



Rapid Multisectoral Needs Assessment of Households Affected by Tropical Cyclone Ditwah

January 2026

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The Sri Lanka Red Cross Society (SLRCS) and the International Federation of Red Cross and Red Crescent Societies (IFRC) extend their deep appreciation to the community members and households who so generously shared their time, experiences, and perspectives during a complex and demanding period of recovery following Tropical Cyclone Ditwah. Their openness and willingness to engage enabled analysis to be grounded in lived experience and responsive to the realities facing affected populations.

We gratefully acknowledge the support and collaboration of district and local authorities, community leaders, and government counterparts whose constructive engagement enabled access, coordination, and field implementation across affected areas and Safety Centres. Their cooperation was essential to facilitating safe and orderly data collection, strengthening alignment with national response mechanisms, and supporting a coherent and coordinated approach to humanitarian assessment and recovery planning.

We also extend our sincere appreciation to the SLRCS branches and volunteers across Sri Lanka whose professionalism, commitment, and contextual knowledge were instrumental to the successful delivery of this assessment. SLRCS' nationwide presence - anchored in an established branch in every district - reflects decades of sustained engagement, trust, and local partnership. This institutional reach enabled timely mobilisation, access to affected areas, and principled engagement with households across diverse geographic and social contexts, ensuring that the realities and voices of affected communities sit at the heart of this assessment.



Figure 1: SLRCS volunteers supporting the Tropical Cyclone Ditwah response

EXECUTIVE SUMMARY

Following Tropical Cyclone Ditwah, the Sri Lanka Red Cross Society (SLRCS), supported by the International Federation of Red Cross and Red Crescent Societies (IFRC), conducted a Rapid Multisectoral Needs Assessment (RMNA) across severely affected districts. The assessment draws on enumerator-administered household surveys with 1,355 households in purposively selected locations, generating indicative findings to support timely operational planning and response prioritisation.

This assessment foregrounds the experiences and priorities reported by affected households, capturing household-level perspectives on damage, displacement, access to essential services, and recovery needs. By encompassing both community-based households and those residing in Safety Centres, the findings illuminate how the impacts of the cyclone are lived and negotiated in everyday conditions and provide an empirical basis for response planning that is people-centred and protection-sensitive.

- **Shelter:** Shelter damage and displacement are closely interlinked. Widespread housing damage has driven displacement and shelter-related vulnerabilities, with a significant proportion of surveyed households reporting partially damaged or destroyed dwellings. At the same time, most affected households remain in damaged homes, while households residing in Safety Centres were more likely to report severe housing damage. This pattern underscores the continued need for emergency shelter support, repair assistance, and transitional shelter solutions.
- **Livelihoods and income:** Livelihood disruption and income loss are among the most severe impacts of Tropical Cyclone Ditwah. Most surveyed households reported impacts to their primary income source, ranging from temporary interruption to severe or complete loss. Given widespread reliance on informal, climate-sensitive livelihoods, particularly daily wage labour and agriculture, income disruption is extensive and, for many households, likely to persist. Household-reported income patterns show a marked post-cyclone shift towards no or reduced income, indicating heightened risk of prolonged economic stress.
- **Cash-based assistance:** Cash-based support emerged as the most commonly preferred form of assistance for livelihood and income recovery, alongside continued needs for agricultural inputs and livestock to restore productive activities. Among households reporting receipt of assistance to date, cash was the most frequently reported modality, indicating early alignment between household preferences and response approaches, and reinforcing the relevance of cash-based assistance in the post-cyclone context.
- **Water, Sanitation and Hygiene (WASH):** WASH conditions remain significantly affected. Many households reported lacking access to safe and reliable drinking water, alongside widespread damage to household sanitation facilities. Reported

challenges included inconsistent water availability, poor water quality, and difficulties safely accessing toilets or latrines, with disproportionate impacts on women, girls, older persons, and persons with disabilities.

- **Health:** Post-cyclone health risks are shaped by increased exposure to communicable diseases, uneven access to healthcare, and widespread psychological distress. While many households reported continued access to health services, a substantial minority experienced new barriers related to cost, distance, and transport. Prevention of mosquito-borne and waterborne diseases, alongside the need for immunisation services, emerged as priority health concerns. Limited awareness of available mental health and psychosocial support services indicates significant unmet needs at community level.
- **Safety Centres and protection:** Safety Centre conditions reveal both strengths and protection gaps. While many households residing in Safety Centres reported access to basic services and child-friendly spaces, concerns were raised regarding overcrowding, privacy, shelter adequacy, and clarity of complaints and protection mechanisms. Women and girls, in particular, reported mixed experiences related to safety, privacy, and access to dignity items, highlighting the need for strengthened protection-sensitive and gender-responsive measures.
- **Food security and nutrition:** Food security and nutrition pressures persist despite partial market functionality. Many households reported reduced access to sufficient food and declining dietary diversity, alongside increased reliance on food assistance, Safety Centres, borrowing, and other coping strategies. The widespread use of food-related coping mechanisms indicates ongoing vulnerability and underscores the need for sustained food security and nutrition support during recovery.

This report synthesises the most critical findings from the assessment to support immediate decision-making and operational prioritisation. The analysis is complemented by an interactive Power BI dashboard¹, enabling further exploration of findings by sector, geography, and household context. Findings were reviewed alongside available national-level assessments to support contextual interpretation and coherence with the broader evidence base.

Taken together, the findings reinforce the value of household-level data in complementing earlier rapid assessments. By foregrounding lived experience, dignity-related concerns, and recovery preferences, the assessment provides essential insight into how assistance can be delivered in ways that are effective, accountable, and responsive to the priorities of affected people.

¹ RMNA Power BI dashboard: [view here](#)

CRISIS OVERVIEW

A low-pressure system formed over the southwest Bay of Bengal on 25 November 2025 and intensified into Cyclone Ditwah by 26 November, bringing torrential rains. The Department of Meteorology issued early warnings as the cyclone tracked north-northwest, causing flooding and landslides. By 29 November, the Disaster Management Centre reported impacts across 25 districts, affecting 1.7 million people and 490,000 families, with 643 deaths and 183 people reported missing. Over 218,000 people from 61,000 families were evacuated to 1,564 Safety Centres; as of 17 December, 66,000 people remained in 732 centres. Infrastructure damage included 107,000 houses destroyed and 101,055 partially damaged. Rainfall exceeded 200 mm within 24 hours, reaching up to 540 mm in some districts. Access remained limited, with 200 roads and 10 bridges damaged. The Sri Lanka Red Cross Society (SLRCS) mobilised 25 branches and 400 volunteers for assessments and relief distribution. On 28 November, the President declared a state of emergency and activated the Essential Public Services Act to ensure continuity of services, including healthcare, water, electricity, and transport.

BACKGROUND AND RATIONALE

Following Tropical Cyclone Ditwah, two Joint Rapid Needs Assessments (JRNA) were conducted under the coordination of the Government of Sri Lanka through the Disaster Management Centre (DMC), with technical inputs from line ministries, UN agencies, and humanitarian partners, including the Sri Lanka Red Cross Society (SLRCS). Together, these assessments provided an important national-level evidence base to inform early response planning and coordination.

Phase I, undertaken within the first 72 hours, provided a rapid overview of impacts based on secondary data, hazard exposure and geospatial analysis, and sectoral expertise. Phase II expanded the evidence base through qualitative primary data collection, including key informant interviews and focus group discussions, complemented by sector-specific and geospatial assessments. Given their scope and timing, these assessments were not designed to generate systematic, household-level evidence capturing the perspectives and priorities of affected populations.

To address this gap, this Rapid Multisectoral Needs Assessment (RMNA) was undertaken to directly survey affected households and ensure that lived experiences and self-reported priorities inform response planning. RMNA findings were subsequently reviewed alongside JRNA Phase II outputs to triangulate household-reported experiences with sectoral and contextual analysis (see Annex D)². An interactive Power BI dashboard³ accompanies this report, enabling further exploration of findings by sector, geography, and household context, including distinctions between community- and Safety Centre-based households.

² Questionnaire design and data collection for the RMNA were completed prior to publication of the Phase II JRNA and were intended to complement assessment findings.

³ RMNA Power BI dashboard: [view here](#)

ASSESSMENT OBJECTIVES

The RMNA's objectives are:

1. To identify priority humanitarian needs, vulnerabilities, and immediate response gaps among households affected by Tropical Cyclone Ditwah in the most impacted locations.
2. To provide timely, household-level and community-informed insights to inform operational prioritisation and response planning.
3. To capture and describe displacement-related and site-specific conditions in Safety Centres.

METHODOLOGY

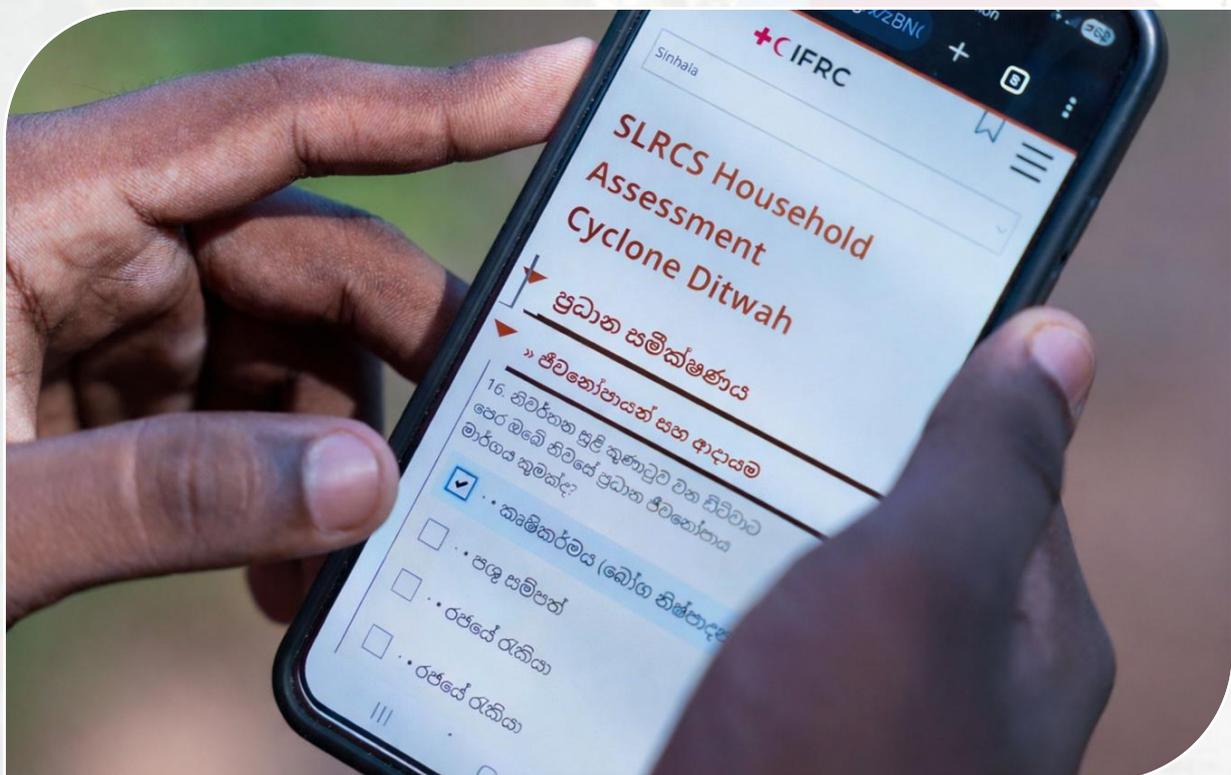


Figure 2: SLRCS volunteer conducting digital data collection using Kobo Toolbox

Data Collection

The RMNA employed a structured, enumerator-administered household survey to generate timely, field-based evidence on cyclone impacts and priority needs, with the design prioritising speed, operational relevance, and coverage under emergency conditions to support immediate response and early recovery decision-making. Data collection was conducted between 22 and 24 December across 20 cyclone-affected districts with adult household representatives. A multisectoral questionnaire was

developed by an Assessment Technical Working Group (ATWG) comprising sectoral experts, ensuring technical relevance and alignment with humanitarian standards. The questionnaire was translated into Sinhala and Tamil and pre-tested for accuracy and clarity.

Data collection was preceded by structured enumerator training covering assessment objectives, ethical data collection, survey protocols, digital data capture and tool testing. Approximately 400 trained enumerators collected data using Kobo Toolbox, enabling real-time monitoring and quality checks.

Informed consent was obtained from all respondents, and interviews were conducted in coordination with SLRCS branches, volunteers, and local authorities to facilitate access to affected communities and Safety Centres.

Sampling Strategy and Achieved Coverage

An initial district-based sampling framework was developed to guide data collection. In practice, implementation was adapted to reflect access constraints, displacement dynamics, time pressures, and operational realities typical of a rapid-onset emergency, including ongoing monsoon conditions that limited mobility in some locations.

In total, 1,355 household interviews were completed across 20 districts, focusing on the most severely affected GN Divisions identified through prior impact analysis, coordination with district authorities, and field validation. Site selection was purposive and, in some locations, was further expanded through snowball techniques where access and safety conditions permitted, particularly to facilitate engagement with displaced or less visible households.

Achieved sample sizes varied across districts, reflecting the post-emergency context, differences in access, displacement patterns, and the operational footprint of Safety Centres. As a result, the dataset should be understood as a pooled, multi-district evidence base with uneven site intensity, designed to identify indicative patterns and priority needs among surveyed households rather than to produce population-level prevalence estimates or enable district-representative or weighted comparisons.

Analytical Approach

Analysis followed a structured, descriptive, indicator-based approach designed to support rapid interpretation and operational decision-making, supported by interactive visual analytics and triangulation with preceding assessment findings. Indicators were reviewed across sectors with attention to severity, frequency, protection and inclusion risks, and recurring patterns across locations and population groups. Analysis prioritised the identification of recurring patterns and inter-sectoral relationships across surveyed households, rather than isolated indicator results, to support coherent multisectoral interpretation under rapid assessment conditions. An interactive visual analytics platform

was used to facilitate systematic review and synthesis of indicators across sectors and geographic units.

Household-level findings were triangulated with the Joint Rapid Needs Assessment (JRNA Phase II) to assess thematic alignment, validate emerging trends, and identify areas where household-reported evidence added depth or nuance to earlier key informant and secondary data (see Annex D). Triangulation focused on thematic alignment and directional consistency rather than indicator-level comparison, reflecting differences in methodology, timing, and units of analysis, and was used to situate RMNA findings within the wider response landscape.

For reporting purposes, findings are presented across two complementary strata, reflecting distinct analytical objectives:

- **Analytical stratum 1: All surveyed households** - Community-based households and households residing in Safety Centres, forming the primary basis for multisectoral analysis.
- **Analytical stratum 2: Surveyed Safety Centre-based households** - Analysed to document displacement-related conditions, services, and protection considerations within collective settings.

“At 5 in the morning when I came out, I couldn't believe what I was seeing. I was heartbroken to see what had happened to our beautiful village. The noise that came sounded like an airplane first, and then it started sounding like bombing. Even at this very moment, my heart skips a beat when I hear even a small sound like the closing of a gate.” - Man, 35 years

Limitations

Findings from this assessment are intended to support rapid operational prioritisation by identifying indicative patterns and priority needs among surveyed households. Given the purposive sampling approach, uneven site coverage, and variation in achieved sample sizes, results are not designed to produce district-representative or population-weighted estimates and should be interpreted accordingly.

Findings are based on self-reported information and reflect conditions at a specific point in time within a rapidly evolving emergency context. Results should therefore be interpreted alongside secondary data, field observations, and ongoing operational reporting.

These limitations are inherent to rapid multisectoral assessments conducted under emergency conditions and do not detract from the utility of the findings for timely decision-making and early recovery planning.

KEY FINDINGS

The findings below are based on enumerator-administered surveys with 1,355 cyclone-affected households across 20 districts, including both community-based households and families residing in Safety Centres. Respondents primarily reflected individuals with household decision-making and caregiving responsibilities, and many households reported characteristics commonly associated with heightened vulnerability, including young children, older persons, chronic illness or disability, displacement, and reliance on social protection. A more detailed demographic and vulnerability profile is presented in Annex A.

Detailed indicator-level findings and disaggregated results for analytical stratum 1 (all surveyed households) are presented in [Annex B](#), while detailed findings for analytical stratum 2 (households in Safety Centres) are provided in [Annex C](#). Full visual outputs are available through the accompanying interactive Power BI dashboard⁴.

Stratum 1: All Households (Community- and Safety Centre-based)



Priority Needs

This section presents households' self-reported priority needs across all sectors. Respondents were first asked to identify and rank their top three priority needs following Tropical Cyclone Ditwah, providing an initial, cross-cutting overview of household priorities prior to sector-specific analysis.

Key Findings

- Across households' top three reported priorities combined, the ability to earn income emerges as the most consistently reported need, reflecting widespread income loss and reduced purchasing power following Tropical Cyclone Ditwah.
- As a primary priority, households most frequently identified housing damage requiring repair or construction materials, followed closely by income recovery, underscoring the interlinked nature of shelter safety and economic stabilisation in early recovery.
- Assistance received to date has focused primarily on cash and food support, aligning with immediate income and consumption needs, while recovery-oriented assistance such as shelter repair materials, livelihood inputs, and psychosocial services has reached a smaller proportion of households.

⁴ RMNA Power BI dashboard: [view here](#)

Interpretive Analysis

Household-reported priorities indicate that income recovery is the most prominent need when primary, secondary, and tertiary rankings are considered together, underscoring the central role of income loss in shaping early recovery constraints. While not always ranked as the top priority, the ability to earn income appears across all priority levels, reflecting a widespread and sustained pressure affecting households' capacity to meet basic needs and initiate recovery.

Housing repair is most frequently identified as the primary priority, with the largest proportion of households citing damage to dwellings requiring repair or construction materials. Taken together, the prominence of income recovery across rankings and shelter repair as the dominant first-ranked concern highlights the close interdependence between economic stability and safe, habitable shelter following the cyclone.

Essential household items and food access recur across secondary and tertiary priorities, reinforcing the link between income disruption and daily consumption constraints. Education-related needs, particularly access to schooling for children, are more commonly reported at these lower priority levels, suggesting concern for longer-term wellbeing while indicating that education may be deprioritised where immediate income and shelter needs remain unmet. Needs related to water, sanitation, health, and safety are reported less frequently as primary priorities and vary across households, pointing to uneven service-related challenges rather than uniform gaps.

