



OCCUPIED PALESTINIAN TERRITORY

COVID-19

Response Plan

27 March 2020

Prepared by the Humanitarian Country Team

SUMMARY

The COVID-19 Response Plan for the occupied Palestinian territory (oPt) presents the joint strategy of the humanitarian community, including UNRWA, to respond to the public health needs and immediate humanitarian consequences of the pandemic in the West Bank, including East Jerusalem, and the Gaza Strip. It is guided by the Health Cluster's Strategic Preparedness and Response Plan, published on 14 March 2020, which is designed to steer a coordinated effort in support of the Ministry of Health (MoH) and the overall efforts of the Government of Palestine (GoP). In this respect it will provide an important bridge between this largely partner and Health Cluster response and the broader socio-economic recovery plan of the GoP, with support from the World Bank and others. This plan seeks to mobilize support to implement the most urgent and critical activities over the next three months.

The primary focus of the plan continues to be prevention, preparedness and treatment of the the Novel Coronavirus (COVID-19) outbreak. Central to the plan are the following overall objectives:

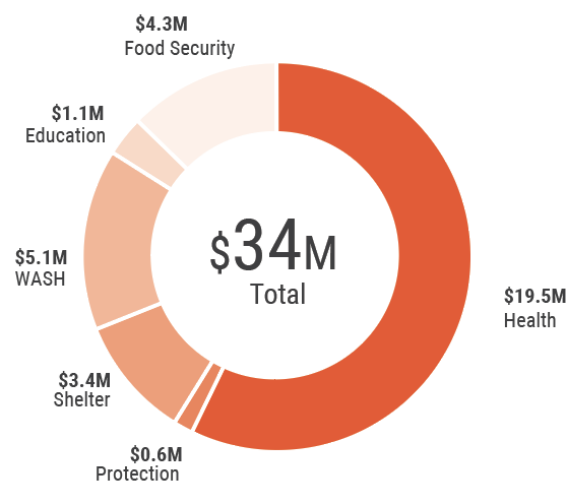
1. **To prevent further transmission of COVID-19 in the oPt;**
2. **To provide adequate care for patients affected by COVID-19 and to support their families and close contacts; and**
3. **To mitigate the worst effects of the pandemic.**

This plan aligns the collective efforts of the UN and its partners to support the GoP's lead in managing the impact of COVID-19. The approach is dynamic, enabling resources to be adapted to support the most effective public health and multi-sector interventions as more is learnt about the virus and the key risk groups, with emphasis remaining on supporting the most vulnerable people.

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 three-month period.

The overall requirement of US\$ 34 million is an update of funding requirements previously shared with donors through the Health Cluster's Inter-Agency COVID-19 Response Plan February 2020 plan shared on 14 March 2020. The situation in the oPt and resultant needs are changing by the day. The majority of these figures are valid as of 26 March 2020.

FUNDING REQUIREMENTS BY CLUSTER

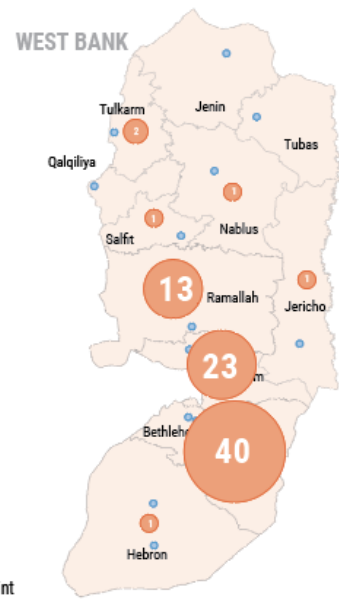
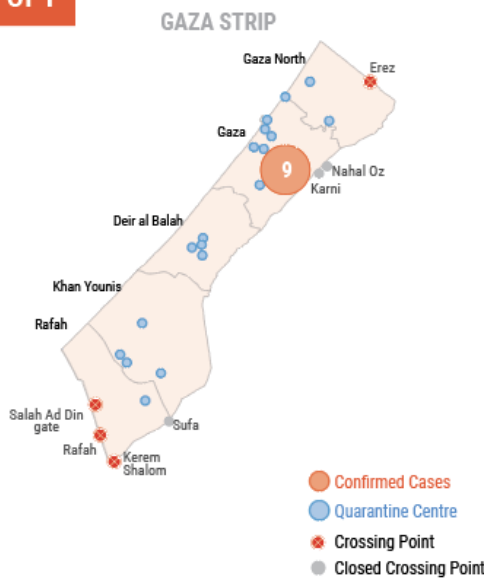
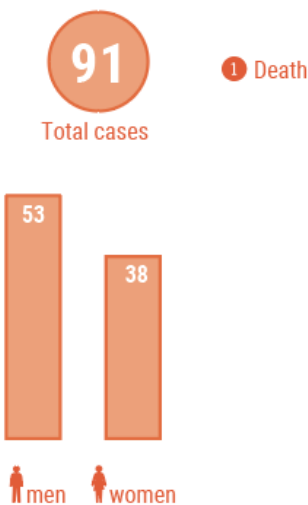


FUNDING REQUIREMENTS BY CLUSTER AND AREA				
Cluster	Gaza	oPt	West Bank	Grand Total
Education	\$50,000	\$1,072,000	\$10,000	\$1,132,000
Food Security	\$1,300,000	\$3,000,000		\$4,300,000
Health	\$144,500	\$19,082,381	\$241,600	\$19,468,481
Protection		\$550,000		\$550,000
Shelter	\$2,300,000		\$1,140,000	\$3,440,000
WASH	\$2,086,330	\$570,282	\$2,458,252	\$5,114,864
Grand Total	\$5,880,830	\$24,274,663	\$3,849,852	\$34,005,345

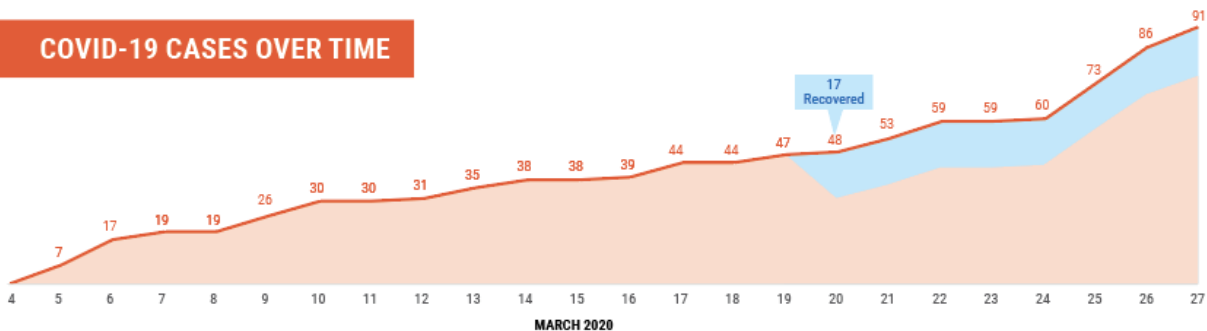
COVID-19 CRISIS

On 5 March 2020, the Palestinian Prime Minister declared a State of Emergency across the oPt to contain the spread of COVID-19, after the first cases were confirmed in Bethlehem city. This followed a World Health Organization (WHO) announcement on 30 January of a “public health emergency of international concern”, which was upgraded on 11 March to a “global pandemic.”

