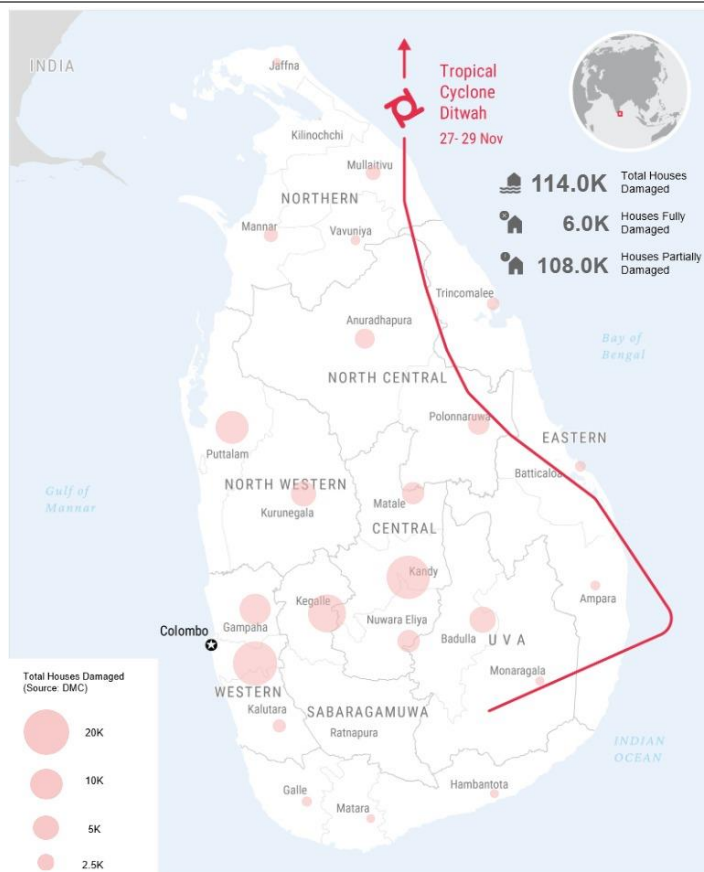


This report is produced by the Office of the Resident Coordinator Sri Lanka in collaboration with humanitarian partners and the Office for the Coordination of Humanitarian Affairs – Regional Office for Asia and the Pacific. It covers the period from 12 January 2026 to 23rd January 2026.

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.
- Out of the required funding of US\$35.3 million to implement the HPP, US\$21.5 million has been received to date. Underfunded sectors in continued need for support include Agriculture, Early Recovery, Health and Education
- More than 170,000 people remain displaced or are staying with host families, with around 7,100 people still staying in 96 safety centres and camps. Protection concerns remain present at safety centres. The dietary quality of people staying in safety centres also remains challenging, with insufficient access to animal protein, fruits, and vegetables. Similar concerns have also been reported among displaced households who have left safety centres.
- According to a recent household survey undertaken by FAO, 30% of agricultural households experienced crop damage and 12.8% of agricultural households are experiencing moderate to severe food insecurity.
- 67 metric tons of fortified food assistance reached 261,347 people. Specialized nutrition interventions have reached 19,737 people across 22 districts.
- Emergency shelter and NFI support has reached 42,046 people across 72 Divisional Secretariats in 20 districts, including 1,506 people with shelter assistance and 40,540 with NFIs.
- Protection interventions have reached 42,340 people across 19 districts through 13 partner organizations, including child protection and GBV support, with highest coverage in Kandy, Nuwara Eliya, Colombo, and Batticaloa. In addition, 27,240 students across all nine provinces received individual learning kits.



1.2M

affected people

658k

targeted for assistance

646

Fatalities

114k

Damaged houses partially/fully

233k

Displaced at its peak

SITUATION OVERVIEW

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.

More than 170,000 people remain displaced or are staying with host families, indicating long-term displacement patterns. A total of 96 Safety Centres are currently operational, half the number reported previously, accommodating 7,109 individuals. This represents a reduction from peak figures of 233,000 people across 990 safety centers. The closure of Safety Centres hosted in schools has continued to raise concerns, as at times they appear to take place without the provision of adequate alternative shelter solutions for affected populations.

Housing damage remains extensive, with nearly 6,000 houses fully destroyed and over 108,000 houses partially damaged. In response, temporary camps have been observed in the Badulla, Kegalle, and Nuwara Eliya districts, while reports also indicate the emergence of informal and scattered displacement sites.

