



# Cyclone Ditwah

## Situation Report

8 December - 28 January 2025

## Highlights

Cyclone Ditwah made landfall in Sri Lanka on 28 November 2026, triggering severe flooding, landslides, and widespread destruction. More than 2 million people have been affected, with 649 fatalities and 173 individuals still reported missing.<sup>1</sup> Currently, 6,680 people are residing in 85 temporary safety shelters. Overcrowding, limited lighting, lack of privacy, and shared sanitation facilities are increasing risks of gender-based violence (GBV), particularly for adolescent girls, older women, and persons with disabilities. While several hospitals sustained damage during the disaster, essential health services have now been largely restored. Where facilities remain affected or partially non-functional, temporary hospital services and alternative service delivery points have been established to ensure continued access to sexual and reproductive health (SRH) services, including maternal and neonatal care.

UNFPA continues to respond to the urgent needs of women, girls and other vulnerable people through lifesaving SRH and GBV response services, including dignity kits and cash distribution. However, in light of increasing needs among women and girls, urgent scaling up of the response will be critical. In December 2025, UNFPA launched its humanitarian appeal for US\$8.3 million to support life-saving SRH services and GBV risk mitigation and response to those affected by Cyclone Ditwah in Sri Lanka.



**2.2 million**

Total people affected<sup>2</sup>



**520,550**

Women of reproductive age<sup>2</sup>



**21,200**

Estimated pregnant women<sup>2</sup>



**122,500**

People targeted w/ SRH services



**85,900**

People targeted w/ GBV programmes

<sup>1</sup> [Disaster Management Centre. Situation report on 25 January 2026.](#)

<sup>2</sup> Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

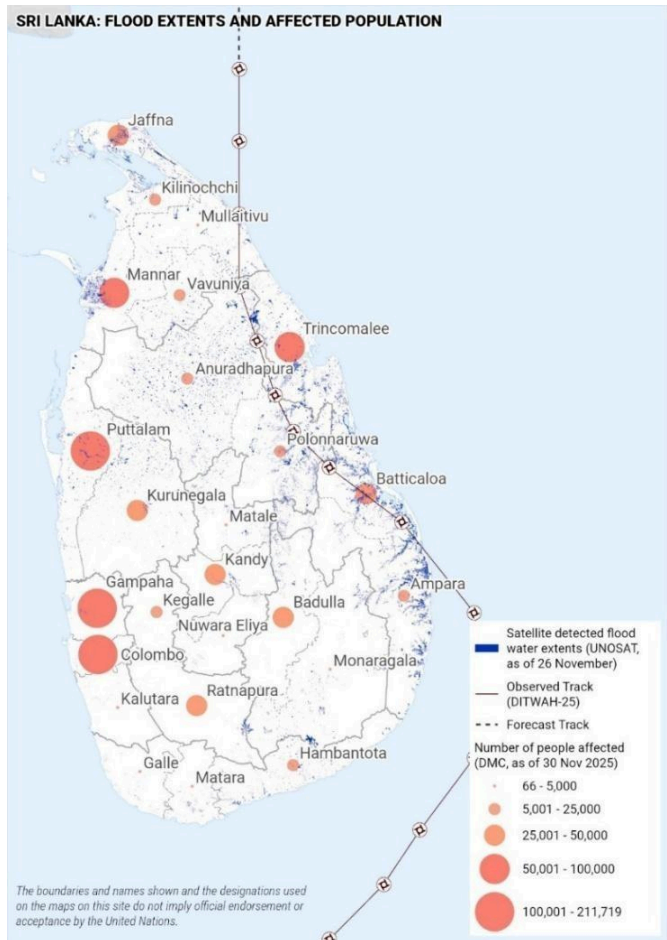
## Situation Overview

Sri Lanka is facing a rapidly evolving humanitarian emergency following severe flooding and landslides caused by torrential rains from Cyclone Ditwah, which made landfall on 28 November 2025.

As of 25 January 2026, the Disaster Management Centre reports 649 deaths and 173 missing persons, with 6,018 houses fully destroyed and 108,879 partially damaged.<sup>3</sup> With the number of people in safety centres now declining, displacement is shifting from large-scale sheltering to a dispersed and longer-term pattern. 85 Safety shelters remain in operation, hosting 6,680 individuals, while 165,884 individuals are reported to be staying with relatives/host families. This displacement is largely concentrated in the estate sector, specifically in Badulla, Kandy, Kegalle, Matale and Nuwara Eliya districts, where needs remain acute. UNFPA is responding to this evolving situation by focusing its response and early recovery interventions in these districts.

