COVID-19 SITUATION IN KIRYANDONGO SETTLEMENT
Summary highlights

- 37 cumulative cases (08 refugees and 29 nationals); 01 death (national), 11 recoveries, 25 active cases
- 02 health workers, 01 a primary contact of the COVID-19 death, 01 source unknown
- Nationals admitted at Hoima and Mulago, Refugees: 02 at Entebbe, 04 at Lira and 02 at Hoima
- 29 nationals in self quarantine, 02 refugees in quarantine – return cases (01 in self quarantine and 01 at institutional quarantine)
- Epicentre of infection: Bweyale central ward
- 01 death of a Police officer in the settlement – sample taken for testing for COVID-19 results expected after 14th September 2020
Coordination

• Weekly district taskforce meeting chaired by RDC
• Daily taskforce meetings at RDC’s office chaired by DISO
• District leading the response following MoH guidance with support from WHO and partners
• Settlement taskforce in the process of being set up under OPM leadership
Surveillance

• District surveillance team overstretched as there were over 350 contacts to be followed
• Contact tracing is ongoing for the health worker
• All health workers in Panyadoli HCIII being tested (08 in self quarantine)
• Risk communication ongoing under the leadership of the District Health Educator – weekly meetings and VHTs and partners involved in sensitisation
Infection Prevention and Control

- Mask distribution being discussed and organised by partners 11-14 September 2020
- Handwashing facilities in place at public places in the settlement and all health centres have temperature screening
- Health workers have PPEs
- All health workers in Panyadoli HCIII being tested (08 in self quarantine)
- VHTs have been trained on COVID-19 prevention and care
Case management

• Case management training ongoing 09-11 September for health workers
• Settlement IQC to be moved from Panyadoli SS to reception centre. Renovation to be undertaken
• District lobbying for a treatment centre to be established as referral hospitals increasingly getting full
• District IQC in an educational institution – district lobbying for a larger scale IQC be established in an alternative location
Challenges

• Community not adhering to guidelines, particularly Bweyale and settlement
• Alternative IQC for the district
• Feeding at the IQC
• Police manpower challenge for enforcement
• Fuel to facilitate response – transportation of samples, risk communication, enforcement of compliance
• Increased need of psychosocial support for affected families, IQC, humanitarian staff, health workers etc
• Overcrowding in refugee accommodation both at settlement and Bweyale
• Stigmatisation