DREF Operation

Sri Lanka Dengue Outbreak 2026

Task Force engage in clean-up campaign in Gampaha urban areas. Photo: SLRCS

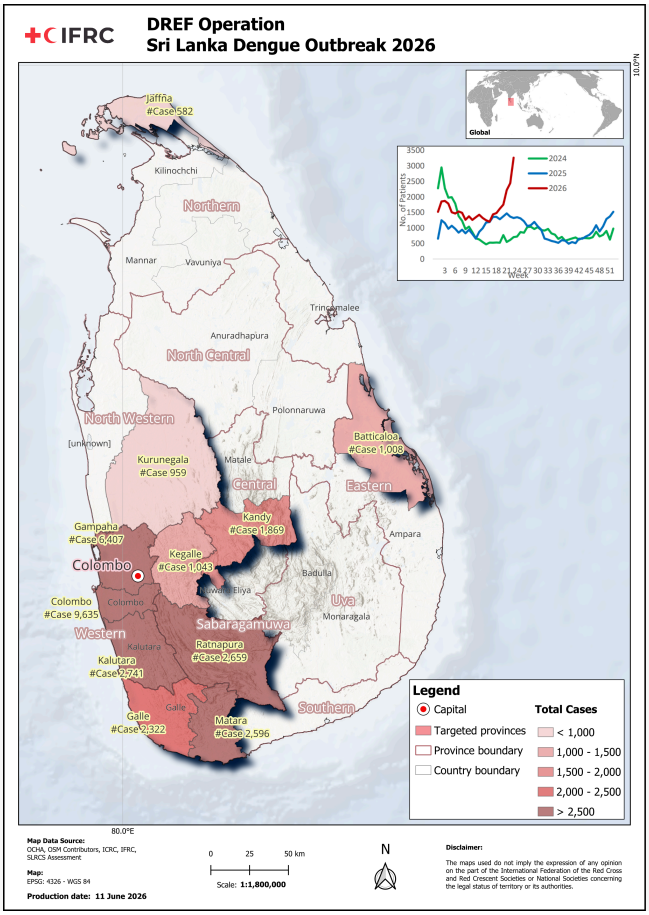
Appeal: **MDRLK024**	Hazard: **Epidemic**	Country: **Sri Lanka**	Type of DREF: **Response**
Crisis Category: Yellow	Event Onset: **Slow**	DREF Allocation: **CHF 377,147**	
Glide Number: **EP-2026-000085-LKA**	People Affected: **37,118 people**	People Targeted: **172,000 people**	
Operation Start Date: **18-06-2026**	Operation Timeframe: **4 months**	Operation End Date: **31-10-2026**	DREF Published: **20-06-2026**

Targeted Regions: **Central, Eastern, Northern, Sabaragamuwa, Southern, Western**

Description of the Event

Date when the trigger was met

02-06-2026



High dengue cases reported districts . (Map: IFRC IM)

What happened, where and when?

Dengue cases have been on the rise in the country since the beginning of the year. Following a massive seasonal surge triggered by heavy rains in mid-May 2026, the epidemic trajectory accelerated significantly. Driven by the onset of the southwest monsoon and severe local flooding, the island-wide total quickly advanced from 25,082 cases in early May to more than 35,000 cases by the first week of June, marking an approximate 30% increase compared to the corresponding period of the previous year (as noted by reports via Dengue Visual Atlas).

A higher number of cases is recorded in the Western, Southern, North Western ,Sabaragamuwa, and Central provinces, especially in the Colombo, Gampaha, Kalutara, Kandy, Galle, Matara, and Ratnapura districts. The National Dengue Control Unit (NDCU) reported more than 8,600 new cases of dengue virus within the month of May 2026 alone, raising grave concerns about a potential epidemic. The NDCU also revealed that environmental conditions following high rainfall and major urban flooding are rapidly accelerating the spread of the virus across the country. As of 8 June 2026, a total of nearly 37,000 dengue cases have been recorded across the island, according to data highlighted by NDCU.

Almost 50 per cent of the above-mentioned cases were reported from the Western Province. Indeed, Colombo District recorded the highest number of dengue infections island-wide, accounting for 55.1% of all reported cases nationwide. During week 22, as per the NDCU update, the Colombo District reported a high number of cases (550), followed by Gampaha (531) and Kalutara (265). Outside the Western Province, substantial case numbers were reported from Matara (194), Kandy (173), Ratnapura (160), Galle (142), Hambantota (69), Kurunegala (68), and Kegalle (68), indicating widespread transmission across multiple provinces.

These high-density urban areas and regional transport hubs remain the primary epicentres of the ongoing viral transmission. Hospital admissions attributable to dengue have also remained elevated. The average midnight census of dengue patients admitted to 74 sentinel hospitals increased from 785 patients in Week 21 to 899 patients in Week 22, reflecting sustained transmission and increasing demand for healthcare services. Several tertiary and secondary healthcare facilities reported rising admission trends during this period. As of Epidemiological Week 22, a total of 19 dengue-related deaths had been reported in 2026, corresponding to a case fatality rate (CFR) of 0.06%.

The government authorities have implemented several intensive dengue prevention programmes across various areas of Colombo and surrounding high-risk zones. The highest number of dengue patients is being treated at the Colombo National Hospital, the District General Hospital in Negombo, the Infectious Disease Hospital (IDH), the Colombo South Teaching Hospital (Kalubowila), and the National Teaching Hospital in Kandy. They are barely coping with the number of cases they are admitting as the surge places an immense strain on hospital and intensive care capacities.

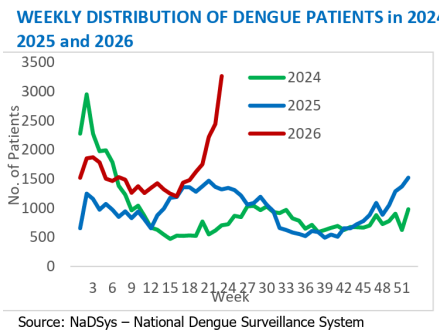
On 8 June 2026, local news reported that a massive three-day nationwide mosquito control campaign was launched, covering 14 districts and 72 Medical Officer of Health (MOH) divisions. Strict legal action and "red notice" warnings are being issued immediately to public premises, school grounds, construction sites, and residential houses where properties are maintained carelessly, allowing the active breeding of mosquitoes.