Based on field-level observations, health authorities report a concerning rise in risk factors that may exacerbate malnutrition among children under five.

Complementary assessments have been conducted by humanitarian and development partners. FAO conducted a nationwide agricultural household survey of 4,024 households across all 25 districts. The findings indicate that 30% of agricultural households experienced crop damage, with average paddy production declining by 12%. Losses were reported by 53% of vegetable producers and 34% of other field crop producers. Livestock holdings declined among 37% of cattle producers and 63% of poultry producers, largely due to post-flood disease outbreaks. In the fisheries sector, 28% of households reported damage to boats or related infrastructure. FAO estimates that 12.8% of agricultural households face moderate or severe food insecurity, while 4%, or approximately 75,000 households, are estimated to require urgent, targeted recovery support.

UNDP's RAPIDA assessment, which combined geospatial analysis with 510 key informant interviews across 85 divisional secretariat divisions in 22 districts affected by Cyclone Ditwah, indicates that 95 % of surveyed areas reported damage to homes, roads, or critical infrastructure and 93 % noted livelihood impacts, including crops, livestock, and job losses. Early geospatial data on floods inundation suggest that nearly 20 % of Sri Lanka's land was affected. Vulnerable groups were disproportionately affected, with 76 % relying on government support, 45 % on international aid, and 40 % on informal lending, signaling rising household debt and urgent recovery needs.

The Government of Sri Lanka has initiated a process of developing a Recovery Plan and initiating a Post-Disaster Needs Assessment. While the recovery phase is expected in the coming months, urgent humanitarian needs persist. Findings from the [Joint Rapid Needs Assessment – Phase II](#), conducted by the Government in collaboration with humanitarian partners, highlight critical sectoral impact and priorities

The Government's response to Cyclone Ditwah in January 2026 has focused on a combination of infrastructure restoration, social protection measures, and strengthened institutional coordination. Repair works have continued on major transport and irrigation infrastructure, including the Colombo–Jaffna railway line, damaged irrigation tanks in Uva and the Central Province, and several bridges reconstructed with support from India. Recovery efforts have also included the cleaning and rehabilitation of schools previously used as shelters, the launch of Project 5M for new housing construction, and the rollout of psychosocial support services for families in temporary accommodation.

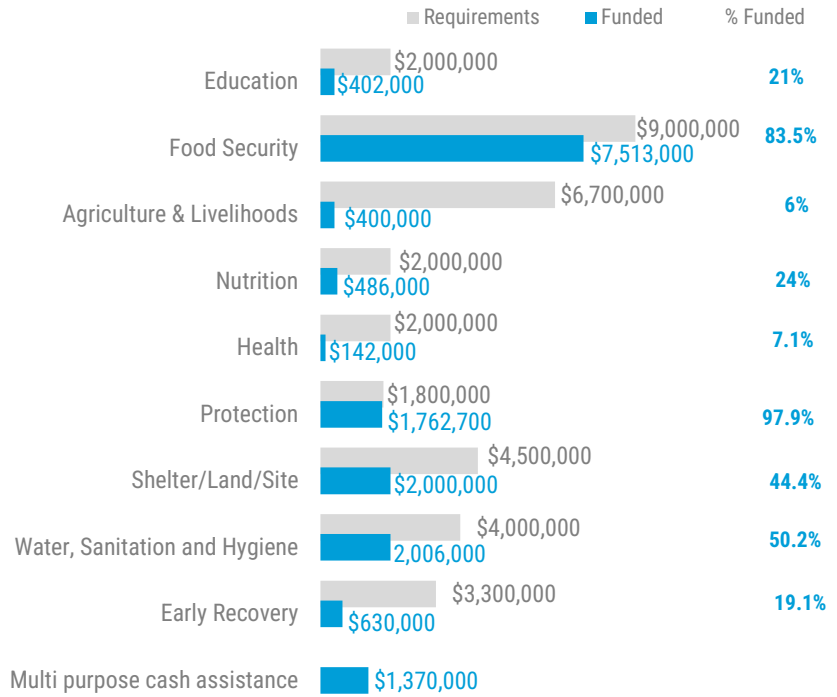
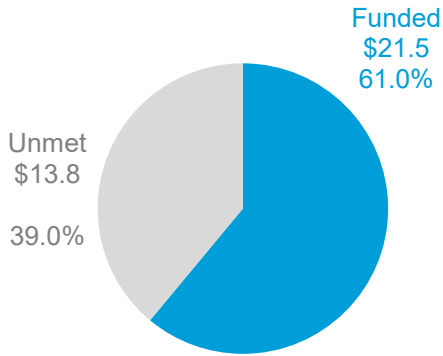
Administrative mechanisms were formalized through a Ministry of Defence circular issued on 6 January 2026, standardizing damage assessment procedures and housing repair allowances. Extended Emergency Regulations were presented to Parliament for approval. Parallel initiatives aimed at public engagement and evidence-based planning included the establishment of a national disaster image archive and the launch of the "Science Against Disaster" national programme. Targeted financial support measures, such as LKR 25,000 grants for affected schoolchildren and plans for a low-interest MSME loan scheme signal effort to stabilize both household welfare and local economies. Land allocation policies have also been outlined, with the Ministry of Lands indicating that standardized plot sizes will be allocated for resettlement using state-owned land under institutions such as the Land Reclamation and Development Corporation, the Land Reforms Commission, and the Mahaweli Authority.