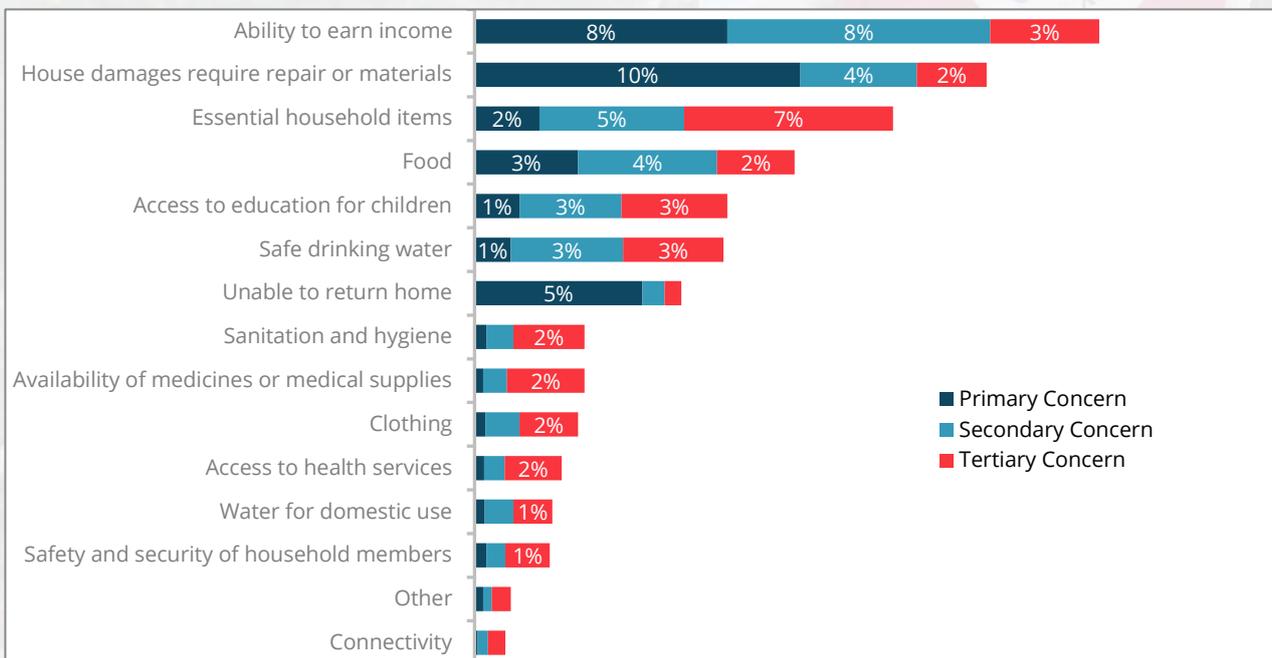


Figure 3: Reported priority needs among surveyed households (n = 1355)

Among households reporting receipt of assistance, cash support was the most commonly cited modality, followed by food assistance, reflecting a response focus on addressing immediate income gaps and supporting household purchasing power, in line with reported priorities. Assistance related to Safety Centres, water provision, and health services was also reported, particularly among displaced households. By contrast, fewer households reported receiving shelter materials, hygiene kits, education support, or psychosocial services, indicating that while cash-based assistance has reached a

substantial share of households, recovery-oriented support addressing housing repair, livelihood restoration, and psychosocial wellbeing remains more limited in scale. Viewed alongside household-reported priorities, this underscores the importance of sustaining cash-based assistance while expanding complementary recovery support to enable household stabilisation and early recovery.



Shelter

Key findings

- The majority of surveyed households reported damage to their dwellings, most commonly partial damage requiring repair, alongside a substantial proportion reporting severe damage or complete destruction.
- Despite the extent of damage, most households reported continuing to live in their own homes, likely indicating widespread in-situ coping in partially or minorly damaged housing.
- Households residing in Safety Centres were significantly more likely to report destroyed or uninhabitable dwellings, confirming a strong relationship between severe housing damage and displacement.

Interpretive Analysis

Household-reported data indicate that shelter damage following Tropical Cyclone Ditwah is both widespread and consequential for early recovery. Among surveyed households, approximately 90% reported some level of damage to their dwelling, with partial damage most commonly cited. This pattern suggests that shelter impacts are not confined to a narrow subset of severely affected households, but instead reflect broad-based challenges related to habitability, safety, and the ability to resume normal living conditions across affected areas.

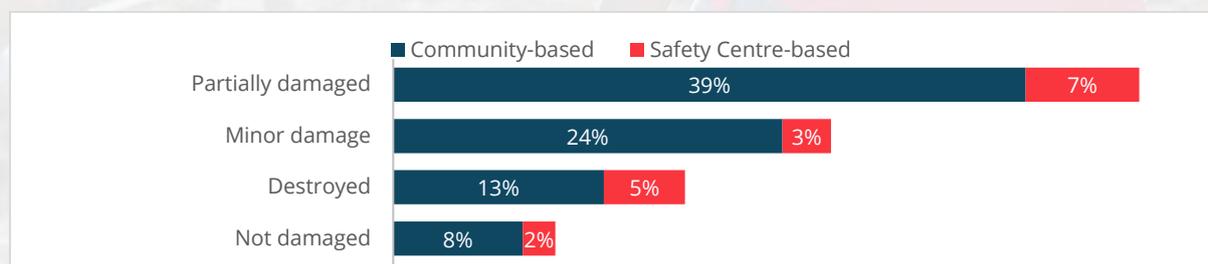


Figure 4: Dwelling damage following Tropical Cyclone Ditwah reported by surveyed households (n = 1355)

Despite the extent of reported damage, around 70% of surveyed households reported that they are currently residing in their own homes. This indicates widespread in-situ coping, possibly shaped by constrained alternative accommodation options, proximity to livelihoods and land, and efforts to safeguard remaining household assets. While remaining in place may support continuity of livelihoods and social networks, continued

residence in partially damaged dwellings raises concerns regarding structural safety, exposure to weather, and compounding protection and health risks, particularly where households lack the resources to undertake repairs.

Displacement patterns closely reflect the severity of housing damage. Households residing in Safety Centres were significantly more likely to report destroyed or uninhabitable dwellings, underscoring the direct link between severe shelter damage and displacement. At the same time, not all displacement was driven by physical damage alone. A notable proportion of displaced households reported evacuation following official alerts or preventative measures, highlighting the role of risk mitigation actions alongside structural impacts.

Beyond Safety Centres, households reported a range of alternative living arrangements, including staying with host families, residing in temporary or makeshift shelters, or renting accommodation. These arrangements reflect diverse short-term coping strategies but also introduce secondary shelter pressures, including overcrowding in host households, increased financial strain, and prolonged uncertainty regarding durable housing solutions.

Priority Shelter Needs

Household-reported findings indicate three interrelated shelter priority profiles:

- **Households remaining in partially damaged dwellings**
This group constitutes the largest share of affected households and faces ongoing safety and protection risks. Priority needs include access to shelter repair materials, technical guidance, and financial support to enable timely and safe repairs.
- **Households with destroyed or uninhabitable homes**
These households require more substantial assistance, including transitional shelter solutions, reconstruction support, or longer-term housing assistance. Clear targeting criteria are needed to distinguish between households able to self-recover and those requiring sustained support.
- **Displaced households and host families**
Displacement places pressure on Safety Centres and host communities. Support is needed both to improve short-term living conditions and to facilitate safe, durable return or relocation, while also addressing overcrowding and resource strain among host households.

“My husband is a carpenter. Also, he works in the paddy field and does a bit of farming. That’s how we survive. We lost all of that. We had planted wild eggplant over half an acre. It all got buried by the flood. We couldn’t do any carpentry work because the machines were submerged in water. We don’t know what might happen.” – Woman, 63



Livelihoods and Income

Key Findings

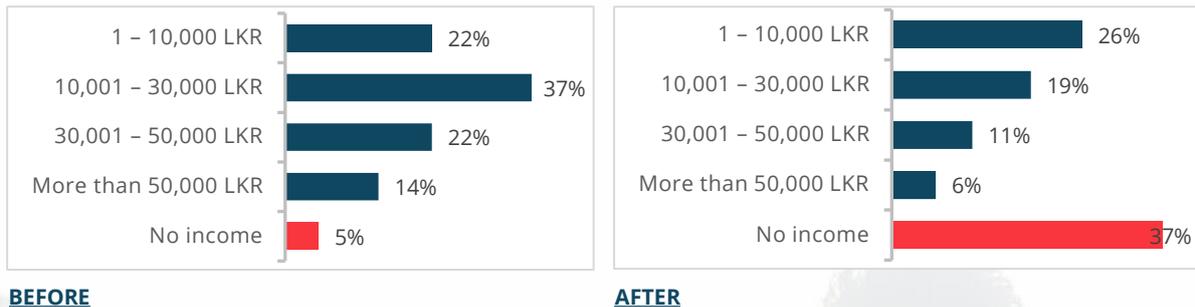
- Surveyed households reported a marked decline in monthly income levels following Tropical Cyclone Ditwah, with many households experiencing a loss of earnings and a shift toward little or no income, indicating significant economic stress in the aftermath of the shock.
- Pre-cyclone reliance on informal, daily wage labour and climate-sensitive livelihoods, including agriculture and livestock-related activities, has heightened vulnerability to income loss and constrained households' ability to recover quickly.
- Reported livelihood support needs highlight a strong demand for cash-based assistance to address immediate income gaps, alongside livelihood-specific inputs such as agricultural and livestock support, reflecting both short-term coping needs and early recovery priorities.

Interpretive Analysis

Household-reported data indicates that livelihood disruption and income loss are among the most severe and immediate impacts experienced following Tropical Cyclone Ditwah. Prior to the cyclone, surveyed households were predominantly reliant on informal and climate-sensitive livelihoods, particularly daily wage labour and agriculture-based activities. These livelihood profiles are inherently vulnerable to weather-related shocks and mobility constraints, providing important context for the scale and persistence of income disruption reported in the aftermath of the cyclone.

Among surveyed households, approximately 85% reported that their main source of livelihood or income had been affected, with impacts ranging from temporary interruption to severe or complete loss of income-generating activities. A substantial proportion of households reported that their livelihoods were unlikely to recover within the next six months or were considered completely lost, suggesting risks of prolonged economic stress rather than short-term disruption alone.

Reported monthly income patterns reinforce this assessment. Household-reported income distributions show a pronounced downward shift following the cyclone, with a marked increase in the proportion of households reporting no income. Compared to pre-cyclone conditions, this represents an increase of approximately 32 percentage points in households reporting no income, alongside a contraction in higher income brackets. Taken together, these patterns indicate not only widespread income loss, but also erosion of household coping capacity, particularly for households with limited savings, high dependency ratios, or pre-existing vulnerabilities.



BEFORE **AFTER**
 Figure 5: Household monthly income levels before and after Tropical Cyclone Ditwah reported by surveyed households (n = 1355)

Household-reported preferences for assistance further reflect the severity and immediacy of income disruption. When asked about livelihood recovery support, a majority of surveyed households identified cash-based assistance as their preferred form of support. This preference suggests a need for flexible assistance modalities that can be adapted to diverse livelihood contexts and used to address urgent income gaps while households seek to stabilise their economic situation and initiate recovery.

Priority livelihood and income needs

Household-reported findings point to three interrelated livelihood and income priority profiles:

- 1. Households requiring immediate income stabilisation through flexible support**

Across surveyed households, cash-based assistance was most frequently identified as the preferred form of livelihood support. This reflects widespread income disruption following the cyclone and the need for flexible assistance that can be adapted to diverse livelihood contexts and immediate household priorities.

- 2. Households requiring livelihood recovery support to restore or adapt productive capacity**

In addition to cash support, households expressed demand for livelihood recovery assistance, particularly agricultural inputs, livestock-related support, and, to a lesser extent, skills training or business restart assistance. These needs reflect both the prevalence of agriculture- and livestock-based livelihoods and the vulnerability of climate-sensitive income sources to repeated shocks, indicating that recovery support may need to enable not only restoration but also adaptation of productive activities.





Water, Sanitation and Hygiene

Key findings

- Access to safe and reliable drinking water remains constrained for a substantial proportion of surveyed households following Tropical Cyclone Ditwah, driven primarily by inconsistent availability and degraded water quality.
- Sanitation infrastructure has been significantly affected, with many households reporting damage to household latrines, increasing risks related to hygiene, dignity, and public health where facilities remain unusable.
- WASH-related challenges disproportionately affect women, girls, older persons, and persons with disabilities, reflecting safety, accessibility, and privacy constraints.

Interpretive Analysis

Water, sanitation, and hygiene (WASH) conditions remain significantly affected following Tropical Cyclone Ditwah. Household-reported data point to persistent challenges related to access, quality, and safety, reflecting uneven service functionality rather than total system failure. While a majority of surveyed households reported some access to drinking water, around 30% reported lacking access to safe and clean drinking water, driven primarily by inconsistent availability and degraded water quality.

Households reported reliance on a diverse mix of water sources, including piped systems, wells, rural water schemes, water provided through Safety Centres, and purchased or trucked water. This diversity reflects uneven service recovery and varying exposure to infrastructure damage and environmental contamination. Among households reporting a lack of safe drinking water, the most commonly cited challenges related to intermittent supply and poor water quality, including turbidity and unpleasant taste or smell, indicating elevated contamination risks following flooding.

Sanitation infrastructure has been widely affected. Among surveyed households, approximately 52% reported that their household toilet or latrine was damaged, limiting safe access and increasing hygiene and dignity risks. While most households continue to use household-level sanitation facilities, reported damage indicates reduced functionality and heightened vulnerability, particularly in flood-affected and low-lying areas.

Beyond infrastructure damage, access challenges are shaped by safety, accessibility, and inclusion constraints. Approximately 25% of surveyed households reported that at least one household member had difficulty safely or comfortably accessing or using a toilet or latrine, including women, girls, older persons, and persons with disabilities. Reported difficulties were driven by a combination of unsafe or damaged facilities, limited physical accessibility, insufficient numbers of toilets, and lack of privacy. Taken together, these findings indicate that sanitation challenges reflect not only physical damage, but also design and inclusion gaps that compound risk for already vulnerable household members.

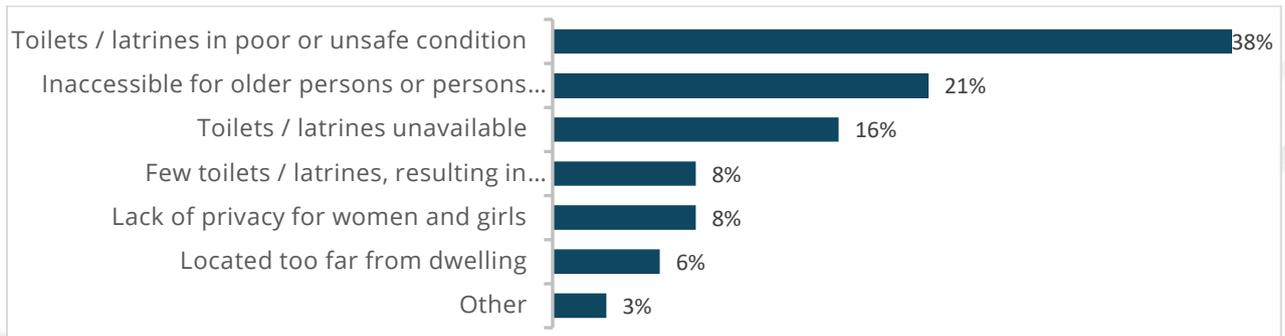


Figure 6: Barriers to safe or comfortable toilet or latrine use among households reporting difficulties, reported by surveyed households (n = 336)

Priority WASH Needs

Household-reported findings point to three interrelated WASH priority profiles:

- 1. Households lacking reliable access to safe drinking water**

These households require immediate support to ensure consistent access to safe water, including water treatment options, rehabilitation of damaged water systems, and targeted water supply support where services remain disrupted.

- 2. Households with damaged or non-functional sanitation facilities**

Damage to household latrines necessitates repair, cleaning, or replacement support to restore safe sanitation and reduce hygiene and public health risks. Temporary solutions may be required where repairs are delayed.

- 3. Households facing safety, accessibility, or privacy barriers in sanitation access**

Women, girls, older persons, and persons with disabilities face disproportionate risks where sanitation facilities are unsafe, inaccessible, or lack privacy. Addressing these barriers is essential to ensuring dignity and protection.



Food Security

Key Findings:

- Food insecurity persists following Tropical Cyclone Ditwah, shaped by a combination of market-level disruptions and reduced household economic access rather than complete market collapse.
- A substantial proportion of households reported declining access to sufficient food and reduced dietary diversity, indicating early deterioration in food quality and nutritional adequacy.
- Many households are relying on food-related coping strategies and external support, signalling ongoing stress on household food systems and risks of worsening food insecurity if recovery is delayed.

Interpretive Analysis

Food security and nutrition conditions remain under pressure following Tropical Cyclone Ditwah. Household-reported data indicate reduced access to sufficient food, declining dietary diversity, and widespread reliance on coping strategies, despite partial market functionality. Taken together, these patterns suggest that food insecurity is driven less by complete market failure and more by reduced household economic access following income and livelihood disruption.

Among surveyed households, around 70% reported insufficient food quantity, indicating that food access constraints are widespread. While households reported that food availability in local markets has been affected to varying degrees, a substantial proportion indicated that markets remain at least partially functional. This points to economic access constraints, particularly among households experiencing income loss or displacement, as a primary driver of food insecurity, rather than supply-side collapse alone.

Nutrition quality has also deteriorated. Approximately 66% of surveyed households reported reduced dietary diversity, suggesting a shift toward less varied diets and reduced food quality even where some level of food access is maintained. Such patterns are consistent with early coping behaviour following economic shocks, where households prioritise food quantity over quality and reduce consumption of more diverse or nutrient-dense foods.

Reported food sources reinforce this interpretation. While market purchase remains a primary source of food for many households, a substantial proportion reported reliance on food provided through Safety Centres, food assistance, borrowing, or support from others. This indicates increased dependence on external support and social coping mechanisms to meet basic consumption needs.

Coping behaviour is widespread. Around 63% of surveyed households reported using food-intake-reduction-related coping strategies since the cyclone. The most commonly reported strategies included reducing meal size or frequency, borrowing food or money, and prioritising children’s consumption over adults. These behaviours signal stress on household food access and raise concerns about potential nutritional risks if such strategies persist over time, particularly for children, older persons, and households with pre-existing vulnerabilities.



Figure 7: Use of food-related coping strategies since the cyclone reported by surveyed households (n = 1355)

Priority Food Security and Nutrition Needs

Household-reported findings indicate three interrelated food security and nutrition priority profiles:

1. **Households experiencing reduced access to sufficient food**

These households require continued food assistance or cash-based support to stabilise food access, particularly where income loss has constrained purchasing power.

2. **Households experiencing declining dietary diversity**

Reduced consumption of diverse foods indicates emerging nutrition risks, particularly for children, pregnant or lactating women, and older persons. Support should aim to protect dietary quality alongside food quantity.

3. **Households relying on food-related coping strategies**

Widespread use of coping strategies such as meal reduction and borrowing signals stress that may worsen over time if livelihoods do not recover. Early intervention is needed to prevent deterioration into more harmful coping behaviours.



Figure 8: SLRCS volunteers supporting relief distribution activities following Tropical Cyclone Ditwah



Health

Key Findings

- While most households reported continued access to healthcare, a significant minority faced financial and physical barriers, alongside substantial unmet needs for preventive, curative, and psychosocial health support.

- Households identified strong demand for disease prevention, immunisation, health education, and child-focused services, reflecting concern about post-cyclone health risks and constrained capacity to manage them independently.
- Psychological distress remains widespread, yet awareness of available mental health and psychosocial support services is low, indicating a significant unmet need for community-level Mental Health and Psychosocial Support (MHPSS) support and outreach.

Interpretive Analysis

Household-reported findings indicate that health needs following Tropical Cyclone Ditwah are shaped by heightened exposure to communicable disease risks, widespread psychological distress, and uneven access to health information and services, rather than a systemic collapse of healthcare availability. While most households reported continued access to services, a substantial minority experienced access barriers alongside unmet health and psychosocial support needs.

