Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.7 No. 3 (2026): September 2026 Issue
https://doi.org/10.51168/gemc4w65
Original Article

Perceived Quality of the Health Insurance Services Provided by the Public-Sector Teachers' Health Insurance Scheme (MESP), Teachers' Health, and Teaching Practices in the Democratic Republic of the Congo: A Cross-Sectional Study of Teachers' and School Authorities' Perspectives in Kinshasa and Kindu.

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Abstract

Introduction: In the Democratic Republic of the Congo (DRC), the quality of services provided by the Public-Sector Teachers' Health Insurance Scheme (*Mutuelle de Santé des Enseignants du Secteur Public*, MESP) is an important concern.

Objective: To analyze the perceived quality of MESP services and their associations with access to healthcare, household expenditure, self-reported health, and reported professional and pedagogical implications in Kinshasa and Kindu, Maniema Province.

Methods: A cross-sectional mixed-methods study combined questionnaires and interviews. The sample comprised 788 participants: 384 teachers affiliated with MESP in Kinshasa and 404 participants in Kindu, including 246 teachers, 154 students, and four inspectors. Quantitative data were analyzed statistically, while qualitative data were examined thematically.

Results: In Kinshasa, 72.4% of teachers reported overall satisfaction after joining MESP, compared with 26% before membership, while 72.9% reported an improvement in their economic situation. Average monthly healthcare expenditure was lower among regular users of MESP services than among other users (USD 15.4 versus USD 28.6; $p < 0.001$). However, 68.2% considered medical care unsatisfactory, 69.2% rated communication as average or poor, 65.8% reported taking more than one hour to access healthcare, and 63.8% indicated that services were unavailable outside regular operating hours. In Kindu, educational stakeholders expressed expectations regarding access to healthcare, transparency, financial protection, and continuity of teaching.

Conclusion: The findings suggest perceived benefits in terms of healthcare expenditure and overall satisfaction, while highlighting shortcomings in service accessibility, communication, and continuity. The health insurance scheme should improve service quality and transparency to ensure its long-term sustainability and promote the professionalization of its management.

Keywords: MESP; healthcare quality; teachers; healthcare expenditure; social protection; teaching practices; Democratic Republic of the Congo.

Submitted: July 01, 2026 **Accepted:** August 16, 2026 **Published:** September 30,2026

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1. Introduction

1.1 Background and rationale for the study

Access to quality healthcare is an essential component of social protection and human development. Beyond the availability of healthcare facilities, the quality of care depends on several factors, including financial and geographical accessibility, the availability of medicines, waiting times, the quality of relationships between healthcare providers and beneficiaries, and continuity of care. When households are required to pay directly for a substantial proportion of healthcare costs, they may delay consultations, forgo treatment, or reduce expenditure on

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other essential needs. Financial protection is therefore a central dimension of universal health coverage (World Health Organization [WHO] and World Bank, 2023; WHO, 2025).

Globally, the 2023 Universal Health Coverage Monitoring Report published by WHO and the World Bank highlighted stagnation in progress towards coverage of essential health services and increasing financial difficulties associated with out-of-pocket healthcare payments. The report estimated that approximately two billion people experienced financial hardship related to direct household healthcare expenditure in 2019 (WHO and World Bank, 2023). These findings underscore that access to healthcare cannot be assessed solely by the existence of a financing mechanism. It is also necessary to examine the level of protection actually experienced by beneficiaries, the services they can effectively access, and the expenses that remain their responsibility.

In this context, health risk-pooling mechanisms and health insurance schemes may help improve the use of healthcare services and reduce certain financial barriers. However, their effectiveness depends on several factors, including the quality of covered services, service availability, members' trust, management transparency, and beneficiary satisfaction. A rapid review of community-based health insurance schemes in sub-Saharan Africa identified evidence suggesting improvements in access to outpatient care, while noting that evidence regarding access to hospital care and equity in service utilisation remained more limited (2021). Similarly, a systematic review published in 2025 on beneficiaries' satisfaction with health insurance schemes in sub-Saharan Africa highlighted satisfaction as an important consideration for the functioning and sustainability of these schemes, although satisfaction varies according to context and the characteristics of the services provided.

In the Democratic Republic of the Congo (DRC), health protection for workers and their households deserves particular attention. For public-sector teachers, difficulties in accessing healthcare may constitute an individual, family, and professional concern. Healthcare expenditure, delays in receiving care, possible shortages of medicines, and administrative procedures may affect household organisation and the conditions under which teachers perform their duties. The indicator measuring out-of-pocket expenditure on healthcare, monitored in international databases using national health expenditure data, helps situate this issue within the broader context of health financing in the DRC (World Bank, 2025). However, national-level data alone are insufficient to determine the quality of services provided by a particular health insurance scheme.

It is within this context that the Mutuelle de santé des enseignants du secteur public (MESP), or Public-Sector Teachers' Health Insurance Scheme, operates. Its purpose is to contribute to meeting the healthcare needs of its members. The existence of such a mechanism offers an opportunity to pool health risks, but it does not eliminate the need to assess its actual functioning. It is necessary to examine the extent to which beneficiaries can access healthcare, obtain prescribed medicines, consider their interactions with healthcare providers satisfactory, and avoid additional out-of-pocket expenses. It is also important to understand how perceived difficulties or improvements are reflected in households' daily lives and teachers' professional activities.

1.2 General and specific objectives

1.2.1 General objective

To analyse the perceived quality of MESP services and its associations with access to healthcare, teachers' self-reported health, household economic circumstances, and reported professional and pedagogical consequences in Kinshasa and Kindu, in order to identify context-appropriate opportunities for improvement.

1.2.2 Specific objectives

1. To describe members' perceptions of healthcare accessibility, waiting times, medicine availability, the quality of interactions with healthcare providers, and satisfaction with MESP services.
2. To examine difficulties in accessing healthcare, out-of-pocket health expenditure, and the economic consequences reported by teachers' households.
3. To analyse associations between teachers' self-reported health difficulties and reported professional or pedagogical consequences, particularly absenteeism and disruptions to teaching continuity.
4. To describe the perceptions of teachers, pupils, and school inspectors regarding teachers' health and its possible relationship with school organisation, while respecting the limits of what each participant group can directly observe or report.
5. To examine similarities and differences between Kinshasa and Kindu for respondent categories and indicators that are sufficiently comparable, taking into account the different lengths of MESP implementation and the sampling methods used.
6. To formulate recommendations based on quantitative and qualitative findings to improve perceived service quality, teachers' health and financial protection, and the consideration of pedagogical issues in

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2. Methodology

2.1 Study design and setting

A mixed-methods, observational cross-sectional study was conducted in Kinshasa and Kindu, in the Democratic Republic of the Congo (DRC). In Kindu, data collection covered the municipalities of Kasuku, Mikelenge, and Alunguli. The two study sites were selected because the Public-Sector Teachers' Health Insurance Scheme (MESP) had been operating in Kinshasa for more than ten years, whereas its implementation in Kindu was more recent. The study examined participants' experiences and perceptions in these two settings, taking into account their different implementation contexts.

2.2 Study population and sampling

The study included public-sector teachers, pupils, and school inspectors. In Kinshasa, 384 teachers affiliated with MESP for at least twelve months and who had previously used a healthcare facility were included. In Kindu, 404 participants were recruited using non-probability convenience sampling. They comprised 246 secondary-school teachers, 154 pupils, and four school inspectors.

The total study sample consisted of 788 participants: 630 teachers(384 Kinshasa , 246,Kindu), 154 pupils, and four inspectors. Teachers provided information on their experience with MESP, access to healthcare, healthcare expenditure, self-reported health status, and professional difficulties. Pupils were questioned about observable aspects of lesson continuity and interruptions to teaching activities. School inspectors provided information on school organisation and pedagogical issues related to teachers' health. The questions administered were adapted to the experiences and roles of each participant category.