Dengue Visual Atlas: https://denguevisualatlas.com/en/sri-lanka-launches-national-dengue-control-campaign-in-anticipation-of-rising-cases-in-2026/
ReliefWeb: https://reliefweb.int/country/lka
National Dengue Control Unit: http://www.dengue.health.gov.lk/

Task Force monitor the breeding places: Photo: SLRCS

Community clean-up campaign Photo: SLRCS

Household surveillance. Photo: SLRCS



Distribution of dengue patients. Source: NaDaSys

Scope and Scale

As a result of the intensifying rainfall caused by the southwest monsoon, health departments have warned that the dengue situation has the potential to become critical. According to the National Dengue Control Unit (NDCU), the ongoing inclement weather conditions and resultant flooding will only further aggravate the breeding of mosquitoes, drastically worsening the spread of the outbreak across the island.

While the NDCU monitors all 25 districts, it is heavily focusing on the hardest-hit areas: the Colombo, Gampaha, and Kalutara districts of the Western Province, which currently see the highest number of dengue cases in Sri Lanka. Densely populated Colombo has reported over 5,930 cases, making it the district with the most infections, especially within the Colombo Municipal Council (CMC) areas. Gampaha follows closely with over 4,465 cases, while Kalutara has around 1,572 cases. Other districts experiencing significant dengue infections include Matara and Galle in the Southern Province, Ratnapura and Kegalle in the Sabaragamuwa Province, Kandy in the Central Province, Batticaloa in the Eastern Province, and Kurunegala in the Northwestern Province. The remaining districts across the island maintain lower case counts.

The Ministry of Health has highlighted that the number of dengue cases reported within the Southern Province—including Galle and Matara districts—is significantly higher than in previous years. In fact, a rapid acceleration occurred between mid-May and early June. Historic data indicate that transmission intensity will likely climb steadily throughout June, putting a high volume of urban households at imminent risk. During Epidemiological Week 22 (25–31 May 2026), a total of 2,445 suspected dengue cases were reported nationwide, representing a 10.2% increase compared with the previous week (2,219 cases). Cumulatively, 33,860 suspected dengue cases were reported during the first 22 weeks of 2026, reflecting a 42.0% increase compared with the 23,839 cases reported during the corresponding period in 2025.

The southwest monsoon remains highly active in the Western, Southern, and Sabaragamuwa provinces. This has triggered severe localised minor and major flooding—particularly across Western, Southern, Sabaragamuwa and Central provinces—creating an exceptionally favourable environment for Aedes mosquito breeding. While clean-up efforts are vital to eliminate these sites, the Northern, Eastern, and Central provinces are also receiving remarkable rainfall during this period, which continues to aggravate the current nationwide crisis (ReliefWeb).

The flood of new cases has raised deep concerns among medical professionals about the disease's rapid spread and its strain on public healthcare systems. Forecasters worry that a shift in the dominant local serotype this season will expose citizens to secondary infections. This drastically elevates the clinical risk of developing severe, life-threatening complications. Consequently, a compounding influx of severe cases—such as Dengue Haemorrhagic Fever (DHF)—threatens to strain public hospital bed availability and critical blood bank resources needed for platelet transfusions. Because many initial dengue infections mimic mild seasonal flu symptoms, authorities forecast higher mortality rates if patients continue to delay professional medical testing past the critical 48-hour window. To date, 20 dengue-related fatalities have been confirmed this year (Dengue Visual Atlas).

The government has launched extensive dengue operations nationwide but faces challenges due to limited resources and human support. There's a need for mass mobilisation, awareness programmes, and rapid response initiatives to educate the public and address affected areas swiftly. Entomological surveys indicate that transmission is concentrated in semi-public spaces like schools, workplaces, and religious sites, which often lack clear management for larval source control. Additionally, the ongoing economic crisis is disrupting the supply chain for essential medical logistics, and Aedes mosquitoes are increasingly resistant to standard insecticides. The similar symptoms of dengue and other arboviruses also complicate early diagnosis and effective triage of severe cases. This DREF-planned intervention will provide additional support to the government's ongoing initiative to control the spread of dengue during the peak period.

Overall, the combination of an active dengue outbreak with prevailing severe weather conditions has created a trajectory reminiscent of the severe 2017 epidemic. During that historic crisis, the country faced a catastrophic outbreak in these same districts, resulting in 186,101 cases and over 200 deaths (Centers for Disease Control and Prevention). As the Western Province currently bears roughly 50% of the entire national caseload, authorities have taken drastic steps, launching an intensive three-day nationwide mosquito control campaign from June 8 to June 10, utilising armed forces and police units to inspect properties and issue immediate legal red notices to negligent owners. The SLRCS collaborates closely with the Ministry of Health and the National Dengue Control Unit to support the implementation of the National Dengue Prevention and Control Program. Utilising its extensive branch network and trained volunteer base, the SLRCS aims to strengthen community resilience and promote community-led dengue prevention and control efforts.

Building on its expertise in community health, risk communication, and epidemic preparedness and response, SLRCS is set to implement a DREF operation across 11 districts: Colombo, Gampaha, Kalutara, Kandy, Jaffna, Galle, Matara, Ratnapura, Kegalle, Kurunegala, and Batticaloa. This operation will also support the ongoing sEAP early actions implementation in the five districts—Colombo, Gampaha, Kalutara, Kandy, and Jaffna. The DREF operation will target additional high-risk zones within these sEAP districts to strengthen the government’s overall response to dengue outbreaks across the country.