Post-cyclone illness was common and largely communicable and environmentally linked. Among surveyed households, around 30% reported that at least one household member experienced illness following the cyclone, most commonly fever, respiratory illness, skin infections, and gastrointestinal illness. This pattern may suggest increased exposure associated with flooding, damaged shelter conditions, and disrupted water and sanitation environments, reinforcing the interdependence between health, WASH, and shelter during recovery.

Access to healthcare remains uneven. Approximately 22% of surveyed households reported experiencing barriers to accessing healthcare, most commonly related to financial constraints, distance or lack of transport, and damaged or unsafe roads. While these barriers do not indicate widespread service failure, they risk delaying treatment and exacerbating preventable illness, particularly for households facing multiple vulnerabilities.

Health-related information did not consistently reach households. Approximately 60% of surveyed households reported not receiving any health-related messaging during or after the cyclone. Where information was received, it relied largely on formal health system actors, with limited dissemination through community-based or digital channels. Messaging focused predominantly on disease risks and prevention, with limited guidance on how or where to access services, constraining households' ability to navigate care during recovery.

Psychological and emotional distress is widespread. Around 86% of surveyed households reported some level of psychological distress following the cyclone, reflecting cumulative stressors linked to loss, displacement, livelihood disruption, and ongoing uncertainty. At the same time, awareness of available mental health and psychosocial support services remains limited, revealing a persistent gap between need and access to support.

In parallel, households identified clear health-related support needs centred on prevention and early intervention. Approximately 35% of surveyed households identified mosquito- and waterborne disease prevention as the most urgent health support need,

alongside immunisation services, health education and hygiene promotion, nutrition support for children, and treatment for childhood illness. These expressed needs align with reported illness patterns, environmental exposure risks, and information gaps, indicating ongoing vulnerability to preventable disease and limited capacity to mitigate health risks without external assistance.

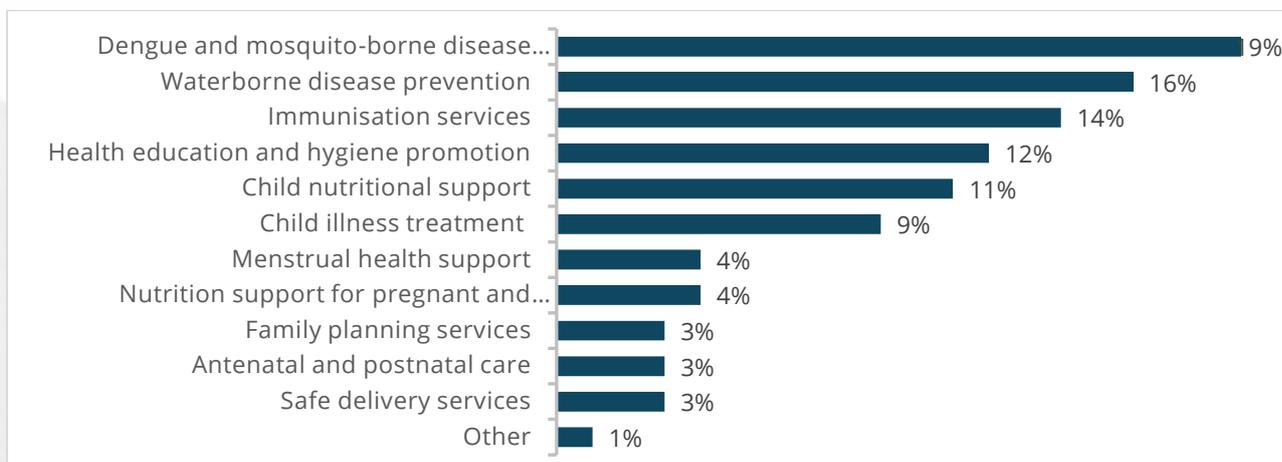


Figure 9: Health-related support needs identified, reported by surveyed households (n = 1355)

Priority Health Needs

Household-reported findings point to four interrelated health priority profiles:

1. Households at increased risk of communicable diseases

Patterns of illness and expressed support needs suggest elevated risk of mosquito-borne, waterborne, and environmentally linked diseases, requiring strengthened prevention, immunisation, and integration with WASH interventions.

2. Households facing barriers to accessing healthcare services

Financial constraints, transport challenges, and damaged infrastructure continue to limit access for a subset of households, increasing the risk of delayed treatment and worsening health outcomes without targeted access support.

3. Households experiencing psychological distress without access to support

High levels of emotional and psychological strain, combined with low awareness of psychosocial services, highlight the need for accessible, community-level mental health and psychosocial support integrated into recovery efforts.

4. Households lacking access to timely and actionable health information

Gaps in health messaging coverage and limited information on service access constrain households' ability to prevent illness and seek care appropriately during recovery.

"I am very sad. This is where I was born, my ancestors' house. We honestly never expected a disaster like this would ever happen. I couldn't save any of my child's books, clothes or anything." - Woman, 38



Education

Key findings

- Education disruption following Tropical Cyclone Ditwah is uneven, with many children able to continue attending school while a significant subset experienced interruption or irregular attendance.
- Where schooling was disrupted, barriers were largely practical and access-related, including loss of learning materials, displacement to Safety Centres, or closure of schools due to damage or use as a Safety Centre.
- Reported education impacts were predominantly temporary, with most affected households describing interruption or irregular attendance rather than permanent discontinuation of schooling.

Interpretive Analysis

Education impacts following Tropical Cyclone Ditwah are characterised by uneven and largely temporary disruption to school attendance, rather than widespread or permanent withdrawal from education. Household-reported data indicate that while many children were able to continue attending school, a notable group experienced interruption or irregular attendance in the aftermath of the cyclone.

Where disruption was reported, it was driven primarily by practical and access-related barriers rather than unwillingness to attend school. Among households reporting disrupted attendance, loss or damage of school supplies emerged as the most commonly cited constraint, reported by around 27% of respondents. Additional barriers included displacement to Safety Centres limiting access to schools, damage to or temporary closure of education facilities, including use of schools for evacuation or relief purposes, and physical access challenges such as damaged or flooded roads.

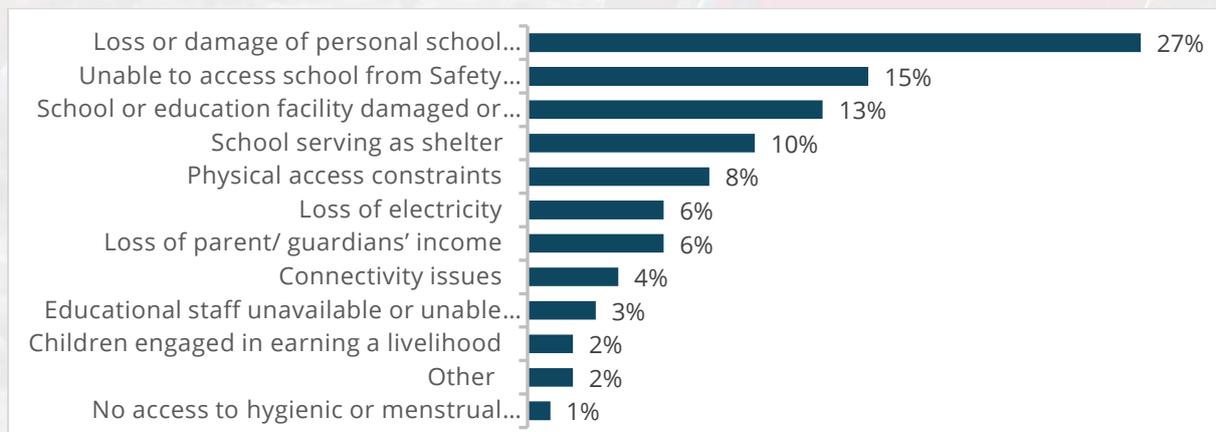


Figure 10: Ways in which Tropical Cyclone Ditwah has hindered school attendance among households reporting disruption, reported by surveyed households (n = 304)

The nature of reported disruption suggests that education impacts are predominantly short-term and reversible, with most affected households describing interruption or irregular attendance rather than permanent discontinuation. However, continued

displacement, delayed replacement of school materials, and prolonged disruption to school facilities risk extending these interruptions if not addressed in a timely manner.

Education-related needs were reported less frequently than shelter and livelihood needs, indicating that education may be deprioritised during early recovery in the absence of targeted support. This dynamic increases the risk that temporary disruption may persist, particularly for displaced children and households facing ongoing economic stress.

Priority education needs

Household-reported findings indicate three interrelated education priority profiles:

- 1. Households with children experiencing interrupted or irregular school attendance**
Temporary disruption to schooling highlights the need for rapid support to re-establish attendance and learning routines.
- 2. Displaced households and households residing in Safety Centres**
Displacement remains a key barrier to education access, particularly where children are unable to reach their original schools or where education facilities are not fully operational.
- 3. Households facing material barriers to school participation**
Loss or damage of school supplies constrains attendance and participation, particularly for households experiencing income loss or reduced coping capacity.



Disaster Risk Reduction

Key Findings

- Early warning coverage was uneven, with a substantial proportion of households reporting that they did not receive any early warning messages or alerts prior to or during Tropical Cyclone Ditwah, indicating significant gaps in warning reach.
- Where warnings were received, households relied on a mix of formal systems and community-based channels, highlighting the continued importance of multi-channel dissemination to ensure timely and inclusive coverage.
- Most surveyed households reported not feeling adequately prepared to cope with future disasters. Reported priorities centred on strengthened early warning systems, enhanced community-level preparedness, and clearer evacuation and shelter arrangements.

Interpretive Analysis

Disaster Risk Reduction findings indicate significant gaps in early warning reach and household preparedness, despite the presence of national-level warning systems and disaster management mechanisms. Household-reported data show that approximately

62% of surveyed households did not receive early warning messages or alerts before or during Tropical Cyclone Ditwah, pointing to weaknesses in last-mile dissemination rather than absence of warning capacity.

Among households that reported receiving early warnings, information was obtained through a mix of formal and community-based channels, including government authorities, media, community leaders or volunteers, mobile or social media alerts, and public announcements. This diversity of sources underscores the importance of multi-channel communication approaches, while also highlighting uneven coverage and reliance on indirect or informal transmission pathways in some locations.

Perceived preparedness to cope with future disasters remains limited. Among surveyed households, approximately 92% reported that they did not feel fully prepared to respond effectively to future disasters. This indicates that awareness of risk does not consistently translate into practical readiness at household or community level, particularly in the absence of clear guidance, training, or resources to support preparedness actions.

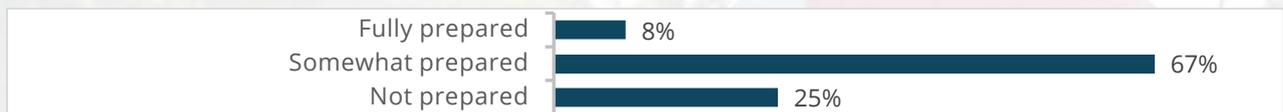


Figure 11: Self-reported level of preparedness to deal with future disasters, reported by surveyed households (n = 1355)

When asked about priority measures to improve preparedness, households most frequently identified improvements to early warning and alert systems, followed by community-level disaster preparedness training, clear evacuation plans, and access to safe shelters. Additional needs raised by households included household emergency supplies, livelihood protection measures, and more resilient infrastructure, indicating that preparedness gaps span both information and material dimensions.

Priority disaster risk reduction needs

Household-reported findings point to two interrelated DRR priority profiles:

1. Households not consistently reached by early warnings

Gaps in warning receipt indicate the need for strengthened last-mile dissemination using redundant, locally trusted channels designed to reach households with limited connectivity, mobility, or access to official information streams.

2. Households receiving warnings but lacking practical preparedness capacity to act on them

Where warnings are received, households highlighted gaps in actionability and readiness, including unclear guidance on what actions to take, when to evacuate, where to go, and how to access safe shelter. Moderate preparedness confidence reflects not only limited preparedness training but also constrained household resources, such as lack of emergency supplies, livelihood protection measures, and practical evacuation planning.



Protection, Gender and Inclusion

Key Findings

- Protection, gender, and inclusion risks have intensified following Tropical Cyclone Ditwah, with households reporting reduced participation in community decision-making and heightened vulnerabilities among children, older persons, and persons with disabilities.
- Access to essential hygiene and dignity items for women and girls remains uneven, with many households relying on assistance through Safety Centres and others reporting persistent gaps, particularly in displacement contexts.
- Awareness of protection support services and referral mechanisms, including for gender-based violence and sexual exploitation and abuse, is very limited among surveyed households, indicating significant gaps in information, access, and safe referral pathways.

Interpretive Analysis

Protection, Gender and Inclusion (PGI) concerns cut across multiple sectors in the aftermath of Tropical Cyclone Ditwah, with household-reported data indicating heightened vulnerability among women and girls, children, older persons, and persons with disabilities, alongside gaps in access to services, participation, and information.

Uneven access to hygiene and dignity items for women and girls emerged as a recurring concern. Among surveyed households, approximately 30% reported not having access to hygiene and dignity items for women and girls, with many households' reporting reliance on assistance received through Safety Centres or informal coping mechanisms. This finding is reinforced by WASH-sector evidence identifying sanitation access challenges related to safety, privacy, and accessibility, particularly affecting women, girls, older persons, and persons with disabilities, pointing to overlapping dignity, protection, and inclusion risks at household level.

Households also reported reduced participation in community decision-making following the cyclone. Approximately 37% of surveyed households reported that reduced participation in community decision-making had worsened since Tropical Cyclone Ditwah, suggesting social disruption and weakened inclusion in local governance and recovery processes. This has implications for accountability, as households facing the greatest vulnerabilities may be least able to influence assistance design, targeting, and delivery.

"I sell lotteries here. Near this bridge. The water rose up to the bridge level, and my lottery cart was swept away along with it. I lost all the money, lotteries and everything with it."

- Man, 68

Child protection concerns were reported to have increased since the cyclone, alongside exclusion from services affecting older persons and persons with disabilities. While not universal, the presence of these concerns across surveyed locations indicates emerging protection risks linked to displacement, livelihood disruption, and strained household coping capacity.

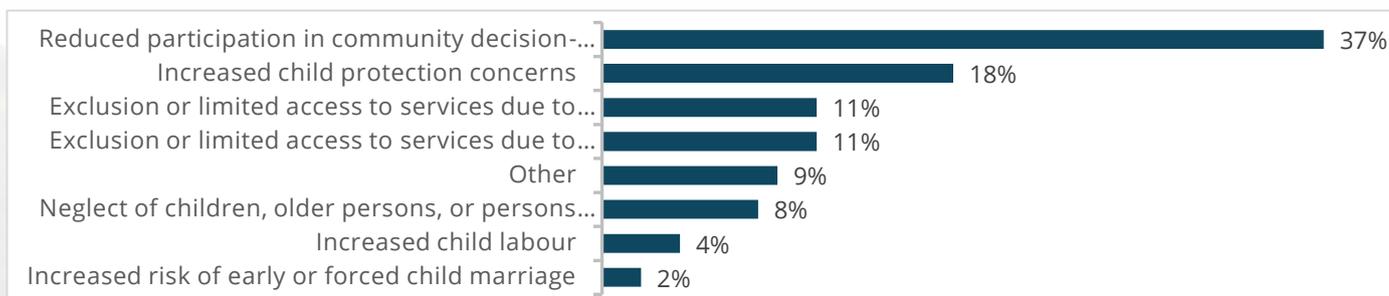


Figure 12: Protection risks perceived to have worsened since Tropical Cyclone Ditwah, reported by surveyed households (n = 1355)

Awareness of protection support services and referral mechanisms remains very limited. Many households reported little or no awareness of services or referral pathways related to domestic violence, gender-based violence, sexual exploitation and abuse, or other protection concerns. Lack of awareness constitutes a protection risk in itself, as it constrains households' ability to seek help safely and access support when needed.

Priority PGI needs

Household-reported findings point to four interrelated PGI priority profiles:

- 1. Households with limited access to dignity-related items and services**

Uneven access to hygiene and dignity items for women and girls, alongside sanitation access challenges affecting vulnerable household members, highlights the need for dignity- and inclusion-sensitive assistance across sectors, particularly within WASH and shelter interventions.
- 2. Households experiencing reduced inclusion in decision-making and recovery processes**

Reported reductions in participation in community decision-making underscore the importance of inclusive engagement mechanisms that actively reach women, older persons, persons with disabilities, and other marginalised groups, particularly in post-disaster recovery planning.
- 3. Households facing protection-related risks affecting children, older persons, and persons with disabilities**

Household-reported protection concerns related to children, older persons, and persons with disabilities, as well as experiences of exclusion from services, indicate the need for strengthened protection monitoring and more inclusive service delivery, particularly for groups facing multiple vulnerabilities.
- 4. Households lacking awareness of protection services and referral mechanisms**

Limited awareness of available support services and referral pathways for domestic violence, sexual abuse or exploitation represents a critical gap,

constraining households' ability to seek help safely and access appropriate support when needed.



Community Engagement and Accountability

Key Findings

- Most surveyed households reported prior consultation on their needs; however, a substantial minority reported no consultation, indicating gaps in consistent, inclusive engagement.
- Where prior consultation occurred, engagement was driven primarily by government authorities and the Sri Lanka Red Cross Society, underscoring the central role of national and local institutions while highlighting opportunities to expand coverage through community-based channels.
- Households expressed a strong preference for direct and interpersonal communication, complemented by mobile-based and community-mediated channels, indicating the need for multi-channel, two-way communication to support effective engagement and accountability.

Interpretive Analysis

Community engagement and accountability remain uneven following Tropical Cyclone Ditwah. Household-reported data indicate gaps in consultation, access to information, and awareness of feedback and accountability mechanisms, despite the presence of multiple response actors across affected areas.

The majority of surveyed households reported being consulted about their needs. Approximately 66% of surveyed households reported prior consultation, most commonly through government authorities, the Sri Lanka Red Cross Society, or community leaders and volunteers. This highlights the central role of formal institutions and community intermediaries in post-disaster engagement. At the same time, a substantial minority of households reported no consultation, suggesting that engagement processes did not consistently reach all affected groups, particularly those with weaker links to official or community leadership structures.

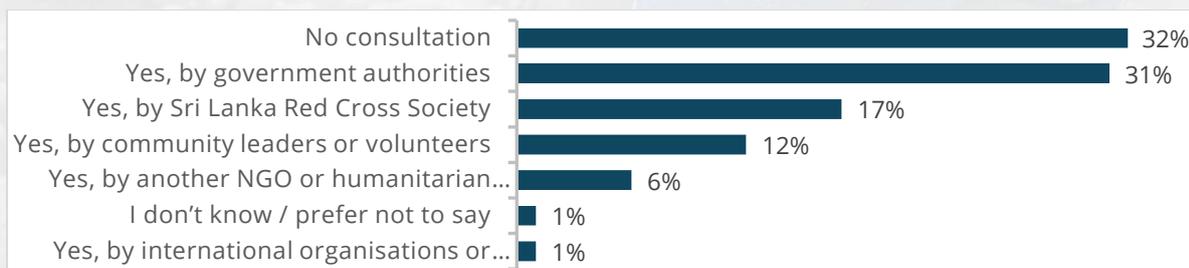


Figure 13: Consultation of households on their needs following Tropical Cyclone Ditwah, reported by surveyed households (n = 1355)

CEA-related gaps are evident across multiple sectors. In the health sector, many households reported receiving little or no health-related information, and where

information was received it focused primarily on disease risks rather than guidance on how or where to access services. This reflects limitations in two-way communication and service navigation, with implications for accountability and service uptake. Similarly, limited awareness of mental health and psychosocial support services points to gaps in outreach rather than absence of need.

