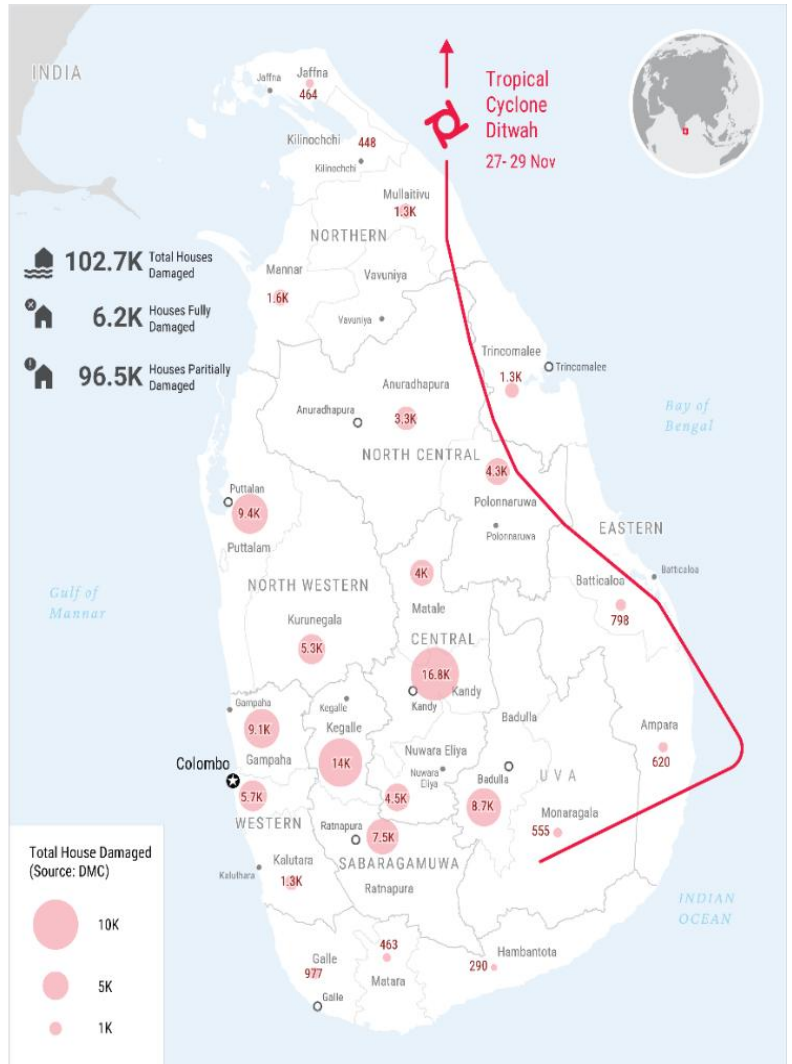


This report is produced by the Office of the Resident Coordinator in collaboration with humanitarian partners and the Office for the Coordination of Humanitarian Affairs – Regional Office for Asia and the Pacific. It covers the period from 28 November to 16 December 2025. The next report will be issued on 19 December.

HIGHLIGHT

- Cyclone Ditwah made a landfall on 28 November causing widespread landslides and flooding, which is one of Sri Lanka's worst flood disasters in 20 years.
- Approximately 2.2 million people were affected in all 25 districts.
- More than 100,000 houses have been reported fully or partially damaged, and over 230,000 people were displaced at the peak of the emergency.
- 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.
- On 11 Dec 2025, under the leadership of the UN Resident Coordinator, the humanitarian community launched the Humanitarian Priorities Plan targeting 658,000 of the most vulnerable people out of the 1.2 million in need of humanitarian assistance, with a funding requirement of US\$35.3 million.
- The United Nations Central Emergency Response Fund (CERF) allocated \$4.5 million to support urgent life-saving assistance in the most affected areas.
- The ongoing North-East Monsoon continues to pose risks, with further rainfall forecast in parts of the country, potentially sustaining flood and landslide hazards and prolonging displacement in high-risk areas.



1.2M

People in need of humanitarian assistance

658K

People targeted for assistance

643

Casualties recorded

100K+

Damaged houses partially/ fully

233K

People displaced at its peak

SITUATION OVERVIEW

Between 27 and 29 November, Cyclone Ditwah caused widespread flooding and landslides across Sri Lanka, affecting communities in all districts. The storm claimed lives, displaced many people from their homes and caused extensive damage to houses, roads, schools, and health facilities, with the most severe impacts recorded in the Central, Western, and North-Western Provinces. As of mid-December, more than 2.2 million people have been affected nationwide, with 643 fatalities reported and 183 people still missing as of 14 December 2025.

