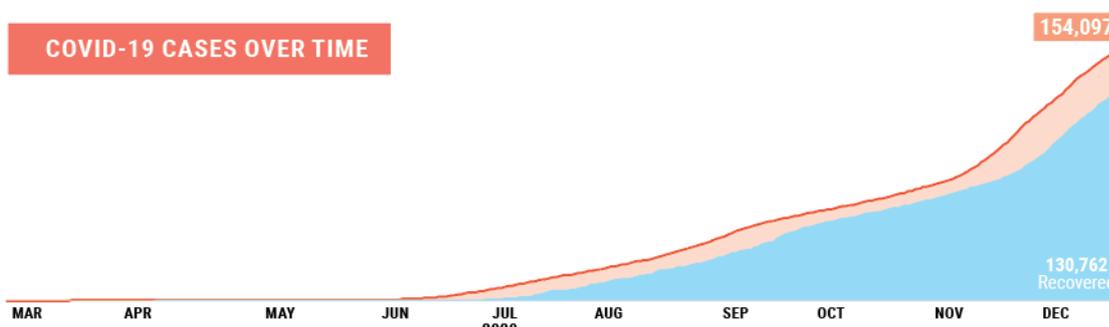
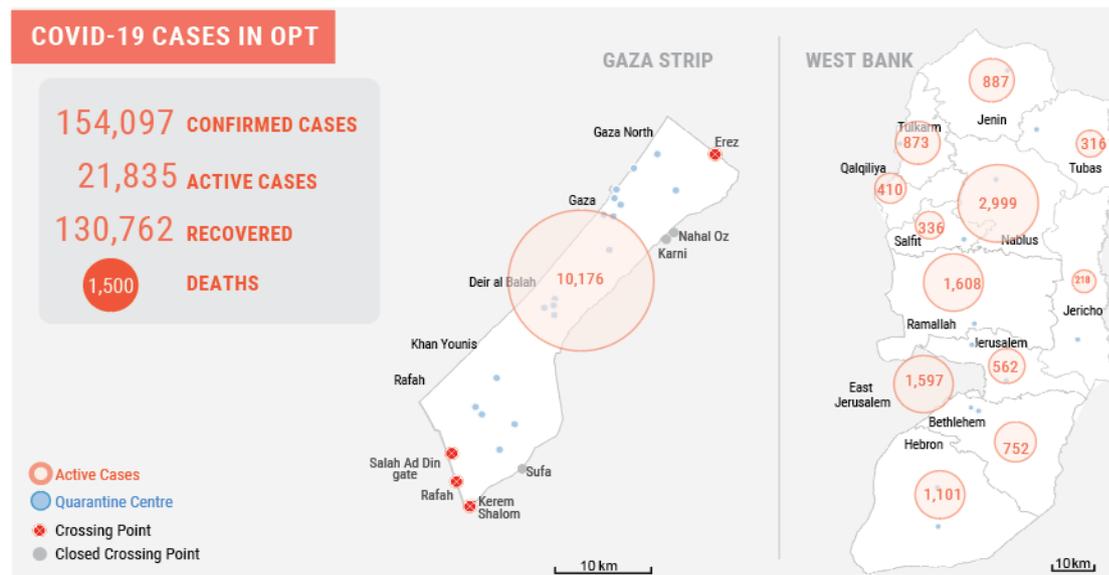


HIGHLIGHTS

- Active cases decline in the West Bank, but rise again in the Gaza Strip.
- Israeli public health measures temporarily limit the entry of international NGO staff.
- Preparations for a national vaccination plan continue.



21,835	154,097	1,500	127
Active Cases	Cumulative Cases	Fatalities	Patients in Intensive Care Units

SITUATION OVERVIEW

The reporting period witnessed a continuing rise in COVID-19 cases in the oPt, with 23,000 additional Palestinians testing positive, according to the Palestinian Ministry of Health (MoH). The cumulative number of cases has now exceeded 150,000, with 130,000 recovered. However, the number of active cases declined by about 13 per cent (from 25,068 to 21,835), due to a drop in the West Bank; active cases rose again in the Gaza Strip. After a surge in the last reporting period, there has been a slight decline in the number of patients in intensive care units (ICU), from 137 to 127, including those requiring mechanical ventilation, from 39 to 30.

