Joint Rapid Needs Assessment

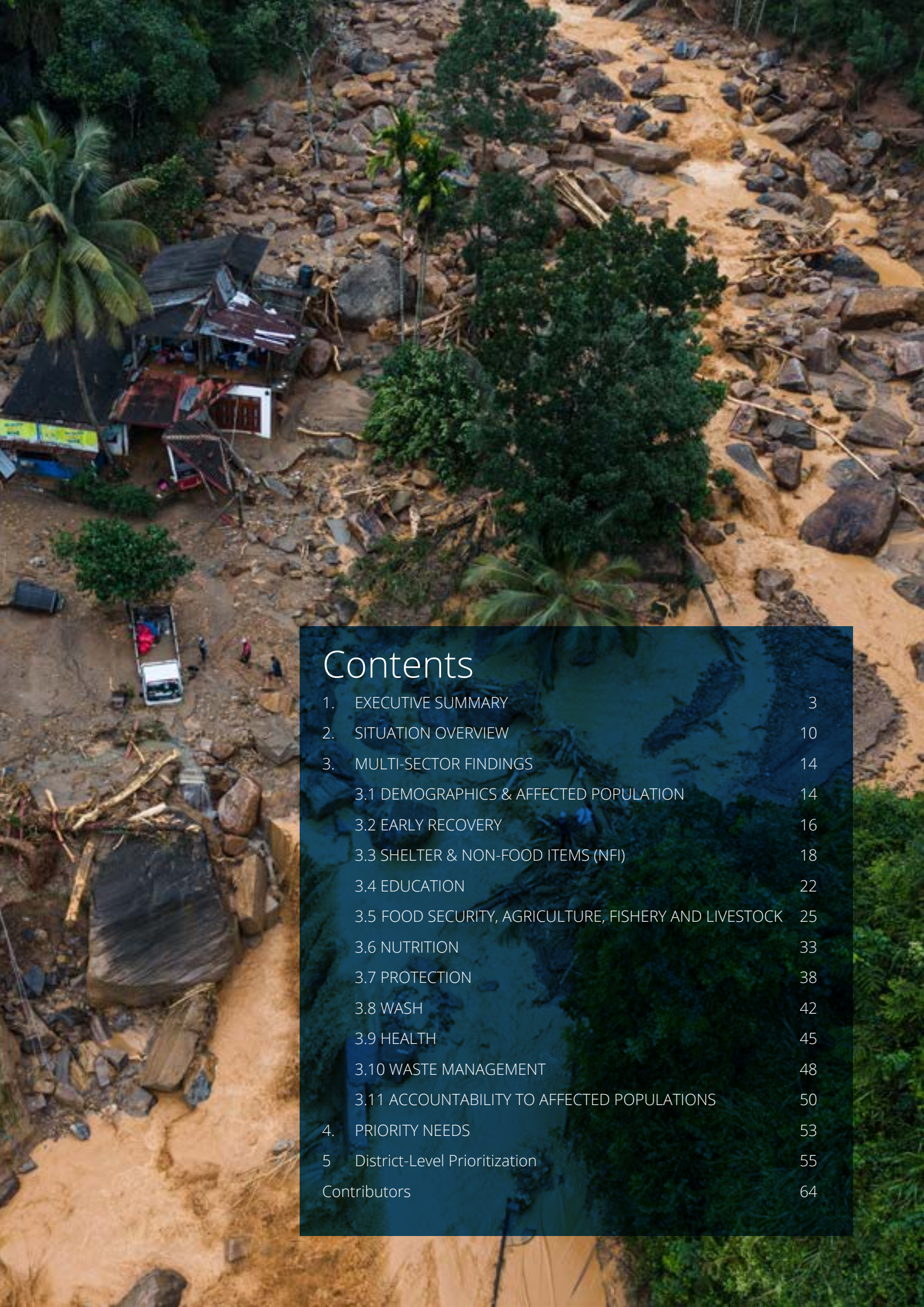
PHASE II

December 02

Joint Rapid Needs Assessment

PHASE II

December 2025



Contents

1. EXECUTIVE SUMMARY

1.1 Scale and Scope of Impact

Cyclone Ditwah triggered one of Sri Lanka's most severe humanitarian crises in the past two decades, affecting 25 districts and multiple Divisional Secretariat (DS) divisions. Approximately 2.3 million people were impacted, including over 522,000 children, 263,000 elderly, and 21,200 pregnant women. Casualties range between 410–639 deaths, with hundreds missing. The hardest-hit areas include **Colombo and Gampaha (Western Province), Batticaloa, Ampara, and Trincomalee (Eastern Province), Mannar and Mullaitivu (Northern Province), and the central highlands of Kandy and Nuwara Eliya.** These regions experienced extensive infrastructure damage, displacement of over 233,000 individuals, and significant environmental losses.

This Joint Rapid Needs Assessment (JRNA) Phase II builds on the initial rapid assessment conducted in the immediate aftermath of the cyclone, which contained largely secondary data. Phase II incorporates primary data collection, complemented by geospatial exposure analysis, findings from other assessments and insights from experts, and provides sector-specific short- and medium-term priorities. The report provides an understanding of the extent of damage, most affected populations and will help determine short and medium-tern needs. The JRNA report also establishes a baseline to guide the prioritization of interventions and monitor recovery progress.

1.2 Sectoral Impacts:

Early Recovery & Infrastructure: Severe disruption to transport infrastructure, with over 16,000 km of roads and 278 km of rail lines exposed to flooding, has restricted access across multiple provinces. These constraints have hindered rescue operations, relief delivery, and the movement of food and medicines—particularly in rural, estate, and hill-country areas—highlighting urgent needs for road clearance, targeted rehabilitation, and climate-resilient recovery, while under-reported impacts on estate areas and women daily-wage workers require attention.

Shelter & Non-food items: Housing damage is widespread and predominantly partial, with the highest numbers of affected houses recorded in Kandy, Kegalle, Puttalam, Gampaha, and Badulla, and severe proportional impacts in Vavuniya, Kegalle, and Mannar, indicating localized vulnerabilities. Prolonged displacement persists in landslide-prone districts, while many households have returned to damaged homes, increasing the need for immediate repairs and essential NFIs. Protection and safety concerns remain in safety centres, particularly limited privacy, gender-segregated facilities, and child-friendly spaces, with estate communities in the central highlands facing extended displacement due to land tenure and resource constraints.

Education: Damage to 1,339 schools and 2,720 preschools has disrupted learning for nearly 458,600 school-age and 68,000 preschool-age children nationwide. Immediate priorities focus

on restoring continuity of learning through the provision of essential individual and school supply kits, alongside temporary learning arrangements where schools remain non-functional.

Food Security, Agriculture, Fisheries and Livestock: Food security is deteriorating due to livelihood disruption, displacement, and market access constraints, with 39% of households reporting inadequate diets and widespread reliance on negative coping strategies. Extensive crop losses and damage to fisheries and livestock have undermined incomes, requiring urgent food assistance and livelihood support to prevent long-term asset depletion among smallholders, fishers, estate, and informal workers.

Nutrition: A significant number of nutritionally vulnerable groups have been affected, including 281,830 children under five, 19,021 pregnant women, and 96,637 breastfeeding women, representing an estimated 24% of the national under-five population. High caseloads of young children and elevated rates of acute malnutrition, particularly in Puttalam, Nuwara Eliya, Kandy, Colombo, and Ampara, highlight the need to prioritize targeted nutrition support for children under five and pregnant and lactating women.

Protection: Access to assistance is constrained by loss of documentation, uneven coverage, and disrupted aid delivery. Protection risks including Gender-based violence and child protection concerns are heightened in safety centres due to limited security, poor site organization, and the absence of safe spaces for women and child-friendly spaces, undermining safety, and dignity particularly for women, children, older persons, and persons with disabilities. Gaps in psychosocial support and complaints and feedback mechanisms further increase risks of underreporting abuse, including sexual exploitation and abuse (PSEA), and require urgent strengthening.

WASH: Flooding and damage to water treatment facilities, wells, and sanitation systems have significantly degraded water quality and disrupted access to safe drinking water, increasing reliance on unsafe sources. Inundated latrines and overflowing septic tanks heighten the risk of waterborne diseases, while shortages of adequate, accessible, and gender-segregated sanitation facilities in safety centres undermine public health, safety, and dignity for affected populations.

Health: Damage to 243 health facilities, compounded by electricity, water, and equipment disruptions, has constrained service delivery and created access barriers, including critical hospital units. Public health risks remain high including dengue, water- and food-borne diseases, leptospirosis, and skin infections, while gaps in Sexual and Reproductive Health services (antenatal, postnatal, contraception, HIV/STI care) and unmet Mental Health and Psychosocial Support (MHPSS) needs pose heightened risks for women, children, and other vulnerable groups, requiring coordinated health and protection responses.

Waste Management: Large volumes of disaster debris and waste, estimated at over 25,000 tons of solid waste and 60,000 m³ of construction debris, pose serious environmental and public health risks. Waste management capacity is strained by damaged infrastructure, disrupted local authority operations, and reliance on informal and unsafe disposal practices, particularly in high-density urban areas such as Colombo and Gampaha, requiring urgent debris clearance and strengthened waste management systems.

1.3 District-level prioritization of needs:

District priorities were identified combining information on humanitarian impact, hazard exposure, and underlying vulnerability. The analysis identified **Kandy, Badulla, Nuwara Eliya, followed by Kegalle and Puttalam** as highest-priority districts. Several surrounding districts, particularly Gampaha, Colombo, Rathnapura, Kurunegala, Matale, Polonnaruwa, Anuradhapura, Trincomalee, Mannar and Mullaitivu fall into medium priority category, highlighting the need for geographically targeted, risk-informed, and multisectoral responses to address both acute humanitarian needs and early recovery challenges.

1.4 Sectoral priorities: short and medium term

Sector	Short-term (2 – 4 weeks)	Medium-term (1 – 4 months)
Shelter & NFI	• Deliver a comprehensive package of essential Non-Food Items (NFIs)—including bedding materials, hygiene kits, mosquito nets, and core kitchen sets—specifically targeting families returning to flood-damaged homes and other returnees who have lost their domestic assets. This assistance focuses on restoring basic living conditions for those impacted. • Enhance the quality of life and basic living standards within safety centers, collective shelters, and host family environments by providing targeted structural and material support • Enhance privacy, safety, and accessibility in shelters, including appropriate arrangements for women and girls in the safety centers/ transitional shelter camps that are expected to run long term (AAP, PSEA and space management) • Coordinate with authorities to support ongoing safety assessments and facilitated returns where conditions allow and support immediate shelter repairing needs especially for the partially damaged households	• Support safe return, repair, or transitional shelter solutions based on local hazard risks • Prioritize housing repairs and reinforcement in flood-affected areas to restore habitability • Promote risk-informed shelter options in landslide-affected areas, including relocation where return is not feasible • Improve shelter-linked WASH facilities and site management (registration, site arrangement, AAP, PSEA) in collective settings
Education	• Provision of essential learning materials to support an estimated 458,609 individual children's return to preschool and school, particularly those whose homes were damaged or destroyed; essential supplies include stationery, textbooks, backpacks, uniforms, shoes, and water bottles. • Rapid rehabilitation and preparation of learning spaces: Approximately 1,339 schools and 2,720 preschools affected by flooding, severe winds, and landslides urgently need essential teaching and learning equipment, furniture, and minor repairs to enable safe reopening. Schools that are severely damaged or destroyed may remain non-functional in the near term, requiring temporary learning spaces	• Provision of essential preschool and school supply kits, including essential teaching/learning materials, furniture and equipment, school cleaning kits, and hygiene products • Support temporary learning spaces by exploring the use of digital platforms to ensure continuity of learning for children in safety centres and those whose schools have been severely damaged • Reconstruction and repair of damaged school buildings and facilities will be essential to restore safe learning environments. • During this period, MHPSS interventions and livelihood support should continue to sustain recovery

	to be established to ensure continuity of learning. Around 500 schools that are serving as shelters will also need thorough cleaning and minor repairs once displaced families return to their home. • Immediate support to teachers and school personnel for safe reopening: About 28,900 teachers and school principals need practical guidance and immediate support on safe school reopening, socio-emotional learning and basic MHPSS, and on identifying and reducing the risk of children dropping out following closures and displacement. Strengthening the presence of school counselors and strengthening their capacity in psychological first aid.	and resilience. Additionally, livelihood support to targeted families will be critical to encourage school attendance and to avoid school dropouts in the long run. • Strengthen monitoring of attendance and learning to reduce the risk of dropouts.
Food Security, Agriculture, Fisheries and Livestock	· Prioritize locally sourced food where markets are functioning. In areas where markets are inaccessible, urgently provide ready-to-eat rations, fortified staples, supplementary nutrition food, and targeted support for infants, young children, and pregnant women to meet basic dietary needs · Landslide-affected areas have severe asset and livelihood losses, particularly in highly impacted divisions. Rapid Cash for food /Multipurpose cash assistance transfers can enable households to meet diverse requirements where markets continue to operate, reducing dependency on in-kind aid. · Food consumption gaps are increasing more sharply compared to flood-affected areas, requiring prioritization and targeted approaches. Rapid implementation of MPC (Multi-Purpose Cash) assistance is critical to help households stabilize food consumption and prevent further deterioration. · Dry food rations are also essential for households with the ability to cook at home, particularly in areas where local markets are not functioning, and livelihoods have been disrupted.	· In the mid-term, as communities begin to rebuild, assistance for replanting crops, livestock farming, restoring fisheries, and rehabilitating small businesses will be necessary to restore income streams and strengthen household resilience. · Market revitalization through cash-for-work programs to repair roads, irrigation systems, and other critical infrastructure will help restore connectivity and stimulate local economies. · Nutrition services must be scaled up, with targeted interventions for vulnerable groups such as children, pregnant and breastfeeding women and girls, schoolchildren (through strengthening the national school meal programme), the elderly, and persons with disabilities. These measures are essential to prevent malnutrition and ensure that recovery efforts are inclusive and equitable. · It is critical to assess and strengthen existing social protection programmes to safeguard food and nutrition security. This includes reviewing current coverage and effectiveness,

	· Safe drinking water and hygiene kits are vital to prevent disease outbreaks that could compromise food utilization. · Temporary shelters and the restoration of supply routes are also necessary to stabilize access to food and essential services during this acute phase of the crisis. · Assessing the impact of the cyclone on school meal provision with the support of the education officials and identifying alternative approaches to continue the programme in affected areas. **Agriculture** • Farmers need seeds, tools, and liquidity to salvage the remaining Maha season. Provide vegetable seeds (carrot, leeks) for Nuwara Eliya and maize/cowpea seeds for districts like Trincomalee and Anuradhapura. • Replace damaged irrigation pumps and hand tools, which 49% of officials identified as critical losses. • Implement Cash-for-Work programmes that pay farmers to clear sand and debris while injecting unconditional cash. • On waterlogged paddy land, apply Urea and remedial nutrients to salvage standing crops and distribute flood-tolerant rice and climate-appropriate vegetable seeds. **Fisheries** • Restore fishing capacity by repairing or replacing 245 OFRP boats and 746 inland canoes and by supplying nets and engines. • Provide shrimp post-larvae and fish fingerlings to restock reservoirs. • Offer a small grant to ornamental fish farmers who lost broodstock. • Combine these inputs with unconditional cash and advocate a six-month moratorium on loan repayments. • Establish an emergency "Boat Bank" to allow fishers to rent or borrow boats while theirs are under repair.	identifying gaps in reaching vulnerable groups such as under-five children, pregnant and lactating women, and low-income households, and ensuring that cash transfers, food rations, and supplementary nutrition schemes are adequately funded and efficiently delivered. · Close monitoring systems for food security among affected populations are essential to design appropriate assistance profiles. Recovery phases are longer for vulnerable groups, and their path to stability will require extended support. · Expand adaptive social safety nets to provide scalable cash and food support during crises, ensuring households are better protected against economic and environmental disruptions · Assessing the damages to the productive assets of school meal suppliers, such as agriculture and poultry farming and supporting recovery efforts through government systems or donor assistance. · Medium-Term Priorities (6–24 months) · Multiply certified seed paddy for the Yala season and rehabilitate minor tanks and canals in the Dry Zone. Expand distribution of flood-tolerant varieties and climate-resilient vegetable seeds. · Rehabilitate Chilaw, Negombo and Kalpitiya harbors and invest in solar-powered cold chain equipment. Provide soft loans to seafood processors to replace damaged equipment. · Implement programmes to replace dead cattle, buffaloes, goats and poultry. Replant high-yield grasses (e.g., CO-3, Napier) and begin transitioning to raised-platform sheds in flood-prone zones. · Transition from indemnity-based insurance to parametric insurance

	Livestock • Feed and veterinary care. • Supply Total Mixed Ration blocks, mineral mixtures and clean water to prevent secondary mortality. • Deploy mobile veterinary clinics for vaccinations and disease surveillance and distribute chicks to quickly restart poultry production. • Provide materials to repair destroyed sheds. • Target assistance to female-headed households, pairing cash with feed and vaccines to preserve their liquidity.	triggered by rainfall or flood indices. Establish centralized digital registries of farmers and fishers to enable rapid beneficiary verification and to facilitate digital cash transfers. Collect sex-disaggregated data and record backyard poultry and home gardens to ensure vulnerable groups are visible. · Continue developing and distributing flood-tolerant rice varieties and investing in water storage and distribution systems that withstand flooding. Upgrade fishing fleets with solar-powered vessel monitoring systems (VMS) and communication gear and dredge lagoon mouths to restore salinity balance. · Integrate nature-based solutions into land rehabilitation, such as stabilizing slopes with deep-rooted species in landslide-affected districts. Coordinate with environmental agencies to align agricultural recovery with ecosystem-based disaster risk reduction. · Advocate for a unified recovery authority that includes the Department of Meteorology, NBRO, agricultural extension services and disaster management bodies. Such coordination ensures farmers receive timely climate information and helps align cash assistance with longer-term policy reforms (e.g., insurance, social protection "crisis modifiers").
Nutrition	Nutritional status among children under 5 years of age, pregnant and lactating women: • Provide rapid food assistance through the provision of cooked meals, dry rations, and fortified supplementary foods for children under 5 years and pregnant and lactating women. • Arrangement of private spaces and appropriate seating arrangements in the temporary safety centres, to enable continued breastfeeding. • Provide counselling on exclusive	Nutritional status among children under 5 years of age, pregnant and lactating women: • Support Prevention, Early Identification & Treatment of Malnutrition, including screening for Severe and Moderate Acute malnutrition (SAM/MAM), linking cases to treatment programs, ensuring supply of therapeutic foods and medicines and access to supplementary food for MAM children. • Provision of cash assistance as a nutrition top-up for the purchase of

	breastfeeding and complementary feeding, as well as psychosocial support for mothers. • Screening and management of children with Severe and Moderate Acute malnutrition needs to be prioritized at field clinics and clinics conducted at safety centres. • Screening and management of pregnant and post-partum mothers needs to be prioritized at field clinics and clinics conducted at safety centres. Nutritional status among schoolchildren: • Ensuring uninterrupted food supplies to schools through alternative arrangements where necessary • Coordinating with suppliers and local authorities to maintain food safety and hygiene in line with Ministry of Health and Ministry of Education, Higher Education and Vocational Education guidelines • Assessing damage to suppliers' households, kitchens, utensils, and distribution systems; and providing targeted support to address gaps caused by flooding and infrastructure damage. • Short training and awareness sessions for school meal suppliers, parents, and education staff on hygiene, safe food handling, and nutrition standards are also essential to safeguard children's nutrition and support safe school reopening.	diverse foods. • Arrangement of private spaces and appropriate seating arrangements in the temporary safety centres, to enable continued breastfeeding. • Promote Social and Behavior Change Communication (SBCC), by integrating nutrition education with food/cash assistance and promoting healthy diets, hygiene, and cash management through community mobilizers, radio, and social media. Nutritional status among schoolchildren: • Efforts should focus on strengthening program resilience by securing meal supply in coordination with school authorities • Identify mechanisms to rehabilitate damaged storage and kitchen facilities through government and donor support if there's any need in the affected areas • Raising parental awareness on child nutrition during emergencies, short training for teachers, officers, school meal suppliers' hygiene, and safe handling practices • Assessing the damages to the productive assets such as agriculture and poultry farming supporting recovery through government system or with the donor support of affected productive assets such as agriculture and poultry • Integrating nutrition monitoring systems to track children's dietary intake and adjust menus accordingly or additional support.

