

Analysis of Internally Displaced Persons (IDPs) Situation and Suraksha Camps Established in – Matale District After the Dithwah and Landslides in November 2025

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Abstract: The severe rainfall that affected the Matale District in November 2025 resulted in devastating landslides that displaced numerous families, forcing them into temporary camps established at several locations throughout the district. The sudden displacement created an urgent need for organized healthcare support to address the immediate medical needs of internally displaced persons (IDPs) living under vulnerable conditions. In response, a coordinated health service delivery system was implemented to ensure the uninterrupted distribution of essential medicines and medical supplies to all identified camps. The timely provision of these resources played a critical role in maintaining continuity of care and preventing further deterioration of health among the displaced population. By ensuring access to treatment for acute illnesses, chronic disease management, maternal and child health services, and emergency medical needs, the intervention reduced the physical and emotional burden experienced by affected communities during a period of considerable uncertainty. Beyond meeting immediate healthcare demands, these efforts contributed to the stabilization of health conditions within the camps and minimized the risk of secondary public health complications. This experience highlights the importance of rapid, well-coordinated healthcare interventions in humanitarian emergencies and demonstrates how compassionate, responsive medical support can preserve dignity and improve resilience among populations affected by natural disasters.

Keywords: Internally Displaced Persons (IDPs); Non-Communicable Diseases (NCD); Morbidity Profile.

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I. INTRODUCTION

Internally Displaced Persons (IDPs) are currently residing temporarily in camps established across multiple locations within the Matale District. These displacements were caused by catastrophic landslides triggered by the severe rainfall experienced in November 2025.

Essential medicines and medical supplies have been systematically distributed to all IDP camps to ensure timely access for those in need. Continuous provision of essential healthcare services has significantly reduced the hardships faced by the affected communities during this challenging period.

Further, these coordinated interventions have helped stabilize health conditions and mitigate immediate risks among the affected population.

➤ General Objective

To explore the distribution of Suraksha (IDP) camps to make sure the fair allocation of resources.

➤ Specific Objectives

- To identify the number of people displaced in each Medical Officer of Health (MOH) Area.
- To identify the Gender Distribution among the people
- To identify the Under 5 children distribution

- To identify the people suffering with non-communicable diseases.
- To identify the Missing or died people

II. METHODOLOGY

A Group consisting the researcher, Regional Epidemiologist, Medical officer non-communicable diseases (NCD), Medical Officer Mental Health (MH), Registered Medical Officer, Divisional pharmacist and a development officer used to visit all the Suraksha (IDP) camps established

within the Matale district and collect daily situation of each and every camp using a pre designed Excel sheet within the month of December 2025. Collected data sheets were analyzed accordingly.

III. RESULTS

According to table 1, it is observed the occupancy of IDP camps and the health status of the displaced population. Figure 1 shows distribution of number of camp sites.

Table 1 Occupancy of IDP Camps

| MOH Area | No. of Camp Sites | No. of Families | Total No. of People | No. of Deaths | No. of Missing |
|---------------|-------------------|-----------------|---------------------|---------------|----------------|
| Abangankorale | 4 | 108 | 292 | 0 | 0 |
| Rattota | 10 | 265 | 803 | 0 | 0 |
| Ukuwela | 12 | 58 | 150 | 0 | 0 |
| Yatawatte | 2 | 32 | 86 | 0 | 0 |
| Naula | 2 | 41 | 114 | 0 | 0 |
| Pallepola | 2 | 23 | 68 | 7 | 0 |
| Matale | 3 | 0 | 140 | 4 | 1 |
| Matale MC | 1 | 27 | 82 | 0 | 0 |
| Galewela | 1 | 22 | 64 | 0 | 0 |
| Laggala | 5 | 81 | 562 | 1 | 0 |
| Dambulla | 2 | 15 | 58 | 0 | 0 |
| Total | 44 | 672 | 2419 | 12 | 1 |

The under mentioned analysis summarizes the demographic distribution, camp occupancy, and prevailing health conditions of displaced communities to support evidence-based planning and resource allocation.