In the disaster risk reduction sector, gaps in early warning receipt and preparedness highlight challenges in last-mile communication and actionability. While institutional warning systems were activated, many households either did not receive alerts or lacked clear guidance on what actions to take, reinforcing broader CEA concerns related to message reach, clarity, and trust.

Concerning PGI, low awareness of protection services and referral mechanisms, including for gender-based violence and sexual exploitation and abuse, further underscores accountability gaps. Reduced participation in community decision-making also reflects weakened inclusion and limited opportunities for affected populations to influence response and recovery processes.

Households expressed a clear preference for direct, interpersonal communication channels. Nearly half of surveyed households (approximately 49%) indicated a preference for direct or interpersonal communication with authorities, such as phone calls or in-person engagement, alongside mobile-based platforms such as SMS and WhatsApp. This preference indicates demand for accessible, two-way communication that enables households not only to receive information, but also to ask questions, raise concerns, and provide feedback.

Priority CEA needs

Household-reported findings point to four interrelated CEA priority profiles:

- 1. Households not consulted on their needs or priorities**

Consultation highlights the need for more systematic, inclusive, and repeated engagement processes that actively reach affected households, including those less visible to formal leadership structures.

- 2. Households with limited access to clear and timely information**

Gaps in information related to health services, disaster preparedness, protection support, and assistance processes constrain households' ability to make informed decisions and access available services.

- 3. Households with limited or uneven awareness of complaints, feedback, and accountability mechanisms**

While complaints and protection mechanisms are present in many locations, awareness and usability remain uneven, particularly among displaced households in Safety Centres, where a substantial proportion reported unclear, difficult-to-use, or absent information on available pathways. This limits accountability and reduces opportunities for corrective action, especially for households experiencing exclusion or unmet needs.



Stratum 2: Households in Safety Centres

Safety Centre Conditions

Key Findings

- Safety Centres are providing essential temporary shelter following Tropical Cyclone Ditwah; however, conditions are uneven and strained, with overcrowding, limited space, and inadequate privacy emerging as the most prominent concerns among displaced households.
- Gaps in basic services persist within Safety Centres, particularly in relation to WASH facilities and access to hygiene and dignity items, with disproportionate impacts on women, girls, older persons, and persons with disabilities.
- Protection-sensitive infrastructure, information access, and accountability mechanisms remain inconsistently available, limiting households' ability to feel safe, maintain dignity, and raise concerns or seek support within collective settings.

Interpretive Analysis

Household-reported findings indicate that Safety Centres are providing essential temporary shelter following Tropical Cyclone Ditwah; however, conditions remain uneven and under strain. Households reported significant gaps related to overcrowding, shelter adequacy, privacy, WASH facilities, access to dignity-related items, and the availability of information and accountability mechanisms.

Overcrowding and limited space and privacy emerged as the most prominent concerns among households residing in Safety Centres. Approximately half of surveyed households reported that shelter arrangements for women, men, and families were not fully adequate, with many describing conditions as only partially adequate or inadequate. These perceptions reflect challenges associated with limited space, insufficient separation, inadequate lighting, and reduced privacy within collective settings. Consistent with these findings, shelter, space, and privacy were most frequently identified as priority areas for improvement, followed by water, sanitation, and hygiene facilities.

“Our house was identified as high-risk and we were advised not to go there. We are not asking for anything but only for a small land to live on.”

- Woman, 33

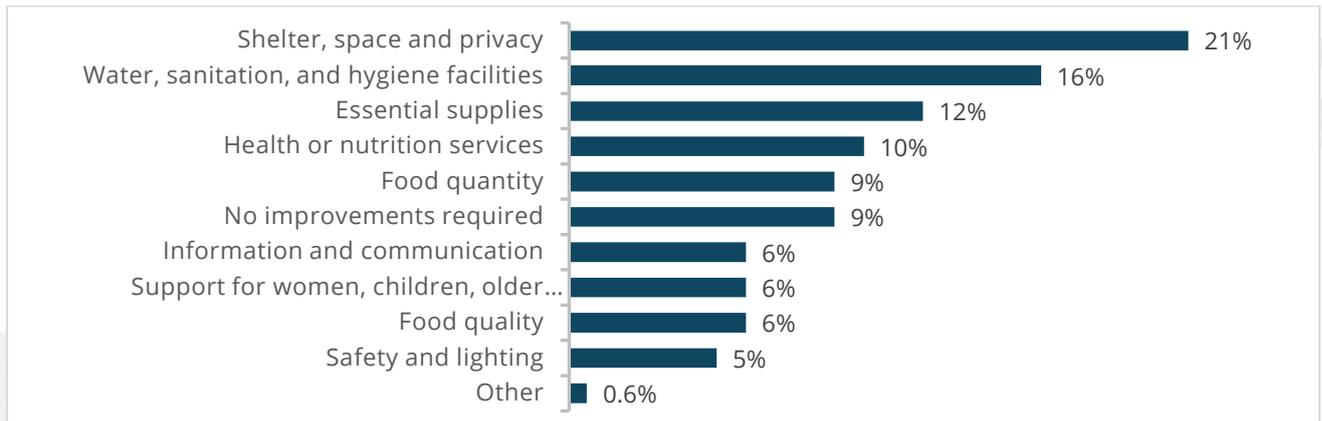


Figure 14: Priority safety centre improvement needs reported by surveyed households (n = 224)

Gaps in basic services persist, particularly in relation to WASH facilities and access to hygiene and dignity items. Households reported limitations in the adequacy, safety, and accessibility of sanitation facilities, alongside uneven access to essential dignity items for women and girls. Among surveyed households, around 14% reported having no access to hygiene and dignity items for women and girls. These constraints have implications for health, dignity, and wellbeing, particularly for women, girls, older persons, and persons with disabilities.

Protection-sensitive facilities show mixed availability across Safety Centres. While many households reported access to child-friendly spaces and described safety and privacy conditions for women and girls as adequate or partially adequate, notable gaps remain. Approximately 44% of surveyed households classified safety and privacy for women and girls as not fully adequate, indicating inconsistent application of gender- and child-sensitive measures across sites.

CEA mechanisms within Safety Centres are unevenly understood and accessed. Only around half of households reported being aware of and able to access complaints or protection mechanisms, while a significant proportion reported that such mechanisms were unclear or entirely unknown. These information gaps limit households' ability to raise concerns, seek support, or influence conditions within the centres.

Priority safety centre needs

Household-reported findings point to four interrelated priority profiles for households residing in Safety Centres:

1. **Households experiencing overcrowded shelter conditions with limited space and privacy**
Reported inadequacies in shelter arrangements highlight the need for improved layouts, decongestion measures, and enhanced privacy solutions for families and vulnerable household members.
2. **Households facing gaps in WASH facilities and dignity-related items**
Limitations in sanitation facilities and uneven access to hygiene and dignity items underscore the need for inclusive WASH improvements that address safety, privacy, and accessibility.

3. **Households with uneven access to protection-sensitive facilities**

Inconsistent availability of child-friendly spaces and variable safety and privacy conditions for women and girls point to the need for strengthened protection-sensitive design and monitoring within Safety Centres.

4. **Households lacking clear access to information, complaints, and protection mechanisms**

Limited awareness and understanding of complaints and protection pathways highlight the need for clearer communication, visibility, and usability of accountability mechanisms within collective settings.



Figure 15: SLRCS volunteer supporting relief distribution activities following Tropical Cyclone Ditwah

CONCLUSION

This Rapid Multisectoral Needs Assessment provides a people-centred account of how Tropical Cyclone Ditwah continues to shape daily life, recovery decisions, and patterns of vulnerability among affected households across Sri Lanka. Drawing on the perspectives of 1,355 households, including both community-based families and those residing in Safety Centres, the findings indicate that recovery challenges are deeply interconnected, with household-level constraints playing a central role in shaping outcomes across sectors.

Livelihood disruption emerges as a central driver of vulnerability. Income loss underpins households' capacity to meet basic needs, repair damaged homes, access services, and plan for recovery. While shelter damage is widespread, most households remain in partially damaged dwellings due to limited alternatives, exposing families to ongoing safety, health, and protection risks. For displaced households, particularly those in Safety Centres, overcrowding, constrained privacy, and uncertainty around durable housing solutions highlight the limits of short-term shelter arrangements.

Essential services continue to function in many areas; however, uneven access, variable quality, and reduced reliability compound vulnerability, particularly for women, girls, older persons, and persons with disabilities. Widespread psychological distress and limited awareness of available support services further reflect the cumulative effects of loss, displacement, and prolonged uncertainty.

Food insecurity, education disruption, and preparedness gaps reflect these same underlying dynamics. Where income recovery is delayed, households increasingly rely on coping strategies that risk entrenching vulnerability over time, underscoring that recovery depends not only on restoring services, but on households' ability to regain stability, agency, and choice.

Protection, gender, inclusion, and accountability considerations cut across all findings and actively shape recovery trajectories. Reduced participation in decision-making, uneven access to dignity-related support, and limited awareness of feedback and protection mechanisms constrain households' ability to influence assistance and seek support safely, particularly within Safety Centres.

Triangulation with the Joint Rapid Needs Assessment Phase II indicates that RMNA findings largely corroborate priority needs identified at national level, while providing additional insight into how these needs are experienced, managed, and sequenced at household level. As Sri Lanka transitions from emergency response to early recovery, the findings underscore the importance of prioritising income stabilisation and livelihood restoration alongside shelter repair and durable housing solutions, with cash-based assistance remaining a critical modality.

Grounded in the voices of affected people, this assessment provides a robust evidence base to support recovery efforts that are responsive, inclusive, and focused on restoring safety, dignity, and resilience over time.

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Government of Sri Lanka, Disaster Management Centre. (2025, December 2). *Joint Rapid Needs Assessment – Phase I (Preliminary Scoping)*. Retrieved via ReliefWeb: <https://reliefweb.int/report/sri-lanka/cyclone-ditwah-joint-rapid-needs-assessment-phase-1-preliminary-scoping-2-december-2025>

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ANNEX

Annex A: Respondent Demographics

A total of 1,355 household representatives were surveyed, of whom 60% identified as female and 40% as male. Respondents were predominantly working-age adults, with approximately 38% aged 35-49 years and 29% aged 50-64 years, while 15% were aged 65 years or older. Younger adults aged 18-24 years represented around 6% of respondents. This age distribution suggests that responses largely reflect individuals with primary household and caregiving responsibilities.

Surveyed households reported multiple and overlapping vulnerability characteristics, consistent with Protection, Gender and Inclusion (PGI) risk profiles commonly observed in emergency contexts. Approximately 20% of households reported having more than three children under 18, 16% reported children under five, and 17% reported elderly household members aged 65 years or above. In addition, around 12% of households reported members with chronic illness, injury, or mental health conditions, and 9% reported receiving government social protection assistance - Aswesuma⁵ - indicating pre-existing economic vulnerability.

Smaller but notable proportions of households reported female-headed households (6%), persons with disabilities (5%) and pregnant or lactating women. Taken together, the respondent profile reflects households facing intersecting age-, health-, care-, and displacement-related vulnerabilities, reinforcing the importance of age-, gender-, and disability-inclusive approaches, in line with IFRC PGI Minimum Standards.

⁵ Aswesuma is Sri Lanka's national social protection and welfare assistance programme. Households receiving Aswesuma are officially identified by the Government of Sri Lanka as economically vulnerable and eligible for state social protection support. In this assessment, Aswesuma status is used as contextual information to support vulnerability analysis, targeting considerations, and coordination with government-led assistance.

Annex B: Detailed Indicator-Level Findings (Analytical Stratum 1 – All Households)

This annex presents detailed, indicator-level findings from the Rapid Multisectoral Needs Assessment, including chart-by-chart visualisations and descriptive interpretations across all assessed sectors. These outputs provide additional analytical depth and transparency, supporting validation and further exploration of the assessment results.

While the main body of the report focuses on synthesised key findings and operationally relevant insights, this annex retains the full set of descriptive charts and disaggregated results to allow readers to examine specific indicators in greater detail. Findings are presented at aggregate level and, where relevant, disaggregated by household context, including community-based households and households residing in Safety Centres.

Readers are encouraged to interpret these findings in conjunction with the narrative analysis in the main report and to refer to the accompanying interactive Power BI dashboard⁶ for enhanced analytical functionality, including dynamic filtering and geographic disaggregation by province, district, and Grama Niladhari (GN) Division.

Shelter

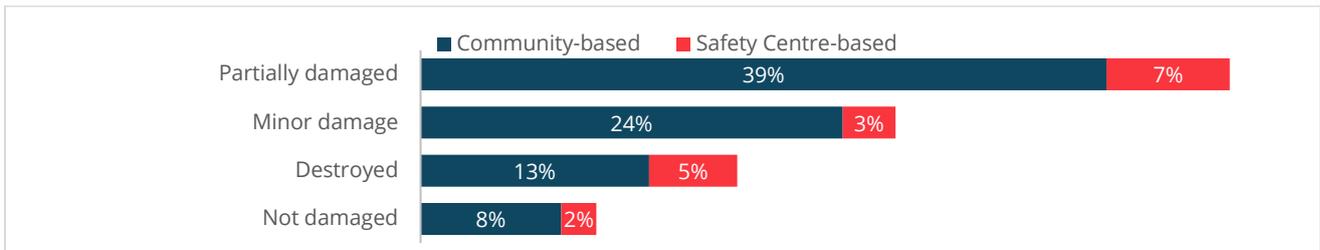
Dwelling Damage

Reported dwelling conditions indicate that housing damage was widespread among surveyed households following Tropical Cyclone Ditwah. The largest share of respondents reported their dwellings as partially damaged (46%), indicating significant structural damage that affects safety and habitability, while a further 27% reported minor damage, suggesting many households are living in dwellings that, although still occupied, require repair.

More severe impacts were also evident, with 18% of surveyed households reporting that their dwellings were destroyed and uninhabitable, necessitating full reconstruction. Reports of severe damage were more pronounced among households currently residing in Safety Centres, reinforcing the close relationship between the extent of housing damage and displacement following the cyclone.

Only a small proportion of surveyed households reported that their dwellings were not damaged (10%), highlighting the breadth of impact across affected locations. Taken together, these findings point to substantial shelter repair and reconstruction needs, alongside targeted support for households remaining in partially damaged dwellings that may pose ongoing safety risks.

⁶ RMNA Power BI dashboard: [view here](#)



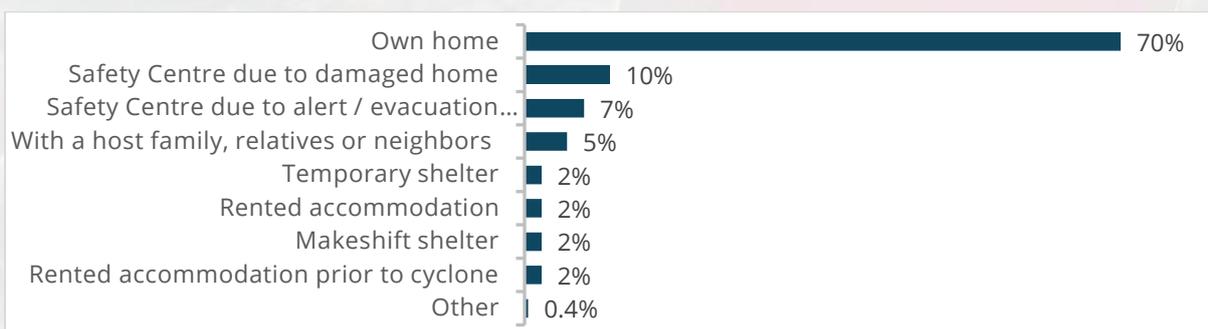
Dwelling damage following Tropical Cyclone Ditwah reported by surveyed households (n = 1355)

Current Living Arrangements

Reported current living arrangements indicate that the majority of surveyed households (70%) are residing in their own homes following Tropical Cyclone Ditwah, despite the widespread housing damage reported elsewhere in the assessment. This suggests that many affected households are remaining in place, including in dwellings that may be partially damaged or require repair.

At the same time, a significant minority of surveyed households reported displacement. Among households currently residing in Safety Centres, displacement was driven by both damage to the household dwelling (approximately 60%) and movement following red alerts or evacuation orders (around 40%), highlighting the combined influence of physical housing impacts and preventative evacuation measures on displacement patterns.

Additional coping arrangements were also reported, including households staying with host families, residing in temporary or makeshift shelters, or moving into rented accommodation following damage to their homes. These varied living arrangements reflect a range of short-term coping strategies and underscore the need for shelter responses that address both displaced households and those remaining in damaged dwellings, including repair assistance, transitional shelter options, and support for host families.



Current living arrangements reported by surveyed households (n = 1355)

Livelihoods and Income

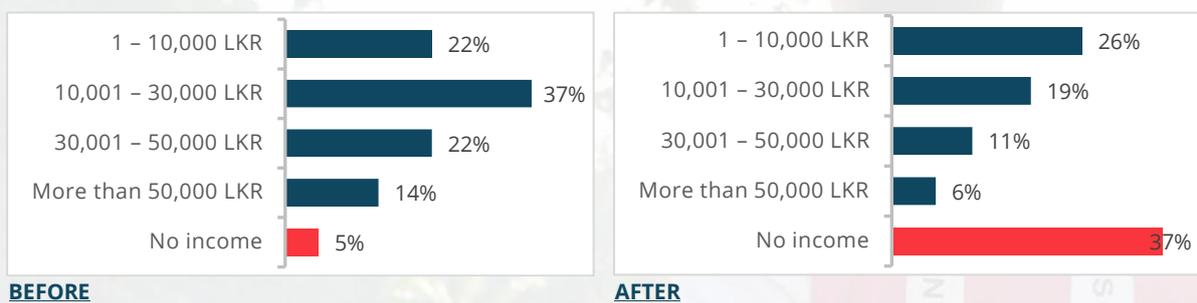
Income Levels Changes

Reported household income levels indicate a substantial shift in income distribution following Tropical Cyclone Ditwah among surveyed households. Prior to the cyclone, the largest share of respondents reported monthly incomes in the LKR 10,001–30,000 range (37%), with additional households distributed across the LKR 1–10,000 (22%) and LKR

30,001–50,000 (22%) brackets. Only a small proportion of surveyed households reported having no income (5%) before the cyclone.

Following the cyclone, the reported income profile changes markedly. The proportion of surveyed households reporting no income increases sharply to 37%, while the share reporting higher income brackets declines across all categories. Notably, the proportion of households reporting incomes above LKR 30,000 falls substantially, indicating widespread income disruption and loss of earning capacity in the aftermath of the shock.

Taken together, these reported changes suggest a pronounced downward shift in household income among surveyed households, consistent with the disruption of livelihoods observed elsewhere in the assessment.



