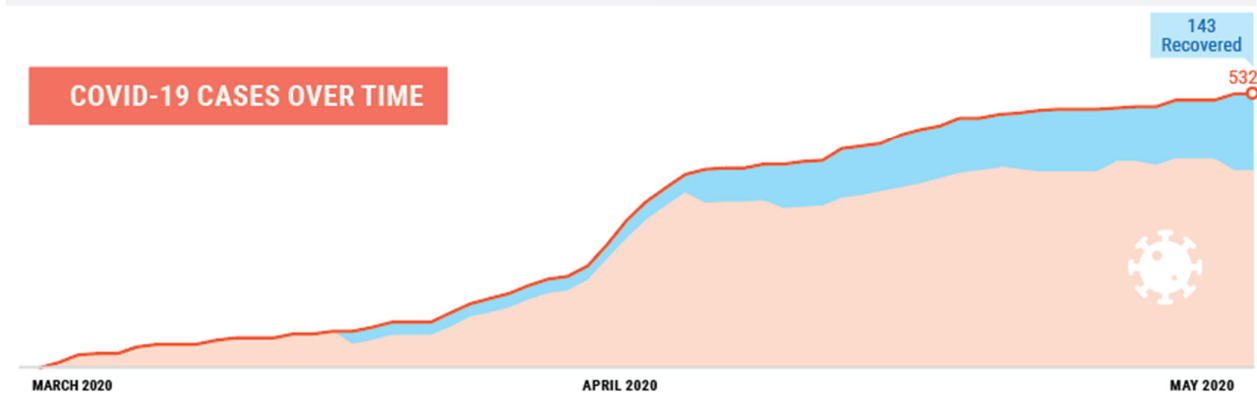
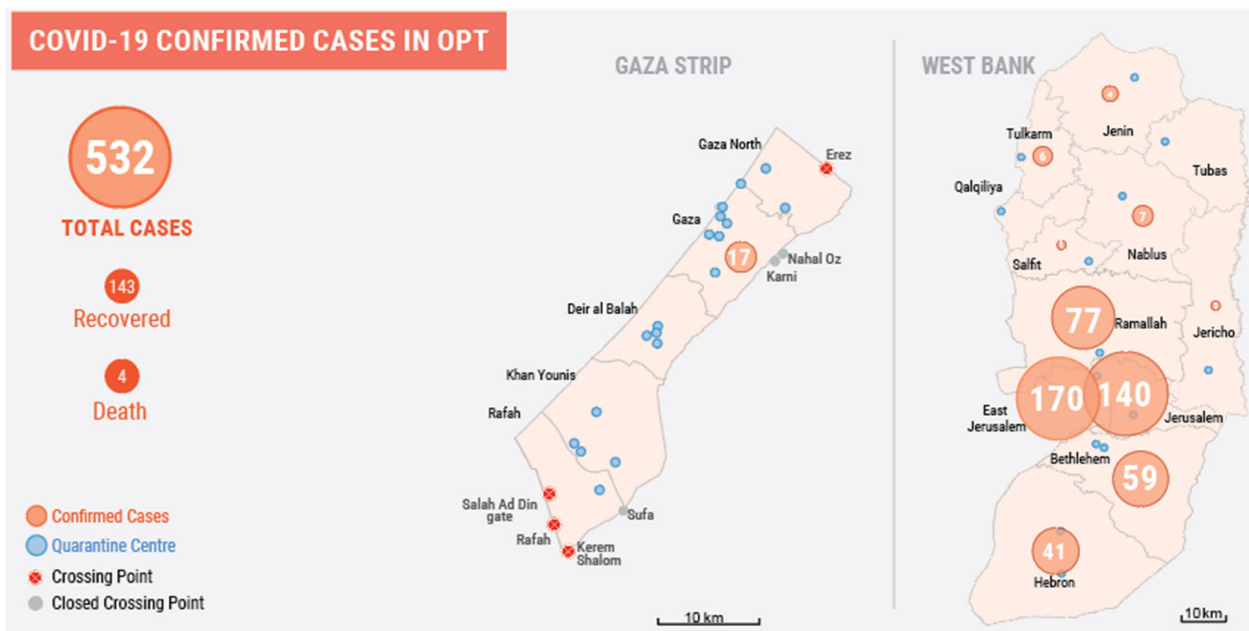


HIGHLIGHTS

- 25 new COVID-19 cases in the West Bank, most in East Jerusalem; no new cases in Gaza.
- Decline reported in public compliance with restrictions and guidelines throughout oPt.
- Revised Inter-Agency Response Plan for COVID-19 crisis is 33 per cent funded.



