

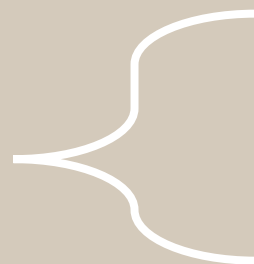
2022 Multi-Sector Needs Assessment

Key Cross-Sectoral Findings



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1. Household ability to meet basic needs and access services
2. Livelihoods and employment barriers
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Coordination Framework



Assessment Objectives

The primary objectives of the MSNA:

1. Directly inform joint humanitarian-development response planning in the entirety of the oPt population, including the West Bank (inclusive of East Jerusalem) and Gaza, through the provision of comprehensive, multi-sectoral household data and inter-sectoral analysis.

Secondary objectives included:

1. Provide a detailed overview of the magnitude and severity of humanitarian needs among crisis-affected populations in the oPt to inform the 2023 HNO and HRP.
2. Identify variations in humanitarian needs across geographic areas, population groups, and vulnerability profiles and provide comparable analysis of inter-sectoral needs to inform response prioritisation and strategic planning.
3. Assist in informing key instruments and tools prepared by partners.

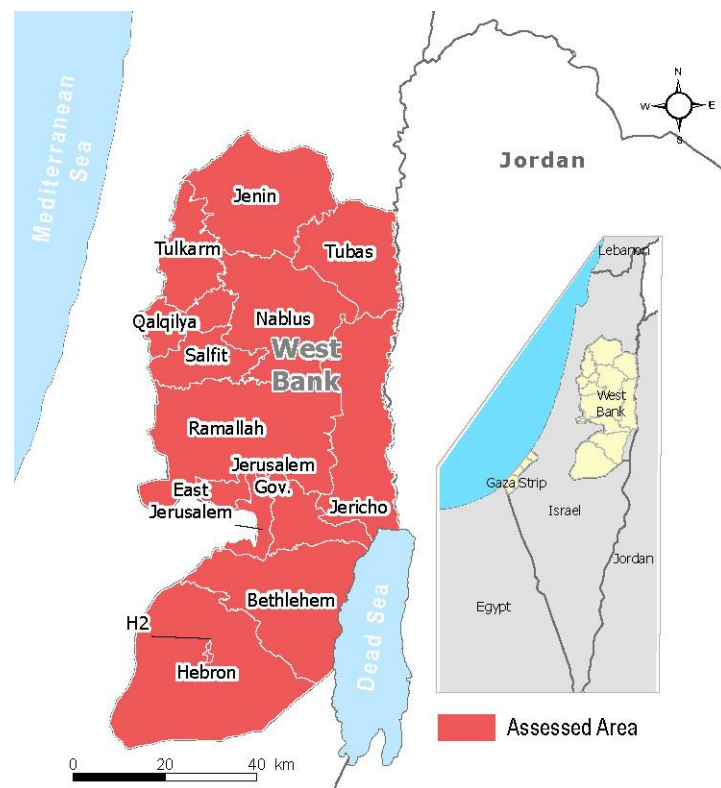


Methodology

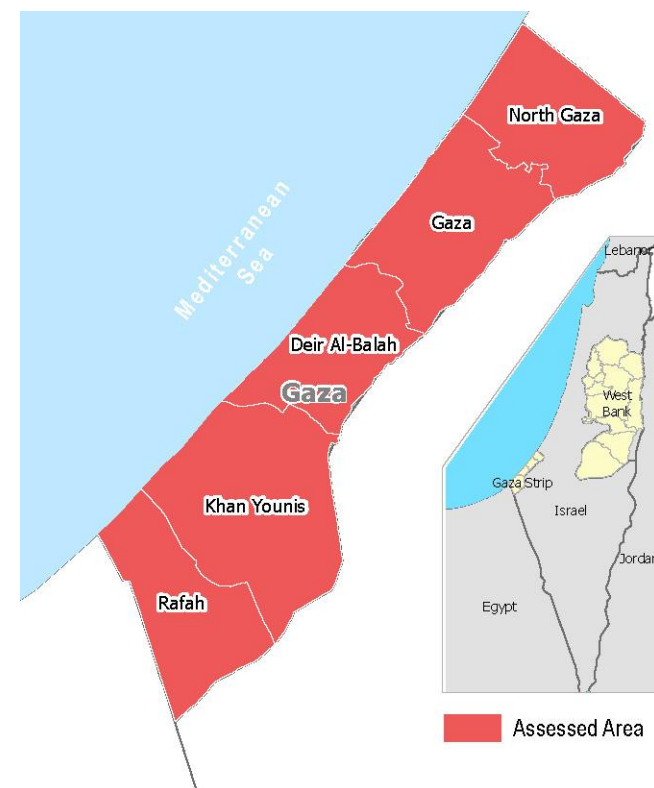
Design:	Household-level survey questionnaires
Dates:	May 30th to July 6th 2022
Sample size:	8,331 survey interviews Gaza: 4,152 West Bank: 4,179
Sampling strategy:	Covers: <ul style="list-style-type: none">• All 16 governorates of oPt• All "Oslo Areas" of the West Bank• East Jerusalem and H2• All 25 localities in Gaza and 8 refugee camps• Majority of respondents were female (52%)• 57 total strata
Representativeness:	95 % confidence level +/- 9% margin of error Representative findings can be provided at: <ul style="list-style-type: none">• Strata level• Governorate level• "Oslo" level• Territory (West Bank and Gaza Strip)• oPt – wide

