

### HIGHLIGHTS

- Over 6,060 new COVID-19 cases recorded in the oPt, but active cases continue to decline; 90 more people die.
- 1,400 more cases of community transmission, and another five fatalities reported in Gaza.
- The Inter-Agency Response Plan for the oPt is 49 per cent funded.

### COVID-19 CASES IN OPT

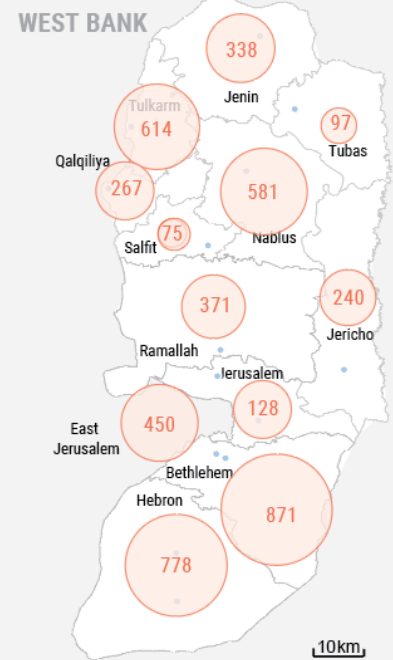
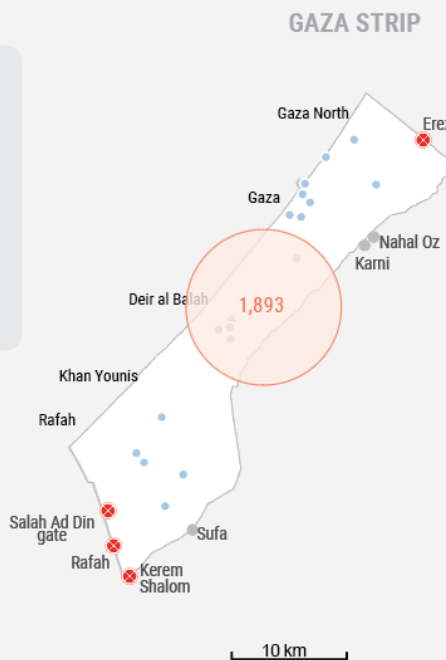
**59,595** CONFIRMED CASES

**6,703** ACTIVE CASES

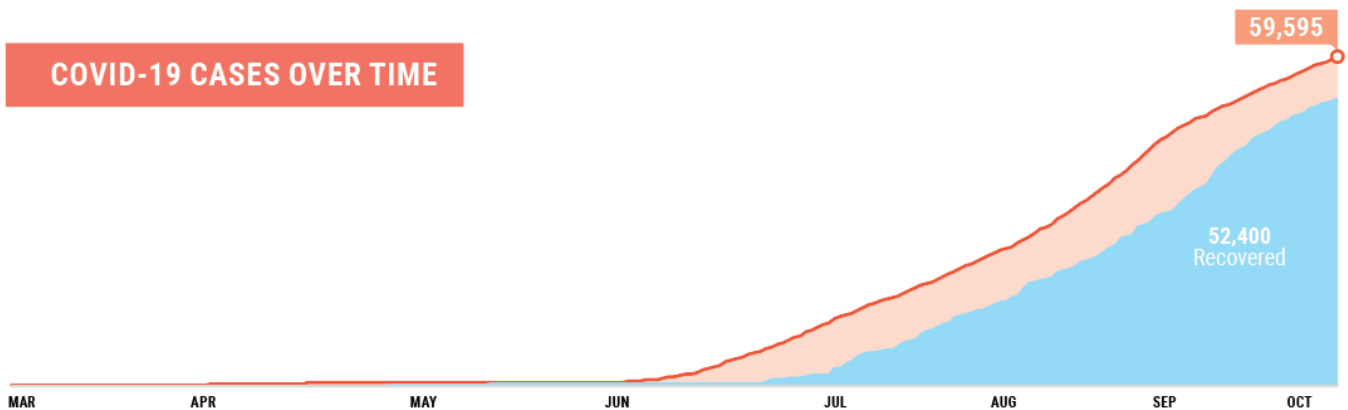
**52,400** RECOVERED

**492** DEATHS

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



### COVID-19 CASES OVER TIME



<b>6,703</b>	<b>59,595</b>	<b>492</b>	<b>US\$72.2 M</b>
<b>Active COVID-19 cases</b>	<b>Cumulative Total COVID-19 Cases</b>	<b>Fatalities</b>	<b>Request for Inter-Agency Response Plan</b>

