

Policy and Institutional Responses to Sexual and Gender-Based Violence during Disasters in Sri Lanka: A Post-Cyclone Ditwah Review of Progress, Gaps and Future Directions

Manoj Sanjeeewa Fernando

Senior Lecturer, Department of Health Promotion, Rajarata University of Sri Lanka, Mihintale, Sri Lanka.

Commentary

Abstract

Disasters are recognized as environmental, humanitarian and social crises that may exacerbate existing gender inequalities and increase the risk of sexual and gender-based violence (SGBV). Within a post-disaster context, women and girls, people with disabilities, older adults, gender diverse groups, and internally displaced persons may become more vulnerable to domestic violence, sexual violence, exploitation, trafficking, unsafe shelter environments, and limited access to protection and sexual and reproductive health services. Sri Lanka has undertaken several initiatives to establish a robust legal and policy framework addressing SGBV and disaster risk management. The most recent of these initiatives include the Multi-Sectoral National Action Plan for Addressing Sexual and Gender-Based Violence in Sri Lanka for the years 2024-2028 and the Handbook on Gender, Sexual and Gender-Based Violence in Disasters. Nevertheless, significant gaps remain at the legislative, institutional, and operational levels; These include the absence of explicit provisions addressing SGBV in disaster legislation, inconsistent requirements for standards of protection in evacuation centres, inconsistent referral procedures, limited disaster-related SGBV data, and women's engagement in disaster-related decision-making. Cyclone Ditwah hit Sri Lanka in November 2025, displacing hundreds of thousands of people into government-run safety centres. Humanitarian assessments conducted into early 2026 showed ongoing risks for people living in shelters. Challenges such as inadequate lighting, lack of privacy, and poor sanitation persisted for months following the cyclone. The subsequent commentary argues that SGBV prevention and response must become a non-negotiable component of disaster risk management, requiring stronger legislation, clearly assigned institutional accountability, intersectoral coordination, survivor-centred service delivery, inclusive and disaggregated data systems, meaningful community and women's participation, and dedicated, sustained financing to translate existing policy commitments into protection on the ground.

Key Words: sexual and gender-based violence, disasters, Sri Lanka, disaster risk management, gender-responsive policy, Cyclone Ditwah

Introduction

Disasters expose and amplify existing social inequalities. Although hazards such as floods, landslides, cyclones and public health emergencies are commonly understood in terms of physical damage and economic loss, their social consequences are shaped by gender, age, disability, poverty and displacement, and effective disaster risk reduction therefore requires inclusive, rights-based and people-centred approaches [1]. To examine the governance of SGBV in emergencies, this commentary employs a comprehensive framework that merges Social Vulnerability Theory with the IASC/Sphere Protection and Risk Mitigation Continuum. Within this framework, the protection outcomes following a disaster are influenced by existing structural inequalities, the hazardous environment created by the disaster, and the robustness of the governance infrastructure [2].

SGBV is already a significant public health challenge in Sri Lanka. The 2019 Women's Wellbeing Survey, the country's first national prevalence survey, found that 1 in 5 (20.4%) ever-partnered women had experienced physical and/or sexual intimate partner violence in their lifetime, with under-reporting driven by shame, fear of blame and stigma [3]. Disasters have repeatedly been linked to heightened SGBV risk, although this has rarely been captured through systematic surveillance. Following the 2004 tsunami, a UNHCR-commissioned assessment documented widespread, largely unreported domestic and sexual violence in camps [4]; more recently, Cyclone Ditrwah displaced over 150,000 people into government-run safety centres, where UNFPA identified overcrowding, poor lighting and lack of privacy as conditions that actively heightened GBV risk [5].

In every instance, the foundation of the evidence has depended on situational evaluations and agency communications, instead of specialized health information systems for surveillance. Additionally, the Epidemiology Unit's reports on notifiable diseases do not account for disaster-related sexual and gender-based violence (SGBV), leaving its actual extent unclear.