2.3 Data collection and study variables

Data were collected using structured questionnaires and interview guides. The teachers' questionnaires covered sociodemographic and professional characteristics, MESP membership, use of healthcare services, access to care, waiting times, medicine availability, interactions with healthcare providers, satisfaction with services, household healthcare expenditure, self-reported health status, and professional difficulties. The pupils' questionnaires focused on their observations of lesson continuity and interruptions to teaching activities. Interviews with school inspectors addressed teachers' health-related difficulties, school organisation, continuity of teaching, and possible measures for improvement. The main study outcome was the perceived quality of MESP services. It was examined through participants' reports concerning access to healthcare, waiting times, medicine availability, interactions with healthcare providers, continuity of care, and overall satisfaction. Other variables included self-reported health status, healthcare utilisation, out-of-pocket expenditure, health-related absenteeism, lesson interruptions, and reported difficulties in teaching activities. Sociodemographic, professional, household, and geographical characteristics were also recorded.

2.4 Data management and analysis

Quantitative information was organised and analysed according to the type of variable. Categorical variables were presented as frequencies and percentages, while quantitative variables were summarised using means and standard deviations or medians and interquartile ranges, as appropriate to their distributions. Associations between categorical variables were examined using the chi-square test or Fisher's exact test, as appropriate. Comparisons of quantitative variables between groups were performed using Student's t-test or the Mann–Whitney U test, depending on the distribution of the data. Multivariable regression analyses were used where the available data permitted the examination of associations while accounting for other relevant variables. Results were presented using measures of association, confidence intervals, and p-values. A p-value below 0.05 was considered statistically significant.

Qualitative information obtained from interviews was reviewed and organised around recurring topics. The analysis focused on participants' accounts of healthcare accessibility, MESP service quality, household healthcare expenditure, teachers' health, teaching continuity, and proposed improvements. The quantitative and qualitative findings were considered together when interpreting the results, while maintaining the distinction between the information provided by teachers, pupils, and school inspectors.

2.5 Quality control and ethical considerations

Questionnaires were adapted to the different categories of respondents. The collected information was reviewed for completeness and consistency. Confidentiality was maintained throughout data handling and presentation. Participants' identities were not disclosed, and interview information was presented without identifying the individuals concerned. Ethical approval was obtained from the relevant ethics committee under reference ESP/CE/13B/2023. Administrative authorisations were also obtained from the relevant educational authorities. Participation was voluntary and based on informed consent. For pupils who were minors, parental or guardian consent and the pupils' assent were obtained. Data were handled confidentially and reported in aggregate form.

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2.6 Methodological limitations

The cross-sectional nature of the study limited the interpretation of relationships between MESP service quality, teachers' health, household expenditure, and teaching practices to observed associations; it did not permit causal conclusions. In addition, the different sampling procedures and participant compositions in Kinshasa and Kindu limited the comparability of the two sites. Consequently, comparisons were considered only for indicators and respondent categories that were sufficiently comparable.

3. Results

3.1 Sociodemographic characteristics of the study population in Kindu

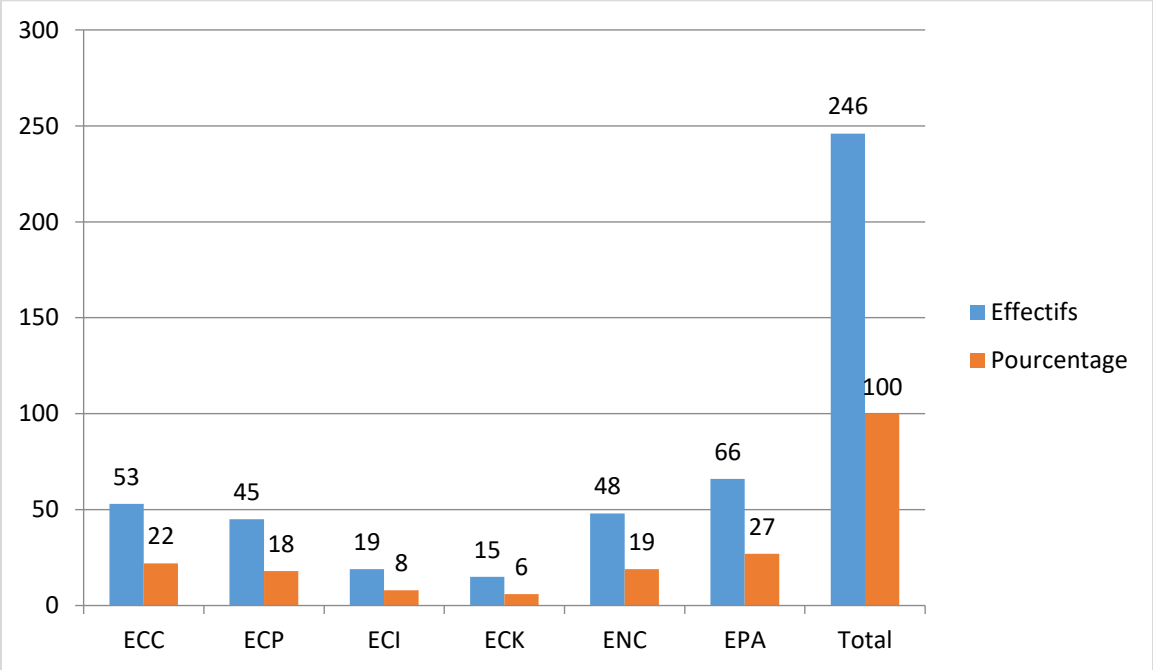


Figure 1 *Distribution of the Study Population by School Management System*
Source: Archives of the Education Inspectorate and the Maniema Provincial Education Division.

Figure 7 shows that EPA schools ranked first, with 66 teachers (27%), followed by ECC schools, with 53 teachers (22%). Next were ENC schools, with 48 teachers (19%), and ECP schools, with 45 teachers (18%). The other school management systems each accounted for less than 10% of the study population. These included ECI, with 19 teachers (8%), and ECK, with 15 teachers (6%).

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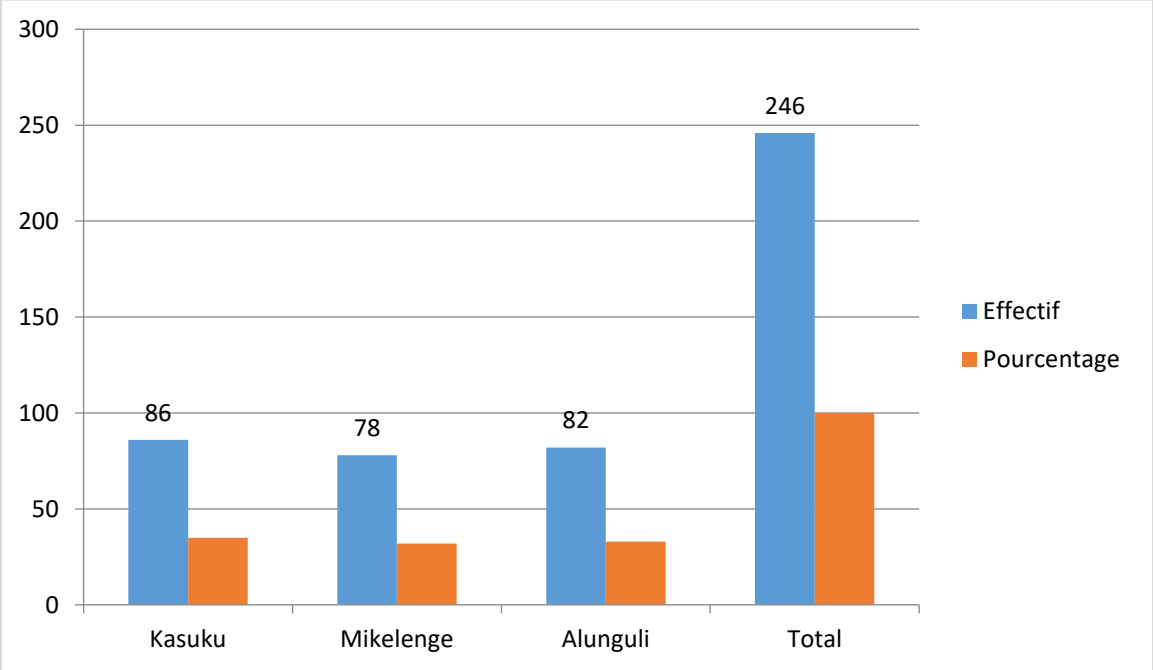


Figure 2 *Distribution of the Study Population by Municipality (Study Population, n = 246)*
Source: Data from our field survey.

