



SLRCS volunteers are actively engaging in Dengue clean-up activities. (Photo: SLRCS)

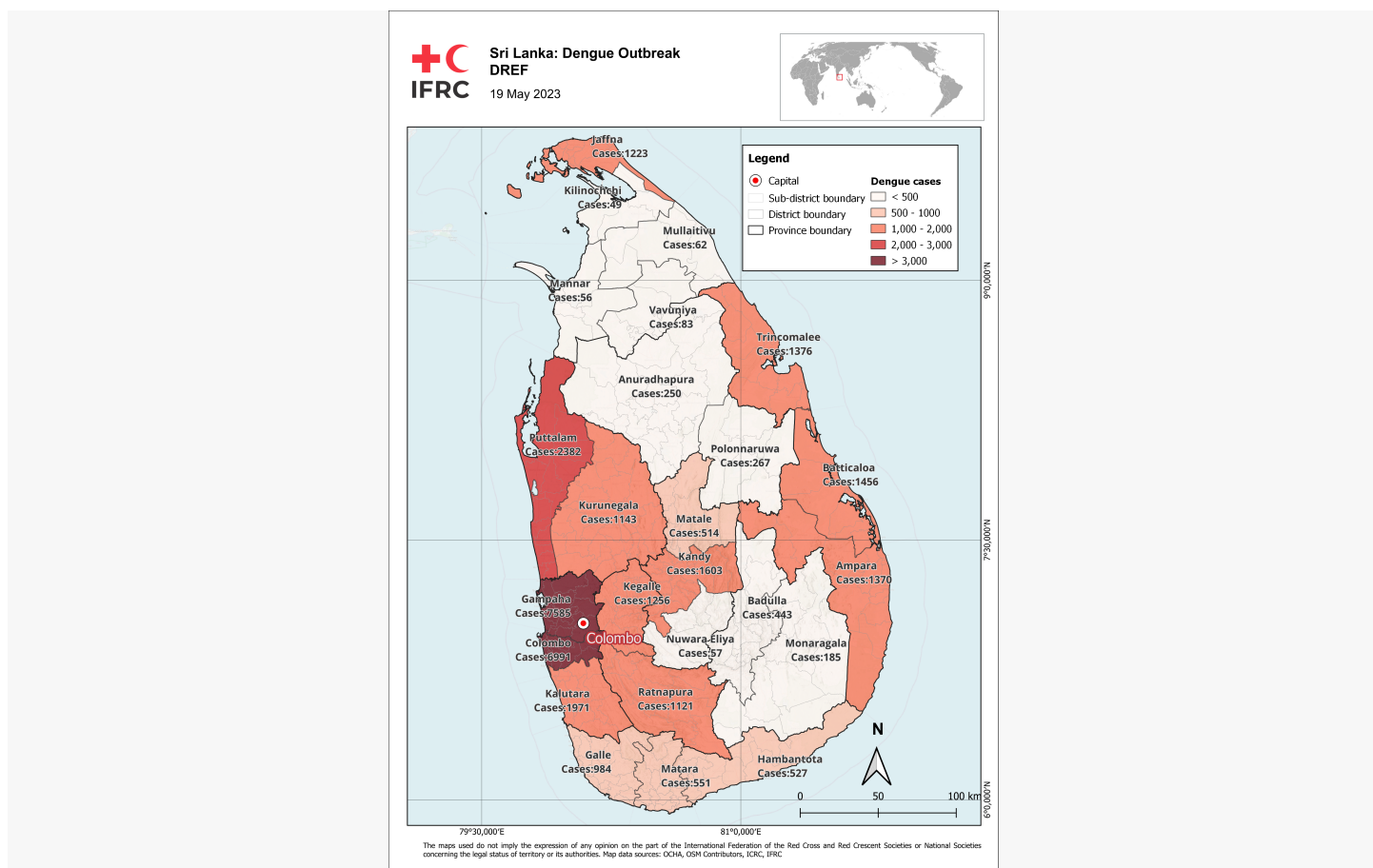
Appeal: <b>MDRLK017</b>	Total DREF Allocation: -	Crisis Category: <b>Yellow</b>	Hazard: <b>Epidemic</b>
Glide Number: <b>N/A</b>	People Affected: <b>48,728 people</b>	People Targeted: <b>236,000 people</b>	
Event Onset: <b>Slow</b>	Operation Start Date: <b>02-06-2023</b>	Operational End Date: <b>31-10-2023</b>	Total Operating Timeframe: <b>4 months</b>

Targeted Areas: **Central, Eastern, North Western, Northern, Sabaragamuwa, Southern, Western**

*The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.*



# Description of the Event



Map of all districts with high reported cases of dengue and flood-affected areas. (source: IFRC IM)

## What happened, where and when?

### DENGUE OUTBREAK:

Dengue cases in the country consistently increased since the start of 2023. The number of reported cases was three times greater than that of the corresponding period in the preceding two years (2021 and 2022). A greater quantity of reported cases was observed in the districts of Colombo, Gampaha, Kalutara, Batticaloa, Trincomalee, Galle, Kegalle, and Kandy in the Western, Southwestern, Central, and Eastern provinces.

As published by "Adaderana" on 14 May 2023, the National Dengue Control Unit (NDCU) documented nearly 4,000 newly identified cases of the dengue virus in the initial two weeks of May 2023. This development generated significant apprehension regarding the possibility of an epidemic. Furthermore, as of 15 May 2023, the NDCU reported that the spread of the Den-3 variant of the dengue virus expedited the virus's transmission throughout the nation, with 33,742 dengue cases documented on the island. The largest number of dengue cases was 7,017 in Colombo District. Gampaha had 7,602 instances; Kalutara had 1,984. Seven of the 22 dengue-related deaths in the first half of 2023 were only in the Western Province, according to the NDCU.

The increased rainfall induced by the Southeast monsoon during May 2023 prompted health officials to issue a warning about the possible severity of the dengue outbreak. The unfavorable weather exacerbated mosquito breeding, accelerating the spread of the disease, and the number of patients admitted to the hospital increased. The government implemented several dengue prevention initiatives in diverse Colombo districts during the peak months of May to September 2023. The medical facilities that accommodated the greatest number of dengue patients were the National Teaching Hospital in Kandy, Colombo National Hospital, District General Hospital in Negombo, Infectious Disease Hospital (IDH), Colombo South Teaching Hospital (Kalubowila), Trincomalee General Hospital, and Lady Ridgeway Hospital. Despite their efforts, these facilities barely managed to handle the surge of cases.

### CYCLONE MOCHA RELATED FLOODS:

The severe cyclonic storm "Mocha" strengthened over the East-Central Bay of Bengal, prompting Sri Lanka to face strong winds of 50-60 km/h, which escalated to 70 km/h in sea areas. In addition, severe rain occurred in Western, Sabaragamuwa, Central, and North-Western



provinces, as well as Galle and Matara districts. Heavy rains, high winds, and flash floods caused the water levels in the Nilwala and Gin rivers to surge to dangerous levels.

The Department of Meteorology Centre (DMC) reported that eight Divisional Secretary divisions in Matara were severely damaged on 16 May 2023. The indirect impact of the cyclonic storm "Mocha" generated heavy downpours and high winds that destroyed houses and trees, preventing access to various areas. The intensity of the situation caused flash floods in low-lying Galle and Matara districts, damaging agricultural lands and standing crops, as well as homes, common buildings, and marketplaces.

The water level of the main rivers increased, submerging the small and medium-sized bridges and culverts. This resulted in access roads being shut off in the districts, leaving people trapped or forcing them to wait until the water retreated. The DMC also claimed that several schools in those areas have been inundated due to severe rainfall since 15 May 2023, and pupils have lost their school materials/stationery because of the flooding that has affected their homes.

Schools in several educational zones in the Southern Province were temporarily closed on 15 May due to unfavorable weather conditions. The Department of Irrigation extended a flood warning message that had been issued for the Gin River Basin on 16 May 2023. A significant level of flooding occurred in the low-lying areas of the Gin River, which is in the Baddegama, Niyagama, and Nagoda Divisional Secretariat Divisions of the Galle district. On 17 May 2023, the DMC situational report indicated that 14,986 people in 3,640 households were affected by the flood in seven districts.

As of 17 May 2023, a total of 48,728 people were affected by the dengue and flood crises overall due to the situation.

