

Multi-Sectoral Needs Assessment (MSNA)

July 2022
oPt

Key Sectoral Findings - West Bank

CONTEXT

Driven by the effects of the long-standing Israeli occupation, access restrictions, and limitations on movement, the West Bank is in a state of a chronic crisis, driven primarily by economic and protection concerns. The marginalization of certain locations, including those in Oslo Area C, the parts of Hebron city classified as H2, and specific population groups within East Jerusalem is also one of the key drivers of need and vulnerability in the West Bank.

With an estimated 630,000 people in the West Bank assessed to be in need of humanitarian assistance*, the need for granular multi-sectoral data highlighting linkages in sectoral needs and enabling inter-sectoral analysis remains high.

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

*OCHA, Humanitarian Needs Overview 2022

METHODOLOGY

Data for the MSNA was collected by the data collection partner, the Palestinian Central Bureau for Statistics (PCBS), between May 29th to July 6th of 2022 by means of an in-person household level survey. The MSNA relied on a quantitative methodology, and the survey tool was designed in close collaboration with OCHA and representatives of the humanitarian clusters active in the oPt (Food Security, Health, Shelter, WASH, Education, and Protection), as well as other key stakeholders and thematic focal points.

The target population included in the MSNA covers the entirety of the oPt, including the West Bank, East Jerusalem, and the Gaza Strip. 8,331 households were randomly selected for participation in the assessment by the data collection partner (PCBS) based on a two-stage stratified cluster sampling approach.

In the West Bank, each of the 11 governorates was stratified according to Oslo Area, with individual strata created for the territory designated as either Area A or Area B and for the territory designated as Area C. Two additional strata were also created for East Jerusalem and the area of Hebron known as H2. Data across all West Bank strata is representative at a 95% level of confidence and a 9% margin of error.

This factsheet booklet represents the key sectoral findings of the MSNA in the West Bank. Indicators to be presented in the factsheet were selected in consultation with the clusters and humanitarian stakeholders in the oPt. The findings included in this booklet are presented either at the West Bank level, or disaggregated based on geographic location, Oslo Area, or refugee status of the surveyed household. Due to space constraints in this output, disaggregation could not be presented for each indicator - instead, disaggregation has been included in the factsheet booklet for certain indicators based on interesting patterns and trends. Full disaggregation of each indicator can be found in the [oPt MSNA Preliminary Analysis Tables](#).

Note - Disaggregations

Although refugee/non-refugee households were not included as separate strata, sufficient coverage was achieved within sample for findings disaggregated by this household characteristic to be representative at 95% level of confidence and a 9% margin of error. Findings disaggregated by other household characteristics (including sex of the head of household, age of the head of household, presence of disability in the household, and aid-recipient status of the household) are **indicative only** in nature.

Sample

Assessed households

West Bank total	4,179
- Areas A and B	1,855
- Area C	1,910
- East Jerusalem	244
- H2 (Hebron)	170

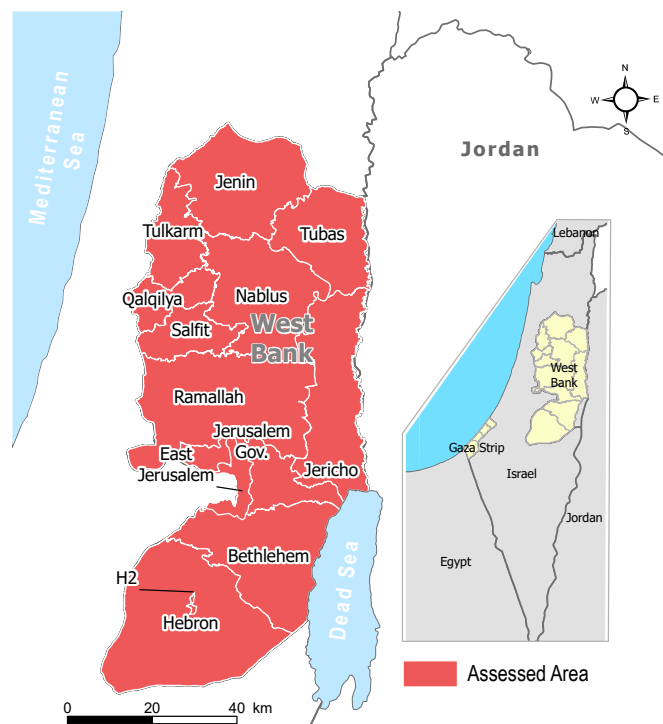
By household refugee status

- Refugee	26.9%
- Non-Refugee	73.0%

By presence of disability in the household

Household with member with disability	9.7%
Household with no member with disability	90.3%

Coverage map



Household Demographics

Composition of assessed households

Female (50.7%)	Age	Male (49.3%)
10.8%	60+	7.3%
24.8%	18-59	25.2%
9.8%	6-17	11.2%
5.3%	0-5	5.6%

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

In a protracted context such as the oPt, standard indicators measuring food security and reliance on coping mechanisms may be more limited in accurately capturing a picture of household food security than they would be in the immediate aftermath of a shock. Coping mechanisms related to reduced consumption, for example, are measured through the reduced Consumption Coping Strategies Index (rCSI) on a 7 day recall period, however, if a household has been employing such coping mechanisms for long periods of time, as may be the case in a protracted crisis, this would not be captured by the indicator. Looking at more subjective indicators, such as the Food Insecurity Experience Scale (FIES), may therefore provide more telling insights into the lived and perceived experiences of households. Although household expenditure on food represented half of total household expenditure (50.1%), nearly one-third of households (29.6%) reported being worried about not having enough food to eat in the 30 days prior to data collection (as measured through the FIES) and 20.7% of households reported experiencing difficulties in meeting their basic food needs in the 30 days prior to data collection. Households appeared to frequently employ coping mechanisms related to borrowing food, purchasing food on credit, or diverting expenditure intended for other purposes to purchasing food.

PREVALENCE OF MODERATE TO SEVERE FOOD INSECURITY (FIES)¹

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



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

Worried about not having enough food to eat	29.6%
Unable to eat healthy and nutritious food	17.4%
Ate only a few kinds of food	14.2%
Had to skip a meal	8.9%
Ate less than they thought they should	9.2%
Ran out of food	5.0%
Were hungry but did not eat	2.7%
Went for a whole day without eating	1.5%

% of households of the 5.0% of households (208 HHs) that reported running out of food in the 30 days prior to data collection by frequency:

Rarely (1-2 times)	47.3%
Sometimes (3-10 times)	41.2%
Often (10+ times)	11.5%

% of households of the 2.7% of households (111 HHs) that reported any member of their household being hungry but not eating in the 30 days prior to data collection by frequency:

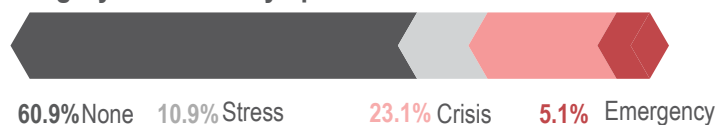
Rarely (1-2 times)	44.5%
Sometimes (3-10 times)	42.6%
Often (10+ times)	12.9%

USE OF COPING MECHANISMS

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

Rely on less preferred/less expensive food	35.7%
Limit portion sizes at mealtimes	12.4%
Borrow food/relying on help from relatives or friends	9.3%
Reduce the number of meals eaten in a day	9.0%
Restrict consumption by adults so children can eat	6.2%

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



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

Non-refugee households	26.9%
In-camp refugee households	34.4%
Out of camp refugee households	35.9%

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

Reduced or ceased payments on utilities	21.8%
Used savings	15.7%
Reduced expenses on health	13.3%
Borrowed money to cover food needs	12.3%
Purchased food on credit	8.9%

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



FOOD EXPENDITURE & FOOD AID

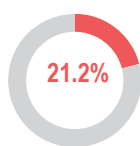
50.1% of household expenditure² (in cash or credit) was reportedly spent on food in the 30 days prior to data collection, with households spending a median amount of **1475** New Israeli Sheckels (NIS) on food.

