

# CYCLONE DITWAH 2025 EMERGENCY RESPONSE TECHNICAL REPORT

## Basic Needs Assessment and Education Recovery Intervention



Kolonnawa Divisional Secretariat Division

Colombo District



PEaCE



Sri Lanka

PEaCE | ECPAT Sri Lanka

# Acknowledgements

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## Abbreviations

BNA	Basic Needs Assessment
CFS	Child-Friendly Spaces
CIS	Centre for Islamic Studies' Women's Wing (A contributing organisation)
DS	Divisional Secretariat
ECPAT	ECPAT International (a global network of organisations working to eliminate the sexual exploitation of children)
FVF	Fundación Vicente Ferrer
GN	Grama Niladhari
MHPSS	Mental Health and Psychosocial Support
PEaCE	Protecting Environment and Children Everywhere (Part of ECPAT International)
PSS	Psychosocial Support
WASH	Water, Sanitation, and Hygiene

# 1 Executive Summary

In the aftermath of Cyclone Ditwah in late November 2025, severe flooding significantly affected communities in the Kolonnawa Divisional Secretariat (DS) Division, resulting in widespread displacement, housing damage, and disruptions to essential services. Children emerged as one of the most vulnerable groups affected by the disaster.

A comprehensive Basic Needs Assessment (BNA) was conducted between December 2025 and early 2026, covering 4,797 households and 23,833 individuals, including 9,205 children under the age of 18. Data collection was carried out in phases: initial assessments were conducted among families temporarily residing in welfare centres immediately after the flooding, while the majority of interviews were conducted after displaced persons had returned home. This transition significantly influenced the nature of reported needs, with priorities shifting from immediate survival requirements during displacement to recovery-oriented needs, particularly education, once families were resettled.

The assessment examined immediate and medium-term needs across key sectors, including food and nutrition, clothing and hygiene, health, psychosocial well-being, education, and protection. Findings indicate that while the majority of households (2,864) remained in their own homes, a significant number experienced displacement, with 962 families seeking refuge with relatives and 260 residing in welfare centres or temporary shelters.

Across all sectors, the disruption to children's education emerged as the most critical and persistent need. Large numbers of children lost essential school materials, including books, uniforms, and stationery, directly affecting school attendance and continuity of learning.

In addition to education-related challenges, households reported acute material shortages,

particularly clothing for children, hygiene items such as sanitary products and diapers, and basic household essentials. Health concerns were also prominent, with children experiencing fever, infections, and inadequate access to nutrition, including limited availability of baby formula. Psychosocial distress was widely observed, with caregivers reporting elevated stress levels and children exhibiting signs of emotional distress, including anxiety and fear. Protection risks were also significant, including family separation (164 cases), unsafe sleeping arrangements (162 cases), and increased vulnerability to violence and exploitation (124 cases), alongside concerns around privacy and safety for women and girls.

In response to the identified needs, PEaCE | ECPAT Sri Lanka implemented a targeted, data-driven education recovery intervention. Between December 2025 and March 2026, school stationery packs were distributed to 5,912 children across 35 Grama Niladhari (GN) divisions through 38 structured distribution events. In parallel, psychosocial support services were provided to 422 children and caregivers through community-based sessions.

The intervention helped restore access to education, reduce financial burdens on vulnerable families, and support the emotional recovery of affected children. The response was characterised by strong evidence-based targeting, a multi-layered beneficiary verification system, and well-coordinated distribution mechanisms, ensuring transparency, accountability, and equitable reach.

Despite these efforts, the scale of unmet needs remains considerable, particularly in educational materials, clothing, hygiene support, and ongoing psychosocial care, underscoring the need for sustained and coordinated recovery interventions.

# CYCLONE DITWAH 2025

## Emergency response: at a glance



### IMPACT

  
**4,797**  
Households  
Surveyed

  
**23,833**  
Individuals  
Affected

  
**9,205**  
Children  
Under 18

### PRIORITY NEEDS

Based on Community Assessments



### THE RESPONSE

PEaCE | ECPAT Sri Lanka

  
**5,912**  
Children Reached  
with Stationery

  
**35**  
GN Divisions  
Covered

  
**422**  
Psychosocial Support  
Beneficiaries

  
**38**  
Distribution  
Events

## 2 Background and Methodology

### 2.1 Context

In late November and December 2025, Cyclone Ditwah brought heavy rainfall, resulting in severe flooding across several parts of Sri Lanka. The Kolonnawa Divisional Secretariat (DS) Division, a low-lying area along the Kelani River, was identified as one of the most severely affected locations in the Colombo District. In many Grama Niladhari (GN) divisions, floodwaters rose to rooftop levels, causing extensive damage to housing, loss of household assets, and widespread disruption of essential services.

The disaster led to the displacement of a large number of families, many of whom were initially accommodated in welfare centres under difficult and overcrowded conditions. Access to clean water, sanitation facilities, healthcare, and education was significantly disrupted during this period.

As floodwaters receded, affected populations gradually transitioned out of welfare centres.

Families either returned to partially damaged homes or relocated to alternative arrangements, such as staying with relatives or renting accommodation. This shift marked a transition from immediate survival needs during displacement to recovery-oriented needs within communities.

Children were disproportionately affected throughout this process. The loss of school materials, interruption of education, and exposure to unstable living conditions contributed not only to learning disruptions but also to increased psychosocial distress. Additionally, the dynamic movement of affected populations posed challenges in identifying, tracking, and supporting vulnerable households, highlighting the need for a response grounded in continuous data collection and verification.

### 2.2 Assessment Objectives

The Basic Needs Assessment was designed to:

- Identify the demographic profile of affected households.
- Assess immediate and emerging needs across key sectors, including food and nutrition, water, hygiene, health, psychosocial well-being, education, and protection.
- Provide baseline data to support targeted and evidence-based distribution of assistance.

### 2.3 Methodology

- **Data Collection Period:** 5 December 2025 – 12 March 2026.
- **Assessment Tool:** A standardised questionnaire (Annexure 1) capturing household composition, current living conditions, sectoral needs across seven domains, protection risks, and priority needs.
- **Approach:** Data collection was conducted in phases, initially in welfare centres, camps, and temporary shelters immediately after the flooding, and subsequently within communities after families had returned to their homes.
- **Sampling Method:** Purposive sampling through trained enumerators visiting the most affected locations, including residential areas and temporary shelters.

- **Data Management and Analysis:** Data was compiled and analysed using Google-based tools, including datasets titled “Raw Survey Data”, “Summary”,

“GN Division Distribution”, “Priority Needs”, “Protection Risks”, “Living Situation”, and “Distribution List”.

## 2.4 Limitations

- As a rapid assessment, the survey may not have captured all affected households, particularly those in remote or temporarily inaccessible locations.
- Findings are based on self-reported information provided by caregivers, which may be subject to recall bias or underreporting.
- Some data entries were incomplete, including missing contact details or address information, which may affect the comprehensiveness of certain analyses.

# 3 Demographic and Geographic Profile

## 3.1 Households and Population

The assessment covered a total of 4,797 households, comprising 23,833 individuals within the Kolonnawa Divisional Secretariat (DS) Division. The average household size was approximately five persons, reflecting relatively large family units and indicating the scale of impact at the household level.

## 3.2 Child Population

A total of 9,205 children (aged 0–18 years) were identified across surveyed households, representing a significant proportion of the affected population.

