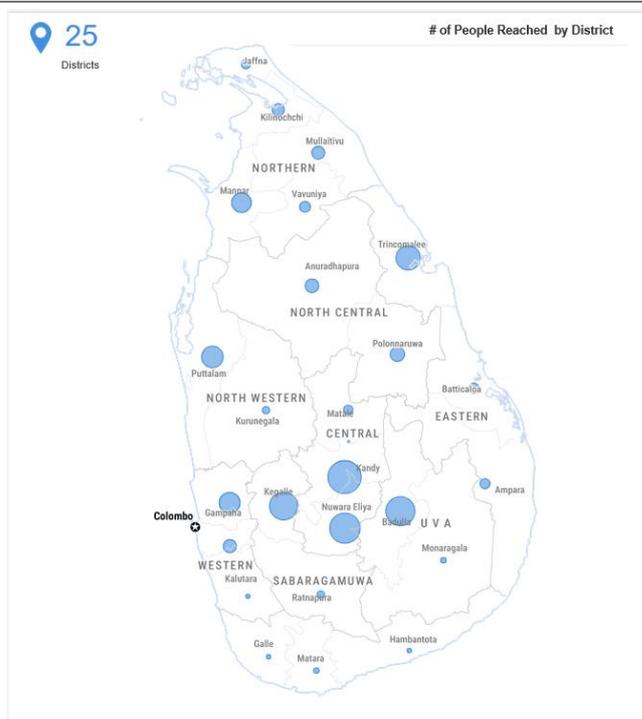


This report is produced by the Office of the Resident Coordinator Sri Lanka in collaboration with humanitarian partners and the Office for the Coordination of Humanitarian Affairs – Regional Office for Asia and the Pacific. It covers the period from 07<sup>th</sup> to 20<sup>th</sup> February 2026.

## HIGHLIGHTS

- At the request of the Government of Sri Lanka, the Humanitarian Country Team launched the Humanitarian Priorities Plan (HPP) on 11 December 2025 to support 658,000 of the most vulnerable people affected by cyclone Ditwah between December 2025 and April 2026.
- Over 240,000 people have been reached by the HPP response to date, implemented by 69 partner organizations across 25 Districts. A majority of the people reached are female and 4400 are Persons with Disabilities. The [5W online dashboard](#) serves as a repository for all response interventions.
- While displacement has declined from peak levels, more than 155,000 people remain displaced, staying with host families or other locations. Safety centres have reduced to 42, hosting over 1,100 families (3,400 individuals) in Badulla, Nuwara Eliya, and Kegalle Districts.
- Safety Centre Needs Assessments were conducted in Colombo, Badulla, Nuwara Eliya, Kandy, Matale, Kegalle. Strengthening safe spaces in both safety centres and community settings remains a priority to ensure the protection and well-being of vulnerable populations.
- Field-level observation suggests that tent-based camps are planned in Badulla, Kegalle and Nuwara Eliya. The HCT is liaising with authorities to gain further information and provide adequate, multi-sectoral support as needed. Capacity-development support on temporary site planning, coordination and management is ongoing. A 2-day Site Management and Coordination training was held in Badulla District with participants from district, divisional secretariat and GN authorities involved in displacement management.
- The AAP Working Group convened a capacity-building session for government officials and HPP partners on integrating AAP across the emergency programme cycle, with experience-sharing from government counterparts. The session also shared findings from a rapid assessment of existing AAP mechanisms.
- Out of the required funding of US\$35.3 million to implement the HPP, US\$22.4 million has been received to date. Underfunded sectors include Health, Agriculture, Early Recovery, Nutrition and Education.



**1.2M**

Affected people

**658k**

Targeted for assistance

**646**

Fatalities

**114k**

Damaged houses partially/fully

**233k**

Displaced at its peak

## SITUATION OVERVIEW

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Cyclone Ditwah has triggered the most extensive flooding and landslide damage in the past two decades in Sri Lanka, impacting approximately 2.2 million people across all 25 districts of the country. According to the Disaster Management Center, the cyclone had, as of 29 December 2025, resulted in 646 fatalities and left 173 people missing. Findings from the [Joint Rapid Needs Assessment – Phase II](#), conducted by the Government in collaboration with humanitarian partners, highlight critical sectoral impact and priorities. While displacement has declined from peak levels, more than 165,000 people remain displaced or are staying with host families, indicating emerging protracted and dispersed displacement patterns.

Safety centres have reduced to 42, hosting over 1,100 families (3,400 individuals) in Badulla, Nuwara Eliya, and Kegalle Districts. However, with most affected people now living with host families or within communities, supporting vulnerable groups, particularly women and children, has become more challenging. In remaining centres, critical gaps persist in child-friendly spaces, safe spaces for women and girls, mental health and psychosocial support and access to dignity items. Field observations, particularly from Kegalle District, indicate worsening sanitation conditions in temporary shelters. Displacement has also increased risks related to communicable diseases, poor hygiene, and deterioration of nutritional status among children under five and pregnant and lactating women. Strengthening safe spaces in both safety centres and community settings remains a priority to ensure the protection and well-being of vulnerable populations.

Water supply has been largely restored in urban areas through temporary and interim measures, but most rural community water systems remain damaged, with some still unassessed due to access constraints. Sanitation efforts are constrained by limited equipment and inadequate infrastructure.

The National Building and Research Institute has issued [official guidelines](#) for the resettlement of families whose homes were fully destroyed by floods, landslides, or other disasters, as well as those identified as living in high-risk landslide zones due to Cyclone Ditwah.

