IPC

Integrated Food Security Phase Classification

Evidence and Standards for Better Food Security and Nutrition Decisions

20 YEARS 2004 - 2024

informing decisions

FAMINE REVIEW COMMITTEE: GAZA STRIP, JUNE 2024

CONCLUSIONS AND RECOMMENDATIONS

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The Integrated Food Security Phase Classification (IPC) Famine Review Committee (FRC) acknowledges the notable efforts made by the members of the IPC Analysis Team who demonstrated high levels of commitment in responding to the FRC's requests for additional information and clarifications during the review.

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Key findings

Following the publication of the second FRC report on 18 March 2024, which projected that a Famine would occur in the most likely scenario, a number of important developments occurred. In contrast with the assumptions made for the projection period (March – July 2024), the amount of food and non-food commodities allowed into the northern governorates increased. Additionally, the response in the nutrition, water sanitation and hygiene (WASH) and health sectors was scaled up. In this context, the available evidence does not indicate that Famine is currently occurring.

However, the situation in Gaza remains catastrophic and there is a high and sustained risk of Famine across the whole Gaza Strip. It is important to note that the probable improvement in nutrition status noted in April and May should not allow room for complacency about the risk of Famine in the coming weeks and months. The prolonged nature of the crisis means that this risk remains at least as high as at any time during the past few months.

The FRC encourages all stakeholders who use the IPC for high-level decision-making to understand that whether a Famine classification is confirmed or not does not in any manner change the fact that extreme human suffering is without a doubt currently ongoing in the Gaza Strip, and does not change the immediate humanitarian imperative to address this civilian suffering by enabling complete, safe, unhindered, and sustained humanitarian access into and throughout the Gaza Strip, including through ceasing hostilities. All actors should not wait until a Famine classification is made to act accordingly.

This is the third time the FRC has reviewed an analysis conducted by a multi-agency, multi-sectoral analysis team to determine the current and projected acute food security situation in the Gaza Strip. The first analysis, conducted in December 2023, concluded that there was a risk of Famine within the projection period of December 2023 to May 2024, and that the risk would increase for each day that the intense conflict and restricted humanitarian access persisted or worsened.

The second review was published on 18 March 2024 and confirmed that Famine was projected and imminent in the North Gaza and Gaza Governorates, and that the risk of Famine persisted in all other governorates of the Gaza Strip.

In May, FEWS NET conducted an IPC-Compatible analysis of the food security situation and found that it is possible famine was ongoing in northern Gaza during April.[1] In line with IPC protocols, the FRC reviewed this analysis and concluded that, given the uncertainty and lack of convergence of the supporting evidence employed in the analysis, it was unable to make a determination as to whether or not famine thresholds have been passed during April. Therefore, the FRC was unable to endorse the FEWS NET analysis. The FEWS NET report and the FRC report were both published on 4 June.[2]

Following the publication of the second FRC report on 18 March, which projected a Famine to occur in the most likely scenario, several important developments occurred. In contrast with the assumptions made for the projection period (March – July 2024), the amount of food and non-food commodities allowed into the northern governorates steadily increased. Additionally, the response in the nutrition and other sectors was scaled up. In this context, at the moment, the available

[1] *FEWS NET, Gaza Targeted analysis, May 2024. https://fews.net/sites/default/files/2024-06/Gaza-Targeted-Analysis-Update-042024-Final_3.pdf*

[2] *Famine Review Committee, Review of the Famine Early Warning Systems Network (FEWS NET) IPC-Compatible Analysis for the Northern Governorates of the Gaza Strip, 4 June 2024. https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/documents/IPC_Famine_Review_Committee_Report_FEWS_NET_Gaza_4June2024.pdf*

evidence does not indicate that Famine is occurring.

A new analysis was conducted by the multi-agency analysis team between 27 May and 4 June 2024 and the FRC was requested to assess the plausibility of the risk of Famine for the projected period (16 June to 30 September 2024).

The FRC finds the analysis team's classifications in IPC Phase 4 (Emergency) for the "current" period (1 May – 15 June) for all areas plausible.

The FRC also considers the analysis team's classification of IPC Phase 4 (Emergency) for the projection period (16 June – 30 September 2024) for all the areas plausible, based on the scenario and assumptions set by the analysis team.

The FRC finds the risk of Famine plausible for all areas, based on the assumptions set by the analysis team. A high risk of Famine persists as long as conflict continues, and humanitarian access is restricted. The FRC also considers that, due to a high level of population movements between the three southern governorates during the current and projection periods, it is appropriate to consider a risk of Famine analysis for the combined areas.

The speed of deterioration observed in previous months, compounded by the increased vulnerability of the population after more than eight months of inadequate dietary intake, WASH, and health conditions, increase the probability that Famine could occur during the projection period. Given the unpredictability of the ongoing conflict and humanitarian access challenges, any significant change may lead to a very rapid deterioration into Famine.

The availability of and access to food and basic services remain fluid and closely tied to events on the ground. The last few months have demonstrated that food and humanitarian access and malnutrition prevalence can change very quickly, the risk of epidemics is increasing and eight months of extreme pressure on the lives of the population make them much more vulnerable to collapse into famine. Therefore, it remains possible that Famine thresholds could be surpassed at any time whilst humanitarian access is not sustained and unhindered across the entire population of Gaza and conflict continues in any form.

In Deir al-Balah and Khan Younis, the size of the population at risk and the extreme population density that is expected within the Israeli-designated 'humanitarian zones', combined with inadequate supply lines and infrastructure, including water supply points, increase the risk of epidemic outbreaks and raise the possibility that the situation will rapidly deteriorate into a catastrophe of unprecedented magnitude compared to the suffering already witnessed in Gaza since October.

Analysis of food insecurity, malnutrition, and mortality has been severely hampered by lack of physical access to affected populations. It is the responsibility of the controlling authorities to ensure that access is opened not only for humanitarian response but also for accurate, reliable, and representative assessment of the current humanitarian situation. In the meantime, given the high level of uncertainty regarding the drivers of famine, the FRC recommends very close monitoring of the assumptions used for the projections in this analysis and close attention to trends in outcomes, as these may shift quickly. The FRC strongly recommends the triggering of a re-analysis of the current status should the primary drivers or trends in outcomes change significantly, and no later than the end of September 2024.

The FRC encourages all stakeholders who use the IPC for high-level decision-making to understand that whether a Famine classification is confirmed or not does not in any manner change the fact that extreme human suffering is without a doubt currently ongoing in the Gaza Strip, and does not change the immediate humanitarian imperative to address this civilian suffering by enabling complete, safe, unhindered, and sustained humanitarian access into and throughout the Gaza Strip, including through ceasing hostilities. All actors should not wait until a Famine classification is made to act accordingly.