While the pace of new evacuations has slowed since the cyclone's immediate impact, displacement remains significant. As of 15 December, approximately 70,000 people remain displaced, representing around 3.2 per cent of the total affected population. Many displaced families are staying with relatives or other families as a coping mechanism, while others remain in safety centres due to housing damages, limited access to basic services and ongoing safety concerns. Displacement patterns vary across locations; while households have begun returning and initiating repairs, others are expected to remain displaced for extended periods, including in areas where flood and landslide risks continue to make return unsafe. In several locations, schools continue to be used as temporary shelters or for storing relief items, delaying the resumption of classes and increasing protection and psychosocial risks for children. Protection concerns have increased among displaced communities, particularly for women and girls, as overcrowded shelters, disrupted services, and prolonged displacement heighten risks of gender-based violence, exploitation and psychosocial distress.

Damage to houses remain a key driver of humanitarian needs. More than 100,000 houses are reported as fully or partially damaged. Many families returning to their communities are living in partially damaged homes or in makeshift conditions, increasing exposure to weather, health risks, and protection concerns. Damage to water supply and sanitation systems in several affected areas is limiting access to safe drinking water and adequate sanitation and increasing public health risks, particularly in displacement settings.

Livelihoods have been significantly affected, particularly among households dependent on subsistence farming, fisheries, daily wage labour and small businesses. Losses of crops, livestock, fishing equipment and small productive assets have disproportionately affected poorer households with limited coping capacity and access to compensation mechanisms. The floods coincided with the Maha cultivation season, and delays or missed planting risk carrying food and income losses into the next season, with potential knock-on effects on local food availability and prices, particularly affecting small-scale farmers and low-income households.

Access to affected communities remains uneven. In hilly, landslide-affected areas, damage to narrow secondary roads has made some remote villages difficult to reach, and relief items and services in the most affected locations require manual transport. Access constraints are expected to persist for weeks or longer in some areas until repairs are completed. Damage to power and telecommunications infrastructure was reported in the immediate aftermath of the floods; while services have largely been restored, limited disruptions persist in some remote locations, affecting access to information and services.

Most basic health services are reported to be largely operational; however, in affected areas, available information indicates that some facilities are experiencing increased pressure as more people seek care. No major outbreaks of communicable diseases have been reported to date. However, health authorities continue to monitor elevated risks of flood-related diseases, including leptospirosis, dengue and diarrheal illnesses, particularly in areas with standing water, damaged sanitation systems and crowded living conditions.

According to national authorities, landslide risk remains elevated in several districts during the ongoing northeast monsoon, particularly in hilly and previously affected areas, with implications for safety, access and the feasibility of return. National meteorological forecasts also indicate the possibility of further heavy rainfall in the coming weeks, which could sustain flood and landslide risks and prolong displacement in high-risk locations.

[A Joint Rapid Needs Assessment](#) was conducted following Cyclone Ditwah, led by the Government with support from humanitarian partners, informed initial response planning. A broader inter-agency assessment is currently underway to refine understanding of evolving needs and priorities, with findings expected to inform future response planning and reporting.

On 11 December, the Humanitarian Priorities Plan was launched under the leadership of the Resident Coordinator, in coordination with the Government and humanitarian partners, to guide and prioritise coordinated assistance for the most vulnerable people affected by Cyclone Ditwah, informed by joint assessments and ongoing analysis.

HUMANITARIAN RESPONSE

Education

Needs:

- An estimated 458,609 school-age children and 68,000 preschool-age children need essential learning materials such as stationery, textbooks, backpacks and uniforms while 900 children with disabilities require adapted learning materials, and 25 special education units need appropriate teaching and learning supplies.
- Approximately 1,185 schools and 2,720 preschools need essential teaching and learning equipment, furniture, and minor repairs to reopen safely. Severely damaged or destroyed schools may remain non-functional in the near term, necessitating temporary learning spaces (TLS), while around 500 schools currently used as shelters will require cleaning and minor repairs once displaced families return to their homes.
- Approximately 28,900 teachers and school principals need guidance and immediate support on safe school reopening, socio-emotional learning and basic mental health and psychosocial support (MHPSS), as well as on preventing student dropout following prolonged school closures.

