



SIMPLIFIED EARLY ACTION PROTOCOL

Sri Lanka | Dengue



SLRCS unit members, volunteers engaging in dengue control clean-up campaign and public health inspector from the Ministry of Health oversee the activity. **(Photo: SLRCS)**

sEAP No: sEAP2024LK01	Operation No: MDR	Total Budget CHF 219,999	Readiness: CHF 117,569	
			Prepositioning: CHF 25,290	
			Early Action: CHF 77,140	
People targeted: 16,000 People	sEAP approved: 03/06/2025	sEAP timeframe: 2 Years	sEAP lead time: 2 – 4 weeks	Operational timeframe: 24 months
Prioritized geographical areas: Colombo, Gampaha and Kalutara districts from the Western province, Jaffna district from the Northern province and Kandy from the Central province.				

RISK ANALYSIS AND EARLY ACTION SELECTION

Prioritized hazard and its historical impact.

Dengue is considered the most rapidly spreading mosquito-borne disease worldwide (WHO, 2009). In Sri Lanka, the first reported cases appeared in 1965, and the disease quickly escalated into an island-wide epidemic. Between 1965 and 1968, with 51 suspected cases and 15 deaths were reported. From 1969 to 1988, several similar outbreaks occurred, predominantly in urban areas, although case reporting during this period was sporadic.

According to the *Weekly Epidemiological Report* (Sri Lanka, 2008), dengue became a recurring public health issue with increasing frequency and severity beginning in 1989. Significant outbreaks were recorded in the early 2000s, notably in 2002 and 2004, with 8,931 and 15,463 reported cases, respectively. The most severe outbreak occurred in 2017, with 186,101 cases and a case fatality rate of 0.24%. Based on data from the National Dengue Control Unit (NDCU), this remains the highest number of reported cases in the past decade.

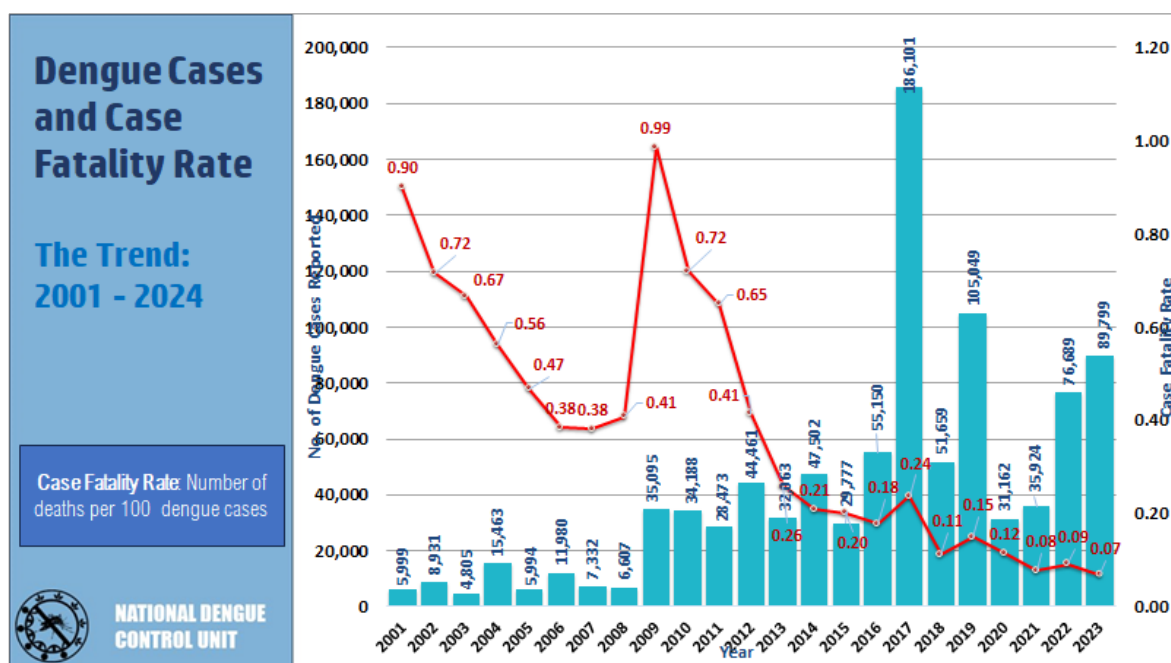


Figure 1: Dengue cases and fatality Rate from 2001-2024 (Reference: NDCU)

Figure 1 presents the number of suspected dengue cases and the case fatality rate in Sri Lanka from 2001 to 2024. A notable surge occurred in 2019, with cases doubling from 51,659 in 2018 to 105,049, with an increase in deaths. During the COVID-19 pandemic period (2020–2021), dengue cases remained relatively controlled. In 2022, the number of reported cases rose to 76,689, although this figure remained below the 2019 peak. According to the National Dengue Control Unit (NDCU), 89,799 suspected dengue cases were reported in 2023, marking a significant increase compared to 2022.

