The mission of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is to mobilize and coordinate effective and principled humanitarian action in partnership with national and international actors.

Occupied Palestinian Territory (oPt): COVID-19 Emergency
Situation Report 2 (24 March - 31 March 2020)

**Highlights**

- The first fatality from COVID-19 in the oPt recorded in the West Bank on 25 March.
- Further social and movement restrictions introduced in the West Bank and Gaza Strip.
- The Humanitarian Country Team (HCT) Response Plan for COVID-19 seeks US$34m to prevent further transmission of the virus in the oPt.

**COVID-19 CONFIRMED CASES IN OPT**

- Total cases: 117
  - Recovered: 65
  - Death: 1
  - Men: 52
  - Women: 65

**COVID-19 CASES OVER TIME**

117 People with COVID-19 (confirmed cases)
1,750 People in quarantine centres
12,342 People under quarantine
US$ 34 million request for Interagency Response Plan

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Coordination Saves Lives
Situation Overview

As of 30 March, a total of 117 Palestinians have been confirmed to have COVID-19, 107 in the West Bank (excluding East Jerusalem Palestinians), and ten in the Gaza Strip. The first person died from COVID-19 on 25 March in the West Bank. The majority of people do not present critical symptoms and 18 people have recovered. While the current number of people detected in the oPt remains low, this may reflect the limited testing capacity. Contact tracing has been initiated for all confirmed cases.

The capacity of the Palestinian health system to cope with an expected increase in patients remains severely impaired by longstanding challenges and critical shortages, particularly in the Gaza Strip. As elsewhere, the most vulnerable groups, who may require intensive medical care, are the elderly and those suffering from non-communicable diseases, such as hypertension, lung conditions, kidney failure, cardiovascular diseases and diabetes. People in refugee camps and other poor, densely-populated areas across the oPt face a higher risk of contagion due to overcrowding and inadequate sanitation.

The most urgent items currently needed to contain the spread of COVID-19, which are in short supply, include: personal protective equipment (PPE) kits and other essential supplies for infection prevention and control; equipment, disposables and drugs for the treatment of respiratory distress; ventilators, cardio-monitors, emergency carts and portable X-Ray machines; and equipment to conduct COVID-19 tests. Hospitals across the oPt also face shortages of specialized staff in intensive care units.

The closure of schools, limitations on access to work places, and the imposition of quarantine and curfew which have been put in place, are expected to increase mental and psychosocial distress, particularly among children, as well as gender-based violence, while social services addressing these issues have been severely curtailed. As severe restrictions on social and economic activity continue, the impact of long-term disruptions raises serious concern, particularly given the alreadydire humanitarian situation in Gaza.

West Bank

On 22 March, the Palestinian Authority (PA) imposed a curfew in the West Bank for 14 days, obliging people to stay at home, other than to purchase of food and medicine, or in case of emergency. Further to the death of a 66-year-old woman in Biddu on 25 March, the Jerusalem Governor announced a full closure of that community, and, subsequently, a complete lockdown movement of all the villages in the north-western Jerusalem governorate.

Following the detection of three cases in Hebron on 29 March, the PA blocked all access routes to and from the city, except for one to bring in food and commodities. The city has been divided geographically with road blocks to prevent movement between neighbourhoods, and food shops open for designated hours only.

Throughout the West Bank, there is increasing restriction of movement by the PA, including physical obstacles on some main roads and village entrances. Access by Palestinian farmers to their land in the “Seam Zone”, the area between the Barrier and the Green line, particularly in the northern West Bank, is also highly restricted following Israel’s suspension of most existing permits.

On 24 March, the Palestinian authorities recalled all Palestinian workers employed in Israel to the West Bank; the scope of implementation remains unclear, as the construction sector in Israel, where most workers are employed, has remained active. Those returning have been ordered to go into home quarantine for two weeks, however, despite some monitoring by the PA, not all returned through official crossings, with no means of ensuring that they follow the home quarantine regulations.

The access of patients referred to hospitals in East Jerusalem and Israel has been limited to emergency cases and cancer patients. The East Jerusalem Hospital Network has announced that all of their six facilities are preparing to deal with cases of COVID-19 that require clinical care, whilst continuing to suffer from chronic underfunding, which hinders the provision of medical drugs and treatment. There is an unconfirmed number of Palestinian patients with COVID-19 in East Jerusalem, in addition to the total number in the remainder of the West Bank.
Gaza Strip

Since 15 March, all incoming travellers from Egypt and Israel have been sent to isolation for 14 days. Over 1,760 people are quarantined in 25 designated sites, including the Rafah Crossing quarantine centre, health facilities, schools and hotels. All home quarantine (applied before the 15 March measure) has now ended, following completion of the mandatory 14 days. On 30 March, driven by the lack of testing resources, the authorities extended the mandatory period for people in quarantine sites from 14 to 21 days. To cope with the crisis, all non-emergency surgeries have been suspended and primary healthcare is restricted to 14 centres, which provide essential services only. Restrictions have been gradually tightening, to include closing weekly markets and public gatherings, including weddings, funerals and all prayers at mosques and churches.

