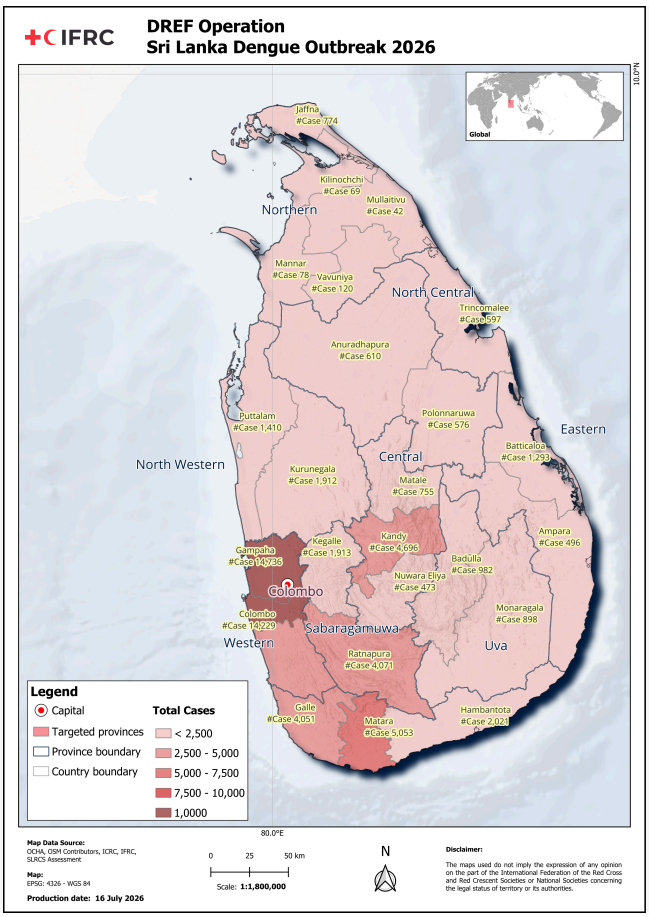
DREF Operational Update

Sri Lanka Dengue Outbreak 2026

SLRCS volunteer distributing IEC materials to schoolchildren (Photo:SLRCS)

Appeal: **MDRLK024**	Total DREF Allocation: **CHF 377,147**	Crisis Category: Yellow	Hazard: **Epidemic**
Glide Number: **EP-2026-000085-LKA**	People Affected: **92,000 people**	People Targeted: **466,200 people**	
Event Onset: **Slow**	Operation Start Date: **18-06-2026**	New Operational End Date: **31-10-2026**	Total Operating Timeframe: **4 months**
Reporting Timeframe Start Date: **18-06-2026**		Reporting Timeframe End Date: **14-07-2026**	
Additional Allocation Requested: **-**		Targeted Regions: **Central, Eastern, North Western, Northern, Sabaragamuwa, Southern, Western**	

Description of the Event



Map of all Districts affected by Dengue Outbreak 2026 (Photo: IFRC IM)

Date when the trigger was met

02-06-2026

What happened, where and when?

Sri Lanka is facing a significant dengue outbreak in 2026, fueled by heavy rains, the onset of the southwest monsoon, and widespread flooding since mid-May. Case numbers climbed sharply from 25,082 in early May to nearly 92,854 by 18 August, marking roughly a 600% increase over the same period last year. The National Dengue Control Unit (NDCU) recorded more than 7,500 new cases in August alone, prompting concern over a potential epidemic. The outbreak was concentrated in the Western, Southern, North Western, Sabaragamuwa, and Central provinces, with the Western Province accounting for nearly half of all cases nationwide and Colombo District alone representing 55.1% of the national total.

During Week 32, Colombo recorded 747 cases, followed by Gampaha (759) and Kalutara (257), with notable numbers also reported in Matara, Kandy, Ratnapura, Galle, Kurunegala, Jaffna, and Kegalle. On 8 June, a three-day nationwide mosquito control campaign was launched, covering 14 districts and 72 Medical Officer of Health divisions, alongside strict enforcement measures including "red notice" warnings for properties harboring mosquito breeding sites. In response, the Simplified Early Action Protocol was initially activated on June 3, 2026, covering 23 high-risk zones across five districts: Colombo, Gampaha, Kalutara, Kandy, and Jaffna. With the additional 35 high-risk zones identified within the same districts where the sEAP was active, there was an urgent need to expand the intervention throughout the sEAP districts, particularly as the dengue outbreak had spread beyond the originally identified high-risk zones during the sEAP preparedness phase.

Dengue cases in Sri Lanka surged to their highest levels in July. Data from the National Dengue Control Unit (NDCU) as of mid-August 2026 shows that July marked the worst month of the outbreak, with 29,964 cases reported. During mid-July, weekly suspected cases

consistently exceeded 7,300 across the country. Overall, the July surge brought the cumulative 2026 caseload to over 92,000, with 69 dengue-related deaths and a case fatality rate of 0.07%.