The age and gender distribution is as follows:

Age Group	Female	Male	Total	%
0–5 years	838	870	1,708	18.6%
6–10 years	1,293	1,388	2,681	29.1%
11–14 years	1,302	1,334	2,636	28.6%
15–18 years	1,193	987	2,180	23.7%
<b>Total</b>	<b>4,626</b>	<b>4,579</b>	<b>9,205</b>	<b>100%</b>

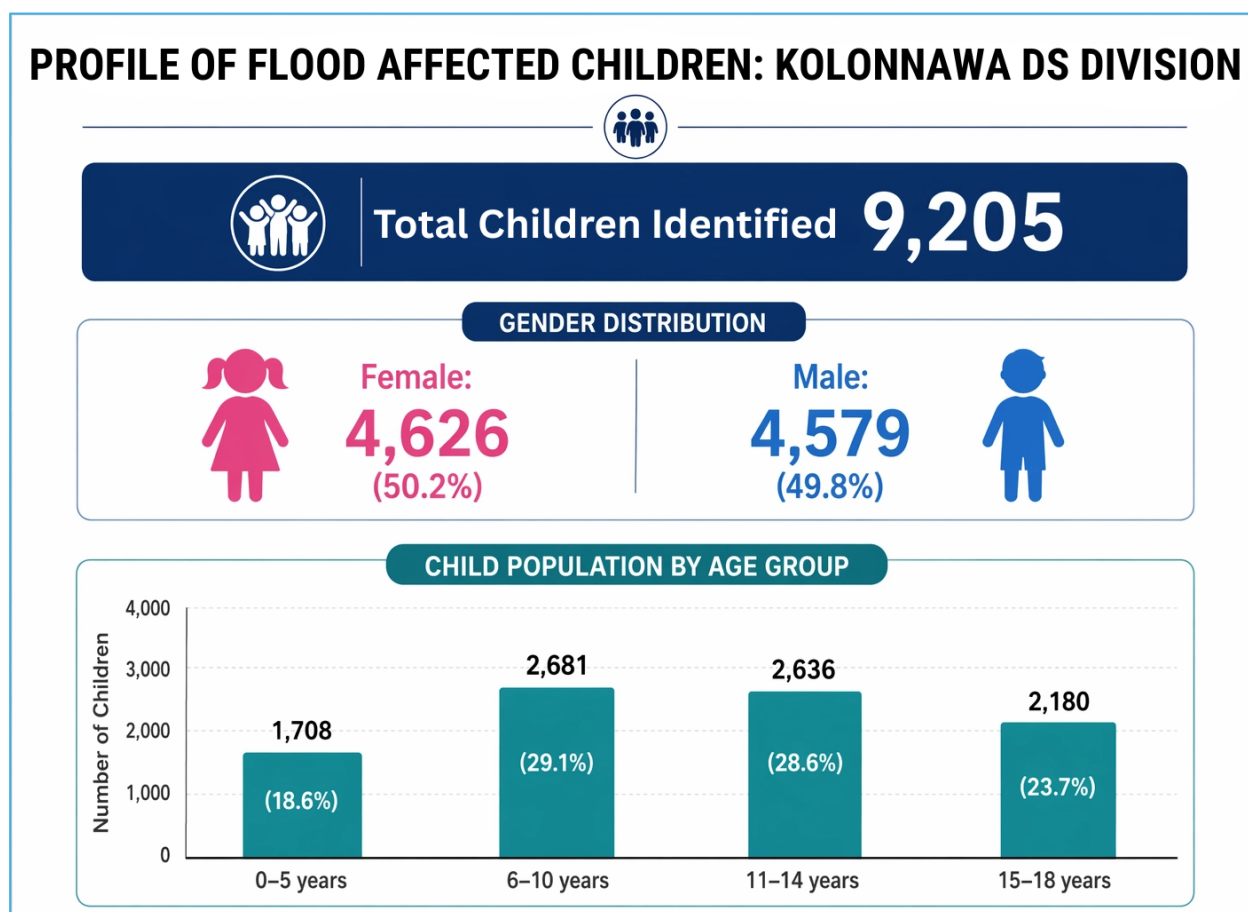
Table 1: The age and gender distribution.

Female	4,626	50.2%
Male	4,579	49.8%

Table 2: Total Gender distribution among children between 0 and 18 years

Notably, 7,497 children fall within the school-going age group (6–18 years), including 3,788 females and 3,709 males. This highlights the substantial number of children at risk of educational disruption and reinforces the critical importance of prioritising education-focused interventions within the response.

## PROFILE OF FLOOD AFFECTED CHILDREN: KOLONNAWA DS DIVISION



*Note: The figure represents children identified through the Basic Needs Assessment in selected flood-affected GN divisions and does not reflect the total child population of the Kolonnawa DS Division.*

## 4 Geographic Distribution

The impact of flooding was widespread throughout the Kolonnawa DS Division, affecting many Grama Niladhari (GN) divisions. The highest number of affected

households was recorded in certain areas. The ten most affected divisions, based on the number of surveyed households, are:

GN Division	No. of Households
508 Kiththampahuwa	437
503 C Malgama	364
501 Mulleriyawa North	358
513 A Megodakolonnawa	331
501 A Ambathale	331
507 Wennawattha	307
513 D Bopeththa	299
506 B Batalandahena	234
506 C Mahabuthgamuwa	230
509 Kotuwila	218

Table 3: Ten most affected divisions in Kolonnawa. **Full list available in Annexure 000**

These ten divisions account for over 60% of surveyed households, indicating the geographical concentration of the flood

impact. 508 Kiththampahuwa alone represents 9% of all households, and this area should be prioritised for response.

### 4.1 Living Situation

Respondents were asked about their current living arrangements. The results show:

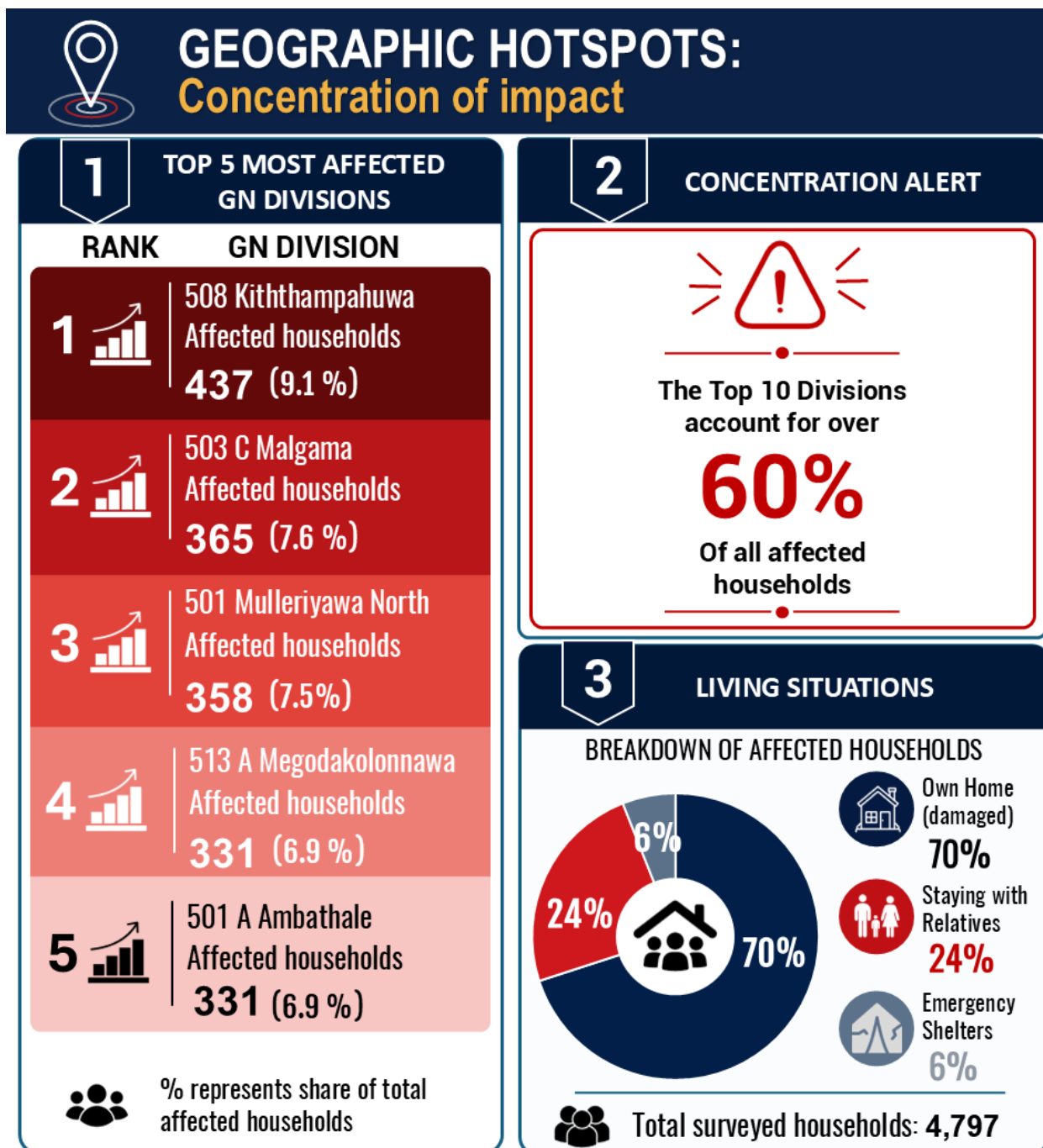
Living Situation	No. of Households
Own home	2,893
Staying with relatives, friends, neighbours	981
Emergency shelter	260
Rented accommodation	26
Other (temple, office, etc.)	~50

