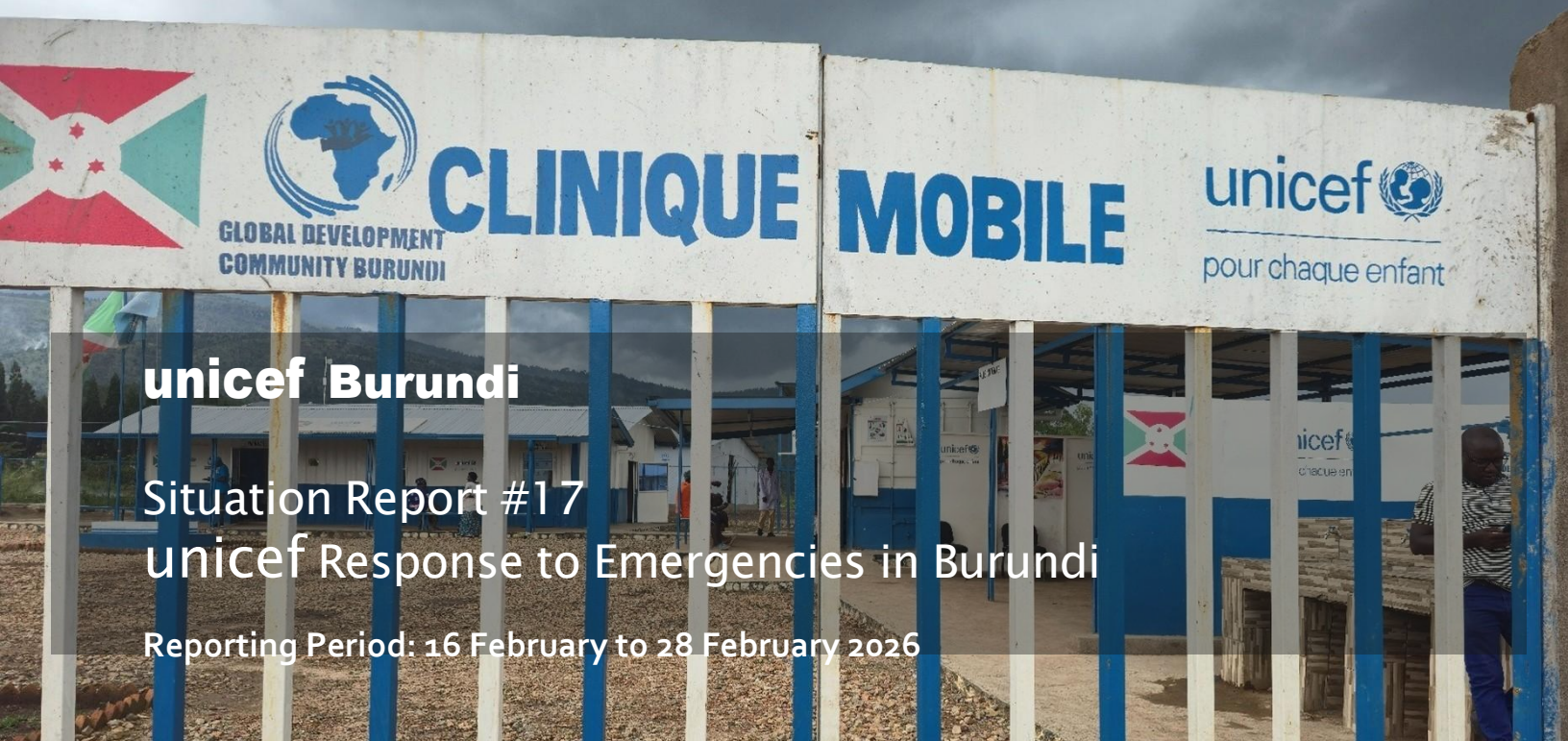




unicef Burundi

Situation Report #17

unicef Response to Emergencies in Burundi

Reporting Period: 16 February to 28 February 2026

Situation Overview & Humanitarian Needs

During the second half of February 2026, Burundi continued to face a highly strained humanitarian situation marked by sustained refugee presence, accelerated returns of Burundian refugees from Tanzania, continuing public health emergencies and persistent food and nutrition insecurity. These combined pressures continue to overstretch already fragile basic social services.