Assessment Coverage

West Bank



Gaza



Limitations

Key limitations to remember include:

- 1** MSNA does not focus on “hot spots”
 - Findings are generalizable for East Jerusalem overall - not Silwan or Sheikh Jarrah, for ex.
 - Data not community-level in the West Bank
- 2** Majority of indicators are household-level
 - Individual level indicators included those on:
 - Healthcare needs and access to healthcare services;
 - School attendance, enrollment, and drop-out;
 - Disability (WGSS)
- 3** Data collection before recent escalation in Gaza
 - Importance of presentations and multilateral engagement as validation exercises
 - Opportunity for partners and experts to contextualize findings and identify potential developments as a result of Escalation

Applying the MSNA

Key points to remember:

1

Used with other datasets and resources, the MSNA can:

- Capture systemic forces (e.g. Occupation)
- Determine causality for certain indicators
- Findings and data can be used to establish a foundation or frame specific issues, as well as add layers

2

Power of statistics to both amplify and diminish

- More than the numbers, but what are they measuring (e.g. severity of indicators / answer choices)
- Focus on the worst circumstances / events that have befallen or have potential to befall households

3

Strengths and limitations of methodology

- Operational and financial realities in research design / data collection
- Ability to be generalizable = forgoes ability to focus on hot spots
- Opportunities to integrate other datasets / info resources (qual. and quant.)

**Household
ability to meet
basic needs
and access
services**

Key topics to be discussed:

- 1 Household self-reported ability to meet basic needs (by type of need)**
- 2 Food Insecurity Experience Scale**
- 3 Access to services and barriers to services**

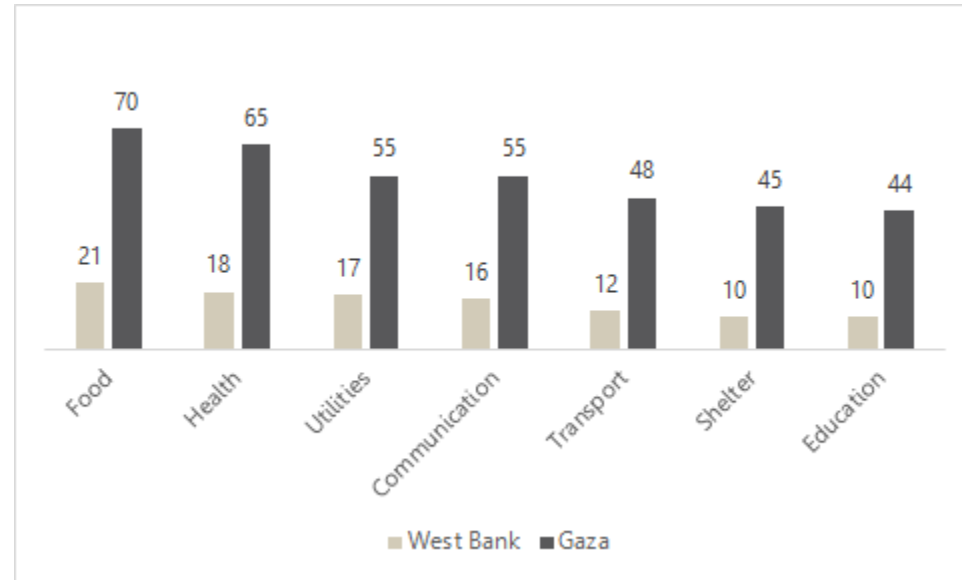
Household ability to meet basic needs

Across the oPt, 48% of households reported difficulties in obtaining enough money to cover basic needs in the 30 days prior to data collection.

In Gaza, this was reported by 81% of households and in the West Bank by 31% of households.

10% of households reported spending more than 75% of their total household expenditure on meeting basic needs (14% in Gaza and 8% in the West Bank).

% of households reporting difficulties meeting essential needs because they could not afford them in the 30 days prior to data collection, by type of basic need and location



Key spotlights:

- In Gaza, 90% of households who reported receiving assistance in the 6 months prior to data collection reported difficulties to meeting basic needs compared to 56% of households who had not received assistance
- Households assessed to include a household member with a disability were more likely to report difficulties to meeting basic needs in both Gaza (88% compared to 79%) and the West Bank (43% compared to 29%).
- Across the oPt, 52% of household expenditure (56% in Gaza and 51% in the West Bank) was spent on purchasing food (in cash or credit).

