

oPt

MSNA 2022 Cross-Sectoral Findings

Multi-Sectoral Needs Assessment
2022 conducted in the occupied
Palestinian territory

July 2022



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Separation Barrier in the occupied Palestinian territory

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About REACH

REACH 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). For more information please visit [our website](https://reach-initiative.org). You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.

SUMMARY

Decades of military occupation, recurrent escalations of violence, and intensifying tensions have created a complex political and humanitarian crisis in the occupied Palestinian territory (oPt). With limited access to opportunities for socio-economic development, an estimated 2.1 million Palestinians (out of a total population of 5.3 million) were estimated to be in need of humanitarian assistance in 2022.¹ Under the compounding effects of occupation, the crisis in the oPt is often categorised as both a livelihoods and protection crisis, with a lack of respect for human rights and Palestinians in both the West Bank and Gaza struggling to meet their basic needs, access essential services, and live a life of dignity. Against the backdrop of intensifying tensions and hostilities throughout 2022, vulnerable Palestinian households remain at risk of experiencing violence, forced displacement, and poverty.

Within this context, REACH, in collaboration with the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) and the oPt Humanitarian Clusters, conducted a second round of the Multi-Sector Needs Assessment (MSNA). The 2022 MSNA aimed to provide a household-level analysis of sectoral and cross-sectoral needs and vulnerabilities of Palestinian households in the West Bank, East Jerusalem, and the Gaza Strip. Following lessons learned from the 2021 MSNA exercise, the assessment was adapted to include a more granular level of analysis in the West Bank, and several indicators were updated to better capture household circumstances in the oPt and meet the information needs of humanitarian response actors. For more detailed information about the research design and the sampling strategy used for the 2022 MSNA, please see the Methodology section of this report or refer to the [2022 MSNA Terms of Reference](#) (ToR). MSNA data collection took place from May 30th to July 6th 2022, with a total of 8,331 household surveys conducted during this time period (4,152 in Gaza and 4,179 in the West Bank, of which 244 in East Jerusalem and 170 in H2). The timing of the assessment and its deliverables was aligned with key milestones of the Humanitarian Programme Cycle (HPC) in order to support response planning within and across the different humanitarian sectors.

The findings of the MSNA are representative at a 95% level of confidence and a 9% margin of error. When analysing MSNA data, several key limitations should be considered. The MSNA is a household level survey and as such may not fully capture information that would be better assessed at the 'system level' – in particular as it pertains to access to services (healthcare, education, WASH infrastructure etc.). While the questionnaire included several individual level indicators, these were asked to respondents by proxy and therefore may reflect the perceptions of the respondent rather than the lived experience of specific individual household members. Findings related to particular sub-sets of the population (such as households including a person with a disability or female-headed households, for example) may have a wider margin of error, potentially yielding results with lower precision. Data collection took place between Eid al Fitr and Eid al Adha, which may have impacted findings (particularly those related to food security). Data collection also did not capture the effects of the escalation of violence in the Gaza Strip in August of 2022, and as such the MSNA data does not reflect any potential changes in the circumstances of Gaza households during or following this recent shock. Although these indicators were designed in close collaboration with the oPt Protection Cluster and thematic focal points, certain indicators related to protection concerns were considered particularly sensitive and may have been subject to underreporting.

Key Findings

The key findings presented here are intended to provide an initial overview of the key themes emanating from the MSNA data collection, primarily those related to livelihoods, reliance on coping mechanisms, ability to meet needs and access essential services, and accountability to affected populations (AAP). To contextualise and substantiate the findings of the MSNA, extensive secondary data review was conducted and secondary data from a number of sources (including from United Nations agencies, governmental authorities, humanitarian and human rights oriented non-governmental organisations, and to some extent journalistic media) is cited throughout this report. The findings for the West Bank (including East Jerusalem) and Gaza are presented alongside one another in this summary only for ease of readership. It should be noted that due to the unique circumstances faced by households in the

¹¹ UN OCHA. [Humanitarian Needs Overview 2022](#). December 2021

occupied West Bank and in Gaza under blockade, no direct comparisons should be made between the two. In the latter sections of the report, findings for the West Bank and Gaza are presented separately and in far greater detail. While findings can largely be organised according to the same key themes, it is important to keep in mind the different structures of the coercive environment enforced by the occupation in each location, and how these impact household need and vulnerability based on geographic location.

Livelihoods as a main driver of need

With high reported rates of unemployment, and resulting financial precarity, livelihoods represented one of the main drivers of household need in both the West Bank and Gaza as observed in the MSNA data. The restrictions on livelihood development and the lack of available livelihood/employment opportunities under occupation were observed to be linked directly and indirectly to the numerous challenges and barriers households faced in meeting their basic needs and accessing essential services. oPt wide, 35% of households reported that at least one member of their household was unemployed and unable to find work at the time of the data collection and half of all households (51%) reported that a lack of available jobs represented a barrier to employment for a member of their household. Specific employment barriers were reported for certain vulnerable population groups (including women, older persons,² and persons with disability) in both the West Bank and Gaza. Accordingly, households that were female-headed, headed by an older person, and/or were assessed to include at least one person with a disability often reported financial barriers and challenges at greater rates than their counterparts. Although certain population groups faced unique challenges, that seemed to further exacerbate their household needs and vulnerabilities, livelihoods as a driver of need was a commonly observed trend across the oPt.

Twenty-one percent of West Bank households included at least one unemployed adult household member, with the most frequently reported employment barriers being a lack of available jobs (43%), available jobs being too far away (18%), and the only available jobs being low-skilled or socially degrading jobs (13%). The impact of the coercive environment under occupation on livelihood and employment opportunities was also evident in the fact that 8% of West Bank households reported restrictions on physically accessing work (e.g. checkpoints and permits) as an employment barrier and 22% of West Bank households were reliant on work in Israel or Israeli settlements as their primary source of income. In Gaza, 60% of households reported that a member of their household was unemployed and unable to find work at the time of the data collection, and 64% of households reported an employment barrier in the form of a lack of available jobs. A reported 73% of Gaza households received humanitarian aid or assistance in the 6 months prior to data collection, and 51% of Gaza households reported assistance as their household's primary income. Against the backdrop of stagnant economic growth and deliberate restrictions on livelihood development in the blockaded Gaza Strip, the role of aid and assistance in sustaining household circumstances and preventing households from slipping deeper into poverty appears clear.

Reliance on coping mechanisms and ability to meet basic needs

With a lack of available livelihood and employment opportunities, households often appeared to employ negative coping mechanisms in order to meet their basic needs due to a lack of sufficient financial resources. As measured through the Livelihood Coping Strategies Index (LCSI), 89% of households in Gaza reported having employed any type of livelihood coping strategy in the 30 days prior to data collection. The same was reported by 39% of West Bank households. The use of more severe livelihood coping strategies categorised as being either "crisis" or "emergency" was reported by 68% of Gaza households and 28% of West Bank households.³ Particularly high reliance on coping mechanisms (observed through higher overall reported use of such mechanisms and more frequent use of more severe mechanisms) was observed among certain vulnerable population groups, especially among households including a person with disability and aid-recipient households in Gaza. In the West Bank, notable differences in the reported use of negative coping mechanisms was also observed between the

² Older persons were defined for the purpose of the MSNA as persons above the age of 60 years.

³ Contextualised guidance on the categorisation of livelihood coping strategies into "stress", "crisis", and "emergency" severity was provided by the World Food Programme and the oPt Food Security Cluster.

geographic strata, with Nablus governorate having the highest reported rate of households using crisis or emergency livelihood coping mechanisms (58%).

Taking on debt, especially in order to meet basic household needs, was observed to be a widespread practice in both the West Bank and Gaza, where 43% and 83% of households reported having any outstanding debt at the time of data collection, respectively. While debt was included in the MSNA as a stand-alone indicator,⁴ household reliance on debt taking was also evaluated through the indicators measuring use of negative coping mechanisms. Linked to the reported challenges faced by households related to livelihoods and employment, the most frequently types of coping mechanisms used by households were related to practices of purchases made on credit, borrowing money and taking on debt, and reduced spending on essential services (including healthcare and education).

Access to essential services

Although financial barriers were frequently reported by households in both the West Bank and Gaza as challenges to accessing essential services, this must be contextualised within the restricted livelihoods environment in the oPt as well as considered alongside the other structural barriers impacting household ability to access essential services. The complicated system of movement restrictions imposed under occupation restricts access to specialised medical care, and may have a particularly detrimental effect on the health outcomes of those with acute injury or illness, chronic illness, or disability. Lack of available supplies, especially medicine, also represented a frequently reported barrier to accessing healthcare across the oPt. The compounding mental health impact of increasing tensions, cyclical escalations of hostilities, and more generally living under occupation should also not be underestimated. Self-reported signs of psychosocial distress or trauma were observed to be high, especially in Gaza, indicating a correspondingly high need for access to mental health and psychosocial support services (PSS).

With a generation of children in Gaza growing up knowing only life under blockade and having already been exposed to multiple escalations of violent conflict, particular concerns emerged on the mental health of children and access to PSS in schools. Numerous protection concerns related to education were also noted for children in the West Bank, particularly in H2 and Area C, where some of the most frequently reported reasons for children dropping out of school were related to political protection risks.⁵ Additional challenges for children with disability in accessing education were reported in both the West Bank and Gaza. Households including a person (child or adult) with disability were also more likely to report challenges accessing other types of essential services and often reportedly faced additional barriers unique to their specific circumstances.

Spotlight on specific population groups

When analysing household ability to meet basic needs and access essential services in the oPt, it is important to distinguish between different population groups both based on geographic location of the household⁶ and belonging to a particular population group.⁷ It must also be taken into account that the vulnerability criteria used to determine the population group by which the MSNA findings were disaggregated are not distinct from one another, but rather intersecting and overlapping.⁸ Households considered more vulnerable due to these factors may also face additional risk if also located in a location of particular concern that might further exacerbate their needs or expose them to higher levels of threat. Across many indicators measured by the MSNA in both the West Bank and Gaza, households that

⁴ This stand-alone indicator on debt also measured more positive reasons for taking on debt, such as taking on debt for business related expenses or investing in income generating activities.

⁵ Defined for the purpose of the MSNA as “protection risks while commuting to school – political (e.g. soldiers and settler harassment/violence)”.

⁶ At the most basic level, geographic distinction between households in the West Bank and Gaza should always be kept in mind due to the unique circumstances faced by households in these different locations. Within the West Bank and Gaza, further and more granular geographic distinction, however, remains crucial in order to better understand localised needs and vulnerabilities – especially for those households in Area C, H2, or in locations close to the Access Restricted Area (ARA).

⁷ For the purpose of this report, a number of vulnerability criteria have been considered and particular focus has been placed on female-headed households, households headed by older persons (often overlapping with female-headed households), households including a person with disability, and aid-recipient households in Gaza.

⁸ To see a more detailed breakdown showing the overlapping and intersecting nature of underlying vulnerabilities please see Table 1 on page 18 (for West Bank households) and Table 10 on page 32 (for Gaza households).

included a person with a disability reported higher levels of need than their counterparts – this was particularly observed in those indicators capturing household ability to meet basic needs and access essential services. Female-headed households – who were found to be least likely to have an employed adult member of the household and more likely to be headed by an older person, include a person with disability, or include a household member with a chronic illness – also experienced higher reported rates of challenges meeting basic needs and accessing some essential services than male-headed households. Female-headed households, especially older female-headed households, reported being financially reliant on support from their family, friends, or community as their primary source of income at higher rates than other population groups. Also particularly noteworthy to highlight was the difference in the reported circumstances of aid-recipient households in Gaza compared to non-aid recipient households. Aid-recipient households in Gaza were more likely to be in need than non-aid recipient households. This appears to indicate that although aid may be serving as a necessary stop-gap measure to prevent households from falling deeper into poverty and need, it is nevertheless insufficient in the face of the compounding effects of the blockade and the structural limitations on sustainable livelihood opportunities.

Accountability to affected populations

Given the vastly different extent to which aid is provided in the West Bank (where 8% of households had received some form of humanitarian aid or assistance in the 6 months prior to data collection) and Gaza (where 73% of households were aid-recipient households) separate and more detailed sections on accountability to affected populations (AAP) have been included in the body of this report for each location. Household perceptions on aid also differed accordingly between these locations. In the West Bank, aid-recipient households were more likely to be satisfied (83%) than in Gaza (59%). West Bank households that were dissatisfied with aid reported a wider variety of reasons linked to both quantity and quality of aid, while Gaza aid-recipient households were nearly exclusively reporting insufficient quantity as their primary reason for dissatisfaction. In the West Bank, 60% of households (including both aid-recipients and non-aid recipients) expressed wanting to receive humanitarian aid or assistance in the future. The same was reported by 92% of Gaza households. Although cash and voucher assistance was the preferred type of assistance by both West Bank and Gaza households, in addition, 9% of Gaza households reported that their preferred type of assistance would be in the form of providing job opportunities.⁹ When considering these factors, combined with the fact that 68% of Gaza aid-recipient households reported aid being their primary source of income, a relationship between reliance on aid and lack of livelihood opportunities in Gaza appears to emerge – one which must be taken into account when discussing accountability to affected populations in this context.

Links between the MSNA findings and the humanitarian consequences

The 2022 HNO identified three types of humanitarian consequences in the oPt, related to protection of civilians and forced displacement, access to essential services, and resilience and recovery. The findings of the MSNA can be linked to all of these consequences, and indeed seem to provide important insights into their cumulative and interrelated nature. Often classified as a protracted protection crisis, the compounding effects of the occupation have negatively impacted the ability of Palestinian households to meet their basic needs and live in dignity. With complex movement restrictions and limited access to safe, sustainable, and stable livelihood opportunities, households in the oPt often needed to rely on negative coping mechanisms to meet their basic needs. Their ability to access services was challenged not only by financial barriers, but by structural limitations and systemic protection concerns. The complicated access to essential services combined with the high observed use of exhaustible coping mechanisms - considering in Gaza also the further problematic high reported reliance of household on aid – appeared to limit household ability to respond to eventual future shocks, with detrimental consequences on their resilience and capacity for recover.

⁹ For the complete breakdown of preferred aid type for all members of the household and for female members of the household please refer to the [West Bank Key Sectoral Findings Factsheet – AAP Section](#) and the [Gaza Key Sectoral Findings Factsheet – AAP Section](#). It should also be noted that this was a multiple choice indicator which allowed households to give their preference for up to 3 types of aid or assistance, unless the answer choice “none” was selected in which case households could not also select another answer.

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List of Acronyms

AAP:	Accountability to Affected Populations
AIDA:	Association of International Development Agencies
CRM:	Complaint Response Mechanism
FCS:	Food Consumption Score
FHoH:	Female head of household
FIES:	Food Insecurity Experience Scale
GPS:	Global Positioning System
HH(s):	Household(s)
HNO:	Humanitarian Needs Overview
HoH:	Head of Household
HPC:	Humanitarian Planning Cycle
HRP:	Humanitarian Response Planning
HQ:	Headquarters
GBV:	Gender Based Violence
JIAF:	Joint Intersectoral Analysis Framework
LCSI:	Livelihood Coping Strategies Index
MDM:	Médecins du Monde
MSNA:	Multi-Sector Needs Assessment
MHPSS:	Mental health and psychosocial services
NIS:	New Israeli Shekel
OCHA:	United Nations Office for the Coordination of Humanitarian Affairs
ODK:	Open Data Kit
oPt:	occupied Palestinian territory
PA:	Palestinian Authorities
PCBS:	Palestinian Central Bureau of Statistics
PiN:	People in Need
PPS:	Probability proportional to size
PSEA:	Protection from Sexual Exploitation and Abuse
PSS:	Psychosocial support
rCSI:	reduced Coping Strategies Index
ToR:	Terms of Reference
UNCTAD:	United Nations Conference on Trade and Development
UNDP:	United Nations Development Programme
UNRWA:	United Nations Relief and Works Agency for Palestine Refugees
UNSCO:	United Nations Special Coordinator for the Middle East Peace Process
VAF:	Vulnerability Analysis Framework
WASH:	Water, Sanitation and Hygiene
WG-SS:	Washington Group Short Set
WHO:	World Health Organization

Geographical Classifications

The 2022 MSNA data collection exercise was conducted throughout the entirety of the occupied Palestinian territories, with representative data collected in the West Bank, H2, East Jerusalem, and the Gaza Strip. The geographical units of analysis referenced in this document are explained below:

Governorate:	Highest form of governance below the West Bank and Gaza Strip territorial level
Oslo Area:	Distinct administrative divisions determined through the Oslo II Accords, dividing the Israeli-occupied West Bank into Area A, Area B, and Area C. Area A is administered exclusively by the Palestinian Authorities (PA); Area B is administered under Palestinian civil control and joint Israeli-Palestinian security control; Area C is administered under full Israeli civil and security control. Area C is the only contiguous part of the West Bank.
H2:	The approximately 20% of Hebron city which remains under direct Israeli control.
Locality:	When using the term locality to refer to the geographic strata applied in the Gaza strip, this covers the official municipalities but also includes the refugee camps that, although not municipalities in their own right, are included as separate strata.
Camp:	For the purpose of the MSNA, only camps administered by the United Nations Relief and Works Agency for Palestine Refugees (UNRWA) were classified as camps, thereby excluding Qaddura and Silwad Camp (both located in Ramallah and al-Bireh governorate).

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Context of the crisis

The analysis framework applied to the Multi-Sector Needs Assessment (MSNA) required firstly to outline and understand the context, in order to adapt the methodology to the occupied Palestinian territory (oPt) context and to be better able to interpret current needs findings. This included looking at main drivers of the crisis, including the recurring shocks of violent escalation of conflict, and the effects of underlying factors on household circumstances.

