

HUMANITARIAN PRIORITIES PLAN
CYCLONE DITWAH
SRI LANKA

DEC 2025 -
APR 2026

ISSUED
11 DECEMBER 2025

Photo: UNICEF



Foreword by the Resident Coordinator

Cyclone Ditwah struck Sri Lanka as it began the process of recovering from the cumulative shocks of the pandemic and the economic crisis, compounding vulnerability. Torrential rains, landslides, and severe flooding swept across all 25 districts of the country, with 22 districts formally being declared "National Disaster Affected Areas", disrupting essential services, damaging infrastructure, and affecting nearly two million people. Hundreds of lives were lost and many remain unaccounted for.

Communities just recovering from economic strain are now facing yet another adversity to their livelihoods and dignity. In the days since Cyclone Ditwah swept through Sri Lanka, I have met families who, in a single night, lost everything, and need to rebuild their lives from the ground up. Many are still sheltering in safety centres, uncertain when they can return home. This disaster has hit those already facing the greatest vulnerabilities the hardest, including women, children, the elderly and persons with disabilities.

In moments like these, Sri Lanka's spirit of solidarity shines through national authorities, local government, civil society, the private sector and volunteers have stepped up to help communities in need. The international community has also mobilized important financial and in-kind support in solidarity with the country. The United Nations, together with humanitarian partners, is working in close partnership with the Government of Sri Lanka, national authorities, and civil society organizations to support and complement the national response, ensuring that reaches those who need it most. The United Nations and humanitarian partners are providing assistance alongside the response led by the authorities, helping to fill critical gaps, and complementing national efforts to ensure support reaches those who need it most.

The Sri Lanka Humanitarian Priorities Plan anchors this collective effort. It identifies **1.2 million people in need** of humanitarian

assistance and focuses on providing life-saving support for an especially vulnerable target population of **658,000 people** from mid-December through April 2026 across seven priority sectors: education; food security; agriculture and nutrition; health (including sexual and reproductive health); protection (including gender-based violence and child protection); shelter/non-food items/camp coordination; water and sanitation; and early recovery.

It is focused, time-bound, and guided by the needs of the most vulnerable communities identified through the Joint Rapid Needs Assessment and other joint assessments and planning conducted in partnership with the Government, the Disaster Management Centre, and civil society organizations.

I am profoundly grateful to the partners who have already stepped forward through bilateral contributions, and in-kind assistance, notably from countries across the region. Humanitarian resources are under immense pressure globally, and Sri Lanka faces a particularly difficult moment in finding adequate support, just as families begin the long road to recovery. The implementation of the activities listed in the Sri Lanka Humanitarian Priorities Plan will require a total of US\$35.3 million. Of this, the United Nations has already contributed US\$4.5 million from its Central Emergency Response Fund for the most urgent intervention and will be grateful for any contributions that can help meet the remaining requirements.

As we put forward the Sri Lanka Humanitarian Priorities Plan, the appeal to the international community is simple: let us stand with the people of Sri Lanka at this critical time. With compassion, partnership, and sustained support—working hand in hand with the Government, civil society, and all communities— we can help families rebuild their lives with dignity and ensure that every community has a fair chance to recover from this tragedy.

Marc-André Franche

UN Resident Coordinator in Sri Lanka

At a Glance

2.2M

PEOPLE AFFECTED

1.2M

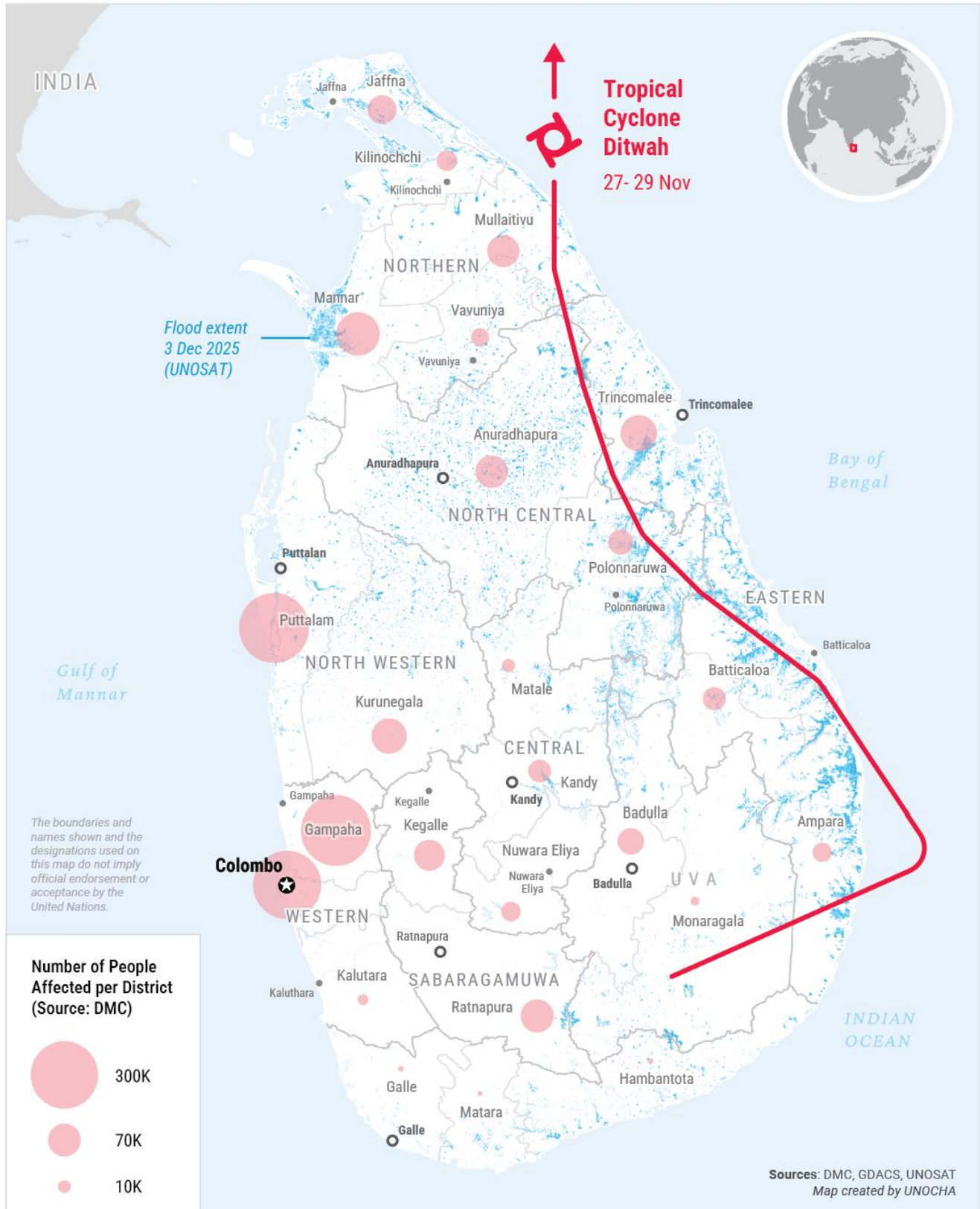
PEOPLE IN NEED

658K











































PEOPLE TARGETED

\$35.3M

FUNDING REQUIREMENTS (US\$)



Summary: Needs, Targets and Requirements

SECTOR AND SUB-SECTORS		PEOPLE IN NEED 1.2M	PEOPLE TARGETED 658K	REQUIREMENTS US\$35.3M
	Education	555,509 	382,770 	2,000,000 
	Food Security, Agriculture and Nutrition	1,110,000 	380,926 	17,700,000 
	Food Security	1,110,000 	313,000 	9,000,000 
	Agriculture	1,000,000 	200,000 	6,700,000 
	Nutrition	161,013 	112,708 	2,000,000 
	Health	1,200,000 	300,000 	2,000,000 
	Protection	603,311 	148,000 	1,800,000 
	Shelter/NFIs/CCCM	302,708 	117,723 	4,500,000 
	WASH	1,100,000 	341,250 	4,000,000 
	Early Recovery	520,000 	173,500 	3,300,000 
	Multipurpose Cash Assistance			4,200,000 

Situation Overview

Sri Lanka experienced massive flooding following heavy rains brought on by Cyclone Ditwah, leading to the worst flood disaster in two decades. The cyclone struck during the transition between the inter-monsoon season and the onset of the northeast monsoon, intensifying rainfall and flooding.