A discussion on the housing construction programme for affected families in Kandy, Matale, Nuwara Eliya, Kurunegala, Kegalle, and Badulla, including challenges in allocating required lands, was held on 12 February at the Presidential Secretariat under the patronage of the Minister of Public Security and Parliamentary Affairs, Ananda Wijepala, and Secretary to the President, Dr. Nandika Sanath Kumaranayake. During the meeting, District Secretaries confirmed that government allowances, of LKR 25,000 and LKR 50,000 household grants, and the LKR 15,000 student allowance, have been fully disbursed, with ongoing efforts to correct any data inconsistencies. Special attention was given to NBRO reports, with emphasis on resettling families at original locations where feasible and identifying households requiring relocation with appropriate land allocation. The Minister has instructed that NBRO reporting delays in Kandy and Nuwara Eliya be addressed through support from officers in districts where reporting is complete, with a target to finalize the process within one month. Engagement with affected communities to address concerns and ensure safety through proper assessments was also highlighted. Specific attention was drawn to housing for estate communities affected by Cyclone Ditwah, noting that construction should proceed only after securing adequate land through discussions with estate companies.

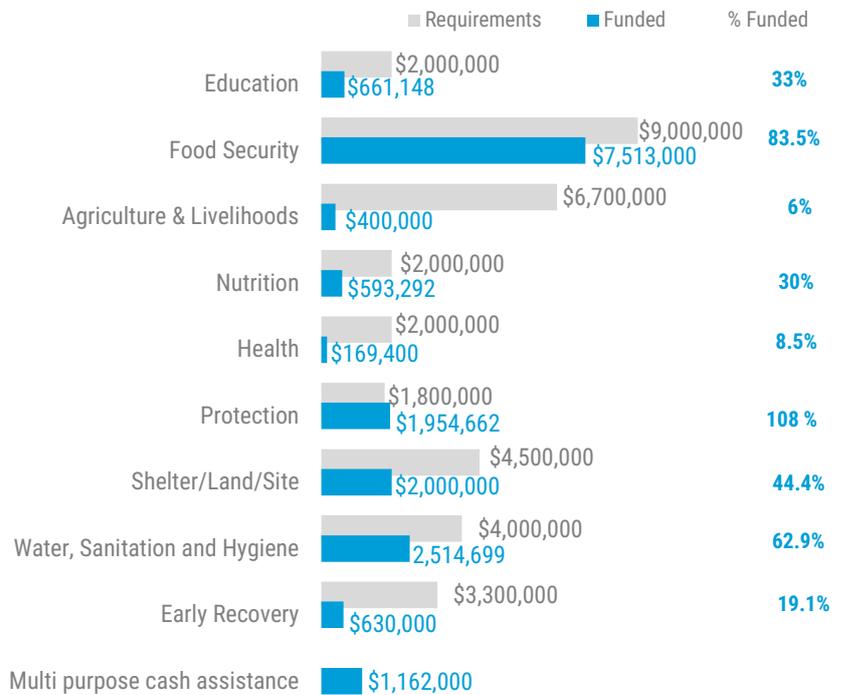
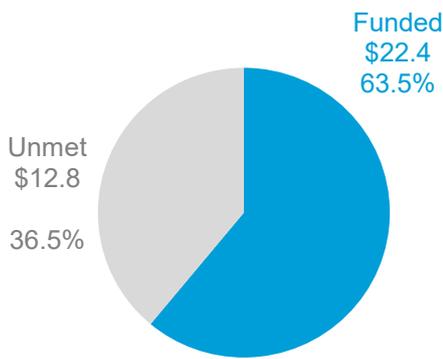
The Government of Sri Lanka, through the Disaster Management Centre has issued a [notification](#) to all overseas individuals, organizations, and well-wishers to strictly follow the Recovery Phase (“Re-Building Sri Lanka”) guidelines when sending humanitarian relief for communities affected by Cyclone Ditwah. Notably, the tax exemption previously granted for humanitarian consignments transported via airfreight has been discontinued effective 3 February 2026, in line with the decision of the High-Level Committee for Foreign Relief Aids Coordination.

## FUNDING OVERVIEW

### CONTRIBUTIONS TO THE HUMANITARIAN PRIORITIES PLAN (HPP)

**Sri Lanka HPP 2025**  
**US\$35.3 million requested**

**HPP Funding Status by Sector**  
**(US\$ million) – as of 20 February 2026**



## HUMANITARIAN RESPONSE

Sector	People in Need (PIN)	People Planned to be Reached - Target	People Reached (since Dec 2025)	% Reached (since Dec 2025)
Food Security	1,110,000	313,000	140,505 *	45%
Education	555,509	382,770	134,322	35%
WASH	1,100,000	341,250	128,138	38%
Shelter, Land & Site Coordination	302,708	117,723	90,859	77%
Protection	603,311	148,000	39,177	26%
Nutrition	161,013	112,708	20,779	18%
Health	1,200,000	300,000	17,349	6%
Agriculture & Livelihoods	1,000,000	200,000	7,912	4%
Early Recovery	520,000	173,500	4,969	3%

\*does not include additional people provided with High Energy Biscuits

Inter-sector reach is calculated using the highest sector specific number of people reached reported per district.

This 'maximum reach across sectors' approach is used to avoid double counting of people who may have received assistance from multiple sectors.

"People Reached" include those who have received some form of humanitarian assistance.

### Education

#### Needs:

- An estimated 458,609 school-age children and 68,000 preschool-age children urgently require essential learning materials, including stationery, textbooks, backpacks, uniforms and resume education. Approximately 900 children with disabilities require adapted individual learning materials, and 25 special education units need specialized teaching and learning supplies.
- Approximately 1,382 schools and 2,720 preschools require essential equipment, furniture, and minor repairs to reopen safely. Severely damaged or destroyed schools are expected to remain non-functional in the near term, necessitating the establishment of Temporary Learning Spaces. In addition, 500 schools previously used as shelters require thorough cleaning and minor repairs to meet safety and hygiene standards. Schools that are fully destroyed will require relocation or reconstruction in areas cleared as safe by the NBRI.
- An estimated 28,900 teachers and school principals require support to address the psychosocial well-being of students and staff, and to prevent increased dropout risks following prolonged school closures.

