



Cyclone Ditwah

Sri Lanka Appeal 2025

5 December 2025 - 4 December 2026

Snapshot

On 28 November 2025, Cyclone Ditwah made landfall in Sri Lanka, causing severe flooding and landslides across all 25 districts and creating a rapidly evolving humanitarian emergency.

Hundreds of thousands are displaced and residing in overcrowded temporary shelters with limited privacy, sanitation, and protection - conditions which are sharply increasing risks of gender-based violence (GBV), particularly for adolescent girls, older women, and women with disabilities.

Approximately 22,572 pregnant women and 520,549 women of reproductive age have been affected by the cyclone. But with numerous hospitals and health clinics damaged, many women are left without reliable access to life-saving sexual and reproductive health (SRH) services.

UNFPA is urgently mobilizing life-saving SRH, GBV, and mental health and psychosocial support (MHPSS) services and appealing to donors for support to reach the most vulnerable as humanitarian needs continue to escalate.

\$8,336,000

Total Appeal

**To reach 208,400 women and girls
833,600 affected people**

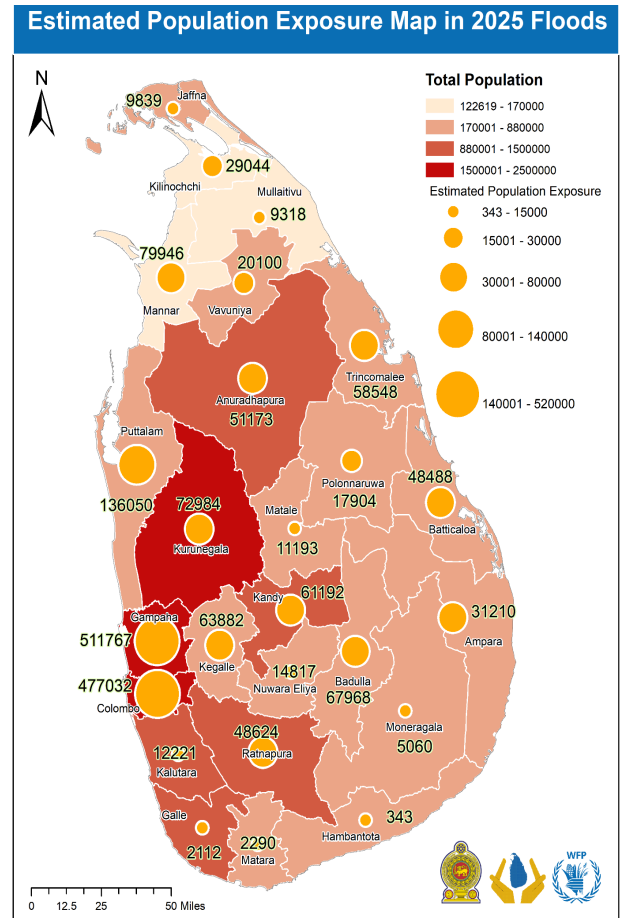
2.5% funded

Situation Overview

Cyclone Ditwah made landfall in Sri Lanka on 28 November 2025, triggering severe flooding and landslides. As of 5 December, the Disaster Management Centre (DMC) reports 2,082,195 people are affected, 607 deaths, and 214 missing.¹

The latest reports indicate that 4,164 houses have been destroyed and 67,505 partially damaged, leaving thousands of people displaced. Currently, 152,537 people are residing in 1,211 temporary evacuation shelters. Overcrowding, limited lighting, lack of privacy, and shared sanitation facilities are heightening GBV risks, particularly for adolescent girls, older women, and persons with disabilities. GBV interventions are urgently needed to mitigate intimate partner violence and sexual violence – including rape and sexual exploitation and abuse – as well as ensuring support services are available to survivors.

Hospitals and health facilities have also been damaged, particularly in the areas of Nuwara Eliya, Kandy, and Badulla, severely disrupting access to SRH services, including maternal and neonatal care, increasing risks of unassisted births, pregnancy complications and unmet family planning needs. Without urgent interventions, there will be a rise in unintended pregnancies, maternal and neonatal morbidities and mortality. Mental health and psychosocial distress are rising due to displacement and loss, and counselling and psychosocial services are needed to support people affected.



Source: Disaster Management Centre.

The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

Affected Population



2 million

Total affected population¹



520,550

Women of reproductive age²



22,570

Estimated pregnant women²



193,770

Estimated elderly women³



333,150

Estimated Adolescents³



103,260

Estimated women with disabilities³

¹ [Disaster Management Centre. Situation report on 5 December 2025 at 1800 hrs](#)

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

³ Estimated figures are based on population data.

