who works in the dispensary of a corporation). Earlier in August, one of them saved the life of the CEO of the firm she works with (name withheld) by her quick clinical intervention. He went into a severe clinical shock, and while waiting for the ambulance to arrive, the nurse administered emergency care to him, with the few means available in the dispensary. The ICU of the hospital he was transferred to congratulated her "great nursing reflexes", and even tried to "steal her off her employers..."

ISSI's reputation goes beyond its capital city, as shown by the fact that it has received requests to train nurses for major hospitals of the Country's other provinces (North Kivu, South Kivu, Western Kasai, Maniema, Tshopo, Haut-Katanga).

It is expected that, with its wide experience in nurse training, its soon-to-begin midwifery programme will contribute greatly towards reducing maternal mortality rates in the country.

Dr Ese Diejomaoh  
ISSI



"I have the opportunity to follow the training in health programme administration which has allowed me to set up the Hospital Hygiene Committee at the hospital where I work [...] as a result, the level of hygiene has improved and so has the safety of patients accessing the hospital" - Mamie, single mother of two children and first year MAPS student







# ABOUT ISSI

ISSI (Institut Supérieur en Sciences Infirmières) is the leading institution for training nurses in DRC. ISSI's programme focuses on vocational training in the healthcare sector, preparing students with much-needed skills for responding to the national health crisis. In a country with such a high mortality rate, and a poor health care system which, due to the scarcity of doctors largely depends on nurses, most of whom are poorly trained, ISSI plays a highly important role. It's currently ranked as the foremost nursing institution in the country. Its teaching method (competency-based training, with a curriculum which alternates theoretical classes with practical sessions) helps the students to have a more integrated knowledge of the medical and nursing sciences, and prepares them to manage diverse, and sometimes complicated, clinical situations.

Well trained nurses are scarce. Due to the poor infrastructure and health risks such as Ebola, investment into the national healthcare sector is much needed. Students at ISSI receive training aimed at improving the overall healthcare services on a national level, with improved teaching methods and an individual support system for students through a mentoring programme.

Since 2012, ISSI has offered a Master's programme in health care administration (MAPS), the first programme training Congolese nurses and midwives to raise health standards nationally. The graduate programme offers specific training in the use of the Competency Based Approach (CBA) in the development and implementation of academic or clinical programmes. The MAPS programme aims to train skilled professionals in the development, and implementation of health training programmes and clinical programmes. Through the programme, they are trained to take leadership roles in hospitals or in training the next generation of midwives and nurses.



"I am very grateful to ISSI for the support I received during these past 3 years, and I hope that many more young girls like me will be able to benefit from similar scholarships and fulfil their dreams. Congo needs so many good Nurses. It would save so many lives and improve the quality of life of the entire Nation." - Sarah, former ISSI undergraduate nursing student



