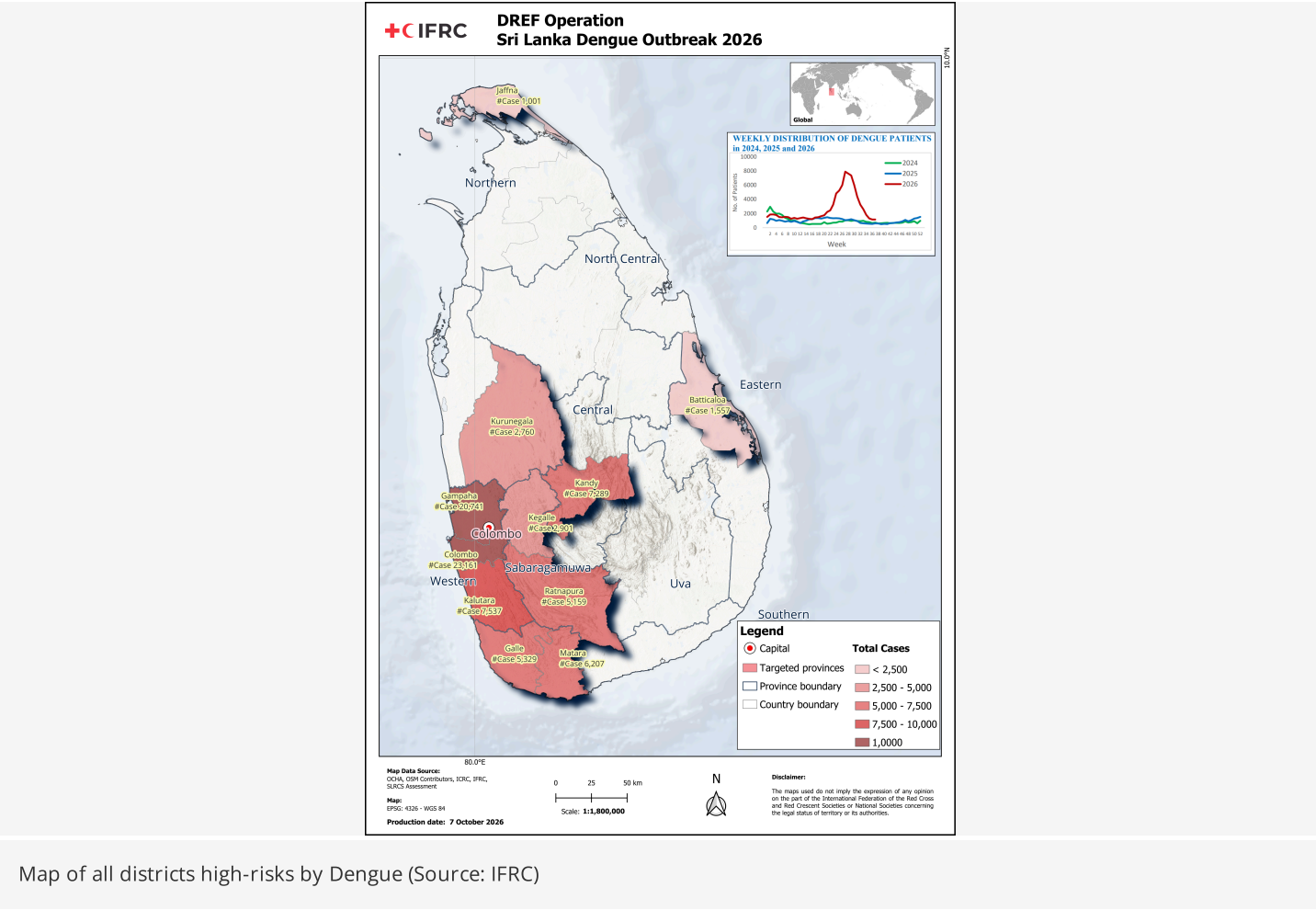




Volunteers distributing leaflets during school awareness session(Photo: SLRCS)

Appeal: MDRLK024	Total DREF Allocation: CHF 377,147	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: EP-2026-000085-LKA	People Affected: 101,744 people	People Targeted: 466,200 people	
Event Onset: Slow	Operation Start Date: 18-06-2026	New Operational End Date: 31-12-2026	Total Operating Timeframe: 6 months
Reporting Timeframe Start Date: 18-06-2026		Reporting Timeframe End Date: 12-10-2026	
Additional Allocation Requested: 0		Targeted Regions: Central, Eastern, North Western, Northern, Sabaragamuwa, Southern, Western	

Description of the Event



Date when the trigger was met

02-06-2026

What happened, where and when?