The situation in Gaza is catastrophic, there is a high and sustained risk of Famine across the whole Gaza Strip. It is important to note that the probable improvement in nutrition status noted in April and May should not allow room for complacency about a reduced risk of Famine in the coming weeks and months. If anything, the prolonged nature of the crisis means that the risk of Famine remains at least as high as at any time during the last 9 months.

Key results

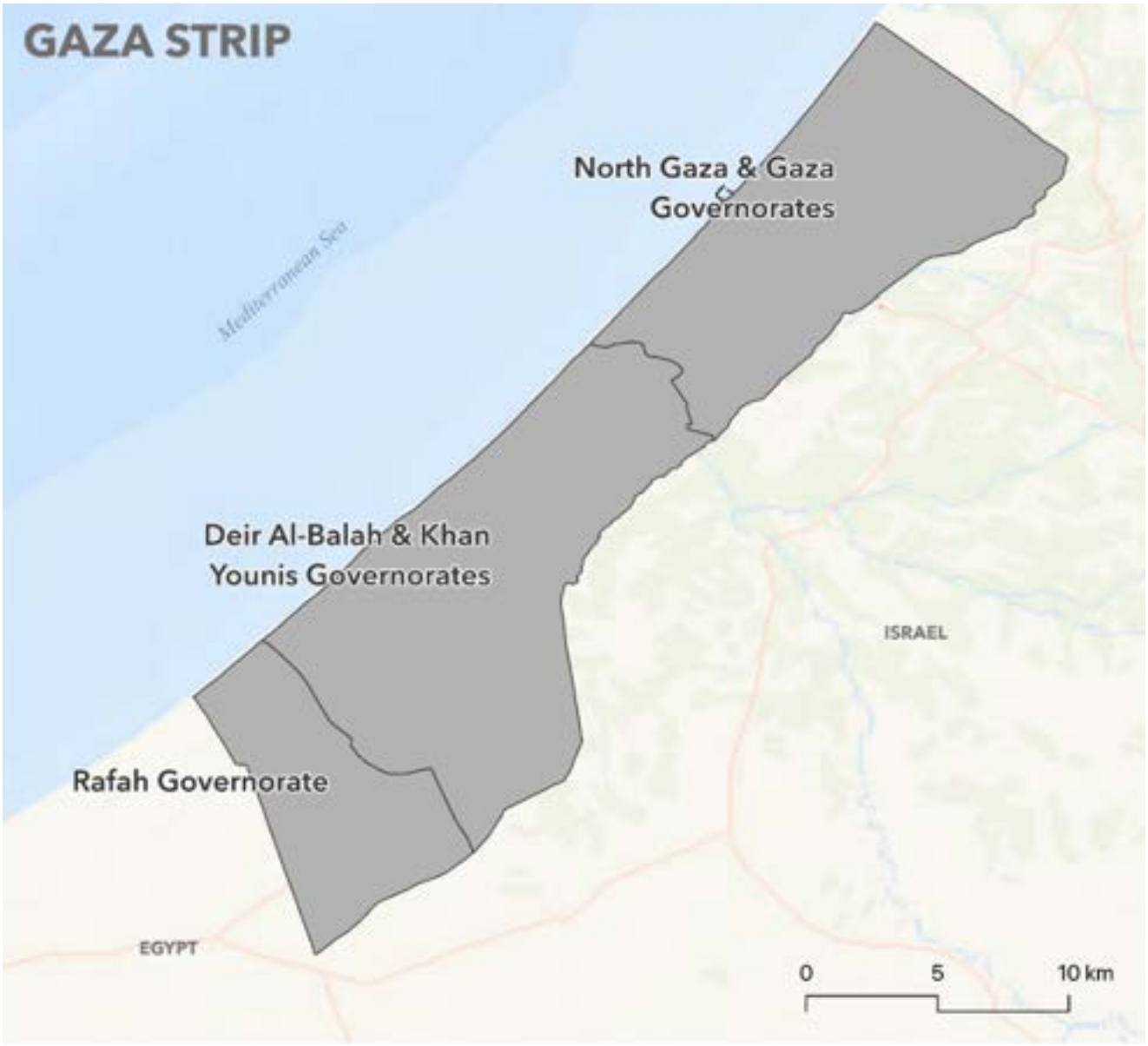
The main conclusions of the FRC are summarized in Figure 1.

Figure 1: Key Conclusions from the FRC on the Acute Food Insecurity (AFI) Classifications under Review

Unit of Analysis	Analysis Period	Analysis team classification submitted to the FRC	FRC Conclusion
Northern governorates (North Gaza and Gaza)	**Current** (1 May – 15 June 2024)	**IPC AFI Phase 4 (Emergency):** 20% of households classified in Catastrophe (IPC Phase 5) and 45% in Emergency (IPC Phase 4).	The FRC considers the analysis team's **current classification (IPC Phase 4, Emergency Acute Food Insecurity) for the northern governorates plausible.**
	Projection (16 June – 30 September 2024)	**IPC AFI Phase 4 (Emergency):** 25% of households will likely face Catastrophe (IPC Phase 5) and 50% Emergency (IPC Phase 4). ***The analysis team requested guidance from the FRC on the risk of Famine for this area.***	**The FRC finds the projected analysis and classification plausible (IPC Phase 4 Emergency Acute Food Insecurity) for the scenario and assumptions set by the analysis team.** However, given the unpredictability of the ongoing conflict and humanitarian access challenges, any significant change may lead to a very rapid deterioration into Famine. **The FRC finds the risk of Famine plausible based on the assumptions set by the analysis team.** **A high risk of Famine persists as long as the conflict continues and humanitarian access is restricted.** The speed of deterioration observed in previous months, compounded by the increased vulnerability of the population after more than eight months of inadequate dietary intake, WASH and health conditions, increase the probability that Famine could occur during the projection period.
Middle governorates (Deir al-Balah and Khan Younis)	**Current** (1 May – 15 June 2024)	**IPC AFI Phase 4 (Emergency):** 15% of households classified in Catastrophe (IPC Phase 5) and 25% in Emergency (IPC Phase 4).	**The FRC found the analysis team's classifications in IPC Phase 4 (Emergency) for the "current" period (1 May – 15 June) for Deir al-Balah, Khan Younis, and Rafah plausible.** However, the convergence of evidence for Rafah governorate would suggest slightly lower estimates in IPC Phase 5 (Catastrophe), and the analysis team should consider revisiting these estimates. The FRC considers the analysis team's **projections for Deir al-Balah, Khan Younis, and Rafah (IPC Phase 4, Emergency Acute Food Insecurity) plausible using the scenario and assumptions set by the analysis team**. However, the FRC does not find plausible that the proportion of people in IPC Phase 5 (Catastrophe) in Deir al-Balah and Khan Younis will decrease. In contrast, the proportion and absolute numbers of households experiencing catastrophic food insecurity will likely increase. Given the unpredictability of the ongoing conflict and humanitarian access challenges, any significant change may lead to a very rapid deterioration into Famine.
	Projection (16 June – 30 September 2024)	**IPC AFI Phase 4 (Emergency):** 10% of households will likely face Catastrophe (IPC Phase 5) and 20% Emergency (IPC Phase 4). ***The analysis team requested guidance from the FRC on the risk of Famine for this area.***	

