



OCCUPIED PALESTINIAN TERRITORY

COVID-19

Response Plan

24 April 2020

Prepared by the Humanitarian Country Team

SUMMARY

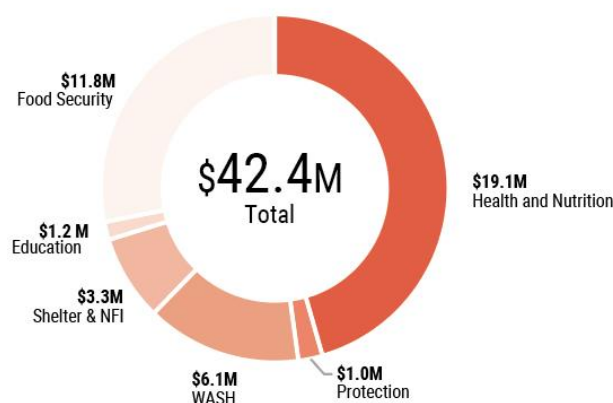
The updated COVID-19 Response Plan for the occupied Palestinian territory (oPt) presents the joint strategy of the humanitarian community to respond to the public health needs and immediate humanitarian consequences of the pandemic over the remaining two months of the original Plan. It consolidates various COVID-19 appeals by UN agencies and NGOs. The latter have contributed in shaping the plan and conveying local actors' perspectives, and will be able to access funding mobilized through the plan and be directly involved in its implementation. The Plan complements other interventions developed by the Palestinian Red Crescent Movement (PRCS)

This main goal of this revised Plan remains supporting the efforts led by the Government of Palestine (GoP) to contain the pandemic and mitigate its impact. It continues to be guided by the Health Cluster's Strategic Preparedness and Response Plan, published on 14 March 2020. However, this updated version provides an important bridge between the public health response contained in the Health Cluster Plan and the broader socio-economic recovery plan of the GoP, with support from the World Bank and others. The primary focus remains prevention, preparedness and treatment of COVID-19, with emphasis remaining on supporting the most vulnerable people. Interventions will continue to be adapted as the situation evolves and our understanding of the virus and how it spreads is further deepened.

Overall, the Plan aims to support the scaling up of testing capacity to 20,000 COVID-19 tests and expand hospital-bed capacity by 200 additional beds. Respiratory support and intensive care treatment capacity will also be scaled-up to support 100 additional beds. Additionally, the plan aims to target at least 1 million Palestinians with public health messages on preventive measures on how to effectively protect oneself from COVID-19 infection, and at least 5,000 health workers will be supported with infection prevention and control (IPC) measures, including with personal protective equipment (PPE). Further to the core health needs, the plan also includes other sectoral responses directly related to the COVID-19 response, which can be implemented within the next two-month period.

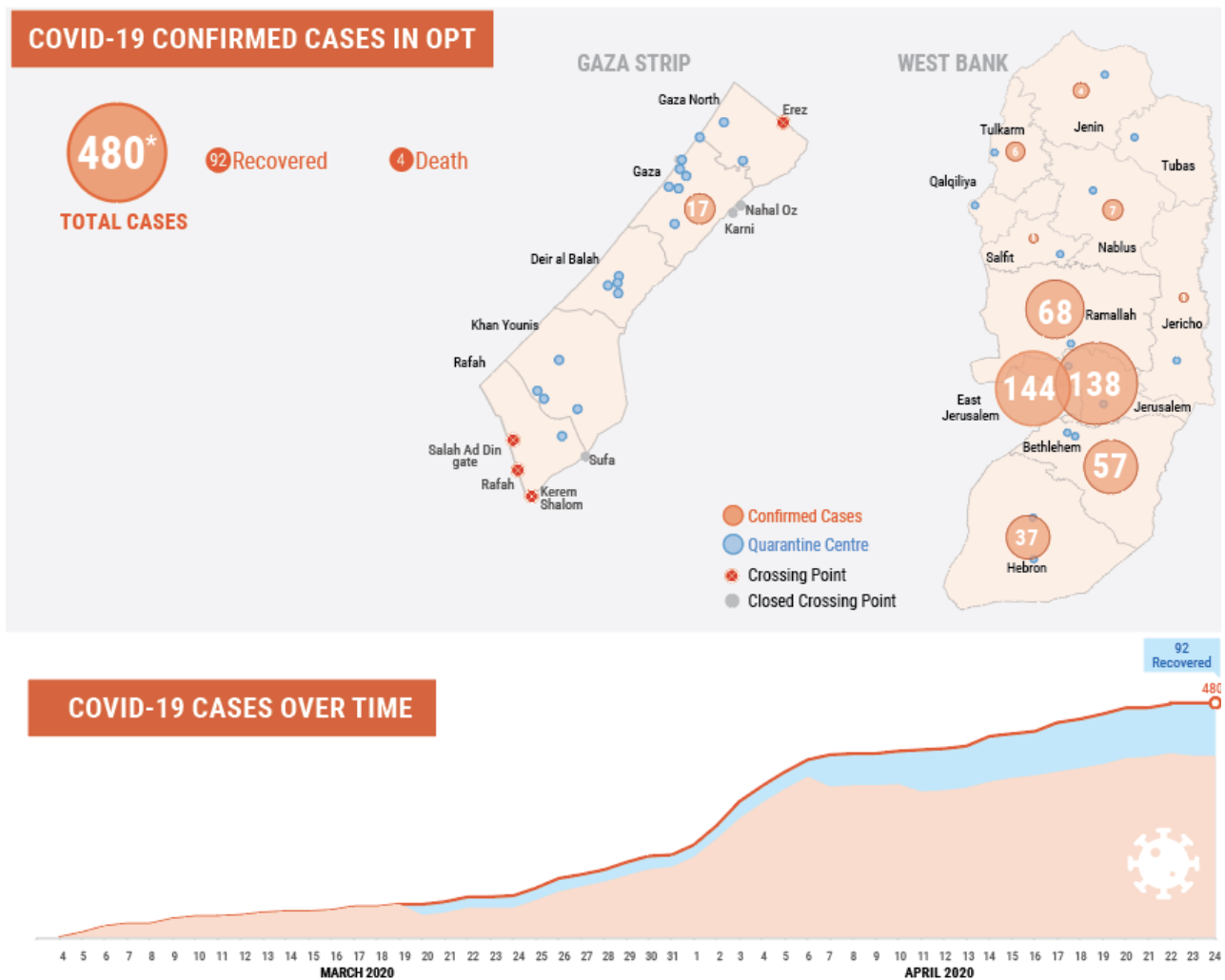
The total requirement of US\$ 42 million is a revision of funding requirements as articulated in the initial Health Cluster's Inter-Agency COVID-19 Response Plan 2020 plan shared on 14 March 2020 and the updated Inter-Agency multi-sectoral COVID-19 Response Plan issued on 27 March 2020. These new figures are valid as of 23 April 2020. Details of the activities can be found in Annex I.

FUNDING REQUIREMENTS BY CLUSTER



FUNDING REQUIREMENTS (USD \$) BY CLUSTER AND AREA				
Cluster	oPt	Gaza	West Bank	Grand Total
Health and Nutrition	11,601,074	4,851,142	2,654,399	19,106,615
Protection	951,000			951,000
WASH	90,440	2,570,300	3,394,500	6,055,240
Shelter/NFIs		1,800,000	1,542,551	3,342,551
Education	1,203,000			1,203,000
Food Security	7,350,000	3,256,520	1,175,206	11,781,726
Grand Total	20,695,514	12,477,962	8,766,656	42,440,132

COVID-19 CRISIS



As of 23 April, a total of 480 Palestinians in the oPt (including East Jerusalem) have been confirmed to have COVID-19, 319 the West Bank, 17 in the Gaza Strip and according to the Palestinian MoH, another 144 known cases in East Jerusalem, although uncertainly remains over the figures due as East Jerusalem has been covered by the Israeli authorities. Four of these people (all in the West Bank) died and at least 92 have recovered. About 80 percent of people detected positive are below the age of 50, the vast majority of whom are asymptomatic. While the apparent spread of the virus is currently limited compared to other countries, this may reflect the limited testing capacity, with slightly over 26,000 samples tested so far.

The Government of Palestine (GoP) is leading the efforts to contain the pandemic, in coordination with the Israeli authorities and international actors, primarily the World Health Organization (WHO). The GoP declared a State of Emergency across the oPt, to be in force through 4 May: in this context it has scaled up restrictions on movement between cities, commercial activities and public gatherings, along with a suspension of all educational activities. On 20 April, a series of relaxation measures aimed at allowing the resumption of certain economic were announced.

Palestinians entering the oPt from Jordan, Egypt and Israel have been ordered by the Palestinians authorities to stay in a mandatory quarantine. While in the Gaza Strip this measure has been strictly enforced, with all incoming people being referred to designated facilities, implementation in the West Bank has been partial due to its porous boundary with Israel, raising concern about a potential spread of the virus by workers that have been returning from Israel.

On 26 March, the GoP released its Public Health Response Plan to the pandemic, which appeals for US\$137 million to cover the direct public health response to COVID-19 across Palestine, covering short-term gaps in the first three months, including 1) medical staff; 2) water, sanitation and hygiene; 3) medicine; and 4) medical supplies and equipment.

Despite these measures, the capacity of the Palestinian health system to cope with a potential surge in the number of people suffering from serious symptoms due to COVID-19 is impaired by a range of factors. The situation is of particular concern in Gaza, where the health system has been undermined by ongoing conflict between Hamas and Israel, the Israeli blockade, the internal Palestinian political divide, a chronic power deficit and shortages in specialized staff, drugs and equipment. In addition to capacity shortages, in the West Bank, vulnerable communities, particularly in Area C, continue to be affected by the Israeli authorities' destruction of property lacking building permits, as well as by Israeli settler violence, undermining their capacity to cope with the crisis.

Across the oPt, the movement restrictions, closure of schools and growing unemployment is taking a toll on the most vulnerable. Service providers report that domestic violence affecting women and children is on the rise, while the Ministry of Social Development estimates that at least 53,000 families have fallen into poverty in recent weeks.

WHO IS AFFECTED?

Evidence has shown that the groups of people most vulnerable to the development of severe illness due to the COVID-19 are the elderly, and those suffering from hypertension, pulmonary and cardiovascular diseases, cancer and diabetes.



OPT

About **17,000** people currently quarantined at home or in dedicated facilities



Gaza

About **1,000** patients (not COVID-19 related) cannot be referred to hospitals outside Gaza due to crossing closure.



Gaza

Additional backlog of **9,000** elective surgeries (**3,000** of which are urgent) due to preparedness measures for possible management of COVID-19 cases.



Gaza

5,000- 6,000 day labourers and traders working in Israel are not allowed to exit Gaza.

West Bank

Over **52,000** outpatient appointments (monthly) will be delayed within the West Bank to prioritize response to COVID-19.

Israel will continue to prioritize permits for urgent medical cases from the West Bank

West Bank

About **4,000** elective surgeries (monthly) are likely to be delayed as a result of the preparedness measures for possible management of COVID-19 cases.

West Bank

Between **40,000 - 50,000** workers cannot work in Israel due to the West Bank severe movement restrictions as a result of COVID-19.