Heavy rains, the southwest monsoon, and widespread flooding from mid-May 2026 led to a major dengue outbreak in Sri Lanka. Dengue cases increased from 25,082 in early May to 101,744 by October, representing almost a 600 per cent increase compared with the same period last year. The outbreak peaked in July 2026, when 29,964 cases were reported. This July peak was consistent with Sri Lanka's usual post-monsoon pattern, when accumulated rainwater creates favourable breeding conditions for *Aedes* mosquitoes.

As of midnight on 6 October 2026, Sri Lanka's National Dengue Control Unit (NDCU) had reported 101,744 dengue cases and 78 deaths nationwide, with a case fatality rate (CFR) of 0.076 per cent. The Western Province accounted for more than half of all reported cases, with 52,845 cases, mainly in Gampaha (21,520) and Colombo (19,879) districts. The Southern Province reported 14,463 cases (14.21 per cent), while the Central Province reported 9,580 cases (9.41 per cent), making them the next most affected regions. Dengue cases peaked in July at 29,964, followed by June with 21,533 cases and August with 10,155 cases, before declining significantly in September to 5,230 cases. As of epidemiological week 37, 37 Medical Officer of Health (MOH) areas remained classified as high-risk, with an average midnight census of 451. The NDCU identified seven provinces as high-risk, citing continued transmission associated with rainy conditions favourable to mosquito breeding.

Between August and the end of September, the geographic distribution of dengue cases shifted. Gampaha surpassed Colombo to become the most affected district, while the Western Province's share of reported cases decreased slightly to approximately 52.6–52.8 per cent. Meanwhile, the Southern Province's share increased to around 15.6–15.7 per cent, indicating a redistribution of cases rather than a uniform decline across the country. Overall, more than half of all dengue cases reported in 2026 were concentrated in the Western

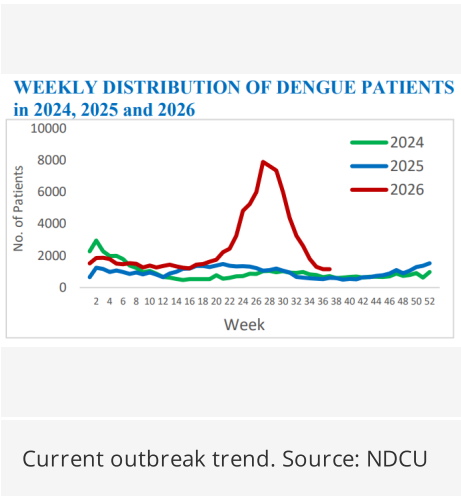


Province, consistent with historical patterns. Gampaha and Colombo districts continued to report the highest case numbers, underscoring the persistent challenge of vector control in densely populated areas. As of week 37, 36 Medical Officer of Health (MOH) areas remained classified as high-risk.

The decline in cases observed in August is likely associated with the rapid rollout of the national “Stop Dengue Now” programme. SLRCS supported this effort through the DREF, working closely with MOH and NDCU officials at both Head Office and district levels. These efforts increased community awareness and strengthened targeted surveillance in high-risk areas. The campaign covered 14 districts and 72 Medical Officer of Health divisions and included enforcement measures, such as issuing “red notices” to properties where mosquito breeding sites were identified.

A second seasonal increase related to the northeast monsoon remains possible. The 2026 case fatality rate of 0.076 per cent reflects a long-term downward trend. Over the past two decades, Sri Lanka has reduced its dengue CFR, and maintaining a low fatality rate with more than 100,000 reported cases reflects the continued capacity of the health system to manage severe dengue cases. The CFR of 0.076 per cent is based on 78 reported deaths among 101,744 reported cases.

