

## Democratic Republic of the Congo

### Update on the context and situation of children

With a surface area equivalent to that of Western Europe, the Democratic Republic of Congo (DRC) is the largest country in Sub-Saharan Africa. While its poverty rate has fallen slightly over the past two decades, particularly in rural areas, the DRC nonetheless remains one of the poorest countries in the world. In 2018, 72% of the population, especially in the North West and Kasai regions, was living in extreme poverty on less than \$1.90 a day (World Bank, 2018).

In 2019, the DRC population was estimated at 86.79 million, out of which nearly 40 million were under-15 (46%). With an annual growth rate of 3.1%, the population is set to double every 23 years, resulting in rapid urbanization and increasing pressure on social systems. According to United Nations estimates, 37.3 million people already live in urban areas, and this is expected to reach 62.3 million by 2030.

The Congolese economy is dependent on the exploitation of natural resources, including oil, timber and various minerals, collectively accounting for over 90% of exports. Despite employing more than 60% of the working population, agriculture contributes just 20% to Gross Domestic Product (GDP) and comprises less than 2.5% of recorded exports. After reaching 5.8% in 2018, economic growth slowed to 4.4% in 2019, owing to a drop in commodity prices, particularly cobalt and copper. Also, higher spending and revenue stagnation widened the fiscal deficit from close to balance in 2018, to 2% of GDP in 2019. This situation contributed to constraints in budget allocation in social sectors, including health and education (30% of total budget in 2019). To illustrate, the share for public health in the 2020 budget was at 10.8%. The available official figures for education indicate that despite a budget share increase from 13% in 2012 to 17% in 2016-2018, it remains insufficient to address key education priorities. In addition, a large part of the public expenditures covers civil service salaries, which restricts willingness and capacity to investment in services for children and communities.

A child born in the DRC today will be 37% less productive in adulthood than one who has received a complete education and proper access to health care (human capital index). However, as reported in the Voluntary National Review of SDG Targets (May 2020), the latest surveys show some improvement in health and social indicators, including the under-5 child mortality rate, which saw a decline from 104 deaths per thousand live births in 2013, to 70 deaths per thousand live births in 2018. The neonatal mortality rate (under 28 days old) follows a similar trend, falling to 14 per thousand live births in 2018. With consistent investments from key stakeholders, the Sustainable Development Goal (SDG 3.2) related to neonatal mortality (12 per thousand live births) could be reached by 2030.

In contrast, results of the DRC Multiple Indicator Cluster Survey (MICS 2018) reported 42% of children as malnourished (stunted), and the World Bank in 2020 reported just 43% of households having access to drinking water and only 20% with access to appropriate sanitation.

In 2018, the primary school completion rate was 67% (compared with a global average of 90%) and 86% of 10-year-olds in the DRC were unable to understand a simple, age-appropriate text. However, a sweeping Government education reform from September 2019 introduced free primary education throughout the country, providing an additional 2.5 million children from the most disadvantaged backgrounds the opportunity to attend school (World Bank, June 2020).

Despite some progress, there is inequitable access for children to essential services across provinces and between urban and rural areas. For example, Sankuru, Maniema and Mongala provinces show an immunization coverage of below 10% and over two thirds of the households with access to safe drinking water are in urban areas.

The DRC is also home to the second largest displaced population in the world, due to protracted, multifaceted conflicts. 5.2 million people are internally displaced (50% displaced in the last 12 months) including 3 million children (OCHA 2020). In the first half of 2020, as violence intensified in Ituri and North and South Kivu provinces, severe violations against children, including killings and maiming, recruitment into armed groups, and attacks against schools and hospitals increased by 16 % (MRM 2020).

Indeed, children in the DRC are exposed to extreme violence, at heightened risk of abuse and often live in precarious conditions with limited access to basic services needed for their survival and development. The prevalence of sexual and gender-based violence (SGBV) is high, particularly in conflict-affected provinces where almost 30% of women and girls aged 15 to 49 report being survivors of SGBV.

The DRC is frequently faced with disease outbreaks, placing acute strain on already fragile public health and social systems. This has included two Ebola epidemics since 2018 (including the second largest global outbreak with a reported 2,287 deaths), and COVID-19.

Despite the relatively low number of reported cases of COVID-19 in the DRC (18,000 cases end of December), the broader health, social and economic impacts of the outbreak are having devastating consequences on already vulnerable populations, particularly women and children; undermining access to food, employment, health care and schools.