The geography of the outbreak also shifted: Gampaha district overtook Colombo as the most affected district nationally (13,795 versus 19,068 cases as of 18 August), while the Western Province's overall share eased slightly to around 52.6–52.8% as the Southern Province's contribution grew to roughly 15.6–15.7%, indicating a redistribution of burden rather than a national slowdown. A new and concerning development emerged in mid-July: A cluster of 71 cases, including five hospitalizations, was identified among University of Colombo students in July, prompting the University of Moratuwa and the University of the Visual and Performing Arts to temporarily close their campuses—the first institutional clusters recorded in this outbreak.

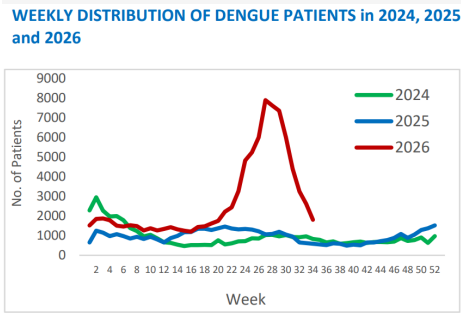
Separately, disease-monitoring analysis (BEACON) flagged that the escalation thresholds it had set out on 3 July had since been breached: high-risk MOH divisions had expanded well beyond the 124 threshold, the case fatality rate had climbed above the historical 0.05% baseline, and case counts had shown no decline through July. Analysts noted that Gampaha's rise to the top of the case burden was significant given documented insecticide resistance in local Aedes aegypti and Ae albopictus populations, implying that fogging and adulticide measures may be delivering diminishing returns exactly where the burden is now heaviest. The sharp spike in July matches Sri Lanka’s typical post-monsoon dengue pattern, as rainwater creates ideal breeding sites for Aedes mosquitoes. The decline in August is likely due to the rapid rollout of the national "Stop Dengue Now" program, greater community awareness, and targeted surveillance in high-risk areas.

Dengue cases remain highly concentrated in a few areas. During July and August, the Western Province accounted for 52% to 56% of all cases nationwide. Gampaha and Colombo are the national epicenters, mainly due to high population density and urban infrastructure. Kandy is the most affected area outside the Western Province. Other key districts with ongoing transmission include Matara, Kalutara (5,964 cases), Galle (5,063 cases), and Ratnapura (4,946 cases).

Thw cases over 92,000 recorded by 18 August had already surpassed full-year totals from recent endemic years, including 2025's 51,000 cases, and at the prevailing rate of about 1,100 cases per day, a 100,000-case total was projected to be reached by end-August — well before the October–December northeast monsoon peak — putting the 2019 epidemic total of 105,049 cases within plausible range for the current season alone. The analysis identified the August–September inter-monsoon trough, during which incidence has historically declined, as the critical factor determining whether the health system enters the next monsoon season already saturated.

SLRCS volunteers engaging in planning with Authorities

SLRCS volunteers conducting HH surveillance (Photo:SLRCS)



Weekly distribution of dengue. Source: NDCU

Scope and Scale

The scale of the outbreak has grown substantially over the course of the epidemic. As of August 2026, Sri Lanka has recorded over 92,000 dengue cases and 69 deaths. The outbreak reached its peak in July with nearly 30,000 cases in a single month. The National Dengue Control Unit (NDCU) has identified 96 high-risk Medical Officer of Health (MOH) areas across the country. The virus is heavily concentrated in 14 districts across the Western, Southern, Sabaragamuwa, Central, and Eastern provinces, with the Western Province alone frequently accounting for half the cases. The scale of this outbreak is being driven by severe pre-monsoonal flooding, a highly virulent DENV-2

strain, and changing climate patterns.

The Western Province continues to bear the heaviest burden, accounting for 47,447 people affected (62.63% of the national total) as of mid-August, followed by the Southern Province with 13,304 people affected (18.62%), Sabaragamuwa with 5,984 (8.40%), and Central Province with 5,924 (8.32%). At the district level, Gampaha (19,068 people affected, 24.69%) and Colombo (21,378 people affected, 29.97%) remain the two most affected areas — together accounting for close to 41% of all people affected nationwide — followed by Matara (5,952), Kalutara (7,001), Kandy (6,360), and Ratnapura (4,859), with Galle, Batticaloa, and Kurunegala also among the more significantly affected districts.

Hospitals are overwhelmed by the surge in patients, revealing serious weaknesses in the public health system. During the outbreak's peak, hospitals admitted over 950 patients each day—far beyond capacity. Many patients had to be treated in hallways and on staircases. The National Hospital of Sri Lanka had only 17 high-dependency units for severe dengue hemorrhagic fever, resulting in some patients being turned away.

