

Key Sectoral Findings - Gaza

CONTEXT

Driven by the longstanding Israeli blockade, internal Palestinian political divides, and recurrent escalations of violence between Israel and Palestinian armed groups, the Gaza Strip (hereafter also referred to as Gaza) is in a state of chronic humanitarian crisis. The humanitarian needs of its more than 2 million residents were further exacerbated by the COVID-19 pandemic and the escalation of hostilities in May 2021, which negatively impacted livelihoods and access to essential services in Gaza.

With an estimated 1.32 million people in Gaza assessed to be in need of humanitarian assistance (63.0% of Gaza residents)*, the need for granular multi-sectoral data highlighting linkages in sectoral needs and enabling inter-sectoral analysis remains high.

The first Multi-Sectoral Needs Assessment (MSNA), conducted by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and facilitated by REACH, in the aftermath of the May 2021 escalation of violence in Gaza, represented an important step in filling information gaps in the occupied Palestinian territories (oPt). To further facilitate evidence based response planning, the 2022 MSNA timing aligns with key milestones in the 2023 Humanitarian Programme Cycle (HPC).

*OCHA, Humanitarian Needs Overview 2022

METHODOLOGY

Data for the MSNA was collected by the data collection partner, the Palestinian Central Bureau for Statistics (PCBS), between May 30th to July 6th of 2022, by means of an in-person household level survey. The MSNA relied on a quantitative methodology, and the survey tool was designed in close collaboration with OCHA and representatives of the humanitarian clusters active in the oPt (Food Security, Health, Shelter, WASH, Education, and Protection), as well as other key stakeholders.

The target population included in the MSNA covers the entirety of the oPt, including the West Bank, East Jerusalem, and the Gaza Strip. 8,331 households were randomly selected for participation in the assessment by the data collection partner (PCBS) based on a stratified cluster sampling approach. In the Gaza Strip, the sample was stratified at the locality level (including refugee camps) to be representative at a 95% level of confidence and 9% margin of error. Full disaggregation of each indicator can be found in the [oPt MSNA Preliminary Analysis Tables](#).

Note - Disaggregations

Findings disaggregated by household characteristics other than household refugee status (including sex of the head of household, age of the head of household, presence of disability in the household, and aid-recipient status of the household) are **indicative only** in nature.

Household (HH) Demographics

Composition of assessed Gaza HHS

Female (50.1%)	Age	Male (49.9%)
5.2%	60+	6.2%
25.4%	18-59	25.3%
12.9%	6-17	13.8%
5.6%	0-5	5.5%

Gaza total assessed HHS **4,152**

By governorate

- Deir al Balah	1,372
- Gaza	618
- Khan Yunis	1,014
- North Gaza	638
- Rafah	510

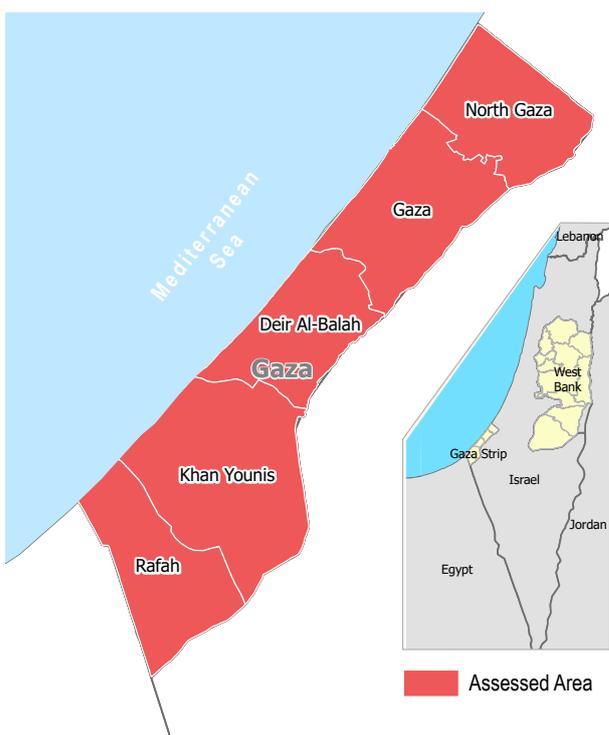
By household refugee status

- Refugee	66.8%
- Non-Refugee	33.2%

By presence of disability in the household

- Household with member with disability	21.0%
- Household with no member with disability	79.0%

COVERAGE MAP



KEY FINDINGS

Livelihoods as a main driver of need

The high rate of unemployment and lack of economic opportunities appears to be linked directly and indirectly to many of the key issues faced by households as identified through the MSNA data. This appears to be increasing the dependency of Gaza households on aid/assistance and contributing to the high reliance of Gaza households on negative coping mechanisms.

High aid dependency and high reliance on negative coping mechanisms

Although the severity of core sectoral needs may at a superficial glance appear relatively low, aid dependency in Gaza is extremely high and creates a very fragile state of stability. Similarly, even though a relatively large number of households appears to be meeting their very basic needs, a high percentage of them (including aid-recipient households) are employing negative coping mechanisms (e.g. taking on debt) in order to meet their most basic needs, thereby further exacerbating their vulnerabilities.

* Indicators marked with an asterisk throughout this factsheet booklet represent indicators for which respondents could select multiple answer choices, and/or for which not all answer choices have been presented on the factsheet (most commonly reported). Percentages may hence not add up to 100%. The full breakdown for all answer choices can be found in the MSNA 2022 Preliminary Analysis Tables.

When analysing food security indicators, such as the Food Insecurity Experience Scale (FIES), in the context of Gaza, it is crucial to consider the large scale of food assistance provided. Of the 73.2% of Gaza households that reported having received humanitarian aid in the 6 months prior to the MSNA data collection, 93.7% reported having received food assistance (whether in-kind or in the form of vouchers). With high rates of unemployment (60.3% of Gaza households reported having at least one member of their household unable to find work), 81.0% of Gaza households reported challenges to being able afford their household's basic needs in the 30 days prior to data collection, and 50.5% reported relying on aid and assistance as their primary source of income. These factors, combined with the high levels of negative coping strategies employed by households, as measured through the Livelihood Coping Strategies Index (LCSI) and reduced Consumption Coping Strategies Index (rCSI), paint a more dire picture of household food security in Gaza and reliance on humanitarian assistance than that which is initially apparent only by looking at the 35.0% of households classified to have experienced little to no food insecurity according to the FIES.

PREVALENCE OF MODERATE TO SEVERE FOOD INSECURITY (FIES)¹

% of households by food insecurity experience in the 30 days prior to data collection, as measured through the Food Insecurity Experience Scale (FIES):



% of households by affirmative response to each food insecurity experience measured through the FIES in 30 days prior to data collection:

Worried about not having enough food to eat	75.5%
Unable to eat healthy and nutritious food	68.5%
Ate only a few kinds of food	67.4%
Had to skip a meal	39.7%
Ate less than they thought they should	38.4%
Ran out of food	15.5%
Were hungry but did not eat	8.4%
Went for a whole day without eating	2.5%

% of households of the 15.5% of households (868 HHs) that reported running out of food in the 30 days prior to data collection by frequency:

Rarely (1-2 times)	24.2%
Sometimes (3-10 times)	61.5%
Often (10+ times)	14.4%

% of households of the 8.4% of households (496 HHs) that reported any member their household being hungry but not eating in the 30 days prior to data collection by frequency:

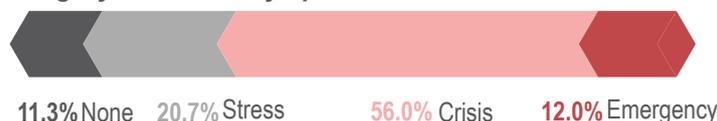
Rarely (1-2 times)	36.1%
Sometimes (3-10 times)	47.4%
Often (10+ times)	16.5%

USE OF COPING MECHANISMS

% of households by reduced consumption coping strategy (rCSI)³ employed to cope with a lack of food or money to buy it in the 7 days prior to data collection:

Rely on less preferred/less expensive food	80.7%
Limit portion sizes at mealtimes	44.3%
Reduce the number of meals eaten in a day	37.8%
Borrow food/relying on help from relatives or friends	37.4%
Restrict consumption by adults so children can eat	27.6%

% of households per Livelihood Coping Strategy (LCS)⁴ category in the 30 days prior to data collection:



% of households employing crisis or emergency livelihood coping strategies, by refugee status*:

Out of camp refugee households	77.1%
In-camp refugee households	72.3%
Non-refugee households	67.2%

% of households that employed livelihood coping strategies in the 30 days prior to data collection by most frequently reported coping strategy employed*:

Buying food/non-food on credit (incur debt)	71.1%
Borrowed money for food	54.4%
Reduced expenses on health	52.2%
Reduced or ceased payments on utilities	45.7%
Used savings	21.0%

¹ As applied in the oPt MSNA, based on guidance from the oPt Food Security Cluster, the Food Insecurity Experience Scale (FIES) is a household level measure of experience-based food insecurity, with household level food insecurity classified as either little to none, moderate to severe, or severe based on affirmative responses to a series of questions measured over a 30 day recall period.