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## SITUATION OVERVIEW

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During the reporting period, some 6,641 additional Palestinians in the oPt tested positive for COVID-19, and 7,445 recovered, resulting in a 12 per cent decrease in active cases, from 7,597 to 6,703. The decline in active cases is partially attributed to the limited testing, driven by the shortage of testing kits, particularly in the West Bank; only Palestinians who are traveling and those exhibiting symptoms of COVID-19 can be tested. Over 460,000 laboratory samples have been tested for COVID-19 since the start of the crisis, and the positivity rate for those tested stands at around 11.5 per cent

During this period, 90 more people died, bringing to 492 the cumulative number of fatalities due to the virus, 464 in the West Bank, including East Jerusalem, and 28 in the Gaza Strip. The case fatality rate in the oPt remains low by global standards at 0.8 per cent. Thirty-five patients are in intensive care units (ICU), six of whom require mechanical ventilation, according to the Ministry of Health (MoH).

Hebron and East Jerusalem account for over 50 per cent of cumulative cases since the start of the pandemic, although Gaza now has the largest share of active cases (28 per cent).

The oPt is one of 92 countries to receive funding through the COVAX Facility, a global risk-sharing mechanism for pooled procurement and equitable distribution of eventual COVID-19 vaccines, which will cover up to 20 per cent of vaccine needs. WHO, UNICEF and other key partners are also supporting the MoH to develop a COVID-19 vaccine deployment plan to ensure the smooth introduction of a COVID-19 vaccine, as soon as it becomes available.

In the West Bank, the state of emergency declared by the Palestinian Authority (PA) has been extended to the end of October. In Israel, the general lockdown, applicable also to annexed East Jerusalem, was eased from midnight 17 October, allowing for the reopening of kindergartens and certain places of work, among other relaxations. In Gaza, the authorities have further eased the lockdown measures imposed in August, although a night curfew remains in place.

### West Bank

The northern West Bank recorded increases in the reporting period, particularly the Tulkarm and Jenin governorates, although Hebron, East Jerusalem and Ramallah still account for the majority of cases. This led to temporary closures in the city of Jenin and its refugee camp, Ya'abad and Az Zabada (Jenin). and in Jayyus, (Qalqiliya).

All active cases that do not require medical treatment are being referred to home quarantine. In preparation for a continuing surge in infection, 13 facilities across the West Bank have been placed on stand-by to receive people who test positive but do not have suitable conditions for home isolation; ten of these isolation centres are supported by UNRWA to serve residents of refugee camps, primarily.

Most hospitals across the West Bank, including in East Jerusalem, have opened dedicated wards to treat people suffering from more serious symptoms. On 7 October, an additional coronavirus ward in Saint Joseph Hospital in East Jerusalem was approved by the Jerusalem Municipality. A new testing booth has also been installed near the Shu'fat checkpoint, but testing centres in Jerusalem report a decline in activity. Active cases in East Jerusalem declined significantly in the reporting period, from 1,161 to 450.

Schools registering COVID-19 cases among pupils or staff continue to be either partially, or fully, closed for various periods. A strike by teachers and staff in certain West Bank schools to protest the PA's non-payment of salaries, continues, but with lower participation. On 13 October, the Ministry of Education (MoE) distributed official letters warning striking teachers that they will be held accountable according to the Civil Service Law.