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

Female-headed households	975 NIS
Male-headed households	1475 NIS

LIVELIHOODS AND EMPLOYMENT

% of households (1189 HHs) that reported a member of their household being unemployed and looking for work at the time of the data collection:



Areas A and B	21.5%
Area C	22.1%
H2 (Hebron)	11.8%
East Jerusalem	19.7%

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

Increased competition, not enough jobs	43.2%
Available jobs are too far away	18.4%
Underqualified for available jobs	12.9%

West Bank wide, **7.8%** of households (**330 HHs**) reported restrictions on physically accessing work (e.g. checkpoints, permits) as a barrier to employment.

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

Lack of opportunities for women	23.7%
Lack of consent from husband/guardian	22.7%
Childcare unavailable/unaffordable	16.7%

INCOME

% of households by primary income sources*:

Self-employment (own business)	27.3%
Employment	25.3%
Work in Israel or the settlements	21.7%
Daily work	14.1%

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

No change to income	56.5%
Income decreased	35.3%
Income increased	6.6%
Income permanently lost	0.4%
Income temporarily lost	0.3%

ABILITY TO MEET BASIC NEEDS

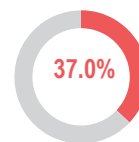
% of households reporting difficulties meeting essential needs because they could not afford⁵ them in the 30 days prior to data collection:

Essential food needs	20.7%
Health needs (medication or treatment)	17.9%
Utilities	17.2%
Communication needs (phone credit, internet)	15.5%
Transport services	12.0%
Shelter needs (rent, furniture, construction)	10.0%
Education needs (tuition fees, books etc.)	10.0%

% of households by most frequently reported primary reason for taking on debt (of those **43.1%** households that reported having any outstanding debt) at the time of the data collection:

Basic household expenditure	35.1%
Major purchases	15.6%
Shelter reconstruction	12.9%
Food	5.4%

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



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

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

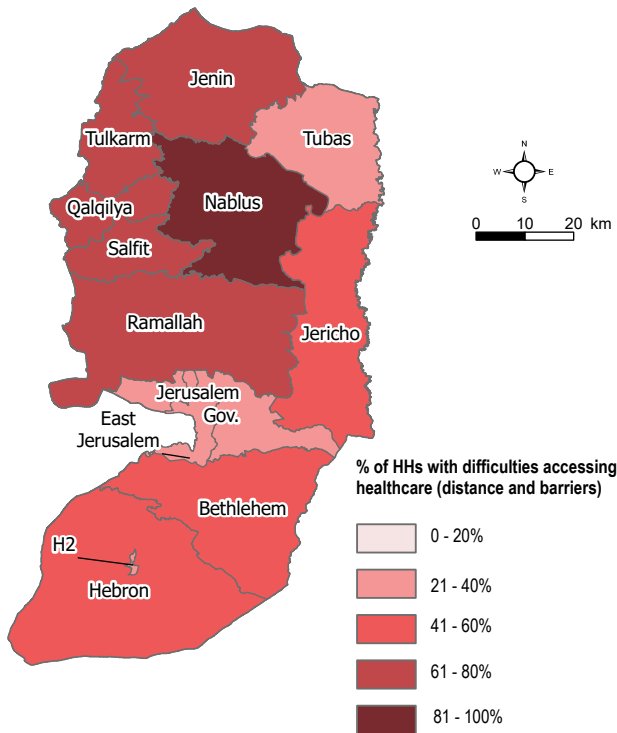
⁴The Livelihood Coping Strategies Index (LCSI) measures the extent to which households relied on livelihoods based coping mechanisms in response to a lack of food or money to buy food in the 30 days prior to data collection, either by reporting having utilized such a coping mechanism or having already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

⁵Due to a lack of financial or other resources.

In the 3 months prior to the MSNA data collection, 62.6% of West Bank households reported a member of their household having a healthcare need requiring care - with 97.8% of these households reporting a barrier to care. The most commonly reported barrier to care was cost of services being too high (experienced by 67.2% of households) followed by households reporting that distance to health facility was too far (18.0%) and medicine not being available (13.1%). 83.6% of households reported being covered by health insurance. When asked where they would seek primary care for a non-emergency issue, 49.3% of households reported that they would seek care at a Ministry of Health facility, of these 53.0% gave insurance covers care at this facility (53.0%) as the reason, followed by perceived presence of qualified staff (45.9%). The second most common service provider was private health facilities (36.4%). 42.6% of households reported that at least one member of their household had a chronic illness, and 13.3% of households had a pregnant or lactating household member at the time of the MSNA data collection. 9.7% of households were assessed (based on the standard Washington Group Short Set questions) to have at least one member of their household having a disability (of which 4.0% of households were assessed to have at least one child above 5 years of age with a disability).

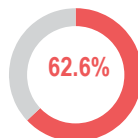
HEALTHCARE ACCESS

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



HEALTHCARE NEEDS & BARRIERS

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



Female-headed households	64.5%
Male-headed households	62.3%
Household with member with disability	96.1%
Household with no member with disability	60.6%

Of the 62.6% of households with a reported healthcare need, % of households that felt they received the care needed in the 3 months prior to data collection, by population group:

Refugee households	96.4%
Non-refugee households	98.1%
Household with member with disability	95.6%
Household with no member with disability	97.9%

Among the 62.6% of households that reported accessing healthcare services in the 3 months prior to data collection, 97.0% reported encountering barriers when trying to access healthcare services.

Areas A and B	96.2%
Area C	99.9%
H2 (Hebron)	100.0%
East Jerusalem	100.0%
Refugee households	97.8%
Non-refugee households	96.8%
Household with member with disability	95.6%
Household with no member with disability	97.4%

% of households of the 97.0% households that encountered barriers to accessing healthcare, by most commonly reported barrier*:

Cost of services too high	67.2%
Distance too far	18.0%
Medicine not available	13.1%

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



HEALTHCARE ACCESS CONTINUED

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

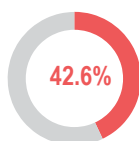
Ministry of Health - fixed facility	49.3%
Private	36.4%
UNRWA - fixed facility	8.0%
NGO - fixed	5.9%
NGO - mobile clinic	0.3%

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

Insurance covers care at this facility	53.0%
Presence of qualified staff	45.9%
Availability of medicines	26.8%
Presence of certain specialists	26.2%
Positive previous experience	18.1%

CHRONIC ILLNESS

% of household that reported any member of their household having a chronic illness³:

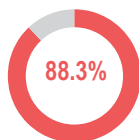


51.1% of the 62.6% of households that reported any member of their household having a healthcare need in the 3 months prior to data collection, reported that the need was a consultation for chronic illness, making this the most frequently reported type of healthcare need after other specialized services (52.7%).

