

HIGHLIGHTS

- The total number of people with COVID-19 quadrupled during the reporting period, with the epicenter in the Hebron governorate.
- Six more people died in the West Bank and 11 are in serious or critical conditions
- Revised Inter-Agency Response Plan for COVID-19 crisis is 66 per cent funded.

COVID-19 ACTIVE CASES IN OPT

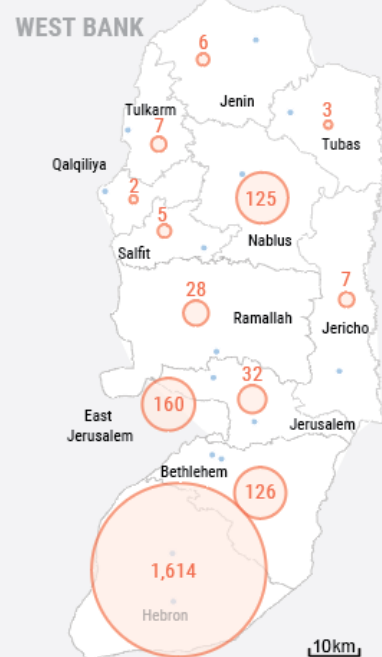
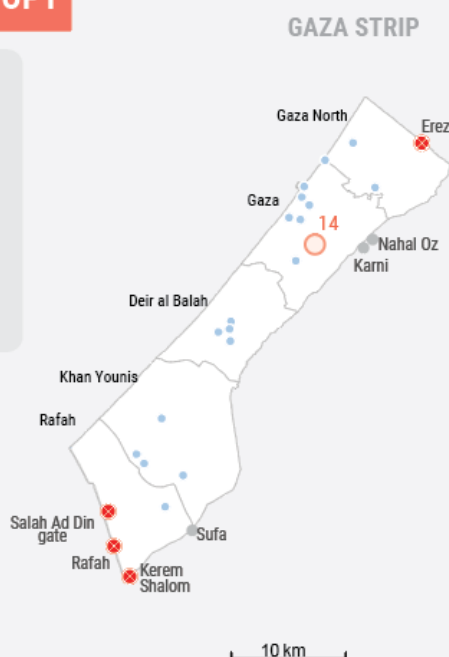
2,765 CONFIRMED CASES

2,129 ACTIVE CASES

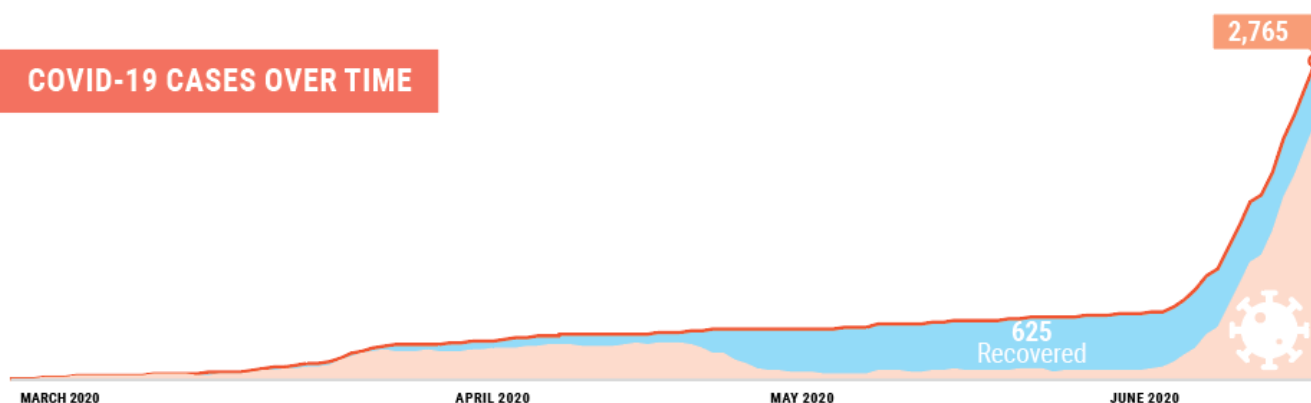
625 RECOVERED

11 DEATHS

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



COVID-19 CASES OVER TIME



2,129

People with COVID-19 (active cases)

