



Suriname RC provided with equipment for Community Clean Up, Nickerie 2026

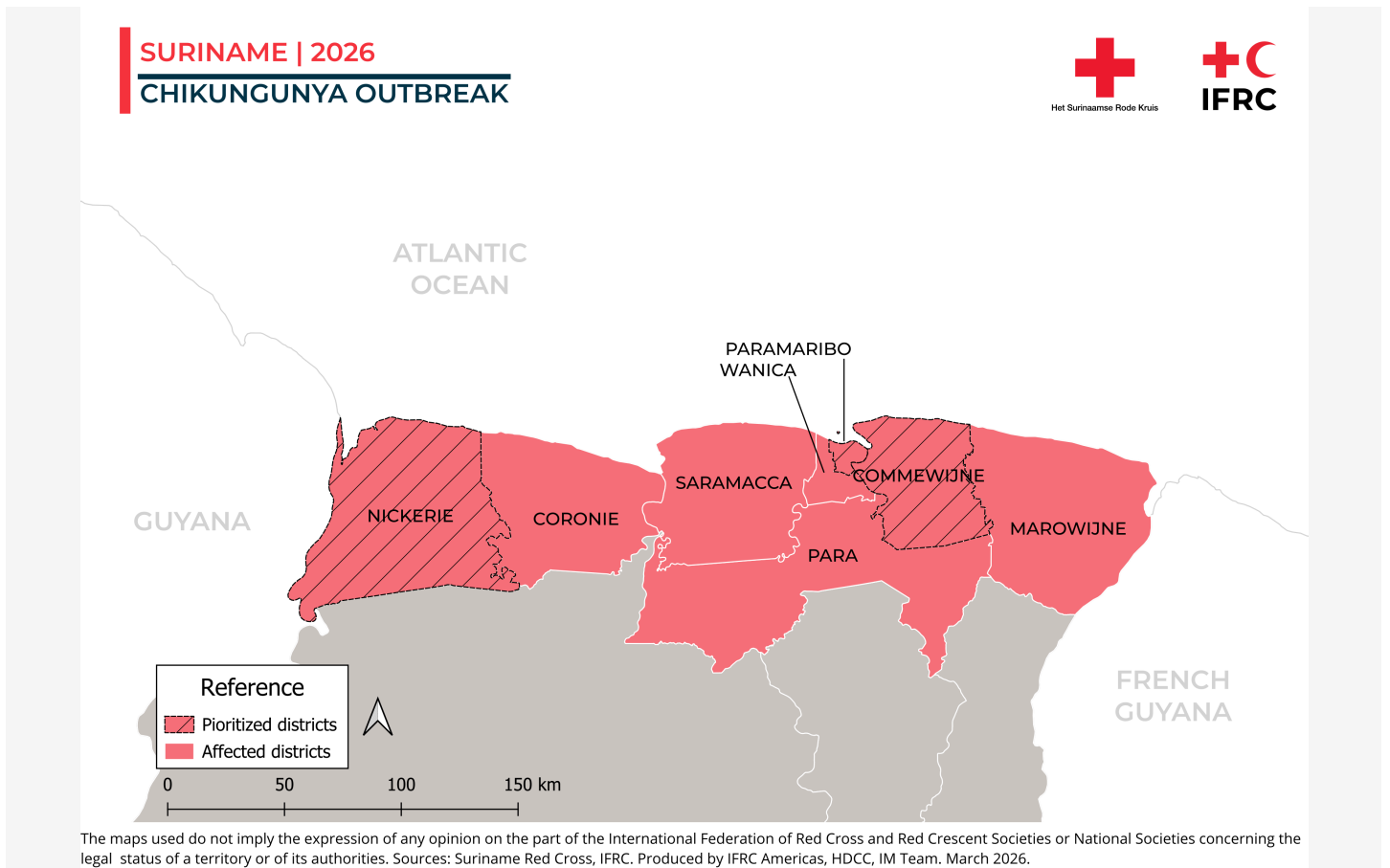
Appeal: MDRSR004	Hazard: Epidemic	Country: Suriname	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Sudden	DREF Allocation: CHF 210,025	
Glide Number: -	People Affected: 2,579 people	People Targeted: 2,000 people	
Operation Start Date: 16-03-2026	Operation Timeframe: 5 months	Operation End Date: 31-08-2026	DREF Published: 19-03-2026

Targeted Regions: **Commewijne, Coronie, Marowijne, Nickerie, Para, Paramaribo, Saramacca, Wanica**

Description of the Event

Date of event

04-03-2026



Districts with confirmed cases of Chikungunya in 2026

What happened, where and when?

On March 4, 2026 Suriname's Ministry of Health has confirmed a significant increase in the cases of chikungunya virus (CHIK V) following the previous declaration of outbreak in late January. Based on the Central Laboratory of the Bureau for Public Health (BOG) and the laboratory of the Academic Hospital Paramaribo, over 1,357 individuals have tested positive, confirming local transmission and one confirmed death and another to be determined. Despite the confirmation number, according to the Caribbean Public Health Agency's (CARPHA) report, PAHO and the Ministry of Health in Suriname, it is estimated that the number of infected persons is much higher, given typical health-seeking behavior patterns, hence it is believed that the number of infections may be up to three times higher, meaning the actual caseload could be approximately 4,000 cases by the second week of March. This aligns with regional observations that many ChikV-infected individuals do not present to a health facility unless symptoms are severe. Surveillance data primarily reflects laboratory-confirmed cases, and community transmission may be underestimated due to incomplete capture of milder cases.