FOOD EXPENDITURE & FOOD AID

55.7% of household expenditure² (in cash or credit) was reportedly spent on food in the 30 days prior to data collection, with households spending a median amount of **575** New Israeli Sheckels (NIS) on food.

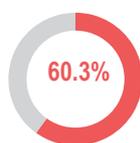
Median amount of estimated monthly food expenditure by gender of the head of household:

Female-headed households	380 NIS
Male-headed households	575 NIS

13.6% of households reported spending more than **75.0%** of their total monthly household expenditure on basic needs.

LIVELIHOODS AND EMPLOYMENT

% of households that reported a member of their household being unemployed and looking for work at the time of the data collection:



Deir al Balah	70.2%
Gaza	54.9%
Khan Yunis	56.1%
North Gaza	63.3%
Rafah	65.5%

% of households by most frequently reported obstacles to any member of their household finding work*:

Increased competition, not enough jobs	64.1%
Only low-skilled, low-paying jobs	23.1%
Underqualified for available jobs	20.1%

% of households by reported obstacles to any female members of their household finding work*:

Lack of opportunities for women	29.0%
Lack of consent from husband/guardian	19.2%
Childcare unavailable/unaffordable	17.5%

INCOME

% of households by primary income sources*:

NGO or charity assistance	50.5%
Daily labour	36.7%
Employment	28.1%
Support from community/family/friends	18.6%

% of households by reported change in typical monthly household income in the year prior to data collection:

Income decreased	57.3%
No change to income	33.9%
Income increased	3.7%
Income permanently lost	3.8%
Income temporarily lost	1.2%

ABILITY TO MEET BASIC NEEDS

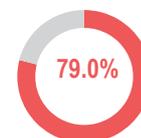
% of households reporting difficulties meeting essential needs because they could not afford⁵ them in the 30 days prior to data collection:

Essential food needs	70.0%
Health needs (medication or treatment)	65.0%
Utilities	54.8%
Communication needs (phone credit, internet)	54.7%
Transport services	47.5%
Shelter needs (rent, furniture, construction)	45.2%
Education needs (tuition fees, books etc.)	44.1%

% of households by most frequently reported primary reason for taking on debt (of those **83.4% households that reported having any outstanding debt) at the time of the data collection:**

Basic household expenditure	38.2%
Shelter reconstruction	14.0%
Food	12.0%
Healthcare	8.3%

% of households that reported their household having recently taken on debt for any reason in the 3 months prior to data collection:



²The median amount presented here should be understood as an estimation only, based on the household's understanding of food prices and value in their local market and includes an estimation of expenditure and any in-kind food aid received by the household.

³The reduced Coping Strategies Index (rCSI) measures coping mechanisms employed by households when there was not enough food or money to buy food in the 7 days prior to data collection. 'Low' is to be interpreted positively. The methodology presented for the rCSI here is based on contextual adaptations by the oPt Food Security Cluster.

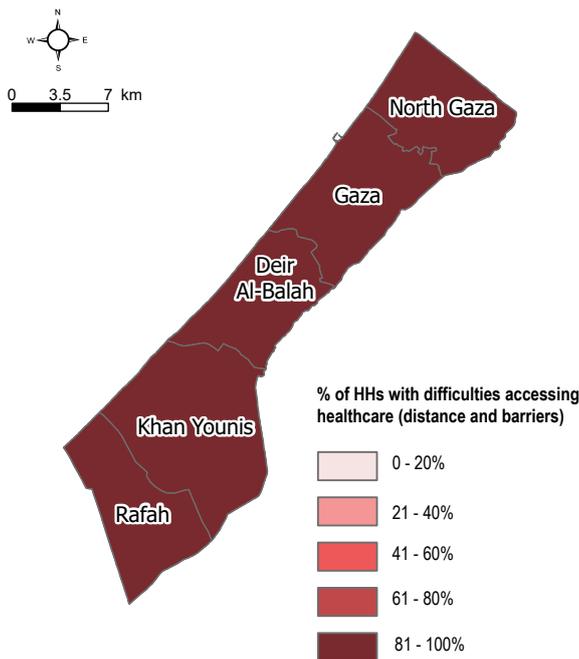
⁴The Livelihood Coping Strategies Index (LCSI) measures the extent to which households relied on livelihoods based coping mechanisms in response to a lack of food or money to buy food in the 30 days prior to data collection, either by reporting having utilized such a coping mechanism or having already exhausted its use in the past. Livelihood coping strategies are categorized as 'none', 'stress', 'crisis', or 'emergency' based on severity within the context, based on guidance by the oPt Food Security Cluster.

⁵Due to a lack of financial or other resources.

In the 3 months prior to the MSNA data collection, 89.6% of Gaza households reported a member of their household having a healthcare need requiring care - with 99.8% of these households reporting a barrier to care. The most commonly reported barrier to care was cost of services being too high (experienced by 76.8% of households), followed by households who reported that treatment was not available (22.1%) and who reported medicines were not available (19.4%). When asked where households would seek primary care for a non-emergency issue, the majority of households (59.2%) reported that they would seek care at a United Nations Relief and Works Agency (UNRWA) facility because of availability of medicines (70.1%), insurance covering care at this facility (48.0%), and because they cannot afford other options (36.7%). The second most utilized service provider was Ministry of Health facilities (35.2%). Of the 90.2% of Gaza households that reported being covered by health insurance, 56.0% were covered by UNRWA insurance. With 50.3% of households reporting that a member of their household had a chronic illness, and 18.7% of households including a pregnant or lactating household member at the time of the MSNA data collection, the need for specialised medical care is apparent. 21.0% of households were assessed (based on the standard Washington Group Short Set questions) to have at least one member of their household having a disability (of which 9.3% of households were assessed to have at least one child above 5 years of age with a disability).

HEALTHCARE ACCESS

% of households considered in need based on difficulties experienced when trying to access health services, by governorate¹:



Of the **89.6%** of households with a reported healthcare need, % of households that felt they received the care needed in the 3 months prior to data collection, by population group:

Female-headed households	97.4%
Male-headed households	98.3%
Refugee households	98.5%
Non-refugee households	97.7%

Among the **89.6%** of households that reported accessing healthcare services in the 3 months prior to data collection, **99.7%** reported encountering any kind of barriers when trying to access healthcare services.

Female-headed households	98.6%
Male-headed households	100.0%
Household with member with disability	99.9%
Household with no member with disability	99.7%
Refugee households	99.7%
Non-refugee households	100.0%

HEALTHCARE NEEDS & BARRIERS

% of households that reported a member of their household having a healthcare need in the 3 months prior to data collection:



Female-headed households	91.1%
Male-headed households	72.2%
Household with member with disability	96.1%
Household with no member with disability	87.9%

% of households that encountered barriers to accessing healthcare, by most commonly reported barrier*:

Cost of services too high	76.8%
Treatment not available	22.1%
Medicine not available	19.4%
Distance/transportation constraints	8.2%
Quality of care	6.4%

% of households per distance to the closest health facility by regular mode of transport²:

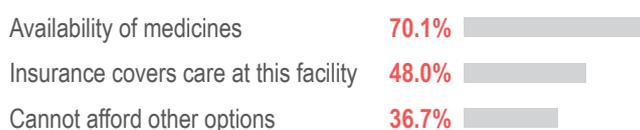


HEALTHCARE ACCESS (CONTINUED)

% of households reporting where they would seek primary care if a member of their household had a non-emergency need:



% of households by commonly reported reasons for seeking care at the above primary care facility*:



Of the **90.2%** of all Gaza households that reported being covered by health insurance, **56.0%** were covered by UNRWA insurance.

