Massive screening campaign for nutritional status in the Busuma site

Burundi

Humanitarian Situation Report No. 16

unicef
for every child

Reporting Period: 1 February to 15 February 2026

Situation Overview & Humanitarian Needs

During the first half of February 2026, Burundi continued to face a highly strained humanitarian context marked by continued refugee arrivals, increased returns from Tanzania, public health risks and persistent food and nutrition insecurity. These issues are straining the country`s fragile basic social services.

After a major influx of refugees from the eastern part of the Democratic Republic of the Congo (DRC) in December 2025, Busuma refugee site is now hosting 14,047 households (66,636 people), including 39,643 children (59 per cent), 52% women and girls; 3 per cent are older adults. In addition, 5,992 people remained in Cishemere transit site and 2,330 in Makombe. Musenyi refugee site continues to host 18,067 refugees from earlier 2025 arrivals. According to the latest information from OCHA, around 89,000 people are internally displaced as a result of the effects of natural disasters. Overcrowding and rapid population growth continue to overstretch WASH, health, nutrition, education, protection and shelter services.

Simultaneously, 20,619 Burundian returnees from Tanzania (5,786 households) were received through Gitara (Makamba) and Nyabitare (Ruyigi) transit centres, stretching both facility capacity and resources in host communities.

Public health risks persist. While cholera transmission is currently relatively controlled, continuous surveillance is required. At Busuma, 24 active measles cases were reported, highlighting the vulnerability of overcrowded settings. The nutrition situation remains critical among refugees, with reported cases of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) linked to food insecurity and limited-service capacity.

Humanitarian needs remain significantly higher than available resources and operational capacities, and the convergence of displacement, returns and health risks continues to stretch national systems and humanitarian actors beyond sustainable limits.

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)

20,619
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.

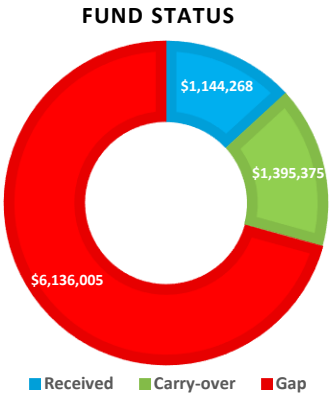
In early January 2026, UNICEF received significant contributions, including US$750,000 from the Central Emergency Response Fund (CERF) to support emergency water, sanitation and hygiene (WASH) assistance for newly arrived refugees at the Busuma site in Buhumuza Province, and US$400,000 from Global Humanitarian 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 address critical staffing gaps and support essential multisectoral interventions to respond to the refugee influx.
Despite these contributions, a funding gap of US$6.13 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	1,014,172.92	771,021	43.2%
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]	273,873	314753	53.5%
Total	**8,675,648**	**2,539,642.92**	**6,136,005**	**70.7%**



Summary Analysis of Programme Response

Nutrition

Nutrition interventions focused on the refugee crisis in the sites, including Busuma. Between January and February 2026, a mass screening campaign was carried out. Camp community leaders were briefed and 105 community health workers selected jointly with 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. From 11 to 13 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 Officer. Coverage data for deworming (target: 11,000 children) and catch-up vitamin A supplementation (target: 4,000 children) are being finalized.

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

During the reporting period, Burundi's public health situation remained under significant strain due to cholera, measles and Mpox compounded by continued pressure on the health system. Between epidemiological weeks 1 and 7 of 2026, 455 cholera cases were reported, including 156 cases between 1 and 15 February, compared to 65 cases during the same period in 2025, indicating heightened transmission risks. UNICEF supported five cholera treatment centres, including in Gihanga and at Clinique Prince Louis Rwagasore in Bujumbura, and supplied 2,000 litres of Ringer's lactate and 9,000 rapid diagnostic tests. Strengthened infection prevention and control (IPC) measures have reduced case fatality rates in high-burden areas, though further scale-up remains critical.

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

[2] *Cross-sectoral, including Programme effectiveness & Management Effectiveness*

Between 1 January and 15 February 2026, 23 Mpox cases were confirmed, reflecting a continued decline and placing the country in a controlled transmission phase. This progress is consistent with the decision of Africa CDC to lift Mpox as a Public Health Emergency of Continental Security. Sustained surveillance, community engagement and IPC capacity remain essential to prevent resurgence.