#### Response:

- In partnership with the Ministry of Education, a national master list of affected education institutions covering preschool, primary, secondary, Technical and Vocational Education and Training (TVET), and higher education was consolidated, strengthening evidence-based decision-making. Updated data identified 1,682 affected primary and secondary schools, impacting nearly 823,000 children.
- A rapid school-based assessment tool was developed to generate school-level data on learning disruption, infrastructure damage, and psychosocial needs
- A draft national Education Sector-Wide Response Plan, spanning preschool through higher education, was developed, with provincial and TVET consultations underway to inform finalization.
- 27,240 children across all nine provinces received individual learning kits, through the Provincial Department of Education and the civil society organizations.
- 3,229 school cleaning kits were distributed to severely affected schools across nine provinces.
- One heavily damaged school in Nuwara Eliya District was cleaned and reopened with volunteer support.
- Minor repairs were completed in five schools in Trincomalee, benefiting 1,100 children.

- 276 children accessed mental health and psychosocial support (MHPSS) services.
- 1,600 children continued learning through 36 child-friendly spaces functioning as temporary learning spaces with integrated socio-emotional support.
- 290 teachers across seven schools in Trincomalee received capacity development and mental well-being support.
- 45 highly affected children received cash assistance (LKR 7,500 per child) to support school retention and recovery.

#### Gaps & Constraints:

- Access and data limitations in hard-hit and hard-to-reach areas continue to constrain comprehensive needs assessment and response planning.
- Host schools receiving students from fully damaged schools face overcrowding, shortages of teachers and learning materials, and challenges of social integration including language barriers.
- WASH rehabilitation, particularly desludging of toilets and restoration of sanitation facilities, remains a critical bottleneck for safe school operations.
- The absence of clear national guidelines on the use of schools as shelter centres poses ongoing safety, protection, and learning continuity risks.
- While schools have formally reopened, physical access continues to remain a challenge.

### Food Security

#### Needs:

- Continued need for immediate food assistance for displaced and flood-affected populations, particularly those without access to functioning markets or cooking facilities.
- Continued need to stabilize food prices and restore market functionality, as vegetable prices have surged by 30–200% due to supply shortages and crop losses.

#### Response:

- 67 metric tons of fortified food assistance reached 261,347 people across 59 divisions in five of the worst-affected districts: Kandy, Nuwara Eliya, Badulla, Kegalle, and Mannar.
- 4000 households were reached in Nuwara Eliya, Badulla and Kandy for cash assistance.
- Remote household food security surveys, which began in December 2025 to monitor post-cyclone conditions, continue, with the February 2026 data collection round scheduled to start shortly.
- 1,700 households in the districts of Badulla and Nuwara Eliya were supported with cash assistance.
- 37,600 beneficiaries nationwide were reached through CSO grants, including the provision of cooked meals, food, and other relief items.

#### Gaps & Constraints:

- No significant new developments reported.

### Agriculture

#### Needs:

- Continued need to support smallholder farmers through the provision of agricultural inputs, including fertilizer, for paddy fields damaged by the cyclone.

#### Response:

- The provision of fertilizers (Urea, TSP, and MOP) to smallholder paddy farmers in Anuradhapura whose fields were damaged by the cyclone is being implemented through a voucher-based assistance scheme. E-vouchers are scheduled for distribution in March 2026.
- The intervention will support approximately 3,500 smallholder farmers cultivating up to 1.0 acre during the 2026/27 Maha season.

**Gaps & Constraints:**

- To date, USD 400,000 has been received, leaving a 97.6 percent funding gap. Without urgent donor support, hundreds of thousands of household risk missing an entire cultivation season, with lasting consequences for food security, nutrition, and rural resilience.
- Data verification of target beneficiaries is on-going in collaboration with the Department of Agrarian Development Services.

** Nutrition****Needs:**

- An estimated 161,000 people, including pregnant and breastfeeding women and children under five, require nutrition support across cyclone-affected areas.
- Health authorities have identified elevated malnutrition risks linked to poor diet quality and the lack of age-appropriate supplementary foods for children under three and pregnant and breastfeeding women. Diets both within and outside safety centres remain deficient, lacking essential animal protein, fruits, and vegetables. An urgent scale-up of diverse and nutrient-rich food assistance is required to meet minimum requirements.
- Gaps in diet quality, combined with a shortage of supplementary foods for vulnerable groups, are likely to drive a rise in malnutrition. Immediate scale-up of diverse, nutrient-rich food assistance is urgently needed.
- Approximately 3,500 children (6–59 months) require therapeutic treatment for Severe Acute Malnutrition (SAM), while an additional 32,000 children with Moderate Acute Malnutrition (MAM) require supplementary feeding, in cyclone-affected areas.
- Populations in cyclone-affected tea estate line houses are identified as particularly vulnerable due to pre-existing poverty and food insecurity, severely limiting coping capacity.
- A joint rapid meal assessment found gaps in the adequacy of food provided in safety centres, particularly for children under two and pregnant and lactating women, with concerns around dietary diversity, nutrient content, and complementary feeding suitability. Findings will inform targeted improvements and technical guidance to better support vulnerable groups.

