



UNICEF Burundi

Situation Report #23

UNICEF Response to Emergencies in Burundi

Reporting Period: 01 August to 31 August 2026

Visit to the thermal scanner facility at Melchior Ndadaye International Airport, Bujumbura, highlighting efforts to strengthen public health preparedness, surveillance, and early detection capacities at points of entry.

Situation Overview & Humanitarian Needs

In August 2026, Burundi continued to face complex humanitarian challenges driven by the crisis in eastern DRC, population movements, public health risks and climate-related threats. Humanitarian actors, in coordination with the Government, are accelerating preparedness and response efforts to address risks related to the continuing threat of the Ebola outbreak in neighbouring DRC.

Population movements remained significant. Following the launch of voluntary repatriation from Busuma refugee site in April 2026, the refugee population continued to decline. By the end of August, Busuma hosted over 45,000 Congolese refugees, while approximately 21,000 refugees remained in Musenyi and more than 3,000 asylum seekers were registered in Cishemere. Concurrently, the repatriation of Burundian refugees from Tanzania was nearing completion, with 98,617 returnees recorded in 2026. These movements continued to strain basic services, particularly in health, education, WASH and child protection in key return areas.

Public health risks remained elevated. Burundi strengthened preparedness measures in response to the Ebola outbreak in DRC, supported by UNICEF's US\$3.39 million contribution to the national preparedness plan. Cholera transmission persisted while a measles outbreak affected eight health districts with 1,661 suspected cases.

Climate-related risks also remained a concern, with preparedness measures underway for a forecasted El Niño likely to increase flooding, displacement, disease outbreaks and food insecurity among vulnerable communities.

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, August 2026)



≈159,000

Refugees and Asylum Seekers in Burundi (UNHCR, Burundi, August 2026)



≈100,000

Burundian returnees 2026 (UNHCR)

Funding Overview and Partnerships

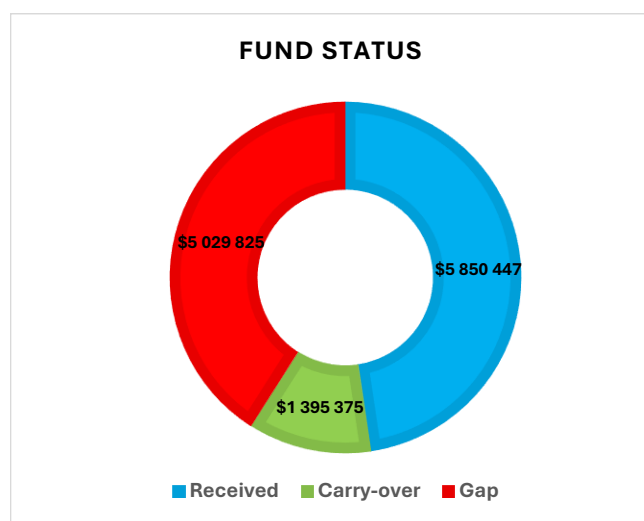
UNICEF Burundi needs US\$8.67 million in 2026 to respond to multiple humanitarian shocks affecting vulnerable populations. In addition, the heightened risk of Ebola with outbreaks in neighboring DRC and Uganda generated US\$3.6 million in priority preparedness and response needs.

By the end of August 2026, UNICEF had mobilized approximately US\$5.85 million to strengthen humanitarian action and Ebola readiness. Key contributions included US\$1.39 million from the Mastercard Foundation for Ebola preparedness and response, US\$1.07 million (EUR 1.0 million equivalent) from DG ECHO to support Child Protection and Education in Emergencies for refugees arriving amid the 2025–2026 crisis, with a focus on the inclusion of children with disabilities, US\$654,000 from CERF for Ebola preparedness and response activities, US\$700,00 from CERF for humanitarian response, US\$371,000 from FCDO for cholera response, US\$ 400,000 from the Global Humanitarian Thematic Fund (GHTF), and US\$991,000 from FCDO for Ebola preparedness. Additional contributions were received from NatCom Canada (US\$26,800), Norway (US\$150,000), Austria (US\$54,000), and the Cyprus-funded Great Lakes HAC initiative (US\$43,000).