The study population consisted of 246 history teachers. Of these, 86 (34%) resided in Kasuku Municipality, 78 (32%) resided in Mikelenge Municipality, and 82 (33%) resided in Alunguli Municipality.

As indicated by the results, Kasuku Municipality accounted for the largest proportion of the study population.

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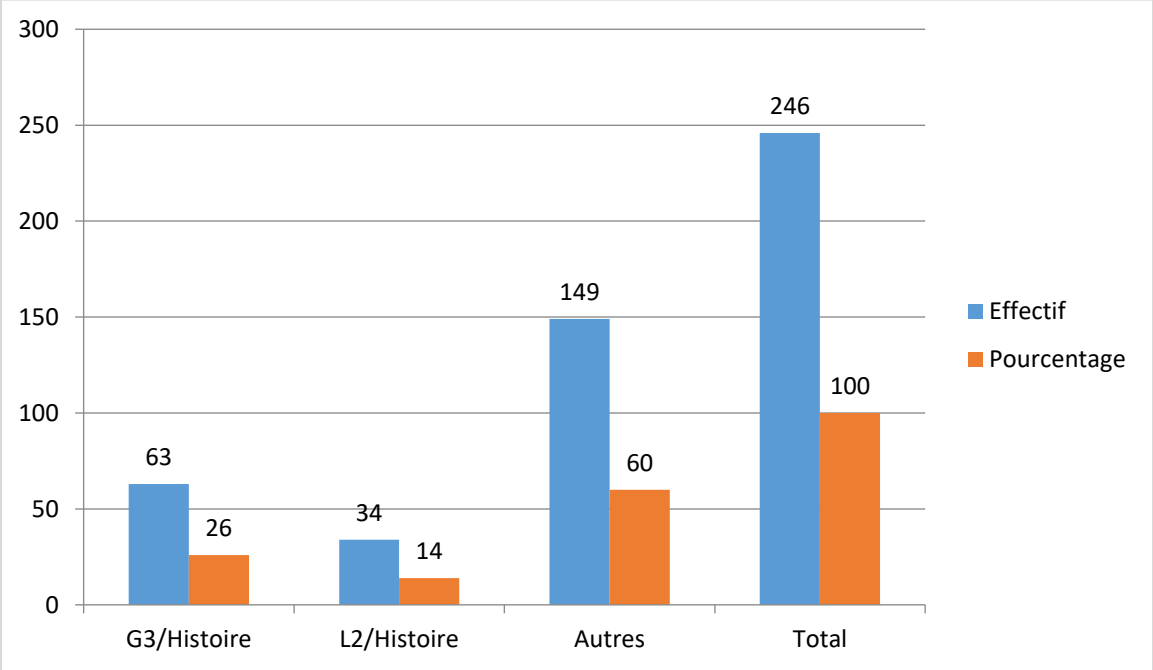


Figure 3 *Distribution of the Study Population by Qualification or Educational Level*
Source: Archives of the Educational Division consulted in May 2023.

This figure shows that, among the 246 history teachers included in the study population, 63 (26%) held a *graduat* qualification in history, 34 (14%) held a *licence* in history (LA: *licenciés agrégés*), and 149 (60%) had qualifications in fields other than history.

These findings indicate that most teachers responsible for teaching history in the city of Kindu did not hold the specific qualifications required for teaching the subject at the secondary school level.

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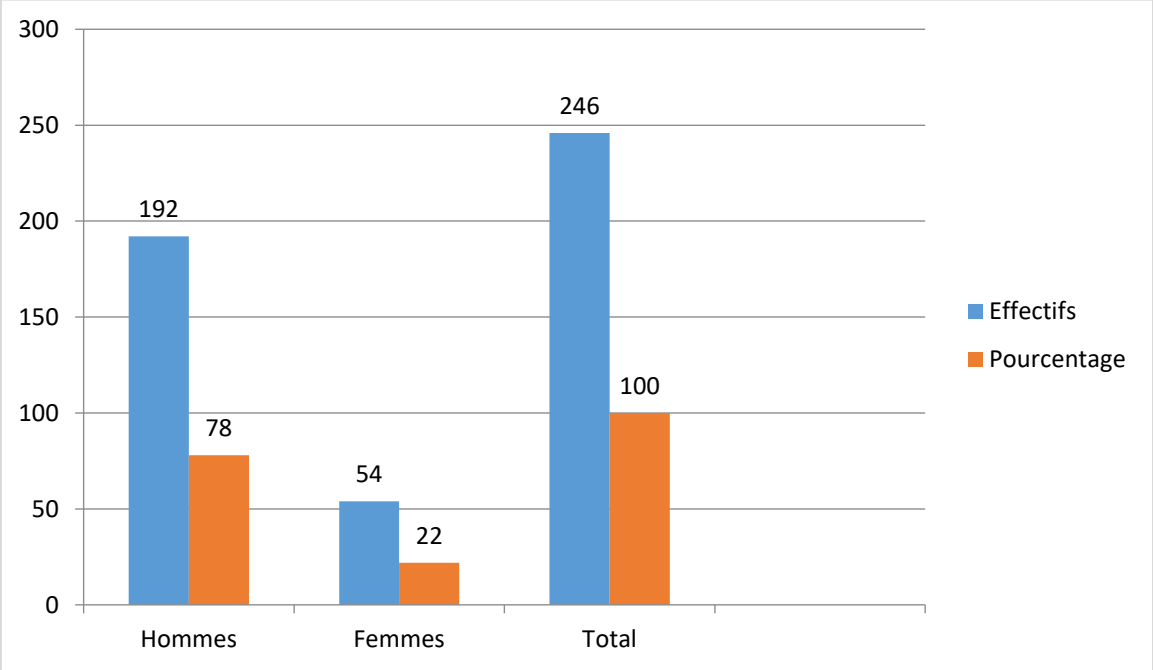


Figure 4 *Distribution of the Study Population by Sex*
Source: Archives of the Maniema Provincial Education Division consulted by the researcher in May 2025 during the field survey.

An examination of Figure 5 shows that the study population consisted of 192 male teachers (78%) and 54 female teachers (22%). These findings indicate a substantial gender imbalance among teachers responsible for teaching history in secondary schools in Kindu, with men representing the clear majority of the teaching workforce.

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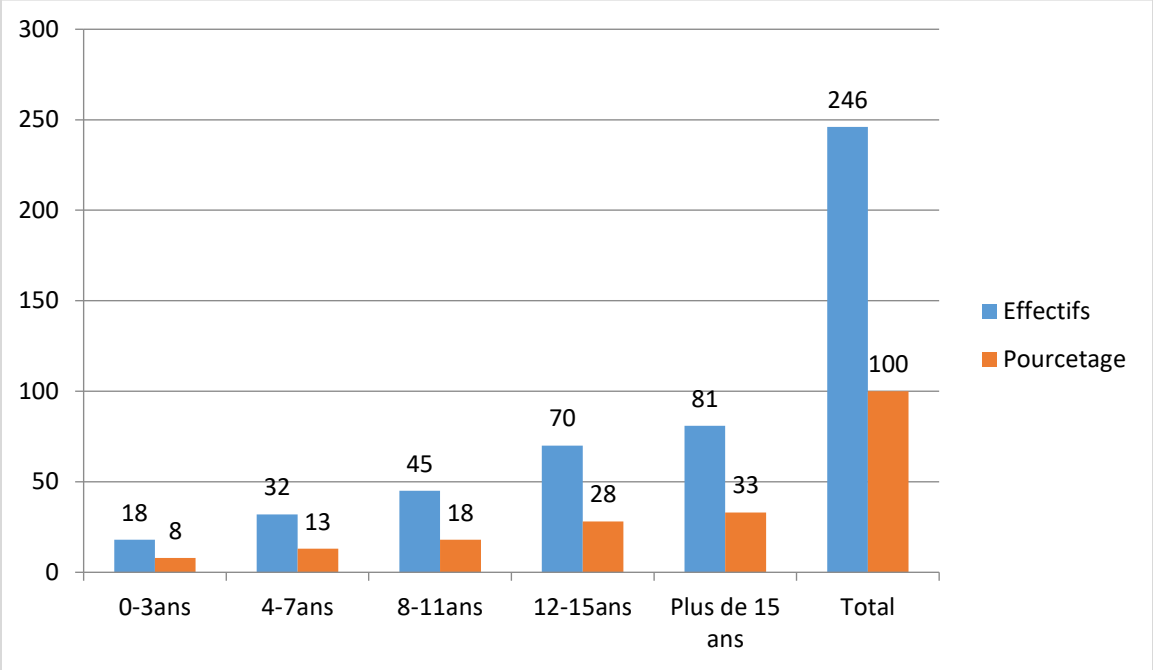