Following the major influx from the Eastern part of the Democratic Republic of the Congo (DRC) in December 2025, the Busuma refugee site is now hosting 14,047 households (66,727 people), including 35,365 children (53 per cent), 51 per cent women and girls, and 3 per cent elderly people. In addition, 8,132 refugees remain in the Cishemere transit site and 1,781 in Makombe. UNHCR is preparing their relocation to the new Musenyi 2 site to decongest transit facilities and improve service delivery. The Musenyi refugee site continues to host 18,067 refugees from earlier 2025 arrivals. According to OCHA, in Burundi, around 89,000 people remain internally displaced due to natural disasters. Overcrowding sites hosting refugees and returnees continue to strain WASH, health, nutrition, education, protection and shelter services.

Burundian returnees from the United Republic of Tanzania have significantly increased since January 2026. Indeed, as of 28 February 2026, 37,880 Burundian returnees (10,217 households) have been repatriated mainly through Gitara (Makamba) and Nyabitare (Ruyigi) transit centres, placing additional pressure on facilities and host communities. The Government of Burundi officially launched the National Response Plan on 2 March 2026 to guide reception and reintegration efforts.

Public health risks also continue to pressure the already constrained health system in Burundi. While cholera transmission is relatively controlled, surveillance continues. At Busuma refugees' site, measles cases have been reported, and close monitoring remains in place given the vulnerability of this overcrowded site. Nutrition conditions remain critical among refugees, with cases of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) linked to food insecurity and limited service capacity.

Humanitarian needs continue to exceed available resources, and the convergence of displacement, returns and health risks is stretching national systems and humanitarian actors beyond sustainable levels.

Situation in Numbers

 **632,989**
children in need of humanitarian assistance (Multicounty Great lakes HAC 2026-Burundi)

 **1,285,828**
people in need (Multicounty Great lakes HAC 2026-Burundi)

 **≈89,000**
Internally displaced people (IDPs)

 **≈90,790**
currently displaced by the conflict (UNHCR CORE December)

 **37,880**
Burundian returnees from Tanzania (UNHCR)

Funding Overview and Partnerships

To respond to the urgent needs arising from multiple shocks in 2026, the UNICEF Burundi Country Office requires US\$8.67 million to deliver life-saving assistance to vulnerable populations affected by these crises over the next 12 months.

In early January 2026, UNICEF received significant contributions, including US\$750,000 from the Central Emergency Response Fund (CERF) to support emergency water, sanitation and hygiene (WASH) assistance for newly arrived refugees at the Busuma site in Buhumuza Province, US\$ 43,333.33 from Cyprus and US\$400,000 from Global Humanitarian Thematic Funds to scale up and sustain critical life-saving interventions, particularly in child protection and WASH, in response to refugee arrivals from the DRC.

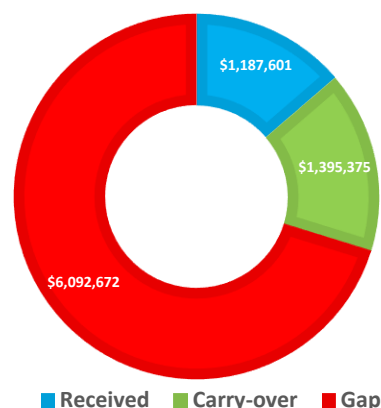
In addition, the Country Office received US\$1 million in Emergency Programme Funds (EPF) to support essential multisectoral interventions to respond to the refugee influx and address critical staffing gaps.