555,609

Children unable to attend school due to the cyclone

Response:

- Distributed 200 play kits to children in shelters during the emergency to support recreational activities, complemented with mobile libraries in 15 shelters.
- Provided 280 school cleaning kits to severely affected schools in the Eastern, Central and Uva provinces through Provincial Departments of Education and Civil Society Organizations.
- Cleaning support was provided to 11 severely affected schools in Trincomalee District, and 400 learning kits were distributed, supporting timely reopening of schools.
- Provided 250 individual learning kits to children who have lost their school stationery to support their return to learning.
- Discussions have been facilitated on coordinated MHPSS and peer support for students when they return to schools, with school-level interventions currently under development with relevant stakeholders.
- Ongoing discussions with the Ministry of Education to repurpose existing funds to respond to emergency education needs, alongside the development of emergency contingency plans.

Gaps & Constraints:

- Data collection in hard-hit and hard to reach areas remain challenging due to access constraints, limiting comprehensive response planning.
- While the Government has taken steps to attach students from fully damaged school to nearby schools, TLS may be required in some locations. The number of TLS remains unclear, as damage assessments are ongoing.
- High costs of cleaning materials and equipment posing challenges for schools to do debris clearing.

Food Security

Needs:

- Immediate food assistance for displaced and flood-affected households, particularly those without access to functioning markets or cooking facilities.
- Food prices have increased up to 200 per cent, driven by supply shortages and crop losses, underscoring the need to restore market functionality and protect household access to food.

~200%

Vegetable prices up by after the flood

Response:

- About 67 metric tons of lifesaving ready-to-eat fortified biscuits are being distributed by WFP to 20,000 households (80,000 individuals) in five of the most vulnerable districts.
- Dry rations and cooked meals delivered by ADRA, Sarvodaya, ChildFund, Muslim Aid, SUN PF, and WFP across multiple affected districts.
- Cash/voucher assistance are being implemented by Save the Children and Sarvodaya the Central districts, while WFP is planning to reach 11,000 households (45,000 individuals) through cash-based assistance, where markets are functional.

Gaps & Constraints:

- Overcrowded safety centres lack adequate food preparation facilities, increasing reliance on externally provided cooked meals.
- Severe damage to transport networks and markets continues to disrupt food supply chains, limiting household access to essential food items.

Agriculture

Needs:

- Support to smallholder farmers to restart agricultural production during the Maha season, such as seeds, fertilizers and tools, alongside emergency cash assistance.
- Livestock and fisheries recovery support such as fodder, veterinary inputs, and rehabilitation of damaged boats, cages, and aquaculture sites.

1M

People in need of agricultural support

Response:

- Field-level crop damage verification initiated by FAO and the Department of Agriculture to inform recovery planning and input provision.
- Livelihood support measures under development to support 200,000 farmers for debris clearing, irrigation systems repairs and agricultural inputs to catch up with the planting season.

Gaps & Constraints:

- Crops, livestock, and fisheries losses are extensive, and recovery will require significant time and resources.
- Many farmers face debt and loss of productive assets that require appropriate assistance.
- Cold chain and storage facilities remain inadequate, leading to spoilage of perishable goods and limiting distribution of nutrition-sensitive foods.

Nutrition

Needs:

- An estimated 161,013 people, including pregnant and breastfeeding women and children under five, require nutrition support. Around 15 per cent of those in need are displaced and living in safety centres.
- Approximately 1,200 children aged 6-59 months are estimated to have severe acute malnutrition (SAM) and require treatment.
- Around 9,000 children require supplementary feeding for moderate acute malnutrition (MAM) in affected areas.
- In safety centres, breastfeeding mothers require privacy for breastfeeding.
- Promotion of proper complimentary feeding practices, facilitated with appropriate food ingredients, for children 6-59 months living in the safety centres and remote pockets in the 10 most affected districts.
- Targeted nutrition support for pregnant and lactating women (PLW), infants, and young children to prevent acute malnutrition.

161,013

People in need of nutritional support and interventions

Response:

- Approximately 6,400 children under five and 900 pregnant and breastfeeding women reached with cooked meals, dry rations and supplementary foods to flood-affected households, reaching
- About 3,000 children under five with MA were reached with the provision of ready-made locally available cereal mix good for 1 week in the cyclone affected areas.
- Nutrition support such as Thriposha and micronutrients to PLW and children provided by Muslim Aid and UNICEF
- Nutrition-sensitive interventions are planned for 112,708, including therapeutic foods and breastfeeding support, alongside restoration of school meal programs.

Gaps & Constraints:

- Breastfeeding support and safe spaces remain insufficient in safety centres in several heavily affected districts, including Kandy, Nuwara Eliya, Matale, Badulla and Kegalle.
- Strengthening of access to treatment for at least 1,000 children (6-59 months) with SAM in the 10 most affected districts.
- Procurement of supplementary food is requested by the government for 7500 children under 5 with moderate acute malnutrition.
- Complementary feeding support, including provision of appropriate food ingredients and infant and young child feeding (IYCF) counselling, remains limited in safety centres in Kandy, Nuwara Eliya, Matale, Badulla and Kegalle.
- School meal program support is required for some 1,200 affected schools. Mid-morning meals are yet to be initiated in preschools and schools in the worst affected districts.
- Gaps persist in coordination and nutrition information management, limiting timely targeting and monitoring of nutrition interventions.

