

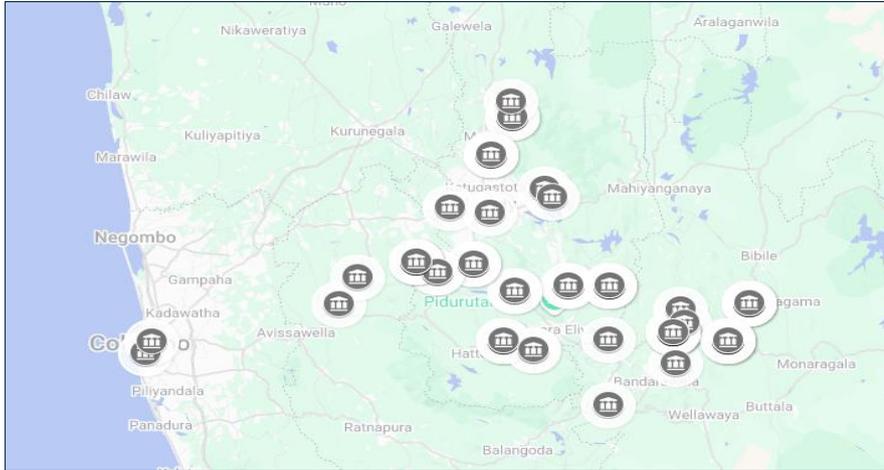
SAFETY CENTER NEEDS ASSESSMENT

Sri Lanka | February 2026



Shelter, Land and Site Coordination Sector
Sri Lanka

ASSESSED SAFETY CENTERS



BACKGROUND

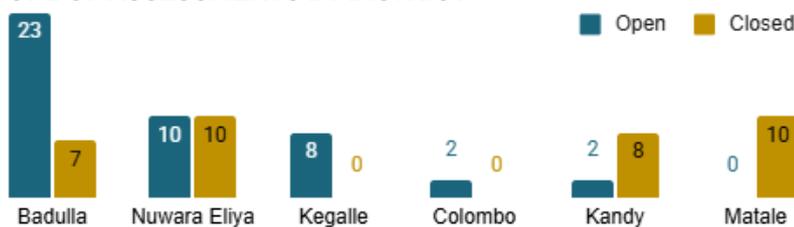
Starting in late November 2025, Sri Lanka experienced severe flooding and landslides triggered by Cyclone Ditwah, affecting all 25 districts across the country. Thousands of families were displaced, with many seeking shelters in safety centres including schools, temples, community centres, and other public buildings.

In response, the newly established Shelter, Land, and Site Coordination Sector, co-led by IOM and IFRC, coordinated a comprehensive needs assessment across all six districts with existing safety centers¹: Badulla, Kegalle, Nuwara Eliya, Colombo, Matale and Kandy. Data was collected through key-informant interviews with Grama Niladari representatives or center representatives, conducted either in person or through phone by sector partners. All figures and narrative in this report cover safety centers which were referred by district authorities. Findings are indicative of the situation in the centres at the time of data collection. This report provides an overview in the following thematic areas: site management, site environment, demographics, health, water sanitation and hygiene (WASH), non-food items (NFIs), food provision, community feedback mechanisms, and most urgent needs.

OVERVIEW

In total, **80 sites were assessed**, 45 active, and 35 closed. Active sites hosted 4,729 IDPs with total capacity to host 5,602 individuals. On average, therefore, each site hosts 105 IDPs and has the capacity to host 124 IDPs². The presence of available capacity across the system indicates 997 additional spaces (18% surplus), however, distribution is uneven with Badulla district experiencing significant overcrowding. The most common types of sites were schools (40%), followed by religious sites (18%) and government buildings (13%). The highest concentration of IDPs is found in Badulla district (56% of total IDPs) which also experiences capacity deficit requiring immediate attention. Overall, the most frequently reported priority needs include NFIs, site repairs and upgrades, food services, and privacy arrangements.