Gampaha and Colombo remained the main transmission centres, largely due to high population density and urban infrastructure, while Kandy was the most affected district outside the Western Province. Other districts with continued transmission included Matara, Kalutara, Galle, and Ratnapura. A notable development occurred in mid-July, when a cluster of 71 cases, including five hospitalizations, was identified among University of Colombo students. The University of Moratuwa and the University of the Visual and Performing Arts temporarily closed their campuses, marking the first institutional clusters recorded during this outbreak



Scope and Scale

Sri Lanka has experienced one of its largest dengue outbreaks in recent years in 2026, driven by severe pre-monsoon flooding, heavy rainfall, a highly virulent DENV-2 strain, and changing climate patterns. As of midnight on 6 October 2026, NaDSys surveillance had reported a cumulative total of 101,744 cases and 78 deaths, resulting in a case fatality rate (CFR) of 0.076 per cent, which is above the historical baseline of 0.05 per cent. The current caseload is approximately twice the total recorded in 2025, when around 51,000 cases were reported, and is approaching the 2019 epidemic level of 105,049 cases. The outbreak accelerated in mid-2026, with 21,533 cases reported in June, rising to a peak of 29,964 cases in July. Since then, reported cases have steadily declined, falling to 10,155 cases in August and 5,230 cases in September. As of 6 October, 1,024 cases had been recorded for the month, while the average daily midnight total during Epidemiological Week 39 was 435 cases.

The decline is encouraging, but the disease burden remains concentrated and the risk has not passed. The Western Province continues to account for 51.94 per cent of all cases (52,845), followed by the Southern Province (15.6–15.7 per cent), Central Province (9.62 per cent), and Sabaragamuwa Province (8.26 per cent). Gampaha (21,520 cases, 21.15 per cent) and Colombo (19,879 cases, 19.54 per cent) remain the two most affected districts, followed by Kandy (7,830), Kalutara (6,439), Matara (6,337), Galle (5,552), and Ratnapura (5,292). The Colombo Municipal Council area reported a further 4,096 cases. The number of high-risk MOH areas has declined from a peak of 96 to 33 in Week 39, but these areas continue to require focused coordination and sustained attention.

The outbreak placed considerable strain on the health system. At its peak, hospitals admitted more than 950 patients per day, exceeding capacity, with some patients treated in hallways and on staircases. The National Hospital of Sri Lanka had only 17 high-dependency units for severe dengue haemorrhagic fever. Health officials also flagged a possible shift in the dominant local serotype, which may increase the risk of secondary infections and severe cases such as DHF, while adding pressure on bed availability and blood bank stocks for platelet transfusions. As early symptoms can resemble seasonal influenza, delayed testing beyond the critical 48-hour window has contributed to avoidable deaths. Entomological surveys indicate that transmission is concentrated in semi-public spaces such as schools, workplaces,



and religious sites where larval source control is limited, while increasing insecticide resistance among Aedes populations reduces the effectiveness of fogging in some high-burden areas. Chronic underfunding of local government services, the ongoing economic crisis and its effects on medical supply chains, and blocked drains and unmanaged waste continue to sustain mosquito breeding. Authorities, supported by the police and military, have inspected hundreds of thousands of properties, issued “red notice” warnings, and filed nearly 3,000 legal cases for mosquito breeding violations.

The outbreak remains severe, with case numbers approaching those recorded during previous major epidemics in 2017 and 2023. Its impact extends beyond mortality, as many patients require outpatient care, laboratory testing, hospitalization, and prolonged recovery. Hospitals in the hardest-hit areas have expanded bed capacity, converted wards, and extended staff working hours to manage the surge. School-age children have been particularly affected, accounting for around 30 per cent of cases and 20 per cent of deaths. Schools can also become mosquito breeding sites, and children hospitalized with dengue miss an average of 11 school days per episode. Outbreaks also disrupt communities, causing fear, insecurity, and social disruption, particularly in urban areas. Repeated outbreaks can further undermine public confidence and increase stress among affected families and communities.

Given the situation, SLRCS priorities will remain unchanged during the extended operational period. SLRCS will continue community- and school-level clean-up campaigns, awareness activities, household visits, and surveillance, closely aligned with the highest-priority MOH divisions, together with the other activities set out in the Operational Strategy outlined in previous Operation Update #1. The DREF Operational Strategy will remain flexible to enable SLRCS to respond to the most urgent needs as the situation evolves.

