

HIGHLIGHTS

- The number of active cases with COVID-19 in the West Bank increased by over 20 per cent, and 34 more people have died
- The number of recovered cases surges by almost 400 per cent.
- First new cases of COVID-19 reported in Gaza in over a month.

COVID-19 CASES IN OPT

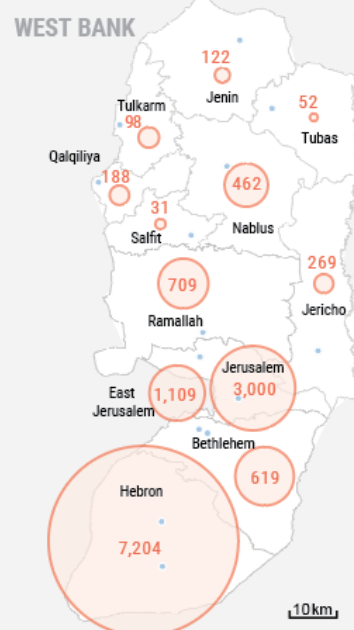
13,938 CONFIRMED CASES

7,824 ACTIVE CASES

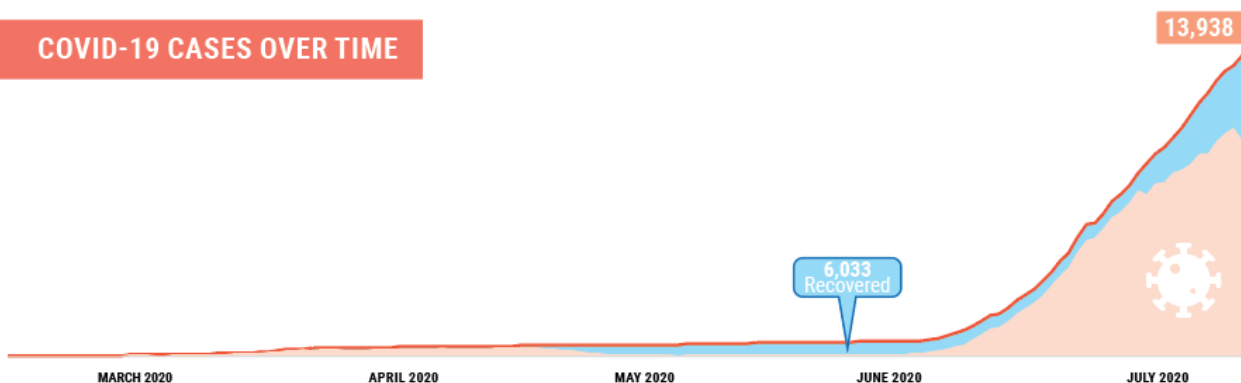
6,033 RECOVERED

81 DEATHS

- Active Cases
- Quarantine Centre
- ✘ Crossing Point
- Closed Crossing Point



COVID-19 CASES OVER TIME



7,824

People with COVID-19 (active cases)

183,541

Samples tested for COVID-19

23,204

People in quarantine

US\$42 M

request for Inter-Agency Response Plan

SITUATION OVERVIEW

The cumulative number of Palestinians in the oPt who have contracted COVID-19 has nearly doubled over the course of the reporting period (from 7,734 on 14 July to 13,938, as of 16:00 hrs, 28 July), while the number of people who recovered saw a nearly fourfold increase (from 1,258 to 6,033). Thirty-four (34) more people have died, bringing to 81 the cumulative number of fatalities to date. Over fifty per cent of confirmed cases are active (7,824), including 16 patients in intensive care units (ICU), with four patients requiring mechanical ventilation. A total of 81 health workers are among the people confirmed with COVID-19 (as of 23 July).

Almost all the 6,204 additional cases detected during the reporting period were in the West Bank (including East Jerusalem), with Hebron accounting for over 50 per cent of active cases. Four new cases were detected in the Gaza Strip, the first since 11 June.