Access has improved in several districts as repair and restoration work progresses. However, damaged roads, bridges and slope instability continue to constrain reach and recovery in the hardest-hit locations. Landslide risk remains a major concern in the central highlands. An assessment by the National Building Research Organization (NBRO) identified 14 districts as landslide-prone, with approximately 30 per cent of the country's land area classified as vulnerable to landslides.<sup>4</sup> In Badulla District alone, nearly 68 per cent of the area falls within varying levels of landslide risk, constraining safe returns and prolonging displacement.<sup>5</sup> Electricity networks and telecommunications have been restored.

Hospitals, Gramodaya Clinics<sup>6</sup> and local health facilities that sustained infrastructure damage, flooding, and partial or complete loss of electricity and water, have since restored essential operations. Where permanent facilities remain affected, SRH services, including maternal and neonatal care, are continuing through temporary service delivery points and alternative arrangements, ensuring access to life-saving care during the recovery period.



<sup>3</sup> [Disaster Management Centre. Situation report on 25 January 2026.](#)

<sup>4</sup> <https://island.lk/nbro-identifies-landslide-risks-in-14-districts/>

<sup>5</sup> <https://colombogazette.com/2025/12/25/nearly-68-of-badulla-identified-as-prone-to-landslides>

<sup>6</sup> Gramodaya Clinics refer to the healthcare initiatives run by Gramodaya Samajik Sansthan, an NGO focused on rural community development, which provide mobile health camps, field clinics, awareness programmes on reproductive health and motherhood, and other health services for underprivileged populations.

Due to rising economic stress, heightened vulnerabilities, and the collapse of essential services, GBV risks escalate in crises, with women, girls, and persons with disabilities disproportionately impacted. In several affected areas, women have limited access to food, water, hygiene items, and shelter, which heightens their risk of GBV and other protection concerns. Flooding has also affected some crisis centres and shelters, reducing the availability and accessibility of safe spaces for GBV survivors. Overcrowding, poor lighting, and shared sanitation facilities at evacuation shelters are also increasing the risk of GBV for those displaced. In addition, shelters are struggling to support pregnant and lactating women due to limited privacy, inadequate breastfeeding spaces, and insufficient clean water and nutrition.

Older persons, particularly older women, are among the most vulnerable due to limited mobility, disrupted care for chronic conditions, and poor access to social support. UNFPA estimates that 193,770 elderly women have been affected by Cyclone Ditwah, and require targeted assistance.

## UNFPA Response

In coordination with the Ministry of Health, the Disaster Management Centre, the Ministry of Women and Child Affairs and implementing partners, UNFPA is responding to urgent SRH and GBV needs in the most cyclone-affected areas of Sri Lanka, incorporating accountability to affected people into interventions.

**Gender-based violence:** UNFPA is strengthening GBV risk mitigation activities in coordination with humanitarian partners and the Government of Sri Lanka, including the Ministry of Women and Child Affairs, Family Health Bureau, Sri Lanka Police and the National Forum Against Gender-Based Violence. The primary objective is to ensure referral pathways are functional, restored or strengthened where needed. UNFPA also supported the distribution of dignity kits in Colombo, Batticaloa and Gampaha, during which UNFPA and SLRCS conducted awareness sessions on sexual and reproductive health and rights, menstrual health, and safety and protection concerns.

Furthermore, UNFPA conducted GBV Safety Verifications (safety audits) at selected safety centres in Badulla, Kegalle, Kandy and Matale districts to identify protection risks, assess gaps in privacy, WASH, health and security services, and provide evidence-based recommendations to inform targeted interventions. The verifications highlighted critical gaps, including WASH deficiencies, irregular service provisions in remote, hard-to-reach safety centres, security gaps, limited accessibility for persons with disabilities and protection concerns for women and girls.

**Sexual and reproductive health:** UNFPA is supporting SRH response efforts through the provision and distribution of SRH supplies and targeted cash assistance, in addition to conducting awareness and information sessions on SRH.