Health**Needs:**

- Continued essential health services, with a special attention to the management of non-communicable diseases (NCDs), which remain a top priority for affected populations.
- Strengthened disease surveillance and early warning, including scaling up Early Warning, Alert and Response Systems (EWARS) given elevated risks of communicable diseases such as dengue and leptospirosis.
- Expanded mental health and psychosocial support (MHPSS) at community and referral levels to address acute stress linked to the loss of lives, livelihoods and displacements.
- Scale up sexual and reproductive health (SRH) services, including prevention of and response to gender-based violence (GBV).
- Access to health services, assistive devices, and barrier-free facilities to address urgent needs of persons with disabilities.

1.2M

People in need of health support and interventions

Response:

- Health sector coordination was promptly activated, with regular coordination meetings established to support information-sharing and alignment.
- Rapid Response Medical and Public Health Teams were deployed to safety centres to address immediate health needs and to strengthen field surveillance.
- Joint procurement of 2,400 maternity and dignity kits is underway.
- Information, education and communication (IEC) materials for reproductive, maternal, newborn, child and adolescent health (RMNCAH) were developed, and technical guidance on RMNCAH, nutrition and MHPSS was shared with coordination bodies.
- Technical support provided for Psychological First Aid (PFA), delivery of mental health and general health services for displaced populations, and MHPSS activities, alongside support for multi-level coordination and community-based approaches, including disaster risk reduction (DRR).
- Support provided to strengthen of early warning and alert systems, including systematic information collection from safety centres and high-risk areas.

Gaps & Constraints:

- Full restoration of essential health service remains constrained by access limitations, damaged or inundated facilities, and disruptions to power, water and infection prevention and control (IPC).
- Increased GBV risks persist in displacement settings, particularly affecting women and girls.
- Insufficient vector control capacity remains in areas with extensive environmental damage and stagnant water.
- Limited availability of and referral pathways for MHPSS constrain access to care.
- Absence of digital information management system limits real-time data collection and dissemination.
- Access barriers for people with disability persist due to transport constraints, damaged infrastructure and loss of assistive devices, with urgent needs for orthotics, prosthetics and accessible services. Low stock levels of essential medicines for NCD management continue to pose challenges.

Protection - General Protection/ GBV/ Protection

Needs:

- Protection risks remain elevated in remaining safety centres and host settings, particularly for women, girls and children, due to overcrowding, limited privacy, inadequate lighting, and weak management and safeguarding arrangements.
- Gender-based violence (GBV) risks identified in several locations following GBV safety verification (such as in Kandy, Matale, Badulla) which are linked to overcrowding, limited privacy and security for women and children in temporary shelters, poor WASH conditions, limited privacy, economic stress at households' level and limited governance and management of safety centres in plantation communities. Domestic violence risks have increased in some households following loss of livelihoods and financial strain.
- Support to address safety and reporting concerns among affected people in tea estates where challenging governance and dynamics exist.
- Identification and referral pathways to address family separation, loss of caregivers, lack of documentation, and risks of abandonment and institutionalization.
- Referral pathways for GBV to address increased domestic violence due to economic burdens. Reports are coming out about misuse of relief and supplies to purchase drugs and alcohol, leading to increase in domestic violence.
- MHPSS services for children, women and affected individuals, including survivors of trafficking and various forms of violence.
- PSEA (Protection from Sexual Exploitation and Abuse) and community feedback mechanisms are critical.
- Reduce overcrowding in shelters and strengthen community structures to address risks of neglect, abuse, and exploitation.
- Menstrual hygienic items and safe and private latrines and shower facilities for girls and women.
- Strengthened monitoring, safe shelters, and integration of anti-trafficking measures and awareness into emergency response as trafficking risks persist due to prolonged economic hardship and lack of opportunities that left individuals susceptible to traffickers.