Figure 5 *Distribution of the Study Population by Years of Teaching Experience*
Source: Archives of the school management offices.

An analysis of Figure 6 shows that 18 teachers (8%) had between 0 and 3 years of teaching experience, 32 teachers (13%) had between 4 and 7 years, 45 teachers (18%) had between 8 and 11 years, and 70 teachers (28%) had between 12 and 15 years of experience. The largest group consisted of 81 teachers (33%) who had been teaching history for more than 15 years.

A class interval of three years was adopted for the variable *years of teaching experience* because, in the Democratic Republic of the Congo, teachers may advance from one professional grade to another after three years, subject to a satisfactory performance appraisal.

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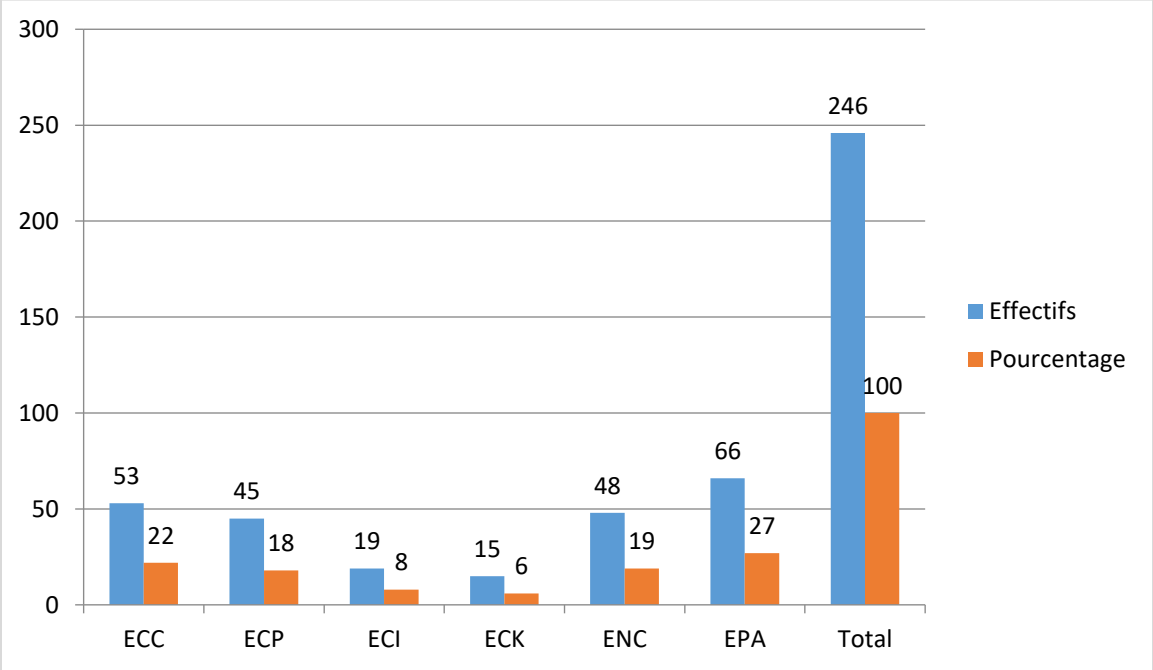


Figure 6 *Distribution of the Study Population by School Management System*
Source: Archives of the Education Inspectorate and the Maniema Provincial Education Division.

Figure 7 shows that EPA schools ranked first, with 66 teachers (27%), followed by ECC schools, with 53 teachers (22%). These were followed by ENC schools, with 48 teachers (19%), and ECP schools, with 45 teachers (18%). The other school management systems each accounted for less than 10% of the study population. These included ECI, with 19 teachers (8%), and ECK, with 15 teachers (6%).

3.2 Distribution of students by municipality of residence (study sample, n = 154)

Table 1

Distribution of Students by Municipality of Residence

Municipality	Frequency	Percentage (%)
Kasuku	62	40.2
Mikelenge	40	25.9
Alunguli	52	33.7
Total	154	100.0

This table, shows the distribution of the 154 students in the study sample as follows: 62 students (40.2%) resided in Kasuku Municipality, 40 (25.9%) in Mikelenge Municipality, and 52 (33.7%) in Alunguli Municipality.**Table 2**

Distribution of Inspectors by Educational Level or Qualification (Study Sample, n = 4)

Educational level/qualification	Frequency	Percentage (%)
Bachelor's degree in History (LA)	3	75
Graduat qualification in History (G3)	1	25
Total	4	100

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Table 2 shows that the city of Kindu had four history inspectors, three of whom (75%) held a licence in history, while one (25%) held a graduat qualification in history. It should also be noted that all four inspectors were men.

Table 3

Distribution of Inspectors by Professional Function

Professional function	Frequency	Percentage (%)
Itinerant inspectors	2	50
Supervisory/administrative inspectors (inspecteurs exploitants)	2	50
Total	4	100

Table 3. shows that, among the four inspectors in the study sample, two (50%) were itinerant inspectors and two (50%) were supervisory/administrative inspectors.

Table 4

Distribution of Inspectors by Municipality of Residence

Municipality	Frequency	Percentage (%)
Kasuku	1	25
Mikelenge	2	50
Alunguli	1	25
Total	4	100

Table 4. shows that the four history inspectors in Kindu did not all reside in the same municipality. One inspector (25%) lived in Kasuku Municipality, another (25%) lived in Alunguli Municipality, and two (50%) lived in Mikelenge Municipality.

Table 5

Survey Results on Teacher Qualities According to School Management System

N°		E C C	%	E C P	%	E C I	%	E C K	%	EN C	%	E P A	%
	Qualities	**13**		**26**		**3**		**2**		**29**		**30**	
1	Mastery of the competency-based approach.	7	53,8	18	69,2	2	66,6	1	50	20	68,9	24	80
2	The teacher's ability to implement the competency-based approach.	10	76,4	20	76,9	2	100	2	65,5	19	65,5	20	66,6
3	The teacher's ability to adhere to Scriven's principle of triple coherence.	9	69,2	17	65,3	2	66,6	2	100	22	75,8	19	63,3
4	The teacher's ability to establish a relationship between qualifications and competence.	8	61,5	15	57,6	1	33,3	2	100	21	72,4	18	60
5	The teacher's ability to ensure alignment between the training received and the subject taught.	9	69,2	17	65,3	1	33,3	1	50	17	58,6	21	70
6	The teacher's ability to promote learners' intellectual development.	8	61,5	18	69,2	2	66,6	2	100	19	65,5	21	70
7	Demonstration of the teacher's acquired knowledge through mastery of history didactics.	10	76,9	18	69,2	1	33,3	2	100	19	65,5	24	80
8	Close collaboration with school authorities and fellow teachers.	9	69,2	20	76,9	2	66,6	1	50	21	72,4	23	76,6

