



Drinking water supply tanks installed at the Gateri/Cibitoke IDP's site, @UNICEF Burundi/2025/L. G. Nihorimbere

Burundi

Humanitarian Situation Report No. 13

unicef 
for every child

Reporting Period: 01 to 30 September 2025

Situation Overview & Humanitarian Needs

As of September 2025, Burundi remains in a humanitarian crisis linked to the massive influx of Congolese refugees since February 2025. This crisis is exacerbated by the effects of the 2024 floods and ongoing outbreaks of Mpox, Cholera and measles. In week 38, 178 new cases of cholera were recorded and 71 cases of Mpox are still active (hospitalized).

As of September 12, 2025; 35,828 refugees are in Burundi because of the recent conflict in DRC, 53% of whom are children. Of this total, 15,478 are in the Musenyi site in Burunga Province (ex-Rutana province), more than 15,800 are in host families in Cibitoke province and more than 4,500 are in transit sites and border areas. These refugees face limited access to basic social services (clean water, sanitation, primary health care, psychosocial support, education, shelter and non-food items).

UNICEF's Funding Status¹

Sector	Requirement ²	Humanitarian resources received in 2025 + Carry over	Funding gap	% gap
Child Protection	2,810,000	949,108	1,860,892	64%
WASH	4,686,000	2,178,444	2,507,556	52%
Health	2,820,000	1,215,435	1,604,566	49%
Nutrition	1,036,620	1,223,451	0	-
Education	2,773,000	121,706	2,651,294	96%
Inclusion	225,000	0	225,000	100%
SPA	2,431,943	63,633	2,368,310	97%
Cross sectoral ³	600,000	1,576,532	0	-
Total	17,382,563	7,328,309	11,217,618	65%

Situation in Numbers

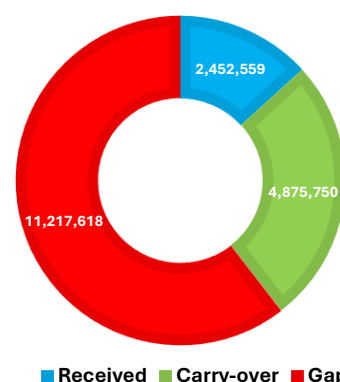
 **539,000**
children in need of humanitarian assistance (HNRP-2025-Burundi)

 **1,100,000**
people in need (HNRP-2025-Burundi)

 **≈13,500**
Internally displaced people (IDPs)

 **35,828**
currently displaced refugees by recent conflict (UNHCR, September 2025)

FUND STATUS



¹ Emergency Funds including refugee response, cholera and Mpox after L3 emergency

² Burundi Response Plan for significant influx of refugees from the DRC

³ Program effectiveness and Management effectiveness, including SBC/RCCE; Planning, monitoring and evaluation; Communication and partnerships; PSEA; logistics and supply; and operations

Funding Overview and Partnerships

According to the revised UNICEF Refugee Response Plan, UNICEF Burundi requires USD 17.4 million to deliver life-saving assistance to Congolese refugees over the next eight months. To address urgent needs, the Country Office reallocated internal resources and welcomed the support received through a Global Humanitarian Thematic Funding allocation of USD 400,000, along with an additional USD 500,000 for emergency preparedness. UNICEF also received USD 679,332.41 for WASH interventions following a successful CERF proposal led by UNHCR. The Burundi Office received assistance from the Government of Aragon, equivalent to USD 106,184.17, and USD 15,927.62 from Spanish NatCom for the strengthening of the emergency response related to the influx of refugees and epidemics in the WASH sector. In August and September 2025, the office also received assistance of USD 412,004.51 from the Government of Navarra through Spanish NatCom for the multisectoral humanitarian response for epidemic outbreak and displacement and USD 467,289.72 from FONAREV/DRC (National Fund for Reparations for Victims of Conflict-Related Sexual Violence and Crimes against Peace and Security of Humanity/Democratic Republic of Congo) under the Inter-Agency Project managed by HCR for the Protection, Assistance and Reparation of Congolese Refugees in Burundi.

Despite these contributions, a critical funding gap of USD 11.2 million remains. Without immediate and flexible additional funding, UNICEF's capacity to continue delivering essential services to affected children will be gravely hindered. Urgent support is needed to enable a timely response in the key priority areas outlined below.

Summary Analysis of Programme Response

Nutrition

During this reporting period, in collaboration with the health districts and other stakeholders, 146 children 6-59 months were screened for acute malnutrition (42 children 6-59 months at the Mpox isolation centre and 104 children in Musenyi refugee site), with one case of severe acute malnutrition (SAM) identified in Mpox Center. A total of 18 children aged 6 to 59 months and 2 pregnant and lactating women (PLW) with SAM continued to receive treatment for SAM and 95 caregivers of children under two years received IYCF counselling at Musenyi refugee site.

Health

During the reporting period, UNICEF addressed both the crisis resulting from the influx of Congolese refugees into the DRC and the outbreaks of cholera and measles.