Dengue prevention requires coordinated efforts from the government, private sector, and communities. In Sri Lanka, the government and public health authorities have implemented various measures to control and prevent dengue outbreaks. These include vector control initiatives such as identifying and eliminating mosquito breeding sites, conducting case investigations, implementing educational campaigns, and promoting public awareness. However, achieving optimal outcomes has been hindered by several challenges, including limited resources, inconsistent implementation of preventive strategies, and insufficient community engagement.

The Sri Lanka Red Cross Society (SLRCS) successfully implemented two DREF operations ([MDRLK007](#) in 2017 and [MDRLK017](#) in 2023) in response to dengue outbreaks. These interventions contributed significantly to controlling the spread of the disease. Notably, the early launch of the 2023 operation helped prevent the number of cases from reaching the epidemic levels seen in 2017, highlighting the importance and effectiveness of early action.

These operations also provided the Sri Lanka Red Cross Society (SLRCS) with valuable experience in dengue prevention and complemented the efforts of national health authorities. Consequently, it is essential to monitor meteorological and environmental factors that influence mosquito breeding—such as temperature, rainfall, and humidity—and to develop early warning and early action systems specifically tailored to mitigate dengue outbreaks.

[Explain which risks have been selected for this protocol and why](#)

1. Life-threatening risk (loss of lives)

- There is a heightened risk of rapid dengue transmission, particularly during the monsoon season and in the aftermath of floods. This elevated risk is largely due to the presence of stagnant water, blocked drainage systems, and water accumulation in small containers and natural receptacles such as plant axils. Inadequate waste management, improper water storage practices, and discarded items—such as plastic containers, tires, and coconut shells—create ideal breeding grounds for *Aedes* mosquitoes, the primary vectors of the dengue virus.
- High population density, overcrowded living conditions, increased travel, elevated temperatures, and higher mosquito biting rates—particularly in low-income areas of Colombo, Kalutara, and Gampaha—further contribute to the spread of dengue. Historical data shows that these densely populated, urbanized districts consistently report the highest number of dengue cases. In 2023, 50% of all dengue cases in Sri Lanka were reported from the Western Province.

2. Increased morbidity

Dengue fever remains a major public health concern in Sri Lanka, contributing to high morbidity and, in some cases, mortality. Severe cases can result in acute illnesses and complications, requiring hospitalization and prolonged recovery periods.

3. Impact on education (Children out of school)

Children are particularly vulnerable to dengue, with schools identified as key transmission sites according to epidemiological data. Infection among school-aged children can lead to

extended absences—ranging from several days to weeks—causing significant disruptions in their education. Beyond academic impacts, affected children may experience social stigma, emotional stress, and economic strain within their families due to medical expenses and lost productivity.

4. Indoor Transmission

Rising temperatures increase the lifespan of *Aedes* mosquitoes and shorten the virus's incubation period within them, accelerating transmission. Additionally, higher temperatures lead to increased indoor water storage, which creates more breeding grounds. This contributes to a growing risk of indoor transmission. Community awareness and weekly elimination of indoor breeding sites are essential to control the spread.

Describe the selected early actions and explain how they will address the risks and lead to the intended outcome

1. Identification of High-Risk Zones for Dengue

Collaborate with public health authorities to map and identify high-risk zones by integrating multiple data sources. These include historical dengue case data, environmental factors such as poor sanitation, inadequate waste management, and unsafe water storage practices, as well as entomological surveillance data on *Aedes* mosquito populations. Additional considerations should include levels of urbanization, population density, socio-economic conditions, and patterns of human movement, including travel and trade. This comprehensive approach enables targeted interventions and resource allocation to areas most at risk.

2. Breeding Site Identification and Community-Based Surveillance

Identify mosquito breeding sites and establish community-based surveillance systems to enable early detection and timely response to dengue risks. Mobilizing local communities in monitoring and reporting will support prompt intervention efforts and help to reduce the transmission of the Dengue virus.

3. Community Education and Engagement

Conduct targeted awareness campaigns in high-risk areas to educate communities on immediate household-level actions, such as eliminating mosquito breeding sites and monitoring environmental risk factors in identified hotspots.

4. Public Clean-Up Campaigns and Door-to-Door Awareness

Organize public clean-up drives and door-to-door awareness campaigns to promote environmental hygiene and encourage active community participation in dengue prevention.