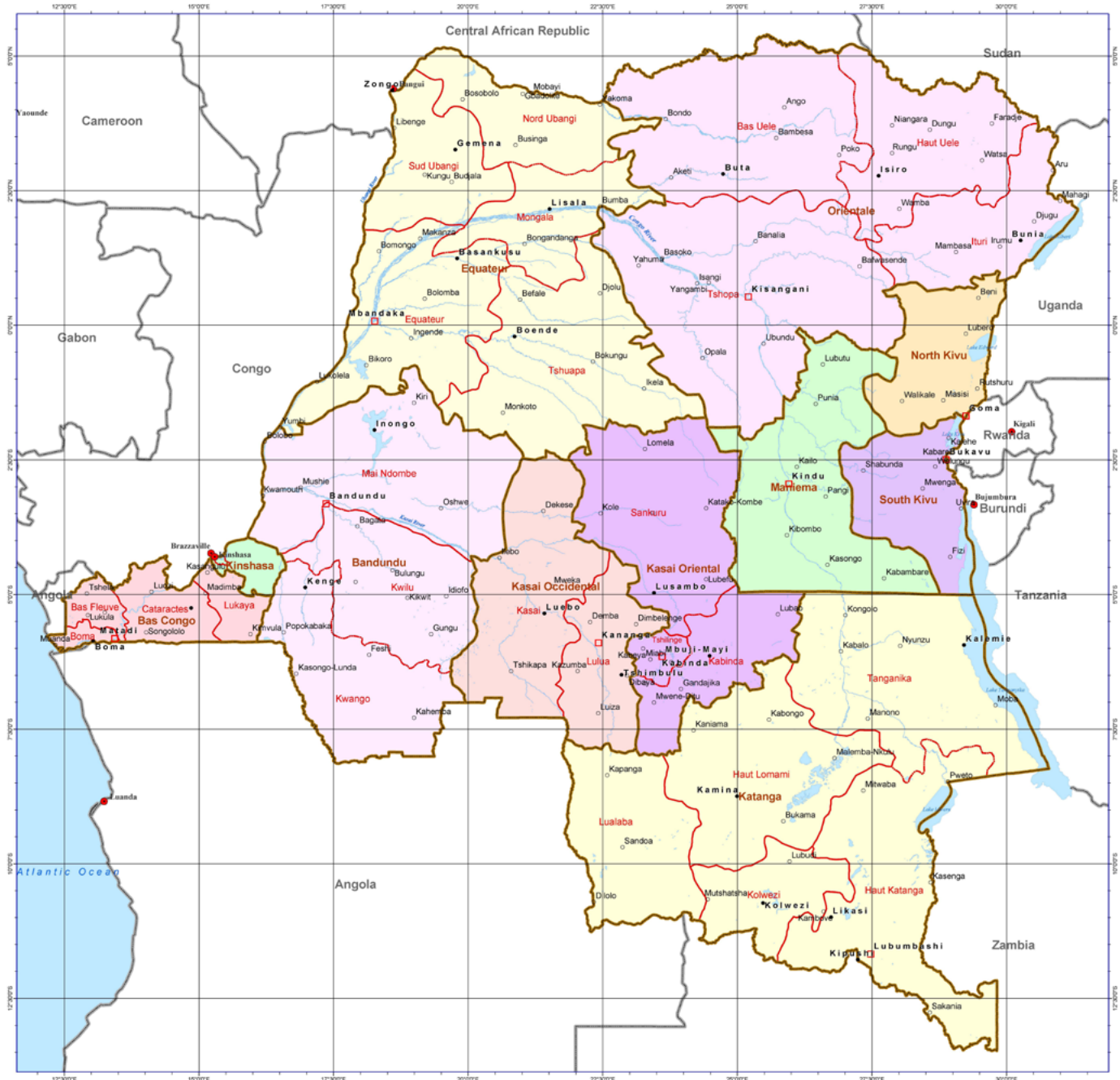


AV. LILILA II  
N° 58  
D. MASANGA MOLA

# ABOUT DRC



# MAP OF DRC



ADMINISTRATIVE MAP OF THE DEMOCRATIC REPUBLIC OF CONGO

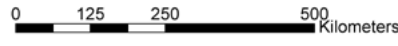


- Legend**
- Capital Cities
  - ◻ Province Head Quarter
  - District Head Quarter
  - Territory Head Quarter
  - ▭ Provinces
  - ▭ Districts
  - Country Boundaries
  - Hydrography

Source : - Vector map level 0  
 - DATUM WGS 84  
 Updated and compiled by GIS UNIT MONUC HQ-Kinshasa



1:4,000,000





## Introduction

The DRC demonstrates tragically poor indicators for development and despite some progress in recent years, access to quality health care is elusive and leads to unquantifiable numbers of preventable deaths: in the latest Human Development Report, the country ranks 176th of 188 countries with a human development index of 0.423 placing it in the bottom 10% by development standards.

That said, if one is looking for data to demonstrate the need for better healthcare and training of medical personnel in the DRC, it is hard to make an empirical case. Whilst anyone working there can detail the situations they have faced, proving that they are beyond anecdotal is hard. Described as a “statistical tragedy”<sup>4</sup>, the DRC had its last census in 1984, and demographic data 35 years later is still based on this<sup>5</sup>. The capacity to generate information has also declined. National surveys that have taken place more recently have been based on this census data, leading to questionable accuracy. Much data on health, for example from the WHO, has been focused on the East, which has had most international attention due to ongoing conflict that threatens to destabilise the wider region. There is little good information on the situation in Kinshasa, where ISSI is located.

On an international scale, the need for clear and reliable data has been widely recognised. The UN 2030 development agenda has highlighted the critical lack of reliable data to inform policymaking: “many governments still do not have access to adequate data on their entire populations. This is particularly true for the poorest and most marginalized, the very people that leaders will need to focus on if they are to achieve [their goals]”<sup>6</sup>. The World Bank refers to the lack of poverty data as “data deprivation”<sup>7</sup>. The problem is to such a degree that paradoxically a good indicator of an area requiring social development can be the lack of reliable data. This report sets out the situation in the healthcare sector in the DRC providing socioeconomic context as to why investment and reform is desperately needed, and offers a compelling case for why

4 Brandt, C., Herdt, T., 2019. On the political economy of data collection: Lessons from the unaccomplished population census (Democratic Republic of Congo, 2006–2018) Secure livelihoods Research Consortium Working Papers 72

5 Ibid.

6 “Big Data for Sustainable Development”. United Nations, 2019. <https://www.un.org/en/sections/issues-depth/big-data-sustainable-development/index.html>

7 Serajuddin, U. and Uematsu, H. and Wieser, C. and Yoshida, N. and Dabalén, A., 2015. Data Deprivation: Another Deprivation to End. World Bank Policy Research Working Paper No. 7252

training nurses is essential for driving necessary change in the sector and saving lives in the process.