UNFPA Response Strategy

Existing national response capacities are stretched, with gaps in SRH service continuity, GBV prevention and response, and mental healthcare. UNFPA's interventions are critical to fill these gaps, ensuring lifesaving SRH services, including emergency obstetric care, protection services, and psychosocial support are available for women, girls, adolescents, older persons, and other vulnerable groups.

UNFPA will ensure accountability and humanitarian access aspects during the implementation of its lifesaving interventions by actively listening to the voices of affected people. Their feedback and needs will guide the design, delivery, and adjustment of the interventions, ensuring that interventions are relevant, culturally appropriate, and accessible.

As humanitarian needs continue to escalate, immediate funding and support are needed to maintain and scale up these critical services and reach affected populations. UNFPA requires US\$8.3 million to provide life-saving SRH, GBV protection, and psychosocial services in the 10 most affected districts of Sri Lanka. These services are critical to safeguarding the health, rights, and dignity of those most at risk, preventing further loss of life, and ensuring that essential care remains accessible as communities navigate recovery.

With a strong operational presence, longstanding partnerships, and leadership in SRH and GBV, UNFPA is uniquely positioned to respond rapidly, including in hard-to-reach and underserved communities. The 1-year response plan focuses on delivering immediate life-saving services, reducing protection risks for women and girls, restoring essential SRH and GBV systems, and strengthening community and institutional capacities to support relief and recovery efforts.

Target Population



833,600

Total targeted population



208,400

Women and girls of reproductive age



21,200

Pregnant & lactating women



8,300

Elderly women



122,500

People targeted w/ SRH services and information



85,900

People targeted w/ GBV programmes

Sexual and reproductive health priorities

UNFPA's SRH interventions focus on ensuring the continuity of life-saving care, addressing immediate material needs, and enhancing the resilience of both the health system and the affected communities. This will be achieved through:

- **Mobile health clinics** to reach displaced populations and communities where health facilities have been damaged or disrupted.
- **Maternity, adolescent and elderly kits** containing essential health and hygiene supplies for women and adolescent girls, older women, and new or expecting mothers.

- **Midwifery go-bags** for midwives to ensure they have the necessary supplies to provide maternal and neonatal care during outreach services.
- **Cash and voucher assistance:**
 - **Pregnant and lactating women** due to deliver within the next 3 months to support them in accessing health services and critical supplies they need for their baby
 - **Older women** to enable them to immediately purchase life-saving medication and clinical items.
 - **Vulnerable women**, including sex workers and women living with HIV, to access critical SRH services and meet hygiene needs.
- **Youth-friendly services**, including mental health and psychosocial support, and SRH services, tailored to their needs.
- **Community engagement and information** sessions and the distribution of communication materials containing vital SRH information.
- **Restoring health clinics** that have been damaged or affected by the cyclone, through the provision of essential infrastructure support and replacing damaged equipment.

Gender-based violence priorities

UNFPA's GBV interventions focus on risk mitigation, multisectoral coordination, and ensuring referral pathways for women, girls and target populations at risk of violence. All efforts are aligned with national and interagency strategies, reinforcing UNFPA's coordination role within the GBV Area of Responsibility. Planned activities include:

- **Dignity kits** distributed to women and girls at risk of GBV, including those with disabilities, and prepositioning of kits in preparation for further crises.
- **Cash assistance** to vulnerable women at risk of GBV.
- **Mental health and psychosocial support**, including psychological first aid (PFA).
- **GBV safety audits** at government-run centres to assess safety conditions and provide recommendations for GBV risk mitigation.
- **Women and girls' safe spaces** (WGSS), established within or near safety centres.
- **Repairing and restoring damaged safe spaces**, including women's shelters, GBV crisis centres, and GBV help desks in healthcare facilities.
- **Watch groups** established and trained as a community-based protection mechanism to ensure safety.
- **Emergency protection assistance**, including safe transport, temporary shelter referral, and accompaniment for women and girls experiencing GBV.
- **Information and education communications** disseminated through partner networks to raise awareness about GBV risk mitigation, provision of peer support, and encourage help-seeking at service facilities and hotlines.
- **Multisectoral referral pathways** established and strengthened through coordination at the district and divisional levels, and capacity building of government stakeholders.

Expected Outcomes and Results



122,500

Total people reached with SRH services



85,900

Total people reached with GBV prevention and response



8,500

Young people and adolescents reached



6,900

Midwives supported



4,000

Women with disabilities reached



3,500

People reached with humanitarian cash and voucher assistance

Funding Requirements

Programme	Funding Required (USD)
Sexual and reproductive health	\$3,751,200
Gender-based violence	\$2,917,600
Other (accountability of affected populations, protection from sexual exploitation and abuse, humanitarian access, operations, monitoring and evaluation, operations, human resources, and other activities related to the emergency response)	\$1,667,200
Total	\$8,336,000

Current Donors

UNFPA Humanitarian Thematic Fund

For more Information

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