5. Volunteer Training for Outbreak Control

Train community volunteers in outbreak control measures to enhance their capacity to support Public Health Inspectors (PHIs) in identifying breeding sites and raising public awareness. Volunteers will also be engaged in community-based surveillance and participate in simulation drills to prepare for hospital surge management.

6. Volunteer Support for Hospitals

Deploy trained volunteers to hospitals in high-risk areas to assist with patient management, queue control, data entry, and general ward cleanliness during dengue outbreaks.

7. School-Based Clean-Up, Waste Management, and Awareness Programs

Implement school programs to educate children on dengue prevention and encourage them to maintain clean, mosquito-free environments. Children will be empowered to spread dengue prevention messages to their families. Additionally, provide waste segregation bins and promote effective waste management within school premises to eliminate potential breeding grounds.

EARLY ACTION INTERVENTION

Overall objective of the intervention	The main objective of this operation is to curb the rising trend of the dengue outbreak with a view to reducing the number of cases in five targeted high-risk districts across Sri Lanka; Colombo, Kalutara, Gampaha, Kandy and Jaffna.																																																																																				
Potential geographical high-risk areas that the simplified EAP would target	Western province – Colombo, Gampaha and Kalutara districts Northern Province – Jaffna District Central province – Kandy District <table><caption>Approximate data from Figure 02: Distribution of Dengue Cases by year 2014 – 2024</caption><thead><tr><th>Year</th><th>Colombo</th><th>Gampaha</th><th>Kalutara</th><th>Kandy</th><th>Jaffna</th><th>Total of Other Districts</th></tr></thead><tbody><tr><td>2014</td><td>15,000</td><td>5,000</td><td>2,000</td><td>1,000</td><td>1,000</td><td>10,000</td></tr><tr><td>2015</td><td>10,000</td><td>3,000</td><td>1,000</td><td>1,000</td><td>1,000</td><td>8,000</td></tr><tr><td>2016</td><td>18,000</td><td>7,000</td><td>3,000</td><td>2,000</td><td>2,000</td><td>12,000</td></tr><tr><td>2017</td><td>45,000</td><td>35,000</td><td>10,000</td><td>15,000</td><td>5,000</td><td>15,000</td></tr><tr><td>2018</td><td>15,000</td><td>5,000</td><td>2,000</td><td>2,000</td><td>2,000</td><td>25,000</td></tr><tr><td>2019</td><td>20,000</td><td>15,000</td><td>8,000</td><td>10,000</td><td>3,000</td><td>55,000</td></tr><tr><td>2020</td><td>5,000</td><td>2,000</td><td>1,000</td><td>1,000</td><td>1,000</td><td>10,000</td></tr><tr><td>2021</td><td>10,000</td><td>5,000</td><td>2,000</td><td>2,000</td><td>2,000</td><td>30,000</td></tr><tr><td>2022</td><td>15,000</td><td>10,000</td><td>5,000</td><td>5,000</td><td>3,000</td><td>40,000</td></tr><tr><td>2023</td><td>20,000</td><td>15,000</td><td>8,000</td><td>10,000</td><td>3,000</td><td>50,000</td></tr><tr><td>2024</td><td>10,000</td><td>5,000</td><td>2,000</td><td>2,000</td><td>2,000</td><td>25,000</td></tr></tbody></table> <i>Figure 02: Distribution of Dengue Cases by year 2014 – 2024 (Reference: NDCU)</i> Dengue cases have been reported across nearly all districts in Sri Lanka. However, over the past five years, the Western Province—comprising Colombo, Gampaha, and Kalutara—has consistently recorded the highest incidence rates. According to the National Dengue Control Unit (NDCU, 2023), approximately 46% of all reported dengue cases during this period originated from this province alone. This persistent concentration of cases highlights the Western Province as the epicenter of dengue	Year	Colombo	Gampaha	Kalutara	Kandy	Jaffna	Total of Other Districts	2014	15,000	5,000	2,000	1,000	1,000	10,000	2015	10,000	3,000	1,000	1,000	1,000	8,000	2016	18,000	7,000	3,000	2,000	2,000	12,000	2017	45,000	35,000	10,000	15,000	5,000	15,000	2018	15,000	5,000	2,000	2,000	2,000	25,000	2019	20,000	15,000	8,000	10,000	3,000	55,000	2020	5,000	2,000	1,000	1,000	1,000	10,000	2021	10,000	5,000	2,000	2,000	2,000	30,000	2022	15,000	10,000	5,000	5,000	3,000	40,000	2023	20,000	15,000	8,000	10,000	3,000	50,000	2024	10,000	5,000	2,000	2,000	2,000	25,000