Centers for Disease Control and Prevention: http://stacks.cdc.gov/view/cdc/86465

Source Name	Source Link
1. Dengue Visual Atlas:	https://denguevisualatlas.com/en/sri-lanka-launches-national-dengue-control-campaign-in-anticipation-of-rising-cases-in-2026/
2. ReliefWeb	https://reliefweb.int/country/lka
3. National Dengue Control Unit	http://www.dengue.health.gov.lk/
4. Centers for Disease Control and Prevention	http://stacks.cdc.gov/view/cdc/86465

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	**Yes**
Did it affect the same population group?	**Yes**
Did the National Society respond?	**Yes**
Did the National Society request funding form DREF for that event(s)	**Yes**
If yes, please specify which operation	MDRLK017 2023

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

The current intervention targets additional districts: Ratnapura, Matara, and Kurunegala alongside previously focused areas like Galle, Batticaloa, and Kegalle in MDRLK017.
In the current situation, to effectively control the rapid spread of dengue, the intervention needs to be implemented simultaneously across all districts.
The high-risk zones identified in the current intervention differ from those noted in previous efforts.
There has been an increase in reported cases compared to the previous period, reflecting variations in the spread across MOH divisions and districts.
The vulnerability of the population has increased, exacerbated by Cyclone Ditwah's impact on districts such as Colombo, Gampaha, Kalutara, Kandy, Kegalle, Rathnapura, and Batticaloa earlier this year.

Lessons learned:

Complementarity with government and partners: Government integration and collaboration enhance efficiency and impact and ease alignment with national strategies, ensuring targeted, efficient, and impactful interventions. These partnerships help fill resource gaps, avoid duplication, and strengthen local health systems. Coordinated actions such as vector surveillance, fumigation campaigns, training local health staff, and empowering community health groups strengthen early detection and outbreak response, demonstrating that joint National Society and Government actions are key to effective dengue control.

Close collaboration with health authorities improved intervention alignment and effectiveness: strong partnerships with government entities and alignment with national strategies amplified the effectiveness and sustainability of interventions and extended their reach through the National Society's community network and volunteer mobilisation.

Effectiveness of dengue prevention strategies: Integrated approaches boost effectiveness. Combining health, WASH, CEA, and PGI intervention strategies with community-driven actions such as clean-ups and education significantly reduces dengue cases and improves hygiene. Sustaining behaviour change requires continued efforts, such as sustained community engagement, regular follow-ups, and reinforcement, to ensure lasting impact.

Risk Mitigation and Activation: SLRCS has a well-established risk mitigation plan that was successfully activated when the Health Ministry issued an alert regarding a concerning increase in dengue cases. This proactive approach enabled timely preparations and response actions.

Effectiveness of monitoring and evaluation mechanisms: A standardised, robust M&E framework with standardised dengue KPIs across the IFRC network is critical for consistency and for evaluating intervention impacts. Adequate staffing and long-term evaluation mechanisms enhance monitoring effectiveness.

Volunteer retention and capacity impact message delivery and intervention success. Sustained training and clear engagement strategies are essential for maintaining a reliable volunteer workforce in dengue prevention efforts.

Building long-term preparedness involves establishing contingency plans and early-action protocols and fostering strong partnerships with governmental and non-governmental actors to enable cohesive responses. Training local volunteers and health staff enhances expertise, while prepositioning critical supplies ensures timely responses and reduces operational delays.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	**Yes**
What was the risk level for Child Safeguarding Risk Analysis?:	**LOW**

Current National Society Actions

Start date of National Society actions

03-06-2026

Health	SLRCS maintains close coordination with the NDCU and district-level MOH offices to update data in high-risk areas. The MOH offices in the most affected districts have made requests to SLRCS branches to support their clean-up campaign and household surveillance. The volunteers are currently supporting the clean-up campaigns and community awareness programmes through public service announcements across public places at the district level. The trained first aid volunteers are planning to conduct medical camps to support the people who have had a fever for more than 48 hours to receive basic medical check-ups and first aid services.
Water, Sanitation And Hygiene	SLRCS volunteers in the affected districts are closely working with the MOH offices to identify the high-risk zones. They are mobilising the community-level volunteers to

	work and support the public health inspectors and MOH officials for house-to-house surveillance in the districts where the number of cases is continually increasing. The dengue task force, trained community volunteers, and BDRT team have already been deployed in the high-risk zones identified by the MOH to carry out the mass clean-up campaign and household surveillance. Also, they are distributing leaflets on dengue awareness, motivating them to have early medical check-ups to identify dengue infection if they have a fever continually for over 48 hours, and providing a dengue household monitoring chart for regular monitoring of the vector and cleaning their premises.
Education	The schools are in the high-risk zones under the surveillance of the trained dengue task forces in the districts where the SEAP protocol is activated. Distribution of the dengue repellent to the students coming from the high-risk zones is underway. In the other districts, the volunteers support the clean-up campaign and engage in the awareness programme for the school children, using them as a community outreach.
Community Engagement And Accountability	Local door-to-door outreach has proved effective. It's important to create mechanisms, such as women-led health committees, to ensure that women's feedback shapes local epidemic prevention plans rather than treating them as passive recipients and to enable channels for reporting issues like clogged drains and uncollected waste, which contribute to flooding and mosquito breeding.
Coordination	The Sri Lanka Red Cross Society is currently working closely with government agencies, such as RDHS, MOH, and NDCU, to get updates and plan for any activities related to the dengue outbreak. In addition, SLRCS is closely coordinating with the International Federation of Red Cross and Red Crescent Societies (IFRC) Country Representation Office in Colombo, with the assistance of the IFRC Country Cluster Delegation (CCD) in New Delhi. The IFRC CCD in New Delhi and the IFRC Asia Pacific Regional Office (APRO) have provided further coordination support for information sharing and resources.
National Society Readiness	The Sri Lanka Red Cross Society (SLRCS) has activated its simplified Early Action Protocol (sEAP) for dengue on 3 June 2026, with a lead time of 2 to 4 weeks. The total implementation timeline for the early action activities is three months, ending on 30 September 2026. Early actions focus on five districts – Colombo, Gampaha, Kalutara, Kandy, and Jaffna. At the branch level, trained teams have already coordinated with the MOH and the Regional Directorate of Health Services (RDHS) offices. Planning is underway to distribute dengue toolkits to support household surveillance and to preposition stocks at the community level, with the support of the Public Health Officers (PHI) through the MOH offices and the trained community groups in the high-risk zones, as per the sEAP protocol. Planned interventions include elimination of mosquito breeding sites at the community level, targeting high-risk areas identified by the MOH and NDCU; conducting house-to-house surveillance campaigns; volunteer deployments; distribution of IEC materials; training and raising awareness among households on vector control and water storage and hygiene practices; conducting clean-up campaigns at the private common places and schools; and distribution of mosquito repellents to schoolchildren in high-risk zones.
Assessment	As per sEAP activation, NS is carrying out early action activities in Colombo, Gampaha, Kalutara, Jaffna, and Kandy districts as per the protocol. In the other districts, BDRT teams are already deployed and carrying out the initial assessment. Secondary information was gathered from the Divisional MOH offices and NDCU. However, disaggregated data for dengue cases are not available. The assessment team and the branches are being coordinated with the respective Regional Directorate for Health Services (RDHS) and Medical Officer of Health (MOH) to collect the data on high-risk zones.