532 People with COVID-19	34,000 Samples tested for COVID-19	65 Quarantine and treatment centres	US\$42 million request for Inter-Agency Response Plan	Contact Ofir Feuerstein Communications feuerstein@un.org
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SITUATION OVERVIEW

As of 4 May, some 532 Palestinians are confirmed to have contracted COVID-19 in the oPt, including 170 in East Jerusalem¹, 345 in the remainder of the West Bank and 17 in the Gaza Strip. This is an increase of 25 compared to last week, with at least 103 recovered and no new deaths recorded.

According to the Palestinian Ministry of Health (MoH), since the onset of the pandemic, nearly 34,000 laboratory samples have been tested and approximately 14,800 Palestinians are in quarantine at home, or in designated facilities for monitoring purposes.

Addressing the critical gaps in supplies needed to contain and manage the pandemic remains the main priority of the Ministry of Health (MoH) and the humanitarian community. The main items required include testing kits, personal protective equipment (PPE), ventilators and essential Intensive Care Unit (ICU) equipment. These gaps are the result of the fragile situation of the Palestinian health system, even before the crisis, exacerbated by global shortages since then.

On 4 May, President Abbas extended for an additional month, the State of Emergency which had originally been declared on 5 March across the oPt, and then continued until 3 May. Noting that “a large share of the population was already vulnerable even before the current outbreak”, the World Bank has estimated that Palestinian economy will shrink in 2020 between 2.6 to 7.6 per cent compared to 2019, depending on the length of restrictions.

West Bank

Concurrent with the relaxation measures announced two weeks ago, with factories, workshops and certain shops reopening, subject to restricted opening times and labour force participation, the Palestinian Authority has imposed a daily curfew from 19.00 until early the following morning since the beginning of Ramadan. Schools, wedding halls, cafes, mosques, sport clubs and resorts remain closed. However, there are increasing reports that public compliance is flagging, with increasing calls for an end to the lockdown on social media, and reports of people venturing in public without the obligatory protective masks. On 3 May, clashes were recorded in Hebron between street vendors and PA security forces, trying to impose regulations.

Following agreement between the Palestinian and Israeli authorities, over ten thousand Palestinian labourers crossed into Israel from the West Bank on 3 May. They are part of an estimated 40,000 labourers who have been granted permits to stay in Israel until the end of Ramadan. As part of the agreement, Israeli employers will be responsible for the accommodation of their workers, while the Israeli authorities will provide workers with health insurance, as well as protective masks and gloves. Of concern is the expected mass return of the labourers to the West Bank for the *Eid Al Fitr* holiday, estimated to start on 23 May, due to the limited capacity of the Palestinian authorities to register, monitor and control the intake. The unregulated movement of workers back and forth also reportedly continues on a significant scale on a daily basis, due to the multiple openings in the West Bank Barrier.

Access of farmers to their lands in the closed area behind the Barrier (the ‘Seam Zone’) remains heavily restricted, due to the revocation of permits and the non-opening of agricultural gates. According to WHO, three Palestinian Bedouin communities in the ‘Seam Zone’ in the Qalqiliya governorate have been without basic primary healthcare services since the beginning of April, as mobile health services have been unable to gain the necessary Israeli-issued permits to access the area.

In East Jerusalem, COVID-19 cases continue to be managed by the East Jerusalem Hospital Network and Israeli hospitals. By the end of the reporting period, there were three Palestinians with COVID-19 at St. Joseph’s Hospital and another three at Hadassah Hospital. Eight health workers who hold West Bank ID cards have contracted the

¹ The situation in East Jerusalem regarding COVID-19 is being managed by the Israeli authorities.

virus at Augusta Victoria Hospital; seven are being quarantined in PA centres in the West Bank and one in the hospital itself. Access of Palestinians holding West Bank IDs to East Jerusalem hospitals remains severely restricted, with only emergency cases and cancer patients granted permits.