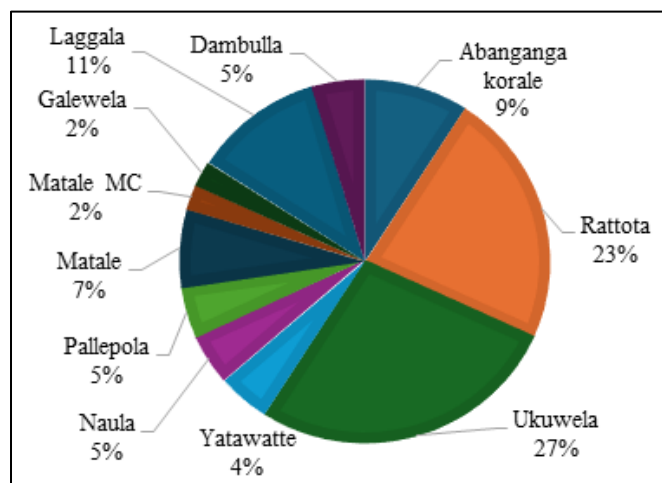


Fig 1 Distribution of Number of Camp Sites.

➤ Key Observations

- A total of 2,419 individuals from 672 families were accommodated in 44 IDP camps across the district.
- 12 deaths and 1 missing person have been reported following the disaster.
- The displaced population includes 11 infants, 107 children under five, and 196 school-aged children (5–16 years),

indicating the need for sustained maternal and child health services.

- 28 individuals have diabetes, with 3 dependents on insulin, while 133 persons require regular medication for non-communicable diseases (NCDs).
- Only one person has been identified with a mental health disorder and is receiving psychiatric medication, though continued psychosocial assessment is recommended.

➤ Total Displaced Population, Families and Camps

As of the latest assessment, 2,419 individuals from 672 families are residing in 44 IDP camp sites across the district. The presence of multiple camps indicates a geographically dispersed displacement pattern, requiring sustained logistical coordination to maintain equitable service delivery. Additionally, 12 deaths and one missing person have been reported in relation to the disaster, underscoring the severity of the event and the continued need for humanitarian support.

➤ Camp Sites Relative to Population

The district situation as at 31st December 2025 was 44 camps serving 2,419 people, representing approximately 1.8 camp sites per 100 displaced persons. On average, each camp accommodates about 55 individuals, suggesting that most camps are relatively small. While smaller camps may facilitate to reduce overcrowding and to mitigate the communicable disease risk, they can also create operational challenges by increasing the demand for distributed medical teams, supply chains, and monitoring mechanisms. Continued coordination is essential to ensure uniform standards of care across all locations.