Those who are most impacted by the COVID-19 outbreak in the oPt are:

- Approximately 1,000 patients in Gaza who cannot be referred to specialized treatment outside Gaza due to the crossing closure.
- Over 9,000 people awaiting elective surgeries in Gaza (3,000 of which are urgent) that are likely to be postponed due to preparedness measures for management of COVID-19 cases. Similarly, in the West Bank, over 4,000 elective surgeries per month are also likely to be postponed.
- An estimated 50,000 people seeking outpatient support. Currently there are over 50,000 outpatient appointments per month in the MoH and more than 2,000 referrals per month to non-MoH for outpatient appointments from the West Bank. Most will be affected by movement restrictions and health service re-prioritization.
- Pregnant and lactating women and children who might not be able to receive essential healthcare because of health service re-prioritization.
- Palestinian refugees who live in one of the 19 overcrowded refugee camps as well as Bedouin

communities with inadequate living conditions most importantly access to safe water and sanitation.

- Palestinians who are placed in quarantine facilities that may not be adequately prepared.
- The mandatory quarantine imposed by the Palestinian authorities to contain the virus, either home-based or at dedicated sites, has increased the risk of GBV including domestic violence affecting women and children, mental illness and psychosocial deterioration.
- Children in detention are vulnerable to infection due to confinement, and at risk of neglect and abuse due to movement restrictions affecting ability to access essential services.
- Many families already live in poverty and the consequences of COVID-19 response measures have made it even harder for them to maintain their livelihoods and income. The Palestinian Ministry of Social Development (MoSD) estimates that at least 53,000 families across the oPt have fallen into poverty in recent weeks, due to the loss of a source of income. Without sufficient social protection and continuity of protection services for these vulnerable households, families risk plunging further into poverty and exacerbating already volatile family and community situations.
- People with seeing, hearing or mobility issues, already experience difficulty in accessing services and information in the oPt, now exacerbated as they seek to protect themselves from the outbreak. Many persons with disabilities depend on services that have been suspended and families report not having enough money to stockpile the specific food and medicine.
- Following the closure of education facilities in early March, 1.43 million children across the oPt need to continue distant learning and receive age appropriate, awareness-raising messages around COVID 19.

RESPONSE PRIORITIES

HEALTH

- Stopping further transmission of COVID-19 across the oPt and reducing the demand for hospital critical care services and to avoid any overload of hospital care capacity;
- Providing adequate care for patients affected by COVID-19 and to support their families and close contacts; and
- Minimising the impact of the epidemic on the functional capability of the health system.

PROTECTION

- Work closely with partners and authorities enhancing their capacity to ensure inclusion of those in need of protection into COVID-19 preparedness, prevention and response activities focusing on child protection, gender-based violence (GBV), disability and MHPSS.
- Ensure the most vulnerable have equal access to health, services, information without discrimination and that effective safeguards are introduced to protect people against stigma and discrimination.
- Scale-up monitoring, reporting and advocacy to reduce and prevent human rights violations related to COVID-19, to ensure that restrictive measures, including quarantine, are implemented proportionally, and people are treated with dignity.

WATER, SANITATION and HYGIENE (WASH)

- Support public facilities (healthcare facilities, and quarantine centres mainly) by ensuring availability and proper access to WASH services, IPC supplies, cleaning materials and waste management.
- Support vulnerable families and communities by providing hygiene items, carrying out communication awareness campaigns and promoting adequate personal hygiene and cleaning practices at the household level.
- Support WASH service providers, municipalities and local councils to maintain their services through the provision of critical operation and maintenance fittings, cleaning materials and equipment.

SHELTER and NON-FOOD ITEMS (NFIs)

- Provide essential hygiene and disinfectant materials or cash for families and people at higher risk of being affected by COVID-19.
- Provide NFIs, such as bedding, cleaning and hygiene materials to quarantine facilities.
- Improve hygiene conditions for families lacking basic facilities, such as latrines or kitchens, by providing appropriate hygiene materials, cleaning supplies, awareness materials, and technical consultancies and guidance.
- Contribute to mitigate the impacts of economic deterioration exacerbated as a result of the loss of income of the most vulnerable families by provision of multipurpose cash or rental assistance

EDUCATION

- Disseminating through different channels Arabic materials on hygiene awareness and preventive measures related to COVID-19.
- Purchasing and distributing cleaning and hygiene packages to all 3,051 schools in the oPt to prevent renewed spread of the pandemic after schools re-open.
- All schools and public kindergartens in the oPt are cleaned and disinfected prior to re-opening.
- Rehabilitate 13 schools that are used as quarantine centres prior to re-opening of schools to ensure that they are back to normal status.
- Utilizing the social media platforms of Ministry of Education (MoE), UNRWA and cluster partners to raise awareness of parents and children on the importance of home-based learning and provide caregivers with clear guidance on how to best support their children's learning and emotional needs.
- Support MoE and UNRWA in mapping and developing relevant materials, worksheets and content to be used for home-based learning.
- Provide children in quarantine centres with the links to all learning online resources and stationary kits.
- Supporting MoE and Cluster partner MHPSS teams to use social media to provide PSS messages and remotely offer individual counselling to children, teachers and parents.

FOOD SECURITY

- Support most vulnerable households, including persons with disabilities, elderly and lactating and pregnant women, whose food security is directly affected by the virus outbreak, with in-kind and cash assistance, including e-vouchers, and by adopting safe access (door-to-door distribution, avoiding crowds, hygiene protocols at shops).
- Support vulnerable Bedouins/Herders/Farmers/Fishers and institutions and cooperatives affected by reduced capacity to acquire basic inputs or access markets as needed to protect their livelihoods, including protection from settlers' violence, and ensure supply of essential fresh food to preserve nutrition for all consumers.
- Connect small producers with people in need by transferring food products.
- Support to and coordination with line ministries in carrying out their essential duties to ensure food security (including safety, coordination, analysis linking producers with shops), and timely identification of new emerging vulnerabilities and/or vulnerable groups.

MONITORING FRAMEWORK

The COVID-19 pandemic is characterized by the speed of its spread and difficulty to project how it will evolve at the country level. As a result, a mechanism to monitor the situation, needs and response is indispensable to rapidly adjust the interventions.

In view of the mobility and interpersonal contact restrictions, creative monitoring approaches will be applied, including remote monitoring through phonecalls to key informants and households, and third-party monitoring.

Monitoring should be attached to real-time learning that enables immediate action and further improvements of the response.

As part of the response monitoring framework, clusters and agencies will report on a weekly bases on activities, achievements and gaps, with the information being reflected on OCHA's Situation Report, as well as on indicators agreed at the global level on a monthly basis. For details please see Annex II.

OPERATIONAL CONSTRAINTS

Regulations implemented by the Palestinian and Israeli authorities to contain the COVID-19 outbreak have progressively limited movement into and within the oPt, with areas being closed off from each other. Humanitarian organisations and personnel are following directives by the relevant national and local authorities, limiting their movement to critical responses to COVID-19, health, and other emergency programmes. An online system for the coordination of critical humanitarian movement has been established, with approval sought from relevant authorities when required.

Gaza Strip

With the introduction of movement restrictions, access for Palestinians from Gaza to the outside world through the two passenger crossings (Rafah and Erez) is severely constrained, while the Kerem Shalom goods crossing has been open as normal throughout the crisis. Items requiring additional coordination by Israel and the GoP continue to enter through established channels. Israel has offered to expedite these processes in relation to the COVID response.

The opening of the Rafah Crossing with Egypt has been unpredictable. The crossing was closed from 22 March to 12 April but since then, it has been re-opened to allow the return of Palestinians who have registered with the Crossing Authority. The Erez crossing with Israel has been open for people willing to return to Gaza but restrictions remain for people willing to exit Gaza. While urgent medical items are being allowed to enter through the Erez crossing, the continued shortage of medical equipment, skilled medical teams and drugs and disposables means that complex surgical cases are being referred outside of Gaza.

In addition, some operational constraints in Gaza result from the internal Palestinian divide, negatively affecting coordination and the implementation of the decisions by key ministries. For example, the West Bank-based Palestinian Authority (PA) decision on closing educational facilities was not immediately followed in Gaza, generating confusion. The Hamas authorities in Gaza also went ahead with their response plans without coordination with the PA, including the opening of quarantine facilities in schools and the launching of a separate appeal for funding by the Gaza MoH. While the latter authorities have imposed measures to limit large gatherings, other measures announced by the PA in the West Bank to ensure physical distancing such as the prohibition of inter-city movements are not implemented in Gaza.

West Bank

Movement restrictions and physical distancing measures continue to be in place throughout the West Bank, including East Jerusalem. Restrictions imposed prohibit most movement between East Jerusalem and the rest of the West Bank, between West Bank governorates, and between and inside cities and villages. Measures to ease some restrictions to reinvigorate the economy have been announced on 21 April.

Currently, there are approximately nineteen quarantine centres and medical facilities where people who have COVID-19 are hosted, with additional community-based centres being established in refugee camps. The authorities have reported an acute shortage of medical equipment and supplies, trained personnel as well as hygiene kits.

Concerns persist regarding the difficulty of imposing the mandatory 14-day home quarantine and other measures on unauthorized workers, who have returned from Israel by passing through openings in the Barrier.

COVID-19 patients from East Jerusalem continue to be managed by the East Jerusalem Hospital Network (EJHN) and Israeli hospitals. Despite donor pledges, the EJHN hospitals are still in urgent need of medical supplies and equipment to be fully prepared to receive COVID-19 patients. At the time of writing, there are now eleven testing centers in East Jerusalem managed by the Israeli Ministry of Health.

Concerns are high over Palestinian communities that are located within the Israeli-declared municipal boundary of Jerusalem (and receive health services from Israel), but are physically separated from Jerusalem by the Barrier, including the residents of Shu'fat refugee camp, Kufr A'aqab and residents living in parts of Qalandiya.

COORDINATION

Under the auspices of the UN Resident and Humanitarian Coordinator (RC/HC), an Interagency COVID-19 Task Force was established, and it meets two to three times a week, to set policy and coordinate the responses highlighted herein. The RC/HC is convening a weekly general coordination meeting as well, with a wider group of partners, and an information-sharing meeting with donors.

The RC/HC and OCHA engage on a regular basis with relevant Palestinian authorities, including the Prime Minister's Office, Palestinian Civil Defense and Governors' offices throughout the West Bank. In addition, regular engagement is taking place with relevant Israeli authorities, including the National Security Council of the Prime Minister's Office, Coordinator for Government Activities in the Territories (COGAT) and the National Emergency Management Agency (NEMA).

The Inter-Cluster Coordination Groups (ICCG) in the West Bank and Gaza are responsible for coordinating the implementation of the Task Force decisions and monitoring the effect of movement restrictions on regular humanitarian programming.

The RC/HC also informs the Palestinian and Israeli authorities about essential movements required by humanitarian and development staff during this period of tightened movement restrictions.