Activation Of Contingency Plans	SLRCS has close coordination with the Medical Office of Health Services in the districts where major cases are reported. Also, at the NHQ level, coordinating with NDCU to monitor the situation and to provide additional support to local authorities from the branch level aligned to the National Dengue Response Framework.

IFRC Network Actions Related To The Current Event

Secretariat	IFRC is providing technical support to SLRCS for the operation and coordinating with SLRCS for information sharing through situation reports with the Movement and external partners. The IFRC CCD in Delhi and APRO provided further coordination support for information sharing and resources.
Participating National Societies	There is no Participating National Societies (PNS) presence in the country.

ICRC Actions Related To The Current Event

The ICRC has been collaborating with SLRCS, particularly in migration, providing technical assistance for Restoring Family Links and Tracing. No actions have been initiated with the ICRC regarding the dengue outbreak.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	National authorities, led by the Ministry of Health and the National Dengue Control Unit, have elevated their response to an executive emergency status. The operation focuses on 72 to 74 critical Medical Officer of Health divisions across 14 high-risk districts, including Colombo, Gampaha, Kalutara, Kandy, Galle, Matara, Ratnapura, and Puttalam. Instead of relying on passive public warnings, state forces are conducting thorough inspections of residential, public, and commercial spaces. The operation includes the following actions: 1. Regular inspections of residential and commercial premises in urban and rural areas 2. Information dissemination in the affected communities 3. Identification of dengue patients 4. Implementation of necessary measures, such as fumigation and on-site inspections to destroy dengue-carrying mosquitoes and larvae. On the first day of the campaign, 8 June 2026, inspection teams successfully checked over 70,000 premises island-wide. Field reports revealed that mosquito larvae were frequently found in high-traffic public gathering places. As a result, authorities are placing a strong emphasis on inspecting schools, government institutions, factories,

	construction sites, and religious premises, where neglect has been most prevalent. Public health channels are actively disseminating numerous media advisories to enforce a "48-hour testing window", urging citizens to use state-vetted blood testing facilities rather than resorting to home remedies or self-medication.
UN or other actors	Currently, there is no intervention from UN organisations regarding the dengue outbreak in the inspected districts.

Are there major coordination mechanism in place?

The government is leading the coordination in an informal and bilateral manner. SLRCS is in close coordination with the authorities, DMC, and NDCU – together with RDHS and MOH – coordinating all the responses related to the dengue control operations.

Needs (Gaps) Identified

Health

Surveillance systems must be enhanced and expanded beyond high-risk zones across various districts. Currently, community outreach and awareness programmes are inconsistent in these high-risk areas, resulting in difficulties in quickly identifying and responding to emerging hotspots, particularly in densely populated urban and peri-urban regions. Household-level surveillance and entomological monitoring are not adequate for the early detection of mosquito breeding trends.

Public health surveys indicate that communities generally understand how dengue spreads, but the ongoing limited awareness does not lead to consistent personal action. Healthcare facilities in high-burden districts become overwhelmed, facing challenges with human resources, bed capacity, and logistics. Community participation in preventive activities is often lacking, with many households failing to implement regular source reduction practices. Urban areas, such as Colombo and Gampaha, act as major transit hubs, with thousands of commuters passing through daily. This constant movement enhances viral mixing and accelerates the spread of localised transmission chains across provincial boundaries.

Water, Sanitation And Hygiene

Community awareness of the connection between WASH (Water, Sanitation, and Hygiene) practices and dengue prevention is very limited. A major issue is the inefficiency of municipal and local government waste collection. As a result, uncollected garbage accumulates along roadsides, in open fields, and in public spaces, particularly in high-burden areas like the Western Province. Furthermore, structural damage from past localised flooding has compromised household water infrastructure.

Poor solid waste management is a significant concern, especially due to the accumulation of plastic containers, coconut shells, and other items that can hold water, particularly in urban and semi-urban areas. Additionally, drainage systems are often poorly maintained, leading to stagnant water accumulation after rainfall.

There is an urgent need to improve environmental sanitation and waste management, particularly in high-risk areas. Promoting good water quality and ensuring safe storage is also essential. Additionally, maintaining drainage systems and infrastructure is crucial. Moreover, it is important to encourage behavioural change by distributing standardised educational materials that connect proper water storage practices to dengue prevention.

Protection, Gender And Inclusion

A key gap in dengue prevention is the insufficient analysis of social vulnerabilities beyond age and gender. While data on sex and age are often available, there is a lack of systematic assessment for groups like persons with disabilities, socio-economically marginalised households, and older adults. This shortcoming hinders the design of targeted interventions that address the unique impacts of dengue

on these populations.
Additionally, school and community-based prevention efforts often overlook participation, accessibility, and inclusion, which can exclude vulnerable individuals from accessing vital information and services. The economic burden of dengue—encompassing healthcare costs, lost income, and caregiving responsibilities—worsens the situation for low-income households. Thus, enhancing social vulnerability analysis and collecting comprehensive disaggregated data is crucial for creating equitable and responsive dengue prevention and response interventions.

