

UNICEF Burundi

Situation Report #18

UNICEF Response to Emergencies in Burundi

Reporting Period: 01 March to 31 March 2026

Situation Overview & Humanitarian Needs

During March 2026, Burundi continued to face a highly strained humanitarian situation marked by sustained refugee presence, accelerated returns of Burundian refugees from Tanzania and persistent food and nutrition insecurity, further overstressing already fragile basic social services.

As a result of the refugees influx from the Eastern Democratic Republic of the Congo (DRC) in December 2025, the Busuma refugee site is now hosting 14,047 households (66,636 people), including 59 per cent children (39,643), 52 per cent women and girls, and 3 per cent elderly people. In addition, 5,992 refugees remain in Cishemere transit site and 2,330 in Makombe, while Musenyi hosts 18,067 refugees from earlier arrivals. A biometric registration exercise has begun at Busuma to strengthen population data and service delivery planning. Overcrowding continues to strain WASH, health, nutrition, education, protection and shelter services. Returns of Burundian refugees from the United Republic of Tanzania have accelerated since January 2026, with over 62,000 returnees recorded as of 30 March 2026, increasing pressure on transit centres, basic services and host communities.

The epidemiological situation remains relatively calm and under control, although vigilance is required. Cholera transmission is contained, while measles cases reported in Busuma continue to be closely monitored. Nutrition conditions remain critical, with persistent cases of Severe and Moderate Acute Malnutrition linked to food insecurity and limited service capacity.

Humanitarian needs continue to exceed available resources.

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

people currently displaced by the conflict in Eastern DRC (UNHCR CORE March 2026)



62,038

Burundian returnees from Tanzania (UNHCR)

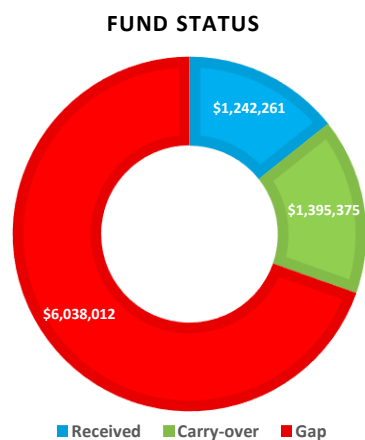
Funding Overview and Partnerships

UNICEF Burundi requires US\$8.67 million in 2026 to respond to multiple shocks affecting vulnerable populations.

In January, contributions included US\$750,000 from CERF for emergency WASH at Busuma site, US\$43,333 from Cyprus NatCom and US\$400,000 from Global Humanitarian Thematic Funds to scale up life-saving interventions, particularly in child protection and WASH for refugees from the DRC. An additional US\$1 million in Emergency Programme Funds supported staffing and multisectoral response.

In March, the Government of Austria contributed US\$54,659.5 to support psychosocial support to refugee children through child-friendly spaces in Busuma, improving access to safe spaces and essential child protection services.

A funding gap of US\$6.04 million remains, limiting sustained response capacity.



UNICEF’s Funding Status

Sector	Requirement ¹	Humanitarian resources received in 2026 + Carry over	Funding gap	% gap
Child Protection/GBViE	1,364,781	468,426.5	896,354.5	65.7%
IPC/WASH	1,785,194	1,055,338.2	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%
Social Protection	1,718,946	2,908	1716038	99.8%
Cross-sectoral (HCT, SBC, RCCE, Inclusion, AAP)	588,626 ²	278,681	309,945	52.6%
Total	8,675,648	2,637,635.8	6,038,012	69.6%

Summary Analysis of Programme Response

Nutrition

In March, UNICEF continued to deliver Ready-to-use Therapeutic Food (RUTF) to health districts for treatment of severe acute malnutrition. The temporary authorization granted by the Ministry of Health to treat Moderate Acute Malnutrition (MAM) cases using RUTF, in absence of Ready -to-use-supplementary food (RUSF) was suspended in mid-March following the delivery of RUSF supplies to Busuma refugee site with support from the World Food Programme (WFP). This development enabled a return to Burundi standard protocol for the

¹ Emergency Fund, reference to the HAC 2026 - Great Lakes (multi-country)
² Cross-sectoral, including Programme effectiveness & Management Effectiveness

management of acute malnutrition. The SAM and MAM treatment services continue to collaborate closely to ensure continuity of care for children requiring treatment for acute malnutrition at Busuma refugee site.

A mass screening for acute malnutrition was also conducted in Musenyi refugee site, reaching 3,330 children (96% of the target population). Among those screened, 108 children (3%) were identified with MAM and 31 children (0.9%) with SAM. All identified cases were referred to the appropriate treatment services. At the same time, 781 pregnant and lactating women were screened for acute malnutrition, resulting in the identification of 5 SAM and 12 MAM cases.

Vitamin A supplementation and mass screening campaign targeting children aged 6–59 months was conducted at the end of March, covering 49 of 56 health districts (including humanitarian response targeted districts). The results are not yet available.