Eight of ten districts have now reported confirmed cases of Chikungunya in Suriname: Paramaribo, Marowijne, Wanica, Nickerie, Commewijne; Tamansari, Richelieu, Para, Coronie. Symptom onset dates range from 18 December 2025 to February 2026, with a progressive increase in cases during the second half of January, consistent with early outbreak detection. According to CARPHA "Watching Brief on Re-Emerging Diseases dated March 4, 2026 CARPHA has elevated the relative risk of Chikungunya outbreaks across other CARPHA Member States from "Moderate" to "High". This because of the given high degree of exposure to Aedes mosquitoes, the ease of movements of persons across the Caribbean and the significant increase in Chikungunya cases in Suriname.

Suriname's first documented chikungunya outbreak occurred in June 2014 and lasted four months, when the virus was identified locally during the wider regional spread of chikungunya throughout the Caribbean and neighboring territories. The total number of tested cases in 2014 was 700; the current outbreak appears to progress faster than the recored 12 years ago, as total estimated cases have



increased substantially. The Bureau for Public Health has initiated comprehensive epidemiological investigations, including contact tracing, additional diagnostic testing, and heightened surveillance activities, with the objective of preventing further transmission. Chikungunya is an arboviral infection transmitted by *Aedes* mosquitoes, the same vectors responsible for dengue, Zika virus infection, and yellow fever. Clinical manifestations typically include the acute onset of fever, severe joint pain accompanied by swelling, headache, fatigue, and, in some instances, a maculopapular rash. The virus is not transmitted directly from person to person, and individuals who recover from infection generally develop lifelong immunity.

In addition, it is expected that CHIK-V cases might noticeable increase in the upcoming months during the rainy season in Suriname which starts from Mid- April until mil August, as rainfall creates standing water that serves for the development of *Aedes* mosquitoes. In The above gives an indication that in the coming weeks an increase in the numbers of infection will occur.



NS supported with protective equip for Clean Up. Credit: Suriname Red Cross

Scope and Scale

Suriname is currently the primary driver of regional concern, being the only CARPHA Member State reporting such a significant and rapid increase in confirmed cases in 2026, because of this, regional risk level for Chikungunya was officially elevated from "Moderate" to "Moderate to High" in country, where in only two months 8 of the 10 country districts have documented cases of Chikungunya. Furthermore, historically there is a high vector exposure to *Aedes* mosquitoes across the region, meaning the conditions for a multi-country epidemic are already in place.

The burden of disease has increased significantly within a short timeframe. As of late February 2026, public health surveillance documented a rapid rise in confirmed infections—with reports indicating more than 1,150 cases since January 2026, alongside suspected deaths under investigation. Prior national reporting also noted that weekly infections doubled from 134 to 312 within a single week, with the majority of cases detected in Paramaribo, Nickerie, Wanica, and Commewijne—areas now considered high-risk zones.

Populations residing in areas with poor sanitation and limited access to essential public-health services face a disproportionately higher risk of infection. Consequently, a rapid or exponential increase in chikungunya cases has the potential not only to overwhelm health-care systems but also to disproportionately affect socioeconomically vulnerable groups, thereby deepening existing health inequities. All age groups were affected. The highest cumulative crude rates were observed among adults aged ≥ 65 years (404 per 100,000 population) and those aged 50–64 years (320 per 100,000), with progressively lower rates among younger cohorts. The overall infected rate across all ages was 191 per 100,000, indicating a high level of population-wide transmission.

Although *Aedes* mosquitoes are capable of biting individuals of any age, adults and young adults who spend significant time outdoors—particularly those engaged in outdoor occupations are at a heightened risk of exposure to mosquito bites. Moreover, the urban design of many cities and communities in Suriname lacks key infrastructural public-health components, and these gaps are compounded by challenges in waste management and inadequate sanitation systems. Such conditions create an optimal environment for mosquito breeding and sustain high vector densities.

Recent national and regional epidemiological reports show that the virus has re-emerged after several years of relative absence, now spreading at an alarming rate and affecting communities with high vector density and limited risk-mitigation capacity. In addition, it has been documented cases of maternal-to-neonatal transmission, leading to severe risks for newborns who lack mature immune systems. In

January 2026, the Ministry of Health confirmed locally transmitted cases after years without autochthonous transmission, signaling a resurgence of the virus and prompting heightened surveillance and response efforts.

There is currently no antiviral therapy available for chikungunya infection. Clinical management is therefore supportive in nature, focusing on adequate rest, sufficient hydration, and the use of analgesics to alleviate symptoms while the host immune response clears the virus. According to specialists at the Academic Hospital Paramaribo Suriname (AZP), chikungunya is rarely fatal, and the majority of patients are able to recover at home without complications. Nevertheless, certain population groups are at increased risk for severe disease, including older adults, individuals with underlying chronic conditions (such as cardiovascular and renal diseases or diabetes mellitus), young children, neonates and health workers, Pregnant women are also advised to exercise heightened caution, particularly during the final weeks of gestation. Maternal infection around the time of delivery may pose significant risks to the newborn, underscoring the importance of minimizing exposure to mosquito bites during this period. The occurrence of neonatal infections carries significant clinical implications, as newborns possess immature immune systems, potentially leading to severe neurological complications or long-term developmental impacts.

Suriname’s experience in 2014 demonstrates that chikungunya outbreaks can have widespread, long-lasting impacts on community health, livelihoods, and health systems. The 2026 outbreak is unfolding under very similar ecological and infrastructural conditions, with transmission dynamics essentially unchanged. Communities with inadequate sanitation, poor waste management, and high mosquito-breeding potential experienced the highest transmission intensity, a pattern that was also highlighted by regional public-health organizations during the 2014 outbreak. Past experiences clearly demonstrated that vector proliferation is closely and consistently linked to environmental and infrastructural conditions, a relationship that continues to shape and sustain transmission dynamics in the present outbreak.