While on 3 May the Israeli authorities reopened schools for students from 1st to 3rd, and 11th and 12th grades, the Palestinian Parents Committee in East Jerusalem has announced that it will not allow students to return, citing the lack of measures to ensure physical distancing in already overcrowded classrooms. An exception is being made for the 12th grade exam, the *Tawjihi*, which will take place from 30 May onwards.

Citing the lack of building permits, the Israeli authorities demolished or seized another nine Palestinian-owned, livelihood-related structures in Area C of the West Bank. The Humanitarian Coordinator, Jamie McGoldrick, has called on the Israeli authorities to stop demolitions, particularly during the COVID-19 crisis and the month of Ramadan. Also of concern is the continued rise in settler violence during the crisis, with ongoing attacks by Israeli settlers, reports of land levelling, vandalism against Palestinian vehicles and olive trees, and physical attacks on Palestinian farmers during the reporting period.

King Hussein/Allenby crossing opened on 3 May to allow an estimated 2,000 Palestinians to return from Jordan. The daily passage will be limited to 500 people per day to allow for the testing of all returnees in Jericho, before they go into home quarantine.

Gaza Strip

During the reporting period, 716 new samples were taken in Gaza, raising the total number sampled since the start of the pandemic to 5,143, with no new cases detected. Only five of the 17 people confirmed with COVID-19 are still carrying the virus. Approximately 1,800 people, who in recent weeks have entered Gaza from Egypt and Israel, are quarantined in 19 centres. Between 4 and 7 May, over 1,600 people are expected to be released after finishing 21 days of mandatory quarantine.

On 27 April, the Hamas authorities authorized the reopening of restaurants that provides in-door service, across Gaza, subject to the abidance of certain hygiene and physical distancing measures, while schools, mosques, wedding halls and other public spaces remain closed, and the ban on public gatherings continues. However, as in the West Bank, a decline in public observance of regulations is reported, especially before the *Iftar*, the evening meal which concludes the daily fast in Ramadan. WHO is encouraging people to adhere to the recommended measures, including physical distancing and personal hygiene measures. In cooperation with UNICEF, WHO continues efforts to procure essential ICU and ventilator equipment through global supply mechanisms.

On 2 April, postal banks started to disburse monthly payments to 100,000 vulnerable families, as part of the non-COVID-related Government of Qatar assistance to Gaza, with appropriate physical distancing measures applied at all bank branches.

The Rafah Crossing with Egypt remained closed in both directions. According to local authorities, the crossing is expected to open in one or two weeks to allow for the return of up to 2,000 Palestinians who are currently in Egypt, who will be quarantined for 21 days. In addition, another 180 Palestinians currently in Jordan are expected to return to Gaza through the Erez Crossing next week. The movement of goods from Israel and Egypt has continued as previously, including the entry of restricted (“dual use”) items via the Israeli-controlled Kerem Shalom Crossing.