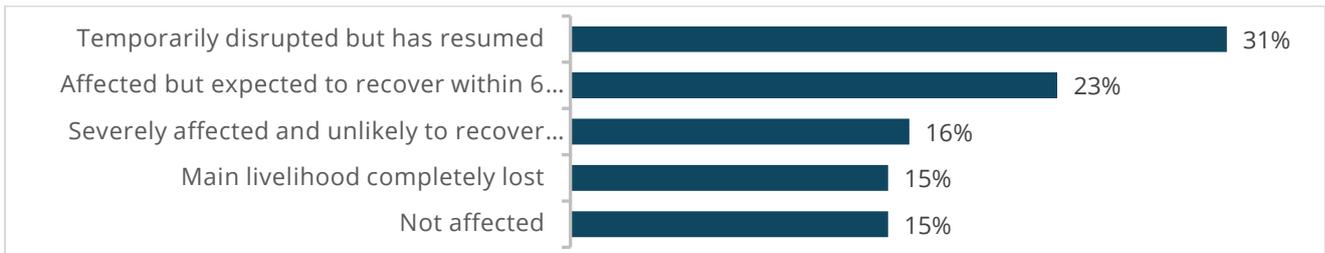
Household income levels before and after Tropical Cyclone Ditwah reported by surveyed households (n = 1355)

Impact on Main Source of Livelihood

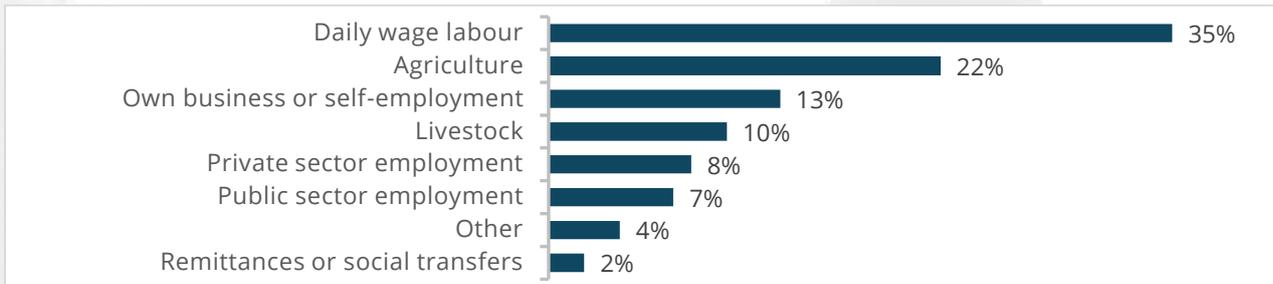
Reported livelihood profiles prior to Tropical Cyclone Ditwah indicate that surveyed households were predominantly reliant on daily wage labour (35%) and agriculture-based livelihoods (22%), with smaller proportions engaged in own businesses or self-employment, livestock-related activities, and formal employment. This livelihood composition reflects a high degree of exposure to climate- and shock-sensitive income sources, particularly those dependent on physical access, seasonal production, and daily earnings.

Against this backdrop, the vast majority of surveyed households reported that their main source of livelihood had been affected by the cyclone. While around 15% reported no impact, most households experienced some degree of disruption, including temporary interruption (31%), impacts with expected recovery within six months (23%), or more severe outcomes. Notably, approximately 31% of surveyed households reported that their livelihoods were either severely affected and unlikely to recover within six months, or completely lost, indicating significant challenges to near-term income recovery.

Taken together, these findings suggest that the cyclone had a widespread and uneven economic impact on surveyed households, particularly given the pre-existing reliance on informal and climate-exposed livelihoods. The combination of livelihood structure and reported impact levels highlights the need for both immediate livelihood support and targeted recovery assistance, especially for households facing prolonged or permanent loss of income-generating activities.



Impact of Tropical Cyclone Ditwah on households' main sources of livelihood reported by surveyed households (n = 1355)



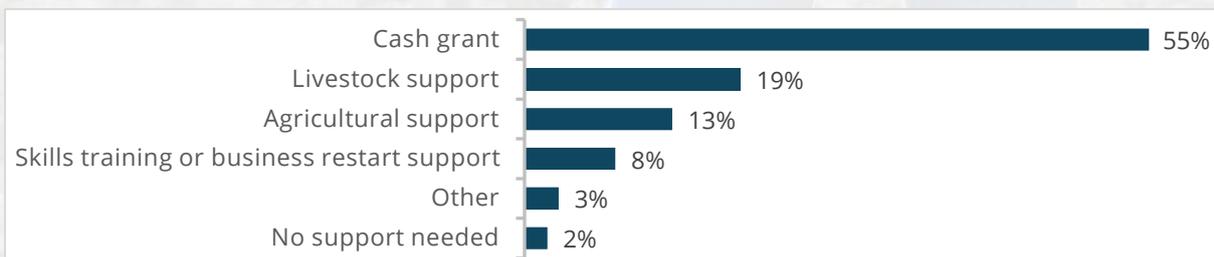
Main sources of livelihood prior to Tropical Cyclone Ditwah reported by surveyed households (n = 1355)

Priority Livelihood Support Needs

When asked what would be most beneficial in supporting their household's livelihood, a majority of surveyed households identified cash grants as the preferred form of support, with approximately 55% selecting this option. This strong preference suggests an immediate need for flexible assistance that can be adapted to diverse livelihood contexts and used to address urgent income gaps following Tropical Cyclone Ditwah.

In addition to cash-based support, surveyed households also reported a need for livelihood-specific inputs, particularly livestock support (19%) and agricultural inputs such as seeds and tools (13%). These responses reflect the prominence of agriculture- and livestock-based livelihoods among affected households and point to the importance of sector-tailored recovery assistance alongside cash support.

A smaller proportion of respondents identified skills training or business restart support (8%), indicating emerging demand for medium-term recovery interventions as households begin to look beyond immediate coping. Only a very limited share of surveyed households reported that no livelihood support was needed, underscoring the widespread economic impact of the cyclone and the continued need for livelihood recovery assistance across affected communities.

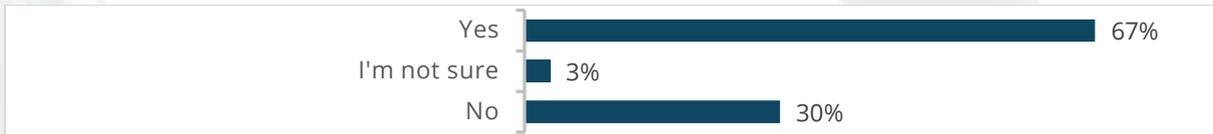


Livelihood support needs reported by surveyed households (n = 1355)

Water, Sanitation and Hygiene

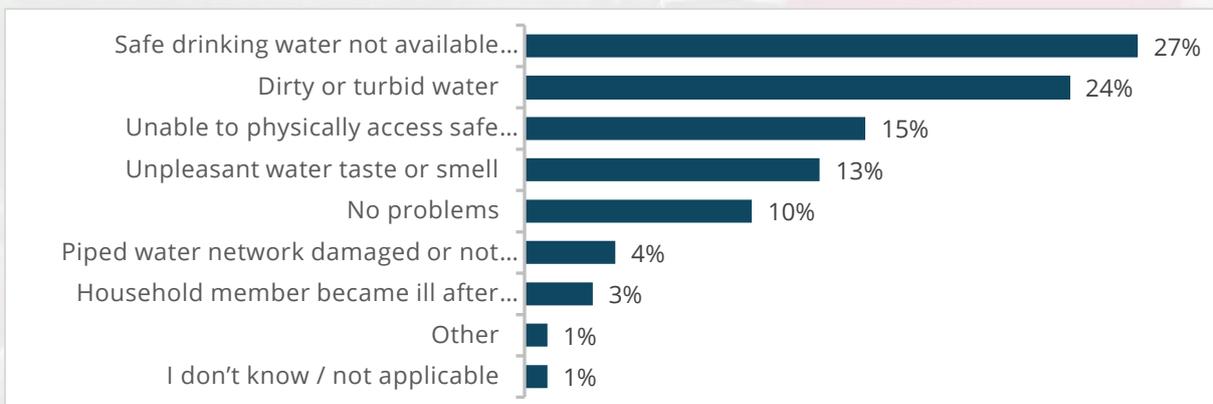
Access to Safe and Clean Drinking Water

Among surveyed households, 67% reported having access to safe and clean drinking water since Tropical Cyclone Ditwah, while 30% reported lacking access and 3% were unsure. This highlights ongoing water access challenges among some affected households and underscores the continued need for targeted WASH support, particularly in locations where infrastructure or service provision remains disrupted.



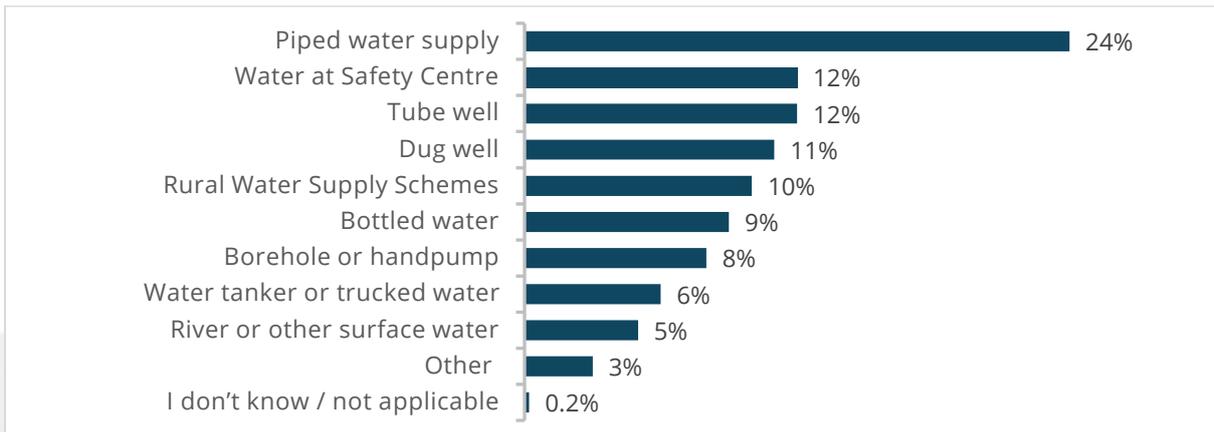
Access to safe and clean drinking water since Tropical Cyclone Ditwah reported by surveyed households (n = 1355)

Among surveyed households who reported lacking access to safe or clean drinking water, the most commonly reported problem was inconsistent availability of safe drinking water (27%), followed by poor water quality, including dirty or turbid water (24%) and unpleasant taste or smell (13%). Physical access constraints, such as damaged roads or difficulty reaching water sources, were reported by 15% of respondents, while damage to piped water networks was reported by 4%. A smaller proportion of households (3%) reported illness after drinking water, highlighting potential public health risks, while 10% indicated no specific problems, suggesting intermittent or context-specific challenges rather than uniform water access failure.



Problems with drinking water access following Tropical Cyclone Ditwah among households without safe or clean drinking water, reported by surveyed households (n = 407)

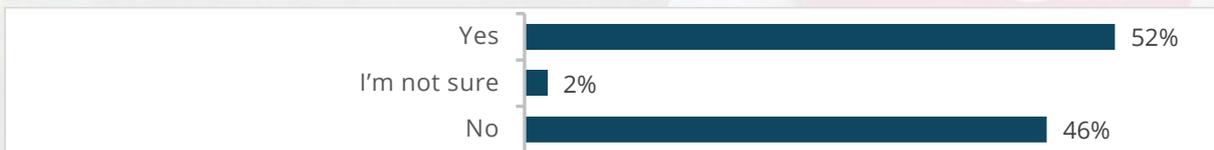
Among surveyed households, the most commonly reported main source of drinking water was piped water supply (24%), followed by water from Safety Centres (12%) and tube wells (12%). A substantial share of households also reported reliance on dug wells (11%) and rural water supply schemes (10%), indicating continued dependence on a mix of formal and informal water sources. Smaller proportions of respondents reported using bottled water (9%), boreholes or handpumps (8%), water tankers or trucked water (6%), and river or other surface water (5%), highlighting varying levels of water security and vulnerability to service disruptions following the cyclone.



Main source of drinking water at the household's primary dwelling reported by surveyed households (n = 1355)

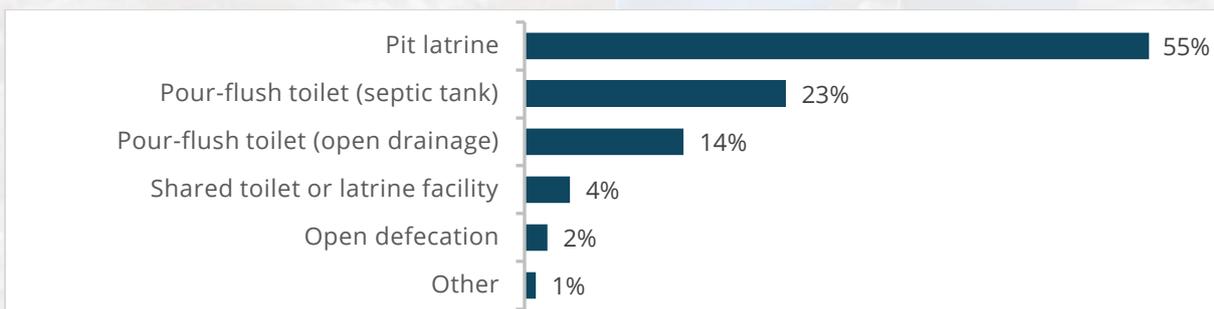
Latrines

Among surveyed households, 52% reported that their household toilet or latrine was damaged by Tropical Cyclone Ditwah, while 46% reported no damage and 2% were unsure. The proportion reporting damage indicates that sanitation infrastructure has been significantly affected for a substantial share of households reached, with potential implications for hygiene, dignity, and public health. These findings highlight the need for WASH interventions that include sanitation repair, temporary facilities, and hygiene support, particularly in areas where household latrines remain unusable.



Damage to household toilets or latrines following Tropical Cyclone Ditwah reported by surveyed households (n = 1355)

Among surveyed households, the most commonly reported type of toilet or latrine used at the primary dwelling was a pit latrine (55%), followed by pour-flush toilets connected to a septic tank (23%) and pour-flush toilets connected to open drainage (14%). Smaller proportions of households reported using shared toilet or latrine facilities (4%) or practicing open defecation (2%), indicating that a minority of households continue to face significant sanitation vulnerabilities. These findings suggest varying levels of sanitation safety and durability, with implications for hygiene risks, particularly in the context of cyclone-related damage and flooding.

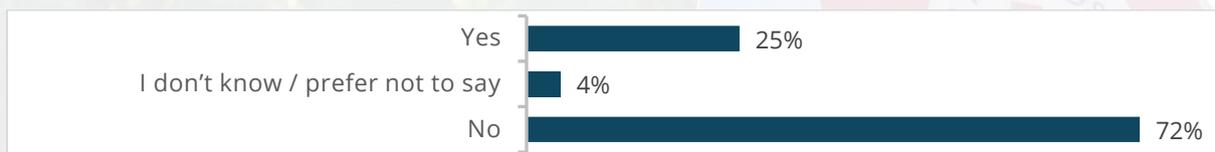


Type of toilet or latrine used by surveyed households (n = 1355)

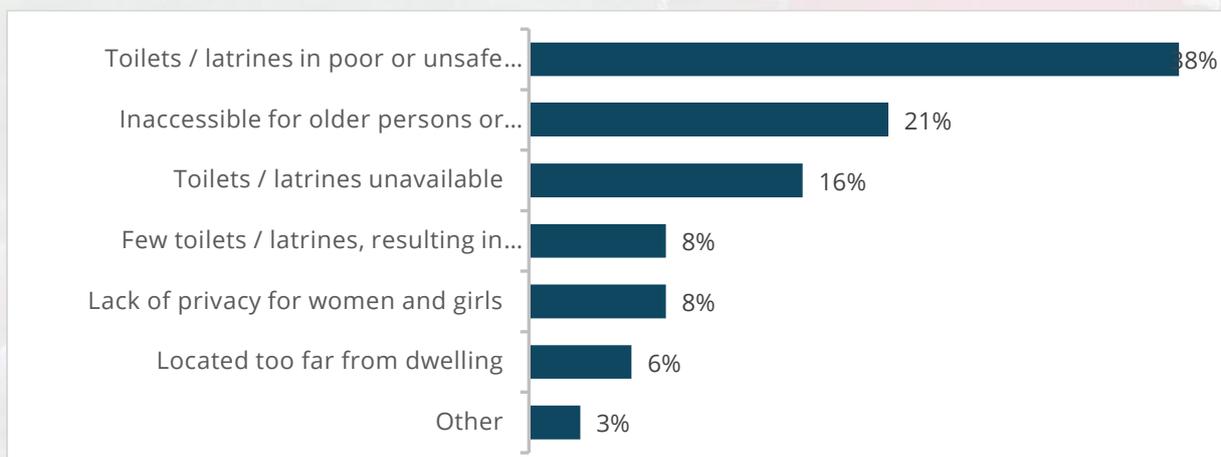
Among surveyed households, 25% reported that at least one household member has difficulty safely or comfortably accessing or using a toilet or latrine, including women, girls, older persons, or persons with disabilities. In contrast, 72% reported no such difficulties, while 4% were unsure or preferred not to say. This indicates that a substantial minority of households are facing sanitation access challenges with potential protection, dignity, and inclusion implications.

Among households reporting difficulties, the most commonly cited barrier was toilets or latrines being in poor or unsafe condition (38%), followed by lack of accessibility for older persons or persons with disabilities (21%). Other frequently reported issues included no toilet or latrine being available (16%), overcrowding due to too few toilets or latrines (8%), and lack of privacy for women and girls (8%). Smaller proportions reported toilets being located too far from the dwelling (6%) or other context-specific barriers (3%).

Taken together, these findings highlight that sanitation access challenges are driven by both infrastructure damage and design limitations, underscoring the need for inclusive WASH interventions that address safety, accessibility, privacy, and adequacy of sanitation facilities, particularly for vulnerable household members.