ALIGNMENT WITH THE GOVERNMENT OF PALESTINE'S COVID-19 RESPONSE PLAN

The following measures have been adopted to ensure alignment and complementarity between the inter-agency Plan presented here and the Response Plan by the GoP and its line ministries:

HEALTH and NUTRITION

The immediate priority activities outlined in the revised inter-agency response plan, including essential medical supply items for COVID-19 laboratory testing, case management and infection prevention and control have been carefully reviewed and endorsed by the PA Ministry of Health. These are largely based on the findings of the rapid assessment conducted by WHO and Health cluster. The list of essential medical supplies is fully aligned with the priorities of the GoP. A further prioritisation of medical supply items for immediate procurement was based on the capacities of the partners, as well as on the availability of supplies on the local and international markets and transportation links.

PROTECTION

The Protection Cluster reviewed two plans from MoSD, to inform the development of the Inter-Agency COVID-19 Response plan. These include:

1. 'Emergency Response Plan for Handling the Effects of Corona virus Pandemic (COVID-19) on the Poor and Vulnerable groups'.
2. MOSD emergency plan for the General Director of Children and Family Affairs

The protection response within the COVID-19 Inter-Agency COVID-19 Response Plan seeks to complement the strategic objectives of the the 'Emergency Response Plan for Handling the Effects of Corona virus' which has a broad focus of support across the oPt with cash, food assistance, hygiene materials, and/or vouchers to "poor and marginalized families". Protection partners aim to support the most vulnerable families such as those with a chronically ill family member, a person with a disability or the elderly.

Similarly, the protection response also captures the five goals of the the MoSD emergency plan for the General Directory of Children Affairs identifies five key goals: the provision of support to children in sheltered institutions; counselling and psychological support; resilience building for vulnerable and marginalised families; awareness raising on risks; and provision of sterilising hygiene materials for community based centres.

The GBV Sub-Cluster lead agency UNFPA is part of the COVID-19 coordination group with MoSD, its role to ensure that GBV response activities are coordinated with MoSD and aligned with the MoSD Response Plan. As part of the COVID-19 response, the distribution of 1500 dignity kits to vulnerable groups will be coordinated with MoSD. Additionally, MoSD is an active member of the GBV Sub-Cluster and uses this platform to share updates about emerging gaps and concerns with other partners.

The Child Protection / MHPSS Working Group lead agency UNICEF previously facilitated a consultation with members, including MoSD, to identify and reach consensus on objectives and priorities for the Palestine child protection emergency preparedness and response plan. During these consultations, MoSD presented and shared their priorities, which are reflected within this plan. Protection partners have been engaged in consultations with MoSD 'Children and Families Directorate' who developed a MoSD COVID-19 emergency response plan. This together with the Child Protection response plan have informed the child protection component of the Inter-Agency COVID-19 Response Plan. The CP/MHPSS Working Group (including NGO partners) are currently providing technical support to revise the MoSD COVID-19 Emergency Plan, so that it aligns with global COVID-19 standards.

WASH

The present WASH response plan has been revised considering the WASH component of the GoP's three-month COVID 19 action plan prepared by the Palestinian Water Authority (PWA). In consultation with the latter, the WASH cluster identified two areas of intervention to be added to the current Plan:

- Supporting PWA and water service providers in operating their water resources and water distribution systems;
- Supporting PWA and water service providers in cleaning and sanitizing activities for the water and sanitation, and communities' public facilities.

PWA will support the response plan by facilitating needed water supply data, logistical and technical support to partners, and will also coordinate activities with the targeted water service providers in the West Bank and Gaza.

SHELTER and NFIs

The Shelter Cluster works closely with the Ministry of Social Development (MoSD) and Ministry of Public Works and Housing (MoPWH) to address the needs prioritized by the government, mainly to support vulnerable families in both the West Bank and Gaza and to equip the quarantine facilities with required NFIs.

During the revision of the present response plan, the cluster took into consideration the socioeconomic impact on vulnerable families by adopting multipurpose cash interventions. These interventions will enhance the social safety net as outlined in the GoP plan, mainly for people who cannot afford rental costs in Gaza.

EDUCATION

From the early stages of COVID 19 crisis the Education Cluster acknowledged that this emergency response needs to be driven by the Ministry of Education (MoE). It was important for the Education sector to have a MoE holistic response plan that identifies the role of the MoE, donors and Education Cluster partners.

In order to support the MoE in this key function, the National Education Cluster Coordinator was deployed to the Ministry in Ramallah on 13 March. The plan was developed jointly by the MoE and the Cluster and was disseminated to all stakeholders a few days later. Accordingly, the Education Cluster established four technical teams to support the implementation of the four main objectives under the MoE response plan (distance learning, provision of MHPSS, hygiene promotion and renovation of WASH facilities in schools and distribution of school hygiene kits).

The Education Cluster inputs to the present response plan is fully in line with the MoE plan as it covers the urgent and underfunded components of the Ministry plan which are school hygiene and cleaning kits and risk communication and awareness raising interventions.

FOOD SECURITY

Consultations between partners in the Food security Sector (FSS) and GoP line ministries took place in order to analyse the needs and discuss priorities in the revision of the current Plan. National and international NGOs (through PNGO and AIDA representatives) in both West Bank and Gaza Strip have been also consulted. In addition, the FSS team had a continuous open channel with Ministry of Agriculture (MoA) and the Ministry of Social Development (MoSD) to ensure a strong interaction in approaches. The priorities, objectives and activities identified in this plan, are aligned to a formal appeal issued by the MoA on 8 April 2020, as well as addressing needs identified in the strategic response plan issued by the MoSD.

COORDINATION AND SYNERGIES WITH UNRWA'S RESPONSE

UNRWA separate Flash Appeal, seeking \$14 million covers COVID-19 related interventions across its five areas of operation (Lebanon, Jordan, Syria, Gaza and West Bank). The additional funding seeks to:

- Ensure at risk populations are able to cover health expenditures related to testing and treatment of COVID-19, particularly the elderly;
- Scale up, and further develop, the UNRWA Self-Learning Programme, as described above, which includes educational lessons on the UNRWA YouTube Channel, the Interactive Learning Programme (ILP) and printed materials;
- Undertake deep clean and replacement of un-hygienic bedding in dormitories of tertiary education installations and put in place rigorous cleaning practices in all UNRWA installations, as a preventive measure to reduce the risk of infection and;
- Prevent environmental health hazards through the continued provision of solid waste collection and disposal services inside refugee camps.

UNRWA's Covid-19 Response Flash Appeal covers the Agency's immediate needs for a three-month period from 1 March – 31 May 2020. UNRWA recognizes that the situation is evolving rapidly and that the status of preparedness and response varies across Agency fields of operation due to differing needs and capacities.

UNRWA RESPONSE IN THE GAZA STRIP

Leveraging its long-standing supply chains and logistical capacity is a specific added value that UNRWA can provide in Gaza as the available resources and capacities of local authorities are tested. An urgent and specific COVID-19 need is the provision of PPE for both the occupational safety and health of our staff as well as individuals held within quarantine centres and the pre-positioning of such material for members of the wider community in case of an outbreak. In full coordination with the UN cluster system, UNRWA stands ready to support other requests specifically put to it in this regard.

Funds will be needed to respond to immediate socio-economic consequences of the crisis both through cash assistance as well as outreach and support to the most vulnerable utilising UNRWA's long-standing community networks.

Should there be an expansion of the pandemic in Gaza, UNRWA will extend the provision of essential primary health care services to non-refugees and free resources of the public health sector. This will rely on telephone hotlines already launched for current clientele. Emergency planning includes small teams of medical personnel able to advise remotely and, where necessary, undertake home delivery of at least some lifesaving (non-Covid related) medicines.

UNRWA RESPONSE IN WEST BANK

In the West Bank, UNRWA continues to operate all its 43 primary health centres and health points, as well as its Qalqilya hospital, providing primary health care to all refugee patients, including those with respiratory distress. Continuation of these services however requires the provision of PPE, IC materials, and additional staffing for the health centres on a rotational basis. To reduce the threat of transmission, UNRWA is also offering health and psychosocial support remotely through dedicated phone lines.

To respond to the negative impact of increased unemployment and livelihood losses related to movement restrictions, curfews, and other mitigation measures, UNRWA West Bank will provide food assistance to the most vulnerable Palestine refugees affected by this crisis.

Preventing further transmission of COVID-19 remains the top priority. To mitigate a spread from Palestinian workers returning from Israel, UNRWA will provide NFIs and hygiene material to quarantine centres in refugee camps, as and when they are endorsed by the MoH. Currently, workers are requested to self-quarantine upon return, however, the shelter conditions and camp locations where this occurs are often poor and overcrowded, potentially increasing further transmission. Finally, UNRWA will increase provision of existing solid waste management services and supplementary environmental health tasks in all camps.

COORDINATING RISK COMMUNICATIONS AND COMMUNITY ENGAGEMENT (RCCE)

Risk communication is a vital intervention to enable people to take informed decisions to effectively protect themselves and their families. The COVID-19 outbreak is accompanied by an “infodemic”, with widespread misinformation online. Effective risk communication is needed to address rumours and misinformation and to build trust in credible information sources.

Risk communications and community engagement (RCCE) on COVID-19 is being managed by a core team from UNICEF and WHO. This team works closely with the MoH to ensure that all messages are technically and substantively cleared for dissemination to the Palestinian public or specific target audiences, such as particularly vulnerable groups. A broader cross-section of UN agency and NGO partners meet weekly to advise on content. The RCCE core team has established a Communications and Engagement Strategy, which includes the development of a weekly content plan that is distributed to partners, through the HCT’s Advocacy Working Group and the UN Communications Group, and key dissemination channels. These channels, involve the Palestinian private sector and media, including television, radio, social media, along with tech applications, billboards, ATM points, and SMS messaging. Bi-directional communication has been established with the clusters. Almost all clusters are involved in message distribution through their partners and networks, and in ensuring that the RCCE team is informed of messages that need to be developed for specific groups. This messaging is then integrated into the weekly plan to ensure coherence and dissemination. Cluster partners form an important feedback mechanism for the RCCE team, to determine if people are receiving the information they need and to identify rumours and misinformation.

CLUSTER NEEDS AND PLANNED RESPONSES

Health and Nutrition

IMPLEMENTING PARTNERS	REQUIREMENTS (US\$)
WHO, UNICEF, PMRS, CBBS, PRCS, MDM, UHWC, PHR, HWC, PMRS, UFPA, Gaza Red Crescent, PFBS, UNRWA, MAP, WV, CARE, TAAWON, MAP-UK, UNOPS, EJHN, Sawa, Juzoor, Medico Int., PCRf, RCS4G, Baitona, El-Wafa and other cluster partners.	 19.1 million

SECTOR OBJECTIVES

The objectives of the Health Cluster plan are:

1. Stopping further transmission of COVID-19 across the oPt and reducing the demand for hospital critical care services and to avoid any overload of hospital care capacity;
2. Providing adequate care for patients affected by COVID-19 and to support their families and close contacts; and
3. Minimising the impact of the epidemic on the functional capability of the health system.

As there is currently no specific treatment for COVID-19, the most effective and impactful approach to protecting the population against the disease is containment measures, with a focus on early testing of all suspected cases, isolation and treatment of confirmed cases, contact tracing and quarantine arrangements, complemented by primary and community-based health initiatives with an emphasis on prevention and promotion of effective protection measures (hand hygiene, physical distancing, etc.). Efforts to scale up hospital preparedness and treatment capacity to manage an increase in demand for hospital-based patient care must continue.