Food Insecurity Experience Scale

The food insecurity experience scale is an indicator which focuses on self-reported food related behaviors and experiences associated with increasing difficulty in accessing food due to resource constraints.

% of households by food insecurity experience scale in the 30 days prior to data collection

Gaza

Little to none: 35%

Moderate to severe: 63%

Severe: 2%

West Bank

Little to none: 85%

Moderate to severe: 14%

Severe: 1%

Key spotlights:

- In Gaza, 76% of households reported being worried about having enough food to eat in the 30 days prior to data collection, compared to 30% in the West Bank.
- 16% of Gaza households reported that their household ran out of food during this time period – of which, 62% reported the frequency of this as sometimes (3-10 times during the assessed recall period).
- 3% of Gaza households reported a member of their household going a whole day without eating – the same was reported by 2% of West Bank households.

Access to services

Key messages: financial barriers to accessing services

1 Healthcare: Among households (72%) with at least one member needing to access healthcare services in the 3 months prior to data collection, 98% reported facing a barrier to care.

The most common was prohibitive cost of services and/or medicine (71%).

2 Education: Of the 9% of Gaza households that reported not planning to enroll at least one child for the 2022-2023 school year, being unable to afford school related expenses was given as the primary reason for non-enrollment by 15% of households.

3 Shelter: Among households (37%) in Gaza who reported their home was damaged by bombardment in 2021, 64% reported presently having no capacity to carry out repairs or rehabilitation.

This was especially pronounced among female-headed households (72%) and those who had received assistance prior to data collection (74%).

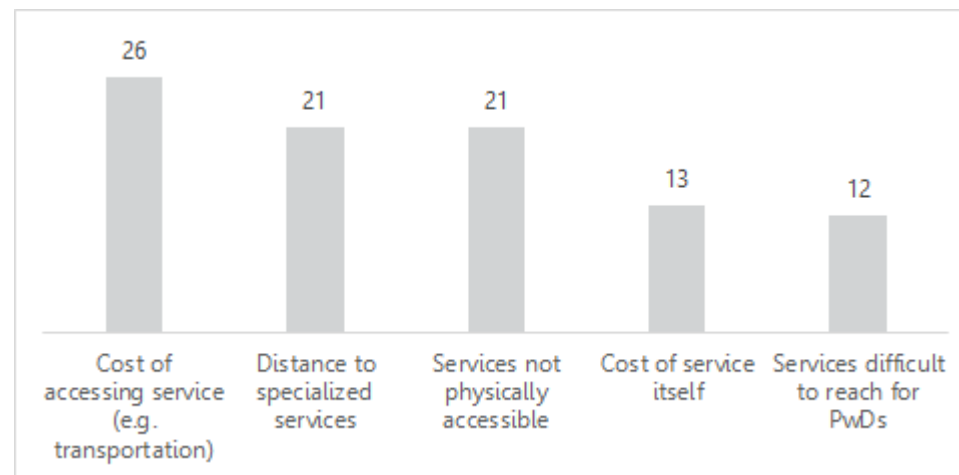
Access to services for persons with disability

Percentage of households assessed to include at least one member of the household with a physical or mental disability:

- oPt overall – 14%
- Gaza – 21%
- West Bank – 10%

Overall, 11% of households (18% in Gaza, 7% in the West Bank) reported any member of their household unable to access one or more services.

% of the 11% of oPt households reporting any member of their household unable to access one or more services because of a physical or mental disability, by most reported reason



Key spotlights:*

Across all governorates of Gaza, the cost of accessing the services was the most commonly identified barrier, except for North Gaza. Among these households, physical inaccessibility was more commonly identified.

In the West Bank, distance to specialized services was the most observed reason – reported by 35% of households in rural locations, 24% of households in urban locations, and 12% of in-camp households.

** All reported percentages below are of the subset of those households that reported any member of their household unable to access one or more services because of a physical or mental disability.*

Livelihoods and employment

Key topics to be discussed:

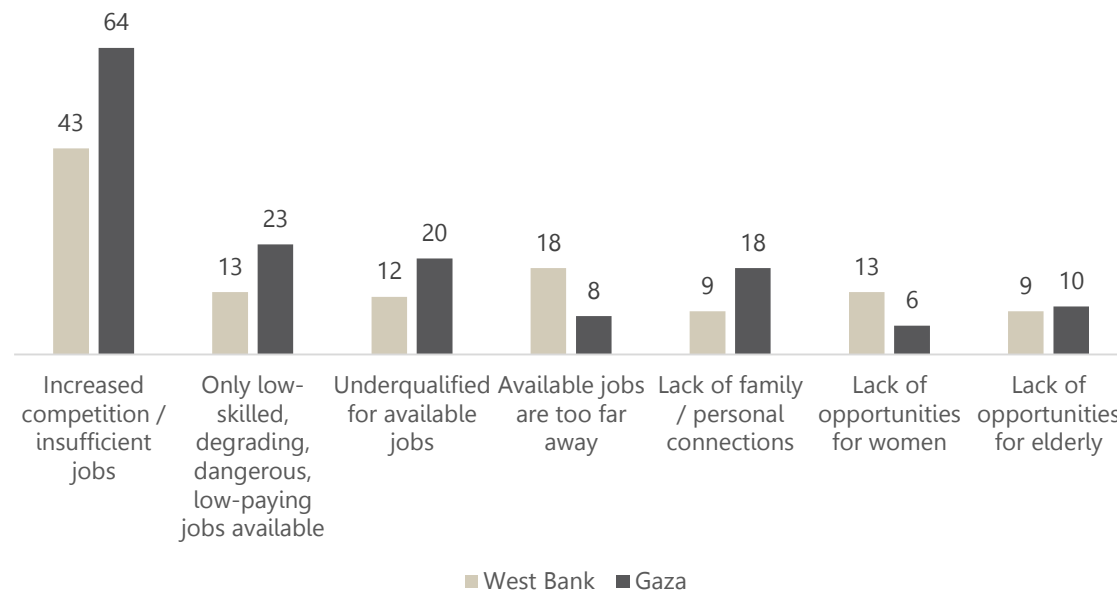
- 1 Unemployed members of the household and barriers to employment**
- 2 Self-reported primary income sources**
- 3 Debt**

Livelihoods and employment

35% of oPt households reported an adult member of their household being unemployed and unable to find work at the time of the data collection.

In Gaza, this was reported by 60% of households and in the West Bank by 21% of households.

% of households by main reported obstacles and barriers to employment faced by any member of the household*



* Respondents could select more than one answer choice

Barriers to employment for female household members:

Households were asked specifically about barriers to employment for female household members. oPt-wide, these included:

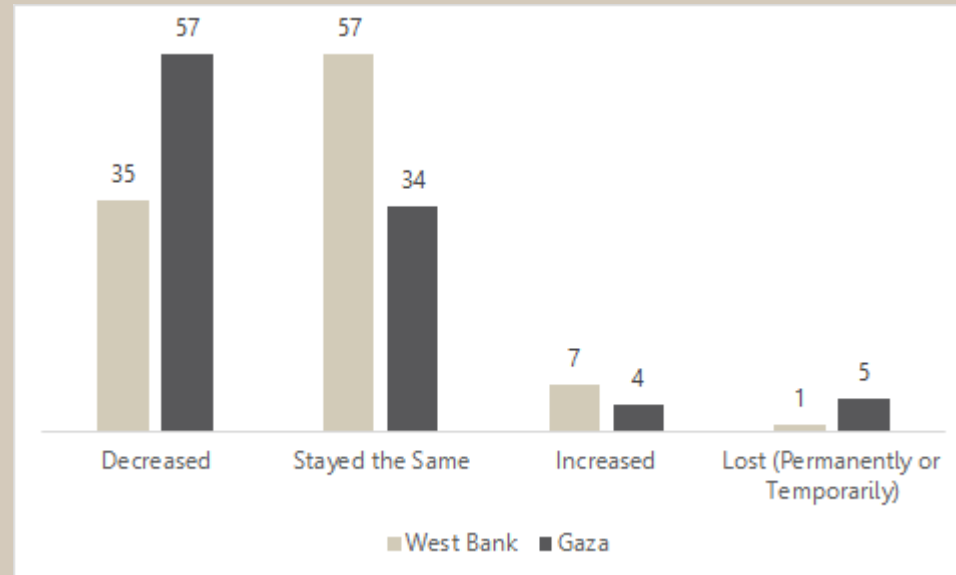
- Lack of livelihood opportunities for women (26%)
- Lack of consent from husband/male guardian (22%)
- Childcare being either unavailable or unaffordable (17%)

Income

Primary reported income sources or coping mechanism employed due to lack of income source

- oPt wide, the most reported income source was employment (26%), followed by daily work (22%), self-employment (21%) and NGO or charity assistance (18%).
- In Gaza, NGO or charity assistance was reported by 51% of households as a primary source of income (compared to 1% of West Bank households reporting the same).
- In the West Bank, self-employment was reported by 27% of households compared to 10% in Gaza.

% of HHs by reported change to their typical monthly income in the year prior to data collection



Spotlight: 45% of households in rural locations in the West Bank reported that their typical monthly income has decreased in the year prior to data collection.