Children have seen their education and well-being disrupted as schools functioned for just 50% of the scheduled academic year, contributing to an increase in rates of adolescent pregnancy, early marriage and recruitment into armed groups. Evidence also highlights a 35% increase in the number of reported cases of sexual violence against girls and women nationally since the beginning of the COVID-19 outbreak (Social Science Analytics Cell/DHIS2 data).

In 2020, UNICEF continued to strive to strengthen linkages between humanitarian and development sectors, building resilient communities and paving the way for more sustainable key results for children.

Within and despite this complex context, UNICEF and its partners have ensured that children's needs continue to be addressed through timely and integrated life-saving response as well as increased access to basic infrastructure and social services, ensuring that a children's agenda remains at the forefront.

## Major contributions and drivers of results

Despite the COVID-19 pandemic and two Ebola outbreaks, in 2020, UNICEF in the DRC continued improving the Key Results for Children for Birth registration, Immunization, Nutrition and Education. These progresses are aligned with the DRC National Strategic Development Plan and the United National Development Framework (UNSDCF 2020-2024) and contribute to the related Sustainable Development Goals targets as well as UNICEF's key results for children in West and Central Africa.

### **Birth Registration**

In 2020, 992,407 births were registered with UNICEF support. 45% of births were recorded in health centers within the legally required period of 90 days, and through the “*proxy system*”, allowing parents

to give procuration to a caregiver to register the baby on their behalf. Slightly fewer births were registered than in 2019, likely due to COVID-19 confinement measures, limiting access to healthcare facilities and administrative structures where births are registered.

To scale up this Key Result for Children, the modernization of the registration process is essential, as it removes several time-consuming steps and allows for more secure data sharing and storage. To fully establish birth “e-registration” requires the revision of the Family Code, the reference document for civil registries. This is a process which, supported by UNICEF, will be endorsed by the Congolese Government in 2021.

In addition, UNICEF renewed its partnership with the National Episcopal Conference of Congo (CENCO) to capitalize on its vast influence and presence in the most hard-to-reach areas of the country, enabling 3,043,371 people to become aware of the importance of birth registration.

### **Health and Nutrition**

DRC further registered progresses related to immunization by maintaining its status as a country free of wild polio virus and maternal and neonatal tetanus. Furthermore, no stock-outs of DTP/Penta, Polio and Tetanus vaccines at district level were reported.

Administrative data show that 92,7 % of children aged 0-11 months were vaccinated with the 3rd doses of DTC-HepB-Hib vaccine which protects children against fatal diseases such as diphtheria, pertussis, hepatitis B and tetanus. In addition, 2,812,430 (83%) newborns were vaccinated against tuberculosis (BCG vaccine), 2,513,477 children (85,5%) were vaccinated against measles and 2,513,477 children (88,1%) against Yellow Fever. 2020 also saw nearly 1 million children receive the new Rotavirus vaccine, which protects children from severe often fatal diarrhea. Immunization activities were coupled with interventions treating respiratory infections and water-borne diseases which collectively contribute to high rates of infant mortality each year. With UNICEF support, through over 2,000 community care sites and health facilities, over 750,000 diarrhea and 1 million pneumonia cases were treated, through the distribution of 1,2 million IMCI kits (Integrated Management of Childhood Illness).

Advocacy and monitoring by UNICEF and other stakeholders of the commitments made at the

National Forum on Immunization and Polio Eradication in the DRC has significantly contributed to the mobilization of resources for traditional and new vaccines, facilitating these promising results. UNICEF, with support of GAVI, procured and installed 1,924 solar refrigerators, and constructed a warehouse in which to manage the national vaccine cold chain.

However, there remains space for improvement regarding the quality of vaccination management. Data highlight that despite a 7% increase in several indicators monitoring the safety and quality of vaccinations for children (ex. cold chain management, procurement and transportation), compared to 2019, figures remain below the targeted quality control objectives. 2021 will see addition reinforcement of support to health systems, which should in turn contribute to an improvement in vaccination management.

A further Key Result for Children in the DRC addressed the prevention of stunting within the framework of the Government plan to promote exclusive breastfeeding (0-6-month olds) and improve dietary diversity for infants (6-23 months). National targets for exclusive breastfeeding were exceeded by 1%, resulting in 63% of babies being exclusively breastfed. More promisingly, 2020 targets for improving infant dietary diversity were exceeded by 5%, therefore contributing to a reduced risk of malnutrition. UNICEF must boost nutrition results by leveraging support from technical and financial partners, and through more systematic linking with health, WASH and other stakeholders to maximize nutrition outcomes for children.