According to the Palestinian Ministry of Health (MoH), since the onset of the pandemic, over 180,000 laboratory samples have been tested for COVID-19. Approximately 23,000 Palestinians are in home, or facility-based quarantine, in order to monitor their symptoms and ensure early detection. The cumulative number of Palestinians in quarantine since the onset is over 180,000. (All data, as of 23 July).

Global shortages of medical equipment and the disruption of coordination between the Palestinian Authority (PA) and Israel, in response to Israel's plan to annex parts of the West Bank, have significantly delayed the procurement of key medical equipment. According to the MoH, up to 150,000 tests per month will be required until the end of 2020, along with at least two million gloves and up to 750,000 surgical masks every month, until the end of the year.

West Bank

Caseload and containment measures

The epicentre of the outbreak continues to be the Hebron Governorate, which accounts for 51 per cent of the total cases, followed by East Jerusalem (21 per cent), the rest of the Jerusalem Governorate (8 per cent), Ramallah (5 per cent) and Bethlehem (4.5 per cent). The governorates of Salfit, Qalqiliya, Tubas, Tulkarm and Jenin continue to record low numbers of people with COVID-19.

On 18 July, the PA announced a further extension of the lockdown that was re-imposed on 3 July, across the entire West Bank. This entails the shutting down of all non-essential businesses and institutions, except for supermarkets, pharmacies, bakeries, and small businesses, subject to safety measures. Movement between governorates is prohibited, except for urgent cases, with a night-time curfew imposed on week days from 20:00 to 06:00 and a weekend curfew from Thursday 20:00 to Sunday 06:00, (except for the above permitted services). Public transportation is permitted within governorates, but remains suspended between governorates. All public gatherings are prohibited, with fines issued for breaches of safety measures on the part of business owners, and on the general public for failing to maintain social distancing or wearing of masks.

As part of a relaxation of restrictions ahead of the *Eid al Adha* holiday, which is expected to start on 31 July, the PA announced that businesses would be allowed to open until midnight between 28-30 July, while restaurants can open throughout the holiday for take-away and deliveries.

An overall increase in public compliance with the lockdown and safety requirements is noted, although still inadequate, with greater adherence in urban centres than in rural communities and the H2 area of Hebron city. On 25 July, clashes erupted near Balata refugee camp in Nablus, after Palestinian security forces attempted to close down shops and arrest the owners in accordance with the lockdown regulations, leading to the death by gunfire of a senior local official of the Fatah party, and other injuries. The PA is investigating the incident.

The PA's enforcement capacity has been severely undermined by its decision to halt its security coordination with the Israeli authorities since late May 2020, which came in response to Israeli government threats to annex parts of the West Bank. Of concern is the expected mass return of Palestinian workers to the West Bank from Israel for the upcoming *Eid al Adha* holiday. Following the halt in coordination with Israel, the PA had dismantled several checkpoints set up on key routes along the Green Line to monitor/test Palestinian workers.

Quarantine, isolation and treatment centres

People who were exposed to confirmed cases, and were either not tested, or tested negative, are sent to home quarantine, as are Palestinians who enter the West Bank from Jordan or Israel. At present there are no official quarantine centres that are operational. Between 13 and 26 July, 1,350 Palestinians entered the West Bank from Jordan via the Allenby Crossing and, after being tested for COVID-19, were sent to home-quarantine.

The vast majority of confirmed cases with light or mild symptoms have been referred to home isolation too. However, following the upsurge in cases in recent weeks and the concern of mass transmission, especially in overcrowded areas such as refugee camps, institutional isolation has been gradually re-introduced. Currently there are four operational isolation centres (in Ramallah, Jericho, Jenin and Nablus cities) which are hosting some 100 patients. The PA has indicated that a large isolation centre with a capacity of up to 1,000 patients will be opened soon in a military base in Jericho city, while similar centres in four refugee camps (two in Nablus and two in Tulkarm) are reportedly ready to admit patients. Insufficient coordination and lack of agreed guidelines between the various relevant authorities (MoH, Governors' Offices and Camps' Committees) has reportedly impeded the setup and running of isolation centres.