CHRONIC ILLNESS

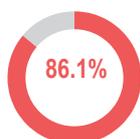
% of household that reported any member of their household having a chronic illness⁴:



HEALTHCARE & GENDER

18.7% of households (**799 HHs**) reported having a member of their household that was pregnant or lactating at the time of data collection.

% of households reporting that women of reproductive age (15 - 49 years) had no access barriers to specialised reproductive health services³:



% of households by most frequently reported healthcare needs of female-headed households in the 3 months prior to data collection*:



Of the **8.2%** of female-headed households (**799 HHs**) in Gaza, **27.3%** were assessed to include a member of their household having a disability, compared to **20.4%** of the **91.8%** of male-headed households.

DISABILITY⁵

21.0% of households (**788 HHs**) were assessed to include at least a member of their household having a disability, and **9.3%** of households were assessed to have least one child (age 5 - 17) in the household having a disability.

Healthcare needs and barriers

Among the **21.0%** of households with one or more members with disabilities:

% of households that reported a member of their household having a healthcare need in the 3 months prior to data collection:



% of households reporting that the household did not have health insurance coverage:



Of those **96.1%** of households assessed to have a member of the household with disability that reported a healthcare need, **99.7%** reported a barrier to accessing healthcare.

Cost of services too high	77.6%
Treatment not available	28.1%
Medicine not available	21.4%

Livelihoods and employment

Among the **21.0%** of households with one or more members with disabilities:

% of households with a member of the household with a disability reporting an unemployed adult member of the household:



Only low-skilled, socially degrading, dangerous, or low-paying jobs being available was cited as a barrier to employment by **11.2%** of these households.

¹Each household was assigned a severity score based on the combining factors of distance to the nearest primary healthcare facility (using their regular mode of transport) and barriers that prevented a member of their household from accessing health services. The population of reference for households experiencing a barrier to healthcare consisted of households that reported a healthcare need (89.6%), as the follow-up question on barriers was only asked to those households. For more information on the analysis completed for mapping, refer to Indicator 1 included in the table in Annex 1: Mapped Indicators.

²To align with the global JIAF guidance, the oPt MSNA asked households how long it took them to reach the nearest health facility using their regular mode of transport (which could capture walking, bus, driving a car etc.). The same phrasing was used for the indicators on length of time taken to reach the nearest primary or secondary school.

³This question was asked to all households, as it was considered general knowledge within the community. The answer choice "Don't know" was given by 2.3% of households. Specialized reproductive services include, but are not limited to, family planning, sexual health education, maternal healthcare etc.

⁴E.g. Diabetes, chronic lung disease, heart disease, hypertension etc.

⁵See Annex 2 on page 18 for information on how disability was assessed within the scope of the MSNA data collection.

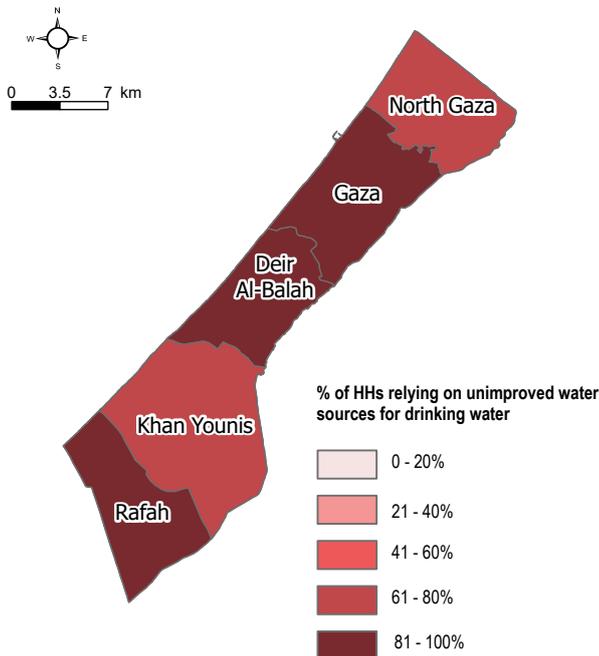


Although 95.1% of Gaza households reported having access to water on their premises, the majority of households (82.6%) were reliant on unimproved water sources for their drinking water at the time of the data collection¹. While 94.7% of Gaza households were able to use piped water into compound as their main water source for domestic purposes, only 3.2% of households were able to use piped water into compound for drinking, confirming that tap water in private homes is generally not potable or safe for consumption. Reliance on water trucking (82.5%) and piped water connected to a public tap (13.0%) were the most commonly reported main sources of drinking water for Gaza households. While 92.2% of households reported having access to sufficient quantities of water for drinking and domestic purposes, high rates of households employing negative coping mechanisms in order to cope with a lack of water were also observed - with 84.9% of households employing a coping mechanism related to water consumption. The most commonly reported negative coping mechanism employed by households to cope with a lack of water was receiving water on credit (48.9%). 5.7% of households reported drinking water intended for domestic use - potentially increasing risk for the spread of waterborne diseases or exposure to hazardous chemical substances.

Nearly all households (99.7%) reported having access to functional and improved sanitation facilities at the time of the data collection. Most households (86.5%) were connected to a sewage system for latrine waste drainage, with 10.7% of households reportedly using a covered cesspit. The most used system for disposing of solid waste was municipal waste collection (93.0%) followed by dumping of waste in official dump locations (4.8%).

WATER ACCESS & AVAILABILITY

% of household relying on unimproved¹ water sources for drinking water, by governorate



% of households reporting insufficient access to water, per basic need:

Domestic purposes	5.9%	■
Other purposes	5.7%	■
Personal hygiene	5.4%	■
Drinking	2.9%	■
Cooking	2.4%	■

MAIN WATER SOURCES

% of households by reported main source of drinking water used at the time of data collection:

Water trucking	82.5%
Piped water connected to public tap	13.0%
Piped water into compound/home	3.2%
Bottled water	0.9%

% of households by reported main source of water used for domestic purposes (cooking, personal hygiene, cleaning) at the time of data collection:

Piped water into compound/home	94.7%
Protected well	5.2%
Piped water connected to public tap	0.2%

COPING WITH A LACK OF WATER

% of households by reported coping mechanism employed to cope with a lack of water:

Receive water on credit	48.9%	■
Reduce water consumption	29.3%	■
<u>No coping mechanism needed</u>	15.1%	■
Modify hygiene practices	14.4%	■
Increase spending on water	11.6%	■
Drink water for domestic use	5.7%	■

¹ For the purpose of the oPt MSNA, based on guidance with the WASH cluster, improved water sources were classified as including piped water directly into the home/compound, piped water connected to a public tap or filling point, protected well, protected spring, and bottled water. Unimproved water sources included protected and unprotected rainwater tank, illegal connection to piped water, water trucking, unprotected well, unprotected spring, and surface water without pre-treatment (pond, lake, river, dam, canal, stream etc.).

IMPACT OF FLOODING

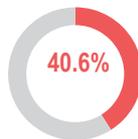
12.0% of Gaza households (502 HHs) reported being affected by flooding in the 3 years prior to the MSNA data collection (of these households 41.2% reported their shelter being impacted by flooding and 87.1% reported floods disrupting their daily activities). For reported incidents of flooding, high levels of variation were observed between the different localities assessed in Gaza. Flooding was reported by more than 20.0% of households in the following localities in North Gaza governorate: Umm Naser (47.0%), Beit Lahiya (33.1%), Jabalya (32.1%), Beit Hanun (30.0%), and Jabalya Camp (27.7%). Flooding was also reported by more than 20.0% of households in the following localities in Khan Yunis governorate: Abasan Jadida (30.9%) and Al Fukhari (20.8%). Of particular note is that Umm Naser, the locality with the highest observed rate of households reporting flooding events, was also the locality with the highest reported rate (14.5%) of households living under critical shelter conditions across all Gaza localities (11.1% in makeshift shelters and 3.4% in unfinished shelters), leaving households particularly vulnerable to the effects of flooding.

SANITATION & HYGIENE

% of households with access to a functional and improved sanitation facility at the time of the data collection:



% of households reporting the permanent availability of all listed sanitation items (toilet seat, niagara, handwashing station, bidet, toilet paper, soap):



Toilet paper	41.6%
Soap	94.6%
Niagara	95.8%
Handwashing station	97.1%
Bidet	97.3%
Toilet seat	99.4%

% of households by reported latrine waste drainage system in use by the household :

Sewage system	86.5%
Covered cesspit	10.7%
Covered septic tank	1.6%
Hand-dug hole	1.0%
Open area	0.1%

3.0% of households reported observing stagnant sewage accumulation for more than 3 days out of the 7 days prior to data collection.