HEALTHCARE & GENDER

13.3% of households (576 HHs) reported having a member of their household that was pregnant or lactating at the time of the data collection.

% of households reporting that women of reproductive age (15 - 49 years) had no access barriers to specialized reproductive health services⁴:



2.0% of assessed households cited that a lack of female staff members at healthcare facilities was a barrier to accessing care for a member of their household.

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

Consultation for chronic illness	68.6%
Preventative consultation	36.5%
Laboratory services	35.9%

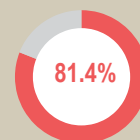
DISABILITY⁵

9.7% of households (397 HHs) were assessed to include at least a member of their household having a disability, and 4.0% of households were assessed to have at least one child (age 5 - 17) in the household having a disability.

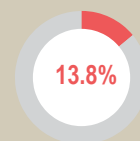
Healthcare needs and barriers

Among the 9.7% of households with one or more members with disabilities:

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



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



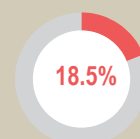
Of those 81.4% of households assessed to have a member of the household with disability that reported a healthcare need, 95.6% reported a barrier to accessing healthcare.

Cost of services too high	71.2%
Distance/transportation constraints	18.2%
Medicine not available	17.1%
Service not inclusive of person with disability	15.8%

Livelihoods and employment

Among the 9.7% of households with one or more members with disabilities:

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



A lack of available livelihood opportunities for persons with disability was cited as a barrier to employment by 3.0% of these households.

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

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

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

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

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



Nearly all households in the West Bank (96.3%) reported employing any kind of coping mechanism in order to adapt to a lack of sufficient water for drinking or domestic purposes, with 66.7% of these households reporting having reduced water consumption and 36.3% reporting increased spending on water by diverting household expenditure normally intended for other purposes. Those strata with the lowest reported rates of access to a sufficient quantity of water for drinking and domestic purposes were Nablus Areas A and B (77.2%), Jericho Area C (80.0%), H2 (Hebron) (81.2%), Nablus Area C (82.3%), and Hebron Area C (83.6%). The effect of the restrictive planning system imposed by Israeli authorities on WASH infrastructure development or maintenance is particularly evident in certain parts of Area C and East Jerusalem, where WASH infrastructure is often inadequate (HNO 2022). West Bank wide, 33.1% of households reported that latrine waste drainage was collected through a sewage system, and solid waste disposal being collected by municipal authorities was reported by 93.2% of households. Solid waste accumulating for more than 3 days (out of the 7 days prior to data collection) was reported by 14.6% of households, with the highest reported rates being observed in Nablus Area C (44.6%), Tubas Area C (29.4%), and Jericho Area C (25.1%).

Most households (50.7%) were reportedly using a covered cesspit to dispose of latrine waste, with only 33.1% of households reporting sewer connections as a means of disposing of latrine waste. The most used system for disposing of solid waste was municipal waste collection (93.0%) followed by dumping of waste in official dump locations (4.8%). 14.6% of households observed solid waste accumulating in their area for 3 or more days out of the 7 days prior to data collection, and 5.0% of households reported the same for stagnant sewage.

MAIN WATER SOURCES

% of households reporting access to an improved water source¹ for drinking purposes, by location:

Areas A and B	94.2%	<div style="width: 94.2%;"></div>
Area C	92.7%	<div style="width: 92.7%;"></div>
H2 (Hebron)	98.8%	<div style="width: 98.8%;"></div>
East Jerusalem	100.0%	<div style="width: 100.0%;"></div>

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

Piped water into compound/home	81.6%
Bottled water	7.2%
Water trucking	3.3%
Piped water connected to public tap	3.2%

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

Piped water into compound/home	90.5%
Water trucking	3.4%
Piped water connected to public tap	3.2%

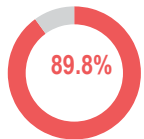
WATER ACCESS & AVAILABILITY

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

Other purposes	9.1%	<div style="width: 9.1%;"></div>
Domestic purposes	8.6%	<div style="width: 8.6%;"></div>
Personal hygiene	5.5%	<div style="width: 5.5%;"></div>
Cooking	2.5%	<div style="width: 2.5%;"></div>
Drinking	2.1%	<div style="width: 2.1%;"></div>

% of households reporting access to a sufficient quantity for water for drinking and domestic purposes:

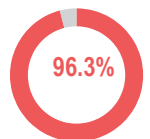
Areas A and B	89.5%
Area C	92.6%
H2 (Hebron)	81.2%
East Jerusalem	90.2%



COPING WITH A LACK OF WATER

% of households reportedly employing coping mechanisms to adapt to a lack of water:

Female-headed households	99.2%
Male-headed households	95.9%



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

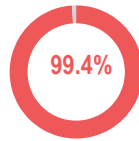
Reduce water consumption	66.7%	<div style="width: 66.7%;"></div>
Increase spending on water	36.3%	<div style="width: 36.3%;"></div>
Modify hygiene practices	21.5%	<div style="width: 21.5%;"></div>
Receive water on credit	15.9%	<div style="width: 15.9%;"></div>
Drink water for domestic use	8.2%	<div style="width: 8.2%;"></div>
<u>No coping mechanism needed</u>	3.7%	<div style="width: 3.7%;"></div>

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

8.6% of West Bank households (322 HHs) reported being affected by flooding in the 3 years prior to the MSNA data collection (of these 8.6% of households, 53.8% reported that their shelter had been affected by flooding and 78.0% reported floods disrupting their daily activities). For reported incidents of flooding, high levels of variation were observed between the different strata assessed in the West Bank, although due to the limitations of the geographic scope and granularity of the MSNA sample in the West Bank specific localities of concern cannot be highlighted at greater detail than by Oslo Area within each governorate. At this level of analysis, the highest rates of flooding were observed in Nablus Area C and Nablus Areas A and B, where 48.6% and 37.6% of households respectively reported having experienced a flooding incident in the 3 years prior to data collection. In Nablus Area C, 81.7% of households reported being covered by solid waste management services, 8.0% of households reported living in shelters considered inadequate at the time of the data collection, and 44.6% of households reported waste accumulating for more than 3 days (out of the 7 days prior to data collection), leaving households particularly vulnerable to the effects of flooding.

SANITATION & HYGIENE

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



80.8% of households reported the availability of all listed sanitation items (toilet seat, niagara, handwashing station, bidet, toilet paper, soap).

Reported availability of each item:

Bidet	87.5%
Niagara	93.7%
Soap	95.8%
Toilet paper	96.3%
Toilet seat	97.6%
Handwashing station	97.6%

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

Covered cesspit	50.7%
Sewage system	33.1%
Covered septic tank	9.7%
Handdug hole	5.9%
Open area	0.4%

5.0% of households reported observing stagnant sewage accumulation for more than 3 days out of the 7 days prior to data collection.

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

Municipal waste collection	93.2%
Burned on premises	2.4%
Dumped in official dump location	2.2%
Openly dumped on premises	0.7%
Dumped in the area	0.1%

14.6% of households reported observing solid waste accumulation for more than 3 days out of the 7 days prior to data collection.

IMPACT OF FLOODING

Of the 8.6% of households (322 HHs) impacted by floods, 53.8% of households reported that their shelter had been affected, and 78.0% reported that their daily activities had been disrupted by floods in the 3 years prior to data collection.