Source Information

Source Name	Source Link
1. National Dengue Control Unit update	https://www.dengue.health.gov.lk/#latest-update
2. 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
3. BEACON country update	https://beaconbio.org/en/report/?reportid=37f5cc6f-afde-4305-9609-6e8c5a55c4bf&filtersOpen=false

Summary of Changes

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



Please explain the summary of changes and justification:

Since the previous Operation Update #1 was approved and interventions began, weekly dengue transmission rates have decreased significantly. The severe July epidemic has subsided, with case numbers dropping sharply in August and September. However, mosquito populations and breeding sites remain, and conditions for dengue transmission are still favourable due to warm weather, ongoing rainfall, high urban density, continued DENV circulation, and the upcoming October–January transmission season.

By early October, over 101,744 dengue cases had been reported nationwide, with 36 high-risk MOH areas still under intensified surveillance, according to NDCU updates. The overall burden remains high, and transmission persists in several regions. The Western Province is the main transmission centre, accounting for more than half of reported cases, particularly in Colombo and Gampaha. Southern, Central, and Sabaragamuwa provinces also contribute a significant proportion of cases. The continued presence of high-risk areas shows that local outbreaks can still occur even as national trends decline.

There is a credible possibility that dengue transmission could stabilize or rise again in October and November, mainly due to seasonal changes. Sri Lanka is entering a major rainfall period, with forecasts indicating a higher likelihood of above-normal rainfall from October to December. Increased rainfall creates more breeding sites for Aedes mosquitoes, such as collected water in discarded containers, tyres, gutters, construction materials, blocked drains, and water-storage containers. The geographical distribution of the outbreak remains a key factor. High population density, frequent movement of people, urban and peri-urban environments, and widespread mosquito presence all support ongoing transmission. Ongoing surveillance, environmental management, targeted vector control, and timely action are crucial to prevent a second major wave.

So far, the intervention has reached 92,845 households (389,949 people), achieving 83 per cent of the target of 111,000 households (466,200 people), mainly through household surveillance. Community efforts have completed 123 of 175 planned mass clean-up campaigns and awareness programmes (70 per cent) in both communities and schools, with additional activities ongoing. Over 14,000 IEC materials have been distributed through community awareness programmes in high-risk areas across 11 districts. Procurement of colour-coded waste bins for schools is complete, with distribution pending. The social media awareness campaign remains active, and mosquito repellent has been distributed during clean-up campaigns.

As of 30 September, approximately 77 per cent of the budget (about CHF 255,494) has been utilized, with ongoing implementation of planned activities. Around 23 per cent (approximately CHF 76,717) of the budget remains. Of this, about CHF 44,021 (57 per cent of the remaining funds) will be utilized for clean-up campaigns, awareness activities at the community and school levels, and dengue household surveillance until the end of December 2026. The remaining balance is reserved for final activities, such as the lessons learned workshop, post-evaluation (PDM), monitoring costs, and other settlements at the conclusion of the operation.

SLRCS will continue implementing the remaining activities through October, as originally planned. However, the ongoing inter-monsoon season has resulted in increased rainfall and significant operational challenges in the field. Additionally, obtaining government approval for mass community clean-up campaigns has been delayed. School closures in August further hindered the completion of planned clean-up and awareness campaigns at the school level. To ensure sustainable dengue prevention, SLRCS is requesting an extension of the intervention period through the end of December. This no-cost extension will allow interventions to continue until 31 December 2026, making the total implementation period six months. SLRCS will focus on completing the remaining community (13) and school clean-up (39) campaigns, awareness programmes, IEC material distribution, and household surveillance (18,155) to achieve the targets set in OU 01 within the approved budget. All activities will be completed during this extension in coordination with NDCU and MOH, with no additional costs, and the total budget will remain unchanged.