Table 4: Household Living Arrangements

While the majority (2,864) are living in their own homes, many of these homes are likely damaged or still flooded. Nearly 1,000 families are doubled up with relatives, which often leads to overcrowding and a lack of privacy. At

least 260 households reside in temporary collective centres (shelters, welfare centres, camps), requiring immediate site management, WASH, and protection interventions.





## 5 Sectoral Needs Analysis

### 5.1 Food and Nutrition

During the initial phase of displacement, particularly within welfare centres, households faced significant challenges in accessing adequate food and safe drinking water. A large number of respondents reported that children were missing meals, indicating acute levels of food insecurity. Limited access to infant nutrition, including baby food and formula, was also a critical concern among families with young children. Additionally, disruptions to water supply systems resulted in insufficient

access to clean drinking water, with some households relying on unsafe or untreated sources.

As families gradually returned home or sought alternative coping mechanisms, these needs showed signs of stabilisation. However, vulnerable groups, particularly infants and low-income households, continued to face nutritional risks, highlighting the need for targeted support.

## 5.2 Clothing and Hygiene

The flooding resulted in the widespread loss of clothing and personal belongings, with households consistently identifying clothing, particularly for children, as one of the most urgent needs. Many families highlighted the need for age-appropriate clothing, including undergarments, as well as footwear.

Basic hygiene items such as soap, toothpaste, and shampoo were also in short supply. The

need for sanitary materials for adolescent girls and diapers for infants was frequently reported, underscoring the importance of addressing age- and gender-specific needs while maintaining dignity in emergency conditions. Quantitative analysis further confirms that clothing ranked among the highest priority needs across all categories.

## 5.3 Health and Medical Needs

Health concerns were widespread during the early stages of the disaster, particularly among children. The assessment found a high prevalence of waterborne and respiratory symptoms, including rising fever, skin rashes, and breathing difficulties, primarily due to overcrowding and exposure to polluted floodwater.

Reports of fever, respiratory infections, skin diseases, and waterborne illness symptoms were common, largely due to exposure to contaminated floodwater and overcrowding.

In addition, several households reported children with chronic medical conditions, including asthma, heart disease, and other long-term illnesses, whose treatment was disrupted due to the disaster. Pregnant and breastfeeding mothers also require specialised support, including nutrition and access to antenatal care. Limited access to healthcare services during the initial phase further increased the vulnerability of affected populations.

## 5.4 Psychosocial Well-being

The assessment identified significant psychosocial impacts on both children and caregivers. Caregivers frequently reported high levels of stress and emotional strain following the loss of homes, belongings, and livelihoods. Children exhibited signs of distress, including fear, anxiety, sleep disturbances, and behavioural changes.

In many cases, families explicitly requested counselling support, indicating a clear demand for structured psychosocial interventions. These findings highlight that the disaster had profound psychological as well as physical impacts, reinforcing the need for sustained mental health and psychosocial support (MHPSS) services, particularly for high-risk groups.







## 5.5 Education and Learning Needs (Priority Sector)

Education emerged as the most critical and consistently prioritised need across all phases of the assessment. A substantial majority of households reported that children had lost essential school materials, including textbooks, exercise books, school bags, and uniforms. Many children were not attending school due to displacement, while others lacked access to a safe or appropriate learning environment.

Unlike other sectors, where needs stabilised over time, education-related challenges persisted even after families returned home. Financial constraints prevented many households from replacing lost materials, increasing the risk of prolonged disruption to education.

Quantitative analysis confirms that education-related items, including educational materials, school essentials, and supplies, were the top-ranked priority needs across all categories. It is estimated that over 80% of households with school-age children reported a loss of educational materials.

In response, school stationery packs were distributed to 5,912 children across multiple GN divisions. However, the total number of school-age children identified (7,497) indicates a significant coverage gap. Furthermore, stationery alone does not fully address needs related to uniforms, footwear, school bags, and textbooks. This highlights the continued need for comprehensive education recovery support.

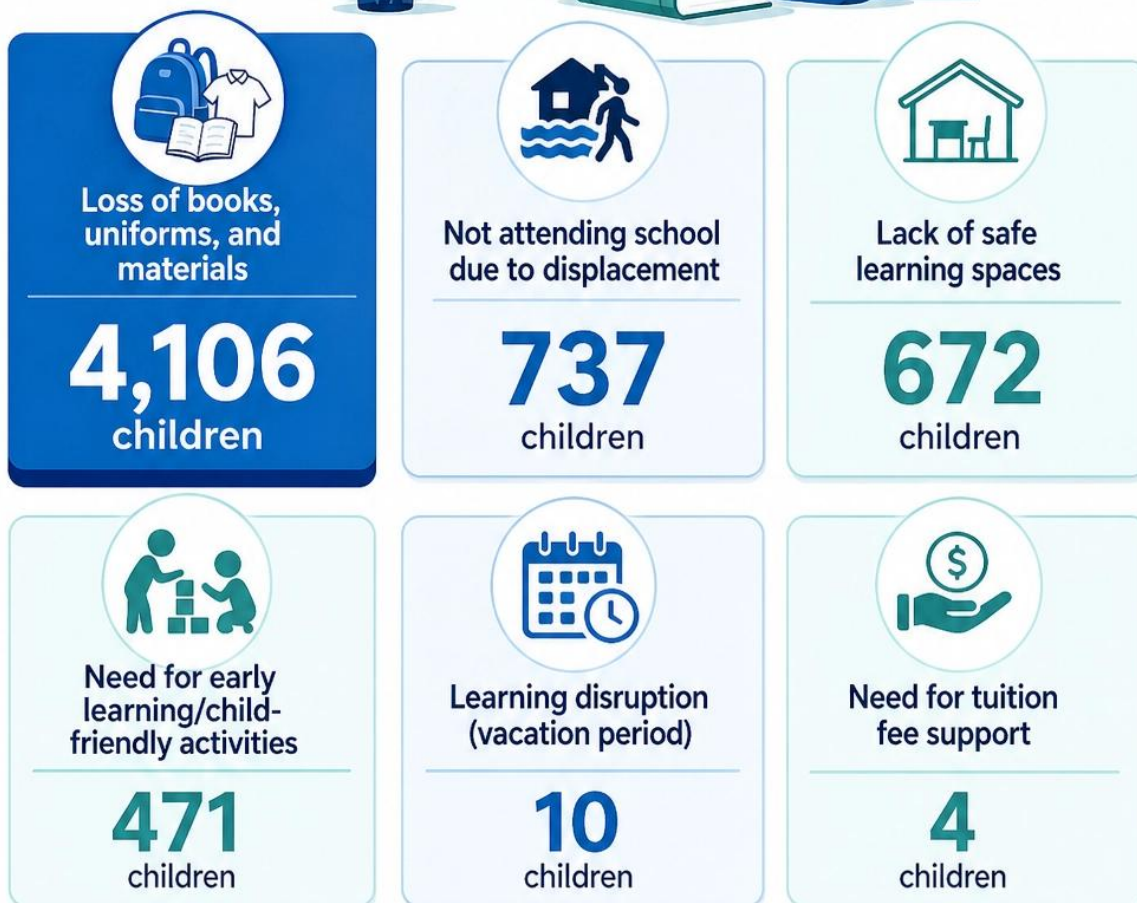
No.	Identified Learning Needs	No. of Children
1	Loss of books, uniforms, and essential learning materials	4,106
2	Not attending school due to displacement	737
3	Lack of access to a safe learning space	672
4	Need for early learning and child-friendly activities	471
5	Learning disruption due to the school vacation period	10
6	Need for support with tuition fees	4
<b>Total (non-unique, multiple needs)</b>		<b>6,000</b>