% of households by reported solid waste disposal system in use by the household :

Municipal waste collection	93.0%
Dumped in official dump location	4.8%
Openly dumped on premises	1.4%
Dumped in the area	0.4%
Burned on premises	0.3%

7.9% of households reported observing solid waste accumulation for more than 3 days out of the 7 days prior to data collection.

IMPACT OF FLOODING

Of the 12.0% of households (502 HHs) affected by floods, 41.2% of households reported that their shelter or the area surrounding their shelter had been impacted, and 87.1% reported that their daily activities had been negatively impacted by floods in the 3 years prior to data collection.

% of households of the 12.0% households affected by floods by most commonly reported ways in which floods affected their shelter*:

None	58.8%
Water leaking into shelter	33.6%
Damage of furniture	29.7%
Damage to shelter items ²	21.2%
Damage to shelter surroundings	6.5%

% of households of the 12.0% households affected by floods, by most commonly reported mitigation measures taken to reduce the risk of flooding:

None	84.5%
Shelter rehabilitation/strengthening	10.9%
Built walls/tunnels around shelter	4.8%
Leaving shelter or moving location	0.8%

% of households of the 12.0% households affected by floods, by most commonly reported ways in which floods affected their daily activities*:

Children could not get to school	56.5%
Adults could not get to work	26.9%
Electricity/water services affected	18.9%
People getting sick	18.7%
None	12.9%
Restricted access to health facility	12.3%
Sewer flooding occurred in area	10.0%
Livelihoods affected	6.5%

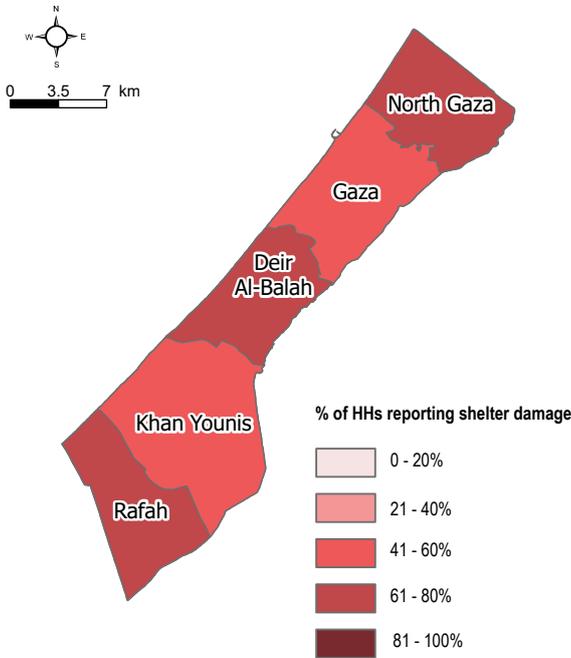
² Damage to shelter items due to flooding is defined as including any damage (including minor) to doors, windows, floors, ceilings or other shelter items/structures.



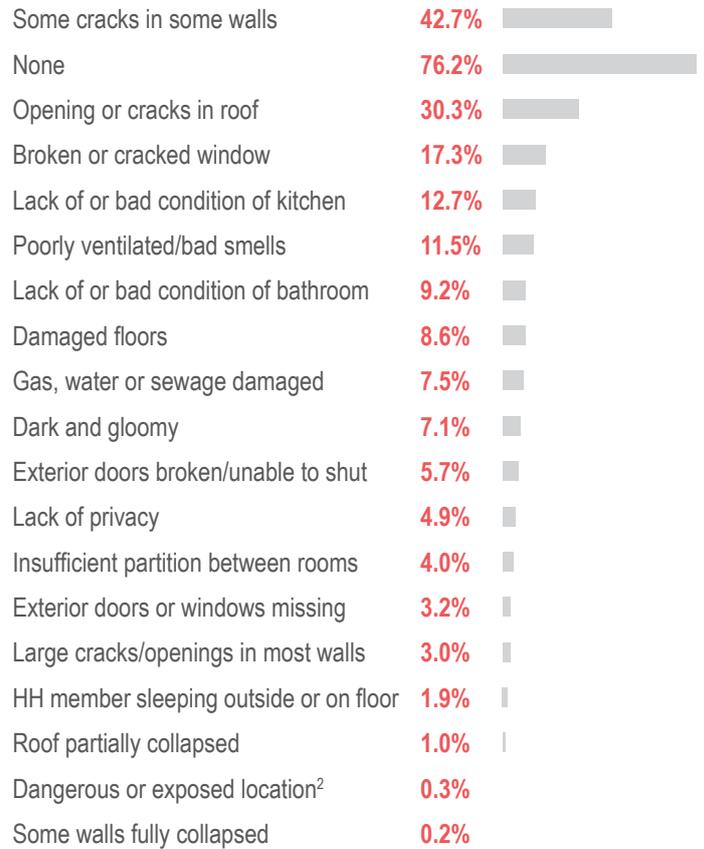
With a population density of 5,800 persons per km², the Gaza Strip is one of the world's most densely populated areas, suffering from a chronic housing shortage, high costs/unavailability of construction material due to restrictions imposed by the Israeli blockade, and recurrent escalations of violence (HNO 2022). 1.6% of Gaza households were reported to be living in inadequate shelters at the time of the MSNA data collection, and 59.8% of households reported existing shelter damage, defects, or issues. The impact of the May 2021 escalation of violence on shelter conditions in Gaza remains apparent one year later, with 37.3% of households reporting that their shelter was damaged during the escalation and 44.4% of households reporting having taken any kind of measure to protect themselves or their shelter from armed conflict. Shelter repair (14.0%) was the second most frequently reported primary reason for taking on debt by households in Gaza, and when asked about their preferred type of humanitarian aid or assistance 9.4% of households preferred in-kind NFIs and 5.7% of households had a preference for shelter assistance.

SHELTER DAMAGE, DEFECTS & ISSUES

% of households with any reported shelter damage, defects, or issues by governorate¹:



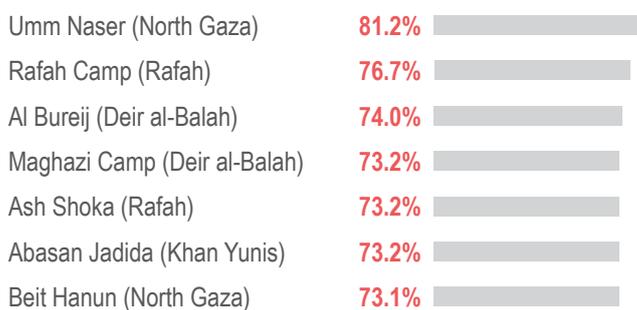
% of households, per reported type of shelter damage, defects, or issues*:



% of households reporting any type of shelter damage, defects, or issues at the time of data collection:



% of households in Gaza localities with the highest reported rates of shelter damage, defects, or issues:



DEBT & SHELTER REPAIR

% of households of the 83.4% of households that took on debt in the 3 months prior to data collection reporting shelter repair/reconstruction as the primary reason, by governorate:



¹ This map represents the % of households in each Gaza governorate that reported any shelter damage, defects, or other shelter issues.

² This includes (but is not limited to) shelter locations such as those located inside of the Access Restricted Areas (ARA) or in places prone to recurrent flooding, nearby waste dumping sites or waste water overflow areas.

SHELTER TYPE & OCCUPANCY STATUS

% of households, by reported shelter type:

Solid/finished apartment	75.2%
Solid/finished house	23.2%
Unfinished/non-enclosed building	1.4%
Makeshift shelter	0.2%
Collective shelter	0.0%
Tent	0.0%
None (sleeping in open)	0.0%

% of households reportedly living in inadequate shelters³ at the time of the data collection:



% of households reporting overcrowded shelter conditions (85 HHs) - at least one household member sleeping in living rooms or other common areas:



% of households, per reported occupancy arrangement in their shelter⁴:

Ownership	83.5%
Hosted without rent	10.6%
Rented	5.2%
Disputed ownership (Palestinian actor)	0.6%
No occupancy agreement/squatting	0.1%

% of households (331 HHs) reporting that their household is at risk of eviction at the time of data collection:



% of the 8.9% (331 HHs) of households reportedly at risk of eviction by most commonly reported reasons for fearing eviction*:

Disputed ownership	28.9%
Lack of funds	27.2%
Inadequate shelter conditions	17.2%

³ Inadequate shelter includes the following answer choices: unfinished building, collective shelters, tents, makeshift shelter, living in the open.