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	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 reduced to 36 from 92 critical Medical Officer of Health divisions across 13 high-risk districts from its peak, including Colombo, Gampaha, Kalutara, Kandy, Galle, Matara, Ratnapura, Jaffna, Kegalle, Kurunagal, and Batticaloa. The government authorities are continuing 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 in phases. The government established a dedicated dengue task force to lead prevention efforts under the direct supervision of the DMC and Defense 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 need is household-level surveillance to identify mosquito breeding sites and educate families about keeping their surroundings clean. Communities also need to be aware of breeding sites in public areas and schools, where collective efforts through mass cleanup campaigns are essential.

This need is even more urgent due to a dominant dengue serotype that increases the risk of severe illness from secondary infections and because of new outbreaks among university students—an area previously not covered by the response. Hospitals in high-burden districts remain under pressure, highlighting the importance of surveillance for early detection and reducing the strain on healthcare services.

So far, SLRCS trained 550 volunteers in 11 districts. Community surveillance and door-to-door visits have reached 92,845 households (389,949 people). Gampaha and Galle each covered over 12,500 households, Colombo over 10,000, Kalutara and Matara over 7,500 each, and other districts more than 3,000 each.



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 behavior change through the expanded surveillance visits rather than through separate clean-up activity.

So far, 87 community cleanup and awareness campaigns have been completed, reaching 80 per cent of the target. District totals include Kurunegala (20), Batticaloa (10), Colombo (9), Gampaha (10), Galle (8), Kalutara (5), Kandy (2), Kegalle (3), Matara (5), and Ratnapura (15).



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.



36 out of 75 planned school-based cleanup campaigns have been completed. Matara and Kandy have fully met their targets. Completions by district: Colombo (7), Galle (2), Kalutara (6), Kandy (4), Kegalle (3), Kurunegala (5), Matara (8), and Ratnapura (1).



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 programs are implemented by various organizations, significant gaps persist in reaching all vulnerable populations effectively.

To address this, Risk Communication and Community Engagement (RCCE) strategies are being used to promote community participation in dengue prevention, including source reduction and clean-up campaigns. Building community ownership is now crucial for reducing mosquito breeding and disease transmission at the local level.

SLRCS is establishing a community feedback mechanism so affected individuals can voice concerns and participate in decision-making. This feedback is being used to improve the quality and effectiveness of current 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 overall objective is to reduce dengue transmission and health risks among vulnerable groups. This will be achieved through collaboration with the Ministry of Health and the National Dengue Control Unit under the National Dengue Prevention and Control Programme. The targeted districts are Colombo, Gampaha, Kalutara, Kandy, Jaffna, Matara, Kurunegala, Galle, Batticaloa, Ratnapura, and Kegalle.

Operation Update #1, approved on 2 September 2026, set a target of 111,000 households (466,200 people) in 11 high-risk districts. This target remains unchanged. This Operation Update #2 extends the implementation period by two months, now running until 31 December 2026 for a total of six months. Although the outbreak is slowing, changing climate conditions and other factors could increase the risk to vulnerable people in high-risk MOH areas, which are still under intensified surveillance, during the October to December transmission window. For this reason, the implementation period has been extended to continue implementation of the planned intervention within the allocated budget.

The operation continues the work from Operation Update #1, with a focus on reducing dengue cases through implementing community-based vector control, including mass clean-up campaigns and targeted risk communication and awareness for vulnerable groups. Household surveillance involves inspecting homes for mosquito breeding sites, identifying hidden breeding areas, raising awareness, and distributing dengue monitoring cards to help families prevent mosquito breeding.

Operation strategy rationale

The revised strategy proposed in Operation Update #1 remains unchanged. The strategy aligns with national dengue control efforts and prioritizes community engagement, household surveillance, vector control, school involvement, risk communication, and strengthening resilience within the timeframe.



The operation update #1 was issued in response to the rapid escalation of the outbreak, changing epidemiological trends, and new priorities identified in the field. The focus remains on scaling up household surveillance and on clean-up campaigns in communities and schools, along with targeted risk communication and awareness activities. These measures have proven effective in controlling dengue in high-risk zones identified by the Ministry of Health and the National Dengue Control Unit.

In addition, the sEAP—Dengue, activated on June 3, 2026, initially covered 23 high-risk zones across five districts and completed the early action implementation by 30 September 2026.

The plan below follows the revised strategy from Operation Update 01 and will be implemented till 31 December 2026.