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 23 January 2026



HUMANITARIAN RESPONSE

Education

Needs:

- An estimated 458,609 school-age children and 68,000 preschool-age children urgently require essential learning materials, including stationery, textbooks, backpacks and uniforms, to resume schooling.
- Although many schools have reopened, access to education may still be limited in some areas. WASH facilities and hygiene in schools remain a persistent challenge.
- Approximately 900 children with disabilities need adapted individual learning materials, while 25 special education units require appropriate teaching and learning supplies.
- About 1,382 schools and 2,720 preschools require essential teaching and learning equipment, and furniture and minor repairs to reopen safely. Severely damaged or destroyed schools may remain non-functional in the near term, requiring the establishment of Temporary Learning Spaces. Furthermore, approximately 500 schools currently serving as shelters will need thorough cleaning and minor repairs once displaced families return home. Totally damaged schools need to be reconstructed in areas declared as safe by the NBRO.
- Approximately 28,900 teachers and school principals require guidance and immediate support on safe school reopening, socio-emotional learning, and basic mental health and psychosocial support, and strategies to prevent student dropouts following prolonged periods of school closure

Response:

- 27,240 students across all nine provinces received individual learning kits through the Provincial Departments of Education and civil society partners.
- 3,229 school cleaning kits were distributed to severely affected schools, and one heavily damaged school in Nuwara Eliya was reopened following a volunteer-led clean-up to ensure student safety.
- 2,000+ children received education materials, supported by 500+ temporary learning arrangements to continue schooling.
- 276 children accessed mental health and psychosocial support (MHPSS) services, while 1,600 children continue to benefit from socio-emotional learning and MHPSS through 36 child-friendly spaces functioning as temporary learning spaces.
- 290 teachers affected by the disaster in seven schools in Trincomalee received capacity development and mental well-being support.
- Minor repairs in five schools in Trincomalee benefited 1,100 children, restoring safer learning environments.
- Emergency cash grants (LKR 7,500 per child) were provided to 45 severely affected children across the nine provinces, supporting their continued education and recovery.

Gaps & Constraints:

- Data collection in hard-hit and hard-to-reach areas remain challenging due to access constraints, limiting comprehensive response planning.
- While authorities have taken steps to relocate students from fully damaged schools to nearby host schools, these institutions face challenges related to limited space, insufficient teaching staff, and lack of teaching material
- The absence of guidelines for managing shelter centres in schools poses serious safety and protection risks for children and disrupts learning.

Food Security

Needs:

- Continued need of 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.

- 1,700 households in the districts of Badulla and Nuwara Eliya were supported with cash assistance.
- In collaboration with the Department of Agrarian Development, the sector is identifying smallholder farmers for recultivation support, with a planned voucher program for seeds and fertilizers in 1–2 targeted districts.
- With the national Thripasha program unavailable, UNICEF has been providing emergency rations (BP5) to treat approximately 7,500 children with moderate acute malnutrition. Safe spaces for breastfeeding have also been established in safety centres.
- 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 since previous situation report.

Agriculture

Needs:

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

Response:

- Provision of fertilizers for smallholder paddy farmers in Anuradhapura is planned through a voucher scheme, to be implemented in February–March 2026. The scheme is expected to reach approximately 3,500 farmers.