Beyond raw numbers, the scale of clinical and systemic risk has also widened. Health officials have flagged concern over a possible shift in the dominant local dengue serotype, which raises the risk of secondary infections and a corresponding rise in severe cases such as Dengue Haemorrhagic Fever (DHF)—placing additional strain on hospital bed availability and blood bank resources needed for platelet transfusions. Because early dengue symptoms often mimic mild seasonal flu, delayed testing beyond the critical 48-hour window has been identified as a driver of avoidable mortality.

Resource constraints further complicate the response: entomological surveys show transmission is concentrated in semi-public spaces such as schools, workplaces, and religious sites that lack clear larval source control management, while an ongoing economic crisis continues to disrupt medical supply chains and Aedes mosquitoes show increasing resistance to standard insecticides. Authorities and partner agencies have drawn direct comparisons to the catastrophic 2017 epidemic, which affected 186,101 people and caused over 200 deaths in these same high-burden districts, underscoring both the scale of what is currently unfolding and the risk of it escalating further.

The most urgent problem is the rise in high-risk MOH areas—now at 96 across 11 districts—requiring focused coordination in these priority zones. This expansion has severely strained the already weakened public health system, which is still recovering from budget cuts. Chronic underfunding means local governments cannot keep up with garbage collection and drainage, resulting in blocked drains and unmanaged waste that fuel mosquito breeding. Authorities, supported by police and the military, have inspected hundreds of thousands of properties, issued strict "red notice" warnings, and filed nearly 3,000 legal cases for mosquito breeding violations.

SLRCS is expanding household visits and closely aligning efforts with high-priority MOH divisions to target areas of greatest risk. Reallocated funds will focus on this activity. In response, SLRCS is prioritizing this need and adjusting its DREF operational strategy to remain flexible and responsive to the most urgent needs, rather than sticking to the original plan alone.

Source Information

Source Name	Source Link
1. WHO - National Dengue Review 2026	https://www.who.int/srilanka/news/detail/14-08-2026-national-dengue-review-2026-identifies-priorities-to-strengthen-sri-lanka-s-dengue-preparedness-and-response
2. National Dengue Control Unit	https://www.dengue.health.gov.lk/#latest-update
3. ReliefWeb - Dengue outbreak Sri Lanka	https://reliefweb.int/disaster/ep-2026-000085-lka

Summary of Changes

Are you changing the timeframe of the operation	No

Are you changing the operational strategy	**Yes**
Are you changing the target population of the operation	**Yes**
Are you changing the geographical location	**No**
Are you making changes to the budget	**Yes**
Are you requesting an additional allocation?	**No**

Please explain the summary of changes and justification:

Since the initial DREF approval and the start of planned interventions, the dengue outbreak has continued to accelerate. From 18 June to 18 August, cases nearly tripled from 37,118 to 92,854. In August alone, 6,914 cases were reported. There have been 69 dengue-related deaths across the country so far this year. In response, the government has intensified dengue interventions and launched an intensive public awareness campaign to mobilise communities for sustainable dengue prevention. Household-level surveillance (surveillance will involve inspecting households for mosquito breeding sites, identifying hidden breeding areas, raising awareness among residents, and distributing dengue monitoring cards to help households keep their surroundings free of mosquitoes) has been prioritised by the National Society as the most urgent need, as combining premises inspections with community awareness is highly effective and remains the cornerstone of dengue vector control.

In response to rising dengue cases and the identification of new high-risk areas, the NDCU and MOH have requested NS to sustain household surveillance using the same trained volunteers, who are working closely with NDCU and MOH teams in the field. The National Society aims to extend household surveillance to an additional 60,000 households, ensuring comprehensive coverage of all new, emerging, and previously identified high-risk zones within the same districts. Hence, the National Society revises the operational strategy to prioritise household surveillance across the same 11 districts. The initial target of 43,000 household visits has already been exceeded, with approximately 51,000 completed within the original budget. Selected activities and their remaining budgets will be reallocated based on current priorities and evolving needs, while maintaining the overall budget.

To support this expanded focus, NS has reallocated the selected budget lines to strengthen household surveillance. With the government already launching a nationwide awareness campaign through media and public venues, NS has proposed reducing the budget for mass communication, advertising, social media, and billboards from CHF 50,000 to CHF 16,875. Due to local market shortages and increased costs of the mosquito repellent, NS was unable to procure the planned quantity of mosquito repellent, so the required quantity was reduced from 12,000 to 900 units, with the unit price rising from LKR 500 to LKR 1,300. This reduced quantity will be prioritised for use during clean-up campaigns involving communities, schoolchildren, and volunteers, and accordingly, the budget allocation will decrease from CHF 16,000 to CHF 2,925.