% of households of the 8.6% households affected by floods by most commonly reported ways in which floods affected their shelter*:

None	46.2%
Water leaking into shelter	34.9%
Damage to shelter surroundings	13.6%
Damage of furniture	10.5%
Damage to shelter items ²	9.5%

% of households of the 8.6% households affected by floods, by most commonly reported mitigation measures taken to reduce the risk of flooding*:

None	63.4%
Shelter rehabilitation/strengthening	22.7%
Built walls/tunnels around shelter	11.4%

% of households of the 8.6% households affected by floods, by most commonly reported ways in which floods affected their daily activities*:

Sewer flooding occurred in area	28.2%
None	22.0%
Electricity/water services affected	20.0%
Adults could not get to work	19.0%
Children could not get to school	14.4%
People getting sick	10.9%
Livelihoods affected	7.1%
Restricted access to health facility	2.7%

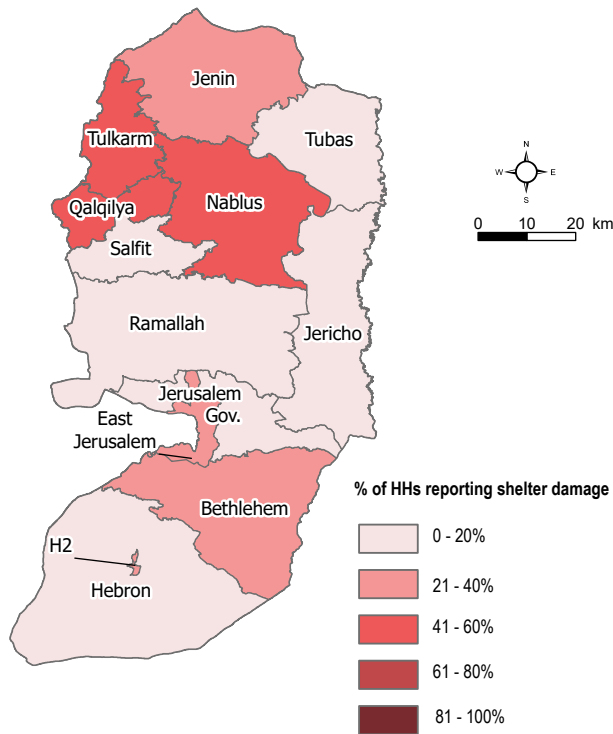
² Damage to shelter items due to flooding is defined as including any damage (including minor) to doors, windows, floors, ceilings or other shelter items/structures.



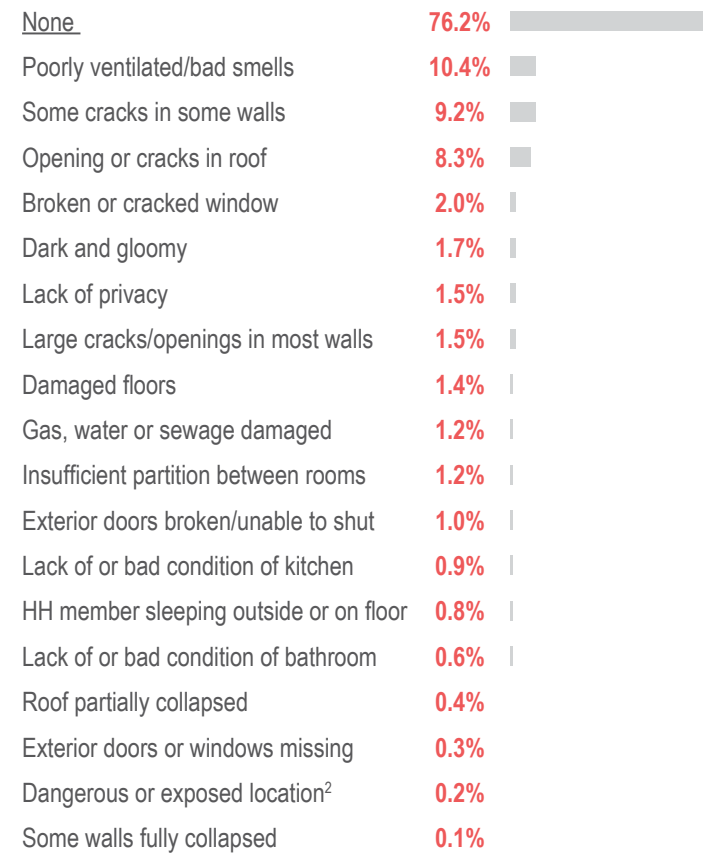
Across the West Bank, 23.7% of households reported having some kind of shelter damage, defects, or issues at the time of the data collection. Nearly all households (97.0%) were living in adequate shelter types, with most households reportedly living in solid/finished houses (53.9%) and solid/finished apartments (45.0%). The impact of the Israeli occupation and settlements in the West Bank on shelter concerns, particularly in regards to evictions, demolitions, and shelter damage, is particularly evident in Area C and H2 (Hebron). The highest reported rates of risk of eviction (6.5%) from the shelter and of households having a standing demolition order for their shelter (2.4%) were observed in Area C, with the most frequently cited reasons for both being Israeli authorities requested household to leave and lack of building permit or demolition order issued by Israeli authorities respectively. In H2 (Hebron), reports of threats and destructive acts by Israeli forces and settlers were particularly high compared to other locations, with 11.5% of households reporting having experienced such incidences in the 6 months prior to data collection. In Area C, 6.8% of households reported the same.

SHELTER DAMAGE, DEFECTS & ISSUES

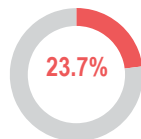
% of households with any reported shelter damage, defects, or issues by governorate¹:



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



% of households (1058 HHS) reporting any type of shelter damage, defects, or issues at the time of data collection:



% of households reporting any type of shelter damage, defects, or issues by location:








Shelter concerns for households with a member with a disability

Households assessed to have a member of the household with a disability were more likely to report their shelter having any kind of damage, defects, or issues (42.1%) than those households without a member of the household with a disability (21.8%).

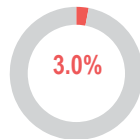
The most frequently reported types of shelter damage, defects, or issues by households with a member with a disability were some cracks in the walls (20.7%), opening or cracks in the roof (14.9%), and poorly ventilated/bad smells (13.7%). Lack of privacy was reported by 3.7% of households with a household member with a disability, compared to 1.2% of households with no household member with a disability.

SHELTER TYPE & OCCUPANCY STATUS

% of households, by reported shelter type:

Solid/finished house	53.9%	
Solid/finished apartment	45.0%	
Unfinished/non-enclosed building	0.9%	
Tent	0.1%	
Makeshift shelter	0.1%	

% of households reportedly living in inadequate shelters² at the time of the data collection:



% of households, per reported occupancy arrangement in their shelter³:

Ownership	86.3%	
Rented	9.6%	
Hosted without rent	3.9%	
Disputed ownership (Israeli actor)	0.1%	

FORCED EVICTIONS

Of the **3,925** of households interviewed for the MSNA in the West Bank, **311 HHs** reported being at risk of eviction from their shelter at the time of the data collection.

The majority of these households (**268 HHs**) were located in Area C - with **6.5%** of households in Area C reporting a risk of eviction from their shelter.

