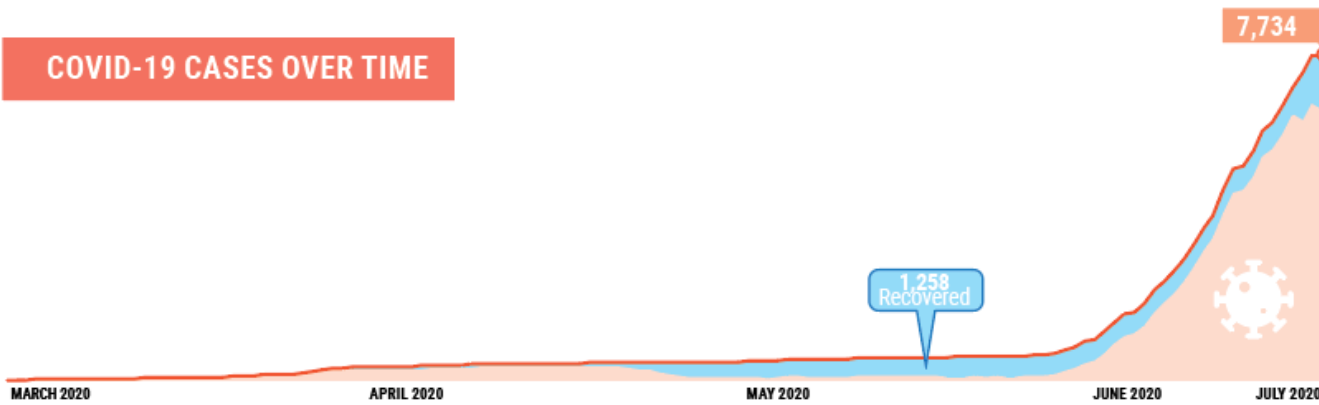
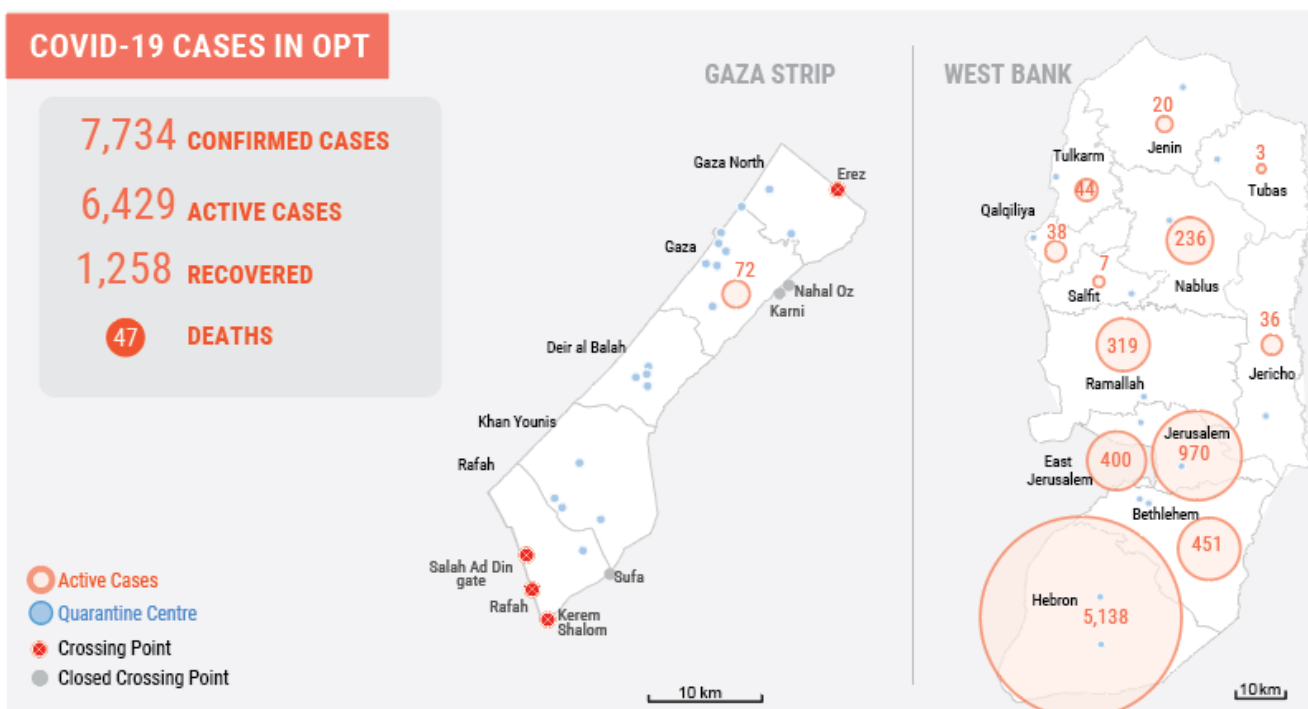


HIGHLIGHTS

- The number of people with COVID-19 in the West Bank continues to surge, with the epicenter Hebron accounting for over 70 per cent of all active cases.
- 30 more people died in the West Bank which has been placed under a complete lockdown.
- No new cases of COVID-19 reported in Gaza, which now records only eight active cases.