Field-level interventions are ongoing without interruption. To accommodate busy schedules, most orientation, progress, and stakeholder meetings have transitioned to online formats, with a limited number held at MOH offices or in local communities. This change has reduced the budget for these activities from CHF 8,000 to CHF 3,700. Based on current needs and in light of school closures throughout August, NS has proposed reducing the number of schools supported with solid-waste bins and clean-up campaigns, reducing the budget from CHF 42,500 to CHF 17,500. NS also plans to shift the focus of clean-up campaigns from schools to local communities (from 80 to 100 campaigns), prioritising the cleaning of public spaces and vacant land in high-risk zones. The deployment of trained volunteers as healthcare assistants has been cancelled, as no requests were received from government hospitals. As a result, the budget (CHF 9,000) for this activity has been completely removed.

There are no proposed changes to the NS budget for administration, HR, or assets. Overall, NS intends to increase the household surveillance budget from CHF 53,750 to CHF 143,000. This expanded allocation will enable coverage of 111,000 households through DREF-supported responses by the end of September 2026, with the increased reallocated budget dedicated exclusively to volunteers' direct costs, including transport, incentives, and related expenses, to reach the total targeted number of households.

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

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	Yes
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 92 critical Medical Officer of Health divisions across 14 high-risk districts, including Colombo, Gampaha, Kalutara, Kandy, Galle, Matara, Ratnapura, Jaffna, Kegalle, Kurunagal, and Batticaloa. The government authorities are carrying out a strong emphasis on inspecting schools, government institutions, factories, construction sites, and religious premises, where neglect had been most prevalent. Public health channels have also actively disseminated media advisories enforcing a "48-hour testing window," urging citizens to use state-vetted blood testing facilities rather than resorting to home remedies or self-medication. Government authorities announced that laws would be strictly enforced against property owners who allow mosquito breeding on their premises. Additionally, a nationwide clean-up campaign was launched. The government established a dedicated dengue task force to lead prevention efforts under the direct supervision of the DMC and Defence Secretary, following the President's special instructions. This team was deployed to institutions and surrounding communities in the high-risk Western Province, working closely with health authorities, local government bodies, and community-based organizations.
UN or other actors	Currently, there is no intervention from UN organizations regarding the dengue outbreak in the inspected districts.

Are there major coordination mechanism in place?

Coordination for this operation was primarily informal and bilateral. The Sri Lanka Red Cross Society collaborated closely with the Ministry of Health, the National Dengue Control Unit, the Regional Directorate of Health Services, and Medical Officer of Health divisions to manage dengue control activities on the ground.

Trained volunteers and community volunteer groups are working in partnership with Public Health Inspector (PHI) teams at the district level to identify high-risk zones and implement interventions. All activities are guided by collective decision-making and coordinated planning.

Needs (Gaps) Identified

Health

The most urgent gap remains household-level surveillance, which is why the operation has significantly scaled up household visits to strengthen early detection of emerging hotspots in previously underserved urban and peri-urban areas. This need has grown more pressing with the emergence of a dominant serotype carrying a higher risk of severe illness on secondary infection, and with new institutional clusters appearing among university students, a setting not previously covered by the response. Hospitals in high-burden districts also remain under sustained pressure, reinforcing the need for surveillance to translate into earlier detection and reduced strain on treatment services.

Water, Sanitation And Hygiene

The underlying WASH gaps identified at application — poor waste management, inefficient collection, and inconsistent household water storage practices — remain largely unresolved and continue to drive breeding in high-burden areas. However, with government-led clean-up efforts now significantly scaled up, SLRCS's direct role in community-level clean-up has narrowed, and the remaining gap lies in reinforcing household-level WASH behaviour change through the expanded surveillance visits rather than through separate clean-up activity.

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 organizations have implemented school-based dengue prevention programs, awareness sessions, school clean-up campaigns, and student-led environmental activities. Schools are recognized as important platforms for promoting dengue prevention messages and encouraging behavior change among students and families. Gaps in consistent integration of dengue prevention into routine school activity, limited teacher capacity, and an emphasis on awareness over sustained behavior change remain valid, now spread across an expanded set of districts.

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 levels.

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

This operation aims to reduce dengue transmission and health risks among vulnerable groups in eleven high-risk districts of Sri Lanka: Colombo, Gampaha, Kalutara, Kandy, Jaffna, Matara, Kurunegala, Galle, Batticaloa, Ratnapura, and Kegalle.

The revised strategy increases the target population from 43,000 (172,000 people) to 111,000 households (466,200 people) at risk across the 11 high-risk districts.