In humanitarian settings, the risk of SGBV escalates through various channels: displacement disrupts family and community support systems, crowded shelters diminish privacy and safety, financial instability amplifies dependency and coercive control, and interruptions in policing, health, and justice systems hinder reporting and referral processes [6,7]. Disasters therefore both amplify pre-existing gender inequalities and generate new, disaster-specific risks [1].

Sri Lanka is highly exposed to hydro-meteorological hazards [1,8]. Since the Disaster Management Act of 2005 established national disaster risk management structures [9], the country has also built a legal and policy framework addressing SGBV, including constitutional non-discrimination provisions, criminal law, the Prevention of Domestic Violence Act, and successive national SGBV action plans [10,11]. Integration between these two policy streams, however, remains incomplete. The 2024–2028 Multi-Sectoral National Action Plan represents a progression by introducing a dedicated Disaster Management sector that covers protective environments, sexual and reproductive health services, and survivor support [11], complemented by the DMC-UNFPA Handbook on Gender, Sexual and Gender-Based Violence in Disasters [12].

Despite this progress, Sri Lanka's disaster management systems have historically regarded SGBV as a secondary issue rather than an important one. This analysis is driven by the discrepancy between overarching policies and the real-life experiences of communities affected by disasters, a contrast that was sharply illustrated by Cyclone Ditwah in November 2025, which displaced more than 230,000 people into almost 1,000 safety centres and exposed recurring shortcomings, including poor lighting, the absence of gender-segregated toilets, and unsafe referral practices, months into the recovery period. This commentary therefore examines the extent to which Sri Lanka's legal, policy and institutional frameworks address SGBV in disaster contexts, highlighting progress, identifying persistent gaps, and proposing practical directions for strengthening preparedness, response and recovery [13-17].

Approach

The commentary is informed by an exploratory policy review of selected legislation, national policies, disaster management guidelines, SGBV action plans, government documents, UN agencies' guidelines, and scientific literature published between 2015 and 2025. Policy documents related to SGBV prevention, disaster management, health sector response, protection, gender equality, and humanitarian principles were reviewed.

The selected documents are analysed in terms of the following themes: identification of SGBV as a health emergency and protection risk during disasters; prevention and response to SGBV in disaster settings, responsibilities of institutions; coordination and referral; and accountability and implementation gaps.

Search Strategy and Keywords

To retrieve articles and relevant policy frameworks on sexual and gender-based violence and disasters from 2015 to 2026, a structured narrative search was undertaken through online database searches in Google Scholar and PubMed as well as grey literature searches in government portals, United Nations agencies, and humanitarian databases like ReliefWeb and OCHA.

Search concepts and keywords included: ("sexual and gender-based violence" OR "SGBV" OR "gender-based violence" OR "protection") AND ("disaster management" OR "emergency response" OR "evacuation shelter" OR "displaced population")

Sri Lanka Specific Context: ("Sri Lanka") AND ("Disaster Management Act" OR "Multi-Sectoral National Action Plan" OR "Cyclone Ditwah" OR "Disaster Management Centre")

Service Continuity & Health Interventions: ("sexual and reproductive health" OR "clinical management of rape" OR "Minimum Initial Service Package" OR "MISP") AND ("humanitarian" OR "disaster")

This commentary is also informed by national policies that include the National Disaster Management Policy, Sri Lanka National Disaster Management Plan 2013-2017, Sri Lanka Comprehensive Disaster Management Program 2014-2018, Sri Lanka Essential Health Services Package 2019, and national strategic frameworks for disaster preparedness and recovery.

As a commentary, this paper does not offer a systematic review or an empirical legal analysis. Instead, it provides a discussion intended to provoke debate on possible approaches to improving disaster

governance in Sri Lanka and ensuring the protection of vulnerable groups at risk.

Why SGBV Must Be Integrated into Disaster Governance

SGBV in emergencies is recognised as both a protection concern and a sexual and reproductive health issue. This may necessitate clinical management of rape, emergency contraception, prevention of pregnancy, HIV and other STI prophylaxis treatment, preventing and treating sexually transmitted infections, HIV post-exposure prophylaxis, psychosocial first aid, referral, legal aid, shelter protection, and follow-up. Global systematic reviews show that menstrual regulation, safe abortion, and post-abortion care have been repeatedly disrupted in disasters. These services should be provided as integral components of the emergency response rather than being considered as peripheral activities [18]. However, such services are often disrupted in emergency situations, especially due to weaknesses in health systems, transportation, policing, and community systems.