Environmental and social factors are amplifying transmission risks. The rainy season is expected to begin in mid-April 2026 and without immediate actions before the rains, the proliferation of breeding sites will likely lead to an exponential "rainfall-driven" acceleration of the outbreak particularly in urban and peri-urban communities where waste management challenges, standing water, and inconsistent vector control create ideal Aedes mosquito habitats

Field observations have identified six neighborhoods in and around Paramaribo as high-risk, requiring intensified surveillance, community engagement, and vector control. These conditions disproportionately affect vulnerable groups—including infants, the elderly, pregnant women, low-income families, and people with pre-existing health conditions—who face a higher likelihood of complications and barriers to early care.

Following infection, individuals may develop influenza-like symptoms including fever, headache, nausea, and a skin rash. What often distinguishes chikungunya from other viral illnesses, however, is the intensity of the joint pains. “Some patients experience such severe pain that they are barely able to walk. In contrast to dengue—where dangerous hemorrhagic complications can occur—chikungunya is characterized primarily by severe and sometimes prolonged joint symptoms. These complaints can, in certain cases, persist for several months putting a toll on our already fragile health care system.

Source Name	Source Link
1. StarNieuws- Local press	https://www.starnieuws.com/index.php/welcome/index/nieuwsitem/90778
2. CARPHA Watching Brief- 04032026	https://carpha.org/Portals/0/Documents/Watching%20Briefs/Watching%20Brief%20-%20Chikungunya%20Virus%20Feb%20Update_04032026.pdf?ver=5XMv4M62pLVHb03eakFunw%3d%3d
3. SIT REP7 _ Sur PAHO	https://www.paho.org/en/situation-reports
4. SIT REP8 _ Sur PAHO	https://www.paho.org/en/situation-reports

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	No



Did the National Society respond?	No
Did the National Society request funding form DREF for that event(s)	No
If yes, please specify which operation	-
If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:	
-	
Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	No

Current National Society Actions

Start date of National Society actions

04-03-2026

<p>Health</p>	<p>The Suriname Red Cross is disseminating key messages to raise awareness about chikungunya through various social-media platforms, with plans to expand these efforts to radio and television at a later stage. The development and dissemination of these awareness materials are being carried out in close collaboration with the Ministry of Health (MoH) and the IFRC team to ensure consistency, accuracy, and alignment with national public-health guidelines. Furthermore, awareness activities in schools within targeted communities are being incorporated into the planning process, recognizing that school-aged children represent a vulnerable group. This vulnerability is heightened by the fact that chikungunya transmission occurs primarily during daytime hours, when children are present at school. School-based awareness initiatives will therefore play a critical role in ensuring that children receive appropriate guidance on personal protection measures and environmental hygiene to reduce their risk of mosquito exposure.</p> <p>The National Blood Bank of the Suriname Red Cross has issued updated instruction protocols and developed a donor-screening questionnaire to ensure the safety of the blood supply during the outbreak—an essential step in maintaining national health-system resilience.</p> <p>The SRCS is exploring opportunities to integrate dengue-prevention activities into these existing initiatives, contingent upon available funding. This may include incorporating awareness sessions into First Aid training programmes, as well as providing information on chikungunya prevention to individuals visiting the National Blood Bank to donate blood, thereby ensuring that health-promotion messaging is delivered through multiple routine points of contact with the public.</p>
<p>Water, Sanitation And Hygiene</p>	<p>The SRC has supported ongoing WASH interventions being spearheaded by the authorities through the provision of tools to undertake clean-up exercises. The sanitary disparities and infrastructure gaps across the country, climate induced floods and droughts the need to maintain, efforts targeted at addressing the conditions that promote the breeding of the vector will have to be increased. Communities nationwide will have to be sensitized on transmission of the virus and how they can actively support prevention efforts as well as surveillance to ensure that the authorities are kept abreast of the evolution of the threat or the emergence of new outbreaks.</p>



<p>Protection, Gender And Inclusion</p>	<p>The Protection, Gender and Inclusion (PGI) approach is being actively incorporated into the planning process to ensure that all interventions are equitable and accessible. In addition, Risk Communication and Community Engagement (RCCE) initiatives such as social media messaging and other informational materials are being specifically targeted toward vulnerable groups, including children, pregnant women, and older adults.</p> <p>To ensure broad accessibility and cultural relevance, key messages will also be translated into local languages as appropriate, thereby improving the reach and effectiveness of public-health communication across diverse communities.</p>
<p>Community Engagement And Accountability</p>	<p>Messages related to chikungunya prevention are being disseminated through various social-media platforms, including WhatsApp groups and the Suriname Red Cross Facebook page. In addition, radio and television programs addressing chikungunya awareness have been broadcast or are currently being planned.</p> <p>Information, Education and Communication (IEC) materials developed by both the Red Cross and the Government are prepared and ready for distribution within targeted communities.</p> <p>Red Cross volunteers remain on standby to conduct house-to-house awareness activities, ensuring that accurate, timely, and accessible information reaches households across affected areas.</p>
<p>Coordination</p>	<p>As of March 2026, the National Society (NS) is coordinating closely with the Health Emergency Operations Centre (HEOC), local government authorities, Community Disaster Response Teams (CDRTs) operating in multiple districts, the Guyana Red Cross for sharing of information, and the International Federation of Red Cross and Red Crescent Societies (IFRC).</p>
<p>National Society Readiness</p>	<p>The Suriname Red Cross (SRCS) is closely monitoring the evolving chikungunya situation and has activated several preparedness and communication measures to support affected communities. As part of its preventive strategy, the SRCS has been issuing public awareness messages through its network of volunteers and Community Disaster Response Teams (CDRTs) across various districts. These messages are disseminated primarily via short WhatsApp communications, enabling rapid and accessible information sharing at the community level.</p> <p>In collaboration with the CDRTs, the SRCS is also assessing community needs in order to determine the most effective ways to provide assistance. While awaiting further official guidance from national authorities, the organization remains on standby and operationally prepared to escalate its support should the situation require it.</p> <p>A chikungunya communication strategy has been developed in coordination with the SRCS Communication Officer. As part of this strategy, new short informational messages will be produced and distributed through various social media channels to enhance public understanding of disease prevention and protective measures.</p> <p>To strengthen outreach, the SRCS has developed a comprehensive communication and prevention plan to guide its operational response. In addition, the organization plans to mobilize volunteers and CDRTs for house-to-house visits to ensure that accurate and timely information reaches households, including those with limited access to digital communication platforms.</p> <p>Furthermore, the Youth Red Cross is preparing to produce an informational video aimed at educating the public, particularly young people, about chikungunya prevention. Volunteers remain prepared to support risk communication efforts, hygiene-promotion activities, and other forms of assistance if response operations are activated.</p>
<p>Assessment</p>	<p>The National Society (NS) is actively engaged in monitoring the situation, drawing on situation reports from the Health Emergency Operations Centre (HEOC) and the systematic collection of field information from Community Disaster Response Teams (CDRTs) and volunteers living in (affected) communities.</p>