2. SITUATION OVERVIEW

2.1 Hazard Description

Cyclone Ditwah, which struck Sri Lanka on 28 November 2025, is one of the worst disasters to affect the nation since the 2004 Indian Ocean Tsunami. The cyclone, which tore through most of the country, left over 2.2 million people affected (08 December, DMC Situation Report), as a result of continuous rainfall, widespread floods, landslides and heavy winds. The country experienced heavy rainfall levels of 150-500 mm (Figure 1) and winds reaching 70-90 km/h. According to an assessment by the United Nations Development Programme (UNDP), Cyclone Ditwah triggered approximately 1,438 landslides (Figure 2), mainly in the central highlands. These landslides buried homes, plantations, and ecosystems, causing severe topsoil erosion and stream sedimentation that threaten biodiversity and forest regeneration. Human losses were significant, with districts such as Kandy, Badulla, Matale, and Nuwara Eliya among the worst affected, displacing thousands of families. In addition to immediate flooding and landslide impacts, the monsoon conditions are expected to increase the risk of vector-borne diseases such as dengue, which historically peak during this period. Proactive disease surveillance and vector control measures will be essential to mitigate these risks alongside ongoing disaster response.

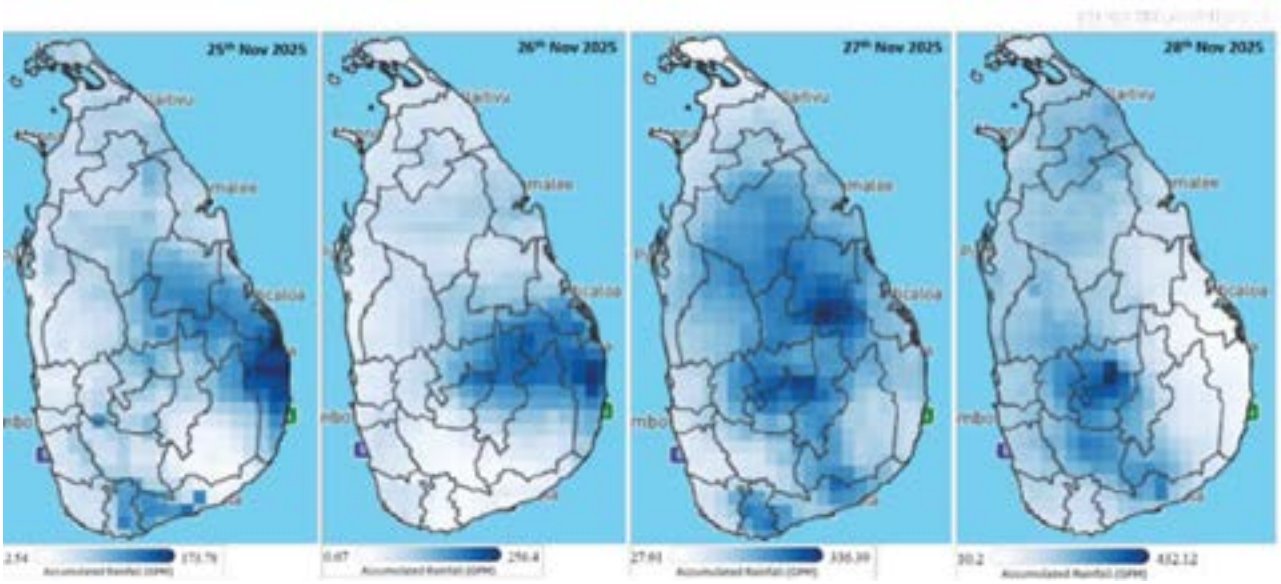


Figure 2.1: Daily rainfall distribution from 25 to 28 November, representing the peak rainfall period of the event (Source: GPM/AWARE).

Cyclone Ditwah caused widespread flooding across Sri Lanka, inundating nearly 1.1 million hectares and affecting approximately 2.3 million people. Low-lying regions and river basins, including Kolonnawa, Gampaha, Colombo, Puttalam, and Mannar, were hardest hit as major rivers like the Kelani and Mahaweli overflowed, and reservoirs spilled over. Infrastructure suffered severe damage, with over 16,000 kilometers of roads, 278 kilometers of rail lines, and hundreds of bridges submerged. Essential services such as electricity, mobile networks, water supply, and healthcare were disrupted, particularly in Sabaragamuwa, Eastern, Uva, and Central provinces.

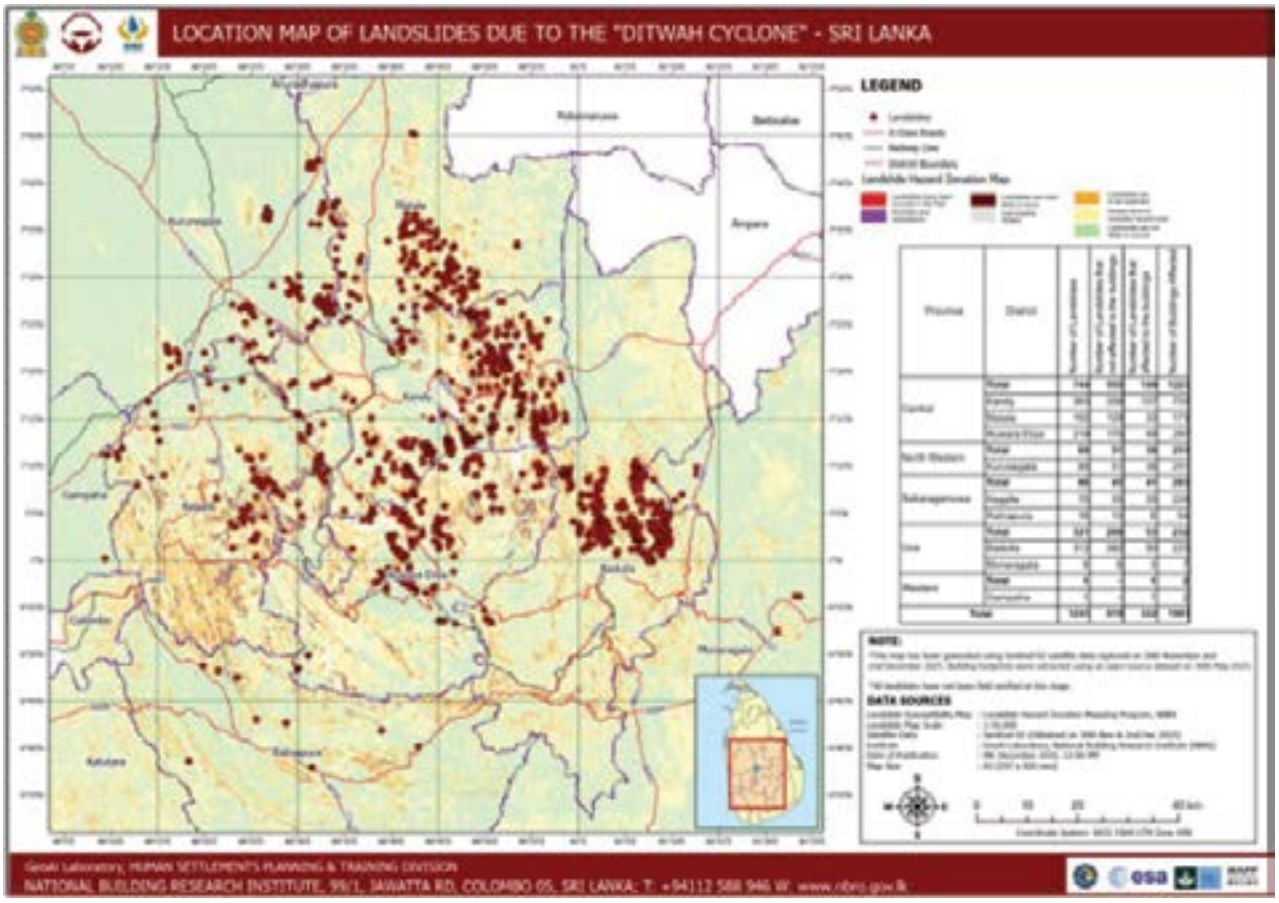


Figure 2.2: Landslide distribution map (Source: NBRO)

According to assessments, 11,000 hectares of field crops were lost. The agriculture sector faced dire consequences as Maha season crops which were at crucial growth stages, were either submerged or destroyed. Plantation crops such as tea, rubber, and coconut also suffered. Livestock sectors, including poultry and dairy, were disrupted, and damage to irrigation infrastructure jeopardized future food production. WFP's recent remote household food security survey, a deterioration in food security was reported. 32% of the assessed households were food insecure, with inadequate consumption reported by 39% of households. Households are also turning to negative coping mechanisms to put food on the table.

Figure 2.3: National flood inundation extent derived from satellite-based flood detection for the period 26 November to 04 December 2025 (Source: IWMI).

2.2 Government Key Actions

The Government of Sri Lanka, through the Disaster Management Centre (DMC), coordinated mass evacuations in response to Cyclone Ditwah. As of 2 December 2026, a total of 233,015 persons were evacuated into 1,441 government-run safety centres, reflecting the scale of displacement across multiple districts (DMC). Foreign deployments reinforced these government-led efforts. The United Arab Emirates Search and Rescue (SAR) team (76 personnel) and the Pakistan SAR team (47 personnel) supported evacuation and search operations in Kandy, Matale, and Gampola.

A State of Public Emergency was declared under Extraordinary Gazette No. 2464/30 on 28 November 2025, granting the government authority to expedite relief operations, enforce evacuations, and mobilize resources. An Essential Services Commissioner was appointed to oversee critical supply chains, including fuel, food, and medical logistics. The Commissioner was empowered to issue directives to ministries, DS offices, and private operators to ensure uninterrupted delivery of essential services

Relief operations were centrally coordinated by the National Disaster Relief Service Centre (NDRSC) which processed over 40,000 emergency assistance requests. Relief packages included food rations, hygiene kits, water purification tablets, and temporary shelter materials. Corporate and NGO actors contributed significantly, with relief items channeled through government systems. International teams from countries including India and Switzerland provided specialized medical staff, engineers, and water purification experts, supporting government WASH interventions in Kandy and Trincomalee.

According to the budget circular of No. 08/2025 (5 Dec 2025) 0f Ministry of Finance, Planning and Economic Development, the government has decided to provide immediate relief to restore the lives of people affected. The weekly allowance of Rs. 1,800 per individual has been increased to Rs. 2,100, while the allowance for a family of five has been raised from Rs. 3,600 to Rs. 10,500. Divisional Secretaries were given authorization to carry out procurement activities up to Rs. 50 million without any hindrance. The Divisional Secretary has the authority, based on the situation in their area, to appoint a suitable committee and make the necessary decisions. We request the public to inform the relevant contact numbers if they have any information regarding the provision of disaster relief services. A comprehensive financial assistance package to support affected households, farmers, and businesses has been introduced. Financing was routed primarily through the Ministry of Defense and implemented via Divisional Secretariats nationwide, ensuring that relief reached communities at the local level.

Households were provided immediate cash support, including Rs. 25,000 for cleaning homes and Rs. 50,000 for repairing damaged kitchens and living areas. Families requiring temporary shelter were eligible to receive up to Rs. 25,000 per month to cover accommodation costs. Housing reconstruction assistance ranged from Rs. 250,000 for partially damaged houses to Rs. 5 million for homes that were destroyed, reflecting the scale of destruction across multiple districts.

Support was extended to the agriculture and livestock sectors, with crop compensation set at Rs. 150,000–200,000 per hectare and Rs. 20,000 per livestock animal. Small and medium enterprises (SMEs) affected by the cyclone were entitled to Rs. 200,000 per damaged unit, while the fisheries sector received allocations of up to Rs. 400,000 per vessel to restore livelihoods.

To safeguard education continuity, the government provided Rs. 15,000 for schoolchildren affected by the disaster. Families of deceased or fully disabled persons were granted Rs. 1 million as compensation, underscoring the government's commitment to supporting the most vulnerable.

By channeling funds through Divisional Secretariats, the assistance was structured to ensure transparency, accountability, and equitable distribution across affected communities.

A High-Level Committee for Foreign Relief Aid Coordination has been established to manage and oversee all foreign humanitarian relief assistance received after Cyclone Ditwah. Chaired by the Deputy Minister of Defence, the Committee operates from its Secretariat at the DMC in Colombo, with additional support from the NDRSC. Its structure brings together senior officials from the Sri Lanka Army, Police, and state agencies, ensuring that military, civil, and technical expertise are integrated into decision-making. The

Committee is empowered to request information, summon relevant officials, and issue directives to streamline relief operations.

In its recovery efforts, the government has launched the 'Rebuilding Sri Lanka' Fund, a central mechanism operating under the Ministry of Foreign Affairs, Foreign Employment and Tourism, through which donors are encouraged to contribute. As of 11 December 2025, the Rebuilding Sri Lanka Fund had reached a balance of Rs. 1.89 billion, driven by contributions from 30 countries, with the United States, Australia, and the United Kingdom among the largest donors. Instructions for disaster relief contributions for the people affected by the emergency disaster situation have been published by the Ministry of Finance, Planning, and Economic Development in all three languages.

The Government of Sri Lanka presented a supplementary estimate of Rs. 500 billion (USD 1.6 billion) to Parliament. The funds are earmarked for restoring livelihoods and disaster recovery following the severe impacts of Cyclone Ditwah. The proposal was tabled by the Prime Minister and referred to the Committee on Public Finance, with debate and approval scheduled for 19 December 2025.

Many schools were closed or repurposed as shelters, particularly in districts with high displacement. The Ministry of Education reported widespread damage to school infrastructure, requiring temporary learning spaces, as well as major damage to six national universities. Government directives emphasized psychosocial support for children, alongside the rapid restoration of education continuity.

Following Cyclone Ditwah, the Ministry of Health, in coordination with the DMC, implemented a series of measures to prevent secondary disasters. Central to this response was the distribution of chlorine tablets and purification kits to households in affected areas to reduce the risk of waterborne diseases. The ministry also emphasized nutrition and maternal health, issuing alerts to safeguard vulnerable groups such as children and pregnant women. Public safety messaging from the DMC reinforced these efforts, warning communities about contaminated water, sanitation risks, and the importance of safe shelter practices.

International teams strengthened the national response. Japan deployed twenty-seven medical staff to Chilaw to support government health services, while China and Italy contributed mapping teams that conducted drone-based assessments of flood-affected areas. These assessments provided vital data for health and safety planning, particularly in identifying high-risk zones. Together, these actions formed a coordinated health response that combined national measures with international expertise to minimize secondary risks and protect affected populations.

2.3 Methodology

The assessment employed a rapid needs assessment design to generate timely, actionable evidence on disaster impacts and priority needs. The sampling frame comprised flood- and landslide-affected Divisional Secretariat Divisions (DSDs), identified through GIS-based hazard exposure analysis and official situation reports. A stratified approach and purposive sampling for a multi-cluster sampling frame were applied to ensure representation across acute, severe, moderate, and low-severity areas. The final sample size was determined based on operational feasibility and proportional coverage of affected populations in 171 DSDs, including 27 acute DSDs and 27 landslide-affected DSDs.

Data collection integrated three sources: (1) geospatial exposure analysis, (2) secondary data from national statistics and sectoral agencies, and (3) primary field data. Primary data were collected using structured multi-respondent key informant interviews and focus group discussions, administered via KoBo Toolbox with built-in validation checks. Data cleaning, coding, and analysis were conducted using Python and GIS software. Some sections have been updated using findings from sector specific assessments conducted eg – food security and agriculture, during the Joint Assessment phase. A detailed note on the methodology is provided in Annex 1.

Key limitations include time constraints inherent to rapid assessments, access challenges in severely affected areas, and reliance on self-reported information, which may introduce response bias. Despite these limitations, triangulation across data sources strengthened the reliability of findings.

3. MULTI-SECTOR FINDINGS

3.1 DEMOGRAPHICS & AFFECTED POPULATION

Key Insights

- Over 2.1 million people have been affected nationwide, with impacts concentrated in specific flood- and landslide-prone districts.
- The highest concentration of affected people and families has been reported in Colombo (330,464 persons), Puttalam (275,501 persons) and Kandy (175,305 persons) districts, which together account for a large proportion of the total affected population.
- Over 66,000 people remain in safety centres, indicating prolonged displacement in several high- impact districts, particularly Nuwera Eliya (19,719 persons), Badulla (18,239 persons) and Kandy (16,317 persons) districts.
- Women, children, and older persons constitute a large proportion of the affected population, reflecting Sri Lanka's demographic structure and highlighting the need for gender- and age- responsive assistance.

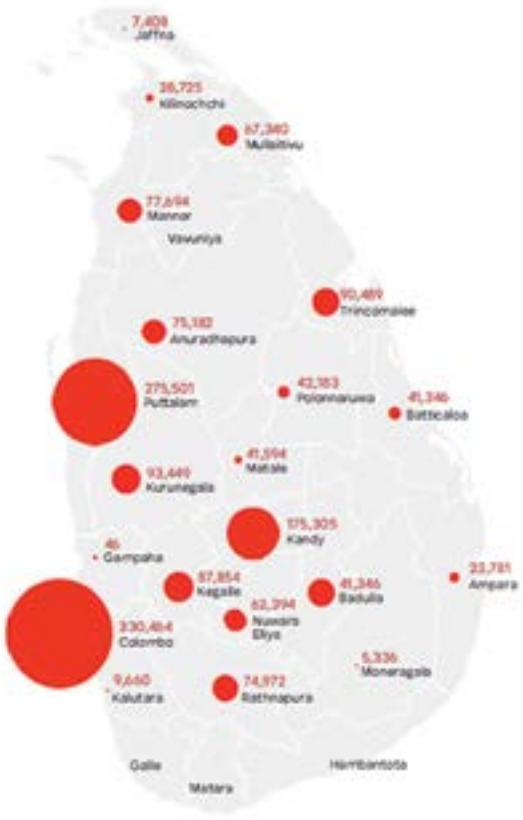


Figure 3.1.1 Affected Population (Persons) as at 17 December 2025

Sri Lanka's total population is 21.78 million, with women accounting for slightly more than half of the population. The demographic structure is characterized by a high proportion of working-age adults, a sizable child population, and a rapidly growing older population.

At its peak, Cyclone Ditwah affected approximately 2.18 million people, about 10% of Sri Lanka's total

population, and displaced 232,752 persons across 21 districts of Sri Lanka. As floodwaters receded and safety clearances were issued, the situation evolved and the number of affected and displaced people declined. As at 17 December 2025, DMC reported 643 deaths, 183 missing, 1,702,719 affected persons and 66,132 persons remain displaced in government-run safety centres.

At the height of the disaster, a large number of families sought refuge in government-designated safety centres. While the number of families and individuals in safety centres has steadily declined over time, reflecting improving conditions in many areas, displacement persists in selected districts, particularly where housing damage, landslide risk, or infrastructure constraints continue to delay safe return.

Trend analysis of situation updates indicates that while the overall number of affected families has stabilized, the pace of returns varies by district. Some areas have experienced rapid normalization, while others continue to host displaced populations for extended periods. This uneven recovery trajectory underscores the need for flexible, district-specific responses, combining immediate humanitarian assistance with early recovery and durable solutions for households unable to return home in the near term.

Women, children, and older persons together constitute a substantial share of those affected, shaping priority needs across health, protection, shelter, education, and social services. Disruptions to housing, education, and essential services have heightened risks to children's wellbeing and continuity of care, while older persons and persons with disabilities face disproportionate challenges during displacement, including mobility constraints, reliance on medication or assistive devices, and limited accessibility of collective shelters.

3.2 EARLY RECOVERY

Key Insights (Bulleted Example)

- Worst access constraints: [DS Division X] — submerged roads and blocked culverts.
- Moderate constraints: [DS Division Y] — partial road access restored but bridges weakened.
- No major access challenges: [DS Division Z] — passable roads, minimal disruptions.
- Waste accumulation highest in: [DS Division X] — household debris, polythene, and dead livestock.
- Drainage blockage widespread in: [DS Division X and Y] — increasing risk of disease vectors.

Road access

As of early December 2025, geospatial analysis following Cyclone Ditwah (landfall: 28 November 2025) indicates that more than 16,000 km of roads nationwide were exposed to flooding, along with 480 road bridges located within flood-affected areas.

The same analysis shows that over 278 km of railway lines, including 35 railway bridges, were exposed to cyclone-related flooding. This estimate reflects flood exposure only; additional localized hazards such as debris accumulation, landslides, or damage to a single bridge can disrupt railway operations, often rendering long sections of track non-operational. As with roads, railway exposure significantly limits mobility and access to essential services and infrastructure.

By 1 December 2025, information reported by the NDRSC confirmed that road access was restricted or partially disrupted across multiple provinces and districts due to Cyclone Ditwah. Impacts were observed across all road categories, including national highways, provincial roads, and rural access roads.

Heavy rainfall, flooding, landslides, and damage to bridges and culverts during late November and early December 2025 resulted in widespread road closures, particularly in interior regions and the central hills. These disruptions severely affected rescue operations and the delivery of emergency relief, including access to health services and other essential needs. The breakdown of urban–rural connectivity significantly disrupted the supply of food and medicinal items to affected communities. Rural roads were the most severely impacted, with waterlogging, mud deposition, surface failures, and collapsed culverts rendering many routes unusable.