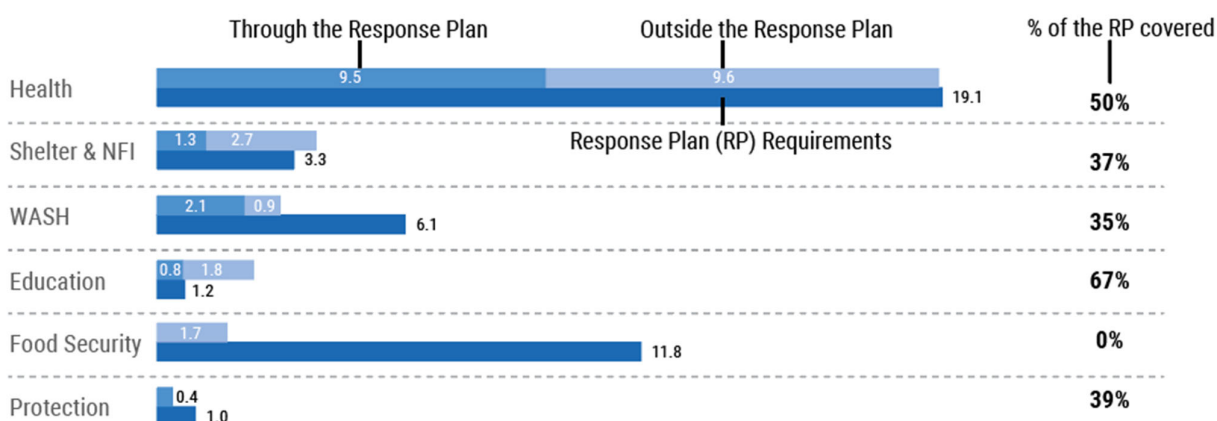
INTER-AGENCY RESPONSE PLAN

A revised version of the COVID-19 Inter-Agency Response Plan for the oPt, originally launched on 26 March, was released on 25 April. This main goal remains to support the efforts led by the Government of Palestine to contain the pandemic and mitigate its impact through the end of June 2020. The updated requirement is \$42.4 million, up from \$34 million in the original version. The largest components are public health interventions, 42 per cent of the appeal (\$19.1 million), and food security, at 28 per cent (\$11.8 million).

So far, \$14 million, or 33 per cent of the amount requested in the Response Plan has been raised. Including resources outside the Response Plan, almost \$32 million have been mobilized to support COVID-related response activities in oPt.

This week Iceland contributed to the oPt Humanitarian Fund, joining the efforts of other donors in supporting the COVID19 response and other humanitarian needs in the 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	806,000	67%	1,765,000	2,571,000
Food Security	11,781,726		0%	1,721,500	1,721,500
Health	19,106,615	9,491,500	50%	9,563,147	19,054,647
Protection	951,000	373,000	39%		373,000
Shelter & NFI	3,342,551	1,250,000	37%	2,698,500	3,948,500
WASH	6,055,240	2,146,035	35%	865,000	3,011,035
Grand Total	42,440,132	14,066,535	33%	16,613,147	30,679,682

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	1,772,000		1,772,000
CERF	300,000		300,000
DFID	1,120,000		1,120,000
ECHO	1,531,000	6,305,000*	7,836,000
Education Cannot Wait	555,000	1,550,000	2,105,000
Ireland	138,000		138,000
Italy (IADC)		35,000	35,000
Kuwait	747,500	8,252,500	9,000,000
NCA HQ, DCA	71,035		71,035
Norway	70,000	91,083	161,083
OPT Humanitarian Fund	6,175,000		6,175,000
Oxfam	60,000		60,000
Sweden (SIDA)	500,000		500,000
UNESCO		150,000	150,000
UNICEF	887,000		887,000
WHO	140,000		140,000
Grand Total	14,066,535	16,613,147	30,679,682

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

COORDINATION

The Inter-Agency COVID-19 Task Force led by the Humanitarian Coordinator (HC), as well as the Inter-Cluster Coordination Group (ICCG), continue regularly meeting to follow up on the implementation of the Inter-Agency Response Plan. The HC/RC also informs the Palestinian authorities about the essential movements required by humanitarian and development staff during this period of enhanced movement restrictions, while following the already adopted Standard Operation Procedures. Where necessary, coordination with the Israeli authorities is also conducted to ensure the safe movement of staff. On 30 April, a meeting was conducted between the HC and the Head of the Israeli Civil Administration, Brigadier General Ghassan Alyan regarding joint efforts to limit the spread of the pandemic, and related concerns.

Cooperation efforts also continue between the GoP and Israel in response COVID-19, and most recently, to coordinate arrangements for the return of West Bank labourers to Israel.

As part of the Risk Communication and Community Engagement (RCCE) plan, WHO is releasing guidance to civil and religious authorities on traditional religious practices observed during Ramadan, in light of the current pandemic.

UNICEF is also taking the lead in coordinating and centralizing the procurement of medical supplies and equipment. Additionally, the World Food Programme (WFP) has set up a logistics working group to support humanitarian partners in providing key supply chains, reducing duplication and increasing cost efficiency. Logistics services will be provided by air and sea, through Ben-Gurion Airport and Ashdod Port.