In line with international humanitarian guidelines, the risk mitigation of GBV needs to be integrated within all areas of humanitarian response, including shelter, health, water and sanitation, protection, education, food security, and camp coordination [6]. The Sphere Handbook equally underscores the requirement to evaluate gender and power dynamics, social exclusion, safety concerns, referral processes and feedback from the target population in the context of humanitarian intervention [19]. In line with international humanitarian standards, risk mitigation and delivery of services related to sexual and gender-based violence (SGBV) should be incorporated within all areas of emergency

response, such as shelter, health, water and sanitation, and camp management. The core of this operational approach is the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Crisis Situations, which was established by the Inter-Agency Working Group for Reproductive Health in Crises (IAWG) and adopted in the Sphere Minimum Standards. The MISP consists of lifesaving activities, which should be initiated right from the beginning of the disaster regardless of any needs assessment [20]. These principals are applicable to the disaster management framework of Sri Lanka in respect of evacuation centres, displacement contexts, community preparedness and post-disaster recovery processes.

Disaster management responses that overlooks the SGBV issue could inadvertently expose the target population to life-threatening risks. Lack of proper lighting in shelters, sex-segregated toilet facilities, lack of privacy, lack of confidentiality in reporting channels, lack of focal points and inadequate referral processes can put the target groups, namely women, children, persons with disabilities, older persons and gender minorities at risk. It is necessary, therefore, that the prevention of SGBV should not remain an exclusive activity to be considered after the disaster response phase but should be integrated into all aspects of disaster management, including preparation, risk assessment, evacuation, relief, health services, recovery and monitoring.

Legal and Policy Architecture in Sri Lanka

There are several aspects within Sri Lanka's legal system that can facilitate the prevention of and response to SGBV.

Firstly, the Constitution includes anti-discrimination laws. Secondly, there are criminal laws addressing rape, sexual abuse, sexual harassment, child sexual abuse and human trafficking and finally the Prevention of Domestic Violence Act [21-23]. The latter is especially important since the problem of domestic violence can emerge during crises both during and afterwards. Nevertheless, it might be difficult to apply this law during periods of displacement or while individuals are sheltered because survivors do not have the opportunity to access courts, the police, legal aid organizations, etc either due to displacement from the locality where they lived or because services providers are not sensitive enough to these specific risks.

The Disaster Management Act No.13 of 2005 established the National Council for Disaster Management and the Disaster Management Centre and represents the legal basis for the national disaster management process [9]. Nevertheless, the Act lacks any provision regarding SGBV as disaster-related protection concern. The lack of mandatory provisions for gender-responsive risk assessments and community education, survivor-centered care and referral systems, protection guidelines for evacuation centres, and monitoring of SGBV during emergencies is a key concern. Furthermore, there is no mention of the role of "appropriate organizations" with regard to SGBV during the pre-disaster, preparedness and recovery phase, emergency response and post-disaster phase. This constitutes one of the serious gaps in the legislation, as there are no mandatory provisions requiring SGBV considerations to be incorporated into relevant policies, which may result in SGBV being addressed only through project-based initiatives or other interventions outside disaster governance per se.

In the 2016-2020 SGBV National Action Plan of the country, five priority areas were identified within the disaster management sector: creation of awareness and development of capacities; gender equality in terms of preparedness, response, recovery, mitigation and reconstruction; protection, security and safety measures in relation to the disaster management process; reproductive health and psychological support in the event of disasters and policy mechanisms to tackle SGBV during crises [10]. Nonetheless, these priorities have not been institutionalized within the disaster management structure.