2.2M

AFFECTED
POPULATION

639

DEATHS

193

MISSING

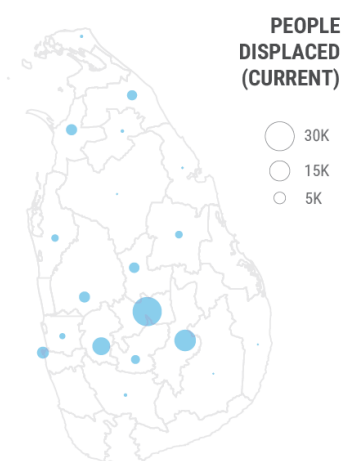
DISPLACEMENT

233K

PEOPLE DISPLACED
(AT PEAK)

990

SAFETY CENTERS
OPERATIONAL



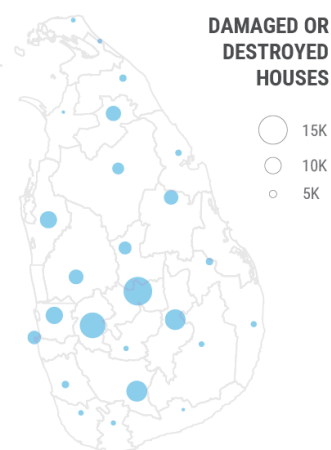
DAMAGES

86K

DAMAGED OR
DESTROYED HOUSES

5.3K

FULLY DESTROYED
HOUSES



While the cyclone made landfall in Sri Lanka on 28 November, it had already caused floods and landslides in different parts of the country beforehand. By 2 December, Cyclone Ditwah weakened and exited Sri Lankan territory, leaving behind catastrophic impacts and affecting 2.2 million people (612,000 families). As of 10 December, reports show 639 confirmed deaths and 193 people missing from floods and landslides while a total of 5,336 houses have been destroyed and 85,683 have sustained partial damage. All 25 districts have been impacted, with severe damages reported in Mannar, Gampaha, Trincomalee, Batticaloa, Puttalam, Kandy, Badulla, and Matale. Affected populations remain the highest and account for nearly 67 per cent of the total in the districts of Colombo, Gampaha, Kurunegala, Mannar, Puttalam, and Trincomalee. Nationwide, 990 safety centres are operational, providing temporary shelter to more than 233,000 people (61,875 households) at peak time. Infrastructure damage is extensive. Only 30 per cent of the national railway network is currently operational, and numerous bridges and roads have been damaged, limiting access to affected areas. Electricity supply was disrupted for 3.9 million consumers, though 85 per cent of connections have since been restored. Water supply to over 2.5 million people was interrupted due to damage to treatment facilities and distribution networks. Public health risks remain elevated, including the threat of communicable diseases including vector borne diseases from stagnant waters, overcrowded shelters and disruptions to sanitation systems.

On 29 November, the President of Sri Lanka declared a nationwide State of Emergency in response to the severe impacts of Cyclone Ditwah and simultaneously requested for immediate disaster relief and humanitarian assistance for the affected people in the areas of food security, water and sanitation, shelter, agriculture, nutrition, education, livelihoods as well as early recovery and rehabilitation. The same day, the Humanitarian Country Team (HCT) was activated under the leadership of the UN Resident Coordinator in Sri Lanka together with the Intersectoral Coordination Group (ISCG) as its operational arm. UN agencies and humanitarian partners are on the ground, delivering urgent, multi-sectoral, lifesaving assistance to support government-led response efforts.

Timeline of events

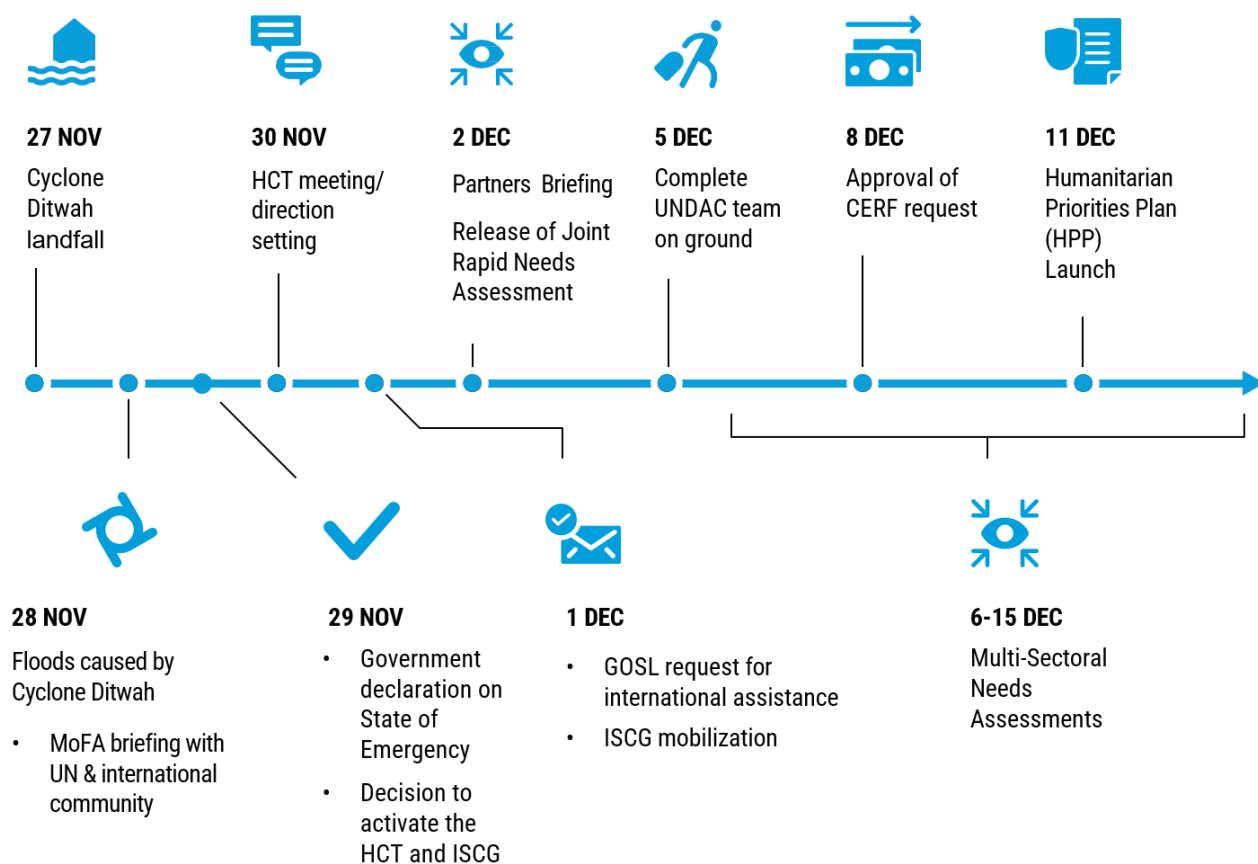


Photo: UN Sri Lanka



Main Humanitarian Needs

The Government of Sri Lanka along with UN and humanitarian partners conducted a Joint Rapid Needs Assessment (JRNA) in the first 72 hours which identified the following critical sectors requiring immediate support:

Education



Over 500,000 children require immediate support to resume learning, including essential educational materials and adapted resources for 891 children with disabilities. Additionally, 10–23 per cent of schools nationwide require emergency repairs and need to ensure mental health support for students, teachers and school personnel.

Food Security



About 1,100,000 households in affected districts urgently require food assistance through cooked meals, dry rations or multi-purpose cash where markets can operate—to meet basic consumption needs, especially displaced families and those without access to markets or cooking facilities.

Agriculture



Smallholder farmers require rapid assistance through multi-purpose cash and in-kind support for emergency livelihoods and to restart agricultural production by clearing debris, repairing irrigation, and accessing essential inputs in time for planting during the Maha season (October – January). Livestock and fisheries producers also require support to stabilize assets and resume production.

Nutrition



Pregnant and breast-feeding women, infants, and young children require targeted nutrition support to prevent malnutrition. Acute malnutrition among children and vulnerable groups requires therapeutic foods and breastfeeding support. Immediate restoration of clean water, safe food preparation, and school meal programs is critical to protect nutrition and support recovery.

Health



Essential health systems need urgent support in restoring life-saving services including repairing facilities, restoring power and water, supplying essential medicines and equipment. Emergency health services, obstetric care, immunisation, and sexual and reproductive health (SRH) services and non-communicable diseases (NCD) services need to be restored urgently. Rising risks of dengue, leptospirosis, and water-borne diseases as a result of flood waters demand strengthened surveillance and WASH systems.

Protection



Heightened risks of violence, exploitation and neglect call for safe spaces, gender-based violence (GBV) services, child protection mechanisms and referral pathways to health, legal and social services. Damaged facilities need rapid repair, and short-term cash assistance is critical for households under severe economic stress. Mental health support is also a critical need.

Shelter/ NFIs/ CCCM



Thousands of homes remain damaged or destroyed, forcing affected households to stay in temporary shelters. There is an urgent need for non-food items (NFIs) such as bedding, cooking equipment, and basic household supplies, support for host families accommodating displaced relatives, and technical guidance to repair damaged homes so people can return to safe and dignified living conditions.

Water, Sanitation and Hygiene (WASH)



With a massive disruption of the water supply affecting over 2 million people in numerous districts, restoration of safe drinking water, sanitation, and hygiene services and dignified hygiene support for women, girls, and vulnerable groups are urgently required.

Early Recovery



Clearing debris, restoring access to basic services and lifesaving support are essential to enable relief and recovery via cash-for-work (CfW) schemes.

Strategic Objectives



Save lives and ensure access to life-saving assistance

Provide principled and immediate lifesaving multi-sector assistance to the most severely affected people, including those in hard-to-reach areas.



Restore access to essential services and livelihoods

Restore immediate access to-food, safe water, health, education, livelihoods and protection services, with special attention to the needs of women, children and persons with disabilities.



Reduce further exposure to protection risks

Ensure the protection of women, men, boys and girls, including marginalized groups in their diverse and intersecting identities and cultures, from immediate risks, including but not limited to violence, exploitation and abuse.

Response Strategy

The Humanitarian Priorities Plan (HPP) is implemented under the overall guidance of the Humanitarian Country Team (HCT) and supported by the Inter-Sector Coordination Group (ISCG). The HPP will focus on lifesaving and time-critical interventions for vulnerable groups to complement and support national response efforts with the aim of assisting 658,370 people from December 2025 to April 2026.

The response will encompass the following:

- Immediate basic and essential humanitarian interventions such as food assistance, including nutrition support, water and sanitation supplies and services, shelter and essential NFIs, health, including sexual and reproductive health (SRH) support and emergency education.
- Support for displaced families either in safety centres or host communities, to ensure their access to essential services and protection support.
- Multi-purpose cash assistance (MPCA), as feasible, to address basic or other needs identified by affected families, including restoring their livelihoods and agricultural activities.
- Cash-based assistance will be the primary delivery modality, wherever markets function, to ensure efficient and timely response to urgent household needs.
- Integrated and principled approach across sectors to support women, men, girls, boys, persons with special needs, and other vulnerable/ marginalized groups safely access services and ensure participation in decision-making.
- Immediate restoration of essential services, water and sanitation, health, education and local infrastructure, to prevent further deterioration in living conditions.