Southern governorate (Rafah)	**Current** (1 May – 15 June 2024)	**IPC Phase AFI 4 (Emergency):** 15% of households classified in Catastrophe (IPC Phase 5) and 30% in Emergency (IPC Phase 4).	The FRC considers that, due to a high level of population movements between the southern and middle governorates during the current and projection periods, it is appropriate to combine the areas in the projection period. **The FRC also finds the risk of Famine plausible based on the assumptions set by the analysis team.** A high risk of Famine persists as long as conflict continues, and humanitarian access is restricted. The speed of deterioration observed in previous months, compounded by the increased vulnerability of the population after more than eight months of inadequate dietary intake, WASH, and health conditions, increase the probability that Famine could occur during the projection period. The size of the population at risk and the extreme population density that is expected within the Israeli-designated 'humanitarian zones', combined with inadequate supply lines and infrastructure, including water supply points, increase the risk of epidemic outbreaks and raises the possibility that the situation will rapidly deteriorate into a catastrophe of unprecedented magnitude compared to the suffering already witnessed in Gaza since October
	Projection (16 June – 30 September 2024	**IPC AFI Phase 4 (Emergency):** 35% of households will likely face Catastrophe (IPC Phase 5) and 35% Emergency (IPC Phase 4). ***The analysis team requested guidance from the FRC on the risk of Famine for this area.***	

Map 1: Gaza Strip and the Analysis Units used by the IPC analysis team



Source: IPC

The IPC analysis team used three units of analysis covering the entire Gaza Strip: northern governorates (Gaza and North Gaza), middle area governorates (Deir al-Balah and Khan Younis), and southern governorate (Rafah governorate).

2. FAMINE REVIEW PROCESS

The Integrated Food Security Phase Classification (IPC) Famine Review Committee (FRC) was activated on 6 June 2024 by the IPC Global Support Unit (GSU) considering the difficulties faced by the analysis team in reaching consensus on final conclusions regarding the risk of Famine in the three units of analysis. The FRC may be activated under four different scenarios as detailed in the IPC Guidance Notes on Famine and risk of Famine . In any of these scenarios, its role is to assess the technical rigor and neutrality of the IPC analysis .

Following the FRC restitution of their recommendations, the analysis team reconvened and discussed the findings. The FRC's recommendations on adjusting some of the estimates of populations in IPC Phase 4 (Emergency) and 5 (Catastrophe) were adopted by the analysis team. However, the analysis team preferred not to merge Rafah Governorate with the other southern governorates owing to the unique characteristic of the situation on the ground.

[3] *IPC Resource 01: Famine Classification. October 2020. https://www.ipcinfo.org/ipcinfo-website/resources/resources-details/en/c/1152897/ and IPC Risk of Famine Guidance note, https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Guidance_Note_on_Risk_of_Famine.pdf*

[4] *IPC Famine Fact Sheet. 11 November 2020. https://www.ipcinfo.org/ipcinfo-website/resources/resources-details/en/c/1152968/.*

3. FRC ASSESSMENT OF THE SITUATION

3.1 Current period

3.1.1 Hazards and Vulnerability

Conflicts and displacement. Since the previous review published in March 2024, the intensity of the conflict has significantly increased in the southern part of the Gaza Strip, with the start of the Rafah offensive on 6 May 2024. Bombardment from the air, land and sea continued across much of the Gaza Strip, resulting in further deaths, displacements, and the destruction of buildings and other infrastructure, particularly in the southern governorates. According to a WFP Survey[5], three thirds of the households interviewed in northern Gaza governorates are sheltering in a damaged house or apartment, while about one third in Khan Younis, Deir al-Balah and Rafah have sought shelter in a tent group or random tents. Almost all the population is displaced within the Strip and many face difficulties finding materials or tents to rebuild shelters or temporary accommodation.

In the northern governorates, conflict intensity remained similar to the previous analysis period, with higher intensity in Jabaliya city and camp, Zaytoun area and Beit Hanoun where ground incursions and heavy fighting are still ongoing. It is estimated that in the last weeks of May about 100,000 people (one third of the estimated population) were displaced, probably not for the first time, within the northern governorates. Due to the level of destruction and continued ground operations, displaced populations face major difficulties accessing safe and stable structures.

In Deir al-Balah and Khan Younis governorates, conflict intensity varied a lot within the past two months. Khan Younis governorate was previously subjected to a major ground operation, primarily focused on Khan Younis city, from 1 December 2023 through 7 April 2024, leading to mass displacement and significant damage to shelter and basic services infrastructure. By 5 March, an estimated 45% and 53% of all buildings were damaged or destroyed in Deir al-Balah and Khan Younis governorates, respectively. As of 27 May, an estimated 49% (+4 percentage points since 5 March) and 56% (+3 points since 5 March) of all buildings were damaged or destroyed in Deir al-Balah and Khan Younis governorates, respectively. On June 8th, the attack on Nuseirat and Deir al-Balah in central Gaza, killed more than 200 people and wounded more than 400.[6] Households have moved in the western and northern areas of Khan Younis and Deir al-Balah governorates and others to the northwest parts of Rafah.[7] On May 6th, the Israel Defense Forces (IDF) announced the expansion of the Israeli-designated "humanitarian zone" that includes large parts of these governorates. Rapid expansion of the population in this area is ongoing and is stressing the available resources.

In **Rafah governorate,** as as of mid-June, following the May 6 evacuation orders, over one million people had fled, mostly into Khan Younis and Deir al-Balah governorates, overburdening the limited essential structures and services. [8,9] In Rafah, the percentage of damaged buildings increased.[10] Some people are relocating towards the southwest within the governorate and towards the border of Khan Younis and Deir al-Balah. However, the number of people relocating within

[5] *WFP, mVAM survey. Monthly observations: Northern Gaza: November n= 96, December n=64(R0), January n=49(R0), February n=27(R0), March n= 147, April n=174, May and 1-2 June n=136; Deir Al Balah and Khan Younis: November n= 272, December n=186, January n=158, February n=141, March n= 194, April n=175, May and 1-2 June n=430; Rafah: November n= 59(R0), December n=257, January n=340, February n=440, ,March n= 328, April n=250, May and 1-2 June n=123. To be highlighted that data has been looked at monthly by the FRC only for trend analysis as in some months, depending on locations, minimum requirement for IPC (90 observations) are not met (R0, less than somewhat reliable evidence). For the May analysis purposes, data from the month of May can be considered R1+ (Somewhat reliable, as superior to 90 observations), meeting minimum IPC standard requirements. Methodological considerations and checks on the CATI data available in annex 3.*