The 2024-2028 Multi-Sectoral National Action Plan represents an enhanced policy platform. The plan embraces a whole-of-government strategy and has disaster management as one of its sectors with elements such as public awareness, capacity development, safe and protective environments sexual and reproductive health services, support for survivors, and disaggregated data on gender among others. This is indeed a significant policy breakthrough. However, implementation of the plan will entail the formulation of operational indicators, accountability at the district level, integration of SGBV considerations within preparedness plans, and the allocation of dedicated budget lines.

National Disaster and Health-Sector Frameworks

The Policy Framework and Multi-Sectoral National Action Plan to Address Sexual and Gender-Based Violence in Sri Lanka for the period 2024–2028, developed by the Ministry of Women Affairs, has recognised gender, vulnerability and the importance of community participation in disasters. The National Disaster Management Policy

promotes equitable service provision and gives priority attention to women and vulnerable groups, and recognises the importance of physical, social and emotional well-being during relief and recovery. However, SGBV is not explicitly identified as a post-disaster protection concern, and there is limited operational guidance on how relief, recovery and rehabilitation services should prevent and respond to SGBV.

The Sri Lanka National Disaster Management Plan 2013-2017 recognised women as an important consideration in disaster risk management, including community-based disaster risk reduction, evacuation and awareness programmes. However, women and disaster-prone communities were not consistently included in decision-making processes; which represents an important gap because affected women and community groups often possess practical knowledge about local risks, shelter safety, mobility constraints, caregiving responsibilities and service access barriers.

The Sri Lanka Comprehensive Disaster Management Programme 2014-2018 recognised the need for multi-stakeholder platforms, data collection and monitoring of implementation, and acknowledged gender and disability mainstreaming. However, long-term sustainability requires institutionalised capacity-building mechanisms, including manuals, guidebooks, certified trainers, refresher training and practical tools that can be used across national, district, divisional and community levels.

The Sri Lanka Essential Health Services Package 2019 identifies SGBV as an important health concern and recognises the role of health providers in identifying SGBV situations, providing post-SGBV care

and supporting referral systems. However, disaster-specific SGBV preparedness remains insufficiently developed. Health-sector disaster preparedness should include clinical management of rape, emergency contraception, STI and HIV prevention, psychosocial support, safe referral, non-discriminatory care and staff self-care for personnel supporting survivors. Holistic care should include supportive communication, prevention of pregnancy, HIV and STTI transmission, psychosocial first aid, and referral for legal and mental health services when needed.

In addition to the generic disaster framework and the essential services framework, the Ministry of Health has shown an ongoing commitment to tackling gender-based violence by developing clinical and policy guidelines in the area through its Family Health Bureau (FHB). These include established institutional resources like the National Guidelines for Health Sector Response to Gender-Based Violence, manuals for medical practitioners and protocols for setting up hospital-based support centres (Mithuru Piyasa / Gender-Based Violence Care Centres). Though these resources largely focus on the clinical aspect and do not contain specific strategies for use in disaster settings, there is an unequivocal acknowledgment of GBV as an important public health issue through these guidelines. Including these existing FHB protocols and training programmes in the disaster preparedness strategy will help address the significant gap and allow routine health sector GBV measures to function even when a disaster occurs.

Institutional Framework and Emerging Good Practices

Sri Lanka's institutional response to SGBV in disasters involves multiple actors.

The Ministry responsible for women and child affairs provides policy leadership on SGBV. The Disaster Management Centre coordinates disaster risk reduction, preparedness, emergency response and recovery. Police Women's and Children's Desks, the health sector, the National Child Protection Authority, social service officers, Women Development Officers, district and divisional disaster management committees, local government bodies and civil society organisations all have roles in prevention, response and relevant support.

The Handbook on Gender, Sexual and Gender-Based Violence in Disasters is a notable good practice. It provides practical guidance for policymakers, Disaster Management Centre staff and community groups to plan, coordinate, implement, monitor and evaluate gender-equitable disaster responses [12]. Together with the 2024-2028 Action Plan, it offers a foundation for moving from general gender sensitivity towards practical SGBV risk mitigation.