The oPt currently faces complex, multi-faceted challenges, which are predicated on decades of political and humanitarian crises. These have stunted development, destroyed living standards, curtailed basic freedoms and limited opportunities for lasting peace. According to the 2022 Humanitarian Needs Overview (HNO), 2.1 million Palestinians out of a total population of 5.3 million, were estimated to be in need of humanitarian assistance, 39% of whom were classified as being in severe need. Fifty-five years of occupation of the West Bank and the Gaza Strip, cyclical escalations in tensions, and recurring conflict between Israeli forces and Palestinian armed groups have eroded the protection of human rights and cultivated an environment of persistent insecurity. Palestinians in the West Bank and Gaza are also experiencing the compounding effects of a diminishing economy, limited access to employment, and an overall decline in socioeconomic development opportunities. The COVID-19 pandemic and recurrent escalations have caused further economic contraction and exacerbated ongoing humanitarian needs, whilst inhibiting opportunities for growth in the long term. Vulnerable Palestinian households (HHs) are at continual risk of violence, displacement, food insecurity, and poverty, requiring a robust humanitarian response during a time of record-low funding levels for the provision of critical assistance and services.

Escalations of violent conflict and prolonged periods of high tension

The threat of recurrent escalations of hostilities in the Gaza Strip, and ongoing prolonged periods of increased and heightened tension and violence in the West Bank have a profound impact on the mental and physical wellbeing of Palestinians and their ability to meet basic needs and live in dignity.

The 2021 MSNA¹⁰ was conducted in the immediate aftermath of the May 2021 escalation of violence in the Gaza Strip. The 2022 data collection included a number of follow-up indicators, particularly related to shelter, protection concerns, and accountability to affected populations, that intended to capture the circumstances of households one year after the escalation. It should be noted that the 2022 MSNA data collection was completed on July 6 2022, and therefore preceded and did not capture the effects of the escalation of violence in Gaza which took place from 5 to 7 August 2022.

Underlying protection crisis

Under decades of military occupation, the crisis in the oPt is often characterised as a protracted protection crisis.¹¹ Key protection risks and underlying threats highlighted by the oPt Protection Cluster include a deterioration in physical and mental well-being due to violence, conflict and prolonged periods of high tension, high reported rates of psychosocial distress, displacement and threat of forcible transfer, child protection threats, and specific protection risks facing women and girls. Driven by the blockade on the Gaza Strip, movement restrictions imposed in the West Bank, recurrent escalations of violence, human rights violations and absent respect for international law, and intra-Palestinian tensions, protection concerns in the oPt were widespread and were observed as cross-cutting issues within many different sectoral indicators included in the MSNA. Compounded with restrictions on infrastructure development, discriminatory planning regimes these factors limit the ability of Palestinian households to meet basic needs, access essential services, resources, and livelihood opportunities.¹²

¹⁰ The Terms of Reference for the 2021 MSNA can be accessed [here](#).

¹¹ UN OCHA. [Humanitarian Needs Overview 2022](#). December 2021 and oPt Protection Cluster. [Protection Analysis Update oPt](#). August 2022.

¹² Ibid.

Restrictions on livelihood opportunities

The coercive environment created by the occupation, including repeated destruction of homes and property, restrictions on (re)construction, and resulting lack of economic opportunities have severely and negatively affected capacity for livelihood development. According to the 2021 Palestinian Central Bureau of Statistics (PCBS) Labour Force Survey, the rate of unemployment among labour force participants in the oPt (26%) remains among some of the highest in the world.¹³ Large disparity between the West Bank and Gaza is observed, with unemployment in Gaza reaching 47% compared to 16% in the West Bank.¹⁴ High reported rates of unemployment were also observed in the 2022 MSNA, with 60% of households in Gaza and 21% of households in the West Bank including at least one adult household member unemployed and unable to find work at the time of the data collection.

Across all sectors included in the MSNA, vulnerability related to employment and financial resources appeared to be one of the key cross-cutting issues to emerge in the findings. From high unemployment rates, to the widespread reliance of households on precarious income sources, high reported use of negative coping mechanisms due to a lack of financial resources to meet basic needs, and frequent reports of financial barriers to accessing essential services, the impact of the restrictive livelihoods environment in the oPt on household circumstance is evident.

Against the backdrop recurring conflict and a protracted livelihoods and protection crisis in the occupied Palestinian territory, REACH aimed to position the MSNA within the humanitarian-development and peacebuilding nexus framework. To support the objectives of addressing both immediate humanitarian needs in the oPt and working towards building more resilient communities, humanitarian and development actors will require a reliable and comprehensive evidence base to support strategic planning. The MSNA is designed to support the development of the 2023 HNO and HRP and other guiding documents. In following a nexus approach, a Vulnerability Assessment Framework (VAF) was developed jointly in 2021 by REACH, the United Nations Development Programme, and the United Nations Special Coordinator for the Middle East Peace Process (UNSCO). The MSNA indicators used in the VAF in 2021 have also been included in the 2022 MSNA and will allow for comparability of vulnerability over time.

This report will focus on the main cross-cutting, cross-sectoral, and inter-sectoral findings emanating from the MSNA data, considering also the unique circumstances of households in Gaza compared to households in the West Bank and the needs and vulnerabilities of specific population groups.¹⁵ The report will be structured as follows, keeping in mind the three humanitarian consequences identified in the 2022 HNO¹⁶ and highlighting issues of key concern for different areas and population groups:

- Overview of underlying and overlapping vulnerabilities
- Livelihoods and employment barriers within the restrictive environment imposed by the occupation;
- Household ability to meet basic needs and access essential services;
- Underlying protection concerns;
- Reliance on aid to sustain household circumstances (Gaza).

For each theme, the analysis will be presented disaggregated by different population groups to highlight the unique situation of households in certain locations and with specific household demographic

¹³ Palestinian Central Bureau of Statistics. [Press Release on the Results of the Labour Force Survey](#). 2021

⁹ Ibid.

¹⁵ Including female headed households, older person headed households, refugee households (in camp and out of camp), households including persons with disabilities, and households located in locations with particular circumstances such as those living in East Jerusalem and the part of Hebron city known as H2.

¹⁶ Critical Problem 1: Humanitarian consequences related protection and forced displacement; Critical Problem 2: Humanitarian consequences related to the access to essential services; and Critical Problem 3: Humanitarian consequences related to resilience and recovery.

characteristics. The analysis will be linked to the three types of humanitarian consequences identified in the oPt – those related to protection of civilians and forced displacement; those related to access to essential services; and those related to resilience and recovery. This report continues with a methodology section, including the research questions, sampling strategy, and limitations. Next, the findings will be discussed, elaborating on the cross-cutting themes states above, pre-existing vulnerabilities, and the prevalence of coping strategies. The report will finish with a brief conclusion.

For more detailed analysis on sectoral needs, please refer to the [2022 oPt MSNA Preliminary Analysis Tables](#), the [Gaza Key Sectoral Findings Factsheet Booklet](#), the [West Bank Key Sectoral Findings Booklet](#), and the [Cross-Sectoral MSNA Presentation](#). In addition, thematic factsheets highlighting key indicators of relevance for Cash and Voucher Assistance have been published in collaboration with the [West Bank](#) and [Gaza](#) Cash Working Group (CWG). An [interactive dashboard](#) for use of the MSNA data is available here. Additional planned future outputs will include two thematic briefs and a factsheet for the VAF.

METHODOLOGY

Specific objectives and research questions

The 2022 oPt MSNA was conducted to support evidence-based decision making for the 2022 humanitarian planning cycle (HPC) and to enable planning among key humanitarian actors through the provision of updated information on multi-sectoral needs and priorities for crisis-affected populations in the oPt.

To approach this objective, the MSNA sought to answer the following research questions:

- What is the character of multi-sectoral humanitarian needs across households in the oPt?
- What is the magnitude and severity of humanitarian needs across the specific sectors (e.g. education, water, sanitation, and hygiene [WASH], protection, livelihoods, food security, shelter, and health)?
- To what extent do households have inter-sectoral needs and what are the most common overlapping needs?
- How do findings differ according to geographic area, population group, and vulnerability profiles of households?
- What are the characteristics of aid distribution to households across the oPt, in terms of type of assistance distributed, satisfaction, and access to complaint mechanisms?

Scope

The MSNA household level survey covered the entirety of the oPt: the West Bank, East Jerusalem, and the Gaza Strip. MSNA data is representative at the national level, sub-national regional level (West Bank and Gaza), and at the governorate level. In addition, the survey covered, and is statistically representative of, households in East Jerusalem¹⁷, the part of Hebron city known as H2, the territories of the West Bank designated as Areas A, B, and C according to the Oslo Accords (across each West Bank governorate), and all localities in Gaza.¹⁸ Households in each of these areas face unique circumstances as a result of the location they live in, and in certain instances have been assessed to have distinct and heightened humanitarian needs. Limiting the sampling strata or the analysis to only the sub-national regional or governorate level would risk underreporting the humanitarian needs of households in locations of particular concern, such as those living in Area C, East Jerusalem, and H2. In Gaza, collecting data at the municipality and locality level has allowed for a high degree of granularity in analysis and related response planning. Owing to logistical considerations, municipality-level sampling was not feasible in the West Bank.

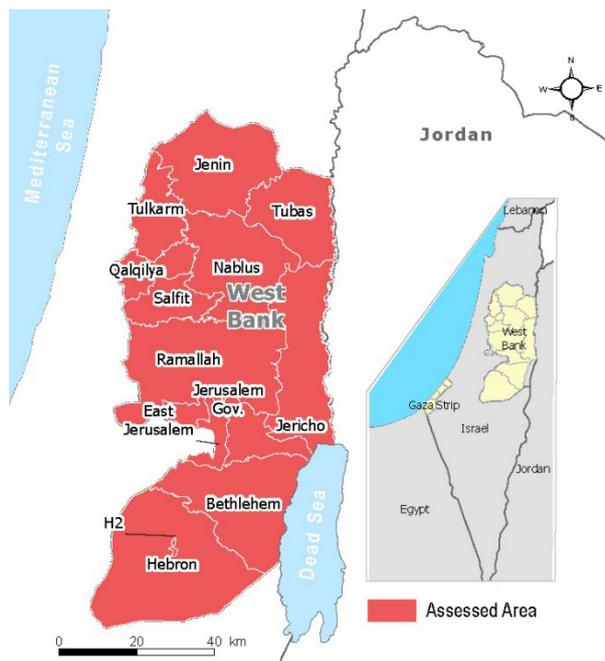
The geographic coverage of the MSNA in the oPt is depicted on Maps 1 and 2: Assessment Coverage in the West Bank and in Gaza below.

The population of interest will include refugee and non-refugee Palestinians, with the former including in-camp and out-of-camp refugee households. In the oPt context, refugee households are defined as those households that are headed by an individual who was displaced during the 1948 or 1967 wars, or is a descendant of such an individual, and is currently registered with the United Nations Relief and Works Agency for Palestine Refugees (UNRWA). Refugee status was self-reported by households during the MSNA data collection, and was not cross-verified with UNRWA registration.

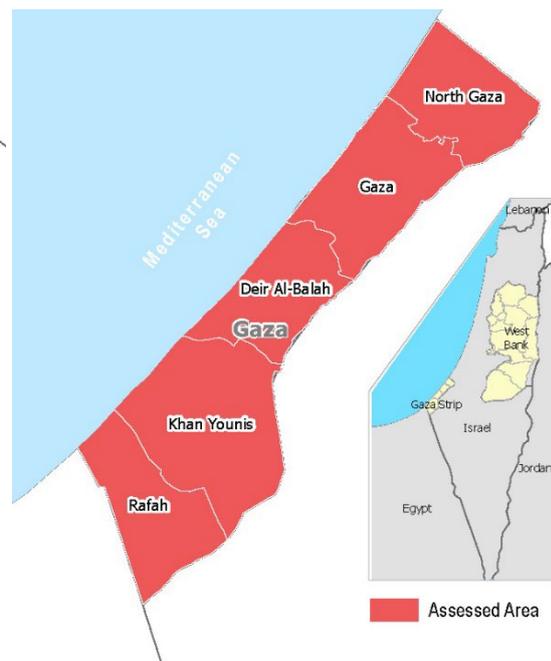
¹⁷ The parts of the city of Jerusalem covered by Israel's illegal annexation, commonly referred to as East Jerusalem.

¹⁸ Localities include the 25 municipalities of the Gaza Strip and eight refugee camps.

Map 1: MSNA Coverage in the West Bank



Map 2: MSNA Coverage in the Gaza Strip



Thematic scope

Thematically, all clusters active in the oPt (Food Security, Water Sanitation and Hygiene (WASH), Shelter, Education, Protection, and Health) were consulted and covered in the MSNA tool. The protection component included a number of topics - namely freedom of movement, psycho-social support, disability inclusion, child protection, gender-based violence, mine action, housing, land and property – which were interwoven throughout different sections of the tool. In addition to sectoral indicators, a number of cross-cutting indicators covering multiple sectors were included in the tool to better understand the complexity of living conditions and household needs of the Palestinian population. The tool also included indicators covering use of coping strategies, accountability to affected populations (AAP), risk of and protection from sexual exploitation and abuse, pre-existing vulnerabilities, livelihoods, and demographic profiles of the households.

Sampling strategy

The MSNA followed a two-stage cluster sampling approach across all strata in the West Bank and Gaza Strip, with the final sample frame developed in consultation with OCHA and the Palestinian Central Bureau of Statistics (PCBS). Enumeration areas, geographic areas of inhabited areas across the oPt containing approximately 150 households each, served as the primary sampling unit for cluster sampling. A total of 8,331 household-level surveys were conducted across 57 strata and representative at a 95% level of confidence and 9% margin of error, with a 15% buffer built in across all strata. For the full breakdown of sample size by strata, please refer to in Annex 1 on page 50.

Sampling in the West Bank: To select households for the West Bank sample, the primary sampling unit (enumeration area) was randomly selected in the first stage with replacement and with the selection based on probability proportional to size (PPS). This ensured that in the second stage, each basic sampling unit (household) within the survey area had an equal chance of being selected. Location lists containing every community in the West Bank inhabited by Palestinians (excluding East Jerusalem) were provided by PCBS. These lists were essential to the sampling process in the West Bank, as they contain a breakdown of specific communities (e.g. hamlets, towns, villages, cities, and refugee camps) according

to the different Oslo Areas the community may span.¹⁹ After selecting the enumeration areas in the first stage, shelter lists provided by PCBS, containing the number of households living within a certain location, were used in the second stage to randomly generate a list of households to be sampled in each location. Locations were limited to those that have at least 30 households, as reported by official PCBS figures and within each enumeration area, a minimum cluster size of 5 was set.

Each of the 11 West Bank governorates was stratified according to Oslo Area, with the territories designated as Area A and Area B sampled together, and the territory designated as Area C treated separately (creating 22 strata). An additional strata was created for the part of Hebron city designated as H2, due to the particular circumstances faced by households in this location. Data across all West Bank strata is representative at a 95% level of confidence and a 9% margin of error, with a 15% buffer built into the sample size.

The West Bank sample for the 2022 MSNA provides a far greater granularity and level of detail than the 2021 MSNA West Bank sample. The sample design in 2022 was updated based on feedback from actors within the humanitarian response, and to ensure the geographic levels of analysis in the MSNA aligned with the response planning needs the assessment aims to inform and allowed for triangulation with other datasets and information resources.

Sampling in East Jerusalem: In East Jerusalem, the sample was calculated based on a two-stage sampling approach using enumeration areas. Enumerators then used a random walk technique to identify households to be interviewed. The East Jerusalem sample is representative at a confidence level of 95% with a margin of error of 9%, and a 15% buffer included in the sample size.

Sampling in the Gaza Strip: In Gaza, the sample was stratified by locality, thereby able to achieve a high degree of granularity to better inform strategic response planning needs. During the first stage, enumeration areas across the 33 localities in Gaza were randomly selected, followed during the second stage by a random selection of a fixed number of households (calculated based on the minimum number needed to meet the target sample size) drawn from lists provided by the PCBS. Consistent with the West Bank, the minimum cluster size was 5, and findings are representative at a 95% level of confidence and a 9% margin of error, with a buffer of 15%.

For the 2022 MSNA sample in Gaza, the same sampling frame was utilised as in 2021. The full sample breakdown by strata can be referenced in Annex 1.

Primary data collection

8,331 household surveys were collected in-person from May 30th to July 6th 2022 by PCBS enumerators²⁰ trained on the specificities and use of the MSNA questionnaire and methodology. Data was collected simultaneously across all geographic locations. A four day in-person training²¹ took place at the PCBS offices in Ramallah and Gaza City from May 22nd to May 25th and was conducted jointly by REACH, the PCBS, and cluster focal points. Each cluster focal point, in addition to a focal point for protection against sexual exploitation and abuse (PSEA) were given dedicated time slots during this four day period. In addition to providing a thorough overview of the data collection methodology and indicators included in the questionnaire, the training also included sessions on explaining behaviour rules and interview

¹⁹ The list breaks down the number of inhabitants in a given location residing in Area A, Area B, and Area C as designated by the Oslo II Accords. It is not uncommon in the West Bank for parts of a locality to span across multiple Oslo Areas, for example, a single village may include lands designated as Area A, B, and C.

²⁰ A total of 109 enumerators collected MSNA data: 53 enumerators in the West Bank, 52 in the Gaza Strip, and 4 in East Jerusalem. The gender breakdown of the enumerator team consisted of 86% women and 14% men.

²¹ The training material used, developed in close collaboration with cluster focal points and the PCBS, is available in Arabic here for reference.

best practices²². The Protection Cluster provided enumerators with a list of referral services for flagged²³ households, as well as training for how to provide households with this information.

As part of the training process, each enumerator was asked to complete a minimum of two surveys by the end of training and flag any issues they encountered with the tool. The tool was also tested by both REACH and the PCBS during its development phase, and any issues flagged were corrected ahead of tool deployment. The tool and training material were translated into Arabic by REACH, with translations cross-checked by PCBS and cluster focal points to ensure meaning was captured as intended. During this process, indicators were also reviewed for sensitivity within the context – which in some cases led to a change in wording or a removal from the tool.