During the lockdown in Israel and East Jerusalem, Palestinian workers in the construction, agricultural and health sectors continued to cross checkpoints to their jobs in Israel, upon displaying valid permits, except during some of the Jewish holidays. Workers in other sectors, where activities have largely halted, are denied entry.

Between 4 and 18 October, 1,582 Palestinians entered the West Bank through the Allenby Crossing with Jordan, and 1,905 departed. All such movements require coordination with the Palestinian Ministry of Foreign Affairs and testing for COVID-19 before crossing in either direction.

Citing the lack of building permits, during the reporting period, the Israeli authorities demolished or seized eight Palestinian-owned structures in three Area C herding communities, displacing 12 people; no such incidents were recorded in East Jerusalem. On 1 October, the Israeli authorities announced that, due to the pandemic, they would stop the demolition of inhabited residential buildings in East Jerusalem; a similar announcement was made in March 2020. Since the start of the pandemic, the Israeli authorities have demolished or seized, or forced people to demolish, at least 471 structures; this represents a 40 per cent increase compared with the monthly average between 2017 and 2019 (59 vs. 42).

### Gaza Strip

In Gaza, approximately 1,400 new COVID-19 cases were recorded in the reporting period. After a decline in the previous reporting period, the number of active cases increased from 1,403 to 1,893, out of a total of 4,821 cases overall, since the start of the pandemic. Five people died recorded, bringing the death toll to 28. Gaza City and Northern Gaza continue to account for about 85 per cent of active cases, almost all of which are attributable to transmission within the community.

Between 250 and 300 confirmed cases who display symptoms are being isolated in the European Hospital and the Turkish Hospital. Confirmed cases who have no or light symptoms, who constitute the vast majority of active cases, are being sent to home isolation, or to isolation facilities currently hosting over 1,000 people. In addition, approximately 100 people who entered Gaza from Israel are undergoing seven days of quarantine in dedicated facilities, before completing the remaining seven days of the mandatory 14-day-period at home. Over 9,500 people are in home quarantine across all governorates, with over 60 per cent of them, close to 6,000 people, in Gaza City.

On 13 October, eight people tested positive in the Al Bureij refugee camp in the central Gaza Strip in a random sample. The source of the infection is unknown and appears not linked to previous cases. In response, local authorities imposed tighter movement restrictions in the area and intensified epidemiological investigations to determine the origin of the cases. The Education Cluster reported that the two secondary schools inside the camp were closed for 48 hours, and reopened on 17 October, following an assessment.

During the reporting period, the authorities further eased restrictions. Movement between governorates continues, and mosques, shops, supermarkets, barbershops and other facilities were allowed to reopen, except for areas with high infection rates designated as “red”. In addition, as of 10 October, schools have reopened for students in grade 12. The night-time curfew, from 20:00 to 07:00, remains in place across the Gaza Strip.

On 6 October, the Qatar Committee for the Reconstruction of Gaza, the main food provider for those in isolation and quarantine facilities, stopped the provision of food to these facilities, citing the lack of dedicated funds. Consequently, the Food Security Sector has been working on mobilizing resources to bridge the gap for the next three months.

The entry of goods continued from Israel through the Kerem Shalom Crossing, as did imports from Egypt via the Rafah Crossing. The Erez passenger crossing with Israel was also open for the exit of a small number of exceptional cases, mostly medical patients. The number of Palestinians entering Gaza through Erez has been relatively consistent, at approximately 80-110 people per week. The Rafah Crossing is closed since 29 September, with no indication on when it will reopen.

## COORDINATION

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

Despite the easing of the Gaza lockdown, the RC/HC's Access and Coordination Unit (ACU) continues to coordinate the movement of humanitarian staff within Gaza with the local authorities, to facilitate critical missions. Interested organizations submit their requests for coordination through an online system. These are reviewed by the relevant cluster lead, the ICCG Chair and the ACU, and submitted to the authorities. Through its 24/7 hotline, the ACU assists in solving problems faced by staff on approved missions. During the reporting period, the ACU has facilitated 224 such missions.