**Response:**

- The nutrition response continues to scale, reaching 25,358 people to date, an increase of 5,112 in the past two weeks, through over 70 activities implemented by nine agencies across 22 districts. Assistance is primarily in-kind (over 80 per cent), supplemented by cash/vouchers, awareness campaigns, and service delivery support.
- Ongoing assessments of meal gaps in Safety Centres, led by CSOs in the estate sector, are generating evidence to guide targeted short-term meal enhancements and strengthen advocacy.
- A treatment enrolment drive has been activated for 3,500 children with Severe Acute Malnutrition (SAM) in 10 of the worst-affected districts, implemented in partnership with CSOs, UNICEF, and government authorities. Support includes transport facilitation for children and caregivers to access hospitals and outreach clinics, alongside deployment of additional government health personnel to strengthen service delivery.
- Structured community engagement, including home visits, is being conducted by CSOs in coordination with district health authorities under guidance from the Director General of Health Services.
- With the national Thripasha program currently unavailable, BP5 emergency rations are being provided to treat approximately 7,500 children with Moderate Acute Malnutrition (MAM), with 2,213 children under five already reached.
- Monitoring the nutritional status of displaced populations in the worst-affected districts remains a priority, alongside sustained advocacy to ensure the full realization of minimum nutritional requirements.
- The nutrition sector has launched a structured SAM management program aligned with national protocols and UNICEF standards, strengthening last-mile service delivery through volunteer engagement, outreach clinics, and coordinated referral pathways to ensure continuity of care during displacement and relocation.

**Gaps & Constraints:**

- The non-availability of supplementary food for children with Moderate Acute Malnutrition (MAM) in several locations remains a key constraint and has been formally raised with the Government.
- Damaged and unrepaired internal roads in hilly terrain continue to impede home visits by health staff and create critical transport challenges for pregnant women in their third trimester seeking essential health services.

## Health

### Needs:

- Maternal and child health and nutrition outcomes remain critical across affected districts.
- Field observations, particularly from Kegalle district, indicate worsening sanitation conditions in temporary shelters. Accumulated waste and limited functional toilet facilities are creating hygiene risks and exacerbating protection concerns, including women's privacy. Based on safety and public health considerations, local authorities are in the process of closing down temporary shelters and facilitating return or relocation.
- Shelter-based hygiene risks, including toilet congestion, drainage blockages, and waste accumulation, remain significant.
- As families return to original locations, there is an urgent need to transition from shelter-based services to community-based follow-up.
- The Ministry of Health has requested support from the Health sector partners for items required for clinic and shelter operations, disaggregated by district and RD division.

### Response:

- Procurement of Leptospirosis test kits has been initiated, and sourcing of additional insulin is under exploration to address critical medicine.
- Anthropometric equipment and ILR/ice-line refrigerators are being procured in collaboration with the Biomedical Engineering Division, with IT equipment quantities to be finalized.
- Distribution of health and nutrition support in 13 centres reached over 3,200 individuals; focus is shifting to recovery-phase MHPSS service facilitation in agreed sectors, including refurbishing and re-equipping facilities in hard-to-reach areas.
- Transport facilitation and referral support provided for hospital-based Severe Acute Malnourished (SAM) cases, with community-level tracing and three rounds of home follow-ups.
- Joint outreach clinics with Ministry of Health teams continue in hard-to-reach areas
- Meal enrichment support for high-risk pregnant and lactating women (PLW) and children under two ongoing (three-month duration).
- Social and Behaviour Change Communication on Infant and Young Child Feeding, hygiene, and safe food preparation prioritized.
- Regarding Sexual and Reproductive Health 1,075 dignity kits, 1,244 maternity kits, over 5,700 menstrual/adolescent kits, and 50 transgender kits have been distributed. 5 mobile health clinics conducted providing integrated SRH and GBV services. 13 awareness sessions conducted on SRH and GBV in post-disaster contexts. Cash assistance was provided to 198 pregnant women in the Central Province.
- Civil Society Organization actions focused on consolidating joint MCH requirements, mapping waste management gaps in welfare centres, and ensuring uninterrupted follow-up for SAM cases during family relocations.
- Efforts also include finalizing meal mapping analysis to inform technical recommendations for improved complementary feeding in safety centres, reinforcing hygiene risk mitigation during shelter transitions, and expanding outreach clinics in estate sectors to improve service access.

### Gaps & Constraints:

- The mobility of affected families following shelter closures poses a significant risk of treatment default among SAM cases.
- Public health teams remain critically overstretched as the operational context evolves.
- While an inter-agency meal mapping exercise has been completed, ongoing qualitative analysis is temporarily limiting evidence-based adjustments to meal plans. The absence of standardized emergency complementary feeding guidance at site level further constrains the quality and appropriateness of nutrition support for the most vulnerable.
- As the response transitions from acute emergency to early recovery, Occupational Safety and Health (OSH) considerations require urgent attention. Emerging work-related hazards in sanitation activities, plantation clean-up, debris removal, and outreach operations pose risks to frontline workers. Environmental health challenges, including waste accumulation and drainage blockages, present dual public health and occupational safety risks, including exposure to biological hazards and harmful gases. Psychosocial support and burnout prevention for frontline workers are essential to ensure the sustainability of service delivery.