COVID-19 CONFIRMED CASES IN OPT



COVID-19 CASES OVER TIME



The current number of detected cases remains relatively low, 82 in the West Bank, including one fatality, and nine cases in the Gaza Strip, as of 27 March. However, the capacity of the Palestinian health system to cope with the expected spread of the pandemic is severely impaired. The situation is particularly severe 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. The strain on Gaza's health system has been further exacerbated over the past two years due to the high casualty toll from the events surrounding the "Great March of Return."

Since the start of the crisis, the Palestinian authorities have been gradually scaling up access restrictions and physical isolation measures across the oPt to contain the spread of the virus. These have included a suspension of all educational activities, restrictions on public gatherings and mandatory quarantine for those entering the oPt from Jordan, Egypt and, in the case of Gaza, from Israel (the latter measure may be expanded to the West Bank). On 22 March, the Palestinian Authority (PA) imposed a comprehensive curfew on the West Bank for 14 days. A communication plan aimed at disseminating public health awareness messages and addressing uncertainty and misinformation has been rolled out.

The Palestinian and Israel authorities have maintained a close, unprecedented cooperation on efforts aimed at containing the pandemic. Israel has also facilitated the entry of critical supplies and equipment into Gaza since the beginning of the crisis. Similarly, despite longstanding tensions, there has been continuous coordination between the Ramallah-based Palestinian Authority and the Gaza-based Hamas authorities.

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. The demography of the oPt indicates a large proportion of such high-risk groups, with high prevalence of non-communicable diseases.



OPT

1,442 people are in quarantine facilities and 5,908 people are in domestic quarantine



Gaza

About 1,300 medical cases cannot be referred to hospitals outside Gaza due to crossing closure.



Gaza

Additional backlog of 4,000 elective surgeries (in addition to over 8,000 existing cases) 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 4,500 elective surgeries (monthly) are likely to be delayed as a result of the preparedness measures for possible management of COVID-19 cases.

West Bank

Over 80,000 workers are not allowed to work in Israel due to the West Bank crossings' closure as a result of COVID-19.

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

- Approximately 1,000 patients in Gaza who cannot be referred to specialized treatment outside Gaza due to crossing closure.
- Over 4,000 people awaiting elective surgeries (in addition to over 8,000 existing cases) in Gaza that are likely to be postponed due to preparedness measures for management of COVID-19 cases. Similarly in the West Bank, over 4,500 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.

RESPONSE PRIORITIES

The following critical activities that can be implemented in the 90-day timeframe have been identified:

Health

- Case Finding, Contact Tracing and Management. Enhance active case finding, contact tracing and monitoring, quarantine of contacts and isolation of cases.
- Surveillance. Implement COVID-19 surveillance using existing respiratory disease surveillance systems and hospital-based surveillance, in addition to community surveillance.
- Laboratory Testing. Test suspected cases and patients identified through respiratory disease surveillance.
- Case Management. Equip designated health facilities, treat patients and prepare hospitals for a surge in patients, including in severe (ward) and critical conditions (ICU); develop triage procedures and integrate mental health and psychosocial support services (MHPSS). Promote self-initiated isolation of people with mild respiratory symptoms to reduce the burden on health systems.
- IPC: Train staff in IPC to avoid contamination and prevent infections among health staff. This includes staff in primary and secondary health facilities, those who transport patients and samples.
- Enhance Risk Communication and Community Engagement (RCCE). Educating and actively communicate with the public as explained below.

Protection

- Work closely with partners and authorities to ensure the inclusion of those in need of protection into COVID-19 preparedness, prevention and response activities. with a focus on child protection, gender-based violence (GBV) and mental health and MHPSS.
- Ensure that the right to health is available to all without discrimination, and restrictive measures, including quarantine, are implemented proportionally.
- Scale up efforts to reduce and prevent human rights violations related to COVID-19, including quarantine sites and detention facilities, through ongoing monitoring, reporting and advocacy to ensure that rights are respected, and people are treated with dignity.

WASH

- Support health-care facilities by ensuring availability and proper access to WASH services, IPC supplies, cleaning materials and environmental cleanliness.
- Support vulnerable families and communities by providing hygiene items and carrying out communication awareness campaigns and promoting adequate personal hygiene and cleaning practices at the household level.
- Support service providers and municipalities with disinfectants and health-care facilities with managing health-care waste.

Shelter and Non-Food Items

- 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 and cleaning materials, to quarantine facilities.
- Improve hygiene conditions for families lacking basic facilities, such as latrines or kitchens, by providing appropriate hygiene materials and cleaning supplies.

Education

- Clean and disinfect all schools and public kindergartens prior to their re-opening.
- Mapping out relevant Arabic materials on hygiene awareness and preventive measures related to COVID-19 and disseminating them through multiple channels, including social media, radio and television.
- Use the social media platforms of the Ministry of Education (MoE), UNRWA and Cluster partners to raise awareness of the importance of home-based learning and support the MoE in monitoring connectivity of teachers to their students.
- Prepare and disseminate media and social media messages to caregivers, teachers and children on supporting children's emotional and psychosocial well-being.

Food Security

- Support non-refugee households whose food insecurity is directly affected by the virus outbreak with in-kind and cash assistance, including e-vouchers.
- Adopt a new door-to-door delivery modality in Gaza.

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. By 25 March 2020, the restrictions prohibited most movement in East Jerusalem, between East Jerusalem and the rest of the West Bank, between West Bank governorates, and between and inside cities and villages. The Gaza crossings for goods remain open. Since 23 March, and the discovery of first two positive cases in Gaza, the Rafah Crossing has been closed for exits and entries, except for people requiring medical attention. The Erez Crossing is still open for Palestinians from Gaza willing to return, but exits out of Gaza are only permitted for people with critical medical conditions, including cancer.

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.