Education

The Ministry of Education, schools, health authorities, and community organisations have implemented school-based dengue prevention programmes, awareness sessions, school clean-up campaigns, and student-led environmental activities. Schools are recognised as important platforms for promoting dengue prevention messages and encouraging behaviour change among students and families.
Despite these initiatives, dengue prevention is not consistently integrated into routine educational activities across all schools. Awareness among students often does not translate into sustained preventive practices at home and within communities. Teachers and school administrators may have limited capacity and resources to conduct regular dengue-related educational activities and monitoring. Furthermore, school-based programmes frequently focus on awareness-raising rather than practical, long-term behaviour-change interventions. Opportunities to engage parents and surrounding communities through school-led initiatives are not fully utilised, limiting the broader impact of educational interventions.

Community Engagement And Accountability

The rising dengue burden in Sri Lanka underscores the need for timely and accurate information on transmission, symptoms, prevention, and vector control. While awareness programmes are implemented by various organisations, significant gaps persist in reaching all vulnerable populations effectively.
To address this, Risk Communication and Community Engagement (RCCE) strategies are vital for promoting community participation in dengue prevention, including source reduction and clean-up campaigns. Strengthening community ownership is crucial for reducing mosquito breeding and transmission at the local level
The SLRCS emphasises establishing a community feedback mechanism to allow affected individuals to voice concerns and participate in decision-making. This feedback will be used to enhance the quality and effectiveness of interventions.

Environment Sustainability

The NDCU, local authorities, environmental agencies, and community organisations are actively engaged in environmental management, inspections, clean-up campaigns, and enforcement actions to target mosquito breeding sites, which helps reduce vector density in high-risk areas.
However, factors like rapid urbanisation, population growth, and unplanned development have increased breeding habitats, with construction sites and unmanaged spaces often becoming hotspots. Additionally, climate variability has created favourable conditions for mosquito survival, and environmental regulations on waste management and vector control are inconsistently enforced.

Operational Strategy

Overall objective of the operation

The operation aims to reduce dengue transmission and related health issues among vulnerable populations in eleven high-risk districts of Sri Lanka: Colombo, Gampaha, Kalutara, Kandy, Jaffna, Matara, Kurunegala, Galle, Batticaloa, Ratnapura, and Kegalle. The sEAP has already been activated in five of these districts (Colombo, Gampaha, Kalutara, Kandy, and Jaffna) within 23 high-risk zones that have been pre-identified. This DREF operation will support the expansion of response activities in an additional 35 high-risk areas within these districts, ensuring there is no overlap with the early action interventions of sEAP. This will be accomplished through integrated, community-based initiatives aimed at dengue prevention and control, in alignment with the National Dengue Response Framework. The efforts will be conducted in close collaboration with the Ministry of Health and the National Dengue Control Unit over a four-month operational period.

Through these DREF interventions, the Sri Lanka Red Cross Society aims to directly reach 43,000 households (apart from sEAP 20,000 households) and 160 schools within the targeted districts, benefiting approximately 172,000 people. The operation will focus on promoting sustainable behaviour change, strengthening community participation in dengue prevention, improving environmental sanitation practices, and enhancing local capacities to identify and eliminate mosquito breeding sites. These efforts will contribute to the national goal of reducing dengue risk and fostering long-term community resilience against future outbreaks.

Operation strategy rationale

The proposed response strategy outlines interventions from the simplified Early Action Plan (sEAP) and the DREF-planned intervention, ensuring there is no overlap between the two. The Ministry of Health and the National Dengue Control Unit have identified high-risk hotspots that will be prioritised for response activities.

Simplified Early Action Protocol activation

The sEAP, activated on June 3, 2026, covers 23 high-risk zones across five districts: Colombo, Gampaha, Kalutara, Kandy, and Jaffna. The implementation of early actions includes community-based surveillance, community and school clean-up campaigns, awareness programmes, training in water and vector control hygiene practices, distribution of mosquito repellent to schoolchildren, and deployment of trained volunteers in hospitals to support health facilities in the identified high-risk zones.

Meanwhile, the DREF intervention has identified an additional 35 high-risk zones within the same districts where the sEAP is active. There is an urgent need to expand the intervention throughout the sEAP districts, particularly as the dengue outbreak has spread beyond the originally identified high-risk zones during the sEAP preparedness phase. This will ensure that the interventions planned under the DREF do not overlap with those currently being implemented under the sEAP in the same districts. In addition, under the DREF, further interventions included a wider community awareness approach through the mass media, social media platforms, and billboard campaigns; increased household surveillance; and community-based vector control clean-up campaigns to reduce the increasing number of dengue cases through an integrated, community-centred, multi-sectoral approach.

The overall strategy aligns with the ongoing efforts of the National Dengue Control Unit, local authorities, schools, and community-based organisations, as outlined in the National Dengue Response Plan. It highlights the urgent need for sustained community engagement, given that dengue transmission is primarily influenced by household practices, inadequate solid waste management, stagnant water accumulation, and gaps in long-term behaviour change, despite ongoing public health awareness initiatives. Therefore, the intervention emphasises an integrated approach that includes community-based vector control, household surveillance, school engagement, risk communication, and support for health facilities to reduce transmission risks and strengthen community resilience.

Community-based vector control focusing on community hotspots – 80 hotspots

The strategy's core component focuses on community-based vector control together with the hygiene promotion campaign specifically targeting hotspots within high-risk zones. This approach will be implemented by trained volunteers through various initiatives, including mass meetings to educate and promote hygiene to residents, identifying and eliminating mosquito breeding sites in public areas, and organising community cleanup campaigns. A total of 80 cleanup campaigns, together with hygiene promotion, will be conducted across eleven districts in the identified hotspots as part of this intervention plan. Additionally, there are 20 cleanup campaigns currently underway, planned under the sEAP.

To reinforce these activities, we will distribute information, education, and communication (IEC) materials, repellents, and visibility tools, such as billboards, to enhance risk communication. These core activities further support environmental risk reduction by encouraging communities to eliminate solid waste, including plastic containers, discarded tyres, and other materials that collect water. Such actions directly address important environmental factors contributing to dengue transmission, especially in densely populated urban and peri-urban areas where waste management challenges are prominent.