101,391

Samples tested for COVID-19

5,679

People in home quarantine

US\$42 million

request for Inter-Agency Response Plan

Contact

Ofir Feuerstein (Mr)
Communications
feuerstein@un.org

SITUATION OVERVIEW

The total number of Palestinians in the oPt who have contracted COVID-19 quadrupled over the course of the reporting period, from 690 on 16 June to 2,765 as of 30 June, one of the highest rates of increase reported worldwide during this period. Six people died, bringing to eleven the cumulative number of fatalities. Over three quarters of the confirmed cases (2,129) are active, including at least 11 in serious or critical condition, and the rest with light or mild symptoms; less than one quarter (625) have recovered.

All the people detected during the reporting period as having the virus (2,075) were in the West Bank (including East Jerusalem), which now accounts for over 97 per cent of all confirmed cases in oPt, with the remaining 72 cases (14 of them active) in the Gaza Strip. The epicentre of the recent outbreak is the Hebron governorate, where some 78 per cent of the new cases and five of the fatalities were recorded, followed by the Bethlehem, Nablus and Jerusalem governorates.

The surge in contagion in the West Bank is attributed to the relaxation of restrictions and lack of compliance with public health regulations on the part of the population in previous weeks. In response, the Palestinian Authority (PA) re-imposed severe movement restrictions on the most affected areas and adopted a series of additional measures aimed at containing the pandemic.

In the Gaza Strip, no new cases have been detected during the reporting period and the number of people held in quarantine centers has further declined, as the Rafah Crossing with Egypt remained closed by the Egyptian authorities and very few have entered Gaza from Israel.

The Palestinian Ministry of Health (MoH) and the humanitarian community continue to address critical gaps in laboratory supplies and other medical equipment, including life-saving ventilators and essential Intensive Care Unit (ICU) equipment.

While the Interagency Response Plan covered interventions until the end of June it is considered an addendum to the oPt Humanitarian Response Plan (HRP) and as needed the interventions will continue through the end of 2020. The humanitarian community are 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 impact of the economic slowdown, due to the pandemic and related measures, has been exacerbated by the PA's decision to stop accepting clearance revenues that Israel collects on its behalf, resulting in the non-payment of May salaries to most public employees. This decision was adopted in response to Israel's plan to annex parts of the West Bank.

The deterioration in socio-economic conditions is reflected in the findings of a [public opinion poll](#) carried out between 17 and 20 June on a representative sample of Palestinians in the oPt: over two-thirds reported that their income has declined and 55 per cent that they had stopped working or were unemployed. Additionally, 29 per cent reported that the closure and lockdown measures have caused "domestic problem within their families". On a positive note, 82 per cent of the respondents said they are satisfied with the performance of the MoH regarding the COVID-19 crisis, and 72 per cent said they trust that the Palestinian authorities "have been working for the interest of the people".

West Bank

In response to the new outbreak, the entire Hebron governorate has been under lockdown from 28 June until 5 July (some localities, including Hebron city, have been shut down earlier); a similar measure was imposed on 29 June in the Bethlehem governorate for 48 hours. Only essential movements in and out, as well as within, these governorates, are allowed, while all shops have been closed, with the exception of supermarkets, bakeries and pharmacies. A 36-hour closure was also imposed on Ya'abad and Yammoun towns in the Jenin governorate and on the Balata refugee camp in Nablus. PA checkpoints have been deployed at entrance of these and other localities to enforce the access restrictions.

Other measures adopted by the PA, as of 28 June, include a full prohibition on public gatherings across the West Bank, including weddings, wake houses and graduation parties, and a re-activation of the local emergency committees, to ensure compliance with precautionary regulations. Penalties will reportedly be imposed on all those who do not abide by the restrictions and the safety instructions issued by the MoH. Additionally, the PA has called on the Palestinian citizens of Israel to refrain from visiting the occupied West Bank for one week.