Access for Palestinians from Gaza to the outside world through the two passenger crossings with Israel and Egypt is severely constrained. The Israeli-controlled Erez crossing has been largely shut down since 12 March for most permit holders, including over 5,000 labourers and traders with permits. As in the West Bank, the exit of patients has been limited to emergency cases and cancer patients. Exit to Egypt via the Rafah crossing has been halted by the Egyptian authorities as of 15 March; and opening times for entry into Gaza remain irregular and unpredictable. An estimated 400 Palestinians from Gaza are currently waiting in Egypt to return.

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. The Government of Israel has offered to expedite approvals for items needed in relation to the COVID response. In a bid to minimize public gatherings and prevent transmission of COVID-19, demonstrations planned for 30 March to commemorate the “Land Day” and the second anniversary of the Great March of Return were cancelled.

Inter-Agency Response Plan – Funding Status

On 27 March, the oPt Humanitarian Country Team released a revised Inter-Agency Response Plan for COVID-19 over the next three months, appealing for US$34m to prevent further transmission of the virus in the oPt; provide adequate care for patients and their families; and mitigate the worst effects of the pandemic. It expands the initial plan launched on 14 March by the Health Cluster and is fully aligned with the PA National COVID-19 Response Plan, which was released by the Office of the Prime Minister on 26 March.

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So far, the HCT Response Plan is 24 per cent funded, including an upcoming allocation of $4.8m from the oPt Humanitarian Fund (HF), following a reorientation of the first HF Standard Allocation.

Additionally, UNRWA has launched a separate Flash Appeal, which seeks $14 million to cover COVID-19 related interventions across its five areas of operation, also for the coming 90 days.

**Coordination**

The close cooperation between the Palestinian and Israel authorities observed since the start of the crisis, continues. The Israeli authorities have facilitated the import 10,000 testing kits by the PA. On 25 March, the Israeli Ministry of Health also held training for emergency workers in Al Makassed hospital in East Jerusalem for the conversion and preparation of the hospital to receive COVID-19 patients.

The Inter-agency Covid-19 Task Force led by the Humanitarian/Resident Coordinator (HC/RC), as well as Inter-Cluster Coordination Group (ICCG), continue regularly meetings to follow up on the implementation of the Inter-Agency Response Plan.

- As part of the Inter-Agency Response Plan, UNICEF and WHO, with the support of the HCT’s Advocacy Working Group and UN Communications Group, launched a Risk Communication and Community Engagement (RCCE) plan. The Plan aims to support the government in amplifying health messages and tackle misinformation across various social media and established a dedicated website.
- UNICEF are also taking the lead in coordinating and centralizing the procurement of medical supplies and equipment. In addition, WFP is coordinating logistical support for the response.

The HC/RC also informs the Palestinian authorities about essential movements required by humanitarian and development staff during this period of enhanced movement restrictions, while following the previously adopted Standard Operation Procedures. Where necessary, coordination with the Israeli authorities is also conducted to ensure the safe movement of staff.

**Priority needs and activities by cluster**

### Health and Nutrition

As set out in the HCT Response Plan, the main objectives of the Health Cluster response are to stop further transmission of COVID-19 in the oPt, mitigate its impact, and provide adequate care for patients affected, through the following activities:

**Case Finding, Contact Tracing, Prevention and Surveillance**

- WHO continues to provide technical guidance to the MoH, training 50 health workers of the rapid response teams who are responsible for contact tracing in the last week. Contact tracing has also been scaled up by NGO partners, including UNRWA.
- WHO is providing technical guidance to upscaling surveillance, with both the MoH and UNRWA increasing surveillance.

**Laboratory testing of suspected cases and patients through respiratory disease surveillance.**

- WHO has provided kits for an estimated 5,760 tests for COVID-19, with swabs for the collection of samples and other laboratory supplies. This week, 30 testing kits for an estimated 2,880 people were delivered, with more testing kits and laboratory equipment and supplies ordered.

**Case Management.**

In support of enhancing case management capacity health partners are working to support Ministry of Health in both Gaza and the West Bank.
UNICEF is procuring 25 ventilated beds and 15 oxygen concentrators.

UNRWA has established a triage system at primary health care centres, with patients treated at 17 designated schools, and established tents in certain locations, for separating suspected cases.