### Notes

- These figures are based on the Basic Needs Assessment conducted in flood-affected GN divisions of Kolonnawa DS Division.
- Children may experience multiple needs simultaneously; therefore, totals are non-unique.

# Education and Learning Needs of Affected Children

(Kolonnawa DS Division)



Figures based on Basic Needs Assessment in flood-affected GN divisions. Total non-unique needs: **6,000**.

## 5 Priority Needs Analysis and Response

Analysis of household-reported priorities confirms a clear and consistent hierarchy of needs across all affected communities. Respondents were asked to identify their top three priority needs, and aggregated results

from the survey datasets (“Priority 1 Needs”, “Priority 2 Needs”, and “Priority 3 Needs”) demonstrate that education-related needs overwhelmingly ranked as the most urgent.

## 6.1 Priority Needs Analysis

### Priority 1 Needs (Most Urgent):

Education-related needs dominate the highest priority category. Items such as educational materials, school essentials, school supplies, and books collectively recorded more than

2,500 mentions, significantly exceeding all other categories. Clothing also appears among the top priorities, though at a lower frequency compared to education.

### Priority 2 Needs:

Clothing and footwear emerge as the most prominent second-level priorities, with high demand for clothes and shoes across households. Education-related items such as

books and school bags continue to feature, indicating that learning needs extend beyond basic stationery.

### Priority 3 Needs:

Clothing and shoes remain consistently reported even as third-level priorities, while additional needs such as uniforms, books, and food also appear, reflecting ongoing recovery challenges.

To better understand the overall hierarchy, a composite priority index was used by assigning weighted values to each priority level (Priority 1 = 3, Priority 2 = 2, Priority 3 = 1). This analysis confirms the following ranking of needs:

1. Education materials and school essentials (overwhelmingly highest priority)
2. Clothing
3. Footwear (shoes)
4. Books
5. School bags

These findings are strongly aligned with qualitative data from the assessment, reinforcing that education and clothing represent the most urgent and widespread needs across affected households.

## 6.2 Response Justification

While initial emergency assistance, both from government and other actors, partially addressed immediate needs related to food, water, and hygiene, education-related needs remained largely unmet during the recovery phase. As families transitioned from welfare centres back to their homes, priorities shifted from short-term survival to restoring normalcy, with education emerging as the central concern. The inability of families to replace lost school materials due to financial constraints posed a significant risk of prolonged educational disruption, particularly among low-income households. Given that 7,497 children fall within school-going age, the scale of this

risk was substantial. Based on this evidence, PEaCE | ECPAT Sri Lanka prioritised education as a strategic entry point for intervention. The provision of school stationery packs was identified as a targeted, high-impact response that directly addressed the most critical and consistently prioritised gap. This approach not only supported children's immediate return to school but also helped restore routine, stability, and a sense of normalcy for affected families. By grounding the response in data-driven prioritisation, the intervention ensured relevance, efficiency, and maximum impact within the constraints of available resources.

## 7 Protection Risks

The assessment identified multiple protection-related risks affecting children and vulnerable households, particularly during the displacement phase in welfare centres and in the immediate aftermath of return to damaged

homes. Respondents were able to select multiple risks, and the aggregated findings from the “Protection Risks” dataset are presented below:

Protection Risk	Count
Family separation	164
Unsafe sleeping arrangements	162
Risk of violence or exploitation	124
Lack of privacy for girls/women	61
Children left without supervision	45
Combined risks (multiple vulnerabilities)	50+

Table 5: Identified protection risks

### 7.1 Key Protection Concerns

#### Family Separation:

Family separation emerged as the most frequently reported protection concern. In many cases, displacement resulted in children being temporarily sent to relatives, while some households became single-parent or child-

headed due to economic or social disruptions. This situation increases the risk of neglect, reduced supervision, and long-term vulnerability.

#### Unsafe Sleeping Arrangements:

A significant number of households reported unsafe sleeping conditions, particularly in overcrowded welfare centres and partially damaged homes. Families often slept in

shared or open spaces, on floors, or in environments lacking basic safety and privacy, increasing exposure to protection risks.

#### Risk of Violence or Exploitation:

Overcrowded living conditions, limited lighting, and the breakdown of normal community structures heightened the risk of violence and exploitation, particularly for women and

children. These risks were often reported in combination with other vulnerabilities, such as unsafe shelter conditions and lack of supervision.

#### Lack of Privacy for Girls and Women:

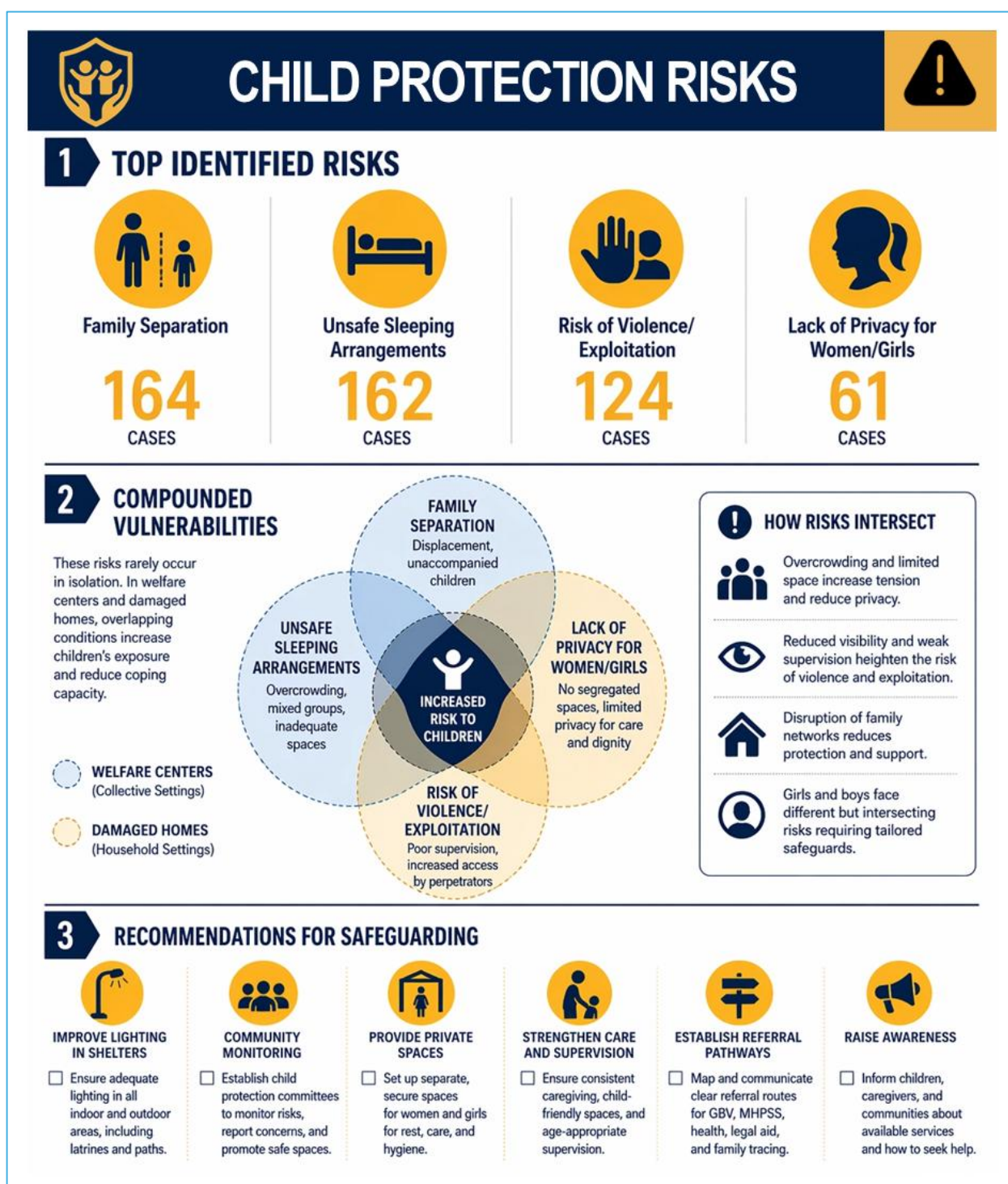
The absence of adequate privacy was a critical concern, especially for adolescent girls and women. This issue was frequently linked to shared living spaces, a lack of secure shelter