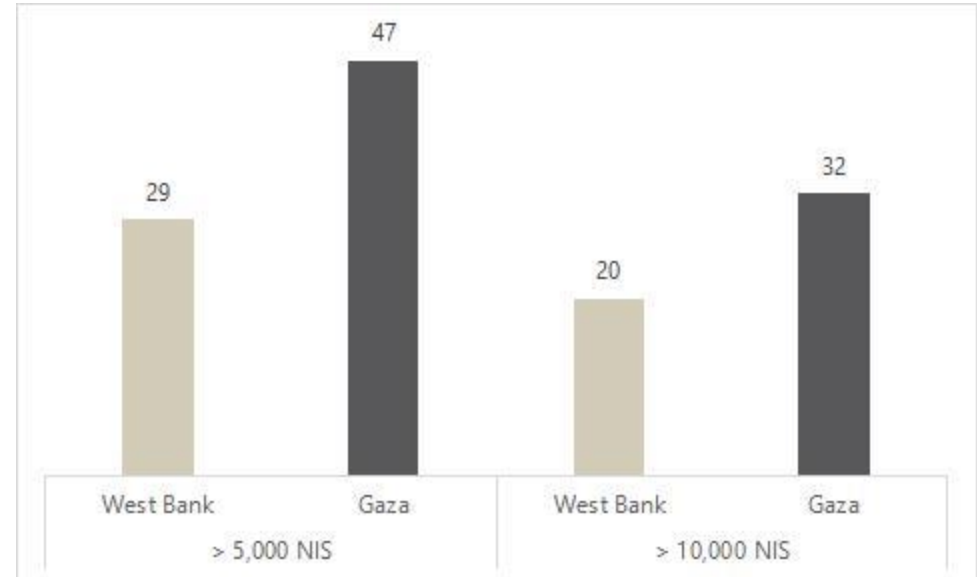
Debt

83% of households in Gaza reported holding debt, along with 43% in the West Bank

52% of oPt households reported taking on debt for any reason in the 3 months prior to data collection.

In Gaza, this was reported by 79% of households and in the West Bank by 37% of households.

% of HHs reporting debt value exceeding 5,000 NIS and 10,000 NIS, by location



Female-headed households were more likely to report taking on debt for basic household expenditures in both the West Bank and Gaza. In Gaza, they were also more likely to report taking on debt for food.

Overall, households with a member with a disability were more likely to report taking on debt for basic household expenditures.

**Use of coping
mechanisms
to meet basic
needs**

Key topics to be discussed:

- 1 Livelihood Coping Strategies Index**
- 2 Reduced food consumption**
- 3 Coping strategies employed to cope with a lack of water**

Use of coping mechanisms to meet basic needs

To better understand household ability to meet basic needs, it is crucial to consider the reported rates at which households across the oPt are employing coping mechanisms.

Widespread and repeated usage of these mechanisms may mask the true extent of need in the oPt – these mechanism cannot be relied on indefinitely and can carry their own negative implications on household circumstance, as well as erode a household's resilience to potential future shocks.

Household use of coping mechanisms, as measured by the MSNA

The MSNA survey measured household use of coping mechanisms as a means of meeting basic needs across different sectors.

The following indicators assessing coping mechanisms were included:

Livelihood Coping Strategies Index

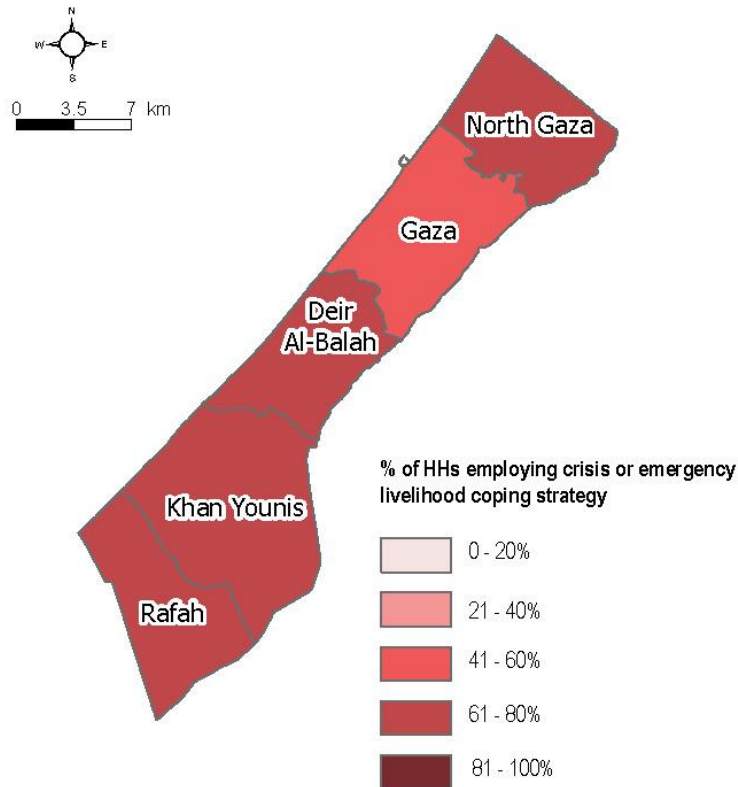
Reduced Consumption Coping Strategies

Coping strategies employed to adapt to a lack of water for drinking and domestic purposes

Livelihood Coping Strategies Index

Gaza

% of Gaza HHs employing crisis or emergency livelihood coping strategies



In Gaza, 89% of households reported employing at least one coping mechanism (as measured by the LCSl) in the 30 days prior to data collection due to a lack of food or money to buy it.