[6] *OCHA, Hostilities in the Gaza Strip and Israel, Flash Update, #177, June 10, 2024. https://www.ochaopt.org/content/humanitarian-situation-update-177-gaza-strip*

[7] *Site Management Working Group Gaza Strip, One-Month Post-Evacuation Orders Analysis of Population Movement, 14 June 2024.*

[8] *Site Management Working Group Gaza, Rapid Population needs and location tracking, 14 May – 04 June 2024.*

[9] *On May 6, the Israeli military instructed residents of nine blocks in eastern Rafah to temporarily move to an expanded humanitarian area in Al Mawasi. The 31 square kilometer evacuated area includes Al Shokat municipality, As Salam neighborhood, Al Juneineh, Tal Azar'a, and Al Bayuk, and was home to around 64,000 Palestinians before October 7. It currently contains nine sites hosting internally displaced persons (IDPs), three clinics, and six warehouses. On May 11, the Israeli military issued additional evacuation orders for 12 neighborhoods in Rafah, covering six square kilometers. Families that have already been displaced multiple times are being forced to move again due to ongoing military operations and new evacuation orders. As of May 26, 2024, nearly 945,000 people have been displaced from Rafah since May 6, with many moving to Khan Younis and Deir Al Balah (UNRWA, May 29). As such, the number of people remaining in Rafah reduced to approximately 200,000, with the main concentration in the western part of Rafah.*

[10] *Oregon State University and City University New York, Building damage assessment via satellite imagery analysis by (26 Feb and 27 May 2024) -https://www.conflict-damage.org/*

Rafah is reported to be much lower compared to those leaving the governorate. Most of the UNRWA shelters in Rafah are now empty. As per the Site Management Working group remote sensing and satellite imagery analysis, central and southeast Rafah hosting sites have been abandoned or have been destroyed as of 15 of May 2024. The majority of displaced people from Rafah sought refuge in the already overcrowded and resource-depleted governorates of Khan Younis and Deir al Balah.

Humanitarian access. With the large-scale destruction of agricultural land and civilian infrastructure there has been an ongoing erosion of livelihoods and an increasing dependency on humanitarian assistance for food and other essential items and services. Following the previous IPC analysis in February, during March and in April there were positive developments related to access to the Gaza Strip for the delivery of humanitarian supplies and services; namely the opening of additional crossing points to the northern governorates (Erez and Gate 96), and in Kerem Shalom; and the establishment of a Joint Logistics Over-the-Shore (JLOTS) to facilitate access by the sea.[11] Airdrops in the north have also represented an important modality for providing humanitarian supplies. However, these positive developments were accompanied by a number of continued attacks against humanitarian workers, which significantly disrupted the delivery and distribution of supplies.

In early May, humanitarian access deteriorated again quite significantly, especially in the middle and southern governorates as a direct consequence of the Rafah offensive. The Rafah crossing point has been closed. The employment of the road from Kerem Shalom to the Al Rasheed coastal road for humanitarian purposes requires coordination with the IDF, while the road from Kerem Shalom to Salah As Din road is considered at high risk, mainly due to breakdown of civil order (see Map 2 below). The JLOT (Joint Logistics Over-the-Shore (JLOTS) pier was put out of action by wave damage on 25 May 2024, and recent reports have indicated it may be withdrawn from service again.

According to OCHA[12], access challenges persisted in early June: in the first two weeks only 23 out of 44 planned coordinated humanitarian assistance missions to northern Gaza were facilitated by Israeli authorities, four were denied access, 10 impeded, and seven cancelled due to logistical, operational or security reasons.

Map 2. Gaza Strip Humanitarian access constraints (OCHA)

[11] OCHA, Gaza Strip Humanitarian Access Constraints, 9 June 2024. https://www.unocha.org/publications/map/occupied-palestinian-territory/gaza-strip-humanitarian-access-constraints-9-june-2024.

[12] OCHA, Hostilities in the Gaza Strip and Israel, Flash Update #179, 14 June 2024. Humanitarian Situation Update #179 | Gaza Strip | United Nations Office for the Coordination of Humanitarian Affairs - occupied Palestinian territory (ochaopt.org)

3.2 Acute food insecurity

3.2.1 Food availability

The major determinant of food availability within the Gaza Strip is the amount that is imported, either as humanitarian food aid or commercial shipments. Unfortunately, it is not possible to use a single authoritative source to determine the level of cross-border shipments as UNRWA data is not available for crossing points in the north, WFP only reports on its own deliveries and COGAT reports mainly on shipments crossing but not on deliveries. The FRC also notes that the ground offensive against Rafah has meant that UNRWA has been unable to accurately monitor and report on deliveries since 5 May 2024.[13] This situation necessitates the use of all available data sources, including those from non-humanitarian actors (see Annex 3).

The FRC notes the difficulties in reconciling the reported quantity of shipments available from different sources. Some of the potential reasons for these differences include:

- Likely differences in the number of shipments cleared by Israeli authorities versus the number that it was possible for the UN to actually transport into and within the Strip.
- Use of different reporting units (number of pallets versus estimated MT).
- Estimates of food share in mixed shipments.
- Possible differences in the counting of shipment consignments that are transferred to a different size of truck after being cleared by Israeli authorities.

The observed divergence in reporting and the possible reasons for these differences indicate the necessity to treat reported shipment data with caution when using it to assess food availability within the Gaza Strip. However, the FRC notes a number of trends.

Between March and the end of April, the supply of food commodities in the northern governorates (through Erez, Gate 96, airdrops and maritime deliveries)[14] and to the southern and middle governorates (through Rafah and Kerem Shalom crossing points) steadily increased according to many sources, despite differences in the absolute figures. However, from early May through early June, humanitarian delivery trends were reversed in the southern and middle governorates, due to the closure of the Rafah border crossing, thereby reducing the entry of food supplies. In addition, increasing conflict intensity in the southern areas – then extended to the middle governorates-, hampered the capacity of humanitarian agencies to transfer commodities from Kerem Shalom into the Gaza Strip. Although the number of approved humanitarian shipments from Kerem Shalom might show only a slight reduction, the uplifting of humanitarian commodities into the strip is significantly reduced in May compared to April levels. This is due to administrative restrictions, the preference granted to commercial supply deliveries over humanitarian supplies and the extremely unsafe conditions on the ground that make the delivery of supplies extremely dangerous for humanitarian personnel.