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N°		E C C	%	E C P	%	E C I	%	E C K	%	EN C	%	E P A	%
	Qualities	**13**		**26**		**3**		**2**		**29**		**30**	
9	Improvement of teachers' socioeconomic and professional working conditions.	10	76,9	16	61,5	1	33,3	1	50	20	68,9	23	76,6
10	The teacher's ability to master new information and communication technologies.	10	76,9	20	76,9	2	66,6	2	100	17	58,6	18	60
11	The teacher's ability to align subject content with learners' levels.	7	53,8	17	65,3	1	33,3	2	100	17	58,6	22	73,3
12	The teacher's ability to align historical dates with their corresponding events.	7	53,8	19	73	2	66,6	1	50	20	68,9	20	66,6
13	The teacher's ability to select instructional materials suited to the learners' environment.	10	76,9	17	65,3	3	100	2	100	20	68,9	22	73,3
14	The teacher's ability to establish a relationship between subject content and the language of instruction.	8	61,5	21	80,7	1	33,3	2	100	18	62	19	63,3
15	The teacher's ability to interpret historical events in time and space.	8	61,5	20	76,9	3	100	2	100	24	82,7	24	80
16	The teacher's mastery of didactic and pedagogical competencies.	10	76,9	24	92,3	1	33,3	1	50	20	68,9	23	76,6
17	The teacher's ability to maintain classroom discipline.	10	76,9	14	53,8	2	66,6	2	100	16	55,1	18	60
18	The teacher's mastery of the subject and sound knowledge of history.	9	69,2	15	57,6	2	66,6	1	50	20	68,9	20	66,6
19	The teacher's ability to organize classroom activities.	7	53,8	17	65,3	2	66,6	2	100	19	65,5	22	73,3
20	The teacher's ability to combine scientific training with moral education.	8	61,5	17	65,3	1	33,3	2	100	20	68,9	20	66,6
21	The teacher's ability to relate independent and original thinking to the subject matter being taught.	10	76,9	20	76,9	3	100	2	100	22	75,8	21	70
22	The teacher's ability to take learners' diversity into account.	9	69,2	19	73	3	100	2	100	21	72,4	23	76,6
23	The teacher's ability to link the subject matter being taught to the content prescribed in the national curriculum.	8	61,5	17	65,3	2	66,6	2	100	23	79,3	22	73,3
24	The teacher's ability to combine theory and practice.	10	76,9	15	57,6	2	66,6	2	100	18	62	20	66,6
25	The teaching of history by appropriately qualified teachers.	11	84,6	18	69,2	2	66,6	2	100	20	68,9	21	70
26	The teacher's ability to establish a link between the form and content of the cultural material presented to learners.	11	84,6	21	80,7	2	66,6	1	50	21	78,4	21	70
27	The teacher's ability to align learning objectives with the content of the subject being taught.	11	84,6	20	76,9	1	33,3	2	100	22	75,8	19	63,3
28	The teacher's ability to align learning objectives with action verbs.	10	76,9	22	84,6	2	66,6	1	50	23	79,3	21	70
29	Adherence to the guidelines for formulating learning objectives.	8	61,5	20	76,9	3	100	2	100	19	65,5	19	63,3
30	The teacher's ability to formulate learning objectives with reference to Bloom's taxonomy.	10	76,9	19	73	3	100	1	50	16	55,1	18	60

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	Qualities	**13**		**26**		**3**		**2**		**29**		**30**	
31	The teacher's access to continuing and lifelong professional development.	9	69,2	20	76,9	2	66,6	2	100	20	68,9	20	66,6
32	Mastery of the objectives-based teaching approach.	11	84,6	21	80,7	1	33,3	1	50	18	62	19	63,3
33	Participation in workshops or continuing professional development in history teaching.	11	84,6	17	65,3	2	66,6	1	50	17	58,6	21	70
34	The teacher's ability to align instructional documentation with the content being taught.	9	69,2	19	73	2	66,6	2	100	19	65,5	19	63,3
35	The teacher's ability to use textbooks that comply with the current national curriculum.	8	61,1	15	57,6	2	66,6	2	100	20	68,9	20	66,6
36	The teacher's ability to select instructional materials appropriate to the subject being taught.	9	69,2	19	73	2	66,6	2	100	19	65,5	22	73,3
37	The teacher's ability to select instructional materials according to learners' interests.	7	53,8	18	69,2	1	33,3	2	100	23	79,3	17	56,6
38	The teacher's resourcefulness in following the standard stages of the main part of a history lesson.	10	76,9	21	80,7	1	33,3	1	50	17	58,6	23	76,6
39	The teacher's ability to formulate discovery questions based on learners' prerequisite knowledge and prior learning.	11	80,6	16	61,5	1	33,3	2	100	20	68,9	20	66,6
40	The teacher's ability to align teaching methods and procedures with the delivery of content to learners.	7	53,8	20	76,9	2	66,6	2	100	17	58,6	15	50
41	The teacher's ability to foster teacher–student interaction in the classroom.	9	69,2	19	73	3	100	1	50	18	62	18	60
42	The teacher's ability to vary teaching methods according to the nature of the lesson.	8	61,5	18	69,2	2	66,6	2	100	21	72,4	19	63,2
43	The teacher's ability to use modern, active, and participatory pedagogical approaches recommended for teaching and learning history.	10	76,9	20	76,9	1	33,3	1	50	20	68,9	17	56,6
44	Individual lesson preparation.	11	84,6	21	80,7	1	33,3	2	100	19	65,5	19	63,3
45	Adherence to the standard stages of lesson preparation.	10	76,9	18	69,2	2	66,6	1	50	22	75,8	22	73,3
46	Reference to the national curriculum when preparing lessons.	8	61,5	17	65,3	2	66,6	2	100	20	68,9	20	66,6
47	Use of French as the language of instruction in history lessons.	9	69,2	21	80,7	1	33,3	2	100	22	75,8	20	66,6
48	The teacher's ability to ensure consistency between the lesson prepared and the lesson actually taught.	10	76,9	20	76,9	2	66,6	2	100	19	65,5	19	63,3
49	Use of formative assessment throughout the lesson.	7	53,8	18	69,2	3	100	1	50	17	58,6	15	50
50	Frequent reference to the stated learning objectives during assessment.	8	61,5	19	73	2	66,6	1	50	18	62	18	60
51	The teacher's ability to align teaching with assessment.	8	61,5	17	65,3	2	66,6	2	100	16	55,1	22	73,3

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e-ISSN: 2709-9997, p-ISSN: 3006-1059
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N°		E C C	%	E C P	%	E C I	%	E C K	%	EN C	%	E P A	%
	Qualities	**13**		**26**		**3**		**2**		**29**		**30**	
52	Assessment after informing the students.	9	69,2	19	73	2	66,6	2	100	20	68,9	20	66,6

3.3 School management system as a variable influencing the qualities required for successful history lessons

Regarding school management systems as a variable that may influence the qualities teachers need to deliver successful history lessons, an examination of Table 11 shows that, of the 52 items presented to respondents, all 52 items (100%) were recognized as qualities contributing to successful history teaching by teachers from all school management systems, except those from ECI schools. Teachers from ECI schools recognized 36 of the 52 items (69.23%) as relevant qualities, while 16 items (30.76%) were not recognized as qualities contributing to successful history lessons. The difference observed between ECI schools and the other school management systems may be associated with concerns regarding teacher recruitment and institutional organization. ECI schools are reported to have difficulties recruiting appropriately qualified teachers and maintaining effective administrative and pedagogical organization. However, this interpretation should be treated as a possible explanation unless it is supported by additional evidence from the study.

3.4 Survey results for the student sample according to the study variables

Unlike the 52 items or qualities presented to history teachers and inspectors as factors associated with successful history lessons, the following table presents the 31 items or qualities submitted to students in general and technical secondary schools in Kindu. Students were asked to identify the qualities they considered likely to contribute to teachers' success in history lessons.