**Reported major dengue cases in weeks 19 and 18 of 2023 (Source: NDCU)**

District	No of Cases					
	2022		2023		Up to week 19	
	Week 18	Week 19	Week 18	Week 19	2022	2023
Colombo	248	295	412	406	4394	6991
Gampaha	132	116	475	512	2759	7585
Batticaloa	46	84	106	85	594	1456
Trincomalee	70	90	97	107	752	1376
Kalutara	163	146	125	116	1947	1971
Kandy	76	84	136	163	945	1603
Kegalle	62	24	81	127	559	1256
Galle	76	107	76	86	1321	984
<b>Total</b>	<b>873</b>	<b>946</b>	<b>1,508</b>	<b>1,602</b>	<b>13,271</b>	<b>23,222</b>

**Summary of the damages in the targeted districts (Source: DMC)**

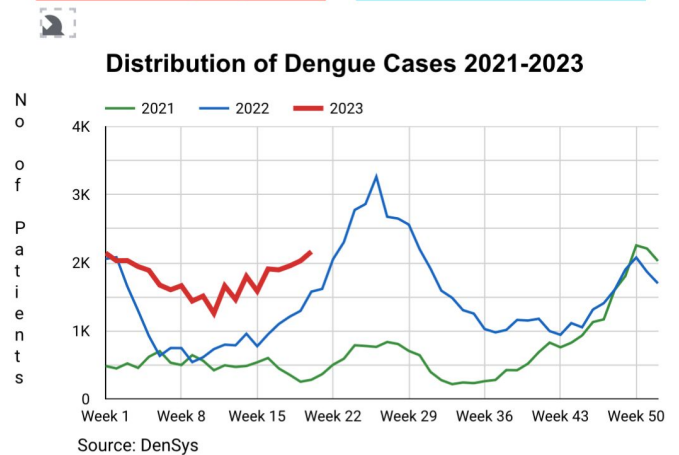
District	Families	People	Dead	Injured	Missing	Houses		Safe Centers		
						Fully damaged	Partially damaged	# of Centers	Families	People
Matara	3,390	14,097	0	1	1	3	83	0	0	0
<b>Total</b>	<b>3,390</b>	<b>14,097</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>83</b>	<b>0</b>	<b>0</b>	<b>0</b>

Most affected districts for Dengue and Floods (NDCU, DMC)

Date Updated: 22nd May 2023

**Dengue Patients - 2023**  
**35969**  
 Dengue Patients within Previous week (20th) - 2163

**Dengue Patients - 2022**  
**76689**  
 Corresponding week in 2022 1545



The distribution and trend of dengue cases in May 2023 : Source NDCU

## Scope and Scale

According to health department warnings, the intensifying rainfall of the Southeast monsoon during May and June 2023 had the potential to make the dengue situation critical. The NDCU reported that inclement weather conditions worsened the breeding of mosquitoes, exacerbating the outbreak's spread. Since the start of 2023, a total of 33,742 dengue cases have been recorded across the island. The highest numbers were seen in Colombo, Gampaha, and Kalutara districts in the Western Province, as well as Batticaloa and Trincomalee in the Eastern Province, and Kandy and Galle in the Central and Southwestern Provinces, respectively.

During the Southern Province Dengue Review Committee meeting, it was noted that the number of dengue cases reported within the Southern Province, including Galle and Matara districts, was significantly higher than the previous year. Eight districts (Colombo, Gampaha, Trincomalee, Batticaloa, Kalutara, Kandy, Kegalle, and Galle) reported more dengue cases, with a total of 23,222 cases reported, according to the 19th-week update of NDCU. The NDCU and Regional Directorate of Health Services (RDHS) identified those districts as high-risk zones where dengue fever rapidly increased.

Nearly 6,000 new cases alone in May 2023 heightened fears about the disease's rapid spread. Overall, the active dengue outbreak and weather circumstances swiftly deteriorated to the same level in 2017. The country saw a large outbreak in the same districts then, and



68,053 cases and 205 deaths were documented, with 25 per cent of mortality being children. The Western Province alone recorded 42.40 per cent of dengue incidents in 2017.

The floodwater levels in the Matara district's low-lying areas were unprecedented, as the water levels in the major rivers in the district rose to an alarming level. The southwest monsoon experienced an abnormal expansion. Due to climate change-induced modifications to the weather pattern, the monsoon brought an unprecedented quantity of rainfall to the entire country. The rise in water levels in the main river and reservoirs in the affected district was primarily caused by continuous rainfall of over 175mm in the district for two to three days, as reported by the meteorological department.

People's living standards had already declined as a result of the country's situation. The sudden flooding in the district made already serious problems like food insecurity and malnutrition among young children and expectant mothers worse. Several homes that were affected were unable to pay their bills or buy food for their dependents. In addition, additional support and care were needed for families with children, individuals with disabilities, those with chronic illnesses, and women who were pregnant or nursing. The main tanks' overflow had an impact on the vulnerable and poor residents who lived nearby in low-lying areas and along the riverbanks in the Matara district. To meet their basic needs for food, medicine, and other non-food goods, they required aid.

High rates of inflation, loss of livelihood, food insecurity, and fuel shortages—particularly of vital medical supplies—were the primary effects of the complex emergency. Because there were few resources available at the time, it was challenging to care for dengue patients hospitalized in government facilities. The IFRC-DREF's aid was necessary to support the control of the dengue outbreak due to the increased need. Health officials anticipated that the outbreak might worsen because of the Southwest monsoon, which increased the nation's rainfall at those times.

At the end of the operation, as of 22 September 2023, 64,109 dengue cases had been reported in Sri Lanka in 2023, 1.1 times more than the 57,454 cases reported through week 38 of 2022 (25 September). A total of 624 cases of dengue were reported in Sri Lanka in week 38 (16 to 22 September 2023), an 11.1 per cent reduction from week 37 (9 September to 15 September 2023), and in the high-risk zones where the intervention was carried out, the reported cases were reduced by 50 per cent, which was confirmed by the Medical Officers of Health of the respective districts.

## National Society Actions

<b>Have the National Society conducted any intervention additionally to those part of this DREF Operation?</b>	Yes
<b>Please provide a brief description of those additional activities</b>	<p>SLRCS promptly initiated its aid efforts by deploying volunteers to provide support in the administration of dengue cases at Negombo Hospital, located in the Gampaha district. The district documented a significant number of reported cases due to the severe impact. Volunteers from the branch also collaborated with health departments to aid in the early stages of community awareness and government dengue cleanup efforts, particularly in schools and public areas. Members of the BDRT and NDRT teams worked closely with officials from the Medical Offices of Health (MOH) to conduct community awareness activities by visiting households in the designated "red zone" areas.</p> <p>Coordination meetings were organized with Regional Director Health Services officials (RDHS) and MOH at the regional and district levels, as well as NCDU staff at the district-level offices. The main objective of these meetings was to conduct a detailed analysis and an exhaustive assessment of the dengue situation at the local level.</p> <p>Furthermore, evaluation meetings were held after each activity, organized by the branch committee, to discuss with community leaders and ensure the effectiveness and continuous improvement of the National Society's interventions. These meetings were crucial for providing feedback to the team on their daily work and identifying opportunities for improvement in tactics and strategies. This ensured a more effective response tailored to the specific needs of each dengue-affected area.</p>



# IFRC Network Actions Related To The Current Event

<p><b>Secretariat</b></p>	<p>The IFRC staff in the country worked closely with the SLRCS and the ICRC. SLRCS received assistance in drafting the DREF application and organising the response from the IFRC CCD and APRO offices. Furthermore, regularly, the IFRC CCD provided the IFRC APRO with information on the state of affairs in the country. In addition to coordinating SLRCS's information sharing with the movement and outside partners, IFRC offered technical support to SLRCS for the operation. APRO and the IFRC CCD in Delhi provided additional coordination support for the sharing of resources and information.</p> <p>SLRCS supervised all operational, implementation, monitoring and evaluation, and reporting aspects of the present operation in the affected area through its country-wide network of branches and volunteers. IFRC, through APRO and CCST New Delhi, provided technical support in operation management to ensure the operation objectives were met, and the in-country IFRC office closely worked with the SLRCS's PMER and finance support to submit the operation and financial reports timely.</p> <p>The IFRC Country Office logistics team and the SLRCS logistics department supported this operation. All procurements under the operation plan followed IFRC standard procurement processes to guarantee effective and timely delivery of items for operation success. SLRCS and IFRC communicated throughout the procurement process to guarantee transparency and accountability. Logistics and supply chain tasks were done and reported on time.</p> <p>The SLRCS communications department worked with the IFRC and regional communications teams to promote the growing humanitarian needs and SLRCS response on social media and in national and international media.</p>
<p><b>Participating National Societies</b></p>	<p>There is no Participating National Societies (PNS) presence in the country.</p>

# ICRC Actions Related To The Current Event

During the flood, the IFRC country office, along with the assistance of the IFRC CCD Delhi and ICRC, worked closely to provide technical support to SLRCS and share information at regional and sub-regional levels. The ICRC worked with SLRCS, particularly in the area of migration, providing technical assistance on Restoring Family Links (RFL) and Tracing.