A total of 344 people died, bringing to 1,500 the cumulative number of fatalities due to the virus, 1,144 in the West Bank, including East Jerusalem, and 356 in the Gaza Strip. The Case Fatality Rate (CFR), the proportion of deaths among confirmed cases, stands at approximately one per cent in the oPt, slightly above Israel (0.8), but lower than Jordan (1.3 per cent), and Egypt (5.6 per cent).

Gaza accounts for 46 per cent of all active cases in the oPt, followed in the West Bank by the Nablus (13.7 per cent) and Ramallah (7.5 per cent) governorates, and the East Jerusalem area (7.3 per cent).

Public health restrictions continue in the West Bank and Gaza Strip, as detailed below. Due to a surge in cases, Israel has implemented a third national lockdown, beginning on 27 December, which also applies to East Jerusalem, and includes increased restrictions on movement, workplaces and commercial activity. Officials have indicated that the lockdown may be extended beyond the initial two weeks. The new public health measures are temporarily limiting the entry of international NGO staff into Israel, while UN international staff are not affected. Discussions with the Israeli authorities on this matter are ongoing.

The PA has submitted an application to receive financial support from the global risk-sharing mechanism for the pooled procurement and equitable distribution of COVID-19 vaccines (the Gavi COVAX AMC Facility). More details are available at the [COVAX Facility website](#).

The MoH, with support from partners, is proceeding with the development of the COVID-19 National Deployment and Vaccination Plan to outline costed strategies for the deployment, implementation and monitoring of vaccination in the oPt. With the support of UNICEF, WHO and UNRWA, work continues to finalize an assessment of the cold chain capacity for COVID-19 vaccination and to prepare an application to support the upgrade of the cold chain system. In the meantime, the Palestinian authorities have emphasised the need to begin vaccination of the highest priority groups, in particular health workers, for which currently there is no provision.

Israel has already started to roll out its vaccination programme and currently ranks first globally for [per capita vaccinations](#). A number of Israeli, Palestinian and international health and human rights organizations have [called on the Israeli authorities](#) to live up to their legal obligations and ensure that quality vaccines are also provided to Palestinians in the West Bank and the Gaza Strip.

West Bank

The number of active cases in the West Bank, including East Jerusalem, decreased by some 28 per cent in the reporting period (from 16,217 to 11,659). On 22 December, the MoH's Director of Preventive Medicine announced that the occupancy rate in West Bank ICUs remains high, at 67 per cent, despite the decrease in active cases.

On 17 December, Palestinian Prime Minister Mohammed Shtayyeh announced additional measures across the West Bank to slow the spread of the virus. A night curfew from 19:00 to 06:00, as well as a weekend lockdown, from Thursday 19:00 to Sunday 06:00, is in place until 2 January. All retail and service stores in the designated times are closed except for pharmacies, bakeries, supermarkets and grocery stores, and teaching at all levels, including universities, is being conducted remotely since 20 December. Travel between governorates is prohibited, except for the transportation of agricultural, service and food products. All government, civil and private institutions are operating at a reduced capacity of a maximum of 30 per cent.

Local comprehensive lockdowns are also being implemented across the Salfit governorate, with Rafat, Kafr ad Dik and Qira villages under a three-day closure from 27 December, and all mosques in Salfit city, and in Deir Ballut, Farkha and Bruqin villages are closed until further notice.

Since 20 December, all Palestinian residents of East Jerusalem returning from abroad, irrespective of the country of origin, have been required to quarantine at home or at the dedicated Seven Arches Hotel facility.

The Israeli authorities announced that, as of 10 December, Palestinian workers will be required, on a random basis, to undergo testing at the checkpoints controlling access to Israel. Those who refuse will be prohibited from entering Israel. So far, there are no reports of these tests being implemented.