Table 6

Teacher Qualities Identified by Students in General and Technical Secondary Schools in Kindu

No.	Qualities
1	Competence
2	Regular attendance at classes
3	Discipline
4	Professional qualifications
5	Impartiality
6	Authority
7	Competitiveness
8	A spirit of inquiry and research
9	Length of professional experience
10	Mastery of the French language
11	Dedication
12	Self-control
13	Firmness
14	Regular lesson preparation
15	Mastery of history teaching methods and procedures
16	Skill in selecting and preparing lesson summaries
17	Teacher adaptability
18	Consideration of learner diversity
19	Updating lesson content
20	Instructional materials adapted to the learners' environment
21	Collaboration with colleagues and school authorities
22	Time-management skills
23	The ability to know when and how to discipline and reward learners
24	The ability to establish learning conditions that actively engage learners
25	The ability to organize teaching as a coherent system
26	The ability to vary teaching methods
27	Professional conscientiousness

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
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https://doi.org/10.51168/gemc4w65
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No.	Qualities
28	Appropriate professional attire
29	Access to continuing professional development
30	Organization of remedial lessons
31	Regular assessment of the material taught

Comments: The table above presents the 31 items or qualities submitted to the 154 students enrolled in general and technical secondary schools. The students were asked to identify the qualities they considered conducive to teachers' success in history lessons. The following analysis examines the qualities associated with successful history lessons according to three study variables: the students' municipality of residence, their educational stream, and their sex.

Table 7

Teacher Qualities According to Students' Municipality of Residence (Study Sample, n = 154)

No.	Quality	Kasuku n = 62 (%)	Mikelenge n = 40 (%)	Alunguli n = 52 (%)
1	Competence	62 (100)	40 (100)	52 (100)
2	Regular attendance at classes	35 (56.4)	27 (67.5)	30 (57.6)
3	Discipline	55 (88.7)	30 (75.0)	31 (59.6)
4	Professional qualifications	62 (100)	40 (100)	52 (100)
5	Impartiality	40 (64.5)	31 (77.5)	29 (55.7)
6	Authority	55 (88.7)	34 (85.0)	40 (76.9)
7	Competitiveness	22 (35.4)	17 (42.5)	20 (38.4)
8	A spirit of inquiry and research	42 (67.7)	31 (77.5)	34 (65.3)
9	Length of professional experience	59 (95.1)	35 (87.5)	48 (92.3)
10	Mastery of the French language	49 (79.0)	33 (82.5)	40 (76.9)
11	Dedication	43 (69.3)	33 (82.5)	42 (80.7)
12	Self-control	29 (46.7)	21 (52.5)	24 (46.1)
13	Firmness	55 (88.7)	33 (82.5)	38 (percentage not provided)
14	Regular lesson preparation	62 (100)	40 (100)	52 (100)
15	Mastery of history teaching methods and procedures	54 (87.0)	30 (75.0)	45 (86.5)
16	Skill in selecting and preparing lesson summaries	30 (48.3)	18 (45.0)	22 (42.3)
17	Teacher adaptability	33 (53.2)	21 (52.5)	26 (50.0)
18	Consideration of learner diversity	39 (62.9)	30 (75.0)	31 (59.6)
19	Updating lesson content	40 (64.5)	26 (65.0)	26 (50.0)
20	Instructional materials adapted to the learners' environment	54 (87.0)	31 (77.5)	40 (76.9)
21	Collaboration with colleagues and school authorities	33 (53.2)	28 (70.0)	28 (53.8)
22	Time-management skills	30 (48.3)	18 (45.0)	29 (55.7)
23	The ability to know when and how to discipline and reward learners	39 (62.9)	31 (77.5)	29 (55.7)
24	The ability to establish learning conditions that actively engage learners	29 (46.7)	17 (42.5)	23 (44.2)
25	The ability to organize teaching as a coherent system	29 (46.7)	16 (40.0)	23 (44.2)
26	The ability to vary teaching methods	30 (48.3)	21 (52.5)	27 (51.9)
27	Professional conscientiousness	62 (100)	40 (100)	52 (100)
28	Appropriate professional attire	27 (43.5)	16 (40.0)	23 (44.2)
29	Access to continuing professional development	34 (54.8)	30 (75.0)	30 (57.6)
30	Organization of remedial lessons	62 (100)	40 (100)	52 (100)
31	Regular assessment of the material taught	47 (75.8)	32 (80.0)	40 (76.9)

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
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Comments: For this variable, the study reports that 26 of the 31 items (83.8%) were considered qualities contributing to successful history lessons by students in both Mikelenge and Alunguli, whereas five qualities (16.1%) were not considered relevant by students in these municipalities. In contrast, students in Kasuku identified 25 of the 31 items (80.6%) as qualities contributing to successful history lessons, while six items (19.3%) were not recognized as such. These aggregate figures should be interpreted cautiously because the table presents individual response frequencies for each quality, and the method used to classify an item as recognized or not recognized is not specified.

Table 8

Teacher Qualities According to Students' Sex

No.	Quality	Boys (n = 89), n (%)	Girls (n = 65), n (%)
1	Competence	89 (100)	65 (100)
2	Regular attendance at classes	70 (78.6)	56 (86.1)
3	Discipline	80 (89.8)	59 (90.7)
4	Professional qualifications	89 (100)	65 (100)
5	Impartiality	74 (83.1)	59 (90.7)
6	Authority	89 (100)	65 (100)
7	Competitiveness	37 (41.5)	30 (46.1)
8	A spirit of inquiry and research	71 (79.7)	56 (86.1)
9	Length of professional experience	75 (84.2)	60 (92.3)
10	Mastery of the French language	80 (89.8)	60 (92.3)
11	Dedication	69 (77.5)	52 (80.0)
12	Self-control	42 (47.1)	31 (47.6)
13	Firmness	44 (49.4)	47 (72.3)
14	Regular lesson preparation	89 (100)	65 (100)
15	Mastery of history teaching methods and procedures	89 (100)	65 (100)
16	Skill in selecting and preparing lesson summaries	40 (44.9)	29 (44.6)
17	Teacher adaptability	38 (42.6)	27 (41.5)
18	Consideration of learner diversity	50 (56.1)	40 (61.5)
19	Updating lesson content	44 (49.4)	36 (55.3)
20	Instructional materials adapted to the learners' environment	51 (57.3)	42 (64.6)
21	Collaboration with colleagues and school authorities	41 (46.0)	30 (46.1)
22	Time-management skills	38 (42.6)	29 (44.6)
23	The ability to know when and how to discipline and reward learners	72 (80.8)	56 (86.1)
24	The ability to establish learning conditions that actively engage learners	61 (68.5)	49 (75.3)
25	The ability to organize teaching as a coherent system	34 (38.2)	30 (46.1)
26	The ability to vary teaching methods	39 (43.8)	31 (47.6)
27	Professional conscientiousness	89 (100)	65 (100)
28	Appropriate professional attire	39 (43.8)	29 (44.6)
29	Access to continuing professional development	77 (86.5)	60 (92.3)
30	Organization of remedial lessons	89 (100)	65 (100)
31	Regular assessment of the material taught	80 (89.8)	61 (93.8)

Comments: Regarding sex, 154 students participated in the survey: 89 boys and 65 girls. Of the 31 proposed qualities, the original analysis reports that 19 were recognized by boys as qualities that could contribute to successful history lessons (61.7%), whereas 12 (38.7%) were not considered conducive to successful teaching. Among girls, 17 qualities were reportedly recognized as contributing to successful history teaching (54.8%), while 14 of the 31 qualities (45.1%) were not recognized as such. These totals reflect the original report and should be verified against the item-level data before publication. The frequency tables show the number and percentage of students endorsing each quality; they do not, by themselves, establish the reported totals of recognized and unrecognized qualities.