Data collection was conducted in-person in all location. In the West Bank (including H2) and Gaza, the survey was collected using an Open Data Kit (ODK) form on KoBo Toolbox, although the tool's Global Positioning (GPS) function was disabled in Gaza for security reasons. Also for security reasons and to abide by the do no harm principle, the survey was conducted using paper forms in East Jerusalem. For data protection purposes, the paper forms were then collected and transferred to Ramallah, where they were securely stored and entered into the KoBo server on a regular basis. While data collection was ongoing, the PCBS organised regular field visits to monitor enumerator behaviour and performance. REACH participated in several field visits organised by the PCBS in the West Bank, but was unable to participate in Gaza field visits due to security restrictions. Throughout the data collection, data checking and data cleaning was conducted on a daily basis with REACH sharing a daily cleaning log²⁴ with the PCBS, and PCBS enumerators completing any follow-up calls as necessary. Any personally identifiable information was removed from the dataset immediately following cleaning. The REACH assessment team took all necessary measures stipulated in the global IMPACT [Data Protection Policy](#) in order to protect and safeguard personal data and to minimise the risk of attributing findings to specific individuals or households. The clean dataset was reviewed by IMPACT HQ for final quality control checks before validation and publication.

Analysis

Findings of the 2021 MSNA

The [2021 MSNA](#) drew on similar analytical concepts and followed a similar analytical approach. However, there were some necessary changes to the sampling strategy and data collection methods – notably the expansion of the sample in the West Bank in 2022 to be able to disaggregate the data at the Oslo Area level, by governorate. Following consultations with the cluster focal points, some indicators included in the MSNA were adapted for 2022. As a consequence, comparability with 2021 findings could be limited for these indicators and can only be considered as indicative of broader trends.

Analysis of the 2022 MSNA data was produced using R. Several rounds of analysis were conducted using the MSNA data – the first published analysis consisted of [preliminary analysis tables](#) which provided descriptive findings for each indicator included in the MSNA questionnaire disaggregated by the following criteria: national, sub-national, and HNO strata;²⁵ sampling strata; governorate; sex of the head of household; households including a person with disability; refugee status of the household (including non-refugee, in-camp refugee, and out-of-camp refugee households); household aid-recipient status; locality type (urban, rural, and camp settings); and age of the head of household (including also a breakdown by age and gender of the head of household). Supplemental analysis to zoom-in on certain

²² This included information on body language and how to conduct oneself when conducting an interview (especially when asking questions considered sensitive), how to obtain informed consent, explaining the purpose of the MSNA, and only interviewing members of the household 18 years or older.

²³ Households were flagged based on reported protection concerns, including but not limited to instances of reported sexual harassment or exploitation, gender-based violence, child protection concerns etc.

²⁴ The cleaning log can be reviewed in the sheet "cleaning_log" included in the [2022 MSNA clean dataset](#).

²⁵ The HNO strata were the Gaza governorates (Deir al-Balah, Gaza, Khan Yunis, North Gaza, Rafah) and in the West Bank, Area A & B, Area C, East Jerusalem, and H2.

indicators and explore cross-sectoral relationships was conducted to inform this report. The MSNA data was also used to inform the sectoral and inter-sectoral HNO people in need (PiN) calculations, as guided by the Joint Intersectoral Analysis Framework (JIAF).

Secondary data

To supplement and contextualise the findings of the MSNA, a secondary data review was conducted using sources from UN agencies, the humanitarian clusters, non-governmental organisations, and governmental sources. For a full list of secondary data sources used to inform this report, please see the bibliography on pages 49 and 50. Consultations also took place to discuss and review MSNA findings with cluster partners and other key stakeholders, including member of the Protection Consortium, the West Bank and Gaza Cash Working Group, thematic focal points for AAP and PSEA, and actors working on disability inclusion.

Ethical considerations

As a large-scale humanitarian assessment conducted among a crisis-affected population, the MSNA required context-specific ethical considerations to be taken into account. These considerations and concerns included, but were not limited to, seeking informed consent from respondents, expectation management for respondents (i.e. that the participating in the assessment did not imply any direct follow-up in aid-delivery or assistance), avoiding highly sensitive questions and ensuring sensitive questions were asked in a culturally appropriate manner. These concerns were discussed extensively with relevant stakeholders, and efforts were made to provide a tailored training to enumerators, review and revise the tool and translations into Arabic (before and during the training), take into account gender specific considerations, and provide resources when certain protection concerns were flagged during the course of data collection. A complaint and reporting response mechanism was made available to MSNA survey respondents throughout the course of the data collection through the PCBS, however, no complaints or reports were made.

Challenges and limitations

A number of challenges and limitations were encountered throughout the MSNA data collection in the oPt, which should be taken into account when considering findings of the assessment.

- **Proxy reporting:** Data on the individual level was reported by proxy by one respondent per household, rather than by the particular individual household members themselves, and therefore might not accurately reflect lived experiences of all individual household members, some of whom might also be part of more vulnerable demographics.
- **Limitations of household surveys:**
 - While household-level quantitative surveys seek to provide quantifiable information that can be generalised to represent the populations of interest, the methodology is not always suited to provide in-depth explanations of complex issues. Thus, questions on “how” or “why” are best suited to be explored through qualitative research methods.
 - Since “households” are the unit of analysis, intra-household dynamics (including for instance intra-household power relations across gender, age, and disability) cannot be captured. Users of the MSNA data are reminded to supplement and triangulate household-level findings with other data sources when possible.
- **Subset indicators:** Findings related to a subset of the overall population may have a wider margin of error, potentially yielding results with lower precision. Any findings related to subsets are indicated as such throughout the report.
- **Timeliness:** When interpreting findings, users are informed that the data collection took place between the Eid al-Fitr and Eid al-Adha. The close timing of the start of data collection and the end of Eid-al-Fitr may have impacted the findings, particularly those on food consumption and

household expenditure which are asked over a 30 day recall period that captured the Eid-al-Fitr period. The data collection preceded the escalation of violence in the Gaza Strip in August 2022, and as such did not capture the circumstances of Gaza households during or following this recent shock.

- **Recall periods:** Some indicators included an extended recall period of 6 months to 3 years, for example whether a household had experienced a ‘protection incident’ in the 6 months prior to data collection, whether a household’s shelter had been impacted by bombardment during the May 2021 escalation (1 year recall period), or whether a household’s shelter or daily activities had been impacted by flooding in the past 3 years. This long recall period may have introduced a reporting bias into the findings due to flawed memory or perception.
- **Respondent bias:** Certain indicators – for example indicators related to protection concerns, children dropping out of school and expected enrolment in the next school year, or the experiences of members of the household with a disability – may be under- or over-reported due to the subjectivity and perceptions of respondents. For instance, respondents might have the tendency to provide what they perceive to be the “right” answers to certain questions (i.e. social desirability bias).
- **Use of paper surveys:** In East Jerusalem, the data collection was conducted using paper surveys. The paper survey tool was adapted specifically by PCBS for this format of data collection. However, this may have introduced a bias for enumerators filling the paper form compared to those using the Open Data Kit (ODK) form, especially for questions with an individual household member loop or questions which in the tool were coded with skip logic following a specific dependency path. In addition, the ODK form was coded to include automatic logical checks and acknowledgement notes for enumerators when certain logically incompatible answer choices were chosen – encouraging enumerators to review the answer they had inputted and facilitating the data cleaning process. The need to manually transfer data from paper surveys into the server later also created the potential for human error when inputting data.
- **Pockets of need missed:** In the West Bank, the sample was drawn through a two-stage simple random strata sampling process. As a result, certain communities or locations with high levels of need due to their particular circumstances (for example, in locations such as Masafer Yatta)²⁶ may not have been included during the sampling process.

FINDINGS

When analysing needs in the oPt, it is important to consider the intersecting social factors that influence vulnerability and the ways in which underlying pre-existing vulnerabilities may exacerbate need and play a role in how households are impacted by both the aforementioned protracted crisis and recurrent cyclical shocks. The following characteristics were considered to indicate pre-existing vulnerability: households assessed to include at least one person with a disability²⁷, female-headed households (FHoH), older person headed households, households with at least one member with a chronic illness, households with unemployed adult household members²⁸, refugee households²⁹. Indeed although analysis was run disaggregating findings based on some of the vulnerability criteria listed here, it is also important to keep in mind that these characteristics are in many cases overlapping and a household may experience multiple underlying and pre-existing vulnerabilities simultaneously. Owing to the

²⁶ See [Factsheet: Masafer Yatta communities at risk of forcible transfer](#), UN OCHA June 2022

²⁷ Disability in the MSNA was assessed using the standard [Washington Group Short Set Questions \(WG-SS\)](#). Physical and/or cognitive disabilities were defined as per the Washington Group guidance, and included individuals that reported having “lots of difficulty” or who “could not do at all” one of the following activities: seeing, hearing, walking/climbing steps, remembering/concentrating, self-care, communicating. The WGSS was asked by proxy to the respondent for all individual household members over the age of five years. This limitation should be kept in mind when considering disability inclusion within the MSNA data, as the proxy respondent may not always have been able to speak accurately to the lived experiences of the household member with a disability. Disability for children under five was not assessed under the scope of the MSNA.

²⁸ Including only those adult household members who were reported to be unemployed and unable to find work, not those who were not looking for employment opportunities.

²⁹ In the oPt context, it is important to differentiate between in-camp and out of camp refugee households and consider that in some sectors, refugee households may have better access to essential services provided through UNRWA than non-refugee households.

unique circumstances faced by Palestinian households in the West Bank and in the Gaza Strip, findings will be presented and contextualised separately at the sub-national level.

Key Findings: West Bank, including East Jerusalem

In the occupied West Bank, including East Jerusalem, a complex web of long-standing Israeli policies and practices consisting of highly restricted freedom of movement and a coercive discriminatory planning regime in Area C and East Jerusalem prevent livelihood development and impede Palestinian households from being able to access essential services.³⁰ Throughout the first half of 2022, growing tensions and violence have exacerbated protection concerns and led to a marked deterioration in the situation in the West Bank, including East Jerusalem.

The West Bank section of the report will consist of a deeper analysis of underlying and overlapping household vulnerabilities, highlighting cross-cutting indicators on livelihoods, household ability to meet basic needs and access essential services, and reliance on negative coping mechanisms contextualised within the compounding impact of the coercive environment enforced under occupation.

Underlying and overlapping vulnerabilities:

The table below highlights the intersecting and overlapping vulnerabilities of households in the West Bank, highlighting also that certain vulnerabilities may be linked and some population groups may be more likely to have specific types of underlying and pre-existing vulnerabilities than others. When analysing household ability to meet basic needs, access to essential services, need for specialised care or services, and reliance on negative coping mechanisms it is important to keep in mind these intersecting underlying vulnerabilities.

Table 1: Household characteristics of West Bank households

Population Group	Household (HH) includes at least one member who...					
	...is a person with disability.	...has a chronic illness.	...is pregnant or lactating.	...is unemployed and unable to find work.	...worked outside of the household. ³¹	...with psychosocial distress. ³²
All HHs	10%	43%	13%	21%	84%	12%
HH with person with disability	100%	76%	4%	19%	59%	24%
FHoH	15%	66%	2%	18%	46%	17%
Older person HoH	21%	78%	1%	19%	52%	16%
Older person FHoH	21%	82%	1%	9%	27%	16%
In-camp refugee HH	11%	58%	12%	30%	84%	23%
Aid-recipient HH	19%	57%	10%	27%	64%	22%

A crisis of livelihoods:

In the West Bank, 84% of households reported that at least one member of their household had worked outside of the home in the 30 days prior to data collection – the remaining 16% of households reported

³⁰ Ibid.

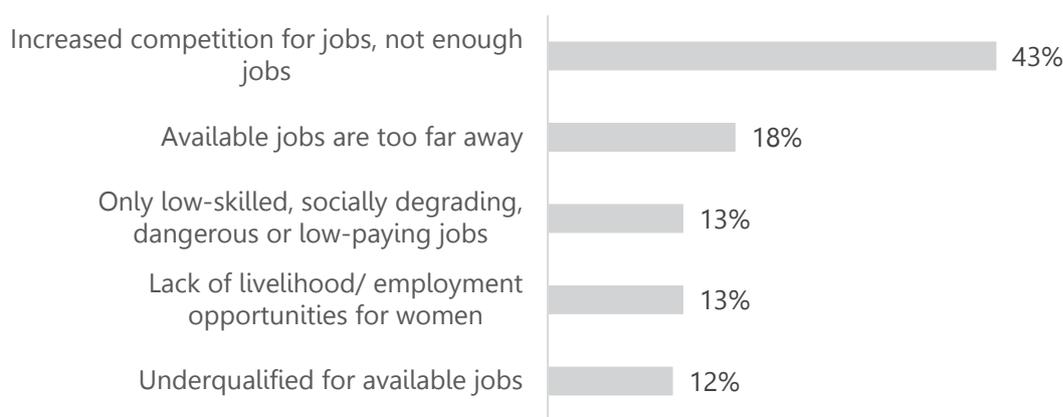
³¹ At least one household member worked outside of the household in the 30 days prior to the data collection

³² Self-reported based on any member of the household showing any of the following signs of psychosocial distress or trauma in the 30 days prior to data collection: nightmares, lasting sadness, extreme fatigue, being often tearful, bedwetting, or extreme anxiety.

having no household members working outside of the home during this time period. Twenty-one percent of households reported that at least one adult member of their household was unemployed and unable to find work at the time of the data collection. Of these households, 6% had multiple unemployed household members. In the West Bank, in-camp refugee households were somewhat more likely to report a member of their household being unemployed at the time of the data collection (30%) than out of camp refugee households (26%) and non-refugee households (20%).

When asked about barriers and obstacles to employment faced by members of their household, 4% of West Bank households reported no barriers to employment for any household member, 16% answered “do not know” and the remaining 80% reported a member of their household facing at least one barrier to employment. The most frequently reported barriers to employment are summarised in Figure 3 below.

Figure 1: % of West Bank households by main reported barrier to employment faced by any member of the household



The three most frequently reported barriers to employment reported were “increased competition, not enough jobs” (43%), followed by “available jobs too far away” (18%), and “only low-skilled, socially degrading, dangerous or low-paying jobs” (13%). With 22% of households reporting that their main source of income is obtained through “work in Israel or the settlements”, a more complete picture of the lack of employment opportunities in the occupied West Bank begins to appear. The economic cost of Israeli restrictions and closure policies, in particular the resulting lack of livelihood opportunities and socioeconomic implications on West Bank households,³³ must be considered alongside reported household ability to meet basic needs, access to services, and use of negative coping mechanisms.

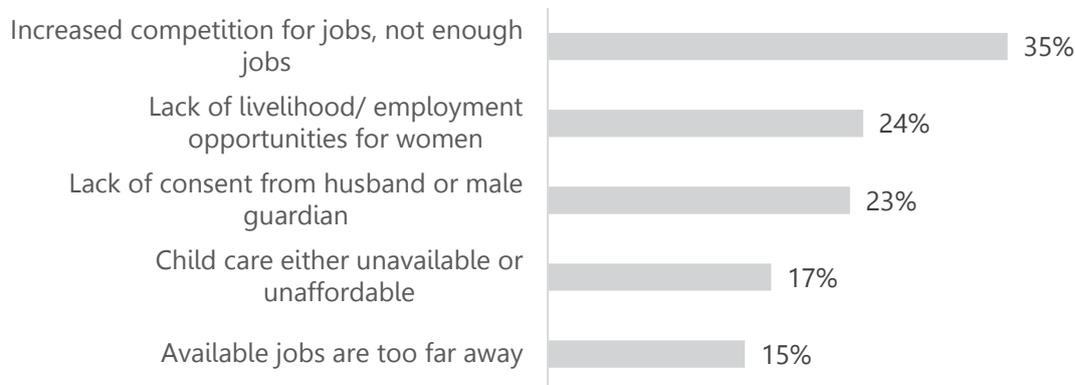
In addition, different population groups may feel the impact of these structural barriers to employment in specific ways. **The financial circumstances of households representing specific vulnerable population groups were observed to be varied, requiring further analysis into how the restrictive livelihood environment impacts the circumstances of these households.** For example, “lack of livelihood opportunities for older persons” was reported by 25% of West Bank households with an older person head of household (60+ years), and a “lack of livelihood opportunities for persons with disability”³⁴ was reported by 13% of those households including a person with disability – highlighting the unique circumstances faced by different members of the household based on these factors. Households were also asked separately about the main barriers to employment faced by female members of their household. Although in both cases, the most frequently reported barrier was “increased competition for jobs, not enough jobs”, **female household members also reportedly faced a number of specific challenges related to social status and gendered roles and expectations within the household**, including a “lack of livelihood/employment opportunities for women”, “lack of

³³ Please refer to the report prepared by the secretariat of the United Nations Conference on Trade and Development (UNCTAD). [“Economic costs of the Israeli occupation for the Palestinian people: poverty in the West Bank between 2000 and 2019”](#). 30 August 2021

³⁴ Including also a lack of opportunities which were accessible to persons with disability.

consent from husband or male guardian”, and “child care being either unavailable or unaffordable” (see Figure 4 below).

