



# UNICEF Burundi Situation Report #20 UNICEF Response to Emergencies in Burundi Reporting Period: 01 May to 31 May 2026

## Situation Overview & Humanitarian Needs

In May 2026, Burundi continued to face a complex humanitarian situation characterized by significant population movements and regional health risks.

Since 23 April, five organized convoys have facilitated the voluntary return of 5,461 Congolese refugees from Busuma refugee site to the Democratic Republic of the Congo (DRC), reducing the site's population to 61,239 refugees. Biometric registration is ongoing and has reached approximately 80% of the target population, improving the accuracy of planning and assistance.

Meanwhile, the repatriation of Burundian refugees from Tanzania continues at scale, with 82,136 individuals returned since January 2026 out of a planned 104,600 for 2026. Returns have accelerated in the last week of May, with particularly large convoys observed, suggesting an intensification of movements. The closure of Nduta camp has been completed, while Nyarugusu camp is expected to close by end-June, which will likely sustain pressure on reception capacities and basic services in return areas.

At regional level, the Ebola outbreak in eastern DRC and Uganda places Burundi among high-risk countries (category 1B), requiring heightened preparedness and vigilance. UNICEF has supported the Government in the finalization and validation of the national Ebola preparedness and response plan (app. \$17 M) and continues to work in close coordination with national authorities and partners to strengthen readiness, including planning, surveillance, and response capacities.

UNICEF is working in close coordination with the Government and partners to strengthen readiness, including planning, surveillance, and response capacities.

These dynamics continue to exacerbate pre-existing vulnerabilities, with food insecurity and acute malnutrition remaining key humanitarian concerns.

## 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)



**≈102,000**

Internally displaced people (RBESA, UNHCR, May2026)



**≈85,329**

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



**82,136**

Burundian returnees from Tanzania 2026 (UNHCR)

## Funding Overview and Partnerships

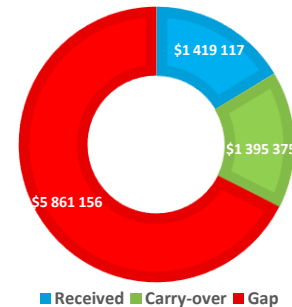
UNICEF Burundi requires US\$8.67 million in 2026 to respond to multiple shocks affecting vulnerable populations. Between January and May, contributions from CERF, thematic humanitarian funds, National Committees, and bilateral donors supported multisectoral interventions in WASH, child protection, and emergency response.

By end-May, UNICEF received an additional US\$1.38 million to strengthen national preparedness and response following the Ebola outbreak in the DRC and Uganda, including for coordination, IPC, RCCE, and contingency measures. In parallel, the Country Office is finalizing its Ebola Preparedness Plan to further guide a timely and effective response.

Despite these contributions, a significant funding gap of approximately US\$5.9 million remains, constraining the scale and sustainability of life-saving interventions.

Sector	Requirement <sup>1</sup>	Humanitarian resources received in 2026 + Carry over	Funding gap	% gap
Child Protection/GBVIE	1,364,781	644,002.43	720,778.57	52.8%
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	128,800	593,517	82.2%
Social Protection	1,718,946	2,908	1716038	99.8%
Cross-sectoral (HCT, SBC, RCCE, Inclusion, AAP)	588,626 <sup>2</sup>	279,961	308,665	52.4%
<b>Total</b>	<b>8,675,648</b>	<b>2,814,492</b>	<b>5,861,156</b>	<b>67.6%</b>

FUND STATUS



## Summary Analysis of Programme Response

### Nutrition

In May, UNICEF supported the scale-up of both preventive and curative nutrition interventions across targeted districts. Mass screenings conducted in Busuma, Gatumba, Gateri, and Cishemere, in collaboration with Government and nutrition sector actors, reached over 27,000 children aged 6–59 months and more than 7,000 pregnant and lactating women, indicating a marked improvement in the nutritional situation compared to February, particularly in Busuma refugee site where Severe Acute Malnutrition (SAM) prevalence declined from 2.9% to 0.4% and Moderate Acute Malnutrition (MAM) from 8.4% to 3.6%. All identified cases were referred for appropriate treatment. Preventive efforts included the distribution of fortified porridge to over 4,700 children and 1,800 breastfeeding women in Busuma, alongside IYCF in emergency counselling for more than 4,000 caregivers. Community engagement was reinforced through capacity-building of 92 community health workers and mobilization of additional screening actors. Meanwhile, stabilization centre data in Busuma showed a continued downward trend in SAM admissions cases.