NEEDS, RESPONSES AND CONSTRAINTS BY CLUSTER



Needs overview

COVID-19 can induce fear, stress or anxiety, particularly among populations at risk of developing severe illness, including older adults, care providers and people with underlying health conditions. Levels of loneliness, depression, drug use, and self-harm or suicidal behaviour are expected to rise in the context of the restrictions imposed to contain the pandemic. Specialized personnel remain scarce across the oPt, with 0.41 psychiatrists per 100,000 people (well below the global median of 1.3 per 100,000), while shortages in medication further limit the ability to treat severe neuropsychiatric cases.

Although an assessment conducted by the Ministry of Health (MoH) and UNFPA in April shows that many clinics providing sexual reproductive health services have resumed operations, stocks are limited and essential maternal and child health medicines and supplies are below one month's supply or completely depleted, particularly in Gaza.

In the West Bank, three Palestinian Bedouin communities located in the closed area behind the Barrier (the 'Seam Zone') in the Qalqilya governorate, home to approximately 500 people, have had no access to basic primary healthcare services since the beginning of April. This is because the Palestinian Medical Relief Society, which operates a mobile clinic serving these communities, was unable to gain Israeli-issued permits to access the area.

Response overview

The Health Cluster remain committed to reinforcing a comprehensive, multi-sectoral response to the outbreak, while continuing principled programme delivery and the provision of life-saving assistance. All related activities are directed at supporting the measures taken by the Palestinian authorities, led by the MoH.

Interventions have strengthened the MoH's capacity to early detect and respond to the outbreak and prevent further transmission. Mental Health and Psychosocial Support (MHPSS) activities are an integral part of these interventions. Efforts have also been invested in coordinating and streamlining the work of various partners with the authorities.

The Health Cluster's priority areas for the coming week include:

- Increase response capacity in East Jerusalem through support to national NGOs, with a focus on primary and community-based health initiatives, emphasis on prevention and promotion of effective protection measures (hand hygiene, physical distancing, etc.). Efforts to scale up hospital preparedness and treatment capacity to manage an increase in demand for hospital-based patient care will continue.
- Enhance Risk Communication and Community Engagement (RCCE): educate and actively communicate with the public and communities, targeting vulnerable groups, particularly in light of the opening of shops, return to routine work, and some public places.
- Increase educational awareness campaigns to inform people of the need to continue routine vaccinations and primary healthcare consultations, particularly for pregnant women, and children under five years of age. The current fear of contamination is preventing many women from visiting their local health centre for routine check-ups.

Gaps, challenges and constraints

The impact of COVID-19 is presenting operational challenges across multiple fronts, including:

- Local and global market delays and fluctuating prices in procurement and delivery;
- The temporary reduction of activities in the Ministry of Finance (MoF) complicates the processing of financial procedures, including VAT exemption, and coordination of items through borders.
- Permits to access vulnerable communities, including in Qalqilya, mentioned above;

- Humanitarian staff impacted by restrictions on movement and lengthy quarantine;
- Delays in establishing a centralized ambulance dispatch centre in Gaza due to the restrictions on the entry of essential supplies;
- Many vulnerable groups, including pregnant and lactating women, are less likely to go for their routine appointments out of fear of contamination.
- The restrictions on the entry of foreigners to the Gaza Strip because of COVID-19, including international medical teams, place additional challenges to deploying expertise for service delivery and training activities.
- The difficulty in maintaining physical distancing measures in light of the easing of travel restrictions;
- Services at UNRWA's Health Centre in Biddu village (Jerusalem governorate) are limited to child vaccinations and check-ups for pregnant women.

Protection

Needs overview

The increase in Gender Based Violence (GBV) remains of high concern, especially in situations where families are confined to limited spaces and experience socio-economic pressures. In the West Bank, a partner operating a helpline reported five cases of attempted suicides linked to domestic violence. In Gaza, partners report an increasing number of life-threatening GBV cases, with only one shelter (NGO-run) continuing to operate. GBV partners raise concerns about the ongoing lack of protection, sheltering and referral services from governmental bodies and NGOs.

The suspension of proceedings in Sharia courts has compounded the hardship of women awaiting adjudication, or implementation of decisions, in cases of domestic violence, divorce and custody over children.

Across the oPt, Cluster partners report an increasing need for counselling support for families and children. There are reports of child neglect cases and children reportedly resorting to begging, due to families experiencing growing economic hardship as a result of the pandemic.