⁴ Answer choices for this question differed for Gaza and the West Bank based on contextual differences, with 'disputed ownership (Israeli actor)' included as an answer choice for West Bank households.

⁵ Protect themselves, their household members, or their shelter in case of armed conflict.

⁶ The damage levels reported here are based on the household's subjective perception, following a one year recall period, and may hence differ from damage assessments conducted in the aftermath of the escalation.

⁷ Subset of households that reported any level of damage due to bombardment of their shelter during the May 2021 escalation of violence.

SHELTER & CONFLICT

% of households reporting that they had taken measures to protect themselves⁵ in case of armed conflict:



% of households of the 44.4% of households that reported taking any measures to protect themselves or their shelter in case of armed conflict, by measure:

Prepare emergency bag	93.1%
Identify safest place in shelter	81.3%
Prepare safe family evacuation plan	46.6%
Know the safety positions to do during bombardment	43.2%

25.6% of households (1325 HHs) that reported that any member of their household had received information, training, or education on the risk of explosive remnants of war.

MAY 2021 ESCALATION OF HOSTILITIES

37.3% of households reported that their shelter had been damaged by bombardment during the escalation of hostilities in Gaza in May of 2021⁶.

Extent of shelter damage reported by the 37.3% of households that reported damage by bombardment in 2021, by % of households:



% of assessed households⁷ reporting having received assistance for repairs and reconstruction after the May 2021 escalation:

No assistance received	78.7%
Yes, full assistance received	11.8%
Yes, partial assistance received	7.4%
Yes, not sure if full or partial	1.9%

Current state of shelter damage reported by the 37.3% of households that reported having been damaged by bombardment in 2021, by % of households:

Not damaged/no further repairs needed	54.0%
Damaged (lack of own resources)	23.6%
No damage (repaired with assistance)	7.9%
No damage (repaired own resources)	6.6%
Damaged (assistance was insufficient)	5.2%

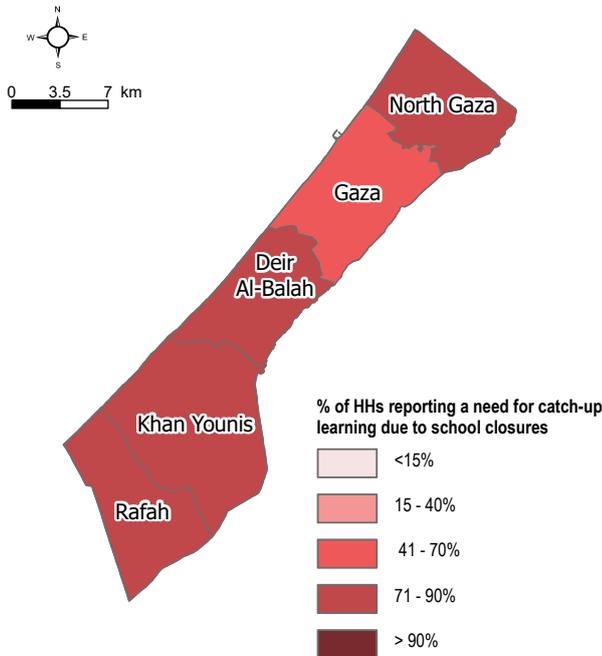


Reported rates of school attendance for basic and secondary education were slightly higher for school-aged girls than for school-aged boys, although the difference between girls and boys was more pronounced at the secondary school level, with 94.8% of school aged girls (16-17 years old) attending school compared to 82.9% of school-aged boys (16-17 years old). 5.7% of school-aged children reportedly dropped out of school during the current school year (2021-2022), with 5.3% of all school-aged boys and 2.7% of all school-aged girls reportedly dropping out. Safety concerns for children, both at school and on the way to/from school, were reported by 23.8% of households, with the most commonly reported concern being traffic hazards and crossing roads (85.6% of households with safety concerns). 9.3% of Gaza households reported having a child with a disability, and perceived additional challenges for children with a disability (mental and physical) in accessing educational services were reported by 93.5% of households.

NOTE
Of the 4,152 households interviewed in Gaza, **69.2%** reported having school-aged children.

SCHOOL CLOSURES & CATCH-UP LEARNING

% of households reporting a need for catch-up learning due to school closures due to COVID-19 or other reasons, by governorate¹:



% of households reporting a need for catch-up learning due to school closures due to COVID-19 or other reasons, by household refugee status:



% of households reporting a need for catch-up learning due to school closures due to COVID-19 or other reasons, by location:

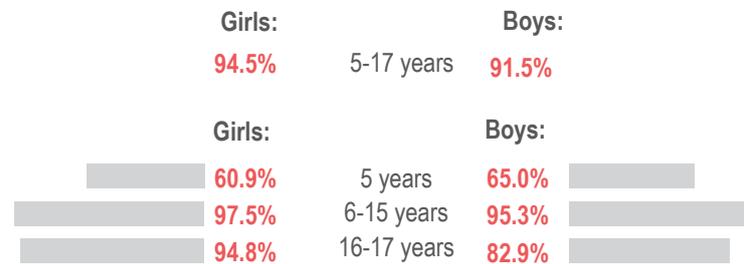


SCHOOL ATTENDANCE & ENROLMENT

Of the **7.1%** of households with school-aged children not attending school, % of households by most frequently reported reasons for non-attendance*:

Cannot afford to pay school related expenses	35.6%
Lack of interest (of children) in education	28.0%
Illness	16.5%
Children working to support household	9.4%
School cannot accomodate child with disability	7.6%

% of school-aged children (5 - 17) reportedly attending school regularly (4 days per week), by gender and age²:



% of assessed households with school-aged children planning to enroll all eligible children in school at the beginning of the 2022 - 2023 school year:



Of the **9.1%** of households not planning to enroll school-aged children, % of households by most frequently reported reasons for non-enrolment*:

Cannot afford school related expenses	15.2%
Child not interested in school	14.4%
School cannot accomodate child with disability	9.5%
Child needs to support family at home	8.0%

¹ This map represents the % of households in each West Bank location that reported a need for catch-up learning due to school closures for any reason, including COVID-19.

² Age categories are broken down as provided by the Education Cluster: Kindergarten (5 years), basic education 1st to 10th grade (6-15 years), secondary education 11th to 12th grade (16-17 years).

³ Many households (51.5%) answered 'not applicable' due to age of their child (under 5).



CHILDREN DROPPING OUT OF SCHOOL

% of school-aged children (5 - 17 years) who reportedly dropped out of school during the 2021 - 2022 school year:



- % of school-aged girls: 2.7%
- % of school aged boys: 5.3%

% of school-aged children, of the 5.7% of children (281 children) that dropped out of school during the current school year (2021 - 2022) by most commonly reported reasons for dropping out of school*:

Girls:	Boys:
Cannot afford costs: 56.5%	Child labour: 67.7%
Lack of interest: 19.1%	Cannot afford costs: 66.2%
Disability-specific needs not met: 17.9%	Lack of interest: 49.6%
Child labour: 13.7%	Disability-specific needs not met: 21.9%

SAFETY AND SECURITY CONCERNS

% of households³ that reported children feeling unsafe or very unsafe when traveling to/from and studying in schools:



Deir al Balah	28.9%
Gaza	15.3%
Khan Yunis	29.6%
North Gaza	27.3%
Rafah	25.2%

% of households⁴ of the 23.8% of households (1168 HHs) that reported children feeling unsafe or very unsafe when traveling to/from and studying in schools, by type of risk*:

Traffic hazards/crossing roads	85.6%
Harassment traveling to/from school	14.6%
Stray animals	9.7%
Violence at school	9.1%
Environmental hazards	3.6%
Risk of sexual violence at school ⁵	2.1%
Risk of sexual violence to/from school	1.6%
Other	0.7%
Attack on school	0.3%

DISTANCE TO SCHOOLS⁶

% of assessed households per distance to the closest basic education facility by regular mode of transport:



% of assessed households per distance to the closest secondary education facility by regular mode of transport:



ACCESSIBILITY

93.5% of households⁷ perceived that children with mental or physical disability faced additional challenges in accessing education services.