During the reporting period, the Government of Burundi revised its National Ebola Preparedness and Response Plan, increasing its budget from US\$17.3 million to US\$37.3 million. UNICEF is aligning and updating its internal preparedness and response plan accordingly.

Despite recent contributions, significant funding gaps remain to ensure adequate humanitarian response and national Ebola readiness.

Sector	Requirement ¹	Humanitarian resources received in 2026 + Carry over	Funding gap	% gap
Child Protection/GBViE	1,532,884	1,199,045.8	333,838.2	22%
IPC/WASH	2,421,473	1,791,113.9	630,359.1	26%
Health and HIV/AIDS	2,796,495	2,213,046.15	583,448.8	21%
Nutrition	1,860,017	383,133.5	1,476,883.5	79%
Education	722,317	383,231.2	339,085.8	47%
Social Protection	1,718,946	2,908	1,716,038	100%
Cross-sectoral (HCT, SBC, RCCE, Inclusion, AAP)	1,223,516 ²	1,273,343.7	- 49,827.7	
Total	12,275,648	7,245,822.3	5,029,825.7	41%



¹ Emergency Fund, reference to the HAC 2026 – Great Lakes (multi-country), Including Ebola preparedness (USD 3,600,000)

² Cross-sectoral, including Programme effectiveness & Management Effectiveness

Summary Analysis of Programme Response

Nutrition

In August, UNICEF continued to support the treatment of severe acute malnutrition (SAM) by providing essential nutrition commodities to health districts. A total of 72 new severely wasted children (8 in Musenyi and 64 in Busuma) were admitted for treatment health facilities.

At the Musenyi refugee site, 200 laying chickens were distributed to the 10 beneficiary groups identified to improve animal protein consumption for children under five, especially children 6 to 23 months. Agricultural tools were distributed to 660 households to support their kitchen gardens. These complementary interventions are designed to strengthen household access to locally available nutritious foods, diversify diets, and improve the quality of complementary feeding for children aged 6–23 months.

To prevent malnutrition among 4000 children aged 6 to 23 months in Busuma, UNICEF supplied Ruyigi health district with supplements (SQ–LNS) to be distributed in the month of September 2026.

Health

In August 2026, UNICEF continued supporting Government–led preparedness for Ebola Bundibugyo and other epidemic–prone diseases through coordination mechanisms led by the Ministry of Public Health and WHO. Support included implementation of the revised National Ebola Preparedness and Response Plan, preparedness activities at Points of Entry (PoE), and prepositioning of essential supplies. UNICEF strengthened the National Referral Laboratory through provision of advanced diagnostic tests, including metagenomic and sequencing–based testing, as well as the Virus Survey Panel capable of detecting over 3,000 viruses. UNICEF also provided four laptops to support bioinformatics sample analysis. UNICEF also supported the National Ebola Simulation Exercise (SIMEX) conducted at the Mudubugu Epidemics Treatment Center. Preparedness interventions included training 64 community health workers in Gatumba on alert generation, early detection, notification and referral of suspected cases, strengthening community–based surveillance and early warning capacities for Ebola and other emerging infectious disease threats. UNICEF also supported the technical reception of two thermal scanners, the installation and testing of one thermal scanner at Melchior Ndadaye International Airport, training of 32 operators and DISE technicians on the use and maintenance of the equipment, and a technical assessment mission at Kobero PoE.

In addition, UNICEF reached 9,326 women and children with primary health care in refugee sites, vaccinated 11,241 children against measles, and treated 116 cholera/AWD cases.

As part of the continued strengthening of surveillance and preparedness at priority Points of Entry, additional training is planned in 2026 for 1,070 community health workers serving in the catchment areas of priority Points of Entry, with the aim of enhancing early detection, notification, referral and response to Ebola and other emerging infectious disease threats.

PC / WASH

UNICEF–supported WASH interventions significantly improved access to safe drinking water for Congolese refugees in Busuma, increasing availability from 5.8 to 16.85 litres per person per day. Ebola preparedness was strengthened through the rehabilitation of water supply systems in Gasorwe, in partnership with AHAMR, and the installation of handwashing facilities at CPLR Hospital in Bujumbura and Gatumba Health Care Facility.

UNICEF also contributed to key national Ebola preparedness coordination efforts, including a high-level review led by the Minister of Public Health and the inaugural UNICEF-WHO bilateral coordination meeting. At the same time, procurement of IPC kits, PPE, WASH supplies, and hygiene materials continued to enhance readiness and response capacity.