National-led Response

Relief efforts continue from different national stakeholders such as government ministries and entities, international rescue groups, private sector, civil society organisations (CSOs), community-based organisations (CBOs) and individuals as well as international partners and the Sri Lankan diaspora. The scale of solidarity shown by communities across Sri Lanka also exemplifies the backbone of the immediate first response and continues to expand.

On 1 December, through the Ministry of Foreign Affairs, Foreign Employment and Tourism, a request for multi-sectoral international assistance was issued for food security, water and sanitation, shelter, health and nutrition, education, agriculture and livelihoods as well as early recovery and rehabilitation interventions.

To support government-led search and rescue operations, multiple countries from the sub-region and beyond deployed teams to work alongside the Sri Lankan armed forces in the most affected areas. The government continues to coordinate incoming relief materials from neighbouring countries, with many others pledging additional support. On 8 December, the Central Emergency Response Fund (CERF) approved an allocation of US\$4.5 million under the Rapid Response window to cover food security including MPCA, Shelter/NFI, WASH and Protection.

The Government has announced a set of allowances to provide immediate relief and longer-term recovery support, including compensation for loss of life, crop and livelihood damages such as agriculture, fisheries, micro-enterprises, education grants and substantial support for housing from clean-up grants to full reconstruction and land purchases.

Recent and ongoing assessments

Following the landfall of Cyclone Ditwah, humanitarian partners, in coordination with Government, initiated a secondary data review to analyse potential exposure and impact. Several satellite-based imagery analyses were obtained through in the early days. By 30 November, the Disaster Management Centre initiated a phased approach to determine the extent of damage and impact in affected areas, with the support of UN and other humanitarian partners. The first phase included secondary data analysis using available data, including census data and satellite images which was conducted within 72 hours and released on 2 December [here](#). This exercise was intended to provide a preliminary analysis of the situation to guide immediate relief efforts while the Government was conducting search and rescue operations.

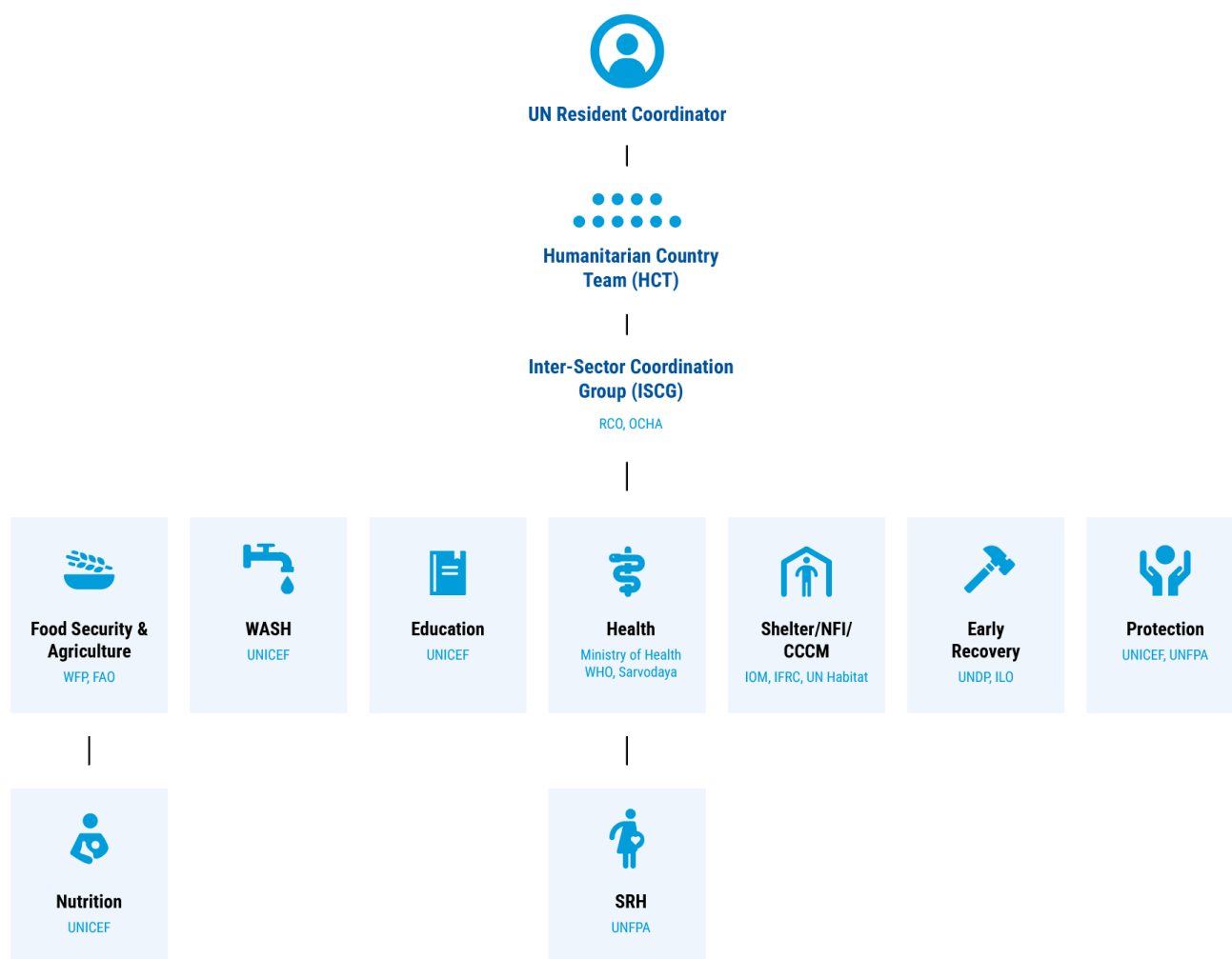
The second phase is a more thorough data collection based on primary data collection and field level assessments using a multi-sectoral needs (MSN) approach which commenced on 6 December. Enumerators training was completed on 8 December, with approximately 200–250 participants from CSOs and UN field staff. Each section of the tool was led by the respective sector lead. Data collection is now ongoing at the field level. The consolidated assessment report is expected by 15-17 December. The results of the MSN assessments will inform further re-calibration of the humanitarian response as well as contribute to the analysis for recovery and rehabilitation planning.

Coordination

This HPP is implemented under the overall guidance of the Humanitarian Country Team (HCT) led by the UN Resident Coordinator. The HCT has been re-activated specifically for the Cyclone Ditwah response and is composed of Heads of Agencies or Deputies of humanitarian UN agencies and international and national CSOs.

Operational coordination is supported by the Inter-Sector Coordination Group (ISCG) and the Office of the UN Resident Coordinator. The ISCG brings together technical officers from designated sector lead agencies, mirroring the global cluster arrangements and adapted to the local context to ensure inclusivity and relevance.

The response is organised across the following sectors: Food Security and Agriculture (FSA) to include Nutrition, Water, Sanitation and Hygiene (WASH), Education, Health to include Sexual and Reproductive Health (SRH), Shelter, NFI and CCCM, Protection, including Child Protection and Gender-based Violence (GBV) and Early Recovery. Cross-cutting thematic discussions are conducted at the technical level on Cash and Voucher Assistance (CVA), Accountability to Affected People (AAP) and Protection from Sexual Exploitation and Abuse (PSEA). A light Logistics Working Group was established for basic logistics coordination and information exchange amongst humanitarian partners as well as government partners. Sub-national coordination will be rolled out by sectors along with national CSO members, where feasible.



Cross-cutting considerations

Accountability to Affected People

Accountability to Affected People (AAP) is a commitment that the entire HCT community adheres to and will fulfil in the response. The HCT recognises that AAP is the way of working by putting affected people at the centre, including women and adolescent girls, pregnant and lactating women (PLW), GBV survivors and people with disabilities (PWD), for an accountable and effective response. The humanitarian partners will utilize existing partnerships established with the government, international and national CSOs and civil society organizations to bring in perspectives and priorities of affected communities and inform decision-making. Humanitarian partners will provide affected people with access to life-saving information, details on their rights and how to exercise them, information on available services, and appropriate two-way communication channels between humanitarian partners and affected communities.

It can be recalled that in Humanitarian Needs and Priorities plan of 2022/23, an AAP Working Group was established under the auspices of the HCT to ensure systematic sharing of timely, relevant and actionable information, meaningful participation of affected people in decision-making and multi-channel feedback mechanisms to strengthen transparency and responsiveness. The established feedback mechanisms and direct channels of communication with the affected communities will be

utilised and maximised for this response, rather than develop new ones. The HCT is guided by the [Collective AAP Framework, December 2023](#) set by the Inter-Agency Standing Committee (IASC) to strengthen transparency and accountability as it supports the national-led response for Cyclone Ditwah.
















Protection from Sexual Exploitation and Abuse

Protection from Sexual Exploitation and Abuse (PSEA) is a core commitment of the UNCT and all humanitarian partners across all operations in Sri Lanka. In line with the [Secretary General's Bulletin, October 2003](#) on “Special measures for protection from sexual exploitation and sexual abuse (PSEA)”, UN agencies, along with humanitarian partners, remain committed to improving their prevention and response efforts regarding sexual exploitation and abuse (SEA). With support from UNICEF leading the PSEA Network, relevant awareness-raising support and technical advice will be made available to all partners participating in the response.