186

Children received case management support

>15,000

Individuals were reached with mental health awareness and support messages online

Response:

- Support was provided to the Department of Probation and Childcare Services (DPCCS) and the National Child Protection Authority (NCPA) to strengthen identification, referral and response mechanisms for orphaned, separated and at-risk children.
- Child Friendly Spaces (CFS) operationalized in multiple locations through UN-CSO-government collaboration, including: 1) 35 CFS launched by UNICEF in Batticaloa, Trincomalee, Ampara, Puttalam, and Kandy in partnership with Rural Development Foundation, Sarvodaya, and Sri Lanka Red Cross reaching 1,211 children and 432 caregivers; 2) 28 CFS/CRCs established by CFSL, reaching 4,000 children; 3) 54 shelters supported by World Vision, and 4) Save the Children active in Colombo, Badulla, Nuwara Eliya.
- Psychological first aid (PFA), MHPSS and outreach through online/poster messages on psychosocial support were disseminated in English, Sinhala, and Tamil. Online messages reached more than 15,000 individuals. Multiple partners have provided PFAs activities and training for responders.
- Case management and protection support provided to 186 children.
- Distribution of 200 play and learning kits to 831 children in safety centres in North-Western, Central, and Eastern provinces.
- Provision of dignity kits and essential supplies to women and girls including 700 dignity kits to women in affected communities, dry rations and hygiene packs for 350 displaced families in Kandy complemented with sanitary packs, clothing, kitchen utensils and maternity kits to families inside and outside camps in Kandy.
- Mental health services provided to women in Kandy.
- About 3349 adolescent girls reached with menstrual hygiene dignity kits by World Vision, as part of holistic emergency relief programming.
- All key GBV reporting lines of the women and child police, women's helpline, child helpline, Mithurupiyasa helpline (hospital desks that address GBV) are functioning.

Gaps & Constraints:

- Limited financial capacity prevents reaching more safety centres and communities with protection services.
- Lack of access to school uniforms, stationery, and warm clothing compounds anxiety and protection concerns among children.
- Breakdown of referral pathways for specialized services; lack of age-disaggregated data across the entire response hinders proper sectoral planning.

- Inadequacies in safety centre management, insufficient privacy and safeguarding in these locations give rise to protection risks, particularly to women and children. Uncertainty in the future of these centres and management lines makes protection response planning difficult.
- Language constraints affecting effective access to services in certain situations. E.g. While many women and girls in affected communities speak Tamil, most of the service providers speak Sinhala which may be an additional barrier in disclosing incidents of GBV.
- Gaps exist in SGBV Case Management (funding, coordination, technical assistance) compounded by the breakdown of referral pathways and specialized services among some affected communities.
- Lack of a fully streamlined approach to Child Safeguarding and PSEA.

Shelter/NFIs/CCCM

Needs:

- Emergency shelter, repair kits, and transitional housing solutions for 100,000 homes reported as partially or fully damaged.
- Over 286,000 displaced individuals, including 22,500 families in safety centres, need non-food items such as bedding, kitchen sets, mosquito nets as well as site management and coordination support for safe, dignified living conditions.

over
100,000
partially or fully damaged
houses

Response:

- Sector members are providing emergency shelter, non-food items, hygiene kits, and urgent cleaning supplies across five provinces and seven districts, reaching over 10,000 individuals.
- A-PAD Sri Lanka distributed 1,300 hygiene kits and cleaning items in Puttalam and Kandy, reinforcing household hygiene and disease prevention among flood-affected families.
- Delivery of emergency shelter kits, non-food items, and cleaning supplies to Badulla and Trincomalee, with a total of 415 distributed reaching 8,938 individuals by IOM and UNOPS with partners VRIDDHI, Uvashakthy and AHRC.

Gaps & Constraints:

- Overcrowded safety centres without sufficient space, privacy and essential items for over 70,000 people accommodated in 762 government-run centres.
- Households in landslide-prone districts urgently require transitional shelter solutions until safe land for reconstruction is identified.
- Immediate provision of NFIs — including shelter materials, bedding sets, kitchen items, mosquito nets, and hygiene supplies — is critical to restore dignity and protection for displaced families and vulnerable groups.

Water, Sanitation and Hygiene

Needs:

- 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.
- WASH services in temporary shelters, including faecal sludge management and cleaning of dug wells and rehabilitation of toilets at household level.
- 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.

1.1M
People in need of WASH
interventions

Response:

- Procurement and distribution of emergency WASH supplies, including hygiene kits, chlorination products, jerry cans, water pumps, generators, pipes, and water motors, etc.
- Water trucking and installation of temporary water storage tanks for displaced households and safety centres
- Rehabilitation of damaged dug wells, toilets, and household WASH facilities, including handwashing points, in affected households, schools, and health-care facilities.
- Restoration of rural water supply schemes and repair of damaged pipelines and structures.
- Promote positive hygiene practices at the household, shelter, and community level for the prevention of water-borne diseases, with other awareness messages included where possible.