Difficulties safely or comfortably accessing toilets or latrines by vulnerable groups, reported by surveyed households (n = 1355)



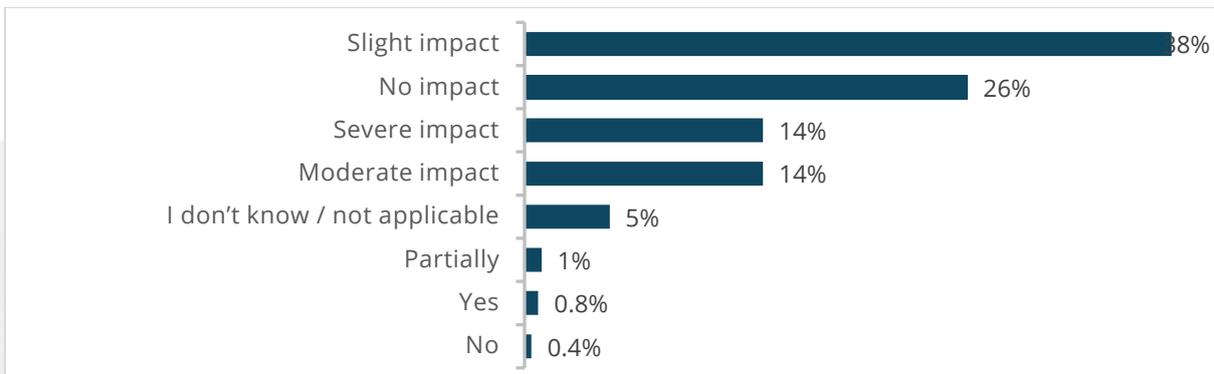
Barriers to safe or comfortable toilet or latrine use among households reporting difficulties, reported by surveyed households (n = 339)

Food Security and Nutrition

Food Availability in Local Markets

Among surveyed households, a majority reported that Tropical Cyclone Ditwah has affected the availability of food in local markets, with 38% reporting a slight impact (some items less available) and 14% reporting a moderate impact, while a further 14% reported severe impacts on food availability. In contrast, 26% reported no impact on food

availability, and 5% were unsure or reported that the question was not applicable. These findings suggest that while market functionality has been maintained in some areas, market-level food access disruptions remain a concern for a substantial proportion of households, with implications for food security and reliance on coping strategies.

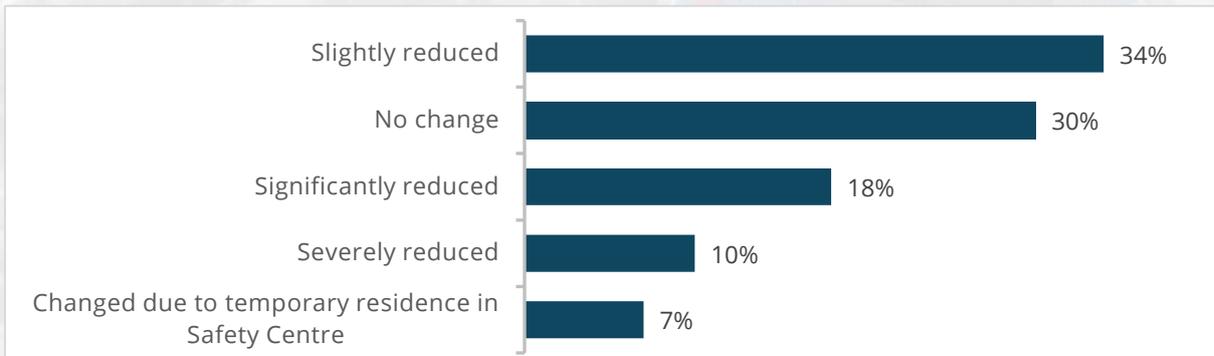


Impact of Tropical Cyclone Ditwah on food availability in local markets, reported by surveyed households (n = 1355)

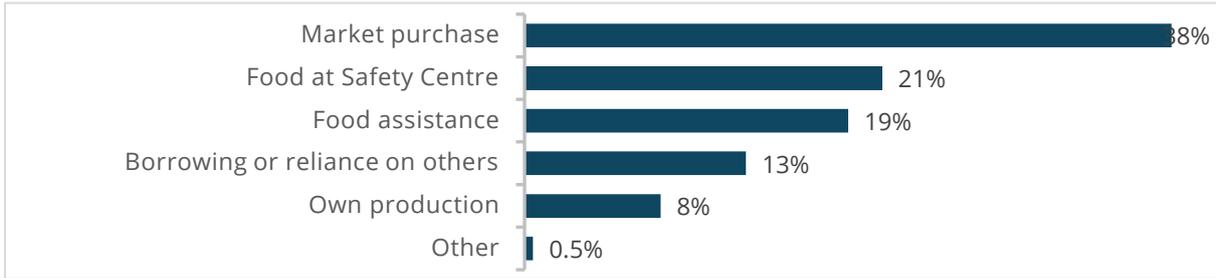
Household Food Access and Consumption Patterns

Among surveyed households, changes in access to sufficient food since Tropical Cyclone Ditwah were widely reported, with 34% indicating slightly reduced access, 18% reporting significantly reduced access, and 10% reporting severely reduced access, while 30% reported no change. These access constraints are mirrored in reported dietary diversity, where 32% of households reported a slight reduction and 18% reported a significant reduction, suggesting a shift toward less varied diets for a substantial proportion of households reached, even where access to food was not entirely lost.

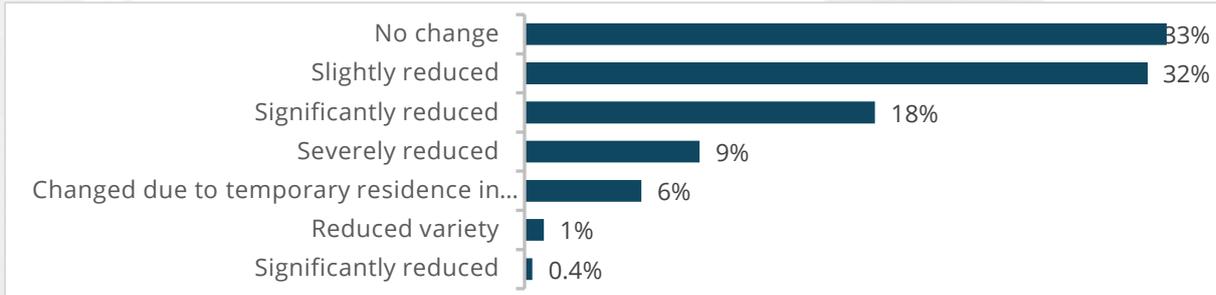
In terms of food sourcing, market purchase remained the primary source of food for 38% of surveyed households, while a considerable share reported reliance on food from Safety Centres (21%), food assistance (19%), or borrowing or reliance on others (13%), indicating increased dependence on external support and coping mechanisms. Taken together, these findings point to interlinked pressures on food access, dietary quality, and reliance on assistance, underscoring ongoing food security risks among affected households.



Changes in household access to sufficient food quantity since Tropical Cyclone Ditwah reported by surveyed households (n = 1355)



Current main sources of food reported by surveyed households (n = 1355)



Changes in dietary diversity since Tropical Cyclone Ditwah reported by surveyed households (n = 1355)

Household Food Coping Strategies

Among surveyed households, 63% reported using at least one food-related coping strategy since Tropical Cyclone Ditwah, while 37% reported using none of the listed strategies. The most commonly reported coping strategy was reducing meal size or the number of meals (33%), followed by borrowing food or money or purchasing food on credit (19%), and adults eating less so children can eat (11%). These findings indicate that a substantial proportion of households are engaging in consumption- and livelihood-based coping strategies, reflecting ongoing pressures on household food security despite partial market functionality and assistance.



Use of food-related coping strategies since the cyclone reported by surveyed households (n = 1355)

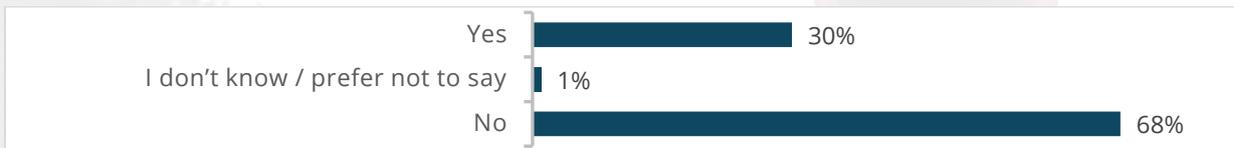
Health

Acute Illnesses

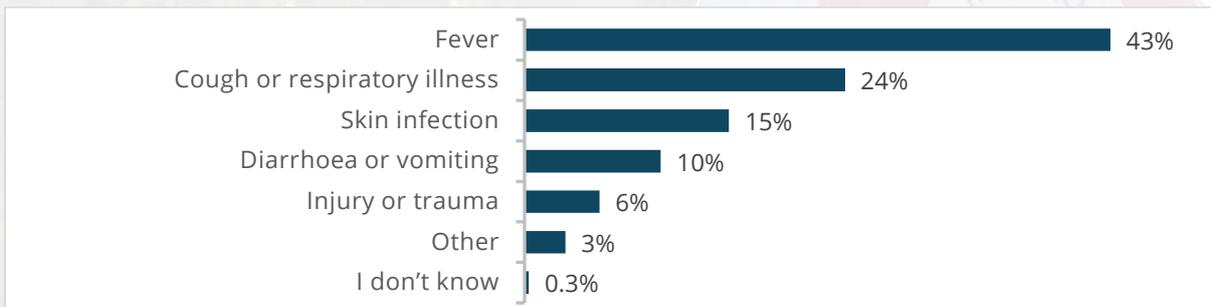
Among surveyed households, 30% reported that at least one household member experienced an acute illness following Tropical Cyclone Ditwah, while 68% reported no illness and 1% were unsure or preferred not to say. This indicates that a substantial

minority of households experienced post-cyclone health impacts, pointing to heightened health risks in the aftermath of the event.

Among households reporting illness, the most commonly cited conditions were fever (43%) and cough or other respiratory illness (24%), followed by skin infections (15%) and diarrhoea or vomiting (10%). Smaller proportions reported injury or trauma (6%) or other illnesses (3%). The pattern of reported illnesses suggests increased exposure to communicable diseases and environmental health risks following the cyclone, consistent with disruptions to shelter, water, sanitation, and hygiene conditions. These findings underscore the importance of integrated health, WASH, and disease-prevention interventions in affected communities, alongside access to timely healthcare services.



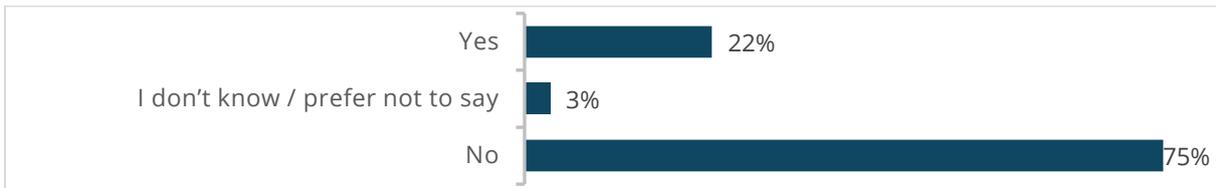
Occurrence of acute illness within households since Tropical Cyclone Ditwah, reported by surveyed households (n = 1355)



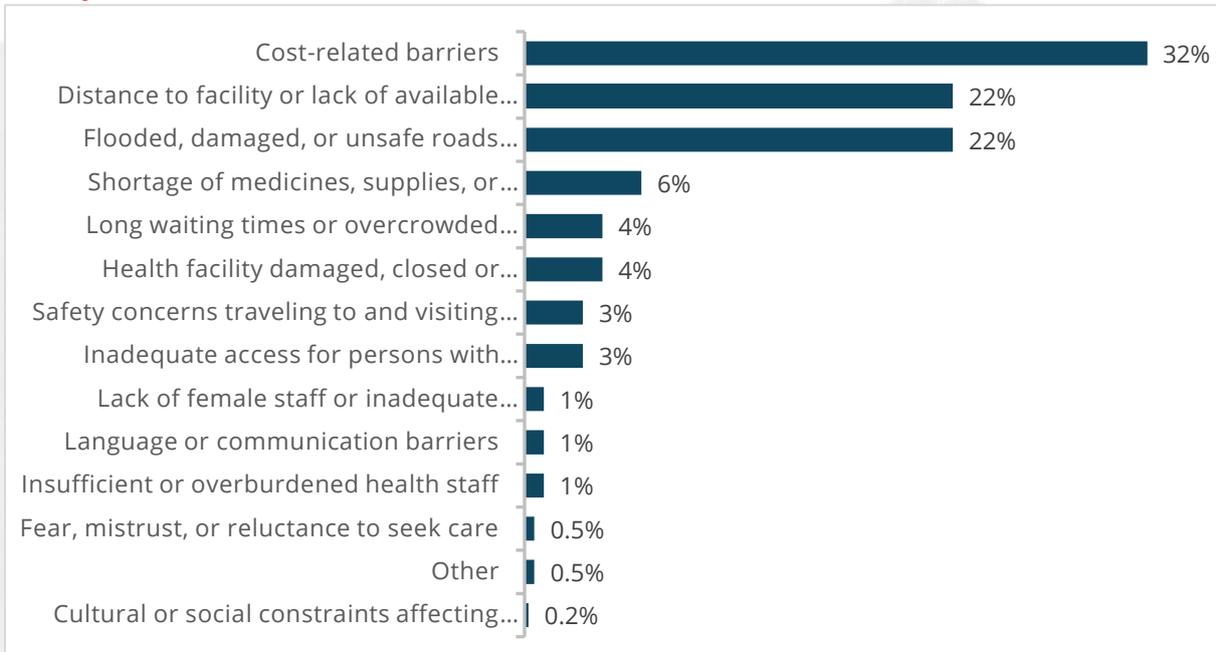
Type of acute illness experienced since Tropical Cyclone Ditwah among households reporting illnesses, reported by surveyed households (n = 407)

Needs and Access to Healthcare

Among surveyed households, 22% reported facing additional barriers to accessing healthcare following Tropical Cyclone Ditwah, while 75% reported no additional barriers. Among households reporting barriers, the most commonly cited challenges were cost-related barriers (32%), followed by distance to health facilities or lack of transport (22%) and flooded, damaged, or unsafe roads limiting access (22%), indicating that both financial and physical access constraints continue to affect care-seeking for a subset of households reached.

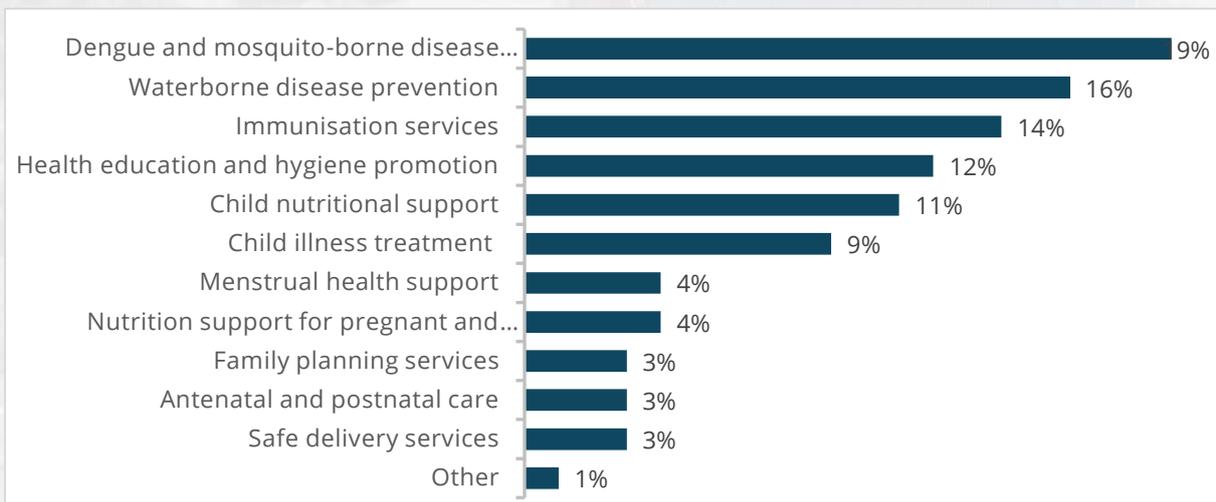


Barriers to accessing healthcare following Tropical Cyclone Ditwah, reported by surveyed households (n = 1355)



Types of healthcare access barriers experienced since Tropical Cyclone Ditwah among households reporting barriers, reported by surveyed households (n = 298)

In parallel, surveyed households identified a range of priority health-related support needs, with the most frequently reported being dengue and other mosquito-borne disease prevention (19%), waterborne disease prevention (16%), and immunisation services (14%), reflecting heightened concern around communicable disease risks in the post-cyclone context. Reported needs for health education and hygiene promotion (12%), nutrition support for children (11%), and child illness treatment (9%) further underscore the importance of integrated preventive and curative health interventions alongside efforts to address access barriers.



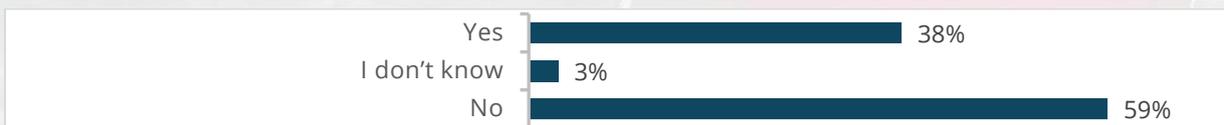
Health-related support needs identified, reported by surveyed households (n = 1355)

Health-related Messaging

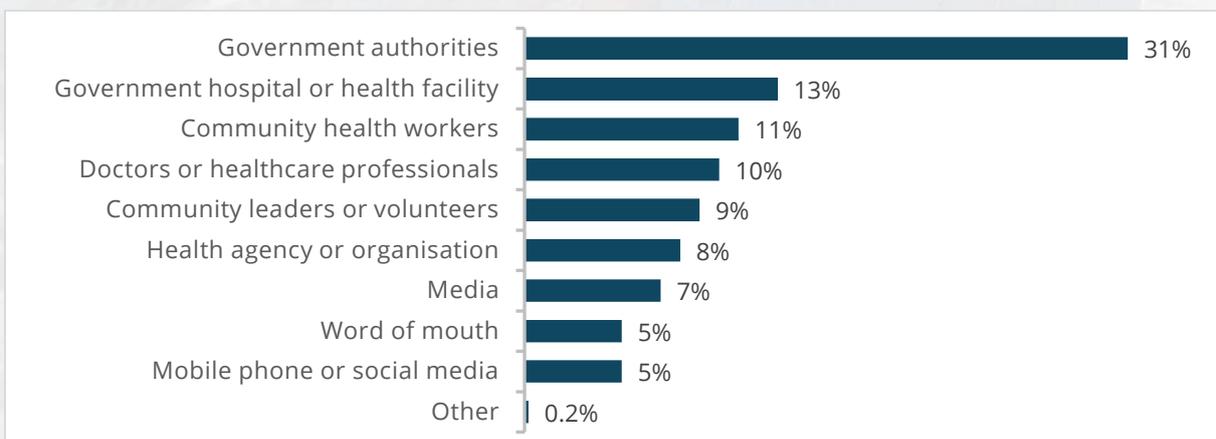
Among surveyed households, 38% reported receiving health-related messages or information during or following Tropical Cyclone Ditwah, while 59% reported not receiving any information and 3% were unsure, indicating that health messaging did not reach a substantial proportion of households affected by the cyclone.

Among households that reported receiving health-related information, the most frequently reported sources were government authorities (31%) and government hospitals or health facilities (13%), followed by community health workers such as Public Health Midwives (11%) and doctors or other healthcare professionals (10%). Smaller proportions of households reported receiving information from community leaders or volunteers (9%), health agencies or organisations, including the Sri Lanka Red Cross (8%), media (7%), and mobile phone or social media channels (5%), suggesting that dissemination relied primarily on formal health system channels, with more limited use of community-based and digital platforms.