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	transmission in the country and underscores the critical need for focused intervention measures, including enhanced vector control, surveillance, and public engagement strategies. As illustrated in Figure 2, the districts of Colombo, Gampaha, Kalutara, Kandy, and Jaffna have been identified as high-risk zones due to their substantial contribution to the national dengue caseload between 2014 and 2024. Dengue incidence tends to be higher in urban and peri-urban areas, which is consistent with trends observed in these districts. In 2023, increased numbers of suspected dengue cases were also reported from other districts, including Kegalle, Ratnapura, Trincomalee, Kurunegala, Galle, Hambantota, and Batticaloa. However, these districts have not shown consistently high incidence rates over time and, therefore, are not classified as persistent high-risk areas. Based on historical patterns and surveillance data, Colombo, Gampaha, Kalutara, Jaffna, and Kandy have been prioritized for the EAP intervention. These districts have repeatedly been at the epicenter of dengue outbreaks, indicating a sustained vulnerability that warrants proactive prevention and response efforts. Dengue Virus Serotypes and Genotypes in Sri Lanka In Sri Lanka, dengue fever is caused by four distinct serotypes of the dengue virus (DENV): DENV-1, DENV-2, DENV-3, and DENV-4. These serotypes have been circulating in the country for several decades, with periodic shifts in their prevalence and the emergence of new genotypes. • DENV-1: Initially, DENV-1 was classified under genotype III, which was prevalent in Sri Lanka during the 1980s and 1990s. However, a new genotype, genotype I (Asia), was introduced around 2009 and has since replaced all other DENV-1 genotypes in the country. • DENV-2: DENV-2 was notably absent in Sri Lanka from 2009 to mid-2016. Its reemergence in mid-2016 led to a significant increase in dengue cases, culminating in the largest recorded dengue outbreak in 2017 • DENV-3: Prior to 2009, DENV-3 was the predominant serotype in Sri Lanka. The reemergence of DENV-3 in 2019 contributed to a resurgence in dengue cases • DENV-4: DENV-4 has been less frequently detected compared to the other serotypes. Infections with DENV-4 have been relatively rare in recent years Colombo District: In 2019, DENV-1 was the most prevalent serotype in Colombo, followed by DENV-3. DENV-2 was also present but less common Jaffna District: In contrast, Jaffna experienced a higher prevalence of DENV-
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	3 in 2018, with a shift towards DENV-1 dominance in 2019 The cyclical nature of dengue serotype prevalence in Sri Lanka is influenced by factors such as population immunity, vector dynamics, and environmental conditions. Secondary infections with a different serotype can increase the risk of severe dengue manifestations, including dengue hemorrhagic fever and dengue shock syndrome. Therefore, continuous surveillance and adaptive vector control strategies are essential to mitigate the impact of dengue outbreaks.
<u>Who will be assisted through this operation and what criteria will be used for their selection?</u>	The Sri Lanka Red Cross Society (SLRCS), in its role as an auxiliary to the government, collaborates closely with the Ministry of Health (MoH) to support national dengue response efforts. SLRCS has a long-standing partnership with the MoH and has been actively engaged in dengue prevention and control activities for many years. Decision-making for response activities is guided by the Weekly Epidemiological Report published by the MoH, which is publicly accessible. In addition, more granular data is available through regional epidemiologists, extending to areas monitored by Public Health Inspectors (PHIs). This data-driven approach enables SLRCS to plan and implement highly targeted interventions during dengue outbreaks. Target Groups for Dengue Interventions: • Residents of high-risk zones as identified by Medical Officers of Health (MOH) • Communities in densely populated areas • School children and school environments • Workplaces with high human activity, including construction sites, factories, busy public offices, railway stations, and bus terminals • Households and surrounding areas of confirmed dengue patients Note: Readiness activities will be carried out in areas overseen by Public Health Inspectors (PHIs), based on historical data or identified high-risk zones, rather than being implemented across entire districts. These high-risk areas are typically highly populated, as dengue is predominantly an urban disease. The necessary data is readily available through the Ministry of Health (MoH), and SLRCS has access to this information. All activities will be implemented in close coordination with the MoH. Based on the type of vulnerability – high-risk zone, urban, high density and who resides in the low-lying areas. The target population will be identified through a participatory, data-driven approach involving affected communities, the Ministry of Health (MoH), local authorities, and Red Cross volunteers. The selection criteria will prioritize the most vulnerable households that are at greater risk of the impacts of dengue. This process will be initiated early in the dengue season to ensure a timely intervention.

