


# Burundi
# Humanitarian Situation Report
# No. 25

unicef
for every child

**Reporting Period: 01 to 30 October 2026**

## Highlights

UNICEF strengthened Ebola preparedness through enhanced surveillance, risk communication, WASH and health system readiness.

Over **33,000 Congolese refugees** remained at Busuma, sustaining significant humanitarian and basic service needs.

Water availability reached **21.45 litres per person per day**, although sanitation gaps persisted.

Heavy rains and soil erosion increased risks to shelters and WASH infrastructure at Busuma.

**123,238 children and women** accessed primary healthcare, reaching **110% of the annual target**, reflecting increased service coverage.

**60,147 children, adolescents and caregivers** accessed community-based MHPSS services, expanding access to psychosocial support.

October was marked by strong health service delivery and continued humanitarian assistance, alongside persistent pressure on refugee services and growing climate-related risks to infrastructure at Busuma.

## Situation in Numbers

**632,989**
children in need of humanitarian assistance (Multicounty Great lakes HAC 2026-Burundi)

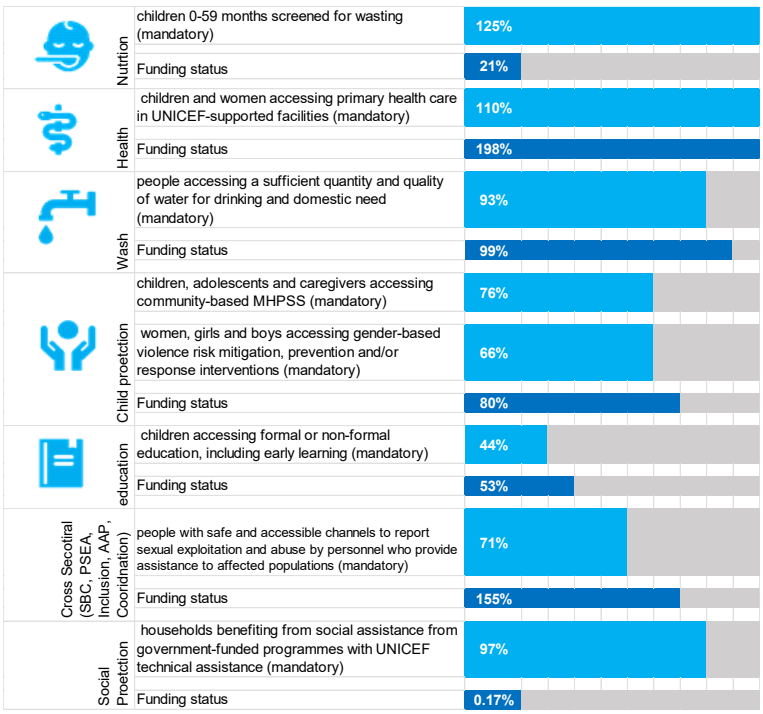
**1,285,828**
People in need (Multicounty Great lakes HAC 2026-Burundi)

**≈102,000**
Internally displaced people (RBESA, UNHCR, August 2026)

≈156,000
Refugees and Asylum Seekers in Burundi (UNHCR, Burundi, october 31, 2026)

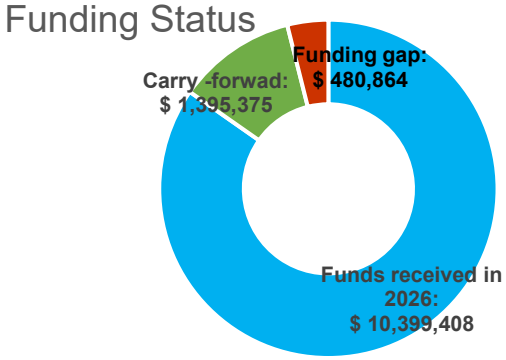
**≈98,617**
Burundian returnees (UNHCR Burundi, October2026 )