## **Education**

Within the framework of the free education presidential program, 2020 saw an impressive increase in the number of children attending primary schools. To increase school's capacity and therefore improve access to education for primary school children, UNICEF developed a low-cost modular classroom structure, facilitating the expansion of school buildings in Kasaï province. This provided a suitable and environmentally sustainable solution and allowed 31,000 children (including 14,000 girls) to take their lessons in 342 new classrooms.

As an investment in improving learning outcomes for children, UNICEF supported the training of teachers within the framework of a curriculum reform, targeting mathematics, reading, and life skills, which improved the pedagogical competencies of over 10,000 teachers (4,165 female). In addition, UNICEF supported the Ministry of Education to develop a condensed training module aimed at enhancing the quality of pre-primary teaching for children entering the first grade.

## **Other Key Interventions for Children**

The multi-sectorial response of UNICEF and its partners to the 10th and 11th Ebola outbreaks was proven to be effective in reinforcing community health and ensuring access to basic social services for Ebola infected and affected populations. Collectively, the outbreaks saw a total of 3,447 confirmed cases and 2,167 deaths. However, 1,218 people recovered from the disease (236 children) following treatment across Ebola Treatment Centers established through UNICEF support. Through community-based mechanisms and response, communication and awareness campaigns on hygiene promotion reached over 5 million people. Improved water and sanitation provided by UNICEF in healthcare facilities (2,159) and schools provided nearly 1 million people with access to safe water.

In 2020, over 150,000 under-five children received an integrated package of health and nutrition services. In addition, deployment of psychologists and psychosocial agents met the specific needs of 21,856 children through interventions including psychological care, family reunification and socio-economic support.

In parallel to the COVID-19 response, in 2020, the WASH program supported the implementation of the National Roadmap for the Eradication of Open Defecation. This initiative resulted in 1,532 “*open defecation-free*” villages, benefiting 1,675,539 people through improved sanitation and hygiene behaviors, therefore reducing risks of transmission of fecal-oral diseases such as cholera and typhoid.

In 2020, UNICEF scaled its adolescent participation program, and through partnership with the UN Mission’s radio station and UNOPS launched “*Okapi Enfant*” - a programme broadcasting daily audio content for adolescents. Within this framework, 100,000 adolescents from five main urban areas (Kinshasa, Goma, Lubumbashi, Kananga and Mbandaka) were trained on their rights and how to participate on issues that affect them, and 370,000 adolescents participated and lead online and offline civic engagement initiatives.

To influence government policy and the decision-making process on gender equality, UNICEF through the Social Sciences Analytics Cell (CASS) carried out gender analyses on the impacts of COVID-19 on women and girls, specifically Sexual and Gender-based violence (SGBV), sexual and reproductive health, and girls' education. Additional gender studies are ongoing to explore gender dynamics and inequalities for stronger “*advocacy for action*” and to inform and support gender sensitive policies.

In Equateur province, UNICEF started working with women's organizations to establish a community based SGBV reporting system. Additionally, the socio-economic reintegration of vulnerable adolescents and out-of-school girls is being supported through partnerships with religious leaders and women's groups. Within this program, education sessions have been provided for adolescent girls on sexual and reproductive health, menstrual hygiene management and healthy lifestyle choices.

Other specific projects were implemented to prevent and respond to SGBV in conflict-affected zones. In 2020, UNICEF and its partners provided support to 3791 SGBV survivors (2702 girls), with a holistic package of services including access to health and psychosocial support, legal services and economic reintegration. In addition, over than 7097 women, girls and boys in humanitarian situations benefitted from community-based activities addressing harmful social norms contributing to SGBV; including the establishment of girls' safe spaces and distribution of dignity kits for survivors.

### **Humanitarian response**

In 2020, UNICEF continued to support the Ministry of Humanitarian Action and National Solidarity and scaled its humanitarian surveillance system to 3 additional provinces (17 in 2019). This system included 104 early warnings broadcast through a large community network of nearly 7,000 officials from the provincial divisions. This provided more relevant and contextually appropriate information on situation, needs and required response, while building the capacities of the ministry at a provincial level.