Activation Of Contingency Plans	The SRCS has initiated several preventive measures, including the implementation of updated protocols within the National Blood Bank. These early-action activities will continue and be maintained until the contingency plan is formally activated.
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IFRC Network Actions Related To The Current Event

Secretariat	The IFRC is supporting the National Society by closely monitoring the evolving situation. In addition, relevant documentation to facilitate the wide dissemination of short, targeted messages to communities has been shared. The IFRC Country Cluster Delegation is supporting the the National Society in the process of developing a DREF for Response and will further support with the deployment of an Operations Manager to support the implementation of the response.
Participating National Societies	N/A

ICRC Actions Related To The Current Event

Not in Country

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<p>The Surinamese authorities have introduced a series of public-health and vector-control measures in response to the chikungunya outbreak. Emergency coordination is active. The Ministry of Health, Welfare and Labour activated the Health Emergency Operations Centre (HEOC) on 18 January 2026. The HEOC is operating under the PAHO/WHO-recommended Incident Management System (IMS)</p> <p>Enhanced Surveillance and Epidemiological Investigation Intensive surveillance activities have been initiated, including contact tracing and additional diagnostic testing. Monitoring efforts have been strengthened in all identified high-risk neighborhoods to ensure early detection and containment of new cases.</p> <p>Public Health Advice to Citizens Citizens have been advised to avoid the use of aspirin or ibuprofen, and instead to use paracetamol for the management of fever and joint pain. The public is further encouraged to maintain adequate hydration and to seek medical attention should symptoms worsen.</p> <p>Elimination of Mosquito Breeding Sites The government has launched a large-scale bulky-waste removal initiative aimed at eliminating mosquito breeding grounds such as accumulated garbage, discarded tires, and containers with stagnant water.</p>



	Ministry of Health and Labor launched public awareness campaigns urges citizens to play an active role in keeping their surroundings clean, emphasizing that community participation is essential to preventing further spread of the virus. Several testing sites have been opened to provide the public with accessible opportunities to be tested for chikungunya.
UN or other actors	Panamerican Health Organization: Surge capacity deployed in February 2026 to support the PAHO Country Office. In this sense, support is being given to the Health Authorities to address existing gaps by providing technical assistance and guidance for Clinical Management, Risk Communication, Vector Control and Environmental Health, Surveillance and Epidemiology. In addition, 500 mosquito bed nets have been donated and will be distributed to priority groups and settings.
Are there major coordination mechanism in place?	
<ul style="list-style-type: none"> - Surinamese Working Group Chikungunya Combating. - Emergency coordination is active. The Ministry of Health, Welfare and Labour activated the Health Emergency Operations Centre (HEOC) on 18 January 2026. 	

Needs (Gaps) Identified



The rapid and sustained rise in chikungunya cases poses a significant threat to the health of the entire population and may precipitate a collapse of the already fragile health-care system. The situation is further complicated by operational challenges faced by government bodies. Notably, the chikungunya vector has demonstrated resistance to malathion, the pesticide previously used for vector-control activities, limiting the effectiveness of traditional control strategies. Delays in procuring alternative insecticides capable of reducing transmission are contributing to the continued acceleration of cases, thereby increasing the likelihood that health-care facilities will be overwhelmed.

Once health facilities exceed their capacity, the strain tends not only to impair the management of chikungunya cases but also to disrupt the routine delivery of essential health services. This can adversely affect other critical areas such as maternal and child health, the management of non-communicable diseases, and other essential care pathways. The situation additionally places pressure on the Suriname Red Cross (SRCS), which manages the national blood transfusion services. A rise in voluntary blood donors at risk of infection could compromise blood safety protocols and increase operational burdens.

Given the absence of specific antiviral treatment for Chikungunya, prevention and community-level mitigation remain the primary protective strategies. National authorities emphasize that prevention—including environmental sanitation, personal protection against mosquito bites, and timely health-seeking behavior—is the only effective method to curb the outbreak. However, current public health messaging, vector control actions, and community-based interventions have not been sufficient to match the pace of transmission. Reports emphasize fragmentation in public outreach, delays in chemical procurement for spraying, and inconsistent waste cleanup campaigns.