Overall, the impacts of Cyclone Ditwah during late November–early December 2025 exposed underlying vulnerabilities in Sri Lanka's road infrastructure, underscoring the urgent need for immediate emergency repairs, improved drainage systems, and climate-resilient road design and construction. Prioritizing rehabilitation based on provincial and district-level needs will be critical to reducing future disaster risks and ensuring uninterrupted connectivity.

Waste management

As of early December 2025, following Cyclone Ditwah (landfall: 28 November 2025), an estimated more than 25,000 tonnes of non-construction

waste and over 60,000 cubic metres of construction debris were generated nationwide.

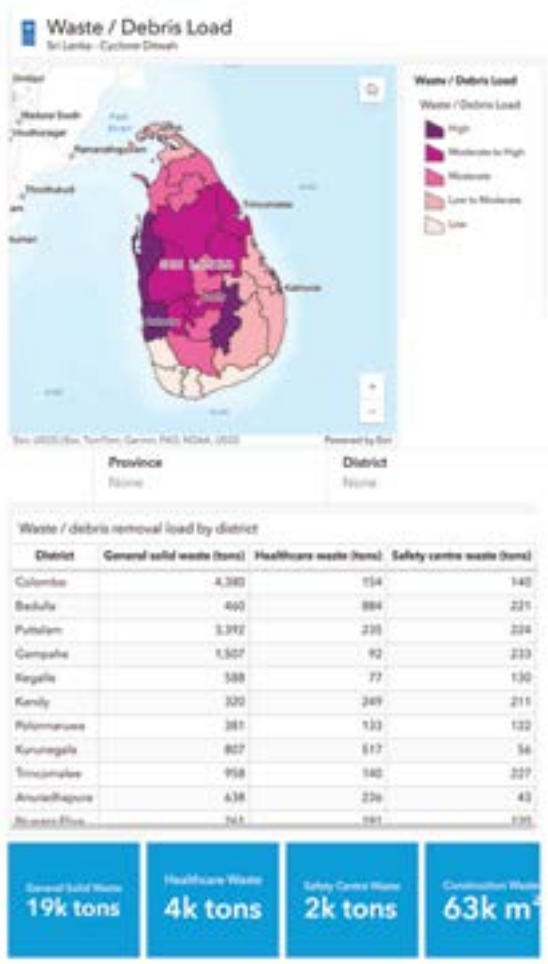
As of early December 2025, Colombo District recorded the highest debris and waste load, reflecting the concentration of dense settlements and built-up areas affected by cyclone-related flooding and damage.

During the same period (late November–early December 2025), less densely populated districts, including Badulla and Puttalam, were also found to carry substantial volumes of debris and waste, indicating widespread impacts beyond major urban centres.

An assessment conducted following Cyclone Ditwah (late November–early December 2025) identified urgent needs for immediate waste removal and management in the following districts: Gampaha, Jaffna, Kalutara, Kandy, Kegalle, Kilinochchi, Kurunegala, Mannar, Matale, Monaragala, Mullaitivu, Nuwara Eliya, Polonnaruwa, Puttalam, Ratnapura, Trincomalee, and Vavuniya.

The assessment further identified the following priority waste streams requiring immediate action to mitigate public health, environmental, and safety risks:

- Household waste, including polythene and plastic waste
- Sanitary and hazardous waste, including contaminated materials
- Debris from damaged buildings and infrastructure
- Green waste, such as fallen trees, branches, and other vegetation
- E-waste, including damaged electrical and electronic items (e.g. televisions, air conditioners, refrigerators, batteries)
- Dead livestock, posing significant public health and environmental risks



Link to dashboard: https://geosmart.undp.org/arcgis/apps/storymaps/stories/25866fbc805c4d70b6bf35c23f896daf

3.3 SHELTER & NON-FOOD ITEMS (NFI)

Key Insights

- Kandy, Kegalle, Puttalam, Gampaha and Badulla districts record the highest volumes of total affected houses.
- In relation to total district housing stock, Vavuniya, Kegalle, and Mannar has the highest proportions as the most severely affected, indicating localized vulnerabilities.
- Badulla, Kandy, Nuwara Eliya, Kegalle, Matale, and Kurunegala are priority districts that may require longer-term safety centre arrangements due to high exposure to landslide risks and events.
- The relevant national agencies on relief and the local government agencies are currently assessing the need for long term safety centers, transitional shelters or camps as the last priority of household resettlement and exploring more into provision of rented or permanent housing as much as possible.
- Many households including those exposed to landslide risks have remained are seeking shelter in own/partially damaged houses, increasing the need for immediate repairs to reduce further vulnerabilities.
- A limited but critical number of individuals were identified as having no shelter, with significantly higher numbers reported in Northern Province, followed by Uva and North Western Provinces.
- The requirements for NFI may be prominent in severe flood-affected districts with households returning especially in districts such as Puttalam, Gampaha, Colombo, Mannar, Ratnapura, and Anuradhapura.
- Protection and safety conditions in safety centres appear to receive limited attention, with constraints in privacy, access, and space management affecting daily living conditions and influencing other aspects of well-being.
- Gender-segregated facilities and child-friendly spaces are not consistently available across shelters and safety centres, with gaps in information confirming provision for women, girls, and children in several DS Divisions.

National Level Overview of Severity of Housing Damage in Sri Lanka

Out of a total 6,030,541 housing units recorded under the 2024 census, 107,283 houses are reported as either fully or partially damaged, representing 2% of the national housing stock.

- Fully damaged houses: 6,228 (<1% nationally)
- Partially damaged houses: 101,055 (2% nationally)

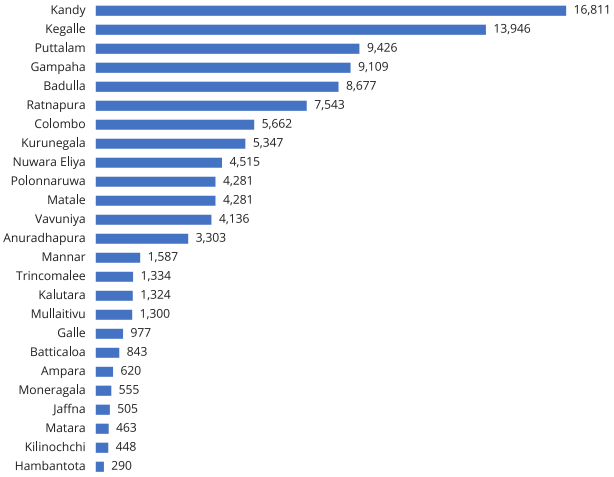
- Damage profile: Housing damage is overwhelmingly partial, accounting for 94% of all reported damaged units.

The following districts account for the largest absolute numbers of damaged houses, driven largely by partial damage:

- Kegalle (Sabaragamuwa): 13,946 houses (6%)
- Kandy (Central): 16,811 houses (4%)
- Puttalam (North Western): 9,426 houses (4%)
- Gampaha (Western): 9,109 houses (1%)
- Badulla (Uva): 8,677 houses (4%)

These districts should be considered priority areas for large-scale shelter repair and rehabilitation, given the volume of affected households.

Figure 3.3.1 – Housing Damage Summary



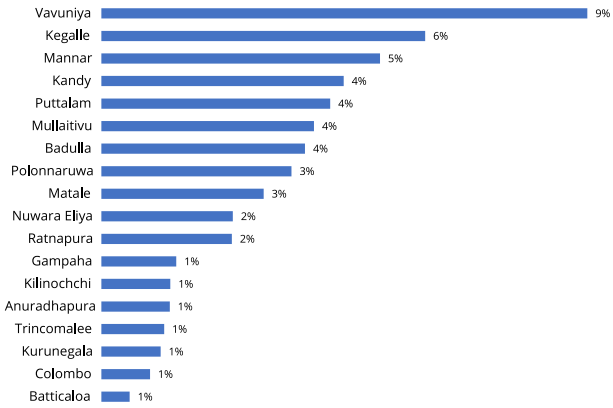
Districts with Highest Proportional Impact

When assessed as a percentage of total district housing stock (based on National census and statistics data on housing), the districts that are most severely affected are:

- Vavuniya (Northern): 9% (4,136 houses)
- Kegalle (Sabaragamuwa): 6% (13,946 houses)
- Mannar (Northern): 5% (1,587 houses)
- Kandy (Central): 4% (16,811 houses)
- Puttalam (North Western): 4% (9,426 houses)
- Badulla (Uva): 4% (8,677 houses)

Although some of these districts have lower absolute numbers, the relative impact on local housing stock is high, indicating greater localized vulnerability.

Figure 3.3.2 – Total House Damage by District (%)



Data across surveyed DS Divisions indicate that housing damage following Cyclone Ditwah is predominantly partial, resulting in widespread numbers of damaged but livable homes. This pattern is most evident in the Western Province, followed by the Central and Uva Provinces, reflecting the combined effects of flooding and slope instability. At district level, Gampaha records a particularly high volume of partially damaged housing, with Kandy and Badulla also experiencing moderate to high levels of damage. National-level analysis further indicates that while fully destroyed houses remain below one per cent of the housing stock, districts such as Kandy, Kegalle, Puttalam, Gampaha, and Badulla together account for a substantial share of affected housing, placing sustained pressure on household coping capacity and local recovery systems. When assessed proportionally, Vavuniya, Kegalle, and Mannar emerge as among the most severely affected relative to district housing stock, highlighting localized vulnerabilities despite lower absolute numbers.

Most affected individuals have remained in or returned to their own homes, including partially damaged structures, while a smaller but significant proportion continue to reside in government buildings, religious facilities, or with relatives and host families. A limited but critical number of individuals remain without shelter, with higher numbers reported in Northern Province, followed by Uva and North Western Provinces. Authorities have issued safety clearances for returns in many DS Divisions, particularly in the Eastern and Northern Provinces; however, return patterns vary widely, ranging from minimal to full returns depending on damage severity, access constraints, and residual hazard risks.

Across surveyed locations, NFI needs remain consistently high, led by demand for bedding items, soap and cleaning materials, alongside mosquito nets, female hygiene products, and basic kitchen items, particularly in flood-affected districts where households are returning to damaged homes. WASH-related challenges persist in several DS Divisions across Central, Uva, Northern, and North Western Provinces, compounding shelter-related vulnerabilities. Information gaps remain regarding safety conditions within shelters, safety centres, and host family arrangements, with recurring observations related to limited privacy for women and girls, inconsistent availability of gender-segregated bathing facilities, and localized access and movement risks around shelters and distribution points. Child-friendly spaces are not consistently available, indicating uneven integration of child-sensitive considerations in collective settings.

Overall, shelter needs continue to be shaped by hazard type, with landslide-affected DS Divisions facing more prolonged displacement and shelter challenges, while flood-affected areas require large-scale support for repairs, NFIs, and early recovery solutions.

Figure 3.3.4 – Current Living Arrangements

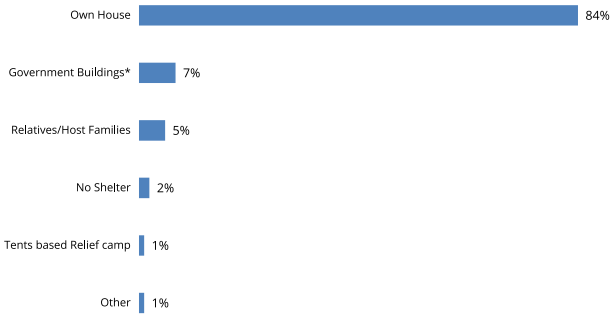


Table 3.3.1 – Priority NFI Needs

Assessed needs	% Priority	Rank
Bedding (mats/pillows)	53%	1
Soaps and cleaning products	53%	1
Mosquito net	51%	2
Female hygiene items/ menstrual products	51%	2
Basic kitchen items	51%	2
Building materials for emergency repairs to houses (for returnees)	43%	3
Blankets	42%	4
Cleaning materials	42%	4
Sanitary items for infants/ small children	40%	5
Tool kit for shelter repair	39%	6
Jerry cans/covered pots for drinking water storage	31%	7
Sanitary items for elders	31%	7
Tarpaulin sheets	26%	8
Adequate fuel/fire wood	24%	9
Dignity kits	19%	10
Oral contraceptives/ condoms	8%	11

Conclusion

Cyclone Ditwah has resulted in uneven but significant shelter impacts, with severe housing destruction concentrated in specific DS Divisions alongside widespread partial damage in flood-affected areas. While most affected households remain in or have returned to their homes, variations in damage severity, residual risk, and habitability continue to influence shelter needs and recovery trajectories. Addressing immediate shelter and NFI requirements, while supporting safe and risk-informed recovery pathways, remains essential.

Short-term priorities (2–4 weeks)

- Deliver a comprehensive package of essential Non-Food Items (NFIs)—including bedding materials, hygiene kits, mosquito nets, and core kitchen sets—specifically targeting families returning to flood-damaged homes and other returnees who have lost their domestic assets. This assistance focuses on restoring basic living conditions for those impacted.
- Enhance the quality of life and basic living standards within safety centers, collective shelters, and host family environments by providing targeted structural and material support

- Enhance privacy, safety, and accessibility in shelters, including appropriate arrangements for women and girls in the safety centers/ transitional shelter camps that are expected to run long term (AAP, PSEA and space management)
- Coordinate with authorities to support ongoing safety assessments and facilitated returns where conditions allow and support immediate shelter repairing needs especially for the partially damaged households

Medium-term recovery priorities (1–4 months)

- Support safe return, repair, or transitional shelter solutions based on local hazard risks
- Prioritize housing repairs and reinforcement in flood-affected areas to restore habitability
- Promote risk-informed shelter options in landslide-affected areas, including relocation where return is not feasible
- Improve shelter-linked WASH facilities and site management (registration, site arrangement, AAP, PSEA) in collective settings

Targeting vulnerable groups

- Prioritize households without shelter and those unable to return to their homes
- Focus on households living in severely compromised or unsafe housing
- Focus on NFI provisions for households that are returning home in severely flood affected areas and for the families that will be at safety centers long term
- Ensure inclusion of women-headed households, families with children, older persons, persons with disabilities, and pregnant or lactating women
- Apply protection-sensitive targeting for households in shelters, host families, and dispersed locations

Coordination and logistics

- Strengthen coordination between Shelter/NFI, Protection, and WASH sectors especially at the safety centers that would remain long term and at transitional shelter locations
- Align shelter responses with DS safety clearances, recovery planning and in close coordination with NDRSC DS officer
- Ensure timely and flexible NFI delivery to reach both concentrated and dispersed populations
- Adapt logistics planning to the changing access conditions and recovery pathways

3.4 EDUCATION

Key Insights

- An estimated 1,339 schools and 2,720 preschools are affected nationwide, disrupting learning for nearly 458,609 school-age and 68,000 preschool-age children
- Immediate priority of education response is to ensure continuity of learning for most impacted students
- Priority needs include provision of essential individual and school supply kits to enable schools to reopen and learning to resume

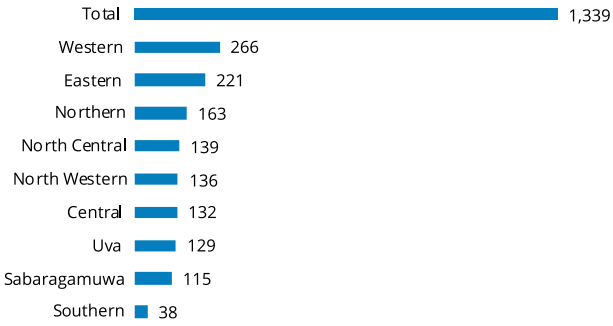
PThe heavy winds, floods, and landslides brought by Cyclone Ditwah devastated Sri Lanka's education system, bringing significant damage to schools across the country and disrupting children and adolescent's learning.

According to the primary data collection, about 15-20% of schools and preschools were damaged. This is in line with the Ministry of Education's rapid needs assessment that shows that 1,339 primary and secondary schools were affected by the disaster across all nine provinces, with about 11% sustaining severe damages.

When the Cyclone hit the majority of schools were closed for the national Advance Level examinations. The official reopening of schools, originally planned for 8 December, was postponed until 16 December due to the aftermath of the cyclone. The Ministry of Education has now announced an adjusted school calendar for December and January to make up for missed examinations.

While about 80% of schools were able to reopen after school cleaning efforts, many affected schools face challenges to reopening. Schools that have been destroyed, those with severe structural damage and those with access roads still blocked, particularly those in landslide affected education zones will be unable to open in December. Schools with partial damage may face delays in reopening while repairs take place. The continued use of schools as relief camps in the most affected communities may also prevent schools from reopening in the immediate term.

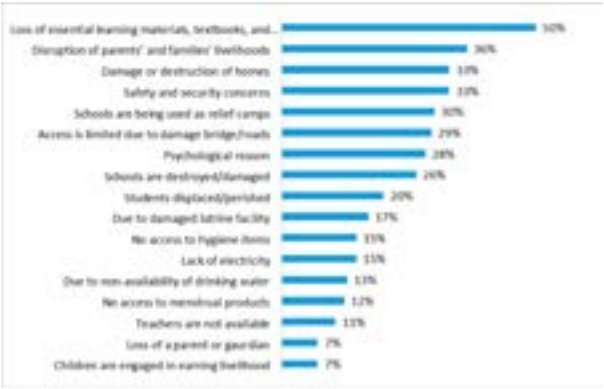
Figure 3.1.1 – Number of damaged schools as of 18 December based on Ministry of Education's impact assessment (District level disaggregation still being analyzed) Source: Ministry of Education



Initial analysis suggests that around 458,609 school-age, 68,000 preschool-age children and 28,900 teachers and principals have been affected, including many whose homes have been damaged or destroyed. Children also face barriers to returning to school, even once reopened. Respondents report the main challenges that may hinder children's timely return to school include: loss of essential learning materials (50%), including learning supplies, textbooks and uniforms, the

disruption to parents' and families' livelihoods (36%), safety concerns (33%) and damage or destruction of homes (33%). Other important barriers to children's resumption of learning include lack of physical access to school (29%) and psychological distress (28%).

Table 3.4.2 – Reasons that may prevent children from returning to school (based on multiple selection answers)



For schools unable to open in the immediate term, temporary learning situations will be required to ensure children resume learning. The number and nature of these temporary learning arrangements is still being determined by education authorities.

Prior to the crisis access to digital devices and connectivity within schools was limited. Access to digital devices for continued learning remains severely constrained in two-thirds of Divisional Secretariat (DS) divisions. In the majority of DS, respondents report that about 30% of children have access to digital devices. In some places less than 10% of children have access to digital devices. For example, the situation in Central province is particularly severe, with 26 out of 28 divisions (92.9%) reporting concerns about children's access to digital devices.

The resumption of education remains a major priority for affected children and families. Nearly one third of respondents in the rapid needs assessment expressed concern about psycho-social needs of children, teachers and families. The crisis brought a period of stress, anxiety and loss for the most impacted children, particularly those who lost their homes and/or loved ones. Missing examinations and the loss of learning materials is a source of stress and anxiety for students, particularly those who missed their A- level exam in December and are planning to sit instead in January.

Conclusion

The identified barriers to children's learning continuity highlights the urgent need for a comprehensive, multi-pronged response that addresses the needs of individual children and teachers and the needs of schools and preschools.

Short term priorities (2-4 weeks):

- Provision of essential learning materials to support an estimated 458,609 individual children's return to preschool and school, particularly those whose homes were damaged or destroyed; essential supplies include stationery, textbooks, backpacks, uniforms, shoes, and water bottles.
- Rapid rehabilitation and preparation of learning spaces: Approximately 1,339 schools and 2,720 preschools affected by flooding, severe winds, and landslides urgently need essential teaching and learning equipment, furniture, and minor repairs to enable safe reopening. Schools that are severely damaged or destroyed may remain non-functional in the near term, requiring temporary learning spaces to be established to ensure continuity of learning. Around 500 schools that are serving as shelters will also need thorough cleaning and minor repairs once displaced families return to their home.
- Immediate support to teachers and school personnel for safe reopening: About 28,900 teachers and school principals need practical guidance and immediate support on safe school reopening, socio-emotional learning and basic MHPSS, and on identifying and reducing the risk of children dropping out following closures and displacement. Strengthening the presence of school counselors and strengthening their capacity in psychological first aid.

Medium-term priorities (1 month – 4 months):

- Provision of essential preschool and school supply kits, including essential teaching/ learning materials, furniture and equipment, school cleaning kits, and hygiene products
- Support temporary learning spaces by exploring the use of digital platforms to ensure continuity of learning for children in safety centres and those whose schools have been severely damaged

- Reconstruction and repair of damaged school buildings and facilities will be essential to restore safe learning environments.
- During this period, MHPSS interventions and livelihood support should continue to sustain recovery and resilience. Additionally, livelihood support to targeted families will be critical to encourage school attendance and to avoid school drop-outs in the long run.
- Strengthen monitoring of attendance and learning to reduce the risk of drop-outs.