Gaps & Constraints:

- While adequate quantity of drinking water supplies is being provided to safety centres, there are significant challenges in providing the required quantities of water to ensure good hygiene practices.
- Sanitation facilities at safety centres are significantly inadequate, and provision of additional facilities within a short time scale is a challenge.
- Equipment and chemicals for well-cleaning are in short supply.

 **Early Recovery**
Needs:

- Clearance and safe disposal of mixed solid waste (including mud, rubble, plastics, e-waste, sewage, animal carcasses, and damaged household items from homes, roads, schools, and community facilities).
- Immediate capacity for safe handling, treatment, and disposal of biomedical waste generated by health facilities in affected areas.
- Strengthened waste management and environmental sanitation services to prevent disease transmission and protect public health in affected communities.

460,000

People benefiting from
Early Recovery
interventions in 8 areas
across 4 districts

Response:

- Government authorities, supported by sector members, are implementing waste and debris clearance, drainage cleaning, emergency road access restoration, and distribution of early recovery items across affected districts.
- UNDP supported government-led waste and debris clearance in Colombo, Kandy, Kurunegala, and Batticaloa districts contributing to the removal of approximately 1,300-1,400 tons of waste (including around 1,000 tons in Colombo and 300-400 tons in Kandy), while providing technical assistance on debris and waste management and engaging with the Waste Management Authority and local authorities to inform further prioritization.
- UN agencies including UNDP, UN-Habitat, UNOPS and partners, are conducting technical assessments and recovery planning support, covering public infrastructure damage, housing safety and habitability, geo-hazard risks, and emergency access infrastructure, to guide prioritized early recovery investments.
- Sri Lanka Red Cross Society (SLRCS), with support from the IFRC (and UNFPA in Batticaloa), is providing unconditional cash assistance and early recovery support across more than 15 districts, reaching several hundred households.
- Livelihood and community recovery interventions are being implemented by Muslim Aid, ILO, UN Women (through Chrysallis), and partners, including debris clearance at community level, agricultural inputs for farmers and fishers, MSME support, and rapid value-chain analysis to inform inclusive recovery.

Gaps & Constraints:

- Limited availability of consolidated, centralized data on government-led debris and waste removal efforts across affected districts, constraining planning, prioritization, and gap analysis.
- Inconsistent final disposal practices remain a constraint: while some waste is transported to waste-to-energy facilities, significant volumes are being temporarily deposited in open landfills without adequate final treatment arrangements, highlighting the need for environmentally sound disposal solutions.
- Limited local capacity for the management and disposal of construction-related debris, with existing mechanisms insufficient to address medium- to long-term debris volumes, requiring sustained technical, regulatory, and infrastructure solutions.

GENERAL COORDINATION

The overall coordination for Cyclone Ditwah response is led by the Government through national and sub-national mechanisms, with support from the United Nations, humanitarian partners, international organizations, national Civil Society Organizations and the Private Sector. The Disaster Management Centre (DMC) continues to lead operational coordination, working closely with line ministries, district and divisional authorities to support response planning and implementation across affected areas. Local authorities play a central role in coordinating assistance at district and divisional level, often while being directly affected by the disaster themselves.

The United Nations, under the leadership of the Resident Coordinator, supports Government-led coordination through the activation of the Humanitarian Country Team (HCT), which brings together heads of humanitarian UN agencies and international and national civil society organisations to provide strategic direction and ensure coherence of humanitarian support. Operational coordination is facilitated through the Inter-Sector Coordination Group (ISCG), convened by the Resident Coordinator's Office (RCO), which provides a platform for technical coordination among designated sector leads and partners. Sector coordination mechanisms are being progressively activated and strengthened, with regular sector meetings convened to support information-sharing, joint analysis and alignment of activities. Technical working groups have been established for selected cross-cutting priorities, including Cash and Voucher Assistance (CVA), and Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse (AAP/PSEA). A light logistics coordination arrangement has also been put in place to facilitate basic information-sharing and coordination among Government and humanitarian partners. Joint needs assessments and information management efforts are coordinated through the ISCG supporting the Government-led assessment process under the leadership of the DMC. Common reporting tools, including a 5W system and an online dashboard are rolled out to support response coordination, information-sharing and tracking of response activities. As of reporting date, more than 39 national and international partners are contributing information on response activities, reflecting the scale and breadth of engagement in the humanitarian operation.