Importance of Behavior Change and Environmental Sanitation

To halt the progression of chikungunya toward a more severe outbreak trajectory, behavior change communication and preventive messaging on environmental sanitation are essential. Chikungunya transmission is strongly influenced by environmental conditions, particularly those associated with vector proliferation, such as the presence of bulk waste, open water sources, and poor drainage. Addressing these underlying conditions will require both community-level engagement and sustained public-sector coordination.

Preventive communication efforts must target the general population while placing special emphasis on vulnerable groups, including pregnant women, children, older adults, and individuals with underlying health conditions. These groups face a heightened risk of complications or adverse outcomes associated with chikungunya infection.

Community-Level and School-Based Awareness Efforts

Effective awareness interventions should occur at both the household level and within schools, ensuring that communities receive accurate and timely information. School-based activities are particularly important, as chikungunya transmission occurs mainly during daylight hours when children are present in the classroom. Tailoring prevention messages to these settings can significantly reduce risk.

Coordination for Implementation

To ensure coordinated and efficient implementation of these interventions, the SRCS will collaborate closely with the Ministry of Health (MoH) and local government authorities. This coordinated approach will support harmonized messaging, maximize operational reach,



and ensure that preventive activities—including community engagement, sanitation efforts, and targeted awareness campaigns—are delivered effectively across all high-risk areas.

Epidemiological Surveillance as well as contact tracing efforts will have to be increased to keep a pace with the rate of transmission and potentially reduce prevalence of infections. Communities can play a significant role in complementing the work of the authorities and provide vital information that can trigger targeted interventions.



Water, Sanitation And Hygiene

In areas where there is limited public infrastructure and inconsistent or no water supply, residents often rely on alternative storage solutions to provide for their daily needs. This reality potentially creates ideal conditions for vector proliferation particularly in cases where adequate steps are not taken to treat water and to ensure that storage solutions are kept clean and covered. Considering that cases have been recorded in eight out of the ten country districts, there is an increased need to establish effective sensitization programmes through the dissemination of key messages promoting good and safe practices for water storage and usage.

In addition to sensitizing communities on measures to contain the spread of vector-borne illnesses, effective strategies will have to be employed to ensure that the conditions which results in the proliferation or increase in the mosquito (vector) population are reduced or removed. The actions that should be considered are the elimination of standing water, proper waste management, and improving drainage. Appreciating that these communities are oftentimes on the lower rung of the socio-economic ladder, they are often disproportionately affected as they receive inconsistent or no public services resulting in improper waste disposal, characterized as often poorly planned settlements and exhibit poor health seeking behaviour resulting in high-levels of underreporting.



Protection, Gender And Inclusion

The risk of exposure is not the same to all groups, however it is also important to appreciate that all groups are potentially at risk of being impacted by this virus. Increased risk is present for the elderly and pregnant women due to the further complications if the cases are confirmed. Furthermore, people residing in densely populated communities with poor sanitation conditions have a higher risk of exposure. Additional and given that transmission occurs primarily in daytime, special consideration must be given to men and children who are likely to be outdoors either because of livelihood related activities, school and play.



Community Engagement And Accountability

The preventive measures and safe practices needed to eliminate mosquito-breeding sites are currently insufficient at the community level. At this stage of the outbreak, behaviour change communication, supported through active community engagement, is essential for effective chikungunya prevention and control. It is therefore critical that awareness and informational messages be delivered directly at the household level and in languages that community members fully understand.

To address this need, the SRCS is planning to conduct house-to-house visits in targeted communities to ensure that families receive clear, accessible, and actionable guidance on how to reduce mosquito-breeding sites, adopt personal protective measures, and recognize early symptoms of chikungunya. These visits will also allow volunteers to identify specific barriers, answer community questions, and tailor messages to local realities, thereby strengthening the overall impact of the public-health response.



Environment Sustainability

There is an urgent need for sustainable environmental management as a primary defense against vector-borne diseases. The Surinamese Ministry of Health is pivoting toward long-term, eco-friendly solutions, this includes large-scale "bulky waste" removal programs to eliminate non-biodegradable breeding sites such as old tires and plastic containers that disrupt local ecosystems. By integrating these cleanup efforts with community-led environmental stewardship, Suriname aims to reduce reliance on synthetic aerosols and promote a healthier, more resilient natural landscape that naturally inhibits mosquito proliferation.

Any identified gaps/limitations in the assessment

The National Society has not been able to provide primary data related to this outbreak and therefore relies on official sources. The NS intends to expand its capacity particularly at the community level to ensure that it is able to monitor the evolution of the situation and



optimally liaise with the authorities and coordinate responses particularly in underserved districts across the country. While Paramaribo has been provided with priority attention from the authorities, some actions can be complemented, particularly surveillance and contact tracing and needs assessments. The NS will require adequate resources to mobilize its human resources (volunteers) in areas of confirmed needs and also to ensure that all infection prevention and Control measures are strictly adhered to.

Operational Strategy

Overall objective of the operation

The DREF operation aims to support the most vulnerable people in order to reduce the health risks and impact of the chikungunya outbreak for affected households in the high-prevalence communities of Paramaribo, Nickerie, and Commewijne, by providing targeted health awareness and WASH interventions while ensuring protection, dignity, and community resilience throughout the period of the operation. By the fourth month of implementation of the operation, increased knowledge and adoption of chikungunya prevention practices among vulnerable households and schools should be achieved through the delivery of integrated Health awareness activities that incorporate RCCE and PGI approaches, reaching at least 2,000 people

Operation strategy rationale

With confirmed cases exceeding more than one thousand (1,000) and local transmission evident, the Suriname Red Cross' approach will be two-pronged: Prevention and Response, with the intention to support the reduction of transmission rates over time. Actions led by the Suriname Red Cross will mainly focus on early and preventive actions considering the National Society's reach and the presence of Community Disaster Response Teams.