In the northern governorates, the increase in the delivery of food commodities has been steady since March, ultimately reaching in May a total quantity that could potentially suffice to cover the needs of the 300,000 people residing in the north. However, a high proportion of these supplies in April were commercial, therefore, it cannot be assumed that the whole population has been able to actually access all these commodities (see section below on food access). The reduction in the contribution of humanitarian versus 'commercial' inputs facilitated by COGAT has resulted in greater uncertainty about the ability of vulnerable populations to access the available resources and is reducing the capacity of the humanitarian system to deliver the assistance. This may have adverse consequences for the food security of the Gaza population in the months ahead.

In the southern and middle governorates, the closure of the Rafah crossing in early May and the mass movement of population away from the crossing point has significantly reduced food availability. According to FEWSNET[15], the number of metric tons of food dispatched to the southern and middle governorates decreased from 45,000 in March to 39,000 in April and 17,000 in May. Although reporting in May can be considered incomplete due to the complexity of tracking accurately the movement of food trucks from the UNRWA database after the Rafah crossing closure, it is plausible that

[13] *UNRWA, Supply and Dispatch dashboard, June 2024. https://www.unrwa.org/user/login?destination=node/46372*

[14] *WFP Palestine Emergency Response, 21 May 2024. The US-constructed maritime corridor (Joint Logistics Over-The-Shore (JLTOS) started operating on 17 May. https://reliefweb.int/report/occupied-palestinian-territory/wfp-palestine-emergency-response-external-situation-report-21-21-may-2024*

[15] *FEWS NET, Gaza Strip Food Supply Report, May 2024. https://reliefweb.int/attachments/7394483a-366b-496c-870b-61b926255ea3/Gaza-Food-Supply-Report-202406-Final.pdf*

humanitarian deliveries into the southern and middle governorates have decreased significantly - while the information on the flow of commercial supplies is only available from one source. There is still little visibility of the deliveries for June. It is nonetheless plausible to assume that given the limits to Kerem Shalom logistic capacities, the preference accorded to commercial deliveries by the Israeli authorities, and the fact that many shipments are unable to be delivered due to continued bombardment and ground operations, the overall quantity reaching the designated humanitarian zone will not suffice to cover the overall needs of the almost two million people sheltering there. The commercial entries could compensate for this deficit, but only if households are able to access food in the market in the designated area, considering also the issue of insufficient iquidity.

Figure 2: Incoming truckloads since the start of the escalation. Source: OCHA[16]

In terms of types of food aid delivered, according to a recent study conducted by the Cash Working Group,[17] canned food is available in all governorates, and according to data on truck manifests this commodity was among the most frequently delivered, together with flour and other staple food. Fresh food and dairy are less available, also due to the nature of the logistics which will likely render these products unsafe after the lengthy procedures for delivery inside the Gaza Strip. The limited diversity in food commodities is clearly reflected in the values reported in the Food Consumption Score (WFP Computer Assisted Telephone Interview - CATI). This confirms a higher frequency of cereals and pulses and a lower frequency of vegetables, fruits, and dairy products (see Annex 3).

Since the last FRC review in March, little has changed in the capacity of local production to provide food to the market. The food system and agriculture value chains have collapsed or are marginally surviving through the informal market. A significant portion of agriculture land, encompassing orchards, greenhouses, and farmlands has suffered extensive destruction. According to the UNOSAT,[18] the percent of damaged agriculture land has increased from around 13 percent to 57 percent, between November 2023 and May 2024. About 70 percent of livestock and other animals have been lost since 7 October 2024.[19] Fishing production is largely halted due to the damage of boats, lack of fuel and security/safe access. Recent deliveries of livestock fodder might improve access to dairy and animal protein products, however the scale so far is extremely limited.

[16] *OCHA, Reported impact snapshot Gaza Strip, 12 June 2024. https://www.ochaopt.org/content/reported-impact-snapshot-gaza-strip-12-june-2024*

[17] *Cash Working Group, Gaza Strip – Market Overview and Multi-Purpose Cash Assistance Analysis, May 2024.*

[18] *UNOSAT, Agricultural damage assessments, 11 November to 29 May 2024. https://unosat.org/products/3745 and https://unosat.org/products/3880*

[19] *Comparison among the preliminary reports from the FAO Loss and Damage assessment and the baseline figure from the Palestinian Central Bureau of Statistics (PCBS).*

3.2.2 Food access

Access to food on the market. Compared to pre-escalation levels, prices are still extremely high, especially for salt, sugar and fresh food. A decrease has been observed compared to March, for Egyptian wheat flour, rice, sugar, vegetable oil, onions and eggs, in line with market dynamics considering higher level of availability. Prices remained higher in the North despite some improvement, particularly for vegetables and fresh food. Prices fluctuated significantly, responding very quickly to the increase and decrease in quantity and it can be expected that this will continue to be the case. For instance, according to Palestine Central Bureau of Statistics (PCBS),[20] prices decreased in March and April, compared to February, and then increased again in May – although to levels below February.

Price volatility will continue to impact the effectiveness of cash-based assistance programmes. Limited electricity and connectivity are also hampering the ability to provide cash-based assistance packages, which is also compounded by liquidity shortages due to the difficulties of banks to move money between branches. Per the Cash Working Group,[21] of the 56 bank branches and 91 ATM prior October 2023, only five branches and seven ATMs were operational in April, mostly in Rafah. External inflows of cash, through remittances, is estimated to be lower than in previous years and not sufficient or regular enough to cover the current gap in household incomes. Income opportunities are very limited, and the high concentration of displaced populations in the southern governorates will also increase competition for the few options remaining. Household purchasing power is expected to be very low due to price volatility, prolonged and repeated displacements along with limited incomes from daily wage labor or through the informal market.

Bakeries are also contributing to access to food. In April alone, WFP provided bakeries with 940 MT of ingredients for bread production. Six bakeries are operating in Deir El Balah and four bakeries continue to operate in the northern governorates.[22] According to WFP, all bakeries in Rafah have shut down. Bread in the bakeries is sold at subsidized prices, rendering it potentially accessible, however there were reports of this being at times bought or stolen and sold at higher prices. It is important to highlight that fuel is essential for the bakeries to run and this is not always available.

Access to food from humanitarian assistance. According to the WFP CATI survey, in May a large proportion of households have accessed food primarily from humanitarian assistance, family members support and market. This last source represents the primary source of food for only about one fourth of the respondents.

Food aid is provided both in cash (multi-purpose cash assistance) and in-kind support through food parcels or cooked meals distributions. In-kind support was provided to bakeries and community kitchens distributing bread and hot meals. In terms of direct access, mostly at shelter levels, the Food Security Sector partners have been providing hot meals throughout the strip, with 67 cooking points in Rafah, 36 cooking points established in Deir Balah, 23 cooking points in Khan Younis and 3 cooking points in Gaza city.[23] Shelters and cooking points have been crucial to ensure delivery of food to the population, especially to displaced people. Yet, physical access to these distribution points, as well as to the market, is a direct function of the degree of intensity of the conflict that hampers individuals and family's ability to safely reach markets or food distribution points.