% of households of the **268 HHs (6.5%)** of Area C households at risk of eviction, by most reported reasons for fearing eviction*:

Israeli authorities ordered household to leave	56.8%	148 HHs
Settlers attempting to expel household	27.2%	51 HHs

SHELTER DEMOLITION

Of the **3,925** of households interviewed for the MSNA in the West Bank, **140 HHs** reported having a standing demolition order against their shelter at the time of the data collection. The majority of these households (**138 HHs**) were located in Area C.

Of the **138 Area C** households with standing demolition order, number of households by most frequently reported reason for demolition order*:

Lack of building permit	67 HHs
Demolition order issued by Israeli authorities	40 HHs

DESTRUCTIVE ACTS

230 (3.8%) of households reported that any member of their household had experienced threats or violent/destructive acts from Israeli forces or settlers in the 6 months prior to data collection.

Areas A and B	3.7%	49 HHs
Area C	6.8%	161 HHs
H2 (Hebron)	11.5%	20 HHs

% of households by most frequently reported measure employed to avoid such acts in the 6 months prior to data collection*:

None	46.0%
Changed livelihood behaviors	19.8%
Withheld adults from travel	19.6%
Withheld children from travel	16.5%
Contacted local municipal actors	7.9%
Sent children to live elsewhere	7.9%

The location with the greatest reported rate of households employing any measure to avoid destructive acts by Israeli forces or settlers in the 6 months prior to data collection was H2 (Hebron) where **70.0%** of households reported employing such measures, followed by Area C, where **63.1%** of households reported the same.

Limitations of the MSNA data regarding eviction and shelter demolitions in the West Bank

MSNA data regarding shelter demolitions and evictions in the West Bank may be limited due to the sampling methodology employed. To ensure randomization, and hence generalization of the findings, the enumeration areas included in the sample were randomly selected and may not include communities where these issues are known to be of particular concern.

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

² This includes (but is not limited to) shelter locations in places prone to recurrent flooding, nearby waste dumping sites or waste water overflow areas.

³ Answer choices for this question differed for Gaza and the West Bank based on contextual differences, with 'disputed ownership (Israeli actor)' included as an answer choice for West Bank households.

⁴ The questions regarding eviction, shelter demolition, and destructive acts may have been considered highly sensitive and hence underreported in certain locations.

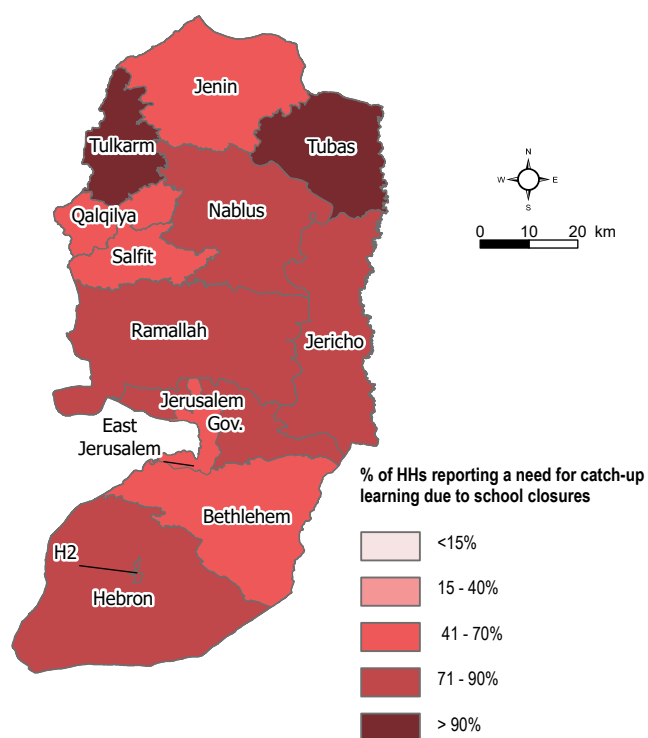


Reported rates of school attendance for basic and secondary education were slightly higher for school-aged girls than for school-aged boys, although the difference between girls and boys was most pronounced at the secondary school level, where 92.7% of school aged girls 16-17 years old attending in school compared to 70.6% of school-aged boys 16-17 years old. 19.0% of those children attending school, dropped out of school during the current school year (2021-2022), with 19.8% of all school-aged boys and 13.6% of school-aged girls reportedly dropping out. The main reasons why children reportedly dropped out were protection risks of a political character while traveling to and from school (32.8%), including violence or harassment from Israeli soldiers, forces, or settlers, and school closures (26.9%). Schools being demolished or under threat of demolition was provided as a reason for children by 2.8% of households with at least one child that had reportedly dropped out of school. Lack of interest of children in education was frequently provided as a reason for non-enrollment, non-attendance, or dropping out.

NOTE
Of the 4,179 households interviewed in the West Bank, **57.4%** reported having school-aged children.

SCHOOL CLOSURES & CATCH-UP LEARNING

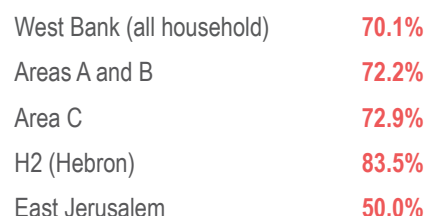
% of households reporting a need for catch-up learning due to school closures due to COVID-19 or other reasons, by governorate¹:



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



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



SCHOOL ATTENDANCE & ENROLMENT

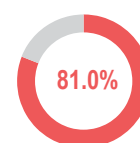
Of the **11.3%** of households with school-aged children not attending school, % of households by most frequently reported reasons for non-attendance*:

Lack of interest (of children) in education	32.8%
Children working to support household	9.6%
School stopped functioning/school closures ²	7.1%
School inaccessible for children with disability	7.0%
School cannot accommodate children with disability	6.1%

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

	Girls:	Boys:
5-17 years	91.9%	85.8%
5 years	55.2%	56.3%
6-15 years	95.9%	92.3%
16-17 years	92.7%	70.6%

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



Of the **19.0%** of households not planning to enroll school-aged children, % of households by most frequently reported reasons for non-enrolment*:

Child not interested in school	11.9%
Cannot afford school related expenses	5.0%
School cannot accommodate child with disability	2.4%
Child needs to support family at home	2.0%

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

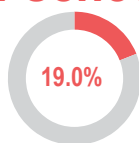
² School closures due to teacher strikes were ongoing at the time of the data collection.

³ Age categories are broken down as provided by the Education Cluster: Kindergarten (5 years), basic education 1st to 10th grade (6-15 years), secondary education 11th to 12th grade (16-17 years).