# Other Actors Actions Related To The Current Event

<p><b>Government has requested international assistance</b></p>	<p>No</p>
<p><b>National authorities</b></p>	<p>The President's Secretary issued instructions to the MOH, urging them to continue implementing dengue control programmes in collaboration with the Dengue Control Task Force. The MOH launched a comprehensive nationwide program to control the spread of dengue and advised the heads of government institutions, schools, and other establishments to inspect and clean potential mosquito breeding sites. The following actions were taken to control the dengue by the government authorities, working collectively with their local authorities:</p> <ol style="list-style-type: none"> <li>1. Regular inspections of residential and commercial premises in urban and rural areas were conducted to observe and check the dengue breeding places. The Public Health Inspector (PHI) guided the public to clean the identified places immediately.</li> <li>2. Information disseminated to the affected communities through the distribution of the IEC materials</li> <li>3. Identification of dengue patients: record the dengue person and his history and inform the relevant GN officer (village head) to make the area people aware to clean their</li> </ol>



areas.

4. Implemented necessary measures such as fumigation and on-site inspections to destroy dengue-carrying mosquitoes and larvae.

Even if those attempts were made, the coverage was insufficient to slow the spread of dengue, and government institutions were too weak to help. The MoH asked SLRCS to support and expand community initiatives while managing the dengue outbreak as an auxiliary to local authorities in the branches. The Presidential Task Force on Dengue (PTF) and the Ministry of Health, Nutrition, and Indigenous Medicine National Dengue Control Unit developed a rapid intersectoral programme to prevent and control dengue. Community-driven mosquito breeding site eradication, better surveillance, and legal action were part of this countrywide programme.

Furthermore, national and local Disaster Management organizations and district administrative units directed the flood and landslip response nationwide to the Matara disaster. The DMC reported Army, Air Force, Navy, and police deployments to all affected areas. Security forces conducted rescues when needed. In collaboration with the DMC, the Department of Irrigation monitored river basins and low-lying areas and alerted the public.

**UN or other actors**

The local government trained a few local units in dengue prevention and control, and they helped the government in its preventive efforts. In order to prevent dengue, the National Dengue Control Unit worked with the Medical Office of Health Services, and the Divisional Secretaries and Disaster Management Centres cooperated to help flood victims.

**Are there major coordination mechanism in place?**

The government led the coordination in an informal and bilateral manner. SLRCS was in close coordination with the authorities, DMC, and NDCU; together with RDHS and MOH, they coordinated all the responses related to the dengue control operations. The Presidential Task Force on Dengue (PTF) and the Ministry of Health, Nutrition, and Indigenous Medicine National Dengue Control Unit developed a Rapid Intersectoral Programme to prevent and control dengue. Further, an Emergency Operations Centre (EOC) was formed at the National Dengue Control Unit (MoH) to handle preventative health initiatives, while a separate EOC was established at the Disaster Preparedness and Response Division to meet the needs of hospitals, ensuring coordination between the local authorities and SLRCS branches at the ground level. The Regional Director of Health Services (RDHS) and Medical Officers of Health played a vital role in controlling the spread of dengue in the highly affected districts. Both government authorities adhered to and worked on the National Dengue Prevention and Control National Strategic Framework, and the proposed SLRCS action was aligned with the MoH's strategies.

## Needs (Gaps) Identified

### Shelter Housing And Settlements

As of 16 May 2023, 3,640 households (14,896 individuals) were affected in 10 districts around the country, with Matara reporting the highest number of affected families (3,390). Many lost their assets and sources of income during the disaster. Despite the small number of people who were displaced, many chose to remain in the host communities.

The majority of impacted households in the Matara district were from plantation or fishing communities. These people were already vulnerable due to the country's past economic state, and this natural disaster has made them even more susceptible. According to the DMC report from 17 May 2023, three residences were entirely damaged by the flood. The government provided assistance to households that were fully damaged by the flood.

### Livelihoods And Basic Needs

Following the floods, the Matara branch was severely affected. A rapid assessment was conducted, revealing that the majority of disadvantaged households had lost their daily income. This was particularly significant as 90 per cent of the impacted households worked on a daily basis in the plantation sector. Going out to work in the fields was impossible due to the floodwaters, which inundated homes.



The communities were concerned about their children because the flooding had caused a shortage of food in their homes. Once the water had receded, they would have to repair or clean their homes, which would be impossible without the necessary supplies.



## Health

During the period when the highest number of dengue cases was expected, it was crucial to ensure that proper control plans were implemented in the eight most dengue-vulnerable districts to reduce the risk in affected schools and communities. The National Dengue Control Unit (NDCU) noted that the country's dengue cases could significantly increase due to excessive rainfall, with 2,055 cases documented by the second week of May. There was an urgent need to support government cleanup initiatives to slow the outbreak's spread. According to projections from the previous two years, recorded dengue cases may have started to decline by the 30th week of June 2023 if SLRCS had initiated dengue programs from the 20th to the 32nd week.

The initiatives taken by the government and other agencies were limited in stopping or reducing mosquito breeding. The heavy rainwater deposited in various places created an enabling environment for mosquitoes to breed faster, leading to an increase in the dengue outbreak. Additionally, awareness campaigns on dengue were low in most communities, highlighting a perceived poor level of understanding of dengue fever among the population, necessitating proper risk communication and community engagement.

Furthermore, the floods damaged healthcare facilities in Matara districts, making it challenging for communities to access immediate health and care services. Moreover, the floods increased the risk of waterborne disease outbreaks. Given the prevailing economic crises and the already declining health system in the country, managing the high number of dengue cases became difficult, resulting in overwhelmed hospitals with patients. An increase in dengue cases and a potential water-related disease outbreak would have worsened the situation.

Community-based surveillance was implemented through household visits. Information, Education, and Communication (IEC) materials were utilized to inform community members about preventing and eliminating dengue in their households. Students were briefed about dengue as part of the school's cleaning campaigns. Volunteers were trained on dengue signs and symptoms before going door-to-door. This training aimed to make their interactions with community members more effective and improve community detection. Households and schools received IEC materials during the cleaning campaigns, which included information on dengue.



## Water, Sanitation And Hygiene

The floods in Matara increased the likelihood and quantity of dengue vector breeding sites due to excess and stagnant water. The community took action to prevent the improper disposal of solid waste, including potentially contaminated items such as yogurt cups, empty cans, plastic bottles, polythene bags, and plastic bags. Immediate measures were required to sort garbage and ensure proper waste management at the end of the disposal process. To prevent the spread of the dengue outbreak, it was crucial to support government efforts to enhance cleaning campaigns. Additionally, prompt action was needed to remove standing water from the towns, particularly in the flood-ravaged area of Matara, where blocked drainage systems with floodwaters and debris posed a significant threat to the public's access to clean drinking water.

The majority of affected families relied on submerged wells as their primary source of drinking water. Community mobilization, hygiene awareness, and environmental hygiene practices were necessary in hotspot areas to mitigate mortality and morbidity rates of dengue. Simultaneously, household-level protection systems should be enhanced by distributing Information, Education, and Communication (IEC) materials and increasing knowledge levels through campaigns. Government officials, Public Health Inspectors (PHI), and personnel from the Ministry of Health (MOH) dengue control unit went door-to-door searching for possible and long-term solutions to eliminate dengue mosquito breeding areas. Households were encouraged to implement efficient and cost-free methods at home. Mosquito repellent was distributed in metropolitan areas, especially to people and students who spent a significant amount of time outside during the day. SLRCS emphasized environmental sustainability during the response operation. Throughout the operation, Dengue preventative awareness seminars were prioritized, and these activities were closely coordinated with national and local health agencies.