## Protection – including Child Protection and GBV

### Needs:

- In operational safety centres, critical gaps persist in child-friendly spaces, women and girls' safe spaces, mental health and psychosocial support (MHPSS) for children and families, and access to dignity items. Poor lighting, long distances to bathing and WASH facilities, and inadequate space arrangements continue to create child protection and GBV risks.
- Recent assessments in temporary and transit shelters in Colombo District highlight severe gaps in privacy, hygiene, and child-friendly spaces. Families, including lactating mothers and infants, are living in undivided halls with no designated breastfeeding or changing areas, conditions that heighten protection, child protection, and GBV risks, particularly for adolescent girls and women.
- GBV remains a critical protection gap. Women and children face heightened risks, yet extremely low case reporting persists due to stigma and the normalization of violence.
- Strengthening multisectoral coordination, GBV referral pathways, and community awareness remains a priority. Safe spaces are also needed within affected communities, not only in formal centres.
- A total of 113 children lost one or both parents during Cyclone Ditwah: 15 children were orphaned (lost both parents), 77 lost their fathers, and 21 lost their mothers. The loss of fathers, often the primary income earners, has serious implications for household economic stability, school continuity, and may increase reliance on negative coping strategies.
- MHPSS coverage remains limited, particularly for caregivers and women. Children with disabilities lack access to assistive devices and accessible WASH facilities, further exacerbating protection risks.
- Reaching remote and isolated locations, supporting remaining safety centres, and strengthening survivor-centered multisectoral referral pathways for child protection and GBV remain key priorities for the Protection Sector

### Response:

- Protection partners have reached 80,629 people across 19 districts through interventions delivered by 13 organizations, including child protection and GBV services. Coverage has been highest in Kandy, Nuwara Eliya, Trincomalee, Puttalam, and Batticaloa.
- Service delivery and support remain the predominant assistance type, followed by awareness programmes and capacity-building training. Under GBV, in-kind assistance continues to be the primary intervention.

Key interventions in the sector include:

- 28,504 children and 11,377 caregivers accessed services through 45 child-friendly spaces.
- 39 Child-Friendly Spaces have been reactivated, reaching 6,271 children with structured psychosocial support and social-emotional learning (SEL) activities.
- 4,951 children engaged in youth-facilitated recreational and coping activities; 4,015 children received social-emotional learning materials and play items.
- 5,414 children received Psychological First Aid (PFA).
- 2,981 children accessed targeted child protection services, including 690 through case management.
- 32 children successfully reunified with their families.
- 5,481 individuals received community-based MHPSS support.
- 621 frontline workers trained in psychological first aid; 290 teachers received capacity development and mental well-being support in Trincomalee.
- 27 parental awareness sessions were conducted, reaching 170 caregivers.
- 700 women received dignity kits; GBV safety verification continues in Matale, Kandy, Kegalle, and Badulla Districts.
- All key GBV reporting lines, including Child & Women Police Bureau, Women's Helpline, Child Helpline, Mithurupiyasa, and NGO-operated lines, remain fully operational.
- Safe spaces for breastfeeding have been established in safety centres.

- The Disaster Response, Recovery and Preparedness Plan of the Ministry of Women and Child Affairs has been presented to public sector stakeholders to strengthen collaboration and has been submitted to the National Planning Department for clearance.

#### Gaps & Constraints:

- The full range of protection services – such as safe spaces, layered MHPSS services and referral pathways, are not fully operational in all affected communities; gaps remain in effective referrals and follow-up.
- Limited transport capacity in ‘hard to reach areas’ hampers monitoring of safety centres and affected communities.
- Local authorities note cases of conflict risks between displaced families in shelters and neighbouring affected communities over perceived inequities in compensation and aid distribution. In Colombo, shelters located within or adjacent to military premises expose women and girls to elevated protection risks due to the presence of male military personnel near living and wash areas

### Shelter, Land and Site Coordination

#### Needs:

- Durable shelter solutions continue to be required for households whose homes were fully destroyed, severely damaged, or located in areas identified as high risk due to landslides or flooding.
- Continued efforts are needed to ensure that remaining temporary displacement sites meet minimum humanitarian standards and benefit from coordinated intersectoral support, including site planning, site coordination and management, and shelter technical guidance.
- Strengthening Housing, Land and Property (HLP) coordination remains important to address challenges related to land availability, tenure arrangements, and access to assistance, particularly for vulnerable households. Progress on HLP issues will be key to enabling durable solutions.
- Households transitioning from closed Safety Centres may require support to access adequate shelter alternatives, as buildings resume their original public functions.
- Communities in high-risk or high-altitude areas would benefit from climate-appropriate assistance and technical guidance to promote safer recovery and resilience.
- Integration of disaster risk reduction and community-based safe construction approaches remains important to reduce future exposure and vulnerability.

#### Response:

- Sector partners continued in-kind assistance throughout the reporting period, reaching 1,750 individuals through the distribution of 598 NFI kits; including bedding and kitchen sets in Badulla, Kegalle and Kandy.
- In collaboration with government and partners, the sector has completed the Safety Centre Needs Assessment across 80 centres in six districts (Colombo, Badulla, Nuwara Eliya, Kandy, Matale, Kegalle). Findings will be shared with government, partners, and relevant sectors to inform targeted interventions and multi-sectoral responses, including WASH, Health, NFI, Shelter, and Site Management and Coordination.
- Capacity-development support on temporary site planning, coordination and management is ongoing. A 2-day Site Management and Coordination training was held in Badulla District with 21 participants from district, divisional secretariat and GN authorities involved in displacement management. The training aimed to strengthen capacities in core components such as community participation, information management, coordination and the site life cycle, equipping participants with skills for effective, inclusive and accountable settlement responses.
- Technical guidance continues to be developed and disseminated, including cash & voucher assistance guidance for house repairs and fire risk reduction measures for temporary sites.
- Technical engagement continues to support structural and land assessments aimed at facilitating safe return where feasible.

#### Gaps & Constraints:

- Implementing durable shelter solutions, including relocation, require the identification and allocation of adequate and safe land, with secure tenure arrangements and access to livelihoods and basic services.
- Final decisions regarding evacuations, returns, or the establishment of new settlements are contingent upon technical validation by the NBRI (previously known as NBRO). NBRI remains at capacity due to the volume of assessments required, resulting in delays in hazard verification and site clearance.