The PA's ability to enforce these movement restrictions and measures has been severely undermined by its decision to halt its security coordination with the Israeli authorities, as mentioned above, which limits the mobility of the PA security forces through Areas B and C of the West Bank.

In Hebron, a newly operating hospital in Dura town has been designated exclusively for the treatment of people with COVID-19, while in Bethlehem city, the National Center for Rehabilitation has been reactivated to treat people with the virus.

Confirmed cases with light or mild symptoms have been increasingly referred to home isolation, rather than to isolation centres, while those entering the West Bank are being sent to a 14-day mandatory quarantine at home; however, enforcement of these regulations on those returning from Israel (mostly workers) remains limited, due to the long and porous boundary between the two areas.

The Allenby Bridge border crossing with Jordan was opened multiple times throughout the reporting period, allowing the crossing into the West Bank of 1,969 Palestinian, of whom some 1,200 entered on 28 June, following coordination between the Palestinian and Jordanian authorities. Incoming passengers have been tested for COVID-19 in a facility near Jericho city, where they had to stay until their test results are ready.

Over 150 of the new infections and one of the deaths (a 19-year-old woman with underlying health conditions) were recorded in East Jerusalem, where cases requiring treatment continue to be managed by the East Jerusalem Hospital Network (EJHN) and Israeli hospitals. Access to the East Jerusalem hospitals from the rest of the oPt has remained severely restricted since early March, with only emergency cases and cancer patients granted permits. This has undermined the EJHN capacity and financial situation. The Health Cluster is still appealing to partners and the donor community to scale up support, so that the EJHN can continue to provide the specialized services unavailable elsewhere in the oPt.

Israel's occupation-related policies and practices also continued in the reporting period. Citing the lack of building permits, the Israeli authorities demolished or seized 19 Palestinian-owned structures in Area C and East Jerusalem, displacing 30 and affecting over 80 others. Of continuing concern is settler violence, with physical attacks on Palestinian farmers and vandalism against Palestinian vehicles and olive trees, continuing during the reporting period.

Gaza Strip

In Gaza, the number of people in quarantine has further declined: as of 29 June, 252 people were being held in two quarantine facilities and three hospitals, down from 357 people in seven centres in mid-June. No major gaps in humanitarian assistance at these facilities have been reported.

The Rafah crossing with Egypt, which has been closed in both directions since 15 May, is expected to reopen sometime during the first two weeks of July for incoming passengers. The local authorities have prepared seven quarantine facilities, with a capacity for approximately 1,550, to accommodate these people, with the support of humanitarian agencies.

The local authorities have also indicated the mandatory quarantine policy of 21 days for people entering Gaza via Israel and Egypt will be maintained through the end of 2020. Expected humanitarian needs and required resources at the quarantine facilities in the next three months (July-September) are being assessed by humanitarian partners.

Since early June, the local authorities have been allowing Gaza-based foreign aid workers, identified as critical for the COVID-19 response, to return to Gaza on a case-by-case basis, provided that they adhere to strict safety regulations, including the mandatory 21-day home quarantine.

Access in and 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 PA is no longer coordinating the exit of permit holders through Erez crossing, or receiving additional applications for exit permits, particularly affecting those seeking essential health care unavailable in the Gaza Strip. The exit of a limited number of emergency cases has been allowed on an ad hoc basis, with the support of NGOs and international agencies.

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.

INTER-AGENCY RESPONSE PLAN

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.

As of 30 June, a total of \$27.9 million, or 66 per cent of the amount requested has been raised. Including resources outside the Response Plan, \$46 million have been mobilized in support of COVID-19 related response activities in oPt.