## Population and Landmass

As of 2019, the DRC has an estimated population of 86.79 million ranking it the 16th most populous country in the world and the 11th largest in terms of land mass (2nd in Africa)<sup>8</sup>. The DRC spans a land mass of almost 1 million square miles and consequently despite its large population, it has a low population density of 22.3 people per square mile<sup>9</sup>.

## Geography

The DRC is almost entirely landlocked with a small strip of coastline on the west coast. They maintain relatively good relations with their neighbouring countries but tensions often occur between Rwanda, Uganda and Burundi who their government accuses of harbouring rebel groups hostile to the government<sup>10</sup>. Many of the DRC’s neighbours are conflict zones and among the poorest countries worldwide: Central African Republic, Republic of the Congo, South Sudan. In terms of natural resources, it is land rich, but their exploitation has not alleviated widespread poverty among the general population.

## Politics

The political environment in the DRC has been long characterised by instability, regime change and armed conflicts in the eastern parts of the country. These conflicts between the government and various rebel groups are largely a consequence of the government’s inability to exert full influence over its vast territory due to poorly maintained infrastructure, widespread corruption, and local political factions who take advantage of the government’s weakness to operate outside state regulation. The central government relies heavily on a UN peacekeeping force to maintain control in many areas; however, the mentioned conflicts remain. While elections are held regularly every five years, there have been repeated accusations of election fraud, including in 2018, when long-time leader Joseph Kabila did not seek re-election. There have been some political reforms implemented since 2006 but the country continues to face challenges making progress to combat widespread corruption and establish systems to counteract it. This political and socioeconomic backdrop amongst other factors often leads to civil unrest and constant instability.

8 “DR Congo Population 2019”. World Population Review, 2019. <http://worldpopulationreview.com/countries/dr-congo-population>

9 Ibid.

10 World Aware, 2019 <https://www.worldaware.com/>

The Transparency International Corruption Perceptions Index (CPI) for 2018 gave the DRC a ranking of 161 out of 180 countries and territories assessed indicating very high levels of corruption<sup>11</sup>.

## Infrastructure

Years of armed conflict and instability have left the country's roads in poor condition. Of the approximate 152,400km road network "only 2% is sealed"<sup>12</sup>, the general marker for a quality road, with 59% of the priority roads in poor condition and 89% of the local roads<sup>13</sup>. Roadblocks frequently hinder travel on good roads and "almost all the provincial capitals can only be reached by air"<sup>14</sup>. The First and Second Congo Wars (1996-2003) resulted in mass destruction of transport networks from which the country has not yet recovered despite some improvement in recent years thanks to development projects. In terms of air transport, airline safety standards in the DRC generally do not meet international standards and while some individual carriers may comply with international best practice for safety, the government does not enforce this making air traffic accidents comparatively frequent.

In terms of electricity, despite large mineral resources and great hydropower potential, the DRC has one of the lowest rates of electricity access in the world: "Based on 2013 data, DRC's national electrification access rate was just 9%, with 1% in rural areas and 19% in urban areas"<sup>15</sup>.

## Conflicts

The DRC has long been dogged by conflicts which help place into context the bleak development indicators. The people of the DRC have endured more than two decades of civil war, and conflict has claimed as many as 6 million lives. This brief summarised timeline, produced by aid agency World Vision<sup>16</sup>, provides some insight into the relentless nature of the conflicts:

- 16th century to late 19th century — Precolonial era. Chiefdoms and many ethnic groups dominate the large sub-Saharan region that is now the DRC.