Gaps & Constraints:

- To date, USD 400,000 has been secured for the sector, leaving a 97.6% funding gap. Urgent support is needed to ensure that hundreds of thousands of households do not miss the imminent cultivation season, which would have severe consequences for national food security, nutrition, and rural resilience. Regular situation reports are shared with the Government to track this gap and its operational implications, ensuring full transparency.

Nutrition

Needs:

- An estimated 161,013 people require nutritional support, including pregnant and breastfeeding women and children under five. Health authorities have identified rising risks of malnutrition among affected populations due to poor diet quality and the lack of supplementary food for children under three years of age, as well as for pregnant and breastfeeding women.
- Diet quality in Safety Centres remains a challenge in meeting minimum nutritional standards, with limited access to animal protein, fruits, and vegetables, creating an urgent nutrition gap. Displaced households who have left Safety Centres also struggle to meet basic dietary requirements.
- Approximately 3,500 children aged 6–59 months with severe acute malnutrition require treatment and therapeutic food, while an estimated 32,000 children with moderate acute malnutrition require supplementary feeding in cyclone-affected areas.

Response:

- To date, a total of 19,737 beneficiaries have been reached through more than 70 nutrition-related activities, implemented by 8 agencies across 22 districts. The majority of assistance (over 80%) was provided as in-kind support, followed by cash/voucher assistance, awareness/advocacy, and service delivery support.
- Efforts to improve Severe Acute Malnutrition (SAM) treatment coverage are ongoing, including consultations with the Ministry of Health and the establishment of new partnerships with CSOs to mobilize caregivers at the community level and ensure children with SAM are taken to treatment facilities.
- 6,400 children under five and 900 pregnant and breastfeeding women in Safety Centres received cooked meals and dry rations, ensuring immediate access to adequate nutrition for vulnerable groups affected by flooding.

- 3,000 children under five with Moderate Acute Malnutrition (MAM) received a locally produced ready-to-use cereal mix for one week, supporting recovery and improved nutritional status.
- 1,000 pregnant and breastfeeding women in the most affected areas received three-day meal enrichment vouchers, including fresh vegetables and fruit, enhancing dietary diversity.
- The Ministry of Health is assessing the nutritional status of children in affected areas, with hospitals preparing BP-100 supplies to ensure treatment for malnourished children.
- Additional nutrition specialists have been deployed to Safety Centres and hardest-hit districts to strengthen screening and treatment services.
- Ready-to-eat emergency supplementary food for 7,500 children with MAM has been dispatched to affected districts through Regional Directors of Health Services, with Family Health Bureau conducting orientation on BP-5 use and reporting for public health midwives.
- In seven Safety Centres in Nuwara Eliya district, meal enhancement, supplementary feeding, and nutrition promotion reached 21 pregnant women, 75 children under five, and their family members, improving immediate nutritional support at the community level.

Gaps & Constraints:

- The lack of supplementary food remains a major constraint for treating children with Moderate Acute Malnutrition (MAM) in many areas and has been raised with relevant authorities for solutions.
- Damaged internal roads in hilly areas are limiting the ability of health staff to conduct home visits, and pregnant women in their third trimester face significant transport challenges in remote pockets.
- Government assistance for the common food basket is not reaching affected populations as required, as authorities are currently segregating and redistributing donations.

Health

Needs:

- Ensuring the continuity of maternal, newborn, and obstetric care remains critical. While most services have been restored, damaged facilities and displacement continue to create urgent needs for safe deliveries, emergency obstetric care, antenatal and postnatal services, maternity kits, and referral systems.
- Inclusive sexual and reproductive health services must be prioritized for vulnerable and marginalized groups, including people with disabilities, older women, and key populations, and should be provided without discrimination.
- The overall health situation remains stable, but needs persist, particularly in highly affected districts such as Badulla, Kandy, Matale, Kegalle, Nuwara Eliya, and Gampola. Although acute outbreak risks are currently contained, ongoing displacement, disrupted livelihoods, and damaged infrastructure continue to place pressure on health services, especially for chronic care and mental health.
- Disproportionately affected groups include elderly persons, people living with chronic illnesses or disabilities (particularly women), pregnant women, children, and adolescents. Displaced families hosted by relatives may face challenges accessing routine health and SRH services. Women and girls remain at risk of gender-based violence (GBV) in temporary shelters, and health information and messaging must be disability-friendly and accessible, for example through sign language interpretation and other inclusive formats.