According to the WFP CATI survey, in the **northern governorates**, from very low levels of February (less than 10%) and March (about 30%), more than 60% and 80% of the survey respondents received assistance in April and May 2024 respectively. Similar trends are observed in the percentage of respondents having received food parcels.

In the **southern governorates**, since the Rafah offensive, the percentage of respondents in Rafah and Deir Al Balah having received assistance has started declining significantly, after an upward trend in the previous month. In Deir Al Balah and Khan Younis, only about 60% of respondents declared they had received assistance in May, compared with 75% in April. In Rafah, only about 65% of respondents declared they had received

[20] *Palestinian Bureau of Statistics, Consumer price index, June 10, 2024. https://data.humdata.org/dataset/state-of-palestine-consumer-price-index*

[21] *Cash working group, Gaza Strip – Market Overview and Multi Purpose Cash Assistance Analysis, May 2024.*

[22] *OCHA, Hostilities in the Gaza Strip and Israel, Flash Update #169, 22 May 2024, https://www.ochaopt.org/content/hostilities-gaza-strip-and-israel-flash-update-169*

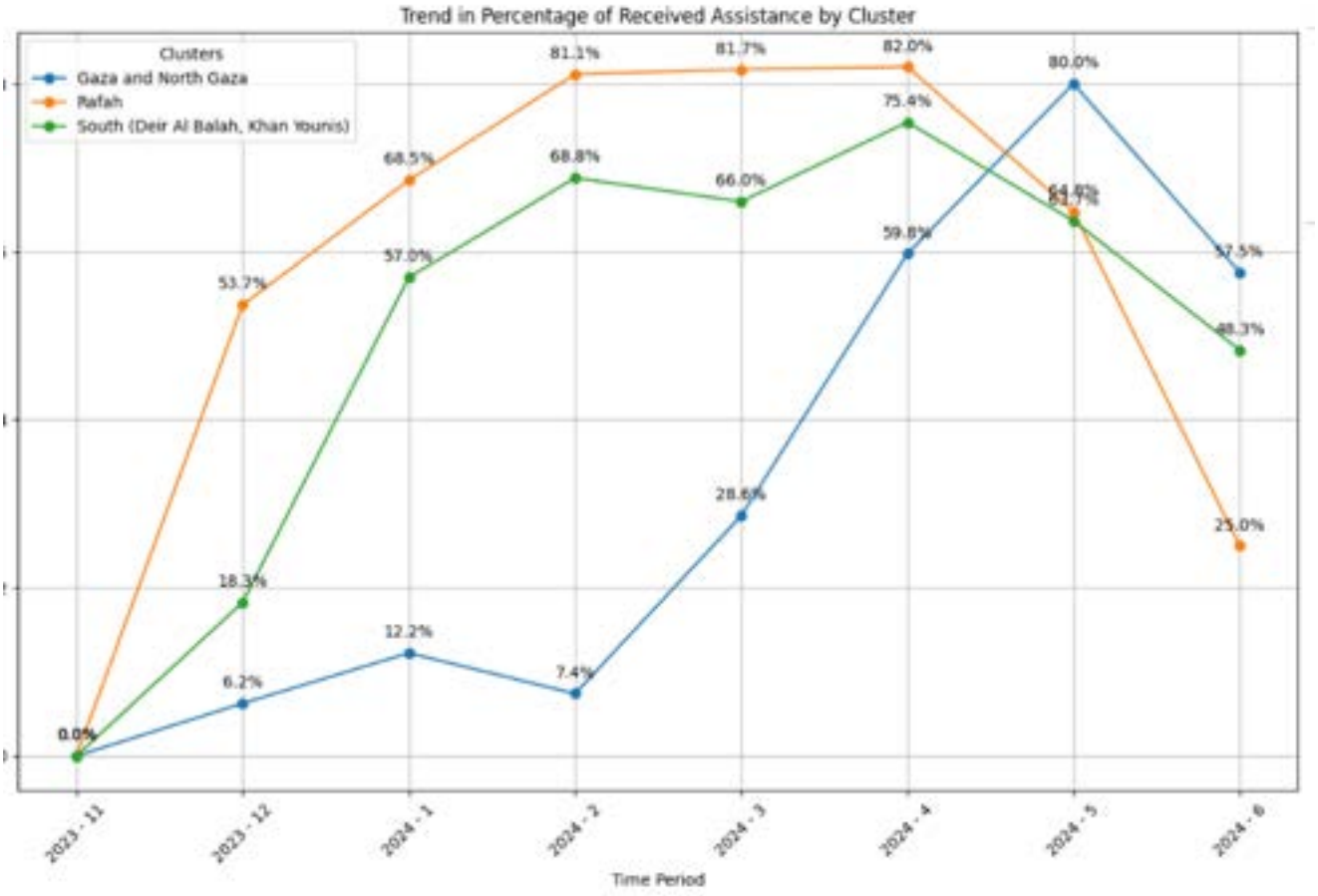
[23] *Palestine Food Security Sector, Gaza Strip: People Covered With Hot Meals by Neighborhood, 1 - 15 May 2024.*

assistance in May, compared with more than 80% in April.

When disaggregated by type of assistance, it is important to take stock of the downward trend in the distribution of food parcels in the southern and middle governorates – against an upward trend in the northern governorates, and a concerning decline in all governorates of the respondent having declared receiving cooked meals, down to a 10-20% of the respondents in May. A reanalysis of WFP CATI survey isolating data for the period 15 May to 15 June 2024 shows a significant decline in the number of respondents having received humanitarian food assistance in the previous 30 days.

It is important to also note that the increased number of commercial/private truck shipment transiting through the Kerem Shalom crossing, where there is limited logistic capacity, has likely translated into a reduction of humanitarian truck shipments. This means that while in terms of availability the quantity of commodities approved for entering into the Gaza Strip has increased in absolute terms, the quantity of goods delivered by humanitarian agencies – hence more accessible to the most vulnerable population – has likely shrunk, especially in May.

Figure 3: Trend in percentage of households reporting receipt of food assistance in the previous month (data from 15 May to 15 June 2024). Source: WFP.



3.2.3 Food utilization

Food utilization continues to be highly impaired for multiple reasons: 1) the extreme shortages of clean water lead to tremendous challenges for food to be cooked and prepared safely and hygienically; 2) the reported breakdown of cultural norms and caring practices due to the ongoing conflict, constant displacement, and extreme shortages of basic needs undermines the distribution to most vulnerable groups of elderly, women, and people with disabilities; 3) other inputs for food preparation such as cooking gas and basic cooking implements continue to be in short supply due to the market disruptions and constant displacement of populations. Thus, even for households who can sporadically access food, there remain significant challenges for the utilization of food. Furthermore, the biological capacity of the human body to utilize the food ingested is likely affected by the high morbidity and hygiene issues.