3.5 FOOD SECURITY, AGRICULTURE, FISHERY AND LIVESTOCK

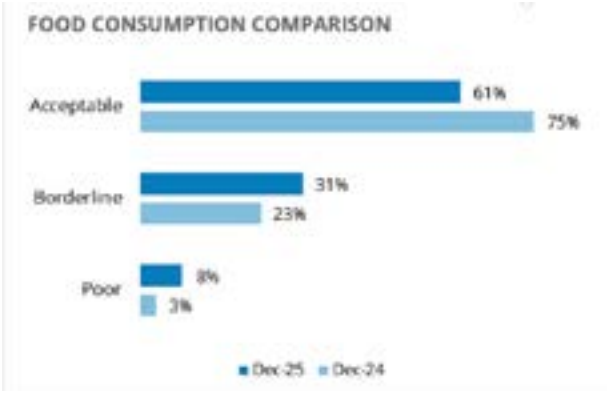
3.5.1 Household food security

Key Insights:

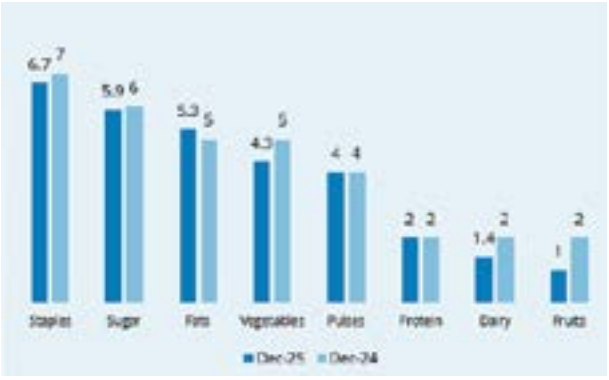
- Findings show that Food security in the affected area is showing a declining trend. The lower levels of food security are a result of livelihood disruption, widespread displacement, and market access constraints.
- Nearly four in ten households (39 percent) are not consuming adequate diets. Animal protein, dairy, and fruit are consumed less than three days a week by the average household.
- Reliance on food-based coping strategies was reported by 59 percent of households, while nearly 49 percent are adopting livelihood-based coping strategies. Seven in ten households are relying on less preferred/ nutritious food while 32 percent purchased food on credit.
- Over half of the surveyed households (55 percent) reported a small reduction in income, while six percent report a reduction of over half their usual income

WFP activated remote household food security surveys (mVAM) to supplement phase II of the JRNA and provide real-time analytics on the food security situation on the ground. Cyclone Ditwah has deepened the risk of food insecurity; 32 [1] percent of households are food insecure.

1 The comparability of the mVAM food security estimates is limited, as the methodology does not fully align with the CARI approach applied in 2024



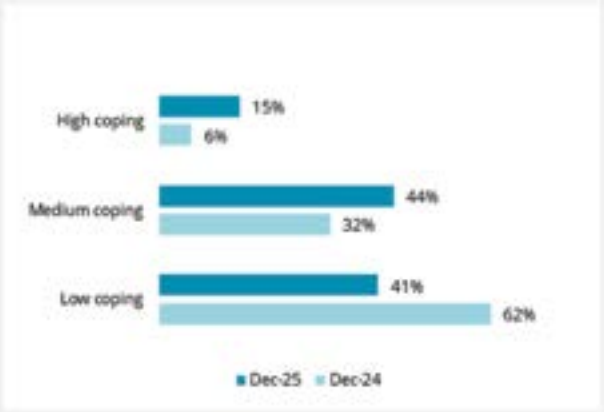
Food Consumption Group
Number of days the average houshold consumes the following food items



In December 2024, food insecurity levels were at 16 percent. The food security situation, at the time, witnessed a significant improvement, due to enhanced household economic capacity in 2024 compared to 2023, leading to an increased ability to spend on food.

The latest mVAM survey, conducted in parallel with the JRNA, shows that nearly 40% of households have insufficient food consumption. Compared to December 2024, households consuming

inadequate diets increased by 13 percentage points, indicating reduced dietary diversity and meal frequency. The proportion of households with poor food consumption has also risen to almost 8%, up from 3% previously. Communities attribute this deterioration to loss of livelihoods and businesses, crop failures, limited market access, and lack of purchasing power. JRNA consultations further highlight that households headed by women, those with elderly members, pregnant women, and families reliant on daily labor are among the most vulnerable following the cyclone impact



Consumption of vegetables dropped to just over four days a week, while consumption of staple foods such as rice and flour remained nearly the same. Most affected communities are receiving food assistance from government relief programs, religious organizations, and NGOs.

Reliance on food-based coping strategies was reported by 59 percent of households, an increase from the 38 percent observed in December 2024. Use of high coping is observed in nearly 15 percent of households, compared to just 6 percent from the previous assessment. Similarly, the percentage of households turning to medium coping has also increased. Community consultations revealed that the majority of affected households rely primarily on government relief assistance. In addition, households are adopting coping strategies such as borrowing money from relatives and friends and depleting personal savings to meet food needs.

Nearly half the households (49 percent) are adopting livelihood-based coping strategies. This indicates a slight increase from last year, when 47 percent of households adopting these strategies. However, a notable increase was observed in the use of emergency coping strategies, reflecting an increased use of negative coping during and after the cyclone.

Nearly half of the assessed households (49 percent) reported a small reduction in income, while six percent reported a large decrease (over 50 percent). The largest proportion (24 percent) are monthly wage earners (public or private), followed by 15 percent relying on unskilled wage labour (non-agriculture) for income.

Twenty five percent of households reported the inability to access food items that are usually part of their diet. Households indicated limited access to markets, of which the largest proportion (21 percent) expressed road inaccessibility or lack of transport. Just over three percent of households indicated market closures during the time of the disaster.

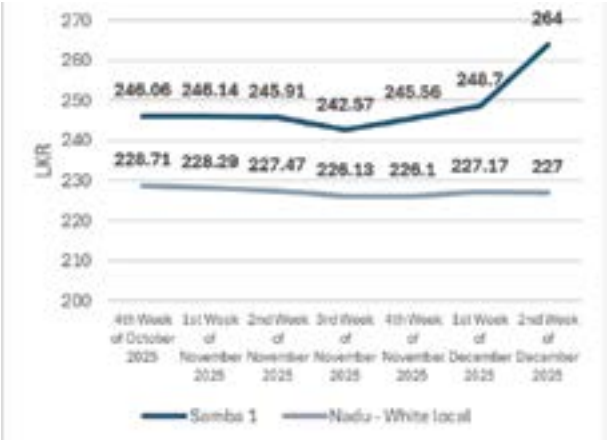
Market Functionality

Market functionality is a key indicator for assessing food security in the aftermath of flooding. Current assessments show that major Economic Centers are operating at approximately 70% of full capacity, primarily due to limited accessibility to farmland and significant crop losses, which are the main drivers of reduced functionality.

In highly affected DS divisions, several divisional markets have sustained damage, including retail and wholesale shops. Findings from the JRNA indicate that 13–15% of divisional markets are non-functional in the most severely impacted areas.

Eggs, a major source of protein in Sri Lanka, have been affected by supply disruptions, particularly due to the impact on medium- and small-scale farmers in Kurunegala. Expert consultations highlight increased demand during the festive season, further stressing supply chains.

In early December 2025, vegetable prices experienced a sharp spike of 30–200%, driven by supply constraints. However, prices have since stabilized and returned to seasonal trends, indicating that market tentions are recovering, albeit slowly.



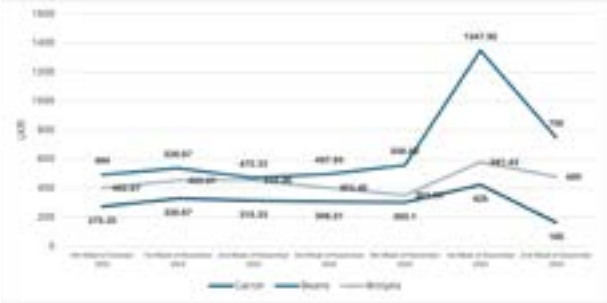
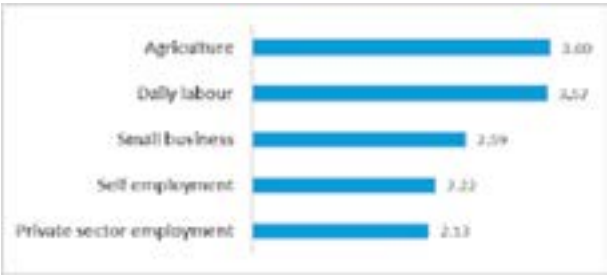


Table 3.2.2 – Key Livelihood Impacts



Agriculture, daily labour, transport, services, and small businesses are highly affected income sources after the disaster. It includes the prioritization scores in the selected income sources such as Agriculture, Daily labour and small businesses. Agriculture, daily labour, transport, services, and small businesses are highly affected income sources after the disaster. It includes the prioritization scores in the selected income sources such as Agriculture, Daily labour and small businesses.

Short term priority needs (1-4 weeks)

- Prioritize locally sourced food where markets are functioning. In areas where markets are inaccessible, urgently provide ready-to-eat rations, fortified staples, supplementary nutrition food, and targeted support for infants, young children, and pregnant women to meet basic dietary needs
- Landslide-affected areas have severe asset and livelihood losses, particularly in highly impacted divisions. Rapid Cash for food /Multipurpose cash assistance transfers can enable households to meet diverse requirements where markets continue to operate, reducing dependency on in-kind aid.
- Food consumption gaps are increasing more sharply compared to flood-affected areas, requiring prioritization and targeted approaches. Rapid implementation of MPC (Multi-Purpose Cash) assistance is critical to help households stabilize food consumption and prevent further deterioration.
- Dry food rations are also essential for households with the ability to cook at home, particularly in areas where local markets are not functioning, and livelihoods have been disrupted.
- Safe drinking water and hygiene kits are vital to prevent disease outbreaks that could

compromise food utilization.

- Temporary shelters and the restoration of supply routes are also necessary to stabilize access to food and essential services during this acute phase of the crisis.
- Assessing the impact of the cyclone on school meal provision with the support of the education officials, and identifying alternative approaches to continue the programme in affected areas

Medium term needs (1 -6 months)

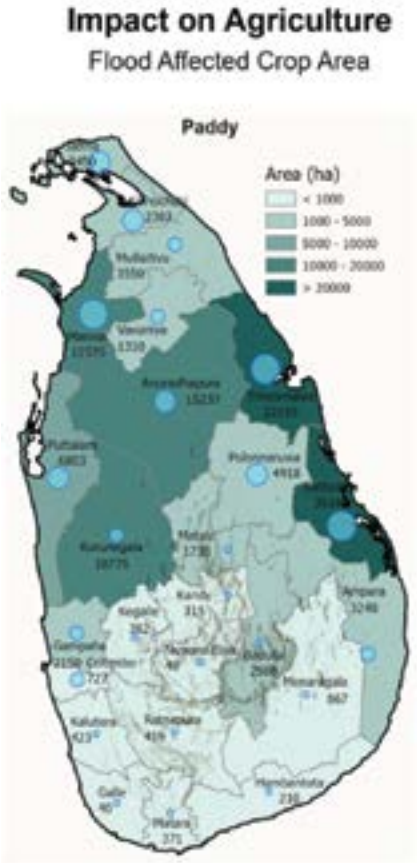
- In the mid-term, as communities begin to rebuild, assistance for replanting crops, livestock farming, restoring fisheries, and rehabilitating small businesses will be necessary to restore income streams and strengthen household resilience.
- Market revitalization through cash-for-work programs to repair roads, irrigation systems, and other critical infrastructure will help restore connectivity and stimulate local economies.
- Nutrition services must be scaled up, with targeted interventions for vulnerable groups such as children, pregnant and breastfeeding women and girls, schoolchildren (through strengthening the national school meal programme), the elderly, and persons with disabilities. These measures are essential to prevent malnutrition and ensure that recovery efforts are inclusive and equitable.
- It is critical to assess and strengthen existing social protection programmes to safeguard food and nutrition security. This includes reviewing current coverage and effectiveness, identifying gaps in reaching vulnerable groups such as under-five children, pregnant and lactating women, and low-income households, and ensuring that cash transfers, food rations, and supplementary nutrition schemes are adequately funded and efficiently delivered.
- Close monitoring systems for food security among affected populations are essential to design appropriate assistance profiles. Recovery phases are longer for vulnerable groups, and their path to stability will require extended support.
- Expand adaptive social safety nets to provide scalable cash and food support during crises, ensuring households are better protected against economic and environmental disruptions
- Assessing the damages to the productive assets of school meal suppliers, such as agriculture and poultry farming and supporting recovery efforts through government systems or donor assistance

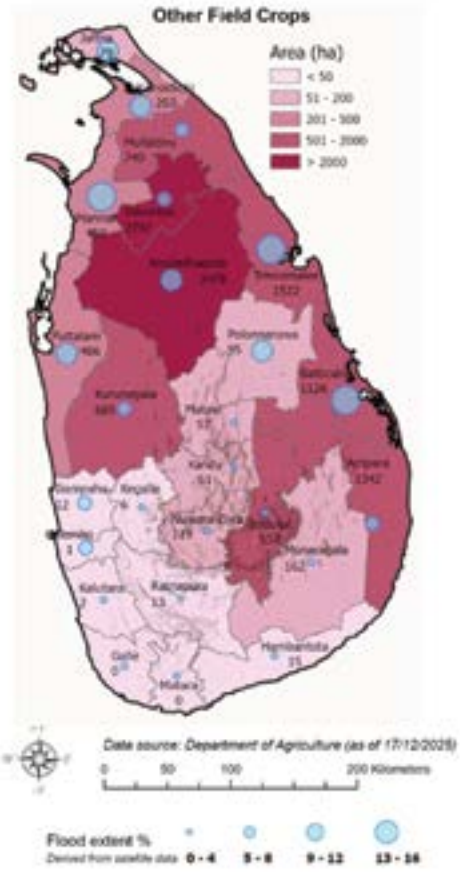
3.5.2 Agriculture, Fisheries, and Livestock

Cyclone Ditwah disrupted the livelihoods of over 200,000 agrarian and fishing households, and the disaster quickly evolved into a crisis of asset depletion: smallholder farmers lost seeds and tools, artisanal fishers saw their boats destroyed and livestock keepers lost their "living savings" through mass animal mortality. This destruction of productive capital threatens to push affected families into chronic indebtedness. Field data underscore the urgency; 87 % of officials interviewed rated cash as the top immediate need, because households have already begun resorting to high-interest loans and distress sales.

Crops

Approximately 148,410 ha (19%) of cultivated land were damaged, with losses extending beyond crops to farmland, machinery, vehicles and irrigation pumps. The paddy sector suffered the largest absolute impact (130,855 ha damaged) with destruction concentrated in Puttalam (54%) and Trincomalee (37%). Vegetable producers experienced intense losses despite smaller acreage; Up-country vegetables recorded a 44% national loss, and Nuwara Eliya lost 61% of its standing crop, while Low-country vegetables in Trincomalee were 94% destroyed. Maize production collapsed in Trincomalee (97% loss) and major Dry Zone hubs, particularly Anuradhapura (6,767 ha). Other cash crops like onions and pulses were similarly devastated.





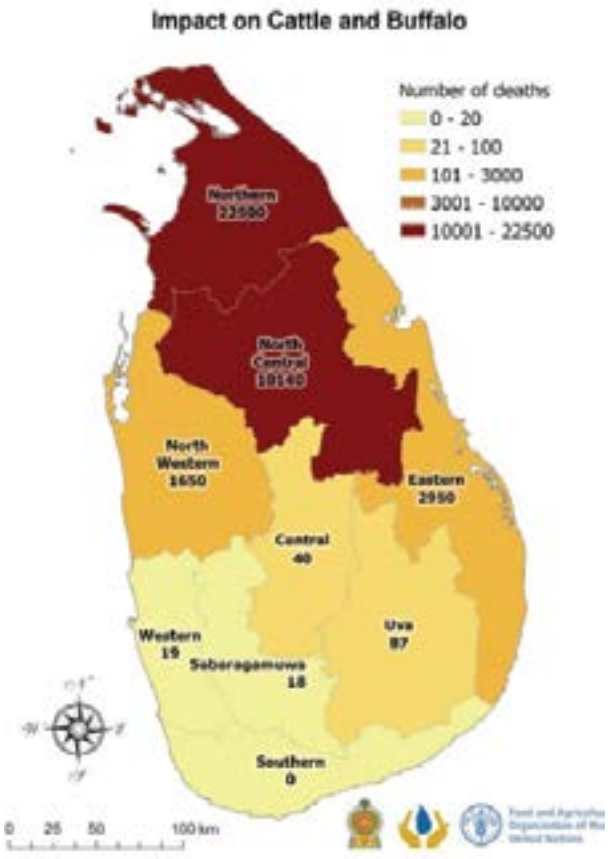
Fisheries and Aquaculture

The fisheries sector suffered catastrophic capital losses valued at LKR 20.5–21.5 billion. In marine capture fisheries, 245 outboard fiberglass boats (OFRP) and more than 50 multi-day vessels were damaged. Key harbors (Chilaw, Negombo, Kalpitiya) lost sanitation and freshwater systems, and cold-chain failures now prevent fishers from selling their catch. In inland fisheries, shrimp farm destruction (valued at LKR 12.7 billion) and reservoir failures led to fish-stock escapes worth over LKR 5.7 billion, and 746 inland canoes were lost. Unlike owners of multi-day vessels, lagoon and inland fishers operate on a "daily catch, daily cash" model and have no savings or insurance, leaving them immediately food-insecure.

Livestock

The livestock sector faces decapitalization rather than temporary income loss. The cyclone caused the death of 37,404 cattle/buffaloes, 15,911 goats/sheep and an estimated 487,640 poultry, with the Northern Province bearing roughly 60 % of cattle/buffalo mortalities. The destruction of 1,468 animal

sheds and 188.6 ha of pastureland threatens surviving herds with malnutrition and disease. Women-headed households are particularly vulnerable because livestock often serves as their primary liquidity buffer.



Vulnerable Groups and Targeting

Recovery resources should prioritize households experiencing asset depletion over those facing temporary income disruption. Evidence from 25 districts supports a "Cash-Plus" approach that pairs cash with tools and inputs. The key groups are:

Group	Primary shock	Location	Targeting criteria
Paddy farmers	Crop total loss and seed deficit	Eastern (28%) Northwestern (16%), Northern (14%)	Smallholder farmers; no seed stock; high debt
Fishers	Loss of canoe/gear; "daily catch, daily cash" livelihoods	Northwestern, Eastern	Lost or damaged canoe or OFRP boat; no insurance; operate on a subsistence basis
Livestock keepers	Mortality of cattle/ buffaloes/ goats / poultry	Northern (cattle/buffalo), Northwestern (poultry) Province	Own ≤5 animals; lost productive animals or sheds; lack fodder due to pasture destruction
Vegetable farmers	Cashflow collapse due to crop destruction	Central (61%), Eastern (94%), Northwestern (92%)	>50 % crop loss; <0.5 acre; need cash for seeds/ fertiliser and land rehabilitation

Cross-cutting vulnerability considerations include prioritizing households with outstanding debts or informal loans, ensuring women farmers and backyard producers receive tailored support, and using market assessments to confirm that cash assistance will not distort prices.

Conclusion

Cyclone Ditwah has inflicted deep and unequal damage across Sri Lanka's food security, agriculture, fisheries and livestock sectors. The crisis is fundamentally about restoring productive assets and liquidity so households can restart their livelihoods without falling into severe economic shock. A recovery programme grounded in climate-smart inputs, nutrition-focused livestock care, data-driven targeting, nature-based rehabilitation and robust institutional coordination will help the country move from relief to resilience. By adopting these evidence-based practices, humanitarian actors can ensure that support reaches those most affected, safeguards food security and lays the foundation for a more resilient rural economy.

Priority Needs and Response Strategy

The recovery strategy spans immediate relief, medium-term recovery and long-term resilience. Lessons from past disasters emphasize an approach where cash coupled with inputs, the use of flood-tolerant seeds, a focus on livestock nutrition over infrastructure, collection of gender-disaggregated data, promotion of nature-based rehabilitation, and the need for institutional coordination.