Accountability to Affected Population (AAP) has been recognized as an active commitment throughout the implementation of the Humanitarian Priorities Plan (HPP). The AAP Working Group was reactivated, with the engagement of members involved in HPP implementation, to strengthen a coordinated approach to AAP across the response. Key life-saving information was communicated to affected communities through a mix of online and offline channels. Community participation was promoted through multiple mechanisms, including rapid assessments, consultations, and engagement activities, enabling affected people to contribute to shaping the emergency response. AAP considerations were also integrated into Multi-Sector Needs Assessments to ensure community perspectives informed the next steps. Various feedback and complaint mechanisms were established and strengthened by members to enable affected people to raise concerns about the quality, accessibility, and appropriateness of assistance. The AAP Working Group is currently focusing on enhancing coordination between these mechanisms and relevant agencies, and on developing a standard set of AAP indicators to support consistent monitoring of AAP integration across the emergency response. Plans are underway further to strengthen the AAP capacity of partners and relevant stakeholders.

A Logistics Working Group (LWG) was established as a coordination platform to engage the Sri Lankan government counterparts, including the Disaster Management Centre (DMC), Emergency Operations Centre (EOC), and the National Disaster Relief Services Centre (NDRSC) for information exchange and support supply chain challenges, including importation and clearance of humanitarian aid. The first in-person LWG meeting on 12 December brought together 20 humanitarian partners to identify gaps in logistics and explore support for government-led operations. Field visits were conducted to critical logistics infrastructure, including the NDRSC warehouse, port, and airport, to assess operational readiness and clearance processes. Current priorities focus on mapping the end-to-end relief supply chain, addressing customs and clearance bottlenecks, and providing technical support to government warehousing actors on inventory management and handling practices.

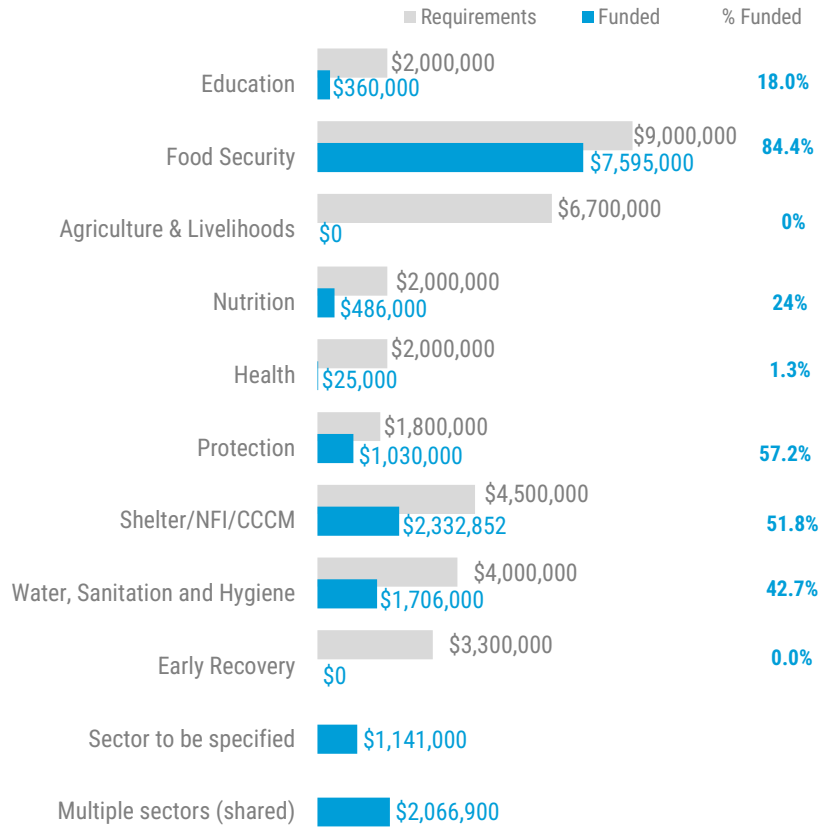
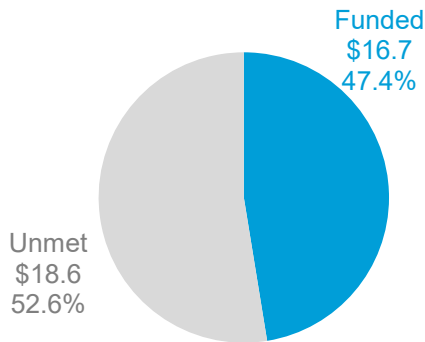
The Cash Working Group (CWG) has agreed on an interim cash transfer value for multi-purpose cash (MPC) to guide implementing partners, which covers 60 per cent of the minimum expenditure basket (MEB). The MPC coverage is set based on the assumption that affected households will also receive complementary 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 cash for work (CfW) rates.