Confirmed cases with severe symptoms are referred to a designated hospital/treatment centre, with 12 facilities currently operational.

Although East Jerusalem has witnessed the largest increase in cases during the reporting period and has 1,723 active cases, no additional restrictions have been imposed by the Israeli authorities, as is the case in Israel proper. There are three designated hospitals in East Jerusalem to treat COVID-19 patients (Augusta Victoria, Al Makassed and St. Joseph's), in addition to Israeli hospitals where Palestinians who hold Jerusalem IDs can be treated. The Health Cluster is still appealing to partners and the donor community to scale up support, so that the East Jerusalem Hospital Network can continue to provide the specialized services unavailable elsewhere in the oPt.

An isolation centre, to be managed by the Corona Unit at the Israeli Ministry of Health, will be opened at the Seven Arches Hotel in East Jerusalem for confirmed cases of COVID-19, who lack sufficient space at home.

Demolitions and other Israeli practices

Citing the lack of building permits, the Israeli authorities demolished or seized 26 Palestinian-owned structures in Area C and East Jerusalem, including one home self-demolished by its owner, displacing 25 and affecting over 100 others. One of these structures, located on the outskirts of Hebron city and demolished on 21 July, was, according to the Hebron Municipality, planned to be used as COVID-19 testing centre. This claim is contested by the Israeli authorities. The demolition was carried out using Military Order 1797, which allows the removal of unauthorized structures within 96 hours from the delivery of a notice. Humanitarian and human rights organizations have repeatedly raised concern about this procedure, which largely prevents affected people from being heard before a judicial body.

Following the outbreak of the pandemic, the Israeli authorities indicated that they would refrain from demolishing or seizing inhabited homes that were in place prior to the start of the crisis. However, according to OCHA's records, since the beginning of March 2020, the authorities have targeted 19 such homes (15 in Area C and four in East Jerusalem), while another seven homes were demolished by their owners, following the issuance of demolition orders: overall 152 Palestinians have been displaced as a result. Following demolitions in several vulnerable communities during the reporting period, the UN Office for the High Commissioner for Human Rights in Palestine, on 16 July, reiterated the UN's call for a halt to all [demolitions](#).

On 20 July, Israeli forces seized around 100 food boxes from the Palestinian Red Crescent Society, reportedly planned for distribution to families in home quarantine and home isolation in the Old City of Jerusalem, on the grounds that that the intervention had not been coordinated with the Israeli authorities.

Gaza Strip

In the Gaza Strip, four additional people were confirmed to have contracted COVID-19 during the reporting period, the first cases since 12 June. This brings the total number of cases to 76, of which five are active, 70 have recovered and one has died. All four new cases were immediately quarantined upon their arrival in Gaza through the Erez

Crossing and were isolated at the Turkish Hospital, following their positive test results. Approximately 70-80 people continue to cross into Gaza through Erez on a weekly basis.

A total of 13,777 samples have been tested to date in Gaza. Some 220 people are in the four quarantine centres currently operational, which include health facilities, hotels and other designated buildings.

According to the Health Cluster/WHO, the equipment required to treat a higher number of COVID-19 cases is now expected to arrive in October, rather than August as originally anticipated. Pending this, the capacity of the health system is a few hundred positive COVID-19 cases only. The Health Cluster indicates that during the reporting period, the testing capacity for COVID-19 in Gaza has increased from 6,000 to over 30,000 tests, thanks to the additional contributions made by various aid partners.

There are indications that the Rafah Crossing with Egypt, which has been closed in both directions since 15 May, will reopen after *Eid al Adha* holiday for Palestinians returning from Egypt. The re-opening is apparently contingent on the readiness of the quarantine facility in Deir Balah to accommodate some 350 returnees. The facility is expected to be completed in the second week of August and, together with the designated centres in Rafah and Beit Hanoun, will host the majority of the expected 2,000 returnees.