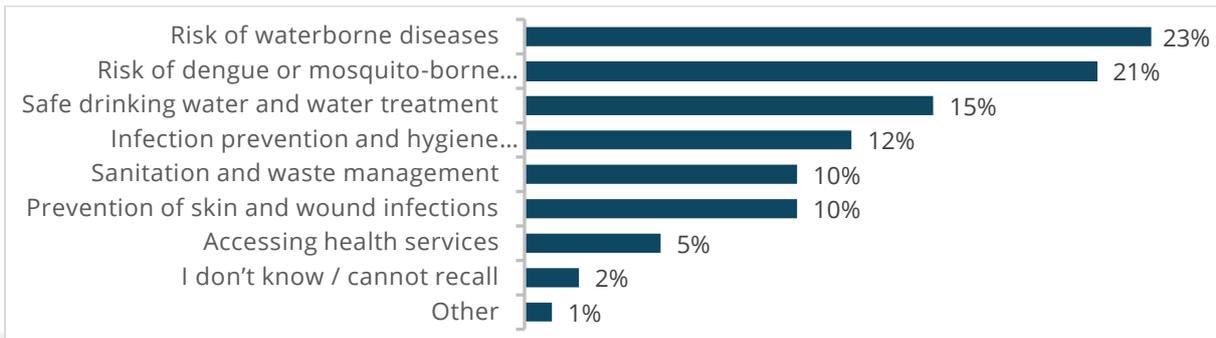
In terms of content, reported health messages most commonly focused on risks of waterborne diseases (23%) and dengue or other mosquito-borne diseases (21%), reflecting key post-cyclone public health risks. Messages related to safe drinking water and water treatment (15%), general infection prevention and hygiene practices (12%), and sanitation and waste management (10%) were also reported, while fewer households reported receiving information on accessing health services after the cyclone (5%). These findings indicate that while health messaging addressed priority disease risks, gaps remain in coverage and in communication related to service access during recovery.



Receipt of health-related messages or information following Tropical Cyclone Ditwah, reported by surveyed households (n = 1355)



Sources of health-related messages among households receiving health information, reported by surveyed households (n = 515)

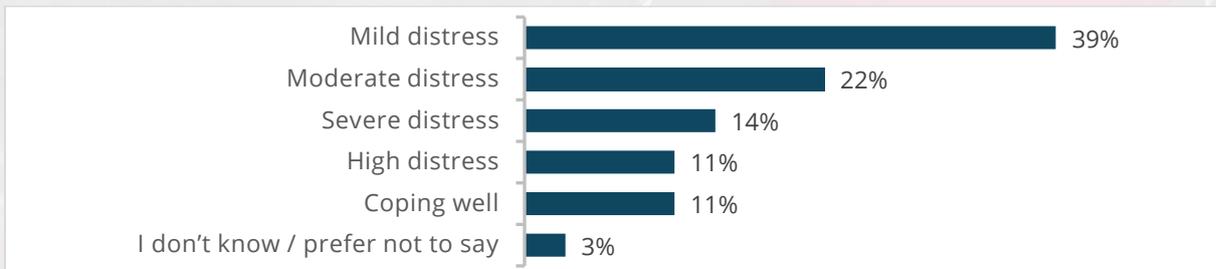


Health topics covered in messages received following Tropical Cyclone Ditwah, reported by surveyed households (n = 515)

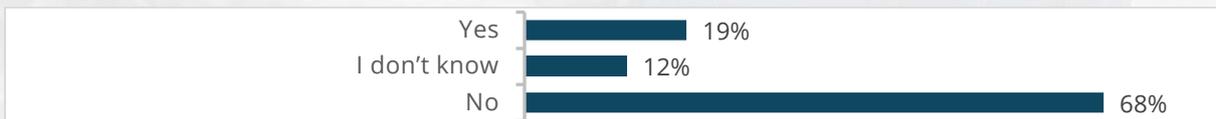
Psychosocial Support

Among surveyed households, the majority reported experiencing some level of psychological distress following Tropical Cyclone Ditwah, with 39% reporting mild distress and 22% reporting moderate distress, while 14% reported severe distress and 11% reported high distress. Only 11% reported coping well, indicating that emotional and psychological strain remains widespread among households reached by the assessment.

Despite this, awareness of mental health or psychosocial support services was limited, with 68% of surveyed households reporting no awareness of available services, 19% reporting awareness, and 12% unsure. This gap between reported distress and awareness of support services highlights a significant unmet need for psychosocial support and community-level information, particularly in the aftermath of displacement, loss, and prolonged recovery pressures.



Self-reported wellbeing of household members following Tropical Cyclone Ditwah, reported by surveyed households (n = 1355)



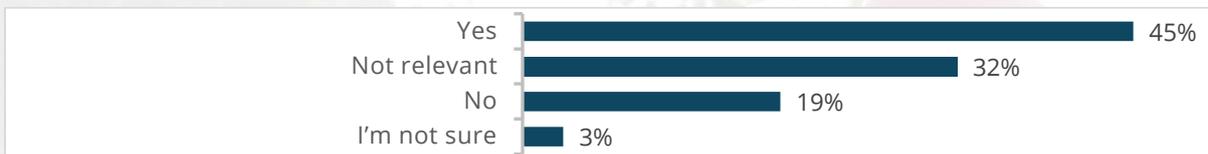
Awareness of mental health or psychosocial support services, reported by surveyed households (n = 1355)

Education

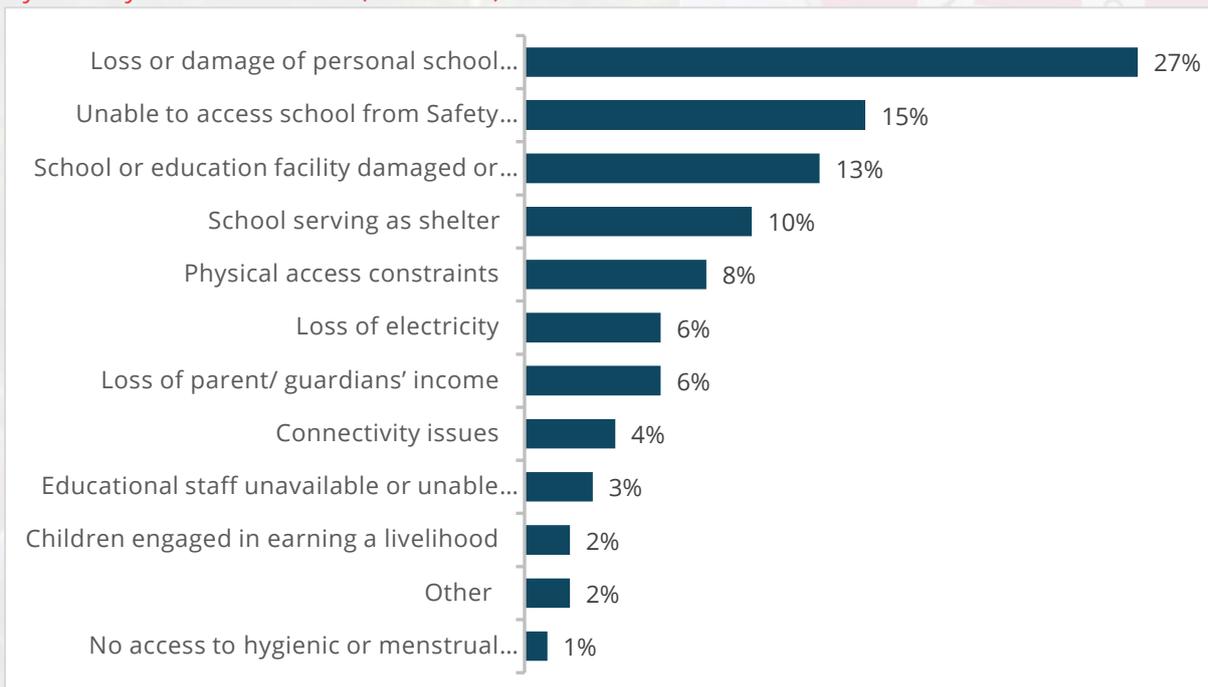
Among surveyed households, 45% reported that children were able to attend school as usual following Tropical Cyclone Ditwah, while 19% reported that children were not able to attend, 3% were unsure, and 32% indicated that the question was not relevant (e.g. no

school-aged children). Among households reporting disrupted attendance, the most commonly reported barriers were loss or damage of personal school supplies (27%), current residence in a Safety Centre limiting access to schools (15%), and damage to or closure of schools or education facilities (13%), alongside physical access constraints and schools being used as relief centres.

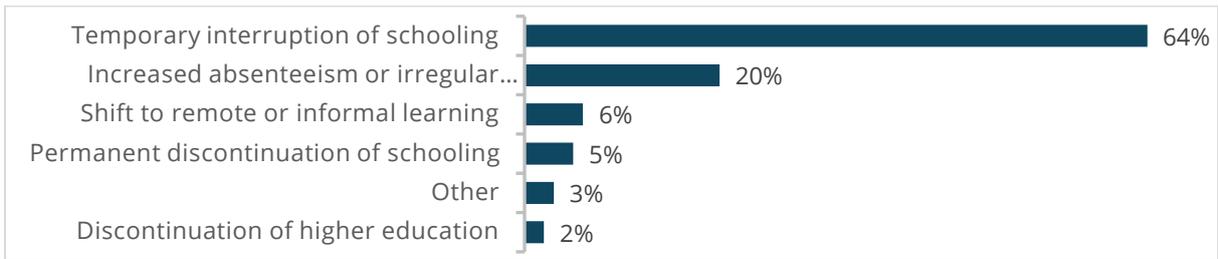
These disruptions translated into tangible educational impacts, with 64% of affected households reporting temporary interruption of schooling and 20% reporting increased absenteeism or irregular attendance, while smaller proportions reported shifts to remote or informal learning (6%) or permanent discontinuation of schooling (5%). Together, these findings indicate that while schooling has resumed for many households reached, temporary displacement, damaged infrastructure, and loss of learning materials continue to disrupt educational continuity for a significant subset of children, with potential longer-term implications if recovery support is delayed.



Ability of children to attend school as usual since Tropical Cyclone Ditwah, reported by surveyed households (n = 1355)



Ways in which Tropical Cyclone Ditwah has hindered school attendance among households reporting disruption, reported by surveyed households (n = 304)



Impacts of Tropical Cyclone Ditwah on education among households reporting disruption, reported by surveyed households (n = 358)

Disaster Risk Reduction

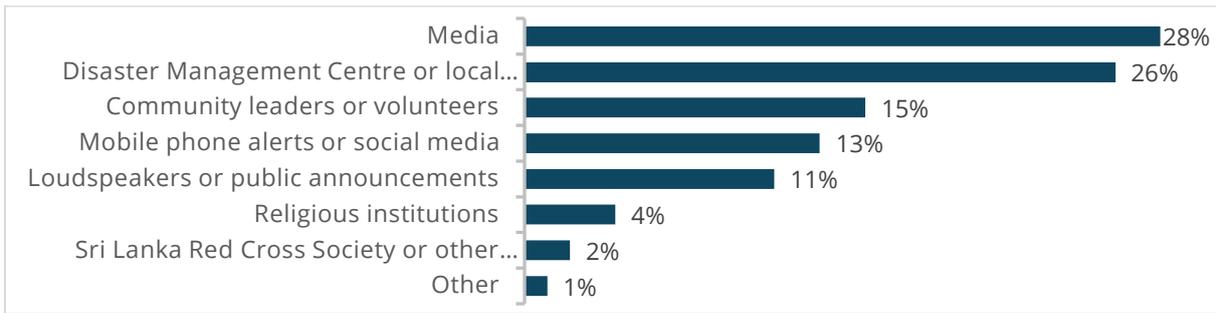
Preparedness and Early Warnings

Among surveyed households, 36% reported receiving early warning messages or alerts before or during Tropical Cyclone Ditwah, while 62% reported not receiving any warnings and 2% were unsure, indicating substantial gaps in early warning reach. Among households who did receive warnings, the most commonly reported sources were media (28%) and Disaster Management Centre or local government authorities (26%), followed by community leaders or volunteers (15%), mobile phone or social media alerts (13%), and loudspeakers or public announcements (11%), highlighting the continued importance of both formal and community-based communication channels.

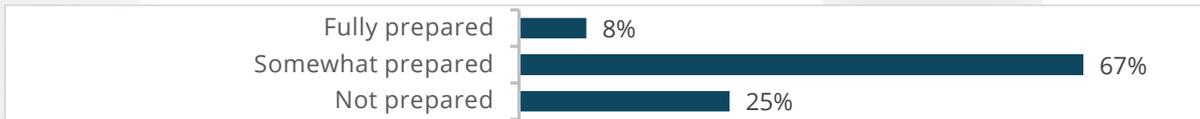
In terms of preparedness, 67% of surveyed households reported feeling somewhat prepared to deal with future disasters, while 25% reported feeling not prepared and only 8% reported feeling fully prepared, suggesting moderate confidence but limited readiness for future shocks. Reflecting this, households most frequently identified the need for better early warning and alert systems (21%), community-level disaster preparedness training (16%), and clear evacuation plans and safe shelters (12%), alongside support for household emergency supplies, livelihood protection, and improved infrastructure. Together, these findings point to the need for strengthened early warning dissemination, community preparedness, and household-level readiness to reduce risk and improve response outcomes in future disasters.



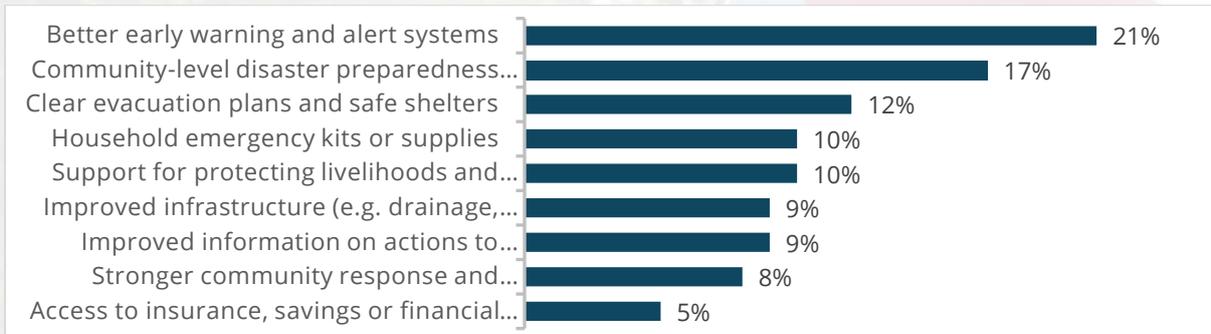
Receipt of early warning messages or alerts before or during Tropical Cyclone Ditwah, reported by surveyed households (n = 1355)



Main sources of early warning messages among households receiving warnings, reported by surveyed households (n = 488)



Self-reported level of preparedness to deal with future disasters, reported by surveyed households (n = 1355)

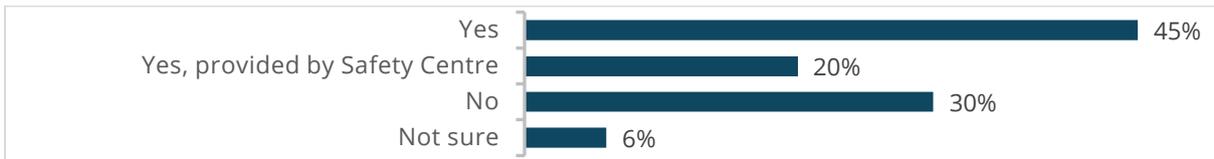


Additional or improved measures needed to strengthen preparedness for future disasters, reported by surveyed households (n = 1355)

Protection, Gender and Inclusion

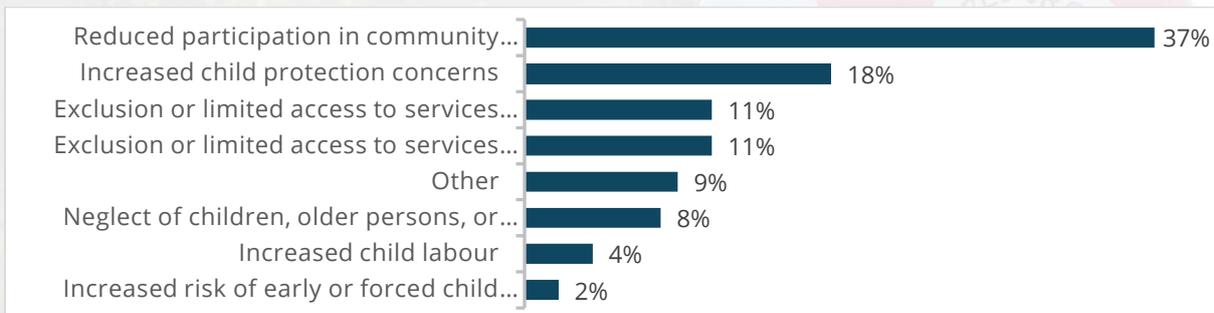
Note: *Protection, Gender and Inclusion (PGI)* is treated as a cross-cutting theme throughout this assessment. Readers are encouraged to also refer to relevant findings and analysis embedded within sector-specific sections of the report.

Among surveyed households, 45% reported that women and girls have access to hygiene and dignity items, while 30% reported no access and 6% were unsure. A further 20% reported that access was provided through assistance via Safety Centres, indicating reliance on external support to meet these needs. These findings suggest that while access has been established for some households reached, significant gaps remain, underscoring the continued need for targeted menstrual health and dignity item distribution, particularly in displacement and safety-centre contexts.



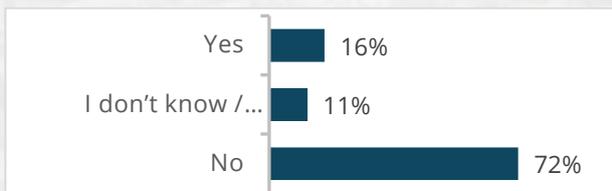
Access to hygiene and dignity items for women and girls reported by surveyed households (n = 1355)

Among surveyed households, the most frequently reported protection risk perceived to have worsened since Tropical Cyclone Ditwah was reduced participation in community decision-making (37%), indicating social and governance-related impacts of the crisis. This was followed by increased child protection concerns (18%), and exclusion or limited access to services due to age (11%) and disability (11%), highlighting heightened vulnerabilities among children, older persons, and persons with disabilities. Smaller proportions of households reported neglect of vulnerable household members (8%), increased child labour (4%), and increased risk of early or forced child marriage (2%), underscoring the need for targeted protection and inclusion measures alongside broader recovery efforts.

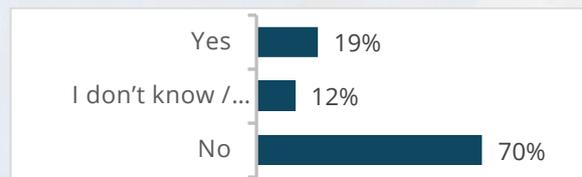


Protection risks perceived to have worsened since Tropical Cyclone Ditwah, reported by surveyed households (n = 1355)

Among surveyed households, awareness of support services or referral mechanisms for sexual exploitation and abuse (SEA) was limited, with 70% reporting no awareness, 19% reporting awareness, and 12% unsure. Similarly, 72% of households reported no awareness of support services or referral mechanisms for domestic or gender-based violence, while 16% reported awareness and 12% were unsure. These findings indicate substantial information and access gaps related to protection services, underscoring the need for strengthened community-level awareness, referral pathways, and safe information-sharing mechanisms, particularly in post-disaster and displacement settings.