Response:

- Essential health services (maternal and child health, immunization, nutrition, and family planning) were sustained across safety centres and host communities. Mobile and outreach health services expanded coverage beyond camps, targeting displaced populations living with host families.
- 7,033 dignity-related kits (maternity kits, hygiene packs, menstrual health kits, and transgender kits) were distributed to women, girls, people with disabilities, and returnees in safety centres and host communities.
- 198 pregnant women in safety centres across Badulla, Kandy, and Nuwara Eliya districts, received cash vouchers to access immediate healthcare and nutritional supplements.
- Mental Health and Psychosocial Support (MHPSS) services were delivered to women, girls, and young people in 3 districts through counseling, screening, and community-based activities.
- The renovation of Chilaw Hospital's operating theatre has enabled the full restoration of surgical services.

- Non-communicable disease care was strengthened through the procurement of 9,200 vials of insulin and 200,000 syringes. Further procurement of nutrition and medical supplies, including Ready-to-Use Therapeutic Food, anthropometric equipment, generators, ILRs, and essential medical equipment.
- In coordination with the Ministry of Health and District authorities, Sarvodaya mobilized its grassroots networks to provide support to approximately 1,136 people across Anuradhapura, Colombo, and Gampaha, including those in safety centres.
- CSO partners, coordinated through the Sarvodaya-led CSO collective, conducted outreach to displaced populations, with a focus on elderly care and chronic illness management.
- Frontline health workers, government staff, and military first responders were supported with strengthened focus on wellbeing and burnout prevention.

Gaps & Constraints:

- Health needs of displaced populations living with host families are not adequately captured, indicating gaps in data collection and assessment coverage.
- Access to contraceptives and essential SRH commodities remains available for women and girls in safety centres and among returnees; however, critical gaps persist in access to contraceptives, menstrual health supplies, and other essential SRH items. These gaps increase the risk of unintended pregnancies, poor menstrual hygiene, and related health complications.
- Health information and key messages for women and girls with disabilities are not consistently accessible, highlighting the need for disability-friendly formats, including sign-language–interpreted messaging.
- Landslide risks, damaged roads, and temporary repairs continue to restrict access to some affected areas, limiting outreach and logistics.

Protection – including Child Protection and GBV

Needs:

- Protection concerns remain significant, despite the reduction of Safety Centres to 96. Many affected individuals now reside with host families or within communities, creating a dynamic and dispersed context that complicates service providers' ability to identify, monitor, and support at-risk populations, particularly women and children. Families continue to face unsafe living conditions, limited access to essential services, and significant debris clearing challenges, especially in remote areas. These compounding factors contribute to heightened psychological distress.
- Women and girls in Safety Centres face limited privacy and high GBV risk, while children, particularly girls, are sometimes unsupervised in unsafe environments. Child-friendly spaces, women- and girl-safe spaces, MHPSS services, and dignity kits remain critical gaps.
- A critical protection gap persists regarding Gender-Based Violence (GBV), where women and children remain at high risk. However, very few cases are formally reported, largely due to stigma and the normalization of such violence. Strengthening multisectoral coordination, GBV referral pathways, and community-level awareness remains a priority for the protection sector.
- Gender- and age-disaggregated data is limited at the national level, complicating protection planning and reporting, even though it is available at the Grama Niladari level.
- Fifteen children have lost both parents. The Department of Probation and Child Care, with support from the Legal Aid Commission, is facilitating adoption proceedings and providing free legal assistance.

Response:

- To date, 42,340 people have been reached across 19 districts through Protection interventions provided by 13 partner organizations, including child protection and GBV support. Kandy, Nuwara Eliya, Colombo, and Batticaloa are among the districts with the highest reported coverage.
- Service delivery and support reached 63.1% of beneficiaries, primarily through child-friendly/safe spaces, recreational activities, children's forums, and emotional and skills development programs. Awareness-raising initiatives reached 18.5% of beneficiaries, while capacity-building training reached 15.5%.
- Interventions directly supported over 15,635 children across 9,839 households, including children with disabilities. 36 Child-Friendly Spaces (CFS) were reactivated, reaching 6,271 children with structured psychosocial support, social-emotional learning, and child protection activities. 5,414 children received Psychological First Aid, while 4,951 children participated in youth-facilitated recreational and coping activities. Social Emotional Learning materials and play items were provided to 4,015 children. Parental awareness sessions reached 170 caregivers. In terms of specific child

protection activities, 2,981 children received direct support, including 690 through case management; 32 children were reunified with families. 22,879 children and 9,533 caregivers (25% of target) accessed services across 45 child friendly spaces in Batticaloa, Trincomalee, Ampara, Puttalam, and Kandy. 1,781 individuals received community-based MHPSS support.