Reproductive health kits were distributed to 1,425 women and girls across multiple districts. This included 100 maternity kits and 200 dignity kits distributed in Batticaloa through the Sri Lanka Red Cross Society (SLRCS), mobilizing pre-positioned supplies under the Regional Pre-Positioning Initiative (RPI) funded by DFAT. In addition, 500 dignity kits and 125 maternity kits from the same pre-positioned stock, together with 200 maternity kits supported by the Government of Japan (JPD80), were distributed through the Ministry of Health to the districts of Kurunegala, Kandy, Nuwara Eliya, and Badulla. In addition, menstrual hygiene kits were distributed to 300 vulnerable women from at-risk populations in Colombo, Puttalam, Kurunegala, and Gampaha, with support from the UNFPA Emergency Fund.



Cash assistance was provided to 198 pregnant women affected by the cyclone, following the identification of priority needs at community level. The support enabled women to address immediate maternal health-related expenses, including transport to health facilities, essential medicines, and basic nutrition. Distribution was accompanied by a brief session on maternal danger signs and informed use of the cash, helping to reduce barriers to timely care and strengthen continuity of maternal health services in the aftermath of the emergency.

To ensure safe, inclusive and accountable SRH and GBV services, UNFPA has established mechanisms for communicating about services available to affected women and girls and other marginalized groups. Information disseminated includes selection criteria, policies on zero tolerance to sexual abuse and exploitation, in addition to mechanisms for feedback and complaints. UNFPA has analysed preliminary community insights that show women and girls appreciate the ongoing services, while a few noted the need to continue cash assistance to help them rebuild their lives.

## Results Snapshot



1425

People reached with SRH services  
100% female



700

People reached with GBV prevention, mitigation and response activities  
100% female



198

Pregnant women reached with cash and voucher assistance

## Coordination

### Sexual and Reproductive Health Sub-Cluster

UNFPA is an active member of the Health Cluster and leads the SRH Sub-Cluster. Five coordination meetings were convened during the reporting period. These discussions highlighted several critical concerns, including increasing demand for mental health and psychosocial support (MHPSS), particularly among women and girls; limited access to contraceptives within safety centres; and communication barriers that are creating information gaps and hindering referrals, especially for persons with disabilities and other marginalized populations.

The 5th in-person SRH Sub-Cluster meeting, held on 23 January 2026, focused on strengthening the transition from immediate emergency relief to long-term recovery following Cyclone Ditwah. Co-convened by the Family Health Bureau (FHB) and UNFPA, the coordination efforts emphasized aligning partner interventions with national priorities to avoid duplication and enhance communication. Key technical advancements included a refresher on the Minimum Initial Service Package (MISP) for SRH in crisis settings to bolster future preparedness and response planning. To

maintain this momentum, the sub-cluster has committed to bi-weekly hybrid meetings aligned with the broader Health Cluster schedule.

Member organizations provided critical updates on multi-sectoral relief efforts, highlighting both achievements and persistent gaps in the recovery phase. Partners like the Family Planning Association (FPA) and Muslim Aid have distributed thousands of maternity, dignity, and adolescent kits, while ChildFund and Heart to Heart Lanka addressed specialized needs such as Psychological First Aid and safe shelter for the LGBTIQ+ community. However, significant challenges remain, including:

- **Safety and Protection:** Existing shelters often lack the privacy and lighting necessary to mitigate Gender-Based Violence (GBV) risks.
- **Health and Nutrition:** There are urgent needs for nutritional support for children with acute malnutrition and a rise in concerns regarding adolescent health, including potential increases in adolescent pregnancies.
- **Inclusivity Gaps:** There is a pressing requirement for disability-inclusive WASH facilities and improved access to humanitarian aid for marginalized groups, such as sex workers.

In addition, concerns for vulnerable groups were raised:

- People with disabilities face significant barriers due to damaged assistive devices, lack of essential health commodities, lack of access to health services, inaccessible shelters, unsafe evacuation routes, and limited accessible communication.
- LGBTIQ+ individuals experiencing discrimination in temporary shelters, reduced access to medication, food, loss of income, and heightened protection risks.
- Sex workers who have lost livelihoods and face limited access to safe shelter, basic hygiene supplies, and reproductive health commodities.

To address the lack of disaggregated data on marginalized groups, which limits the ability to plan a targeted and inclusive SRH response, the Ministry of Health and the Disaster Management Centre, in collaboration with UNFPA, other UN agencies, and civil society organizations, conducted a [Joint Rapid Needs Assessment](#) in early December 2025. The assessment focused on the health and accessibility needs of vulnerable populations, including women with disabilities and female-headed households. The findings underscored the need to ensure continuity of essential health services, particularly reproductive, maternal, and newborn care, and recommended the scaling up of mobile and outreach services, as well as mental health support for isolated communities and those residing in evacuation shelters. The Ministry of Health also conducted a facility assessment to identify the damage to hospitals.