<u>Trigger(s) statement</u>	The trigger for intervention is defined based on two scenarios: weekly epidemiological reports issued by the National Dengue Control Unit (NDCU) and meteorological predictions. Readiness Trigger: The Meteorological Department forecasts average rainfall exceeding 100mm in the Western Province. (There is typically a lag time of two to four weeks between heavy rainfall and subsequent dengue outbreaks.) Sri Lanka experiences two monsoon seasons, with the Southwest monsoon bringing the highest rainfall, particularly in the Colombo, Kalutara, and Gampaha districts. When average rainfall exceeds 100mm, it creates favorable conditions for dengue outbreaks in the Western Province, which can then spread to Jaffna and Kandy districts due to human movement. Early Action Triggers: The trigger is activated under the following conditions: • Weekly caseload exceeding 1,500 cases in the months of May, June, July and December, and January. OR • If the caseload in the target districts exceeds 1.5 times higher than their average caseload. This trigger point was established based on the average number of confirmed cases reported to the Ministry of Health (MoH) by the National Dengue Control Unit (NDCU) through the district-wise weekly epidemiological reports (WER). Although this trigger is based on national figures, the majority of the contributions typically come from the five high-risk districts, which account for nearly 50% of the national caseload (see Figure 2). Furthermore, Sri Lanka is a relatively small island, and the geographic areas of these five districts are limited in size.
<u>Trigger threshold justification</u>	Sri Lanka experiences two monsoon seasons annually. During the South-West monsoon period (May to September), the highest rainfall is recorded in the Western Province—particularly in the districts of Colombo, Kalutara, and Gampaha. In line with the rainfall pattern, the country experiences periodic dengue outbreaks, particularly during the monsoon seasons. It has mainly two peaks occurring in June–July and October–December, respectively. The majority of cases occur during June–July, during the summer monsoon. When the average rainfall exceeds 100 mm, it can create favorable conditions for dengue outbreaks in the Western Province, which may then spread to other areas such as Jaffna and Kandy through human movement.

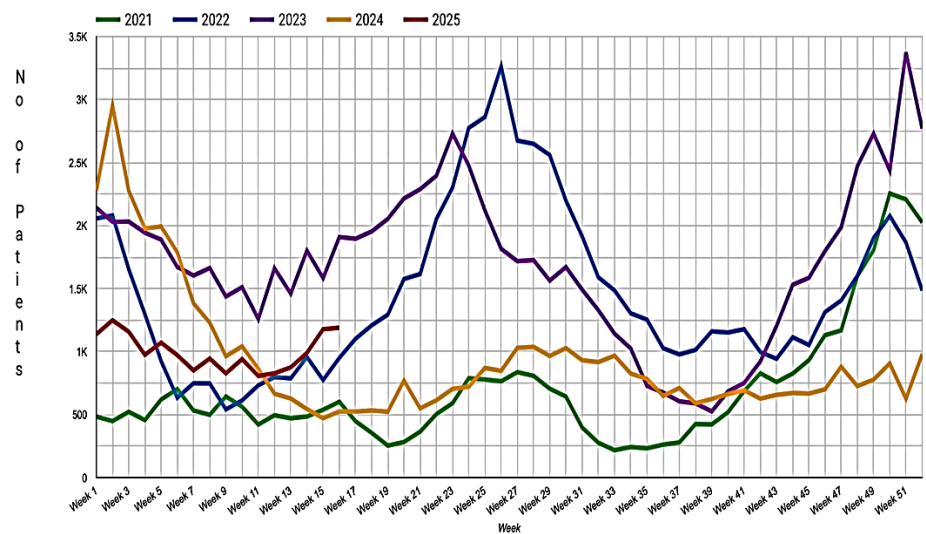


Figure 3: Weekly dengue distribution Pattern (Reference: NDCU)

Figure 3 shows the weekly distribution pattern of dengue cases from 2013 to 2023. With reference to that, the major peak is starting in weeks 16 – 18. The minor peak starts in weeks 38 – 40. Therefore, it is important to take effective action to control disease at the early stage of the outbreak.