- These constraints have at times impeded rapid decision-making on safe return, relocation, and settlement planning, and are contributing to the prolongation of displacement and interim shelter arrangements. The affected area includes highly isolated and scattered locations, where the limited presence of sector partners hinders a more comprehensive analysis of the situation and restricts response capacity.
- The affected area includes highly isolated and scattered locations, where the limited presence of sector partners hinders a more comprehensive analysis of the situation and restricts response capacity. The closure of safety centers is not being coordinated or communicated with the sector or its partners, preventing the planning and provision of an adequate response.

## Water, Sanitation and Hygiene

### Needs:

- The overall situation in the WASH sector remains challenging, especially in rural areas and with sanitation due to numerous factors including access to damaged water systems, lack of technical staff to undertake assessments and critical equipment.
- While some improvement has been noted, with the supply of water to most communities with interim measures, the lack of materials and necessary resources continues to hamper progress according to relevant authorities and local partners on the ground.
- There is a continued need for cleaning of particularly domestic dug wells and some community wells
- WASH facilities, particularly sanitation needs at safety centres remain a major challenge.
- Rehabilitation of WASH facilities in schools that were used as safety centres and now returned to functioning as schools is an urgent requirement.
- Children and women are particularly affected, as they are the most vulnerable groups mainly engaged in fetching water and are subjected to potential risk due to inadequate sanitation and hygiene facilities.

### Response:

- Nearly 132,143 people have gained access to critical WASH supplies, including water, hygiene kits, chlorine, and disinfection materials, improving hygiene conditions and reducing disease risks.
- Assessments of community-managed rural water supply systems have been completed across all affected districts, enabling the identification of priority rehabilitation needs and initiation of materials procurement to restore sustainable water access.
- Construction materials, including Hume pipes, water tanks, PVC pipes, cement, and transport support, have been provided to enable the installation and repair of essential WASH facilities in safety centres across Rattota Division in Kandy District, improving living conditions for displaced families.
- Sanitation facilities are being established in 20 safety centres across seven divisional secretariat areas in Kandy District, strengthening access to safe and dignified sanitation for displaced populations.
- Lids and concrete cylinders have been distributed to upgrade toilet and shower facilities in safety centres across Kandy District, enhancing privacy, safety, and hygiene conditions.
- Urgent WASH materials have been procured and delivered to two temporary safety centres (Kandepuhulpola and Haggalawatta) in Badulla District, benefiting over 50 families, with procurement ongoing for additional centres to ensure continued access to safe water and sanitation.
- The procurement of materials for the rehabilitation of six community water supply systems, serving over 250 families, is underway, restoring long-term access to safe water in affected communities.

### Gaps & Constraints:

- Significant information and data gaps have emerged particularly of the displaced and the WASH requirements for shelters, with the urgent requirement to clarify and distinguish between shelters, safety centres, temporary, transitional and permanent facilities.
- Assessment of community water supply systems is constrained by the lack of qualified technical staff to undertake assessments and accessibility challenges.
- Absence of chemists post in the National Department of Community Water Supply impacts the strengthening and functionality of existing water quality laboratories (9) and water quality monitoring of rural water supply schemes
- Lack of adequate desludging facilities in the most affected areas is a significant obstacle to ensuring safe sanitation facilities at safety centres and at community level.

## Early Recovery

### Needs:

- Clearance and safe disposal of mixed solid waste (including mud, rubble, plastics, e-waste, sewage, animal carcasses, and damaged household items) from homes, roads, schools, and community facilities.
- Immediate capacity for safe handling, treatment, and disposal of biomedical waste generated by health facilities in affected areas.
- Strengthened waste management and environmental sanitation services to prevent disease transmission and protect public health in affected communities.

### Response:

- Government authorities, with support from Early Recovery Sector partners, continue waste and debris clearance and drainage cleaning across multiple affected districts to address public health and environmental risks.
- Supported around 100 informal waste collectors to clear waste in four local authorities. As of 16th February 2026, a total of 156,845kg (156.85 tons) of waste, including 152,466kg of mixed waste, 4,376.5kg of recyclable waste, and 2.5kg of e-waste were collected supporting more sustainable waste management practices during early recovery.

### Gaps & Constraints:

- Limited availability of consolidated, centralized data on government-led debris and waste removal efforts across affected districts, constraining planning, prioritization, and gap analysis.
- Inconsistent final disposal practices remain a constraint: while some waste is transported to waste-to-energy facilities, significant volumes are being temporarily deposited in open landfills without adequate final treatment arrangements, highlighting the need for environmentally sound disposal solutions.
- Limited local capacity for the management and disposal of construction-related debris, with existing mechanisms insufficient to address medium- to long-term debris volumes, requiring sustained technical, regulatory, and infrastructure solutions.

## GENERAL COORDINATION

The overall coordination for Cyclone Ditwah response is led by the Government of Sri Lanka through national and sub national, with support from the United Nations, humanitarian partners, international and national civil society organizations, and the private sector as well as bilateral and multilateral aid. The Disaster Management Center continues to lead operational coordination, working closely with the line of ministries, district and divisional authorities to support the response planning and implementation across affected areas.

The United Nations, under the leadership of the Resident Coordinator, has activated the Humanitarian Country Team to support the government-led response and provide coordination to UN organizations and humanitarian partners through the HPP. Sectors activated under the HPP are education; food security, agriculture and nutrition; health; protection; shelter, non-food items and camp coordination; water, sanitation and hygiene; and early recovery.