structures, and inadequate sanitation facilities, raising concerns about dignity, safety, and well-being.

#### Children Left Without Supervision:

A number of households reported that children were left unattended, often because caregivers were seeking livelihoods or

managing recovery activities. This increases exposure to accidents, exploitation, and psychosocial distress.



## 7.2 Overall Analysis

The presence of multiple, overlapping risks indicates that many households are exposed to compounded vulnerabilities rather than isolated issues. Qualitative responses further highlight complex family situations, including disrupted caregiving arrangements, unsafe housing conditions, and pre-existing social challenges that have been exacerbated by the disaster.

These findings underscore the need for integrating child protection considerations across all response sectors. Interventions must go beyond material assistance to include safeguarding measures, community-based monitoring, and targeted support for high-risk households to ensure the safety, dignity, and well-being of affected children and families.

# 8 Response Implementation and Gaps

## 8.1 Targeting Approach

Beneficiaries were selected based on verified data from the Basic Needs Assessment (BNA), ensuring a targeted and evidence-based response. Priority was given to households with school-going children,

particularly those identified as highly vulnerable due to displacement, loss of assets, and limited coping capacity. This approach enabled the intervention to focus on children at the highest risk of educational disruption.

## 8.2 Verification System

A multi-layered verification system was implemented to ensure accuracy, transparency, and accountability in beneficiary selection. This included:

- Data validation and cleaning of survey records
- Telephone verification of household details, including confirmation of children's ages and school grades

- Eligibility screening based on predefined vulnerability criteria

This rigorous verification process minimised errors, prevented inclusion/exclusion issues, and strengthened the credibility of the intervention.

## 8.3 Token-Based Distribution System

A structured token-based system was introduced to manage distribution in a controlled and transparent manner. Each eligible household was issued a token containing key identification details, including GN division, caregiver information, and children's grade levels.

This system played a critical role in:

- Preventing duplication of assistance
- Managing large crowds during distribution events
- Ensuring orderly and efficient service delivery
- Strengthening accountability through traceable beneficiary records

## 8.4 Distribution Execution

Between 28 December 2025 and 12 March 2026, school stationery packs were distributed to 5,912 children across 35 Grama Niladhari (GN) divisions through multiple structured distribution events.

Distributions were conducted at accessible and community-trusted locations, including

schools, religious institutions, and community centres. All distributions followed standard verification and documentation procedures, including beneficiary registration and signed distribution records.

The top five GN divisions by the number of children reached, with the most beneficiaries, are as follows:

GN Division	Children
508 Kiththampahuwa	468
503C Malgama	441
501 Mulleriyawa North	411
513A Megoda Kolonnawa	384
505 Wennawatta	384

Table 6: Five most benefited GN Divisions. Full list available in Annexure 000

## 8.5 Coverage and Gaps Analysis

While the intervention successfully reached a significant number of children, the analysis highlights several critical gaps that remain:

### a) Education Gaps:

Although stationery was provided to 5,912 children, the total number of school-age children identified was 7,497. This indicates that approximately 1,500–2,000 children remain without adequate educational support.

Furthermore, the assistance provided was limited to stationery and school bags, while many children continue to lack uniforms, footwear, and textbooks.

### b) Geographic Disparities:

Despite broad coverage, some highly affected GN divisions received comparatively lower levels of support. For example, areas with large numbers of affected households

received limited distributions, indicating uneven coverage and the need for more balanced geographic targeting in future interventions.

### c) Non-Education Needs:

The response primarily focused on education recovery. However, no systematic distribution of food, hygiene items, clothing, or infant nutrition support was captured within the

intervention. As a result, many households continue to rely on personal coping mechanisms or ad hoc assistance.

## 8.6 Unmet Needs

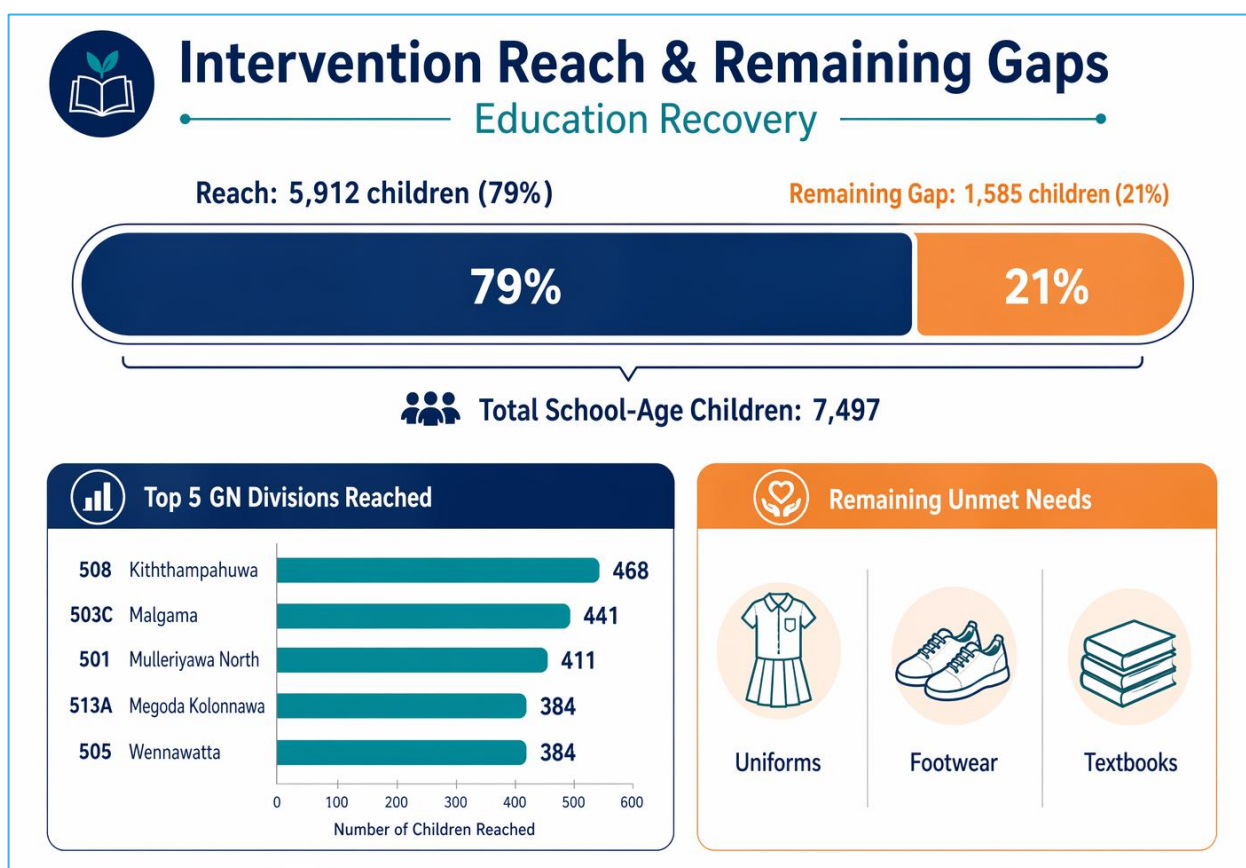
Based on assessment findings and distribution data, the following unmet needs remain significant:

- **Education:** Approximately 500 – 1,000 children still require basic school materials, with many more needing uniforms, bags, and footwear.
- **Clothing:** A large proportion of affected individuals lack adequate clothing, particularly children.
- **Hygiene:** Continued demand for essential items such as sanitary pads, soap, toothpaste, and diapers.
- **Infant Nutrition:** Ongoing shortages of baby formula and related nutritional support for infants.
- **Psychosocial Support:** Limited availability of structured mental health and psychosocial support (services for children and caregivers).
- **Protection Services:** No systematic interventions such as child-friendly spaces, family tracing, or community-based protection mechanisms were identified.

## 8.7 Overall Assessment

The response demonstrates a strong, data-driven and well-managed intervention that effectively addressed the most critical priority, education. However, the scale and multi-dimensional nature of needs require a more comprehensive, multi-sectoral approach in the

recovery phase. Addressing the identified gaps will be essential to ensure holistic recovery, reduce vulnerability, and support the long-term well-being and protection of affected children and families



## 9 Psychosocial Support Intervention

In addition to material assistance, structured psychosocial support (PSS) interventions were implemented to address the significant emotional and psychological distress identified among affected children and caregivers. A

total of **422 individuals** were reached through these interventions, including **279 children and 143 caregivers**, across multiple community and school-based sessions.

### 9.1 Intervention Approach

The psychosocial support component was designed as a structured Mental Health and Psychosocial Support (MHPSS) programme, aligned with recognised child-centred and community-based approaches. Sessions were conducted in accessible and familiar environments, such as schools and community venues, to ensure safe participation and community acceptance.

The intervention targeted two primary groups:

- Children (primarily aged 10–18 years)
- Parents and caregivers

Each session was delivered in small groups of approximately 20–25 participants to ensure meaningful engagement, participation, and individual attention.

### 9.2 Structure and Content of Sessions

The sessions were designed to provide a safe and supportive environment for participants to

express emotions, process trauma, and build coping mechanisms.

### For Children:

The child-focused sessions followed a structured methodology combining psychosocial counselling with creative and interactive activities. Key components included:

- **Emotional Awareness and Expression:** Activities such as emotion identification, storytelling, and guided discussions helped children recognise and normalise their feelings in the aftermath of the disaster.
- **Creative Expression:** Art-based activities, role-play, storytelling, and group exercises enabled children to express difficult emotions non-verbally, supporting emotional release and healing.

### For Parents and Caregivers:

Parallel sessions were conducted to strengthen caregivers' capacity to support children during recovery. These sessions focused on:

- Understanding children's emotional and behavioural responses to trauma
- Promoting positive parenting practices and communication

- **Coping and Regulation Techniques:** Practical tools such as breathing exercises, grounding techniques, and relaxation sessions were introduced to help children manage stress and anxiety.
- **Resilience Building:** Activities such as the "Tree of Life" exercise and strength-mapping helped children identify personal strengths, support systems, and future aspirations.
- **Peer Support and Social Connection:** Group-based formats encouraged interaction, sharing, and mutual support among participants, helping rebuild a sense of belonging and safety.

- Teaching stress management and self-regulation techniques
- Encouraging supportive responses such as listening, empathy, and reassurance

Role-play exercises and guided discussions were used to help caregivers reflect on their responses and adopt more supportive approaches in managing children's needs.

## 9.3 Key Outcomes

The psychosocial support intervention contributed to several positive outcomes:

- Improved emotional awareness and expression among children
- Increased use of positive coping strategies

These outcomes are consistent with expected results of structured MHPSS interventions, including improved resilience, emotional

- Reduction in visible distress behaviours such as anxiety and withdrawal
- Strengthened caregiver capacity to support children's emotional needs
- Enhanced peer interaction and social connectedness regulation, and help-seeking behaviour among children.



# PSYCHOSOCIAL RECOVERY: BUILDING RESILIENCE

Healing minds. Strengthening connections. Building a resilient tomorrow.



## 1 THE IMPACT

Crisis and adversity can deeply affect children's emotional well-being.



**ANXIETY**



**FEAR**



**SLEEP ISSUES**

## 2 THE INTERVENTION

Evidence-based, child- and family-centered psychosocial support promotes healing and resilience.

**422**  
TOTAL BENEFICIARIES

**279** CHILDREN

**143** CAREGIVERS



**ART-BASED ACTIVITIES**

Expression, creativity, and play to process emotions and build confidence.



**COPING TECHNIQUES**

Practical tools to manage stress and build emotional regulation.



**PEER SUPPORT**

Safe spaces to connect, share, and support one another.

## 3 OUTCOMES

Strengthened well-being today. A more resilient tomorrow.



**EMOTIONAL AWARENESS**

Children better understand and express their feelings in healthy ways.



**POSITIVE COPING**

Children use practical strategies to manage stress and overcome challenges.



**STRENGTHENED CAREGIVING**

Caregivers feel more confident and connected, supporting children's well-being.

## 9.4 Implementation Modality

Sessions were conducted across multiple locations, including schools and community centres, often with simultaneous group facilitation to maximise reach. Each session typically lasted between 3 and 4 hours and was facilitated by trained psychosocial professionals, supported by resource persons

specialising in creative expression and communication.

The intervention adopted a flexible delivery approach, allowing sessions to be adapted based on participant age groups, local context, and emerging needs.

## 9.5 Monitoring and Documentation

A structured monitoring system was applied to ensure quality and accountability, including:

- Attendance records
- Facilitator observation notes
- Session summary reports

These tools enabled continuous assessment of participant engagement, emotional response, and overall effectiveness of the intervention.

## 9.6 Overall Assessment

The psychosocial support component addressed a critical yet often underserved aspect of disaster response, the mental and emotional well-being of children and families. While the intervention reached a limited number of beneficiaries relative to the scale of need, it demonstrated a high-impact, evidence-based approach to supporting recovery beyond material assistance.

The findings indicate a continued and significant need for expanded MHPSS services, particularly for high-risk groups, suggesting that psychosocial support should be integrated as a core component of future humanitarian and recovery interventions.

# 10 Results and Impact

The intervention delivered measurable and multi-dimensional outcomes across education, household resilience, and psychosocial well-

being, directly addressing the priority needs identified through the assessment.

## 10.1 Restoration of Education Continuity

The distribution of school stationery packs to 5,912 children enabled a large proportion of affected children to resume their education without prolonged interruption. For many households, the loss of school materials had created a significant barrier to school attendance. By replacing essential items such as exercise books, pens, and other learning materials, the intervention removed this barrier

and facilitated the timely return of children to school.

This support was particularly critical amid widespread financial constraints, when families lacked the capacity to independently replace lost materials. As a result, the intervention helped reduce the risk of school absenteeism and dropout, particularly among vulnerable children in low-income households.

## 10.2 Reduction of Financial Burden on Households

The provision of school materials significantly reduced the immediate financial pressure on affected families. Many households reported that the cost of replacing school items would have been unaffordable given the simultaneous loss of income, assets, and basic household items.

By covering these essential educational expenses, the intervention allowed families to redirect limited resources towards other urgent needs such as food, shelter repairs, and health-related expenses. In several cases, beneficiaries indicated that the support exceeded what they would have otherwise been able to afford, thereby enhancing household-level recovery capacity.