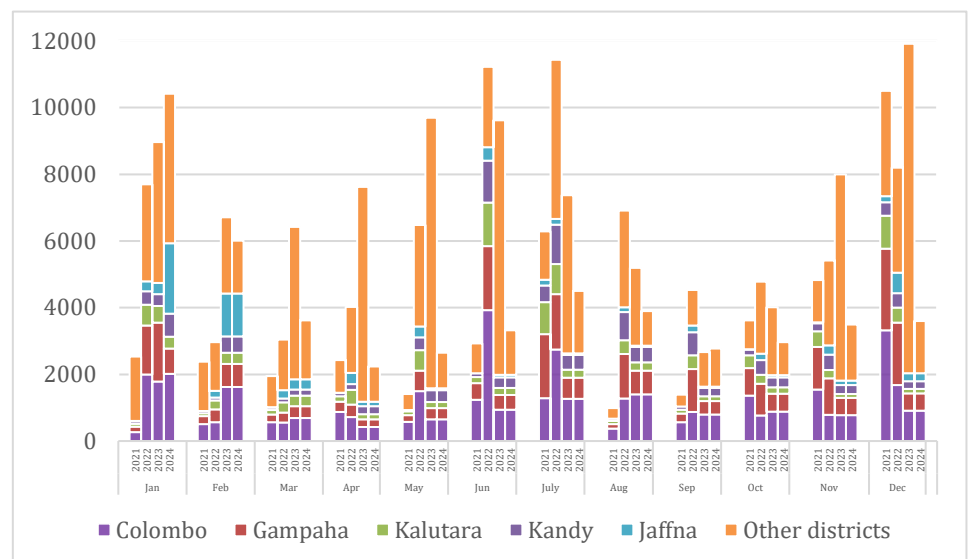


Figure 4: Dengue cases by district by month 2021 – 2024.

As a dengue-endemic country, Sri Lanka reports cases throughout the year, with notable increases during the monsoon seasons. These five districts have been identified as the most epidemic-prone based on historical data. It is well illustrated in Figure 2 and Figure 5. We will implement preparedness and pre-positioning activities across all five districts, while early action interventions will be activated only in districts experiencing active outbreaks. When the

	national dengue caseload exceeds 1,500 cases, we will initiate response action in districts via a separate initiative such as DREF or Emergency Appeal. Trigger calculation: Based on the early action triggers mentioned above, the final trigger was defined in consultation with the National Dengue Control Unit. When early action is implemented effectively, it can prevent an outbreak from escalating to epidemic levels. As shown in the line graph for 2023 (Figure 3), the Sri Lanka Red Cross Society (SLRCS) carried out activities during weeks 16 to 18. As a result, the increase in dengue cases was lower compared to the same period in the previous year.
Next steps – For National Societies that intend to develop a full EAP (Optional)	SLRCS will evaluate the possibility of transitioning to full EAP during, and or consider an extension if the required trigger is unmet within two years.

PLANNED OPERATIONS

	Health & Care	Budget	52,050 CHF	
		No. people targeted	16,000	
Indicator:	Number of people reached with health and care interventions in advance of a hazard		Target:	4,000 HHs
Readiness activities:		<i>Conducted on yearly basis</i> <i>1. Coordination meeting with National Dengue Control Unit (NDCU), Ministry of Health (MOH) and Government departments – National Level</i> <i>2. Establish a stakeholder network at district level</i> <i>3. Mapping -Identifying the high-risk zones in districts by Medical Officer of Health divisions</i> <i>4. Training on Dengue response and waste management for communities and other stakeholders</i> <i>5. Training households on, covering, emptying and cleaning domestic water storage containers</i>		
Prepositioning activities:		<i>1. Procurement and pre-positioning of cleaning materials and equipment, specialized dengue kits for identifying and eliminating mosquito breeding sites (including</i>		

	drone cameras, safety boots, water pumps, high-pressure washers, potable hoisters, spray tanks, steel buckets, wheel barrows, axes, wire brushes, shovels, cleaning brushes-long, cleaning brushes-short, garden scissors, mamoties, ladders, mirrors with handles to inspect gutters, screwdrivers (tool box), safety harness, gum boots, goggles, overall uniforms, rubber gloves and safety head gears) 2. Designing and pre-positioning IEC materials.
Prioritized Early Actions:	Triggered by the readiness trigger 1. Elimination of mosquito breeding sites at community level targeting high risk settings like construction sites, schools, religious place etc. 2. Logistical support for dengue response teams at MOH level with transport, equipment and stationery to conduct special mosquito control campaigns. Triggered by the early action trigger 1. Elimination of mosquito breeding sites at community level targeting high risk settings like construction sites, schools, religious place etc. 2. Conduct house to house surveillance campaigns in the selected zones before and after the rainy season to eliminate mosquito breeding sites. 3. Volunteer deployments for the selected hospitals. 4. Distribution of IEC materials to the patients and families. 5. Training households on, covering, emptying and cleaning domestic water storage containers.