CHILDREN DROPPING OUT OF SCHOOL

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



% of school-aged girls **13.6%**

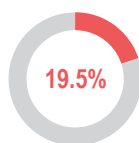
% of school aged boys **19.8%**

% of school-aged children, of the **19.0%** of children (**568**) that dropped out of school during the current school year (2021 - 2022) by most commonly reported reasons for dropping out of school*:

Girls:		Boys:	
Protection risks - political ⁴	36.1%	Protection risks - political	54.8%
School closures	29.3%	School closures	53.6%
Lack of interest	17.8%	Lack of interest	12.6%
Medical issue	6.8%	Medical issue	10.3%
Child labour	3.3%	Cannot afford	2.4%

SAFETY AND SECURITY CONCERNS

% of households⁵ (**925 HHs**) that reported children feeling unsafe or very unsafe when traveling to/from and studying in schools:



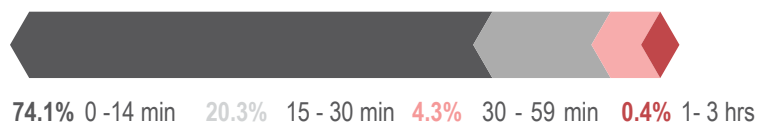
Areas A and B	18.8%
Area C	24.8%
H2 (Hebron)	18.4%
East Jerusalem	28.9%

% of households⁶ of the **19.5%** of households (**925 HHs**) that reported children feeling unsafe or very unsafe when traveling to/from and studying in schools, by type of risk*:

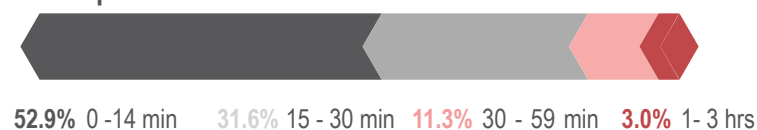
Traffic hazards/crossing roads	63.8%
Firing tear gas on schools or students	16.1%
Violence or harassment by settlers	13.2%
Military entry to schools	4.5%
Stray animals (such as dogs and pigs)	7.0%
Risk of contracting COVID-19	3.8%
Detention of students from school	6.4%
Delays on checkpoints	2.0%
Risk of sexual abuse at school ⁷	1.5%
Environmental hazards	2.1%

DISTANCE TO SCHOOLS⁸

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



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



ACCESSIBILITY

88.9% of households⁹ perceived that children with mental or physical disability faced additional challenges in accessing education services.

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

Bullying	32.9%
Infrastructure not adapted	23.8%
Classrooms not adapted to need	16.2%
Transportation or travel constraints	11.8%
Don't know	11.4%
Social stigma	4.5%

PSYCHOSOCIAL SUPPORT IN SCHOOL

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

Trained counsellors	66.6%
Not sure	19.5%
No such support available	9.3%
Teachers trained on PSS	6.4%
Information on external PSS	1.1%

⁴ This answer choice was only included for the West Bank, and was defined as protection risks while commuting to school - political (e.g. soldiers and settler harassment/violence).

⁵ Following guidance from the Education cluster, this question was asked to all households as it was considered general community knowledge. Households that had no knowledge on this topic were recorded as 'do not know'.

⁶ Due to contextual differences, some answer choices specifically adapted to the West Bank regarding threats, harassment or violence originating from Israeli settlers were not included for the Gaza Strip.

⁷ Referring specifically to the risk of sexual and gender-based violence.

⁸ Asked to all households.

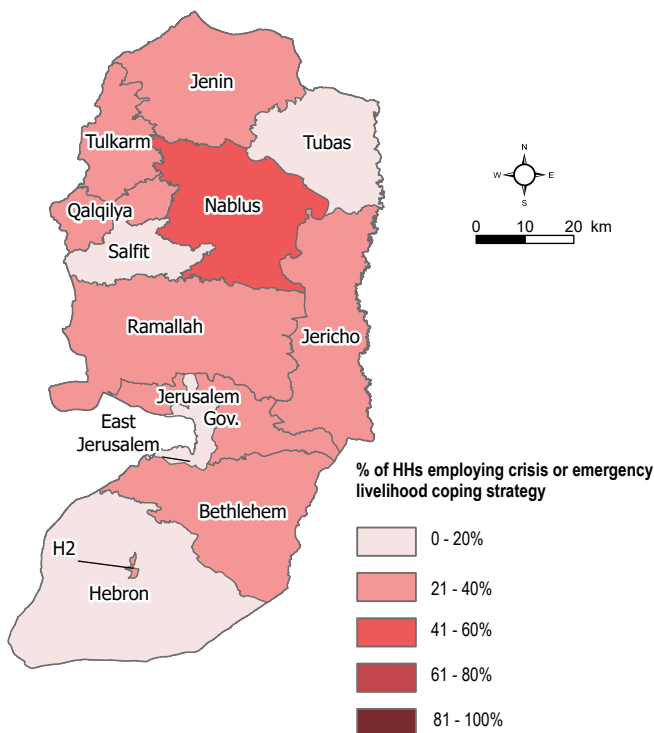
⁹ See footnote 5 above.



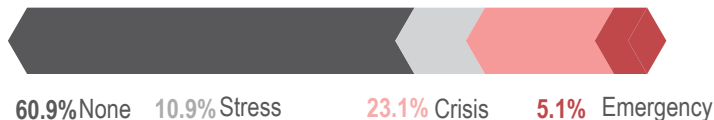
The humanitarian crisis in the oPt is often classified as a protracted protection crisis (HNO 2022) and protection concerns are interwoven to varying degrees throughout all other sectoral aspects of the MSNA. Particularly telling of the impact of protection related incidents on the circumstances and well-being of West Bank households is the frequency with which concerns related to the impact of the Israeli Occupation (including Israeli forces, authorities, and settlers) were raised by households in relation to a number of topics, including safety concerns for children at school or traveling to/from school, reasons for non-enrolment of children in school or children dropping out of school, curtailed or disrupted livelihoods and barriers to employment, risk of eviction, risk of shelter demolition, among others.

LIVELIHOOD COPING STRATEGIES

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



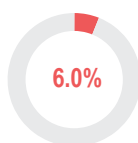
% of households per Livelihood Coping Strategy (LCS)⁶ category in the 30 days prior to data collection:



DISRUPTION OF ECONOMIC ACTIVITIES

% of households (367 HHS) reporting that the economic activities of their household were curtailed or disrupted by Occupation authorities in the 6 months prior to data collection:

Areas A and B	6.4%	107 HHS
Area C	9.7%	198 HHS



CHILD LABOUR

% of households (67 HHS) reporting that a child (under 15 years) worked to contribute to household income due to a lack of food or money to buy it:



Of the 19.8% of school-aged boys (ages 5 - 17) that had reportedly dropped out of school on the current school year (2021 - 2022), 2.0% dropped out due to child labour and of the 13.6% of school-aged girls (ages 5 - 17), 3.3% dropped out due to child labour.

DIFFICULTIES IN ACCESSING SERVICES

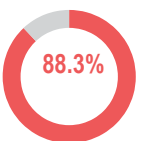
6.8% of households (332 HHS) reported that a member of their household had experienced difficulties in accessing one or more services (e.g education, health clinics, markets, etc.) due to mental or physical difficulty.

% of households of those 6.8% (332 HHS) of households that reported a barrier to accessing services for persons with disability, by most commonly reported reasons why they were prevented from accessing services*:

Distance to specialized services	25.3%
Cost of accessing service (transport)	20.7%
Services not physically accessible	20.3%
Services difficult to reach	13.7%
Cost of the service	11.8%
Information inaccessible	2.0%

ACCESS TO REPRODUCTIVE SERVICES

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



Areas A and B	87.7%
Area C	88.2%

¹ The term Occupation authorities refers to Israeli government authorities such as the Israeli Defense Force (IDF), Israeli police, Jerusalem municipality (Israeli), or the Unit for the Coordination of Government Affairs in the Territories (COGAT), and private security forces. Civilian actors, including individual settlers, are not captured within the scope of this term.