### 10.3 Improvement in Psychosocial Well-being

The psychosocial support component of the intervention contributed to notable improvements in the emotional well-being of both children and caregivers. Through structured sessions, participants were provided with safe spaces to express emotions, process trauma, and develop coping mechanisms.

Children demonstrated increased emotional awareness, reduced anxiety, and improved

social interaction, while caregivers reported better understanding of children's emotional needs and improved ability to respond supportively. The introduction of simple coping strategies, such as breathing exercises and communication techniques, enabled participants to better manage stress and emotional distress.

### 10.4 Restoration of Routine and Stability

Beyond immediate material support, the intervention played a critical role in restoring a sense of normalcy and routine within affected communities. The return to school provided children with structure, purpose, and social interaction, which are essential components of recovery following a disaster.

Simultaneously, psychosocial support interventions helped rebuild a sense of safety and emotional stability, both within households and at the community level. This dual approach, combining educational recovery with emotional support, strengthened overall resilience among affected populations.

### 10.5 Strengthened Community Confidence and Trust

The transparent, data-driven, and well-coordinated implementation of the intervention enhanced community trust and confidence. The use of verified beneficiary lists, token-based distribution systems, and structured processes ensured fairness and

accountability, which local communities recognised.

This trust further facilitated community participation and cooperation, creating an enabling environment for effective programme delivery.

### 10.6 Overall Impact

Overall, the intervention demonstrated that targeted, evidence-based support can generate high-impact outcomes even within resource constraints. By prioritising education and integrating psychosocial support, the project addressed both immediate and underlying needs, contributing to:

- Continuity of education for thousands of children

- Reduced economic strain on vulnerable households
- Improved emotional resilience among children and caregivers
- Restoration of stability and normalcy within affected communities

These outcomes highlight the effectiveness of combining material assistance with psychosocial interventions as a holistic approach to disaster recovery.

# 11 Recommendations for Recovery

The findings of the assessment and implementation experience highlight the need for a phased, multi-sectoral recovery approach

that addresses both immediate gaps and longer-term resilience.

## 11.1 Short-Term (Immediate Action)

Immediate interventions should focus on stabilising living conditions and addressing critical unmet needs:

- **Health:** Deploy mobile medical clinics in high-risk and high-incidence areas to address post-flood illnesses, including waterborne and respiratory conditions.
- **Education:** Expand education support beyond stationery by providing school uniforms and footwear to the 4,000+

children identified as lacking these essential items.

- **Protection:** Improve safety conditions in temporary shelters and vulnerable communities by installing lighting, ensuring privacy partitions, and strengthening community-based monitoring mechanisms to reduce risks of violence and exploitation.

## 11.2 Medium-Term (1–3 Months)

Recovery efforts should transition towards restoring livelihoods, strengthening psychosocial well-being, and rebuilding essential systems:

- **Livelihood Recovery:** Provide targeted micro-grants, cash assistance, or equipment replacement for affected households, particularly those dependent on home-based or informal livelihoods.
- **Psychosocial Support:** Establish structured Child-Friendly Spaces (CFS)

and expand Mental Health and Psychosocial Support (MHPSS) services, including regular counselling sessions, recreational activities, and school-based interventions.

- **Civil Documentation:** Organise mobile documentation clinics to support families in replacing lost birth certificates, national identity cards, and other essential documents required for accessing services.

## 11.3 Long-Term (Resilience Building)

Sustainable recovery requires investment in systems and infrastructure that reduce future vulnerability:

- **Infrastructure Development:** Improve drainage systems and flood mitigation infrastructure in the most affected GN divisions to reduce the risk and impact of future flooding events.
- **Disaster Preparedness:** Establish and strengthen community-based disaster management committees, with training on early warning systems, evacuation

procedures, and rapid needs assessment methodologies.

- **Integrated Child Protection Systems:** Institutionalise child protection mechanisms at the community level, including referral pathways, awareness programmes, and coordination with local authorities to ensure sustained safeguarding of children.

## 12 Conclusion

The flood event in the Kolonnawa Divisional Secretariat Division resulted in widespread humanitarian impact, affecting nearly 4,800 households and over 23,800 individuals, including 9,205 children. The findings of the Basic Needs Assessment clearly demonstrate that children have been disproportionately affected, with significant disruptions to education, exposure to protection risks, and increased psychosocial distress.

The analysis identified education as the most urgent and consistently prioritised need, followed by clothing and hygiene, health concerns, psychosocial challenges, and protection risks. In response, PEaCE | ECPAT Sri Lanka implemented a targeted, data-driven intervention that provided essential school materials to 5,912 children and delivered psychosocial support to 422 individuals.

The intervention demonstrated strong effectiveness through evidence-based targeting, rigorous verification mechanisms, and a structured implementation approach. It

contributed significantly to restoring access to education, reducing financial pressures on vulnerable households, and improving the emotional well-being of affected children and caregivers. However, the scale of unmet needs remains substantial. A significant number of children still lack essential educational materials, while broader needs related to clothing, hygiene, health, and protection continue to affect household recovery.

These gaps highlight the need for coordinated multi-sectoral interventions to ensure comprehensive and sustainable recovery.

Overall, the response illustrates the value of combining robust data collection with targeted programme delivery. It provides a strong evidence base for future resource mobilisation, policy planning, and programme design, while reinforcing the importance of prioritising children's well-being in disaster response and recovery efforts.



## Surveyed Households by GN Division – Kolonnawa

Ser. No	GN Division	No. of Households
1	508 Kiththampahuwa	437
2	503 C Malgama	364
3	501 Mulleriyawa North	358
4	513 A Megodakolonnawa	331
5	501 A Ambathale	331
6	507 Wennawattha	307
7	513 D Bopeththa	299
8	506 B Batalandahena	235
9	506 C Mahabuthgamuwa	230
10	509 Kotuwila	218
11	508 A Welewaththa	184
12	509 A Sedawaththa	179
13	510 B Kuruniyawaththa	178
14	502 Udumulla North	141
15	506 A Kudabuthgamuwa	109
16	505 C Kotikawaththa West	102
17	504 A Belagama	94
18	506 Mahabuthgamuwa	82
19	512 A Salamulla	70
20	509 C Halmulla	66
21	509 B Weheragoda	56
22	503 A Mulleriyawa South	51
23	512 B Sinhapura	51
24	509 D Wadulla	48
25	504 Kelanimulla	45
26	511 A Dahampura	33
27	511 Wellampitiya	32
28	512 Kolonnawa	30
29	502 C Rajasinghagama	28
30	505 B Gothatuwa New Town	26
31	506 D Mahabuthgamuwa	26
32	513 Gothatuwa	25
33	505 Kotikawatta East	18
34	503 Himbutana West	3
35	510 Meethotamulla	3
36	502 A Udumulla South	3
37	513 B Madinnagoda	2
38	505 A Malpura	1
39	505 D Dodamgahahena	1
	<b>Total</b>	<b>4797</b>