CONCERNS and RESPONSE STRATEGY

Strengthening the health care workforce and procurement of medicines, disposables and equipment have been identified as the two crucial elements in delivering this plan. The health workforce is the backbone of an effective health response and requires adequate technical support and protection. This plan, therefore, aims to mobilize further resources to provide adequate training to an estimated 13,000 health staff on most importantly clinical case management protocols and infection prevention and control policies.

The unprecedented global demand for COVID-19 related materials, presents considerable challenges, particularly in the oPt. The approach, therefore, emphasises a local procurement wherever possible, whilst maintaining quality control. The delays in global procurement serves to emphasise the need for a healthcare strategy that maximises available resources and minimises the consumption of currently limited materials.

The following strategies will be pursued:

- **Procurement and rational use of PPE:** Health and non-health staff who deal with infected or suspected cases must be trained in the proper and **rational** use of PPE, to avoid being infected or infecting others. Estimates from European hospitals suggest that 20-30 per cent of health workers become infected with COVID-19 whilst carrying out their duties. Given the limited number of trained health care workers in the oPt, protection must be paramount. There is a need for more than 200,000 full PPE kits to fulfil this. Training should include the rational use of PPE to conserve the limited resources.
- **Support quarantine facilities:** The continuing return of people to the West Bank and Gaza places further strain on dedicated quarantine facilities. To be effective, these quarantine facilities require a rigorous system of daily screening and monitoring to ensure the early detection of *all* potential cases of COVID-19. Recent rapid assessments have highlighted a shortfall in the numbers and training of health staff in the quarantine

centres. Additionally, appropriate physical distancing measures within the centres need to be reinforced.¹ As no substantial COVID-19 community transmission has currently been recorded in Gaza, the most likely route of transmission is through Rafah or Erez. The quarantine centres are therefore the fundamental preventative pillar to avoid a substantive outbreak in Gaza. The plan prioritizes support to human resources, training and infection control supplies.

- **Enhance and rationalize laboratory testing:** Essential laboratory supplies, including swabs for the collection of samples and testing kits, are in short supply, due to local and global shortages and the restrictions on movement and transport. Therefore, the rational use of testing must be emphasised across all stages of the response to optimise the use of the available testing resources. As there is a concerted effort to concentrate both essential and routine non-COVID-19 related medical activities in fewer hospitals, these hospitals must be supported to absorb this increased burden.
- **Support case management:** Recent research shows that an estimated 15 per cent of COVID-19 patients require hospital admission and some five per cent require ventilator support and ICU treatment, including invasive ventilation. However, given the epidemiological profile with high non-communicable diseases prevalence in the oPt, these may be underestimates. There will consequently be a high demand for oxygen supply and related equipment for the management of these patients. Part of this demand can be absorbed by the redistribution of currently available oxygen generators, however oxygen demand is likely to further increase. This plan aims to support health facilities designated to receive COVID-19 patients with training and essential medical materials and equipment to effectively deliver best practice, including management of severe case through ICU treatment, based on the latest available evidence.
- **Enhance risk communication and community engagement:** Assessment data of Bedouin communities in Area C of the West Bank, revealed that despite awareness about COVID-19, there was a lack of knowledge regarding signs, symptoms and the actions that need to be taken in the event of an outbreak in their community creating increased levels of stress and anxiety.² The Cluster plan aims to increase community knowledge, attitudes and practices, targeting these vulnerable communities.
- **Maintain core health services:** The pandemic has disrupted the delivery of essential health care services across the oPt. All major providers have scaled down sexual reproductive services, putting women, girls and their neonates at a higher risk of death and disability. The impact on family planning and pre-conception care services, may lead to an increase in unplanned pregnancies, which can be life-threatening. The recent closure of 23 out of 49 MoH primary health care clinics, has increased the demand on remaining primary healthcare services, particularly for UNRWA and national NGO providers. In Gaza, 44 per cent of all essential drugs were at less than a month's stock and 35 per cent were completely depleted (March 2020). These findings highlight the need to support the service providers in maintaining the core health services necessary to the health of the Palestinian community.

INTER-SECTORIAL LINKAGES

- IPC support for vulnerable communities, particularly those living in Palestinian Bedouin communities, camp-like settings in the Gaza Strip and Area C, through the provision of hygiene kits and education awareness campaigns.
- Protection needs for women, as conditions may trigger domestic violence.
- Pregnant women with respiratory illness should be treated with priority and those with COVID-19 symptoms prioritized for testing and referred for specialized care. However, current information on COVID-19 in pregnancy is still limited.
- Whilst the key objective of the quarantine centres is to separate incoming travelers for timely identification of people who may have been exposed and develop symptoms, adequate living conditions must be provided to those in quarantine. This must include adequate food, safe water and sanitation, non-food items and also address protection and post-quarantine stigmatization concerns.

Contact Information: Dr. Sara Halimah (halimahs@who.int)

¹ WHO and Health Cluster. Rapid Assessment of the Quarantine Facilities in Gaza. April 2020.

² Medicos Del Mundo. KAP analysis report of Bedouin communities for awareness materials. March 2020.



IMPLEMENTING PARTNERS	REQUIREMENTS (US\$)
<p>AAH, Aid & Hope, Aisha Association for Women and Child Care, APS, Burj Luq Luq, Center for Women Legal Research and Consulting, CFTA, CTCCM, Disability Referral Network organizations, GBV, GCMHP, Humanity and Inclusion, Legal Task Force partner organizations, Ma'an, MAP UK, MDM, MOSD, Mothers School Society, NRC, Oxfam, PARC, PCC, PCDCR, PCHR, PDWSA, PMRS, PSCCW, PUI, PWWSD, RCS Women Health Center Jabaliya, RCS, Red Crescent Society Women Health Center Jabaliya, Save the Children, SAWA, Stars of Hope, Tamer Institute for Community Education, TDH, Terre Des Hommes, UHWC, UNFPA, UNICEF, UNRWA, UNWOMEN, WAC, War Child, Wefaq Association for Women and Child Care, West Bank Protection Consortium, Women Affairs Center, World Vision and other cluster partners.</p>	 <p>951,000</p>

SECTOR OBJECTIVES

The two main objectives of the Sector’s response are :

1. Ensuring the continuity of critical protection services and referral pathways to vulnerable populations with a focus on child protection, grave violations, gender-based violence, and disability; and
2. Responding to emerging protection concerns from COVID-19 measures, including quarantine sites, and ensuring that social vulnerable groups are included in the pandemic preparedness, prevention and response activities.

CONCERNS AND RESPONSE STRATEGY

The COVID-19 pandemic in the oPt has exacerbated existing vulnerabilities including those generated by ongoing conflict and occupation related violations, leaving many people in need of protection and urgent assistance. At the same time, severe restrictions in movement and access have significantly reduced the ability of organizations to provide protection-related services. This includes an almost total absence of face-to-face interaction and access to life-saving gender-based violence and child protection services.

In the West Bank, there has been a complete withdrawal of international protective presence and a noticeable absence of humanitarian actors, increasing exposure and vulnerability of communities to settler violence and continued demolitions. Legal aid providers have had to suspend activities involving in-person interaction, including ‘walk in clients’ for counselling and paralegal services. Children in detention are vulnerable to infection due to confinement, and at risk of neglect and abuse due to movement restrictions affecting ability to access essential services.

Many families already live in poverty and the consequences of COVID-19 response measures have made it even harder for them to maintain their livelihoods and income. Without sufficient social protection and continuity of protection services for these vulnerable households, families risk plunging further into poverty and exacerbating already volatile family and community situations.

Cluster members report a further deterioration in mental health and psychosocial (MHPSS) wellbeing of the protected population, as the pandemic creates many additional stress factors including social isolation, health-related fears, and stigma and discrimination and aggravates pre-existing protection concerns. Reports suggest increases in GBV and violence against children. Disruptions and related mental health stressors expose children to increased risks, including anxiety, trauma, psychosocial relapse and violence. People with seeing, hearing or mobility issues, already experience difficulty in accessing services and information in the oPt, now exacerbated as they seek to protect themselves from the outbreak. Many persons with disabilities depend on services that have been suspended and families report not having enough money to stockpile the specific food and medicine.

The mandatory quarantine imposed by the Palestinian authorities to contain the virus, either home-based or at dedicated sites, has increased the risk of GBV, violence against children, mental illness and psychosocial deterioration.

The strategies adopted to address these concerns and achieve the abovementioned first objective, include:

- Provision of GBV, CP, MHPSS and legal aid services with adapted modalities and increased reach and capacity, such as online and 24 phone counselling and hotlines.
- Reinforced and adapted referral pathways to ensure continuity and quality care for critical high risk cases: such as GBV/ SGBV, CP and people with disability.
- Targeted assistance such as cash vouchers and transfer, hygiene supplies, recreational kits and assistive devices to prevent and mitigate increased stressors, protection risks and negative coping strategies.
- Comprehensive dissemination of critical information to vulnerable groups, including people with disability and children, to prevent and mitigate protection risks and COVID-19 transmission.

Strategies targeting the second objective, include:

- Capacity build frontline staff in quarantine sites, health care and education in protection, prevention and response including case detection and referral.
- Innovative strategies for messaging and outreach on preventing and responding to COVID-19, CP, GBV, MHPSS for people in remote locations, quarantine and detention.
- Targeted material support to mitigate heighten protection risks such as GBV, CP, MHPSS and to support those made vulnerable by COVID-19, including PwD and chronic illness.
- Legal action to protect and provide remedies for people adversely affected by COVID-19 measures including those at risk of demolition, settler violence or in detention.

INTER-SECTORIAL LINKAGES

Due to school closures, the Education Cluster can no longer ensure MHPSS services through school-based interventions. Therefore, the Protection and Education clusters are working to ensure coherence across school-based and community-based MHPSS interventions that have shifted to home-based interventions. Both clusters will address child protection and MHPSS concerns, including stigma and discrimination. With affected communities having multiple needs beyond protection, Protection Cluster will link with the Food Security Sector, with the WASH and Shelter clusters, and with the CASH Working Group to ensure a holistic response.

Contact Information: Neil Tobin (ntobin@ohchr.org)

Water, Sanitation and Hygiene (WASH)

IMPLEMENTING PARTNERS

AAA, AAH, ACTED, AISHA, ARIJ, CESVI, Global Communities, GVC, Human Appeal, HWE, Oxfam, PENGON, SCI, UAWC, UNCEF, UNDP, UNRWA, YEC, YVS and other cluster partners.

REQUIREMENTS (US\$)



6.1 million

SECTOR OBJECTIVES

The WASH Cluster is prepared to coordinate sector partners in a collective response contributing to the government strategies to control and limit the impact of COVID-19. Ensuring good and consistently applied water and waste management practices in communities, homes, health care facilities, schools and public spaces essential for slowing down the spread of the virus.

The objective of the WASH Cluster's response plan is to support the local institutions, vulnerable communities and families to apply the required WASH protection and responsive measures against COVID 19 outbreak, to decrease the morbidity and mortality associated to the epidemic.