	<u>Water, Sanitation and Hygiene</u>	Budget	25,650 CHF	
		No. people targeted	16,000	
Indicator:	Number of people reached with WASH interventions in advance of a hazard		Target:	4,000 HHs
Readiness activities:		Conducted on yearly basis 1. Training on solid waste management 2. Training on Epidemic control practices		

Pre-positioning activities:	1. Procurement of materials and equipment (cleaning materials, hand wash, soaps etc.)
Prioritized Early Actions:	Triggered by the readiness trigger 1. Using mass/social media to mobilize the public to eliminate breeding sites Triggered by the early action trigger 1. Volunteer door-to-door visits for mobilizing communities for waste management practices and checking mosquito breeding places 2. Distributing IEC materials 3. Continues monitoring to check the status, color coding, and motivate the houses to continue the same practices 4. Conducting clean-up campaigns identified hot spots in the public places

	Education	Budget	56,100 CHF	
		No. people targeted	12,000	
Indicator:	Number of people reached with education interventions in advance of a hazard		Target:	60 schools
Readiness activities:	Conducted on yearly basis 1. Strengthening school circles (with students, teachers, parents and etc.) to respond to Dengue epidemics 2. Training on Dengue response and waste management/ reduction Triggered by the readiness trigger 1. Empowering children in school circles to lead and monitor high risk settings and Dengue response as leaders			
Prepositioning activities:	1. Procurement and pre-positioning of cleaning equipment 2. Designing and pre-positioning IEC materials 3. Procurement and pre-positioning mosquito repellent			
Prioritized Early Actions:	1. Distribution of mosquito repellent to the children comes from high-risk zones 2. Conducting clean-up campaign and engaging the dengue prevention circles in continuous monitoring			

	<u>Community Engagement and Accountability</u>	Budget	3,900 CHF	
		People targeted	28,000	
Indicator:	Number of people reached with community engagement and accountability interventions in advance of a hazard		Target:	4,000 HHs 60 schools
Readiness activities:		1. Training on CEA to community, Red Cross staff and volunteers 2. District level orientation to branch, field staff and volunteers		
Prepositioning activities:		NA		
Prioritized Early Actions:		1. Deployment of volunteers to mainstream CEA in all early action activities		
	<u>Environmental Sustainability</u>	Budget	NA	
		No. people targeted	NA	
Indicator:	Number of people reached with environmental sustainability interventions in advance of a hazard		Target:	NA
Readiness activities:		Awareness of waste management/ waste reduction activities for communities and schools		
Prepositioning activities:		NA		
Prioritized Early Actions:		NA		

ENABLING APPROACHES

	<u>Secretariat Services</u>	Budget	20,000 CHF	
		No. Branches (NS) targeted	05 (Colombo, Gampaha, Kalutara, Kandy and Jaffna)	

Indicator:	Number of monitoring visits conducted to ensure the effective implementation of readiness, prepositioning and early action activities	Target:	24
Readiness activities:	1. Support the National Society to complete readiness activities through regular missions by the IFRC Delegation 2. HR support for operations management		
Prepositioning activities:	1. Procurement support to the NS		
Prioritized Early Actions:	1. Monitoring the response activities 2. Lesson learned and final evaluation of the operation		

	<u>National Society Strengthening</u>	Budget	55,204 CHF	
		People targeted	150	
Indicators:	Number of progress review meeting conducted / Number of project staff involved in the NHQ, and branch-level / Number of monitoring visits conducted at the NHQ, and branch level / Number of volunteers trained for Branch Dengue Prevention Taskforce	Target:	5 Districts	
Readiness activities:		1. Coordination meeting with movement partners and other NOGs, meeting with stakeholders, MOH and NDCU 2. Establishing dengue task force within the National Society to work with the stakeholders to monitor, gather, and share information about the outbreak 3. Monitoring and Evaluation 4. HR support for EAP activation 5. Train SLRCS volunteers (Branch Dengue Prevention Taskforce) for dengue prevention and control for early action		
Prepositioning activities:		1. Visibility items for National Society staff and volunteers		
Prioritized Early Actions:		1. Regular meetings with movement partners and stakeholders 2. Mobilization of SLRCS volunteers (Branch Dengue Prevention Taskforce) to work together with Health officials to monitor the response to dengue prevention		

	3. HR support for EAP activation
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	<u>Partnership and Coordination</u>	Budget	7,095 CHF	
		People targeted	250	
Indicator:	Number of lessons learned workshop conducted / Number of mid-term review conducted / Number of early action meeting and coordination meetings conducted	Target:	05 districts	
Readiness activities:		1. Mid-term review with stakeholders 2. Lesson learned from the previous responses and the effectiveness of awareness programs 3. Coordination with movement partners, stakeholders (including Department of Meteorology, MoH and NDCU), Anticipatory Action Working Groups 4. Advocacy to government		
Prepositioning activities:		NA		
Prioritized Early Actions:		1.Early action meetings with movement partners, stakeholders (mainly with Department of Meteorology, MoH and NDCU)		