During the most recent lockdown in Israel, which began on 25 September, the ACU also facilitated 15 critical UN missions which needed special coordination with the Israeli authorities, to be allowed to move between East Jerusalem and the remainder of the West Bank, in addition to 28 NGO and one diplomatic mission. Since September, the ACU also facilitated the entry into Israel of 20 International NGO key staff.

Since 6 September, the World Health Organization (WHO) has been operating a temporary coordination mechanism to support Palestinian patients and companions from Gaza to apply for Israeli exit permits to access essential health services in hospitals in the West Bank and Israel. Referrals are made according to medical need, as decided by the Palestinian MoH. This temporary measure has been taken to mitigate the impact of the PA halt of coordination with the Israeli authorities, adopted since May, in response to Israel's threat to annex part of the West Bank.











In the same context, the UN Country Team has continued to operate a Logistics Cluster, led by the World Food Programme (WFP), to support the procurement of supplies and the receipt of donations needed for the COVID-19 response. 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 documentation required to allow the shipment of imported supplies into the oPt, through the various Israeli ports of entry. The cluster has processed 96 requests from UN agencies and international NGOs, of which 80 have been approved by both sides, 11 are pending approval by the Israeli authorities, and 5 were cancelled.

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, in line with the State of Palestine's National Response Plan. The following table highlights the availability and gaps regarding the top ten medical items needed.<sup>1</sup>

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.

As part of the Risk Communication and Community Engagement (RCCE) plan, nearly 40 partners are distributing communication 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. In October, the campaign is focusing on protection measures for individuals and workplaces following the easing of restrictions; back to school messages, mental health response and support to victims of gender-based violence (GBV); stigma; breast cancer awareness, Mental Health Day, and praying safely. Some 2,000 community engagement kits (fabric masks, bags, shirts, hats and hand-sanitizers) were distributed to partners across the West Bank to support the mobilization of volunteers in sharing information about COVID-19. RCCE materials are [available online](#).

<sup>1</sup> For a more comprehensive list, please contact the Health Cluster Coordination Team: [asaparbekov@who.int](mailto:asaparbekov@who.int) and [maroufm@who.int](mailto:maroufm@who.int).

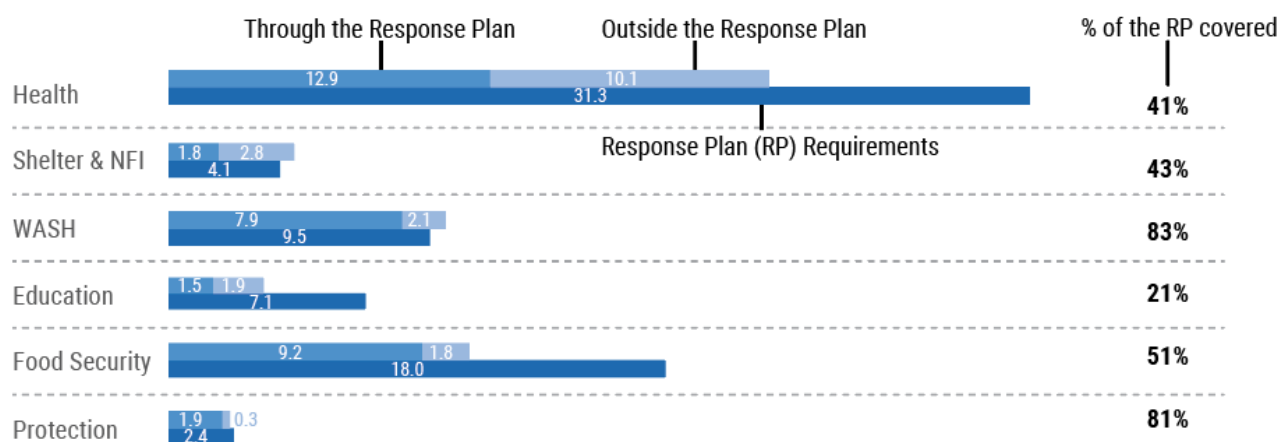
Supply Category	Item	Estimated Response Plan needs (by unit)	Delivered	Pipeline	Current Gap
Case Management	 Ventilator, medical, invasive, adult/child	250	54	166	30
	 Patient Monitor (vital signs)	250	40	189	21
	 Oxygen Concentrator	250	<b>20</b>	159	<b>71</b>
	 ICU Hospital Beds	250	<b>37</b>	<b>129</b>	<b>84</b>
	 Patient Beds	400	86	264	50
Infection Prevention and Control (IPC)	 Surgical Mask	4,000,000	1,460,150	216,550	2,323,300
	 N-95 Respirator	300,000	62,748	168,380	68,872
	 Surgical gloves	8,000,000	<b>4,184,000</b>	1,633,800	<b>2,182,200</b>
Laboratory Testing	 COVID-19 PCR Tests	500,000	83,712	9,600	406,688
	 Swabs / Medium, sample collection	500,000	<b>86,500</b>		<b>413,500</b>