Community-based household-level surveillance—targeting 111,000 households

It involves 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.

As of 30 September 2026, surveillance had been completed for 92,845 households (389,949 people reached), with efforts ongoing to reach the remaining 18,155 households in the 11 targeted districts during the extended time frame.

The core strategy of this intervention is to identify households and monitor factors that contribute to dengue mosquito spread. The initiative also focuses on educating vulnerable households and supporting them in taking simple actions to reduce dengue transmission. The same volunteers will remain actively involved in household surveillance across all 11 districts.

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

As of 30 September 2026, 87 community clean-up campaigns had been completed. The remaining 13 campaigns will continue through the end of December 2026.

These campaigns target public spaces and vacant land in high-risk areas where dengue mosquitoes are likely to breed. They run alongside household checks, with a special focus on public spaces in these zones. Volunteers work directly with communities to raise awareness about removing mosquito breeding sites and encourage proper waste disposal. These actions are especially important for reducing dengue transmission in crowded urban and peri-urban areas, where waste management is a major challenge.

School-Based Activities - 75 schools in the high-risk zones

As of 30 September 2026, 36 school clean-up and awareness campaigns had been completed. The remaining 39 campaigns will continue through the end of December 2026.

School-based clean-up and awareness campaigns, together with the planned distribution of color-coded waste bins, help keep schools free of dengue mosquitoes. These initiatives encourage students to share dengue prevention messages with their families and communities. Additional steps include providing students with educational materials and mosquito repellent for cleanup activities and teaching good practices they can use and promote at home. The distribution of bins is currently being organized.

Billboard and mass-media campaigns—10 billboards at different places

As of 30 September 2026, five billboards have already been installed in public places within high-risk zones to raise community awareness about ongoing dengue outbreaks and to urge residents to take steps to control mosquito breeding. The remaining five billboards are in the process of being installed and are awaiting approval from local authorities.

In addition, over 14,000 IEC materials (93% of the target) have already been distributed during community (10,500) and school clean-up (3,500) campaigns across 11 districts. The remaining 1,000 will be distributed during ongoing campaigns and awareness programs through the end of December 2026.

The updated strategy aims to reach 111,000 households, 75 schools, and 100 community hotspots, benefiting approximately 466,200 people over six months. By partnering with communities, improving the environment, involving schools, and strengthening the health system, the plan seeks to reduce dengue cases, promote lasting behavior change, and build community resilience against future outbreaks in Sri Lanka.

The planned intervention allows SLRCS to respond rapidly to control peak dengue transmission and break the mosquito breeding cycle in the short term. Dengue is endemic in Sri Lanka, re-emerging each year due to climate change and monsoon patterns. To address this, the Health Ministry and National Dengue Control Unit are developing long-term, institutional strategies for nationwide dengue outbreak management. The government is shifting from emergency spraying and short-term clean-up campaigns to a more sustainable,



countrywide prevention system. A key step is the implementation of the National Strategic Plan on Dengue Prevention and Control 2024–2030, led by the Ministry of Health and Mass Media and the NDCU. This plan aims to reduce dengue cases by at least 75 per cent from the 2022–2023 baseline and eliminate dengue-related deaths by 2030.

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, 36 high-priority MOH areas have been identified to continue the prioritized intervention, reflecting the areas experiencing the most sustained transmission and recurrent outbreaks.

The intervention directly will reach a significantly expanded target of 111,000 households as per the operation update 01, reflecting the scale of the outbreak, with more than 101,744 people affected nationally to date.

Households in densely populated urban, peri-urban, and high-risk rural areas remain a priority because they are more vulnerable to conditions that encourage mosquito breeding, such as poor waste management and stagnant water. School-based activities align with the revised strategy, with government and institutional actors now taking more responsibility for cleanup. The remaining school-focused efforts will continue to promote behavior 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 and upcoming northeast 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 appropriately.