SCOPE OF ASSESSMENTS BY DISTRICT

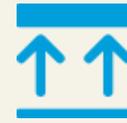


KEY FIGURES



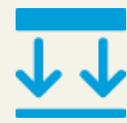
80

collective centres assessed across 6 districts



45

sites currently open and hosting IDPs



35

sites closed



4,729

displaced individuals hosted in open sites



5,602

total hosting capacity across open sites



40%

of sites are schools



48%

of IDPs are women and girls



57%

of sites report persons with disabilities



93%

of sites are managed by the government



44%

of open sites have a 24/7 focal point

¹ Safety centers are classified as collective sites—pre-existing structures that temporarily accommodate IDPs. In alignment with terminology used by the government in official communication, this report refers to such sites as safety centers.

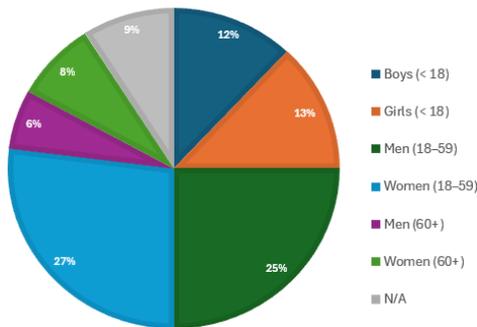
² Capacity figures are based on available bed/mattress space within the site premises, rather than SPHERE standards

DEMOGRAPHICS

OPEN SAFETY CENTERS

A total of 4,729 displaced individuals (1,332 families) are currently hosted across 45 open collective centres. Women constitute 27% of the displaced population, men at 25%, while children under 18 account for 26%. Elderly persons aged 60 and above represent 14% of the population. Sixty-one individuals with disabilities were reported across 56% of assessed open sites.

IDP POPULATION BY AGE AND SEX

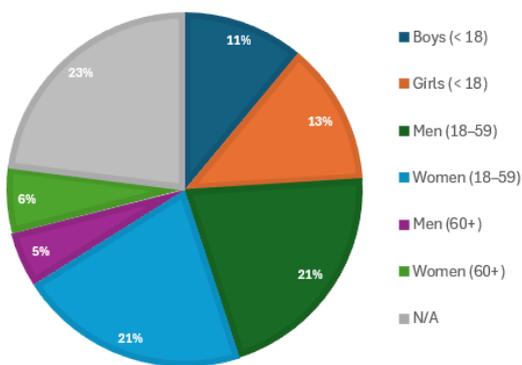


*Age/sex disaggregation available for 4,326 of 4,729 total reported individuals.

CLOSED SAFETY CENTRES

A total of 1,399 displaced individuals resided across 35 safety centers before closure. Women and men constitute 21% of the displaced population respectively, while children under 18 account for 24%. Elderly persons aged 60 and above represent 11% of the population.

IDP POPULATION BY AGE AND SEX



*Age/sex disaggregation available for 1,068 of 1,399 total reported individuals.

VULNERABILITIES

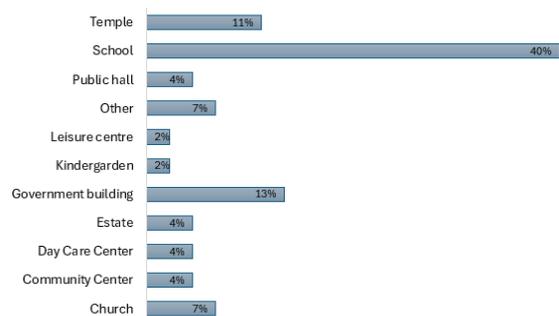
The most reported vulnerable group is pregnant or lactating mothers, present in 64% of open sites, followed by persons with chronic diseases at 53%. Orphaned children were identified at 9% of sites, while unaccompanied children, separated children, and child-headed households were each reported at a small number of sites (4%, 4%, and 2% respectively). Persons with disabilities account for 1% of the total population.

SITE MANAGEMENT

93% of open sites are managed by the government, with 44% maintaining a 24/7 focal point, 40% relying on periodic visits, and 13% covered only during daytime hours, while just 2% report having no focal point at all. Registration of IDPs upon arrival is confirmed across all sites. In terms of expected duration, 47% of key informants are uncertain how long their site will remain open, while 31% anticipate operations continuing beyond three months, particularly in Badulla (9 sites), Kegalle (4), and Colombo (1). Meanwhile, 22% expect closure within the next one to three months, with 90% attributing this to factors such as religious site administrators requesting the return of facilities to their original use, NBRI designation of danger zones, government relocation plans to transfer residents to alternative planned sites, or residents themselves returning home or seeking rental housing. Importantly, no site charges IDPs for residing.