Operational coordination is facilitated through the Inter-Sectoral Coordination Group (ISCG), which provides technical coordination among sectors to support information sharing, joint analysis, and alignment of activities. Technical working groups have been supporting cross-cutting priorities including Cash and Voucher Assistance, Accountability to Affected Population, and Protection from Sexual Protection and Abuse.

The prioritization of assistance under the HPP is guided by joint assessments undertaken with national authorities and other partners, including the Joint Rapid Needs Assessment with the Disaster Management Centre.

The Accountability to Affected People (AAP) Working Group conducted a capacity-building session for government officials, UN agencies, NGOs/INGOs, and CBO partners on core elements of AAP and Collective AAP, including practical guidance on integrating AAP across different stages of the emergency programme cycle. The session also provided a platform for experience sharing and cross-learning, including government presentations on how AAP has been integrated and planned within the emergency response. The AAP Working Group shared findings from a rapid assessment of existing AAP mechanisms for the Humanitarian Priorities Plan (HPP) partners.

## FUNDING INFORMATION

### CONTRIBUTIONS TO THE HUMANITARIAN PRIORITIES PLAN (HPP)

All humanitarian partners, including sectors, donors and recipient agencies, are encouraged to inform RCO of funding received to be included in this reporting.

#### ANNEX 1:

#### FUNDING FOR CYCLONE DITWAH RESPONSE (INSIDE THE HPP)

Development Partner	Channel / Partner (Gov/UN/Other)	Sector	Amount ~ (US\$)
Australia	UN	Food Security	995,000
Australia	UN	Protection	330,000
Australia	UN	Unspecified	330,000
Australia	NGOs	Unspecified	660,000
Canada	NGOs	Multiple sectors	252,600
Canada	UN	Food Security	1,018,000
NUPGE (National Union of Public and General Employee) Canada	UN	Health	27,400
Cyprus	UN	Health	117,000
EU	UN	Multipurpose cash assistance	1,100,000
EU	UN	WASH	508,699
EU	UN	Education	259,148
EU	UN	Protection	191,962
Gates Foundation	UN	Health	25,000
Gates Foundation	UN	Nutrition	246,000
Gates Foundation	UN	WASH	406,000
German National Committee for UNICEF	UN	Nutrition	107,292
Japan	UN	Food Security	1,000,000
Japan	UN	Shelter/ NFIs/ CCM	1,000,000
Japan	UN	WASH	300,000
Japan	UN	Protection	200,000
New Zealand	UN	Protection	292,000
New Zealand	UN	Multiple sectors	292,000

Norway	Other	Protection	740,700
Norway	UN	Unspecified	980,415
Republic of Korea	UN	Food Security	500,000
Switzerland	Other	Multipurpose Cash Assistance	62,000
UK	UN	Multiple sectors	332,900
UN (CERF)	UN	Food Security	2,000,000
UN (CERF)	UN	Protection	200,000
UN (CERF)	UN	Shelter/ NFIs/ CCM	1,000,000
UN (CERF)	UN	WASH	1,300,000
UN (FAO - SFERA)	UN	Agriculture	400,000
UNDP	UN	Early Recovery	550,000
UNESCO	Other	Early Recovery	80,000
UNESCO	GoSL	Education	42,000
US	NGOs	Unspecified	2,000,000
US	UN	Food Security	2,000,000
US National Committee for UNICEF	UN	Education	360,000
US National Committee for UNICEF	UN	Nutrition	240,000
			<b>22,446,115</b>

## ANNEX 2:

### FUNDING CYCLONE DITWAH RESPONSE, OUTSIDE THE HPP (from DP Secretariat)

Development Partner	Channel / Partner (Government/UN/Others)	Amount ~ (US\$)
ADB	Government of Sri Lanka	3,000,000
Australia	Family Planning Association Sri Lanka (FPASL)	100,000
Canada	Sri Lanka Red Cross Society (SLRC)	155,200
Canada	Green Movement of Sri Lanka (GMSL) Organization for Rehabilitation of the Handicapped (ORHAN) Uva Shakthi Foundation (USF)	54,100
China	TBC	1,000,000
EU	Sri Lanka Red Cross Society (SLRC)	582,200
Germany	Federal Agency for Technical Relief (THW)	582,200
Ireland	International Federation of the Red Cross and Red Crescent Societies (IFRC)	582,200
Maldives	TBC	1,150,000
Myanmar	TBC	100,000
Nepal	TBC	200,000
New Zealand	NGOs	103,000

Norway	International Federation of the Red Cross and Red Crescent Societies (IFRC)	980,415
Norway	Halo Trust	1,089,500
Red Cross China	Sri Lanka Red Cross Society (SLRC)	100,000
Saudi Fund	Government of Sri Lanka	6,000,000
Singapore	Singapore Red Cross	100,000
Singapore Red Cross	Singapore Red Cross	38,765
Switzerland	Sri Lanka Red Cross Society	270,000
Thailand	Government of Sri Lanka	32,870
UAE	Government of Sri Lanka	6,000
UK	Sri Lanka Red Cross Society (SLRC)	998,558
		<b>17,225.008</b>