Figure 2: % of West Bank households by main reported barrier to employment faced by female members of the household



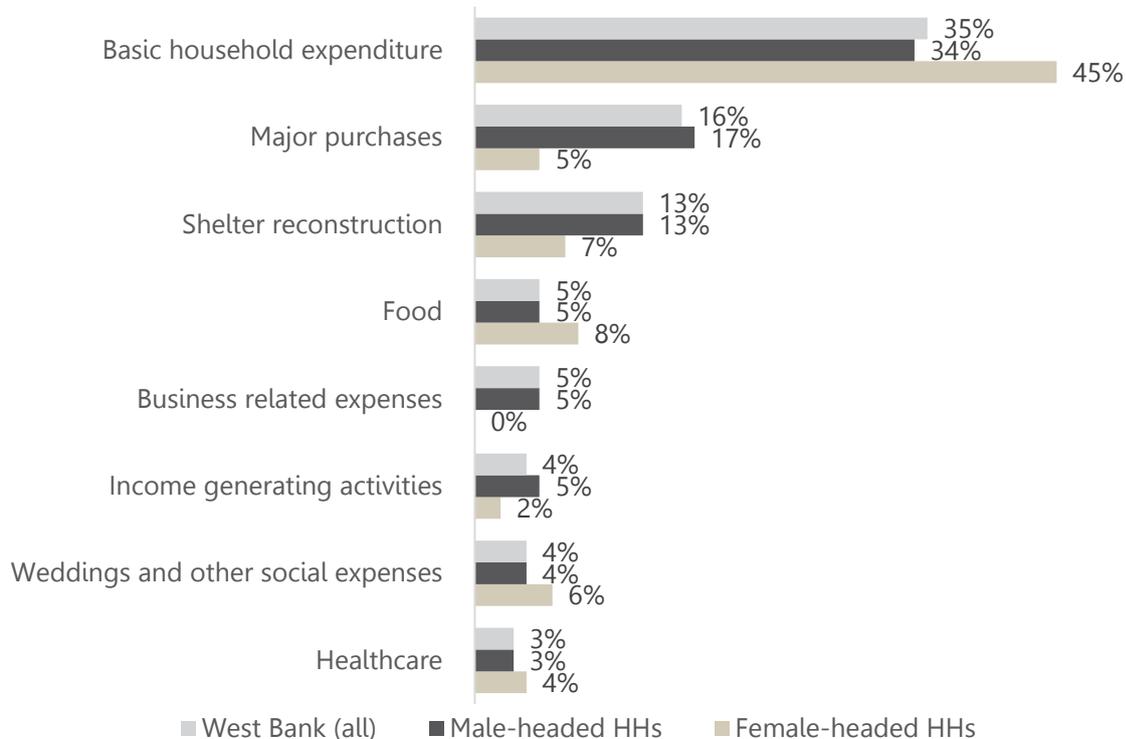
The barriers to employment faced by different population groups may provide some contextualisation to the reported main sources of income for these households. **Among West Bank households including a person with disability, 41% reported no member of their household working outside of the home at the time of the data collection – compared to 14% of households assessed to not include any person with disability.** For households with no disability, the primary reported sources of income were “self-employment/own business” (28%) and “employment” (26%). Comparatively, households including a person with disability reported “support from community, family, and friends” as their primary source of household income (37%). Among female headed households, 35% of households reported “support from community, family, and friends” as their main income source, compared to 7% of male-headed households. The same pattern was also observed for older person headed households, of which 29% reported community support as their primary income source compared to 3% of households with a head of household 18-59 years. **Of all population groups assessed in the West Bank, older person female-headed households were the most likely to report community support as their primary source of income (47%).**

In addition to the type of income source they relied on, households were also asked whether they had experienced any change in their typical monthly income in the year prior to data collection. For all West Bank households, 57% reported no change in their typical monthly income, 35% reported a decrease in income, 7% reported an increase, and 1% reported having lost their income either temporarily or permanently. Alongside the high reported rate of decreasing household income, taking on debt appeared to be a widespread practice, with 43% of West Bank households reporting any outstanding debt at the time of the data collection, and 37% of households reporting that they had recently taken on new debt in the 3 months prior to the data collection. Twenty-nine percent of households reported having an outstanding debt value estimated to be more than 5,000 NIS and 20% of households estimated their outstanding debt value to be above 10,000 NIS.

Male-headed households, who were less likely to report receiving community support, were more likely to report having taken on recent debt than female-headed households (40% compared to 18%, respectively). Male-headed households also reported having higher estimated levels of outstanding debt, with 32% having debt valued at more than 5,000 NIS and 23% having debt valued at more than 10,000 NIS compared to 13% and 7% of female-headed households reporting the same. Although the primary reason for taking on debt for all West Bank households was reported as “basic household expenditure”, some differences in reasons for taking on debt emerged between male- and female-headed households. While female-headed households were more likely to take on debt for basic household expenditure related reasons and food purchases, male headed households were more likely to report reasons for taking on debt related to major purchases, shelter reconstruction, business related

expenses, and income generating activities – aligning with the finding that the most reported primary source of income for male-headed households was “self-employment/own-business” (30%).

Figure 3: % of West Bank households by main reported reason for taking on debt, by sex of the head of household



Household ability to meet basic needs:

Eight percent of West Bank households reported spending more than 75% of their total monthly expenditure on meeting basic needs.³⁵ West Bank wide, 50% of household expenditure was spent on food in the 30 days prior to data collection. The proportion of household expenditure spent on food was fairly consistent across different population groups (falling within a range of +/- 5%). Households spending more than 75% of their expenditure on meeting basic needs was highest among female-headed households (18%), households located in H2 (17%), households with a person with disability (14%), older person headed households (13%), and in-camp refugees (12%). **Despite dedicating high proportions of their household expenditure to meeting basic needs, in particular food, 31% of households reported challenges in obtaining enough money to cover basic needs, 31% of households reported challenges in obtaining enough money to cover basic needs in the 30 days prior to data collection and 21% reported challenges covering food needs.** As can be seen in Table 2 below, households that included at least one unemployed adult unable to find work were more likely to report challenges in being able to afford basic needs.

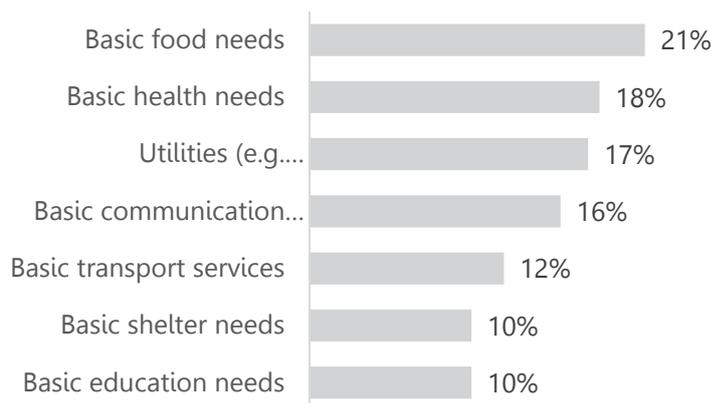
³⁵ Basic needs were defined as the minimum resources necessary for household well-being, based on the household's own and subjective perception. For the purpose of this indicator, expenditure on food, water, and shelter were included.

Table 2: Cross-tabulation of West Bank households reporting difficulty being able to afford at least one basic need (in the 30 days prior to data collection) and households including at least one unemployed adult member (at the time of the data collection)

HH included at least one unemployed adult	HH reported difficulty being able to afford at least one basic need	
	No	Yes
No	74%	27%
Yes	54%	46%

Looking at some of the sectoral indicators included in the MSNA, it initially appears that many households in the West Bank are able to meet basic sectoral needs at acceptable levels.³⁶ **However, in order to meet basic needs households appear to be reliant on employing negative coping mechanisms at high rates, including taking on debt, and spending high proportions of their household expenditure on food and other basic needs, thereby risking to further exacerbate vulnerability and potentially imperilling their resilience to future shocks.**

Figure 4: % of West Bank households facing challenges obtaining enough money to cover their basic needs (in the 30 days prior to data collection), by type of basic need



Certain population groups were more likely to report challenges in obtaining enough money to cover at least one basic need, particularly in-camp refugees (47%) and households including a person with disability (43%).

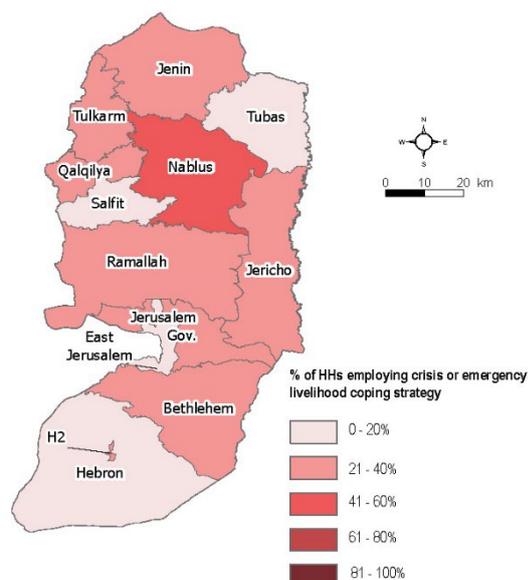
³⁶ Please refer to the [2022 MSNA Preliminary Analysis Tables](#) and the [West Bank Key Sectoral Findings Factsheet Booklet](#).

Table 3: % of West Bank households facing challenges obtaining enough money to cover at least one type of basic need (in the 30 days prior to data collection), by household population group

Household Population Group	No	Yes
Household Refugee Status		
Non-refugee households	71%	29%
Refugee households (all)	64%	36%
<i>In-camp refugees</i>	53%	47%
<i>Out of camp refugees</i>	67%	33%
Head of Household Gender		
Male-headed household	70%	30%
Female-headed household	69%	31%
Persons with disability		
Household with no person with disability	71%	29%
Household with person with a disability	57%	43%
Age of Head of Household		
Head of Household 18 – 59 years	68%	32%
Head of Household 60+ years	72%	28%
Household Location		
Areas A and B	66%	34%
Area C	68%	32%
East Jerusalem	95%	5%
H2	65%	35%

This aligns with the fact that these population groups were also the most likely to include unemployed adult household members, report that no adult member of their household had worked in the 30 days prior to data collection, and to report having engaged in negative coping strategies in order to meet basic needs.

Use of negative coping strategies:

Map 3: % of West Bank households employing crisis or emergency livelihood coping strategies (in the 30 days prior to data collection), by governorate

The use of negative coping mechanisms in order to meet basic needs was common among West Bank households, particularly those coping mechanisms related to practices of reduced spending, borrowing, purchasing on credit, and taking on debt. To cope with a lack of food or money to buy it in the 7 days prior to data collection, for example, 36% of households reported that they had “relied on less preferred and less expensive food”³⁷. The most commonly employed livelihood coping strategies³⁸ in the 30 days prior to data collection were “reduced or ceased payments on utilities” (22%), “used savings” (16%), “reduced expenses on health” (13%), “borrowed money to cover food needs” (12%), and “purchased food on credit” (9%). West Bank wide, 28% of households were categorised as having employed either crisis or emergency livelihood coping strategies. Differences in the reported rates of households employing crisis or emergency coping strategies can be observed between different

³⁷ As measured through the reduced Coping Strategies Index (rCSI).

³⁸ As measured through the Livelihood Coping Strategies Index (LCSI).

locations and different population groups.³⁹ **As highlighted in Map 3 above, households in Nablus were most likely to employ crisis or emergency livelihood coping strategies - with 58% of households in Nablus Areas A and B and 66% of households in Nablus Area C having employed at least one such coping strategy in the 30 days prior to data collection.**

Looking at both the Livelihood Coping Strategies Index (LCSI) and the reduced Coping Strategies Index (rCSI), households that were assessed to include a person with disability (67%) were the most likely to report having used at least one coping mechanism measured by these indicators, followed by in-camp refugee households (66%). Across all population groups, at least half of all households (50%) reported having employed at least one coping mechanism to cope with a lack of food or money to buy it. A more detailed comparison between the different population groups can be seen in Table 4 below.

Table 4: % of West Bank households using at least one coping strategy in the 30 days and 7 days prior to data collection, as measured through the LCSI and rCSI respectively

Household Population Group	% of HHs using at least one LCSI coping strategy	% of HHs using at least one rCSI coping strategy	% of HHs using at least one coping strategy (either LCSI or rCSI)
Household Refugee Status			
Non-refugee households	37%	38%	50%
Refugee households (all)	45%	48%	58%
<i>In-camp refugees</i>	56%	60%	66%
<i>Out of camp refugees</i>	42%	45%	56%
Head of Household Gender			
Male-headed household	39%	40%	52%
Female-headed household	40%	45%	54%
Persons with disability			
Household with no person with disability	38%	38%	67%
Household with a person with disability	49%	58%	50%
Age of Head of Household			
Head of Household 18 – 59 years	40%	41%	53%
Head of Household 60+ years	36%	38%	50%

Households that included at least one member of the household who was unemployed and unable to find work at the time of the data collection were also more likely to report having employed negative coping strategies than those households without an unemployed adult household member (see Table 5 below).

Table 3: Table 5: Cross-tabulation of West Bank households that reported having employed at least one coping strategy in the 30 days and 7 days prior to data collection (LCSI or rCSI, respectively) and households that included at least one unemployed adult at the time of the data collection

HH included at least one unemployed adult	HH reported employing at least one coping strategy	
	No	Yes
No	49%	51%
Yes	35%	65%

³⁹ The categorisations of the different coping strategies included in the LCSI into stress, crisis, and emergency categories was provided by the oPt Food Security Cluster.

Within the context of limited livelihood opportunities in the coercive environment under occupation and the financial precarity this seems to create for West Bank households, it is likely that without employing such coping strategies, households would experience a higher severity or wider variety of unmet sectoral needs. This can be further explored by considering the food insecurity experiences, as measured through the Food Insecurity Experience Scale (FIES), reported by households that also reported having employed a coping strategies due to lack of food, as measured through the LCSl and rCSI.

Table 4: Cross-tabulation of West Bank households that reported employing at least one coping strategy in the 30 days and 7 days prior to data collection (LCSl or rCSI, respectively) and reported food insecurity experiences (as measured through the FIES)

Food Insecurity Experience Scale: Any member of the household... ...because of a lack of money or other resources.	HH reported employing at least one coping strategy	
	No	Yes
<i>...worried they would not have enough food to eat...</i>		
No	93%	7%
Yes	50%	50%
<i>...was unable to eat healthy and nutritious food...</i>		
No	97%	2%
Yes	69%	31%
<i>...ate only a few kinds of food...</i>		
No	99%	1%
Yes	73%	26%
<i>...had to skip a meal...</i>		
No	99%	1%
Yes	83%	17%
<i>...ate less than they thought they should...</i>		
No	100%	0%
Yes	83%	17%
<i>...ran out of food...</i>		
No	100%	0%
Yes	90%	10%
<i>...was hungry but did not eat...</i>		
No	100%	0%
Yes	91%	9%
<i>...went without eating for a whole day...</i>		
No	100%	0%
Yes	97%	3%

The findings presented in Table 6 above indicate that even when utilising coping mechanisms to meet food needs due to a lack of money or other resources, some households were unable to fully meet their household's food needs.

Access to Essential Services

Access to healthcare

The type of coping strategies employed by West Bank households may also offer insights into the reported challenges and barriers encountered in accessing essential services. As measured through the LCSl, the three most frequently employed livelihood coping strategies were reducing or ceasing utilities payments, using savings, and reducing expenses on health – concurrently, the reported financial barriers to accessing essential services, particularly healthcare were high. With 42% of households reporting a

member of their household having a chronic illness, 13% of households including a pregnant or lactating woman at the time of the data collection, and 10% of households assessed to include at least one person with disability, the need for access to specialised medical care is apparent. The majority of households (88%) reported that women of reproductive age faced no specific barriers to accessing specialised reproductive health services. Twenty-four percent of households including a person with disability reported that a member of their household was unable to access one or more services due to a cognitive or physical difficulty, with the main reported reasons being “distance to specialised service” (25%) and “cost of accessing service” (21%).

Of the 63% of West Bank households that reported a member of their household needing to access healthcare in the 3 months prior to data collection, 97% encountered barriers to care. The most frequently cited barrier to care was “cost of services was too high” (reported by 67% of the households with a healthcare need that encountered any barrier to care). Financial barriers to healthcare were particularly high among households including a person with disability. In the 3 months prior to data collection, 81% of households with a person with disability reported a member of their household having a healthcare need that required accessing care. Of these households, 96% reported a barrier to care and the most frequently reported barriers to care was “cost of services was too high” (71%). Households including a person with disability were also more likely to report having reduced spending on disability-specific hygiene items (6%) and to have reduced healthcare expenses (21%, compared to 13% of households with no person with disability) as measured through the LCSi.

Among all West Bank households, the main reported reasons for needing to access healthcare were seeking a “consultation or medicine for chronic illness” (45%) and seeking a “consultation or medicine for acute illness” (39%). When households were asked where they would seek primary healthcare and why, one of the main reasons provided for seeking care at a particular facility was the “availability of medicines” (27%). However, medicine not being available was reported as a barrier to healthcare by 13% of households that reported a barrier to care. Shortages of medicines in the West Bank are well documented, and even when available, medicines can at times only be found in private pharmacies where they are sold for high prices.⁴⁰ Among households including a person with disability, medicine not being available was reported by 17%, and among older person headed households (who were most likely to include a person with disability or a member of the household with a chronic illness) this was reported by 20% of households with a barrier to accessing healthcare. **The lack of available medicine, and the associated high prices, may leave households unable to afford life-saving treatment, forced to take on debt for healthcare related expenses, use savings, or reduce spending on other basic needs.**

Access to education

West Bank households with school-aged children⁴¹ were asked a series of questions about accessing education, including on barriers to education, school-closures, school enrolment and attendance, children dropping out of school, and safety and security concerns. **West Bank wide, 70% of households reported a need for catch-up learning due to school closures, for COVID-19 or other reasons, in the 2021-2022 school year.** Although households were not asked about the reasons for school closures as part of the MSNA, there are a number of possible explanations for the high reported need for catch-up learning. Following a surge of COVID-19 cases, schools across the West Bank were temporarily shut-down in February 2022 to minimize the spread of the virulent Omicron coronavirus strain. Throughout the first months of 2022, schools across the West Bank were also affected by a teacher’s strike, which in some governorates saw up to 81% of teachers committed to the strike⁴².

⁴⁰ According to a report by the non-governmental organisation Anera ([Medical Shortages Are Life Threatening for the Vulnerable, Anera](#)), medicine shortages in the West Bank were further exacerbated by the impact of the COVID-19 pandemic, with the price of a course of antibiotics in private pharmacies rising to 60 shekels.

⁴¹ Fifty-seven percent of West Bank households were assessed to include school-aged children. For indicators in the education section, the term households refers to the subset of West Bank households with school-aged children. School-aged children were defined as follows, based on guidance from the oPt Education Cluster: kindergarten (5 years); basic education 1st to 10th grade (6 to 15 years); secondary education 11th and 12th grade (16 to 17 years).