11 World Aware, 2019 <https://www.worldaware.com/>

12 Trigona, C. "2.3 Democratic Republic of Congo Road Network". LCA, 2018. <https://dlca.logcluster.org/display/public/DLCA/2.3+Democratic+Republic+of+Congo+Road+Network>

13 Ibid.

14 Ibid.

15 "Power Africa in Democratic Republic of Congo". USAID, 2019. <https://www.usaid.gov/powerafrica/democratic-republic-congo>

16 "DRC Conflict: Facts, FAQs and how to help". World Vision, 2019. <https://www.worldvision.org/disaster-relief-news-stories/drc-conflict-facts>

- 1885 to 1960 — European colonization. King Leopold II of Belgium claims what he calls Congo Free State, which he rules cruelly in a bid to extract natural resources. In response to an international outcry, the Belgian state takes it over in 1908, renaming it the Belgian Congo.
- 1960 — Independence and Congo crisis. A Congolese uprising leads to independence in 1960. The Congo crisis is characterised by years of chaos, multiple coups, and insurgencies. Patrice Lumumba becomes the first legally elected prime minister; less than a year later, he is assassinated.
- 1965 — President Mobutu Sese Seko. Mobutu, formerly Patrice Lumumba's secretary of state for national defense, seizes power in a bloodless coup and assumes the presidency, forming a totalitarian regime. President Mobutu renames the country to Zaire in 1971.
- 1996 to 1997 — First Congo war. President Mobutu Sese Seko is replaced by Laurent Kabila, a rebel leader, after a foreign invasion by Rwanda. Under the new president, the country's name is restored to the Democratic Republic of the Congo.
- 1997 to 2003 — Civil war. Several neighbouring countries become involved in a civil war, referred to as Africa's first world war.
- 2003 to 2016 — Continued conflict. Armed conflict persists in the East among dozens of rebel groups.
- In 2006, the DRC holds its first free elections in 40 years, electing Joseph Kabila as its president. Kabila had been appointed to the position after his father, Laurent Kabila, was assassinated.
- 2016 to 2019 — Challenges to peace and health. Fighting breaks out in Grand Kasai, in the central region, when a traditional leader is killed by security forces. Turmoil flares up sporadically in the East amid political volatility, displacing millions of people. The Ebola outbreak in northeastern DRC is the second-largest ever, surpassed only by the West Africa outbreak that killed 11,000 people from 2014 to 2016. The WHO has declared this a public health emergency of international concern.

## Social

Amidst the long history of political turmoil and conflicts, rates of extreme poverty are correspondingly high. World Bank estimates put the extreme poverty rate (living off less than \$1.90 USD/day) in the DRC at 73% in 2018, second only to Nigeria<sup>17</sup>.

17 World Bank, 2019. <https://www.worldbank.org/en/country/drc/overview>





# NURSING IN DRC

As previously highlighted, there is scarce information available on health systems in the DRC. The accessible data paints an “alarming”<sup>18</sup> picture of the health status of the population. While not concerning ourselves with an exhaustive study of the health problems in the DRC, there are some key indicators to be highlighted which serve to expose a more underlying issue in the quality of healthcare provided and why quality training of nurses and other health care professionals is such a necessity:

- Chronic malnutrition among children (<5 years) reached 43% in 2015<sup>19</sup>.
- According to the SARA survey (2014) conducted by the DRC Ministry of Health and the World Health Organization (WHO), 97% of the population is exposed to endemic malaria and, under these conditions, 85% of health facilities are trained to make the diagnosis, but only 53% have drugs for treatment.
- Maternal mortality stands at 846/100,000 live births. The Agenda 2030 for Sustainable Development aims to reduce the causes of global maternal mortality (MMR) to less than 70 per 100,000 live births between 2016 and 2030.
- The detection rate for all forms of tuberculosis is 51% but first-line treatment is available in less than half of the health facilities.
- The HIV/AIDS prevalence rate is 0.8% among adults aged 15 to 49 despite all the mobilisation around this disease, only 21% of health facilities have a specialised service for HIV/AIDS counselling and prevention. Fifty-one percent of the women surveyed indicated that they knew they could find an HIV diagnostic centre. However, only 19% of them took a test and received the results; 3% took a test but did not receive the results<sup>20</sup>.

The health situation in the DRC is majorly hampered by its limited healthcare system. This is exemplified by the fact that annual government spending on health only amounts to approximately \$6-7 per capita<sup>21</sup>. It is estimated that the DRC would need to be spending around \$17.91 per capita in order to

“provide comprehensive essential health services”<sup>22</sup>.

Health epidemics are very common in the DRC<sup>23</sup>. These have usually come in the form of meningitis, measles, cholera and now more recently, Ebola. Furthermore, there is also a relatively high HIV average in cities and towns of around 8-9%<sup>24</sup>. Currently, the DRC is experiencing the world’s second largest Ebola outbreak in history which, as of September 2019 has claimed the lives of more than 2,071 people<sup>25</sup> prompting the Director-General of WHO to proclaim, in July 2019, the Ebola situation in the DRC to be a ‘Public Health Emergency of International Concern’<sup>26</sup>.