Gender Responsive Programming

The [Sri Lanka Gender Alert](#) of 3 December was released immediately after Cyclone Ditwah made landfall. It provides an early, rapid analysis of emerging and anticipated gendered risks to guide immediate assessments, coordination, and response decisions. Preliminary findings show escalating protection concerns, including heightened risks of GBV and SEA, severe disruption of sexual and reproductive health and rights (SRHR) and essential services, rapid loss of women’s livelihoods, deepening food insecurity among women-headed households, and compounded exclusion of women, girls, LGBTQIA+ individuals, persons with disabilities, estate communities, minority groups and among others. With a dedicated attention to gender and inclusivity, sectoral interventions will address the differentiated needs of women, men, girls and boys, ensuring equitable access to services and resources. Women’s participation and leadership will be promoted in the response to ensure protection risks are mitigated and specific needs are addressed appropriately in line with AAP principles.

Sex-Age-Disability Disaggregated Breakdown of People Targeted¹

SECTOR AND SUB-SECTORS	 MEN	 WOMEN	 BOYS	 GIRLS	TOTAL	 PERSONS W/ DISABILITIES
 Education	6.9K	22.0K	175.2K	178.7K	382.8K	0.9K
 Food Security, Agriculture & Nutrition	168.0K	128.3K	42.3K	42.3K	380.9K	27.2K
 Food Security	119.9K	128.3K	31.3K	33.5K	313.0K	27.2K
 Agriculture	168.0K	32.0K			200.0K	26.1K
 Nutrition		28.1K	42.3K	42.3K	112.7K	9.8K
 Health	114.9K	123.0K	30.0K	32.1K	300.0K	26.1K
 Protection	18.0K	50.0K	39.0K	41.0K	148.0K	7.4K
 Shelter/NFIs/CCCM	41.8K	45.3K	14.7K	15.9K	117.7K	9.4K
 WASH	126.3K	136.5K	37.2K	41.3K	341.3K	46.0K
 Early Recovery	67.7K	73.3K	16.2K	16.2K	173.5K	13.9K
TOTAL	168.0K	136.5K	175.2K	178.7K	658.4K	46.0K

Cash and Voucher Assistance

Cash and Voucher Assistance (CVA) is an essential modality in the humanitarian response, where markets are functioning or recovering, to support households meet their basic needs. Based on current sector plans, CVA will be implemented across FSA including Nutrition, Early Recovery, and Protection, using primarily sector-specific CVA, including Cash for Work (CfW) and a smaller portion allocated for MPC.

Findings from the JRNA indicate that many of the affected districts retain partial market functionality, especially in urban and peri-urban areas, where supply chains have begun to stabilise, and essential

items remain available. In these locations, CVA is feasible and appropriate to help households meet essential needs and sector-specific gaps.

The JRNA also highlights that many households left safety centres and returned home as soon as conditions allowed, suggesting initial efforts for early recovery at community and household level have already started in various locations.

At the same time, markets remain severely disrupted in districts with blocked roads, landslides, and prolonged displacement. A huge number of displaced families remain in safety centres without immediate access to shops or services, hence, in-kind assistance remains necessary until market access and supply chains improve. As such, the response adopts a mixed-modality approach, combining cash with in-kind assistance, where markets are not accessible.

Under a hyper-prioritised HPP, MPC will be used for households with multi-sector essential needs and access to functioning or recovering markets, in line with feasibility and prioritisation criteria.

The CWG's provisional MPC recommendation for the December transfer value is at LKR27,000 (\$87.43), representing 60 per cent of the full Minimum Expenditure Basket (MEB), which is estimated at LKR 45,000 (\$145.71).

The full MEB figure is derived from two components:









- the full food basket of LKR34,000 (\$110.09) as defined by the Ministry of Health, and
- the NFI basket of LKR11,000 (\$ 35.62) previously agreed by the CWG in 2022, which included inflation rate from 2022.

The MPC coverage is set based on the assumption that affected households will also receive complementary government assistance. The CWG will revisit and update both the MEB and the MPC transfer value in January 2026.

Sector-specific transfer values follow cluster standards for food assistance, nutrition top-ups, agriculture and livestock inputs, protection cash, and CfW rates.

CVA represents a significant share of the response:

- FSA, including Nutrition: \$13.12 million sectoral CVA; \$2.5 million MPC
- Early Recovery: \$1.8 million sectoral CVA
- Protection: \$100,000 sectoral CVA; \$200,000 MPC
- Shelter/NFI/CCCM: \$1.0 million sectoral CVA; \$1.5 million MPC

SECTOR AND SUB-SECTORS	ESTIMATED AMOUNT SECTORAL CVA (US\$)	
 Food Security, Agriculture and Nutrition	\$13.1M	<div></div>
 Food Security	6.0M	<div></div>
 Agriculture	6.7M	<div></div>
 Nutrition	430K	<div></div>
 Protection	100K	<div></div>
 Shelter/NFIs/CCCM	1.0M	<div></div>
 Early Recovery	1.8M	<div></div>
 Multipurpose Cash	4.2M	<div></div>
TOTAL	20.2M	

Monitoring Framework

Humanitarian partners through the ISCG will report on operational progress in implementing sector activities to the HCT. The 5W reporting system will be utilized to track and coordinate response implementation. Sector lead agencies will support the analysis of the member submissions to identify gaps in response for programme adjustment or multi-sectoral and multi-agency collaboration, as needed. Correspondingly, financial contributions received under this plan will be tracked using the [Financial Tracking System](#) to monitor coverage and gaps. Dashboards and periodic narrative reports will be produced to inform decision-making and timely corrective actions.

The ISCG will utilize existing information from individual agency post-distribution monitoring (PDM) approaches to inform common monitoring approaches, with cash activity reporting included in the 5W dashboard. The PDM will look broadly at household profiles such as the effectiveness and relevance of in-kind assistance, use of cash, decision-making around cash, ability to meet basic and/or specific needs with cash or mixed-modality, modality preference, negative coping mechanisms, and other relevant indicators.

Sector Plans

Education



PEOPLE IN NEED	PEOPLE TARGETED	TOTAL REQUIREMENTS (US\$)
555,509	382,770	2,000,000

Impact

Education services have been substantially disrupted, with many schools and preschools damaged, inundated, or used as temporary shelters. The DMC's GIS modelling indicates that approximately 1,185 schools lie within flood-affected areas, though detailed assessments are ongoing. Initial analysis suggests that around 458,609 school-age children and 28,900 teachers and principals have been affected, including many whose homes have been damaged or destroyed. Early childhood development services are also affected, with 2,720 preschools and about 68,000 preschool-age children impacted.

Across the affected provinces, initial reports indicate that 10–23 per cent of schools are damaged, while many others continue to host displaced families. Combined with the loss of learning materials, damaged classrooms, and disrupted WASH facilities are delaying safe school reopening. These delays increase the risk of learning loss and short-term drop-out, especially among children from displaced, low-income, or otherwise vulnerable households.

The disaster coincided with the national examinations. Severe weather conditions led to the indefinite postponement of the Advanced Level (A/L) examinations, creating heightened stress and uncertainty for students. Preschools have been closed since 28 November, and although schools are expected to reopen from 16 December where possible, damage to facilities, ongoing use as shelters and access challenges will delay reopening in many affected areas. Prolonged closures reduce children's access to safe spaces, increase protection risks, and limit opportunities for structured daily routines - key stabilising factors during emergencies.

Children, teachers, and education personnel have experienced trauma and heightened anxiety, increasing the need for immediate psychosocial support and predictable learning environments. Without timely action to stabilise learning, provide essential materials, and support safe reopening, affected children face increased short-term risks of emotional distress, disengagement from school, and negative coping behaviours.

PEOPLE TARGETED

	MEN	6.9K
	WOMEN	22.0K
	BOYS	175.2K
	GIRLS	178.7K
	PERSONS WITH DISABILITIES	0.9K

Priority needs

Essential learning materials to support children's return to school: An estimated 458,609 school-age children and 68,000 preschool-age children, particularly those whose homes were damaged or

destroyed, need essential learning materials to resume schooling. This includes stationery, textbooks, backpacks, uniforms, shoes, and water bottles. Children with disabilities, around 900 affected learners, also require adapted individual learning materials, and 25 special education units need appropriate teaching and learning supplies.

Rapid rehabilitation and preparation of learning spaces: Approximately 1,185 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 ensure continuity of learning. Around 500 schools currently 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.

Priority response activities

Activity	Modality	Timeframe
Provide 40,000 essential individual learning kits (stationery, textbooks, backpacks, uniforms, shoes and water bottles) for school children in the most disaster-affected schools across the 9 provinces, including children with disabilities.	In-kind	Dec - Feb
Provide 830 schools and 1,904 preschools with essential supply kits needed for reopening, including teaching-learning materials, critical equipment, cleaning supplies and small-scale renovations; provide specific essential supplies to an estimated 25 special education units	In-kind	Jan - March
Provide 25,940 teachers and school principals lifesaving essential guidelines on psychological first aid and support on handling MHPSS concerns and socio-emotional learning post-emergency upon return to school	Service	Jan - March

Sector Lead Contacts

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Save the Children	Renu Warnasuriya	renu.warnasuriya@savethechildren.org

Sector Members

ADB, Child Fund, Muslim Aid, Red Cross Sri Lanka, Room to Read, Sarvodaya, Save the Children, UNDP, UNESCO, UNICEF, World Bank, World Vision

Food Security, Agriculture and Nutrition












	PEOPLE IN NEED	PEOPLE TARGETED	TOTAL REQUIREMENTS (US\$)
	1,110,000	380,926	17,700,000
	PEOPLE IN NEED	PEOPLE TARGETED	TOTAL REQUIREMENTS (US\$)
Food Security	1,110,000	313,000	9,000,000
Agriculture	1,000,000	200,000	6,700,000
Nutrition	161,013	112,708	2,000,000

Cash Voucher Activities (CVA) funding:

	Food Security	Agriculture	Nutrition	Total
Estimated funding requirement for sectoral CVA	5,994,000	6,700,000	430,000	13,124,000

Impact

Cyclone Ditwah struck while the food security and agriculture sectors were still recovering from the economic crisis of 2022. As of December 2024, 16 per cent of households remained acutely food insecure, while 38 per cent were relying on coping strategies highlighting persistent vulnerabilities. Flooding brought about by the cyclone has further exacerbated risks, leaving 1.5 million people with moderate to high food insecurity. It is estimated that about 1.9 million people are exposed to floods and face food security vulnerabilities under the high and very high-risk categories.