## Education

Schools across several educational zones in the southern province were closed on 15 and 16 May 2023 due to inclement weather. To prevent the spread of dengue in children, affected schools required both interior and exterior cleanup to remove debris and stagnant water from classrooms, as well as to locate and eliminate mosquito breeding places. Proper solid waste management was also necessary to safeguard the safety of schoolchildren both at school and at home.



The floods affected 63 schools in Matara and Galle. Immediate evaluations found that children in the majority of affected households had lost their school packs (e.g., books, stationery, etc.), and many houses along the banks of the rivers (Nilwala and Gin rivers) had been inundated. The families devastated by the flood were unable to purchase school supplies for their children, posing a major concern. Consequently, when these children returned to school, they needed support in the form of school supplies and clothing.

SLRCS volunteers, the NDRT, and the BDRT team collaborated closely with school administration and the GN officer to identify the households of affected school-aged children, whose school stationery was all affected. They distributed school packs containing all necessary items to help these children continue their education after the disaster.



## Migration And Displacement

Due to flooding, there was very minimal displacement reported in the Matara district, with displaced families finding safety within host communities. No public building was used as a camp.



## Community Engagement And Accountability

The need to provide accurate information to communities on dengue prevention and transmission methods was highlighted. In addition, it was important to make use of risk communication and community engagement strategies to ensure that information on the disease was provided to communities in the right ways. Moreover, it was essential to provide information to the dengue- and flood-affected communities on the assistance to be provided and the various beneficiary selection criteria. This required SLRCS to closely coordinate with community members when planning the response activities. SLRCS also identified the need for establishing a community feedback mechanism throughout the operation to ensure that all the voices of the community were heard and accepted. SLRCS's strategies included a strong community engagement mechanism to ensure community ownership built throughout the operation.

# Operational Strategy

## Overall objective of the operation

The primary goal of this operation was to reduce the number of dengue cases in Sri Lanka's eight targeted districts: Colombo, Kalutara, Gampaha, Trincomalee, Kandy, Batticaloa, Kegalle, and Galle. The SLRCS aimed to reach 46,200 households, or 231,000 people, through individual household visits, community clean-ups, and awareness programs. However, due to the intensifying needs and the effectiveness of household surveillance in raising community awareness and controlling the spread of dengue fever, the SLRCS reached an additional 25,000 households within the allocated resources. The total number of households visited in all the districts during the implementation of this dengue response was 71,417.

Furthermore, the National Society supported the quick recovery of at least 5,000 flood-affected people (1,000 households) in Matara districts. This was achieved through the provision of multipurpose cash grants to 749 households out of 750 planned, household items to 500 people (100 households), and the distribution of school packs to 750 schoolchildren. Additionally, 500 households were supported through well-cleaning activities.

The flood-affected people were also assisted with medical and first-aid services through the six medical camps, and one first-aid service was conducted, reaching a total of 5,000 people in the Matara district.

## Operation strategy rationale

The strategy for this operation was fully aligned with SLRCS and IFRC policies, procedures, commitments, and mandates. The operation proposed by SLRCS aimed to complement government initiatives in controlling the ongoing dengue outbreak. The response to the flood-affected people was only considered in the Matara district, which had been affected by Cyclone Mocha-related heavy rains.

This four-month operation was an emergency response and focused on the following sectors:

1-Health (target: 236,000 people / Actual reached: 362,085 people):

SLRCS worked with IFRC to minimize dengue cases in eight districts by supporting vulnerable populations in response and prevention. Dengue mitigation initiatives were launched with the support of DREF allocation in Colombo, Kalutara, Gampaha, Trincomalee, Kandy,



Batticaloa, Kegalle, and Galle. The country's health system had already deteriorated as a result of the ongoing economic crisis, making it impossible to manage the large number of dengue cases and overwhelming hospitals. The high number of reported dengue cases put hospital capacity to the test, particularly in the Colombo and Gampaha districts.

Trained volunteers served as health assistants and led clean-up campaigns at the chosen hospital. Awareness was raised here to reduce the possibility of active outbreaks in nearby districts and other regions. Community-based surveillance was implemented through household visits and adapted IEC materials were used to ensure community members were aware of the household dengue prevention and elimination actions to be taken if identified with dengue. During the school cleaning campaigns, students were briefed at the morning assembly about dengue. Before the door-to-door visits, volunteers were trained on the signs and symptoms of dengue. This training aimed to make their interactions with community members easier and facilitate community detection. Risk communication and community engagement techniques were considered essential in implementing dengue awareness actions. Targeted communities gained a better understanding of dengue prevention actions. Furthermore, information, education, and communication (IEC) materials were provided to households and schools, which included details on dengue, during the cleaning campaigns.

#### 2-Water, Sanitation, and Hygiene (Target: 50,000 people / Actual: 68,500):

The implementation of environmental management was essential in eradicating the breeding grounds of the dengue vector, hence playing a pivotal role in controlling the outbreak. The government implemented clean-up initiatives to eradicate the breeding grounds, which were rapidly increasing because of the ongoing monsoon season. Both the allocation of human resources and physical resources diminished as a result of the prolonged crisis and scarcity of medicine.

Clean-up campaigns, including solid waste management, were organized in high-risk areas as suggested by the health authorities for the inspection and clean-up of dengue breeding sites. The campaigns focused on schools, households, and communities and contributed to reducing the incidence of dengue spreading and related hospitalizations. The clean-up campaigns prevented any other water and/or dirt related disease outbreaks as targeted compounds were also disinfected. It was noted that proper solid-waste management was required in high-risk areas and public places to reduce breeding of dengue vectors and was promoted during the clean-up campaigns.

Coordination with local authorities was vital in carrying out the clean-up campaigns and solid-waste management during the dengue response to ensure sustainability in keeping the environment clean and preventing further mosquito breeding. Risk communication and community engagement techniques were essential in ensuring long-lasting results of these community-based vector control actions. The door-to-door campaign went with government officials, PHI and MOH officers of the Dengue control unit to become aware of the proper and sustainable solution for eliminating the dengue mosquito breeding places. This helped households to follow effective and no-cost practices at the household level. Mosquito repellent was distributed to urban areas, with a focus on individuals and students who spent most of their time outdoors during the day. The aim was to protect them from mosquito bites and consequently decrease the risk of dengue infection. During the response operation, SLRCS focused on environmental sustainability. SLRCS advocated to authorities to avoid activities such as fogging, which harmed the sustainability of the environment.

SLRCS ensured that the population had access to safe drinking water by providing water tanks to safe shelters and drinking water bottles to communities. The National Society was also involved in the cleaning of inundated wells. The Dengue prevention program awareness sessions were prioritized throughout the operation period. All programs were conducted by closely coordinating the government health authorities at both National and local levels.

#### 3-Multipurpose Cash (Target: 3,750 people or 750 households / Actual: 749 households):

A rapid need assessment revealed that poor and vulnerable people in Matara district had lost their income owing to unavailability of work, resulting in a lack of food in their homes. Flood-affected families in Matara district received priority multi-purpose monetary assistance due to the considerable impact of monsoon flooding on them. A cash grant was granted to 749 most vulnerable households, out of a total of 750, to help them meet necessities.

A detailed assessment was conducted before the distribution, and the assessment team analyzed the market condition and the priority needs of the flood-affected families. The value of the cash grant was determined based on the minimum expenditure basket (MEB) analysis. No restrictions were placed on the use of the cash grants received, allowing the families to maintain their dignity by prioritizing the use of the funds based on their specific needs. SLRCS HQ had personnel trained in CVA to plan and implement the MPC activities on the ground. Simultaneously, they also considered the ongoing MPC activities under the Emergency Appeal to prevent targeting the same individuals.

#### 4-Shelter and household items (Target: 500 people or 100 households / Actual: 500 people or 100 households):

Household items such as folding mattresses, towels, bed sheets, sarong, and kaftan were provided to the most vulnerable people whose houses were inundated by the floods in the five Grama Nildhari divisions in Matara district. The people were selected through the Divisional Secretariat office and verified by the Grama Nildhari officials, whose houses were inundated by the floodwaters during the emergency situation.