The operation focuses on reducing dengue-related illness and death, improving early detection and response, supporting household surveillance (surveillance will involve inspecting households for mosquito breeding sites, identifying hidden breeding areas, raising awareness among residents, and distributing dengue monitoring cards to help households keep their surroundings free of mosquitoes), implementing community-based vector control, and delivering risk communication to the most vulnerable. Coordination with national health authorities and capacity building at community and branch levels will continue through 31 October 2026.

The DREF operation is part of SLRCS's collaboration with the Ministry of Health and the National Dengue Control Unit, under the National Dengue Prevention and Control Programme.

Operation strategy rationale

The proposed response to the revised strategy outlines the planned intervention. The revision does not reflect shortcomings in the original DREF operational design. Rather, it reflects the rapid escalation of the outbreak, evolving epidemiological trends, and updated NS response priorities based on the needs from the field to scale up household-level surveillance, which is very effective for controlling dengue intervention within the high-risk zones. The Ministry of Health and the National Dengue Control Unit have identified high-risk hotspots that will be prioritised for response activities.

The sEAP, activated on June 3, 2026, initially covered 23 high-risk zones across five districts. As the dengue outbreak spread, interventions expanded to all sEAP districts and the additional districts to address newly affected areas and prevent overlap with DREF activities.

Further, the strategy aligns with national dengue control efforts and prioritizes community engagement, household surveillance, vector control, school involvement, risk communication, and support for health facilities to reduce transmission and strengthen resilience within the limited timeframe.

The plan below reflects this revised strategy; the corresponding budget and target movements are set out in full in the summary of changes.

Community-based household-level surveillance—targeting 111,000 households—will involve inspecting households for mosquito breeding sites, identifying hidden breeding areas, raising awareness among residents, and distributing dengue monitoring cards to help households keep their surroundings free of mosquitoes

The core strategy of this intervention is to effectively identify households and monitor household factors that contribute to the spread of dengue mosquitoes. The initiative also aims to educate the most vulnerable households and support them in taking simple actions to help reduce the spread of dengue.
So far, 51,000 households have already been surveyed through the ongoing intervention. NS is now expanding the initiative to include an additional 60,000 households, bringing the total coverage to 111,000 households across 11 districts. A total of 550 volunteers are being actively involved in the household surveillance across 11 districts.
Each household will be monitored twice and given a monitoring card to track their progress. PHI and RC volunteers will verify these cards. Priority will be given to households in high-risk and border areas. Additionally, 20,000 households are already under community-based surveillance as planned under the SEAP.

Community-based vector control focusing on community hotspots—100 hotspots

The community is now running 100 clean-up campaigns across 11 districts, up from the original 80. These campaigns focus on public places and empty land where dengue mosquitoes are likely to breed in high-risk areas. This work happens alongside household checks and also targets public spaces in these high-risk zones.
SLRCS branches have successfully completed 50 clean-up campaigns across the districts as part of the ongoing intervention. Volunteers have actively engaged communities to raise awareness about the importance of eliminating mosquito breeding sites and have promoted the proper disposal of waste from public areas. These measures are crucial in reducing dengue transmission, particularly in densely populated urban and peri-urban areas where waste management poses significant challenges.

School-Based Activities

The school-based program was first planned to have 100 clean-up and awareness campaigns in 160 schools, along with providing colour-coded waste bins to all 160 schools. Now, there will be 75 campaigns, and bins will be given to 100 schools. Other activities include sharing educational materials and giving mosquito repellent to students who are engaging in clean-up campaigns. These actions help students learn good practices and share them at home.

So far, 20 clean-up campaigns in schools have been completed. The school-level activities will be resumed once the schools open in the 1st week of September 2026.

Billboard and mass-media campaigns

This originally included 100 billboards and a full multi-channel campaign (social media, television, radio, and print) across 11 districts and has been scaled back—billboards to 10 nos to be implemented only in one district and mass/social media campaign costs halved—as part of the same reallocation toward household surveillance.

Why household visits are prioritized over mass media and clean-up activity:

The NDCU is already running national public messaging campaigns; SLRCS's comparative advantage lies in the trusted, house-to-house access its branch and volunteer network provides, rather than in duplicating public communication already being delivered at scale by the state. However, the passive public messaging alone has not changed household-level breeding behaviour, and direct household engagement is required to convert awareness into action.
Billboard and mass/social media budgets have therefore been reduced, not eliminated, preserving a complementary, lower-cost awareness function alongside the household-level surveillance now treated as the operation's central intervention.

This updated strategy is designed to respond effectively to changes in the outbreak and focus on involving households, which is now seen as key to controlling dengue. The goal is to reach 111,000 households and 100 schools, helping about 466,200 people over four months. By working with communities, improving the environment, engaging schools, and supporting the health system, this plan aims to lower dengue cases, encourage lasting behaviour change, and help communities become stronger against future outbreaks in Sri Lanka.

Targeting Strategy

Who will be targeted through this operation?