Children affected by population movements in eastern DRC (North Kivu, Ituri, Tanganyika and South Kivu provinces) benefited from UNICEF rapid response emergency programmes (UNIRR). Through these programmes, local partners were amongst the first responders to provide timely and integrated life-saving supplies in WASH and essential nonfood- items to 82,657 households, including nearly

500,000 people - over 50% children.

The timely distribution of critical supplies in emergency situations reduces the risk of SGBV, and “*sex for survival*”. In this respect, UNICEF has trained all rapid response local actors on gender-based violence referral mechanisms, enabling them to refer identified cases to specialized institutions and actors.

In its Annual Management Plan (AMP), UNICEF prioritized the transition from the Ebola emergency response towards Nexus Programming with a focus on addressing multi-sectoral needs and system building for longer term sustainable impact on children. In 2020, UNICEF DRC and partners (mainly WFP and FAO) have experienced region-specific approaches in North and South Kivu addressing disparities experienced by children through improved coordination and convergence of services between humanitarian and development response. More communities will be reached through these inter-agency interventions where UNICEF leads in scaling up social services for children.

### **The COVID-19 Response**

Whilst ensuring that established programs remained fully operational and supported, in response to COVID-19, UNICEF was able to rapidly reassign teams and program funds and use existing supplies to ensure a holistic and adapted response to the pandemic in support of the Ministry of Health (MoH). This was managed through co-leadership of both the response coordination and the technical commissions, and the provision of operational analytics support. Key Guidance for COVID-19 based on Lessons Learned from Ebola was published together with the MoH and operational partners to inform the design of COVID-19 response at field level. A USD\$2.3 billion national COVID-19 response plan was developed and finalized under the lead of the MoH, and with support of UNICEF and partners.

To mitigate the risks to existing health systems, UNICEF technical support was crucial to ensure the development and use of standardized documents including guidelines for the continuity of essential health activities. UNICEF supplied 79% of facilities with medicines and equipment as part of strengthening continuity of essential services for mother and child health during the COVID-19 pandemic. UNICEF further leveraged its expertise in WASH-Infection and Prevention Control (IPC) supporting 357 healthcare facilities with access to basic WASH services, triage of incoming patients and IPC supplies, including protective equipment for health workers such as masks and gloves. Likewise, psychosocial support was provided to 6005 frontline response working (including 2964 women) to support them in their provision of critical care services during COVID-19, and 77,236

children, parents and primary caregivers were provided with community-based mental health and psychosocial support.

In response to increased global demand of Personal Protective Equipment (PPE), UNICEF supported local production of 2 million “*community-reusable masks*” which have been widely distributed to and used by groups including community-health workers, schoolteachers and children.

UNICEF has focused on further decentralized local procurement, partnering with local associations, including women’s associations, to produce 2 million community masks. It further supported “*AMI Labo*”, a local laboratory based in the North Kivu, to produce 12,000 liters of hydroalcoholic gel that was distributed to healthcare facilities. In total, 3,674,229 people were provided with hygiene kits or key hygiene items through UNICEF support.

UNICEF has used the evidence produced by its Social Sciences Analytics Cell (CASS) to advocate for the urgent reopening of schools to protect children from the risks associated with the lack of structure and safe space that schools provide, meanwhile supporting remote and home-based learning for nearly 9 million children (4,298,822 girls). In April 2020, the Ministry of Education in the DRC launched its first radio-based learning programme, broadcast with support of UNICEF. The initiative was complemented by the development of seven homework booklets that were distributed to 650,000 pre-school, primary to secondary school students across the country, to provide alternative remote learning methods.

Capitalizing on the pre-existing Healthy Schools Program, UNICEF launched a tailored support initiative facilitating “*COVID-19 safe*” reopening of 2,188 schools, benefitting 888,747 school-aged children. The targeted schools received thermometers, hygiene supplies and health promotion materials.

Communities, actors, mechanisms and front-line community health-workers have been instrumental for mass campaigns against COVID-19, in addition to Ebola and Polio epidemics and other ongoing public health emergencies. 18,032 Community Amination Cells (CAC) and 222 radio stations, supported by UNICEF, promoted Essential Family Practices and mobilized targeted communities. Through these community actors, mass media, radios and the U-Report platform at least 39 million people have been reached with COVID-19 awareness messages related to prevention and access to services.