5-Education (Target: 750 students / Actual: 750 students):

Floods in Matara and Galle affected 63 schools, according to the rapid assessment. The clean-up campaigns were conducted in the severely affected schools in Matara, and awareness and promotion of solid waste management were also carried out in those schools. During the school cleaning campaigns, students were briefed at the morning assembly on dengue and received information, education, and communication (IEC) materials containing details for their education on dengue. A total of 133 schools were provided with three sets of solid waste sorting bins along with training on their proper use. These bins will include a compost bin and three color-coded bins to collect polythene/plastic, glass, and metal. Additionally, due to the houses being flooded, children from affected households lost their school items, including books and stationery. Their parents were not able to replace these items as their livelihood was also affected by the flood situation. Therefore, SLRCS selected the most vulnerable schoolchildren (750 students) from the areas with the support of the respective school administration and distributed school stationery and school bags to facilitate the children's return to schools in Matara.

Cross-cutting issues:

a) Community Engagement and Accountability (CEA):

Risk communication and community engagement were integrated into the health and WASH activities for dengue prevention and response. Information on the flood-related assistance was clearly communicated to the affected communities, with a focus on the assistance-provision process. Volunteers from the local community were engaged in the response and relief process. A feedback mechanism was also established to address the grievances of the community. The initial meeting with affected communities and government officials clearly outlined the response plan, the selection criteria, the community feedback process, and the grievance process. The NDRT team, during the initial assessment, identified the immediate needs of the affected community during the flood operation in Matara district. Dengue prevention mainly worked with the NDCU and MOH of the respective district officials.

b) Protection, Gender and Inclusion (PGI):

The SLRCS, with IFRC support, ensured that the dignity, access, and participation of all community members were secured during the intervention period. Priority was given to the most vulnerable members of the affected communities during the beneficiary selection process and assistance provision. SLRCS PGI-trained volunteers and staff participated in planning the response activities.

c) National Society Strengthening:

The required staff for this current response fully funded under the DREF for the duration of four months and ensured proper implementation and monitoring of activities. The staff allocation under the response plan was One (1) project manager, three (3) Field Officers (ensuring coordination in eight districts and based in Branches), One (1) Accountant, One (1) bookkeepers also based on the field. In addition, 17 Community mobilizers, were hired to support and implement the intervention activities for 4 weeks across the targeted districts. This indeed helped to intensify the clean-up campaigns.

It should be noted that community mobilizers from the communities where the clean-up campaigns were carried out were skilled with knowledge and understanding of the communities. They understood the context and had experience/expertise in coordination, and They were well-connected to local stakeholders, local government authorities, and health practitioners. The community mobilizers served as the link between the community and the SLRCS, directing volunteers and providing information on disease outbreak hotspots. The community mobilizers were unable to act as volunteers due to a lack of training from the National Society. This is why they were compensated according to the SLRCS salary structure.

## Targeting Strategy

### Who was targeted by this operation?

Dengue outbreak: As part of the dengue outbreak prevention response in all eight districts, the SLRCS visited 71,417 households under the household visit and awareness program, reaching a total of 357,085 people. Initially, the intervention was only intended to reach 46,200 households or 231,000 people. However, as a result of further assistance and coordination from the Medical Officer of Health Services, the plan was successfully executed.

Floods: In the Matara district, 1,000 households (5,000 people) were targeted with multi-purpose monetary assistance (750 households), household supplies (100 households), school packs (750 children, 150 households), and house clean-up activities based on the flood need assessment. Following the successful implementation of the intervention, all targets were achieved. The NDRT team carried out a detailed assessment to identify the households that received assistance through non-food items (displaced households) and multi-purpose cash assistance (MPCA). The process was implemented through collaboration with GN officials and divisional secretaries. Non-food items were



delivered to the people who were in the safe centers at the time of the disaster.

Total: In both the response to dengue and flood, 362,085 people were reached with all activities.

## Explain the selection criteria for the targeted population

SLRCS closely worked with the National Dengue Control Unit (NDCU), Regional Director of Health Services (RDHS), and Medical Officers of Health (MOH) to identify the high-risk areas recommended by epidemiologists from the Ministry of Health. The areas, including schools, markets, and public places, were targeted for clean-up campaigns and health and WASH interventions. GN divisions that were identified as high-risk zones were included in door-to-door campaigns, and information, education, and communication (IEC) materials were distributed. The focus was also placed on targeting solid-waste management practices and facilities.

During the flood responses, the selection criterion consisted of the most vulnerable people affected or displaced by the flash floods, as determined by the vulnerability criteria. The households whose homes were inundated by floodwater were also visited, verified, and confirmed by government officials. The selection process was communicated through community meetings and feedback sessions, facilitating any grievances raised during the selection process.

## Total Targeted Population

Women	119,985	Rural	40%
Girls (under 18)	375	Urban	60%
Men	115,265	People with disabilities (estimated)	1%
Boys (under 18)	375		
Total targeted population	236,000		

## Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
Risk of Covid 19 and another communicable disease transmission	The provision of personal protective equipment (PPE) to volunteers who took part in the operation went hand in hand with the deployment of qualified and trained staff. Maintained a close working connection with the appropriate government officials to obtain further support for protection. While they were working with the communities, all of the staff members and volunteers covered their faces with masks and used hand sanitizer.
Risk of contracting the dengue virus	The risk was mitigated by providing self-care packs, which consisted of mosquito repellents, gloves, and hand sanitizers, to all volunteers working in the field.
Ongoing southwest monsoon - delaying the implementation of the activities	The activities were coordinated well in advance with each branch, and it also ensured close coordination with MOH offices and district branches in effectively implementing the response plan within the anticipated timeframe.

Please indicate any security and safety concerns for this operation

The SLRCS security framework was applicable for the duration of the operation to their staff and volunteers. Personnel under IFRC security's responsibility were required to follow the existing IFRC country office/ CCD security plans. IFRC and RC/RC staff and volunteers



were encouraged to complete the IFRC Stay Safe 2.0 e-learning courses. The National Society appreciated a good level of community acceptance countrywide, with established networks of community-based volunteers.

Has the child safeguarding risk analysis assessment been completed?

Yes

## Implementation



### Shelter Housing And Settlements

**Budget:** CHF 3,736

**Targeted Persons:** 500

**Assisted Persons:** 500

### Indicators

Title	Target	Actual
# of households provided with household items assistance.	100	100

### Narrative description of achievements

The initial discussion and coordination meeting took place at the district level. The SLRCS branch executive officer discussed with government authorities the criteria for identifying the most needy households to receive non-food items for their homes. Based on the discussion, the beneficiary assessment was conducted using the original list provided by the Divisional Secretariat Office. Priority was given to those who were initially displaced and flooded by floodwaters and who had lost important home items. The list included households that were in safe centers during the flood-triggering period. After verification, the selected 100 households were confirmed to receive the following items: folding mattresses (100 qty), towels (100 qty), bed sheets (100 qty), sarong (100 qty), and kaftan (100 qty). Distribution took place in five GN divisions based on the selected households, and public places, community centers, and schools were used as distribution points, ensuring that the distribution points were not far from the community.

### Lessons Learnt

1-Clearly establish the selection criteria and share this information during community meetings. Effectively address the community feedback process through CEA, ensuring that these criteria are communicated to the impacted people and guaranteeing transparency in Red Cross intervention. These engagement methods also ensured the timely selection and completion of the activity with the participation of government officials, avoiding repetition in beneficiary selection.

2-Effectiveness and Prompt Response: Timely assistance for those suffering from disasters demonstrates the importance of prompt action. Timely SLRCS responses increase relief operations and humanitarian response effectiveness.

3-Collaboration and Coordination: Collaboration with government officials showcases the importance of working in coordination with relevant authorities. The SLRCS's effective collaboration ensured that resources were utilized optimally, helping to avoid duplication of efforts.

### Challenges

1-Beneficiary Identification and Verification: The selection and verification of the 100 most affected households were complex processes. SLRCS ensured a transparent selection procedure; however, challenges arose in accurately identifying and verifying individuals and households, potentially leading to delays and disputes. These challenges were overcome with the support of government officials. Priority was given to households that were relocated and stayed in safer areas; however, there were a few people displaced and sheltered by neighbors and relatives who were not included. In the future, SLRCS branches will work closely with GN officials to ascertain the number of households who were displaced from their houses but not accommodated at safer centers.



2-Weather Conditions: The continued rain in the disaster-affected areas created additional challenges. Adverse weather conditions hampered relief delivery and exacerbated the challenges encountered by both SLRCS and the affected people. However, the volunteers worked tirelessly to ensure that the items were distributed on time.