RESPONSE STRATEGY

The main three components of the response strategy are:

1. Ensuring adequate, safe, and regular WASH services for the vulnerable Palestinian communities.
2. Improving the resilience of vulnerable communities and people WASH capacities to minimise the impact of the COVID 19 outbreak.
3. Ensuring the maximum protection and safety for the public facilities against COVID-19 outbreak, health care facilities and quarantine centres.

Proposed interventions are implemented at different levels (such as households, communities, institutions and at the national level) and are grouped in six main areas of intervention:

- Support the Interagency RCCE Plan and weekly messages by developing and disseminating information, education and communication materials for the promotion of proper hygiene practices to prevent infection.
- Support Health Care Facilities (HCFs) by sustaining availability and proper access to WASH services, IPC supplies, cleaning materials and management of health-care waste (collection, transportation, treatment, disposal) and environmental cleanliness.
- Support quarantine centres to ensure access to basic WASH services for the quarantined people (female, male, children, elders and PWD), through the provision of hygiene and cleaning materials, drinking water and improving their access to water and sanitation facilities.
- Support vulnerable communities to adopt and apply COVID 19 WASH protection measures through the provision of cleaning materials and tools to communities committees and CBOs to ensure proper sanitizing of public facilities.
- Support the most vulnerable families and people at high risk, including quarantined people, to adopt adequate WASH practices, with the provision of hygiene kits and water.
- Support PWA and the water and sanitation service providers to ensure continuity and quality of services, avoiding deterioration or collapse of essential services during the COVID-19 crisis, through the provision of operation and maintenance materials, cleaning and sanitizing tools.

The WASH cluster and its partners developed their COVID-19 response strategy based on a participatory comprehensive approach considering active parties in the sector. Different WASH based surveys at community and national levels were conducted targeting water service providers, quarantine centres, vulnerable communities and healthcare facilities to identify the main needs and assess the institutional capacity to deal with the current COVID 19 outbreak.

To harmonize all interventions, a task force will be established to set minimum technical standards, define implementation methodologies, identify and analyse the expected risks and provide mitigation measures. This group will be supported by the existing specialized working groups under the WASH cluster.

INTER-SECTORIAL LINKAGES

- The WASH Cluster response will be coordinated at the governmental level with the MoH and the PWA, the Ministry of Social Development, MoE and with other UN agencies and key actors.
- All activities related to WASH in Schools will be coordinated and reported by the Education Cluster
- The cluster will coordinate with other clusters regarding the joint and complementarity of interventions and will keep updating the ICCG about the response plan progress and challenges.
- The cluster will coordinate with OCHA, the UN Access Coordination Unit (ACU) and the Logistics Cluster about the movement and delivery of supplies for the response interventions.
- Hygiene promotion activities targeting HCFs, households and public places are aligned with the RCCE response plan strategy and taskforce groups.
- The PWA and service providers are supported to ensure business continuity and quality of water and sanitation services.

Contact Information: Gemma Querol (gquerol@unicef.org)



Shelter and Non-Food Items

IMPLEMENTING PARTNERS

AAH, ACTED, Action Against Hunger, GVC, ICO-UAE, IRPAL, Ma'an, PARC, PRCS, QGRC, SIF, UAWC, UNRWA and other cluster partners.



REQUIREMENTS (US\$)

3.3 million

SECTOR OBJECTIVES

The main three objectives of the Cluster's response to limit the impact of the pandemic are :

1. Improving vulnerable households' and quarantine facilities capacities and resilience to reduce the spread of the pandemic;
2. Reducing overcrowding in shelters to mitigate the spread of COVID-19; and
3. Support the vulnerable families living in deteriorated socio-economic conditions exacerbated by COVID-19 by provision of multi-purpose cash.

CONCERNS AND RESPONSE STRATEGY

In light of the spread of the pandemic and the measures taken to mitigate that, including the ban on unnecessary movements, it will become increasingly difficult to implement field assessment, which are critical to identify those who are most vulnerable and at risk.

Using the available databases from various sources, as well as recent assessments conducted by partners, the Sector will determine the priorities, particularly for families living in overcrowded, poverty and unhygienic shelters. Another challenge is how to deliver assistance to people in need. The sector will coordinate with key partners, such as the Red Crescent and local emergency committees, to access people in need and to distribute NFIs. Interventions to tackle overcrowding and shelter needs, exacerbated by COVID-19, can be resolved by providing families with multipurpose cash to cover the housing rental costs and clear technical guidance on how to increase the shelter-covered areas or prepare an isolated space and follow the instructions given by the authorities for home quarantine.

In the Gaza Strip, standard or customized NFIs and hygiene materials are needed for the quarantine facilities and marginalized communities. Kits will be distributed based on lists from MoSD and MoPWH or on precise information from local emergency committees formed to support the people during the pandemic. Cash responses are encouraged where applicable.

In the West Bank, vulnerable families living in Area C, particularly Bedouin and herding communities, will be targeted with the provision of hygiene kits and awareness materials about COVID-19 using cash or voucher response modality. Quarantine facilities will be provided with NFIs, including customized NFIs, hygiene and cleaning materials as needed. To mitigate increasing acquisition of COVID-19 from Palestinian workers returning from Israel, Shelter agencies will support, with the provision of non-food items and key hygiene material, to the formal and impromptu quarantine centres set up by the communities. Currently, workers are requested to self-quarantine upon return, however, the shelter conditions and locations where this occurs are often poor and overcrowded, potentially increasing further transmission.

INTER-SECTORIAL LINKAGES

Close coordination with the Health Cluster to identify targeted groups based on epidemiological risk assessment needs. Work with the WASH Cluster and other clusters to ensure complementarity and standardized responses in the distribution of the NFIs and hygiene kits.

Contact Information: Fadi Shamisti (Coord1.palestine@sheltercluster.org)



Education

IMPLEMENTING PARTNERS

NRC, AHH, Save the Children, UNRWA, UNICEF and other cluster partners.

REQUIREMENTS (US\$)



1.2 million

SECTOR OBJECTIVES

The main objectives of the Cluster's response are to limit the impact of the current COVID-19 pandemic in the oPt by:

1. Ensuring that school children, staff and their families and schools have the adequate information and resources to prevent the spread of the pandemic;
2. Ensuring the continuation of learning by providing school children and their parents with access to free online platforms and home-based learning for age-appropriate materials, worksheets and lessons;
3. Supporting the mental health and psychosocial well-being of students, parents and educators;

CONCERNS AND RESPONSE STRATEGY

The interventions of the Education Cluster aim at ensuring students' safety, psychosocial and emotional well-being and continuity of learning to all students. Since education-related needs are similar in the West Bank and in Gaza, the response interventions are aligned accordingly, except for the e-learning intervention. The MoE in Gaza and that in the West Bank do not agree neither on content and materials nor on a platform to be used for e-learning and home-based education, which affects the type and level of cluster support in this intervention area.

The closure of all education facilities in the oPt has been extended until 4 May. Emerging needs include:

- 1.43 million children in the oPt need to continue learning remotely.
- 360,000 children without internet connection in remote areas need home-based learning materials.
- 1.43 million children and their families need to receive continuous age-appropriate key awareness-raising messages about COVID-19, hygiene-related preventive measures and continuity of learning at home.
- 3,051 schools and kindergartens require cleaning and disinfecting materials in preparation for their re-opening. This requires adequate supply of cleaning and disinfecting materials to all schools while they are closed.
- 215,000 children and their caregivers, and 3,000 teachers, require PSS support, utilizing social media and phone calls.
- 13 schools are in need to emergency rehabilitation as these have been used as quarantine centres in Gaza and suffered from different levels of damages.

To achieve the abovementioned objectives, the Education Cluster will support MoE and UNRWA in mapping and developing relevant materials, worksheets and content to be used for home-based learning; utilize the social media platforms of MoE, UNRWA and cluster partners to raise awareness of parents and children on the importance of home-based learning and provide caregivers with clear guidance on how to best support their children's learning and emotional needs; and provide children in Quarantine centres with the links to all learning online resources and stationary kits. Additionally, Supporting MoE and Cluster partner MHPSS teams to use different platforms to provide PSS messages and remotely offer counselling to children, teachers and parents.

INTER-SECTORIAL LINKAGES

- Hygiene promotion and rehabilitation of WASH facilities in schools used as quarantine centres are linked with the WASH Cluster's response.

OPT COVID-19 Response Plan

- MHPSS intervention is linked to Health and Protection Cluster/CP AoR's response.
- Communicating different messages to children and their families is intersectoral and coordinated with the RCCE taskforce.

Contact Information : Fadi Baidoun (fbaidoun@unicef.org)



Food Security

IMPLEMENTING PARTNERS

FAO, UNRWA, WFP, NGOs and other cluster partners.

REQUIREMENTS (US\$)



11.8 million

SECTOR OBJECTIVES

The main goal of the Cluster's response is to limit the impact of the current COVID-19 pandemic on food security status in the oPt by achieving the following objectives:

1. Reducing impact on the food security of most vulnerable households and people.
2. Protect the continuity of food production activities by small scale farmers, herders (including Bedouins), fishers and processors and help them cope up with COVID-19 pandemic conditions, and ensure stable supply of the essential food to preserve nutrition for all consumers.
3. Support the continuity of essential service delivery to farmers, herders and fishers and other food chain actors (food safety, animal health, plant health, extension, monitoring and coordination).

CONCERNS AND RESPONSE STRATEGY

The COVID-19 outbreak and the restrictive containment measures have immediate disruptive consequences on the already strained food and nutrition security of the people in the oPt. In a short turn, food chain disruptions affect patterns of supply and producers' income, while economic hardships faced by consumers reduce purchasing power, food demand and, ultimately, food prices and supply response. As such, it is critical to avoid or minimise in the immediate agri-food value chains disruption, while assistance be provided to vulnerable groups whose Food Nutrition and Safety is affected by the pandemic.

Many small businesses and jobs are affected due to closure of education and other facilities, and by restrictions on movement. Certain food products cannot reach markets. Producers reported unsold items, small herders and farmers cannot buy inputs on credit anymore, and are forced to sell their produce at low prices to receive some cash, or to de-stock their livestock to reduce financial liabilities such as purchase of fodder.

The Palestinian authorities have forbidden Palestinians from working in Israeli settlements, and workers are returning from Israel, with approximately 80,000-100,000 people affected by losing their livelihoods. As this working force becomes unemployed, food insecurity levels in the West Bank are on the rise with emerging new vulnerable groups. With unemployment and poverty levels already high in the Gaza Strip, further disruption of value chains draws new poor and vulnerable HHs into food insecurity, while exacerbating the severity of food insecurity for those already affected.

The impact in Gaza Strip is further exacerbated due to the already distorted food economy, after years of blockade and additional restrictions on people and goods inputs movement, including agricultural inputs. In addition to households being hit by this crisis, the overall Gaza Strip is vulnerable to a collective wider impact. The response strategy therefore focuses also on overall market stability to avoid that the most vulnerable and less resilient people will pay the highest price.

To address or ameliorate these challenges and target the abovementioned objectives the sector will carry out the following activities:

Objective 1:

- Scale up food e-vouchers to include emerging vulnerable groups who have been negatively impacted by increased unemployment and livelihood losses related to movement restrictions, curfews, and other mitigation measures.
- In-kind food distribution where feasible, that does not put staff or people receiving assistance at risk of contagion.
- Cash assistance, including multi-purpose cash/vouchers, to immediately avert critical consequence on food insecurity status, including of those in quarantine centres counting those set up in refugee camps.