Households were classified according to the most severe coping strategy employed*:

- 11% - none
- 21% - stress
- 56% - crisis
- 12% - emergency

The most reported coping strategy was purchasing food or non-food items on credit (72%), followed by borrowing money to cover food needs (56%).

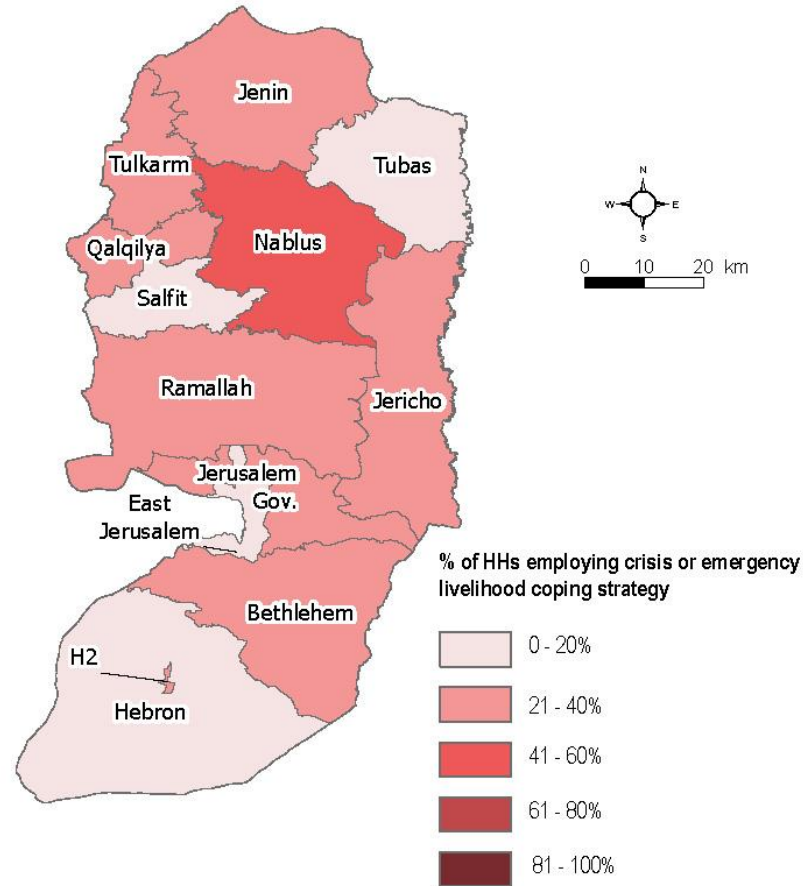
53% of Gaza households reported reducing expenses on health or education due to a lack of food or money to buy it.

* The assigned severity of each coping strategy measured through the LCSl was determined and contextualized by the oPt Food Security Cluster.

Livelihood Coping Strategies Index

West Bank

% of West Bank HHs employing crisis or emergency livelihood coping strategies



In the West Bank, 39% of households reported employing at least one coping mechanism (as measured by the LCSl) in the 30 days prior to data collection due to a lack of food or money to buy it.

Households were classified according to the most severe coping strategy employed*:

- 61% - none
- 11% - stress
- 23% - crisis
- 5% - emergency

The most reported coping strategy employed was reducing or ceasing payments on utilities (24%), followed by spending life savings (18%).

14% of West Bank households reported reducing expenses on health or education due to a lack of food or money to buy it.

* The assigned severity of each coping strategy measured through the LCSl was determined and contextualized by the oPt Food Security Cluster.