## ADDITIONAL INTERNATIONAL CONTRIBUTIONS

Development Partners	Non-Food Items/ services
Bangladesh	<ul style="list-style-type: none"> <li>Relief supplies included 1,000 mosquito nets, 500 food packets, 10 tents, 20 pieces each of torch lights, gum boots, vests, gloves, hats; and 125 boxes of essential medicines</li> </ul>
Brazil	<ul style="list-style-type: none"> <li>Ten high-capacity water purification units</li> </ul>
China	<ul style="list-style-type: none"> <li>Relief supplies (84,525 kg) included inflatable lifejackets, tents, blankets, bed sheets. Total value: RMB 10 million (~LKR 400 million)</li> </ul>
European Union	<ul style="list-style-type: none"> <li>Relief supplies (69,000 kg) included tents and emergency shelters, utensils for food preparation, mattresses and water purification equipment. Total value: ~EUR 500,000</li> <li>Expert assistance of 11 structural engineers. They have assessed 44 sites and completed 14 drone inspections.</li> </ul>
France	<ul style="list-style-type: none"> <li>Relief supplies included 3,400 emergency supplies (emergency shelter materials and WASH supplies) for over 1,000 people (200 families) and deployment of an expert in crisis and disaster management</li> </ul>
India	<ul style="list-style-type: none"> <li>Equipment supplies 10 logistics and surveillance drones, TriNetra drone, satellite phones, generator sets, 15 fast Rescue Boats with Outboard Motors, 3 bailey bridges (248 tonnes of Bailey Bridge components with 48 engineers), BHISHM Cubes, National Disaster Response Force equipment, 2 Chetak helicopters, 2 Mi-17 helicopters and other essential disaster response equipment.</li> <li>Deployed 2 Urban Search and Rescue Teams, 80 National Disaster Response Force (NDRF) personnel, K9 units and 5-member medical team.</li> <li>An 85-member Indian Army Field Hospital was set up in Mahiyanganaya and provided life-saving medical care to more than 7,000 patients.</li> <li>53 tonnes of relief materials including emergency food rations, medical supplies, tents, blankets, hygiene kits, 17 types of essential medicines, more than 14,200 kg of dry food items, 300 MT sugar, 300 MT lentils, 25 MT milk powder, medicines, blankets, dhotis, sarees, towels, 150 MT rice, 150 MT sugar, 500 water purification kits and other essential relief items.</li> </ul>
Israel	<ul style="list-style-type: none"> <li>Relief consignment including folding beds, first aid kits, surgical gloves, hygiene kits, mosquito nets, power banks, raincoats, mattresses, water tanks, baby utensil packs, kitchen sets, submersible water pumps and goggles.</li> </ul>
IsraAID	<ul style="list-style-type: none"> <li>Deployed an emergency response team including emergency logistics and WASH and health specialists.</li> </ul>

Japan	<ul style="list-style-type: none"> <li>● Deployed Japan Disaster Relief Medical Team (31 members) containing doctors, medical experts, relief personnel and rescue specialists</li> </ul>
Maldives	<ul style="list-style-type: none"> <li>● 25,000 cases of tuna cans</li> </ul>
Myanmar	<ul style="list-style-type: none"> <li>● 500 tonnes of rice, 5.62 tonnes of medicines and medical products, and 2.16 tonnes of consumable goods.</li> </ul>
Pakistan	<ul style="list-style-type: none"> <li>● Deployed 47-member specialised Pakistan Army search and rescue unit</li> <li>● Relief supplies (80 tons) including food, emergency medicines, first-aid kits and essential equipment.</li> <li>● Relief supplies (200 MT) including essential medicines, powdered milk, nutritional supplements, tents, blankets, mosquito nets, bedding materials, water pumps, lighting equipment and other essential items.</li> <li>● Relief supplies (7.5 tonnes) including tents, tarpaulins, and powdered milk.</li> </ul>
Qatar Fund for Development	<ul style="list-style-type: none"> <li>● Relief supplies including essential dry goods and canned items targeting 1,800 displaced families.</li> <li>● Provision of search and rescue equipment to strengthen local disaster response capabilities.</li> </ul>
Russia	<ul style="list-style-type: none"> <li>● Relief supplies (35 MT) including movable 60 kW electric power station, pumping equipment for water drainage, summer tents (10-person capacity), food supplies (sugar, vegetable oil, and rice).</li> </ul>
Saudi Arabia	<ul style="list-style-type: none"> <li>● A consignment of essential items valued at USD 11,000</li> <li>● 8 high-capacity tower light generators valued at USD 43,000 donated by Energia LLC</li> <li>● A container relief items worth of SAR 71,000</li> </ul>
Switzerland	<ul style="list-style-type: none"> <li>● Deployed rapid response team containing 7 WASH experts.</li> <li>● Relief supplies - non-food items, WASH support, dry rations, hygiene kits, equipment capable of providing drinking water to over 10,000 beneficiaries and various other equipment.</li> </ul>
UAE	<ul style="list-style-type: none"> <li>● Deployed a 74-member Emergency Relief Team, including a specialized UAE Search and Rescue (USAR) Team (63 personnel), from the Abu Dhabi Civil Defence Authority. This is UN-classified heavy team trained in advanced search and rescue operations, and equipped with air-conditioned vehicles, specialized emergency response equipment, trained K9 rescue dogs, and high-speed rescue boats.</li> <li>● Relief items included 3,672 food packs (each sustaining a family for 10 days), 720 relief kits (each containing blankets, mattresses, cooking utensils, sanitary items, etc.), 300 tents.</li> <li>● Total Aid delivered by first Airbridge: 116 tons</li> <li>● Total Aid to be delivered by Dubai Humanitarian &amp; Emirates Airbridge: 100 tons</li> </ul>
UNESCO	<ul style="list-style-type: none"> <li>● An expert in water-damage treatment and mould prevention and two vacuum packing machines.</li> <li>● Support to Higher ED sector for continuity of learning; and to integrate mental health and psychosocial support into the emergency response</li> </ul>
USA	<ul style="list-style-type: none"> <li>● Deployment included 60 American military personnel and support for post-disaster response and logistics operations for approximately two weeks.</li> <li>● Supplied two C-130 cargo aircraft and US Department of War's strategic airlift capabilities to deliver aid to the hardest-hit communities.</li> </ul>

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