% of households by most commonly perceived additional challenges faced by children with disability in accessing education*:

Bullying	49.7%
Infrastructure not adapted	36.3%
Classrooms not adapted to need	28.8%
Transportation constraints	16.6%
Teacher training/availability	16.1%
Curriculum/material not adapted	15.9%

PSYCHOSOCIAL SUPPORT IN SCHOOL

% of households reporting psychosocial support (PSS) available at school for children if needed, by type of PSS:

Trained counsellors	66.2%
No such support available	15.1%
Teachers trained on PSS	10.1%
Not sure	9.9%
Information on external PSS	0.2%

³ Following guidance from the Education cluster, this question was asked to all households as it was considered general community knowledge. Households that had no knowledge on this topic were recorded as 'do not know'.

⁴ Due to contextual differences, some answer choices specifically adapted to the West Bank regarding threats, harassment or violence originating from Israeli settlers were not included for the Gaza Strip.

⁵ Referring specifically to the risk of sexual and gender-based violence.

⁶ Asked to all households.

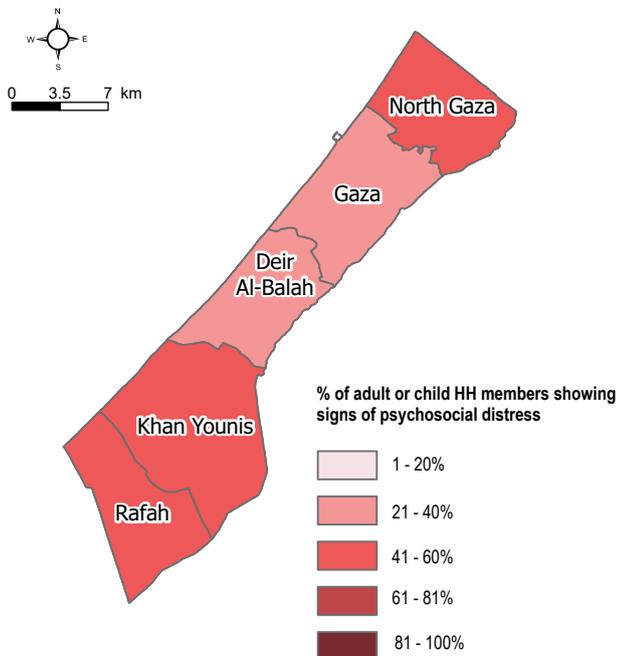
⁷ See footnote 3 above.



The humanitarian crisis in the oPt is often classified as a protracted protection crisis (HNO 2022) and protection concerns are interwoven to some extent throughout all other sectoral aspects of the MSNA. Particularly telling of the impact of protection related incidents on the well-being of Gaza households is the observation that 40.0% of households reported at least one member of their household experiencing signs of psychosocial distress or trauma in the year prior to data collection. Specific population groups, including women, children, and persons with disability are considered particularly at risk for experiencing protection threats, with 25.3% of households identifying specific safety and security concerns for children, 38.4% of households identifying specific safety and security concerns for children with a disability, and 15.7% of households identifying specific safety and security concerns for women.

PROTECTION CONCERNS & INCIDENTS

% of households reporting that at least one household member showed signs of psychosocial distress or trauma in the past year, by governorate¹:



% of households reporting that at least one household member showed signs of psychosocial distress or trauma in the past year:



Of the 40.0% of households reporting that at least one household member showed signs of psychosocial distress or trauma in the past year, % of household members showing psychosocial distress by age group²:

	No	Yes
At least one child household member (under 18 years)	68.0%	32.0%
At least one adult household member (over 18 years)	15.8%	84.2%

DIFFICULTIES IN ACCESSING SERVICES

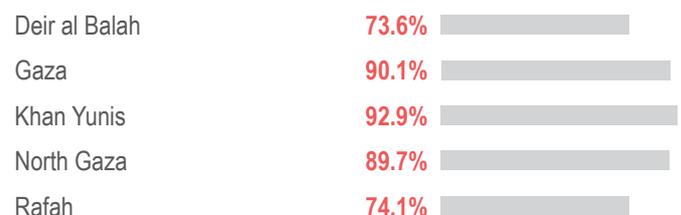
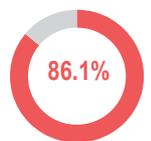
17.8% of households (846 HHs) reported that a member of their household had experienced difficulties in accessing one or more services (e.g education, health clinics, markets, etc.) due to mental or physical difficulty.

% of households of those 17.8% (846 HHs) of households that reported a barrier to accessing services, by most commonly reported reasons why they were prevented from accessing services*:



ACCESS TO REPRODUCTIVE SERVICES

% of households reporting that women of reproductive age (15 - 49 years) had no access barriers to specialized reproductive health services:



¹ This map represents the % of adults and children in each households by Gaza governorate that were reported to have experienced signs of psychosocial distress or trauma in the past year. Please refer to Annex 1: Indicator Mapping for more information.

² Signs of psychosocial distress or trauma can include (but is not limited to) behavioral changes such as nightmares, lasting sadness, extreme fatigue, being often tearful, bedwetting, extreme anxiety, significant social withdrawal, unusual aggressive behavior, decrease in appetite or sleep etc. This indicator is used as a proxy for assessing mental and psychosocial support needs.



SAFETY & SECURITY CONCERNS⁷

% of households by most frequently reported main safety and security concerns for children*:

Girls:		Boys:	
None	74.7%	None	74.7%
Verbal harassment	14.2%	Verbal harassment	8.5%
Wildlife, stray animals	7.9%	Wildlife, stray animals	7.9%
Sexual harassment/violence	6.5%	Bullying	6.7%
Bullying	4.7%	Physical violence	5.2%

% of households by most frequently reported main safety and security concerns for children with disabilities (including both girls and boys)*:

None	61.6%
Bullying	28.9%
Verbal harassment	9.0%
Wildlife, stray animals	6.1%
Unsafe transportation infrastructure	4.9%
Physical harassment/violence	4.5%

% of households reporting areas in their location where women and girls felt unsafe:

Deir al Balah	15.5%
Gaza	12.3%
Khan Yunis	17.9%
North Gaza	13.9%
Rafah	11.1%



% of households of the 11.4% of households (742 HHs) reporting areas in their location that women and girls avoid or where they feel unsafe by most frequently reported location*:

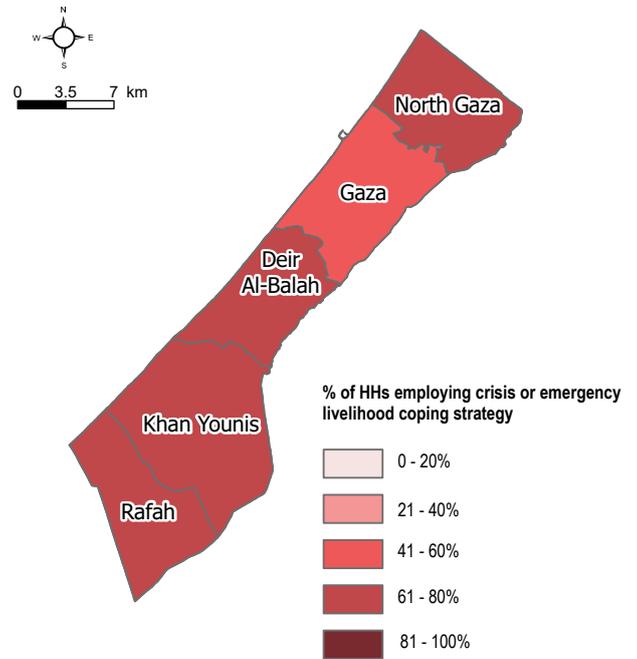
On their way to school	38.8%
Markets	23.1%
Social/community areas	21.6%

% of households of the 11.4% of households (742 HHs) reporting that women and girls avoid or feel unsafe in at least one location, by most frequently reported reasons*:

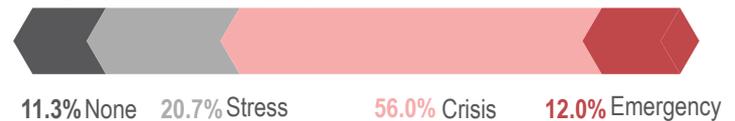
Fear of verbal harassment	50.4%
Fear of sexual harassment/violence	35.0%
Fear of being robbed	24.1%

LIVELIHOOD COPING STRATEGIES

% of households employing crisis or emergency livelihood coping strategies in the 30 days prior to data collection, by governorate:



% of households per Livelihood Coping Strategy (LCS)⁶ category in the 30 days prior to data collection:



CHILD LABOUR

% of households reporting that a child (under 15 years) worked to contribute to household income due to a lack of food or money to buy it:



Of the 5.3% of school-aged boys (ages 5 - 17) that had reportedly dropped out of school on the current school year (2021 - 2022), 67.7% dropped out due to child labour and of the 2.7% of school-aged girls (ages 5 - 17), 13.7% dropped out due to child labour.