Community-based household surveillance – 43,000 households

This is the second parallel core strategy intervention to effectively identify households and monitor household components favourable to the spread of the dengue mosquito. This initiative will also educate the most vulnerable households and support them to take minimal action to reduce the spread of dengue. A total of 43,000 households will be under this surveillance, collaborating with the public health inspectors from MOH, the National Dengue Control Unit, community leaders, and the tri-forces. Each household will be monitored twice, and each household will be given a monitoring card to check their own progress. The PHI and RC volunteers will verify these monitoring cards. Priority should be given to the households in high-risk zones and bordering areas. Additionally, 20,000 households are already under community-based surveillance, as planned under the SEAP.

Dengue-free schools: Children as agents of change – 160 schools

School-based dengue prevention interventions serve as a strategic entry point for long-term behaviour change in the community. The planned intervention will focus on school clean-up campaigns to keep the surrounding area free of dengue mosquitoes; the provision of colour-coded waste bins to segregate waste; the dissemination of IEC materials; distributing the mosquito repellent to the children who come from the dengue high-risk zones; and volunteer engagement, aiming to strengthen knowledge and practices among students, who can also influence behaviours at the household level.

Health care assistants to the hospitals – 450 labour days

Trained volunteers will be deployed to assist healthcare teams at hospitals experiencing an overwhelming number of cases. Their responsibilities will include collecting data, cleaning, and eliminating mosquito-breeding sites on the hospital premises. This support aims to enhance the treatment of infected individuals, strengthen health facility interventions, and reduce the burden on the health systems in the high-risk zones. Additionally, the volunteers will help improve risk communication and distribute preventive materials to patients admitted to the hospital. These efforts will raise awareness among patients and carers, ultimately reducing the risk of transmission in healthcare settings. This intervention will be implemented for the first two months during peak season. Two districts, Gampaha and Ratnapura, will be covered. Initially, this intervention was not planned for Gampaha under sEAP.

Billboard campaigns – Longer but stable and continuous messaging – 100 boards across 11 districts

The billboard campaign focuses on placing billboards in selected hotspots with clear messages where high case numbers are reported, and continuous close monitoring is needed. This serves as a virtual structural bridge to address gaps in community accountability, behaviour, and risk reduction and as a permanent physical reminder that shifts public perception over time.
The intervention also focuses on a national dengue prevention awareness campaign, coordinated with the National Dengue Control Unit (NDCU), and designed to enhance community awareness and education regarding dengue prevention. The campaign encompasses a diverse range of activities, including the production of engaging communication materials such as social media creatives, short awareness videos, and television advertisements tailored for various platforms. A robust social media strategy will leverage paid advertising across Facebook, Instagram, YouTube, LinkedIn, and X to target and boost outreach within communities. Additionally, the campaign will feature a television component, airing dengue prevention ads and awareness programmes in both Sinhala and Tamil to ensure inclusivity. Print and digital strategies will include newspaper ads, awareness articles, and placements on digital news platforms. Moreover, radio jingles and public announcements on national radio channels will further amplify the message. Ultimately, this comprehensive approach seeks to bolster public awareness of dengue prevention, stimulate community involvement, and contribute to national efforts to reduce dengue transmission.

Overall, the strategy seeks to directly reach 43,000 households and 160 schools, benefiting approximately 172,000 people over a four-month implementation period. By integrating community mobilisation, environmental management, school engagement, and health system support, the operation aims to reduce dengue transmission, promote sustainable behaviour change, and strengthen community resilience against future outbreaks in Sri Lanka.

Targeting Strategy

Who will be targeted through this operation?

The operation will primarily focus on vulnerable communities living in eleven high-risk dengue districts in Sri Lanka: Kandy, Colombo, Gampaha, Matara, Kurunegala, Galle, Kalutara, Batticaloa, Jaffna, Ratnapura, and Kegalle. Within these districts, the high-risk zones will be prioritised for the planned intervention. These areas experience sustained transmission and recurrent outbreaks, which pose significant public health risks.

The intervention will directly reach at least 43,000 households and 160 schools across these districts, benefiting an estimated 172,000 people. Households in densely populated urban and peri-urban areas, as well as high-risk rural regions, will be prioritised due to their increased vulnerability to environmental conditions that promote mosquito breeding, such as poor waste management and stagnant water.

Special attention will be given to vulnerable groups, including children, the elderly, pregnant women, low-income households, those residing in lower lands and areas prone to minor flooding, and communities with limited access to adequate sanitation and health information. Schools in high-risk areas will also serve as crucial entry points for promoting behaviour change, targeting students, teachers, and school communities to improve their knowledge and practices in dengue prevention and environmental hygiene. Moreover, maintaining cleanliness in schools will be a key objective to reduce the spread of dengue mosquitoes.

Explain the selection criteria for the targeted population

The selection of the targeted population and high-risk areas will be carried out through a coordinated, evidence-based process led by the Sri Lanka Red Cross Society (SLRCS) in close collaboration with the National Dengue Control Unit (NDCU), the Regional Director of Health Services (RDHS), and Medical Officers of Health (MOH) at district and divisional levels.

High-risk areas will be identified based on official epidemiological data, dengue incidence trends, and hotspot mapping conducted by the NDCU and MOH offices. Priority will be given to Grama Niladhari (GN) divisions or Public Health Inspector (PHI) areas that consistently report high case numbers, frequent outbreaks, and clusters of transmission over recent weeks and months. Additionally, areas flagged through routine entomological surveillance—such as high larval index readings and the detection of persistent breeding sites—will also be prioritised.

Within these identified high-risk locations, households will be selected based on their proximity to dengue hotspots, previous case occurrences, and vulnerability indicators, such as the presence of children, elderly individuals, pregnant women, and low-income families. This approach ensures that the most at-risk populations receive direct support and prevention interventions.

For school-based interventions, the selection will be guided by coordination between the MOH and the zonal education offices. Priority will be given to schools located within or near dengue hotspots, as well as those that have reported previous dengue cases or demonstrate a high environmental risk due to waste management and water storage practices.