Access out of Gaza via the Erez crossing, already limited by the blockade and the pandemic, has been compounded since 21 May by the decision of the PA to suspend coordination with the Israeli authorities. The exit of a limited number of emergency medical cases has been allowed on an ad hoc basis, with the support of NGOs and international agencies. To mitigate the impact of this situation, the UN has agreed, with both the Palestinian and Israeli authorities, to temporarily facilitate the transfer of the required documentation between the sides, to ensure access for Gaza patients to essential health services in the West Bank, including East Jerusalem, and Israel. This mechanism is expected to start operating soon.

The movement of goods from Israel and Egypt continued as previously, including the entry of restricted (“dual use”) items via the Israeli-controlled Kerem Shalom Crossing.

Coordination

The Inter-Agency COVID-19 Task Force, led by the Resident/Humanitarian Coordinator (HC/RC), as well as the Inter-Cluster Coordination Group (ICCG), continued convening on a weekly basis, to set policies and coordinate the implementation of various responses to the crisis.

Although the Interagency Response Plan covered interventions only until the end of June 2020, it is considered an addendum to the current oPt Humanitarian Response Plan (HRP) and the plan’s interventions will continue through the end of 2020, as needed. The humanitarian community is actively monitoring the evolution of the pandemic and, if required, an updated Response Plan and appeal will be issued. COVID-19 humanitarian needs beyond the end of the year will be mainstreamed into the Humanitarian Response Plan for 2021.











The Health Cluster is tracking the procurement and delivery of critical medical supplies by cluster partners against the immediate needs identified in the COVID-19 Inter-Agency Response Plan, and in line with the State of Palestine’s National COVID-19 Response Plan. The table below highlights the availability and gaps regarding the top ten medical items needed.¹ All partners are encouraged to subscribe and submit their requests for procurement of medical supplies for laboratory testing, case management and infection prevention and control through WHO’s global COVID-19 response coordination portal.

To mitigate the impact of the PA halt of coordination with the Israeli authorities on the procurement of supplies and receipt of donations needed for the COVID-19 response, the UN Country Team activated a Logistics Cluster, led by the World Food Programme (WFP). Its main task is to mediate between the Customs Directorate in the PA Ministry of Finance and the Israeli authorities (COGAT and the Israeli Customs Office) to ensure the approval of the

¹ For a more comprehensive list, please contact the Health Cluster Coordination Team: asaparbekov@who.int and maroufm@who.int.

documentation required to allow the shipment of imported supplies into the oPt, through the various Israeli ports of entry. The Cluster is currently processing 35 requests from UN agencies and international NGOs, of which eight have been approved by both sides and 27 are pending approval by the Israeli authorities.

As part of the Risk Communication and Community Engagement (RCCE) plan, nearly 40 partners are distributing communications materials aimed at ensuring that the public has access to a broad range of information on how to prevent the spread of COVID-19, and to deal with misinformation, as restrictions are eased, or alternatively re-imposed, by the respective authorities. RCCE materials are [available online](#).

		Item Name	Immediate Needs	Delivered	Pipeline	Remaining Gap
1		Ventilator, medical, adult/child	150	20	110	20
2		Hospital Bed, for intensive care unit	150		96	54
3		Patient Monitor, vital signs	150	40	88	22
4		Oxygen concentrator, electric	150	15	80	55
5		Patient bed	300	80	12	208
6		Pulse oxymeter	200		200	-
7		Mask, surgical (box of 50)	20,000	24,103	3,139	-
8		Gloves, non-sterile (box of 100)	20,000	28,685	19,838	-
9		Real-time PCR machine	3	1		2
10		COVID-19 testing kit (primers and probes): 96 tests each	200	398		-

FUNDING

The COVID-19 Inter-Agency Response Plan for the oPt, which requested \$42.4 million to support an immediate response to the COVID-19 crisis and the efforts led by the Government of Palestine, has covered interventions through the end of June. However, most interventions are expected to continue during the rest of 2020, as needed.