Continued coordination is needed among relevant stakeholders to ensure needs in quarantine centers are covered and services are guaranteed.

All activities should adopt implementation measures for increased safety, like door-to-door delivery systems, and/or ensuring appropriate crowd control and distancing measures at distribution centres to ensure safety of the served population and staff, or cash transfers via safe modalities.

Objective 2:

- Distribution of essential production inputs (animal feed, fertilizers, seeds) to vulnerable Bedouin/Herder/Farmers, whose production and marketing capacity has been affected.
- Support farmers-to-poor-families transfer of essential food items.
- Support to small scale food processors like cooperatives, to ensure business continuity.
- Locally distribute food items that cannot be exported any more.
- Support homestead production.
- Preservation of supply lines and market stability to and inside blockaded Gaza.
- Maintain a consistent food supply line in supporting the stability of the blockaded enclave of Gaza at a time of economic upheaval. The movement and access restrictions necessary to prevent Covid-19 and interruption in international supply line hold particular challenges for wider market stability. As such there it is proposed to build a buffer stock of basic food commodities to ensure continuous supply.

Objective 3:

- Provision of protective materials and equipment and essential laboratory materials to enable line ministries (MoA, MoNE and MoH) tailor and continue delivering their services to farmers and food chain actors. This includes critical field services such as food safety, animal health, plant health and agricultural extension.
- Time critical collection and analysis of data and information concerning the effects of COVID-19 and its accompanying measures on the food supply chain, and definition of concrete evidence to inform decision making by related authorities especially in relation to movement of agricultural workers, availability and affordability of inputs, and flow of produce into the market.

LINKAGES AND SYNERGIES WITH INTERVENTIONS OUTSIDE THE SCOPE OF THE HUMANITARIAN COVID-19 PLAN

- Consultations with FSS partners and line ministries took place in order to analyse the needs and to discuss what should be prioritized in the revision of the Plan. National and international NGOs (through PNGO and AIDA representatives), and ministerial staff have been consulted, in both West Bank and Gaza Strip.
- In addition, the FSS team had a continuous open channel with MoA and MoSD. This allowed a strong interaction around adopting an integrated approach.
- The priorities, objectives and activities identified in this plan are also responding to a formal appeal issued by the Palestinian Minister of Agriculture and shared with the donors on 8 April 2020, as well as addressing needs identified in the strategic response plan issued by the MoSD.

Contact Information: Marco Ferloni (marco.ferloni@fscluster.org)

GENDERED IMPACT OF COVID-19

According to MoH records, as of 26 April 2020 there were 221 infected males (64.6 per cent) and 121 infected females (35.4 per cent) in the West Bank and Gaza Strip (excluding East Jerusalem). Seventeen per cent of those infected were children - boys and girls under 18; 63 per cent between the ages of 18 and 50; and 20 per cent were older than 50 years of age. According to MoH in Gaza, as of 25 April 2020, out of a total of 1,971 people who are staying at quarantine facilities in Gaza; 57.2 per cent (1,123) are males and 42.8 per cent (848) are females.

Under the current COVID-19 crisis, gender inequalities are not only increasing, but roles of women, girls, men and boys are also shifting and creating new dynamics which are being shaped by a series of overlapping economic, social and political factors. Based on preliminary data collection and meetings that UN Women had with more than 30 women led organizations and women's leaders in the West Bank and Gaza, the ongoing COVID-19 crisis is expected to create and exacerbate gender-specific risks and vulnerabilities.

As the collective lockdown affects women, girls, men and boys differently, the current measures may be – even if unintentionally - reinforcing patriarchal norms and traditional perceptions. As such, for those (namely women and girls) that already experience strict control over their movement, access to resources and general rights, the current lockdown may witness a surge in the normalization of concepts such as 'keeping the women indoors for their protection' at the household and community levels. The responsibility of maintaining the cleanliness of the household is also increasing burdens and negatively impacting the psycho-social status of women, and girls as primary domestic caregivers. Palestinian women who are pregnant or new mothers are at increased risk of not being able to access proper healthcare, especially with the current lockdown measures and the severe reduction in medical referrals to hospitals in Jerusalem and Israel.

Additionally, infection of household members, especially children may cast negative blame against female caregivers generally which may result in stigma. Stigma is also likely to further influence the more vulnerable members of the community with higher risk of deteriorating health, this includes those who are immunocompromised, those with chronic illnesses, and the elderly as burdens in the community. This is likely to also influence their families, who by association, are also socially alienated and discriminated against in relation to access to community resources and services.

Currently, women represent nearly 60 per cent of workers in the care sector in Palestine. This raises the question of exposure and the necessary mitigation for all workers in this field. Both male and female frontline health workers are increasingly exposed to isolation and ill-treatment.

The crisis is also expected to gravely impact women's livelihood particularly those active in the informal sector where there is no work protection or income compensation. In a flash survey conducted by UN Women it was found that 95 per cent of Palestinian women owners of micro, small and medium enterprises report negative impact due to the COVID-19 pandemic.

For caregivers (mostly women) performing academic educational roles adds to the burdens especially given the lack of resources, support, and guidance available. While e-learning has been implemented, there appears to be little consideration given to household members that are becoming the new learning support providers. This not only affects men and women, but it also risks negatively impacting students' education.

As a result of the declaration of an emergency and the restriction on movement, an increase is expected in domestic violence, as more people are confined to their homes. Such confinement typically results in household tension and increased violence. At the same time, restrictions on movement and services already prevent women and girls from accessing essential services (including health, protection, security and justice). Relevant hotlines are experiencing increased physical violence complaints in addition to the psycho-social challenges and violence that was already present.

Currently, women's participation in national and sub-national decision-making processes related to COVID-19, is limited, and so is that of women's organizations. Similarly, women's access to reliable information on COVID-19, which is particularly important for marginalized or vulnerable groups – including refugees, the elderly, and pregnant and lactating women – is lacking. Hence, strengthening a gender perspective to the COVID-19 response is essential to ensuring that humanitarian assistance effectively and equitably protects women, girls, men and boys and capitalizes on their respective capacities and benefits.

ANNEX I: Activities and costs by cluster

Health and Nutrition

Priority Requirements: \$19.1 million

Activities	Appealing Agency	Geographical coverage	US\$
Objective 1: STRENGTHEN COORDINATION, INFORMATION AND ADVOCACY			
Activate and equip the Public Health Emergency Operation Centre (EOC) in Ramallah and a sub-EOC in Gaza	WHO	Gaza, West Bank	30,000
Improve epidemiological data collection, analysis and dissemination, health resource monitoring (HeRAMS), health cluster bulletins, and situation reports	WHO	Gaza, West Bank	60,000
Objective 2: RISK COMMUNICATION AND PUBLIC ENGAGEMENT			
Educate and actively communicate with the public through risk communication and community engagement			
Risk communication and training for the health workforce	UHCW, PRCS, HWC, PMRS	Gaza, West Bank	200,000
Develop and implement an inclusive risk communication plan, targeting all sectors of the Palestinian workforce that may be exposed to infection, and not just the health workforce. Implement communication engagement and education with vulnerable groups.	UNICEF (supported by multiple NGOs)	Gaza, West Bank	350,000
Objective 3: CASE FINDING, CONTACT TRACING AND EARLY INTERVENTION			
Enhance active case finding, contact tracing, quarantine of contacts and isolation of cases in order to minimise the impact of a confirmed COVID-19 case on the community			
Train and equip a minimum of one multi-disciplinary rapid response teams (RRT) for each governorate, comprising a total of 100 healthworkers. The objective is to improve case identification, and contact tracing within 24 hours of confirmation.	WHO	oPt	50,000
Improve quarantine centres by providing technical support, through training, policy development and supplies, with the aim of developing a rigorous monitoring system to ensure the early detection and isolation of all COVID-19 cases.	International NGOs, UNRWA, WHO	Gaza	320,000
Improve quarantine centres in hot spot areas in the West Bank, as above; and provide IPC supplies along with health awareness and education, targeting the vulnerable communities in the surrounding areas.	PMRS	Gaza, West Bank	300,000
Objective 4: SURVEILLANCE			
Implement COVID-19 surveillance using existing respiratory disease surveillance systems and hospital-based surveillance			
Support the national surveillance systems, by enhancing the coverage, frequency and accuracy of reporting to align with the International Health Regulations.	WHO	Gaza, West Bank	50,000
Objective 5: LABORATORY CAPACITY			
Develop testing capacity and rationalise protocols in order to maximise the impact of available testing resources			

Procure and deliver laboratory supplies for COVID-19 testing	WHO, UNFPA, UNICEF, PMRS, WV, CARE, TAAWON, MAP	Gaza, West Bank	600,000
Provide training and SOPs for laboratory staff on COVID-19	WHO	Gaza, West Bank	25,000
Provide essential supplies for routine laboratory testing to ensure the adequate management of COVID-19 and non-COVID patients.	MAP-UK	Gaza	600,000
Objective 6: CASE MANAGEMENT			
Enhance clinical management to mitigate the impact of COVID-19 on confirmed cases			
Enhance UNRWA PHC services to include non-refugees and to provide essential early detection and referral in Gaza	UNRWA	Gaza	2,668,012
Enhance UNRWA PHC services to provide essential early detection and referral in West Bank. Establish triage procedures in 43 Health Centers and Qalqilia Hospital. Introduce rotation system for medical staff, telephone support and a health advice line.	UNRWA	West Bank	297,120
Provide supplies and technical support to designated COVID-19 hospitals	WHO, UNICEF, UNOPS	Gaza, West Bank	4,750,000
Provide essential life-saving medical supplies to designated maternity wards and NICUs for COVID suspected and confirmed cases	UNICEF, UNFPA	Gaza, West Bank	150,000
Provide essential medical supplies for case management of COVID-19 to the EJHN	EJHN, WHO, UNICEF, UNOPS	West Bank (in EJ)	1,300,000
Initiating MHPSS support for the health workforce and patients, post treatment	MDM, Sawa	Gaza, West Bank	80,000
Establish dedicated and equipped teams and ambulances to transport suspected and confirmed cases, and referral mechanisms for severe cases with co-morbidity	PRCS	Gaza, West Bank	269,074
Referring suspected or identified cases from Al Awda hospital to MoH hospital.	UHWC	Gaza	4,000
Objective 7: INFECTION PREVENTION AND CONTROL (IPC)			
Protect the community from the impact of COVID-19, and protect healthcare workers when delivering care			
Organize trainings for health staff at all health facilities on IPC in each governorate	Juzoor, PHR-I, WHO, UNFPA	Gaza, West Bank	35,000
Procure and deliver medical supplies, including PPE kits, disinfectants and other medical supplies to ensure IPC measures in all hospitals	UNICEF, WHO, PRCS, UNFPA	Gaza, West Bank	700,000
Procure and deliver PPEs and IPC supplies to PRCS	PRCS	Gaza, West Bank	300,000
Direct support to the MoH in upscaling the IPC needs at hospitals	WHO, UNICEF	Gaza, West Bank	3,000,000
Pre-position IPC supplies, pharmaceuticals and disposables for symptomatic treatment of COVID-19 in case exponential increase demand	UNICEF, MAP-UK, Taawon (Welfare Association), PHR, Medico International, Palestine Children's Relief Fund (PCRF)	Gaza, West Bank	300,000
Procure and deliver PPEs and IPC supplies to PMRS staff and volunteers	PMRS	Gaza, West Bank	237,000
Procure and deliver PPEs and IPC supplies to UNRWA, introduce supplementary infection control procedures through additional sanitation and cleaning of facilities.	UNRWA	West Bank	757,279
Procure and deliver PPEs and IPC supplies to RCS4G staff and volunteers	RCS4G	Gaza	94,130
Objective 8: SUSTAINING A MINIMUM PACKAGE OF CORE HEALTH SERVICES			
Protecting PWDs from COVID-19, through support to rehabilitation centres, and specific needs for quarantined PWDs	Baitona, El Wafa	Gaza	65,000