### GN Division-Wise Breakdown of Affected Households and Children

Ser. No.	GN Division	Total No. of people in Household	Total No. of Children	Female 0 - 5	Male 0 - 5	Female 6 -10	Male 6 -10	Female 11 - 14	Male 11 - 14	Female 15 - 18	Male 15 - 18
1	501 A Ambathale	1,570	581	66	54	80	83	91	67	73	67
2	501 Mulleriyawa North	1,713	655	70	68	102	81	78	99	87	70
3	502 A Udumulla South	13	6	1	1	1	1	-	-	2	-
4	502 C Rajasinghagama	149	42	3	3	3	7	5	7	9	5
5	502 Udumulla North	657	246	23	29	39	38	27	36	21	33
6	503 A Mulleriyawa South	232	91	9	8	10	14	12	11	13	14
7	503 C Malgama	1,727	605	80	62	75	88	81	71	95	53
8	503 Himbutana West	15	5	1	1	1	-	-	1	-	1
9	504 A Belagama	438	166	11	6	32	21	27	26	25	18
10	504 Kelanimulla	213	80	14	6	12	12	12	10	5	9
11	505 A Malpura	5	1	-	-	-	-	-	1	-	-
12	505 B Gothatuwa New Town	120	44	4	2	1	6	5	10	11	5
13	505 C Kotikawaththa West	482	174	12	15	24	24	34	22	17	26
14	505 D Dodamgahahena	4	2	-	-	-	1	-	1	-	-
15	505 Kotikawatta East	83	34	3	2	8	5	5	3	4	4
16	506 A Kudabuthgamuwa	539	209	19	13	33	38	30	31	25	20
17	506 B Batalandahena	1,155	466	37	40	73	68	68	64	68	48
18	506 B Battalandahen	4	2	-	-	-	1	1	-	-	-
19	506 C Mahabuthgamuwa	1,132	427	25	30	61	73	65	69	55	49
20	506 D Mahabuthgamuwa	133	47	4	1	8	8	6	9	4	7
21	506 Mahabuthgamuwa	430	172	12	15	25	22	25	33	22	18
22	507 Wennawaththa	1,515	592	38	64	85	90	84	93	76	62
23	508 A Welewaththa	932	350	24	30	41	55	57	60	49	34
24	508 Kiththampahuwa	2,208	848	88	95	95	125	101	126	120	98
25	509 A Sedawaththa	867	363	45	43	54	62	47	49	23	40
26	509 B Weheragoda	273	113	12	12	21	17	24	5	17	5
27	509 C Halmulla	329	136	6	10	18	15	19	27	22	19

28	509 D Wadulla	229	100	9	7	18	19	15	21	7	4
29	509 Kotuwila	1,104	423	24	35	55	55	70	63	63	58
30	510 B Kurunyawaththa	917	373	41	33	57	49	63	55	42	33
31	510 Meethotamulla	22	10	-	1	3	3	-	2	1	-
32	511 A Dahampura	172	67	9	10	11	9	10	5	11	2
33	511 Wellampitiya	159	78	4	15	9	15	11	11	5	8
34	512 A Salamulla	367	155	11	13	17	24	33	23	22	12
35	512 B Sinhapura	221	110	12	17	12	15	11	16	16	11
36	512 Kolonnawa	144	50	9	5	8	5	8	3	7	5
37	513 A Megodakolonnawa	1,809	735	56	68	123	118	103	105	77	85
38	513 B Madinnagoda	11	4	-	1	-	1	1	-	1	-
39	513 D Bopeththa	1,611	591	50	49	74	110	67	94	87	60
40	513 Gothatuwa	129	52	6	6	4	10	6	5	11	4
	<b>Total</b>	<b>23,833</b>	<b>9,205</b>	<b>838</b>	<b>870</b>	<b>1,293</b>	<b>1,388</b>	<b>1,302</b>	<b>1,334</b>	<b>1,193</b>	<b>987</b>

## Distribution of School Kits by GN Division

Ser. No	GN Division	Total
1.	501 Mulleriyawa North	512
2.	508 Kiththampahuwa	482
3.	503 C Malgama	455
4.	513 A Megodakolonnawa	443
5.	507 Wennewatta	387
6.	501 A Ambathale	368
7.	506 C Mahabuthgamuwa	345
8.	509 Kotuwila	294
9.	506 B Batalandahena	293
10.	508 A Welewatta	274
11.	513 D Bopeththa	270
12.	509 A Sedawatta	243
13.	510 B Kuruniyawaththa	233
14.	506 A Kudabuthgamuwa	136
15.	506 Mahabuthgamuwa A	125
16.	505 C Kotikawaththa West	107
17.	504 A Bealagama	104
18.	509 C Halmulla	98
19.	502 Udumulla North	97
20.	512 A Salamulla	88
21.	509 D Wadulla	82
22.	509 B Weheragoda	65
23.	503 A Mulleriyawa South	64
24.	504 Kelanimulla	54
25.	512 B Singhapura	50
26.	511 A Dahampura	36
27.	506 D Mahabuthgamuwa	35
28.	502 C Rajasinghagama	34
29.	505 B Gothatuwa New Town	31
30.	513 Gothatuwa	29
31.	511 Wellampitiya	27
32.	512 Kolnnawa	25
33.	505 Kotikawaththa East	21
34.	510 Meethotamulla	3
35.	502 A Udumulla South	2
<b>Total</b>		<b>5912</b>

## Health Issues & Special Needs of Children Recorded

Detailed breakdown of special needs cases by GN Division

GN Division	Total Children	Nature of Needs
501 A Ambathale	14	Asthma (4), ENT Issue (1), Epilepsy (1), Heart Condition (2), Kidney Issue (1), Nerve Damage/Issue (1), Other Special Needs (3), Physical Disability (1), Speaking Difficulty (1)
501 Mulleriyawa North	19	ADHD (Attention-Deficit/Hyperactivity Disorder) (1), Asthma (4), Autism (1), Brain/Neurological Issue (1), Cognitive Impairment (1), Down Syndrome (1), ENT Issue (2), Heart Condition (2), Mental/Psychological Issue (1), Nerve Damage/Issue (2), Other Special Needs (3), Physical Disability (2), Speaking Difficulty (1), Thalassemia (1)
502 Udumulla North	3	Down Syndrome (1), Other Special Needs (2)
503 C Malgama	11	Autism (2), Down Syndrome (2), Nerve Damage/Issue (1), Other Special Needs (6), Physical Disability (3)
504 A Belagama	1	Autism (1)
504 Kelanimulla	2	Asthma (1), Brain/Neurological Issue (1), Cancer/Tumour (1)
505 C Kotikawaththa West	4	Autism (1), Cognitive Impairment (1), Nutritional Deficiency (1), Physical Disability (1)
506 A Kudabuthgamuwa	2	ADHD (1), Cognitive Impairment (1), Down Syndrome (1), ENT Issue (1)
506 B Batalandahena	3	Heart Condition (2), Thalassemia (1)
506 C Mahabuthgamuwa	3	Autism (2), Heart Condition (1)
506 D Mahabuthgamuwa	1	Other Special Needs (1)
506 Mahabuthgamuwa	2	ADHD (1), Mental/Psychological Issue (1)
507 Wennawattha	3	Down Syndrome (1), ENT Issue (1), Underweight/LowWeight (1), Vision Problem (1)
508 A Welewaththa	3	Brain/Neurological Issue (1), Down Syndrome (1), Vision Problem (1)
508 Kiththampahuwa	6	Autism (1), Brain/Neurological Issue (1), Down Syndrome (1), ENT Issue (1), Heart Condition (1), Other Special Needs (2)
509 A Sedawaththa	1	Down Syndrome (1)

<b>GN Division</b>	<b>Total Children</b>	<b>Nature of Needs</b>
509 C Halmulla	2	Heart Condition (1), Kidney Issue (1), Speaking Difficulty(1)
509 D Wadulla	2	Vision Problem (2)
509 Kotuwila	7	ADHD (1), Brain/Neurological Issue (1), Down Syndrome (1), ENT Issue (1), Epilepsy (2), Mental/Psychological Issue (1), Physical Disability (1), Vision Problem (1)
510 B Kuruniyawaththa	3	Other Special Needs (1), Physical Disability (2)
511 Wellampitiya	1	ENT Issue (1), Physical Disability (1)
512 B Sinhapura	1	Other Special Needs (1)
512 Kolonnawa	1	ENT Issue (1), Mental/Psychological Issue (1)
513 A Megodakolonnawa	8	Asthma (2), Autism (1), ENT Issue (3), Heart Condition (1), Kidney Issue (1), Mental/Psychological Issue (1), Other Special Needs (2)
513 D Bopeththa	2	Autism (1), ENT Issue (1), Nerve Damage/Issue (1)
513 Gothatuwa	1	Hearing Disability (1), Heart Condition (1), Nerve Damage/Issue (1), Physical Disability (1)