## FUNDING

The initial COVID-19 Inter-Agency Response Plan for the oPt, which requested \$42.4 million to support an immediate response to the crisis and the efforts led by the Government of Palestine, covered interventions through the end of June. In August, the Plan was extended until the end of 2020 and the financial requirement updated to \$72.2 million.

During the reporting period, an additional contribution of \$30,000 was received from a private donor. This brings to \$35.2 million the funding raised since the start of the crisis, or 49 per cent of the amount requested in the Response Plan. Including resources contributed outside the Response Plan, a total of 54.2 million have been mobilized in support of COVID-19 related response activities in the oPt.

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



## DEVELOPMENTS, CONCERNS AND FUNDING STATUS BY CLUSTER

### Health

<b>US\$ 31,304,992</b>	<b>US\$ 12,905,035</b>	<b>41%</b>	<b>US\$ 10,125,602</b>	<b>US\$ 23,030,637</b>
Funding requirements	Through the Response Plan	of the Response Plan covered	Outside Response Plan	Total Funding Received

- Due to changes in testing criteria, the rate of testing for COVID-19 has decreased across the oPt, leading to a lower number of confirmed COVID-19 cases.** The Ministry of Health (MoH) is reporting that the case fatality rate remains low at 0.8 per cent. Hebron, Bethlehem and East Jerusalem governorates constitute the largest volume of confirmed COVID-19 cases, while Nablus and Tulkarm are witnessing an increase in active cases. As of 18 October, a total of 1,019 healthcare workers have been infected with COVID-19 in the West Bank and Gaza.
- In Gaza, contagion within the community remain of serious concerns due to capacity gaps in the health system.** Health cluster partners continue to address key priorities, including scaling-up testing and contact tracing; case management capacity; and RCEE. The protection of frontline health workers continues to be prioritized by ensuring adequate quantities of personal protective equipment (PPE) and the dissemination of knowledge and skills in Infection Prevention and Control (IPC).
- In Gaza, Health Cluster partners delivered testing kits and 36,000 testing swabs, alongside critical equipment and supplies across the oPt.** Cluster partners are also supporting the health authorities in Gaza in managing COVID-19 suspected cases by establishing and equipping respiratory triage centres (RTC) for each hospital, used to screen patients for COVID-19 before they enter the hospital. Additional equipment delivered included four Complete Blood Count analyzers, oxygen concentrators, triage tents, mobile foldable emergency beds, monitors, defibrillators, and mobile screens. Across the oPt, partners delivered 63,000 surgical gowns, 25,000 boot covers, 13,000 coveralls and 13,000 face shields, benefiting some 1,500 healthcare workers.