Citing the lack of building permits, during the reporting period, the Israeli authorities demolished, seized, or forced people to demolish at least 23 Palestinian-owned structures in the West Bank, including East Jerusalem, displacing

at least 22 people, including 13 children. All structures in East Jerusalem were demolished by the owners following the issuance of demolition orders, or concluded by the Jerusalem Municipality after deeming the self-demolition insufficient. Since the beginning of the COVID-19 pandemic in March 2020, 127 structures have been demolished in East Jerusalem, 43 per cent of which were demolished by the owners. The targeting of structures amidst the ongoing COVID-19 pandemic remains of serious concern, with the vulnerability of people affected further compounded by the onset of winter.

Gaza Strip

In Gaza, nearly 10,000 new COVID-19 cases were recorded in the reporting period. After a decline in active cases during the previous period, the number has increased again by around 15 per cent (from 8,851 to 10,176). The cumulative caseload since the start of the pandemic has reached nearly 40,000, the vast majority since the first cases of community transmission were reported in late August. One hundred and thirty-six (136) people died, bringing the overall death toll to 356. On 22, and again on 23 December, 12 deaths were reported in Gaza, the highest daily death tolls since the start of the pandemic

Since 1 December, although testing for people displaying COVID-19 type symptoms continues, those who have been in contact with confirmed positive cases are only tested if they are above 50 years of age, and for younger people, only if they have known underlying health conditions. The positivity rate of those tested remains over 30 per cent. On 23 December, the health authorities reported that sufficient COVID-19 tests are available until 3 January.

As of 23 December, the overall occupancy rate of dedicated COVID-19 hospital beds is 58 per cent (312 out of 520). Of the 90 ICU beds, 47, or 52 per cent, are occupied, including by five patients on ventilators.

Of the active COVID-19 cases, approximately 1,500 people are currently being isolated in the two designated hospitals and in the eight designated isolation facilities, while another 7,200 people are in home isolation, according to the Ministry of Social Development (MoSD). In addition, some 30,868 people, who were in contact with confirmed cases, are in home quarantine.

A weekend curfew from 18:30 Thursday to 07:00 Sunday was extended on 30 December until further notice. Schools, except for Grade 12, universities, mosques and markets are closed and all public funerals and weddings are prohibited. The authorities have also designated 68 out of the 96 geographic areas in Gaza as 'red', where no movement is allowed. Public adherence to health measures continue to decline, with the periods preceding the start of the lockdown characterized by crowded markets and intensive movement.

Since November, people entering Gaza through the Rafah or Erez crossings, including international staff/foreign delegations, are not required to undergo home quarantine, if they can present a negative PCR test result taken within 48 hours prior to entry. Those unable to present the test result on arrival can be tested at the border, but they are required to undergo home quarantine until the results are issued.

The Rafah Crossing remains closed for pedestrian traffic. 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 250 people per week.

For an interactive map of isolation and quarantine facilities in Gaza see the [OCHA WEBSITE](#).

COORDINATION

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

During the reporting period, the RC/HC's Access and Coordination Unit (ACU) facilitated the movement of 89 UN and international NGO staff between East Jerusalem and the remainder of the West Bank, in addition to seven trucks with medical, education and other vital equipment. The ACU also facilitated the entry into Israel of one

international NGO staff member and is negotiating with the relevant Israeli authorities to find solutions for the recently imposed limitation on the entry and re-entry of INGO staff into the country. Due to the continuing restrictions in the Gaza Strip, the ACU coordinated 46 critical UN missions with the de-facto authorities, in addition to facilitating a total of 19 UN and diplomatic missions into and out of Gaza.

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 table below highlights the availability and gaps regarding the top ten medical items needed.

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.

The Risk Communication and Community Engagement (RCCE) campaign continues to target media outlets and governorates in COVID-19 hotspots to encourage people to follow protective measures. The RCCE Task Force, led by the MoH, WHO and UNICEF, is developing a social mobilization and engagement strategy/demand plan and information awareness programme (including advocacy, communications, social mobilization, risk and safety communications, community engagement, and training) to generate confidence, acceptance and demand for COVID-19 vaccines in the oPt, once they become available. RCCE materials are [available online](#).