When you place the health and healthcare system situation within the sociopolitical framework, history of conflict, population size, poor infrastructure and pervasive extreme poverty levels of the general population, it presents a layered and complex problem requiring equally holistic solutions and large-scale systematic reform.

That said, the majority of these statistical indicators point to preventable deaths and in order to reduce these rates the DRC requires dedicated and informed healthcare professionals who can reform the sector from within their own clinical setting.

“..this situation requires an urgent and effective response from health professionals. People trained under the Master of Health Program Administration (MAPS) are already a driver of change in the structures where they work. This Master's program aims to train competent professionals in the development, implementation and implementation of health training programs and clinical programs. ISSI is aware of this challenge, and for this reason, it is committed to training teacher trainers, clinic leaders, general nursing and mother-child health.” - Olga T. Professor at ISSI

18 Kalambay, H., Van Lerberghe, W. 2015. Democratic Republic of the Congo: Improving aid coordination in the health sector. World Health Organisation WHO/HIS/HGF/CaseStudy/15.4

19 Demographic and Health Survey, 2014. (Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité [MPSMRM], Ministère de la Santé Publique [MSP], and ICF International 2014) Rockville, Maryland, USA: MPSMRM, MSP, and ICF International

20 UNDP Human Development Report, 2016. <http://hdr.undp.org/en/2016-report>

21 Rajan, R., 2014. “Health service planning contributes to policy dialogue around strengthening district health systems: an example from DR Congo 2008-2013”. BMC Health Serv Res. <https://www.ncbi.nlm.nih.gov/pubmed/25366901>

22 Kalisya et al., 2015. The state of emergency care in Democratic Republic of Congo. African Journal of Emergency Medicine Vol. 5 (4)

23 Ibid.

24 Ibid.

25 World Health Organisation, 2019. “Ebola in the Democratic Republic of Congo: Health Emergency Update”. World Health Organisation. <https://www.who.int/emergencies/diseases/ebola/drc-2019>

26 WHO, 2019, Statement on the meeting of the International Health Regulations (2005) Emergency Committee for Ebola virus disease in the Democratic Republic of the Congo on 17 July 2019. <https://www.who.int/ihr/procedures/statement-emergency-committee-ebola-drc-july-2019.pdf?ua=1>





There are also a number of cultural factors unique to the DR Congo and other parts of the developing world, which make the training of nurses and other medical professionals such an effective and relatively simple intervention in changing practice and consequently saving lives.

### The Impact of Low Education Levels

The DR Congo's public health suffers due to a lack of education: around 50% of 15-24 year-old females are illiterate, according to UNICEF, and only 1/3 of young people attend secondary school<sup>27</sup>. Under 2% of the population have access to the internet. Consequently, understanding of health issues and ability to inform oneself is very low.

Well-trained nurses can inform the general public of the importance of good hygiene practices and address misinformation to avert the spread of disease and improve wellbeing. For example, certain cultural beliefs unique to the DR Congo, such as the view that "germs cannot kill black people"<sup>28</sup> make the people of Kinshasa unaware of the dangers of unsanitary living conditions and the connection between the spread of disease and public practice

27 UNICEF (2013), [https://www.unicef.org/infobycountry/drcongo\\_statistics.html](https://www.unicef.org/infobycountry/drcongo_statistics.html)

28 Muyulu, N., 2016. Perceptions et croyances relatives à l'hygiène des mains chez les infirmières de deux hôpitaux de la République démocratique du Congo.

of good hygiene<sup>29</sup>.

There are many more traditional healers (tradipraticiens) than trained health professionals, and people with low education levels may not be able to distinguish between the qualifications that they say they have versus those of a trained healthworker, nurse or doctor. Low levels of education require healthworkers to be innovative in their recommendations to patients.

Witchcraft, traditional medicine and superstition are common, and some may view modern medicine with suspicion, and this has three consequences. First, people may first go to traditional healers and delay accessing clinics until diseases have become serious or even fatal. Second, people take local medicines in tandem with mainstream medicines, with unknown interactions<sup>30</sup> and third, they may be actively prescribe dangerous treatments.

### Why Training Nurses Matters

Nurses form the bedrock of healthcare systems and are essential for the basic care of patients. Good

29 Ibid.

30 Gouws, C., 2018. "Traditional African medicine and conventional drugs: friends or enemies?" The Conversation., 2018. <http://theconversation.com/traditional-african-medicine-and-conventional-drugs-friends-or-enemies-92695>



nursing prevents deaths and is rooted in promoting health, caring for the sick and shaping policy. The International Council of Nurses defines nursing “as an integral part of the health care system, encompasses the promotion of health, prevention of illness, and care of physically ill, mentally ill, and disabled people of all ages, in all health care and other community settings. Within this broad spectrum of health care, the phenomena of particular concern to nurses are individual, family, and group “responses to actual or potential health problems”. These human responses range broadly from health restoring reactions to an individual episode of illness to the development of policy in promoting the long-term health of a population”<sup>31</sup>.