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



Budget: CHF 208,607
Targeted Persons: 466,200
Targeted Male: 223,776
Targeted Female: 242,424

Indicators

Title	Target	Actual
# of volunteers trained on Epidemic control	660	550
# of people reached with dengue awareness through door-to-door campaigns	466,200	389,949
# of billboards placed at the hot spot within the districts	10	0



# of social media and mass media campaigns conducted	15	10
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Progress Towards Outcome

Under the health sector, SLRCS has trained 550 volunteers (286 females and 264 males) across 11 districts as planned. Through community-based surveillance and door-to-door visits, it involves 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 operation has reached 92,845 households (389,949 people: 202,773 females and 187,176 males) across all 11 districts. Gampaha and Galle districts have each covered over 12,500 households, Colombo has covered over 10,000 households, Kalutara and Matara have each reached over 7,500 households, and the remaining districts have each completed more than 3,000 households.

SLRCS continues household surveillance activities across 11 districts through the end of December and will be supported by 550 trained volunteers. Estimated costs per volunteer are CHF 120 for transport, CHF 80 for refreshments, and CHF 60 for incentives. The 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 IEC materials on dengue awareness has reached over 14,000 (93 per cent of the target), with 10,500 distributed at the community level and 3,500 through schools across 11 districts. Mosquito repellent is being provided during clean-up campaigns at both community and school levels.

Ten billboards with dengue prevention messages will be installed in the Colombo and Gampaha districts, with the final designs approved by the NDCU. SLRCS is also running social media campaigns on Facebook and LinkedIn to raise awareness in the community about the impact of dengue and the actions households should take to prevent its spread. During peak periods, SLRCS has also shared district-wise case numbers and issued early warnings to help communities take necessary measures in advance.



Water, Sanitation And Hygiene

Budget: CHF 53,516

Targeted Persons: 17,000

Targeted Male: 8,160

Targeted Female: 8,840

Indicators

Title	Target	Actual
# of people served by the environmental sanitation activities at community places/public buildings including households	8,000	6,960
# of schoolchildren reached by the environmental sanitation activities awareness programs.	9,000	4,320

Progress Towards Outcome

A total of 87 cleanup and awareness campaigns have been completed, reaching 6,960 people (3,619 males and 3,341 females), at the community level, representing 87 per cent progress to date. The breakdown by district is as follows: Kurunagala – 20, Batticaloa – 10, Colombo – 9, Gampaha – 10, Galle – 8, Kalutara – 5, Kandy – 2, Kegalle – 3, Matara – 5, and Ratnapura – 15.

A total of 36 out of 75 school-based clean-up campaigns have been completed, reaching 4,320 school children (2,246 girls and 2,074 boys) so far. Matara and Kandy have fully met their assigned targets. The current district-wise completion numbers are: Colombo – 7, Galle – 2, Kalutara – 6, Kandy – 4, Kegalle – 3, Kurunegala – 5, Matara – 8, and Ratnapura – 1.

The procurement process for distributing color-coded bins to 75 schools for waste management has been completed. Distribution is now being planned.



Protection, Gender And Inclusion

Budget: CHF 0

Targeted Persons: 660

Targeted Male: 316

Targeted Female: 344

Indicators

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

Progress Towards Outcome

Under the PGI, SLRCS has trained 550 volunteers (286 females and 264 males) 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 550 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 systematically collected across all operational activities, including household surveillance visits (reached so far, 389,949 people: 202,773 females and 187,176 males), 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.



Education

Budget: CHF 0

Targeted Persons: 9,000

Targeted Male: 4,320

Targeted Female: 4,680

Indicators

Title	Target	Actual
# of school awareness programmes conducted	75	36
# of schoolchildren who received mosquito repellents to protect themselves from mosquito bites	400	216



Progress Towards Outcome

Currently, 36 out of 75 planned school-based awareness campaigns have been completed, reaching 4,320 students (2,246 girls and 2,074 boys). Completed campaigns by district: Colombo (7), Galle (2), Kalutara (6), Kandy (4), Kegalle (3), Kurunegala (5), Matara (8), and Ratnapura (1). All 400 mosquito repellent units have been procured, with 216 units already distributed during these campaigns. The remaining units will be distributed in upcoming school clean-up and awareness activities.