The operation focuses on vulnerable communities living in 11 high-risk dengue districts in Sri Lanka: Kandy, Colombo, Gampaha, Kurunegala, Kalutara, Batticaloa, Jaffna, Ratnapura, Matara, Galle and Kegalle—Within these districts, 96 high-priority MOH areas have been identified for prioritised intervention, reflecting the areas experiencing the most sustained transmission and recurrent outbreaks.

Following the revision of the operation strategy, the intervention will now directly reach a significantly expanded target of 111,000 households, up from the original target of 43,000, in line with SLRCS's strategic expansion of the household surveillance. This reflects the scale of the outbreak, with more than 92,000 people affected nationally to date. Households in densely populated urban and peri-urban areas, as well as high-risk rural regions, continue to be prioritised due to their increased vulnerability to environmental conditions that promote mosquito breeding, such as poor waste management and stagnant water. School-based activity has been scaled back in line with the revised strategy, as government and institutional actors take on greater responsibility for institutional cleanup; the remaining school-based component will continue to serve as an entry point for promoting behaviour change among students, teachers, and school communities.

Special attention continues to 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.

Explain the selection criteria for the targeted population

The selection of the targeted population and high-risk areas continues to be carried out through a coordinated, evidence-based process led by SLRCS in close collaboration with the NDCU, the RDHS, and MOH at district and divisional levels. High-risk areas continue to be identified based on official epidemiological data, dengue incidence trends, and hotspot mapping conducted by the NDCU and MOH offices, with priority given to GN divisions or PHI areas that consistently report high case numbers, frequent outbreaks, and clusters of transmission over recent weeks and months, as well as areas flagged through routine entomological surveillance, such as high larval index readings and persistent breeding sites.

Within these identified high-risk locations, households continue to 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, ensuring that the most at-risk populations receive direct household-level surveillance and support. For the reduced school-based component, selection continues to be guided by coordination between the MOH and zonal education offices, prioritising schools located within or near dengue hotspots or demonstrating high environmental risk.

Total Targeted Population

Women	**203,637**	Rural	**30%**
Girls (under 18)	**38,787**	Urban	**70%**
Men	**187,972**	People with disabilities (estimated)	**2%**
Boys (under 18)	**35,804**		
Total targeted population	466,200		

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 NS program team is planning for all of the field plans with the respective branches, making realistic plans and training; allocating different teams; mobilizing more SLRCS volunteers to deploy on the ground to complete the activities; and coordinating with the government stakeholders and closely working with the NDCU to get the additional support mobilizing more people at the community level to cover the HHs surveillance. Additional IFRC program support from CCD will be sought to oversee the dengue responses and the timely implementation as required and approperiatly.
The operation ends by the end of October; however, the second wave of dengue generally starts again during early December.	NS will consider the no-cost extension for an additional two months if they have the balance in funds. Also, NS, together with the NDCU, will monitor how the outbreak is evolving.

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 208,607
Targeted Persons: 466,200
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of volunteers trained on Epidemic control	660	550
Number of people reached with dengue awareness through door-to-door campaigns	466,200	214,200
Number of billboards placed at the hot spot within the districts	10	0

Number of social media and mass media campaigns conducted	15	5

Progress Towards Outcome

Under the health sector, SLRCS has trained 550 volunteers across 11 districts as previously planned. Through community-based surveillance and door-to-door household visits, the operation has reached 51,000 households (more than 214,200 people), exceeding the originally planned 43,000 visits and achieving 118% completion. Gampaha and Galle districts have completed more than 10,000 households, while Kalutara and Matara have completed more than 7,500 households.

With this update, SLRCS plans to include an additional 60,000 households in its surveillance activities across 11 districts, supported by 550 volunteers. The duration of interventions varies by district, lasting between 7 and 21 days. Gampaha and Colombo recorded the highest household coverage, with 18,000 and 15,000 households, respectively—more than half of all visits. Estimated costs per volunteer are CHF 120 for transport, CHF 80 for refreshments, and CHF 60 for incentives. This operation highlights significant volunteer mobilization and logistical support to reach households across the targeted districts.

Working advances will be provided separately to each of the 11 districts, based on approved activity budgets. The advance amounts are determined by the planned number of households, volunteers, field days, and related expenses. Each district will report on the number of households visited, volunteers engaged, days of implementation, and expenditures. All spending will be documented with appropriate financial and activity records, including procurement reports and bid analyses, transport records, invoices, receipts, attendance sheets, payment sheets, and other relevant documents, as required by each expenditure category.

Distribution of leaflets and IEC materials on dengue awareness to households has progressed well, with 10,500 of the 15,000 planned materials distributed (70%), 7,500 at the community level, and 3,000 through schools, with Jaffna and Kalutara accounting for the bulk of distribution so far.