Total Targeted Population

Women	**74,235**	Rural	**30%**
Girls (under 18)	**15,205**	Urban	**70%**
Men	**68,525**	People with disabilities (estimated)	**2%**
Boys (under 18)	**14,035**		
Total targeted population	172,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	**No**
Does your National Society have prevention of sexual exploitation and abuse policy?	**Yes**
Does your National Society have child protection/child safeguarding policy?	**Yes**
Does your National Society have whistleblower protection policy?	**Yes**
Does your National Society have anti-sexual harassment policy?	**Yes**

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Risk of contracting the dengue virus	This risk will be mitigated by providing self-care packs, which consist of mosquito repellents, gloves, and hand sanitisers, to all volunteers working in the field.
Ongoing southwest monsoon - delaying the implementation of the activities	Pre-planning of activities and better coordination with local authorities for implementation of activities without delay.
Fuel shortages and price hikes – Middle East crisis	NS has a short-term arrangement with the petroleum corporation to access the emergency stock. In the event of price increases, operations will be adjusted, and precautions will be taken.
Multiple response operations at the same time – sEAP, EA Ditwah, and DREF – adding more tasks to the branches	The programme team is planning for all of the field plans with the respective branches, making realistic plans and training, allocating different teams, mobilising more volunteers to deploy on the ground to complete the activities, and coordinating with the government stakeholders proactively.

Please indicate any security and safety concerns for this operation:

Volunteers participating in the clean-up campaign need to take precautions to prevent mosquito bites, especially since high-burden dengue areas are closely associated with districts recently affected by flooding, particularly around Gampaha and the outskirts of Colombo.

Working in stagnant water or muddy conditions also exposes volunteers to secondary pathogens such as leptospirosis (rat fever) and waterborne diarrhoeal diseases. The ongoing southwest monsoon presents additional challenges, particularly in semi-urban or hilly regions like Ratnapura and Kandy, where heavy rains can lead to flash floods and landslides, potentially hindering evacuation routes.

To reduce these risks, volunteers will receive personal protective equipment (PPE) kits for their protection during field activities in high-risk areas. Additionally, community volunteers conducting house-to-house surveillance will be provided with mosquito repellent. Before deployment in these zones, all volunteers will be briefed on security and personal protection protocols. They will also be covered by insurance during their work.

For National Society (NS) staff and volunteers, the NS security framework will be enforced, while those operating under the International Federation of Red Cross and Red Crescent Societies (IFRC) will adhere to the IFRC security framework. Comprehensive measures will be implemented to ensure the safety and security of all Red Cross and Red Crescent personnel involved in this operation, including continuous situation monitoring, timely safety updates, tracking staff movements via phone or WhatsApp, conducting security assessments in operational areas, and providing pre-deployment briefings about the current security environment.

Moreover, contingency plans are in place, and completion of relevant IFRC e-learning courses, such as "Stay Safe 2.0", is mandatory. The IFRC Country Coordination Team (CCD) maintains close coordination with external humanitarian actors in the country, particularly regarding operational areas, and collaborates with NS branches and local administrations within those regions to enhance safety and effectiveness in operations.

Has the child safeguarding risk analysis assessment been completed?	**Yes**

Planned Intervention

Health

Budget: CHF 171,199
Targeted Persons: 172,000

Indicators

Title	Target
Number of volunteers trained on Epidemic control	660
Number of households reached with dengue awareness through door-to-door campaigns	43,000
Number of trained volunteers deployed to the hospital	20
Number of hospitals supported with the deployment of trained volunteers	5
Number of billboards placed at the hot spot within the districts	100
Number of social media and mass media campaigns conducted	15

Priority Actions

1. Conduct epidemic control training for 660 volunteers covering 6 branches and additional volunteers from sEAP.
2. Conduct community-based surveillance and door-to-door visits covering 43,000 households, which includes mobilisation of volunteers, incentives, coordination with the Medical Officer of Health, and public health officers' inspection and use of tools to clean up and identify the dengue breeding places.
3. Distribution of 4,000 mosquito repellents to the high-risk zone schools, public, and government offices.
4. Distribution of leaflets on dengue awareness to the household
5. Deployment of healthcare assistants to the hospital in the high-risk zones
6. Placing billboards with dengue preventive messages on social media and mass media campaigns

Water, Sanitation And Hygiene

Budget: CHF 55,646
Targeted Persons: 16,000

Indicators

Title	Target
Number of people served by the environmental sanitation activities at community places/public buildings including households	16,000

Number of schoolchildren reached by the environmental sanitation activities awareness programs.	24,000
Number of schoolchildren benefitted with the colour-coded bins for waste segregation	24,000

Priority Actions

1. Conduct 80 cleanup campaigns in the identified hot spot at the community-based vector control.
2. Cleanup and school-based awareness programmes – 160 schools are covered in 11 districts.
3. Distributing color-coded bins to 160 schools for waste segregation

Protection, Gender And Inclusion

Budget: CHF 0
Targeted Persons: 660

Indicators

Title	Target
Number of volunteers oriented or refreshed on PGI and Code of Conduct	660

Priority Actions

The budget for the following activities is integrated with the Health and WASH budget.

Dignity, access, protection, and safety are ensured via PGI activities across both responses when engaging with the communities. Include refresher sessions on PGI and the code of conduct for volunteers with the activity of orientation on DREF. Considering the most vulnerable from the high-risk zones and disabled children under the provision of support.

Education

Budget: CHF 0
Targeted Persons: 32,000

Indicators

Title	Target
Number of school awareness programmes conducted	160
Number of schoolchildren who received mosquito repellents to protect themselves from mosquito bites	8,000

Priority Actions

The budget for the following activities is integrated with the Health and WASH budget.

01. Conducts school awareness programmes at the selected school in the high-risk zones
02. Distributing 8000 mosquito repellents to the children coming from the high-risk zones

Community Engagement And Accountability

Budget: CHF 0
Targeted Persons: 172,000

Indicators

Title	Target
Number of people reached through social media dengue campaign	172,000
Number of volunteers oriented on CEA	660

Priority Actions

The budget for the following activities is integrated with the NSD, Health, and WASH budgets.

Set up feedback mechanisms receiving and addressing the grievances from communities, and conducting volunteers' refresher orientation on CEA and PGI, together with the orientation on DREF.