CONDITIONS TO DELIVER THE EARLY ACTION

Experience and/or capacity to implement the early actions.	Enhanced Coordination with Key Partners: SLRCS has an agreement with the Ministry of Health (MoH) to assist with the Dengue response as an auxiliary to the government and has been actively involved in dengue control for many years. The weekly data is accessible, and public health inspectors (PHIs) monitor the identified red zone (high risk) areas. This capability allows for a timely response to targeted divisions through interventions during outbreaks. The SLRCS has established effective coordination at the national level with key stakeholders, including the National Dengue Control Unit and the Ministry of Health. SLRCS collaborates with the Regional Director of Health Services, zonal education offices, and other partners at the district level. This collaboration enables SLRCS to mobilize human resources, obtain necessary approvals, and secure logistical support. Additionally, SLRCS is part of the coordination team at the dengue control unit and works closely with this team to identify and plan activities focused on areas designated as high-risk or "red zones." during the outbreak.
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	Strengthened Branch Capacities Through Previous Experiences: The SLRCS successfully implemented two DREF operations—MDRLK007 in 2017 and MDRLK017 in 2023—in response to dengue outbreaks. These interventions played a significant role in controlling the spread of the disease. Notably, the early launch of the 2023 operation helped prevent cases from reaching the epidemic levels observed in 2017, underscoring the importance and effectiveness of early action. During the previous flood response operations, dengue control activities were also integrated into the DREF responses, mainly in Colombo and Gampaha districts. This strengthened the capacity of the branches to respond promptly and implement necessary activities. Red Cross unit members at the division level, the volunteers, and BDRT team members received training on epidemiology control, and the team has already been actively engaged in the dengue household surveillance in the targeted districts. Also, the branches work closely with the community in high-risk areas through the Red Cross unit established at the GN level. The school circles with children, teachers, and parents were established at the school level, which ensured the strong foundation for initiating dengue awareness programmes already in place at the targeted schools in the districts.
Red Cross Red Crescent Movement partners, Governmental / other agencies consulted/involved on this simplified EAP	The National Dengue Control Unit (NDCU) is the primary governmental body consulted for this process. Relevant historical data was collected from their website and analyzed with the support of their field and technical teams. The NDCU played a key role in developing readiness, early action triggers, and prioritizing the target areas. Additionally, they contributed to planning activities under the readiness, preparation, and early action components of this simplified EAP. The Meteorological Department was also part of the consulting team, focusing mainly on developing the readiness triggers. Historical rainfall data from each targeted district was analyzed to understand its correlation with dengue outbreaks and their support. Additionally, the Ministry of Health and public health inspectors were consulted to determine the triggers based on the effects of previous dengue outbreaks. They serve as the primary coordinators with divisional hospitals, police, and government authorities during epidemics. Further, Staff, volunteers, unit members, and Branch Disaster Response Team (BDRT) members from the SLRCS branches in the targeted districts also played a vital role in developing and planning this simplified EAP.

BUDGET



Early Action Protocol Summary

EAPcode - Sri Lanka Red Cross Society
Dengue outbreak

Operating Budget

	Readiness	Pre-Pos Stock	Early Action	TOTAL
Planned Operations	48'510	21'690	67'500	137'700
Shelter and Basic Household Items	0	0	0	0
Livelihoods	0	0	0	0
Multi-purpose Cash	0	0	0	0
Health	8'760	9'840	33'450	52'050
Water, Sanitation & Hygiene	15'000	1'500	9'150	25'650
Protection, Gender and Inclusion	0	0	0	0
Education	21'600	10'350	24'150	56'100
Migration	0	0	0	0
Risk Red., Climate Adapt. and Recovery	0	0	0	0
Community Engagement and Accountability	3'150	0	750	3'900
Environmental Sustainability	0	0	0	0
Enabling Approaches	69'059	3'600	9'640	82'299
Coordination and Partnerships	0	0	7'095	7'095
Secretariat Services	17'455	0	2'545	20'000
National Society Strengthening	51'604	3'600	0	55'204
TOTAL BUDGET	117'569	25'290	77'140	219'999

Contact information

For further information, specifically related to this simplified EAP please contact:

At the Sri Lanka Red Cross Society

- Director General: Dr Mahesh Gunsekera; email: maresh.gunasekara@redcross.lk , +94 7003471084

At the IFRC Country Cluster Delegation in Sri Lanka:

- **IFRC Project Manager:** Selvarajasingham UMAKANTHAN, Programme Senior Officer; email selvarajasingham.umakanthan@ifrc.org

At the IFRC Asia Pacific Regional Office in Kuala Lumpur:

- **Regional Coordinator Anticipatory Action:** Raymond Etienne ZINGG; email: raymond.zingg@ifrc.org

At IFRC Geneva:

- **DREF Senior Officer AA:** Malika Noisette; email: malika.noisette@ifrc.org