## **Prevention of Sexual Exploitation and Abuse (PSEA) and Fraud**

The DRC requires considerable financial resources to respond to the multitude of humanitarian crises and epidemics. However, sudden, large injections of funds in limited and short periods of time has been identified as major driver for corruption and fraudulent practices. 2020 has been marked by intense work to boost and intensify Prevention of Sexual Exploitation and Abuse (PSEA) and to combat fraud. The work of UNICEF-DRC is regulated and guided by its global and local PSEA and anti-fraud strategy, and the implementation of the 2020 United Nation Strategy and Plan for Protection from Sexual Exploitation and Abuse.

Within this framework, several actions were undertaken including internal management practices (review of large contracts, establishment of anti-fraud standard operating procedures etc.) to ensure value for money of main UNICEF operations.

Specifically, to fight against sexual exploitation and abuse (SEA), the UNICEF DRC Country Office increased its capacity and awareness through the following strategic axes:

- i) Planning and coordination to prevent/respond to SEA cases through gender-child sensitive reporting, improved quality of survivor assistance and enhanced accountability of timely investigations
- ii) Strengthening external coordination in PSEA by being part of interagency related networks and taskforces at a national and provincial level and
- iii) Enhanced PSEA measures into partnerships and contracts through extensive tailored- training sessions and risk assessments.

Critical results to be reinforced and scaled in 2021:

i)100% of UNICEF personnel, staff of 500 Civil Society Organizations, and suppliers (1,130 implementing partners staff) trained on PSEA and management of fraud, including whistle blower protection

ii)Systematic PSEA assessment of partners that will be completed in June 2021

iii)Communication material developed and distributed to all partners and suppliers to raise awareness on UNICEF’s “*Zero Tolerance Policy on PSEA and Fraud*”

iv)Complete package of care for survivors of SEA (health, psychological, economic, legal support)

Lastly, throughout 2020 donors and partners were provided systematic updates on the progress and measures undertaken against fraud and SEA. This has contributed to the promotion of a climate of trust and transparency that has in turn reinforced partnerships in DRC.

## UN Collaboration and Other Partnerships

UNICEF’s demonstrated investment and capacity to deliver holistic and integrated responses in WASH, Education, Health, Nutrition and Protection positioned the organization as a key partner with a comparative advantage to support children’s needs in crisis and post-crisis communities. This has contributed to leveraging key technical and financial partnerships to scale programming and resources for children, including but not limited to the World Bank Group, the Global Alliance Vaccination Initiative (GAVI), Bill and Melinda Gate Foundation (BMGF), Global Partnership for Education (GPE), EU (European Union) ECHO (European Commission Humanitarian Aid Office) and other multilateral and bilateral donors.

A greater emphasis was placed on raising multi-year funding for resilience and nexus programming in post-crisis communities and special UN joint initiatives in COVID-19 affected semi-urban areas. These interventions were possible thanks to UNICEF DRC’s donors (USA, UK, Germany, Sweden, Japan, Switzerland, Canada, China, France). With this donor support, UNICEF, WFP and FAO joined forces in a 4-year program aimed at improving socio-economic resilience of small producers and vulnerable populations in two provinces of the Eastern DRC by contributing to social cohesion and stabilization. In 2020, this tripartite partnership reached 23,500 households to support the mitigation of the impacts of COVID-19 through humanitarian cash intervention in the outskirts of Kinshasa. This

project will further support the testing of targeting and registration shock-sensitive social protection tools.

2020 has also seen a breakthrough for UNICEF DRC's engagement with the private sector, for mobilizing financial and non-financial resources from targeted sectors including and not limited to banking, telecoms and mining. As part of UNICEF's renewed strategy to leverage private sector investment through innovative funding mechanisms, a 21-million-dollar appeal for the Prevention of Child Labor in mining communities in collaboration with the Global Battery Alliance (GBA) was launched. In its capacity as in-country coordinator of the GBA-affiliated Cobalt Action Partnership, the CO has led local stakeholder engagement and advocacy efforts engaging the DRC government and 14 major mining and other private partners to advance collective action to support the elimination of child labor within the cobalt global value chain.

In 2020, to complement the CO regular resources (US\$67 million), UNICEF DRC mobilized over US\$356 million, US\$134 million for post-emergency activities (87% of the planned target) and more than US\$160 million to support humanitarian action (51% of planned requirements in the DRC 2020 Humanitarian Action for Children plan).