Coordination And Partnerships

Budget: CHF 64,833
Targeted Persons: 0

Indicators

Title	Target
Number of communication materials produced (e.g., social media posts, media articles, interviews)	30
Number of volunteers equipped with visibility items (T-shirts, caps, jackets)	660

Priority Actions

1. Conduct monitoring visits to identify gaps and good practices in the targeted districts.
2. Share and update interventions based on monitoring findings.
3. Collect and publish case stories, and produce video footage to highlight impact and success stories.
4. Procure jackets, t-shirts, and caps for staff and volunteers to create visibility for the intervention and distribute PPE kits for the volunteers for protection

Secretariat Services

Budget: CHF 23,341

Targeted Persons: 0

Indicators

Title	Target
Number of surge personnel deployed to support the operation	1
Number of monitoring visits conducted by IFRC	11

Priority Actions

1. Monitoring visits to check the progress of the implementation of the planned intervention
2. Participating in the progress review meeting
3. Surge deployment
4. Regional support and participating to the lesson learned activities

National Society Strengthening

Budget: CHF 62,128
Targeted Persons: 0

Indicators

Title	Target
Number of lessons learned workshop conducted	1
Number of volunteers involved in the operation insured	660

Priority Actions

1. Recruit and deploy all local operation-based staff at NHQ and branch levels.
2. Ensure all staff and volunteers are insured and that protection is ensured throughout the operation.
3. Conduct assessments based on the situation and needs analysis.
4. Conduct monitoring of the branches and check progress, coordinating with the MOH and NDCU and PHI
5. Conduct progress review meetings at the NHQ level.
6. Conduct a lessons-learned workshop to capture insights and improvements.
7. Produce case stories and news and share good practices to highlight successes and promote learning.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

A total of 660 volunteers, both male and female, will be involved in this response. The project will focus on Water, Sanitation, and Hygiene (WASH); Health, Community Engagement and Accountability (CEA); and Protection, Gender, and Inclusion (PGI) sectors. Staff and volunteers, as well as those from the headquarters of the Sri Lanka Red Cross Society (SLRCS), will also be actively engaged. The operation will be managed by a project manager (NHQ staff), supported by a team of 03 district project support officers (at the branch

level where ongoing Ditwah-EA is not covered), an accountant who will support the settlement and accounts of this operation at NHQ and 10 community mobilisers who oversee community-level activities.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

The NS operates a decentralised branch network across all 25 districts, with our frontline volunteer base reflecting Sri Lanka's diverse ethno-religious and cultural landscape. In districts such as Colombo, Gampaha, Kandy, Galle, Matara, Ratnapura, Kegalle, and Kurunegala, our teams are fluently bilingual in Sinhala and Tamil, ensuring communication is appropriate for the context. In Jaffna and Batticaloa, our volunteer networks are fully integrated within the local Tamil-speaking communities. This cultural alignment is our greatest asset when it comes to breaking down barriers during household visits.

Our teams are also highly representative of the youth. Through our Red Cross Youth Circles, partnerships with university volunteers, school youth circles, and the involvement of tech-savvy young adults aged 18–29, NS effectively drives community initiatives such as vector clearing and local digital mapping campaigns.

Will surge personnel be deployed? If yes, please provide the role profile needed.

Yes
Depending on the situation and the NS's request, surge personnel (Health, WASH, Finance, or Operations) will be deployed to support the operation. The duration of deployment will be two weeks, prioritising surge personnel from the IFRC standby list.

If there is procurement, will it be done by National Society or IFRC?

It is projected that the market in Colombo will be sufficient to supply the required items. Thus, there will be no need for international procurement. Since some dengue-cleaning items requested are available and within the threshold of in-country procurement, it will be done by SLRCS following IFRC procurement standards.

How will this operation be monitored?

SLRCS will manage all operational aspects of the current initiative in the dengue-affected area, including implementation, monitoring, evaluation, and reporting, utilising its extensive network of branches and volunteers across the country. The IFRC, through its country office and CCD in Delhi, as well as APRO in Kuala Lumpur, will provide technical support in programme management to ensure that the operational objectives are achieved. Reporting for the operation will adhere to the IFRC DREF minimum reporting standards. Regular updates will be provided throughout the duration of the operation, and a final report will be submitted within three months after the operation concludes.

Please briefly explain the National Societies communication strategy for this operation

The communications staff at SLRCS is closely coordinating with the IFRC regional communications team to effectively highlight the evolving humanitarian needs and the SLRCS response across various platforms. This includes social media, mass media, and both national and international outlets. A proactive approach will be adopted to maintain media engagement and to create a range of communication materials, such as press releases, news stories, photos, videos, key messages, and infographics.

Budget Overview

IFRC

DREF OPERATION

MDRLK024 - Sri Lanka Red Cross Society
Dengue 2026

Operating Budget

Planned Operations	**226,845**
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	171,199
Water, Sanitation & Hygiene	55,646
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	0
Environmental Sustainability	0
Enabling Approaches	**150,302**
Coordination and Partnerships	64,833
Secretariat Services	23,341
National Society Strengthening	62,128
TOTAL BUDGET	**377,147**

all amounts in Swiss Francs (CHF)

Internal 6/15/2026 #V2022.01

Click here to download the budget file

Contact Information

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

National Society contact: Dr Mahesh Gunesekera, Secretary General, mahesh.gunasekara@redcross.lk, +94 7003471084

IFRC Appeal Manager: Meenu Bali, Programme Manager (CCD/Delhi), meenu.bali@ifrc.org, +91 9971641414

IFRC Project Manager:
Selvarajasingham Umakanthan, Senior Programme Officer CD, selvarajasingham.umakanthan@ifrc.org, +94 772984116

IFRC focal point for the emergency: Saara Ilmonen, Operations Coordinator, opscoord.southasia@ifrc.org

Media Contact: Afrhill Rances, Regional Communication Manager, afrhill.rances@ifrc.org

National Societies' Integrity Focal Point:
Damitha CHANAKA, Manager - Disaster Management, damitha.chanaka@redcross.lk, + 94 70 351 4929

National Society Hotline: 011 2694487/011 2691095

Click here for the reference