West Bank

Despite restrictions imposed to control the spread of COVID-19, the PA has encouraged the humanitarian community to continue programmatic delivery for the most urgent humanitarian interventions, particularly in the health sector. As part of the COVID-19 response, the MoH, with UNICEF, WHO and the private sector, activated its Risk Communications and Community Engagement plan, which aims at disseminating public health awareness messages and addressing uncertainty and misinformation.

On 24 March, further measures were introduced in Israel. As a consequence of reduced economic activity, most Palestinian workers cannot continue with gainful employment. As a result, the Palestinian Prime Minister recalled all Palestinian workers to the West Bank, indicating that they should go into home quarantine for two weeks. Within the governorates of the West Bank, the PA is increasing movement restrictions of residents through erecting earth mounds and other barriers affecting cars and pedestrians, including within governorates. In addition, checkpoints staffed by Palestinian security forces have been observed at the entrances of each governorate. UNRWA remains concerned about the situation of Palestine refugees working in Israel, who may return to the camps without undergoing quarantine.

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, especially for food and NFIs. Items requiring additional coordination by Israel and the PA continue to enter through established channels. The GoI has offered to expedite these processes in relation to the COVID response. The opening of the Rafah Crossing with Egypt has been unpredictable during the COVID-19 emergency. Restrictions remain on the Erez pedestrian crossing with limited categories of people able to exit Gaza. The 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 in charge of the response to the COVID-19 crisis. For example, the PA decision on closing educational facilities was not immediately followed in Gaza, generating confusion among partners. The 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.

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.

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

WHO, UNICEF, PMRS, CBBS, PRCS, MDM, UHWC, PHR-I, HWC, PMRS, UFPA, Gaza Red Crescent, PFBS

REQUIREMENTS (US\$)



19.5 million

SECTOR OBJECTIVES

The Health Cluster Interagency COVID-19 Response Plan is designed to guide a coordinated health response in support of the MoH and the overall government efforts. As more is learnt about the virus and the key risk groups, resources will be targeted accordingly to support the most effective public health and multi sector interventions to protect the health of all, with an emphasis on the most vulnerable. The collective efforts of all partners aim to support the leadership of the Palestinian authorities to contain, respond, and manage the impact of the novel coronavirus.

This Interagency COVID-19 Response Plan seeks to mobilize support to implement the most urgent and critical activities in the next three months. It aims to support the scaling of testing capacity up to an estimated 20,000 COVID-19 tests, and the expansion of hospital bed capacity to 200 additional beds. Respiratory support and intensive care treatment capacity will be scaled to support up to 100 additional beds. Furthermore, the Plan aims to target at least 1 million Palestinians with public health messages on preventive measures and on means for effective protection from COVID-19 infection. At least 5,000 health workers would be supported with IPC measures, including with PPE.

The overall objectives of the plan are:

1. **to stop further transmission of COVID-19 in the oPt;**
2. **to provide adequate care for patients affected by COVID-19 and to support their families and close contacts; and**
3. **to mitigate the impact of the epidemic.**

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

1. **Enhancing risk communication & public engagement:**

Educate and actively communicate with the public through RCCE, involving civil societies, to encourage appropriate community measures to prevent the spread of transmission.

2. **Case finding, contact tracing and management:**

- Enhance active case finding, contact tracing and monitoring; quarantine of contacts and isolation of cases.

3. **Surveillance:**

- Implement COVID-19 surveillance using existing respiratory disease surveillance systems and hospital-based surveillance, in addition to community surveillance. In the oPt, surveillance objectives will focus on rapid detection of imported cases, comprehensive and rapid contact tracing, and case identification.

4. **Laboratory testing:**

- Test suspected cases, as per the WHO case definition; contacts of confirmed cases; and patients identified through respiratory disease surveillance.

5. **Case management:**

- Equip designated health facilities, treat patients and ready hospitals for a surge in patients, including in severe (ward) and critical conditions (ICU).
- Develop triage procedures and integrate MHPSS.

- Promote self-initiated isolation of people with mild respiratory symptoms to reduce the burden on the health system.

6. Infection prevention and control (IPC):

- Train staff in IPC to avoid contamination and prevent infections amongst health staff. This includes staff in primary and secondary health facilities, and those who transport patients and samples.

RESPONSE STRATEGY

Following the declaration of a COVID-19 pandemic, containment of the outbreak in the oPt remains critical to stop human-to-human transmission, while ensuring adequate treatment capacity, and that protocols and procedures are put in place. The Health Cluster will support the MoH to test all suspected case, isolate positive cases, trace their contacts and provide adequate care for cases.

The overall needs must be seen against the backdrop of a fragile health system, particularly in Gaza. According to recent assessments:

- There are shortages of PPE kits and other essential materials and supplies for infection prevention and control, such as fumigators and disinfectants; health and non-health staff who deal with infected or suspected cases need to be trained on the proper use of PPE to avoid being infected or infecting others.
- Essential laboratory supplies, including swabs for the collection of samples and testing kits are in short supply, due to local and global shortages and restrictions on movement imposed by Israel and Jordan.
- Health facilities designated to receive COVID-19 patients, especially in Gaza, lack essential medical equipment, supplies, drugs for case management and disposables for treatment of respiratory distress and other COVID-19 associated complications. Additional staff are needed to attend to COVID-19 patients in emergency departments and hospital wards.
- An estimated five per cent of all cases will be in critical condition and require intensive care. Ventilated beds need to be procured for at least three designated hospitals, as all MoH hospitals already suffer from gaps in such vital equipment. Hospitals lack sufficient human resources to manage patients in ICUs.
- In Gaza, the recent report from the Central Drug Store indicates that 48 per cent of all essential drugs were at less than a month's stock (February 2020 report).
- Assessments highlighted the need to strengthen the knowledge and skills of health workers to prevent, early detect and manage cases of COVID-19.
- As part of the response, there is a critical need to strengthen support to the MoH in managing risk communication for COVID-19 and reaching people through community engagement and interpersonal communication approaches.

INTER-SECTORIAL LINKAGES

- MHPSS support for people who are confirmed infected and their families.
- IPC support for vulnerable communities with WASH, particularly those living in Palestinian Bedouin communities, camp-like settings in the Gaza Strip and Area C.
- Protection needs for women, as conditions give rise to increased domestic violence and antenatal care services come to a halt. Pregnant women with respiratory illnesses must be treated with the utmost priority and those with symptoms of COVID-19 should be prioritized for testing and may need specialized care. However, current information on COVID-19 in pregnancy is still limited.