## Multi Purpose Cash

**Budget:** CHF 52,795

**Targeted Persons:** 3,750

**Assisted Persons:** 3,745

### Indicators

Title	Target	Actual
# of targeted households provided with cash assistance.	750	749

### Narrative description of achievements

SLRCS collaborated with local authorities to identify beneficiaries. Volunteers conducted house-to-house assessments based on the authorities' list to confirm needs and identify the most vulnerable households requiring assistance. Initially, a list of 750 households was prepared, but it was later discovered that one beneficiary was a duplicate, resulting in a total of 749 people assisted with a multi-purposed cash grant.

The finalized list was shared with the community and respective government authorities for feedback and opinions. After addressing grievances, a final list of target recipients was prepared and endorsed by the government authority. This list prioritized the most vulnerable households affected by the flood, including women-headed households, families with pregnant and lactating mothers, persons with disabilities, and elderly people. The number of family members living under one roof was considered in the prioritization for assistance.

The Cash Working Group recommended a monthly grant value (LKR 20,000 / CHF 56) for each home based on the Minimum Expenditure Basket to satisfy basic needs. The transfer value was calculated based on an individual with a five-person family limit. Cash transfers were made directly to the individual bank accounts of targeted households.

Post-distribution Monitoring Survey:

A Post-Distribution Monitoring (PDM) survey was conducted in the Matara district, surveying beneficiaries who received the multi-purpose cash. Simple random sampling with a 90 per cent confidence level and +/- 10 per cent confidence intervals of the entire multi-purpose cash beneficiaries (750) was taken as a sample (62 people) for the survey. The monitoring exercise revealed that most flood-affected households utilized cash assistance to meet essential household needs, primarily food and household utilities. Out of the total surveyed, 86 per cent of respondents reported using cash for food procurement. The price of commodities and essential items showed no significant changes, and cash support was perceived as timely.

Regular post-distribution monitoring helps SLRCS assess the fulfillment of basic needs. Feedback on service delivery was generally positive, with 94 per cent satisfied and 84 per cent visiting local markets for food and commodities, as the local markets and main markets were functioning without any disruption.

Distribution modality and service delivery: 63 per cent of respondents experienced no difficulties withdrawing cash from the bank in the flood-hit areas, while 38 per cent experienced increased expenses due to transport issues from travel in remote areas, which were fully inundated due to the river water level increasing, affecting the main roads during the floods.

Most affected people suggested continuing cash support for at least two months to find livelihoods and until the water level recedes, supporting them in keeping food for their children.

### Lessons Learnt

The implementation of multipurpose cash grants primarily targeted vulnerable groups impacted by the flood. This approach proved highly effective in providing assistance to those who had lost their income and livelihoods due to adverse weather conditions in the



district. The main objective was to swiftly identify and verify the beneficiary list to support those in need through effective coordination with government officials.

## Challenges

Due to continuous rains, it was challenging to conduct activities as planned. Branches coordinated with local authorities to carry out responses and speed up interventions. Identifying and certifying the 750 most vulnerable livelihood households was a difficult task and resulted in delays. SLRCS ensured transparency in the selection process. The government assisted in resolving the issues, and the SLRCS community feedback mechanism contributed to providing enough information to the affected people.



**Budget:** CHF 79,275

**Targeted Persons:** 236,000

**Assisted Persons:** 357,085

## Indicators

Title	Target	Actual
# of volunteers trained on Epidemic control	600	600
# of people reached with Dengue awareness on door-to-door campaigns	236,000	357,085
# of people reached by medical camps and First aid assistance.	5,000	5,000

## Narrative description of achievements

Flood Response: Matara District:

During the emergency phase of the disaster, SLRCS Matara's branch volunteers provided emergency first aid. Thirty-five trained first-aid volunteers and five mobile first-aid teams were deployed to offer basic first aid services in various camps located at the flood-affected five GN divisions in the district. The teams treated a total of 900 patients through these first-aid service points in the affected district of Matara. Additionally, SLRCS organized six medical camps in the district, providing support to a total of 4,100 individuals. The medical camps primarily offered post-disaster medical relief to the affected people in the district, addressing wounds, minor injuries, and waterborne diseases, among other concerns. A total of 5,000 flood-affected people were treated through the medical camps and first aid service points organized by the Matara branch.

Dengue Response: Colombo, Kalutara, Gampaha, Trincomalee, Kandy, Batticaloa, Kegalle, and Galle:

Households in urban areas, particularly in Colombo and Gampaha districts, needed to be vigilant in eliminating breeding sites for dengue mosquitoes. This was a crucial step in preventing the spread of the disease. The NDCU, MOH, and RDHS issued red notices to households that were found to be unclean and improperly disposing of waste, as these conditions can lead to potential mosquito breeding grounds. SLRCS volunteers visited homes to educate residents about dengue, identify possible breeding sites, and assist in their elimination. A dengue card was provided to each household to help them monitor their cleaning efforts. SLRCS branches conducted a total of 71,147 house visits across eight districts as part of this initiative. In the districts of Colombo and Gampaha, a total of 62,409 household visits were conducted. The MOH and NDCU worked closely with the SLRCS volunteer team and Public Health Officers (PHI) during the visits to raise awareness among households about the importance of the initiatives. The door-to-door visits conducted by SLRCS have successfully decreased the number of dengue breeding grounds in all eight districts.

Volunteer Training- A total of 16 Epidemic Control refresher trainings were conducted in all eight districts of SLRCS to enhance their technical knowledge of epidemic control responses and capacities. Two trainings were held per district. The technical staff from PHI and NDCU participated in the training to improve coordination and shared their strategies, experiences, and work plans in their respective districts. Together, they developed an implementation plan to enhance coverage. Over 600 volunteers received training to learn how to identify mosquito breeding on different grounds, as well as the mosquitoes themselves and their larvae. They were also taught what



immediate actions to take when they come across a person with dengue fever in their own home or a neighbor's home and how to share information and raise awareness within the community.

## Lessons Learnt

1-To effectively address potential risks, it is crucial to identify areas of concern and provide comprehensive training to a larger number of community volunteers. This will ensure that the most vulnerable individuals are reached promptly and efficiently. Before being deployed, the volunteers need to have access to first aid kits and receive comprehensive training in both basic first aid and disaster management.

2-Before commencing the campaigns, it is crucial to effectively persuade the communities through GN. The intervention was made more effective, and resources were used efficiently through a well-coordinated work plan and collaboration with government authorities.

## Challenges

1-Response to the floods posed a challenge in reaching the most vulnerable individuals in need of first aid and medical assistance. The road blockages caused by the floodwaters hindered access to these essential services. In a different approach, the medical teams utilized boats and ferries to reach the areas that were impacted.

2-During the dengue response efforts, the volunteers conducted door-to-door visits to assist households in identifying breeding sites. However, SLRCS encountered some reluctance from certain households to allow the volunteers to visit and provide assistance. The Grama Nildhari approached the breadwinners of the communities to persuade them to participate in the program and find a solution to the issue.

3-Volunteer turnover posed a major challenge during the operation, as the absence of trained and skilled volunteers had a significant impact on the speed of our response on the ground. To maintain the smooth running of operations, volunteers and staff from nearby branches were called upon to assist the affected branches as needed.



## Water, Sanitation And Hygiene

**Budget:** CHF 122,190

**Targeted Persons:** 50,000

**Assisted Persons:** 50,000

## Indicators

Title	Target	Actual
# of schools covered through clean up and school-based awareness programs.	133	133
# of people reached in targeted communities have reduced their immediate risks of waterborne and water-related diseases.	50,000	50,000
# of water sources rehabilitated	500	500
# of clean-up and disinfection campaigns at community places/public buildings including households	60	66

## Narrative description of achievements

1-Clean-up campaign at the community level:

The SLRCS branches' dengue control units worked closely with the National Dengue Control Unit (NDCU), the Medical Officer of Health (MOH), and the Regional Director of Health Services (RDHS), along with trained volunteers. They identified the areas with a high risk of dengue and focused on cleaning them up in each district. The community members actively participated and offered support to the team throughout the process. During the event, public awareness was also conducted before they began the campaigns. The team prioritized the cleaning of canals, drainage systems, culverts, abandoned land, bus stands, and public marketplaces. These areas were found to be



hotspots for waste accumulation and had a high risk of dengue mosquito breeding. There were a total of 66 mass clean-up campaigns. Initially, there were plans for 60 campaigns that would encompass all eight districts. 36 campaigns were conducted separately in the Colombo and Gampaha districts due to the high number of reported cases. Additionally, both districts had an extra six campaigns.