The refugee influx continues to place heavy pressure on health services in hosting areas. UNICEF maintained a mobile clinic in Musenyi II, delivering 14,760 free consultations between 1 November 2025 and 21 January 2026, including primary health care, 180 obstetric ultrasounds, 21 safe deliveries and vaccination services for newly arrived children. As of mid-February 2026, UNICEF is supporting strengthened referral systems in Busuma by upgrading Rema Hospital through the provision of key equipment, including a multifunction ultrasound machine, neonatal incubator, 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 is planned, with UNICEF financing the first three months. These workers will focus on community-based surveillance, health promotion, early warning and rapid referral.

In parallel, in collaboration 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 Busuma and Musenyi. Routine immunization services were also established in Busuma through the installation of a solar-powered refrigerator, strengthening cold chain capacity.

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

IPC / WASH

During this reporting period, the coordination of WASH actors intensified thanks to UNICEF's leadership, strengthening the cholera response in Nyaza Lac and improving conditions for refugees in Busuma. Three coordination meetings, including one chaired by the Permanent Secretary of the Ministry in charge of hydraulic, helped harmonise interventions, target priority actions and avoid duplication.

In Nyaza Lac, the Agency for Water and Sanitation in Rural Areas (AHAMR) carried out a new borehole with UNICEF support, and community awareness campaigns helped limit the spread of cholera.

In Busuma site, access to drinking water increased from 1.5 litres to 2.4 litres to 3.3 litres per person per day. The government and UNICEF are working together to drill two boreholes (one funded by the government and one by UNICEF); one borehole has already been drilled under the supervision of AHAMR. In addition, UNICEF has provided 20 mobile latrines to meet the growing needs of refugees. Despite these advances, challenges remain, including a lack of financial resources. The funding gaps identified by the WASH sector group, to expand water, hygiene and sanitation coverage is US$ 6,120,500, which include USD 795,000 for access to drinking water, USD 5,042,000 for access to sanitation, and USD 283,500 for the provision of WASH kits and hygiene promotion.

As of 15 February, at the IDP site in Gateri, 243 of 285 households had adequate family latrines. Hygiene management training was provided to 256 households, and 30 local masons were trained and equipped to support the communities. 45 solar lamps have been installed to reduce the risk of gender-based violence, 285 households have been provided with handwashing stations, and 154 vulnerable households have received specific WASH kits. These advances represent a tangible improvement in access to water, sanitation and hygiene, while strengthening the protection and dignity of the target populations, despite persistent challenges related to resources and expanding coverage.

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

UNICEF, in collaboration with Social Action for Development (SAD) and Spring Communities, continues to provide protection and support to children and families affected by displacement, including those impacted by the influx of refugees from the DRC due to armed conflict. The interventions place particular emphasis on psychosocial support and on the prevention and response to gender-based violence (GBV).

During the reporting period, a total of 2,125 children—1,168 of whom were girls—received mental health and psychosocial services. Of these, 1,558 children were supported through SAD in the Musenyi refugee camp, while 567 children benefited from services provided by Spring Communities in the Busuma refugee site. The beneficiaries across both sites included 503 children under five years of age, 915 children between six and twelve years, and 707 adolescents aged thirteen to seventeen.

In addition, 4,171 children, parents, and caregivers in Musenyi participated in awareness sessions on GBV and the prevention of sexual exploitation and abuse (PSEA), while a further 4,640 individuals attended similar sessions in Busuma. These sessions were designed to strengthen community knowledge on preventing sexual exploitation and abuse and to inform participants about available services and established reporting mechanisms.

Education

Upon the request of the Ministry of Education, UNICEF deployed 17 high-performance tents, which were subsequently installed by the Red Cross to serve as temporary learning spaces at Mushasha I and Mushasha II schools in Gatumba, an area traditionally affected by recurrent flooding. This intervention enables 1,305 children, including 657 girls, to ensure continuity of learning in a safe and conducive learning environment.

The remedial courses for 2,825 refugee children of whom 1,453 are girls and 1,372 are boys at the Musenyi refugee site were successfully concluded in mid-February 2026. The project plays a critical role in strengthening learners' foundational competencies and facilitating their effective transition and integration into Burundi's formal education system

Social Protection

In the aftermath of the refugee influx, the government of Burundi has started shaping its social protection response. Yet, because the country's social protection system is underdeveloped, it cannot provide a swift and coordinated government response. To support the government leadership in humanitarian social protection coordination, UNICEF has led discussions with the Head of Social Protection programme and the Coordinator of the Merankabandi programme on the building blocks of strengthening the system, including a needs assessment in the Busuma camp and a capacity building plan on Humanitarian cash transfers. 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.