PEOPLE TARGETED	 MEN	 WOMEN	 BOYS	 GIRLS	TOTAL	 PERSONS WITH DISABILITIES
 Food Security, Agriculture and Nutrition	168.0K	128.3K	42.3K	42.3K	380.9K	27.2K
 Food Security	119.9K	128.3K	31.3K	33.5K	313.0K	27.2K
 Agriculture	168.0K	32.0K			200.0K	26.1K
 Nutrition		28.1K	42.3K	42.3K	112.7K	9.8K

The majority of the 15 principal economic centres have sustained severe infrastructure damage, resulting in disruption of food and essential supply chains. Approximately, 200 roads and 10 bridges have been destroyed and limiting market access. Vegetable markets are operating at diminished capacity, while supermarket chains remain only partially functional, with outlets in the most affected areas were forced to temporarily close. The transport of vegetables from Nuwara Eliya, one of the country's key production zones, to major markets has been restricted, causing vegetable prices to rise

between 30 to 200 per cent. In contrast, staple commodities such as rice and lentils have registered modest price increases of 2-3 per cent within a span of five to six days. Other field crops, including potatoes and onions, have experienced moderate upward price adjustments.

Many of the most affected areas already had high pre-shock food and nutrition insecurity, with some divisions home to as much as 60 per cent of the population in a situation of food insecurity pre-shock. Mobile vulnerability assessments (mVAM) and market monitoring are being urgently scaled up across affected areas to anticipate and monitor food security evolutions and identify emerging hotspots.

On the agriculture side, the Maha season has been gravely impacted, with extensive losses recorded across both paddy and other field crops. Prior to the cyclone, an estimated 563,950 hectares of paddy cultivated by 774,996 farmers were at critical growth stages. Intense and prolonged rainfall has left vast areas submerged or waterlogged, resulting in substantial anticipated yield reductions. Although paddy fields are generally resilient to short-term flooding, the degree of damage varies considerably depending on the growth stage at the time of inundation. In addition, approximately 95,799 hectares of other field crops (OFCs) and 13,463 hectares of vegetables, including maize, pulses, bananas, and a range of vegetable crops have sustained severe damage due to flooding, prolonged inundation, and wind impact.

The livestock sector including poultry, has likely endured significant disruption, though comprehensive field data are still being compiled by government authorities. Animal and poultry mortality has occurred because of flooding, high winds, and collapse of inadequately reinforced shelters. Pastures and stored feed have been submerged or contaminated, leading to the loss of fodder, feed stocks, and grazing land. Critical livestock infrastructure such as shelters, water points, and feeding systems has been damaged, constraining farmers' capacity to resume operations. The risk of disease outbreaks has heightened, with stagnant water, overcrowding, and stress conditions increasing susceptibility to infection. These combined impacts have translated into severe economic losses for smallholder farmers, undermining household income, nutrition, and overall food security in the affected areas.

The fisheries and aquaculture sectors have been severely impacted, with widespread damage reported across coastal, inland, and aquaculture operations. According to the Ministry of Fisheries, Aquatic and Ocean Resources (MOF), many small fiberglass boats, including nearly 200 outboard motorboats, canoes, and traditional crafts, have been damaged, alongside an undetermined number of multiday vessels operating in the high seas. Inland fisheries have suffered extensive losses due to damage to seasonal and perennial reservoirs and the escape of stocked fish following flooding, while several fish-culture cages were either damaged or washed away. Aquaculture Development Centres (AQDCs) under the National Aquaculture Development Authority of Sri Lanka (NAQDA) are also likely to have been affected, with ornamental fish farms, shrimp farms, seaweed units, and sea-cucumber sites incurring significant losses from inundation and damage to infrastructure and production systems. Fish landing sites and fishery harbours may have sustained structural damage, further constraining fishing activities and post-harvest handling.

Supply chains across the agriculture, livestock, and fisheries sectors have been severely disrupted by extensive damage to transportation networks, storage facilities, markets, and communication systems. Farmers are unable to transport produce to markets, leading to significant post-harvest losses and diminished income. Blocked access routes and damaged farm roads have delayed the delivery of seeds, fertilizers, veterinary supplies, and livestock feed, thereby interrupting seasonal cultivation and recovery efforts. The destruction of storage and cooling facilities has resulted in widespread spoilage of perishable crops, while market closures and communication breakdowns have further impeded coordination between producers, buyers, and suppliers. Collectively, these disruptions are eroding rural livelihoods, intensifying food insecurity, and slowing recovery across farming and fishing communities in the affected regions.

Nutrition vulnerabilities are rising. Prior to the cyclone's impact, the prevalence of acute malnutrition was already at 8.6 per cent. The landslides and floods significantly disrupted access to safe water and health

care posing challenges in ensuring proper nutrition for affected families. This would likely cause considerable deterioration of the food security, especially if coupled with exhausted coping capacity of vulnerable families.

Exclusive breastfeeding is challenging due to the lack of private spaces and appropriate seating arrangements in the temporary safety centres. Additionally, there are shortages in adequate food and clean water for pregnant women, and difficulties in preparing complementary meals for young children. These gaps increase the risk of malnutrition and require urgent attention to provide safe breastfeeding spaces, sufficient maternal nutrition, and age-appropriate meals for children. Pregnant and breastfeeding women and children under five years have limited access to supplementary food as local production has ceased operations even prior to the floods. Additionally, the school feeding programme that covers children's daily nutrient intake is not available due to school closures. These disruptions have further hampered access to essential nutrition support for vulnerable groups which is increasing the risks of malnutrition and require immediate solutions.

Priority needs

The Response is planned to address the immediate Food Security needs by delivering food assistance and emergency agriculture interventions, and to promote longer term food security and livelihoods intervention through the recovery phase.

- 1. Immediate Access to Food for Affected Households:** Displaced and highly affected families require rapid food assistance, including cooked meals, dry rations, and fortified supplementary foods. Cash assistance is needed where markets remain functional, allowing households to meet essential food needs and reduce negative coping strategies.
- 2. Rapid Restoration of Agricultural Livelihoods:** Flood-affected farmers need emergency seeds (paddy, vegetables, OFCs), tools, and basic inputs to replant during the current season and prevent long-term production losses. Damaged agricultural land, bunds, drainage, and small-scale irrigation systems have to be rehabilitated as these are essential before cultivation can resume. Targeted support is required to restore supply routes and ensure safe access to markets and agricultural services.
- 3. Emergency Support for livestock, fisheries and aquaculture:** Livestock keepers need animal feed, clean water, emergency veterinary care, and rapid repair of damaged shelters to prevent further losses. Fishers require rehabilitation or replacement of damaged boats, nets, engines, cages, and aquaculture systems to restore income and food availability. Support is needed to restart hatcheries, inland fisheries, and cold-chain operations to stabilise local markets and maintain food diversity.
- 4. Critical Nutrition Services for Vulnerable Groups:** Pregnant and lactating women, children under five, and older persons need immediate access to nutrition screening, specialised food and supplementation, therapeutic food for SAM/MAM, and safe breastfeeding support. Community-level counselling and SBCC are needed to promote safe feeding practices, especially where access to clean water, privacy, and cooking facilities is limited. Support is required for the resumption of the school meals programme, where feasible, to protect children's daily nutrient intake.

Priority response activities

Food Security

Activity	Modality	Timeframe
Provide NFIs to most affected and most vulnerable communities in safe shelters and communities.	In-Kind	Dec - Jan
Provide supplementary fortified nutritional products like fortified biscuits as a life saving measure to meet the nutritional needs of communities who do not have access to food, cooking facilities and safe water.	In-Kind	Dec - Jan
Provide cash assistance to meet critical food needs of the most affected and most at risk communities.	Cash	Jan-April

Agriculture

Activity	Modality	Timeframe
Cash/voucher-based assistance programme supplying fertilizer.	Cash/voucher	Dec - April
Cash /voucher assistance to purchase agricultural inputs.	Cash/voucher	Dec - April

Nutrition

Activity	Modality	Timeframe
Provide targeted nutrition support, including cooked meals and dry rations for pregnant/lactating women (PLW) and families with children under five, as well as specialized supplementary foods for PLW and MAM children under five, and cash assistance as a nutrition top-up for the purchase of diverse foods.	In-Kind and Cash	Dec - April
Provide provision of safe breastfeeding spaces in shelters, counselling on exclusive breastfeeding and complementary feeding, as well as psychosocial support for mothers.	In-Kind and Service	Dec - April
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.	In-Kind and Service	Dec - April
Promote Social and Behaviour 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.	Service	Dec - April

Sector Lead Contacts

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Sector Members

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Photo: UNDP





Health

PEOPLE IN NEED

1,200,000

PEOPLE TARGETED

300,000






TOTAL REQUIREMENTS (US\$)

2,000,000

Impact

Extensive flooding and landslides have severely hampered the provision of healthcare services, both preventive and curative, mainly across six districts. While some of the health facilities were directly damaged by the flood waters and landslides, many of the facilities were inundated creating access barriers and patient transportation/ referral activities. A total of 243 health institutions have reported significant damages, with over 200 reporting some degree of access barriers. The disruption of electricity and water supplies cut off critical lifelines that 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 complexities to service delivery. The impact on the Medical Officer of Health (MoH) offices and health clinics have affected the delivery of field health services including Sexual and Reproductive Health (SRH) services, and immunization activities.