6,429 People with COVID-19 (active cases)	137,955 Samples tested for COVID-19	30,224 People in quarantine	US\$42 million request for Inter-Agency Response Plan	Contact Ofir Feuerstein (Mr) Communications feuerstein@un.org
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SITUATION OVERVIEW

The total number of Palestinians in the oPt who have contracted COVID-19 more than doubled over the course of the reporting period, from 2,765 on 30 June to 7,734 (as of 16:00 hrs 14 July). Thirty-six (36) more people have died, bringing to 47 the cumulative number of fatalities to date. Over eighty per cent of the confirmed cases are active, (6,429) people. These include 16 patients in intensive care units (ICUs), with six patients requiring mechanical ventilation (as of 13 July). A total of 81 health workers are among the people confirmed with COVID-19.

All the nearly 5,000 additional cases detected during the reporting period were in the West Bank (including East Jerusalem), which now accounts for over 99 per cent of all confirmed cases in the oPt: no new cases have been detected in the Gaza Strip since 11 June. The alarming surge in contagion in the West Bank is attributed to social gatherings, particularly wedding celebrations. In response, the Palestinian Authority (PA) has re-imposed a comprehensive lockdown across the West Bank (details below).

According to the Palestinian Ministry of Health (MoH), since the onset of the pandemic, almost 140,000 laboratory samples have been tested for COVID-19. Some 30,000 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 140,000. (All data as of 13 July).

Global shortages of medical equipment and the disruption of coordination between the PA and Israel, in response to Israel's plan to annex parts of the West Bank, have significantly disrupted the procurement of key medical equipment. The MoH is scaling up its testing capacity and is currently conducting up to 5,000 COVID-19 PCR tests daily. According to the MoH, up to 150,000 tests per month will be required until the end of 2020. Despite the substantive amounts of Personal Protective Equipment (PPE) already delivered, shortages persist. The MoH estimates that at least two million gloves and up to 750,000 surgical masks will be needed every month until the end of 2020.

While the Interagency Response Plan covered interventions 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.

West Bank

The epicenter of the outbreak continues to be the Hebron Governorate, which accounts for almost 5,000 of the total cases, followed by East Jerusalem (862) and Bethlehem (433). The governorates of Salfit, Qalqiliya, Tubas, Tulkarm and Jenin continue to record low numbers of people with COVID-19.

After weeks of enforcing local shutdowns in selected localities, on 3 July, the PA instituted a five-day lockdown across the entire West Bank, subsequently extended for another five days. This entailed the shutting down of all non-essential businesses and institutions, except for supermarkets, pharmacies, and bakeries. Restaurants were permitted to do deliveries only, and banks and factories remained open, subject to safety measures.

On 12 July, the PA extended the complete lockdown until 16 July in the Hebron, Bethlehem, Ramallah and Nablus governorates. Movement between all governorates is prohibited until 27 July, with a nighttime curfew imposed 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 wedding celebrations, mourning houses, and public gathering are prohibited, with fines issued for breaches of safety measures regarding social distancing and the wearing of masks. However, on 13 July, the PA announced that it would ease some of these restrictions, following protests by business owners, allowing small businesses to reopen, subject to restrictions, and commercial movement between governorates.

An overall increase in public compliance with the lockdown and safety requirements is being noted, although it remains inadequate. In the Hebron governorate, for example, only an estimated 50-60 per cent of people are

wearing facemasks in public. Confrontations between shop owners and PA forces regarding the enforcement of restrictions have been recorded in Hebron city.

The PA's enforcement capacity has been severely undermined by its decision to halt its security coordination with the Israeli authorities, which came in response to Israeli government threats to annex parts of the West Bank. The halt in coordination limits the mobility of the PA security forces through Areas B and C of the West Bank, with reports of a lack of PA enforcement in rural villages and in the Israeli-controlled area of Hebron city (H2), where COVID-19 restrictions have been largely ignored by the public.