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Protection

IMPLEMENTING PARTNERS

Ma'an, Tamer Institute for Community Education, Gaza Community Mental Health Programme, TDH, TRC, Burjil-Luq Luq, Spafford, Maada Creative Centre, PalVision

REQUIREMENTS (US\$)



550,000

SECTOR OBJECTIVES

The main objective of the Sector's response is ensure the inclusion of those in need of protection in the COVID-19 preparedness, prevention and response activities by:

1. Preventing and mitigating the impact of COVID-19 on new and existing protection concerns:

- A. MHPSS, including through remote modalities, to vulnerable groups exposed to stressors and protection risks due to the COVID-19 crisis.
- B. Child protection services linked to household tensions, school closures, disruption of care systems and negative coping mechanisms.
- C. Shift and expand GBV prevention and response activities from direct delivery to remote modalities.

2. Protection mainstreaming across the Interagency COVID-19 Response Plan:

- A. Risk communication and public engagement, including for the most vulnerable groups.
- B. Monitoring and reporting of discrimination and human rights violations related to COVID-19 and the effect of emergency measures in response to the crisis on protection.

RESPONSE STRATEGY

The COVID-19 pandemic in the oPt will exacerbate existing vulnerabilities, leaving many people in need of protection and urgent assistance. The most vulnerable are likely to be the worst affected.

Severe restrictions in movement and access throughout the West Bank and Gaza have significantly reduced the ability of organizations to provide protection-related 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. Despite the postponement of hearing sessions by the Civil Administration, inspectors continue to distribute demolition orders.

It is expected that MHPSS needs will increase as the pandemic creates additional stressors on the affected population, and aggravates pre-existing protection concerns, including GBV and issues around child protection. In addition, GBV and violence against children will likely increase due to restrictions on movement as well as heightened tension in the household. Several GBV service providers in the oPt have already reported an increase in the number of cases. Child protection risks have increased with closure of schools and childcare and family centres across the oPt.

In Gaza, there is a chronic lack of safe places and recreational areas for 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, which will be exacerbated as they seek to protect themselves from the outbreak. If quarantined, persons with disabilities will require reasonable accommodation and necessary support and health care, which has so far not been available. Also vulnerable the elderly, children, and people living in the Access Restricted Areas, the Jordan Valley and the "Seam Zone."

The following activities will be undertaken:

- Focus on RCCE, using different forms of communication to ensure accessibility to all.
- Work closely with partners and authorities to ensure the inclusion of those who need protection into COVID-19 preparedness, prevention and response activities, with a focus on child protection, GBV and MHPSS services.
- Work with the authorities to ensure that the right to health is available to all without discrimination, and that restrictive measures, including quarantine, are implemented proportionally.
- Scale up efforts to reduce and prevent human rights violations related to COVID-19, including in quarantine sites and detention facilities, through ongoing monitoring, reporting and advocacy.

INTER-SECTORIAL LINKAGES

In light of 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 and AORs will link with the Food Security Sector, with the WASH and Shelter clusters, and with the CASH Working Group to ensure a holistic response.

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Water, Sanitation and Hygiene (WASH)

IMPLEMENTING PARTNERS

UNICEF, AAH, MA'AN, OXFAM, YVS, UAWC, GVC, DCA/NCA, YEP, UNRWA, CESVI, UNDP, AISHA Association for Woman and Child protection.

REQUIREMENTS (US\$)



5.1 million

SECTOR OBJECTIVES

The main objective of the Cluster's response is to contribute to the government strategies to control and limit the impact of COVID-19 in the oPt by:

- 1. Contributing to the reduction of morbidity and mortality associated with the COVID-19 outbreak through the provision of safe water, sanitation and hygienic conditions for institutions and vulnerable people.**

Interventions that are aligned with the global COVID-19 strategic plan focus the WASH response on two pillars: RCCE and IPC.

The main interventions will be:

- Support the Interagency RCCE Plan by developing and disseminating information, education and communication materials for the promotion and awareness of hygiene practices, with special attention to handwashing.
- 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 vulnerable families and communities with the provision of hygiene items, communication and awareness campaigns, promoting adequate personal hygiene and cleaning practices at the household level.
- Support service providers and municipalities with disinfection materials for key WASH facilities.

RESPONSE STRATEGY

WASH-related needs in the West Bank and the Gaza Strip are similar, and response interventions are aligned accordingly. The WASH Cluster will target about one million people: 637,000 in Gaza and 363,000 in the West Bank. This will require a budget of \$7.1 million: \$3.3 million in Gaza and \$3.8 million in the West Bank.

With the additional movement and access restrictions associated with COVID-19, it will be critical to ensure access of materials and continuation of services to the targeted institutions and communities.

WASH preparedness activities will be coordinated with the Ministries of Health and Education, the Palestinian Water Authority (PWA), the Coastal Municipal Water Utility (CMWU), UN agencies, and key Cluster partners to ensure access to WASH services and promote hygiene practices. The support for vulnerable families with the provision of hygiene kits will be coordinated with the Ministry of Social Development.

The WASH Cluster will coordinate with the Education and Health clusters in schools and HCFs selected by partners, and will support OCHA, the UN Access Coordination Unit (ACU) and the Logistics Cluster, with the coordination of delivery of supplies for the COVID-19 response in HCFs, schools, communities and nationwide hygiene promotion campaigns. WASH partners will also support HCFs in managing health-care waste (collection, transportation, treatment, disposal), including IPC materials for waste management.


Additionally, WASH Cluster partners will support national, district and community level hygiene promotion and handwashing campaigns under the Interagency Response Plan. The WASH Cluster Health Promotion Working Group will provide technical inputs during the design, implementation and monitoring of the promotion activities to ensure adequate behaviours in addressing the hygiene needs.

INTER-SECTORIAL LINKAGES

- The WASH Cluster response will be coordinated at the governmental level with the MoH, the MoE, the PWA, the Ministry of Social Development, and with other UN agencies and key actors from different sectors.
- In coordination with the Health Cluster, capacities will be increased to ensure continuity of WASH services and improve IPC measures in HCFs.
- Hygiene promotion activities targeting HCFs, households and public places are aligned with the RCCE response plan strategy and taskforce groups.
- The PWA and CMWU are supported to ensure business continuity and quality of water and sanitation services.

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Shelter and Non-Food Items

IMPLEMENTING PARTNERS	REQUIREMENTS (US\$)
PRCS, Ma'an, ACTED, SIF, ICRC, IR, PARC, UAWC, GVC, AAH, PUI.	 3.4 million

SECTOR OBJECTIVES

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

1. Improving vulnerable households' capacities and resilience to reduce the spread of the pandemic:

- Provision of essential hygiene and disinfection materials or cash to families and people at higher risk of being affected by COVID-19.
- Provision of NFIs, such as bedding and cleaning materials, to quarantine facilities, where needed.