## UNICEF's Response




**UNICEF Appeal 2026**
**US$ 12,28 million**

## Funding Status



## Funding Overview and Partnerships

UNICEF Burundi requires US$12.28 million[1] in 2026 to address humanitarian needs, in addition to US$3.6 million for Ebola preparedness and response. By the end of October 2026, UNICEF had mobilized US$ 11,89 million from a range of partners, including the Mastercard Foundation, DG ECHO, CERF, FCDO, the Global Humanitarian Thematic Fund (GHTF), the World Bank, the United States Government, Norway, Austria, Cyprus and Austria, among others. These contributions support humanitarian assistance, refugee response, cholera response, Mpox and Ebola preparedness and response. Prior to the reporting period, the Government revised the National Ebola Preparedness and Response Plan, increasing funding requirements from US$17.3 million to **US$37.69 million**, with greater emphasis on risk communication and community engagement (RCCE), surveillance, infection prevention and control (IPC/WASH), logistics and case management preparedness, particularly in high-risk border areas.

Despite ongoing resource mobilization efforts, significant funding and implementation gaps persist. Financial analysis presented by the Government during the Steering Committee meeting for Preparedness and Response to Epidemics and all Public Health Emergencies indicated that US$4.596 million had been disbursed against the revised overall budget of **US$37.69 million**, representing 12.2% of total requirements and 28.29% of mobilized resources. Efforts are ongoing to strengthen partner engagement, accelerate the use of available resources and mobilize additional funding. In light of the revised national framework, and the evolving resource landscape and the heightened risk associated with the spread of Ebola to two additional countries, UNICEF, together with the Government and partners, will review preparedness, priorities and response capacities. NICEF will also review its Ebola preparedness and response plan, including priorities, interventions and funding requirements. The outcome of this review will be reflected in the next SITREP to ensure alignment with national priorities and available resources.

## Situation Overview & Humanitarian Needs

In October 2026, Burundi faced continued humanitarian pressures from refugee movements, public health risks and climate-related threats. The Government and humanitarian partners strengthened Ebola preparedness through enhanced coordination, surveillance and community readiness. Meanwhile, cholera cases reached a yearly peak of 242 during epidemiological week 44 (26 October), compared with 163 in week 15 (6–12 April). By week 44, cumulative cases stood at 2,762, with six deaths reported.

Voluntary repatriation of Congolese refugees to the DRC continued following the launch of the operation in April 2026. By 7 October, 21,363 refugees had returned, while over 33,000 remained at Busuma in need of assistance. A further convoy of approximately 1,100 people was scheduled for 8 October. Meanwhile, the repatriation of Burundian refugees from Tanzania progressed, with 98,617 returnees recorded in 2026. Humanitarian partners also continued updating the inter-agency refugee response plan to advance protection and durable solutions.

On 7 October 2026, heavy rains and soil erosion in Busuma further exacerbated humanitarian needs, affecting approximately 2,000 people. The disaster also damaged 510 shelters, as well as drainage and sanitation infrastructure. Beyond the physical damage, affected households face increased health risks due to inadequate sanitation and deteriorating shelter conditions, particularly waterborne and respiratory diseases. Disrupted shelter arrangements may also heighten protection risks, especially for women, children and other vulnerable individuals. In anticipation of the 2026–2027 El Niño phenomenon, preparedness efforts were intensified to mitigate risks of flooding, displacement, disease outbreaks and food insecurity, particularly among vulnerable refugee households.

Public health risks remained elevated, with UNICEF contributing US$3.39 million to the national Ebola preparedness and response plan. While this represents an important contribution, the current plan remains modest relative to the scale of the country's needs. An internal review is therefore underway to ensure that the plan remains responsive to the evolving humanitarian and public health context, including additional priorities reflected in the second version of the Government's plan.The measles outbreak also remained a

[1] Figures updated to reflect the revised 2026 HAC estimates, released during the October 2026 SITREP revision, ensuring alignment with evolving humanitarian needs and resource mobilization efforts: Protecting children amid overlapping crises in the Great Lakes appeal | UNICEF

concern, with 1,860 suspected cases reported across eight health districts as of 30 October. A nationwide measles vaccination campaign is under preparation for December 2026.