Health

In March 2026, 25 Mpox cases were confirmed, marking a continued decrease and placing the country in a controlled transmission phase, aligned with Africa CDC's decision to lift Mpox as a Public Health Emergency. Sustained surveillance, community engagement and Infection Prevention and Control (IPC) measures remain critical to prevent resurgence.

UNICEF maintained a mobile clinic in Musenyi II refugee site, providing 40,940 free consultations that included primary healthcare services, 254 obstetric ultrasounds, and 92 safe deliveries. The clinic conducted 14,058 malaria rapid tests, identifying 9,123 positive cases and administered 1,128 vaccinations to newly arrived U5 children as of March 31, 2026. Additionally, 25,523 people were sensitized on SRH, family planning, and STI/HIV. Referral systems were strengthened in Busuma through upgraded equipment at Rema Hospital, where 130 Congolese refugee patients are treated daily. Hospital attendance has increased by 80%, with beneficiaries comprising ~70% refugees and 30% host communities.

At community level in Busuma Camp, UNICEF supported the Ministry of Health to finalize an integrated engagement strategy and funded a three-month deployment of 150 community health workers (CHWs). In March, 13,500 visits were conducted, promoting key health practices and referrals.

An integrated vaccination campaign reached over 40,000 children, while routine services were reinforced.

IPC / WASH

UNICEF, in coordination with partners, specifically Médecins Sans Frontières (MSF), has improved access to drinking water at Busuma refugee site from 5.5 liters to 5.71 liters/person/day as of 31st of March 2026. Although MSF water trucking activities were discontinued as of 18 March, UNICEF is now supporting the Agency for Water and Sanitation in Rural Areas (AHAMR) to build a 50,000-litre reservoir, five tap ramps and a water distribution network, funded by the Central Emergency Response Fund (CERF). With UNICEF support, a borehole has been drilled and protected and will be used after water quality testing. UNICEF has also launched the construction of 92 latrines and 46 sustainable showers (constructions are underway), as well as 200 emergency latrines in Busuma site. 100% of the temporary latrine pits have been completed and are now operational.

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

UNICEF, together with Save the Children, and Spring Communities, continues to deliver psychosocial support,

child protection case management services, and interventions to prevent and address gender-based violence.

In March 2026, **6,216 children** (56% girls) **and 76 parents** in the Busuma refugee site received mental health and psychosocial support; . This included **1,114** children under five, **2,457** aged six to fourteen, and **2,645** adolescents aged fifteen to seventeen. An additional **216 children** benefited from case management services in Busuma.

Furthermore, **2,444** children, parents, and caregivers participated in GBV and PSEA awareness–raising sessions, which strengthened community understanding of how to prevent exploitation and abuse and how to safely report concerns.

Finally, to maintain an updated understanding of priority child protection risks, key child protection partners—under the leadership of the Task Force on Child Protection in Humanitarian Situations—conducted an in-depth review of protection concerns that were identified in February through a rapid assessment.

Education

During the reporting period, the Education Team, in collaboration with the Ministry of Education, organized school kit distribution to 527 vulnerable children, among them 294 girls, from Mushasha I and Mushasha II schools that were flooded and have been delocalized since April 2024. These schools continue operating under temporary classrooms established with UNICEF support at Gatumba.



Schoolchildren who benefited from the school kits in Mushasha

Social Protection

In March, the Government of Burundi continued shaping its social protection response to the refugee influx, with UNICEF supporting coordination and system strengthening.

A needs assessment in Busuma refugee site and a capacity–building plan on humanitarian cash transfers are under preparation. UNICEF also supported coordination on the Single Social Register and will facilitate further discussions through the Cash Working Group to enhance alignment of cash interventions.

Discussions on shock–responsive social protection were initiated to identify mechanisms for faster and more effective crisis response, including at policy level during Social Protection Week. In Gateri IDP site, a co–creation mission with displaced and host community women informed the design of inclusive solidarity groups, ensuring interventions reflect community priorities and are grounded in evidence.

Protection against Sexual Exploitation and Abuse (PSEA) & AAP

In March 2026, UNICEF with the Inter–Agency PSEA Coordination Group trained 40 hotline operators (30 women, 10 men) to strengthen safe, accessible and confidential SEA reporting mechanisms. The workshop focused on community complaint systems, data protection and risk mitigation. UNICEF also conducted a PSEA training for 20 staff of the NGO IJCD (Initiatives des Jeunes pour le Climat et le Développement) to reinforce institutional capacity.

A total of 23,019 refugees in Busuma and Musenyi sites were sensitized on safe reporting channels and their rights, including 8,675 men, 12,948 women, 717 girls and 679 boys. Ongoing efforts include the evaluation of new implementing partners to ensure compliance with PSEA standards.

Social and Behaviour Change (SBC)/Risk Communication and Community Engagement (RCCE)

In March 2026, RCCE actions focused on three areas: operationalizing community disease information kiosks,

supporting the health emergency operations center for cholera response, and strengthening community feedback mechanisms.