 Protection

<b>US\$ 2,365,740</b>	<b>US\$ 1,917,434</b>	<b>81%</b>	<b>US\$ 305,434</b>	<b>US\$ 2,222,868</b>
Funding requirements	Through the Response Plan	of the Response Plan covered	Outside Response Plan	Total Funding Received

- 1- During the reporting period, Cluster partners provided remote and in-person Mental Health and Psychosocial Support (MHPSS) to over 560 people.** In the West Bank, 110 children were contacted for specialized case management support, while 139 psychosocial kits were distributed to vulnerable families in Shu'fat refugee camp, targeting 632 children infected with COVID-19 or under quarantine. Cluster partners report particular challenges in communicating with women who have tested positive for COVID-19. This is primarily due to stigma, and compounded by limited internet connection, IT skills and a lack of privacy in the home.
- 2- Partners continued to support the RCCE taskforce through the dissemination of COVID-19 awareness raising messages.** The lack of information to ensure youth's digital safety and privacy, to prevent cyberbullying associated with increased internet usage remains a concern.
- 3- A cluster partner set up a system to provide free medical examinations for GBV survivors, with special emphasis on the integration of women with disabilities.** Nearly 300 phone consultations, including 73 related to GBV, were provided during the reporting period. GBV has been on the rise since the outbreak of COVID-19.
- 4- In response to legal interventions by Legal Task Force (LTF) partners, on 1 October, the Ministry of Justice reinstated a limited moratorium on demolitions in Israel and East Jerusalem.** The moratorium protects inhabited, residential structures that were built before the outbreak of the pandemic, similar to the freeze on house demolitions implemented during the first outbreak.

 Education

<b>US\$ 7,120,698</b>	<b>US\$ 1,517,000</b>	<b>21%</b>	<b>US\$ 1,918,746</b>	<b>US\$ 3,435,746</b>
Funding requirements	Through the Response Plan	of the Response Plan covered	Outside Response Plan	Total Funding Received

- 1- Since the start of the current academic year, more than 100 schools have been either temporarily or fully closed from one to 14 days, following confirmed COVID-19 cases among pupils or school staff.** The current situation is imposing additional challenges to ensuring the continuity of face-to-face education. With the support of Education Cluster partners, all schools across the oPt received cleaning and hygiene kits, copies of the safe schools and health protocols, alongside related training for children and staff.
- 2- In Gaza, schools re-opened on 10 October for 35,000 twelve grade students with three days of face-to-face learning and three days of distance learning.** No dates have been announced for the other grades to re-start. UNRWA will officially start applying distance learning approaches from the last week of October.
- 3- The Education Cluster is working with the Ministry of Education (MoE) and UNRWA to support the delivery of distance learning, mental health and psycho-social support services, IPC measures and the provision of hygiene kits and rehabilitation of WASH facilities.**

 Shelter & and Non-Food Items

<b>US\$ 4,092,551</b>	<b>US\$ 1,755,251</b>	<b>43%</b>	<b>US\$ 2,767,382</b>	<b>US\$ 4,522,633</b>
Funding requirements	Through the Response Plan	of the Response Plan covered	Outside Response Plan	Total Funding Received

1. During the reporting period, Shelter Cluster partners provided Non-Food items (NFIs) to all active quarantine facilities in the Gaza Strip, including bedding sets, individual hygiene kits and dignity kits. Partners are in the process of procuring additional NFIs to replenish part of the distributed items and maintaining original stock levels.
2. During the reporting period, Shelter Cluster partners supported an additional 200 vulnerable households in Gaza, including those with family members in home quarantine, with COVID-19 hygiene kits.

 Water, Sanitation and Hygiene (WASH)

<b>US\$ 9,504,052</b>	<b>US\$ 7,930,513</b>	<b>83%</b>	<b>US\$ 2,081,548</b>	<b>US\$ 10,012,061</b>
Funding requirements	Through the Response Plan	of the Response Plan covered	Outside Response Plan	Total Funding Received