## Summary Analysis of Programme Response

### Nutrition

In October 2026, UNICEF sustained life-saving and preventive nutrition services in emergency-affected areas. The management of severe acute malnutrition reached 1,679 children under 5 years old. In Musenyi, UNICEF strengthened the sustainability of livelihood-based nutrition interventions by closely monitoring the 10 poultry farming groups, including visits to poultry houses, exchanges with beneficiaries, and follow-up on the upkeep of the facilities. The distribution of the remaining SQ-LNS stocks was completed, reaching 480 children and 550 pregnant and lactating women. In parallel, UNICEF supported the follow-up of 82 volunteers who lead mother-to-mother support groups, which reached 7,000 pregnant and lactating women in the Busuma and Musenyi sites, reinforcing community-based care and nutrition practices.

### Health

UNICEF strengthened Government-led preparedness for Ebola and other public health threats through improved coordination, surveillance and health system readiness. Support included upgrades to Mudubugu Epidemic Treatment Centre, rehabilitation of the isolation centre at Clinique Prince Louis Rwagasore, deployment of 309 Thermoflash devices at priority points of entry, and preparedness assessments at Kobero. Additionally, 1,054 community health workers were trained, contributing to the detection and reporting of over 252 community alerts, including 41 suspected Ebola alerts and more than 200 cholera and fever alerts.

In response to the cholera outbreak, UNICEF supported case management, with 556 cholera/AWD cases treated during the reporting period. By epidemiological week 44, cumulative cases reached 2,762, including six deaths. Measles surveillance recorded 1,860 suspected cases between weeks 1 and 42, including 1,382 confirmed cases. UNICEF supported preparations for a nationwide measles vaccination campaign planned for December 2026.

UNICEF also sustained access to essential maternal and child health services through Musenyi and REMA in in Ruyigi District.Hospital. REMA Hospital also served as the secondary referral hospital for complicated cases from the Busuma refugee site. Between February and October, the two facilities provided 92,569 medical consultations (64,569 in Musenyi and 28,000 at REMA), assisted 648 deliveries, conducted 6,638 ultrasounds and provided care to 1,875 newborns.

### IPC/WASH

UNICEF-led WASH interventions in Burundi have significantly enhanced emergency readiness and basic services, notably increasing water availability for Congolese refugees in Busuma to 21.45 liters per person per day, while addressing critical sanitation overloads and infrastructure degradation on-site, with a gap of 73% for latrines and 65% for showers. Concurrently, emergency preparedness has been scaled up through completed Safe and Dignified Burial trainings, the handover of water storage, and ongoing borehole planning at priority locations like Gatumba and Gasorwe. Furthermore, the Mudubugu community water supply works are actively progressing. Cholera response water infrastructure in Gatunguru is completed providing sustainable access to safe water for approximately 5,275 beneficiaries, including 3,600 people in community and 1,675 students in two schools.
Within the framework of the emergency water, sanitation, and hygiene (WASH) assistance project for Ebola preparedness in health facilities (FOSA) across sanitary districts and at Points of Entry (PoE), WASH/IPC kits were distributed to 10 FOSA and 3 PoEs. Additionally, personal protective equipment (PPE) was provided to 20 hygienists, consisting of sprayers, masks, brooms, Chlorine/pH visual comparators, chlorine tests, DPD No. 1 Rapid tablets/pack of 250, and Phenol Red Rapid dissolving tablets/pack of 250.

### Education

By the end of October 2026, remedial learning sessions for refugee children at the Busuma site continued, reaching a cumulative total of 1,856 children, including 938 girls. With the commencement of the 2026/2027

school year, children progressively transitioned into the formal education system through two nearby host community schools, namely ECOFO Bikinga and ECOFO Nyakayi.
To date, 248 children, including 113 girls, have successfully integrated into formal education across these two schools. All enrolled children received school kits to facilitate their transition and support continued participation in learning.