Despite these contributions, a funding gap of US\$6.09 million remains. Without urgent and flexible funding, UNICEF's ability to sustain essential services for affected children will be seriously constrained amid the convergence of displacement, accelerated returns from the United Republic of Tanzania, persistent food insecurity, rising acute malnutrition and climate-related shocks affecting livelihoods and service delivery systems. Immediate support is essential to maintain a timely, integrated and effective response in an increasingly fragile operating environment.

UNICEF's Funding Status

Sector	Requirement ¹	Humanitarian resources received in 2026 + Carry over	Funding gap	% gap
Child Protection/GBVIE	1,364,781	416,407	948,374	69.5%
IPC/WASH	1,785,194	1,055,338.25	729,856	40.9%
Health and HIV/AIDS	815,767	548,730	267,037	32.7%
Nutrition	1,680,017	283,552	1,396,465	83.1%
Education	722,317	0	722,317	100.0 %
Social Protection	1,718,946	2,908	1716038	99.8%
Cross-sectoral (HCT, SBC, RCCE, Inclusion, AAP)	588,626 ²	276,041	312585	53.1%
Total	8,675,648	2,582,976.3	6,092,672	70.2%

FUND STATUS



Summary Analysis of Programme Response

Nutrition

Between January and February 2026, a mass screening campaign was carried out in the refugee crisis sites, including Busuma. Camp community leaders were briefed and 105 community health workers selected jointly by leaders and nutrition partners were trained. The campaign was combined with deworming for children 12–59 months and vitamin A supplementation for children 6–59 months.

¹ Emergency Fund, reference to the HAC 2026 - Great Lakes (multi-country)

² Cross-sectoral, including Programme effectiveness & Management Effectiveness

In February, 18,133 children were screened, identifying 620 MAM cases (3,4%) and 291 SAM cases (1,6%). All SAM and MAM children were referred immediately to the camp's outpatient therapeutic program, reinforced by two nurses deployed by the Health District Office. Coverage targets for deworming (11,000 children) and catch-up vitamin A supplementation (4,000 children) are on track to be reached.

To avoid treatment interruption for MAM cases, the Ministry of Public Health authorized the exceptional use of RUTF through a simplified one-month protocol (1 sachet/child/day). This temporary measure will remain in place until MAM supplies procured by WFP arrive in the country. A total of 320 cartons of RUTF were sent to meet immediate needs in the camp. A formal partnership agreement with World Vision was signed to strengthen the nutrition response and ensure continuity of services in Busuma refugee's site

Health

Between 1 January and 28 February 2026, 25 Mpox cases were confirmed, reflecting a continued decline and placing the country in a controlled transmission phase, consistent with Africa CDC's decision to lift Mpox as a Public Health Emergency. Sustained surveillance, community engagement and IPC capacity remain essential to prevent resurgence.

The refugee influx continues to strain health services in hosting areas. UNICEF maintained a mobile clinic in Musenyi II, delivering 17,850 free consultations between 1 November 2025 and 28 February 2026, including primary health care, 210 obstetric ultrasounds, 25 safe deliveries and vaccination services for newly arrived children. UNICEF, through its partner Global Development Community, is also strengthening referral systems in Busuma by upgrading Rema Hospital with essential equipment, including a multifunction ultrasound machine, neonatal incubators, intensive care beds and oxygen therapy equipment, to manage complicated referrals and reduce preventable maternal and neonatal deaths. At community level, UNICEF supported the

Ministry of Public Health to finalize an integrated community engagement strategy. The training and deployment of 150 community health workers has started, with UNICEF financing the first three months to support community-based surveillance, health promotion, early warning and rapid referral.

In parallel, with the national Expanded Programme on Immunization and WHO, an integrated vaccination campaign reached over 40,000 children aged 6 months to 14 years in the Busuma and Musenyi refugees' sites. Routine immunization services were also established in Busuma through the installation of a solar-powered refrigerator, strengthening the cold chain capacity.

Despite these efforts, the combined impact of epidemics and displacement continues to expose systemic vulnerabilities. Sustained financial and technical support remains essential to consolidate gains, expand prevention and ensure equitable access to quality health services for refugees and host communities.