Agriculture

- Farmers need seeds, tools and liquidity to salvage the remaining Maha season. Provide vegetable seeds (carrot, leeks) for Nuwara Eliya and maize/cowpea seeds for districts like Trincomalee and Anuradhapura.
- Replace damaged irrigation pumps and hand tools, which 49% of officials identified as critical losses.
- Implement Cash-for-Work programmes that pay farmers to clear sand and debris while injecting unconditional cash.
- On waterlogged paddy land, apply Urea and remedial nutrients to salvage standing crops and distribute flood-tolerant rice and climate-appropriate vegetable seeds.

Fisheries

- Restore fishing capacity by repairing or replacing 245 OFRP boats and 746 inland canoes and by supplying nets and engines.
- Provide shrimp post-larvae and fish fingerlings to restock reservoirs.
- Offer a small grant to ornamental fish farmers who lost broodstock.
- Combine these inputs with unconditional cash and advocate a six-month moratorium on loan repayments.
- Establish an emergency "Boat Bank" to allow fishers to rent or borrow boats while theirs are under repair.

Livestock

- Feed and veterinary care.
- Supply Total Mixed Ration blocks, mineral mixtures and clean water to prevent secondary mortality.
- Deploy mobile veterinary clinics for vaccinations and disease surveillance and distribute chicks to quickly restart poultry production.
- Provide materials to repair destroyed sheds.
- Target assistance to female-headed households, pairing cash with feed and vaccines to preserve their liquidity.

Medium-Term Priorities (6–24 months)

- Multiply certified seed paddy for the Yala season and rehabilitate minor tanks and canals in the Dry Zone. Expand distribution of flood-tolerant varieties and climate-resilient vegetable seeds.
- Rehabilitate Chilaw, Negombo and Kalpitiya harbors and invest in solar-powered cold chain equipment. Provide soft loans to seafood processors to replace damaged equipment.
- Implement programmes to replace dead cattle, buffaloes, goats and poultry. Replant high-yield grasses (e.g., CO-3, Napier) and begin transitioning to raised-platform sheds in flood-prone zones.
- Transition from indemnity-based insurance to parametric insurance triggered by rainfall or flood indices. Establish centralized digital registries of farmers and fishers to enable rapid beneficiary verification and to facilitate digital cash transfers. Collect sex-disaggregated data and record backyard poultry and home gardens to ensure vulnerable groups are visible.
- Continue developing and distributing flood-tolerant rice varieties and investing in

water storage and distribution systems that withstand flooding. Upgrade fishing fleets with solar-powered vessel monitoring systems (VMS) and communication gear and dredge lagoon mouths to restore salinity balance.

- Integrate nature-based solutions into land rehabilitation, such as stabilizing slopes with deep-rooted species in landslide-affected districts. Coordinate with environmental agencies to align agricultural recovery with ecosystem-based disaster risk reduction.

Advocate for a unified recovery authority that includes the Department of Meteorology, NBRO, agricultural extension services and disaster management bodies. Such coordination ensures farmers receive timely climate information and helps align cash assistance with longer-term policy reforms (e.g., insurance, social protection "crisis modifiers").

3.6 NUTRITION

Key Insights:

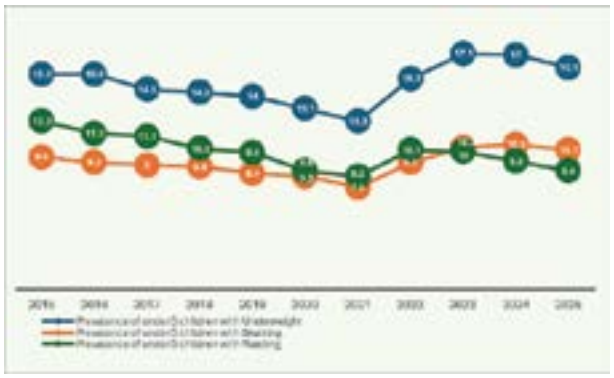
- The cyclone has affected key nutritionally vulnerable groups, including 281,830 children under five years, 19,021 pregnant women, and 96,637 breastfeeding women.
- Pregnant and breastfeeding women affected: The highest caseloads are seen in districts such as Ratnapura, Trincomalee, Monaragala, Colombo, Batticaloa, and Puttalam, each reporting approximately 9,000–17,000 breastfeeding women and 1,000–3,000 pregnant women.
- Kalutara, Nuwara Eliya and Matale highlight a higher number of pregnant women compared to breastfeeding mothers. Where specific interventions targeted at pregnant women needs to be prioritized.
- As per Nutrition Month data 2025, a total of 1,208,769 children under five years of age are registered with Public Health Midwives across Sri Lanka. Based on current findings from the JRNA, it is estimated that approximately 24% of this under-five population has been affected by the cyclone.
- The highest population of children under 5 years of age (34,751) with highest prevalence of SAM (1.17%) was seen in Puttalam district.
- Following this, caseloads above 20,000 children under 5 years of age were seen in Nuwara Eliya, Kandy, Colombo, and Ampara.

Pre cyclone context

Sri Lanka faces a significant triple burden of malnutrition among women and children. Although gradual improvements in child nutrition outcomes were observed between 2015 and 2021, with steady declines in key undernutrition indicators among children under five years of age, these gains were reversed from 2022 onwards due to the combined impacts of the COVID-19 pandemic and the economic crisis. This period saw sharp increases in underweight and wasting, while stunting exceeded 10% by 2023–2024. While slight stabilization was observed by 2025, nutrition indicators remain worse than pre-crisis levels, underscoring the persistent vulnerabilities and an incomplete recovery of the nutrition situation among children under 5 years of age.

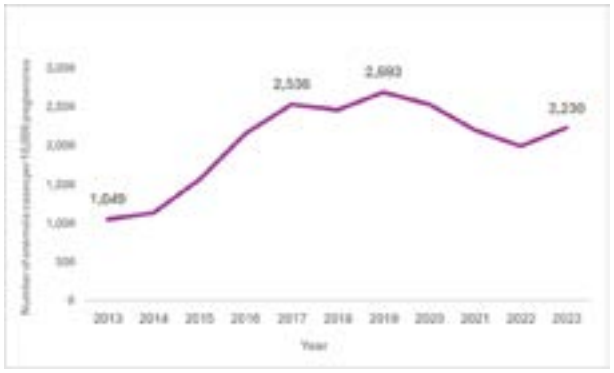
Concerning trends in maternal anemia, low maternal body mass index (BMI), and suboptimal nutritional status among older children and adolescents further compound this challenge (Figures 2–5). Marked sectoral disparities also persist, with the estate sector consistently experiencing the highest levels of stunting, wasting, MAM, SAM, and underweight, followed by rural areas, reflecting long-standing structural inequities. Collectively, these evidence points to a fragile nutrition context with limited household resilience to withstand additional shocks, such as climatic emergencies.

Figure 3.6.1: Status of undernutrition among Children <5 years of age in Sri Lanka



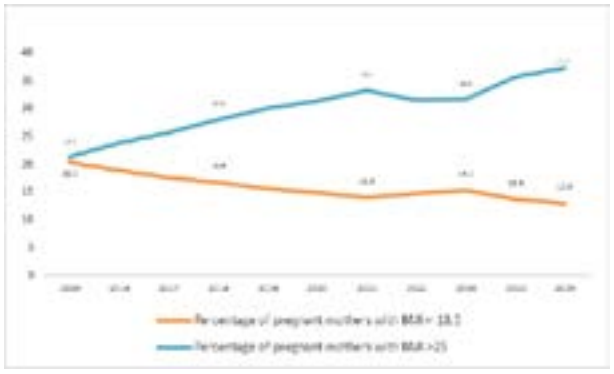
Source: Family Health Bureau, Ministry of Health and Mass Media, Sri Lanka

Figure 3.6.2: Number of anemia cases per 10,000 pregnancies in Sri Lanka



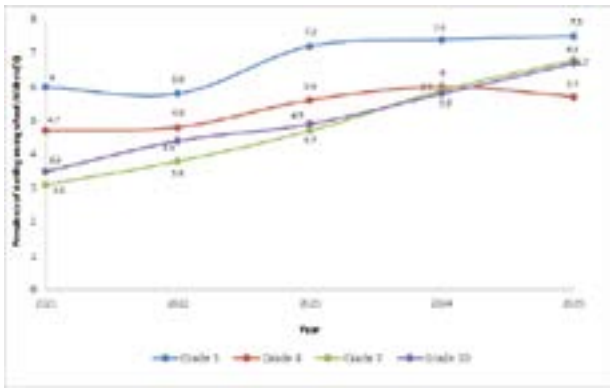
Source: Family Health Bureau, Ministry of Health and Mass Media, Sri Lanka

Figure 3.6.3: Prevalence of maternal BMI ranges among pregnant women in Sri Lanka from 2015-2025



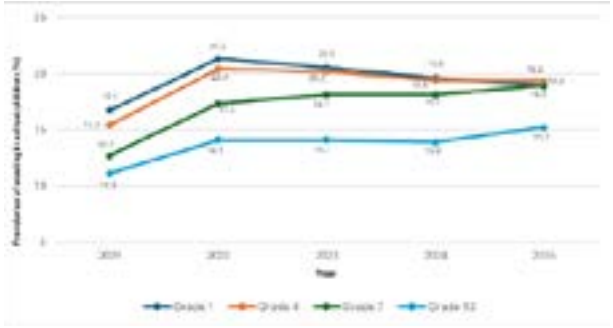
Source: Family Health Bureau, Ministry of Health and Mass Media, Sri Lanka

Figure 3.6.4: Prevalence of stunting among school children from Grade 1-10 between 2021 to 2025



Source: Family Health Bureau, Ministry of Health and Mass Media, Sri Lanka

Figure 3.6.5: Prevalence of wasting among school children from Grade 1-10 between 2021 to 2025



Source: Family Health Bureau, Ministry of Health and Mass Media, Sri Lanka

Anticipated impacts on nutrition

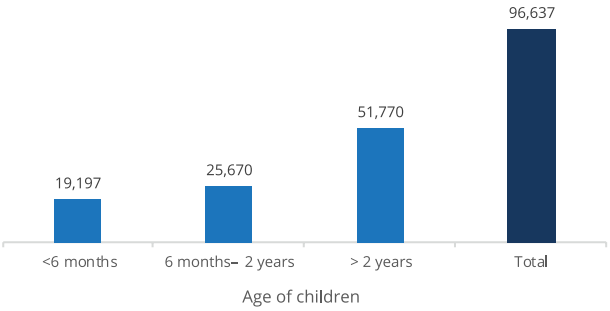
The cyclone is expected to exacerbate existing nutrition vulnerabilities through multiple pathways:

- Reduced dietary diversity and overall food intake due to the loss of household food stocks, income sources, and disruptions to local markets.
- Interruption of routine nutrition and health services, including growth monitoring, supplementation, and nutrition counselling.
- Loss or damage to nutrition commodities and equipment, along with challenges in storage, transportation, and distribution.
- Difficulties in breastfeeding due to the lack of privacy, safe spaces, appropriate seating, and supportive environments for mothers.
- Inadequate access for pregnant and breastfeeding women to nutritious food and safe drinking water, as well as challenges in preparing hygienic, age-appropriate complementary foods for young children.

- Disruption of the school feeding program due to school closures, reducing children's daily nutrient intake and increasing nutrition risks among school-aged children.

In the immediate aftermath of the cyclone, it was noted that there were increasing trends of unsolicited donations of breastmilk substitutes, feeding bottles and baby teats. Despite clear instructions by the Family Health Bureau (FHB) of the Ministry of Health, to implement and promote clear guidelines to not provide infant formula to the safety centres and vulnerable communities, it was still reported that such donations are being given, undermining breastfeeding practices in emergency settings. Therefore, this also poses a major growth and nutrition risk among children.

Figure 3.6.6: Number of breastfeeding mothers based on the age of children



A total of 96,637 breastfeeding mothers were affected by the cyclone, including 19,197 with infants under six months of age. Puttalam district reported the highest proportion of mothers with infants under six months (around 88%), while Kandy had the lowest. For children aged six months to two years, Trincomalee recorded the highest number of breastfeeding mothers, whereas Vavuniya had the lowest. Overall, Ratnapura had the largest number of breastfeeding mothers with children under two years, followed by Trincomalee and Colombo, while Nuwara Eliya reported the lowest.

Table 3.6.1: Complementary foods given to children less than 2 years

Type of complementary foods given to children <2 years	%
Food prepared at temporary sites using donor food	53.0
Commercially available food received as donations	33.0
No complementary food, but from the common food prepared for all	39.0
No complimentary food, but continue with BF more frequently	18.0

Complementary feeding practices for children under two remain inadequate, with approximately 40% not receiving any complementary foods and relying mainly on shared family meals rather than age-appropriate feeding. Over 30% of children under two reportedly receive no complementary feeding and depend heavily on continued breastfeeding, particularly in districts such as Ratnapura, Puttalam, Kandy, Mullaitivu, Kilinochchi, Mannar, and Anuradhapura. In several districts, including Kandy, Kegalle, Kilinochchi, Kurunegala, Mannar, Nuwara Eliya, Trincomalee, and Vavuniya, more than 50% of children under two were reported to lack complementary foods and rely on commonly prepared household meals. Additionally, in districts such as Badulla, Gampaha, Kegalle, Kilinochchi, Polonnaruwa, and Vavuniya, over 60% of children under two were consuming commercially available donated foods, highlighting significant gaps in appropriate feeding practices.

Table 3.6.2: Common donors of food for the temporary settlements

Common donors of food for the temporary settlements	%
Community groups	73.0
Organized civil society organizations	63.0
Private donors/Individuals	66.0
Others	32.0

Community groups are the primary source of food donations to temporary settlements (73%), followed by private donors and individuals (66%) and organized civil society organizations (63%), while other sources contribute 32%. Notably, Kilinochchi district reported receiving no food donations from any of these sources, highlighting a significant gap in relief distribution.

Table 3.6.3: Source of water for preparation of the food

Source of water for the preparation of food	%
Water source at the safety centre – Tap/ well/ other	61.0
Boiled cooled water prepared at the setting	27.0
Bottled water	49.0
Other	22.0

Major water source for the food preparations at the temporary settlements was the water source at the safety centre, either tap, wells or other. Around 50% of temporary settlements also reported using bottled water for the preparation of food.

Table 3.6.4: Nutrition support provided to pregnant and breastfeeding women

Nutrition support provided to pregnant and breastfeeding women	%
Food from the common cooked pot	68.0
Cooked food donations from community	50.0
Processed food received from donors/ community	43.0
Other	20.0

About 68% reported the food for pregnant and breastfeeding women were from the common cooked pot. Notably, 43% reported providing processed food received through donations.

Conclusion

A high proportion of children under two years and pregnant and lactating women in temporary settlements are reported of relying on commonly prepared meals, while about 43% of pregnant women are receiving processed foods as donations, which are often nutritionally inadequate. The lack of age-appropriate, nutritionally diverse foods and appropriate supplementation poses significant health risks for these vulnerable groups, particularly during critical periods of growth, pregnancy, and lactation. Inadequate intake of protein, fibre, and micronutrient-rich foods can increase the risk of acute malnutrition, micronutrient deficiencies, poor immune function, and suboptimal child growth and development. Emergency food responses should therefore prioritize nutrient-dense, balanced diets, including adequate protein sources, fibre-rich foods, and essential micronutrients, alongside strengthened IYCF support and guidance on appropriate food donations to prevent further nutritional deterioration.

Specific recommendations targeted at safeguarding nutritional status among children under 5 years of age, pregnant and lactating women:

Short-term priorities (2–4 weeks)

- Provide rapid food assistance through the provision of cooked meals, dry rations, and fortified supplementary foods for children under 5 years and pregnant and lactating women.
- Arrangement of private spaces and appropriate seating arrangements in the temporary safety centres, to enable continued breastfeeding.
- Provide counselling on exclusive breastfeeding and complementary feeding, as well as psychosocial support for mothers.
- Screening and management of children with Severe and Moderate Acute malnutrition needs to be prioritized at field clinics and clinics conducted at safety centres.
- Screening and management of pregnant and post-partum mothers needs to be prioritized at field clinics and clinics conducted at safety centres.

Medium-term recovery priorities (1 month – 4 months)

- Support Prevention, Early Identification & Treatment of Malnutrition, including screening for Severe and Moderate Acute malnutrition (SAM/MAM), linking cases to treatment programs, ensuring supply of therapeutic foods and medicines and access to supplementary food for MAM children.
- Provision of cash assistance as a nutrition top-up for the purchase of diverse foods.
- Arrangement of private spaces and appropriate seating arrangements in the temporary safety centres, to enable continued breastfeeding.
- Promote Social and Behavior Change Communication (SBCC), by integrating nutrition education with food/cash assistance and promoting healthy diets, hygiene, and cash management through community mobilizers, radio, and social media.

Recommendations for coordination and logistics

- Ensure continuous supply of essential nutrient supplements for children and pregnant women and ready to use therapeutic food for children with SAM. Prioritize districts with the highest number of vulnerable cases.
- Continuous monitoring and regularization of distribution channels for essential nutrient supplies.

Specific recommendations to improve nutritional status among schoolchildren in the affected areas:

There is an urgent need to conduct an assessment or an information gathering from education authorities of the cyclone's impact on the continuity of the National School Meal Program in affected areas, as delays in information collection have resulted in critical information gaps.

Immediate priorities include;

- Ensuring uninterrupted food supplies to schools through alternative arrangements where necessary
- Coordinating with suppliers and local authorities to maintain food safety and hygiene in line with Ministry of Health and Ministry of Education, Higher Education and Vocational Education guidelines
- Assessing damage to suppliers' households, kitchens, utensils, and distribution systems; and providing targeted support to address gaps caused by flooding and infrastructure damage.
- Short training and awareness sessions for school meal suppliers, parents, and education staff on hygiene, safe food handling, and nutrition standards are also essential to safeguard children's nutrition and support safe school reopening.

Medium-term Priorities include:

- Efforts should focus on strengthening program resilience by securing meal supply in coordination with school authorities
- Identify mechanisms to rehabilitate damaged storage and kitchen facilities through government and donor support if there's any need in the affected areas
- Raising parental awareness on child nutrition during emergencies, short training for teachers, officers, school meal suppliers' hygiene, and safe handling practices
- Assessing the damages to the productive assets such as agriculture and poultry farming supporting recovery through government system or with the donor support of affected productive assets such as agriculture and poultry
- Integrating nutrition monitoring systems to track children's dietary intake and adjust menus accordingly or additional support.

Together, these measures will ensure continuity of school meals, protect children's nutritional status, strengthen system resilience, and support the sustained delivery of nutritious school meals during future emergencies. In long-term should aim to strengthen preparedness and response capacity by establishing robust monitoring and real-time reporting systems, embedding school meal continuity within national disaster preparedness frameworks, strengthening partnerships with local farmers and fisheries, expanding training on emergency food safety and nutrition, building community awareness, and exploring diversified financing mechanisms, including public–private partnerships.

3.7 PROTECTION

Key Insights

- Lack of assistance to all entitled community members, lack of documentation to access assistance, and disruption in aid distribution are reported as top difficulties in accessing assistance. Particular exclusions are also noted – especially for persons with disabilities.
- Civil documentation loss was only reported as a major concern in certain affected areas - Gampaha, Badulla, Kandy, Colombo, Puttalam and Ratnapura districts.
- Inter-communal disputes, criminal acts, and Gender-Based Violence (GBV) are reported as significant protection concerns in affected districts.
- GBV and child protection risks are heightened in safety centres due to lack of security, proper organization of sites and absence of protective measures.
- 60% of respondents indicated the absence of child-friendly spaces in their locations. Compounded with general safety deficits in temporary shelters, this finding indicates elevated child protection risks.
- Most KIIs reported no missing, separated or orphaned children in their locations. However, there are pockets reporting such concerns that require attention: Kandy, Badulla, Gampaha, Ampara, Nuwara Eliya and Puttalam.
- There is an uneven and insufficient availability of psychosocial support services for vulnerable communities across affected districts, while mental health distress is documented by this and other assessments.
- There is a limited availability of complaints and feedback mechanisms across districts. 60% of the key informants overall reported lack of complaints mechanisms that indicates risk of underreporting sexual exploitation and abuse by aid workers (PSEA context) and overall child abuse and GBV cases.

Availability of documentation: The majority of Key Informant Interviews (KIIs) reported that families had not lost important civil documentation, such as National Identity Cards or birth certificates. However, the loss of civil documentation was highlighted in a number of DS divisions across Gampaha, Badulla, Kandy, Colombo, Puttalam and Ratnapura districts. Recent government reports also indicate that over 1 million birth and marriage certificates were destroyed by Cyclone Ditwah[2]. While not affecting the majority, the population in the indicated areas – especially displaced families, women-headed households, older persons and children – may face challenges in accessing government services.

Table 7.1. The list of reported access challenges, from most frequently reported to least frequently reported:

- Not enough assistance for all entitled.
- Lack of documentation (NIC).