### Social Protection[2]

In October, UNICEF, through its implementing partner FVS-Amie des Enfants, conducted monitoring and follow-up visits to 50 solidarity groups in Gateri, covering more than 1000 internally displaced flood affected households, with particular emphasis on their income-generating activities. The visits aimed to assess progress, identify implementation challenges, provide guidance to group members, and strengthen the sustainability of these activities as a means of enhancing the economic resilience and self-reliance of displaced households.

In October 2026, UNICEF conducted a field visit to the Busuma refugee site and engaged with the site coordinator and partners operating at the site to assess the operational context, discuss potential implementation arrangements, and inform the design of the planned cash assistance programme for adolescent refugee girls at risk of gender-based violence. The consultations aimed to ensure that the intervention is tailored to the specific needs and protection risks of the targeted girls, while identifying the necessary measures to ensure safe, accessible, confidential and accountable cash delivery

### Child Protection

During the reporting period, UNICEF and its partners (the Government and civil society organizations) provided mental health and psychosocial services (MHPSS) to 12,790 people including 5518 children (3321 girls and 2197 boys) and 7,272 caregivers (4492 women and 2780 men) in provinces affected by humanitarian crisis in Burundi. UNICEF carried out MHPSS activities through child-friendly spaces (CFS), and life skills activities for adolescents.

UNICEF reached 6111 people (3858 female and 2253 male) with GBV risk mitigation, prevention, and GBV response interventions. In addition, 111 unaccompanied and separated children (56 girls and 55 boys) at risk or victims of violence received individual case management services from UNICEF and its implementing partners. Of these children, 34 (14 girls and 20 boys) were reunited with their parents and caregivers.

UNICEF has also contributed to reinforcing the local child protection system through training. This also included the dissemination of tools. 280 members of the Community Child Protection Committee (CCPC) were trained. The CCPC is a community-level mechanism established to enhance child protection outcomes through the prevention, identification, referral, and follow-up of children at risk or affected by violence, abuse, neglect, exploitation, and other protection concerns. It acts as a critical link between communities and formal child protection services, contributing to the strengthening of the child protection system at the local level.

UNICEF and its partner carried out trainings and awareness-raising sessions to prevent Sexual Exploitation and Abuse (SEA) that enabled 5127 people (1158 girls; 1785 boys; 1471 women; and 713 men) to access safe mechanisms to report cases of sexual exploitation and abuse. This also included the dissemination of communication materials.

### PSEA & Accountability to Affected Populations (AAP)

During October 2026, UNICEF strengthened PSEA and AAP systems through partner capacity building, community outreach, and monitoring activities. Forty-five implementing partners were trained on SEA prevention and response, while 12109 (people in Busumba and Musenyi refugee sites were sensitized on SEA reporting mechanisms. Since January 2026, a total of 188901 people have been reached through PSEA awareness activities, achieving 69.1 per cent of the HAC annual target. UNICEF also monitored partners'

[2] *Humanitarian cash transfers remain significantly underfunded in Burundi. While cash assistance is recognized as an effective modality for addressing the diverse needs of crisis-affected populations, available humanitarian funding is largely earmarked for sector-specific interventions, limiting opportunities for multipurpose cash programming. In addition, relatively few donors currently prioritize or provide dedicated resources for humanitarian cash assistance within the Burundi response. UNICEF continues to advocate for increased flexible funding while pursuing targeted cash interventions where resources are available.*

dissemination of AAP information materials to reinforce awareness of rights, feedback mechanisms, and accountability.

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

UNICEF continued to support the Public Health Emergency Operation Center (PHEOC) to reinforce the community feedback mechanism. The call Center team benefited from capacity reinforcement to manage the community feedback relayed through this channel.

Results reported under the HAC indicator on access to life-saving information reflect only activities documented through the dedicated HPM reporting mechanism. A considerable proportion of risk communication efforts implemented through mass media, radio broadcasting, television and printed materials are not fully captured under this indicator, resulting in an underestimation of the overall audience reached.