The largest contributions recorded during the reporting period were provided by the European Union humanitarian agency (ECHO), in support of WASH cluster activities (\$659,400); the Swiss Development Cooperation (SDC) in support of Food Security cluster activities (\$650,000); and the Qatar Fund for Development, in support of Health Cluster activities (\$562,455). The Health Cluster has also received generous contributions from the UN’s Central Emergency Fund (\$180,000) and Population Fund (\$168,000). Local and international NGOs managed to obtain nearly \$179,000 from various additional sources.

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	7,312,328	62%	1,738,155	9,050,483
Health	19,106,615	11,630,052	61%	10,125,602	21,755,654
Protection	951,000	984,044	103%	252,863	1,236,907
Shelter & NFI	3,342,551	1,491,226	45%	2,698,500	4,189,726
WASH	6,055,240	5,670,727	94%	1,560,144	7,230,871
Grand Total	42,440,132	27,894,376	66%	18,140,264	46,034,640

Total funding for COVID-19 response by donor

Donors	Through the Response Plan	Outside the Response Plan	Total in US\$
AECID	37,655	16,655	54,310
Austria		229,564	229,564
Canada	1,881,800		1,881,800
CERF	510,000		510,000
DFID	1,100,000		1,100,000
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	827,815		827,815

Germany	1,698,298		1,698,298
GIZ	113,125	43,000	156,125
ICO-UAE	112,640		112,640
IR - Canada	50,000		50,000
Ireland (Irish Aid)	235,200		235,200
Islamic Relief Worldwide	91,400		91,400
Italian Agency for Development Cooperation [AICS]	152,008	10,970	162,978
Japan	752,000		752,000
Jerrahi Order of America		40,000	40,000
Kuwait	747,500	8,252,500	9,000,000
NCA, DCA	71,035		71,035
Norway	70,000	91,083	161,083
Nous Cims	54,310		54,310
OPT Humanitarian Fund ⁵	6,458,521	38,363	6,496,884
Other sources ²	356,262	87,674	443,936
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 ³	59,955		59,955
Secours Islamique France	79,407		79,407
Start fund	251,000		251,000
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	168,000		168,000
UNICEF	792,000		792,000
UNWOMEN HQ	50,000		50,000
War Child Holland ⁴	252,000	85,000	337,000
WELFARE (Taawon)	50,000		50,000
WFP (loan)	5,000,000		5,000,000
Grand Total	\$27,894,376	\$18,140,264	\$46,034,640

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

² Funding contributions below \$40,000 including funding towards and outside Covid-19 Response Plan, received from: Action Aid, African Women Development Fund, Cantabria 19, Christian Aid&ACPP, Denmark, EIHDR, Gazze Destek (GDD), Global fund for women, Grass Roots, HEKS, Holland, International Charity Organisation, IR – UK, Italy, Luxemburg government - ARDI Program, McNulty Foundation, Medico International, Mennonite Central Committee, NMFA, NRC, Open Society Foundation, Oxfam, PARC, Penny Appeal, PHG, Representative Office of Switzerland in Ramallah, Rockefeller, SIDA+DFAT, UN Trust Fund, United Palestinian Appeal, WHO, World Vision USA.

³ This includes contributions of Save the Children individual and pooled funds.

⁴ This includes contributions of War Child Holland and War Child Holland Head Office

⁵ As of today, oPt Humanitarian Fund has received generous contributions from Germany (\$6.5m), Belgium (\$4.3m), Sweden (\$2.1m) Switzerland (\$2m), Norway (\$0.9m), Ireland (\$0.3m), Korea (\$0.3m), Iceland (\$0.2m) and Cyprus (\$12,500).

PROCUREMENT OF CRITICAL MEDICAL SUPPLIES











The Health Cluster continues to track the procurement and delivery of critical medical supplies by cluster partners against the immediate needs identified in the COVID-19 Inter-Agency Response Plan. These needs are also in line with the State of Palestine's National COVID-19 Response Plan.

Gaps remain in procurement and the delivery of essential medical items for case management of critical COVID-19 cases by end June, such as medical ventilators, pulse oxymeters and ICU beds. Identified needs for personal protective equipment (PPE), to ensure the safety of frontline health workers, have been largely covered. Health

Cluster partners, including WHO and UNICEF, are working through the Global COVID-19 Supply Chain System to secure this vital equipment for the oPt.