PEOPLE TARGETED

	MEN	114.9K
	WOMEN	123.0K
	BOYS	30.0K
	GIRLS	32.1K
	PERSONS WITH DISABILITIES	26.1K

The public health risks in the field remain critical and acute. Stagnant water is increasing the risks of vector borne diseases such as dengue which is endemic in the country. The country annually records a large number of leptospirosis infected persons. With flood disrupting rodent habitats and creating widespread contamination of water directly exposed a large portion of the flood affected persons to this risk. In addition, the damage to water purification systems across the country is posing a risk of diarrheal diseases outbreaks. The damages to food chains including retail centres create the risk of spoiled food items coming back into the market. While in many parts of the country water is receding, prolonged exposure to flood waters is increasing the risk for skin and wound infections. Persons with different types of physical disabilities and elderly are among the most vulnerable with access restrictions to health facilities as well as displacement.

The vast destruction of lives and livelihoods have created a huge toll on the mental and psychosocial health of the population. Acute stressors are contributing to heightened distress and anxiety which can trigger more serious mental health conditions. These impacts, along with the poly-crisis faced over the last several years, are worse felt among the most vulnerable populations of the communities including mothers, children, adolescents, as well as the elderly.

In this backdrop, restoring essential health services including maternal and child health (MCH), immunization and non-communicable diseases¹ (NCD) services, strengthening disease surveillance, outbreak prevention and control, scaling up vector control, expanding MHPSS and SRH remain as immediate priorities.

Priority needs

The acute health needs now remain critical to prevent further human cost in terms of morbidity and mortality. Essential health services, including reproductive, MCH services and NCD services must be re-established, restoring the functionality of primary, secondary and tertiary healthcare institutions.

¹ diabetes, hypertension, cardiovascular diseases, among others

Controlling outbreaks of water and vector borne diseases including acute watery diarrhoea (AWD) and dengue as well as important zoonotic diseases such as leptospirosis remain a priority.

With the prevalence of major mental health conditions is nearly two per cent in the country and almost a fifth of the population remains at risk and expansion of mental health and psychosocial services (MHPSS) must be prioritized. This is in a health system already suffering from critical shortages of MHPSS staff and referral services. There is a critical shortage gap in providing the community based MHPSS and Psychological First Aid (PFA).

SRH are important to protect mothers, children, women and girls who are often the worst casualties of any disaster. Negative impact on management of high-risk pregnancies through comprehensive and emergency obstetrics services must be ed to prevent maternal deaths and morbidity. Ensuring availability and access to reproductive services, including family planning services, must not be neglected at any cost.

The urban, rural and estate communities face varying degrees of health and need post-floods and landslides depending on the damages and losses incurred during the process. This is further compounded by the socio-economic vulnerabilities faced by estate sector workers. The estate sector, which has sustained significant damage from landslides and floods, must be prioritized for health interventions.

Priority response activities

Activity	Modality	Timeframe
Provide essential health services including NCD, SRH, child health and immunisation through restoration of service delivery elements including health facilities and field health services	In-kind and Service	Dec - March
Strengthen surveillance and outbreak control activities including vector control	In-kind and Service	Dec - April
Expand community-based interventions including MHPSS, referral services and Risk Communication and Community Engagement (RCCE) for risk informed decisions.	In-kind and Service	Dec - April
Provide critical care, including orthotics and prosthetics to persons with disabilities.	In-kind	Dec - April
Provide maternity and hygiene kits to pregnant mothers, girls and women of reproductive age.	In-kind and Service	Dec - April

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Sector Members

UNFPA, UNICEF, IOM, MSF South Asia, UNOPS, Sri Lanka Red Cross Society, MHPSS.NET

Protection



PEOPLE IN NEED	PEOPLE TARGETED	TOTAL REQUIREMENTS (US\$)
603,311	148,000	1,800,000

Cash Voucher Activities (CVA) funding:






Estimated funding requirement for sectoral CVA	100,000
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Impact

The emergency has intensified pre-existing vulnerabilities and triggered new protection risks, including heightened exposure to GBV and child protection concerns.

GBV risks heighten during emergencies, and baseline levels in Sri Lanka were already high. Reports show that 1 in 4 women have experienced physical and/or sexual violence since age 15 by a partner or non-partner, and 2 in 5 women have experienced physical, sexual, emotional, and/or economic violence and/or controlling behaviours by a partner in their lifetime. However, women and girls face increased barriers in reporting and accessing GBV response services. While stigma remains a persistent challenge, the cyclone damaged communication networks, road connections and some protection, healthcare and social services that have disrupted referral pathways and case management capacities across the affected areas. Many shelters cannot accommodate GBV survivors, and community-based protection mechanisms are not functioning at full capacity. Persons with disabilities (PWD), female-headed households, and older women face even greater risks due to mobility limits and discriminatory barriers.

PEOPLE TARGETED

	MEN	18.0K
	WOMEN	50.0K
	BOYS	39.0K
	GIRLS	41.0K
	PERSONS WITH DISABILITIES	7.4K

Preliminary assessments in overcrowded, government-run safety centres confirm inadequate basic protection measures and limited MHPSS, particularly for women and children who lack access to safe spaces and structured recreational activities.

Child protection concerns are increasing due to displacements, limited child-friendly spaces (CFS) and safe centres, and reduced capacity of the child-protection workforce caused by connectivity and access constraints. Children in institutional care have been affected, with relocations in Uva, North Central, North-Western and Western and Eastern Provinces. Loss of personal belongings—including clothing, school materials, and toys—has further reduced children's sense of safety, dignity, and normalcy. Elevated mental distress and anxiety among children, women, young people, and first responders is already observed. Data from a child-focused assessment indicates that over 80 per cent of the 3,852 children surveyed reported psychological impacts. Out of 440 displaced children, 96 per cent showed fear and clear psychosocial support needs. Without timely psychosocial care and protection services, children are at risk of long-term emotional harm, behavioural problems, chronic anxiety, and increased vulnerability to abuse and exploitation.

Communities remain on heightened alert for a potential surge in child protection risks. Although no confirmed cases of child separation have been reported and systematically tracked, the risk remains high. Child protection authorities are expected to receive notifications as networks are restored and people leave temporary safe centres. The Ministry of Women and Child Affairs is gathering additional data on child protection concerns. Long-term formal or informal care, those with lost documentation,

those with elevated mental health needs and comprehensive family strengthening support to alleviate further protection concerns, such as institutionalization, child abuse and exploitation.

Pre-existing risks of trafficking in persons are also expected to exacerbate as a result of displacements and subsequent economic vulnerabilities, especially for women and children. In previously conflict-affected areas of the country, there is a risk of unexploded ordinances resurfacing or migrating with floods and landslides.

Exclusion risks from and access to essential humanitarian services and protection mechanisms are noted for persons with disabilities, female-headed households, refugees and asylum seekers, including asylum-seeking children, who face pre-existing access challenges compounded with barriers due to the cyclone and floods.

Priority Needs

- CFS for children and caregivers, and awareness sessions on child protection risk mitigation and response in safety centres, including areas of specific risks as needed (e.g. Explosive Ordnance Risks).
- Establishment of Women and Girls Safe Spaces (WGSS).
- Identification of child protection and GBV concerns, case management, and strengthening referral pathways in collaboration with national protection actors.
- MHPSS services for children, women, and survivors of violence, including referrals.
- Dignity kits for women, girls, and persons with disabilities at risk of GBV to support urgent health needs and maintain dignity.
- Cash and voucher assistance for women and persons at risk of GBV or trafficking, or GBV victim to address immediate needs to access health, protection, and other critical services.
- Establishment and/or strengthening community-based protection mechanisms in safety centers.
- Safeguarding and PSEA mechanisms, community feedback mechanisms, privacy and security for women and children in temporary shelters/ camps and areas of return (link to Shelter and other sectors), including GBV safety audit in safety centres and addressing identified gaps.

Priority response activities

Activity	Modality	Timeframe
Establish and operate CFS and mobile safe spaces in short-term safe centres, medium-term shelters, and affected returnee communities.	Service	Dec – Feb
Support child protection response services including identification of child protection concerns ² strengthening referral pathways and response mechanisms.	Service	Dec – April
Provide MHPSS services ³ to children, women, other vulnerable and affected community members.	Service	Dec – April

² Such as, but not limited, to separation from family, loss of families and need for care arrangements, risks of child abuse and exploitation, risk of abandonment and institutionalization and loss of documentation.

³ Psychological first aid and immediate MHPSS, counselling, referrals, access for those with specific needs and referral pathways.