So far, \$30.9 million, or 73 per cent of the amount requested in the Response Plan has been raised. Including resources outside the Response Plan, 49.4 million has been mobilized in support of COVID-19 related response activities in the oPt.

During the past two weeks the major contributions were received for the Food Security Cluster. The largest contributions were provided by Germany (\$814,085), Canada (\$333,957), GIZ (\$323,056), Islamic Relief Worldwide (216,400) and France (177,600) in support of Food Security Cluster activities. In addition, a significant contribution was granted by Save the Children (\$150,000) in support of Shelter and NFI Cluster activities.

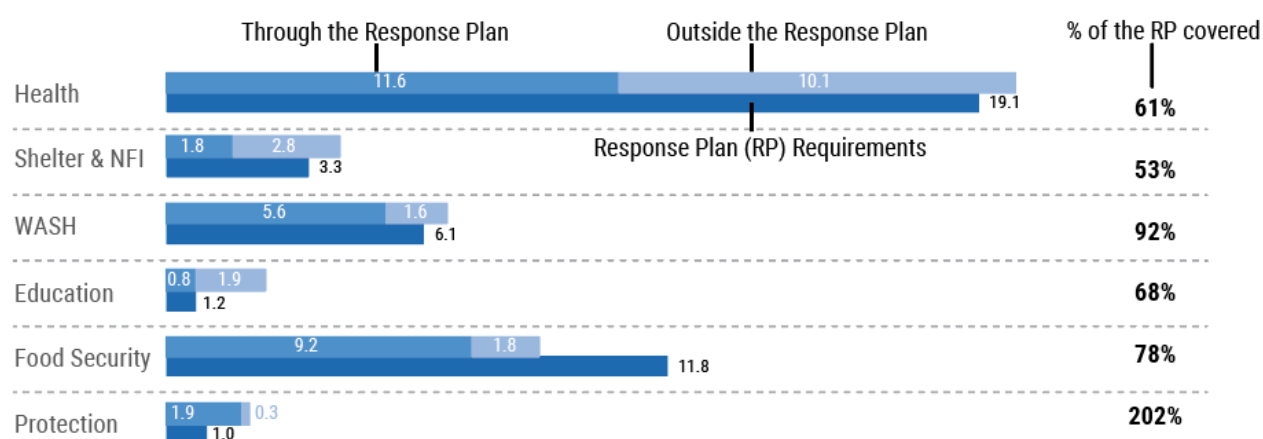
Local and international NGOs managed to obtain additional funding from various sources, to the value of \$81,760. So far, the overall response to COVID-19 has been generously supported by donors. The recent evolution of the

pandemic requires sustained efforts to keep on responding to the full scale of needs of vulnerable people across the oPt.

In addition, the World Bank has announced a project, to the amount of \$30 million, to support the PA's emergency response to the COVID-19 crisis. The largest component, \$20 million, is an emergency cash transfer to nearly 90,000 poor households, and to other vulnerable groups that have been most impacted through loss of income, amounting to an estimated 68,000 beneficiary households.

On 20 July, the European Union made a contribution of €4 million to UNRWA's COVID-19 Flash Appeal, as part of the EU's support to the pandemic in the West Bank and Gaza Strip. The contribution will support the provision of primary, and potentially life-saving, healthcare services in oPt.

TOTAL FUNDING FOR COVID-19 RESPONSE BY CLUSTER (IN MILLION US\$)



COVID-19 response funding in the oPt (through and outside the Inter-Agency Response Plan) in US\$

Cluster	Response Plan (RP) Requirements	Through the Response Plan	% of the RP covered	Outside the Response Plan	Total
Education	1,203,000	817,000	68%	1,898,746	2,715,746
Food_Security	11,781,726	9,177,426	78%	1,777,441	10,954,867
Health	19,106,615	11,630,052	61%	10,125,602	21,755,654
Protection	951,000	1,917,434	202%	305,434	2,222,868
Shelter_NFI	3,342,551	1,755,251	53%	2,767,382	4,522,633
WASH	6,055,240	5,587,068	92%	1,595,064	7,182,132
Grand Total	42,440,132	30,884,230	73%	18,469,669	49,353,899