- 527 frontline workers trained in psychological first aid; 290 teachers received capacity development and mental well-being support in Trincomalee.
- In terms of GBV, 700 women received Dignity Kits; and GBV safety verification continues in the districts of Matale, Kandy, Kegalle, and Badulla. All key GBV reporting lines, including Child & Women Police Bureau, Women's Helpline, Child Helpline, Mithurupiyasa, and NGO-operated lines, remain operational.
- A national Disaster Response, Recovery, and Preparedness Plan was developed to guide immediate response, medium-term interventions, and recovery actions, ensuring strengthened protection and GBV response.
- Upcoming priorities: Reaching remote and isolated locations, supporting remaining Safety Centres, and strengthening survivor-centered multisectoral referral pathways for child protection and GBV remain key priorities.

Gaps & Constraints:

- A range of protection services including safe spaces, layered MHPSS, referral pathways are not fully operational across all affected communities.
- Safe spaces for women and girls remain a critical gap, increasing vulnerability and GBV risk.
- Access constraints persist in several locations and safety centres, requiring strengthened multisectoral service delivery to reach affected populations
- Transport limitations continue to restrict frontline workers' ability to monitor safety centres and affected communities.
- The absence of gender- and age-disaggregated data limits the ability to design and target evidence-based interventions.
- Continued support needed for long-term strategic interventions and strengthening SGBV referral pathways.

Shelter, Land and Site Coordination

Needs:

- Durable shelter solutions are urgently needed for affected households, including comprehensive support for repair or reconstruction of damaged homes, moving beyond temporary arrangements.
- Continued need to ensure that newly established sites meet minimum humanitarian standards and receive coordinated intersectoral support, including camp coordination, camp management, and shelter expertise, to ensure safety and dignity.
- Continued need to establish a clear exit strategy from the outset to prevent prolonged displacement. People without land ownership, tenure rights, or other Housing, Land, and Property (HLP) rights remain particularly vulnerable, as these factors limit access to assistance and compensation.
- Displaced households from closed Safety Centres require access to appropriate shelter alternatives.
- Communities in high-altitude areas need climate-appropriate support, including insulation, dry bedding, and warm clothing, tailored to cold and wet conditions.

Response:

- 42,046 beneficiaries have been reached to date with emergency shelter and NFI support, including 1,506 people with shelter assistance and 40,540 people with NFIs, across 72 Divisional Secretariats in 20 districts.
- The sector, in collaboration with government and partners, has initiated a Safety Centre Needs Assessment to inform targeted interventions and improve shelter and NFI response.

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.

Water, Sanitation and Hygiene

Needs:

- Urgent cleaning of 3,000 dug wells and rehabilitation of 5,500 household toilets is needed to restore basic sanitation.
- WASH services, including fecal sludge management, are required in 850 temporary shelters.
- 27,000 families need safe drinking water, hygiene kits, and water-purification/disinfection materials.
- Water trucking and installation of 1,000 water tanks at distribution points are needed to ensure community and household access.
- 100 health-care facilities require restored water supply through on-site treatment rehabilitation or 25 water trucking operations to maintain essential services.
- Community water systems: Rehabilitation of 538 community/rural water supply schemes and 45 sewerage treatment facilities is required.
- 121,160 women and girls require access to safe water, sanitation, and menstrual hygiene supplies.
- 1,500 dug wells and tube wells need rehabilitation through the provision of water purification chemicals and disinfection (TCL/Aquatabs).
- Provision of essential water-testing chemicals and equipment, including 25 laboratory kits and 5,000 water quality monitoring kits, is required.
- 150 health-care facilities and 1,200 schools require disinfection using approved materials (e.g., Lysol).
- Deployment of 16 water bowsers, 10,000 water tanks, 10,000 water pumps, 10,000 water purification machines, and 136 generators is needed for immediate restoration of WASH services.
- Continued support is required for the Ministry of Health to maintain water quality surveillance and vector-/water-borne disease monitoring.