SITE ENVIRONMENT

85% of open sites were assessed as structurally safe and weatherproof. 40% are schools, 18% are religious sites, and 13% are government buildings. 60% of sites are not fully accessible for persons with disability. Privacy remains a critical concern, with only 20% of sites providing separate rooms for each family, 35% offering shared rooms with privacy screens, and 20% shared rooms without any privacy measures. Lockable storage for personal belongings is available at just 11% of sites. Dedicated breastfeeding spaces exist at only 27% of sites, while children’s spaces are present at 58%. Communal areas for meetings or religious practices are available in 44% of sites. Encouragingly, 91% of sites have lighting in both common and private areas at night. 35% no measures to prevent violence or harassment on site (e.g., security patrols, rules of stay, etc). Phone charging is available at 93%, and internet at 62%.



WATER, SANITATION, AND HYGIENE (WASH)

A total of 202 toilets serve the IDP population across open sites, yielding an average of 23 persons per toilet, which exceeds the SPHERE standard of 20 persons per toilet. Of these, 61% are gender-segregated, while only 7% (14 toilets) are adapted for persons with disabilities. Across sites, 66 shower facilities are available, 64% of which are gender-segregated and just 11% (7 facilities) modified for people with disabilities. Tap water is the primary drinking source at 87% of sites, and waste disposal facilities are maintained at 78%.

HEALTH

Health workers are present or regularly visit 64% of open sites. However, only 40% have a first aid kit or health post on-site. 24% of sites report medicine access challenges. Psychosocial support is available at 53% of sites. Referral pathways to hospitals are communicated at 91% of sites. Maternal and general health services are accessible nearby at 80%.

NON-FOOD ITEMS (NFI)

NFI distribution has reached a majority of households, but gaps remain. All IDP households received hygiene items at 53% of sites. However, 9% of sites report that fewer than 25% of households have received hygiene items. Cooking items and cutlery represent a notable gap, with 15% of sites reporting that fewer than 25% of households have been reached. Bedding coverage shows a similar pattern, with 11% of sites reporting low coverage. Menstrual hygiene items covered all women and girls across 60% of sites.

FOOD PROVISION

IDPs access food through multiple channels: local authorities provide food at 64% of sites, while 53% report IDPs cooking their own food. NGOs and INGOs provide food at 29% of sites while 15% of sites provide food to residents. 89% of sites have kitchens or cooking areas available for IDP use. 66% of sites do not have communal areas for eating.

COMMUNITY FEEDBACK MECHANISMS

Community mobilizers are the most common feedback mechanism (49% of sites), followed by hotlines (31%), community meetings (20%), helpdesks (15%), and suggestion boxes (9%). 24% of sites reported having no feedback mechanism, representing a significant accountability gap. Feedback mechanisms are predominantly run by government and local authorities (73%).

CLOSED SITES

Thirty-five closed safety centres were assessed for further understanding on factors and movement of IDPs, formerly hosting approximately 1,399 individuals. Upon closure, 38% of IDPs returned to damaged houses following NBRI clearance, 36% relocated with friends and family, 9% relocated to a planned site, 9% relocated to an informal site, and 7% relocated to damaged houses that are still at risk. 73% of sites reported IDPs likely relocated within the same district.

MOST URGENT NEEDS

The top priority needs reported across open sites, as identified by KIIs, highlight both immediate household requirements and broader infrastructure gaps. Non-food items across categories—covering essentials for cleaning, cooking, eating, clothing, and sleeping—emerged as the most frequently cited need (27%), underscoring the urgency of equipping displaced families with the basics for daily living. Although most sites were reported as structurally safe and weatherproof, repairs remain a pressing concern (18%), emphasizing the need for upgrades and consistent maintenance to ensure dignified living conditions. Food services were also consistently raised (9%), pointing to ongoing challenges in ensuring reliable access to nutrition. Privacy partitions featured prominently (9%), stressing the need to restore a sense of dignity and personal space in crowded environments. Finally, drinking water and health services were identified as a critical gap across 4% of sites.