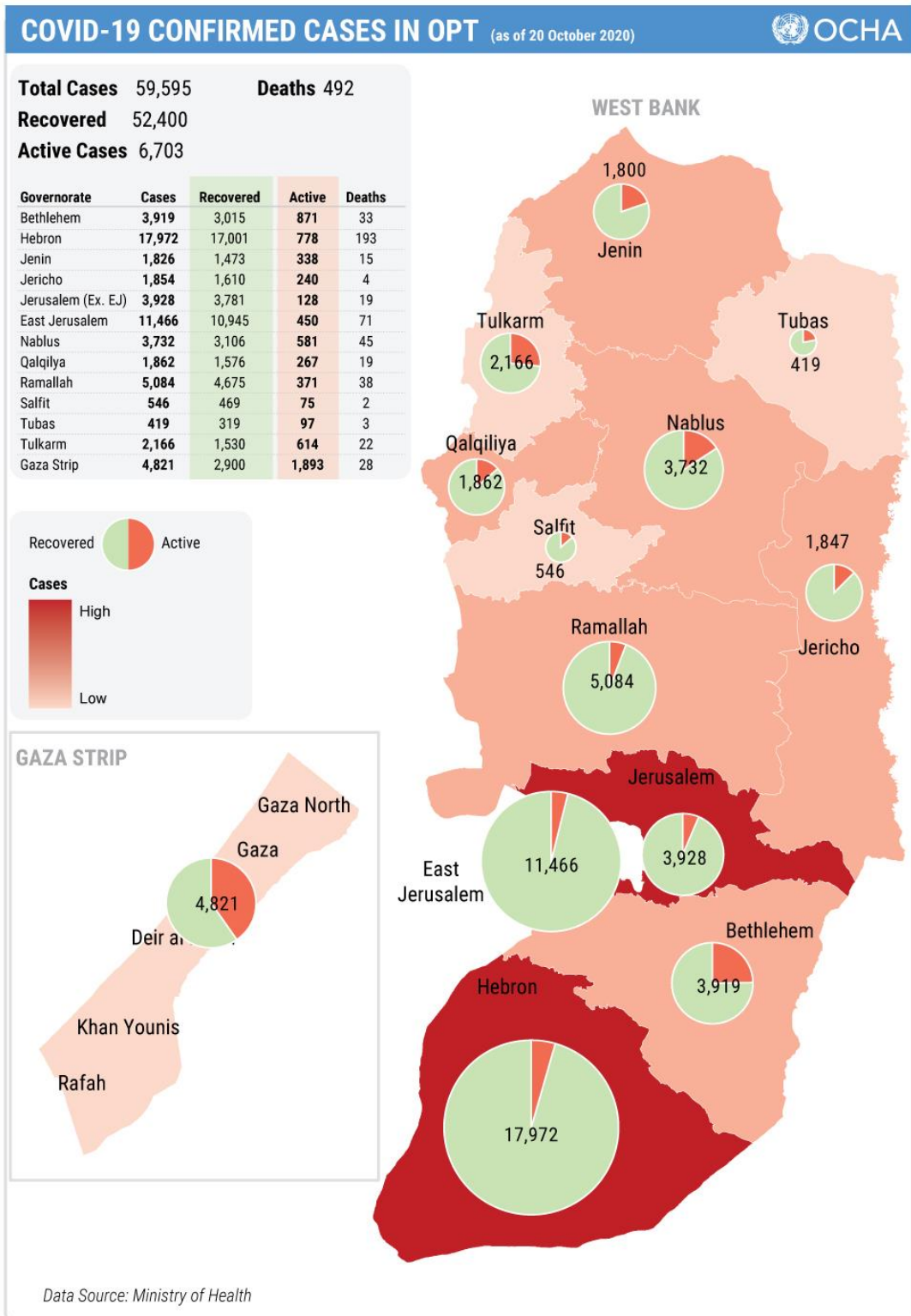
- 1- WASH Cluster partners reached around 2,500 people during the reporting period. In the Gaza Strip, Cluster partners delivered over 54,000 bottles of water to people in 16 quarantine centres, in addition to the emptying of septic tanks to more than 70 households. In the Israeli-controlled H2 area of Hebron city, response activities are focusing on improving WASH facilities in health care centres, providing the most vulnerable families with hygiene and disinfection materials, and rehabilitating inadequate handwashing stations and latrines on a household level.
- 2- As part of its COVID-19 response plan, the Palestinian Water Authority (PWA) began rehabilitating and upgrading water infrastructure in three of the most vulnerable communities in the northern Jordan Valley.