OPT COVID-19 Response Plan

PRCS hospitals to maintain the core services and absorb the influx of patients diverted from MOH hospitals	PRCS	Gaza	100,000
Expand primary health care services and emergency services in North Gaza to complement existing MoH resources	UHWC	Gaza	100,000
Increase capacity to maintain elective surgical services and trauma care management	UHWC	Gaza	100,000
Sustain the provision of PHC services including prenatal, postnatal, NCD management, particularly targeting marginalized communities in Area C and seamzone	PMRS	West Bank	150,000
Supporting the provision of continued access to essential health care services at the PHC level for women, children and vulnerable communities, including case management through procurement of medical supplies and including support to mobile teams	UNICEF, UNFPA	West Bank	150,000
Increase capacity to maintain elective surgical services	UNRWA	Gaza	750,000
Distribute access to core medical services and medicines to vulnerable communities in the West Bank and Gaza	PHR	Gaza, West Bank	75,000
Support SRH services to mitigate the impact of COVID-19	MDM	Gaza	50,000
Objective 9: OPERATIONS SUPPORT AND LOGISTICS			
Ensure warehouse space for pre-positioned supplies	WHO	oPt	20,000
Monitor health system supply capacity	WHO	oPt	20,000



Priority Requirements: \$ 951,000

Activities	Appealing Agency	Geographical coverage	US\$
Objective 1: Ensure the continuity of critical protection services and referral pathways to vulnerable populations with a focus on child protection, grave violations, gender-based violence, and disability.			
Strengthen response and referral mechanisms for GBV, VAC and children in detention & in conflict with the law, and build the capacity of front-line workers on the detection, referral and provision of services to protection cases.	MOSD, UNFPA, UNWOMEN, Women Affairs Center, Center for Women Legal Research and Consulting, Red Crescent Society Women Health Center Jabaliya, Wefaq Association for Women and Child Care, Aisha Association for Women and Child Care, CFTA, Oxfam, UHWC, SAWA, PSCCW, PWWSD, World Vision, Save the Children, War Child, PCC, APS, PDWSA, UNRWA, PCHR, West Bank Protection Consortium	oPt	150,000
Establish and expand means of remote service provision, including hotlines, to provide remote MHPSS, legal and comprehensive GBV services	SAWA, PSCCW, PWWSD, PARC, Mothers School Society	oPt	100,000
Strengthen and adapt protection services, including developing alternative systems to ensure continued protection in communities and referral pathways to respond to emergency situations, such as quarantine and hospitalisation, efficient family tracing mechanisms.	MOSD, UNWOMEN, UNFPA, UNICEF, GCMHP, Ma'an, Tamer Institute for Community Education, Terre Des Hommes, PCDCR, MDM, CTCCM, World Vision, PCC, Save the Children, War Child	oPt	100,000
Objective 2: Responding to emerging protection concerns from COVID-19 measures, including quarantine sites, and ensuring that social vulnerable groups are included in COVID-19 preparedness, prevention and response activities.			
Enhance capacity of frontlines workers, including in quarantine sites, health care, and education sectors, to detect and refer protection cases.	MOSD, UNWOMEN, UNFPA, UNICEF, GCMHP, Ma'an, Tamer Institute for Community Education, Terre Des Hommes, PCDCR, MDM, CTCCM, World Vision, PCC, Save the Children, War Child,	oPt	100,000
Develop innovative strategies for provision of preventive and support messages addressing MHPSS and GBV concerns.	MOSD, UNWOMEN, UNFPA, UNICEF, GCMHP, Ma'an, Tamer Institute for Community Education, Terre Des Hommes, PCDCR, MDM, CTCCM, World Vision, PCC, Save the Children, War Child, Mothers School Society, PUI, AAH, GBV, NRC	oPt	111,000
Material support for families, women and GBV survivors, to mitigate heightened protection risks due the socio-economic, physical or psychological impact of the COVID-19 crisis, including loss of income or quarantine.	MOSD, Save the Children, PWWSD, PSCCW, PCC, PMRS, Burj Luq Luq, CFTA, RCS, WAC	oPt	250,000
Targeted assistance and outreach to vulnerable groups to address their heightened protection risks in the COV.ID-19 crisis, such persons with disabilities, chronically ill persons.	Humanity and Inclusion, Disability Referral Network organizations, RCS Women Health Center Jabaliya, CFTA, MAP UK, PCDCR, TDH, Aisha Association for Woman and Child Protection, Women Affairs' Center, Stars of Hope, Aid & Hope,	oPt	100,000
Legal action in response to Gol's COVID-19 containment regulations that do not adequately take into consideration the needs of the Palestinian people.	NRC and its implementing partners, and Legal Task Force partner organizations	oPt	40,000



Priority Requirements: \$ 6.1 million

Activities	Appealing Agency	Geographical coverage	US\$
Objective 1: Contribute to the reduction of morbidity and mortality associated with the COVID-19 outbreak through the provision of safe water, sanitation and hygienic conditions to vulnerable people.			
Risk Communication and Community Engagement			
Develop and disseminate printed information, education and communication materials on COVID-19	ARIJ, PENGON, UAWC, YVS, GVC, UNICEF	oPt	90,440
Prevent and Control Infection For Health Care Facilities			
Maintain and install proper handwashing stations, sanitation items, and safe discharge of wastewater at HCFs	YVS, ACTED, GVC, AAH	West Bank	86,000
Maintain and install proper handwashing stations, sanitation items, and safe discharge of wastewater at HCFs	GVC, AAH, ACTED	Gaza Strip	200,000
Support HCFs in managing healthcare facilities medical waste (collection, transportation, treatment, disposal)	UNICEF, CESVI, GVC	West Bank	793,500
Support HCFs in managing healthcare facilities medical waste (collection, transportation, treatment, disposal)	ACTED, GVC, UNDP	Gaza	775,000
Ensure adequate water supply and discharge for medical equipment processing	GVC	West Bank	25,000
Supply HCFs with adequate soaps for handwashing and cleaning materials/ detergents for environmental cleanliness	AAH, GVC	West Bank	140,000
Supply HCFs with adequate soaps for handwashing and cleaning materials/ detergents for environmental cleanliness	YVS, ACTED, GVC, SCI	Gaza	140,000
Prevent and Control Infection for Communities			
Supply community committees and volunteers with hygiene and protection materials	HWE, UAWC, AAH, GVC, SCI	West Bank	100,000
Supply community committees and volunteers with hygiene and protection materials	YEC, ACTED, SCI	Gaza	50,000
Support Communities in managing solid waste (collection, transportation, treatment, disposal)	ACTED	Gaza	5,300
Provide community public organizations (PWD centers, Women centers, etc..) with disinfection materials and tools	UAWC, AAH	West Bank	70,000
Provide community public organizations (PWD centers, Women centers, etc..) with disinfection materials and tools	ACTED, AISHA	Gaza	50,000
Ensure HHs access to proper hand washing facilities, toilets and safe waste water discharge	AAH	West Bank	240,000

Ensure HHs access to proper hand washing facilities, toilets and safe waste water discharge	ACTED	Gaza	30,000
Provide HHs with Sterilization and cleaning materials	AAA, ARIJ, UAWC, GVC, AAH, UNICEF, SCI	West Bank	600,000
Provide HHs with Sterilization and cleaning materials	YEC, Human Appeal, Global Communities, ACTED, UNICEF, SCI	Gaza	700,000
Provide home quarantined families with cleaning and disinfection materials	ARIJ, UAWC, AAH, Global Communities, UNRWA,	West Bank	450,000
Provide home quarantined families with cleaning and disinfection materials	YVS, ACTED, AISHA	Gaza	100,000
Provision of adequate and safe water for drinking, personal hygiene and cleaning.	AAA, AAH, UNICEF	West Bank	360,000
Provision of adequate and safe water for drinking, personal hygiene and cleaning.	Oxfam	Gaza	30,000
Prevent and Control Infection for Quarantine Centers			
Ensure adequate water supply for drinking and basic hygiene in quarantine centers	GVC, UNICEF	West Bank	140,000
Ensure adequate water supply for drinking and basic hygiene in quarantine centers	YVS, SCI, UNICEF	Gaza	140,000
Provide quarantine centers with hygiene and cleaning materials	AAH, Global Communities, GVC, UNRWA	West Bank	70,000
Prevent and Control Infection for Water Sector Institutions			
Provide PWA, service providers and local councils with disinfection materials and tools	AAH, UNICEF	West Bank	200,000
Provide PWA, service providers and local councils with disinfection materials and tools	Human Appeal, SCI	Gaza	140,000
Supply PWA, service providers and local councils with water and sanitation maintenance and operation fittings and materials	ARIJ, AAH, UNICEF	West Bank	20,000
Supply PWA, service providers and local councils with water and sanitation maintenance and operation fittings and materials	Human Appeal, UNICEF	Gaza	210,000



Shelter and NFIs

Priority Requirements: \$ 3.3 million

Activities	Appealing Agency	Geographical coverage	US\$
Objective 1: Improve vulnerable households' capacities and resilience to reduce the spread of the pandemic			
Provision of essential shelter NFIs, hygiene and disinfection materials (in kind , voucher or cash) to the families and individuals at higher risk of COVID-19 Gaza: 20,000 kits Average cost: \$40 per kit	PRCS, Ma'an, ACTED, SIF, QGRC, IRPAL, ICO-UAE	Gaza	900,000
Provision of essential hygiene and disinfection materials (in kind , voucher or cash) to the families and individuals at higher risk of COVID-19 West Bank: 5000 kits Average cost: \$40 per kit	PRCS, ACTED, Ma'an, PARC, UAWC, GVC, AAH, UNRWA, ICO-UAE	West Bank	500,000
Provision of adequate and timely standard or customized NFIs to quarantine facilities such as bedding, cleaning and hygiene materials where needed. Gaza: 6,000 kits	PRCS, Ma'an, ACTED, SIF, QGRC, IRPAL, ICO-UAE	Gaza	400,000
Provision of adequate and timely standard or customized NFIs to quarantine facilities such as bedding, cleaning and hygiene materials where needed. West Bank: 5,000 kits	PRCS, ACTED, Ma'an, PARC, UAWC, GVC, AAH, UNRWA, ICO-UAE	West Bank	500,000
Provision and distribution of non-food items and hygiene materials to quarantine centers set up in refugee camps.	UNRWA	West Bank	146,837
Provision 10,000 hygiene kits and awareness materials to quarantined families	ICO.UAE	West Bank	85,714
The provision of temporary shelters for communities committees who are monitoring the communities entrances as an outbreak control measure.	Action Against Hunger, ACTED	West Bank	20,000
Objective 2: Reduce overcrowding in shelters			
Improve the hygienic conditions and practices for families without basic facilities, such as latrines or kitchens, by providing awareness ,adequate hygiene materials and cleaning supplies. 5,000 households	PRCS, Ma'an, ACTED, SIF	Gaza	500,000
The provision of temporary shelter space for vulnerable home quarantined cases, who do not have adequate shelter spaces specifically in Bedouin and herding communities.	Action Against Hunger, ACTED	West Bank	90,000