“I am of certain convinced that the greatest heroes are those who do their duty in the daily grind of domestic affairs whilst the world whirls as a maddening dreidel.”- Florence Nightingale, the founder of modern nursing

In the context of the DRC’s health situation, good nurses and nursing practice are of crucial importance to reforming the healthcare sector and reducing preventable deaths. Evidence suggests that not only is there a shortage of nurses but that nurses in the DRC require training and the presence of poor practice has the following impact.

### Poor Training Endangers Lives

In Kinshasa, there has been a noted increase in HIV infection in newborns, with figures rising to 38% in 2011, from 23.3% in 2009<sup>32</sup>. This rise reflects a

31 Hobbs, J., 2009. Defining Nursing Practice: The ANA Social Policy Statement, 1980-1983. *Advances in Nursing Science* Vol. 32 (1)

32 Amboko, A., Brysiewicz, P., 2015. Nurses’ compliance

failure amongst nurses in the DRC to properly follow PMTCT (prevention of mother-to-child transmission) guidelines. A concrete analysis has yet to be done, but it is estimated that there exists a plurality of reasons such as: a confusion for nurses over what treatment to administer due to the wide range of options available<sup>33</sup>.

There is also a significant problem in nurse’s adherence to hand hygiene in the DRC. These poor habits are developed during childhood<sup>34</sup>. Data from a questionnaire completed by nurses in Kinshasa who participated in ISSI’s CEPPHY training programme reflected that nurses in the DRC have a poor understanding of practices to improve hand hygiene<sup>35</sup>. For example, few that were included in the study had any knowledge about hydroalcoholic friction, viewed as one of the main factors in the improvement of hand hygiene in the developing world<sup>36</sup>. Consequently, it is clear that nurses in the DRC are not receiving an adequate level of training which has widespread consequences for the public health of the country. It is particularly important for nurses to be further trained on such matters as they have both the power to spread or prevent disease through their practice<sup>37</sup>.

Poor nursing practice in the DRC can be exemplified by the use of quinine injections to combat malaria, a leading cause of death in DRC. If quinine is injected without sufficient care it can cause a number of issues, including hearing loss and heart problems, or even paralysis<sup>38</sup>.

### Nurse Numbers

The proper training of health professionals when countries are faced by more pressing matters such as food shortages and unrest may not be prioritised, and this is the case in DRC. Kinshasa suffers from a particular shortage of trained nurses

with prevention of mother-to-child transmission national guidelines in selected sites in Kinshasa, Democratic Republic of Congo. *Afr J Prim Health Care Fam Med* 2015; 7(1): 844

33 Ibid.

34 Muyulu, N., 2016. Perceptions et croyances relatives à l’hygiène des mains chez les infirmières de deux hôpitaux de la République démocratique du Congo.

35 Ibid.

36 Ibid.

37 Nyirabihogo, N., 2015. “Undertrained, Overworked DRC Healthcare Professionals Misapply Malaria Treatment, Inflicting Pain and Paralysis”. *Global Press Journal* 2015 <https://globalpressjournal.com/africa/democratic-republic-of-congo/undertrained-overworked-drc-health-care-professionals-misapply-malaria-treatment-inflicting-pain-and-paralysis/>

38 Ibid.



when compared to other provinces in the DRC<sup>39</sup>. It is currently below the national average of 4.8 nurses per 10,000 inhabitants, standing at 4 per 10,000<sup>40</sup>.

Furthermore, Kinshasa and the wider DRC suffers from its educated professionals moving abroad. Research has shown that between 1995-2005, close to 12% of nurses had left the DRC<sup>41</sup>. Another contribution to this apparent ‘brain drain’ is that an estimated 30% of medical professionals in the DRC gain employment with NGOs, and for-profit organisations, leading to lack of adequately qualified nurses in public, state-run hospitals<sup>42</sup>.

A reason for the low nursing numbers, is that the public sector’s absorption capacity is significantly lower than the supply of trained staff which is largely a result of budget constraints<sup>43</sup>.