The placement of billboards with dengue preventive messages has come down to 10, as HH surveillance has been prioritized; however, the final design for the billboard has been submitted to the NDCU for their approval, and once it is approved, the NS will commence the procurement process. The social media and mass media campaigns are ongoing.

List of Activities

1. Conduct epidemic control training for 700 volunteers covering 13 branches and additional volunteers from sEAP.
2. Conduct community-based surveillance and door-to-door visits covering 466,200 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 leaflets on dengue awareness to households
4. Placing billboards with dengue preventive messages on social media and mass media campaigns

Water, Sanitation And Hygiene

Budget: CHF 53,516
Targeted Persons: 17,000
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of people served by the environmental sanitation activities at community places/public buildings including households	8,000	4,800
Number of schoolchildren reached by the environmental sanitation activities awareness programs.	9,000	4,080

Progress Towards Outcome

Under the Water, Sanitation and Hygiene (WASH) sector, the target increased from 80 to 100 campaigns, with a greater focus on the public places, while household surveillance is being carried out. Progress to date stands at 50 of the originally planned 80 campaigns completed (62%), with Ratnapura leading at 10 of 12 completed, followed by Kurunegala (15 of 5), Gampaha (9 of 10), Jaffna (2 of 3), Matara (3 of 5) and Galle (1 of 5).

The school-based clean-up and awareness campaigns have similarly been reduced from 100 to 75 campaigns. Progress against the original target stands at 20 of 160 completed, with Matara and Kandy having fully met their target, Kurunegala completing 5 of 8, Kalutara 1 of 6, and both Ratnapura and Galle at 2 of 8.

The distribution of colour-coded bins to 160 schools for waste segregation has been reduced to 100 schools. The procurement process has commenced at the SLRCS NHQ level, and NS plan to complete it during the school holidays and distribute once the schools reopen.

List of Activities

1. Conduct 100 cleanup campaigns in the identified hot spots at the community-based vector control.
2. Cleanup and school-based awareness programmes – 75 schools are covered in 11 districts.

Protection, Gender And Inclusion

Budget: CHF 0
Targeted Persons: 660
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of volunteers oriented or refreshed on PGI and Code of Conduct	660	550

Progress Towards Outcome

Under the PGI, SLRCS has trained 550 volunteers across 11 districts, and all of them were refreshed on the PGI; the code of conduct is a separate session for each, as previously planned.

As part of its commitment to ensuring safe, dignified, and equitable access to assistance for all affected people, SLRCS mainstreamed PGI considerations across all aspects of the response. Refresher sessions on PGI principles and the Code of Conduct were conducted for 500 volunteers from all 11 branches to strengthen awareness of protection risks and reinforce safe and accountable humanitarian practices.

Sex, age, and disability disaggregated (SADD) data will be systematically collected across all operational activities, including HH surveillance visits, to improve understanding of the different needs and vulnerabilities of affected people and support more inclusive targeting of assistance. As PGI will be mainstreamed within sectoral activities, this figure does not represent additional beneficiaries beyond those already counted in other sectors.

List of Activities

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. Consider the most vulnerable from the high-risk zones and disabled children for the provision of support.

Education

Budget: CHF 0
Targeted Persons: 9,000
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of school awareness programmes conducted	75	20
Number of schoolchildren who received mosquito repellents to protect themselves from mosquito bites	400	0

Progress Towards Outcome

The no of school awareness programmes has been revised to 75 from 100, and the mosquito repellent distribution has been scaled down to 900 from 8000 due to the change in operational strategy. Therefore, the targets have been revised accordingly. 20 school awareness programmes have been completed so far in districts such as Galle (2), Kalutara (1), Matara (8), Kurunegala (5), Kandy (3) and Ratnapura (1).

Currently, the schools are closed for the vacation, and once they reopen in the 1st week of September, the activities will resume implementation.

The mosquito repellent procurement has been commenced at the branch level, but due to the demand, price variance and shortages in the market, branches can not finalise the purchase of mosquito repellent. With this revised budget, NS has reduced the quantity of the repellents and increased the unit cost as per the market and availability in the market.

List of Activities

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

01. Conduct school awareness programmes at the selected schools in the high-risk zones
02. Distribute 400 mosquito repellents to the children who engage in school clean-up campaigns

Community Engagement And Accountability

Budget: CHF 0
Targeted Persons: 466,200
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of people reached through social media dengue campaign	466,200	200,000
Number of volunteers oriented on CEA	660	550

Progress Towards Outcome

The budget for CEA-related activities continues to be integrated within the NSD, Health, and WASH budgets, rather than held as a standalone allocation. Planned activities include setting up feedback mechanisms to receive and address grievances from communities, alongside volunteers' refresher orientation on CEA and PGI, delivered together with the broader orientation on DREF.