To strengthen Ebola preparedness, 30,000 posters in Kirundi, Swahili and French have been distributed by the Public Health Emergency Operation Centre across 17 priority health districts and refugee camps. Activities to engage religious leaders in Ebola preparedness and response across the 12 priority districts were initiated by COPED, beginning with the mapping of the most influential leaders.

### Gender

Gender-related challenges in humanitarian setting including the Busuma Refugee Camp disproportionately affect women and girls, who face heightened risks of sexual and gender-based violence, limited support services, unwanted pregnancies, and early unions. Pregnant and breastfeeding women experience additional vulnerabilities, while inadequate water, sanitation, lighting, and privacy increase protection risks. Limited disaggregated data further obscures diverse needs, hindering effective, inclusive humanitarian responses.

### Disability Inclusion

In October, as a result of the ECHO-funded project, one hundred and fourteen (114) children with disabilities were reintegrated into formal education. This includes 31 children from Busuma site, enrolled in temporary learning spaces managed by implementing partner and nearby schools such as ECOFO Bikinga and ECOFO Nyakayi, and 83 children from Musenyi site, enrolled in ECOFO Musenyi II. Further assessments are ongoing for additional children who may be referred to remedial learning spaces before transitioning into formal schooling.

### Humanitarian Leadership, Coordination and Strategy

During October 2026, UNICEF continued supporting Government-led humanitarian preparedness and response through leadership of the WASH, Education and Child Protection sectors, co-leadership of Nutrition, contribution to Health coordination, and chairing of the AAP Working Group. Key gaps remain, including limited funding for refugee children's integration into formal education and learning materials, insufficient resources for MHPSS and community-based child protection services, and the need for additional investments in sanitation and hygiene promotion. The month was marked by the visit of the UNICEF ESAR Regional Director, who met national authorities and Congolese refugees in Busuma to advocate for sustained humanitarian support. UNICEF also remained engaged in Ebola preparedness, inter-agency coordination, CPD development, and emergency preparedness strengthening at national and sub-national levels.

### Communication, External Media, and Case Studies

During October, UNICEF Burundi produced communication materials highlighting humanitarian assistance and resilience-building efforts for refugee and displaced children and their families. Coverage focused on a joint monitoring mission by ECHO, the European Union and humanitarian partners to the Busuma refugee site, showcasing UNICEF-supported interventions in birth registration, child protection, psychosocial support and education for refugee children. Communication efforts also highlighted initiatives empowering adolescent refugee girls through life skills and vocational training, helping them build resilience and economic opportunities within their communities. Additional stories featured UNICEF-supported nutrition interventions for climate-displaced families in Gateri, where improved caregiving practices, home food production and nutrition services are contributing to better outcomes for women and young children. Coverage also spotlighted national Ebola preparedness efforts, including the training of 60 members of Infection Prevention

and Control Committees from district hospitals to strengthen WASH and infection prevention measures in health facilities and communities.

**Published stories**

A Busuma, les partenaires humanitaires constatent les progrès réalisés pour les enfants réfugiés

A Busuma, des adolescentes réfugiées construisent leur avenir grâce à de nouvelles compétences

A Gateri, Cynthia cultive l'espoir et la bonne nutrition pour sa famille

60 membres des comités d'hygiène formés pour renforcer la prévention et le contrôle des infections


## Acknowledgements

UNICEF sincerely thanks the Governments of Austria, Norway, and the United States, CERF, FCDO, DG ECHO, the Mastercard Foundation, the World Bank, the African Development Bank, UNICEF Global Humanitarian Thematic Fund, UNICEF National Committees, and all partners for their generous support. By the end of October, 2026, UNICEF had mobilized US$10.91 million to support humanitarian action, cholera response, Mpox and Ebola preparedness in Burundi. These contributions have strengthened essential services and national preparedness capacities. In September 2026, the visit of the UNICEF ESAR Regional Director provided valuable encouragement to country teams and reinforced high-level advocacy with national authorities and partners for sustained resource mobilization and continued support to vulnerable children and families, including Congolese refugees.


As humanitarian and public health risks persist, continued and flexible donor support remains critical to enhance national emergency readiness and protect affected populations.