### Nursing Education and Regulation Influencing Practice

As a result of the limitations to nursing education in the DRC there has been a fall in the standard of nursing practice, particularly when compared to international standards. As stated by the Lancet Global Health Commission, in low-income and middle-income countries (LMICs) ‘poor quality of care is now a bigger barrier to reducing mortality than insufficient access to care’<sup>44</sup>. So much so that around 50% of deaths relating to mothers during childbirth, and 60% of neonatal deaths, come as a result of inadequate care<sup>45</sup>. Reasons for poor practice can be exemplified through the inadequate training and lack of sector regulation, which will be further explored

### Inadequate Education of Nurses

It is clear that at present nurses in the DRC are not being adequately trained. Substandard teaching environments have been found in a range of different schools according to a report by USAID



and Capacity Plus<sup>46</sup>. For example, at the 7 schools reviewed in the report, only 12% of teachers had the necessary postgraduate qualifications to teach. Furthermore, the teachers themselves recognise the inadequacy of this situation, with as much as 89% of the educators asserting that they did not feel sufficiently qualified to be teaching. Students are aware that they are not being educated to a satisfactory standard. In 75% of the ISTMs (institutes of higher education) reviewed, the “majority of students surveyed were dissatisfied with the teaching abilities of their educators.”

The ability to provide an adequate education is also affected by the significant lack of resources in nursing education in the DRC. Of the 7 schools (IEM (Medical Education Institute) Kamalondo, ITM (Institute of Medical Technology) Kintambo, ITM Tshikaji, ISTM (Higher Education Institute of Medical Technology) Kinshasa, ISTM Lubumbashi, ISTM Rutshuru, and ISTM Tshikaji) included in the report, only 1 had internet access and a “good library” with an acceptable standard of books and

39 Barroy, H., Andre, F., Mayaka, S and Samaha, H., 2014. Investing in Universal Health Coverage: Opportunities and Challenges for Health Financing in the Democratic Republic of Congo. 2014 Health Public Expenditure Review. World Bank Group

40 Ibid.

41 Clemens, M., Pettersson, G., 2006. New data on African health professionals abroad – Working Paper 95. Centre for Global Development.

42 The World Bank Annual Report 2014.

43 Ibid.

44 Kruk et al., 2018. High-quality health systems in the Sustainable Development Goals era: time for a revolution. Lancet Global Health 2018. <https://www.ncbi.nlm.nih.gov/pubmed/30196093>

45 WHO et al. (2019), n9

46 Bailey et al., 2012. Assessment of nursing and midwifery education and training capacity at seven training institutes in the Democratic Republic of Congo: Synthesis Report. CapacityPlus.



facilities<sup>47</sup>. Furthermore, 5 of the schools were marked as having a “critical shortage of materials and equipment in clinical training sites” including such items as antiseptics and stethoscopes. Studies have shown that a shortage of resources has a detrimental impact on the academic performance of students, while also increasing their anxiety and stress levels<sup>48</sup>.

### Quality Standards

Additionally, the quality of nursing schools can also be questioned on the basis that currently there exists no “formal accreditation process by an independent authority”<sup>49</sup>. Equally, students at 6 of the 7 schools mentioned above do not have to be registered or authorized to practice by any sort of regulatory body<sup>50</sup>. This suggests that the standard of teaching at these schools is not adequate.

Accreditation is described as a process by which nursing programmes are evaluated. It is a process that “is necessary to ensure students receive

47 Ibid.

48 Tharani, A., Husain, Y., Warwick, I., 2017. Learning environment and emotional well-being: A qualitative study of undergraduate nursing students. *Nurse Educ Today* 2017 Dec; 59:82-87

49 CapacityPlus (2012), n46

50 Ibid.

the right education for their professional field”<sup>51</sup>. Furthermore, accreditation “ensures that courses have the right content, instructors are using appropriate teaching methods, and schools are meeting the needs of nursing students”<sup>52</sup>.

This lack of standards has led to a boom in new training institutions. Between the years of 1998 and 2008, there was an increase of 84% in the number of ITM and IEM (secondary schools governed by the Ministry of Health) schools<sup>53</sup>. It is believed that a desire to maximise profit by mass educating as many nurses and medical staff as possible has been at the expense of a quality education<sup>54</sup>. The profit-making nature of these schools further impedes students’ studies, due to a lack of support when they face financial difficulties<sup>55</sup>.