IPC / WASH

Thanks to UNICEF's coordination with partners, notably Médecins Sans Frontières, access to drinking water improved from 3.3 Liters/person/day to 5.51 Liters as of 28 February 2026. UNICEF has supported the Agency for Water and Sanitation in Rural Areas (AHAMR) for the construction of a 50,000-litre reservoir and five tap ramps; distribution is currently underway. UNICEF has also launched the construction of 92 latrines and 46 sustainable showers, as well as 200 emergency latrines in Busuma site. 65% of the temporary latrine pits have been completed and excavation works for 43% of the planned durable latrine pits have begun.

As part of the cholera response, UNICEF has distributed soap to Cholera Treatment Centre (CTC) of the Prince Regent Charles Hospital and the Kamenge Secondary Technical School (ETS de Kamenge) for 3,011 pupils, including 749 girls and 2,242 boys, where four 10,000-litre polytanks were installed and connected to the water network.

Child Protection and Gender-Based Violence in Emergencies (GBViE)

UNICEF, together with Social Action for Development (SAD) and Spring Communities, continues to support displaced and refugee children and their families. The response focuses especially on providing psychosocial support and preventing and addressing gender-based violence (GBV).

During the reporting period, 2,285 children received mental health and psychosocial support, including 1,021 girls. Of these, 1,077 children were reached by SAD in the Musenyi refugee camp, while 1,208 children received support from Spring Communities in the Busuma refugee site. The children assisted included 285 under five years old, 966 aged six to twelve, and 694 adolescents between thirteen and seventeen years old.

In addition, 1,077 children, parents, and caregivers in both Musenyi and Busuma refugees' sites took part in awareness sessions on GBV and the prevention of sexual exploitation and abuse (PSEA). These sessions helped strengthen community understanding of how to prevent sexual exploitation and abuse and informed participants about available services and the proper channels for reporting concerns.

The Child Protection Team participated in a field mission in the refugee sites of Busuma and Musenyi, as well as in the reception sites for Burundian returnees from Tanzania (Gitara and Nyabitare), to assess child protection needs. The team observed that there are no child protection actors to provide technical assistance in the transit sites, with AVSI beginning to establish its presence.

Education

During the reporting period, the Education Team collaborated closely with the implementing partner, JRS, to design an appropriate education response for deployment in Busuma. Following data collection and consultations with field stakeholders, combined with beneficiary feedback gathered through JRS, a comprehensive package for remedial courses was developed. This package aims to support approximately 3,700 children to better prepare for their integration into the Burundian education system at the start of the next school year.

Social Protection

In the aftermath of the refugee influx, the government of Burundi has started shaping its social protection response. To support the government leadership in humanitarian social protection coordination, UNICEF has planned a needs assessment in the Busuma camp and a capacity building plan on Humanitarian cash transfers which are still under discussion. In addition, UNICEF supported the organization of a coordination meeting on the Single Social Register. A cash working group meeting will further be supported to discuss coordination of cash interventions.

UNICEF is preparing to initiate discussions on shock-responsive social protection to identify mechanisms that would enable the Government to respond more rapidly and effectively to similar crises in the future. These discussions are being conducted within the Cash Working Group to strengthen coordination and alignment of approaches. They will also be elevated to high-level policy dialogues during the Social Protection Week scheduled for the end of March.

Protection against Sexual Exploitation and Abuse (PSEA)

UNICEF undertook an assessment of the operationality of hotlines and is addressing gaps in these reporting channels. A field mission was conducted in the Busuma and Musenyi refugees' sites, as well as in the transit sites for Burundian returnees from Tanzania (Gitara and Nyabitare) to assess needs in relation to the accessibility of reporting channels for the prevention of sexual abuse and exploitation. During the covered period, 18 286 refugees in Busuma and Musenyi were sensitized on safe channels mechanisms along with other topics to raise their awareness and rights to protection and support. This figure includes 2730 men, 6326 women, 5230 girls and 4000 boys who can now access safe channels in confidentiality. Meanwhile, the evaluation of new partners is ongoing.