In addition, a total of \$113,437,597 was engaged in the procurement of essential medicines and supplies through the UNICEF Procurement Service channel. A critical achievement of 2020 was the unprecedented government disbursement of US\$ 16.4 million to purchase vaccines for children, as a result of concerted advocacy efforts from partners including UNICEF, GAVI, World Bank (WB) and the International Monetary Fund (IMF).

## Lessons Learned and Innovations

In 2020, facing multiple, overlapping crises and outbreaks, UNICEF is particularly proud of two innovative approaches that proved efficient to transform children's lives in the DRC.

### The Social Sciences Analytics Cell (CASS)

The use of systematic and integrated social science analyses to better understand epidemiological trends in outbreaks was a unique and innovative outcome of the 10th Ebola outbreak in the eastern

DRC. The Social Sciences Analytics Cell (CASS) has been unique in its service-based evidence for action platform; not only collecting data but ensuring these data are presented across multiple *fora* and locations to drive programs that are more adapted to the communities they seek to reach. The CASS works with different response actors to support the use of evidence for action, contributing to a more informed and accountable outbreak response. This, for example, resulted in 112 codeveloped recommendations during the eastern DRC Ebola outbreak. Some key examples of evidence and action from 2020 include:

- (1) Integrated analytics found that children under 5 were less likely to be listed as Ebola contacts, followed up when listed, or identified as cases. Based on this evidence, training packages for surveillance and psychosocial teams as well as healthcare workers were adapted, and communication materials developed to better communicate on potential risks and symptoms among children under 5.
  
- (2) Evidence found that the lack of communication materials explaining all of the Ebola symptoms resulted in delayed treatment-seeking, increased refusal for Ebola burials and distrust of Ebola response teams. To address this, communication materials were adapted to account for more common and less severe symptoms to reinforce healthcare seeking and engagement with response interventions. Over the course of the outbreak, the delays in treatment-seeking reduced by more than half.
  
- (3) Analytics found that since the COVID-19 pandemic began, those living with diabetes in Kinshasa were decreasing their use of diabetes services due to fear of contracting COVID-19 or being quarantined. To address this, free testing and treatment were set up and communication materials to specifically address protecting those living with comorbidities were developed by the Ministry of Health and the World Health Organization, supported by UNICEF.

As the DRC faces multiple concurrent outbreaks, Public Health Emergencies (PHE) in the context of conflict, population displacement, limited access to essential services and a weak health system, UNICEF DRC has invested in both scaling up the scope, and nationalizing the CASS unit.

The CASS success has further resulted in the setup of a global working group for integrated social sciences in outbreaks, under the Global Outbreak Alert Response Network (GOARN) and led by the DRC-CASS team. The DRC CASS is working with GOARN and UNICEF's global Public Health Emergency team to institutionalize training and deployment of integrated analytic teams in all future public health emergencies.

## **Modular and Sustainable Classrooms**

Following the interethnic conflict in the Kasai Central and Oriental provinces that resulted in the destruction of over 250 schools, UNICEF built 340 classrooms, supporting over 30,000 children to regain access to education. During this process, UNICEF DRC faced several challenges including a lack of contextual analysis and response modalities, high construction costs, delays in implementation, unfit technical solutions, and a disregard for local and sustainable solutions.

To address these, from July to September 2020, UNICEF developed and prototyped a modular sustainable school to provide a more accurate response to the country's requirements for both adequate school infrastructure and efficient and rapid response capacity. The model is designed to adapt to most conditions - *from rapid response phases through transition and development*- and most contexts. It can be tailored to all locally available materials, while adhering to national standards for education infrastructure and maintaining low costs and rapid implementation modalities. From one intervention phase to the next, the school can easily be upgraded with locally available material: This sustainable mechanism promotes longer-term ownership from beneficiaries, contributes to reduced carbon emissions in the construction lifecycle, and fosters local economic development. Costs start at only \$USD 4,000 per classroom - 3 classrooms per unit - which can be set up in a few weeks. In December 2020, the Ministry of Education approved this solution as an addition to the national applicable standards for school construction in the DRC.

In its *Humanitarian Needs Overview* for DRC, UNOCHA highlighted that an additional 28,000 classrooms were needed across the country to face increased demand from students as a result of the implementation of the Free Primary Education reform. UNICEF has since called for multi-year action from the entire aid community to meet those needs in the next three years and has committed to the construction of 1,000 classrooms in 2021.

All necessary technical documentation to replicate this innovation will be shared electronically through open sources and on a dedicated education TV channel, "*EDUCTV*", to be used by all in-country education sector actors.