Total funding for COVID-19 response by donors

Donors	Through the Response Plan	Outside the Response Plan	Total in US\$
Austria		229,564	229,564
Canada	2,215,757		2,215,757
CERF	527,000		527,000
DFID	1,148,789		1,148,789
ECHO	2,643,160	6,305,000 ¹	8,948,160

Education Cannot Wait	555,000	1,550,000	2,105,000
Federal Ministry for Economic Cooperation and Development (BMZ)	112,500		112,500
Foreign Disaster Assistance (OFDA)	225,000		225,000
France	1,005,415		1,005,415
Germany	2,512,383		2,512,383
GIZ	436,181	43,000	479,181
ICO-UAE	112,640		112,640
Ireland (Irish Aid)	235,200		235,200
Islamic Relief Worldwide	307,800		307,800
Italian Agency for Development Cooperation [AICS]	152,008	10,970	162,978
Japan	878,506		878,506
Kuwait	747,500	8,252,500	9,000,000
Norway	70,000	91,083	161,083
OPT Humanitarian Fund ²	6,582,564	347,768	6,930,332
Other Sources ³	988,087	164,329	1,152,416
Private Sector Fundraising	386,786		386,786
Qatar Fund for Development		562,455	562,455
Qatar Red Crescent		410,000	410,000
Save the Children ⁴	326,435		326,435
Start fund	251,000		251,000
Suisse Cooperation	138,520		138,520
Sweden (SIDA)	500,000		500,000
Swiss Agency for Development and Cooperation "SDC"	1,450,000	268,000	1,718,000
UNESCO		150,000	150,000
UNFPA Humanitarian Thematic Fund	332,000		332,000
UNICEF	792,000		792,000
War Child Holland ⁵	252,000	85,000	337,000
WFP (loan)	5,000,000		5,000,000
Grand Total	\$30,884,230	\$18,469,669	\$49,353,899

¹ Attribution to the Inter-Agency COVID-19 Response Plane under verification.

² As of today, oPt Humanitarian Fund has received generous contributions from Germany (\$13.1m), Belgium (\$4.3m), Sweden (\$2.1m) Switzerland (\$2m), Norway (\$0.9m), Ireland (\$0.3m), Korea (\$0.3m), Iceland (\$0.2m) and Cyprus (\$12,500).

³ Funding contributions below \$100,000 including funding towards and outside Covid-19 Response Plan, received from: Action Aid, AECID, African Women Development Fund, AICS, Cantabria 19, Christian Aid&ACPP, Denmark, DRO, EIHDR, Federal Ministry for Economic Cooperation and Development (BMZ), Fridresh Nauman Foundation, Gazze Destek (GDD), Global fund for women, Grass Roots, HEKS, Holland, ICO-UAE, International Charity Organisation, IR – Canada, IR – UK, Italy (IADC), Jerrahi Order of America, Kvinna Till Kvinna, Luxemburg government - ARDI Program, McNulty Foundation, Medico International, Mennonite Central Committee, Mixed funds (German, Italian, Spanish and Dutch), NCA, DCA, NMFA, Nous Cims, NRC, Open Society Foundation, Oxfam, Penny Appeal, PHG, Private Donors, Rawa Funds, Representative Office of Switzerland in Ramallah, SIDA+DFAT, StartNetwork, Trocare, UN Trust Fund, UNDP, United Palestinian Appeal, UNWOMEN HQ, Urgent Action Fund, WELFARE (Taawon), WHO, World Vision USA.

⁴ This includes contributions of Save the Children individual and pooled funds.

⁵ This includes contributions of War Child Holland and War Child Holland Head Office.