The following tracker details the delivery of ten selected key medical items only, as reported by Health Cluster partners in the oPt. If you require a more detailed list, please contact the Health Cluster Coordination Team: asaparbekov@who.int and maroufm@who.int.

For details of bilateral donations provided directly to the Ministry of Health and local health authorities, please refer to the PA Ministry of Health.

		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	14	114	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	19,981	3,905	-
8		Gloves, non-sterile (box of 100)	20,000	22,538	23,838	-
9		Real-time PCR machine	3	1		2
10		COVID-19 testing kit (primers and probes): 96 tests each	200	198	40	-

COORDINATION

The PA halt of coordination with the Israeli authorities, as highlighted above, has compounded pre-existing challenges faced by humanitarian agencies in the procurement and delivery of essential items for the COVID-19 response. This is because of the disruption in the PA transfer to the Israeli authorities of tax and customs documentation needed for the importation of supplies. The UN Country Team, led by the Resident/Humanitarian Coordinator (HC/RC), is working with all parties to mitigate the impact of this constraint.

The Inter-Cluster Coordination Group (ICCG) continue to meet to follow up on the implementation of the Inter-Agency Response Plan, while the Inter-Agency COVID-19 Task Force, led by the HC/RC, is expected to be reactivated in the coming weeks.

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.

A new supply portal has been launched on WHO's global COVID-19 response coordination platform to support procurement (see above). 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 the portal.

DEVELOPMENTS, CONCERNS AND FUNDING STATUS BY CLUSTER

 Health

\$19,106,615	\$11,630,052	61%	\$10,125,602	\$21,755,654
Funding requirements	Through the Response Plan	of the RP covered	Outside Response plan	Total Funding Received

- 1. A four-fold increase in the number of new COVID-19 confirmed cases was reported, with the vast majority in Hebron, and smaller increases in East Jerusalem, Nablus and Bethlehem.**
- 2. The Risk Communication and Community Engagement (RCCE) campaign continues, with nearly 40 partners distributing communications materials.** The campaign focuses on containing the spread of COVID-19 and on tackling misinformation in the most affected governorates. The campaign has generated over 15.3 million content views on Facebook since it started in March 2020.
- 3. Over 173,000 people have benefited from activities carried out by the Health Cluster during the reporting period.** An estimated 14,000 frontline health workers benefitted from full PPE items. In the Gaza Strip, essential drugs, disposables and medical equipment, including patient monitors and syringe pumps were provided to treatment and respiratory triage centres, benefiting 10,000 patients. Partners continue to provide support to essential health services, with an estimated 15,000 people benefitting from maternal and child health and nutrition services and the provision of essential drugs.

 Protection

\$951,000	\$984,044	103%	\$252,863	\$1,236,907
Funding requirements	Through the Response Plan	of the RP covered	Outside Response plan	Total Funding Received

- 1. According to a recent online survey conducted in the oPt, some 76-78 per cent of respondents reported high levels of stress and anxiousness, in addition to some 57 per cent disclosing feelings of anger as a result of COVID-19 in the West Bank.** The need for psychosocial support through tele-counselling and in-person counselling remains high.
- 2. A partner responding to gender-based violence (GBV) by providing helpline services reports an increase in attempted suicide and self-harm cases.** Girls under the age of 18, and young men aged 21-25, make up more than half of all reported cases.
- 3. Child Protection and MHPSS partners report an increase in the number of poor and vulnerable people turning to helplines seeking for financial assistance and medicines.** Normally the MoH provides medication free, however certain drugs are out of stock at MoH pharmacies, forcing people to purchase them at full price from private pharmacies.
- 4. Cluster and Mental Health and Psychosocial Support (MHPSS) partners report an increase in the number of very poor and vulnerable people turning to helplines, seeking financial assistance and medication.** Normally, the PA provides medication for free; therefore, the shortage of medication deepens the financial hardship of the most vulnerable ones.