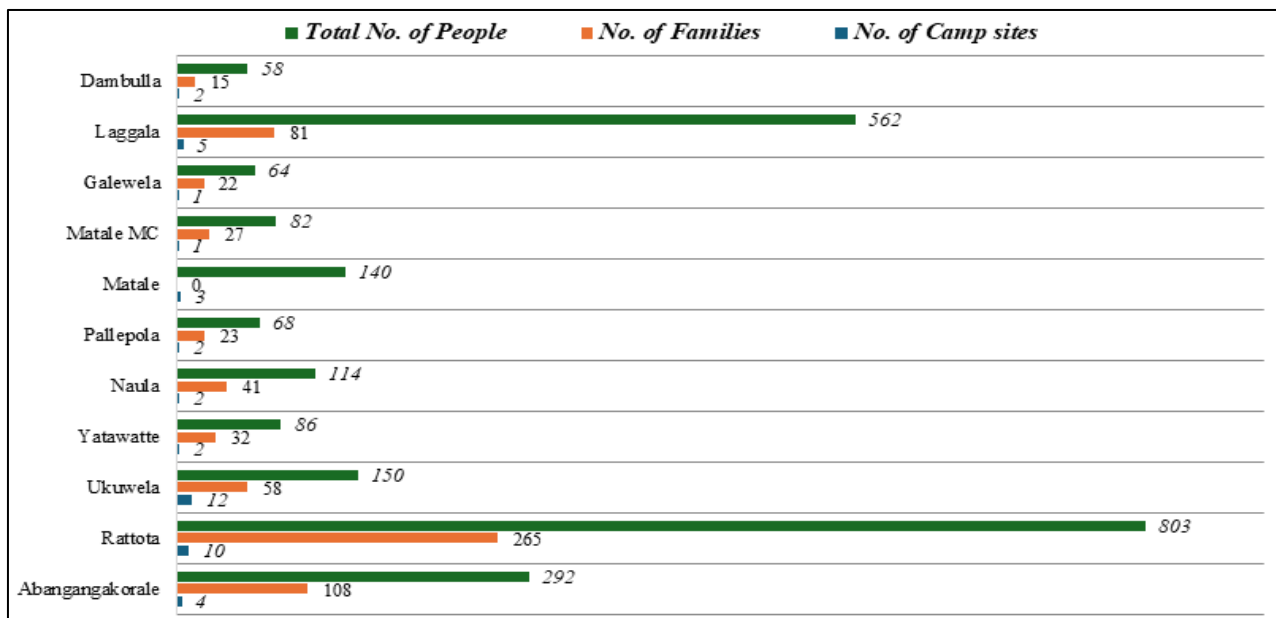


Fig 2 Distribution of Internally Displaced People at Various IDP Camps

➤ *Male-Female Distribution*

Among the displaced population, 893 males (36.9%) and 921 females (38.1%) have been reported. Females slightly outnumber males within the documented data, indicating the importance of maintaining gender-sensitive services, including maternal healthcare, protection services, and reproductive health support.

A portion of the population is not disaggregated by sex in the available records, highlighting a need for improved data completeness to enhance demographic analysis and targeted interventions.

Table 2 Male and Female Distribution Among IDP Camps

| MOH Area | No. of Camp Sites | No. of Male | No. of Female |
|--------------|-------------------|-------------|---------------|
| Abangakorale | 4 | 149 | 143 |
| Rattota | 10 | 373 | 430 |
| Ukuwela | 12 | 86 | 64 |
| Yatawatte | 2 | 37 | 49 |
| Naula | 2 | 59 | 53 |
| Pallepola | 2 | 38 | 30 |
| Matale | 3 | 0 | 0 |
| Matale MC | 1 | 41 | 41 |
| Galewela | 1 | 30 | 34 |
| Laggala | 5 | 80 | 77 |
| Dambulla | 2 | 0 | 0 |
| Total | 44 | 893 | 921 |

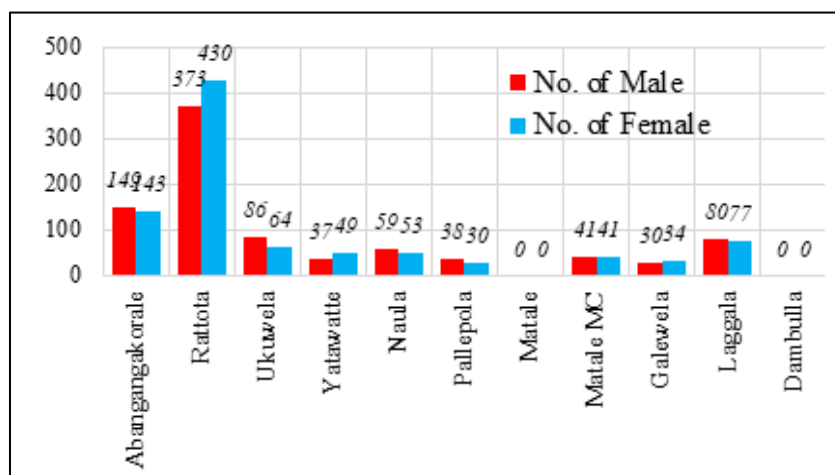


Fig 3 Number of Males and Females in IDP Camps

➤ *Age Distribution and Child Vulnerability*

The displaced population includes:

- 11 infants (<1 year)
- 107 children under five years (4.4%)
- 196 children aged 5–16 years (8.1%)

This distribution reflects the presence of a significant number of vulnerable children requiring prioritized healthcare, nutrition monitoring, vaccination coverage, and child protection services. The relatively higher number of school-aged children suggests the importance of establishing temporary educational and psychosocial support programs to minimize long-term social disruption.

Table 3 Age Distribution and Child Vulnerability in IDP Camps

| MOH Area | No. of Camp sites | No. of Infants <1yrs | No. of Under 5 Years | No. 5-16 yrs | No. Pregnant Women |
|---------------|-------------------|----------------------|----------------------|--------------|--------------------|
| Abangankorale | 4 | 6 | 16 | 86 | 0 |
| Rattota | 10 | 0 | 61 | 0 | 4 |
| Ukuwela | 12 | 0 | 8 | 30 | 1 |
| Yatawatte | 2 | 0 | 1 | 22 | 0 |
| Naula | 2 | 2 | 11 | 23 | 0 |
| Pallepola | 2 | 2 | 4 | 0 | 0 |
| Matale | 3 | 0 | 0 | 0 | 0 |
| Matale MC | 1 | 1 | 4 | 0 | 0 |
| Galewela | 1 | 0 | 2 | 8 | 1 |
| Laggala | 5 | 0 | 0 | 27 | 0 |
| Dambulla | 2 | 0 | 0 | 0 | 0 |
| Total | 44 | 11 | 107 | 196 | 6 |