Education

Priority Requirements: \$ 1.2 million

Activities	Appealing Agency	Geographical coverage	US\$
Objective 1: Ensure that school children, staff and their families and schools have the adequate information and resources to prevent the spread of the pandemic			
Purchase and disseminate cleaning and hygiene packages to all 3,000 schools in the West Bank and Gaza to prevent renewed spreading of the pandemic after schools re-open	NRC, UNICEF, UNRWA, Save the Children	oPt	500,000
Ensure that all schools and public kindergartens in the West Bank and Gaza are cleaned and disinfected prior to re-opening	NRC, AHH, UNICEF, UNRWA, Save the Children	oPt	500,000
Objective 2: Ensure the continuation of learning by providing school children and their parents with access to free online platforms and home-based learning for age-appropriate materials, worksheets and lessons			
Develop, produce, and disseminate SLM and guidance for parents and teachers on helping children who are working through self-study material to school-age students	UNRWA	oPt	109,000
Support MoE in mapping and developing relevant materials, worksheets and content to used for home-based learning	UNICEF	oPt	30,000
Provide children in Quarantine centres with the links to all learning online resources and stationary kits.	UNICEF	oPt	20,000
Objective 3: Support the mental health and psychosocial well-being of students, parents and educators			
Prepare and disseminate messages through traditional and social media to caregivers, teachers and children on supporting children's emotional and psychosocial well-being. Focus on gender-specific issues as well as on discrimination and stigmatization.	UNRWA	oPt	44,000



Food Security

Priority Requirements: \$ 11,8 million

Activities	Appealing Agency	Geographical coverage	US\$
Objective 1: Reducing the Food Security impact on the food security of most vulnerable households and people			
Support through CBT for new vulnerable affected non-refugees (elderly, PWD, and PLW), plus increased CBT (electronic food voucher) top-ups for non-refugees who have been receiving regular CBT assistance.	WFP	oPt	5,850,000
Support and distribute e-vouchers to institutions taking care of childrens and PWD in both West bank and Gaza Strip.			
Adoption of safe modalities for providing food in-kind to affected vulnerable Palestine refugee households, including door-to-door modalities, health, protection and quality assurance through a strong public communication strategy, and improved monitoring and evaluation.	UNRWA	Gaza	1,400,000
Providing support through a one-off top-up cash for especially at risk Palestine refugee populations, who face increased vulnerabilities including the loss of income generating activity as a result of the restrictions imposed due to COVID-19	UNRWA	Gaza	1,856,520
Providing food assistance to people in need in quarantine centres, including Palestine refugees in quarantine centres in refugee camps	UNRWA, NGO	West Bank	290,206
Distribution of electronic food vouchers and in-kind food baskets to vulnerable refugee households in West Bank.	UNRWA	West Bank	885,000
Providing households with seedlings, seeds, fertilizer and compost to support homestead food production.	NGOs	oPt	500,000
Objective 2: Protect the continuity of food production activities by small scale farmers, herders (including Bedouins), fishers and processors and help them cope up with COVID-19 pandemic conditions and ensure stable supply of the essential food to preserve nutrition for all consumers			
Provision of fodder to small scale Bedouins/herders	FAO	oPt	750,000
Purchasing the locally produced and processed agro-food commodities from small farmers, women associations and women clubs, and distribute them to the needy and affected families	NGOs	oPt	250,000

ANNEX II. Strategic Response Monitoring Framework

Strategic Priority 1: Contain the spread of the COVID-19 epidemic and decrease morbidity and mortality				
Specific Objective	Rationale	Cluster	Indicator	Responsible
Prepare and be ready	Preparedness is key to decrease risks and prevent the spread of COVID-19	Health and Nutrition	Number of vulnerable people including older people and those with underlying health conditions directly reached on COVID-19 through messaging on prevention and access to services	Health and Nutrition Partners
		Health and Nutrition	Number of health workers benefiting from provision of PPEs provided by the humanitarian community	Health and Nutrition Cluster Partners
		Shelter & NFIs	Number of NFIs distributed to quarantine facilities	Shelter & NFIs Cluster Partners
		Shelter & NFIs	Number of NFIs distributed to Refugee quarantine facilities	Shelter & NFIs Cluster Partners
		Shelter & NFIs	Number of individuals at quarantine facilities supported	Shelter & NFIs Cluster Partners
		Shelter & NFIs	Number of Covid19 isolated shelters installed	Shelter & NFIs Cluster Partners
		Shelter & NFIs	Number of NFIs replenished of the original stocks Number of NFIs stored for emergency response	Shelter & NFIs Cluster Partners
Detect and test all cases	Understanding of epidemiology of COVID-19 and detection is lifesaving	Health and Nutrition	Number of PHC healthcare workers trained on early detection of signs and symptoms of COVID-19	Health and Nutrition Cluster Partners
		Health and Nutrition	Number of people benefiting from PCR testing for COVID-19 provided by the humanitarian community	Health and Nutrition Cluster Partners
Prevent, suppress and interrupt transmission	Demonstrates the level of preparedness and operational readiness based on the implementation of 2005 International Health Regulations	Health and Nutrition	Number of Rapid Response Teams (RRT) members trained of case finding and contact tracing	Health and Nutrition Cluster Partners
		Health and Nutrition	Number of people benefiting from daily clinical monitoring during the stay at the quarantine facilities	Health and Nutrition Cluster Partners
Learn, innovate and improve	Indicates efforts to improve knowledge and response effectiveness	Health and Nutrition	Number of NGOs with increased global knowledge to improve patient outcomes and survival	Health and Nutrition Cluster Partners
Ensure essential health service and systems	Continuity of health and humanitarian supply chain is crucial for lifesaving response and any interruptions will increase risks	Health and Nutrition	Number of people benefiting from prepositioned medical supplies during the COVID-19 emergency	Health and Nutrition Cluster Partners
		Health and Nutrition	Number of elective surgeries conducted by partners from the MoH waiting list	Health and Nutrition Cluster Partners
Provide safe and effective clinical care		Health and Nutrition	Number of people benefiting from prepositioned medical supplies during the COVID-19 emergency	Health and Nutrition Cluster Partners
		Health and Nutrition	Number of elective surgeries conducted by partners from the MoH waiting list	Health and Nutrition Cluster Partners
		Health and Nutrition	Number of people benefiting from PHC services during COVID-19 emergency	Health and Nutrition Cluster Partners

Strategic Priority 2: Decrease the deterioration of human assets and rights, social cohesion, food security and livelihoods				
Specific Objective	Rationale	Cluster	Indicator	Responsible
Preserve the ability of people most vulnerable to the pandemic to meet their food consumption and other basic needs, through their productive activities and access to social safety nets and humanitarian assistance	Informs on protection of the ability of the most vulnerable people to meet their basic needs	Protection	Number of GBV survivors receiving cash voucher or unconditional cash assistance	UNFPA
Ensure the continuity and safety from infection of essential services including health, water and sanitation, nutrition, shelter protection and education for the population groups most exposed and vulnerable to the pandemic	Informs on protection of the ability of affected people to receive essential services	Protection	Number of children and parents/caregivers receiving information and education to mitigate and prevent transmission of COVID-19	UNICEF
		Protection	Number of children benefiting from child protection interventions including recreational kits, alternative care arrangement, etc	UNICEF
		Protection	Number of people with special needs particularly vulnerable to the pandemic receiving targeted interventions or referral to specialized or support services	Protection cluster partners
		Protection	# of GBV survivors and people under risk of GBV who benefited from remote services, voucher and cash assistance and dignity kits as part of the COVID-19 response	UNFPA
		Shelter & NFIs	Number of HHs supported with proper NFIs, hygiene and disinfection (inkind, Cash, Voucher and awareness information) for COVID 19	Shelter & NFIs Cluster Partners
		Shelter & NFIs	Number of Hygiene kits distributed to quarantined families	Shelter & NFIs Cluster Partners
		Shelter & NFIs	Numberof HH have improved access to hygienic facilities	Shelter & NFIs Cluster Partners
		Shelter & NFIs	Number of vulnerable HH supported with rehabilitation to improve the Healthy environment	Shelter & NFIs Cluster Partners
		Shelter & NFIs	Number of vulnerable families access to essential shelter services by provision of multi purpose cash	Shelter & NFIs Cluster Partners
		Education	Number of schools receiving disinfection and hygiene packages in the West Bank and Gaza	UNICEF
		Education	Number of most vulnerable children with access to Self Learning Materials	UNICEF and UNRWA

		Education	Number of schools used as quarantine centers rehabilitated prior to re-opening of schools to ensure that they are back to normal status	UNDP
Ensure Legal action in response to Gol's COVID-19 containment regulations that do not adequately take into consideration the needs of the Palestinian people in East Jerusalem and Area C of the West Bank, and often put Palestinians at an elevated risk of contracting the coronavirus.	Legal aid actors are promoting health and saving lives, especially amongst the most vulnerable communities in East Jerusalem and Area C of the West Bank	Protection	Number of unjust emergency regulations that were created, amended or retracted due to legal advocacy	NRC
		Protection	# of public interest cases adopted to create, amend or retract emergency regulations	NRC
		Protection	Number of beneficiaries who receive remote legal counselling through hotlines, social media and other online platforms	NRC
		Protection	Number of beneficiaries who obtained socio-economic rights (i.e. unemployment benefits) due to legal counseling / paralegal services	NRC

Strategic Priority 3: Protect, assist and advocate for refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic

Specific Objective	Rationale	Cluster	Indicator	Responsible
Advocate and ensure that refugees, migrants, IDPs, people of concern and host population groups who are particularly vulnerable to the pandemic receive COVID-19 assistance	Refugees, IDPs, migrants and host communities face specific vulnerabilities to the pandemic	Health and Nutrition	Number of vulnerable people benefiting from advocacy campaigns	Health and Nutrition Cluster Partners
Prevent, anticipate and address risks of violence, discrimination, marginalization and xenophobia towards refugees, migrants, IDPs and people of concern by enhancing awareness and understanding of the COVID-19 pandemic at community level	Communities must be aware and engaged, and messages from credible sources reach the most vulnerable	Protection	Number of personnel & partners that have completed training on child protection, GBV and MHPSS risk, mitigation and referral for Survivors	UNICEF
		Education	Number of students (aged between 3 and 18) with access to hygiene awareness and prevention messages regarding COVID-19	Education Cluster Partners