The proposed strategy also aims to complement ongoing response actions being undertaken by the authorities and to target underserved areas in Paramaribo, currently the epicentre of the outbreak. The National Society will also target the most vulnerable districts outside of Paramaribo with customised educational campaigns to reduce the possibility of unchecked escalation in cases. At all times, special consideration will be given to the most vulnerable, particularly the elderly, children and those confirmed to have underlying conditions to reduce the possibility increased mortality. The National Society also aims to use this opportunity to strengthen its capacity in epidemic control and ensure its increased localization so that surveillance is enhanced and that other measures are employed to reduce the proliferation of the vector.

Considering the gaps identified in the health sector, the SRC's auxiliary role becomes critical. The SRC is uniquely positioned to strengthen community-centered prevention through locally trusted volunteers, household-level engagement, and targeted outreach in the highest-risk districts. The operation integrates Health, WASH, Risk Communication and Community Engagement (RCCE), and Protection, Gender, and Inclusion (PGI) approaches to ensure that vulnerable households receive timely, accessible, and culturally appropriate information and services. This integrated strategy aims to:

- Enhance early detection and awareness (through contact tracing and complementary surveillance activities)
- Reduce mosquito breeding sites through community-led WASH practices,
- Promote protection-sensitive and inclusive health messaging, and
- Support local systems to reduce further spread and prevent avoidable morbidity.

Moreover, regional surveillance indicates that Suriname is part of a broader pattern of rising Chikungunya incidence across the Americas, reinforcing the need for strong national response capacities and alignment with international public health guidance. By focusing on high-transmission districts—Paramaribo, Nickerie, and Commewijne—the SRC operation strategically targets the epicenters of the outbreak while reinforcing community resilience mechanisms to mitigate future vector-borne disease risks.

Overall, the strategy is grounded in real-time epidemiological evidence, operational gaps identified by public authorities, and the SRC's mandate to protect life, health, dignity, and resilience. By prioritizing vulnerable populations and leveraging community-based prevention, the operation supports the national response while reducing the immediate and long-term impacts of the Chikungunya outbreak in Suriname.

In order to provide elements that facilitate the sustainability of the activities that strengthened the targeted communities' capacities, the SRC will strengthen its response system to epidemics, including its information on Chikungunya in its network of volunteers trained in epidemic control as well as expand this capacity where required and complement with Infection Prevention and Control (IPC) knowledge as required. The NS will also continue to work closely with the government's surveillance mechanism throughout the operation to ensure continuous monitoring and assessment of the situation.



Targeting Strategy

Who will be targeted through this operation?

The response will target the general population in underserved high-risk communities with the view to complement the work of the authorities focusing particularly on selected affected districts of Paramaribo, Nickerie, and Commewijne, where chikungunya transmission is highest. Because the disease spreads through the bite from infected mosquitoes, effective outbreak containment requires broad community participation in applying prevention measures such as eliminating breeding sites, improving household sanitation, and increasing awareness of protective behaviors.

Explain the selection criteria for the targeted population

Targeting the general population ensures that prevention messages, vector control actions, and community engagement activities reach all households, thereby reducing the overall number of infections and slowing the spread of the disease. By lowering transmission across the community, this approach also indirectly protects individuals who are more susceptible to severe complications, including older persons, pregnant women, infants, and people with underlying health conditions.

Activities will include community-wide awareness campaigns, door-to-door outreach, distribution of prevention information, and promotion of environmental clean-up efforts to reduce mosquito breeding sites. Red Cross volunteers operating within local communities will support these activities to ensure wide coverage, trust, and rapid dissemination of information.

This population-wide strategy recognizes that controlling the outbreak at the community level is the most effective way to protect everyone, including those who may face greater health risks.

Total Targeted Population

Women	750	Rural	35%
Girls (under 18)	250	Urban	65%
Men	750	People with disabilities (estimated)	2%
Boys (under 18)	250		
Total targeted population	2,000		

Risk and Security Considerations (including "management")

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



Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	No
Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.	
Risk	Mitigation action
<p>Increased risk of infection for staff and volunteers due to localized community transmission and rapidly rising case numbers. [dbsuriname.com] Co-infection risks, as some cases have been reported with both chikungunya and dengue, increasing health complications for field teams and community members.</p> <p>The impact of the above risk may result in the reduction staff and volunteers' availability, slow down implementation, increase operational costs, limit community access and engagement, and impair the ability to reach vulnerable groups effectively, making active risk management essential to prevent disruptions to the operation's core objectives.</p>	<p>Provide all field teams with mosquito repellent, long-sleeved clothing, and training on bite-prevention, particularly important due to the high mosquito density reported during the rainy season.</p> <p>Ensure volunteers use protective gear during community clean-ups and fieldwork in high-risk neighborhoods classified by health authorities.</p> <p>Adjust field schedules to minimize time spent outdoors when mosquitoes are most active, reducing infection risk as local transmission continues to rise</p> <p>Implement routine health checks for volunteers operating in areas with rapidly increasing cases</p>
<p>Community engagement may be hindered by misinformation and mistrust—particularly in areas where public messaging has been inconsistent—alongside heightened stress from the rapid rise in cases and suspected deaths, and stigma or fear toward infected individuals, all of which can reduce households' willingness to engage with response teams.</p> <p>These community engagement and social risks can significantly undermine the operation by limiting volunteers' ability to access households, reducing community participation in prevention activities, increasing resistance or hostility toward response teams due to heightened stress from rapidly rising cases and suspected deaths, and decreasing overall trust and cooperation as misinformation, inconsistent public messaging, and stigma discourage individuals.</p>	<p>Ensure all communication materials align with Ministry of Health and PAHO guidelines to counter misinformation. This is critical because inconsistent or insufficient public messaging has already been noted as a driver of mistrust</p> <p>Build Trust Through Localized, Community-Led Engagement</p> <p>Provide multilingual materials and accessible formats for older adults, migrants, and pregnant women, all identified as risk-prone groups.</p> <p>Volunteers are trained in Protection, Gender & Inclusion (PGI) so engagement is respectful and non-discriminatory.</p>
<p>Massive outbreak can cause changes in the operation plans and strategy.</p> <p>If transmission spreads beyond the currently affected areas, operations may need to expand geographically, adding new communities and vulnerable groups to the intervention footprint. Reports have already shown spread across multiple districts</p> <p>Escalating needs—more PPE, more volunteer replacements, expanded cleanup campaigns, and intensified WASH messaging—would increase the overall budget requirement, potentially exceeding original planning assumptions.</p>	<p>The operation will support the Suriname Red Cross Society (SRCS) to develop a contingency plan, in close coordination with national health authorities, to enable timely and efficient scale-up of response activities based on evolving outbreak dynamics, operational needs, and available resources. Furthermore, monitoring of the evolution of the outbreak and constant communication with IFRC will ensure to adjust the Operation Strategy if needed.</p>
Has the child safeguarding risk analysis assessment been completed?	No