UNICEF has set up a mobile clinic (health post) in the second site in Musenyi (Musenyi 2), which is scheduled to be operational within the next two weeks, to serve a population of 16,000 (both refugees and host communities). Once operational, this health post will provide a comprehensive package of integrated services, including medical consultations, laboratory services (rapid tests, basic analysis), prenatal and postnatal care with obstetric ultrasounds, malnutrition screening and prevention, child vaccinations, safe deliveries, support for with specific needs, and community sensitization on sexual and reproductive health.

Eight health districts experienced measles outbreaks. In response, the Expanded Programme on Immunization (EPI), in collaboration with its traditional partners (WHO, UNICEF), conducted a vaccination campaign targeting 369,567 children aged 6 to 59 months across the affected districts. Preliminary results indicate that 292,223 children (79.1%) were vaccinated. Notably, among those vaccinated, 1,618 children were from the Musenyi refugee camp, located within the Gihofi health district.

UNICEF delivered 5 Cholera kits to the MoH to manage pressing cases at the three Cholera Treatment centers of Cibitoke, Gihanga and HPRC. UNICEF has also ordered additional kits that will cover around 1500 patients as the national contingency kit decreases.

In alignment with the Mpox transition strategy, UNICEF worked closely with the Ministry of Health (MoH) and local implementing partners to facilitate a phased and sustainable handover to government entities of Mpox case management responsibilities. This involved capacity-building initiatives, resource mapping, and joint planning to ensure that hosting hospitals supported by the MoH are adequately prepared to assume full operational control of Mpox treatment centres. This transition is aimed to strengthen national ownership, ensure continuity of care for Mpox patients, and integrate Mpox services into the broader health system.

WASH

During the reporting month, UNICEF has supported the extension of water supply system which is connected to two water tanks (poly tanks) with a total storage capacity of 20,000 Liters equipped with 12 water taps, benefiting 1,100 people (286 girls, 297 boys, 275 women and 242 men) who were newly relocated to the Musenyi 2 site. In addition, UNICEF continues to maintain and ensure the water quality for 10,944 people as reported in the previous month in Musenyi 1 site. The water quantity available is over 20 L/person/day. The water quality is checked on a regular basis, hygienists were trained, and pool testers were provided to monitor the residual chlorine.

To address sanitation and hygiene challenges, 160 durable latrine and 80 durable showers gender-separated and equipped with internal security system, are being built and expected to be functional early October. 2,000 hygiene kits were distributed to the most vulnerable families during the first week of September. Furthermore, WASH items were be distributed to the hygienists trained to ensure sanitation and hygiene management, this is accompanied by hygiene promotion.

UNICEF acts as co-lead of the WASH sector coordination platform. Seventeen bi-monthly meetings have been held so far. As co-lead, UNICEF participates in all the multi-sector meetings organized by OCHA and the UNHCR.

Following an IPC/WASH compliance assessment in 20 healthcare facilities, UNICEF in collaboration with the MoH's COUSP trained 74 health workers (44 women and 30 men) from 37 healthcare facilities in Gitega and Kayanza on Mpox infection prevention and control. All these activities have been regularly monitored by UNICEF in collaboration with implementing partners.

Child Protection and GBViE

Thanks to a renewed partnership with the national NGO *Social Action for Development (SAD)* and with funding from the *Fonds National des Réparations des victimes de violences sexuelles liées aux conflits et des crimes contre la paix et la sécurité de l'humanité (FONAREV)* at the Musenyi refugee site, 3,677 refugee children including 10 children with disabilities (49 percent girls) and 1,257 refugee parents and caregivers received community-based psychosocial support during the reporting period. Recreational activities were conducted in one permanent and several mobile child-friendly spaces in Musenyi, reaching refugee children across three age groups: 3–5 years (378 boys and 363 girls), 6–12 years (741 boys and 735 girls), and 13–17 years (453 boys and 443 girls). These activities fostered psychosocial well-being, social engagement, and age-appropriate development in a safe and supportive environment. In addition, 1,541 girls, 1,021 women, 876 men, and 1,572 boys including 12 people with disabilities participated in child protection awareness-raising sessions, contributing to strengthened prevention of child protection risks in refugee settings.

UNICEF also distributed 95 solar lamps and 291 whistles to vulnerable girls and women, as a measure to mitigate the risks of gender-based violence, and as a direct follow-up of recommendations from the safety audit conducted at the Musenyi refugee site in June 2025 by UNICEF and partners.

Education

In September, UNICEF, in collaboration with the Jesuit Refugee Service (JRS) and the Ministry of Education, organized a capacity-building session for 149 teachers, including 10 Congolese refugee teachers from the Musenyi site. The training

focused on remedial teaching techniques, with the objective of enhancing their capacity to support refugee children in their integration into the Burundian education system.

With the start of the new school year, refugee children began enrolling in neighbouring schools, reaching a total of 1,885 enrolled students by the end of September. Enrolment is expected to continue progressively in the coming weeks.

Social Protection and Cash Transfers

In September, UNICEF provided technical support to the Merankabandi Cash for Jobs Programme, contributing to the development of the first draft of a satisfaction survey report. This report captures the perceptions of both refugees (in designated sites) and returnees from Tanzania and Kenya regarding key programme components and delivery parameters. The insights aim to inform adaptive programming and enhance accountability to affected populations.