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|---|---|---|---|


## Annex A: Summary of Programme Results/October 2026

**Annex A: HPM_October 2026**

| Sector Indicators | UNICEF and IPs Response 2026 target | Total results (Reached 01 January to 30 October r) | % achieved |
|---|---|---|---|
| **Health** | | | |
| # children and women accessing primary health care in UNICEF-supported facilities (mandatory) | 112,125 | 123,238.33 | 110 % |
| # 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 | 2,762 | 213 % |
| **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 | 19,564 | 86% |

| | | | |
|---|---|---|---|
| # primary caregivers of children 0-23 months receiving infant and young child feeding counselling | 46,810 | 40,600 | 86.7% |
| # pregnant women receiving preventative iron supplementation | 20,880 | 53,107 | 254% |
| # children 6-59 months receiving vitamin A supplementation | 134,900 | 13,2240 | 98% |
| **Child Protection & GBV** | | | |
| # children, adolescents and caregivers accessing community-based MHPSS (mandatory) | 79,218 | 60,147 | 75,92% |
| # women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions (mandatory) | 79,218 | 52,396 | 66,14% |
| # children who have received Mental Health and Psychosocial support | 47,530 | 57,762 | 122% |
| # unaccompanied and separated children provided with alternative care and/or reunified | 1,797 | 1,988 | 110,62 % |
| # children who have received individual CP case management | 2,622 | 2,916 | 111,21 % |
| **Education** | | | |
| # children accessing formal or non-formal education, including early learning (mandatory) | 20,139 | 8866 | 44,00 % |
| # children receiving individual learning material | 18,289 | 9,651 | 52.7 % |
| **WASH** | | | |
| # people accessing a sufficient quantity and quality of water for drinking and domestic need (mandatory) | 55,800 | 52,127 | 93 % |
| # people accessing appropriate sanitation services | 11,532 | 7,344 | 63.7% |
| # women and girls accessing menstrual hygiene management services | 3,229 | 1,128 | 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 | 7,161 | 32.08% |
| # people reached with hygiene promotion sessions | 141,088 | 25,520 | 18% |
| **Social Protection** | | | |
| # households benefiting from social assistance from government-funded programmes with UNICEF technical assistance (mandatory) | 60,000 | 58,000 | 97,00%<br>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 | 193710 | 70,88% |
| # 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 | 125,230 | 45.8% |
| # people engaged in reflective dialogue through community platforms | 198,104 | 82,562 | 41.68% |
| # 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 | 3,454 | 18.2% |

## Annex B: Funding Status*

| Sector | Requirement[3] | Humanitarian resources received in 2026 + Carry over | Funding gap | % gap |
|---|---|---|---|---|
| **Child Protection/GBViE** | **1,532,884.00** | **1,229,045.78** | **303,838.22** | **80%** |
| **IPC/WASH** | **2,421,473.00** | **2,387,881.73** | **33,591.27** | **99%** |
| **Health and HIV/AIDS** | **2,796,495.00** | **5,531,311.19** | **(2,734,816.19)** | **198%[4]** |
| **Nutrition** | **1,860,017.00** | **393,133.51** | **1,466,883.49** | **21[5]%** |
| **Education** | **722,317.00** | **383,231.24** | **339,085.76** | **53%** |
| **Social Protection** | **1,718,946.00** | **2,908.00** | **1,716,038.00** | **0.17%[6]** |
| **Cross-sectoral (HCT, SBC, RCCE, Inclusion, AAP)** | **1,223,516.00** | **1,967,272.03** | **(743,756.03)** | **155%** |
| **Total** | **12,275,648** | **11,894,783** | **380,864.52** | |

[3] Defined in the 2026 Humanitarian Appeal, covering a 12-month period.
[4] Initial underestimation of health and HIV needs given the scale of the 2026 humanitarian crises and public health emergencies.
[5] Funding for medical supplies is secured through a PS MoU, with funds managed by SD.
6 UNICEF provides technical assistance, while the Government covers operational costs.