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

<sup>2</sup> Cross-sectoral, including Programme effectiveness & Management Effectiveness

## Health

In May 2026, Burundi maintained a controlled epidemiological situation with no significant resurgence of Mpox cases, while continuing close surveillance of cholera and other epidemic-prone diseases. In parallel, national preparedness intensified in response to the Ebola outbreak in the DRC and Uganda. UNICEF played a central role in coordination, advocacy, and technical support to the Government, actively contributing to preparedness platforms, contingency planning, and cross-border readiness, while advocating for timely availability of critical supplies, including IPC materials and case management inputs.

UNICEF sustained essential health service delivery in humanitarian settings, notably through the Musenyi II mobile clinic, which has cumulatively provided over 40,900 consultations, conducted 12,003 malaria tests (7,104 positive), supported 254 obstetric ultrasounds, and facilitated 108 safe deliveries. Preventive services included vaccination of 182 children and sensitization of over 25,500 people on SRH, family planning, and HIV/STIs. Referral systems in Busuma were strengthened through support to Rema Hospital, now serving approximately 130 patients daily, reflecting an 80% increase in attendance.

At community level, 150 community health workers conducted 11,229 household visits, reinforcing surveillance, early detection, and health promotion. In collaboration with the Ministry of Health and partners, UNICEF supported the introduction of the HPV vaccine while advocating for equitable access. Overall, UNICEF's interventions strengthened outbreak preparedness, service delivery, and coordinated response to evolving public health risks, including Ebola and cholera.

## IPC / WASH

As part of the WASH response for Congolese refugees in Busuma site, UNICEF with support from the Central Emergency Response Fund (CERF), has completed the construction of 92 durable latrines, 46 showers and 23 solar-powered streetlights across 23 neighborhoods, providing safe sanitation coverage for 1,224 households. 3,000 hygiene kits have been pre-positioned in Busuma site, of which 500 have already been distributed to 500 households. The remaining 2,500 kits are scheduled for distribution in the coming days.

UNICEF, in coordination with all partners, has improved access to safe drinking water at the Busuma refugee site, reaching 6.8 liters per person per day in May 2026. Although this quantity remains below established standards, other WASH actors (Welthungerhilfe (WHH), Conseil pour l'Education et le Développement (COPED)) are finalizing spring water catchment systems that will enable coverage of up to 96% of water needs. Current priorities now focus on increasing water storage capacity, an area where several partners are already engaged. To ensure a more sustainable water supply, and with support from CERF Fund, UNICEF is supporting the Agency for Water and Sanitation in Rural Areas (AHAMR) in the construction of a 50,000-litre reservoir, five tap stands, and an associated water distribution network; and a 95,000-litre tank is currently being installed.

Awareness-raising sessions for members of hygiene committees and responsible community leaders and volunteers at the site on the topics of gender, Protection against Sexual Exploitation and Abuse (PSEA), Gender-Based Violence (GBV) and handwashing times were conducted through 324 community relays, comprising 60% women spread across the site's various neighborhoods, alongside a mass communication campaign reaching 52,000 people.

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

UNICEF, in partnership with Save the Children, Social Action for Development, and Spring Communities, provided psychosocial support, child protection case management, and services aimed at preventing and responding to GBV.

Mental health services reached 20,024 people, including 18,580 children and 1,444 parents and caregivers in the refugee sites of Busuma and Musenyi. This included 3,754 children under five, 8,535 aged six to fourteen, and 6,291 adolescents aged fifteen to seventeen. An additional 523 children in Busuma received support through individual child protection case management.

GBV and PSEA awareness sessions reached 18,897 children, parents, and caregivers, providing information on the prevention of exploitation and abuse, available support services, and reporting mechanisms, thereby strengthening community understanding of how to prevent and safely report concerns related to exploitation and abuse.