Recent Sri Lankan scholarship also emphasises that women's empowerment in disaster risk governance is essential for reducing vulnerability and strengthening resilience [8]. Women should not be framed only as vulnerable beneficiaries of assistance: they are rights-holders, decision-makers, community leaders and knowledge holders. Disaster governance should therefore ensure the meaningful participation of women, persons with disabilities and marginalised groups in disaster committees, risk assessments, evacuation planning, relief distribution, recovery programmes and accountability mechanisms.

Programmatic Initiatives and Functional Best Practices in Sri Lanka

Beyond policy frameworks, several ground-level programmatic initiatives demonstrate

Sri Lanka's operational efforts to integrate Sexual and Gender-Based Violence (SGBV) prevention and Sexual and Reproductive Health in Emergencies (SRHiE). One of the main initiatives in this regard has been the implementation of the SPRINT Initiative (Sexual and Reproductive Health Program in Crisis and Post-Crisis Settings) in Sri Lanka, which is run by FPA Sri Lanka in collaboration with IPPF and DFAT. The SPRINT initiative operates under a multi-sectoral SPRINT Steering Committee, which includes key national stakeholders such as the Ministry of Health, Ministry of Women and Child Affairs, DMC, Sri Lanka Police, and others, for the implementation of the Minimum Initial Service Package (MISP). Under SPRINT, targeted interventions include:

1. **Capacity Building for First Responders:** Stakeholder workshops that train disaster personnel, public health teams, military medical units, and police on GBV case management, ethical risk assessments, and survivor-centered referral pathways.
2. **Targeted Dignity and Protection Kits:** Distribution of tailored SRH, maternity, adolescent, and gender-inclusive dignity kits to displaced populations during crisis responses.
3. **Institutional Advocacy:** Advocacy campaigns aimed at embedding MISP and SGBV risk mitigation into standard disaster management training curricula and national emergency protocols.

Concurrently, UNFPA Sri Lanka plays a central role in driving national disaster-related GBV interventions. UNFPA's strategic initiatives focus on three key operational pillars:

1. **High-Level Government Advocacy:** Partnering with the DMC and national ministries to institutionalise gender-responsive disaster guidelines and advocate for explicit SGBV accountability in emergency policies.
2. **First Responder and Community Empowerment:** Organizing joint simulation exercises and capacity-building programmes (such as the Gender-Responsive Emergency Action training with the Red Cross) for state officers, social workers, and community volunteers.
3. **Safety Audits and Rapid Evaluations:** Conducting real-time GBV Safety Verification audits in evacuation centres during active emergencies to evaluate lighting, privacy, and sanitation conditions, translating findings into immediate operational corrections [24,25]

Cyclone Ditwah: An Emerging Test Case

The practical relevance of these gaps was starkly illustrated by Cyclone Ditwah, which made landfall in eastern Sri Lanka on 28 November 2025 and triggered the country's most severe flooding and landslide disaster in over two decades, affecting more than 2.2 million people and claiming over 600 lives [26, 5]. At the peak of the response, more than 230,000 people were sheltering across nearly 1,000 government-run safety centres [5,27]. Humanitarian assessments conducted during the emergency and early recovery phases found that many of these centres suffered from inadequate lighting, insufficient privacy, and shared or non-segregated sanitation facilities, conditions that agencies explicitly linked to an increased risk of sexual and gender-based violence for women, girls, older persons and

persons with disabilities [5,28]. Escalating rates of domestic violence, intimate partner abuse, and sexual and gender-based harassment were noted in both safety centres and long-term displacement in humanitarian situation reports (UN OCHA, UNFPA) and CBO monitoring conducted in the wake of Cyclone Ditwah. It was particularly noted that the consumption of alcohol by displaced men living in overcrowded safety centres led to a rise in domestic disputes, physical violence and increased vulnerability of women and girls. Sexual violence had very low levels of reporting despite increased exposure risks. UN situation reports made it clear that it was not the absence of sexual violence that explained the low reporting, but the absence of confidential reporting channels (26,29)