Response:

- 2,000 hygiene kits (including toothbrush, toothpaste, laundry soap, toilet soap, soap tray, and sanitary napkins) were distributed to 18 Safety Centres across four districts (Ambanganga Korale, Rathota, Laggala Palegama, and Ukuwela).
- 30 latrine units were constructed in Safety Centres in the District of Kandy.
- 100,000 DPD1 tablets were distributed to the Ministry of Health for use by Public Health Inspectors to measure residual chlorine.
- The Ministry of Health has identified 109 health care institutions that need WASH infrastructure improvement and rehabilitation.
- The National Department of Community Water Supply is preparing estimates and BOQs for damaged rural water schemes and has mobilized additional engineers, quantity surveyors, and technical staff for assessments, rehabilitation, and monitoring.
- The Water Resources Board finalized the dug-well cleaning schedule for domestic and community wells in Mullaitivu (5), Vavuniya (5), Anuradhapura (15), Mannar, Gampaha (4), Kegalle (40), Kurunegala (11), Puttalam (58), Monaragala (4), and Ampara (2). Additional support was provided by local authorities and the Sri Lanka Army in other location.

Gaps & Constraints:

- Lack of adequate facilities in the local authorities of some districts (e.g. Badulla) for desludging from safety centers
- Uncleared roads continue to restrict access to affected health clinics in remote rural areas, delaying completion of needs assessments and response activities.
- A shortage of WASH engineers and technical officers within government agencies constrains timely response and the rehabilitation of water supply systems.

Early Recovery

Needs:

- Continued need for 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.
- Continued need to increase the capacity for safe handling, treatment, and disposal of biomedical waste generated by health facilities in affected areas.
- Continued need to strengthen 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 to clear waste, debris, and drainage channels across multiple affected districts, mitigating public health and environmental risks.
- 45,000 kg of biomedical waste was safely removed from Kurunegala Teaching Hospital in January 2026, enhancing infection prevention and safeguarding public health in this critical healthcare facility.
- Sector partners supported 30 informal waste collectors in the Ja Ela Pradeshiya Sabha area from 14–16 January. A total of 7,225 kg of waste was collected, including 6,900 kg of mixed waste, 320 kg of recyclables, and 2.5 kg of e-waste, promoting sustainable waste management practices during early recovery.
- The Disaster Management Centre was provided with outboard motors (OBMs), water pumps, and generators in support of their search, rescue, and recovery operations.

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 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 Inter-Sectoral Coordination Group, 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.

A 5W online dashboard, providing a repository of all interventions with details on beneficiaries, assistance, locations and implementing partners, is undergoing final verification and will be available in the coming days. The link will be notified to partners.

The Accountability to Affected Populations (AAP) Working Group conducted a refresher session for humanitarian actors engaged in the HPP, focusing on the core pillars of AAP, integration of AAP across all stages of the humanitarian programme cycle, and the importance of ensuring safe and responsive Complaints & Feedback Mechanisms (CFMs) with the aim of strengthening timely and effective integration of AAP into humanitarian response. The AAP WG introduced a standardized Complaints & Feedback Logbook to support the systematic collection and management of complaints and feedback. The AAP WG also developed a set of shared AAP indicators to mainstream AAP principles across HPP partners and proposed sector-level AAP indicators for inclusion in sector reporting. Additionally, on a regular basis, the AAP WG facilitates the sharing of agency experiences, tools and mechanisms related to AAP implementation, promoting peer learning and the adoption of best practices among WG members.

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
Canada	NGOs	Multiple sectors	252,600
Canada	NGO	Multiple sectors	54,100
Canada	UN	Food Security	1,018,000
Cyprus	UN	Health	117,000
EU	UN	Multiple sectors	1,025,000
EU	UN	Multipurpose cash assistance	1,100,000
Gates Foundation	UN	Health	25,000
Gates Foundation	UN	Nutrition	246,000
Gates Foundation	UN	WASH	406,000
German National Committee for UNICEF	UN	Unspecified	117,547
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	UN	Multipurpose cash assistance	270,000
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
UN (UNESCO)	Other	Early Recovery	80,000
UN (UNESCO)	Other	Education	42,000
USA	NGOs	Nutrition	1,000,000

USA	UN	Food Security	2,000,000
USA	NGO	Unspecified	1,000,000
US National Committee for UNICEF	UN	Education	360,000
US National Committee for UNICEF	UN	Nutrition	240,000
			21,546,262

ANNEX 2:**FUNDING FOR CYCLONE DITWAH RESPONSE, OUTSIDE THE HPP (information collected by DP Secretariat)**