Based on helpline data, there is a 24 per cent increase in the number of calls received from children under 18, compared with the first three weeks of April. In Gaza, the increase in helpline calls is related to anxiety experienced by children, due to COVID-19 in the midst of secondary education exams.

There is a continuous need for further information sharing on COVID-19, as well as recreational kits to support families engage children in meaningful activities. Furthermore, there is a need for PPEs for community members involved in distributing awareness materials and psychosocial support, as well as those conducting family visits (specifically in East Jerusalem and Area C in the Bethlehem governorate).

Response overview

GBV partners continue to adjust priorities and activities based on emerging needs of the most vulnerable individuals, including scaling up helplines, remote counselling, and case management support. As a response to the increasing number of attempted suicide cases reported, partners provided callers with emergency counselling, made referrals to local hospitals and for urgent case management support. GBV partners also provide remote family mediation or request community leaders to help resolve situations through urgent interventions. Legal partners have submitted a request to the Minister of Awqaf in the West Bank to address urgent issues faced by women due to the suspension of Sharia courts, including regarding alimony, child custody and accessing personal belongings kept in their spouse's homes.

During the reporting period, Cluster partners reached 492 children with remote PSS, counselling and psychotherapy, as well as structured group activities and life skills education. Additionally, 152 children received individual case management support, including 19 children with disabilities. Structured PSS services were also provided to caregivers, including in quarantine centres. Awareness raising and materials on COVID-19 and available services reached more than 1,000 people via various platforms.

One human rights organization in the Gaza Strip has so far conducted 16 legal interventions with the authorities in response to complaints received from those in quarantine, including concerns relating to their accommodation, lack of assistance and access to services within the quarantine facilities.

UNMAS continues to monitor increased risk of children out of school encountering Explosive Remnants of War (ERW) and mines. Emergency remote messaging is being used as an alternative to face-to-face risk education, which has ceased in both the West Bank and the Gaza Strip.

Gaps, challenges and constraints

Some organizations continue to face financial constraints in meeting the growing need for MHPSS. Challenges persist in facilitating online sessions, due to lack of electronic devices amongst vulnerable households and some counsellors. This is compounded in areas where there is weak or no internet connectivity. The Legal Task Force (LTF) notes that despite COVID-19, demolitions are ongoing throughout the West Bank, regardless of structure type and whether the targeted structures are inhabited. New structures are being issued demolition orders under Military Order 1797, which allows for the expedited demolitions of structures deemed “new”.

Education

Needs overview

On 21 April, the Ministry of Education (MoE) announced that the official twelfth grade exams, the *Tawjihi*, will be conducted as planned, starting from 30 May. Grades 1-11 will continue utilizing distance learning resources through the end of the academic year (23 May). The Ministry plans to start the next year academic year one month earlier to compensate for lost time.

Since the closure of education facilities in early March, 1.43 million children across the oPt need to access distance learning and receive age appropriate, awareness-raising messages around COVID-19. In isolated and poor areas, 360,000 children without internet connections need home-based learning materials and support.

Continued age-appropriate, awareness-raising messages to 1.43 million children and their families around COVID-19 is needed, in addition to hygiene-related preventive measures and continuity of learning at home. A total of 3,037 schools are in need of cleaning and disinfecting in preparation for re-opening, as well as an adequate supply of cleaning and disinfecting materials while closed. Specifically, the MoE in Gaza needs stationary and infection control measures to safely conduct the *Tawjihi*. In addition, 215,000 children and their caregivers, and 3,000 teachers are in need of psychosocial support through innovative approaches, utilizing social media and phone calls.

Latrines in 402 schools need urgent rehabilitation and new clean drinking water points are needed in 134 schools.

Response overview

Education Cluster partners have developed interventions to address the needs set out in the MoE Response Plan for COVID-19. As the *Tawjihi*, will be conducted on 30 May, the Education Cluster will work with the MoE to ensure the protection of students during the exams. This will include opening more examination centres to reduce the number of students per centre, as well as applying all relevant infection control measures for the school environment recommended by WHO and UNICEF. Main achievements to date include:

- The mobilization of US\$2.5 million for the MoE COVID-19 response plan, which is currently 40 per cent funded;
- Started the procurement of 2,000 cleaning and disinfecting kits for MoE schools;
- Technically and financially supported about 100,000 children to access various MoE e-learning platforms.
- Supported the provision of remote MHPSS support to children and their families in coordination with Child Protection partners.