DEVELOPMENTS, CONCERNS AND FUNDING STATUS BY CLUSTER

Health

US\$ 19,106,615	US\$ 11,377,052	61%	US\$ 10,125,602	US\$ 21,755,654
Funding requirements	Through the Response Plan	of the RP covered	Outside Response plan	Total Funding Received

- 1- Concern about the ability of the Palestinian health system to manage the surge in COVID-19 cases.** The number of confirmed cases, and related deaths, increased significantly during the reporting period. The Health Cluster Coordination Team is working with the Ministry of Health (MoH) and the World Health Organization (WHO) to identify and respond to immediate needs, including case management, support to isolation and treatment centre personal, and the provision of protective personal equipment (PPE) and laboratory supplies.
- 2- The Risk Communication and Community Engagement (RCCE) campaign supported by some 40 partners continues.** During the reporting period, the campaign focused on messages concerning health advice and misinformation and targeted media outlets and the general public, primarily in hot-spot areas. More than 111,000 people have been directly exposed to these messages.
- 3- Over 180,000 people benefited from activities carried out by the Health Cluster during the reporting period.** Partners provided the Ministry of Health (MoH) with laboratory testing kits and supplementary equipment to conduct almost 10,000 tests. An estimated 11,000 frontline health workers benefitted from full PPE items. Partners procured and delivered essential medical equipment for the treatment of severe and critical cases, including ICU beds and patient vital sign monitors.
- 4- Cluster partners supported to more than 80,000 people with services listed in the minimum essential health package.** These included primary health services, child nutrition and support and treatment for cancer patients, among others.

Protection

US\$ 951,000	US\$ 1, 917,434	202%	US\$ 305,434	US\$ 2,222,868
Funding requirements	Through the Response Plan	of the RP covered	Outside Response plan	Total Funding Received

- 1- Summer activities for children normally provided by cluster partners have had to be suspended, postponed or adapted due to the new restrictive COVID-19 measures.** Additional measures are expected to be announced for the upcoming holiday of *Eid Al Adha*.
- 2- Gender Based Violence (GBV) sub-cluster members in the Gaza Strip note a high demand for training on prevention and protection measures, as in-person and group activities resume.** However, the resumption of such training raises concern due to the general lack of public adherence to COVID-19 safety measures.
- 3- Mental health and psycho-social (MHPSS) partners highlight the need to provide training for mobile teams on safeguarding protocols and guidelines to avoid contagion.** This applies in particular to teams providing services to children, who may have the virus but are usually asymptomatic.

- 4- **Partners report concerns about limited Child Protection/MHPSS support services for Palestinian children in East Jerusalem, particularly in neighbourhoods behind the Barrier.** This is reportedly due a decline of CP/MHPSS community-led initiatives, following movement restrictions and a lack of access to health facilities, compounded by the ongoing Israeli military operations.

Education

US\$ 1,203,000	US\$ 817,000	68%	US\$ 1,898,746	US\$ 2,715,746
Funding requirements	Through the Response Plan	of the RP covered	Outside Response plan	Total Funding Received

1. **The Education Cluster is working with Ministry of Education (MoE) on developing a framework for the reopening of schools.** The start of the school year in the West Bank has been postponed until 6 September, while schools in Gaza are expected to reopen on 8 August. The framework aims at ensuring that children are safe and protected; helping to identify children at risk of dropping out; convincing parents to prioritize children's return to education; preparing teachers to help children catch up on their learning; and adjusting the education system to cope with challenges related to COVID-19. Cluster partners are prepositioning hygiene and cleaning kits to be distributed to all public schools prior to reopening, and are supporting the MoE in finalizing a comprehensive "safe-school operations" manual.
2. **Education Cluster partners continue to carry out awareness-raising and provide mental health and psycho-social (MHPSS) support to children and their parents and teachers.** Members of the MHPSS taskforce, which was set up to support the MoE's response to MHPSS needs during COVID-19, continue to provide remote services to children, parents and teachers, and are building the capacity of MoE counsellors who are offering remote support to their students.
3. **The Education Cluster is also supporting the Risk Communication and Community Engagement taskforce through the dissemination of awareness-raising messages to all cluster partners and the MoE.**