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

In August 2026, UNICEF and partners focused on planning preparedness and response interventions for Ebola Virus Disease (EVD) while ensuring continuity of child protection services at the Busuma site. During the reporting period, 31,346 people benefited from MHPSS services, including 27,420 children (6,244 under five, 12,713 aged 6–14, and 8,463 adolescents aged 15–17) and 3,926 parents and caregivers. Community awareness activities on risk mitigation, GBV prevention, and referral pathways reached 21,903 children, parents, and caregivers. Awareness-raising on the prevention of Sexual Exploitation and Abuse (SEA) continued due to heightened protection risks linked to population movements around the site. Biweekly child protection coordination meetings were also held at Busuma and Musenyi refugee sites and in Bujumbura under the leadership of the Directorate of Child Protection and UNICEF.

Education

Throughout August, remedial learning sessions for refugee children from the Democratic Republic of the Congo (DRC) continued at ECOFO Bikinga. By the end of the month, enrolment had reached 1,391 learners, including 660 girls, reflecting a little increase in demand for educational support among refugee children. In parallel, UNICEF secured funding from ECHO to expand remedial education programmes to a larger number of vulnerable children in the Musenyi and Busuma refugee sites. These interventions aim to strengthen children's foundational learning skills and facilitate their successful integration into the Burundian education system.

Social Protection

UNICEF, through its implementing partner FVS-Amie des Enfants, organized an intercommunity dialogue focused on strengthening Village Savings and Loan Associations (VSLAs) for the benefit of displaced households in Gateri. In addition, FVS-Amie des Enfants provided close follow-up support to facilitate the functioning of the solidarity groups, strengthen their organizational dynamics, and collect the data required to establish a dedicated database for these groups. This initiative aims to improve beneficiary monitoring, document progress achieved and support the sustainability of community-based economic resilience initiatives.

PSEA & Accountability to Affected Populations (AAP)

In August 2026, UNICEF continued to strengthen PSEA and AAP systems through capacity building, community engagement, and partner monitoring. UNICEF, with other UN agencies, trained 45 government focal points on PSEA, intending to reinforce institutional efforts to prevent and respond to sexual exploitation and abuse. In Busuma refugee sites, 360 people were sensitized on available SEA reporting mechanisms. Cumulatively, 174,586 people have been reached through PSEA awareness activities in 2026, representing 63.8 per cent of the annual HAC target. UNICEF also monitored partners' dissemination of AAP information materials, helping to improve awareness of rights, feedback channels, and accountability to affected populations.

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

UNICEF supported community engagement and disease prevention activities in refugee-hosting areas and cholera-affected communities. At the Busuma information kiosk, community relays reached 535 households (1,280 people) with messages on detecting and reporting unusual health events, resulting in 20 alerts referred to health authorities. Hygiene promotion, community dialogues and Ebola awareness activities reached 10,160 people, including 4,617 women, 3,680 men, 884 girls, 954 boys and 34 people living with HIV.

To support the cholera response, UNICEF and the Public Health Emergency Operations Centre (PHEOC) disseminated four SMS messages on cholera prevention and response, reaching 212,500 subscribers nationwide. UNICEF also reached 428 community leaders across six communes, supported three RCCE coordination meetings on Ebola preparedness, and initiated the printing of 30,000 Ebola communication materials for distribution in priority areas.

Disability Inclusion

Following the identification exercise conducted in June in Busuma, during which UNICEF's partner, the Organization of Women with Disabilities Les Vaillantes, identified more than 2,500 children with disabilities, 40 children received assistive devices, including protective gear for children with albinism.

In July, Les Vaillantes provided technical support to child protection partners JRS, SAD and Spring Community, to strengthen the integration of the needs of children with disabilities into their interventions in Busuma. As a result, 18 children with disabilities (12 boys and 6 girls) participated in Child-Friendly Spaces (CFS), promoting their inclusion and ensuring their access to protection, development and participation opportunities.