2. Reducing overcrowding in shelters to mitigate the spread of COVID-19:

- Improve the hygiene conditions of families lacking basic facilities, such as latrines or kitchens, by the provision of appropriate hygiene materials and cleaning supplies.

RESPONSE STRATEGY

Shelter/NFIs interventions normally target people at the household level. Therefore, undertaking a field assessment will be critical to identify those who are most vulnerable and at risk. However, in light of the spread of the pandemic and the measures taken, including the ban on unnecessary movements, it will become increasingly difficult to implement the necessary activities to tackle these problems. Using the available database from various resources such as the Ministry of Social Development and the Ministry of Public Works and Housings well as recent assessments conducted by partners, the Sector will determine the priorities, particularly for families living in overcrowded 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 can be resolved by providing families with cash and clear technical instructions 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 or using a cash response modality. Quarantine facilities will be provided with NFIs, including customized NFIs, as needed.

INTER-SECTORIAL LINKAGES

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

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Education

IMPLEMENTING PARTNERS

UNESCO, UNRWA, UNICEF, Teacher Creativity Center (TCC), Norwegian Refugee Council (NRC), War Child Holland (WC), Save the Children (SCI), Amal Rehabilitation Center, World Vision International (WVI), TDH Italy, Tamer Institute, Afkar Organization, Education Cannot Wait (ECW), Action Against Hunger (AAH), WE World GVC, Palestine for Sustainable Development (PSD), Atfaluna, Islamic Relief, Ma'an Development Center, EDUCAID, UNDP, Society of Women Graduates (SWG).

REQUIREMENTS (US\$)



1.1 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:

- Mapping out the most relevant Arabic materials on hygiene awareness and preventive measures related to COVID-19 and disseminating them through different channels.
- Developing and disseminating contextualized hygiene and awareness-raising materials on the pandemic to be used on social media, radio and television.
- 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.

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:

- Cluster partners supporting the MoE in mapping relevant materials, worksheets and content that can be broadcasted on television channels and/or uploaded on MoE portal or used for home-based learning.
- Utilizing 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.
- Supporting MoE in monitoring connectivity of the teachers to their students.

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

- Preparing and disseminating media and social media messages to caregivers, teachers and children on supporting children emotional and psychosocial well-being. Focus on gender-specific issues as well as on discrimination and stigmatization.
- Supporting MoE and UNRWA counsellors and Cluster partner MHPSS teams to use social media to provide PSS messages and remotely offer individual counselling to children, teachers and parents.

RESPONSE STRATEGY

The interventions of the Education Cluster aim at ensuring students' safety, psychosocial and emotional well-being and continuity of transferring knowledge and information 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.

All Education facilities in the oPt have been closed as a protective measure since the declaration of the state of emergency. There are 3,051 schools in the oPt: 2,300 in the West Bank and 751 in Gaza. In addition, there are 2,027 kindergartens: 1,332 in the West Bank and 695 in Gaza. The number of children affected is 1,430,000: 1,282,000 school children and 148,000 kindergarten children. Of these, 57 per cent are in the West Bank and 43 per cent are in Gaza. Out of the total number of children affected, 51 per cent are girls.

Priorities in the education sector have shifted to respond to the new emerging needs listed below:

- 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.
- 5,000 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.

INTER-SECTORIAL LINKAGES

- Distribution of Hygiene kits to schools is strongly linked with WASH Cluster.
- MHPSS intervention is linked to Health and Protection Cluster/CP AoR.
- Communicating different messages to children and their families is intersectoral and coordinated with the RCCE taskforce.

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Food Security

IMPLEMENTING PARTNERS

WFP, UNRWA

REQUIREMENTS (US\$)



4.3 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. Reducing the Food Security impact on vulnerable households and most vulnerable people:

- Providing support to affected households to ensure direct access to food.

RESPONSE STRATEGY

The COVID-19 outbreak is an additional crisis to the existing limited economic access challenge, which has been the long-term driving factor for food insecurity in the oPt. Decreased availability of food is expected when production and imports are unable to meet demand. It is critical to ensure that agric-food value chains minimize damages and disruption as a consequence of the policies implemented due to the pandemic.

Many small businesses and jobs are already affected due to closure of education and other facilities, and by restrictions on movement, including the recently imposed curfew. The PA has forbidden Palestinians from working in Israeli settlements and approximately 24,000 people may be affected by losing their livelihoods. If this working force become unemployed, food insecurity levels in the West Bank would significantly increase, and new vulnerable groups emerge. Unemployment and poverty levels are already high in the Gaza Strip, with an immediate impact noted upon the announcement of two detected COVID-19 cases, represented by an apparent jump in prices.

The sector will pursue the following strategy with the aim of addressing or ameliorating the challenges outlined above:

- Support non-refugee households where food insecurity is directly affected by the virus outbreak, including from the impact of local authorities' restrictions, resulting into decreased availability of, or accessibility to, food.

The following activities will be undertaken:

Providing support to affected households to ensure direct access to food

- Scale up food e-vouchers to include emerging vulnerable groups.
- In-kind food distribution where feasible, that does not put staff or people receiving assistance at risk of contagion.
- Food in-kind will be used when considered the best or only possible means of distribution and adopting door-to-door delivery systems to avoid crowds at distribution centres.

UNRWA will adopt a modified in-kind food distribution modality to ensure direct access to food to vulnerable Palestine refugee households, even during restrictions imposed on movement, to avoid crowds to ensure safety of the served population.

The following will be targeted:

OPT COVID-19 Response Plan

- 8,000 Palestinian farmers with damaged assets that limit their production capacity, or with no access to market as well as limited or insufficient production inputs.
- Approximately 352,000 affected people in need of direct access to food, including the elderly, persons with disabilities, lactating and pregnant women.
- Affected Palestine refugees identified as poor, who were unable to receive their quarterly food basket due to stopping regular UNRWA operations as a result of COVID-19 measures. A new door-to-door delivery modality will be adopted by UNRWA.
- Palestinian workers who lost their jobs as a direct consequence of the virus outbreak, as the PA has forbidden Pale.

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GENDERED IMPACT OF COVID-19

Of those people confirmed as infected by the virus, 40 per cent are female, 55 per cent are youth (below 35 years), and 9.1 per cent are children (below 18 years of age). The current COVID-19 outbreak is affecting men, women, boys and girls in different ways, which need to be monitored and addressed in our interventions. Based on preliminary data collection and meetings with more than 20 women-led organizations, the COVID-19 crisis is expected to create and exacerbate gender-specific risks and vulnerabilities. Women constitute nearly 60 per cent of workers in the oPt care sector and 70 per cent of frontline health workers. Therefore, women frontline healthcare and social staff may face greater exposure to COVID-19. The closure of schools is further exacerbating the burden of unpaid care work on women and girls, who absorb the additional work of caring for children. It has also affected women who work from home, as child-caring is widely perceived as the mother's duty.