2 Over 1 million birth and marriage certificates destroyed by Cyclone Ditwa - Breaking News | Daily M...

- Interference in the distribution of aid.
- Some specific groups are excluded.
- The assistance do not commensurate to the actual needs.
- Distribution excludes people with disabilities.
- Distribution excludes elderly persons.
- Non-affected groups are given humanitarian assistance.
- Distribution methods/layout excludes women-headed households.

Access to assistance and inclusion of vulnerable groups: Most KIIs stated that communities were able to access some form of humanitarian support; however, districts such as Badulla, Kandy, Gampaha, and Ampara reported persistent access challenges. Concerns related to neglect, marginalization or abandonment of persons with disabilities or older persons were also reported in multiple districts such as Puttalam, Ampara and Kandy (reported by one-fifth of KIIs). Additional assessments indicate that specific barriers faced by tea plantation communities, such as lack of formal land ownership, places them at high risk of exclusion from government compensation schemes, which often require proof of property ownership[3].

Perceptions of overall safety, abuse and exploitation: Multiple forms of protection concerns were reported across all districts. Inter communal disputes, criminal acts, and GBV were reported as significant concerns.

Protection risks, especially risks of gender-based violence (GBV) and child abuse/exploitation: GBV is a widespread pre-existing concern in Sri Lanka with 1 in 4 women having experienced physical and/or sexual violence since the age of 15 by a partner or non-partner, while 2 in 5 women having experienced physical, sexual, emotional and/or economic violence and/or controlling behaviors by an intimate partner in their lifetime[4]. Past emergencies show that displacement, loss of privacy and safety, and increased economic stress increase GBV risks; the findings from this assessment demonstrate similar concerns.

Several districts reported minor to major GBV-related security concerns, particularly in Ampara, Badulla, Batticaloa, Kalutara and Kandy districts. Communities such as those in tea estates in Badulla, may experience elevated risks, considering the higher than national average pre-disaster GBV rates[5]. Across many districts, KIIs reported safety gaps in temporary shelters, which are recognized GBV risk factors, while also exacerbating overall child protection risks. These gaps include insufficient lighting along pathways, lack of gender-segregated and lockable bathing and sanitation facilities, absence of safe disposal facilities for sanitary waste, concerns related to non-private sleeping arrangements, lack of private spaces for breastfeeding and changing clothes and absence of security personnel or community watch mechanisms.

Additionally, the findings of the UNFPA-led GBV safety verifications in selected temporary facilities identified similar safety and dignity concerns. In some centres, specific concerns regarding lack of privacy within shelter arrangements and the unavailability of condoms were raised, which have implications for both GBV risk mitigation and sexual and reproductive health.

In such situations, access to a full spectrum of services is critically important. While access to sexual and reproductive health (SRH) services was generally reported as functional, barriers were acknowledged in multiple districts - particularly for contraceptive counselling, antenatal and postnatal care, delivery services and services for survivors of GBV. These barriers may undermine timely clinical management, psychosocial support, and referrals for survivors of GBV.

Access to appropriate protection and care for children: 60% of respondents indicated the absence of child-friendly spaces in their locations. Compounded with general safety deficits in temporary shelters, this finding indicates elevated child protection risks. This finding is particularly concerning given the pre-existing systemic challenges of identifying and responding to child abuse with effective, fast and multisectoral responses (to approximately 6,000 child abuse cases reported nationwide per year).

Most KIIs reported no missing, separated or orphaned children in their locations; however, several KIIs (overall, 17% of all surveyed) indicated

3 MSF, 2025
4 Women's Wellbeing Survey (2019)
5 MSF, 2025

the presence of missing children and persons separated from family members, mostly in Kandy, Badulla, Gampaha, Ampara, Nuwara Eliya and Puttalam. In sites reporting separated and orphaned children, caseloads ranged from small to very large, indicating pockets of high-risk situations that require urgent attention.

KIIs from a few districts reported the presence of children separated from their caregivers (Puttalam, Badulla, Ampara, Kandy, Nuwara Eliya), with two sites reporting a significant caseload namely Puttalam and Ampara. Ampara was the only district where the presence of unaccompanied children was reported (50 children in total). The vast majority of respondents across all locations reported no child injuries associated with the cyclone.

In several districts, KIIs reported safety, security, and psychological distress as barriers preventing children from returning to school. Economic pressures and family disruption were also reported, suggesting that protection concerns not only affect children's right to protection but also hinder their access to education, calling for cross-sectoral interventions across education and protection domains.

These findings are notable as previous emergencies and crises have shown that child protection concerns exacerbate over time. For instance, abandonment of children to institutional care due to poverty, and inability to access education in a nearby location have previously risen as a consequence of rising poverty levels and accessibility challenges. Sri Lanka already has more than 8,000 children in institutional care, with over 90% of them having at least one parent and more than 70% having both living parents.[6] The majority of children in institutional care do not live with families due to unavailability of education facilities close to their homes.

Accountability gaps: Limited availability of complaints and feedback mechanisms across districts (60% of the key informants reported lack of complaints and feedback mechanisms) raises concerns related to underreporting of GBV, child protection concerns, and overall difficulties for affected people in sharing their concerns and views with those managing sites or providing assistance.

Mental Health & Psychosocial Support services: The findings of this assessment indicate uneven and insufficient availability of psychosocial support services for vulnerable communities across affected districts: 43% of all key informants reported that specialized services for children and persons with psychosocial impairments were not available (Gampaha, Ampara, Jaffna, Kalutara, Polonnaruwa, Monaragala, Nuwara Eliya, Puttalam). Difficulties in accessing mental health care, particularly psychological counselling, therapeutic care, and medication, were also reported. To respond to these needs, Protection Sector interventions are designed to address community-level risks and provide non-clinical psychosocial interventions, while it is also understood that the Health Sector leads the response to incoming referrals and access to clinical mental health services. Currently both face challenges to meet post-crisis needs whilst sustaining ongoing services.

Moreover, field teams report that camp conditions, safety risks, and uncertain aid or resettlement is causing distress for youth and women. The gap between the availability and the need for such services is notable: various recent rapid assessments indicate a high prevalence of psychological distress and anxiety, especially among children and vulnerable communities, [7]related to the disruption of routine, uncertainty and exposure to the disaster.

Short-term priorities (2–4 weeks)

- Ensure safety, proper site management and provision of protective services (including child-friendly spaces and Women and Girls Safe Spaces) for children, women, and vulnerable groups, in safety centres.
- Strengthen identification and reporting mechanisms for child protection risks and GBV, with the engagement of responsible government authorities, especially in districts where concerns have been reported.
- Eliminate instances of exclusion of persons with disabilities and other groups from assistance, noting the list of those with particular access difficulties.
- Provide dignity kits and other essential supplies

6 Census of Children in Childcare Institutions, 2019. statistics.gov.lk/Resource/en/OtherCensusandSurveys/CensusReports/CensusofChildreninChildCareInstitutions2019Keyinfo.pdf

7 Child Fund, 2025

to women at risk of GBV including the provision of information on available GBV services.

Medium-term recovery priorities (1 month – 4 months)

- Intensify the identification of child protection and GBV concerns, case management, and strengthen referral pathways in collaboration with national protection actors in all settings (including remaining shelters and returnee communities).
- Boost the capacity of the national child protection system to proactively monitor protection concerns in most affected areas and ensure that family distress, poverty, lack of access to education and other risk factors to not lead to child abuse, exploitation and unnecessary institutionalization of children.
- In medium-term shelters, continue the provision of child-friendly spaces and Women and Girls Safe Spaces, and increase awareness sessions on protection risk mitigation and response.
- Provide non-clinical mental health and psychosocial support (MHPSS) services for children, women, and survivors of violence in the context of protection services and in community settings, while facilitating further referrals when needed.
- Strengthen counselling centres (State / CSOs) to ensure the effective functioning of the GBV referral pathway.
- Continue the provision of dignity kits for women, girls, and persons with disabilities at risk of GBV to support urgent health needs and maintain dignity.
- Repair and restore GBV crisis centres, GBV help centres, GBV health desks as identified to ensure the functioning of the GBV referral pathway.
- Facilitate access to the renewal of civil documentation to populations in particularly affected districts.
- When needed, consider cash and voucher assistance for women and persons at risk of GBV or trafficking, or GBV survivors to address immediate needs and to access health, protection, and other critical services.
- Strengthen safeguarding and Protection from Sexual Exploitation and Abuse (PSEA) mechanisms and community feedback mechanisms.

Recommendations for targeting vulnerable groups

- Ensure full inclusion of persons with disabilities in access to services, including cash, NFIs and other services.
- Ensure the inclusion of older persons, especially those at risk of GBV and discrimination, to ensure their dignity.
- Ensure persons with pre-existing vulnerabilities (such as refugees and asylum seekers) are not excluded from government and partner assistance.
- Consider proactive measures to ensure that assistance and recovery efforts address the particular barriers faced by those living in tea plantation areas.
- Ensure the consideration of the needs of children, women, older persons in managing and setting up medium-term shelters.

Recommendations for coordination and logistics

- Consider cross-sectoral interventions, such as protection and education of children, to ensure comprehensive and full recovery of children and families and the realization of their rights.
- Ensure protection mainstreaming during the recovery phase.
- Coordinate across other relevant sectors to integrate psychosocial considerations in implementation (eg. Shelter and resettlement processes, NFRI distribution, camp management etc).

3.8 WASH

Key Insights

- High turbidity levels, contamination from damaged and flooded septic tanks, and waste collection in water have degraded water quality in affected areas.
- Flooding has partially or completely damaged several urban and rural water treatment facilities, significantly disrupting access to safe drinking water.
- Damage to protected dug wells, tube wells and water treatment facilities has increased the use of unsafe water sources and reduced the use of treated water and household water treatment methods.
- Inundated and damaged household latrines and overflowing septic tanks have caused water contamination, increasing the risk of waterborne diseases.
- Severe shortages of adequate, accessible and gender-segregated sanitation facilities in safety centres pose serious public health risks and undermine protection, safety and dignity, particularly for women, children, older persons and persons with disabilities.

Water supply and quality: Due to extensive damage caused by Cyclone Ditwah, including ruptured transmission lines and flooded water intakes and treatment plants, water supply systems have been severely affected across all districts, resulting in high turbidity and contamination. Immediate repair works are constrained by the submergence of critical infrastructure, including pump houses, panel rooms, and generator rooms. Power outages have further disrupted water distribution, treatment, and pumping operations. Shortages of water treatment and testing chemicals, caused by damage to manufacturing facilities and warehouses, as well as insufficient water bowsers, further constrain immediate provision of water supply.

Significant impacts were reported in the Sabaragamuwa, Eastern, Uva and Central Provinces, with approximately 622 water schemes seriously damaged, including 540 water treatment plants and 85 large urban water supply schemes. Displaced populations reported a strong demand for bottled potable water; however, supplies remain limited due to flooding of bottling facilities.

Household water use and treatment: Damage to protected dug wells, tube wells and water treatment facilities has led to increased reliance on unsafe water sources and a decline in the use of treated water and household water treatment methods. While most households report using at least one water treatment method—such as boiling, filtering or chlorination—a notable proportion reported no treatment at all, including 18% in Ratnapura, 9% in Colombo, 30% in Gampaha, 14% in Batticaloa, 25% in Trincomalee, 33% in Jaffna and 67% in Vavuniya. Although boiling is widely practiced (including 88% of households in Nuwara Eliya), water is often not boiled for sufficient duration to ensure effective pathogen removal, reducing its protective effect.

Sanitation and hygiene: Most latrines belonging to partially and fully damaged households were inundated or destroyed by floods and landslides,

accompanied by overflowing septic tanks. This has increased environmental contamination and the risk of waterborne disease transmission. As a result, the proportion of households relying on limited sanitation facilities has increased, including 59% in Nuwara Eliya, 45% in Kurunegala, 38% in Kilinochchi, 19% in Puttalam, 17% in Mannar and 16% in Matale. Temporary shelters with inadequate WASH facilities were reported in Kandy, Matale and Nuwara Eliya districts.

Sanitation, hygiene and dignity in safety centres: The absence of adequate sanitation facilities poses public health risks and compromises protection, safety and dignity. Safety centres are characterized by critical gaps, including insufficient numbers of toilets, long queues, unsafe practices, and poor functionality and maintenance. The lack of accessible and gender-segregated toilets increases risks for women, children, older persons and persons with disabilities.

Hygiene facilities in shelters are also inadequate. Functional handwashing facilities were reported at unsatisfactory levels in many districts, including 45% in Nuwara Eliya, 44% in Badulla, 36% in Matale, 46% in Anuradhapura, 63% in Trincomalee and 30% in Mullaitivu. Limited availability of soap at handwashing stations further undermines hygiene practices, particularly handwashing at critical times.

Despite the availability of alternative safe water supply mechanisms through government services, there remains a high reliance on bottled water for drinking and cooking, which is neither sustainable nor cost-effective as a long-term solution. Evidence indicates a decline in hygiene practices, driven primarily by insufficient facilities and supplies for essential hygiene behaviours, increasing the risk of waterborne illness.

Short-term priorities (2–4 weeks)

- Provide adequate safe drinking water to affected families, safety centers and healthcare facilities as required by bowsers.
- Ensure supply of water purification tablets to the households, safety centers and healthcare facilities.
- Provide necessary facilities and equipment to clear and rehabilitate septic tanks and sewage systems at households and safety centers.
- Provide additional gender segregated latrines and bathing facilities at safety centers.
- Provide WASH supplies to affected households such as family hygiene kits, soap, bleaching powder, Menstrual Health and Hygiene (MHH) materials, and disinfectants.

Medium-term recovery priorities (1 month – 4 months)

- Cleaning and rehabilitation of dug wells and tube wells in rural communities and households with the provision of necessary equipment, chemicals, and disinfection materials.
- Facilitating the cleaning of community and household septic tanks and sanitation systems to ensure continued use and prevent contamination of well water systems.
- Provision of WASH services in temporary shelters, including fecal sludge management.
- Supply of safe drinking water, hygiene kits, and water-purification/disinfection materials.
- Water trucking and installation of water tanks at distribution points for communities and households where water systems have not been reinstated.
- Facilitation of water supply to health-care facilities through urgent rehabilitation of the on-site water treatment facilities or through water trucking to maintain essential services.
- Rehabilitation of community and rural water supply schemes, including cleaning of treatment facilities and repair of distribution networks.
- Access to safe water, sanitation, and appropriate hygiene supplies for women and girls to improve menstrual health and hygiene.
- Provision of essential water-testing chemicals and equipment, including water testing kits.
- Disinfection of flood damaged health-care facilities and schools through the supply of Lysol and other approved disinfectants.

Recommendations for targeting vulnerable groups

- Ensure safe access to gender-segregated latrines which are also easily accessible to people with disabilities. (including facilities for MHH)

- Ensure gender-segregated bathing facilities with adequate supplies of water for people at Safety centers.
- Facilitate access clean water for vulnerable people, including persons with disabilities and elderly through designated distribution points.

Recommendations for coordination and logistics

- Coordinate with the national authorities (Water supply and drainage board, Department of community water supply, Water Resources board. With the rehabilitation of water supply systems and restoration of water distribution networks.
- Coordinate with the Health, Education and Shelter clusters to identify locations with specific WASH challenges.
- Coordinate with the health sector to support disinfection of health care facilities, ensure repair and rehabilitation of WASH facilities as well as ensure water quality testing.

3.9 HEALTH

Key Insights

- A total of 243 health institutions have reported damages with over 200 reporting some degree of access barriers.
- The disruption of electricity and water supplies cut off has hampered health service delivery to over 100 institutions, especially critical units of hospitals such as Operating Theatres.
- Damages to medical equipment and supplies have only added further layers of complexity to service delivery.
- The public health risks in the field remain critical and acute, including dengue, water borne and food borne illnesses, leptospirosis and skin infections.
- Gaps in Sexual and Reproductive Health (SRH) access persist, particularly for antenatal and postnatal care, contraception, and HIV, STI, and GBV-related services, affecting women, adolescent girls, men, and boys.
- Maternal health systems are functioning, but localized disruptions to CEmoNC services pose serious risks, as demonstrated by damage to operating theatres and labour rooms in some hospitals, necessitating referrals.
- Mental Health and Psychosocial Support (MHPSS) needs are severe and widespread, with service availability insufficient to meet demand, particularly for psychological counselling, child and adolescent mental health services, and access to essential medication.
- Access to timely information and meaningful community participation also plays a key role in reducing distress and supporting psychosocial well-being. Both health and protection sectors should coordinate to ensure these multi-layered interventions are systematically implemented across affected districts.

Health service availability and access: Flooding and landslides have severely hampered the provision of healthcare services across the country. Many health facilities were inundated while some were directly damaged, creating significant access barriers and necessitating patient transportation and referral activities. Disruptions to electricity and water supply cut off the critical 'bloodlines', disrupting health service delivery, including the functioning of operating theatres and other critical units in hospitals. Damages to medical equipment and supplies have added further layers of complexity to service delivery, at a time when the health system is facing increased demand due to the human cost, both on the fronts of morbidity and mortality.

The impact on the Medical Officer of Health (MoH) offices (public health field offices) and delivery of field health services, including maternal and child health services, non-communicable diseases (NCDs) and immunization programmes, is immense. Physical damages and access barriers are reported from several divisions. Healthcare workers have also been affected, further constraining service availability.

Public health risks: Public health risks remain critical and acute. Stagnant water has increased the risk of vector-borne diseases such as dengue, which is endemic in Sri Lanka. Reported cases of leptospirosis have increased, and the risk has multiplied since the onset of flood, while damage

to water purification systems across the country heightens the risk for diarrheal diseases. While flood waters are receding many areas, prolonged exposure to flood waters has also increased the risk for skin infections. The current stockouts of critical medical supplies include personal protective equipment (gloves, etc) and testing supplies such as swabs, and any outbreak at this point could lead to catastrophic outcomes while also putting the healthcare staff at risk with the limited availability of PPE.

Sexual and Reproductive Health (SRH) and maternal health: UNFPA estimates 520,550 women of reproductive age, including approximately 21,200 pregnant women, have been affected by the cyclone. Displaced women and adolescent girls face heightened vulnerabilities due to overcrowding, lack of privacy, poor lighting and shared sanitation facilities in evacuation shelters.

While a slight majority of KIIs (52%) reported no difficulty accessing SRH services, a substantial minority (48%) reported significant barriers. The primary access barrier for women and adolescent girls is related to safe motherhood - antenatal Care (ANC) and Postnatal Care (PNC) services were cited as hard to access by 31% of KIIs. Challenges related to contraceptive counselling and access to contraceptive methods are also recurrent, affecting both women and men. Difficulties in accessing HIV, STI, and GBV-related services were noted in a number of affected areas, raising concerns about continuity of survivor-centred care during the emergency. Regarding men and boys' access to SRH, KIIs reported difficulties in access to contraceptive counseling and STI/HIV services.

Despite constraints, critical maternal health infrastructure has largely remained functional. The majority of KIIs confirmed continuous access to child delivery facilities and a functional referral system for specialized care, detecting important operational strengths that must be protected and reinforced. However, localized but significant disruptions to Comprehensive Emergency Obstetric and Newborn Care (CEmoNC) services have been observed. A recent UNFPA field visit confirmed that CEmoNC services at Chilaw Hospital were temporarily non-functional due to damage to the operating theatre and labour room, resulting in pregnant women being referred to another facility for delivery and emergency obstetric care. While referral mechanisms are in place, such disruptions pose risks to timely and safe maternal care, particularly if referral facilities or transport capacity become overstretched.

Though emergency response has successfully maintained crucial life-saving infrastructure (delivery and referral systems) data highlights an urgent need for focused scale-up in ANC/PNC Services to address the reported barriers for women to ensure safe motherhood continuity and increase the availability and delivery of contraceptive counseling and supplies for all population groups.

Mental Health and Psychosocial Support (MHPSS) Needs: The psychosocial impact of the disaster is severe and widespread, creating a substantial level of unmet mental health needs. More than one-third of KIIs reported that community members are experiencing serious psychosocial or mental health distress as a result of the disaster. Although many KIIs indicated that some MHPSS services are available, a significant proportion reported critical gaps and shortages, confirming that current service capacity is insufficient to meet the level of need.

Access to care remains a major bottleneck, with many KIIs reporting difficulties for both adults and children in obtaining mental health support. Psychological counselling emerged as the most consistently reported unmet need, followed closely by limited access to therapeutic care provided by trained mental health professionals. While during this response, protection sector partners and interventions cover addressing community-level risks and providing non-clinical psychosocial interventions, health sector needs to be ready for receiving appropriate referrals for more advanced mental health support by trained mental health professionals and ensure access to clinical mental health services. Additional gaps were noted in access to child and adolescent mental health services and essential medication, further constraining the response. While Protection sector interventions address psychosocial support and community-level risks, the health sector faces challenges in scaling up clinical mental health services and referrals to meet rising demand.