⁴² On average, across all West Bank governorates, 44% of teachers were committed to the strike (see [West Bank Unified Teacher’s Movement: ‘GUPT, Education Ministry agreement does not represent us, we will continue our strike’](#), Middle East Monitor, April 2022)

Fourteen percent of school-aged girls reportedly dropped out of school during the 2021 – 2022 school year, compared to 20% of school-aged boys. Political protection risks appeared to be one of the main drivers for children not attending or dropping out of school, alongside school closures and a lack of interest by children in school.⁴³

Households perceived a number of additional challenges for children with disability in accessing education, primarily being subjected to bullying (33%), infrastructure not being adapted (24%), classrooms not being adapted (16%), and transportation or travel constraints (12%). **Safety and security concerns for all children were widespread, with 20% of households with school-aged children reporting children feeling unsafe or very unsafe when traveling to/from schools or while studying in schools.** Although the main safety concerns reported were traffic hazards and dangerous roads, fears regarding tear gas being fired on schools or students and violence or harassment by settlers were also commonly provided reasons for children feeling unsafe. Given the frequency of households citing concerns relating to political protection risks, both as reasons for children dropping out of school and to explain why children felt unsafe, the impact of the Israeli occupation on access to education is evident. **This was particularly alarming in H2, where nearly one-third of households (29%) reported children feeling unsafe or very unsafe.** The main safety concerns observed by these households were tear gas being fired on the school/on students (61%), detention of students from school (60%), traffic hazards/crossing roads (41%), delays on checkpoints (29%), attacks on schools (33%), violence or harassment by settlers on the way to/from schools (31%), and military presence around schools (22%).⁴⁴ Due to the limitations of the MSNA sampling in the West Bank, specific communities affected by school demolition orders (such as Ein Samiya in Ramallah and al-Bireh governorate⁴⁵ or the schools in Masafer Yatta⁴⁶) were not explicitly included in the sample.

Shelter and Water, sanitation, and hygiene (WASH)

According to the OCHA Protection of Civilians Database, 327 incidents resulting in Palestinian casualties and/or property damage and involving Israeli settlers occurred in the first 6 months of 2022.⁴⁷ Settler violence in the occupied West Bank was also assessed within the MSNA through indicators related to shelter concerns and coping mechanisms employed by households to avoid or attempt to minimise the risk of violent acts by settlers. **Aligning with the findings on shelter demolitions, evictions, settler violence and harassment related to education, and areas where women and girls reported feeling unsafe, the rate of households reporting having experienced threats or violent/destructive acts from Israeli forces or settlers in the 6 months prior to data collection were also highest in Area C and H2.** Of those households which reported having experienced violent or destructive acts in the 6 months prior to data collection, 54% reported having engaged in a measure/coping mechanism in response to such acts and in order to attempt to avoid them. The most frequently reported types of measures employed were related to changing livelihood behaviours, withholding adults from travel, and withholding children from travel. The types of measures reported here again echo the findings on reported barriers to employment, children dropping out of school due to political protection risks, and the reported reasons why children felt unsafe on their way to and from school.

The MSNA indicators related to settler violence, evictions by Israeli authorities, and shelter demolitions are limited by the sampling design, which did not seek to specifically sample communities of concern for these indicators. As such, MSNA data on these specific topics must be supplemented with more granular, community-level data from other sources. The impact of the occupation on shelter, infrastructure, and livelihoods is particularly evident in Area C and H2 (Hebron), where the highest reported rates of eviction from the shelter and households having a standing demolition order against their shelter were observed in the MSNA. The most frequently cited reason for eviction in Area C and H2

⁴³ Political protection risks were defined as protection risks while commuting to school – political (e.g. soldiers and settler harassment or violence).

⁴⁴ The findings of the MSNA on access to education and safety concerns for children in accessing education are supported by the report on needs assessment conducted by UN OCHA in H2 in 2019, "[The Humanitarian Situation in the H2 Area of Hebron City – Findings of Needs Assessment](#)", April 2019.

⁴⁵ Please refer to "[The European Union and like-minded countries visit Ein Samiya school amid threats of its demolition](#)", The Office of the European Union Representative (West Bank and Gaza Strip), February 2022.

⁴⁶ Ibid.

⁴⁷ UN OCHA. Protection of Civilians Database. 2022, cited in the [Protection Analysis Update](#) published by oPt Protection Cluster in August 2022.

was “Israeli authorities ordering household to leave” and the primary reason for having a standing demolition order were “lack of building permit” and “demolition order issued by Israeli authorities”.

As of October 2022, UN OCHA reported 692 structures having been demolished in the West Bank so far in 2022, leading to 812 persons being displaced.⁴⁸ In Areas A and B, 28 structures were demolished, in Area C 556 structures were demolished, and in East Jerusalem 108 structures were demolished so far in 2022. Demolitions were typically carried out due to a lack of Israeli-issued permits, which are “nearly impossible to obtain” within the restrictive planning regime enforced by Israel, although in some cases they were also carried out for punitive reasons or as part of military activities.⁴⁹ According to the oPt Protection Cluster, less than 1% of Area C and less than 13% of East Jerusalem have Israeli-approved plans that would allow Palestinians to apply for building permits to construct in these areas.⁵⁰ The impact of restrictive planning policies can also be observed in demolitions of WASH infrastructure, particularly in Area C, where households face consistent challenges in accessing sufficient safe water due to a lack of permits to construct or connect to water networks.⁵¹ For example, according to the oPt WASH cluster between January and August of 2021, 28 demolition incidents occurred targeting 46 Palestinian WASH structures and deepening the water vulnerability of affected households.⁵²

Protection and access to mental health and psychosocial support services (MHPSS)

West Bank wide, 12% of households reported that at least one member of their household had showed signs of psychosocial distress or trauma⁵³ in the year prior to data collection. Of this 12%, 29% of households reported that at least one child household member (under 18 years) had showed these signs and 88% reported that at least adult household member had showed these signs. **The location where the highest rate of this was observed was Nablus governorate, where 52% of households self-reported at least one member showing signs of psychosocial distress.** In Nablus, this was primarily observed among adult household members, with 10% of this subset⁵⁴ of households reporting a child member showing such signs and 98% reporting the same for an adult household member. Tensions in Nablus have been particularly high throughout 2022, with an increase in raids and search operations conducted by the Israeli army, killings of Palestinians by the Israeli army, several high profile arrests, and intra-Palestinian clashes between protesters and authorities.

Disaggregating by population groups, the highest self-reported rates of household members showing signs of psychosocial distress or trauma were observed for households including a person with disability (24%). Among households including a person with disability, signs of psychosocial distress or trauma were more likely to be reported for adult household members. Ninety-nine percent of this subset⁵⁵ of households reported an adult member of the household having experienced these signs compared to 19% reporting the same for child members of the household. Comparatively high rates of self-reported psychosocial distress or trauma were also reported by in-camp refugee households (23%), where a higher rate of child household members experiencing these signs was also observed. Among the 23% of in-camp refugee households with at least one household member reporting signs of psychosocial distress or trauma, 54% of households reported observing these signs in children and 66% reported them for an adult household member. In-camp refugee households also

⁴⁸ Demolished structures included in this count may be residential, livelihood-related (such as shops, animal shelters, warehouses etc.), service-related, or part of the general infrastructure (water pipes, roads, network facilities etc.) and may be inhabited or uninhabited. Incidents counted as demolitions include dismantlement, confiscation, or sealing off of part of the entire or partial structure.

⁴⁹ Please refer to “[Data on demolition and displacement in the West Bank](#)”, UN OCHA, last updated September 2022

⁵⁰ Ibid.

⁵¹ “[Demolitions of WASH infrastructure, a threat to the right to life of Palestinian communities in Area C](#)”, WASH Cluster State of Palestine, August 2021

⁵² WASH structures as defined here includes water pipelines, storage tanks, and cisterns alongside the confiscation of mobile water tanks and access restrictions to water sources and springs.

⁵³ Signs of psychosocial distress or trauma can include (but are not limited to) behavioural changes such as nightmares, lasting sadness, extreme fatigue, being often tearful, bed-wetting, extreme anxiety, significant social withdrawal, unusually aggressive behaviour, decrease in appetite or sleep etc. This indicator is used as a proxy for assessing mental and psychosocial support needs.

⁵⁴ Referring to the 52% of Nablus households that reported at least one household member (adult or child) having showed signs of psychosocial distress or trauma in the year prior to data collection).

⁵⁵ Referring to the 24% of West Bank households including a person with disability that reported at least one household member (adult or child) having showed signs of psychosocial distress or trauma in the year prior to data collection).

reported high rates of safety and security concerns for girls, boys, children with disability, and women (see Table 8 below).

West Bank wide, 74% of households reported having access to any type of mental health and psychosocial support services (MHPSS), 71% availability of MHPSS in schools, and 24% specifically reported women and girls being able to access MHPSS in their location. Reported access to MHPSS differed among different population groups, as highlighted in Table 7 below.

Table 7: % of West Bank households reporting availability of mental health and psychosocial support services in their location, by household refugee status

Household Population Group	% of HHs reporting MHPSS services in school	% of HHs reporting access for women/girls to MHPSS services	% of HHs reporting availability of any type of MHPSS
Household Refugee Status			
Non-refugee households	72%	21%	73%
Refugee households (all)	70%	31%	76%
<i>In-camp refugees</i>	65%	47%	87%
<i>Out of camp refugees</i>	71%	27%	73%
Persons with disability			
Household with no person with disability	72%	24%	74%
Household with a person with disability	63%	19%	73%

Table 5: % of West Bank households reporting safety and security concerns for children and women, by household refugee status

Household Population Group	% of HHs reporting a safety concern for girls	% of HHs reporting a safety concern for boys	% of HHs reporting a safety concern for children with disability ⁵⁶	% of HHs reporting a safety concern for women
Household Refugee Status				
Non-refugee households	42%	43%	42%	25%
Refugee households (all)	47%	51%	47%	35%
<i>In-camp refugees</i>	68%	78%	69%	57%
<i>Out of camp refugees</i>	41%	43%	41%	28%

Households reporting that a child member of their household had showed signs of psychosocial distress or trauma in the year prior to data collection were more likely to report any type of psychosocial support services (PSS) being available in school. In-camp refugee households - who were the most likely to report safety and security concerns for children and women, and who had the highest self-reported rate of child household members showing signs of distress or trauma – were slightly less likely to report PSS available in school, but were more likely to report women and girls having access to MHPSS and general availability of MHPSS in their area than non-refugee and out-of-camp refugee households.

⁵⁶ Boys and girls with disability.

Table 6: Cross-tabulation of West Bank households reporting at least one child showing signs of psychosocial distress or trauma in the year prior to data collection and households reporting psychosocial support services (PSS) available in school

PSS available in school	HH reporting at least one child showing signs of distress or trauma	
	No	Yes
No	30%	70%
Yes	16%	84%

Conclusion – linking the MSNA cross-sectoral findings to the humanitarian consequences in the West Bank

To summarise and conclude the West Bank section of the report, the cross-sectoral findings of the MSNA will be organised according to the three types of humanitarian consequences identified in the oPt: those related to the protection of civilians and forced displacement; those related to access to essential services; and those related to resilience and recovery. In the context of the coercive environment under occupation, the complex overlapping and interrelated nature of the humanitarian consequences becomes apparent. This highlights again one of the strengths of the MSNA in being able to fill information gaps in the oPt, by showcasing the needs and vulnerabilities of households as they relate to one another across different sectors and cross-cutting issues.

Protection of civilians and forced displacement

The humanitarian crisis in the oPt is often characterised as a protection crisis. **Indeed, those critical problems related to protection of civilians and forced displacement were observed to be interwoven throughout virtually all sectoral and cross-sectoral findings of the MSNA.** Under military occupation, West Bank households are subjected to a complex system of movement and planning restrictions and have limited access to livelihood opportunities, creating financial vulnerability and limiting the ability of households to meet their basic needs and access essential services (even when available). Faced with high rates of unemployment, households may be unable to afford basic needs due to a lack of money or other resources and may face financial barriers to accessing services such as healthcare or education. The coercive environment created under occupation not only limits livelihood opportunities, but also enforces a restrictive planning regime that prevents infrastructure development and places households at risk of forced displacement due to shelter demolitions. **The concurrent impact of a stagnant economic environment, active risk of demolitions, evictions, and displacement as well as increasing tensions and frequent violence against civilians by Israeli settlers and military forces have left large segments of the population impacted by protection concerns.**

Access to essential services

Protection of civilians in the MSNA was also closely tied to access to services in other forms, especially for households located in Area C, H2, and East Jerusalem, who were more likely to experience protection concerns related to settler violence or aggression by Israeli forces or authorities. Of particular note, for example, is the access to education in H2, where 89% of the households that reported at least one child dropping out of school (38% of H2 households with school-aged children) reported political protection risks while commuting to school as the primary reason for dropping out. The impact of the coercive environment and restrictive planning regime enforced by the occupation on household ability to access essential services was also observed through the MSNA in several ways. For example, households including a person with disability reported challenges in accessing specialised services due to distance, the cost of transport, and transportation/access not being accessible for persons with disability. Although distances in the West Bank may not be far when measured by kilometres, movement restrictions in the form of closures, permits, checkpoints, and the lack of territorial contiguity between Areas A and B (requiring passage through the Israeli controlled Area C) create a number of access challenges. Apart from the limited access to drinking and domestic water services, the lack of building

permits (and the near impossibility of obtaining such permits) in Area C, H2, and East Jerusalem creates a serious threat for infrastructure (including WASH infrastructure, schools, or other service facilities) to be closed or demolished. **Finally, the lack of livelihood opportunities appeared to impact the ability of households to obtain sufficient monetary resources to both cover their basic needs and allow adequate access to essential services – as observed through the high reported rate of financial barriers to accessing healthcare or other specialised services.**

Resilience and recovery

One of the key themes emerging from the MSNA was the relationship between a lack of livelihood opportunities, widespread unemployment, and the reliance of households in negative coping strategies in order to meet basic needs due to a lack of financial resources. Although households may at the surface level appear to be mostly meeting their basic needs, those households resorting to negative and unsustainable strategies are unlikely to be able to maintain this behaviour as assets and coping capacities diminish over time. **The high reported levels of debt, borrowing, and use of savings in order to afford basic needs further exacerbates the financial precarity of households and may reduce their resilience to or ability to recover from future shocks.** The high rate of unemployment and lack of economic opportunities appears to be linked directly and indirectly to many of the key concerns faced by households, as identified through the MSNA data. The negative structural limitations and restrictions households are subjected to under occupation have severely circumscribed opportunities and access to basic needs and services.

Spotlight on Accountability to Affected Populations:

West Bank wide, 8% of households reported that they had received aid in the 6 months prior to data collection. This was a slight decrease compared to the 2021 MSNA, when 12% of West Bank households reported the same. Female-headed households were most likely to report having received aid (21%), followed by in-camp refugee households (17%), households including a person with disability (15%), and households located in H2 (11%). Among households who reported that they had received aid in the 6 months prior to data collection, the most commonly reported types of aid received across all population groups were food (65%), cash and voucher assistance (43%), health services (7%) and non-food items (4%). Of all population groups, in-camp refugee households most frequently reported receiving health services (18%) as a type of aid - compared to out-of-camp refugees (12%) and non-refugee households (3%).

Among households that received aid, 17% reported that they were not satisfied with the aid received, with the highest reported rates of dissatisfaction with aid observed among aid-recipient households in H2 (26%). Across population groups, the main reported reasons for dissatisfaction with aid were the quantity of aid not being enough (96%), the quality of aid not being good enough (25%), and delays in the delivery of aid (9%). Four-percent of West Bank aid-recipient households reported relying on humanitarian assistance as a primary source of income. Sixty percent of West Bank households reported that they wanted to receive humanitarian aid in the future, although interesting differences were observed between the different population groups. Among aid-recipient households, 92% expressed wanting to receive humanitarian aid, followed by 78% of in-camp refugee households, 74% of households including a person with disability, and 72% of female-headed households.

For all households wanting to receive humanitarian aid in the future, there appeared to be a general preference for cash and voucher assistance, especially physical cash (which was reported as the preferred modality of assistance by 46% of households). Among households wanting to receive assistance in H2, a comparatively higher preference for mental health and psychosocial support (MHPSS) services (12%) and legal aid services (9%) was observed.⁵⁷ This higher reported preference for MHPSS and legal aid services aligns with the particular challenges faced by households living in the coercive environment of the Israeli-controlled parts of Hebron city (H2), where households are particularly at risk of settler violence and forcible transfer.⁵⁸ Although it is difficult to establish a tangible link between the impact of living under the coercive environment on mental health and wellbeing, a recent survey and report by

⁵⁷ To compare, among all West Bank households wanting to receive humanitarian assistance, 3% expressed a preference for MHPSS services and 2% expressed a preference for legal aid services.,

⁵⁸ Ibid.

Médecins du Monde (MDM) France and the Association of International Development Agencies (AIDA) found that “prolonged feelings of insecurity, fear and instability resulting from a coercive environment can translate into both physical pain, emotional impact, and behavioural impact.”⁵⁹

Knowledge of how to access complaint response mechanisms (CRM) was low, with only 4% of aid-recipient households reporting awareness of CRM. In-camp refugee aid-recipient households reported the highest awareness of CRM (19%), while the lowest awareness of CRM was among older person headed aid-recipient households, who reported no CRM awareness. Awareness of the Aid Worker’s Code of Conduct was also low for all population groups (4% of households), with the highest awareness observed among in-camp refugee households (8%).

Key Findings: Gaza Strip

Underlying and overlapping vulnerabilities:

When considering the circumstances of households in Gaza, including their ability to meet basic needs and access essential services, it is important to keep in mind the concurrent nature of different pre-existing or underlying vulnerabilities that households might be experiencing. Table 10 below highlights the way in which vulnerabilities might overlap in one household. Full disaggregation for all indicators by population group (including additional population groups not included in this table) can be found in the MSNA 2022 oPt Preliminary Analysis Tables. Given the prevalence of humanitarian aid and assistance in Gaza (73% of Gaza households reported having received any form of assistance in the 6 months prior to data collection) the disaggregation by aid-recipient status of the household is particularly important in this context.