Meanwhile, the second phase of the assessment provided further information on SRH and GBV needs. While access to SRH services was generally reported as functional, barriers were acknowledged in multiple districts, particularly for contraceptive counselling, antenatal and postnatal care, delivery services and health services for survivors of GBV. These barriers may undermine timely clinical management, psychosocial support, and referrals for survivors of GBV.

### Gender-Based Violence Sub-Cluster

UNFPA co-leads the Protection Cluster alongside UNICEF and also leads the GBV sub-cluster under the Protection Cluster framework. In this capacity, the National Forum Against Gender-Based Violence, which serves as the GBV sub-cluster/AoR and is co-chaired by UNFPA and Women In Need (CSO), convened emergency coordination meetings on 8 and 15 December to strengthen the

GBV response. These discussions identified priority actions to improve efficiency and coordination, including streamlining GBV response activities to reduce duplication; addressing gaps in inter-agency information sharing to support planning and implementation; strengthening referral pathways to ensure timely access to services for survivors; expanding community outreach to reach remote and hard-to-reach populations; and systematically integrating GBV services across health, protection, and other sectors within the emergency response.

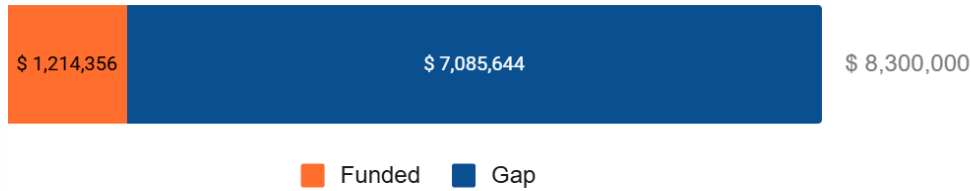
To operationalize these priorities, UN agencies and GBV Forum partners reported on service delivery across affected districts using the 5Ws (Who, What, Where, When, and for Whom) data collection and coordination tool. This enabled systematic tracking of partner interventions by population group, identification of coverage gaps, avoidance of duplication, strengthening of referral mechanisms, and more targeted prioritization of resources to underserved areas. Collectively, these measures supported a more efficient, coordinated, and survivor-centred GBV response during the ongoing emergency.

In parallel, UNFPA continues to support the Ministry of Women and Child Affairs, including the Women's Bureau, to ensure a comprehensive response to GBV and safety concerns affecting women, girls, and children in safety centres and affected communities. UNFPA and UNICEF provided technical inputs to the draft response plan, which was presented to the Minister and senior Ministry officials on 2 January 2026, with final inputs subsequently incorporated. The finalized plan will be presented to a broader group of stakeholders to secure commitment and operational support.

### **Accountability to Affected People Working Group**

UNFPA co-chairs the AAP Working Group with UNICEF, which was activated in the first days of the disaster to ensure a coordinated, system-wide approach to accountability. As part of this response, UNFPA supported the development of a comprehensive emergency response plan for the Ministry of Women, providing technical inputs with UNICEF to strengthen coordination, communication, and accountability mechanisms. UNFPA's tools and standards, particularly partner capacity mapping and community feedback and data SOPs, have been adapted by partners to facilitate collective accountability processes.

## Funding Status



UNFPA launched an appeal for US\$8.3 million in early December 2025 to deliver life-saving SRH and GBV services in response to Cyclone Ditwah. To date, US\$1,214,356 (15 per cent) has been mobilized from the Governments of Australia and New Zealand, from the UNFPA Humanitarian Thematic Fund, and through UNFPA internal resources towards this appeal.

In-kind contributions have also been received, including cash assistance and dignity kits valued at US\$35,800 through Australian Government-funded programmes, and maternity kits valued at US\$15,000 from the Government of Japan.



“Health is a daily concern for families living in safety centres after the cyclone. Thanks to strong health systems and quick action, serious disease outbreaks have been prevented. But many people have lost everything they own. Mental health and psychosocial support is now just as critical - to help women, men, and young people process trauma, regain a sense of stability, and begin rebuilding their lives with dignity and hope.”

— **Dharshana, Public Health Inspector, Doluwa, Kandy**

### Current Donors

UNFPA Emergency Fund /  
Humanitarian Thematic Fund  
Government of Australia  
Government of Japan



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