Planned Intervention



Health

Budget: CHF 90,550

Targeted Persons: 2,000

Indicators

Title	Target
Number of people reached through dissemination of key messages and community awareness	2,000
Number of schools reached through awareness sessions	6
Mosquito repellents procured and distributed	5,000
Number of volunteers received training (ECV, RCCE, IPC)	75

Priority Actions

- Health promotion activities for awareness building via public awareness campaigns as well as house to house and schools visits.
 - Procurement of mosquito repellents
 - Distribution of mosquito repellents and while conducting various activities, such as school visits and house to house awareness.
 - Coordination and planning meetings with local health and non-health actors
 - Mobilization of volunteers and support for Community Disaster Response Teams (CDRTs) within target districts to support localized prevention and intervention efforts.
- They will serve as first-line mobilizers, guiding community sensitization and supporting vector-control activities at
- Training for volunteers and CDRTs in RCCE (Risk Communication and Community Engagement) and Epidemic Control for Volunteers (ECV).
 - Use previous experiences for community data collection based on KAP implementation developed in 2023.
 - Sensitization sessions on disease control and awareness for staff, volunteers.



Water, Sanitation And Hygiene

Budget: CHF 35,689

Targeted Persons: 2,000

Indicators

Title	Target
Number of communities benefitting from sanitation and health promotion campaigns	9
Number of communities receiving support for their clean up campaigns	9
Number of schools receiving relevant and approved Information Education and Communication (IEC) materials	6



Number of communities receiving waste removal tools/equipment to support community clean up	9
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Priority Actions

- Sanitation and health promotion campaigns conducted in schools to include the distribution of relevant and approved Information Education and Communication (IEC) materials.
- Procurement and distribution of waste removal tools/ equipment (wheel barrows, shovels etc) for supporting community clean up efforts in targeted communities.
- Procurement and distribution of PPE to volunteers and CDRTs



Protection, Gender And Inclusion

Budget: CHF 1,245

Targeted Persons: 2,000

Indicators

Title	Target
Child protection safeguarding analysis is conducted	-
Number of people reached with awareness messages with PGI integration	2,000
Number of elderly persons reached	-

Priority Actions

- Integrate PGI in the short messaging (messages tailored to specific vulnerable groups)
- Conduct child safeguarding analysis and prepare work plan accordingly as per IFRC procedures with technical support.
- Prioritize the adaptation of awareness messages based on different targeting such as infants, elderly, pregnant women, low-income families, and people with pre-existing health conditions
- Training for volunteers and CDRT PGI minimum standards and PSEA.



Community Engagement And Accountability

Budget: CHF 4,814

Targeted Persons: 6

Indicators

Title	Target
Number of feedback collection mechanisms are functional	6
Volunteers are mobilized in target districts to support localized prevention actions	100
Number of coordination and planning meetings held with local health and non-health actors	3



Priority Actions

- Conduct Media mobilization to disseminate sectorial messages (Video, radio and television program.)
- Support the development and dissemination of tailored key messages in the communities as well as make the best use of social media platforms, for house-to-house Awareness.
- Establish feedback mechanism through existing channels to collect feedback from the communities, including perceptions and rumours linked to chikungunya.
- Collect/capture success stories/interventions for evidence-based advocacy and dissemination (capturing, documentation, videography, publication of stories, learning, good practices).
- Training for volunteers and CDRT in CEA



Secretariat Services

Budget: CHF 54,446

Targeted Persons: 2

Indicators

Title	Target
Number of rapid response surge personnel mobilized to reinforce operational capacity.	2
Support for logistics and procurement services provided	0

Priority Actions

- Deployment of Rapid Response Personnel:
 - * 1x Ops Manager x 3 months to support timely implementation of the operation and the teams in country.
 - * 1x Health Coordinator x 2 months to provide technical guidance and setting the strategic direction and overall strategy of the response.
- Support logistic/procurement services as per need
- Assist in the Lessons learned workshop



National Society Strengthening

Budget: CHF 23,281

Targeted Persons: 100

Indicators

Title	Target
Number of volunteers insured	100
Contingency Plan developed	1
Number of National Society staff appointed to support operations implementation	3

Priority Actions

- Volunteer protection and insurance, increased to support community activities (house-to-house awareness, community sensitization sessions, identifying breeding sites)



- Development of SRCS arboviral diseases Contingency Plan
- Appointing NS staff to support Operations Implementation: Project Coordinator; Finance Officer; Disaster Management Coordinator
- Lessons learned workshop
- Development of a communications plan
- Conduct one volunteer recruitment campaigns.