The crisis is expected to gravely affect women's livelihoods, particularly those in the informal sector, where there is no work protection or income compensation. It may further erode households' coping mechanisms and subject families to further vulnerabilities. Data from the Flash Survey administered by UN Women found that 92 per cent of micro-small, small and medium businesses owned by women are negatively affected by the pandemic. Only five per cent of those surveyed reported that they are not affected.

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). Women's organizations have already received cases of women who need protection and could not find shelter at governmental facilities. The level of reported services provided in COVID-19 quarantine facilities varies greatly between the West Bank and Gaza, but early evidence shows that substandard WASH services have higher impact on women.

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, adopting 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.

ACTIVITIES AND COSTS BY CLUSTER



Health and Nutrition

Priority Requirements: \$19.5 million

Objective 1: Ensure coordination, information and monitoring			
Activity	Appealing Agency	Geographical coverage	US\$
Provide necessary IT and AV equipment to Emergency Operations Centres (EOC) in the West Bank and Gaza: Set includes desktop, printer, UPS and screen	WHO, UNICEF	oPt	50,000
Activate a COVID-19 task force within the Health Cluster to ensure the flow of communication from the EOC to active implementing partners and support and disseminate information coming from the EOC. Frequency of meetings based on need.	WHO	oPt	5,000
Upgrade the Health Resources Availability Monitoring System tool to include the monitoring of acute respiratory diseases at all 49 MoH primary health care centres in Gaza and 14 public hospitals. Adjust the frequency from monthly to weekly.	WHO	Gaza	2,000
Objective 2: RISK COMMUNICATION AND PUBLIC ENGAGEMENT			
Educate and actively communicate with the public through risk communication and community engagement			
Activity	Appealing Agency	Geographical coverage	US\$
Risk communication among health care staff and frontline providers	Local NGOs	oPt	50,000

<p>Develop a risk communication plan that takes into account Knowledge, Attitudes and Practice (KAP) in the oPt, including among vulnerable groups, and how to address misconceptions and stigma:</p> <ul style="list-style-type: none"> * Conduct a rapid behaviour assessment among focus groups to understand key target audience, concerns, influencers (e.g.. imams and school teachers may be identified influencers) * Map civil society organizations (CSOs) that can be mobilised for community education or consider hiring community engagers who can target the most vulnerable. * Propose age-language-location-culture appropriate messages and channels for dissemination, including for the most vulnerable groups: pregnant and lactating women, the elderly, persons with disabilities and children. <p>Develop information, education and communication materials on COVID-19 to be distributed by SMS and via social media, including WhatsApp. Develop and disseminate printed information, education and communication materials on COVID-19</p>	<p>Led by UNICEF co-led WHO, supported by UNRWA, PMRS, HWC, UHWC, MAP-UK, Taawon (Welfare Association), WFP, PHR, World Vision International, Medico International, Palestine Children's Relief Fund (PCRF), Save the Children, War Child Holland, ICRC, CARE Palestine, Oxfam, Culture and Free Thought Association, UNFPA, Juzoor, health sector of PNGO .</p>	<p>oPt</p>	<p>350,000</p>
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Objective 3: Case finding, contact tracing and management

Enhance active case finding, contact tracing and monitoring; quarantine of contacts and isolation of cases

Activity	Appealing Agency	Geographical coverage	US\$
<p>Build capacity of MoH International Health Regulations focal point and laboratory staff to facilitate timely notification of confirmed and probable cases to WHO (within 24 hours of identification), as well as reporting on suspected cases of COVID-19</p>	<p>WHO</p>	<p>oPt</p>	<p>2,000</p>
<p>Training multi-disciplinary rapid response teams (RRTs) on case identification, management and contact tracing within 24 hours of confirmation: Five health staff in each governorate</p>	<p>WHO, and MHPSS focussed organizations: WHO, MDM, War Child Holland</p>	<p>oPt</p>	<p>30,000</p>
<p>Enhance immediate isolation capacities for suspected cases at the primary health care level (MoH) and hospital level (MoH) until patient is tested</p>	<p>UNICEF, MAP-UK, Taawon (Welfare Association), WFP, PHR, World Vision International, Medico International, Palestine Children's Relief Fund (PCRF), Save the Children, War Child Holland, ICRC, CARE Palestine, Oxfam, Culture and Free Thought Association, UNFPA, Juzoor.</p>	<p>oPt</p>	<p>TBD</p>

Objective 4: SURVEILLANCE

Implement COVID-19 surveillance using existing respiratory disease surveillance systems and hospital-based surveillance

Activity	Appealing Agency	Geographical coverage	US\$
Provide technical assistance to the MoH to strengthen national surveillance system, covering laboratory, private sector, points of entry and other relevant health providers, with direct lines of communication with the MoH International Health Regulations focal point, including on: * Identifying and characterising the nature of the virus and the clinical severity of the disease in the oPt for forward planning; * Mapping vulnerable populations and communities based on: level of exposure, impact and social determinants (involve WASH, education etc.) * Monitor: geographical spread, transmission intensity, disease trends, characterization of biological features, impact on health care services (all services), high-risk groups, etc.	WHO	oPt	30,000
Provide training on surveillance for all Health Cluster service delivery partners, reinforcing indicator-based surveillance	UNRWA, PMRS, UHWC, AAH, HWC, PRCS trained by WHO	oPt	20,000
Procure and deliver essential supplies for the rapid response teams to handle an estimated 1,800 cases	MAP-UK, Taawon (Welfare Association), World Vision International, Medico International, CARE Palestine, UNFPA, Juzoor	oPt	50,000
Support MoH surveillance	Funding can go directly to MoH	oPt	100,000
Provide guidance to primary health care centres on the management of case identification (how to identify indicators of illness), management of suspected cases	WHO	oPt	10,000

Objective 5: LABORATORY CAPACITY**Test suspected cases per WHO case definition, contacts of confirmed cases; test patients identified through respiratory disease surveillance**