Student's Journal of Health Research Africa
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Table 9

professional experience

of professional experience	50	53.7	50	81.9	
10	Mastery of the French language	79	84.9	53	86.8
11	Dedication	60	64.5	51	83.6
12	Self-control	72	77.4	49	80.3
13	Firmness	59	63.4	47	77.0
14	Regular lesson preparation	80	86.0	56	91.8
15	Mastery of history teaching methods and procedures	84	90.3	58	95.0
16	Skill in selecting and preparing lesson summaries	44	47.3	27	44.2
17	Teacher adaptability	69	74.1	50	81.9
18	Consideration of learner diversity	80	86.0	51	83.6
19	Updating lesson content	60	64.5	43	70.4
20	Instructional materials adapted to the learners' environment	79	84.9	52	85.2
21	Collaboration with colleagues and school authorities	56	67.7	44	72.1
22	Time-management skills	43	46.2	28	45.9
23	The ability to know when and how to discipline and reward learners	60	64.5	49	80.3
24	The ability to establish learning conditions that actively engage learners	63	67.7	38	62.2
25	The ability to organize teaching as a coherent system	40	43.0	30	49.1
26	The ability to vary teaching methods	67	72.0	50	81.9
27	Professional conscientiousness	73	78.4	52	85.2
28	Appropriate professional attire	38	40.8	28	41.9
29	Access to continuing professional development	76	81.7	51	83.6
30	Organization of remedial lessons	80	86.0	49	52.6
31	Regular assessment of the material taught	69	74.1	44	72.1

Comments: Table 14 shows that, among the 154 students included in the study sample, 93 were enrolled in general education (60.3%), while 61 were enrolled in technical education (39.6%). Students in general education selected 25 of the 31 proposed items as qualities that contribute to teachers' success in history lessons, representing 80.6%. The remaining six qualities (19.3%) were not considered conducive to successful history teaching. In contrast, students in technical education selected 26 of the 31 items as qualities that contribute to successful history teaching, representing 83.8%. The remaining five qualities were not considered conducive to successful history teaching.

3.5 Summary: Teachers' Health, Teaching Practices, and School Performance

Teachers' physical, mental, and emotional health is an important factor influencing their well-being and professional effectiveness. Musculoskeletal disorders, chronic fatigue, stress, and professional burnout can affect their availability and commitment to teaching. Good health promotes better lesson preparation, effective classroom management, and harmonious relationships with learners. It also contributes to creativity, innovation, and the use of interactive and differentiated teaching methods.

Conversely, health problems may lead to absenteeism, disrupt teaching continuity, and limit individualised learner support. These difficulties can negatively affect learners' motivation, participation, and learning conditions. Improving teachers' health can therefore contribute to teaching quality, learners' academic success, and the organisational performance of schools.

To achieve these objectives, it is necessary to strengthen occupational risk prevention, access to healthcare, and psychological support for teachers. Schools should also promote better working conditions, equitable workload distribution, and continuing professional development programmes focused on well-being. Finally, the sustained

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
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https://doi.org/10.51168/gemc4w65
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integration of teachers' health into educational policies represents a strategic approach to simultaneously improving teaching quality and overall school performance.

This table addresses the first objective: to assess accessibility, quality of care, communication, and beneficiary satisfaction.

Table 1

Teachers' Perceptions of the Quality of MESP Services in Kinshasa (n = 384)

Indicators	Results (%)
Overall satisfaction after enrolment	72.4
Satisfaction before enrolment	26.0
Medical care rated as unsatisfactory	68.2
Communication rated as fair or poor	69.2
Waiting time to access healthcare exceeding one hour	65.8
Unavailability of services outside regular working hours	63.8

Source: Study data.

This table addresses the second objective: to analyse out-of-pocket healthcare expenditure and household financial protection.

Table 2

Monthly Healthcare Expenditure According to Regular Use of MESP Services

Regular use of MESP	Number (n)	Mean monthly expenditure (USD)	Standard deviation
Yes	241	15.4	6.1
No	143	28.6	9.7

Student's t-test: $t = 11.27$; $p < 0.001$.

Interpretation: Teachers who regularly used MESP services had lower mean monthly healthcare expenditures than those who did not use the services regularly.

This table addresses the third objective: to examine teachers' self-reported health status and its perceived changes.

Table 3

Changes in Teachers' Self-Reported Health Status Before and After Enrolment in MESP

Self-reported health status	Before enrolment (%)	After enrolment (%)
Good	25.5	62.8
Fair	50.8	29.4
Poor	23.7	7.8
Total	100	100

Interpretation: The proportion of teachers reporting good health increased from 25.5% before enrolment to 62.8% after enrolment. This represents a retrospectively reported change and does not, on its own, establish a causal effect of MESP.

4. Discussion

The findings of this study highlight important relationships between teachers' health status, the quality of services provided by the Public-Sector Teachers' Health Insurance Scheme (MESP), and the continuity of teaching activities. Teachers' health is indeed an essential dimension of educational quality. In this study, 67% of the school principals interviewed considered that teachers' health problems disrupted lesson continuity and school planning. This observation is consistent with the findings of Nguimfack et al. (2018), who reported a reduction of up to 30–40% in effective teaching time due to absenteeism and chronic fatigue.

Regarding MESP, the findings reveal mixed perceptions of the services provided. Although some teachers acknowledged benefits in terms of reduced healthcare expenditure (64.1%), improved access to healthcare (59.6%), and overall satisfaction (72.3%), shortcomings remain in communication, transparency, service availability, and governance. These findings are consistent with those of Kalambay et al. (2019), who identified reimbursement difficulties, incomplete coverage, and inadequate communication in the operation of the health insurance scheme.

Beneficiary participation also appears to be an important condition for institutional effectiveness. In this study, nearly nine out of ten teachers reported that they had not been

Student's Journal of Health Research Africa
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adequately consulted or informed about MESP's internal management mechanisms. This situation contrasts with the conclusions of Tine et al. (2020) and Mulumba (2023), according to whom beneficiary involvement promotes transparency, satisfaction, and the effectiveness of mutual health insurance schemes. It therefore highlights the need to strengthen participatory governance and financial accountability.

From a professional perspective, more than 60% of the teachers interviewed reported physical or psychological fatigue, which they associated with difficulties in classroom management, relationships with learners, and pedagogical innovation. These findings are consistent with the observations of Kitenge (2017) and Mupenda and Tshibanda (2022), who highlighted the links between deteriorating teacher health, occupational stress, and reduced pedagogical engagement. Furthermore, Kabamba (2021) points out the limitations of institutional protection for teachers, while Musavuli (2024) recommends independent supervision, regular audits, and greater financial transparency.

Geographical and financial accessibility constitute another key dimension. In the present study, reduced healthcare expenditure and proximity to healthcare facilities appeared to be associated with greater use of services and improved self-reported health. These observations are consistent with Smith et al. (2021), who reported an association between lower perceived healthcare costs and service utilisation, as well as with Dupont and Lambert (2020), who emphasised the role of distance in accessing mutual health insurance benefits. Tumba and Kalonda (2020) also demonstrated that the concentration of contracted healthcare facilities in urban centres increases geographical inequalities. These findings indicate that expanding coverage must be accompanied by an equitable geographical distribution of partner healthcare facilities.

Service quality and communication with beneficiaries remain essential to the effectiveness of health coverage. In this study, perceived quality of care and communication quality were associated with a more favourable perception of health improvement. Comparable findings have been reported in studies conducted in Bukavu and in a study published in the Pan African Medical Journal, which highlighted the importance of quality healthcare and shorter waiting times. Eze, Ilechukwu, and Lawani (2023) also emphasised the role of coverage for direct healthcare costs in improving access to services. Ndaliko and Mabouya (2022), for their part, highlighted the potential benefits of well-managed mutual health insurance schemes in strengthening trust and community resilience.

Finally, the expectations expressed by teachers, school administrators, learners, and inspectors converge on the need to improve healthcare quality, strengthen household financial protection, and preserve continuity in learning. The proposed measures include establishing participatory management, conducting regular external audits, expanding agreements with nearby healthcare facilities, and developing digital information and monitoring systems. These recommendations are consistent with the proposals of Musavuli (2024) and Paul et al. (2018), who advocate structural reform of mutual health insurance schemes.