Social and Behaviour Change (SBC)/RCCE

In the Musenyi refugees' site, in partnership with the Burundi Red Cross, community dialogues reached 10,462 people (5,461 women, 3,203 men, 1,732 young people and 86 people living with HIV). These community

dialogues, provided by 50 community actors among the refugees' communities, were focused on the dissemination of messages on the prevention of Mpox and other diseases such as viral hemorrhagic fevers. UNICEF also continued to support the data collection on community feedback in refugees' sites and in some districts with residual Mpox cases. A total of 526 community feedback was collected in February 2026.

In collaboration with the Health Emergency Response Operations Centre, UNICEF continued to carry out cholera prevention activities including awareness-raising activities using loudspeaker vehicles in the health districts with ongoing cholera outbreak. In addition to this, cholera prevention spots have been broadcast on radio, TV and social media. In the health districts of Bujumbura (North, Centre, South), Isare and Gitega, the Health Emergency Response Operations Centre has disseminated 8,240 posters on Mpox and 1,880 posters on viral hemorrhagic fevers at the entry points of Rumandari, Kobero, Mugina and Gatumba.

Finally, in partnership with the health section and the MoH Directorate of Health Promotion, 150 community health workers (CHWs) were selected from the refugee populations of the Busuma site. These CHWs received training on the integrated package, including Risk Communication and Community Engagement. These CHWs will facilitate community dialogues and home visits to strengthen diseases rapid detection and the dissemination of life-saving messages to promote rapid care-seeking.

Disability Inclusion

Technical support and protective equipment helped 20 children with disabilities, including 8 with albinism, gain autonomy and better access to essential services, like education. An accessibility assessment is currently underway at the Busuma site; UNICEF and its partners are planning to extend support to additional children with disabilities in Busuma and Musenyi as needs remain substantial. The security audit conducted at the Busuma site revealed that essential infrastructure and services – sanitation, water points, food distributions, sheds and community spaces – remain largely inaccessible for people with disabilities. The lack of appropriate accommodations and protection measures, especially for

women/girls with disabilities, puts them at increased risk of injury, sexual violence and systemic exclusion.

A five-minute video is being finalized to raise awareness among the public about the lives of children with disabilities in Musenyi. It highlights the daily challenges these children face, while presenting the concrete impact of UNICEF's efforts through the Association des Femmes Handicapées du Burundi "Les Vaillantes".

Humanitarian Leadership, Coordination and Strategy

During the second half of February 2026, UNICEF maintained a central leadership role in humanitarian coordination in Burundi, supporting the Government amid sustained refugee hosting, increasing returns from Tanzania and ongoing public health risks. UNICEF contributed to strengthening alignment between refugee response and return preparedness efforts across sectors and locations.

UNICEF continued to lead the WASH and Education sectors, Child Protection sub-sector and co-lead Nutrition, while contributing to Health coordination. In this role, UNICEF supported joint planning, partner coordination and advocacy to keep children and vulnerable populations at the center of the response.

UNICEF also contributed to the 2026 humanitarian planning process, supporting the development and prioritization of sectoral strategies and targets across WASH, Education, Child Protection and Nutrition.

Alongside coordination, UNICEF continued delivering life-saving support in WASH, health, nutrition, education and child protection, while reinforcing cholera surveillance and measles monitoring in displacement settings and strengthening government systems and partners.

Despite these efforts, humanitarian needs continue to exceed available resources and operational capacities.

Communication, External Media, and Case Studies

During this period, the UNICEF Burundi Communications Section continued to showcase initiatives implemented at the Busuma refugee site. Through social media posts, it showcased a joint mission conducted with UNHCR, UNFPA and other gender-based violence (GBV) partners to carry

out a participatory safety audit aimed at identifying risk areas and guiding actions to strengthen protection for women, girls and other vulnerable groups at Busuma site. The communication team also covered a capacity-building initiative for community health workers from the Busuma refugee site and the host community, aimed at improving early disease detection, nutrition monitoring and vaccination coverage. These posts help inform partners and the public about ongoing efforts to improve protection and access to essential services for refugees and host communities.