Activity	Appealing Agency	Geographical coverage	US\$
Procure and deliver laboratory equipment to MoH PHL in Ramallah and Gaza to conduct COVID-19 tests. In addition to COVID-19 testing and control kits, swabs and disposables	Funding can go directly to MoH	oPt	1,081,500
Procure and deliver laboratory supplies for COVID-19 testing: test and control kits, swabs and other disposables	WHO, UNFPA, UNICEF, PMRS, WV, CARE TAAWON, ICRC	oPt	80,000
Provide training and SOPs for laboratory staff in PHL in Ramallah and Gaza on COVID-19: lab testing of suspected case definition, specimen collection and transportation, lab testing, reporting of cases and test results	WHO, and other partners	oPt	25,000
Support the development of SOPs for mechanism for transportation of cases (who will do what) and provide for transportation of COVID-19 sample tests to the reference laboratory	WHO and other partners	oPt	10,000
Implement surge plans to manage increased demand for testing; consider conservation of lab resources in anticipation of potential widespread COVID-19 transmission	UNICEF, WHO, UNFPA, UHWC, AAH, PMRS, UNRWA	oPt	50,000
Conduct training on blood donations, blood campaigns and ensure blood bank storage is increased	CBBS	oPt	50,000

Objective 6: CASE MANAGEMENT			
Treat patients and ready hospitals for surge; develop triage procedures			
Promote self-initiated isolation of people with mild respiratory symptoms to reduce the burden on health system			
Activity	Appealing Agency	Geographical coverage	US\$
Support 24/7 hotline of the MoH in Ramallah and Gaza for COVID-19; for MHPSS support	WHO, MDM, UNICEF, Health Sector of PNGO	oPt	100,000
Organize trainings for health-care/ambulatory teams, medical teams on the management of COVID-19 cases, including transportation and referral of cases	PRCS, supported by PHR, WHO	oPt	50,000
Provide essential life-saving medical supplies to designated treatment facilities for ICU management	WHO, UNICEF, MoH	oPt	9,579,500
Establish dedicated and equipped teams and ambulances to transport suspected and confirmed cases, and referral mechanisms for severe cases with co-morbidity	PRCS	oPt	269,074
Provide PSS for individuals and families with suspected and confirmed cases: * Identify priority needs; * Establish 24/7 PSS Hotline; * Provide PS support activities as per the COVID-19 guidelines of the Interagency Standing Committee and WHO	UNICEF, WHO, MDM, Health Sector of PNGO	oPt	200,000
Organize, train, equip and deploy mobile teams to support home care for COVID-19 cases	Awaiting information from the MoH	oPt	N/A
Provide clear instructions to home care personnel (family members or external supporter)	WHO	oPt	10,000
Install autoclaves to sterilize medical waste at 16 hospitals identified as quarantine centres.	UNDP	oPt	1,600,000
Provide essential life-saving medical supplies, pharmaceuticals, disposables to designated treatment facilities in each governorate should the number of cases surpass the estimates, with focus on Gaza	UNICEF, MAP-UK, Taawon (Welfare Association), PHR, Medico International, Palestine Children's Relief Fund (PCRF), Save the Children, War Child Holland, ICRC, CARE Palestine, Oxfam, Culture and Free Thought Association, UNFPA, Juzoor.	oPt	100,000

Objective 7: INFECTION PREVENTION AND CONTROL (IPC)			
Train staff in IPC and clinical management specifically for COVID-19			
Prepare for surge in health care facility needs, including respiratory support and PP			
Activity	Appealing Agency	Geographical coverage	US\$
Organize trainings for health staff at MoH and non-MoH health facilities on IPC in each governorate	Juzoor, PHR, WHO	oPt	35,000
Procure and deliver required medical supplies, including PPE kits, disinfectants and other medical supplies to ensure IPC measures are fully implemented for the MoH facilities.	UNICEF, WHO, PRCS	oPt	100,000
Conduct training on isolation procedures for primary health care centres and hospitals	WHO	oPt	25,000
Procure and deliver IPC medical items to support families who have a COVID-19 patient in home care: medical masks, gloves, disinfectants	UNICEF, MAP-UK, Taawon (Welfare Association), PHR, Medico International, Palestine Children's Relief Fund (PCRF), Save the Children, War Child Holland, ICRC, CARE Palestine, Oxfam, Culture and Free Thought Association, UNFPA, Juzoor.	oPt	250,000
Procure and deliver PPEs and IPC supplies to PRCS (refer to the PRCS needs list)	PRCS	oPt	539,000
Procure and deliver PPEs and IPC supplies to UNRWA (refer to sheet UNRWA needs list)	UNRWA	oPt	748,408
Direct support to the MoH in upscaling the IPC needs at hospitals	WHO, UNICEF	oPt	3,000,000
Procure and deliver PPEs and IPC supplies to HWC (refer to sheet HWC needs list)	UHW	West Bank	241,600
Procure and deliver PPEs and IPC supplies to UHWC (refer to the UHWC needs list)	UHWC	Gaza	142,500

Pre-position IPC supplies, pharmaceuticals and disposables for symptomatic treatment of COVID-19 in case of surge needs	UNICEF, MAP-UK, Taawon (Welfare Association), PHR, Medico International, Palestine Children's Relief Fund (PCRF), Save the Children, War Child Holland, CARE Palestine, Oxfam, Culture and Free Thought Association, UNFPA, Juzoor.	oPt	30,000
Support humanitarian and development partners to put in place hygiene safeguard measures including distribution of hygiene materials and capacity-building on safeguard practices.	UNICEF, Protection Cluster partners	oPt	100,000

Objective 8: SOCIETAL RESPONSE

Implement all-of-society, repurpose government and ready business continuity plans

Activity	Appealing Agency	Geographical coverage	US\$
Provide supplementary feeding to the most vulnerable affected groups: pregnant and lactating women and children under five if confirmed with COVID-19	WFP	oPt	232,899
Provide MHPSS to health-care workers on the frontline	WHO, MDM, GCMHP, health sector of PNGO, War child	oPt	80,000

Objective 9: OPERATIONS SUPPORT AND LOGISTICS

Activity	Appealing Agency	Geographical coverage	US\$
Ensure warehouse space for pre-positioned supplies	WHO	oPt	20,000
Monitor health system supply capacity	WHO	oPt	20,000



Protection

Priority Requirements: \$550,000

Objective 1: Ensure that case management systems identify and address vulnerabilities of child and adult survivors, deliver appropriate mental health and psychosocial support services, and conduct regular follow up for pre-existing protection concerns and those aggravated by COVID-19

Activity	Appealing Agency	Geographical coverage	US\$
Establish case management and support mechanisms to ensure that communities facing restrictions on movement have continued access to child-friendly, holistic care for children experiencing violence, and targeted assistance, including hygiene materials, cash and financial and material assistance.	UNWOMEN, UNFPA, UNICEF, GCMHP, Ma'an, Tamer Institute for Community Education, Terre Des Hommes, PCDCR, MDM, CTCCM	oPt	150,000
Identify innovative strategies for providing information, support and MHPSS to children and adult survivors, especially in communities affected by quarantine, home isolation, and train/educate MHPSS staff on risks related to COVID-19.		oPt	100,000
Maintain safe family-based alternative care arrangements and other mechanisms to prevent family separation and identify and refer unaccompanied and separated children.		oPt	100,000