In Busuma refugee site, 1,742 people were reached through practical demonstrations on community IPC, preparation of fortified porridge, and home visits to prevent epidemic-prone diseases (Mpox, cholera, viral hemorrhagic fevers). A total of 2,000 Kiswahili cholera posters were printed and disseminated.

Supporting the Ministry of Health, UNICEF facilitated cholera prevention radio spots and mobile outreach in hotspot districts, reaching 39,321 people, while 3,000 additional posters (French and Kirundi) were printed for April distribution.

Continuous training of 40 national trainers improved the community feedback process. A total of 2,314 feedback was collected, analyzed and used to inform Mpox and cholera responses.

Disability Inclusion

In March, UNICEF's partner Les Vaillantes, identified 157 women with disabilities, in addition to the 550 children with disabilities identified previously in the Musenyi refugee site. Efforts focused on addressing urgent needs, including menstrual hygiene management, protection against gender-based violence, and preventing social isolation. Final results from a safety and accessibility audit conducted in February in Busuma refugee site confirmed significant accessibility gaps across essential services—water, sanitation, food distribution points, shelters and community spaces—placing persons with disabilities, particularly women and girls, at increased risk.

Targeted support (wheelchairs, crutches, umbrellas and sunscreens) to 20 children with disabilities in Musenyi refugee site, including eight with albinism, improved access to services and autonomy. A short awareness-raising video is being finalized to highlight challenges and promote inclusive action.

In April, UNICEF will focus on selecting and training volunteers to identify children with disabilities in Busuma.

Humanitarian Leadership, Coordination and Strategy

During March 2026, UNICEF maintained a strong leadership role in humanitarian coordination in Burundi, working closely with the Government to address a complex and protracted crisis driven by sustained refugee hosting, increasing returns from Tanzania, and ongoing public health risks. UNICEF supported national authorities in overall response coordination and planning, ensuring alignment between emergency interventions and government-led priorities.

UNICEF strengthened linkages between refugee response and return preparedness across sectors, including engagement in the ongoing repatriation process of Burundian returnees from Tanzania, while also enhancing regional coordination with the UNICEF Regional Office and Great Lakes countries for coherence and information sharing.

UNICEF led the WASH, Education and Child Protection (sub-)sectors, co-led Nutrition, and contributed to Health coordination, supporting joint planning, partner coordination and advocacy for children and vulnerable groups.

UNICEF also contributed to 2026 humanitarian planning and continued life-saving interventions across sectors. Despite these efforts, humanitarian needs continue to exceed available resources and capacities.

Communication, External Media, and Case Studies

UNICEF Burundi's Communication Section promoted refugee support initiatives in Busuma refugee site through

social media and website articles. With support from UNICEF, funded by the Mastercard Foundation and the Government of Navarro, Congolese refugees are actively protecting their health aided by 136 trained community health workers conducting door-to-door outreach, raising awareness, identifying illness and malnutrition cases, referring patients, and collecting key health data.

Content also showcased how children access Child-Friendly Spaces, supported by implementing partner Spring Communities, promoting psychosocial well-being and resilience.

In parallel, coverage highlighted strengthened capacity at Rema Hospital, improving referrals, reducing waiting times, and enhancing neonatal care for host and refugee communities.

Published stories

- [At Busuma, refugees are acting as protectors of their own health | UNICEF Burundi](#)
- [L'UNICEF appuie l'hôpital de Rema : des soins renforcés pour la communauté hôte de Ruyigi et les réfugiés congolais du site de Busuma](#)
- [In Busuma, dance, song, and play help heal the scars carried by children](#)

Acknowledgements

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Who to contact for further information:

France Bégin

Country Representative Burundi
Tel: +257 79 96 00 44
Email: fbegin@unicef.org

Mame Selbee Diouf

Deputy Representative Burundi
Tel: +257 79 37 21 62
Email: msdiouf@unicef.org

Fatou Tandiang

Chief Communication, Advocacy and Partnerships Burundi
Tel: +257 76 388 000
Email: ftandiang@unicef.org

Annex A: HPM_March 2026

Sector Indicators	UNICEF and IPs Response		
	2026 target	Total results (Reached 01 January to 31 March)	% achieved
Health			
# children and women accessing primary health care in UNICEF-supported facilities (mandatory)	112,125	70,013	70,013 62%
# children vaccinated against measles, supplemental dose	58,305	182	71%
# individuals receiving treatment for cholera/acute watery diarrhea in UNICEF-supported facilities	1,296	556	43 %
Nutrition			
# children 0–59 months screened for wasting (mandatory)	134,900	21463	16 %
# children 6–59 months with severe wasting admitted for treatment	22,663	1928	8%
# 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	19,424	25%
# women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions (mandatory)	79,218	18,897	24%
# children who have received Mental Health and Psychosocial support	47530	ND	
# unaccompanied and separated children provided with alternative care and/or reunified	1,797	429	24%
# children who have received individual CP case management	2,622	569	22%
Education			
# children accessing formal or non- formal education, including early learning (mandatory)	20,139	4,114	20%
# children receiving individual learning materials	18,289	527	2.8 %

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	303,411	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)