Gaps, challenges and constraints

The scale and nature of this crisis is beyond that anticipated in existing preparedness plans and the capacities of MoE and cluster partners. This includes the lack of platforms for distance learning prior to the emergency, and a lack of consensus between MoE in Ramallah and Gaza over the content of the e-learning platform. This has been compounded by the limited internet connectivity in certain communities and households. The MoE and cluster partners are also not operating at full capacity, due to movement restrictions and quarantine measures. Finally, there are funding gaps for the rehabilitation of emergency WASH facilities at schools.



Shelter

Needs overview

In the Gaza Strip, people hosted in quarantine centres for the 21 mandatory days need individual hygiene kits, sterilizing items and non-food items (NFI), such as mattresses, blankets, pillows and mats. Most of these items must be periodically redistributed for incoming people. There are currently 38 facilities identified for potential use as quarantine centres, with a capacity to host up to 5,000 individuals. Of these, by 4 May, 21 are active with a total number of 1,600 quarantined individuals.

A new wave of returnees through Rafah crossing is expected in the coming weeks. Local authorities estimate that up to 2,000 individuals may return; the first group of quarantined people will be released from quarantine, freeing up space for new arrivals.

Additionally, in Gaza, a previous assessment by the Ministry of Public Works and Housing has identified 9,500 dilapidated or substandard homes. The most vulnerable urgently need proper hygienic and disinfection materials, as well as awareness materials concerning hygienic practices and mitigation measures.

In the West Bank, Cluster partners received requests to set-up pre-screening and registration facilities for Palestinian workers returning from Israel at crossings and at the entrances of the Palestinian towns, in addition to one infrared thermometer for each location and consumable protective materials (gloves, masks, hand sanitizers) for the municipality teams who carry out the initial testing and registration at the crossing.

Those in home quarantine, specifically poor families, are in need of NFIs, cleaning materials and awareness on correct procedures during the quarantine period. An assessment conducted by an NGO of 198 vulnerable communities in Area C found that over half of the residents could not afford the basic hygienic and cleaning materials to combat COVID-19.

Response overview

The Shelter Cluster response seeks to improve the capacity and resilience of vulnerable individuals and households to reduce the spread of the outbreak. In the Gaza Strip, partners have continued to aid quarantine centres, with necessary support including NFIs, hygiene and female dignity kits, and cleaning supplies with over 6,000 bedding sets provided to quarantine centres. In the West Bank, 80 tents (originally intended to respond to demolitions) were distributed for use as pre-screening and registration facilities at hospitals, clinics, crossings and town entrances. Across the oPt, around 14,500 hygiene and cleaning materials were distributed to vulnerable families via different institutions and village councils, including educational materials and awareness flyers in coordination with the risk coordination and community engagement efforts.

Gaps, challenges and constraints.

A main constraint is the lack of quality, household disaggregated information on needs, to accurately target interventions, compounded by the movement restrictions that impede access to the most vulnerable households and communities. The lack of accurate information about the needs in quarantine facilities in the West Bank, as well as the prioritized poor families in home quarantine impede the cluster's ability to mobilize the required NFI materials support.

Cluster members reported that there is a shortage of sterilizing materials in the local market in Gaza, and that the available quantities are not complying with technical specifications.

Water, Sanitation and Hygiene

Needs overview

A rapid assessment was conducted by Cluster Partners and OCHA field offices, focusing on WASH needs in quarantine centres across the West Bank, as well as water service providers in the southern West Bank and East Jerusalem. The assessment revealed that the centres are recording increasing need for consumable materials, i.e. bottled water and hygiene kits. Furthermore, the assessment revealed that over 50 per cent of the quarantine, scanning and treatment centres in the West Bank do not have regular and sufficient access to drinking water. Likewise, 20 per cent of these centres do not have sufficient stocks of hygiene and cleaning materials. Many of the water service providers in the West Bank and the Gaza Strip also noted a significant drop in fees collection rate for their services, affecting their capacity to purchase the needed cleaning and sanitizing materials.