Table 10: Household characteristics of Gaza households

Population Group	Household (HH) includes at least one member who...					
	...is a person with disability.	...has a chronic illness.	...is pregnant or lactating.	...is unemployed and unable to find work.	...worked outside of the household. ⁶⁰	...with self-reported psychosocial distress. ⁶¹
All HHs	21%	53%	19%	60%	73%	40%
HH with person with disability	100%	80%	17%	62%	31%	53%
FHoH	27%	70%	8%	51%	46%	44%
Older person HoH	34%	78%	11%	51%	45%	36%
Older person FHoH	44%	89%	11%	54%	24%	50%
In-camp refugee HH	21%	56%	18%	65%	68%	49%
Aid-recipient HH	24%	57%	20%	74%	71%	45%
Non-aid recipient HH	13%	43%	14%	45%	78%	25%

⁵⁹ MDM France and AIDA. [No Peace of Mind – Palestinian Mental Health Under Occupation](#), June 2022.

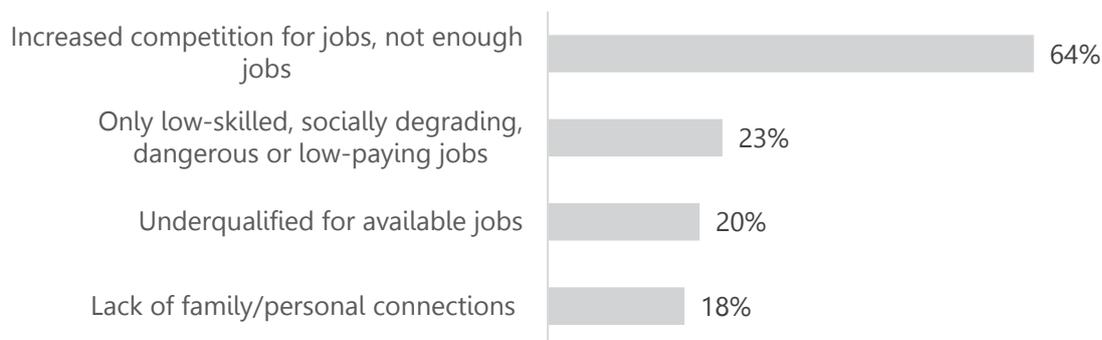
⁶⁰ At least one household member worked outside of the household in the 30 days prior to the data collection

⁶¹ Self-reported based on any member of the household showing any of the following signs of psychosocial distress or trauma in the 30 days prior to data collection: nightmares, lasting sadness, extreme fatigue, being often tearful, bedwetting, or extreme anxiety.

Livelihoods under blockade:

Under the blockade imposed by the Israeli occupation since 2007, the Gaza strip suffers from acute financial contraction. With severe restrictions on the import and export of goods – including a denial of resources needed to maintain, repair, and expand existing infrastructure – and a ban on the cross-border movement of people, the Gaza strip exists in a state of isolation. **These factors, combined with repeated destruction caused by recurrent escalations of conflict, have created a complex and multi-faceted humanitarian crisis, defined by widespread poverty, one of the highest unemployment rates in the world, and limited prospects for genuine development.**⁶² The findings of the MSNA align with the high reported rates of unemployment in the Gaza observed in other data sources, such as the 52% from PCBS.⁶³ At the time of the MSNA data collection, 60% of Gaza households reportedly included at least one adult household member who was unemployed and unable to find work, with “increased competition and not enough available jobs” being the most frequently reported barrier to employment (64%), followed by “only low-skilled, socially degrading, or low-paying jobs being available”.

Figure 5: % of Gaza households by main reported barrier to employment faced by any member of the household

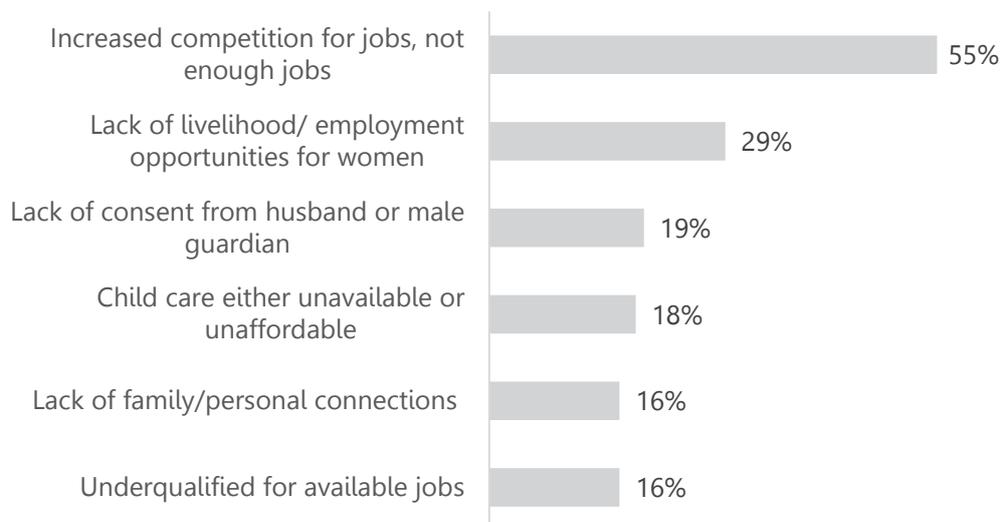


Although “increased competition and not enough available jobs” was also the most frequently reported barrier to employment for female members of the household (55%), a number of specific employment barriers related to gendered social and/or household dynamics were observed. Twenty-nine percent of households reported that a “lack of livelihood/employment opportunities for women” created a barrier to employment for a female member of their household, followed by 19% reporting a “lack of consent from husband or male guardian” and 18% reporting “childcare being unavailable or unaffordable” to be barriers.

⁶² World Bank Group. [Economic Monitoring Report to the Ad Hoc Liaison Committee](#). November 2021.

⁶³ Palestinian Central Bureau of Statistics. [Press Release on Results of the Labour Force Survey 2021](#). February 2022.

Figure 6: % of Gaza households by main reported barrier to employment faced by female members of the household



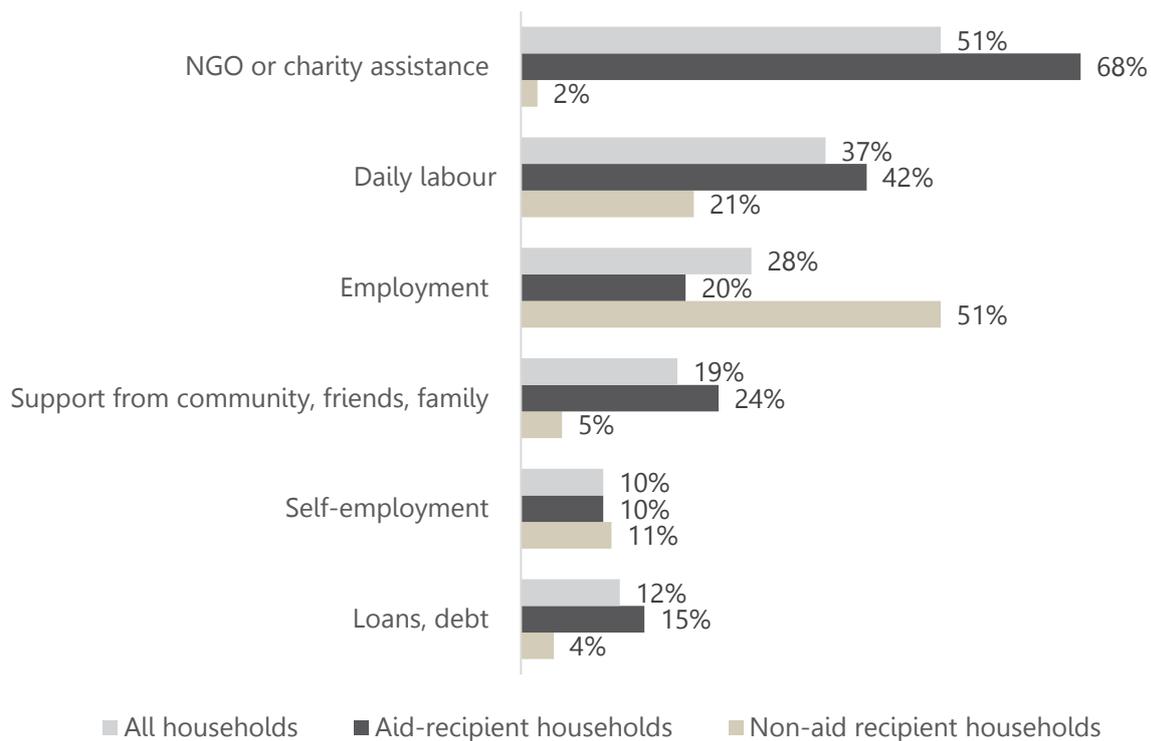
Other vulnerable population groups were also seemingly impacted by a lack of livelihood opportunities, with 5% of households that included a person with disability reporting a “lack of livelihood/employment opportunities for persons with disability” and 25% of older person headed households reporting a “lack of livelihood/employment opportunities for older people”. With an extremely high unemployment rate of more than 90% in Gaza, persons with disability may face additional challenges in accessing the labour market.⁶⁴ Few public spaces are wheelchair accessible, and regular power cuts may make tall buildings inaccessible, create difficulties for those needing to charge mobility devices such as scooters, or negatively affect those dependant on light to communicate using sign language.⁶⁵ **The lack of employment opportunities for all Gaza households, and the additional barriers faced by specific population groups, can also be observed in the high reported reliance on NGO or charity assistance as a primary source of income.** For half of all Gaza households (51%), NGO or charity assistance represented a primary source of income – and for those 73% of households that reported having received humanitarian aid or assistance in the 6 months prior to data collection, 68% reported NGO or charity assistance as a primary income source. Indicative of the financial precarity of aid-recipient households (who were also more likely to include an unemployed adult household member than non-aid recipient households), aid-recipient households were more likely to rely on such income sources and coping mechanisms as NGO and charity assistance, daily labour, community support, and taking on loans or debt compared to non-aid recipients who were more likely to rely on steady employment as their primary income source (see Figure 10 below).

Reliance on different types of primary income sources was observed between different population groups, in particular when comparing male- and female-headed households. Sixty percent of female-headed households reported NGO or charity assistance as their primary income source (compared to 50% of male-headed households) and 39% reported community support as a primary income source (compared to 17% of male-headed households). This should be considered alongside the observation that older person female-headed households were the least likely to report any member of their household having laboured outside of the household in the 30 days prior to data collection.

⁶⁴ Medical Aid for Palestinians. [Breaking down the barriers for people with disabilities in Gaza](#). December 2021.

⁶⁵ International Committee of the Red Cross. [Overcoming disability and unemployment in Gaza](#). January 2019.

Figure 7: % of Gaza households by primary reported income source (or coping mechanism employed due to a lack of income source), by aid-recipient status of the household



Considering that nearly two-thirds of Gaza households were classified as aid-recipients⁶⁶ in the MSNA, particular attention will be devoted to highlighting the circumstances of these households throughout this report. In addition to being more likely to have an unemployed adult household member, aid-recipient households were more likely to have taken on debt in the 3 months prior to data collection and to have experienced a decrease in their typical monthly income in the year prior to data collection than non-aid recipient households. **Within the high reported reliance of aid-recipients on NGO or charity assistance as their primary source of income, and the reported lack of available livelihood opportunities, the combination of these different indicators provides important insights into the financial precarity of Gaza households.**

Table 11: % of Gaza aid-recipient and non-aid recipient households by livelihoods indicators related to employment (at the time of the data collection), decrease in income (in the year prior to data collection), and recent debt (in the 3 months prior to data collection)

Household Aid-Recipient Status	% of HHs reporting an unemployed adult HH member	% of HHs reporting a decrease in their monthly income	% of HHs reporting having taken on recent debt
Aid-recipient household	74%	63%	85%
Non-aid recipient household	45%	43%	64%

Without access to livelihood opportunities and sustainable means of gaining an income, the practice of taking on debt was observed to be extremely common among Gaza households. Eighty-three percent of Gaza households had any existing, outstanding debt at the time of the MSNA data collection and 79% had taken on recent debt in the 3 months prior to data collection. Of those

⁶⁶ Looking at several criteria considered underlying or pre-existing vulnerabilities, aid-recipient households were more likely than non-aid recipient households to be classified as refugee households, include a person with disability, a household member with a chronic illness, an unemployed adult, or have at least one member of the household self-reporting signs of psychosocial distress or trauma (see Table 10).

households that reported having any amount of debt, 47% reported a median debt value > 5,000 NIS and 32% reported a median debt value > 10,000 NIS. The main reported reasons for taking on debt were for basic household expenditure (38%), shelter reconstruction (14%), food (12%), and healthcare expenses (8%). Coping strategies related to financial practices such as borrowing, making purchases on credit, and taking on debt were among those most widely reported employed by Gaza households as a means of coping with a lack of food or money with which to buy it. **The high reported rates of debts taken on to secure household food and other basic daily needs not only limit households resilience to future shocks and ability to save, but also create a risk of imprisonment for debtors defaulting on their debts.**⁶⁷

Household ability to meet basic needs:

Across the Gaza Strip, 56% of household expenditure was spent on food in the 30 days prior to data collection and 14% of households reported spending more than 75% of their total household expenditure on meeting basic needs in the 30 days prior to data collection. The reported rate of household expenditure dedicated to food and other basic needs was fairly consistent between the different assessed population groups. **One notable exception to highlight is that compared to 13% of male-headed households, 22% of female-headed households reported having spent more than 75% of their household expenditure on basic needs.** Despite high reported proportions of expenditure dedicated to food and other basic needs, most households reported experiencing challenges in obtaining enough money to cover their basic needs (81%) and nearly all Gaza households reported employing at least one type of coping strategy to cope with a lack of food or money to buy it (93%).

Table 12: % of Gaza households facing challenges obtaining enough money to cover at least one type of basic need (in the 30 days prior to data collection), by household population group

Household Population Group	Challenges reported meeting at least one basic need	
	No	Yes
Household Refugee Status		
Non-refugee households	16%	84%
Refugee households (all)	20%	80%
<i>In-camp refugees</i>	20%	80%
<i>Out of camp refugees</i>	21%	79%
Head of Household Gender		
Male-headed household	19%	81%
Female-headed household	14%	86%
Persons with disability		
Household with no person with disability	12%	88%
Household with person with a disability	21%	79%
Age of Head of Household		
Head of Household 18 – 59 years	17%	83%
Head of Household 60+ years	26%	74%
Household aid-recipient status		
Aid recipient	10%	90%
Non-aid-recipient	44%	56%

Aid-recipient households were the most likely to report having experienced challenges in meeting any of their household basic needs in the 30 days prior to data collection (90%), indicating that aid and assistance may be insufficient to allow Gaza households to meet needs when households

⁶⁷ European Asylum Support Office. [Query: Gaza Female Prisoners](#), March 2019

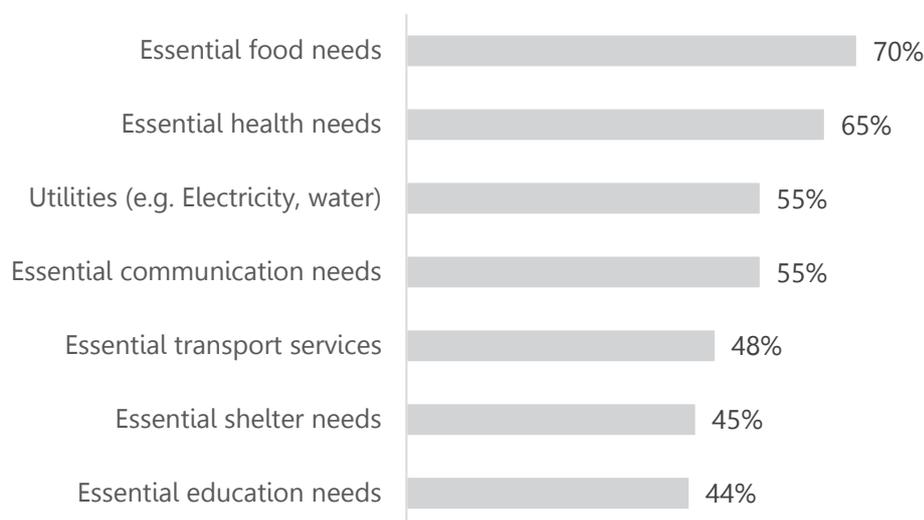
have limited access to income or livelihood opportunities. As can be observed in Table 13 below, households that included at least one unemployed adult household member unable to find work at the time of the data collection were also more likely to report difficulties being able to afford at least one basic need (reported by 88% of these households).

Table 13: cross-tabulation of Gaza households reporting difficulty being able to afford at least one basic need (in the 30 days prior to data collection) and households including at least one unemployed adult member (at the time of the data collection)

HH included at least one unemployed adult	HH reported difficulty being able to afford at least one basic need	
	No	Yes
No	30%	70%
Yes	12%	88%

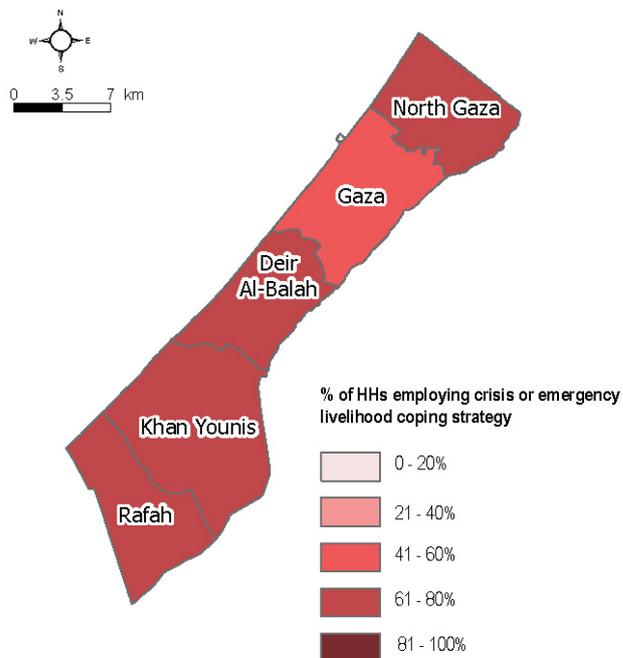
Seventy percent of households challenges in meeting their household food needs because they could not afford them, followed by 65% of households reporting the same for health needs (medication and treatment). A full breakdown of the challenges reported by households in meeting their basic needs, by type of basic need can be seen in Figure 8 below. These reported challenges are important to keep in mind when looking further into the reported types of coping strategies employed by Gaza households as well as the financial barriers reported when accessing essential services, including healthcare and education.