3.2.4 Stability

The food security elements described above are highly unstable. The key drivers are conflict intensity and humanitarian access. These two elements – and their interaction - have a direct impact on the availability, access and utilization of food. There is an extremely high level of unpredictability on the evolution of these two factors and how these will further interact with the increased vulnerability of the households and fragility of the system of supplies and services provision. Of particular concern is the situation of the recently displaced 1 million people towards the zone that span from Deir Al Balah to Rafah, including Khan Younis, as the vast majority of the displaced declared having been unable to carry food and water with them.

3.2.5 Acute food insecurity outcomes

Most food security outcomes are informed by the WFP CATI[24] survey. As can be seen in the graphs below, in the months previous to June there has generally been a marked improvement in the food consumption outcome indicators in all areas; however, it is important to note that the most recent data from late May and early June indicates a reversal of these improving trends and a general deterioration of the food consumption indicators. This pattern underscores the highly volatile nature of the food security situation and the ongoing high risk of serious deterioration of food consumption in the coming weeks and months.

[24] *WFP, mVAM Survey, see methodology and data quality checks in Annex 3.*

Figure 4: Trends in Food Consumption Score (21-35 thresholds) from November 2023 to 2 June 2024 by governorate. Source: WFP

Figure 5: Trends in Reduced Coping Strategy Index from November 2023 to 2 June 2024 by governorate. Source: WFP

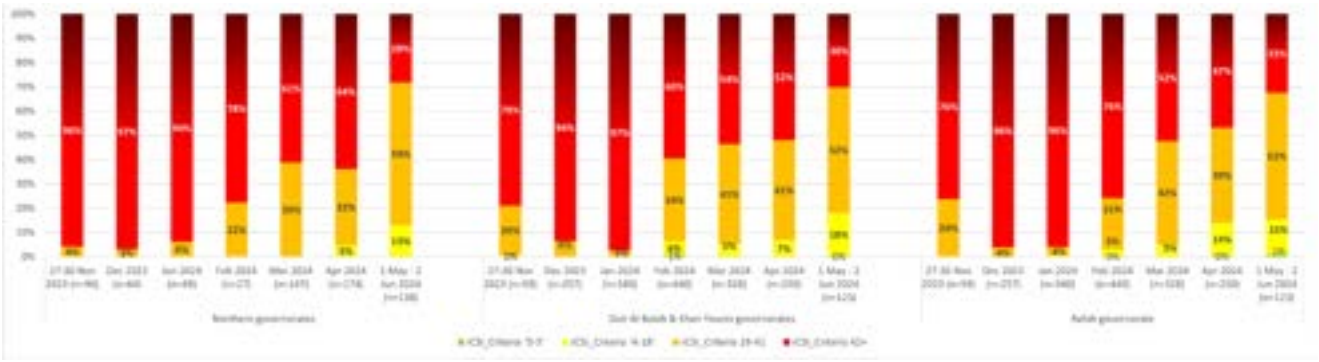
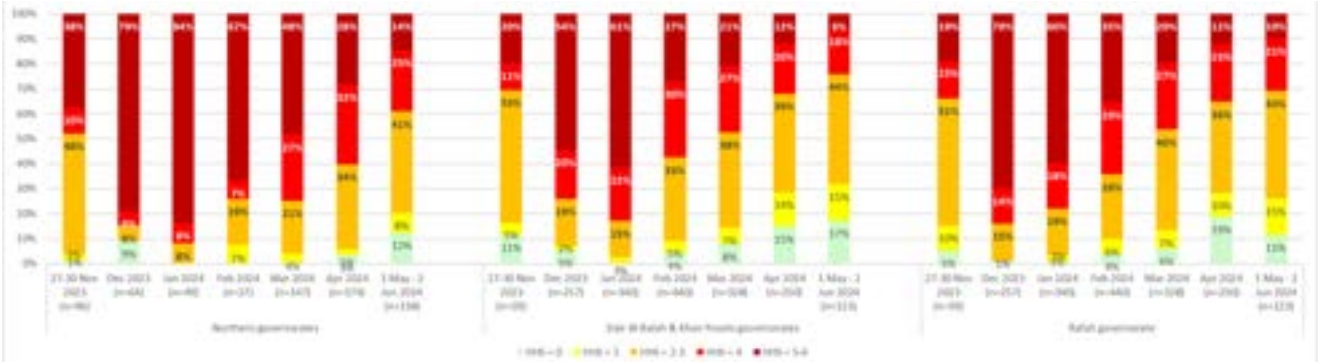


Figure 6: Trends in Households Hunger Score from November 2023 to 2 June 2024 by governorate. Source: WFP.



In the **Northern governorates,** for the month of May, 13% of respondent have a poor Food Consumption Score (FCS), 23% borderline and 60% acceptable. This is indicative of a high IPC phase 3 (Crisis). 28% and 59% have a high and very high reduced Coping Strategy Index (42+ and 19-41 rCSI respectively), and 13% have a medium rCSI. This is indicative of a high magnitude of households in IPC phase 3 and above (Crisis and worse). 14% of the respondents still portray a very severe Households Hunger Scale, 25% a severe HHS, 41% a moderate HHS. The livelihood coping module shows that about 85% of respondents declare facing safety risks to access food, 57% are picking up trash to sell, 56% exchange clothes for food, 50% are looting food from debris, 26% beg and about 17% pick up food waste. The direct and indirect outcome indicators for acute food insecurity indicate high levels of acute food insecurity, converging towards IPC Phase 5 (Catastrophe), with 20% of the households estimaged to be in that phase. In terms of trends, it can be observed that after a peak of severity up to catastrophic levels in January and February, the severity of the individual indicators has reduced but is still matches the Famine threshold for food insecurity.

In **Deir Al Balah and Khan Younis,** for the month of May 6% of survey respondents have a poor Food Consumption Score (FCS), 20% borderline and 75% acceptable. This is indicative of a high IPC phase 3 (Crisis). 30% and 52% have a high and very high reduced Coping Strategy Index (42+ and 19-41 rCSI respectively), and 18% have a medium rCSI. This is indicative of a very high magnitude of households in IPC phase 3 and above (Crisis and worse). 6% of the respondents still portray a very severe Households Hunger Scale, 18% a severe HHS, 44% a moderate. The livelihood coping module shows that about 74% of respondents are facing safety risks to access food, 42% are picking up trash to sell, 56% exchange cloths for food, 31% are looting food from debris, 22% beg and about 10% pick up food waste. The

direct and indirect outcome indicators for acute food insecurity are indicative of IPC AFI phase 4 (Emergency) and the presence of households in IPC AFI Phase 5 (Catastrophe). In terms of trends, it can be observed that after a peak of severity up to catastrophic levels in December and January, the severity of the individual indicators has reduced to a still alarming situation, but below the 20% in IPC Phase 5 (Catastrophe) and rather indicative of IPC Phase 4 (Emergency).