Strengthen and operationalize safe, timely and confidential multisectoral referral pathways by enhancing the capacity of the affected GBV service providers	Service and In-kind	Dec – April
Establish safe spaces for women, women heads of households, women with disabilities and older women at risk of GBV in or adjacent to safety centres, ensuring access to protection services and based on the GBV safety audit, and address gaps.	Service	Dec – Feb
Provide dignity kits for affected women and girls and persons with disabilities at risk of GBV.	In-kind	Dec – April
Provide cash, voucher support and targeted in-kind assistance for women at risk of GBV and persons at risk of trafficking to facilitate access to critical services.	Cash, Voucher and In-kind	Dec – April
Facilitate access to documentation including birth and death certificates, property or housing, land and property (HLP) ownership documents, and other identifying legal papers.	Service	Dec – April
Establish child and GBV safeguarding, PSEA reporting mechanisms and AAP/Community feedback mechanisms in camps and communities.	Service	Dec – April

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Sector Members

A-PAD Sri Lanka, Child Fund Sri Lanka, DP Secretariat, Humanity Inclusion (HI), IOM, LEADS, Sarvodaya, Save the Children, Sri Lanka Red Cross (SLRC), UNICEF, UNDP, UNFPA, UNHCR, UNOPS, WFP, World Vision (WVI), MHPSS .net, ACTED, Alliance Development Trust (ACT), Mine Advisory Group international (MAG), Jaffna Social Action Centre (JSAC), Women In Need (WIN), Women Development Centre (WDC), Chrysalis, Foundation for Innovative Social Development (FISD).



Shelter/ NFIs/ CCCM

PEOPLE IN NEED	PEOPLE TARGETED	TOTAL REQUIREMENTS (US\$)
302,708	117,723	4,500,000

Cash Voucher Activities (CVA) funding:

Estimated funding requirement for sectoral CVA	\$1,000,000
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Impact

Cyclone Ditwah, which struck Sri Lanka in November 2025, affected nearly 2.2 million people at its peak and caused extensive destruction to homes, infrastructure and essential services. Nearly 70,000 displaced people are currently taking refuge across 690 government-managed safety centres, and over 216,000 displaced to makeshift shelters or within the host communities and thousands of others are residing in their partially damaged houses.

Over 200 severe landslides damaged or destroyed around 87,000 houses, with 5,325 fully damaged and more than 81,000 partially damaged across multiple districts. The most affected areas by shelter needs include Kandy, Badulla, Batticaloa, Puttalam, Rathnapura, Polonnaruwa, Kurunegala, Vavuniya, Gampaha, and Kegalle.

Infrastructure damage is widespread, disrupting markets, supply chains, transport, communication, and essential services. Transport networks have been severely affected, leaving hundreds of roads damaged or impassable, and major rail lines unusable. Water supply systems are among the worst-hit sectors, with hundreds of urban and rural schemes damaged - leaving nearly half of all household connections disrupted, particularly in Sabaragamuwa, Eastern, Uva, and Central Provinces. High turbidity, contamination, and power outages continue to impede repair efforts.

The cyclone's effects have fallen disproportionately on vulnerable groups, including children, pregnant and lactating women, and persons with disabilities who face increased risks in overcrowded shelters. Disaster-prone communities in both the central highlands and urban coastal districts have been hardest hit—experiencing deadly landslides, rapid flooding, livelihood losses, and limited access to protection services. Estate communities, informal workers, and small-scale traders face compounded vulnerabilities including income loss and inadequate social protection.

PEOPLE TARGETED

	MEN	41.8K
	WOMEN	45.3K
	BOYS	14.7K
	GIRLS	15.9K
	PERSONS WITH DISABILITIES	9.4K

Priority Needs

The priority needs among affected households remain fluid. Although floodwater is receding, the risk of landslides persists. The proposed interventions will support displaced people living across all affected areas while promoting safe and early return through immediate shelter solutions and NFI as follows:

- **Shelter repair kits** to assist families improve/repair their damaged houses, including technical support for repairs.
- **Temporary home shelters** to include construction materials and emergency shelter kits to enable families to establish safe and dignified temporary shelters.
- **Essential non-food items (NFIs) such as essential household items, cooking utensils and bedding kits** to support immediate resumption of domestic life by distributing essential household items, cooking utensils, and bedding kits.
- **Cash for Shelter/Cash for NFIs to support families pay for** shelter repairs and procure essential household non-food items, ensuring flexibility and timeliness recovery.

In providing the response, the sector will consider the following:

- Support will be tailored to ensure that the needs of vulnerable groups, including PERSONS WITH DISABILITIES and elderly people, are addressed.
- Coordination with humanitarian partners on all cross-cutting issues and ensuring protection mainstreaming and gender considerations are integrated within the shelter response.

Priority response activities

Activity	Modality (In-Kind, Cash, Service etc.)	Start – End (Months)
Distribute emergency shelter repairs kits, including tarpaulins, ropes and shelter tool kits, basic construction material to support the repair of damaged homes.	In-kind	Dec - April
Provide Non-food items (NFIs) / essential household items, cooking utensils, bedding kits, mosquito nets, clothes, household cleaning kits to support return and immediate resumption of domestic life.	Cash or In-kind	Dec - April
Provide temporary shelter assistance to households who cannot return home through construction of temporary shelter or temporary cash for rent.	Cash or In-kind	Dec - April
Site management and site improvements, in coordination with other sectors partners to ensure safe and dignified living conditions for displaced people.	In-kind	Dec - April
Facilitate resolution of housing, land and property (HLP) issues to support safe returns and/or secure tenure in temporary accommodation of displaced households.	Service	Dec -April

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Sector Members

UN Habitat, UNOPS, UNDP, UNHCR, IFRC, ACTED, Muslim Aid, Save a Life, Rural Women Front, Rural Development Fund, Chrysalis, Uva Shakthi Foundation, Asia Pacific Alliance for Disaster Management Sri Lanka, Child Development Fund, Institute for Social Development, Sevalanka Foundation, Sarvodaya, AHAM, AHRC, Child Fund, Affected Women Forum, Sri Lanka Red Cross Society, Social Welfare Mandram, Human Development organization, Human and Natural Resources Development Foundation, Muslim Women Development Trust, SOND, Dream space, Sunila Women and Children Development Foundation, Circle Wing of Young Feminist Team, Aham Humanitarian Resource Center, Siragugal Foundation, Peoples Collective for Climate Justice, Mannar Social and Economic Development Organization



Photo: IOM



Water, Sanitation and Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	TOTAL REQUIREMENTS (US\$)
1,100,000	341,250	4,000,000

Impact

Water supply across all districts were severely disrupted due to extensive damage, snapping transmission lines and flooding water intakes and treatment plants, leading to high turbidity and contamination. Critical infrastructure, like pump houses, panel rooms, and generator rooms, is submerged in several areas, hindering immediate repairs. Power outages have further affected water pumping, treatment, and distribution. Significant impacts are reported in Sabaragamuwa, Eastern, Uva, and Central provinces, with about 622 water schemes severely damaged, including 85 major urban water supply schemes and 540 water treatment plants. Health facilities and schools in affected districts have also reported damage to on-site water systems, increasing the urgency of ensuring safe water supply and basic sanitation to maintain essential services and prevent secondary health impacts.

Across urban and semi urban areas, approximately 413,000 household connections were disrupted, representing more than 14 per cent of national connections. In districts such as Badulla, Kandy, Puttalam, Kegalle, and Nuwara Eliya, an estimated 50–75 per cent have their water supplies interrupted. In rural areas, around 538 community-managed schemes are affected, reducing access for roughly 751,000 people. Many dug wells remain inundated, increasing contamination risks and the likelihood of waterborne disease as floodwaters recede. Around 45 sewer treatment plants are partially or fully non-functional, and damage to sanitation facilities has not yet been fully assessed.

As in every emergency, women and girls are disproportionately affected by the lack of access to safe water, sanitation, and hygiene facilities, particularly menstrual hygiene. Inadequate access to menstrual hygiene management products and facilities compromises their ability to manage their menstrual cycle with dignity. Limited access to and awareness on hygiene increases the risk of disease outbreaks among women who are mainly responsible for household water and sanitation management which consequently increases health risks for the entire family.

There is a high demand for bottled potable water among displaced populations, but supplies are scarce as some bottling plants have been flooded. The provision of immediate water supply is challenged due to limited access to the locations for rehabilitation, power failures, shortages of bottled water, limited water treatment and testing chemicals in the market, and an inadequate number of bowers for water distribution. Furthermore, around 45 sewer treatment plants are partially or completely non-functional, and damage to sanitation facilities has not yet been estimated.

The WASH Sector, co-led by the Ministry of Water Supply and UNICEF, is coordinating partners to support the national response. This includes close collaboration with the National Water Supply and Drainage Board, the National Department of Community Water Supply, and the Ministry of Health on

PEOPLE TARGETED

	MEN	126.3K
	WOMEN	136.5K
	BOYS	37.2K
	GIRLS	41.3K
	PERSONS WITH DISABILITIES	46.0K

water quality surveillance, rapid restoration of priority systems, and provision of WASH services in health facilities, temporary shelters, and affected communities.

Priority needs

Needs are identified in the most-affected districts that include Nuwara Eliya, Matale, Badulla, Kandy, Puttalam, and Anuradhapura districts where the **most affected populations** are located in hard-to-reach rural pockets, low-income settlements in urban areas, plantations in affected districts, displaced population in shelters. Priority WASH needs for the next 3-4 months include:

- Cleaning of dug wells and rehabilitation of toilets at household level.
- WASH services in temporary shelters, including faecal 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.
- 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.
- Access to safe water, sanitation, and appropriate hygiene supplies for women and girls to improve menstrual health and hygiene.
- Rehabilitation of dug-wells and tube wells through the provision of purification chemicals and disinfections (TCL/aquatabs) for rural households and small communities.
- 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.