Objective 2: Provide life-saving services to GBV survivors and groups at increased risk of GBV are provided, especially in cases of domestic violence due to COVID-19 outbreak

Activity	Appealing Agency	Geographical coverage	US\$
Maintain case management and follow up on high-risk GBV cases, including cash assistance for GBV survivors, dignity kits, remote PSS through hotlines and phone counselling	UNFPA, Women Affairs Center, Center for Women Legal Research and Consulting, Women Health Center Jabaliya, Wefaq Association for Women and Child Care, Aisha association for Women and Child Care, CFTA, Oxfam, UHWC, SAWA, PSCCW, PWWS	oPt	200,000



Water, Sanitation and Hygiene

Priority Requirements: \$5.1 million

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

Action 1: Risk Communication and Community Engagement

Activity	Appealing Agency	Geographical coverage	US\$
Develop and disseminate printed information, education and communication materials on COVID-19	UNICEF	oPt	<i>(included in the Interagency Response Plan)</i>

Action 2: Prevent and Control Infection

Activity	Appealing Agency	Geographical coverage	US\$
For Health Care Facilities			
Support to HCFs (maintain and install proper handwashing stations, soap and cleaning material)	Action Against Hunger,	West Bank	155,000
	OXFAM, YVS	Gaza Strip	47,200
Support HCFs in managing healthcare waste (collection, transportation, treatment and disposal) including IPC materials for waste management, support the MoH	UNICEF, Cesvi, Action Against Hunger	West Bank	730,000
	UNDP	Gaza	750,000
For Communities			
Provision of adequate and safe water for drinking, personal hygiene and cleaning	UNICEF	West Bank	150,000
Train community committees, volunteers and hygiene promotion staff with hygiene materials	Action Against Hunger	West Bank	45,000
Conduct a public awareness campaign to promote adequate hygiene practices	Action Against Hunger	West Bank	26,000
	YVS, AISHA Association for Woman and Child protection	Gaza	3,000
Conduct a campaign on the cleaning and disinfection of public spaces such as markets, parks and mosques	UNRWA, Action Against Hunger	West Bank	108,000
Provide CMWU and municipalities with disinfection materials	Action Against Hunger	West Bank	60,000
	UNRWA	West Bank	79,150

Provide solid waste management services in refugee camps	UNRWA	West Bank	97,912
For Households			
Ensure households' access to proper handwashing facilities, proper toilets and safe wastewater discharge	Action Against Hunger	West Bank	240,000
	OXFAM	Gaza	288,300
Provide households with hygiene kits	UNICEF, Action Against Hunger, WeWorld-GVC, UAWC	West Bank	347,190
	UNICEF, OXFAM	Gaza	985,550
Provide infected families with cleaning and disinfection materials for patients' caring	Action Against Hunger	West Bank	60,000
Promote adequate personal hygiene and cleaning practices at the household level	Action Against Hunger	West Bank	30,000
Promote adequate personal hygiene and cleaning practices at the household level	OXFAM, AISHA Association for Woman and Child protection	Gaza	12,280
Truck water to vulnerable communities	Palestinian Water Authority	West Bank	330,000
Supply calcium hypochlorite and liquid chlorine for drinking water disinfection	Palestinian Water Authority	oPt	300,000
Provide service providers and operators with cleaning materials and sanitizers	Palestinian Water Authority	oPt	270,282



Shelter and Non-Food Items

Priority Requirements: \$3.4 million

Objective 1: Improve vulnerable households' capacities and resilience to reduce the spread of the pandemic			
Activity	Appealing Agency	Geographical coverage	US\$
Provision of essential hygiene and disinfection materials or cash to the families and individuals at higher risk of COVID-19 Gaza: 30,000 kits West Bank: 7,000 kits Average cost: \$40 per kit	PRCS, Ma'an, ACTED, SIF	Gaza	1,200,000
	PRCS, ACTED, Ma'an, PARC, UAWC, GVC, AAH, PUI	West Bank	840,000
Provision of adequate and timely standard or customized NFIs to quarantine facilities such as bedding and cleaning materials where needed. Gaza: 6,000 kits West Bank: 3,000 kits	PRCS, Ma'an, ACTED, SIF	Gaza	600,000
	PRCS, ACTED, Ma'an, PARC, UAWC, GVC, AAH, PUI	West Bank	300,000
Objective 2: Reduce overcrowding in shelters			
Activity	Appealing Agency	Geographical coverage	US\$
Improve the hygienic conditions for families without basic facilities, such as latrines or kitchens, by providing adequate hygiene materials and cleaning supplies. 2,000 households	PRCS, Ma'an, ACTED, SIF	Gaza	500,000



Education

Priority Requirements: \$1.1 million

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

Activity	Appealing Agency	Geographic coverage	US\$
Map out and disseminate through different channels the most relevant Arabic materials on hygiene awareness and preventive measures related to COVID-19	UNICEF, UNRWA	oPt	10,000
Develop and disseminate contextualized hygiene and awareness-raising material on the pandemic to be used on social media, radio and television	UNICEF	West Bank	
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, AHH, UNICEF, UNRWA, Save the Children	oPt	1,000,000
Ensure that all schools and public kindergartens in the West Bank and Gaza are cleaned and disinfected prior to re-opening			
Support MoE in mapping relevant materials, worksheets and content that can be uploaded to the MoE portal or used for home-based learning and provide IT solutions and equipment to improve the platform			

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

Activity	Appealing Agency	Geographic coverage	US\$
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	50,000
Use social media platforms of MoE and cluster partners to raise awareness among 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	UNICEF	oPt	42,000

Objective 3: Support the mental health and psychosocial well-being of students, parents and educators			
Activity	Appealing Agency	Geographical coverage	US\$
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.	UNICEF	oPt	30,000



Food Security

Priority Requirements: \$4.3 million

Objective 1: Reduce the Food Security impact on vulnerable households and the most vulnerable people			
Activity	Appealing Agency	Geographical coverage	US\$
Providing support to affected non-refugee vulnerable households and others in vulnerable categories through cash-based and in-kind assistance to ensure direct access to food	WFP	oPt	3,000,000
Providing support to affected vulnerable Palestine refugee households through door-to-door, in-kind food assistance to ensure direct access to food	UNRWA	Gaza	1,300,000