In practice, the CEA refresher was conducted as a dedicated session integrated within the 550 volunteers' training delivered under the epidemic control training activity, rather than as a separate standalone activity. Beyond this, community engagement is being used extensively throughout the operation — particularly through the household-level surveillance visits, which serve as the primary touchpoint for direct community interaction, awareness-raising, and gathering community feedback as the household visit programme continues to scale up across the high-priority MOH areas.

List of Activities

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

Set up feedback mechanisms to receive and address grievances from communities, and conduct volunteers' refresher orientation on CEA and PGI, together with the orientation on DREF.

Coordination And Partnerships

Budget: CHF 29,555
Targeted Persons: 660
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of communication materials produced (e.g., social media posts, media articles, interviews)	30	15
Number of volunteers equipped with visibility items (T-shirts, caps, jackets)	660	0

Progress Towards Outcome

Under Coordination and Partnerships, the following activities are planned: conducting monitoring visits by the Health focal point to the branches to identify gaps and good practices in the targeted districts, and sharing and updating interventions based on the findings from this ongoing monitoring. Case stories will also be collected and published, alongside video footage produced to highlight the impact and success stories of the operation. In addition, jackets, t-shirts, and caps procurement has already been completed and finalised, and items will be distributed to staff and volunteers to create visibility for the intervention, with PPE kits also distributed to volunteers for their protection. 5 social media posts have already been produced during the reporting period.

List of Activities

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 to volunteers for protection

Secretariat Services

Budget: CHF 23,341
Targeted Persons: 1
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of surge personnel deployed to support the operation	1	0
Number of monitoring visits conducted by IFRC	11	0

Progress Towards Outcome

IFRC has already been participating in the progress review meeting every week with the all the district branches. The other planned activities will be reported in the final report.

List of Activities

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 participation in the lessons learned activities

National Society Strengthening

Budget: CHF 62,128
Targeted Persons: 660
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of lessons learned workshop conducted	1	0
Number of volunteers involved in the operation insured under this DREF	660	167

Progress Towards Outcome

The volunteer insurance is being processed. 167 new volunteers under the Dengue-DREF have been covered; the remaining volunteers (383) were already covered under the ongoing Ditwah- DREF operation. The lessons learned workshop will be conducted at the end of the operation and will be reflected in the final report.
Progress review meetings are being conducted every week at NHQ and branch level; the field-level staff and focal points at the branch

level keep updating the activities completed every week.

List of Activities

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, 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.

The initial plan is to mobilise 660 volunteers, both male and female, to use in this response. However, so far, 550 volunteers are actively involved in implementing the intervention. The branches keep mobilising more volunteers to train and use in implementing the planned intervention.

The project focuses 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), are also actively engaged. The operation is 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 supports 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? Please provide the role profile needed.

Depending on the situation and the NS's request, one 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?

Local markets in the targeted districts can supply all necessary items; thus, there will be no need for international procurement.

The budget allocation for the dengue-cleaning supplies and mosquito repellent, and the transportation and other costs (refreshments, etc) for the household surveillance, will be allocated to the branches according to their caseload.

The procurement process has also already been conducted by the respective branches, within their applicable procurement thresholds, in accordance with SLRCS procurement procedures that align with the IFRC procurement standards, and the agreed CRRA measures, in close coordination with IFRC CCD Delhi. When the total procurement amount exceeds CHF 1300, a representative from IFRC CD/CCD participates in the procurement process.

How will this operation be monitored?

SLRCS is managing 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 the APRO technical team, are also guiding the implementation and monitoring of the intervention and will gather the lessons learned from the sEAP and DREF implementation to ensure the effectiveness of the entire operation and that operational objectives are achieved. Reporting for the operation will adhere to the IFRC DREF minimum reporting standards.
Regular updates are 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 is being 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.

Online posts related to SLRCS response efforts published during the reporting period included the following:

https://www.facebook.com/srilankaredcross/posts/amid-the-rising-number-of-dengue-cases-reported-across-sri-lanka-the-sri-lanka-r/1322550130009476/
https://www.instagram.com/p/DbFqIPNlC4l/
https://x.com/IFRC_DREF/status/2069323552608633174
https://www.redcross.lk/news/sri-lanka-red-cross-society-strengthens-community-based-dengue-prevention-efforts/

Budget Overview

IFRC

DREF OPERATION

MDRLK024 - Sri Lanka Red Cross Society
Dengue 2026

Operating Budget

Planned Operations	**262,123**
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	208,607
Water, Sanitation & Hygiene	53,516
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	**115,024**
Coordination and Partnerships	29,555
Secretariat Services	23,341
National Society Strengthening	62,128
TOTAL BUDGET	**377,147**

all amounts in Swiss Francs (CHF)

Internal 20/08/2026 #V2022.01

Click here to download the budget file

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Click here for the reference