SAFETY & SECURITY CONCERNS

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

Girls:		Boys:	
None	56.9%	None	55.3%
Verbal harassment	14.1%	Being kidnapped	14.1%
Being kidnapped	12.7%	Verbal harassment	7.9%
Sexual harassment/violence	6.1%	Threatened with violence	7.8%
Physical violence	5.8%	Wildlife	7.4%

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

None	56.4%
Bullying	16.7%
Being kidnapped	8.7%
Verbal harassment	5.4%
Threatened with violence	4.1%
Sexual harassment/violence	3.2%

Bullying was frequently reported as a concern for children with disability, both as a general safety concern (reported by 16.7% of households) and as an additional challenge faced by children with disability in accessing education (reported by 32.9% of households). For both questions, bullying was the most reported answer choice following none. These questions were asked as general knowledge questions to all interviewed households, rather than only to the specific subset of households assessed to include children with disability. The answer choice don't know was available for both questions.

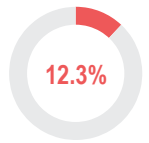
SIGNS OF PSYCHOSOCIAL DISTRESS

Of the 11.9% of households reporting that at least one household member showed signs of psychosocial distress or trauma in the past year, % of household members showing psychosocial distress by age group²:

	No	Yes
At least one child household member (under 18 years)	71.1%	28.9%
At least one adult household member (over 18 years)	12.2%	87.8%

LOCATIONS AVOIDED BY WOMEN AND GIRLS

% of households (694 HHs) reporting areas in their location where women and girls felt unsafe:



Areas A and B	12.3%
Area C	19.9%
H2 (Hebron)	24.7%
East Jerusalem	2.9%

% of households reporting areas in their location where women and girls felt unsafe, by Area C governorate:

Bethlehem - Area C	19.4%
Hebron - Area C	21.8%
Jenin - Area C	21.2%
Jericho - Area C	23.1%
Jerusalem - Area C	5.5%
Nablus - Area C	52.0%
Qalqilya - Area C	18.8%
Ramallah and al Bireh - Area C	23.5%
Salfit - Area C	8.8%
Tubas - Area C	31.3%
Tulkarem - Area C	27.2%

% of households of the 12.3% (694 HHs) of households reporting areas in their location that women and girls avoid or where they feel unsafe by most frequently reported location*:

Near settlements/ and checkpoints	38.1%
On public transportation	28.0%
Markets	26.3%

% of households of the 12.3% (694 HHs) of households reporting that women and girls avoid or feel unsafe in at least one location, by most frequently reported reasons*:

Fear of verbal harassment	34.1%
Exposure to tear gas	27.8%
Fear of being kidnapped	26.2%

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

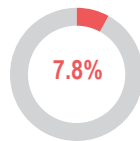


The MSNA survey included a number of indicators specifically designed to assess AAP, and results of the MSNA across all sectoral and intersectoral indicators have been disaggregated according to aid-recipient status of the household. The following factsheet will present a profile for aid-recipient households in the West Bank based on the findings of the MSNA data. The information presented in the AAP section of this factsheet booklet should be considered alongside the sectoral findings of the MSNA in order to better contextualize household circumstances and create a more complete picture of household needs and vulnerabilities and the role of humanitarian assistance in the oPt.

Of the 7.8% of West Bank households (433 HHs) that received humanitarian aid or assistance, 83.4% were satisfied with the aid they had received, with the main reason provided for dissatisfaction being “quantity was not enough” (93.6% of the 16.6% of households dissatisfied with aid). The main type of assistance provided were food and multi-purpose cash (provided to 64.6% and 43.2% of the 7.8% of households receiving aid, respectively).

ASSISTANCE/AID RECEIVED

% of households (433 HHs) reporting having received assistance/aid in the 6 months prior to data collection:



Compared to 12.0% of West Bank households reporting the same during the 2021 MSNA data collection.

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

Areas A and B	7.8%	■
Area C	8.9%	■
H2 (Hebron)	11.2%	■
East Jerusalem	6.6%	■

% of households that reported having received assistance/aid in the 6 months prior to data collection, by sex of the head of household:

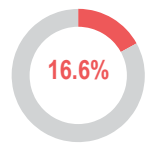
Female-headed households	21.8%	■
Male-headed households	5.7%	■

Of the 7.8% of households (433 HHs) that reported having received assistance/aid in the 6 months prior to data collection, % of households by type of assistance/aid received*:

Food	64.6%	■
Cash (multi-purpose)	43.2%	■
Health services	7.2%	■
Other non-food items	3.6%	■
Education services	0.9%	■
Seasonal items	0.8%	■
Shelter	0.7%	■
Water	0.5%	■
Disability specific hygiene NFIs	0.4%	■

SATISFACTION WITH AID

Among those 7.8% of households (433 HHs) that reported having received assistance/aid in the 6 months prior to data collection, % of households that reported being dissatisfied with the assistance/aid they received:



Among the 16.6% of the 7.8% of households (433 HHs) that received aid and were not satisfied with the aid/assistance they received in the 6 months prior to data collection, % of households by reasons for dissatisfaction*:

Quantity not enough	93.6%	■
Quality not good enough	25.1%	■
Delays in delivery of aid	9.3%	■

AID PREFERENCE

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

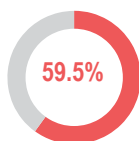
Physical Cash ¹	46.4%	■
In-kind (food)	12.2%	■
Services	12.1%	■
Vouchers ²	10.8%	■
In-kind NFIs	4.7%	■
Shelter	0.4%	■
Provide job opportunities ³	0.3%	■

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

Physical Cash	46.3%	■
In-kind (food)	12.2%	■
Services	11.1%	■

RECEIVING AID IN THE FUTURE

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



Female-headed households	72.4%
Male-headed households	57.4%
Refugee households	67.4%
Non-refugee households	56.9%
Head of household age (18 - 59)	58.3%
Head of household (60 and older)	62.6%
Household with member with disability	74.0%
Household with no member with disability	57.9%
Household location - urban	56.0%
Household location - rural	64.3%
Household location - camp	81.9%
Aid recipient	92.3%
Non-aid recipient	56.7%

Although 40.5% of West Bank households reported that they did not want to receive any form of humanitarian aid or assistance in the future, interesting difference in preference in regards to this indicator can be observed when disaggregating by different population groups. Those households most likely to report that they would like to receive humanitarian aid in the future included aid-recipient households (92.3%), in-camp households (81.9%), households with a member of the household with a disability (74.0%), and female-headed households (72.4%).

¹ 46.4% of households reported physical cash as their preferred type of assistance for future aid distributions, compared to only 2.4% of households reporting the same for cash via bank transfer. This indicates that even when households may have an overall preference for cash assistance, it is important to also keep in mind the preferred modality of cash assistance.

² Vouchers as represented here includes both food vouchers (6.4%) and non-food vouchers (4.4%) for all households.

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

³ The question on aid preference for female members of the household was asked by proxy to the respondent, and hence in some cases reflects the perception of a male respondent regarding preferences of female household members on type of aid to be received in possible future aid distributions rather than the actual preference of female household members. This limitation should be kept in mind when considering the results.