Humanitarian Leadership, Coordination and Strategy

During August 2026, UNICEF continued to support Government-led humanitarian preparedness and response efforts through its leadership of the WASH, Education and Child Protection sectors, co-leadership of Nutrition, contribution to Health coordination, and chairing of the AAP Working Group. UNICEF remained actively engaged in Ebola preparedness and response coordination mechanisms, supporting cross-border preparedness, community engagement, surveillance and contingency planning. UNICEF also facilitated a field mission for FCDO to review progress of FCDO-funded Ebola preparedness and cholera response interventions. In parallel, UNICEF is contributing to national preparedness efforts for the anticipated El Niño 2026–2027 event, supporting risk analysis, contingency planning and inter-agency coordination. UNICEF continued to strengthen emergency coordination and preparedness capacities at national and sub-national levels in support of the Government.

Communication, External Media, and Case Studies

During the reporting period, UNICEF Burundi produced communication materials highlighting efforts to strengthen health emergency preparedness and response for children and vulnerable populations. Key content showcased the training of 64 Community Health Workers, supported by the Ministry of Public Health, UNICEF and the United Kingdom's FCDO, to improve prevention, early detection and response to cholera, Mpox and Ebola. Communications also highlighted UNICEF's advocacy for child-sensitive preparedness and cross-border health emergency coordination, as well as its leadership in support of national health priorities. In addition, UNICEF publicized a new £1.1 million contribution from the United Kingdom to strengthen Burundi's preparedness and response capacities for cholera and Bundibugyo Ebola Virus Disease through enhanced surveillance, rapid

response, infection prevention and control, WASH services, risk communication and community engagement.

Published stories

[Community Health Workers training supported by FCDO](#)

[Health and Development Partners Coordination Framework meeting](#)

[National consultation on cross-border cooperation and health emergencies](#)

[UK contribution to strengthen preparedness and response to cholera and Ebola risks](#)

[Burundi and its partners strengthen health surveillance through thermal scanner training.](#)

Acknowledgements

UNICEF sincerely thanks Austria, Norway, CERF, FCDO, DG ECHO, the Mastercard Foundation, the Global Humanitarian Thematic Fund, UNICEF National Committees, and all partners for their generous support. By the end of August 2026, UNICEF had mobilized US\$5.85 million to support humanitarian action, cholera response, and Ebola preparedness in Burundi. These contributions have strengthened essential services and national preparedness capacities. As humanitarian and public health risks persist, continued and flexible donor support remains critical to protect vulnerable children and families and enhance national emergency readiness.

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Annex A: HPM_August 2026

Sector Indicators	UNICEF and IPs Response		
	2026 target	Total results (Reached 01 January to 31 August)	% achieved
Health			
# children and women accessing primary health care in UNICEF-supported facilities (mandatory)	112,125	92,740	82,7 %
# children vaccinated against measles, supplemental dose	58,305	53,846	92.3%
# individuals receiving treatment for cholera/acute watery diarrhea in UNICEF-supported facilities	1,296	1159	89 %
Nutrition			
# children 0–59 months screened for wasting (mandatory)	134,900	168,719	125 %
# children 6–59 months with severe wasting admitted for treatment	22,663	15,301	68%
# primary caregivers of children 0–23 months receiving infant and young child feeding counselling	46,810	28,551	61%
# pregnant women receiving preventative iron supplementation	20,880	53,107	254%
# children 6–59 months receiving vitamin A supplementation	134,900	132240	98%
Child Protection & GBV			
# children, adolescents and caregivers accessing community-based MHPSS (mandatory)	79,218	44,565	56.2%
# women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions (mandatory)	79,218	46,371	58.5%
# children who have received Mental Health and Psychosocial support	47530	57762	122%
# unaccompanied and separated children provided with alternative care and/or reunified	1,797	1956	109%
# children who have received individual CP case management	2,622	2,848	108,7%
Education			
# children accessing formal or non-formal education, including early learning (mandatory)	20,139	8,401	41.7 %
# children receiving individual learning materials	18,289	9,186	50.6 %
WASH			
# people accessing a sufficient quantity and quality of water for drinking and domestic need (mandatory)	55,800	46,852	83.96%
# people accessing appropriate sanitation services	11,532	7,344	63.7%
# women and girls accessing menstrual hygiene management services	3,229	1128	35%

# 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	7161	32.08%
# 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	174,226	64%
# 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	2751	1%
# people engaged in reflective dialogue through community platforms	198,104	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	2454	12.9%