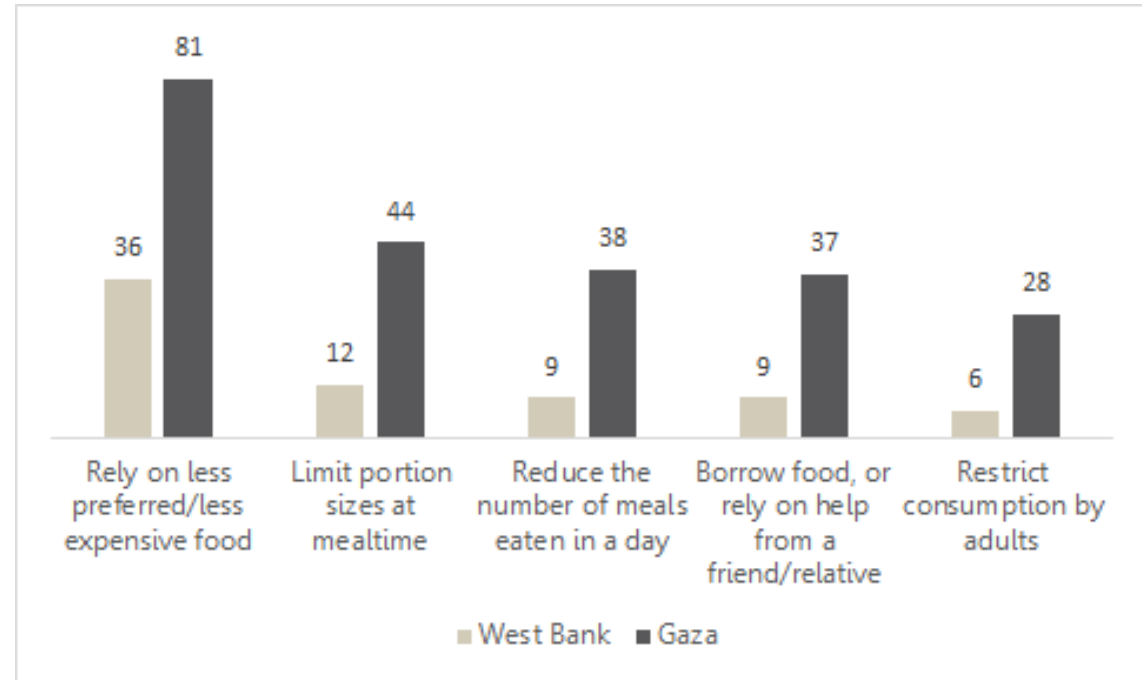
Reduced consumption coping strategies

The rCSI measures different coping strategies related to households reducing food consumption due to a lack of food or money to buy it in the 7 days prior to data collection.

In a situation of protracted crisis, as in the oPt, this indicator may fall to capture the full extent to which households restrict or reduce food consumption due its short recall period.

The most frequently employed coping strategy in both the West Bank and Gaza was relying on less preferred/less expensive food (36% and 81% of households, respectively).

% of households employing each coping strategy measured through the RCSI, by location



Households assessed to have a member of the household with a disability were more likely to report having employed certain coping strategies.

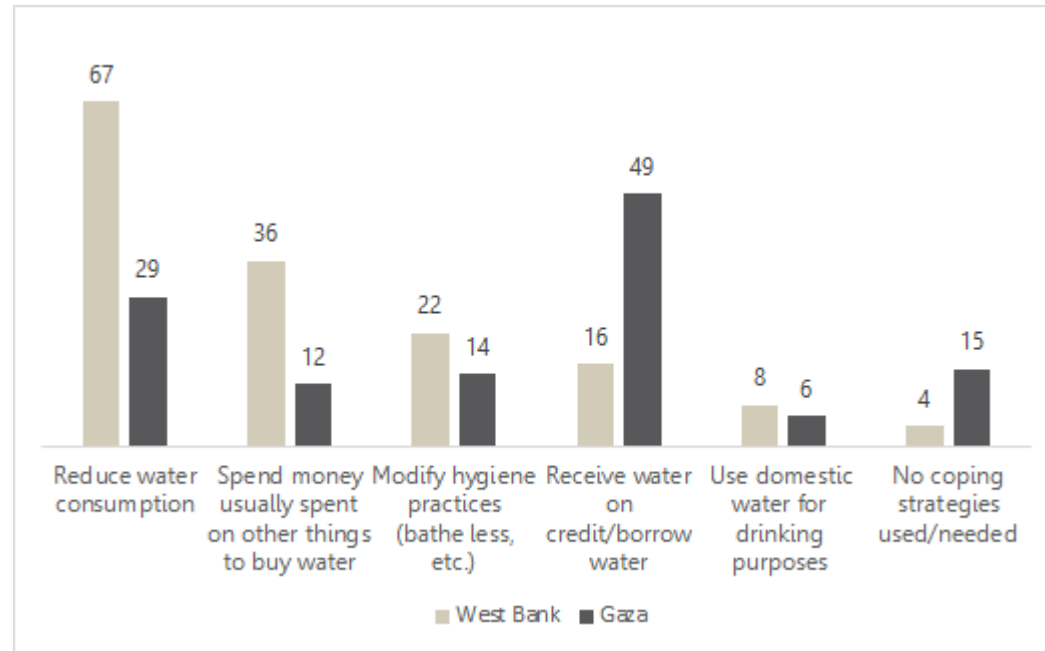
- In Gaza, 48% of households with a member with a disability reported reducing the number of meals eaten in a day (compared to 35% of households with no member with a disability).
- In the West Bank, 25% of households with a member with a disability reported limiting portion sizes at mealtime (compared to 11% of households with no member with a disability).

Coping strategies employed in response to a lack of water

91% of oPt households reported having access to a sufficient quantity of water for drinking and domestic purposes at the time of the data collection.

Among those households who did not have access to a sufficient quantity, 92% (96% of West Bank households and 85% of Gaza households) relying on at least one coping strategy related to water consumption.

% of HHs employing coping strategies in response to a lack of water, by type of strategy and location



- In the West Bank, the most frequently reported coping mechanism was reducing water consumption, employed by 67% of households, while in Gaza the most frequently reported coping strategy was receiving water on credit or borrowing water (49% of households).
- In Gaza, households with a member of the household with a disability were more likely to report having used a coping strategy to cope with lack of water (97%) than those with no member of the household with a disability (80%).