Overall, the discussion shows that MESP offers perceived benefits, particularly in terms of financial protection and access to healthcare. However, its effectiveness remains dependent on service quality, management transparency, beneficiary participation, and geographical equity. Strengthening the scheme therefore requires professional and participatory governance, regular performance monitoring, and closer collaboration among health authorities, education authorities, and healthcare facilities. These improvements could contribute to better protection of teachers' health and greater continuity of teaching activities.

5. Conclusion

This study, entitled "Quality of MESP Services in the Democratic Republic of the Congo and Members' Health: A Social Emergency Perceived by School Authorities in Relation to Its Implications for Teachers' Household Well-Being and Pedagogical Practices in Kinshasa and Maniema Province, Democratic Republic of the Congo," aimed to analyse the perceived quality of services provided by the Public-Sector Teachers' Health Insurance Scheme (MESP), as well as its associations with access to healthcare, household healthcare expenditure, teachers' self-reported health, and the professional and pedagogical consequences reported by the stakeholders concerned. The findings reveal a mixed situation. On the one hand, several indicators suggest that enrolment in and use of MESP services may be associated with perceived improvements in household economic circumstances and reductions in medical expenditure. In Kinshasa, 72.4% of the relevant respondents reported overall satisfaction after enrolment, compared with 26% before enrolment, while 72.9% reported an improvement in their economic circumstances. Furthermore, the reported average monthly healthcare expenditure was USD 15.4 among regular users of MESP services, compared with USD 28.6 among non-regular users, representing a statistically significant difference ($p < 0.001$). These findings suggest a potential financial protection benefit associated with mutual health insurance

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.7 No. 3 (2026): September 2026 Issue
https://doi.org/10.51168/gemc4w65
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coverage, although they do not, on their own, demonstrate that enrolment directly caused the observed differences.

On the other hand, substantial shortcomings persist in the perceived quality of services. Specifically, 68.2% of respondents considered the healthcare provided unsatisfactory, 69.2% rated communication with healthcare personnel as average or poor, and 65.8% reported waiting more than one hour to access care. Furthermore, 63.8% indicated that services were unavailable outside regular operating hours. These findings highlight difficulties relating to accessibility, communication, availability, and continuity of care. The coexistence of reported overall satisfaction after enrolment and unfavourable assessments of certain aspects of healthcare underscores the need to analyse overall satisfaction separately from the quality of individual service components.

The perceptions gathered from school stakeholders also highlight the importance of teachers' health for their well-being, the stability of their family lives, and the continuity of their professional activities. Difficulties accessing healthcare, medical expenses, and dissatisfaction with services may constitute constraints that affect teachers' availability and concentration. However, given the cross-sectional design of the study and the self-reported nature of several indicators, these relationships should be interpreted as associations or reported consequences rather than as definitively established causal relationships. Including Kinshasa and Kindu, in Maniema Province, made it possible to examine experiences with MESP in settings with different levels of implementation. Nevertheless, the findings from the two sites must be interpreted in light of their respective characteristics, participant composition, and sampling procedures. They do not, by themselves, support the conclusion that one site is generally superior to the other. Ultimately, MESP represents an important mechanism for protecting the health and finances of public-sector teachers. However, its potential depends on the quality, accessibility, transparency, and continuity of its services. Improving its operation requires an integrated approach combining effective governance, sound financial management, quality healthcare, communication with members, beneficiary participation, and collaboration with educational authorities. In this regard, developing and implementing a Strategic and Management Plan to Improve the Quality of MESP Services and Healthcare in the Democratic Republic of the Congo represents a relevant course of action. Such a plan should be based on measurable indicators, time-bound objectives, a monitoring and evaluation framework, and regular consultation with teachers in order to strengthen members' health protection and contribute to better working conditions for the teaching profession.

6. Recommendations

6.1 To MESP Management

- Strengthen governance, financial transparency, and communication with members regarding contributions, benefits, healthcare coverage, and reimbursement procedures.
- Improve healthcare accessibility and service quality through regular monitoring of waiting times, medicine availability, provider performance, and members' satisfaction.
- Strengthen members' participation in decision-making through regular consultations, satisfaction surveys, and accessible complaint-handling mechanisms.
- Assess the feasibility of expanding the healthcare provider network and introducing secure digital solutions to facilitate access to information and the monitoring of services.

6.2 To Educational Authorities and School Administrators

- Strengthen collaboration with MESP to address teachers' health-related difficulties and promote preventive health initiatives.
- Consider reported health difficulties when organising work and ensuring teaching continuity, while respecting medical confidentiality.
- Promote regular dialogue between teachers' representatives, school authorities, and MESP management to identify and address challenges affecting teachers' well-being and professional activities.

6.3 To Teacher Members

- Improve their knowledge of MESP benefits, coverage conditions, and healthcare access procedures.
- Use available healthcare and preventive services according to their needs and report difficulties through official communication channels.
- Participate in consultations and satisfaction surveys to contribute to the improvement of MESP services.

6.4 To Researchers

- Conduct longitudinal and multicentre studies to assess changes in healthcare access, expenditure, satisfaction, and teachers' health over time.
- Further investigate differences between Kinshasa and Kindu, taking into account local implementation conditions and sampling methods.

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e-ISSN: 2709-9997, p-ISSN: 3006-1059
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- Combine quantitative findings with interviews and objective service indicators to better understand the relationship between healthcare access, teachers' health, and teaching continuity.

List of abbreviations

MESP: Public-Sector Teachers' Health Insurance Scheme (Mutuelle de santé des enseignants du secteur public).
DRC: Democratic Republic of the Congo.
ECC: Catholic-convention school (École conventionnée catholique).
ECP: Protestant-convention school (École conventionnée protestante).
EPA: Approved private school (École privée agréée).
ENC: Education for New Citizenship (Éducation à la nouvelle citoyenneté).
G3: Third year of undergraduate studies.
L2: Second year of the bachelor's degree programme.
ECK: Kimbanguist-convention school (École conventionnée kimbanguiste).
SPSS: Statistical Package for the Social Sciences.
OR: Odds ratio.
95% CI: 95% confidence interval.
FOSA: Healthcare facility (Formation sanitaire).
ICT: Information and communication technologies.

Funding

No specific external funding was declared for the conduct of this study.

Conflicts of interest

The authors declare that they have no conflicts of interest related to the conduct of this study, data analysis, or publication of the findings.

Ethical approval and consent to participate

This study should be reported in accordance with the ethical principles applicable to research involving human participants. Ethical approval was obtained from the Ethics Committee of the School of Public Health at the University of Kinshasa, Democratic Republic of the Congo, under reference ESPK/CE/0132B/2026.

Consent for publication

Not applicable, subject to confirmation by the authors. The manuscript should not contain any personally identifiable information, photographs, or individual case studies requiring specific consent for publication.

Authors' contributions

According to the contributions reported by the research team, KANDOLO MUSINGILWA Thomas and SENKER NDIMBA Bob contributed to the study methodology and field data collection. KANDOLO MUSINGILWA Thomas[1] contributed to the initial drafting of the manuscript. SENKER NDIMBA Bob[2] contributed to the organisation, formatting, and presentation of the manuscript. HAMADOU Adama provided scientific guidance, methodological advice, and critical review of the text. MASANDI MILONDO Alphonse and MAMOUDOU BOUBA Wouba contributed to scientific supervision, content evaluation, and critical revision of the manuscript.
All authors should confirm their respective contributions, approve the final version before submission, and accept responsibility for their contributions to the work.

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Data availability

The data supporting the findings of this study are available from the corresponding author upon reasonable request. Access to individual-level data may be restricted to protect participants' confidentiality and comply with applicable ethical and institutional requirements. Anonymised data may be shared where the necessary authorisations have been obtained and ethical requirements permit such sharing.

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Publisher Details :

Student's Journal of Health Research (SJHR)
(ISSN 2709-9997) Online
(ISSN 3006-1059) Print
Category: Non-Governmental & Non-profit Organization
Email: studentsjournal2020@gmail.com
WhatsApp: +256 775 434 261
Location: Scholar's Summit Nakigalala, P. O. Box 701432, Entebbe Uganda, East Africa