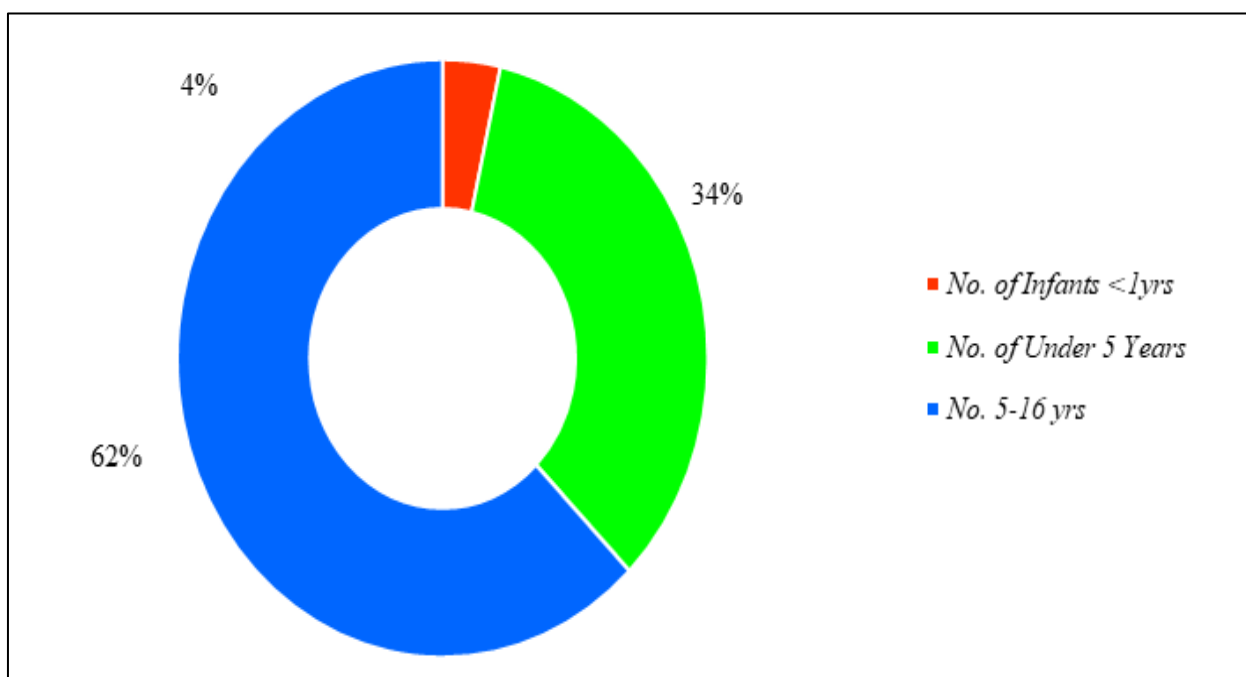


Fig 4 Number of Children in IDP Camps

➤ *Morbidity Profile and Ongoing Medical Treatment*

Current health data indicate a notable burden of non-communicable diseases (NCDs) within the displaced population:

- 28 individuals diagnosed with diabetes, including 3 dependents on insulin
- 133 persons requiring regular monthly medication for chronic NCDs
- 1 individual diagnosed with a mental health disorder and receiving psychiatric medication

- No reported cases of chronic kidney disease (CKD)
- The continued provision of routine medications has been critical in preventing complications and avoiding secondary health emergencies. The relatively low number of identified mental health cases may reflect under-detection rather than true prevalence; therefore, expanded psychosocial screening is recommended, particularly given the trauma associated with sudden displacement.

Table 4 Morbidity Profile and the Health Status of the Displaced Population in IDP Camps

| MOH Area | No. of Camp sites | Total No. of People | No. of Persons already diagnosed with Mental Disorders | No. of Persons Receiving Routine Psychiatric Drugs | No. with CKD | No. of Diabetes Patients | Out of persons with diabetes, No. on Insulin | No. of patients on monthly NCD medications |
|--------------|-------------------|---------------------|--|--|--------------|--------------------------|--|--|
| Abangakorale | 4 | 292 | 0 | 0 | 0 | 2 | 0 | 13 |
| Rattota | 10 | 803 | 0 | 0 | 0 | 4 | 2 | 32 |
| Ukuwela | 12 | 150 | 0 | 0 | 0 | 18 | 1 | 50 |
| Yatawatte | 2 | 86 | 0 | 0 | 0 | 2 | 0 | 0 |
| Naula | 2 | 114 | 0 | 0 | 0 | 0 | 0 | 21 |
| Pallepola | 2 | 68 | 0 | 0 | 0 | 2 | 0 | 7 |
| Matale | 3 | 140 | 0 | 0 | 0 | 0 | 0 | 0 |
| Matale MC | 1 | 82 | 0 | 0 | 0 | 0 | 0 | 5 |
| Galewela | 1 | 64 | 1 | 1 | 0 | 0 | 0 | 5 |
| Laggala | 5 | 562 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dambulla | 2 | 58 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 44 | 2419 | 1 | 1 | 0 | 28 | 3 | 133 |