A capacity-building mission in Busuma and Musenyi refugee sites was conducted in May by an Inter-agency Mental Health and Psychosocial Support (MHPSS) Specialist deployed with support from the Netherlands, which supported 33 frontline actors (facilitators, case managers, protection officers, and Child-Friendly Spaces (CFS) supervisors) on MHPSS and provided practical recommendations for tailored, inclusive interventions in CFS

## Education

Remedial learning classes for refugee children commenced on 18 May at ECOFO Bikinga, a school located near the Busuma site. As of the end of May, 524 children (including 234 girls) from the first three cycles of basic education had enrolled. Community sensitization, outreach activities, and the identification and registration of newly arrived children are continuing to increase participation and ensure that the most vulnerable children can access learning opportunities. A joint monitoring mission involving UNICEF and representatives of the Ministry of Education is scheduled for 18 June in Busuma to assess the progress of the remedial learning programme, identify challenges, and provide technical support for implementation.

## Social Protection

In May 2026, through UNICEF's implementing partner FVS-Amie des Enfants, awareness-raising sessions were conducted on the Gateri site in Cibitoke Commune (Bujumbura Province) to promote Solidarity Grous approach (VSLAs) as a pathway to economic recovery for flood-affected households from Gatumba. A total of 2,303 people were sensitized on the importance of solidarity groups in rebuilding household livelihoods, including 2,071 displaced persons on the Gateri site (1,101 women and 970 men) and 232 members of the host community (172 women and 60 men). Women represented the majority of participants (55%), reflecting a deliberate focus on gender-responsive economic empowerment. These sessions lay the foundation for the establishment of Solidarity Groupss that will strengthen financial resilience and social cohesion between displaced and host populations.

## PSEA & Accountability to Affected Populations (AAP)

During May 2026, UNICEF conducted three PSEA training sessions for 135 participants (80 men and 55 women) drawn from UNICEF implementing partners. The training strengthened participants' knowledge on the establishment of reporting channels, reporting procedures, and the assessment of partners' capacities in line with PSEA standards.

Furthermore, a total of 9,744 individuals (1,000 men, 1,000 women, 4,000 girls, and 3,744 boys) in Busuma refugee site were reached with key messages on safe and accessible mechanisms for reporting sexual exploitation and abuse. This brings the cumulative number of individuals reached in 2026 to 74,205, representing 27 per cent of the annual Humanitarian Action for Children (HAC) target of 273,270.

In May 2026, 3,900 posters on accountability to affected populations were disseminated in communities in two languages: 1,625 in French and 2,275 in Swahili. The posters inform beneficiaries about their rights and the different feedback mechanisms established by UNICEF Burundi.

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

In May 2026, UNICEF continued supporting the Ministry of Health in strengthening epidemic preparedness and response efforts. As part of the cholera response, community sensitization activities on preventive measures reached 14,553 people across Mukaza and Mutimbuzi health districts, while 102 administrative and community leaders participated in orientation and community engagement sessions. In addition, 697 cholera awareness posters and 30 picture boxes were distributed in Mugere and Cibitoke health districts to reinforce risk communication and community outreach efforts.

At Busuma refugee site, the community disease prevention and information kiosk remained operational, reaching 7,222 people through community dialogues and 1,056 people through practical demonstrations promoting key disease prevention behaviors and healthy practices. To enhance health system resilience, UNICEF supported the Ministry of Health in convening a workshop to initiate the development of a multisectoral Risk Communication and Community Engagement (RCCE) Strategy. The workshop strengthened the situational analysis and identified key strategic priorities to be further elaborated during a strategy development workshop planned for June 2026.

## Disability Inclusion

In May, activities started at the Busuma site for the identification and referral of children with disabilities. UNICEF and its partner, the Organization of Women with Disabilities Les Vaillantes, identified 60 volunteers and trained them on the identification of children with disabilities using the Child Functioning Module<sup>3</sup> and Kobo collect. The identification will start at the beginning of June.

## Humanitarian Leadership, Coordination and Strategy

During May 2026, UNICEF maintained a central leadership role in humanitarian coordination in Burundi, ensuring strong collaboration with the Government and partners to address a complex crisis marked by refugee presence, returns, and increased public health risks. UNICEF supported national coordination and alignment with government priorities while strengthening linkages between refugee response and return preparedness, in

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<sup>3</sup> *The Child Functioning Module (CFM) is a data collection tool developed by UNICEF and the Washington Group on Disability Statistics to identify children aged 2-17 with functional difficulties across areas such as vision, hearing, mobility, communication, and learning.*

close coordination with the Regional Office and neighbouring country offices.