Figure 8: % of Gaza households facing challenges obtaining enough money to cover their basic needs (in the 30 days prior to data collection), by type of basic need



Use of negative coping strategies:

Map 4: % of Gaza households employing crisis or emergency livelihood coping strategies (in the 30 days prior to data collection)



Alongside 81% of households reporting challenges meeting at least one type of basic need, nearly ubiquitous use of some form of negative coping strategy in order to meet basic needs was observed among Gaza households. Sixty-eight percent of households had employed a livelihood coping strategy classified as crisis or emergency in the 30 days prior to data collection to cope with a lack of food or money to buy it. The highest rates of households using crisis or emergency livelihood coping strategies were observed among aid-recipient households (77%), female-headed households (77%), out of camp refugee households (77%), households including a person with disability (73%), and in-camp refugee households (72%).⁶⁸

The most commonly employed livelihood coping strategies in the 30 days prior to data collection were “buying food or non-food items on credit (incur debt)”

(71%), “borrowed money for food” (54%), “reduced expenses on health” (52%), “reduced or ceased payments on utilities” (46%), and “used savings” (21%). Female-headed households⁶⁹ and households including a person with disability were most likely to report having reduced expenses on health due to a lack of food or money to buy it (reported by 63% and 57% of these households, respectively) – an alarming finding considering the high rates of financial barriers to accessing healthcare reported by these households and the needs these households might have for specialised care.

Eighty-seven percent of Gaza households reported having used a reduced coping strategy in the 7 days prior to data collection due to a lack of food, with “relying in less preferred/less expensive food” being the most frequently reported (81%). Use of reduced coping strategies was high among all population groups assessed in the MSNA (more than 80% of households), although some vulnerable groups were even more likely to have employed these coping strategies. A more complete breakdown of household use of coping strategies disaggregated by population group can be observed in Table 14 below.

⁶⁸ For comparison, 45% of non-aid recipients, 67% of male-headed households, 67% of non-refugee households, and 67% of households not including a person with disability had employed a livelihood coping strategy classified as crisis or emergency during this same time period.

⁶⁹ Female-headed households were more likely than male-headed households to also be headed by an older person, to include a person with disability, and to include a household member with a chronic illness.

Table 14: % of Gaza households using at least one coping strategy in the 30 days and 7 days prior to data collection, as measured through the LCSi and rCSI respectively

Household Population Group	% of HHs using at least one LCSi coping strategy	% of HHs using at least one rCSI coping strategy	% of HHs using at least one coping strategy (either LCSi or rCSI)
Household Refugee Status			
Non-refugee households	89%	88%	94%
Refugee households (all)	89%	88%	93%
<i>In-camp refugees</i>	91%	90%	95%
<i>Out of camp refugees</i>	88%	86%	92%
Head of Household Gender			
Male-headed household	88%	87%	93%
Female-headed household	90%	88%	95%
Persons with disability			
Household with no person with disability	88%	86%	92%
Household with person with a disability	93%	91%	97%
Age of Head of Household			
Head of Household 18 – 59 years	92%	89%	96%
Head of Household 60+ years	79%	79%	84%
Household aid-recipient status			
Aid-recipient households	94%	94%	98%
Non-aid recipient households	74%	67%	81%

Despite the high reported rate of negative coping strategies employed by nearly all Gaza households, as measured through the LCSi and the rCSI, food represented the basic need that households were most likely to report financial challenges in obtaining (70%). According to the MSNA findings for the FIES, 63% of Gaza households were classified as having experienced moderate to severe food insecurity in the 30 days prior to data collection, and a further 2% was classified as having experienced severe food insecurity. **Comparing household use of coping strategies with household food insecurity, it becomes apparent that even when using coping strategies frequently households were unable to fully secure their needs, and that without such reliance on negative coping strategies households may risk slipping further into food insecurity.**

Table 15: Cross-tabulation of Gaza households that reported employing at least one coping strategy in the 30 days and 7 days prior to data collection (LCSI or rCSI, respectively) and reported food insecurity experiences (as measured through the FIES)

Food Insecurity Experience Scale: Any member of the household... ...because of a lack of money or other resources.	HH reported employing at least one coping strategy	
	No	Yes
<i>...worried they would not have enough food to eat...</i>		
No	88%	12%
Yes	20%	80%
<i>...unable to eat healthy and nutritious food...</i>		
No	91%	9%
Yes	27%	73%
<i>...ate only a few kinds of food...</i>		
No	96%	4%
Yes	28%	72%
<i>...had to skip a meal...</i>		
No	100%	0%
Yes	57%	43%
<i>...ate less than they thought they should...</i>		
No	100%	0%
Yes	83%	17%
<i>...ran out of food...</i>		
No	100%	0%
Yes	59%	41%
<i>...was hungry but did not eat...</i>		
No	100%	0%
Yes	95%	5%
<i>...went without eating for a whole day...</i>		
No	100%	0%
Yes	97%	3%

Use of at least one type of coping strategy was also observed to be extremely high (97%) among those 73% of Gaza households that included at least one unemployed adult household member unable to find work.

Table 16: Cross-tabulation of Gaza households that reported having employed at least one coping strategy in the 30 days and 7 days prior to data collection (LCSI or rCSI, respectively) and households that included at least one unemployed adult at the time of the data collection

HH included at least one unemployed adult	HH reported employing at least one coping strategy	
	No	Yes
No	12%	88%
Yes	3%	97%

One of the coping strategies measured through the LCSI was whether a child⁷⁰ member of the household had worked in the 30 days prior to data collection due to a lack of food or money to buy it. Gaza wide, 4% of households reported that a child under 15 years of age had worked to contribute to household

⁷⁰ For the purpose of this indicator, child labour was defined as follows "Children (under 15 years old) worked to contribute to household income (e.g. maid, casual labour)".

income. The reported rate of child labour was highest among households that included a person with disability (reported by 6% of these households, compared to 3% of households that did not include a person with disability), who also represented the population group least likely to report any adult member of the household having worked outside of the household in the 30 days prior to data collection (31%). **The precarious socio-economic circumstances of vulnerable households in Gaza, and the eroding use of coping mechanisms, create additional risks and pressures for children and can also be observed in trends related to access to education.**⁷¹

Access to Essential Services

Access to education

School closures in Gaza appeared to represent a major obstacle for accessing education, with 74% of Gaza households reporting a perceived need for catch-up learning due to school closures (whether for COVID-19 related reasons or any other reason). Beyond school closures, many of the types of difficulties reported by households⁷² in accessing education were aligned with the challenges they reported in meeting their basic needs and the types of coping strategies employed – when considered together, these different factors can provide a more clear insight into the various barriers experienced by households. Forty-four percent of Gaza households reported difficulties being able to afford education needs (including tuition fees, books etc.) in the 30 days prior to data collection and 52% reported having had to reduce expenses on healthcare and/or education services in the 30 days prior to data collection due to a lack of food or money to buy it. Four percent of households with debt (83% of Gaza households) reported that their primary reason for taking on debt was to cover education expenses. These findings on difficulties affording education needs are echoed in the reported financial barriers to enrolment and children dropping out of school due to child labour or households being unable to afford education expenses.

Across Gaza, reported rates of school-attendance for basic and secondary education⁷³ were slightly higher for school-aged girls than for school-aged boys. The difference between girls and boys was most pronounced at the secondary school level, with 95% of school-aged girls (16-17 years) attending school compared to 83% of school-aged boys (16-17 years). Six percent of school-aged children reportedly dropped out of school during the 2021-2022 school year, with boys (5%) slightly more likely to drop out than girls (3%). The reasons for dropping out also differed between boys and girls; for girls the most frequently reported reason for dropping out was that the household could not afford education costs, followed by a lack of interest in education, whereas for boys the most frequently reported reason for dropping out was related to child labour, followed by the household being unable to afford education costs. For both boys and girls who had dropped out of school, disability-specific needs not being met was among the most frequently reported drop-out reasons. Households were also asked whether they planned to enrol children in school for the 2022-2023 school years. **The most frequently cited reasons for non-enrolment, provided by the 9% of households not planning to enrol children in school, were that the household cannot afford school related expenses, the child was not interested in school, and that the school could not accommodate a child with a disability.**

Ninety-four percent of households perceived that children with mental or physical disability faced additional challenges in accessing education services. Half of Gaza households (50%) reported bullying as a challenge for children with disability in accessing education. The other frequently reported barriers were more related to a lack of accessible infrastructure and teaching material not being adapted to the needs of children with disability. The high observed rates at which additional challenges were reported for children with disability in accessing education should be considered alongside the relative frequency with which households gave “disability-specific needs were not met” as a main reason for a child

⁷¹ oPt Protection Cluster. [Occupied Palestinian Territory: Gaza - Protection Analysis Update](#). August 2022

⁷² Education related indicators were asked to the subset of the MSNA sample that were households with school-aged children. In Gaza, this was 69% of households. When referring to a proportion of households in the section of this report on access to education, this represents a proportion of this subset rather than a proportion of all households.

⁷³ As defined by the oPt education cluster, basic education consisted of children from 1st to 10th grade (6-15 years old) and secondary education consisted of 11th to 12th grade (16-17 years old).

dropping out of school or stated that the “school could not accommodate a child with disability” as a reason for not enrolling a child in school.⁷⁴

Protection and access to mental health and psychosocial support services (MHPSS)

The impact of the 15 year blockade imposed by Israel on the Gaza Strip is apparent - not only in economic terms and its impact on livelihoods (as already highlighted throughout the earlier sections of this report), but also in terms of its impact on the psychosocial wellbeing of adults and children in Gaza. The effect of living in protracted instability, under a blockade, and at constant risk of recurrent outbreaks of violent conflict is apparent in the high self-reported rates of psychosocial distress and trauma among Gaza households. Forty percent of Gaza households reported that at least one member of their household had experienced signs of psychosocial distress or trauma in the year prior to data collection. Of this 40%, 84% reported that at least one adult household member had experienced signs of psychosocial distress or trauma and 32% reported the same for at least one child household member. Research conducted in Gaza by Save the Children in 2022 highlighted that “the combination of chronic instability, and protracted social and economic hardship, coupled with children’s repeated exposure to traumatic events, constant fear that their lives could be upturned at any time and sense of hopelessness about their situation have progressively undermined their psychosocial wellbeing and significantly reduced their capacities to cope and recover”.⁷⁵

Table 17: Cross-tabulation of Gaza households reporting at least one child showing signs of psychosocial distress or trauma in the year prior to data collection and households reporting psychosocial support services (PSS) available in school

	HH reporting at least one child showing signs of distress or trauma	
	No	Yes
PSS available in school		
No	26%	74%
Yes	21%	79%

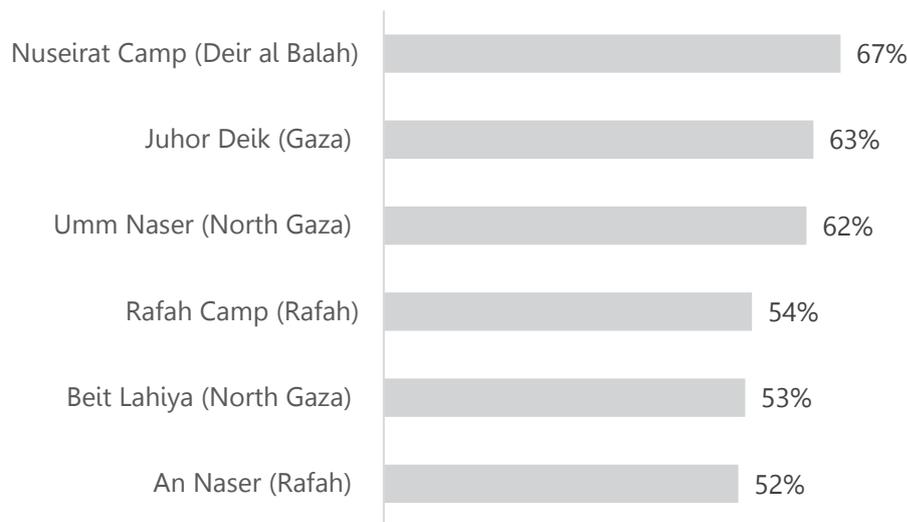
Reported rates of psychosocial distress or trauma differed between Gaza localities, with especially high reported rates in some localities close to the Access Restricted Area (ARA)⁷⁶ or that had been heavily impacted by the escalations of violent conflict in 2014 and 2021. The localities where more than 50% of households reported a member of their household experiencing psychosocial distress or trauma in the year prior to data collection are listed in Figure 14 below.

⁷⁴ “Disability-specific needs were not met” was given as a main reason for a child dropping out of school by 18% of households with a school-aged girl that dropped out of school in the 2021-2022 school year and 22% with a school-aged boy. Ten percent of households not planning to enrol at least one child in school for the 2022-2023 school year gave the “school could not accommodate a child with disability” as a reason for non-enrolment.

⁷⁵ Save the Children. [Trapped: The impact of 15 years of blockade on the mental health of Gaza's children](#). 2022

⁷⁶ The Access Restricted Area (ARA) is an area of Gaza with severe access restrictions imposed on land and sea by Israel. Access restrictions are enforced through a range of mechanisms that include the use of live fire and the destruction, damage and confiscation of property.

Figure 9: % of Gaza households with at least one member of the household self-reporting signs of psychosocial distress or trauma in the year prior to data collection, by Gaza locality with the highest reported rates



Although the MSNA did not specifically assess whether disabilities were the result of conflict related injuries, a documented link exists between protracted conflict and higher rates of mental health concerns and physical disabilities. A United Nations Commission of Inquiry published in 2015 stated that “nearly 10% of the more than 11,000 Palestinians wounded during the 2014 hostilities between Israel and Palestinian armed groups, acquired a physical disability as a result”.⁷⁷ In addition, persons with disability face additional risk during outbreaks of violent conflict due to potential reductions in access to specialised services or inability to evacuate to a safe location. **Across all Gaza governorates, reports of psychosocial distress or trauma were higher for households including a person with disability than for households not including a person with disability (see Table 18 below).**

Table 17: Cross-tabulation of Gaza households with a person with disability and with at least one member of the household showing signs of psychosocial distress or trauma in the year prior to data collection, by governorate

Governorate	HHs reporting signs of psychosocial distress or trauma	
	HH with no person with disability	HH with a person with disability
Deir al Balah	36%	46%
Gaza	28%	55%
Khan Yunis	41%	44%
North Gaza	44%	59%
Rafah	41%	52%

Persons with disability may also be disproportionately affected by movement restrictions that inhibit their ability to leave Gaza for specialised care and import restrictions imposed on Gaza, which limit access to assistive devices.⁷⁸

⁷⁷ UN Human Rights Council, A/HRC/29/CRP.4 [“Report of the detailed findings of the independent commission of inquiry established pursuant to Human Rights Council resolutions S-21/1”](#), 2016

⁷⁸ Human Rights Watch, [Gaza: Israeli Restrictions Harm People with Disabilities](#), December 2020

Access to healthcare

Ninety percent of Gaza households reported that a member of their household had experienced a healthcare need requiring care in the 3 months prior to data collection, with the highest rate observed among those households including a person with disability (96%). Of the households with a healthcare need requiring care, all (100%) reported experiencing a barrier to accessing healthcare. The main barrier to care reported was that “cost of services were too high” (77%) followed by barriers related to the availability of services, with 22% reporting “treatment was not available” and 19% reporting “medicine was not available”. **The precarious financial and economic circumstances of households in Gaza, combined with severe resource constraints and access restrictions have limited the ability of Gaza households to access essential health services.** Public health institutions in particular are facing sustained shortages of medical consumables, supplies, medicine stocks, and spare parts needed for the maintenance of medical equipment.⁷⁹

Although the majority of households (93%) reported being able to access a primary health clinic in less than 30 minutes using their regular mode of transport, barriers to accessing healthcare related to distance and/or transportation constraints were reported by 8% of Gaza households. With the existing healthcare system unstable and under distress,⁸⁰ more specialised care is often unavailable in Gaza, requiring patients to apply for medical permits to seek treatment in Israel or the West Bank. According to the World Health Organisation, 30% of patient permit applications were denied or delayed between January 2008 and May 2022, and 839 patients died during this time period while waiting for permit responses.⁸¹ Patients and companions were frequently subjected to security interrogations, and 44% of companion permit applications were denied or delayed with 43% of children accessing healthcare outside of Gaza having to travel without their parents.⁸² Movement restrictions also prevent healthcare personnel from being able to enter or exit the Gaza Strip. Under the blockade, import of medical equipment is tightly controlled, and 69% of requests for entry of machines and spare parts for x-rays, CTs, and other medical equipment were denied by Israeli authorities in 2021.⁸³

The impact of the blockade on Gaza’s fractured and overburdened healthcare system is further compounded by chronic power cuts and fuel shortages,⁸⁴ and the damage to health infrastructure during escalations of violence which threaten the closure of essential services. The Gaza Infrastructure Damage Assessment conducted by the United Nations Development Programme (UNDP) in the aftermath of the May 2021 escalation of violence and bombardment of the Gaza Strip concluded that 35 health buildings were either partially or totally damaged – further exhausting a health system already on the verge of collapse.⁸⁵

Shelter and Water, sanitation, and hygiene (WASH)

WASH infrastructure has also been severely impacted both by restrictions under the blockade and damage during hostilities, severely limiting the availability of potable water. **Although 95% of households in Gaza reported having access to water on their premises (tap water) only 3% of households were able to obtain drinking water from the tap and 83% of households were dependent on water trucking to obtain drinking water.** These MSNA findings on drinking water align with a report published by the United Nations International Children’s Emergency Fund (UNICEF) in 2019, which stated that although “over 90 percent of households have a tap where clean water once flowed, today the water is no longer safe to drink.”⁸⁶ While 92% of Gaza households reported being able to access sufficient quantities of water for drinking and domestic purposes at the time of the MSNA data collection, they often relied on coping strategies such as reducing water consumption, receiving water on credit or borrowing water, and spending money usually spent on other things to buy water. Reliance on coping mechanisms to adapt to a lack of water also affected hygiene practices and some households

⁷⁹ UNDP. [Gaza 2021 Infrastructure Damage Assessment Report](#). May 2022.