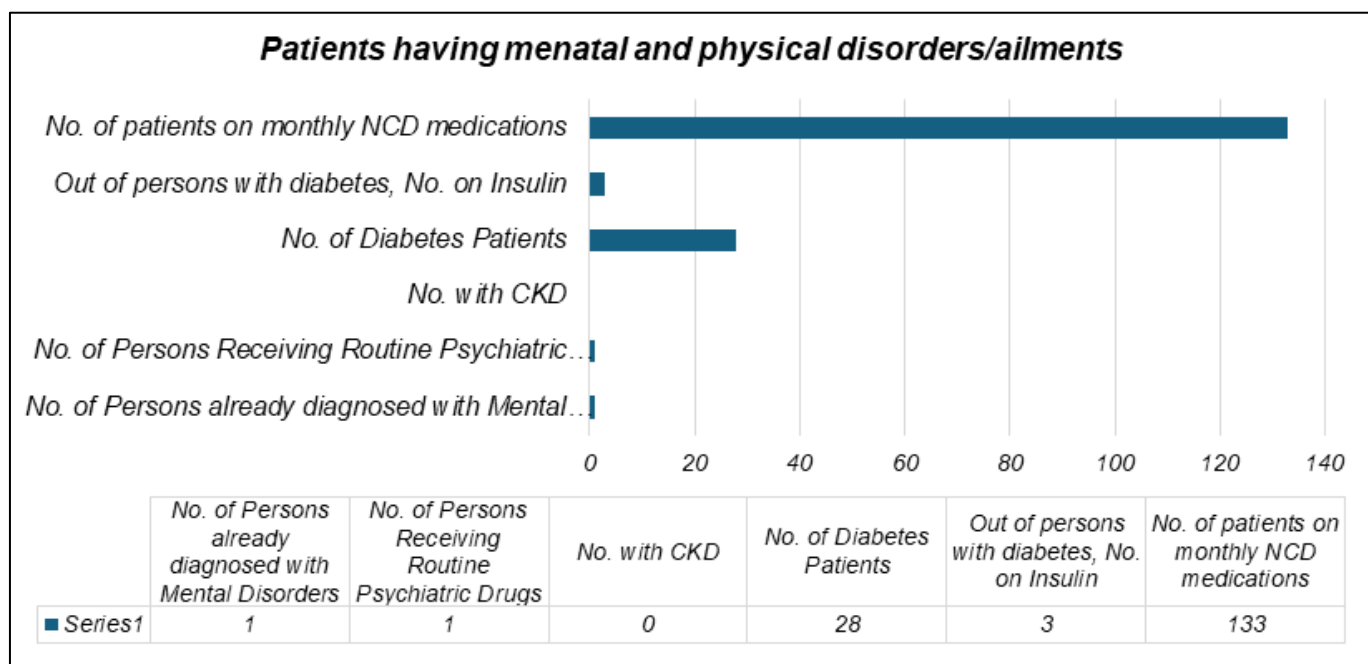


Fig 5 Patients having Mental and Physical Disorders/Ailments

IV. CONCLUSION AND RECOMMENDATIONS

The Matale District displacement response demonstrates effective early health-sector coordination, particularly in the uninterrupted supply of essential medicines. However, the dispersed camp structure, presence of vulnerable age groups, and ongoing need for chronic disease management emphasize the importance of sustained public health surveillance, mobile medical outreach, and strengthened data reporting systems.

Maintaining preventive services, maternal and child healthcare, mental health support, and NCD management should remain operational priorities as recovery efforts progress.

REFERENCES

- [1]. Coswatte Y, Rambukwella R, “IDP camp data from IDP resource centres”, unpublished.
- [2]. Senadheera P, “IDP Camp data analysis reports from Divisinal Secretariats”, unpublished.