In the flood-affected areas of Matara, a similar approach was taken, along with other flood responses, to minimize the chances of dengue breeding grounds emerging once the floodwater subsides. Three mass clean-up campaigns were conducted at the community level, focusing on the public gathering places in the Matara district.

#### 2-Clean-up campaigns at the selected school:

During the process, the team has also identified the schools located in the high-risk zones, prioritized the clean-up campaigns, identified the breeding places of dengue mosquitoes, and cleaned them. The schoolchildren were taught about the impact of dengue fever, the significance of waste management, and the need to maintain dengue-free zones within the school compound. Public Health Inspectors (PHI) from the MOH district offices conducted an awareness session during the morning assembly. Distributed color-coded bins to those schools after the clean-up campaigns to support the practice of segregating solid waste within the school compounds. This initiative aimed to encourage pupils to practice good waste management at home as well. A total of 137 campaigns were carried out across 133 schools, spanning all eight districts. A total of 89 campaigns were conducted in the Gampaha and Colombo districts, covering a high number of schools in both areas.

To support both clean-up campaigns, the selected tools were procured. The procurement process was carried out under the SLRCS procurement guidelines. The self-care packs were acquired, transported to their designated communities and schools, and distributed accordingly. The self-care pack includes mosquito repellents, gloves, and hand sanitizers. The community cleaning materials consist of various tools such as ladders for inspecting gutters, mops, rakes, wheelbarrows, and knives. A total of 500 wells were cleaned in Matara district to ensure people's access to safe drinking water. All the wells were cleaned according to OXFAM guidelines (<https://oxfamlibrary.openrepository.com/bitstream/10546/126709/5/tbn6-repairing-cleaning-disinfecting-hand-dug-wells-030608-en.pdf>)

## Lessons Learnt

1-From the challenges and experience gained from the operation, it is important to procure water pumps and ladders required for well-cleaning activities and water-pressure guns for clean-up campaign activities and maintain them in stock at HQ and branch levels. This would facilitate a prompt response and optimize efficiency.

2-Regular visits to the schools where clean-up campaigns are conducted every three months will help to maintain the effectiveness of the dengue prevention program. The branches are currently prioritizing the establishment of the Branch Dengue Eradication Team (BDET). The team's main objective is to stay informed about dengue breeding grounds and organize clean-up campaigns in collaboration with community-based organizations. They will also be working closely with NDCU, MOH, and RDHS, and will continue conducting dengue awareness sessions in schools.

## Challenges

1-Continuous rains had an impact on the response to dengue cleanup campaigns in all districts. Conducting clean-up campaigns in public places posed a significant challenge due to the high density of the population.

2-The implementation of the well-cleaning programme was quite challenging, particularly when it came to finding the necessary equipment, such as water pumps and ladders, at various heights of the wells. Additionally, there were areas where the electricity supply was disrupted, and the use of electricity to operate water pumps had a significant impact on the effectiveness of cleaning work in various areas. The volunteers organized the well-cleaning team's schedule according to the availability of electricity.

3-Conducting the dengue-free school cleanup campaigns was challenging because of the limited time frame caused by the school holidays and term tests. The branch coordinators informed the schools about the importance of cleaning before the holidays, ensuring that the children were prepared to participate.



## Protection, Gender And Inclusion

**Budget:** CHF 0

**Targeted Persons:** 236,000

**Assisted Persons:** 357,085



## Indicators

Title	Target	Actual
# of individuals covered through dignity, access, and protection activities	236,000	357,085

## Narrative description of achievements

During the implementation of this DREF, Protection, Gender, and Inclusion (PGI) concerns were incorporated into all activities, such as capacity building of staff and volunteers, assessments, targeting, and community and household awareness. The operation aimed to involve individuals of various age groups by providing guidance and consultation, ensuring equal opportunities for both men and women. During the household needs assessment, data on sex, age, and disability were collected and analyzed using a method called disaggregated data (SADDD). Throughout the intervention for dengue and floods, there was an ongoing conversation between various stakeholders to ensure that programs from all sectors addressed the important issues that were relevant to the needs and priorities of the affected population. In addition, the schools in the affected areas, along with the school supplies and other resources for underprivileged students, are also considered.

SLRCS implemented community consultation processes to enhance beneficiary selection and hotline services, ensuring that their services are transparent and accountable to those they serve. SLRCS distributed beneficiary information sheets and awareness posters as part of the multi-purpose cash grant assistance program. These materials were designed to educate both the beneficiaries and non-beneficiaries.

## Lessons Learnt

During the implementation of the responses, SLRCS enhanced coordination and collaboration among different stakeholders, including government agencies, non-governmental organizations, and local community-based organizations. SLRCS improved its efforts and filled gaps in addressing protection, gender, and inclusion concerns by closely coordinating with stakeholders and sharing information in a timely manner. This collaborative approach likely contributed to a more comprehensive and effective response to the complex challenges posed by the dengue outbreak and the floods. Coordination and collaboration are crucial in addressing multifaceted issues, especially when dealing with public health emergencies and natural disasters.

## Challenges

IFRC-DREF response efforts typically prioritize addressing immediate needs, but there can be difficulties in maintaining the long-term sustainability of protection, gender, and inclusion initiatives, particularly after the emergency phase. The response plan needed to be implemented quickly, and there might be difficulties in efficiently and promptly incorporating all the considerations related to PGI.



## Education

**Budget:** CHF 18,515

**Targeted Persons:** 750

**Assisted Persons:** 750

## Indicators

Title	Target	Actual
# of affected school children received Schools packs.	750	750

## Narrative description of achievements

SLRCS provided 750 school packs to the children in Matara who were affected by the flood and lost their school supplies. The school packs include essential items such as stationery, a mathematical instrument box, and a school bag. The school packs were bought from local suppliers, and SLRCS followed their procurement guidelines throughout the process. A total of 750 schoolchildren from 13 schools in the district received school packs, which were distributed according to the number of school-going children in each family.



## Lessons Learnt

The needs assessment team from SLRCS conducted a thorough evaluation of the actual needs in the field. The economic crisis left vulnerable individuals in a precarious position, while the floods further exacerbated their vulnerability. Consequently, their ability to prioritize their children's education was severely compromised. The school supplies were efficiently distributed to the children from families who were struggling. Working together with the school administration made it easier to quickly identify the children and distribute the school packs.

## Challenges

The cost of school supplies fluctuated during the economic crisis, but the procurement and programme teams collaborated to find reliable suppliers while maintaining the quality of the supplies.



## Community Engagement And Accountability

**Budget:** CHF 3,441

**Targeted Persons:** 236,000

**Assisted Persons:** 357,085

## Indicators

Title	Target	Actual
# of staff and volunteers trained on CEA	600	600
# of people informed about the selection process of the beneficiaries	850	849
# of people reached through social media dengue campaign	236,000	357,085
# of feedback received from the communities	-	347

## Narrative description of achievements

SLRCS carefully selected affected people to participate, with a focus on female/single-headed households, households with individuals with disabilities, pregnant and lactating mothers, families with infants and young children, and elderly individuals. A mechanism for addressing grievances related to the selection process of affected people has been established, taking into account the components of CEA. The main activities under the CEA were making beneficiaries aware of the selection criteria, educating them about the assistance process, and assessing market functionality.

The communications team at SLRCS is working consistently to ensure that the Red Cross response efforts are effectively communicated to the affected people. The communications team produced photos, video clips, and news stories that were widely utilized in various forms of media, including social media platforms, and actively shared important updates about the operation on various social networking platforms.

Links:

- <https://fb.watch/prjq1L2Z17/> ,
- [https://fb.watch/prj\\_0VZDkj/](https://fb.watch/prj_0VZDkj/) ,
- <https://www.facebook.com/dulitha.fernando/videos/262173313436230>

During the epidemic control refresher training for volunteers, sessions were included to strengthen the community engagement competencies of SLRCS. These sessions also served as a refresher for volunteers' CEA knowledge.

SLRCS established a hotline system as part of the feedback process. The SLRCS team at headquarters efficiently handled incoming calls and promptly provided the requested information. SLRCS consistently monitored community input by operating two 24/7 hotlines for community members.



During the DREF implementation, the team received a total of 347 calls. Two of those calls were complaints about the beneficiary selection for MPCA. The branch resolved those complaints by tracking and rechecking the verification process. It was discovered that the beneficiaries had been selected based on priority and vulnerability. In addition, five calls were received expressing appreciation for SLRCS's support for those affected by the flood. All the remaining calls were focused on clarifying information for beneficiaries and sharing additional details.