In light of the increasing number of cases in East Jerusalem, the East Jerusalem Hospital Network (EJHN) issued a statement on 7 July, declaring its readiness to deal with the upsurge and its commitment to treat patients. 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.

People who were exposed to confirmed cases, and were either not tested, or tested negative, are sent to home quarantine, as are Palestinian who enter the West Bank from Jordan or Israel. At present there are no institutional quarantine centres operational. Most confirmed cases with light or mild symptoms are referred to home isolation too. This policy is driven by reports of damage and vandalism inflicted on quarantine and isolation centres during the initial outbreak (March-April), as well as the stigma associated by some people to the stay in such centres. However, due to the upsurge and the problems of overcrowding in some localities, especially in refugee camps, institutional isolation is being gradually re-introduced. Currently there are four isolation centres that are operational in the West Bank (in Ramallah, Jericho, Tubas and Nablus cities), while additional centres are ready to be operated in various governorates. Confirmed cases with severe symptoms are referred to a designated hospital/treatment centre, with at least 11 facilities currently operational.

Between 1 and 13 July, 1,976 Palestinians entered the West Bank from Jordan via the Allenby crossing. Upon their arrival, passengers are tested for COVID-19 near Jericho city and, unlike during the previous reporting period, they are released and sent to home-quarantine, and the results communicated by phone.

The PA has called on Palestinian citizens of Israel to refrain from visiting the West Bank, and on Palestinian labourers working in Israel not to commute daily and to cease working in settlements. On 28 June, the Israeli authorities published new instructions, whereby Palestinian workers holding valid permits are authorized to work in Israel for a period of three weeks, with employers required to provide them with health insurance and adequate lodging.

Israel's occupation-related policies and practices also continued during the reporting period. Citing the lack of building permits, the Israeli authorities demolished or seized 26 Palestinian-owned structures in Area C and East Jerusalem, displacing 13 and affecting over 100 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 the Gaza Strip, no new cases were detected during the reporting period. The number of active cases is eight, with 63 recovered and one fatality. A total of 13,202 samples have been tested. Some 338 people are in six quarantine centres currently operational, which include health facilities, hotels and other designated buildings. As of 13 July, the European Hospital is temporarily being used for quarantine purposes, and remains the designated hospital for treatment of positive COVID-19 cases in the event of a community outbreak.

In contrast to the West Bank, COVID-19 restrictions in Gaza have significantly eased during the reporting period, with the local authorities permitting the reopening of all weekly public markets. Most public places, including wedding halls, coffee shops, restaurants, markets, and playgrounds have gradually re-opened in recent weeks. With the lifting of restrictions, minimal adherence to health and safety regulations, including the wearing of masks and social distancing) is being observed in shops, restaurants and public places.

The local authorities have indicated that the mandatory quarantine policy of 21 days for people entering Gaza via Israel and Egypt will be maintained through the end of 2020. 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. Approximately 70-80 people continue to cross into Gaza through Erez on a weekly basis.

There is still no indication regarding a date for the re-opening, for incoming passengers, of the Rafah Crossing with Egypt, which has been closed in both directions since 15 May. With the support of humanitarian agencies, local authorities have prepared seven quarantine facilities, with a capacity for approximately 1,550, to accommodate new arrivals into Gaza.











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), has been reactivated due to the surge in West Bank infections, convening on a weekly basis. The Inter-Cluster Coordination Group (ICCG) continues to meet to follow up on the implementation of the Inter-Agency Response Plan.

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.

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

SN	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	0
7	 Mask, surgical (box of 50)	20,000	22,283	3,905	-6,188
8	 Gloves, non-sterile (box of 100)	20,000	22,618	23,838	-26,456
9	 Real-time PCR machine	3	1		2
10	 COVID-19 testing kit (primers and probes): 96 tests each	200	318		-118

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.

To mitigate the impact of this constraint, the UN Country Team activated a Logistics Cluster, led by the World Food Program (WFP). Its main task is to mediate between the Customs Directorate in the PA Ministry of Finance and the Israeli authorities to ensure the processing of the documentation required to allow the shipment of imported supplies into the oPt, through the various Israeli ports of entry. The cluster is currently processing 19 import requests from UN agencies and international NGOs.

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.