An assessment by the International Organization for Migration found that the physical layout of temporary shelters did not consistently meet Sphere and GBV-prevention standards, and called for gender-sensitive shelter design to become a mandatory feature of future disaster preparedness [15]. Situation reports issued as late as March 2026, nearly four months after landfall, continued to record inconsistent implementation of GBV risk-mitigation measures in safety centres still housing displaced populations [29]. The World Bank's post-disaster damage assessment further noted that pre-existing vulnerabilities meant the burden of displacement and unsafe housing fell disproportionately on women and female-headed households [30]. Cyclone Ditwah therefore functions as a live test of whether the 2024-2028 Multi-Sectoral National Action Plan and the DMC-UNFPA Handbook are being translated into operational practice and the persistence of the same shelter-level protection gaps identified

Table 1. Key Gaps in SGBV Prevention and Response within Sri Lanka's Disaster Management System

Gap area	Current situation	Consequence
Disaster legislation	SGBV is not explicitly recognised in the Disaster Management Act	Weak legal accountability for protection during emergencies
Institutional responsibilities	SGBV-related duties of disaster management, health, police, social services and local government are not clearly defined across the disaster cycle	Fragmented response and delayed referral
Emergency shelters	Protection standards are not consistently mandatory across evacuation centres	Increased risk of harassment, abuse and unsafe disclosure
Women's participation	Women and disaster-prone communities are not consistently included in decision-making	Preparedness and response may not reflect actual safety needs
Health preparedness	GBV care is recognised in health policy, but disaster-specific GBV preparedness remains limited	Survivors may face delayed clinical, psychosocial and referral support
Data systems	Limited disaster-specific SGBV data disaggregated by sex, age, disability and location	Weak evidence for planning, targeting and monitoring
Referral pathways	Survivor-centred referral mechanisms are not uniformly embedded in disaster plans, specifically in preparedness plans.	Survivors may face unsafe, delayed or incomplete care
Capacity building	Training, manuals and certified trainers are inconsistent across districts and sectors	Variable service quality and risk of re-traumatisation
Inclusive services	Limited operational attention to LGBTIQ+ persons, persons with disabilities, older women, adolescents and gender-diverse populations	Exclusion of groups at heightened risk
Financing	Dedicated disaster-SGBV financing remains limited	Weak sustainability and dependence on external support
Monitoring	Protection indicators are not systematically integrated into disaster management reporting	Limited accountability and learning

throughout this commentary, months into the response, suggests that this translation remains incomplete.

Key Policy and Implementation Gaps

Table 1 summarises the principal gaps identified across legislation, institutional responsibility, service delivery and accountability systems.

Recommendations for Strengthening Disaster Governance

Building on the gaps identified above, and drawing on national experience following the 2005 disasters together with international humanitarian standards, seven interrelated actions are proposed to move Sri Lanka from policy recognition towards operational implementation.

1. **Embed SGBV explicitly in disaster legislation.** Disaster legislation and related regulations should explicitly recognise SGBV as a disaster-related protection concern, consistent with national recommendations made after the 2005 disasters that gender be treated as a key factor in risk situations and that displaced persons be protected from gender-specific violence regardless of shelter setting. Explicit legal recognition would create a stronger basis for gender-responsive risk assessment, prevention, referral, survivor support, monitoring and accountability across the disaster management cycle, and would require the systematic collection of gender-specific information to inform responses for internally displaced persons.
2. **Develop survivor-centred standard operating procedures.** Standard operating procedures should be developed or strengthened for SGBV prevention and response during disasters, defining the roles of the Disaster Management Centre, health services, police, Women Development Officers, child protection actors, social services, local government and civil society organisations. In alignment with IASC and Sphere minimum standards, these Standard Operating Procedures (SOPs) should consider gender-related power dynamics and social marginalization. They should incorporate confidential reporting, informed consent, survivor-centered referrals, clinical management, psychosocial support, safe transportation, documentation, community feedback, and follow-up. Authorities involved in disaster management ought to implement policies that promote gender and diversity to ensure service delivery is safe, respectful, and inclusive.
3. **Mandate protection standards for evacuation centres.** Evacuation centres should be subject to protection audits before and during emergencies. Minimum standards should include safe lighting, sex-segregated and accessible sanitation, private spaces for breastfeeding and counselling, disability access, trained focal points, complaint and feedback mechanisms and clear referral information, which should be integrated into district preparedness plans and simulation exercises.
4. **Build inclusive, disaggregated data systems.** Disaster information systems should collect and use sex-, age- and disability-disaggregated data while protecting survivor confidentiality. Data should support planning for internally displaced persons and disaster-affected communities but should never expose survivors to stigma, retaliation or further harm.
5. **Strengthen women's leadership and community participation.** Women's empowerment and gender equality should be treated as core principles of disaster governance, in line with IASC gender-mainstreaming guidance. Grassroots women's groups, persons with disabilities, adolescents, older persons, and gender-diverse populations should be actively involved in risk assessments, shelter design, relief distribution, recovery planning, and programme evaluation. Resources and responsibilities must be assigned to community-level women's organizations. Participation should ensure genuine decision-making power and address the social, economic, and political factors contributing to women's