⁵ These questions were asked to all households, regardless of household composition, as they were considered to cover information that would be general knowledge within a community. For households who were unable to answer these questions due to a lack of knowledge the answer choice 'do not know' was recorded.



A complex combination of factors consisting of deepening poverty and vulnerability, a lack of livelihood opportunities, the coercive environment created by the longstanding Israeli blockade, and internal political divisions continue to exacerbate humanitarian need in the Gaza Strip (HNO 2022). Owing to these circumstances, the need for basic assistance (cash and in-kind) remains high. With 73.2% of households in Gaza reporting having received any form of humanitarian aid or assistance (of which 92.7% received food assistance) in the 6 months prior to the MSNA data collection, the importance of considering accountability to affected populations is evident. The MSNA survey included a number of indicators specifically designed to assess AAP, and results of the MSNA across all sectoral and intersectoral indicators have been disaggregated according to aid-recipient status of the household.

The following factsheet will present a profile for aid-recipient households in Gaza based on the findings of the MSNA data. The information presented in the AAP section of this factsheet booklet should be considered alongside the sectoral findings of the MSNA in order to better contextualize household circumstances and create a more complete picture of household needs and vulnerabilities and the role of humanitarian assistance in the oPt.

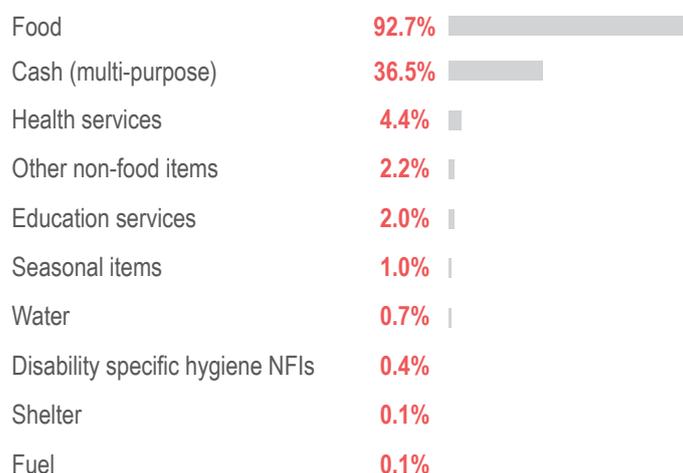
ASSISTANCE/AID RECEIVED

% of households reporting having received assistance/aid in the 6 months prior to data collection:



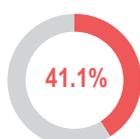
Compared to 66.4% of Gaza households reporting the same during the 2021 MSNA data collection.

Of the 73.2% of households that reported having received assistance/aid in the 6 months prior to data collection, % of households by type of assistance/aid received:



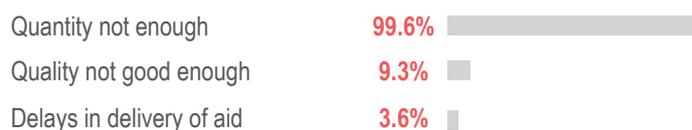
SATISFACTION WITH AID

Among the 73.2% of households that reported having received assistance/aid in the 6 months prior to data collection, % of households that reported being dissatisfied with the assistance/aid they received:



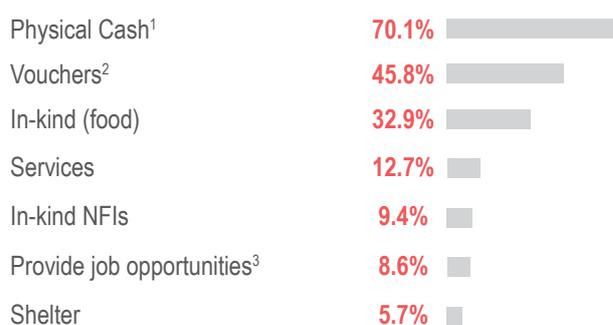
Household with member with disability	49.7%
Household with no member with disability	38.4%

Among the 41.1% of the 73.2% of households that received aid and were not satisfied with the aid/assistance they received in the 6 months prior to data collection, % of households by reasons for dissatisfaction*:



AID PREFERENCE

Preferred type of assistance/aid if households were to receive assistance/aid in the future, by % of households*:



Preferred type of assistance/aid by female members⁴ of the household if households were to receive assistance/aid in the future, by % of households*:



RECEIVING AID IN THE FUTURE

% of households reporting that they would like to receive any form of humanitarian aid or assistance in the future:



Female-headed households	99.2%
Male-headed households	92.7%
Refugee households	92.5%
Non-refugee households	90.5%
Head of household age (18 - 59)	92.6%
Head of household (60 and older)	88.9%
Household with member with disability	93.4%
Household with no member with disability	91.4%
Household location - urban	91.0%
Household location - camp	96.9%
Aid recipient	99.4%
Non-aid recipient	70.9%

Although 41.4% of the 73.2% of Gaza households receiving any form of aid reported dissatisfaction with the aid they received, this was primarily due to quantity of aid not being enough (reported by 99.6% of dissatisfied aid recipient households) and 68.3% of aid-recipient households reported aid as their primary source of income. Despite this seemingly high level of dissatisfaction with aid, 99.4% of aid recipient households nevertheless expressed wanting to continue to receive aid in the future.

¹ 70.1% of households reported physical cash as their preferred type of assistance for future aid distributions, compared to only 1.5% of households reporting the same for cash via bank transfer. This indicates that even when households may have an overall preference for cash assistance, it is important to also keep in mind the preferred modality of cash assistance.

² Vouchers as represented here includes both food vouchers (18.5%) and non-food vouchers (27.3%) for all households and female household members (15.6% and 25.4% respectively).

³ 'Provide job opportunities' was not included in the original answer choices of the MSNA questionnaire, but was re-coded as an answer choice following a review of the text-based answers for the open-ended answer choice 'other'.

⁴ The question on aid preference for female members of the household was asked by proxy to the respondent, and hence in some cases reflects the perception of a male respondent regarding preferences of female household members on type of aid to be received in possible future aid distributions rather than the actual preference of female household members. This limitation should be kept in mind when considering the results.

AID RECIPIENT PROFILE

Compared to non-aid recipient households, aid recipient households tended to score worse on indicators related to ability to meet basic needs (for more detail, see the MSNA 2022 Preliminary Analysis Tables). This should be considered alongside the higher reported rates of underlying household level vulnerability among aid-recipient households, including on factors such as unemployment, refugee status, female-headed households, or presence of a household member with a disability. These underlying vulnerabilities combined with the reality that many aid-recipient households (68.3%) are reliant on aid as their primary income source, may provide insight into why aid-recipient households reported more challenges to meeting their basic needs.

This appears also to highlight the importance of assistance in sustaining current household circumstances and the risk of households plunging further into need should aid be discontinued.

% of aid and non-aid recipient households by gender of the head of household:

	Male-headed household	Female-headed household
Aid recipient	90.0%	10.0%
Non-aid recipient	96.5%	3.5%

% of aid and non-aid recipient households by household refugee status:

	Non-refugee household	Refugee household
Aid recipient	29.7%	70.3%
Non-aid recipient	43.0%	57.0%

% of aid and non-aid recipient households by presence of a household member with a disability:

	No disability	Disability
Aid recipient	76.1%	23.9%
Non-aid recipient	87.1%	12.9%

% of aid and non-aid recipient households by presence of an unemployed adult household member:

	No unemployed adult	Unemployed adult
Aid recipient	34.2%	65.8%
Non-aid recipient	54.7%	45.3%



RISK OF SEXUAL EXPLOITATION AND ABUSE (SEA)

The risk of sexual exploitation and abuse was included as a cross-cutting critical topic throughout numerous sectoral indicators included within the MSNA, related to education, protection, and accountability to affected populations. The risk/fear of verbal harassment and the risk/fear of sexual harassment or violence were among the most frequently reported answer choices for many of these indicators, indicating the prevalence of concerns related to sexual exploitation and abuse among Gaza households. Although such concerns were reported at higher rates for girls and women, the frequency with which such risks and fears were reported for boys and children with disability (regardless of gender) is also alarming.