FUNDING

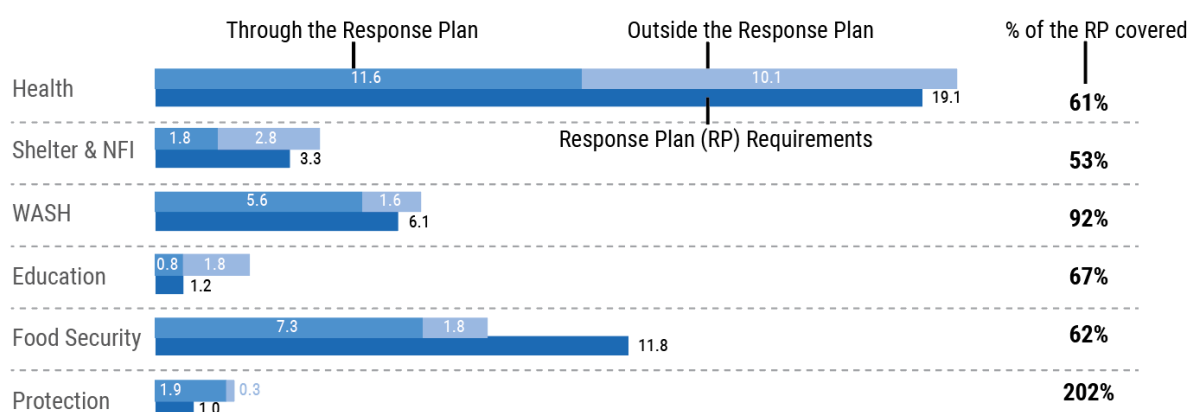
The COVID-19 Inter-Agency Response Plan for the oPt, which requested \$42.4 million to support an immediate response to the COVID-19 crisis and the efforts led by the Government of Palestine, has covered interventions through the end of June. However, most interventions are expected to continue during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

So far, \$29 million, or 68 per cent of the amount requested in the Response Plan has been raised. Including resources outside the Response Plan, \$47.4 million have been mobilized in support of COVID-19 related response activities in the oPt.

During past two weeks, major contributions were received for the Protection Cluster. The largest contribution was provided by *Save the Children* to the amount of \$266,480 in support of Shelter and NFI, and Protection Cluster activities. Furthermore, significant contributions were granted by NRC (\$220,000), Swiss Development Cooperation (\$138,520), Japan (\$126,506), DFID (\$48,789), DRO (\$43,288) and UNDP (\$38,255) in support of Protection Cluster activities.

Local and international NGO's managed to obtain additional funding from various sources, to the value of \$123,610. 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.

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%	1,831,870	2,637,870
Food Security	11,781,726	7,312,328	62%	1,777,441	9,089,769
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	29,008,132	68%	18,402,793	47,410,925

Total funding for COVID-19 response by donors

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	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	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	878,506		878,506
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 ²	6,582,564	280,892	6,863,456
Other sources ³	584,680	147,674	732,354
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
Secours Islamique France	79,407		79,407
Start fund	251,000		251,000
Swiss Development 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
UNWOMEN HQ	50,000		50,000
War Child Holland ⁵	252,000	85,000	337,000
WELFARE (Taawon)	50,000		50,000
WFP (loan)	5,000,000		5,000,000
Grand Total	\$29,008,132	\$18,402,793	\$47,410,925

¹ Attribution to the Inter-Agency COVID-19 Response Plan 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 \$50,000 including funding towards and outside Covid-19 Response Plan, received from: Action Aid, African Women Development Fund, Cantabria 19, Christian Aid&ACPP, Denmark, DRO, EIHDR, Fridresh Nauman Foundation, Gazze Destek (GDD), Global fund for women, Grass Roots, HEKS, Holland, International Charity Organisation, 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), NMFA, NRC, Open Society Foundation, Oxfam, PARC, Penny Appeal, PHG, Private Donors, Rawa Funds, Representative Office of Switzerland in Ramallah, Rockefeller, SIDA+DFAT, Startnetwork, Trocare, UN Trust Fund, UNDP, United Palestinian Appeal, Urgent Action Fund, 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\$ 11,630,052	61%	US\$ 10,125,602	US\$ 21,755,644
Funding requirements	Through the Response Plan	of the RP covered	Outside Response plan	Total Funding Received

- During the reporting period, the number of confirmed COVID-19 cases more than doubled, with the vast majority reported in Hebron, and smaller increases in East Jerusalem, Ramallah, Nablus and Bethlehem.** The number of deaths also increased from eleven to 47. 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 for case management, laboratory testing and infection prevention and control.
- The Risk Communication and Community Engagement (RCCE) campaign continues.** During the reporting period, the campaign has focused on messages concerning the lockdown regulations, home quarantine, caring for the vulnerable, physical distancing and staying home. It has targeted media outlets and the general public, primarily in the Nablus and Hebron governorates.
- Over 77,000 people have benefited from activities carried out by the Health Cluster during the reporting period.** An estimated 1,150 frontline health workers benefitted from receiving full PPE items. Partners provided laboratory testing kits and consumables to carry out over 4,600 tests. Partners also continue to provide support to just over 5,000 most vulnerable people in isolation or quarantine across the oPt, by distributing hygiene and other non-food items. An NGO operated mobile clinic visited Sinjil village (Ramallah), where 180 patients benefitted from specialized medical services that had been disrupted due to the COVID-19 outbreak.