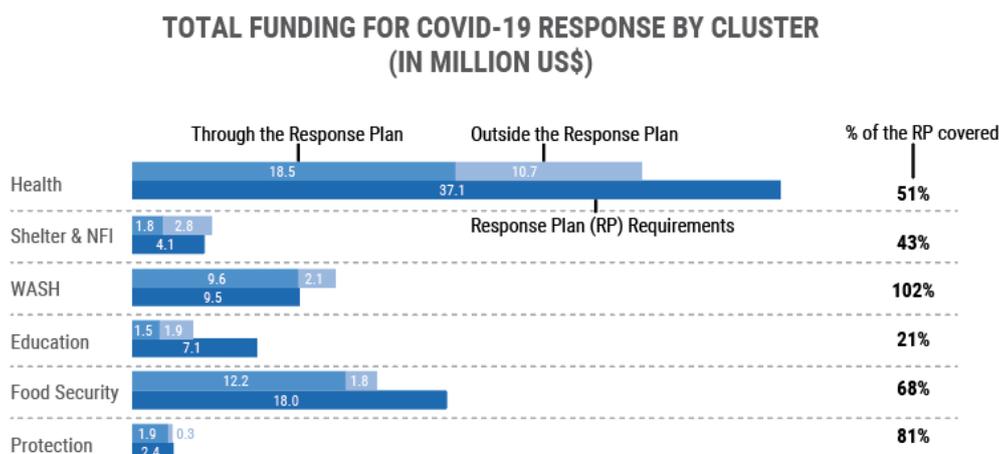
Supply Category	Item / Unit	Estimated Qty (as per IA Response)	Delivered	Pipeline	Current Gap
Case Management	 Ventilator, medical, invasive, adult/child	250	95	125	30
	 Patient Monitor (vital signs)	250	75	169	6
	 Oxygen Concentrator	250	40	134	76
	 ICU Hospital Beds	250	37	129	84
	 Patient Beds	400	86	264	50
Infection Prevention and Control (IPC)	 Surgical Mask	4,000,000	1,580,750	854,050	1,565,200
	 N-95 Respirator	300,000	297,148	68,380	(65,528)
	 Surgical gloves	8,000,000	5,408,323	1,563,800	1,027,877
Laboratory Testing	 COVID-19 PCR Tests	500,000	171,264	9,600	319,136
	 Swabs / Medium, sample collection	500,000	211,500	20,100	268,400

FUNDING

Following several updates since its initial inception in March 2020, the overall funding requirements for the implementation of the COVID-19 Inter-Agency Response Plan for the oPt until the end of 2020 stands at nearly US\$78 million.

During the reporting period, the Government of France has provided \$610,000 towards the activities of the Health Cluster. This brings the cumulative amount raised as part of the Response Plan to \$45.9 million, or 59 per cent of

the requirement. Including resources outside the Plan, \$65.5 million have been mobilized in support of the COVID-19 response.



DEVELOPMENTS, CONCERNS AND FUNDING STATUS BY CLUSTER

Health

US\$ 37,054,992 Funding requirements	US\$ 18,808,493 Through the Response Plan	51% of the Response Plan covered	US\$ 10,735,602 Outside Response Plan	US\$ 29,544,095 Total Funding Received
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- 1. Health Cluster partners delivered critical COVID-19 medical equipment and supplies to multiple facilities across the oPt.** Partners procured and delivered 114 COVID-19 testing kits, 30,000 swabs, 12 extraction kits, 10 patient monitors, five syringe pumps, 10 ventilators and 72 Continuous Positive Airway Pressure masks to support the management of COVID-19 patients in severe and critical condition. Further procurements and deliveries involved 50 ICU beds, 10 oxygen cylinders, 15 patient transportation trolleys, surgical gloves, disposable syringes, N95 masks and disinfectant sprays.
- 2. During the reporting period, nearly 165,000 people, including over 700 health workers, benefitted from interventions by Health Cluster partners.** In addition to the direct COVID-19 response, partners also ensured that the communities in need had uninterrupted access to other essential services, such as primary healthcare, maternal and child health and nutrition.