About Support Services

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

The Suriname Red Cross will manage the operation conformed by two main teams: One team located in the west will cover District Nickerie while the other team situated in Paramaribo will provide the response for the Districts of Paramaribo and Commewijne. It is expected that 100 volunteers will be mobilized from the three prioritized districts, providing support at all levels to ensure community activities take place.

In addition, the National Society will appoint a Project Coordinator, Finance Officer and Disaster Management Coordinator to make sure the IFRC-DREF Operation is properly implemented.

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 Suriname Red Cross volunteer base partially reflects the gender, age, and cultural diversity of the communities served in Paramaribo, Nickerie, and Commewijne. The team includes volunteers from various ethnic backgrounds (Creole, Hindustani, Javanese, Maroon, Indigenous), which aligns well with the multicultural makeup of Suriname. Additionally, both men and women are active in community outreach, and several youth volunteers participate in awareness and vector-control activities.

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

Yes

An operations Manager will be deployed for three months to support the Suriname Red Cross for the timely implementation of the present operation. In addition, a Health Officer will be providing overall technical guidance to the teams. By the submission of the operation, the request has been made to the IFRC POS CCD and shared with the Americas Regional Office to support surge deployment.

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

Procurement for this operation will be managed jointly by the Suriname Red Cross Society (SRCS) with IFRC support. The IFRC will provide overall guidance, technical oversight, and approval to ensure full compliance with IFRC procurement procedures. The SRCS National Headquarters will carry out the local procurement processes in Suriname, given the short duration of the operation and the need for fast delivery.

All procurement will be conducted using local suppliers wherever possible, as this allows quicker turnaround within the four-month operational timeframe. International procurement will only be considered if specific items are not available in the local market.

Procurement will cover items for distribution. For distribution, the operation will procure mosquito repellents, IEC materials and vector-control supplies

Overall, procurement responsibility is shared: IFRC ensures compliance and approvals, while SRCS leads local implementation, with tendering primarily conducted in-country to obtain goods quickly for operational needs.



How will this operation be monitored?

The operation will be monitored through a robust PMER-IM system that combines routine field reporting, EWARS surveillance and joint supervision. SRCS will maintain a central monitoring register where volunteers and field supervisors submit daily activity data (household visits, RCCE sessions, distributions etc) and community feedback. The DM Coordinator and Project Coordinator at SRCS HQ will consolidate and verify this information weekly, with technical oversight and data quality reviews from IFRC PMER/IM.

Progress will be tracked via a rolling workplan with weekly targets, monthly narrative and indicator reports will be issued as well as a final report. Success against clear indicators and milestones. EWARS data will be reviewed weekly to confirm hotspots and adjust

IFRC Country Cluster delegation will monitor the implementation with the support of surge deployments on a regular schedule

The Project Coordinator will ensure that monitoring findings lead to timely adjustments in plans, while technical leads and volunteers are responsible for day-to-day data capture and corrective actions. This approach ensures that implementation remains on schedule, quality standards are met, and lessons learned are captured and applied throughout the operation.

Please briefly explain the National Societies communication strategy for this operation

The Suriname Red Cross Society (SRCS) will manage internal and external communication through a coordinated and structured approach to ensure that accurate, timely, and consistent information is shared across all levels of the operation. Internally, communication between field teams, branches, and headquarters will rely on established channels for rapid coordination, scheduled briefings, and weekly operational reviews led by the Project Coordinator and Communications Officer. These channels will support real-time updates on activities, challenges, and safety considerations and ensure that volunteers and staff receive clear guidance and aligned messaging.

Externally, SRCS will maintain communication with government health authorities, IFRC, local partners, community leaders, and the public. Regular situation updates, briefing notes, and coordination meetings will be used to ensure partners remain fully informed of progress and operational adjustments. Transparent communication with affected communities will be achieved through community meetings, door-to-door visits, posters and IEC materials in relevant languages, and trusted community intermediaries such as CDRT members. Volunteers will be equipped with clear key messages to prevent the spread of misinformation and ensure communities understand prevention measures, available services, and referral pathways.

A media and public communication strategy will guide external outreach. This will include the preparation of press releases, social media updates, radio segments, and visibility materials to keep the public informed of the outbreak situation and the National Society's response. All external communications will follow SRCS and IFRC guidelines to ensure accuracy, consistency, and responsible representation of affected populations. The Communications Officer will lead this work, with IFRC supporting quality assurance, visibility, storytelling, and press engagement.

The IFRC will support communication throughout the operation. IFRC's Regional Communications team and the Communications Officer deployed for the operation will provide technical guidance, review and clear public communication materials, support the development of human-interest stories, and ensure alignment with IFRC standards. They will also coordinate visibility requirements, help strengthen accountability to communities, and support risk communication where needed. Together, this structure ensures a reliable, transparent, and community-centered communication approach for the duration of the operation.



Budget Overview



DREF OPERATION

MDRXXXXX - Suriname Red Cross Society
CHIKUNGUNYA

Operating Budget

Planned Operations	132.298
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	90.550
Water, Sanitation & Hygiene	35.689
Protection, Gender and Inclusion	1.245
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	4.814
Environmental Sustainability	0
Enabling Approaches	77.727
Coordination and Partnerships	0
Secretariat Services	54.446
National Society Strengthening	23.281
TOTAL BUDGET	210.025

all amounts in Swiss Francs (CHF)



Contact Information

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

National Society contact: Glen Wijngaarde, Director General, dg@redcross.sr

IFRC Appeal Manager: Necephor Mghendi, Head of Delegation, Necephor.Mghendi@ifrc.org

[Click here for the reference](#)