In Gaza, WHO is purchasing 25 different medical disposable items to treat COVID-19 patients in health facilities, including ventilators, patient monitors and Intensive Care Unit beds.

Training in Infection Prevention and Control (IPC)

WHO has delivered different types of PPEs to an estimated 2,000 health workers and UNICEF is supporting the MoH through the procurement of critical PPE supplies, including, 60,000 protective gowns and 13,000 surgical masks. In addition, UNFPA is procuring PPE for healthcare workers providing maternal health services, and coordinating with the MoH and partners to ensure maternal health services continue. Physicians for Human Rights-Israel has also procured essential infection prevention supplies, including 200 gloves, 2,000 headcaps, 450 isolation gowns, 500 hand sanitizers and 5,000 over-shoe covers.

World Vision Jerusalem contributed to delivering some essential IPC items to six West Bank quarantine centres, as well as PPEs and IPC supplies to eight health directories, 135 village councils and 97 clinics, including three refugee camps in Bethlehem.

UNICEF is also supporting 15 implementing partners by procuring essential hygiene supplies to prevent infection transmission in healthcare settings and communities. Approximately $18,000 worth of IPC is to be shipped to key implementing partners dealing with children with disabilities.

MAP has released 200 hygiene kits for those quarantined in schools in Rafah and Khan Younis, 800 – 1,200 people, and will deliver surgical sterile gowns and 2,000 protective suits in the coming days.

Risk Communication and Community Engagement (RCCE)

Over 20 Health Cluster partners are supporting the RCCE plan by disseminating information on a weekly basis, reaching over 150 vulnerable communities.

MDM-Spain is targeting Bedouin communities in the West Bank and community mental health centres in Gaza to raise awareness and preventative approaches to COVID-19.

The Palestinian Medical Relief Services (PMRS) has recruited over 1,000 volunteers for its mobile clinics and first aid coordinators, and volunteers continue to work in Bethlehem with quarantined families.

UNFPA supported MOH in Gaza with 3,500 leaflets on safety measures for those released from quarantine, including for pregnant and lactating women.

This week, WHO printed and distributed more than 100,000 brochures and posters to the public with practical advice on how to prevent COVID-19 in Gaza.

Protection

The main objectives of the Protection Cluster response are to prevent and mitigate the impact of COVID-19 on new and existing protection concerns, and protection mainstreaming across the Plan, through the following activities:

Ensure the inclusion of vulnerable populations into COVID-19 preparedness, prevention and response activities

- GBV, child protection and mental health and psycho-social support (MHPSS) partners and service providers provide counselling via phone, using voice and SMS messaging for clients, Facebook pages with specialized doctors for Q&As, and live radio Q&A shows.
In Gaza, GBV partners provided dignity and hygienic kits for vulnerable women and children in the quarantine centres, and recreational kits for children, and developed leaflet and educational materials and posters to be distributed. In addition, some 300 Palestinian families in home quarantine, people with COVID-19 and the neediest families, particularly women, received medical protective equipment and hygiene products.

An emergency team of 27 responders has been set up in Bethlehem to provide psychosocial support for people affected by COVID-19 and in isolation.

The Haya GBV prevention programme is driving a social media campaign on COVID-19 prevention, focusing on child protection, GBV protection and other social impacts of the virus.

**Ensure that the right to health is available to all without discrimination**

- Partners who provide psychosocial support through helplines are referring cases who experience symptoms of COVID-19 to the MoH.
- Health services in Gaza providing multi-sectoral GBV services are scaling up sexual, reproductive health and family planning after the Gaza MoH announced the cessation of all outpatient clinics in hospitals.
- Women’s groups in Hebron H2 have received WHO and MoH health advisories and are linked up to the relevant health associations.

**Scale up efforts to mitigate human rights violations related to COVID-19**

- Partners submitted an urgent petition to the Israeli High Court of Justice to allow all Palestinian security detainees in Israeli prisons, and in particular children, to maintain ongoing telephone contact with their families and lawyers, as visits are suspended during the COVID-19 crisis.
- Other petitions to the Israeli authorities have requested the lifting of access restrictions to medical care; halting demolitions in Area C; automatic extension of the stay permits of all Palestinian family unification applicants in Israel or East Jerusalem; overturning new access restrictions to the ‘Seam Zone’.

**Shelter and Non-Food Items (NFI)**

The Shelter Cluster response seeks to improve vulnerable households’ capacities and resilience to reduce the spread of the pandemic, and to reduce overcrowding in shelters to mitigate its spread, through the following activities:

Shelter partners have provided assistance to the quarantine centres that have been established for incoming travellers in Gaza. Following up on the 4,500 NFIs distributed last week, another 4,150 items (mattresses, blankets, pillows, mats), 600 hygiene and female dignity kits and 300 cleaning supplies were distributed to 20 centres set up as quarantine facilities this week.