Protection against Sexual Exploitation and Abuse (PSEA)

UNICEF-Burundi PSEA Action Plan 2024–2025 is being updated based on ongoing needs and priorities and will be submitted to the CMT for approval. Moreover, UNICEF undertook assessment of the operationality of hotlines and is addressing gaps in this reporting channels. A field mission is planned to identify the gaps on access to safe reporting channels especially in refugees and returnees' sites in Makamba and Ruyigi. Meanwhile, the evaluation of new partners is ongoing.

Social and Behaviour Change (SBC)/RCCE

To strengthen cholera prevention efforts, UNICEF, in collaboration with the Public Health Emergency Operations Center (PHEOC), is conducting a proximity outreach campaign using loudspeaker vehicles to disseminate life-saving messages to communities in affected areas.

Based on data collected from community volunteers at the Musenyi site and tracking of PHEOC hotline, over 900 community feedback were collected between January and February 2026. While the analysis is undergoing, findings will inform the adaptation of response interventions, including support to Congolese refugees. Following the Training of Trainers on community feedback held in January 2026, which convened approximately 40 participants from One Health ministries, civil society, the Ombudsman's Office, and national NGOs, UNICEF organized two additional capacity-building sessions. These sessions also engaged monitoring and evaluation teams and PHEOC hotline operators to further strengthen feedback systems.

At the Busuma refugee reception site, UNICEF continues to support the establishment of a community information and disease prevention kiosk. Discussions with the Health Promotion Directorate are ongoing to ensure a more harmonized and integrated approach to community communication and prevention activities aimed at reducing morbidity and mortality risks. UNICEF also provided technical and financial support to the Ombudsman's Office to convene the launch workshop of the national complaints management strategy, contributing to strengthened accountability to affected populations.

Disability Inclusion

Following support provided to 20 children with disabilities, including 8 children with albinism, through technical assistance and protective equipment, their autonomy and access to essential services, including education, improved. An accessibility assessment is currently underway at the Busuma site, and UNICEF Burundi, together with partners, is preparing a new project document to extend support to additional children with disabilities in Busuma and Musenyi. Needs remain substantial, and further support is urgently required.

Humanitarian Leadership, Coordination and Strategy

During the first two weeks of February 2026, UNICEF sustained its central leadership role in humanitarian coordination in Burundi, supporting the Government of Burundi amid continued refugee influxes, increased returns from Tanzania and persistent public health risks. UNICEF contributed to aligning the Refugee Response Plan and return preparedness efforts, ensuring coherence across sectors and locations.

UNICEF continued to lead the WASH and Education sectors, co-lead Nutrition, lead Child Protection, and play a key role in Health coordination. UNICEF strengthened joint planning, partner coordination and advocacy to keep children and vulnerable groups at the centre of the response.
Beyond coordination, UNICEF delivered frontline, life-saving support in WASH, health, nutrition, education and child protection, reinforced cholera surveillance and measles response in displacement sites, and bolstered government systems and partners to sustain integrated, multisectoral action.

Despite these efforts, the scale and convergence of crises continue to outpace available resources and operational capacity, leaving significant unmet needs across affected populations.

Communication, External Media, and Case Studies

During this period, UNICEF Burundi's communication efforts showcased the continued support provided to Congolese refugees living in camps across the country. The published stories and visual materials highlighted how UNICEF and its partners have strengthened children's access to basic social services despite a prolonged emergency.

The communications also illustrated progress in improving the protection and schooling of children with disabilities, reinforcing health services for more than 65,000 refugees, and supporting the rollout of a major vaccination campaign targeting 35,000 children in camps and displacement sites.

The videos produced in the Gatumba, Ndava and Busuma sites further highlighted the daily realities faced by refugee children, showcasing the safe, supportive environment provided through child-friendly spaces, as well as persistent challenges related to malnutrition, access to water, hygiene and sanitation. These visual testimonies underscore the scale of needs and the tangible impact of the response, reflecting a continued collective commitment to ensuring that every child, wherever they are, has equitable access to education, healthcare, protection and dignified living conditions.

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

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Annex A: HPM 2026 as of 15 February			
	UNICEF and IPs Response		
Sector Indicators	**2026 target**	**Total results (Reached this period)**	**% achieved**
Health			
# children and women accessing primary health care in UNICEF-supported facilities (mandatory)	112,125	14,760	13%
# 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	477	37%
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	9,741	12%
# women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions (mandatory)	79,218	11,851	15%
# 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	0	0
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

[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)*

# people reached with critical WASH supplies	22,320	770	3%
# 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	3187	1.2%
# 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%