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

- Cluster partners have faced increased constraints in providing in-person assistance due to the West Bank lockdown, and require support in strengthening remote and community-based services.** One organization providing services to victims of gender-based violence (GBV) reported that it has hired staff from targeted communities, in addition to supervising activities over the phone, to mitigate the impact of the access restrictions.
- According to a recent assessment involving persons with disabilities in the Gaza Strip, nearly 85 per cent of respondents suffer increased levels of anxiousness and psychological distress. Some 43 per cent of the female respondents reported increased violence and abuse.** The assessment suggests a need for more high-quality

research focusing on violence, as well as a need to ensure access, specifically for women and girls (with and without disabilities), to essential services and protection.

3. **GBV sub-cluster members in the Gaza Strip report shortages in medical and health services for victims of GBV, who are also cancer survivors.**

Education

US\$ 1,203,000	US\$ 806,000	67%	US\$ 1,831,870	US\$ 2,637,870
Funding requirements	Through the Response Plan	of the RP covered	Outside Response plan	Total Funding Received

1. **The Education Cluster, along with development partners, is working with Ministry of Education (MoE) on developing a contextualized framework for the reopening of schools, although the reopening date is uncertain.** 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 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 psychosocial (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 & 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. In advance of the expected reopening of Rafah crossing with Egypt, and the placing of incoming people in quarantine centers, cluster partners provided 300 mattresses to the Ministry of Social Development (MoSD) and are ready to supply additional NFIs as needed. Cluster partners have procured over 900 fans to be delivered to quarantine centers.
2. **Cluster partners have completed the procurement of some 3,000 COVID-19 family hygiene kits for vulnerable households lacking proper hygiene facilities.** 1,150 kits with awareness materials have been distributed to vulnerable families. The selection of beneficiaries is ongoing.

3. **100 households in five communities in the Jordan Valley, which are particularly vulnerable to high temperatures during summer, will benefit from shelter rehabilitation.** As the number of new COVID-19 cases increases, residents of these households may be required to stay in home quarantine.
4. **Following the increase in COVID-19 cases, particularly in the Hebron area and some refugee camps, cluster partners are monitoring the situation and preparing for the quick distribution of necessary items and materials.**

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 15,000 people during the reporting period.** In the Gaza Strip, four partners delivered over 5,000 bottles of water to quarantine facilities and nearly 700 hygiene kits to vulnerable families. In the West Bank, over 2,000 hygiene kits were delivered to vulnerable families.
2. **The Palestinian Water Authority (PWA) adapted procedures for the vacuuming and dumping of trucked wastewater to reduce the risk of spreading COVID-19.** Through the new arrangement, PWA is monitoring wastewater vacuuming and draining in the allocated dumping site, preventing the random dumping of sewage and decreasing wastewater contamination.
3. **Gaza's seawater desalination plant increased its production levels by 25 per cent during June, following the operation of a dedicated electricity line.** However, the operation of other WASH facilities is impaired by electricity shortages and scheduled blackouts.

Food Security

US\$ 11,781,726	US\$ 7,312,328	62%	US\$ 1,777,441	US\$ 9,089,769
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 at higher prices compared to previous weeks and pre-COVID 19 levels.** Nevertheless, production capacity remained below pre-COVID-19 levels and is further limited by the new measures to contain infection. Producers in various West Bank areas reported that cuts in water supply have forced them to purchase water through private vendors, increasing production costs.
2. **The gradual reopening of food markets was hampered by new closures in areas such as Hebron.** Reduced market activity was observed during the reporting period. The reduction is attributed to lower consumer demand, which in turn is a result of reduced household income, movement restrictions, and a general uncertainty linked to Israel's annexation plan.
3. **The non-payment of salaries, due to the PA's fiscal crisis, continues to undermine people's capacity to cope with food and nutrition insecurity threats.** Combined with the surge in COVID-19 cases and the related restrictions, this may lead to further poverty and food insecurity.