- On 25 and 26 March, cluster partners targeted 1,000 families in 61 herding and marginalized communities in Area C of the West Bank, providing essential hygiene and disinfectant items, in addition to awareness brochures about COVID-19.

**Education**

The main objectives of the Education Cluster response are to clean and disinfect all schools and public kindergartens prior to their re-opening; map out and disseminate relevant Arabic materials on hygiene awareness and preventive measures related to COVID-19; use social media platforms to raise awareness of the importance of home-based learning; and prepare and disseminate media messages to caregivers, teachers and children. These objectives are aligned with the Ministry of Education’s (MoE) Response Plan to COVID-19. The cluster’s main activities during the reporting period includes:
**Resource mobilization:**

- An estimated US$ 1 million has been re-allocated from partners’ ongoing projects to support the MoE response plan.

**Ensuring adequate information and resources to prevent the spread of the pandemic:**

- In partnership with UNICEF, the MoE has disseminated hygiene awareness videos through its social media platforms.
- UNICEF and the Norwegian Refugee Council (NRC) started procuring 350 school cleaning and disinfecting kits.

**Ensuring the continuation of learning by providing school children and their parents with access to free online platforms and home-based learning**

- Save the Children is supporting the MoE in developing an application to help manage communication between the Ministry and its staff in the field during emergencies and school closures.
- UNESCO and UNICEF are providing technical support to the MoE to activate its online platform in the West Bank and put in place a mechanism to monitor usage of this platform, with over 90,000 students accessing as of this week.
- UNRWA has developed the first batch of self-learning materials to be distributed to its students, using various electronic media.

**Supporting the mental health and psychosocial well-being of students, parents and educators:**

- NRC is developing and disseminating videos and materials targeting school counsellors on their own wellbeing, and how they can support the psycho-social wellbeing of teachers, children and parents.
- The ‘Teachers Creativity Center’ launched an awareness campaign on PSS for children and their parents during home quarantine.

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**Water, Sanitation and Hygiene (WASH)**

The WASH Cluster seeks to ensure continuous access to WASH services in Health Centres, key institutions and communities, to minimize the impact of the COVID-19. Activities include:

**Ensuring proper access to WASH services, IPC supplies, cleaning materials and environmental cleanliness, and waste management at health-care facilities (HCF)**

- Oxfam is supporting 15 HCFs in Gaza with hygiene equipment and 750 personal hygiene materials for staff.
- Through Oxfam and the Youth Enhancement Center in Gaza, and the Union of Agriculture Works Committee in the West Bank, 510 families received hygiene kits though the e-voucher modality.

**Support vulnerable families and communities**

- Various community assessments are ongoing in 255 villages in the West Bank, to assess needs, hygiene materials and the equipment needed for the COVID-19 response plan.
- UNRWA West Bank sanitation team has carried out a sterilization campaign in refugee camps, focusing on open public areas, and have distributed hygiene kits and cleaning materials to camps in the central area.
- UNDP has distributed 1,500 posters for health centres in Gaza, including information related to medical waste treatment, as well as 865 posters on proper handwashing.

**Support the provision of disinfectants at key WASH facilities**

- In Gaza, the WASH Cluster has been monitoring WASH services to ensure sufficient stocks of chlorine used for water disinfection, as well as safety working tools and equipment with sterilization solutions.
Food Security

As set out in the HCT Response Plan, the main objective of the Food Security Cluster is to support non-refugee households whose food insecurity is directly affected by the virus outbreak with in-kind and cash assistance, including e-vouchers; and to adopt a new door-to-door delivery modality in Gaza, through the following activities:

Reducing the Food Security impact on vulnerable households and most vulnerable people

- Across the oPt, the World Food Programme (WFP) is monitoring market availability and prices, and assessing how to support around 65,000 newly vulnerable beneficiaries (disabled, elderly, and pregnant and lactating women) through an e-voucher modality, and some 111,000 people through food in-kind distribution.
- The Food and Agriculture Organization (FAO) is monitoring changes in access to inputs and markets as well as economic access to food, on a weekly basis.
- In the West Bank, in addition to organizing a market campaign for 500 herders’ products, the Palestinian Agriculture Relief Committee (PARC) has sent food consignments, or wheat, to particularly affected communities and households (HH), including in Biddu village (200 HHs) and Bethlehem, (at least 120 HHs).
- UNRWA food distribution, with WFP, for Bedouin communities particularly impacted by the movement restrictions continued across the West Bank with the distribution of 4,000 food parcels to 1,113 families.