Priorities short-term (2 - 4 weeks)

- Provide essential health services including NCD, SRH, child health and immunization through restoration of service delivery elements including health facilities and field health services.
- Strengthen surveillance and outbreak control activities including vector control.
- Ensure continuity of life-saving maternity and emergency obstetric services, including referrals.
- Provide critical care, including orthotics and prosthetics to persons with disabilities.
- Provide lifesaving maternity, dignity and menstrual kits for women, pregnant women, youth and those with disabilities.
- Provide outreach services to the most marginalized communities and youth to provide awareness and services on SRHR and HIV/STI.
- Provide cash assistance to pregnant and lactating women to access MCH, SRH services and care.
- Expand community-based interventions including MHPSS, referral services and Risk Communication and Community Engagement (RCCE) for risk informed decisions.
- Provide MHPSS to youth and the most marginalized - Multi-layered MHPSS to be integrated into the core relief framework rather than treated as an add-on.

Medium-term recovery priorities (1 month – 4 months)

- Restore full functionality of hospitals and field health services.
- Sustain essential services, including SRH, NCDs, maternal and child health, and immunization.
- Strengthen surveillance and outbreak control activities including vector control.
- Expand community based Mental Health and Psychosocial services and referral services.
- Continue provision of maternity and hygiene kits to pregnant mothers, girls and women of reproductive age.

Recommendations for vulnerable groups

- Utilizing existing field public health services to map vulnerable groups in displacement settings to meet their care needs.
- Enhance social listening to understand the community's needs and divert resources where they are required the most.
- Provide targeted outreach for SRHR and HIV/STI services.
- Provide dignity and menstrual health kits for protection and hygiene.
- Mandate inclusive communication protocols, disaster alerts and relief information to be disseminated in all local languages (Sinhala and Tamil), including sign language interpretation.

Recommendations for coordination and logistics

- Coordinate with the early recovery sector to restore water, electricity, and road accessibility for health services.
- Work with WASH and environment sectors for vector control.
- Coordinate with the Protection sector to expand MHPSS and GBV support and integrate psychosocial considerations in implementation across other relevant sectors (eg. Shelter and resettlement processes, NFRI distribution, camp management, etc).

Strengthen joint planning between WASH, Health and Protection sectors to address menstrual health, safety and dignity in shelters and health facilities.

3.10 WASTE MANAGEMENT

Key Insights

- Cyclone Ditwah has generated substantial volumes of disaster debris and waste, posing significant challenges for recovery, environmental safety and public health.
- Preliminary estimates indicate the generation of more than 25,000 tons of general solid waste and over 60,000 m³ of construction debris from fully and partially damaged households.
- Most households rely on local authorities for waste management; however, informal and environmentally unsafe disposal practices are widely reported.
- Urban areas, particularly Colombo and Gampaha, face acute constraints due to high debris volumes and limited space for on-site disposal.
- Waste management capacity is further strained by disruptions to local authority operations and the loss of livelihoods among formal and informal waste workers.

Scale and composition of debris: Preliminary debris assessments provide an early indication of post-cyclone recovery needs, supporting the reopening of transport routes, restoration of access, and guiding rebuilding efforts. Initial estimates indicate that Cyclone Ditwah has generated more than 25,000 tons of general solid waste and over 60,000 m³ of construction debris from fully and partially damaged households.

Estimated construction debris volumes, using Disaster Management Centre (DMC) data on fully and partially damaged houses, applying standard assumptions for typical single-storey homes, were approximately 80 m³ for fully damaged and 10 m³ for partially damaged structures. Colombo accounts for the highest debris volumes due to dense settlement patterns, while districts such as Badulla and Puttalam, despite lower population density, also carry substantial debris and waste volumes.

Household waste management practices: Survey findings indicate that up to 80% of households rely on or prefer local authority services for the management of general municipal solid waste. However, a significant proportion of households reported disposing of waste through informal and environmentally unsound practices, including open dumping at nearby or informal sites (28%) and open burning or burial of waste (43%). These practices pose serious environmental and public health risks, contributing to poor environmental conditions, vector breeding and increased exposure to disease, and may generate additional waste management burdens over time.

Construction debris management: Across most districts, only a portion of construction debris—typically 10–20%, and up to 60% in dense urban areas such as Colombo—requires external removal support. In rural and semi-urban areas, households often manage debris on-site due to the availability of space, using practices such as burial or land levelling. This reduces reliance on local authority removal services, which are already overwhelmed by disaster-generated waste.

However, improper disposal of construction debris

in open areas such as roadsides and riverbanks has been observed. Such practices can lead to drainage blockages, water pollution and public nuisance, often necessitating secondary removal and re-disposal. In urban settings, particularly in Colombo and Gampaha districts, where space constraints limit on-site options, households depend heavily on local authority services. Where these services are unavailable or delayed, approximately 25% of households reported hiring private trucks or informal service providers.

High = 3, medium = 2, and low =1

Table 10.1 – Waste Types Reported

Type of waste	Priority
Household waste	High
Plastic waste	Medium
Sanitary hazard waste	High
Debris from buildings	High
Green waste	Medium
E-waste	High
Dead livestock waste	High

Flooding has also led to increased generation of electronic waste (e-waste), which requires specialized handling and disposal due to hazardous components. Temporary shelters and safety centres are generating significant quantities of municipal solid waste, requiring dedicated logistical arrangements for collection, transport and disposal at designated facilities.

Operational capacity and workforce impacts: Local authorities and responsible agencies report that waste collection services have been significantly disrupted. Both local authority labourers and waste collectors have been affected by flooding, leading to livelihood losses and reduced operational capacity. Informal recyclers have been almost entirely non-functional due to loss of access, equipment and safe working conditions.

At the same time, local authority staff are overwhelmed by the surge in waste volumes and are operating under challenging conditions, often with limited access to personal protective equipment (PPE) and other basic safety supplies. Most collected mixed municipal solid waste is currently disposed of at open dumping sites, where contamination with silt and mud requires secondary handling and disposal. Local authorities are assessing remedial measures to address these operational and environmental challenges.

3.11 ACCOUNTABILITY TO AFFECTED POPULATIONS

Overview

Accountability to Affected Populations (AAP) is an active commitment to use power responsibly by taking account of, giving account to, and being held to account by the people organizations seek to assist. In practice, this means that people – including children and adolescents – have a say in decisions that affect their lives, receive the information they need to make informed decisions, have access to safe and responsive mechanisms to provide feedback or to complain, and have equitable access to assistance in proportion to their needs, priorities and preferences.

This section examines the perspectives of affected populations across six key areas, as captured through corresponding questions in the survey questionnaire. Overall, the delivery and distribution of relief efforts generated varied experiences and highlighted potential accountability risks. The questions focused on critical AAP domains, including communities' information needs, preferred sources of information, preferred communication channels, feedback and complaints mechanisms, and perceptions of participation in decision-making during the relief response. Together, these areas provide insight into how effectively affected populations are informed, consulted, able to provide feedback, and able to influence decisions that affect their lives, which are core elements of transparent, accountable, and people-centered humanitarian action.

Information Needs of Affected People

Findings indicate that affected communities have an urgent need for information on both the impacts of the disaster and access to assistance. The most frequently requested information was 'updates on the disaster and its effects' (67%), underscoring the importance of timely, accurate, and trusted situational information during the response. For some communities, this was the first experience of severe flooding, which heightened their need for detailed information from trusted sources, including government authorities, local community organizations, and social networks.

Information on how to register for relief (62%) is also highly requested, indicating gaps in awareness or clarity over the registration processes, including the beneficiary selection process. This is critical in the context of large-scale distributions and displacement, where unclear procedures may contribute to exclusions or create frustration among affected populations.

A significant proportion of respondents also requested information on: Food (43%), Shelter/ accommodation/shelter materials (42%), Healthcare and medical services (39%), Security conditions in the community (37%), and Relocation (36%). Notably, 30% of respondents expressed a desire for information on how to complain about the relief they are receiving, and 23% wanted information on how to complain about bad behaviour by relief providers. These indicate a clear expectation for accountability, transparency, and safe reporting mechanisms within the response.

Preferred Sources of Information

The findings indicate a strong preference for official

and locally trusted actors as sources of information. 96% of respondents reported government officials as their preferred source, followed by community leaders (67%). Relief workers from local NGOs (46%) and religious leaders (46%) were also identified as preferred sources. In addition, health workers emerged as a preferred source of information (52%), reflecting their close engagement with communities and the trust communities place in them during emergencies.

Preferred Communication Channels

While affected communities in general expressed a clear preference for direct and interactive communication channels, 70% preferred phone calls, 60% preferred social media platforms (Facebook, YouTube, TikTok, Instagram, etc.), 52% preferred mobile messaging applications such as WhatsApp or Viber, and 48% preferred community meetings. These insights show that traditional one-way communication methods, such as posters/ leaflets (13%), newspapers (18%), and online news sites (22%), were among the least preferred. This suggests that passive dissemination methods alone are insufficient and should be complemented with interactive and interpersonal channels.

Affected communities also made a relatively high preference for home visits (40%), highlighting the importance of personalized, face-to-face communication. This channel is crucial for vulnerable individuals who may have limited access to digital platforms.

Preferred Mechanisms for Providing Feedback on Assistance Quality, Quantity and Appropriateness

Communities expressed a clear preference for direct, interpersonal feedback mechanisms. Face-to-face feedback provided at home with relief providers was the most preferred option (67%), followed by telephone hotlines (53%). Feedback provided through community members (50%) is also strongly preferred, reinforcing the role of intermediaries in facilitating accountability processes. In contrast, more formal or written mechanisms such as email (6%), letters (15%), or SMS (15%) were least preferred. This suggests that feedback mechanisms that rely mainly on written or digital-only systems may exclude large segments of the affected population.

Preferred Mechanisms for Providing Feedback on Behaviours of Relief Providers

The majority of respondents indicated a preference for face-to-face communication at home with a relief provider (61%), followed by telephone hotlines (51%), face-to-face communication in an office/ other venue with a relief provider (46%), and face-to-face engagement through community members (41%) as channels for providing feedback on relief workers' behaviours. Complaints/suggestions boxes (25%) and social media platforms (34%) were moderately preferred, while email was the least favoured option (6%).

Perceptions of Community Participation in Decision-Making during Relief Process

The survey findings show that most respondents feel their community has some influence over decisions affecting them during the current disaster relief process. More than 81 per cent reported that their community has a say to a great extent (52.6%) or to a very great extent (28.7%), potentially reflecting the existence and functionality of community engagement mechanisms. However, nearly 18.7% of respondents feel that their community's influence is moderate, small, or non-existent. Overall, this suggests that while participation structures may be present, they may not be inclusive or consistently accessible to all groups.

Importance of Community Participation in Decision-Making during Relief Process

Interestingly, responses to the importance of community participation in decision-making indicate a strong demand and expectation for community involvement. Nearly 96.5% of respondents indicated that community involvement in this process is important to a great or very great extent.

Lack of participation in decision-making and actions to address family and community needs is also associated with greater risks of immediate and longer terms of distress and negative MHPSS outcomes. Therefore, it is crucial to ensure meaningful community participation in decision making.

Key Priorities

The assessment identified several key priorities based on the perspectives and needs of the affected population. Those could be grouped as follows:

- Continue to recognize, value and strengthen Community Engagement: Based on the assessment findings, community engagement is recognized and valued, providing a strong foundation for accountable programming. However, gaps might remain, particularly in engaging and addressing the needs and interests of the most vulnerable groups, highlighting opportunities for further improvement.
- Strengthen clear and consistent information sharing on assistance processes: Prioritize regular and transparent communication that clearly explains available relief services (Eg, eligibility criteria, registration steps, the type of assistance provided, timing and locations of distributions). This communication should also set out the expected behaviour of relief providers and be delivered through trusted government counterparts and community leaders, using multiple channels (phone calls, social media, mobile messaging, etc.). In addition to the affected people in shelters, ensure that affected people outside shelters also receive timely and actionable information through different channels by ensuring inclusivity.
- Establish and scale up inclusive, accessible, gender-responsive and sensitive, people-centred Complaints & Feedback Mechanisms: Complaints & Feedback Mechanisms should prioritize accessible and safer options, including face-to-face engagement and telephone hotlines, in line with survey findings. All channels must be safe, confidential, and culturally appropriate, enabling people of all genders, ages, and abilities to report concerns about the quality of assistance and the conduct of staff who engaged in relief assistance. Particular attention should be given to barriers faced by children, women, girls, persons with disabilities, including through the availability of female staff, interpreters and accessible locations. Special attention should be given to barriers faced by women, girls, persons with disabilities, and marginalized groups, including providing female staff, interpreters, and accessible locations. Complaints & Feedback Mechanisms (e.g. Aswesuma GRM, WBB, Sarvodaya–World Bank) should engage local leaders to build trust, raise awareness and ensure feedback is acted upon and informs programme improvements. Systematically analyze feedback received and communicate back to communities on time-bound actions taken or changes made, helping to close the feedback loop and strengthen confidence in humanitarian governance.

4. PRIORITY NEEDS

Table 12.1: Top 10 priority needs for the overall sample

Rank	Need
1	Road clearance
2	Food
3	Safe space for children
4	Agricultural Inputs
5	Livelihood support
6	Safe space for women
7	Medicines
8	Business startup support
9	Health care services
10	School materials

From a total of 32 assessed needs, the top 10 priority needs were identified. The table above provides an overview of these priority needs, highlighting the most critical needs specific to the top-priority need cluster. The analysis identifies road clearance as the most urgent priority, reflecting the critical need to restore access for emergency response, service delivery, and livelihood activities. Food assistance remains a key concern, underscoring the immediate food security challenges faced by affected communities. The need for safe spaces for children and women underscores heightened protection risks following the disaster. Agricultural inputs and livelihood support are essential for restoring income sources and strengthening household resilience. Medicines and healthcare services point to disruptions in health access, while business start-up support reflects recovery-oriented needs. Finally, school materials emphasize the importance of restoring education and ensuring continuity for children in affected areas.

Short and Medium Term Policy Actions Informed by the Priority Needs Heat Map

- Targeted Resource Allocation: The heat map enables policymakers to allocate resources geographically based on the severity and concentration of needs. Areas showing higher intensity (hotspots) can be prioritized for immediate funding, relief supplies, and technical assistance, while lower-intensity areas may receive recovery or resilience-focused support.
- Sector-Specific Intervention Planning: By highlighting which needs dominate in each DSD or district (e.g., food, shelter, health, livelihoods), the heat map supports tailored sectoral responses rather than a one-size-fits-all approach. This ensures efficient deployment of food aid, medical services, education materials, or livelihood inputs where they are most required.
- Phased Response Strategy: Policymakers can distinguish between areas requiring emergency response (e.g., food, road clearance, medicines) and those suitable for early recovery or development interventions (e.g., business start-up support, agricultural inputs). This supports the sequencing of interventions over time.
- Strengthening Coordination and Avoiding Duplication: The heat map provides a common evidence base for government agencies, humanitarian actors, and development partners, facilitating coordinated planning and reducing duplication of assistance across sectors and locations.

- Prioritization of Vulnerable Groups: Needs such as safe spaces for children and women, healthcare services, and school materials guide protection-focused policies, ensuring that vulnerable populations are explicitly included in response and recovery planning.
- Monitoring and Adaptive Policy Making: The heat map can be updated periodically to monitor changes in needs, allowing policymakers to adjust interventions dynamically as conditions improve or deteriorate.

5 District-Level Prioritization

District-level priorities were identified by combining information on humanitarian impact, hazard exposure, and underlying vulnerability into a single composite prioritization score:

Indicators Used

Eight indicators were included and grouped into three dimensions:

Impact on people and housing

1) Affected population (as a percentage of total population)
2) Population currently in safety centres (as a percentage of total population)
3) Houses damaged or destroyed (as a percentage of total households)

Hazard exposure

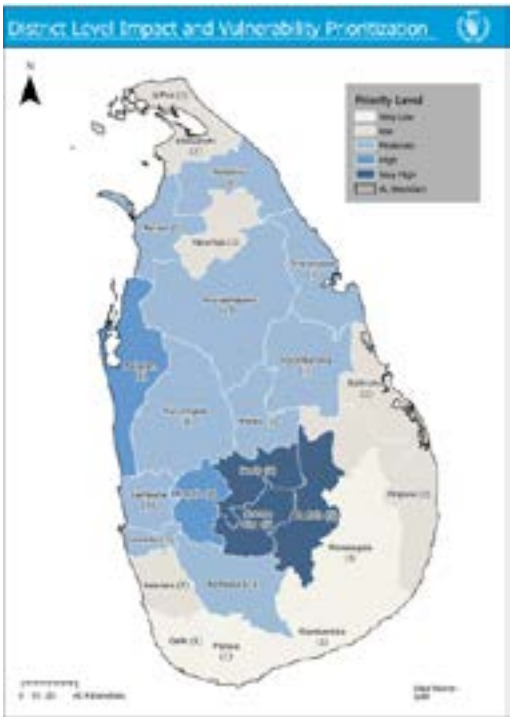
4) Buildings exposed to landslide risk
5) Percentage of area exposed to flooding (derived from satellite and spatial analysis)

Vulnerability factors

6) Multidimensional Vulnerability Index (MVI)
7) Food insecurity score
8) Wasting (SAM + MAM prevalence)

Scoring, Aggregation and Priority Levels

All indicators were converted to a common five-level scale (1–5) to enable comparison across districts. Indicator scores were then combined into a composite district prioritisation score using a weighted average, with greater emphasis placed on indicators reflecting direct humanitarian impact, while also incorporating hazard exposure and underlying vulnerability. The resulting composite scores were rescaled to produce a final district priority level ranging from 1 (lower priority) to 5 (higher priority). Priority levels show how districts compare to one another and are intended to support planning and coordination.



Technical Note: Scoring and Weighting

Indicator values were first standardised to a five-level scale (1–5) using the Natural Breaks (Jenks) method, which groups districts according to the natural distribution of each indicator. Standardised indicator scores were then aggregated using a weighted average. Impact indicators (affected population, displacement, and housing damage) collectively account for 50% of the composite score, reflecting direct humanitarian impact. Hazard exposure indicators (landslide exposure and flooded area) contribute 25%, while vulnerability indicators (food insecurity, wasting, and MVI) contribute the remaining 25%, capturing underlying susceptibility and coping capacity. The resulting composite scores were rescaled to derive final district priority levels.

ANNEX 1: METHODOLOGY

Data Description

The assessment integrated multiple respondents to provide a comprehensive and triangulated understanding of hazard impacts, population exposure, vulnerability patterns, and sectoral needs across the affected Divisional Sector (DSDs) areas. The data used in this analysis can be broadly categorized into geospatial/GIS datasets, secondary socio-economic datasets, and primary field datasets, each serving a distinct analytical purpose.