 Food Security

<b>US\$ 18,017,577</b>	<b>US\$ 9,177,426</b>	<b>51%</b>	<b>US\$ 1,777,441</b>	<b>US\$ 10,954,867</b>
Funding requirements	Through the Response Plan	of the Response Plan covered	Outside Response Plan	Total Funding Received

1. In Gaza, Food Security Cluster partners are raising concerns over the risk of COVID-19 spreading outside of quarantine and isolation centres. Since the halt in funding from the Qatari committee, the Food Security Cluster is looking for funding to support all of these centres with one meal a day for 90 days.
2. Across the oPt, agricultural inputs are largely available, but there is a shortage of liquidity, which is preventing small-scale farmers from purchasing materials.





## 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	7,120,698	1,517,000	21%	1,918,746	3,435,746
Food Security	18,017,577	9,177,426	51%	1,777,441	10,954,867
Health	31,304,992	12,905,035	41%	10,125,602	23,030,637
Protection	2,365,740	1,917,434	81%	305,434	2,222,868
Shelter_NFI	4,092,551	1,755,251	43%	2,767,382	4,522,633
WASH	9,504,052	7,930,513	83%	2,081,548	10,012,061
<b>Grand Total</b>	<b>72,405,610</b>	<b>35,202,658</b>	<b>49%</b>	<b>18,976,153</b>	<b>54,178,811</b>

## 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	1,423,772		1,423,772
ECHO	3,720,950	6,491,000 <sup>1</sup>	10,211,950
Education Cannot Wait	555,000	1,550,000	2,105,000
Foreign Disaster Assistance (OFDA)	225,000		225,000
France	1,005,415		1,005,415
Germany	4,042,854	43,000	4,085,854
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 <sup>2</sup>	8,064,478	347,768	8,412,246
Other sources <sup>3</sup>	1,491,198	330,155	1,821,353
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 <sup>4</sup>	326,435		326,435
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
UNFPA Humanitarian Thematic Fund	332,000		332,000

<b>UNICEF</b>	792,000		792,000
<b>USAID</b>	250,000		250,000
<b>War Child Holland<sup>5</sup></b>	252,000	85,000	337,000
<b>WFP (loan)</b>	5,000,000		5,000,000
<b>World Vision International</b>		304,658	304,658
<b>Grand Total</b>	<b>\$35,202,658</b>	<b>\$18,976,153</b>	<b>\$54,178,811</b>

<sup>1</sup> Attribution to the Inter-Agency COVID-19 Response Plane under verification.

<sup>2</sup> As of today, oPt Humanitarian Fund has received generous contributions from Germany (\$13.8m), Belgium (\$4.3m), Sweden (\$2.1m) Switzerland (\$3.1m), Norway (\$0.9m), Iceland (\$0.4m), Ireland (\$0.3m), Korea (\$0.3m), Cyprus (\$12,500), United Nations Foundation (\$3,461).

<sup>3</sup> Funding contributions below \$150,000 including funding towards and outside Covid-19 Response Plan, received from: Action Aid, AECID, African Women Development Fund, AICS, Ana-GEGHT, Cantabria 19, Care International Emergency Fund, 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, Norwegian Representative Office to the Palestinian Authority, Nous Cims, NRC, Open Society Foundation, Oxfam, PHG, Private Donors, Rawa Funds, Representative Office of Switzerland in Ramallah, Secours Islamique France, SIDA+DFAT, StartNetwork, Suisse Cooperation, Trocare, UN Trust Fund, UNDP, United Palestinian Appeal, UNWOMEN HQ, Urgent Action Fund, WELFARE (Taawon), WHO, World Vision USA.

<sup>4</sup> This includes contributions of Save the Children individual and pooled funds.

<sup>5</sup> This includes contributions of War Child Holland and War Child Holland Head Office.

*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 LIST OF ACTIVITIES BY CLUSTER](#)**