Community Engagement And Accountability

Budget: CHF 0

Targeted Persons: 466,200

Targeted Male: 223,776

Targeted Female: 242,424

Indicators

Title	Target	Actual
# of people reached through social media dengue campaign	466,200	389,949
# of volunteers oriented on CEA	660	550

Progress Towards Outcome

The CEA refresher was conducted as a dedicated session integrated within the 550 volunteers' (286 females and 264 males) 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 more than 92,000 household-level surveillance visits (reached so far, 389,949 people: 202,773 females and 187,176 males), which serve as the primary touchpoint for direct community interaction, awareness-raising, and gathering community feedback as the household visit program continues to scale up across the high-priority MOH areas.

Trained volunteers, together with government PHI and NDCU officials, conduct household visits to collect and address community feedback on the spot, ensuring a responsive and inclusive surveillance process. Branches have established a process for analyzing feedback, which is now being implemented by volunteers and the surveillance team. Dengue monitoring cards are distributed during these visits to encourage behavior change and make it easier for community members to report concerns during follow-ups.



Coordination And Partnerships

Budget: CHF 29,555

Targeted Persons: 660

Targeted Male: 316

Targeted Female: 344

Indicators

Title	Target	Actual
# of communication materials produced (e.g., social media posts, media articles, interviews)	30	25

# of volunteers equipped with visibility items (T-shirts, caps, jackets)	660	550
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Progress Towards Outcome

The health focal point regularly visits branches in targeted districts to identify gaps and share best practices. Interventions are updated as needed based on these monitoring visits. The communications team is gathering success stories and creating video footage to showcase the operation's impact. Jackets, t-shirts, and caps have been distributed to staff and volunteers to improve the visibility of the intervention, while PPE kits have been provided to volunteers for their safety. Over 25 social media posts have been published and republished to raise awareness and share important information with people in high-risk areas.



Secretariat Services

Budget: CHF 23,341

Targeted Persons: 1

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of surge personnel deployed to support the operation	1	0
# of monitoring visits conducted by IFRC	11	5

Progress Towards Outcome

The IFRC participates in weekly progress review meetings with all district branches. Information about additional planned activities and timeline extensions will be provided in the final report. The IFRC Country Delegation team also works closely with the NHQ DENGU DREF team to monitor the implementation of all activities and to track the progress of each branch.



National Society Strengthening

Budget: CHF 62,128

Targeted Persons: 660

Targeted Male: 316

Targeted Female: 344

Indicators

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

Progress Towards Outcome

The volunteer insurance: 167 new volunteers under the Dengue-DREF have been covered; the remaining volunteers (383) were already covered under the ongoing Ditwah-DREF operation until the end of December, 2026. 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.

About Support Services

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

The original plan was to mobilize 660 male and female volunteers for this response. Currently, 550 volunteers are actively participating in the intervention. Branches continue to recruit and train additional volunteers to support the ongoing implementation of planned activities.

The project focuses on the following key areas: WASH, Health, CEA and PGI. Staff and volunteers—including personnel from the SLRCS headquarters—will remain actively involved through 31 December 2026, with no additional costs anticipated.

The operation is managed by a project manager from the National Headquarters (NHQ), supported by three district project support officers (serving branches not covered by the ongoing Ditwah-EA), an accountant at NHQ who handles settlements and accounts, and ten community mobilizers who oversee and support community-level activities. This team will continue to implement the remaining activities through the end of December 2026.

Will surge personnel be deployed? Please provide the role profile needed.

A Surge Finance delegate will be deployed for two weeks to support the operation, ensure accurate settlements, and facilitate timely reporting. An Information Management (IM) surge may also be deployed, depending on the National Society's request, to assist with dengue outbreak tracking, analysis, and planning. Priority will be given to personnel from the IFRC standby list.

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

Budget allocations for dengue cleaning supplies, mosquito repellents, transportation, and other household surveillance costs (including refreshments) were distributed to branches based on caseloads. Procurement was conducted by the respective branches within their delegated authority, in accordance with SLRCS procurement procedures, IFRC procurement standards, and agreed CRRRA measures. The procurement process was carried out in close coordination with IFRC CCD Delhi, with oversight and support from IFRC CCD Delhi for procurements requiring IFRC involvement.

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/DbFqIPNIC4I/>

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



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)



Contact Information

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

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

National Societies' Integrity Focal Point:
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[Click here for the reference](#)