51 NSU, 2018. Importance of Accreditation in Nursing Education Programs. NSU Nursing Online Programs. <https://nursingonline.nsuok.edu/articles/rnbsn/importance-accreditation-nursing-education.aspx>

52 Ibid.

53 Stasse. et al., 2015. Improving financial access to health care in the Kisantu district in the Democratic Republic of Congo: acting upon complexity. *Global Health Action* 8 (10)

54 Ibid.

55 L Kalisya et al. (2015), n.22



## Postgraduate Education and CPD

There is increasing recognition that postgraduate programmes for nurses are a necessity. This is partly motivated by an understanding that further study is needed so that nurses can carry out diagnostic and decision-making roles, a task traditionally done by doctors, but increasingly entrusted to nurses<sup>56</sup>. Furthermore, nurses with postgraduate studies can become qualified to teach trainee nurses at the undergraduate level as well as to lead change and skill development within their clinical settings.

Currently much research on poor countries is undertaken by Western researchers with little local insight. Studies have shown that these postgraduate programmes lead to an increase in the native nursing population's research output, leading to local issues and problems being solved<sup>57</sup>. Equally, it has been exhibited that further post-bachelor training for nurses improves patient outcomes, through improved critical thinking skills leading to better decisions being made<sup>58</sup>. Also, as shown by research in the US, graduate study for nurses actually proves to be economical, in that further-educated nurses contribute to a rise in early detection, which consequently leads to a reduction in costs<sup>59</sup>.

Currently, the only alternative for countries in the developing world is a costly one: sending nurses to the West to be educated, which is considerably more expensive than educating them at home, and in the context of the DRC, few return after their studies<sup>60</sup>.

## Educating Midwives

ISSI undertakes to train both nurses and midwives, and "nursing and midwifery education is often combined"<sup>61</sup> in the developing world. The international community recognises the necessity

56 Dover et al., 2019. A rapid review of educational preparedness of advanced clinical practitioners. *Journal of Advanced Nursing / Early View*.

57 Nepad, 2014. *Nursing and Midwifery Education in Africa: Nursing and Midwifery Education: The Millennium Development Goals and Beyond*. <https://www.nepad.org/nepad-oncontinent/nursing-and-midwifery-education-africa-democratic-republic-congo>

58 Cotterill-Walker SM, 2012. Where is the evidence that master's level nursing education makes a difference to patient care? A literature review. *Nurse Education Today* Vol 32 (1)

59 Brooten et al., 2002. Lessons learned from testing the quality cost model of Advanced Practice Nursing (APN) transitional care. *J Nurs Scholarsh* Vol. 34 (2)

60 NEPAD (2014), n.57

61 WHO et al. (2019), *Strengthening quality midwifery education for Universal Health Coverage 2030: Framework for Action*



to train midwives to 'international standards'<sup>62</sup> in order to fulfil its commitments to two of the UN's Millennium Development Goals: reducing child mortality, and improving maternal health. It is clear that educating midwives helps to facilitate both of these outcomes. This can be shown by research from the Lancet Series on Midwifery which shows that 83% of all newborn, maternal and stillbirth deaths could be averted, if midwives around the world were educated to international standards<sup>63</sup>.

62 Ibid.

63 P Hoop-Bender et al. (2014), *Improvement of maternal and newborn health through midwifery*, <https://www.sciencedirect.com/science/article/pii/S0140673614609302>

# RECOMMENDATIONS

There needs to be:

1. Recognition that the lack of research and evidence to support the need to invest in DRC's health systems exemplifies the lack of investment that there has been in these systems and the urgent need to better understand and fund them. DRC's "statistical tragedy" makes strategic decision making, monitoring and evaluation challenging, but is itself an illustration of the country's great needs.
2. Significant investment in the training of nurses in DRC so that there are adequate numbers with the skills needed to meet the healthcare needs of local people.
3. Dedicated funding to increase the capacity and expertise of existing training institutions to educate nurses to a recognised standard.
4. Investment, research and commitment is needed to produce agreed standards for nursing qualifications. Further, effective regulatory systems are needed to ensure qualified nurses are held to high standards.
5. Recognition of the need for postgraduate training of nurses and midwives, and funding to enable this. These studies are fundamental for the development of local capacity to train others to the necessary standards is, and to introduce and maintain high standards in clinical settings through effective leadership.
6. The development of a culture of CPD, and research undertaken to determine how best to achieve this. This would allow nurses with insufficient or outdated training to have the skills to work to higher standards and take pride in their work. This needs to incorporate soft as well as technical skills to ensure a patient centred approach.

# GET INVOLVED

If you can contribute to our work in DRC in any way, please email [contact@wonderfoundation.org.uk](mailto:contact@wonderfoundation.org.uk). You can also donate to training nurses, transforming their lives and saving the lives of countless others, on this link: <https://www.wonderfoundation.org.uk/donate/> or by scanning the QR code below and completing the donation process.







OPERATING INSTRUCTIONS

33.7





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