Priority response activities

Activity	Modality	Timeframe
Distribution of emergency WASH supplies, including hygiene kits, chlorination products, jerry cans, water pumps, generators, pipes, and water motors, etc.	In-Kind and Service	Dec -Jan
Water trucking and installation of temporary water storage tanks for displaced households and safety centres	Service	Dec -April
Rehabilitate damaged dug wells, toilets, and household WASH facilities, including handwashing points, schools, and health-care facilities;	In-Kind and Service	Dec -April
Restore rural water supply schemes, including immediate repair of damaged pipelines and structure a	In-Kind and Service	Dec -April
Provide water quality testing chemicals, materials and equipment to strengthen water quality surveillance mechanisms.	In-Kind and Service	Dec -Feb
Promote positive hygiene behaviours at the household, shelter, and community level for the prevention of water-borne diseases, with other awareness messages included where possible.	In-Kind and Service	Dec -Feb

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Sector Members

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Photo: UNICEF



Early Recovery



PEOPLE IN NEED	PEOPLE TARGETED	TOTAL REQUIREMENTS (US\$)
520,000	173,500	3,300,000

Cash Voucher Activities (CVA) funding:

Estimated funding requirement for sectoral CVA	1,815,000
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Impacts






Cyclone Ditwah generated an unprecedented volume of debris and flood-mixed waste across 25 districts, directly affecting over 2.2 million people. Homes, roads, (more than 170) schools, (more than 240) health facilities, markets, and drainage systems are affected in one or several ways, including being buried under mud, rubble, plastics, e-waste, and decomposing organic waste. Contaminated sludge and hazardous biomedical waste, particularly in facilities where damaged Emergency Treatment Units (ETUs) and Outpatient Department (OPDs) produced unsafe clinical waste, have heightened dengue, diarrheal disease, and leptospirosis risks, while market closures disrupt supply chains and local economies.

Cyclone Ditwah generated more than 240,000 tons of non-construction waste and over 60,000 m³ of construction-debris. Government teams are conducting urgent debris clearance to restore access, an essential intervention, but much of the removed material is being placed in open areas rather than transported to designated disposal or storage sites. While understandable in the early emergency phase, this practice may create secondary obstacles and complicate subsequent clearance operations. Debris piles and blockages have rendered homes uninhabitable and many roads impassable. Bridges, culverts, drainage systems, and community assets remain buried, preventing re-entry to dwellings or access to essential services. Displacement is prolonged until debris is cleared. Basic services in schools, hospitals, markets and community centres are halted due to contamination and unsafe conditions.

Humanitarian access is severely restricted without rapid debris and waste clearance. Roads remain blocked, safety centres and Divisional Secretariat (DS) offices are overwhelmed, and facilities unable to reopen. Health workers cannot operate in contaminated environments, and relief supplies cannot reach affected GN⁴ divisions. Debris clearance is a life-saving prerequisite.

Women, older persons, persons with disabilities and children face higher mobility and sanitation risks. Over 1.2 million women and 522,000 children in exposed areas face heightened protection, health, and hygiene risks due to debris-filled access paths, contaminated living spaces, and unsafe public facilities. Estate communities and urban low-income settlements experience intensified exposure in densely populated areas. Debris accumulation deepens vulnerabilities linked to debt distress, limited labour capacity, chronic illness, poor nutrition, low mobility, and inadequate sanitation. Self-clearing is impossible for many households, prolonging displacement and exposure—particularly in underserved estate communities and informal settlements. Households that undertake unsafe informal debris-

PEOPLE TARGETED

	MEN	67.7K
	WOMEN	73.3K
	BOYS	16.2K
	GIRLS	16.2K
	PERSONS WITH DISABILITIES	13.9K

clearing without personal protective equipment (PPE) increase the risk of exposure to hazardous materials. Women and girls face increased GBV risks when navigating debris-filled routes to water and sanitation. Children encounter sharp debris, sewage-mixed sludge, and toxic waste. Some families burn mixed waste, degrading air quality and exacerbating respiratory risks.

The worst-affected population groups are concentrated in urban areas where extensive waste accumulation in homes and streets have made living conditions unsafe and mobility severely restricted. Priority locations include Colombo District (Gudauta, Kolonnawa, Kaduwela and other low-lying areas); upcountry district of Kandy, Badulla, Nuwara Eliya, Kegalle, and Matale (Laggala, Pallegama, Riverston, with risks of forest dumping)—that are home to estate communities among Sri Lanka’s most vulnerable; Kurunegala (Giriulla, Pannala); and coastal districts Puttalam and Mannar. These areas cannot resume daily activities until debris is cleared.

Delays in debris removal and sustainable waste management will drive disease outbreaks, prolong displacement, force unsafe returns, and extend closures of schools and health facilities. Humanitarian delivery will slow down as access deteriorates, raising costs and delaying assistance. Markets will remain closed, deepening economic losses and prolonging a preventable humanitarian phase.

Priority needs

Owing to the Cyclone, more than 2.2 million people were exposed to flooding, with over 233,000 people are in safety centres at peak time, and damaged homes that are unsafe and unsanitary due to accumulated waste, sludge, and rubble. Homes, roads, schools, and health facilities are blocked or contaminated, preventing families from returning, children from resuming school, and health workers from restoring basic services. The most acute need is rapid debris and waste clearance. Mixed solid waste, mud, plastics, sewage, animal carcasses, and damaged household items have filled living spaces and public areas, while several health facilities such as in Puttalam, Kurunegala and Gampaha face dangerous accumulations of biomedical waste. If not addressed immediately, these conditions will trigger outbreaks of unmanageable diseases, posing life-threatening risks for over 1.5 million people. Access remains severely restricted, preventing humanitarian teams from reaching GN divisions and delaying access to essential services. Hence, CfW for debris and waste clearance is a critical, rapid-start modality that restores access while providing emergency income to daily wage earners, estate workers and informal labourers already facing deep economic distress.

Priority needs are most acute in:

- **Low-lying urban areas** (Kolonnawa, Ja-Ela, Wattala, Katana, Kaduwela) where waste accumulation prevents safe returns.
- **Estate and other vulnerable hilly regions** (Badulla, Nuwara Eliya, Kegalle, Kurunegala) where blocked paths and contaminated water sources elevate disease risks.
- **North-Western and coastal districts** (Puttalam, Mannar) where waste-laden facilities and communities remain unsafe.

Early debris and waste clearance is therefore the critical humanitarian bridge that enables safe return, reopens services, restores access, and prevents a preventable second wave of life-threatening disease.

Priority response activities

Activity	Modality	Timeframe
Emergency debris and waste clearance in affected communities, including removal of flood-mixed waste, e-waste, from households, roads and community facilities.	Service	Dec – Mar
Cash-for-Work for debris and waste removal teams, including informal collectors.	Cash	Dec – Apr
Basic support for safe handling of hazardous healthcare waste at Kurunegala Teaching Hospital (PPE, consumables, simple protocols) and other identified locations.	Service	Dec – Mar

With the proposed activities, 57.6 metric tons of hazardous and sanitary waste, 4,740 metric tons of non-construction solid waste and 5,760 cubic metres of construction waste (60 per cent of Colombo's requirement alone) will be removed and disposed, roughly amounting to 10 per cent, 20 per cent and 9 per cent of the national requirements, respectively.

Sector Lead Contacts

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Sector Members

United Nations Development Programme (UNDP), Food and Agriculture Organization (FAO), World Food Programme (WFP), World Health Organization (WHO), International Labour Organization (ILO), United Nations Population Fund (UNFPA), UN-Habitat, UN Women, United Nations Office for Disaster Risk Reduction (UNDRR), United Nations Volunteers (UNV), International Organization for Migration (IOM), Asia Pacific Alliance for Disaster Management (A-PAD Sri Lanka), Sarvodaya, Chrysalis, Janathakshan (GTE) Ltd, Sevalanka, ChildFund, MuslimAid, Asian Development Bank (ADB), World Bank Group (WB)

Ways to Support the Plan

Contributing through aid organizations

Direct financial contributions to reputable aid agencies are one of the most valuable and effective forms of response in humanitarian emergencies. Public and private sector donors are invited to contribute cash directly to aid organizations participating in the Joint Response Plan framework. To get the latest updates and donate directly to organizations participating in the response, please visit:

<https://reliefweb.int/country/lka>

Global and regional funding mechanisms

The Central Emergency Response Fund (CERF) provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors, mainly governments, but also private companies, foundations, charities and individuals, which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF at: <https://unocha.org/cerf/donate>

The Asia-Pacific Humanitarian Fund (APHF) is one of OCHA's newest Regional Humanitarian Pooled Funds established in 2024. Operationally managed from the Regional Office in Bangkok, the APHF provides a flexible and cost-effective way to expand pooled funding to more countries, with modalities that are scalable to needs on the ground. Funding is directed when and where most urgently needed for localized and sustainable humanitarian action in the region. Like all OCHA's Country-Based Pooled Funds, the APHF is designed to complement other humanitarian funding sources. APHF builds on the success of the CBPFs and operates in line with the CBPF global guidelines and is governed by the same protocols. Find out more about the APHF at:

<https://www.unocha.org/regional-humanitarian-pooled-fund-asia-pacific>

Private sector and individual contributions

The [Connecting Business initiative \(CBI\)](#), a joint initiative of OCHA and UNDP engages the private sector strategically before, during and after emergencies, increasing the scale and effectiveness of the response and recovery in a coordinated manner.

How to support: [Asia Pacific Alliance for Disaster Management \(A-PAD\)](#) in Sri Lanka, CBI's Member Network in Sri Lanka continues to work with the government and humanitarian agencies to coordinate private sector response and recovery efforts. Please reach out to A-PAD Sri Lanka directly via info@apad.lk to coordinate your contributions.

Registering and recognizing your contributions

The United Nations Office for the Coordination of Humanitarian Affairs manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. We thank you in advance for your generosity in responding to this urgent request for support. Please report your contribution to FTS, either by email to fts@un.org or through the online form at:

<https://fts.unocha.org>

HUMANITARIAN PRIORITIES PLAN
CYCLONE DITWAH
SRI LANKA