Awareness of support services or referral mechanisms for domestic or gender-based violence, reported by surveyed households (n = 1355)



Awareness of support services or referral mechanisms for sexual exploitation and abuse, reported by surveyed households (n = 1355)

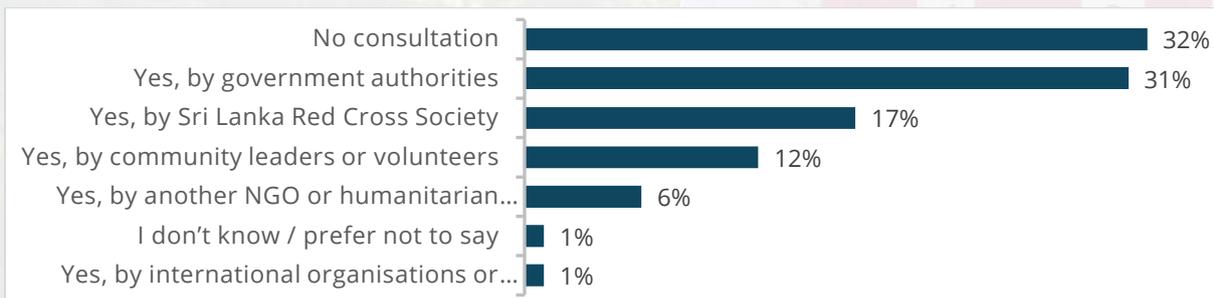
Community Engagement and Accountability

Note: *Community Engagement and Accountability (CEA)* is treated as a cross-cutting theme throughout this assessment. Readers are encouraged to also refer to relevant findings and analysis embedded within sector-specific sections of the report.

Prior Consultation and Preferred Communication

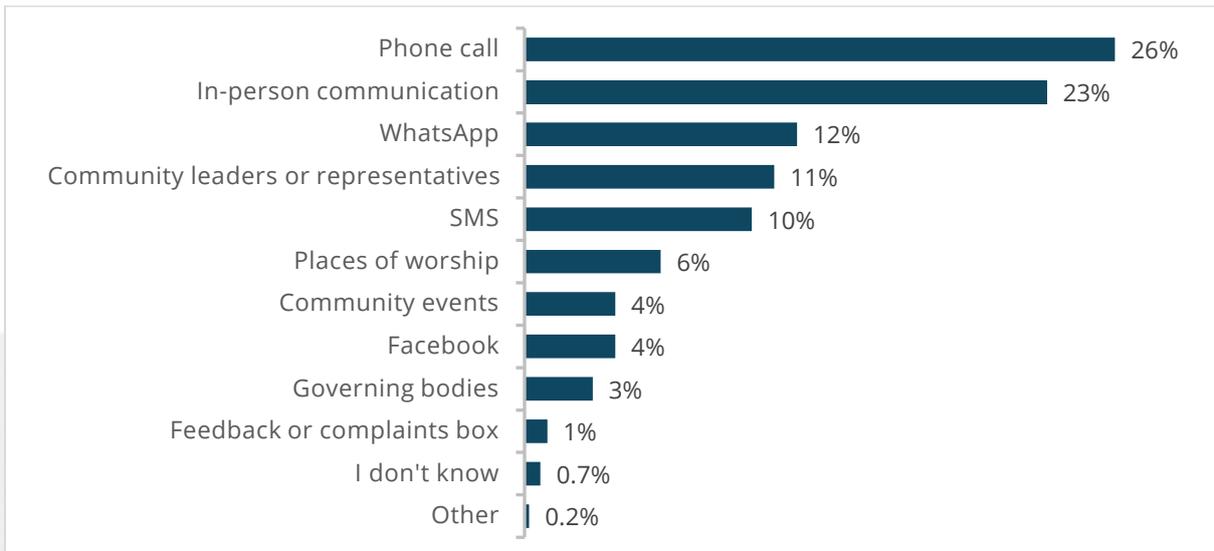
Among surveyed households, 32% reported that they had not been consulted about their needs following Tropical Cyclone Ditwah, indicating that a substantial proportion of households had no direct engagement in needs identification processes at the time of data collection. In contrast, 31% reported being consulted by government authorities (e.g. DMC or local government), 17% by the Sri Lanka Red Cross Society, and 12% by community leaders or volunteers, highlighting the prominent role of national and local actors in community engagement efforts.

These findings suggest that while consultation has occurred for a significant share of households, primarily through government and Movement actors meaningful gaps in coverage remain, underscoring the need to strengthen inclusive, systematic, and community-centred engagement to ensure that affected households are consistently consulted and able to influence response and recovery planning.



Prior consultation of households on their needs following Tropical Cyclone Ditwah, reported by surveyed households (n = 1355)

Among surveyed households, the most commonly preferred ways of communicating with aid providers were phone calls (26%) and in-person communication (23%), highlighting the continued importance of direct and interpersonal communication channels. Digital and community-based channels were also frequently reported, including WhatsApp (12%), community leaders or representatives (11%), and SMS (10%), while smaller proportions preferred places of worship (6%), community events (4%), or social media platforms such as Facebook (4%). These findings suggest that multi-channel communication approaches, combining direct contact, mobile-based messaging, and trusted community intermediaries, are likely to be most effective in reaching affected households and supporting meaningful two-way engagement.

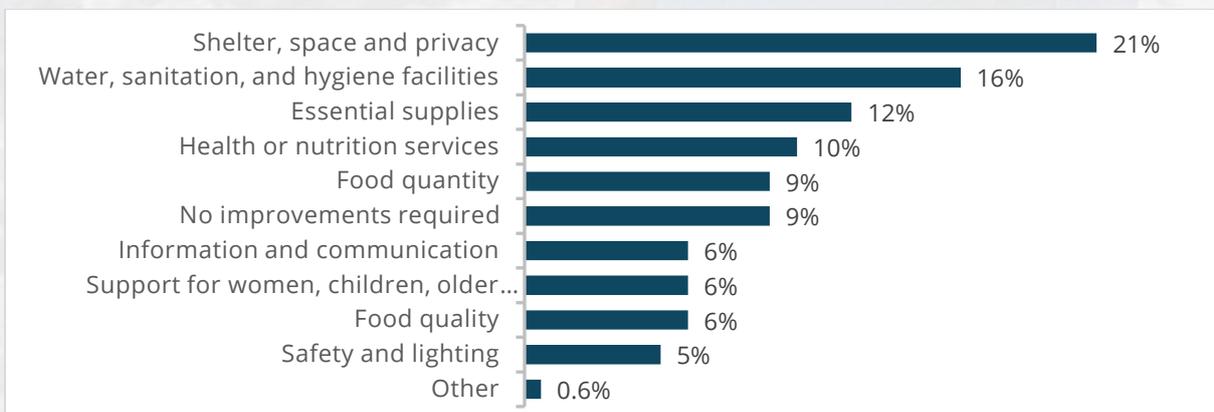


Preferred communication channels with assistance or aid providers, reported by surveyed households (n = 1355)

Annex C: Detailed Indicator-Level Findings (Analytical Stratum 2 – Safety Centres)

Priority Improvement Needs

Among surveyed households residing in Safety Centres, the most frequently reported priority improvement was shelter, space, and privacy (21%), indicating significant concerns related to overcrowding and living conditions. This was followed by water, sanitation, and hygiene (WASH) facilities (16%) and essential supplies such as hygiene and dignity items (12%), highlighting ongoing basic needs gaps within Safety Centres. Smaller but notable proportions of households reported needs related to health or nutrition services (10%), insufficient food quantity (9%), and information and communication (6%), underscoring the importance of holistic safety centre support that addresses protection, WASH, health, and information needs alongside shelter improvements.



Priority safety centre improvement needs reported by surveyed households (n = 224)

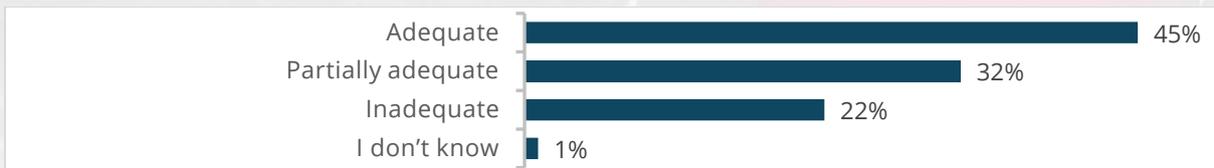
Shelter and Dignity

Reported findings indicate mixed adequacy of shelter arrangements in safety or evacuation centres for women, men, and families. While 45% of surveyed households reported that arrangements were adequate, a further 32% described them as only partially adequate, and 22% reported that arrangements were inadequate, suggesting that a substantial proportion of displaced households are experiencing shelter conditions that do not fully meet their needs in terms of space, separation, lighting, or privacy.

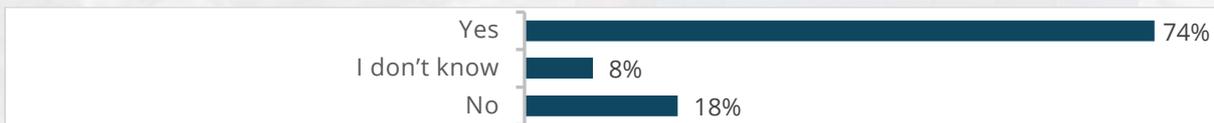
Despite these challenges, most surveyed households reported the availability of child-friendly spaces, with 74% indicating that such spaces were present in the Safety Centres where they were residing. However, the absence of child-friendly spaces reported by nearly one in five households highlights gaps in safe, appropriate areas for children in some centres, which may increase protection and wellbeing risks for younger populations.

With respect to safety and privacy for women and girls, a majority of surveyed households reported conditions as adequate (55%) or partially adequate (31%), though 13% reported inadequate conditions, pointing to ongoing concerns related to privacy, safety, and dignity in certain Safety Centres. These findings suggest uneven implementation of gender-sensitive measures across sites.

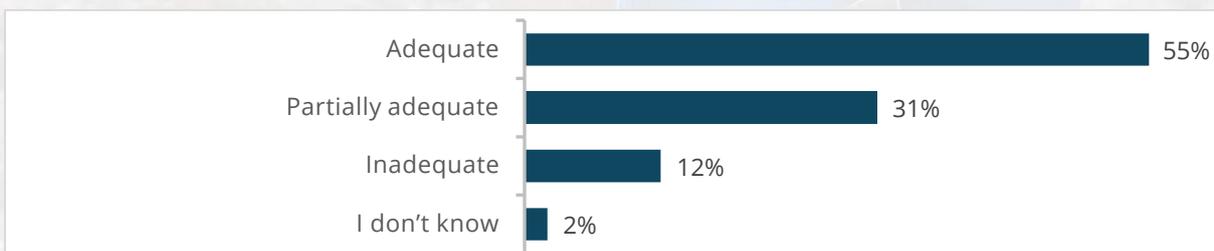
Access to hygiene and dignity items for women and girls was reported more positively, with 81% of surveyed households indicating access, though 14% reported a lack of access, underscoring persistent gaps that may affect dignity, health, and protection outcomes. Taken together, these findings indicate that while many Safety Centres are meeting basic standards, targeted improvements are needed to address gaps in shelter adequacy, privacy, and inclusive facilities, particularly for women, girls, and children.



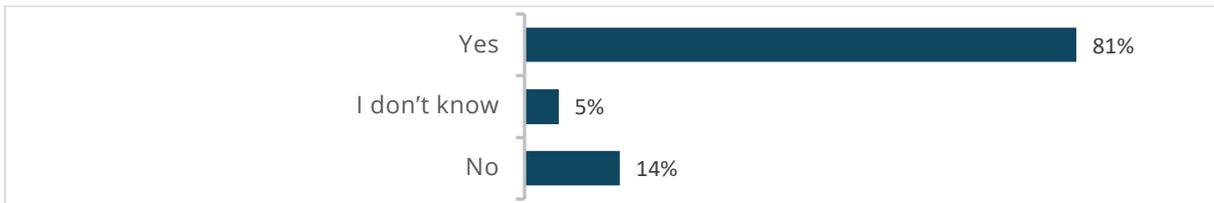
Appropriateness of shelter arrangements for women, men, and families reported by surveyed households (n = 224)



Child-friendly space availability reported by surveyed households (n = 224)



Safety and privacy conditions for women and girls reported by surveyed households (n = 224)



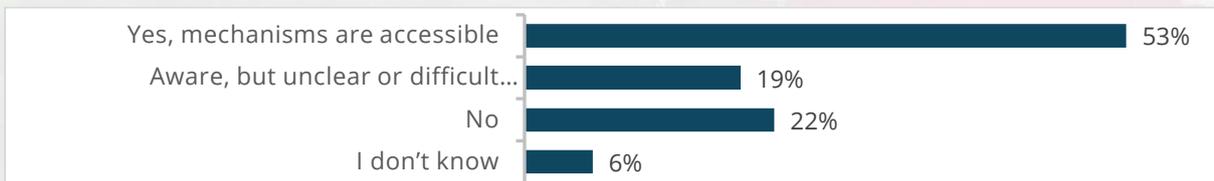
Access to hygiene and dignity items for women and girls reported by surveyed households (n = 224)

Community, Engagement and Accountability

Reported awareness of complaints and protection mechanisms among surveyed households residing in Safety Centres indicates uneven access to information and functional channels for raising concerns. Just over half of surveyed households (53%) reported being aware of and able to access complaints or protection mechanisms within the safety centre, suggesting that formal pathways exist in many locations.

However, a substantial proportion of households reported limited or no effective awareness, with 19% indicating that mechanisms were unclear or difficult to use and 22% reporting no awareness at all. An additional 6% reported uncertainty, further pointing to gaps in communication and understanding of available channels.

Together, these findings suggest that while complaints and protection mechanisms are present in some Safety Centres, greater consistency in communication, visibility, and usability is needed to ensure that all displaced households are able to safely raise concerns and access support when required.



Awareness of complaints and protection mechanisms reported by surveyed households (n = 224)

Annex D: Synthesis and Triangulation with JRNA Phase II

National-level assessments provide essential context for interpreting household-level findings by situating reported needs within broader impact patterns, systemic constraints, and response dynamics. Triangulation between the Rapid Multisectoral Needs Assessment (RMNA) and the Joint Rapid Needs Assessment (JRNA) Phase II therefore focuses on thematic alignment and directional consistency, rather than indicator-level comparison, reflecting differences in methodology, respondent type, timing, and units of analysis. Convergence is assessed at the level of drivers and directionality, not prevalence or magnitude. Findings should be interpreted as complementary evidence sources, strengthening confidence in priority needs identification rather than as directly comparable measurements.

The JRNA Phase II integrates geospatial hazard and exposure analysis, secondary socio-economic datasets, and primary field data collected through key informant interviews and focus group discussions to develop a multi-level picture of impacts and constraints. The RMNA, by contrast, captures household-reported experiences and priorities through structured enumerator-administered surveys, enabling analysis of how system-level disruptions translate into lived impacts, coping behaviour, and recovery barriers at household level. Triangulation between the two assessments was undertaken to validate emerging trends, clarify areas of convergence and divergence, and articulate the distinct analytical value of household-level evidence.

Overall analysis indicates broad thematic convergence between RMNA findings and priority needs identified through the JRNA Phase II, with differences in emphasis reflecting the assessments' distinct analytical lenses. The JRNA Phase II highlights enabling conditions and system bottlenecks that shape response feasibility, including road clearance as the top overall priority, explicitly linked to restoring access for emergency response, service delivery, and livelihood activities. The RMNA captures the household-facing constraints that most directly shape day-to-day recovery decision-making, with income disruption and housing damage featuring prominently across household-reported priorities and interpretive analysis. These perspectives are analytically consistent rather than contradictory: system-level access and infrastructure constraints condition market functioning and service delivery, while household-level income and shelter constraints determine the capacity of affected families to meet basic needs and re-establish stability.

Across sectors, RMNA findings corroborate key themes identified in the JRNA Phase II while adding granularity on severity, variability, and lived experience. In shelter, both assessments document widespread housing damage, returns to compromised dwellings, and protection-sensitive concerns in collective settings. Household-level findings add explanatory depth by illustrating the prevalence of in-situ coping and the associated safety, health, and dignity risks where repair capacity and alternative shelter options remain constrained.

In livelihoods and income, both assessments identify substantial disruption across climate-sensitive and informal livelihood activities. RMNA findings extend this analysis by demonstrating how income shocks vary in depth and duration, differentiating temporary disruption from more structural livelihood loss, and highlighting implications for food access, service uptake, and recovery sequencing at household level.

Food security findings are directionally consistent in identifying economic access constraints and livelihood disruption as central drivers. The JRNA Phase II notes the appropriateness of cash-based modalities where markets continue to function, alongside in-kind approaches where access is constrained. RMNA household evidence complements this by demonstrating reduced consumption, declining dietary diversity, and reliance on coping strategies, with variability linked to displacement status and income loss rather than widespread market collapse.

In WASH, both assessments describe flood-related damage and contamination risks. The JRNA Phase II documents damaged or inundated latrines, overflowing septic systems, and serious shortages of accessible, gender-segregated sanitation in safety centres, with implications for dignity and protection. RMNA findings reinforce this picture and refine it by showing that constraints are often driven by inconsistent availability, degraded quality, and barriers to safety, privacy, and accessibility rather than total absence of services, with disproportionate impacts on women, girls, older persons, and persons with disabilities.

Health-related findings are broadly consistent in emphasising heightened disease risk and constrained service access in the post-cyclone environment. RMNA household reporting adds analytical nuance by highlighting uneven access and persistent information gaps, including limited awareness of mental health and psychosocial support services, suggesting that unmet needs are shaped by outreach and service navigation barriers alongside availability constraints.

Protection, gender, inclusion, and accountability findings show strong thematic alignment. The JRNA Phase II highlights limited privacy for women and girls, inconsistent gender-segregated bathing facilities, and uneven availability of child-friendly spaces in collective settings. RMNA household evidence complements this by illustrating variability in perceived safety and dignity across sites, limited inclusion in decision-making, and low awareness of complaints or referral mechanisms, indicating that outcomes are shaped not only by infrastructure constraints but also by communication, usability, and accessibility gaps.

In education, RMNA findings are consistent with national-level documentation of infrastructure damage, displacement-related disruption, and the use of schools as shelters. Household-level data further suggest that interruption is frequently driven by safety concerns, displacement, and competing household priorities, underscoring the risk that temporary disruption may translate into longer-term exclusion without targeted support.

Disaster risk reduction findings further illustrate the complementarity of the two assessments. While the JRNA Phase II documents national and system-level preparedness and coordination mechanisms, RMNA household data indicate substantial gaps in early

warning receipt, pointing to challenges in last-mile dissemination and actionability rather than the absence of upstream capacity.

In summary, triangulation demonstrates that the RMNA and JRNA Phase II provide mutually reinforcing perspectives on needs and recovery constraints. The JRNA offers a system-wide view of exposure, operational bottlenecks, and enabling conditions for response, while the RMNA grounds these dynamics in household-level experience, coping behaviour, and barriers to dignified recovery. Read together, the assessments strengthen confidence in priority needs identification and support responses that are not only technically sound, but also people-centred, inclusive, and accountable.