Aid and assistance in the oPt

Key topics to be discussed:

- 1 Prevalence and type of aid**
- 2 Aid and assistance in the West Bank**
- 3 Aid and assistance in Gaza**

Reliance on aid and assistance

Compared to non-aid recipient households, aid recipient households tended to score worse on indicators measuring the household's ability to meet their basic needs, findings that should be considered within the context of other factors possibility linked to vulnerability (e.g. sex of head of household, members with a disability)

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

Gaza

73% of Gaza households reported receiving some form of aid or assistance in the 6 months prior to the MSNA data collection.

Of these households, 41% reported being dissatisfied with the aid received.

The most common reason for dissatisfaction was insufficient quantity (reported by all households dissatisfied with aid).

West Bank

8% of West Bank households reported receiving some form of aid or assistance in the 6 months prior to the MSNA data collection.

Of these households, 17% reported being dissatisfied with the aid received.

The primary reported reasons for their dissatisfaction were quantity of aid not enough (94%) and quality (25%).

Aid and assistance in the West Bank

Of the 8% of West Bank households that reported receiving any form of aid or assistance in the 6 months prior to the data collection, 65% reported receiving food assistance and 43% reported receiving multi-purpose cash assistance.

Other forms of assistance, including assistance provided in the form of health or education services were reported by less than 10% of aid-recipient households.

60% of households in the West Bank expressed wanting to receive humanitarian aid/assistance in the future.

Among West Bank aid-recipient households, 92% expressed the same.

Aid-recipient households in the West Bank

Key messages: household circumstances of West Bank aid-recipient households

1 Livelihoods and employment:
27% of West Bank aid-recipient households reported an adult member of the household being unemployed and unable to find work at the time of the data collection (compared to 20% of non-aid recipient households).

2 Primary income source:
Compared to non-aid recipient households, aid recipient households in the West Bank were slightly more likely to report NGO or charity assistance as their household's primary source of income (4% and none respectively).

3 Use of coping mechanisms to meet or sustain basic needs:
Aid recipient households employed coping strategies at higher rates than non-aid recipient households for nearly all types of coping strategies assessed through the MSNA.

Aid and assistance in Gaza

Of the 73% of Gaza households that reported receiving any form of aid or assistance, 93% reported receiving food assistance and 37% reported receiving multi-purpose cash assistance.

Other forms of assistance, including assistance provided in the form of health or education services were reported by less than 10% of aid-recipient households.

92% of households in Gaza expressed wanting to receive humanitarian aid/assistance in the future.

Among aid-recipient households, 99% expressed the same.

Aid-recipient households in Gaza

Key messages: household circumstances of aid-recipient households in Gaza

1 Livelihoods and employment:
66% of Gaza aid-recipient households reported an adult member of the household being unemployed and unable to find work at the time of the data collection (compared to 45% of non-aid recipient households).

2 Primary income source:
Compared to non-aid recipient households, aid recipient households in Gaza were far more likely to report NGO or charity assistance as their household's primary source of income (69% and 2% respectively).

3 Use of coping mechanisms to meet or sustain basic needs:
Aid recipient households employed coping strategies at higher rates than non-aid recipient households for nearly all types of coping strategies assessed through the MSNA.

CONCLUSIONS

Almost half of all HHs face trouble in meeting needs

Financial barriers represented the most frequently cited barriers to households accessing essential services (including healthcare and education) in both the West Bank and Gaza.

Taking on debt was observed to be a widespread practice for a variety of reasons, and coping strategies related to borrowing and taking on credit were among those most commonly employed.

Livelihoods as a main driver of need

The high rate of unemployment and lack of economic opportunities appears to be linked directly and indirectly to many of the key concerns faced by households as identified through the MSNA data.

Dire circumstances are most pronounced in Gaza, where the cumulative years of blockade and siege have significantly eroded households ability to achieve a decent quality of life.

High reliance on negative coping mechanisms

Although a relatively large number of households appears to be meeting their most basic needs, a high percentage of them (especially aid-recipient households) are employing negative coping mechanisms in order to do so.

Such behaviors are shown to exacerbate their vulnerabilities and likely imperil their resilience to future shocks.

A fragile state of stability?

Even factoring in the receipt of assistance, households in Gaza are still in a critical position in terms of ability to meet basic needs.

The negative structural factors, namely the Occupation and blockade, have severely circumscribed opportunities and access to basic needs, indicating that aid may only be cushioning the fall into deeper deprivation and hardship.



Available Resources

Datasets, analyses and further outputs are available through the following links:

- [oPt 2022 MSNA Clean Dataset available here](#)
- [oPt 2022 MSNA Preliminary Analysis Tables available here](#)
- Key Sectoral Findings Factsheets – [West Bank](#) and [Gaza](#) (English)
- AAP and PSEA Factsheets – [West Bank](#) and [Gaza](#) (English)

Upcoming deliverables:

- Arabic factsheets (Key Sectoral Findings, AAP, PSEA)
- Cash and Voucher Assistance Factsheets – West Bank and Gaza
- MSNA Interactive Dashboard
- Intersectoral Report
- Thematic Briefs