Development Partner	Channel / Partner (Government/UN/Others)	Amount ~ (US\$)
ADB	Government of Sri Lanka	3,000,000
Australia	Australian NGOs	660,000
Australia	Family Planning Association Sri Lanka (FPASL)	100,000
Canada	Sri Lanka Red Cross Society (SLRC)	155,200
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
Thailand	Government of Sri Lanka	332,900
UAE	Government of Sri Lanka	6,000
UK	Sri Lanka Red Cross Society (SLRC)	998,558
		17,860,938

ADDITIONAL INTERNATIONAL CONTRIBUTIONS

Development Partners	Non-Food Items/ services
Bangladesh	<ul style="list-style-type: none"> 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
Brazil	<ul style="list-style-type: none"> Ten high-capacity water purification units
China	<ul style="list-style-type: none"> Relief supplies (84,525 kg) included inflatable lifejackets, tents, blankets, bed sheets. Total value: RMB 10 million (~LKR 400 million)
European Union	<ul style="list-style-type: none"> Relief supplies (69,000 kg) included tents and emergency shelters, utensils for food preparation, mattresses and water purification equipment. Total value: ~EUR 500,000 Expert assistance of 11 structural engineers. They have assessed 44 sites and completed 14 drone inspections.
France	<ul style="list-style-type: none"> 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
India	<ul style="list-style-type: none"> 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. Deployed 2 Urban Search and Rescue Teams, 80 National Disaster Response Force (NDRF) personnel, K9 units and 5-member medical team. An 85-member Indian Army Field Hospital was set up in Mahiyanganaya and provided life-saving medical care to more than 7,000 patients. 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.
Israel	<ul style="list-style-type: none"> 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.
IsraAID	<ul style="list-style-type: none"> Deployed an emergency response team including emergency logistics and WASH and health specialists.
Japan	<ul style="list-style-type: none"> Deployed Japan Disaster Relief Medical Team (31 members) containing doctors, medical experts, relief personnel and rescue specialists
Maldives	<ul style="list-style-type: none"> 25,000 cases of tuna cans
Myanmar	<ul style="list-style-type: none"> 500 tonnes of rice, 5.62 tonnes of medicines and medical products, and 2.16 tonnes of consumable goods.
Pakistan	<ul style="list-style-type: none"> Deployed 47-member specialised Pakistan Army search and rescue unit Relief supplies (80 tons) including food, emergency medicines, first-aid kits and essential equipment. 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. Relief supplies (7.5 tonnes) including tents, tarpaulins, and powdered milk.
Qatar Fund for Development	<ul style="list-style-type: none"> Relief supplies including essential dry goods and canned items targeting 1,800 displaced families. Provision of search and rescue equipment to strengthen local disaster response capabilities.
Russia	<ul style="list-style-type: none"> 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).
Saudi Arabia	<ul style="list-style-type: none"> A consignment of essential items valued at USD 11,000 8 high-capacity tower light generators valued at USD 43,000 donated by Energia LLC A container relief items worth of SAR 71,000

Switzerland	<ul style="list-style-type: none"> • Deployed rapid response team containing 7 WASH experts. • Relief supplies - non-food items, WSH support, dry rations, hygiene kits, equipment capable of providing drinking water to over 10,000 beneficiaries and various other equipment.
UAE	<ul style="list-style-type: none"> • 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 a UN-classified heavy team trained in advanced search and rescue operations, equipped with air-conditioned vehicles, specialized emergency response equipment, trained K9 rescue dogs, and high-speed rescue boats. • Relief items included the following: <ul style="list-style-type: none"> - 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. • Total Aid delivered by first Airbridge: 116 tons • Total Aid to be delivered by Dubai Humanitarian & Emirates Airbridge: 100 tons
USA	<ul style="list-style-type: none"> • Deployment included 60 American military personnel and support for post-disaster response and logistics operations for approximately two weeks. • Supplied two C-130 cargo aircraft and US Department of War's strategic airlift capabilities to deliver aid to the hardest-hit communities.

For further information, please contact:

Andreas Karpati, Head of Office, karpati@un.org, Tel: + 94 258 0691 7

Wagisha Perera, Humanitarian and Resilience Officer, wagisha.perera@undp.org, Tel: + 94 258 0691 7

Tanya Jansz, Communication Officer, tanya.jansz@un.org, +94769102462