Geospatial and Hazard Data

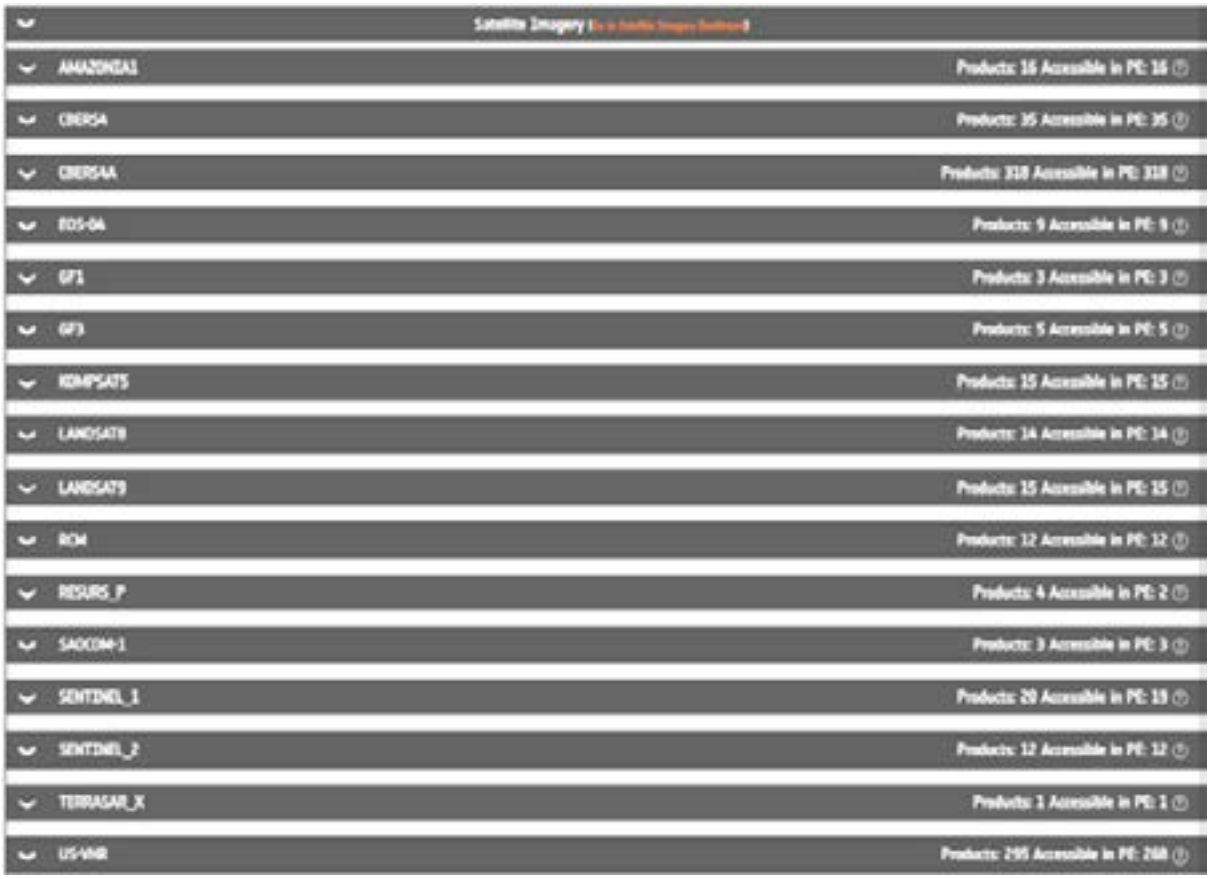
Remote Sensing and GIS in based flood mapping and exposure assessment:

Remote sensing and Geographic Information Systems (GIS) play a vital role in flood and landslide mapping during emergencies by providing rapid, objective, large-scale information when ground access is often limited or impossible. Satellite-based observations enable authorities to monitor hazard evolution in near real time, assess the spatial extent of flooding and landslides, and identify exposed populations, infrastructure, and agricultural areas. In particular, Synthetic Aperture Radar (SAR) imagery is indispensable during extreme weather events, as it can penetrate cloud cover and operate day and night, ensuring uninterrupted monitoring even during cyclones and prolonged rainfall. By integrating satellite data with geographic information systems (GIS), decision-makers can quickly generate flood inundation maps, landslide inventories, and exposure assessments that support emergency response, relief prioritization, and early recovery planning.

To support all this, the Disaster Charter is critically important in this context, as it provides a formal, internationally coordinated mechanism to ensure rapid access to high-quality satellite data during major disasters. Through Charter activation, affected countries gain free and timely access to a wide range of satellite missions operated by global space agencies, along with technical support for emergency mapping. This coordinated access significantly reduces delays in data acquisition and analysis, enabling the production of authoritative, value-added products such as flood extent maps, landslide impact assessments, and damage overviews.

Activation of Disaster Charter:

The International Disaster Charter was officially activated by Sri Lanka's Disaster Management Centre (DMC) on 26 November 2025 in response to severe flooding caused by Cyclone Ditwah, to rapidly secure high-resolution satellite imagery and geospatial data to support a timely and accurate assessment of the evolving disaster situation. The activation process involved identifying the event and, with technical support from various agencies, formulating a formal request by the DMC, which was submitted to the Charter's Emergency On-Call Officer (ECO) to initiate international coordination among space agencies worldwide. A central focus of the activation was to obtain extensive optical and, critically, Synthetic Aperture Radar (SAR) data, which enabled uninterrupted flood monitoring despite persistent cloud cover. Figure XXXXX provides the details of the satellite agency, product and number of images provided during the crisis mapping through disaster charter. International Water Management Institute (IWMI) helps DMC to activate the Centinel Asia to obtain higher-resolution SAR data from the Asian Satellite systems, including Japan Aerospace Exploration Agency (JAXA). Through this mechanism, national institutions, including DMC, NBRO, IWMI, and partner agencies, gained access to multi-source satellite datasets, technical guidance, and emergency mapping support, facilitating the production of value-added products such as flood inundation and exposure maps that were instrumental in guiding real-time response operations and informed decision-making at both national and local levels.



Flood Mapping Approach:

During the cyclone event, multi-mission Synthetic Aperture Radar (SAR) data formed the core of the flood analysis due to their all-weather, day-and-night observation capability. SAR imagery was acquired from several international space agencies, including Sentinel-1, RADARSAT Constellation Mission, SAOCOM-1A, TanDEM-X, EOS-4, and KOMPSAT-5, ensuring timely coverage and robust spatial representation of the affected regions. These complementary datasets enabled reliable monitoring of cyclone-induced flooding and surface dynamics across Sri Lanka.

All SAR data obtained through the Disaster Charter were preprocessed to ensure consistency and analytical reliability. Standard workflows were applied to correct geometric and radiometric distortions, apply terrain correction, and reduce speckle noise, resulting in analysis-ready imagery. Flood inundation was then delineated using a rule-based classification approach supported by histogram analysis of the backscatter coefficient. Post-processing refinements, including elevation, slope, and land-use masking, were applied to remove spurious detections and constrain flooding to physically plausible areas. This standardized and multi-criteria methodology significantly enhanced the accuracy and reliability of the final flood inundation maps used for exposure and impact assessment.

Exposure Assessment:

Once the flood inundation extent was delineated using satellite-derived data, a comprehensive exposure assessment was conducted by integrating multiple GIS datasets to quantify impacts on buildings, population, infrastructure, and other critical assets. This spatial analysis enabled a systematic understanding of the scale and distribution of potential damages across affected areas. The table below presents satellite-based estimates of flood inundation extent, population, agriculture, and the number of buildings exposed to flooding at the district level. The importance of this rapid assessment is to provide initial information

for decision-makers until the final figures are available, based on the ground-collected data.

Satellite estimated flood inundation and the exposure assessment (Source IWMI: This data was not validated using the ground truth data and completely estimated with satellite and open GIS layers)

District	District area sq.km	Flooded area sq.km	Percentage	Exposed Paddy (Acre)	No. Building Exposed	Population exposed
Ampara	4444.46	722.94	16.27	104,927	8,611	79,144
Anuradhapura	7205.10	1454.63	20.19	151,248	16,517	131,967
Badulla	2868.28	171.29	5.97	14,803	621	10,468
Batticaloa	2491.75	735.06	29.50	68,424	4,846	54,830
Colombo	682.12	98.40	14.43	6,061	74,191	267,019
Galle	1616.72	109.07	6.75	6,502	14,095	83,096
Gampaha	1382.16	240.22	17.38	11,935	88,421	384,801
Hambantota	2613.94	421.19	16.11	46,512	11,267	78,430
Jaffna	978.33	262.20	26.80	10,092	20,673	37,045
Kalutara	1646.71	135.66	8.24	3,290	18,668	73,967
Kandy	1934.29	86.90	4.49	6,568	4,615	30,719
Kegalle	1661.61	43.50	2.62	8,249	1,528	6,738
Kilinochchi	1171.93	394.16	33.63	35,912	8,620	24,677
Kurunegala	4901.36	997.62	20.35	99,183	51,908	292,028
Mannar	1987.59	341.21	17.17	31,818	8,263	26,854
Matale	2069.10	198.33	9.59	17,569	6,214	27,517
Matara	1303.44	118.67	9.10	7,292	9,883	58,711
Moneragala	5758.06	192.14	3.34	15,658	2,729	19,452
Mullaittivu	2607.92	314.06	12.04	30,376	5,299	9,949
Nuwara Eliya	1737.69	27.37	1.58	4,778	296	1,836
Polonnaruwa	3438.18	792.99	23.06	102,483	5,835	73,317
Puttalam	3124.32	478.88	15.33	24,778	75,112	207,099
Ratnapura	3292.08	116.70	3.54	4,639	4,815	41,135
Trincomalee	2640.46	704.69	26.69	71,588	13,942	38,413
Vavuniya	2011.89	313.52	15.58	34,181	2,315	18,849
Total	65569.46	9471.40	14.44	918,864	459,284	2,078,061

Furthermore, GIS-based approaches were employed to integrate socioeconomic and other relevant information obtained from various government agencies and partner organizations into a unified geospatial database. This integrated database served as the foundation for generating key thematic maps and analytical outputs, supporting informed decision-making for emergency response, damage estimation, and recovery planning.

Secondary Socio-Economic Data

The secondary information used in this report was obtained from official government sources, including NDRSC, DMC, the Meteorological Department, DCS, the Ministry of Health, and the Ministry of Education, among others. In addition, past assessment reports and relevant datasets were also considered as references.

Below are some of the links to the information sources:

Department of Census and Statistics, Census of Population and Housing, 2024 - *https://www.statistics.gov.lk/Population/StaticalInformation/CPH2024*

Department of Census and Statistics, Women's Wellbeing Survey, 2019 - *https://srilanka.unfpa.org/sites/default/files/pub-pdf/womens_wellbeing_survey.pdf*

Hectorkobabkaduwa Research Institute, Daily Price Bulletin

World Food Programme, Household Food Security Survey results, 2024 *https://www.wfp.org/publications/household-food-security-surveys-sri-lanka*

National Building Research Institute (NBRI)

National Disaster Relief Services Centre, Housing damage information, Safety Centres

WFP Household Food Security Surveys – Sri Lanka, 2024

https://www.wfp.org/publications/household-food-security-surveys-sri-lanka

Primary Field Data

Primary data collection provided real-time, ground-level verification of impacts. Voluntary field enumerators collected data across 171 selected DSDs using Key Informant Interviews (KIIs), and Focus Group Discussions (FGDs). Surveys captured quantitative information on housing damage, displacement, shelter management, food security, WASH access, livelihood disruption, health and nutrition concerns, and coping strategies. KIIs with multiple respondents, such as Divisional Secretaries, NSRD officers, NDRC officers, Women Development Officer/ Counselling Officer, Educational Directors, MOH/PHM/PHI Officers, and Community Leaders or Safety Center Managers, Officers at NWS&DB, NDCWS, and LA offered insights into priority concerns, and community needs and resilience. Initially, the data collection was conducted using printed questionnaires in all three languages and entered using KoBoToolbox/ ODK-based mobile forms, which enabled real-time synchronizing, automated skip logic, and enhanced data validation.

Sampling Design

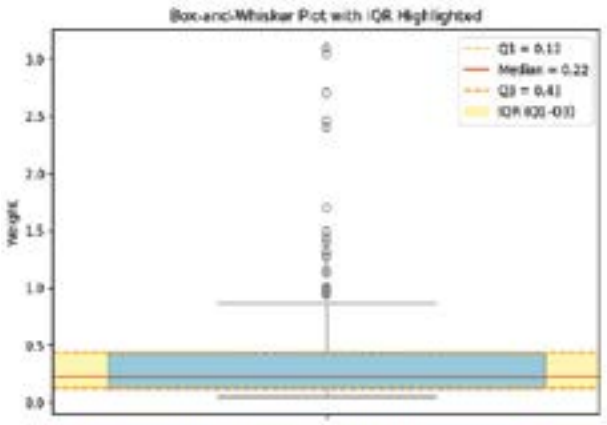
The sampling frame was developed using GIS-based exposure data provided by the World Food Programme (WFP), which estimated the population exposed to flooding across Sri Lanka. This dataset formed the primary basis for identifying affected DSDs, except in the districts of Galle, Matara, and Hambantota (Southern Province), which were officially reported as not impacted by the cyclone and were therefore excluded from the flood exposure analysis. In addition, landslide exposure data obtained from the National Building Research Organisation (NBRO) were used to identify and include high-risk DSDs in Kandy, Badulla, Matale, and Nuwara Eliya. These GIS layers enabled a more accurate identification of hazard-affected DSDs and informed the stratification process used in the sampling design.

The severity level was calculated using a standardized, exposure-based methodology. Flood exposure estimates produced by the World Food Programme (WFP) were used as the primary input for the severity classification. Specifically, the estimated flood-exposed population for each Divisional Secretariat Division (DSD) was divided by the total exposed population across all affected DSDs and multiplied by 100 to derive a relative exposure weight for each DSD. These weights represent the proportionate share of the exposed population and were used as the basis for severity classification. Based on the distribution of exposure weights, DSDs were classified into four severity categories, acute, severe, moderate, and low, using a normal distribution–based approach to ensure consistent and statistically grounded thresholds. In addition to flood exposure, Divisional Secretariats identified by the National Building Research Organisation (NBRO) as landslide-affected were purposively included in the overall severity assessment to capture multi-hazard impacts and ensure comprehensive geographic coverage of disaster-affected areas.

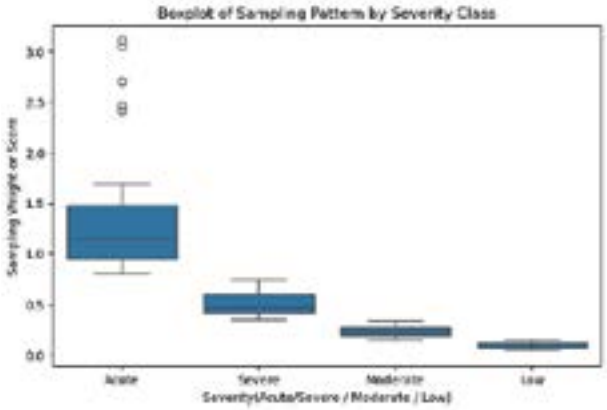
The sampling design was structured to achieve a statistically meaningful and balanced representation of DSDs across the full spectrum of disaster impact severity. To ensure methodological rigor, the initial sampling frame incorporated all DSDs falling within the normal distribution, as well as those in the upper tail of the interquartile range (IQR), representing the acute and severely affected DSDs. These acute DSDs were purposively included, despite falling outside the normal range, to ensure adequate coverage of the most critical areas. DSDs classified as severe, moderately, and lower affected were also included through random selection within the IQR, ensuring proportional representation across impact categories. In contrast, the lower tail of the distribution, comprising DSDs with very low exposure to floods and landslides, was excluded due to their limited relevance for understanding disaster impacts and to maintain operational feasibility within the rapid assessment timeline.

Quartiles were calculated to stratify the sampling frame, and the Krejcie and Morgan sample size table was applied to determine an initial required sample of 174 DSDs from a population of 289 affected DSDs. In the sample, 27 acute DSDs, 40 severely affected DSDs, 49 moderately affected DSDs, and 58 low-intensity affected DSDs are chosen randomly from a normally distributed sample. Additionally, due to landslide impacts in Kandy, Badulla, Matale, and Nuwara Eliya Districts, a further 27 DSDs were included, bringing the working sample to 201 DSDs. As district-level estimates depend on DSD-level inputs, one key informant interview was administered per selected DSD. The final achieved sample consisted of 201 DSDs, ensuring robust and representative coverage of disaster impacts across Sri Lanka. After collecting the data final sample size was considered as 171 DSDs.

Graph 1: Box and Whisker Plot



Graph 2: Box Plot of Sampling Pattern



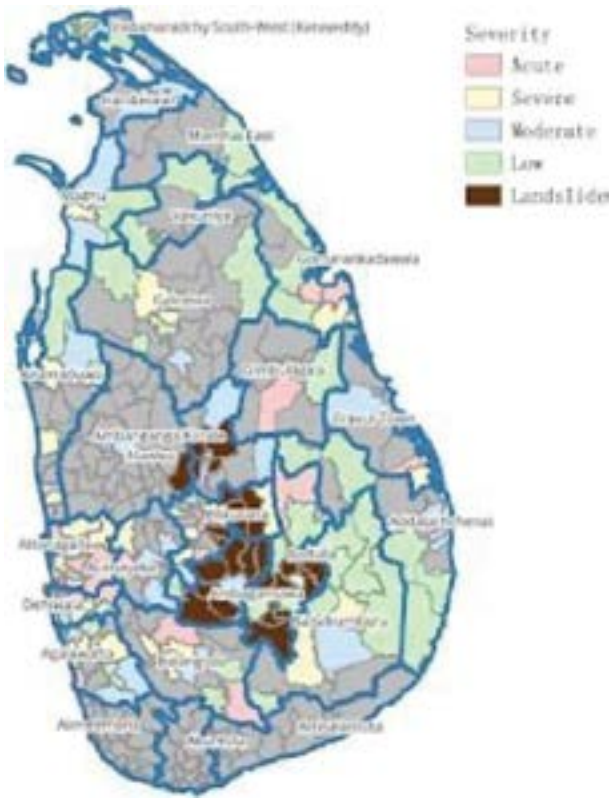
The above graphs 1&2 provide an overview of the distribution and severity of the sample.

Districts	Total	Selected	Collected
Ampara	20	15	15
Anuradhapura	22	7	7
Badulla	15	15	15
Batticaloa	14	7	7
Colombo	13	11	11
Gampaha	13	13	10
Jaffna	15	6	6
Kalutara	14	10	7
Kandy	20	16	15
Kegalle	11	10	3
Kilinochchi	4	2	2
Kurunegala	30	20	2
Mannar	5	5	5
Matale	11	7	5
Moneragala	11	9	6
Mullaitivu	6	2	2
Nuwara Eliya	10	8	8

Polonnaruwa	7	5	5
Puttalam	16	11	9
Rathnapura	17	11	11
Trincomalee	11	8	8
Vavuniya	4	3	3

However, due to limitations in the field operations, we have to reduce the data collection to 171 submissions.

WFP used a stratified multi-stage sampling design for the rapid food security assessment (m-VAM) in flood-affected areas. Districts were ranked by the number of flood-exposed households using recent disaster data, with those above the 75th percentile classified as high-impact. Within each district, Divisional Secretariat Divisions (DSDs) were stratified into high, medium, and low exposure groups based on tertiles of household exposure. A total sample of 400 households was allocated proportionally to district exposure levels, ensuring at least two clusters per district. Clusters were distributed across strata and selected using Probability Proportional to Size (PPS), giving higher exposure areas greater selection probability. Each cluster included 10 households for operational feasibility and representativeness. Additionally, the same households were drawn from the 2024 food security survey sample, enabling longitudinal analysis of food security trends. This design ensures precision in high-impact areas while maintaining coverage across all exposure levels for robust comparative analysis.



Map of flood and landslide-exposed population in the sample.

Limitations of the Assessment

While the assessment provides valuable insights, the following limitations should be considered when interpreting the findings:

1. Field Data Collection Constraints

- Weather and access: Inclement weather patterns and challenging field access conditions restricted timely data collection in several locations.
- Stakeholder participation: Reluctance among some stakeholders to share information further constrained coverage and completeness.
- Extended timelines: As a result, the data collection period exceeded the original plan, which may have introduced temporal variability in the information captured.

2. Sampling Limitations

- Sampling frame and unit: Primary data collection was conducted at the DS level (administrative division), with the DS division serving as the sampling unit.
- Completion rate: Only 88% of the planned sample was completed, which may affect

representativeness and increase the risk of non-response bias.

3. Primary and Secondary Data Validation

- Time constraints: The limited timeframe did not allow for comprehensive triangulation across all sources.
- Incomplete secondary data: Divisional-level secondary data compilation was not fully completed, potentially affecting the accuracy of aggregated figures.
- Data quality risk: Given these constraints, errors in both primary and secondary datasets cannot be ruled out.

4. Exposure Data Estimation

- Methodological reliance: Exposure estimates were derived from satellite information and model-based estimations.
- No field verification: Ground-truthing/field verification of exposure data was not conducted, which may affect precision at local scales and introduce model-related uncertainty.

5. Community Information Gathering

- Source locations: Community-level information was primarily collected from safety centers hosting highly affected populations.
- Potential bias: Perspectives and reported needs may disproportionately reflect the experiences of the most impacted groups and may not be fully generalizable to the wider community.

Contributors


BERENDINA


cepa
centre for poverty analysis


The Ceylon Chamber of Commerce


ChildFund
Sri Lanka


CHILD VISION


Durgoc Nivaran


E.D.W.D.F


GENERATION
பரம்பர
தலைமுறை


HDO


HEO


LET US WORK FOR SOCIAL CHANGE
ISD
Institute of Social Development


International Network for Climate Change
IN4CC


IWMI
International Water Management Institute


ipid
INSTITUTE FOR PARTICIPATORY INTERACTION IN DEVELOPMENT


Janathalohan


leads


Muslim Aid
Serving Humanity
Sri Lanka Office


National Forum of Women with Disabilities


PACAM
PARTICIPATORY ACTION & LEARNING METHODOLOGIES


PREDO


සර්වෝදය
சர்வோதயம்
Sarvodaya


Save a Life


Save the Children


SRI LANKA RED CROSS SOCIETY


TRANSPARENCY INTERNATIONAL SRI LANKA


UVA SHAKTHI FOUNDATION


WOMEN'S DEVELOPMENT CENTRE


World Vision


SEVANA


YOUTH DEVELOPMENT "AHAM"

Photo Credit: WFP Sri Lanka