Published stories

- [Busuma : des services de santé renforcés grâce au partenariat UNICEF, ministère de la Santé et OMS](#)
- [Lancement d'une campagne de vaccination et de supplémentation en vitamine A dans les camps de réfugiés congolais au Burundi](#)
- [Musenyi : appui aux enfants réfugiés congolais en situation de handicap](#)
- [UNICEF renforce la santé et la lutte contre la malnutrition chez les enfants réfugiés](#)
- [Eau, hygiène et dignité : l'action de l'UNICEF auprès des réfugiés congolais](#)
- [UNICEF protège et accompagne les enfants réfugiés grâce aux espaces amis des enfants](#)

The Mpox epidemic in Burundi (2024–2025) offered important insights into how disability inclusion can be strengthened during health emergencies. UNICEF developed a case study that documents practical

challenges and captures lessons to inform future humanitarian responses, emphasizing early engagement, better planning for inclusion, and universal accessibility.

<https://www.unicef.org/burundi/documents/case-study-disability-inclusion-during-mpox-epidemic-burundi>

- [Strengthening Safety for Women and Girls at the Busuma Refugee Site](#)
- [Training Community Health Workers to Improve Health Services for Refugees and Host Communities](#)

Acknowledgements

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Sector Indicators	UNICEF and IPs Response		
	2026 target	Total results (Reached this period)	% achieved
Health			
# children and women accessing primary health care in UNICEF-supported facilities (mandatory)	112,125	17,850	16%
# children vaccinated against measles, supplemental dose	58,305	40,000	69%
# individuals receiving treatment for cholera/acute watery diarrhea in UNICEF-supported facilities	1,296	495	38%
Nutrition*			
# children 0–59 months screened for wasting (mandatory)	134,900	18,133	13%
# children 6–59 months with severe wasting admitted for treatment	22,663	291	1%
# primary caregivers of children 0–23 months receiving infant and young child feeding counselling	46,810	ND	
# pregnant women receiving preventative iron supplementation	20,880	ND	
# children 6–59 months receiving vitamin A supplementation	134,900	18,133	13%
Child Protection & GBV			
# children, adolescents and caregivers accessing community-based MHPSS (mandatory)	79,218	12,026	% 15%
# women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions (mandatory)	79,218	12,928	16%
# children who have received Mental Health and Psychosocial support	47530	ND	
# unaccompanied and separated children provided with alternative care and/or reunified	1,797	46	3%
# children who have received individual CP case management	2,622	ND	
Education			
# children accessing formal or non-formal education, including early learning (mandatory)	20,139	4,114	20%
# children receiving individual learning materials	18,289		00

WASH			
# people accessing a sufficient quantity and quality of water for drinking and domestic need (mandatory)	55,800	0 ³	0
# people accessing appropriate sanitation services	11,532	3,215	28%
# women and girls accessing menstrual hygiene management services	3,229	0	0
# children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	9,040	0	0
# people reached with critical WASH supplies	22,320	3,781	17%
# people reached with hygiene promotion sessions	141,088	25,520	18%
Social Protection			
# households benefitting from social assistance from government funded programmes with UNICEF technical assistance (mandatory)	60,000	0	0
Cross – sectoral			
# people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations (mandatory)	273,270	18,286	6.6%
# households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors) (mandatory)	4,112	0	0
# people reached with timely and life-saving information on how and where to access available services	273,270	ND	
# people engaged in reflective dialogue through community platforms	188,885	ND	
# people engaged in reflective dialogue through social media and digital platforms	251,886	ND	
# people sharing their concerns and asking questions through established feedback mechanisms	18,888	375	2%

³ UNICEF has contributed to the provision of the drinking water access system in the Busuma site but as stated in the narrative, we are below the threshold of the formulation of the indicator (sufficient quantity and quality)