UNICEF led the WASH, Education and Child Protection (sub-) sectors, co-led Nutrition, contributed to Health coordination, and led the AAP Working Group, reinforcing accountability and community engagement.

In response to the Ebola Bundibugyo outbreak, UNICEF intensified preparedness efforts through close coordination with Government, WHO and partners, including support to national planning, border readiness, and internal contingency measures.

Despite available funding, significant gaps remain as needs continue to exceed resources.

## Communication, External Media, and Case Studies

During the reporting period, UNICEF Burundi produced communication content highlighting support to refugees and other vulnerable children in humanitarian settings. The publications showcased efforts to strengthen MHPSS services for refugee children through the training of 33 frontline workers at the Busuma and Musenyi refugee sites, with support from the Netherlands Enterprise and Development Agency (RVO).

The content also highlighted UNICEF's support, funded by the Global Humanitarian Thematic Funds, to improve access to specialized healthcare for refugees through strengthened referral services and upgraded capacities at Rema Hospital in Ruyigi.

In addition, a video on health-civil registration interoperability documented achievements in linking health and civil registration systems, the results of late birth registration campaigns, and the development of inclusive solutions benefiting returnee children, refugees, including those living at the Busuma refugee site, children with disabilities, and other socially marginalized children.

### Published stories

- [Ensuring specialized healthcare for refugees through strengthened referral services at Rema Hospital](#)
- [Expanding access to legal identity for refugee children through interoperability](#)
- [Strengthening mental health and psychosocial support for refugee children](#)

## Acknowledgements

UNICEF sincerely thanks the Government of Austria, CERF, the Cyprus National Committee, the Government of Norway, the Canadian NatCom, the Global Humanitarian Thematic Funds, and other partners for their generous financial and technical support. These contributions, including support from UNICEF Regional Office and Headquarters, have been critical in enabling life-saving interventions for vulnerable children and families.

They have significantly strengthened UNICEF's response across WASH, child protection, nutrition, and multisectoral emergency assistance in Burundi.

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## Annex A: HPM\_May 2026

Sector Indicators	UNICEF and IPs Response		
	2026 target	Total results (Reached 01 January to 31 May)	% achieved
<b>Health</b>			
# children and women accessing primary health care in UNICEF-supported facilities (mandatory)	112,125	70,013	62%
# children vaccinated against measles, supplemental dose	58,305	1310	22%
# individuals receiving treatment for cholera/acute watery diarrhea in UNICEF-supported facilities	1,296	556	43 %
<b>Nutrition</b>			
# children 0–59 months screened for wasting (mandatory)	134,900	126,330	94 %
# children 6–59 months with severe wasting admitted for treatment	22,663	7,298	32%
# primary caregivers of children 0–23 months receiving infant and young child feeding counselling	46,810	10,874	23%
# pregnant women receiving preventative iron supplementation	20,880	19,000	90%
# children 6–59 months receiving vitamin A supplementation	134,900	118,133	88%
<b>Child Protection &amp; GBV</b>			
# children, adolescents and caregivers accessing community-based MHPSS (mandatory)	79,218	20,024	25,3%
# 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	18,580	39%
# 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%
<b>Education</b>			
# children accessing formal or non- formal education, including early learning (mandatory)	20,139	4,638	23%
# children receiving individual learning materials	18,289	527	2.8 %
<b>WASH</b>			
# people accessing a sufficient quantity and quality of water for drinking and domestic need (mandatory)	55,800	15000 <sup>4</sup>	27

<sup>4</sup> 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 accessing appropriate sanitation services	11,532	3,215	28%
# women and girls accessing menstrual hygiene management services	3,229	260	8
# children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	9,040	NA	NA
# people reached with critical WASH supplies	22,320	3,781	17%
# people reached with hygiene promotion sessions	141,088	25,520	18%
<b>Social Protection</b>			
# households benefitting from social assistance from government funded programmes with UNICEF technical assistance (mandatory)	60,000	0	0
<b>Cross – sectoral</b>			
# 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	1817	9.6%