Shelter & NFI

US\$ 3,342,551	US\$ 1,755,251	53%	US\$ 2,767,382	US\$ 4,522,633
Funding requirements	Through the Response Plan	% of the RP covered	Outside Response plan	Total Funding Received

1. **Shelter Cluster partners have continued to support vulnerable people in quarantine facilities and inadequate shelters in the Gaza Strip.** Cluster partners provided non-food items (NFIs) to all active quarantine facilities in Gaza, including bedding sets, individual hygiene kits and dignity kits. Cluster partners have distributed 900 fans to active quarantine centres in need.
2. **Cluster partners have completed the procurement of COVID-19 family hygiene kits for vulnerable households lacking proper hygiene facilities.** 1,150 kits with awareness materials were distributed during the previous reporting period, while the distribution of another 1,300 kits is ongoing.
3. **Around 1,000 hygiene kits were distributed to vulnerable households in the West Bank, mostly in the Hebron governorate.** Cluster partners are monitoring the situation and preparing for the quick distribution of additional materials, as required.
4. **Cluster partners supported the rehabilitation of some 100 homes in five communities in the Jordan Valley, which are exposed to high summer temperatures.** As the number of COVID-19 cases in the West Bank increases, more people are referred to home isolation or quarantine.

Water, Sanitation and Hygiene

US\$ 6,055,240	US\$ 5,587,068	92%	US\$ 1,595,064	US\$ 7,182,132
Funding requirements	Through the Response Plan	of the RP covered	Outside Response plan	Total Funding Received

- 1- The WASH Cluster reached nearly 3,400 people during the reporting period.** In the Gaza Strip, five partners delivered nearly 7,000 bottles of water to quarantine facilities. Over 500 hygiene kits and e-vouchers, to be redeemed for hygiene items, were delivered to vulnerable families in Gaza and the West Bank, while 36 households had their soak pits/septic tanks emptied.
- 2- A temporary centralized system for the collection and safe disposal of infectious waste from COVID-19 isolation and treatment facilities in the northern West Bank was activated.** This system was established by WASH partners in coordination with the Ministry of Health (MoH).
- 3- The WASH Cluster conducted trainings for its partners on WASH COVID-19 response guidance.** The 31 organizations that attended were updated about recent technical standards, recommendations, and specifications during the implementation of WASH COVID-19 interventions.

Food Security

US\$ 11,781,726	US\$ 9,177,426	78%	US\$ 1,777,441	US\$ 10,954,867
Funding requirements	Through the Response Plan	of the RP covered	Outside Response plan	Total Funding Received

- 1. Inputs for agriculture production are mostly available, although they come at a higher price compared to previous weeks and pre-COVID-19 levels.** Most suppliers continued to accept cash only. Producers that were able to access informal credit to pay for inputs report feeling overwhelmed by debt exposure, as well as fearing for the sustainability of their businesses. Producers also continue to be concerned about increased production costs.
- 2. The re-imposition of preventive measures has further reduced production below pre-COVID-19 levels.** Farmers and producers are affected by regulations on physical distancing, causing a decline in production. Farm labour availability continues to be limited due to the fear of contagion and movement restrictions across checkpoints.
- 3. The gradual re-opening of markets was interrupted by the renewal of the West Bank lockdown.** Movement restrictions have reduced access to markets that had reopened. Herders resumed lamb sales; however, sales of dairy products remain low due to consumers' fears of contamination. The closure and reduced activity of restaurants also contributed to reduced market demand.

For more information including a detailed list of activities by cluster in both Gaza and the West Bank and for detailed maps of the Quarantine Centres please visit the COVID 19 Webpage found on the OCHA Website. Please go to the OCHA Website:

[OCHA COVID-19 DEDICATED WEBPAGE](#)
[DETAILED MAPS OF QUARANTINE FACILITIES](#)
[DETAILED LIST OF ACTIVITIES BY CLUSTER](#)