Protection

US\$ 2,365,740 Funding requirements	US\$ 1,917,434 Through the Response Plan	81% of the Response Plan covered	US\$ 305,434 Outside Response Plan	US\$ 2,222,868 Total Funding Received
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- 1. A COVID-19 rapid assessment conducted in ten localities in the Gaza Strip, identified psychosocial support as the second highest priority for assistance in their community, following food supplies.** The assessment was carried out by Protection Cluster partners to identify emerging needs and shape programmatic

responses. It consisted of interviews with 50 key informants, of whom 84 per cent identified psychological stress as the main protection concern affecting the targeted localities.

2. **Reports of domestic violence and self-harm continues to be reported to helplines across the oPt.** During the first two weeks of December, a cluster partner operating a MHPSS helpline (SAWA) conducted over 300 phone counselling sessions across the oPt, with 70 per cent of calls coming from Gaza. Issues reported include mental health symptoms, including suicidal thoughts, as well as domestic abuse and violence, including sexual violence.

Education

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

1. **Following the surge in COVID-19 cases, all education facilities in the oPt have closed until further notice and shifted to distance learning.** The closure in the Gaza Strip started on 5 December, except for 12th Grade students, while the closure in the West Bank started on 20 December for all grades.
2. **Since the start of the academic year, more than 220 schools across the oPt have either temporarily or fully closed from one to 14 days, following confirmed COVID-19 cases among pupils or school staff, or for being located in 'red areas'.** With the support of Education Cluster partners, all schools across the oPt have received cleaning and hygiene kits, copies of the safe schools and health protocols, and training for children and staff.
3. **The Education Cluster is working with the MoE and UNRWA to support the delivery of distance learning, Mental Health and Psycho-Social Support (MHPSS) services, Infection Prevention and Control (IPC) measures and provision of hygiene kits and rehabilitation of WASH facilities.**

Shelter & NFI

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

Information about shelter activities during the reporting period will be included in the next Situation Report.

Water, Sanitation and Hygiene

US\$ 9,504,052	US\$ 9,648,114	102%	US\$ 2,090,348	US\$ 11,738,462
Funding requirements	Through the Response Plan	of the Response Plan covered	Outside Response Plan	Total Funding Received

1. **During the reporting period, WASH Cluster partners reached around 11,200 people across the oPt.** In the Gaza Strip, this included the delivery of over 36,600 bottles of water to more than 1,800 people in isolation

centres, in addition to hygiene kits for 107 families in home isolation. In the West Bank, nearly 40 families were provided with hygiene kits, while 11 families received mobile latrines. In the H2 area of Hebron city, a community water network, as well as WASH facilities in five healthcare units, were rehabilitated.

- In coordination with the MoH and the WASH in Health working group, the WASH Cluster is conducting an assessment to identify the required technical solution for healthcare facilities with limited access to WASH services in Gaza.** The WASH Cluster will coordinate with relevant partners to prioritize the most vulnerable healthcare facilities to initiate WASH interventions and improve services.
- In the West Bank, WASH Cluster partners in coordination with the Palestinian Water Authority (PWA) support communities with limited access to water through operation and maintenance interventions.** The communities unserved or underserved with piped water services, particularly in Area C, are prioritized for the construction and rehabilitation of water network interventions, to ensure the delivery of adequate water quantities necessary to apply the recommended hygiene and sanitation measures against COVID-19.