AID RECIPIENT PROFILE

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

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

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

	Male-headed household	Female-headed household
Aid recipient	63.4%	36.6%
Non-aid recipient	88.4%	11.6%

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

	Non-refugee household	Refugee household
Aid recipient	61.8%	38.2%
Non-aid recipient	76.6%	23.4%

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

	No disability	Disability
Aid recipient	81.2%	18.8%
Non-aid recipient	91.1%	8.9%

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

	No unemployed adult	Unemployed adult
Aid recipient	73.2%	26.8%
Non-aid recipient	79.2%	20.8%



RISK OF SEXUAL EXPLOITATION AND ABUSE (SEA)

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

It should be noted that of the 3.4% of West Bank households (178 HHs) who reported a member of their household having experienced a protection incident in the 6 months prior to data collection, only 5.0% of households reported any member of their household having been affected by an incident related to sexual violence. There is a possibility that such incidents, along with other indicators related to SEA, may be underreported by households due to the sensitivity of this topic.

SAFETY & SECURITY CONCERNS RELATED TO SEA

Risk of SEA at school and to/from school

19.5% (925 HHs) of households reported children feeling unsafe or very unsafe at school or on the way to/from school, and of these households, **2.1% (28 HHs)** reported a risk of sexual violence to/from school, and **1.5% (17 HHs)** reported a risk of sexual violence at school.

Security concerns for disabled children (girls and boys)

When asked about specific security concerns for disabled children, **5.4%** of households (**270 HHs**) reported a risk of verbal harassment and **3.2%** of households (**130 HHs**) reported a risk of sexual harassment or sexual violence.

Security concerns for girls

When asked about specific security concerns for girls, **14.1%** of households (**603 HHs**) reported girls being at risk of verbal harassment and **6.1%** of households (**233 HHs**) reported girls being at risk of sexual harassment or sexual violence.

Security concerns for boys

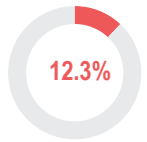
When asked about specific security concerns for boys, **7.9%** of households (**348 HHs**) reported boys being at risk of verbal harassment and **3.9%** of households (**150 HHs**) reported boys being at risk of sexual harassment or sexual violence.

Security concerns for women

When asked about specific security concerns for women, **9.0%** of households (**418 HHs**) reported women being at risk of verbal harassment and **3.9%** of households (**168 HHs**) reported women being at risk of sexual harassment or sexual violence.

LOCATIONS CONSIDERED UNSAFE FOR WOMEN AND GIRLS

% of households (694 HHs) reporting areas in their location where women and girls felt unsafe:



Areas A and B	12.3%
Area C	19.9%
H2 (Hebron)	24.7%
East Jerusalem	2.9%

Reported specific locations avoided

% of households of the 12.3% of households (694 HHs) reporting areas in their location that women and girls avoid or where they feel unsafe by most frequently reported*:

Near settlements/ and checkpoints	38.1%
On public transportation	28.0%
Markets	26.3%

Reasons for feeling unsafe in specific locations

Of the **12.3%** of West Bank households (**694 HHs**) that reported women and girls avoiding specific locations in their area because they felt unsafe there, the most frequently reported reasons were fear of verbal harassment (reported by **34.1%** of these households) and fear of sexual harassment or violence (reported by **20.5%** of these households).

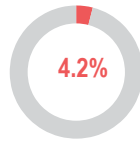
PROTECTION INCIDENTS

Of the **3.4%** of West Bank households reporting a member of their household experiencing a protection incident in the 6 months prior to data collection, **5.0%** reported an incident of sexual violence.



CRM AWARENESS & USE⁵

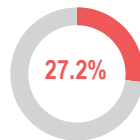
% of the **7.8%** of aid recipient households (**433 HHs**) reporting awareness of a complaint or reporting mechanism (CRM):



Of the **4.2%** of aid recipient households (**20 HHs**) reporting awareness of how to access a complaint or reporting mechanism (CRM), **53.4%** reported that they would not use existing complaint mechanisms to provide feedback on the assistance/aid they received and/or the way that aid workers behaved in their location.

The most frequently reported reason why these households would not use CRM was “complaints do not result in any positive change”, reported by **21.9%** of households.

% of households of the **4.2%** of West Bank aid recipient households reporting awareness of CRM that reported having used/engaged with CRM in the 6 months prior to data collection:



CRM AWARENESS DISAGGREGATED BY POPULATION GROUP

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

Female-headed households	1.3%
Male-headed households	5.8%
Refugee households	8.5%
Non-refugee households	1.7%
Head of household age (18 - 59)	5.9%
Head of household (60 and older)	0.3%
Household with member with disability	5.1%
Household with no member with disability	4.0%
Household location - urban	3.3%
Household location - rural	5.6%
Household location - camp	3.3%

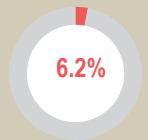
Protection against sexual exploitation and abuse (PSEA)

% of households (**154 HHs**) reporting that any member of their household was aware of the aid worker's code of conduct:



Female-headed households	1.7%
Male-headed households	4.2%
Refugee households	5.7%
Non-refugee households	3.3%
Head of household age (18 - 59)	4.1%
Head of household (60+)	3.2%

% of households (**223 HHs**) reporting that any member of their household was contacted on their preferred ways to report sensitive information⁶ by household population group :



Female-headed households	6.1%
Male-headed households	6.2%
Refugee households	7.9%
Non-refugee households	5.6%
Head of household age (18 - 59)	6.0%
Head of household (60 and older)	6.6%
Household with member with disability	4.8%
Household with no member with disability	6.3%
Household location - urban	7.1%
Household location - rural	1.0%
Household location - camp	17.7%
Aid recipient household	3.7%
Non-aid recipient household	6.4%

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

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

TABLE OF MAPS

Cluster	Map Title	Page
N/A	Map of MSNA coverage by governorate	1
Health	% of households considered in need based on difficulties experienced when trying to access healthcare services, by governorate	4
Shelter	% of households with any reported shelter damage, defects, or issues by governorate	8
Education	% households reporting a need for catch-up learning due to school closures, by governorate	10

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

	Indicator Name	Level(s)	Source	1. None/minimal	2. Stress	3. Severe	4. Critical	5. Catastrophic
Health	% of households that can access primary healthcare within one hour by regular mode of transport	HH	MSNA	Less than 30 minutes AND no access barriers	More than 30 minutes AND no access barriers	Less than 30 minutes AND facing access barriers	More than 30 minutes AND facing access barriers	No criteria
	% of households facing barriers when trying to access health services							

Annex 2: Assessing disability

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

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

Strata	Sample Size
Bethlehem (Area A and B)	170
Bethlehem (Area C)	170
Hebron (Area A and B)	165
Hebron (Area C)	165
H2	170
Jenin (Area A and B)	165
Jenin (Area C)	170
Jericho and al Aghwar (Area A and B)	175
Jericho and al Aghwar (Area C)	195
Jerusalem (Area A and B)	170
Jerusalem (Area C)	165
East Jerusalem	244
Nablus (Area A and B)	165
Nablus (Area C)	175
Qalqilya (Area A and B)	170
Qalqilya (Area C)	170
Ramallah and al Bireh (Area A and B)	165
Ramallah and al Bireh (Area C)	170
Salfit (Area A and B)	175
Salfit (Area C)	170
Tubas (Area A and B)	170
Tubas (Area C)	180
Tulkarem (Area A and B)	165
Tulkarem (Area C)	180
Total	4,179

ASSESSMENT CONDUCTED IN THE FRAMEWORK OF:

MSNA | 2022
oPt - West Bank



FUNDED BY:



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