5. GBV, MHPSS and other cluster partners face constraints in providing assistance due to the COVID-19 restrictions and the suspension of coordination arrangements between the PA and Israel, particularly in isolated areas in H2, Area C and the Jordan Valley.

Education

US\$ 1,203,000	US\$ 806,000	67%	US\$ 1,765,000	US\$ 2,571,000
Funding requirements	Through the Response Plan	of the RP covered	Outside Response plan	Total Funding Received

1. The Education Cluster, along with other development partners, is working with Ministry of Education (MoE) on developing a contextualized framework for the reopening of schools on 4 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 the children's return to education; preparing teachers to help them catch up in 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 is supporting the MoE in finalizing a comprehensive "safe-school operations" manual.
2. Education Cluster partners continue to carry out awareness raising and provide MHPSS support to children and their parents and school 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 counselors who are offering remote support to their students. This remote support is ongoing, even though the academic year ended on 24 May.
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 & and Non-Food Items

US\$ 3,342,551	US\$ 1,491,226	45%	US\$ 2,698,500	US\$ 4,189,726
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. Additionally, as temperatures rise, cluster partners are preparing for the provision of 800 fans to quarantine centres, before the return of additional people from Egypt.
2. Cluster partners have completed the procurement of around 3,000 COVID-19 family hygiene kits for vulnerable households lacking proper hygiene facilities. The selection of beneficiaries is ongoing.

Following the increase in new COVID-19 cases, particularly in the Hebron area, Cluster partners are monitoring the situation and preparing for the quick distribution of necessary items and materials, if and when requested. These include NFIs, cleaning and disinfection materials, and personal hygiene kits.

Water, Sanitation and Hygiene

US\$ 6,055,240	US\$ 5,670,727	94%	US\$ 1,560,144	US\$ 7,230,871
Funding requirements	Through the Response Plan	of the RP covered	Outside Response plan	Total Funding Received

- The WASH Cluster reached nearly 27,000 people during the reporting period.** In the Gaza Strip, three partners delivered over 14,000 bottles of water and 80 hygiene kits to quarantine facilities. In the West Bank, 4,400 voucher top-ups for hygiene items were delivered to vulnerable families.
- Since March 2020, WASH cluster partners provided nearly 120,000 (1.5L) bottles of water to quarantine centres.** In light of the continued spread of COVID-19, Cluster partners and the Ministry of Social Development (MoSD) in Gaza are exploring a strategy to replace the distribution of bottled water with more durable and sustainable solutions.
- The PA announced a series of projects to support the most vulnerable communities in the Jordan Valley, including in coping with the pandemic.** The PA will ensure that Palestinian Water Authority (PWA) wells in the Jordan Valley will provide sufficient water for its Palestinian farmers. In addition, a water treatment project for the Al Auja well will be implemented and produce 600,000 cubic meters of water annually. The WASH Cluster will coordinate with PWA to ensure that the most vulnerable communities in the Jordan Valley will benefit from this project.

Food Security

US\$ 11,781,726	US\$ 7,312,328	62%	US\$ 1,738,155	US\$ 9,050,483
Funding requirements	Through the Response Plan	of the RP covered	Outside Response plan	Total Funding Received

- Inputs for agriculture production have been largely available, although at higher prices and lower quality, while traders have faced liquidity constraints.** Production capacity utilization remained far from pre-COVID-19 levels. Complying with physical distancing, especially at processing and packaging level, impedes production at full capacity.
- Food markets continued to gradually reopen at lower capacity, while transactions remained constrained by lack of liquidity and low demand.** Producers and traders noted that local products suffer, more than pre-COVID-19, the competition of Israeli products that are available in large quantities in local markets.
- Discontinuation of payment of salaries, due to the PA's financial crisis reduced some consumers' capacity to cope with food and nutrition insecurity.** The increasing budget deficit will restrict the PA's ability to maintain its social safety networks. This means that the PA will not be able to conduct scheduled government transfers to the most vulnerable populations.