Food Security

US\$ 18,017,577	US\$ 12,206,392	68%	US\$ 1,777,441	US\$ 13,983,833
Funding requirements	Through the Response Plan	of the Response Plan covered	Outside Response Plan	Total Funding Received

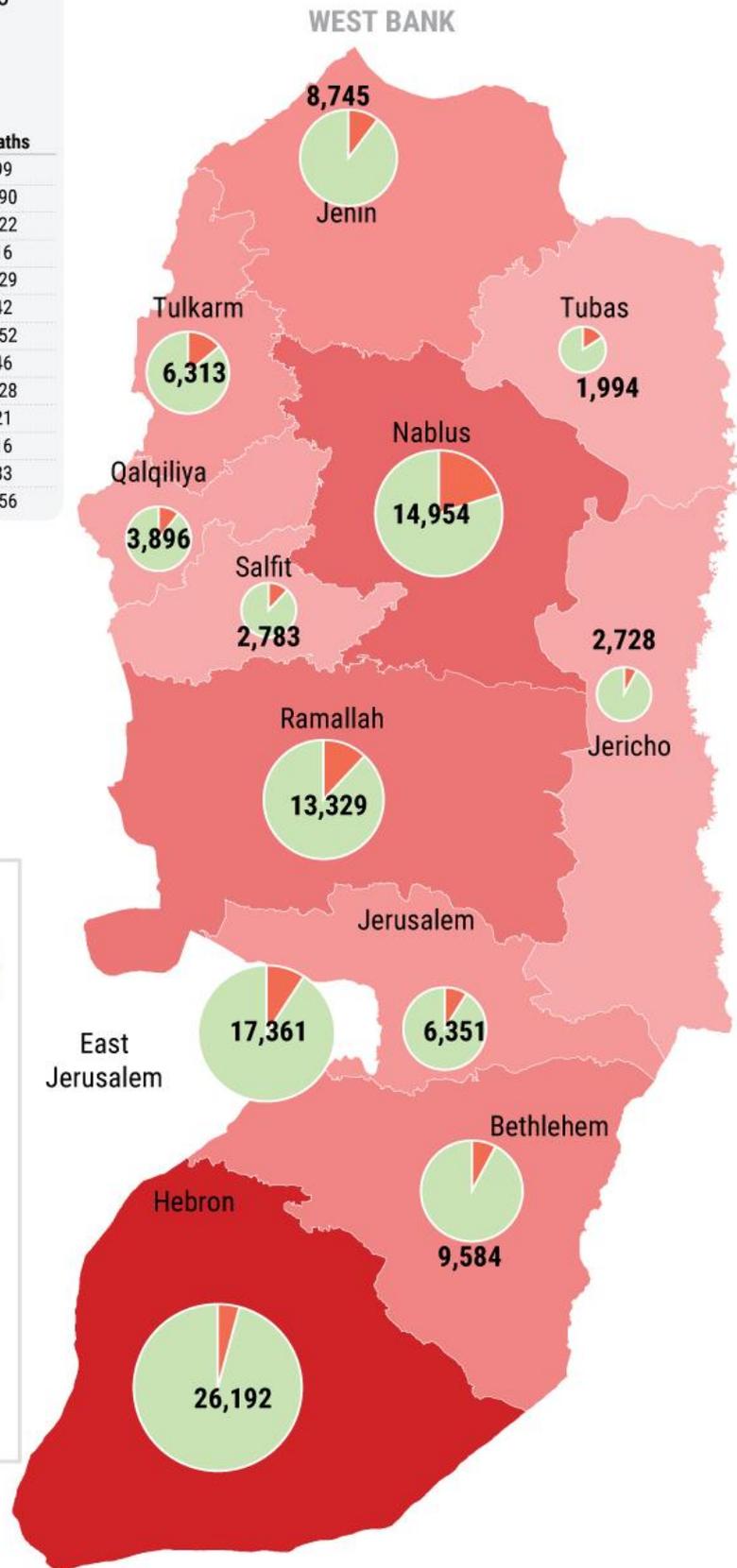
- During November, the World Food Programme (WFP) provided e-voucher food assistance to nearly 329,000 poor and severely food insecure people, including 57,940 people directly affected by COVID-19.** Additionally, 6,287 people received cash assistance consisting of \$336 per family. A survey covering over 400 WFP beneficiary households across the oPt, showed that 24 per cent of these households in Gaza and 29 per cent in the West Bank suffer gaps in access to adequate food rich in protein, vitamins and minerals.
- The provision of food assistance in 25 quarantine and isolation centres in the Gaza Strip continues, with nearly 1,400 daily meals distributed.** So far, more than 65,300 meals have been provided.