vulnerability, supported by ongoing dialogue between grassroots women and policymakers.

6. **Strengthen health-sector preparedness, including sexual and reproductive health.** Emergency response systems should ensure continuity of clinical management of rape, emergency contraception, STI and HIV prevention, psychosocial support, safe referral and non-discriminatory care, coordinated with protection actors at community, local and district levels. Health services should promote equity with respect to gender and gender identity, ensuring survivors and at-risk populations do not experience discrimination when seeking care.
7. **Invest in capacity building and dedicated financing.** Personnel involved in disaster response and SGBV service provision should receive training in survivor centered care, confidential referral, while those working directly with survivors should receive supportive supervision and self-care support to maintain service quality and prevent burnout. Sustainable progress is impossible without committed funding: it is crucial to have budget allocations for protection initiatives, secure facilities, medical supplies, mental health services, transportation, education, and oversight if the pledges in the 2024-2028 Action Plan are to be implemented consistently instead of relying on sporadic partner assistance [11].

To translate these operational priorities into actionable disaster governance, specific institutional mandates must be assigned to key state and non-state actors in Sri Lanka. Updating the national legal framework to explicitly recognize SGBV

as a disaster-related protection concern requires direct action from the Ministry of Defence (Disaster Management Sector), the Disaster Management Centre (DMC), the Ministry of Justice, and Parliament, supported by the Ministry of Women, Child Affairs and Social Empowerment, the Legal Draftsman's Department, the National Child Protection Authority (NCPA), and the Human Rights Commission of Sri Lanka (HRCSL). Developing survivor-centered Standard Operating Procedures (SOPs) requires joint operational leadership from the Ministry of Women, Child Affairs and Social Empowerment and the DMC, working in close coordination with the Ministry of Health's Family Health Bureau (FHB), Sri Lanka Police Women and Children's Desks, Divisional Secretariat Women Development Officers and Social Service Officers, UNFPA, and civil society partners. Mandating protection standards across evacuation centres demands direct enforcement by the DMC, District and Divisional Secretariats, and Local Government Authorities, alongside frontline monitoring by the Tri-Forces, public health officers, the Sri Lanka Red Cross Society, and local community-based organizations.

Building inclusive, disaggregated data systems relies on institutional integration between the Department of Census and Statistics and the DMC's Emergency Operations Division, alongside health information units and partner UN agencies like UNDP. Strengthening women's leadership at the community level necessitates local governance platforms led by the Ministry of Women, Child Affairs and Social Empowerment, Provincial Councils, and local disaster management committees, ensuring grassroots women's networks and civil society organizations have genuine decision-making authority. Health-sector emergency preparedness,

particularly the delivery of Sexual and Reproductive Health (SRH) services and the Minimum Initial Service Package (MISP), must be spearheaded by the Ministry of Health's Disaster Preparedness and Response Division (DPRD) and the FHB, supported by Regional Directors of Health Services (RDHS), hospital-based Mithuru Piyasa care centers, and the Family Planning Association of Sri Lanka (FPASL) through the SPRINT Initiative Steering Committee. Finally, securing dedicated financing and building long-term institutional capacity requires strategic oversight from the Ministry of Finance, the Ministry of Planning, the DMC, and the Ministry of Women, Child Affairs and Social Empowerment, supported by training institutes like SLIDA and international development partners to move from sporadic partner-funded initiatives to sustainable, state-budgeted protection mechanisms. [9,11,13,14]