It should be noted that of the 3.1% of Gaza households (112 HHs) who reported a member of their household having experienced a protection incident in the 6 months prior to data collection, no households reported any member of their household having been affected by an incident related to sexual violence. There is a possibility that such incidents, along with other indicators related to SEA, may be under-reported by households due to the sensitivity of this topic.

SAFETY & SECURITY CONCERNS RELATED TO SEA

Risk of SEA at school and to/from school

23.8% of households (**1168 HHs**) reported children feeling unsafe or very unsafe at school or on the way to/from school, and of these households, **2.1%** reported a risk of sexual violence at school as one of their concerns and **1.6%** reported a risk of sexual violence on the way to/from school.

Security concerns for disabled children (girls and boys)

When asked about specific security concerns for disabled children, **9.0%** of households (**441 HHs**) reported a risk of verbal harassment and **3.2%** of households (**217 HHs**) reported a risk of sexual harassment or sexual violence.

Security concerns for girls

When asked about specific security concerns for girls, **14.2%** of households (**752 HHs**) reported girls being at risk of verbal harassment and **6.5%** of households (**391 HHs**) reported girls being at risk of sexual harassment or sexual violence.

Security concerns for boys

When asked about specific security concerns for boys, **8.5%** of households (**397 HHs**) reported boys being at risk of verbal harassment and **3.2%** of households (**201 HHs**) reported boys being at risk of sexual harassment or sexual violence.

Security concerns for women

When asked about specific security concerns for women, **10.7%** of households (**612 HHs**) reported women being at risk of verbal harassment and **4.2%** of households (**281 HHs**) reported women being at risk of sexual harassment or sexual violence.

LOCATIONS CONSIDERED UNSAFE FOR WOMEN AND GIRLS

% of households reporting areas in their location where women and girls felt unsafe:



Deir al Balah	15.5%
Gaza	12.3%
Khan Yunis	17.9%
North Gaza	13.9%
Rafah	11.1%

Of the **11.4%** of Gaza households (**742 HHs**) that reported women and girls avoiding specific locations in their area because they felt unsafe there, **5.1%** of households reported that women and girls felt unsafe while seeking or receiving humanitarian assistance.

Reported specific locations avoided

% of households of the **11.4%** of households (**742 HHs**) reporting areas in their location that women and girls avoid or where they feel unsafe by most frequently

On their way to school	38.8%
Markets	23.1%
Social/community areas	21.6%

Reasons for feeling unsafe in specific locations

Of the **11.4%** (**742 HHs**) of Gaza households that reported women and girls avoiding specific locations in their area because they felt unsafe there, the most frequently reported reasons were fear of verbal harassment (reported by **50.4%** of these households) and fear of sexual harassment or violence (reported by **35.0%** of these households).



CRM AWARENESS & USE⁵

Of the **21.0%** of aid-recipient households (**867 HHs**) reporting awareness of how to access a complaint or reporting mechanism (CRM), **67.5%** reported that they would use existing complaint mechanisms to provide feedback on the assistance/aid they received and/or the way that aid workers behaved in their location

% of households of the 21.0% of aid-recipient households reporting awareness of CRM that reported having used/engaged with CRM in the 6 months prior to data collection:



Of the **32.3%** of the **21.0%** of households aware of CRM and stating that they would not use existing complaint mechanisms, **% of households by most frequently reported reasons why*:**



CRM AWARENESS DISAGGREGATED BY POPULATION GROUP

% of households reporting awareness of how to access and use CRM by population group:

Female-headed households	19.1%
Male-headed households	21.2%
Refugee households	24.0%
Non-refugee households	14.4%
Head of household age (18 - 59)	21.4%
Head of household (60 and older)	19.6%
Household with member with disability	18.6%
Household with no member with disability	21.8%
Household location - urban	19.9%
Household location - camp	28.0%

Protection against sexual exploitation and abuse

% of households reporting that any member of their household was aware of the aid worker's code of conduct:



Female-headed households	10.0%
Male-headed households	10.5%
Refugee households	12.2%
Non-refugee households	7.2%
Head of household age (18 - 59)	9.3%
Head of household (60+)	14.8%

% of households reporting that any member of their household was contacted on their preferred ways to report sensitive information⁶ by household population group:



Female-headed households	3.8%
Male-headed households	2.2%
Refugee households	2.4%
Non-refugee households	2.2%
Head of household age (18 - 59)	2.1%
Head of household (60 and older)	2.8%
Household with member with disability	1.5%
Household with no member with disability	2.5%
Household location - urban	2.1%
Household location - camp	3.7%
Aid recipient household	2.6%
Non-aid recipient household	1.5%

⁵ All questions related to CRM were asked only to aid-recipient households.

⁶ The term sensitive information here can be defined as including, but not limited to, misconduct of aid workers, abuse, harassment, disrespect, sexual harassment, fraud, or any kind of dissatisfaction with the way in which aid was delivered etc.

TABLE OF MAPS

Cluster	Map Title	Page
N/A	<i>Map of MSNA coverage by governorate</i>	1
Health	<i>% of households considered in need based on difficulties experienced when trying to access healthcare services, by governorate</i>	4
WASH	<i>% of household relying on unimproved water sources for drinking water, by governorate</i>	6
Shelter	<i>% of households with any reported shelter damage, defects, or issues by governorate</i>	8
Education	<i>% households reporting a need for catch-up learning due to school closures, by governorate</i>	10
Protection	<i>% of households reporting that at least one household member showed signs of psychosocial distress or trauma in the past year, by governorate and severity score</i>	12

For those indicators (Health and Protection) where severity scoring was used in mapping, the scoring has been presented in the table below.

	Indicator Name	Level(s)	Source	1. None/minimal	2. Stress	3. Severe	4. Critical	5. Catastrophic
Health	% of households that can access primary healthcare within one hour by regular mode of transport	HH	MSNA	Less than 30 minutes AND no access barriers	More than 30 minutes AND no access barriers	Less than 30 minutes AND facing access barriers	More than 30 minutes AND facing access barriers	No criteria
	% of households facing barriers when trying to access health services							
Protection	% of households where at least one member of the household is self-reporting signs of psychosocial distress or trauma	HH	MSNA	% of households with NO member of the household self-reporting signs of psychosocial distress	No criteria	% of households with 1% to 30% of their household members self-reporting signs of psychosocial distress	% of households with 31% to 60% of their household members self-reporting signs of psychosocial distress	% of households with 61% to 100% of their household members self-reporting signs of psychosocial distress

Annex 2: Assessing disability

Disability in the MSNA was assessed through the [Washington Group Questions](#), which assess functional limitations for each individual member of the household for each of the following functions: communicating, hearing, remembering, seeing, self-care and personal hygiene, and walking. Due to the survey design and limitations of the MSNA, the Washington Group Questions were asked by proxy to the respondent for each individual household member over the age of 5 years. Some answer choices provided may therefore reflect more accurately the subjective perception of the respondent rather than the experiences of all individual members of the household with a disability.

Indicators related to disability inclusion were included as cross-cutting indicators throughout all sectoral sections of the MSNA survey.

Strata Gaza	Sample Size
'Abasan al Jadida	123
'Abasan al Kabira	129
Al Bureij	127
Al Bureij Camp	129
Al Fukhari	120
Al Maghazi	123
Al Maghazi Camp	127
Al Mughraqa	124
Al Musaddar	107
Al Qarara	129
Al Shokat	127
An Naser	123
An Nuseirat	130
An Nuseirat Camp	129
Ash Shati' Camp	129
Az Zawayda	128
Bani Suheila	129
Beit Hanoun	130
Beit Lahiya	130
Deir al Balah	130
Deir al Balah Camp	121
Gaza	131
Jabalya	131
Jabalya Camp	130
Juhor ad Dik (Wadi Gaza)	116
Khan Yunis	131
Khan Yunis Camp	129
Khuza'a	124
Madinat Ezahra	118
Rafah	131
Rafah Camp	129
Umm an Naser	117
Wadi as Salga	121
Total	4,152

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REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).