COVID-19 CONFIRMED CASES IN OPT (as of 30 December 2020)

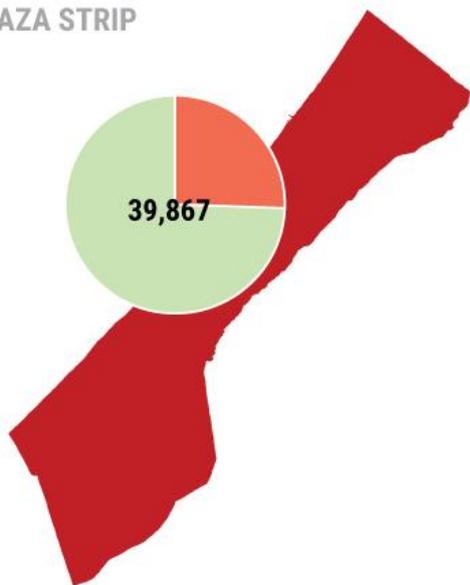


Total Cases 154,097 **Deaths** 1,500
Recovered 130,762
Active Cases 21,835

Governorate	Cases	Recovered	Active	Deaths
Bethlehem	9,584	8,733	752	99
Hebron	26,192	24,801	1,101	290
Jenin	8,745	7,736	887	122
Jericho	2,728	2,494	218	16
Jerusalem (Ex. EJ)	17,361	15,635	1,597	129
East Jerusalem	6,351	5,747	562	42
Nablus	14,954	11,803	2,999	152
Qalqilya	3,896	3,440	410	46
Ramallah	13,329	11,593	1,608	128
Salfit	2,783	2,426	336	21
Tubas	1,994	1,662	316	16
Tulkarm	6,313	5,357	873	83
Gaza Strip	39,867	29,335	10,176	356



GAZA STRIP



Data Source: Ministry of Health

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	12,206,392	68%	1,777,441	13,983,833
Health	37,054,992	18,808,493	51%	10,735,602	29,544,095
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	9,648,114	102%	2,090,348	11,738,462
Grand Total	78,155,610	45,852,683	59%	19,594,953	65,447,636

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 ¹	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	610,000	1,615,415
Germany	4,878,042	43,000	4,921,042
Ireland (Irish Aid)	235,200		235,200
Islamic Relief Worldwide	307,800		307,800
Italian Agency for Development Cooperation [AICS]	640,008	65,970	705,978
Japan	878,506		878,506
Kuwait	747,500	8,252,500	9,000,000
Norway	70,000	91,083	161,083
OPT Humanitarian Fund ²	16,425,925	356,568	16,782,493
Other sources ³	1,558,588	275,155	1,833,743
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
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

UNICEF	792,000		792,000
USAID	314,000		314,000
War Child Holland ⁵	252,000	85,000	337,000
WFP (loan)	5,000,000		5,000,000
WHO	834,000		834,000
World Vision International		304,658	304,658
Grand Total	\$45,852,683	\$19,594,953	\$65,447,636

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

² As of today, oPt Humanitarian Fund has received generous contributions from Germany (\$13.8m), Belgium (\$4.3m), Switzerland (\$4.2m), Sweden (\$3.2m), Finland (\$1.2m), Italy (\$1.2m), Norway (\$0.9m), Spain (\$0.7m), Iceland (\$0.4m), Ireland (\$0.3m), Korea (\$0.3m), Cyprus (\$12,500), United Nations Foundation (\$3,461).

³ 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), Friedrich 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, Trocaire, UN Trust Fund, UNDP, United Palestinian Appeal, UNWOMEN HQ, Urgent Action Fund, WELFARE (Taawon), 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.

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](#)