Conclusion

Significant strides have been made in the recognition of the nexus between disasters and SGBV in Sri Lanka. Including disaster management in the 2016-2020 and 2024-2028 SGBV action plans, alongside the DMC-UNFPA Handbook on Gender, Sexual and Gender-Based Violence in Disasters, indicates an increasing commitment at the policy level [10-12]. Nevertheless, the country's disaster governance system needs greater integration of SGBV prevention and response through legislative, institutional, and operational means. The urgency of this agenda was underscored in real time by Cyclone Ditwah in late 2025, whose aftermath revealed that many of the same protection gaps identified in this commentary inconsistent shelter lighting and sanitation standards, weak GBV risk mitigation in safety centres,

and constrained access to sexual and reproductive health services persisted well into the recovery phase [26,29,30]. Moving from policy recognition to reliable, disaster-proof implementation is therefore not a theoretical exercise but an immediate operational necessity.

The next step should be to move from recognition to implementation. Explicit legal frameworks, survivor-focused SOPs, protection measures in evacuation centres, better coordination at the district level, data systems, financial allocations, and participation of women and other marginalized communities in disaster governance need to be put in place. Bringing Sri Lanka's disaster management systems in line with international humanitarian and disaster risk reduction standards will strengthen national preparedness and resilience. More importantly, it will ensure that disaster responses take into account not only the survival and livelihoods of those affected, but also their dignity, security, bodily autonomy, and freedom from violence.

Translating Sri Lanka's progressive policy commitments such as the 2024-2028 Multi-Sectoral National Action Plan and the DMC-UNFPA Handbook into life-saving operational realities requires bridging the gap between high-level governance and ground-level execution. The aftermath of Cyclone Ditwah demonstrated that while pre-existing gender inequalities are deeply magnified during displacement, disaster contexts simultaneously generate unique, emergency-specific risks such as unlit shelter layouts, compromised privacy, and the collapse of routine police and health referral networks. Addressing these dual dynamics demands an integrated

framework that embeds the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health as a non-negotiable operational standard from the onset of any crisis. Sri Lanka already possesses functional, proven models of multi-sectoral coordination and capacity building, as demonstrated by the FHB-supported Mithuru Piyasa care centres, UNFPA safety audits, and the SPRINT Initiative Steering Committee, bringing together health, disaster, police, and civil society actors. However, these programmatic successes must be institutionalized nationwide rather than remaining isolated or partner-dependent pilots. Achieving sustainable disaster governance requires explicit legal mandates under a revised Disaster Management Act, enforced protection audits for evacuation centers, confidential disaggregated data systems, and dedicated state financing. Assigning clear, statutory accountability across lead entities, including the DMC, Ministry of Women and Child Affairs, Ministry of Health, Sri Lanka Police, and local government bodies ensures that disaster response mechanisms protect not only physical safety and livelihoods, but also actively uphold the dignity, bodily autonomy, and fundamental rights of vulnerable women, girls, and marginalized populations.

Ethical Approval

Ethical approval was not required for this commentary, as it did not involve human participants, personal data, biological

samples, interviews, surveys or any form of primary data collection.

Acknowledgement

I would like to acknowledge UNFPA Sri Lanka for permitting the author to utilize the desk review conducted earlier on policies addressing SGBV in disasters, which captures the current context following Cyclone Ditwah.

External Funding Statement

This commentary received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Conflict of Interests

The author declares no conflicts of interests.

Data Availability Statement

No primary data were collected or analysed for this commentary. The discussion is based on publicly available legislation, policy documents, institutional reports, international guidelines and published literature cited in the reference list.

Use of Artificial Intelligence

Artificial intelligence tools were used only to support language refinement, manuscript structuring and formatting. The author reviewed, revised and approved the final content and remains fully responsible for the accuracy, originality, interpretation and integrity of the manuscript.

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