⁸⁰ Ibid.

⁸¹ World Health Organisation. [15 Years of Gaza Blockade and Barriers to Health Access Factsheet](#). July 2022.

⁸² Ibid.

⁸³ Ibid.

⁸⁴ UN OCHA. [Improvements to Gaza Electricity Supply](#). July 2019.

⁸⁵ Ibid.

⁸⁶ UNICEF. [Searching for clean water in Gaza](#). January 2019.

reported resorting to drinking water normally intended for domestic use, exacerbating the risk of diseases spreading.⁸⁷

Repeated damage during outbreaks of conflict, import restrictions on construction materials, and electricity shortages have also constrained the ability of sanitation and sewage systems to adequately function. In some localities, particularly in the northern governorates, current flooding also poses a threat. According to a 2021 WASH Cluster report, the effects of climate change further exacerbate humanitarian needs stemming from protracted cyclical conflict. The longstanding closure of the Gaza Strip, and restrictions on the import of material, have created challenges in implementing flood mitigation and prevention measures.⁸⁸ Gaza wide, 12% of households reported being affected by flooding in the 3 years prior to MSNA data collection (of which 41% reported their shelter being impacted and 87% reported floods disrupting their daily activities). The localities with the highest reported rates of households being affected by flooding were Umm Naser (47%), Beit Lahiya (33%), and Jabalya (32%) in North Gaza governorate, and Abasan Jadida (31%) in Khan Yunis governorate.

Umm Naser in North Gaza, the locality with the highest observed rate of households reporting flooding events, was also the locality with the highest reported rate (15%) of households living under critical shelter conditions across all Gaza localities – leaving these households particularly vulnerable to the effects of flooding.⁸⁹ Although 75% of Gaza households reported living in solid/finished apartments and 23% reported living in solid/finished houses, shelter damage was widespread and households reported a number of concerns and vulnerabilities related to shelter. **Sixty percent of Gaza households reported having any type of shelter damage, defects, or issues at the time of data collection.** The highest reported rate of shelter damage was observed in Umm Naser (81%). Across Gaza, households including a person with disability were more likely to report having shelter damage, issues, or defects (70% compared to 57% of households not including a person with disability). For all households, the most commonly reported types of damage, defects, and issues were “cracks in some walls” (43%), “opening or cracks in roof” (30%), and “broken or cracked windows” (17%).

Thirty-seven percent of households reported that their shelter had been damaged by the escalation of violence in 2021, with 93% of these households reporting minor damage, 6% reporting major damage, and 1% reporting total damage to their shelter. Of the 83% of Gaza households that reported having debt at the time of data collection, 14% reported expenses for shelter repairs and reconstruction to be the primary reason that their household had taken on debt. When asked about their preferred type of assistance or aid, 9% of households reported wanting to receive in-kind non-food items (NFIs) and a further 6% of Gaza households reported wanting to receive shelter assistance. The impact of financial circumstances on shelter conditions was also observed in the reasons why households feared eviction from their shelter. Of the 9% of Gaza households that perceived being at risk of eviction at the time of the data collection, 30% reported “disputed ownership as the reason”, followed by “lack of funds” (27%), and “inadequate shelter conditions” (17%).

Conclusion – linking the MSNA cross-sectoral findings to the humanitarian consequences in Gaza

Under the longstanding blockade of the Gaza Strip, households faced challenges in meeting their basic needs and accessing services across all sectors – primarily observed through reported resource constraints, limited or damaged infrastructure, and financial barriers due to a lack of livelihood opportunities and extremely high rates of unemployment. Although all households in Gaza are impacted negatively by the blockade and movement restrictions imposed on them, certain population groups (especially households including a person with disability and aid-recipient households) were observed throughout the MSNA to be particularly vulnerable and in need. To conclude the Gaza section of the report, the key findings will be briefly summarised according to the three types of humanitarian consequences identified in the oPt: those related to the protection of civilians and forced displacement; those related to access to essential services; and those related to resilience and recovery.

⁸⁷ Ibid.

⁸⁸ WASH Cluster State of Palestine. [Access to Flooding Mitigation and Prevention Measures in Light of Climate Change Impact in Gaza](#), September 2021.

⁸⁹ At the time of the MSNA data collection, 11% of households in Umm Naser reported living in makeshift shelters and 4% reported living in unfinished shelters.

Protection of civilians and forced displacement

Protection concerns were observed to be interwoven to some extent throughout all other sectoral aspects of the MSNA. Driven by the longstanding blockade, severe movement restrictions, protracted crisis, and recurrent escalations of conflict, Gaza households reported struggling to meet their basic needs, access essential services, and live in dignity. **Households in Gaza are at continuous risk of displacement due to active hostilities/escalations of violence, inadequate infrastructure and services (including safe shelters and sanitation infrastructure), and socio-economic circumstances.** The compounding effect of the long-term exposure to violent conflict, financial precarity, and a lack of freedom and opportunity are apparent in the 40% of households in Gaza that reported at least one member of their household experiencing signs of psychosocial distress or trauma in the year prior to data collection. Access restrictions on sea and land, regularly enforced by Israeli Forces through the use of live ammunition, create serious concerns for those residing in or nearby access restricted areas (ARAs) and those dependent on these areas for their livelihoods. With some of the highest observed rates of psychosocial distress and trauma reported in localities nearby ARAs, these households may be particularly vulnerable to experiencing human rights concerns, potential displacement and face restricted access to services.

Access to essential services

Protection and human rights concerns in Gaza are closely interrelated with access to services. **Resource constraints, movement restrictions, and repeated conflict damage to service infrastructure (including health facilities, education facilities, and WASH infrastructure etc.) negatively impact the ability of Gaza households to access essential services.** Denial or delays of permits for patients seeking to exit Gaza for essential and life-saving medical treatment, and the import restrictions placed on medical supplies and equipment, have had a detrimental effect on access to health for Gazans.⁹⁰ Children were also considered to face particular protection risks in Gaza, with high observed rates of children experiencing psychosocial distress or trauma, challenges to adequate access to education, and 4% of children involved in economic activities to support their household financially. For households living in poverty, children (especially boys in secondary school) appeared to face pressure to generate income, creating a risk for children dropping out of school. This aligns with the observation of further challenges to accessing services related to the high reported rates of financial barriers cited by households as challenges they faced in affording healthcare, education, and shelter expenses. Households that included a person with disability also faced particular challenges in accessing essential services and specialized care. **Within the context of limited livelihood opportunities and high rates of unemployment in Gaza, households had to take on debt and engage in other negative coping mechanisms nearly ubiquitously so as to meet their basic needs and access essential services.**

Resilience and recovery

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. Under the blockade of the Gaza Strip, livelihood and employment opportunities are extremely limited. About half (51%) of Gaza households reported NGO or charity assistance as one of their primary sources of income. Among aid-recipient households, the rate of this was even higher (68%). Taking on debt, primarily in order to meet basic needs, was a widespread practice - with 83% of households having any outstanding debt and 79% of households having taken on recent debt in the 3 months prior to the data collection. These factors, combined with the fact that 60% of households reported a member of their household unemployed and unable to find work at the time of the data collection, further highlight the socio-economic vulnerability of Gaza households.

This should be considered alongside the frequently reported financial barriers to accessing essential services and the high reported use of negative coping mechanisms, particularly those related to

⁹⁰ Ibid.

practices of taking on credit/debt or borrowing. The widespread reported use of negative coping strategies is a further indication of the difficulties faced by households in meeting their most basic needs. With 93% of Gaza households having employed at least one type of coping mechanism due to a lack of food or money to buy it, household vulnerability may be further exacerbated and resilience to future shocks may be imperilled. The high rate of unemployment and reported lack of economic opportunities were linked directly and indirectly to many of the key concerns faced by Gaza households as identified through the MSNA data. **Livelihoods as a main driver of need also appeared to be increasing the dependency of Gaza households on aid/assistance, and contributing to their high reliance on negative coping mechanisms in the absence of sustainable livelihood opportunities.** Aid-recipient households reported higher rates of need than their counterparts, indicating that without access to employment or additional means of obtaining financial resources aid may be insufficient in sustaining household circumstances in the longer term.

Spotlight on Accountability to Affected Populations:

Nearly two-thirds (73%) of Gaza households reported having received any kind of humanitarian assistance or aid in the 6 months prior to data collection – indicative of the nearly ubiquitous presence of aid in this context. Of aid-recipient households, 93% reported having received food assistance and 37% reported having received cash and voucher assistance. Dissatisfaction with the assistance/aid received was reported by 41% of aid-recipient households, although notable differences in satisfaction with aid were observed between various population groups. Households that included a person with disability were the most likely to report being dissatisfied with aid, with 50% of aid-recipient households that included a person with disability reporting dissatisfaction with aid compared to 38% of aid-recipient household with no household member with a disability. Among all households that reported dissatisfaction with the aid/assistance they had received, 100% of households reported that their dissatisfaction was due to the “quantity not being enough”. Nine percent of dissatisfied households reported that “quality of aid was not good enough” and 4% reported having experienced “delays in the delivery of aid”.

This reported dissatisfaction with aid being primarily due to insufficient quantity, rather than issues related to quality or delays with delivery, and the desire to continue to receive aid, should be considered alongside the MSNA findings that aid-recipient households reported challenges in meeting basic needs at higher rates than non-aid recipient households and were more likely to resort to using negative coping strategies. As highlighted throughout this report, within the context of the blockade in Gaza, the lack of livelihood opportunities, and the high reported rates of unemployment, aid and assistance represent a primary source of income for half of Gaza households (51%). Of those households receiving aid, 68% reported that aid was their primary source of income, 90% reported challenges in obtaining enough money to cover basic needs, and 85% had taken on recent debt. For comparison, 56% of non-aid recipient households reported challenges obtaining basic needs and 64% of non-aid recipient households reported having taken on recent debt. The reliance on aid in Gaza is further indicated through the fact that 99% of aid-recipient households wanted to receive aid or assistance in the future, and 71% of households not considered aid-recipient households at the time of the data collection expressed that they would like to receive aid in the future. Indeed, when asked about the type of aid that households wanted to receive in the future, “provision of jobs and employment opportunities” was cited by 9% of households as a preferred type of aid.⁹¹

These figures are indicative of the widespread challenges that Gaza households experience in being able to obtain enough money to meet their basic needs through gainful employment, and the frequent use of debt and purchases on credit in order to meet basic needs. The differences observed between aid-recipient and non-aid recipient households, however, seems to highlight the particularly precarious financial circumstances of those households receiving aid. While, aid may appear to be sufficient as a stop-gap when combined with negative coping mechanisms to sustain the poorest/most financially vulnerable households from plunging into deeper need, this creates only a fragile state of stability. Even factoring in the receipt of assistance, households in Gaza were still observed to be in a critical position in terms of ability to meet basic needs and access essential services. The negative structural factors of

⁹¹ This was not included as an answer choice in the MSNA questionnaire, but rather was recorded as an additional answer choice during the translation and data cleaning process as it appeared so frequently in the open-ended text-based answers that households provided when selecting the ‘other’ option to this question.

the blockade have severely limited livelihood opportunities and the ability of Gaza households to meet basic needs, indicating that aid may only be cushioning the fall into deeper deprivation and hardship.

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ANNEX

Annex 1: Full Sample Frame MSNA 2022

Region	Governorate/Location	Localities/Camps	Type of Sampling	Number of Surveys
West Bank	Bethlehem Areas A & B	-	Two-Stage. Stratified cluster	170
West Bank	Bethlehem Area C	-	Two-Stage. Stratified cluster	170
West Bank	H2	-	Two-Stage. Stratified cluster	170
West Bank	Hebron Areas A & B	-	Two-Stage. Stratified cluster	165
West Bank	Hebron Area C	-	Two-Stage. Stratified cluster	165
West Bank	Jenin Areas A & B	-	Two-Stage. Stratified cluster	165
West Bank	Jenin Area C	-	Two-Stage. Stratified cluster	170
West Bank	Jericho and al Aqhwar Areas A & B	-	Two-Stage. Stratified cluster	175
West Bank	Jericho and al Aqhwar Area C	-	Two-Stage. Stratified cluster	195
West Bank	Jerusalem Areas A & B	-	Two-Stage. Stratified cluster	170
West Bank	Jerusalem Area C	-	Two-Stage. Stratified cluster	165
West Bank	Nablus Areas A & B	-	Two-Stage. Stratified cluster	165
West Bank	Nablus Area C	-	Two-Stage. Stratified cluster	175
West Bank	Qalqiliya Areas A & B	-	Two-Stage. Stratified cluster	170
West Bank	Qalqiliya Area C	-	Two-Stage. Stratified cluster	170
West Bank	Ramallah and al-Bireh Areas A & B	-	Two-Stage. Stratified cluster	165
West Bank	Ramallah and al-Bireh Area C	-	Two-Stage. Stratified cluster	170
West Bank	Salfit Areas A & B	-	Two-Stage. Stratified cluster	175
West Bank	Salfit Area C	-	Two-Stage. Stratified cluster	170
West Bank	Tubas Areas A & B	-	Two-Stage. Stratified cluster	170
West Bank	Tubas Area C	-	Two-Stage. Stratified cluster	180
West Bank	Tulkarem Areas A & B	-	Two-Stage. Stratified cluster	165
West Bank	Tulkarem Area C	-	Two-Stage. Stratified cluster	180
East Jerusalem	East Jerusalem	-	Two-Stage. Stratified cluster	244
Gaza Strip	Khan Yunis	'Abasan al Jadida	Two-Stage. Stratified cluster	123
Gaza Strip	Khan Yunis	'Abasan al Kabira	Two-Stage. Stratified cluster	129
Gaza Strip	Deir al Balah	Al Bureij	Two-Stage. Stratified cluster	127
Gaza Strip	Deir al Balah	Al Bureij Camp	Two-Stage. Stratified cluster	129
Gaza Strip	Khan Yunis	Al Fukhari	Two-Stage. Stratified cluster	120
Gaza Strip	Deir al Balah	Al Maghazi	Two-Stage. Stratified cluster	123
Gaza Strip	Deir al Balah	Al Maghazi Camp	Two-Stage. Stratified cluster	127
Gaza Strip	Gaza	Al Mughraqa	Two-Stage. Stratified cluster	124
Gaza Strip	Deir al Balah	Al Musaddar	Two-Stage. Stratified cluster	107
Gaza Strip	Khan Yunis	Al Qarara	Two-Stage. Stratified cluster	129
Gaza Strip	Rafah	Al Shokat	Two-Stage. Stratified cluster	127
Gaza Strip	Rafah	An Naser	Two-Stage. Stratified cluster	123
Gaza Strip	Deir al Balah	An Nuseirat	Two-Stage. Stratified cluster	130
Gaza Strip	Deir al Balah	An Nuseirat	Two-Stage. Stratified cluster	129
Gaza Strip	Gaza	Ash Shati' Camp	Two-Stage. Stratified cluster	129
Gaza Strip	Deir al Balah	Az Zawayda	Two-Stage. Stratified cluster	128
Gaza Strip	Khan Yunis	Bani Suheila	Two-Stage. Stratified cluster	129
Gaza Strip	North Gaza	Beit Hanun	Two-Stage. Stratified cluster	130
Gaza Strip	North Gaza	Beit Lahiya	Two-Stage. Stratified cluster	130
Gaza Strip	Deir al Balah	Deir al Balah	Two-Stage. Stratified cluster	130
Gaza Strip	Deir al Balah	Deir al Balah Camp	Two-Stage. Stratified cluster	121
Gaza Strip	Gaza	Gaza	Two-Stage. Stratified cluster	131
Gaza Strip	North Gaza	Jabalya	Two-Stage. Stratified cluster	131
Gaza Strip	North Gaza	Jabalya Camp	Two-Stage. Stratified cluster	130
Gaza Strip	Gaza	Juhor ad Dik (Wadi Gaza)	Two-Stage. Stratified cluster	116
Gaza Strip	Khan Yunis	Khan Yunis	Two-Stage. Stratified cluster	131
Gaza Strip	Khan Yunis	Khan Yunis Camp	Two-Stage. Stratified cluster	129
Gaza Strip	Khan Yunis	Khuza'a	Two-Stage. Stratified cluster	124
Gaza Strip	Gaza	Madinat Ezahra	Two-Stage. Stratified cluster	118
Gaza Strip	Rafah	Rafah	Two-Stage. Stratified cluster	131
Gaza Strip	Rafah	Rafah Camp	Two-Stage. Stratified cluster	129
Gaza Strip	North Gaza	Um Al-Naser (Al Qaraya al Badawiya)	Two-Stage. Stratified cluster	117
Gaza Strip	Deir al Balah	Wadi as Salqa	Two-Stage. Stratified cluster	121
Total				8331

Annex 2: List of Published MSNA Outputs Available for 2022 Data

Each output developed for the MSNA was developed with a specific purpose in mind, as such, the list of outputs presented below goes into different level of detail and outputs were designed to complement one another. Where a specific output might be useful to the reader for further information on an identified topic or indicator, this has been flagged throughout this report.

[MSNA 2022 – Terms of Reference](#)

[MSNA 2022 – Clean Dataset](#)

[MSNA 2022 – Preliminary Analysis Tables](#)

[MSNA 2022 – Interactive Dashboard](#)

[MSNA 2022 – Key Cross-Sectoral Findings Presentation](#)

[MSNA 2022 – Key Findings Factsheet Booklet West Bank](#)

[MSNA 2022 – Key Findings Factsheet Booklet Gaza](#)

[MSNA 2022 – Key Cash and Voucher Assistance Findings Factsheet West Bank](#)

[MSNA 2022 – Key Cash and Voucher Assistance Findings Factsheet Gaza](#)