Whenever concerns arose regarding complaints, fraud, corruption, or nepotism, the staff promptly recorded the information on a data sheet and shared it with management at both the headquarters and branch levels. This was done according to the guidelines provided by the CEA for SLRCS. SLRCS was committed to promptly addressing community members' inquiries and thoroughly investigating any arising concerns.

## Lessons Learnt

SLRCS recognizes the importance of enhancing coordination and advocacy efforts through various platforms to secure additional funding. To effectively disseminate information, the Red Cross should prioritize radio and television broadcasts. Additionally, they should create and distribute more visually engaging IEC materials, such as posters and leaflets, within the community.

## Challenges

There is a shortage of volunteers and staff members with strong communication skills at the branch level of SLRCS. Creating effective communication materials at the branch level can be particularly challenging during times of emergency.



## Secretariat Services

**Budget:** CHF 9,569

**Targeted Persons:** 600

**Assisted Persons:** 600

## Indicators

Title	Target	Actual
# of person deployed to support the operation	1	0

## Narrative description of achievements

SLRCS did not request surge support. The country office of IFRC, together with CCD/Delhi and APRO, timely extended technical support to SLRCS during the DREF implementation. SLRCS maintains a strong and collaborative partnership with the Ministry of Health. They regularly exchange information on medicine requirements and potential donor interests with external partners. The IFRC and SLRCS actively contribute to the Humanitarian Country Team (HCT) meetings and the Inter-Sector Coordination Group (ISCG) in Sri Lanka. They collaborate with various working groups, including Cash, Information Management, and Accountability to Affected Population (AAP).

## Lessons Learnt

The SLRCS branch effectively manages volunteers during operations, despite experiencing turnover in certain branches. The organization primarily assigns volunteers from local areas, allowing them to participate in activities at the pre-scheduled time.

## Challenges

During the operation, SLRCS branches faced several challenges due to the economic crisis, market price fluctuations, turnover of skilled staff and volunteers, limited HR support at the branches, logistic challenges such as transport to the flood-affected areas, fuel shortages, etc. With support from the NHQ programme staff and the volunteers from nearby branches, SLRCS worked together to achieve the goal.



**Budget:** CHF 58,950  
**Targeted Persons:** 600  
**Assisted Persons:** 600

## Indicators

Title	Target	Actual
# of lessons learned workshop conducted	1	1
# of volunteers involved in the operation insured	600	600
# of monitoring visits conducted at the NHQ and branch level	10	10

## Narrative description of achievements

SLRCS quickly conducted 24-hour and 72-hour assessments and published situation reports. Both situations received extensive assessments. SLRCS branches responded to immediate emergencies. SLRCS held lessons-learned workshops to better understand the objectives, expected results, and responses and analyze their strengths, weaknesses, gaps, and challenges, including recommendations to improve future responses.

On average, 40 volunteers were deployed per branch. Colombo, Gampaha, and Kaluthara districts are the most populated regions in Sri Lanka's western province, accounting for almost 30% of the entire population; hence, more volunteers were mobilized there. NDRT members were swiftly deployed because trained NDRTs were available in the respective districts. All active BDRTs in each district participated in the operation from the start. A total of 600 SLRCS volunteers participated in the operation, working tirelessly around the clock. The volunteers possessed a diverse range of skills and extensive experience in the field. Volunteers were refreshed on the history and Red Cross Red Crescent Movement, as well as various technical aspects of the operation.

SLRCS conducted regular monitoring visits to the field to assess the progress of the operation. The monitoring visits contributed to the achievement of the operation's goals. A lessons-learned workshop was conducted to identify what was learned during the operation. The lessons learned were understood by examining the perspectives of project and programme stakeholders regarding successes and areas for improvement. All participants in this workshop consisted of government officials, branch staff, volunteers, NHQ staff, and IFRC staff.

**Lesson-learned workshop:** The workshop aimed to highlight the importance of the program, which dealt with both flood response and the dengue outbreak. SLRCS aimed to analyze the insights gained from the experience to improve our future preparedness. The workshop was conducted for two days. The first day involved discussions with all government stakeholders, mainly officials from the National Dengue Control Unit, RDHS, and MOH officials and doctors, to analyze the effectiveness of dengue prevention activities. The branch staff shared their experiences, challenges, and achievements faced during the implementation of this DREF response.

**Best practice:** SLRCS implemented a thorough strategy to tackle the dengue outbreak, focusing on prevention efforts at different levels, ranging from small-scale to large-scale initiatives. This approach acknowledges the importance of a range of activities in achieving effective dengue prevention.

### Recommendations:

- It is crucial to maintain ongoing efforts to raise awareness and engage in activities aimed at preventing dengue to ensure its long-term effectiveness.
- It is essential to change public attitudes and practices. One way to accomplish this is by raising public awareness and implementing effective solid waste management practices.
- It also highlighted the significance of targeting upper nursery students, as it can increase the power of influence, reinforcement, and behavioral change.
- Continued capacity building of the branches is crucial with regards to the dengue prevention intervention, understanding that dengue is primarily spread through human activities, not just rainfall.

### Lessons learned:



- Understanding that dengue is primarily spread through human activities, not just rainfall.
- The procedure for identifying and evaluating beneficiaries should be as fast as possible.
- Recognizing the importance of engaging various stakeholders in the project.
- Understanding the significance of community empowerment and the role it plays in dengue prevention.
- Future plans for the programme include focusing on sustainability, research, innovation, and expanding outreach efforts.

## **Lessons Learnt**

SLRCS improved service delivery by effectively utilizing trained volunteers throughout the project. The organization highly values and appreciates the volunteers for their exceptional work. Working closely with government officials and conducting joint field visits with stakeholders from the government can greatly assist in resolving various on-the-ground challenges.

## **Challenges**

SLRCS is currently grappling with the issue of retaining volunteers in longer-term programmes. Many volunteers are unable to continue their involvement after the operation period because there is a lack of implementation work in the field.



# Financial Report

## DREF Operation

### FINAL FINANCIAL REPORT

#### MDRLK017 - Sri Lanka - Dengue Outbreak & Floods

Operating Timeframe: 01 Jun 2023 to 31 Oct 2023

Selected Parameters			
Reporting Timeframe	2023/6-2023/12	Operation	MDRLK017
Budget Timeframe	2023/6-2023/10	Budget	APPROVED

Prepared on 31/Jan/2024

All figures are in Swiss Francs (CHF)

### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>348,470</b>
DREF Response Pillar	348,470
<b>Expenditure</b>	<b>-309,215</b>
<b>Closing Balance</b>	<b>39,255</b>

### II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter	3,736	3,382	354
AOF3 - Livelihoods and basic needs	52,795	48,417	4,379
AOF4 - Health	76,818	80,269	-3,451
AOF5 - Water, sanitation and hygiene	124,648	108,022	16,625
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
<b>Area of focus Total</b>	<b>257,996</b>	<b>240,089</b>	<b>17,907</b>
SF11 - Strengthen National Societies	80,905	66,585	14,320
SF12 - Effective international disaster management			0
SF13 - Influence others as leading strategic partners			0
SF14 - Ensure a strong IFRC	9,569	2,540	7,028
<b>Strategy for implementation Total</b>	<b>90,474</b>	<b>69,125</b>	<b>21,348</b>
<b>Grand Total</b>	<b>348,470</b>	<b>309,215</b>	<b>39,255</b>

[Click here for the complete financial report](#)

## Please explain variances (if any)

The budget for this response was CHF 348,470 for four months of operation. By the completion of the operation, the total expenditure was CHF 309,215, leaving an overall balance of CHF 39,255 to be returned to the IFRC-DREF pot. The unspent amount represents 11 per cent of the total allocation, and the deviation from the budget is reflected in the final financial report. The National Society gained approximately CHF 15k due to the high volatility of the local currency. In addition to savings from awareness and cleanup campaigns, various procurement items such as color-coded bins, mosquito repellent, school packs, etc. were also included. Furthermore, SLRCS experienced significant cost savings in terms of salary and other administrative expenses. Allowances allocated to the staff were occupied

cost-effectively by sharing resources and utilizing available branch resources. There is savings in ensuring a strong IFRC. Since surge support was not requested during the implementation, the relevant line was not fully equipped.



# Contact Information

For further information, specifically related to this operation please contact:

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