As an active member of the Cash Working Group, UNICEF shared disaggregated data on households that received cash assistance following discharge from the MPOX isolation site. This contribution strengthened inter-agency coordination and supported evidence-based decision-making among partners.

In addition, UNICEF initiated the planning of a satisfaction survey to assess the effectiveness and user experience of the MPOX-related cash transfer response. The findings will guide future humanitarian cash assistance interventions, ensuring they are responsive to community needs and aligned with best practices in cash programming.

PSEA and AAP

2,000 UNICEF PSEA cards and 15 PSEA posters were distributed to beneficiaries at the Gateri site (Gateri is one of the sites that welcomed the populations affected by the severe floods of 2023-2024) through the coordination of the PSEA Network. With funding from UNICEF ESARO and UNICEF Burundi, a PSEA comic was finalized in French and Kirundi in collaboration with SBC, and a companion user guide was developed. In total, 4,269 people ((1,178 girls, 1,194 boys, 1,021 women, and 876 men and 12 adults with disabilities), have access to a safe and accessible channel to report SEA allegations.

As part of the accountability to affected population, a satisfaction survey was conducted among beneficiaries of the project “Continued psychosocial support and protection for children and families affected by Mpox and those at risk in the health districts and communities of Kayanza and Gitega.” The survey focused on the Financial support component for vulnerable households discharged from Mpox care centers.

SBC/RCCE

In August 2025, UNICEF collaborated with the Collective Service to conduct community feedback analysis in the response of the Mpox outbreak in Burundi. Based on challenges reported by communities, recommendations to strengthen community engagement activities through traditional and religious leaders have been made to promote preventive measures on Mpox. In this area, UNICEF worked with the network of religious leaders for health promotion (RCBIF) to conduct community dialogues integrating RCCE messages and community-based Infection Prevention and control that reach 1100 men and 1200 women. In the same perspective, in September 2025 UNICEF worked with the RCBIF to produce a video to promote MPOX prevention measures. The video will be used in different religious communities and electronic platforms to engage the community adopting positive behaviours to combat MPOX.

UNICEF has initiated with COUSP the revision and adaptation of modules to be used during the cascade’s training on the feedback community mechanism following the One Health Approach. The Terms of Reference have been shared with FAO who will be partnered to organize the training sessions.

UNICEF also supported the Ministry of Health to develop the Cholera response plan and the Viral Hemorrhagic Fever preparation plan in September 2025.

Humanitarian Leadership, Coordination and Strategy

For the month of September 2025, UNICEF remained a key member of the Humanitarian Country Team (HCT) and the Inter-Sector Coordination Group in Burundi. UNICEF continues to ensure effective coordination of the Child Protection sub-cluster, the Education, Nutrition and Water, Hygiene and Sanitation (WASH) clusters. UNICEF has spearheaded maternal and child health and childhood immunization within the health sector. UNICEF actively contributes to the activities of the Inter-Agency Sustainable Solutions Group and the Cash Working Group.

To strengthen the synergy of action between key actors, UNICEF has continued to engage with UNHCR and other UN agencies and with potential donors through bilateral and group meetings to create a positive dynamic that helps to strengthen collaboration, for the benefit of the people they serve. These exchanges have been strengthened and go beyond the borders of the country office in inter-agency and inter-country collaboration (in the case of the reinforced exchanges and discussions between the UNHCR and UNICEF offices in Burundi and the DRC) with a view to creating synergy in the preparation of the response to the shock affecting the populations in the two countries.

UNICEF's strategy to reach people in need of assistance is also based on expanded partnerships with NGOs, community networks in the areas of intervention, and close collaboration with other sister agencies of the United Nations system and with government authorities.

Human Interest Stories and External Media

UNICEF continues to step up its response to the growing humanitarian needs at the Musenyi site, where thousands of Congolese refugees—many of them children—have sought safety.

Thanks to funding from the Central Emergency Response Fund (CERF) and in collaboration with its partners COPED and AIDE, 2,000 hygiene kits have been distributed, reaching 20,000 people.

Read more: [UNICEF Burundi - L'UNICEF poursuit son soutien aux réfugiés... | Facebook](#)

On the eve of the 2025-2026 school year approaching, UNICEF continued its commitment to ensuring that every child, including refugees, has access to quality education. At the Musenyi site in Rutana Province, training was organized to strengthen the teaching skills of teachers working with Congolese refugee children. At the same time, young refugees were consulted to better understand their challenges and tailor educational responses to their realities.

Read more: [UNICEF Burundi - Alors que des milliers d'enfants ont repris le... | Facebook](#)

In order to strengthen the protection of refugee children, 15 key actors from the government, NGOs, civil society, UNICEF, UNHCR and ONPRA underwent training in case management and jointly developed concrete solutions. The initiative was supported by UNICEF, led by the Task Force for the Protection of Children in Emergencies (TFPESU), in collaboration with UNHCR.

Read more: [UNICEF Burundi - Des solutions concrètes pour améliorer la prise... | Facebook](#)

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