Response overview

During the reporting period, four WASH Cluster partners implemented various response interventions reaching around 7,473 individuals. Partners delivered of 13,902 bottles of water, 1,588 household hygiene kits and 1,625 flyers to quarantine centres in Gaza. Partners are also in the process of desludging 150 cesspit and septic tanks to vulnerable households. In the West Bank, partners supported 33 local councils with disinfection equipment, tools, as well as Information, Education and Communication (IEC) materials to increase the local council's capacity to reduce and prevent the spread of COVID-19.

Targeted individuals and institutions improved their hygiene levels due to the provision of hygiene items and sanitizers, as well as protective materials for health workers. Lastly, water service providers have managed to maintain regular levels of supply in the West Bank and the Gaza Strip.

Gaps, challenges and constraints

The main challenges identified by the WASH Cluster include:

- The WASH partners' ability to execute activities is decreasing compared with the last reporting period, as many of the partners have already disbursed the budget reallocated from other projects to respond to COVID-19 needs.
- WASH partners in Gaza observed an increase in the prices, as well as a shortage of some hygiene materials, such as hygiene gel, and the low-quality of materials available in the markets.
- Some of the households living in isolated communities, in particular in Area C, have limited access to markets and therefore, cannot benefit from the e-vouchering mechanism for hygiene materials.

Food Security

Needs overview

The pandemic has already had severe socio-economic consequences, which are expected to increase in the coming weeks, with direct consequences on food security. It is estimated that, since the outbreak of the pandemic, 110,000 new families across the oPt, of which over 90 per cent are in the West Bank, have fallen into poverty following the loss of income due to COVID-19 restrictions.

Agricultural livelihoods have been particularly impacted by the crisis. The low availability and high prices of fodder continues to be a major constraint for Bedouins and herders, especially as the grazing season is coming to an end. Prices for fertilizers and pesticides continue to increase, while spare parts for agricultural machinery are running out of stock.

Following weeks of a negative trajectory, the overall agriculture and food market have stabilized somewhat. Nevertheless, the marketing of agricultural products remains a concern for farmers in the West Bank. Due to movement restrictions, more middle traders are working in the value chain, which means less profit margin for farmers.

In the West Bank, there is a severe shortage of vegetable seedlings, leaving people unable to prepare their home gardens. In Gaza, there is an approximately 40 per cent shortage of hatching eggs for broilers and turkeys, with April witnessing a sharp increase in the price of broiler meat, due to the lack of import of eggs from Europe, the usual source. However, dates and fish transfers from Gaza to the West Bank has resumed and fishers are benefitting slightly from the lower price of fuel.

Response overview

During the reporting period, Food Security partners continued to limit the impact of marketing disruptions in the West Bank. Local partners are facilitating direct contact between consumers and farmers/small scale herders.

The de facto authorities have continued supporting breeders by distributing fodder to poultry/broiler breeders in North Gaza. By early next week, breeders from the other governorates will also be targeted. Overall, some 1,000 beneficiaries will benefit from 700 tons of broiler fodders.

Cash assistance to poor families is a key immediate response that can assist families to cope with the impact of the COVID-19 crisis. Local authorities are on the frontline of these types of interventions: the Ministry of Social Development (MoSD) in the Gaza Strip started distributing cash assistance (100 US\$) to 100,000 poor families.

MoSD is planning to distribute 500 NIS to 9,500 informal workers during the month of May, in order to decrease the impact on families who lost their main livelihood due to COVID-19.

Gaps, challenges and constraints

In addition to the mobility restrictions affecting all partners, the delivery of cash assistance has been disrupted, as banks have stopped receiving clients face-to-face. Moreover, Cash-for-Work (CfW) interventions are also impacted as many skilled and unskilled jobs come to a halt, although some education and other organizations began implementing a work-at-home modality. The estimated 40,000 workers who will resume work insides Israel under certain conditions, are a cause for further concern, due to the higher prevalence of COVID-19 in Israel.

FOR A DETAILED LIST OF ACTIVITIES BY CLUSTER PLEASE REFER TO THE ONLINE 5W PORTAL VIA THE FOLLOWING LINK: <https://bit.ly/35wWepl>