FUNDING INFORMATION

CONTRIBUTIONS TO THE HUMANITARIAN PRIORITIES PLAN (HPP)

Sri Lanka HPP 2025
US\$35.3 million requested

HPP Funding Status by Sector
(US\$ million) – as of 16 Dec 2025



All humanitarian partners, including sectors, donors and recipient agencies, are encouraged to inform RCO Office of funding received to be included in this reporting.

As of 16 December, HPP funding of around \$16.7 million includes contributions from Australia, Canada, the European Union, Japan, the Republic of Korea, Switzerland, the United Kingdom, the United States, UN – CERF, Gates Foundation and the US National Committee as shown in the graph above, with specific sector allocations and some \$1.14 million which sectors are still to be specified. Details are included in Annex 1.

In-kind contributions and international response teams directly made through government-to-government arrangements were reported from Bangladesh, China, European Union, Germany, India, Italy, Japan, Maldives, Myanmar, Pakistan, Qatar, Switzerland, United Arab Emirates and United States.

Outside the HPP and contributing to the overall Cyclone Ditwah response the Development Partners Secretariat recorded a total of \$11.4 million, either disbursed, pledged, committed or planned. Kindly see Annex 2.

ANNEX 1:**CONTRIBUTIONS TO CYCLONE DITWAH RESPONSE, INSIDE THE HPP**

Development Partner	Channel / Partner (Gov/UN/Other)	Sector	Amount ~ (US\$)
US National Committee	UNICEF	Education	360,000
Australia	WFP	Food Security	995,000
Japan	WFP	Food Security	1,000,000
United States	WFP	Food Security	2,000,000
Republic of Korea	WFP	Food Security	500,000
European Union	WFP	Food Security	1,100,000
UN CERF	WFP	Food Security	2,000,000
Gates Foundation	UNICEF	Health	25,000
United States	World Vision	Multi sector	1,000,000
Canada	World Vision	Multi sector	252,600
European Union	UNICEF	Multi sector	814,300
Germany National Committee	UNICEF	Unspecified	\$118,000
New Zealand	Local NGOs (small grants, direct disbursement through GCERF bilateral activity) - TBC	Unspecified	100,000
New Zealand	UN TBC	Unspecified	570,000
New Zealand	Local NGOs (small grants, direct disbursement via High Commission) - TBC	Unspecified	23,000
US National Committee	UNICEF	Nutrition	240,000
Gates Foundation	UNICEF	Nutrition	246,000
Australia	UNFPA	Protection	330,000
Japan	UNICEF	Protection	500,000
UN CERF	UNICEF	Protection	200,000
Japan	IOM	Shelter/NFI	1,000,000
United Kingdom	UN - UNOPS	Shelter/NFI	332,852
UN CERF	IOM	Shelter/NFI	1,000,000
Australia	UNOPS	Unspecified	330,000
UN CERF	UNICEF	WASH	1,300,000
Gates Foundation	UNICEF	WASH	406,000
			16,742,752

ANNEX 2:**CONTRIBUTIONS TO CYCLONE DITWAH RESPONSE, OUTSIDE THE HPP (from DP Secretariat)**

Development Partner	Channel / Partner (Government/UN/Others)	Amount ~ (US\$)
Australia	Australian NGOs - TBC	660,000
Australia	Family Planning Association Sri Lanka (FPASL)	100,000
UK	Sri Lanka Red Cross Society via IFRC Emergency Appeal	998,558
Maldives	TBC	50,000
Maldives	TBC	1,100,000
China	Government of Sri Lanka (GoSL)	1,000,000
Red Cross Society China	Sri Lanka Red Cross Society	100,000
Nepal	TBC	200,000
Canada	Sri Lanka Red Cross Society	155,200
Canada	TBC	314,000
Canada	TBC	54,100
Canada	International Federation of the Red Cross and Red Crescent Societies (IFRC)	582,200
Germany	Federal Agency for Technical Relief (THW)	582,200
European Union	International Federation of the Red Cross and Red Crescent Societies	582,200
Norway	Red Cross	2,000,000
Asian Development Bank	GoSL	3,000,000
		11,478,458

Background on the crisis

Cyclone Ditwah was a cyclonic storm that developed over the Southwest Bay of Bengal in late November 2025, becoming the fourteenth tropical depression and the fourth cyclonic storm of the 2025 North Indian Ocean cyclone season. It formed on 26 November and made landfall in eastern Sri Lanka on 28 November, with peak three-minute sustained winds reaching about 75 km/h (45 mph) before weakening by early December. Ditwah unleashed torrential downpours and landslides across Sri Lanka and southern India, causing severe flooding that affected over 2.2 million people in Sri Lanka—resulting in 600+ fatalities and hundreds missing.

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