In **Rafah**, for the month of May (1-2 June has been included by the FRC reanalysis to ensure highest possible available count), 3% of respondent have a poor Food Consumption Score (FCS), 20% borderline and 77% acceptable. This is indicative of a high IPC phase 3 (Crisis). 32% and 52% have a high and very high reduced Coping Strategy Index (42+ and 19-41 rCSI respectively), and 15% have a medium rCSI. This is indicative of a very high magnitude of households in IPC phase 3 and above (Crisis and worse). 10% of the respondents still portray a very severe Households Hunger Scale, 21% a severe HHS, 43% a moderate. Livelihood coping module shows that about 69% of respondents declare facing safety risks to access food, 43% are picking up trash to sell, 59% exchange cloths for food, 31% are looting food from debris, 25% beg and about 17% pick up food waste. The direct and indirect outcome indicators for acute food insecurity are indicative of a high IPC phase 4 (Emergency) and the presence of households in IPC Phase 5 (Catastrophe). In terms of trends, it can be observed that after a peak of severity up to catastrophic levels in December, the severity of the individual indicators has reduced to a still alarming situation, likely at or below 10% in IPC Phase 5 (Catastrophe) and rather indicative of IPC Phase 4 (Emergency).

3.3 Acute Malnutrition

According to the Nutrition Vulnerability Analysis (NVA) conducted by the State of Palestine National Nutrition Cluster,[26] the dietary diversity among children 6-23 months and pregnant and breastfeeding women (PBW) remains deeply concerning: a slight improvement was observed in April, however the situation has reversed in May. In April, across the Gaza Strip, 85 percent of children 6-23 months and 88 percent of PBW consumed only 2 food groups or less in the 24h preceding the surveys, while in May those proportions were respectively 93 percent and 96 percent. The extremely inadequate diet diversity continues to imply important micronutrient gaps.

Compared to the situation detected in February, when Famine was projected by the FRC in the northern governorates, nutrition interventions significantly scaled up in March and April (outpatient and inpatient treatment of acute malnutrition, blanket supplementary feeding, micronutrient supplementation, and Infant and Young Child Feeding (IYCF) support) but the availability and access to nutrition services deteriorated in May 2024. By the end of April, approximately 259 operational nutrition service sites were operational, 86% of them in Rafah, Khan Younis, and Deir Al Balah. More than 15,000 children had been screened and about 5,750 had been admitted to Severe Acute Malnutrition (SAM) and Moderate AM treatment. Nutrition programmes in the northern governorates were negatively impacted by the failure to obtain authorization to import nutrition supplies in March and April. Following the Rafah offensive, most partners suspended and relocated their programme from Rafah to the middle area however the number of Outpatient Therapeutic Feeding Program (OTPs) shrunk between April (102) and May (66), and many nutrition partners lost access to warehouses and supplies, and face difficulties in opening new sites due to lack of space.

3.3.1 Health services and helath status

Children under five continue showing extremely critical levels of morbidity.[27] In the middle and southern governorates in April and first week of May 91% of children under 5 experienced one or more diseases in the two weeks prior to the survey: 62% had experienced diarrhea and fever, 38% had had vomiting episodes, and 15% had acute respiratory infections. In the northern governorates, 85% of children under 5 had one or more

[26] UNICEF, Post-distribution Monitoring Report, April 6-17th and May 20-24th 2024. In Northern Gaza, the UNICEF PDM survey gathered responses on the diet diversity for 59 children aged 6-23 month in April and 90 in May, and for 24 pregnant and breastfeeding women in April and 48 in May. In Southern Gaza, the UNICEF PDM survey gathered responses on the diet diversity for 924 children aged 6-23 month in April and 1628 in May, and for 549 pregnant and breastfeeding women in April and 908 in May. (2) WFP, mVAM CATI Survey on Child Dietary Diversity with data analysed between April 1st and May 6th and a second set of data analysed for the period of May 7th to May 14th. In total, the CATI interviewed 191 children in Southern Gaza and 63 children in Northern Gaza for Child Dietary Diversity, and 594 children in Southern Gaza and 234 children 6-59 months in Northern Gaza for Disease.

[27] Nutrition Cluster, Nutrition Vulnerability Assessment, May 2024.

diseases in the 2 preceding weeks, and of these, 53% had experienced fever within the past two weeks, 51% had experienced diarrhea, and 35% experienced vomiting. Skin diseases such as scabies are also reported to be prevalent and there has been a surge in the number of cases of jaundice in children, presumably due to hepatitis A infection.

While morbidity remains at elevated levels, the high level of vaccination coverage in the Gaza Strip has provided protection against outbreaks of infectious disease with high case-fatality rates. Efforts to maintain vaccination services are critical to public health and nutrition, and while much has been achieved under extremely difficult circumstances, the current impairment of humanitarian access and supplies may impede these critical efforts moving forward. Therefore, serious outbreaks with high lethality are a major concern, especially in the increasingly overcrowded areas in the south.

Across the Gaza Strip, only 17 out of 36 hospitals remain partially functional, supplemented by 7 emergency field hospitals.[28] The majority of primary health care facilities have been put out of action. Evacuation of patients for treatment overseas was suspended after the Rafah crossing closed. OCHA[29] reported that only two stabilization centres for severely malnourished children remain functional in Gaza, one in North Gaza and one in Deir al Balah. No international Emergency Medical Teams (EMTs) are currently deployed in Rafah or in northern Gaza due to rising insecurity, as reported the World Health Organization (WHO).

Unabated attacks on heath facilities and staff have continued since the previous FRC report severely hampering the ability of the health system to provide even the most basic health services. Imports of medical supplies into the Gaza Strip have been severely limited since the closure of the Rafah crossing and NGO health care providers may soon be forced to drastically reduce services.[30]

3.3.2 Water, Sanitation, and Hygiene

The WASH situation remains critical in all areas of the Gaza Strip and the water and sanitation infrastructure in Gaza continues to sustain significant damage. Over the past eight months, WASH Cluster partners estimate that approximately 67 per cent of water and sanitation facilities and infrastructure have been destroyed or damaged.[31] A range of challenges, including insecurity, constrained access, and lack of fuel have also made other sites non-operational. Municipal water production is reported to be at only 28 per cent of the level prior to October 2023 and is unevenly distributed across production points, while a 50 per cent loss in the water distribution network is occurring due to large scale damage. The situation is likely to deteriorate rapidly in the congested areas in the south, as more people compete for limited water access and use of latrines, with repercussions on the health and nutrition status of the population. Fuel shortage is a critical issue for the operation of water pumps and desalination plants.

3.3.3 Acute malnutrition outcomes

Due to the lack of humanitarian access and insecurity, no population surveys have been conducted to measure the prevalence of malnutrition. The only quantitative anthropometric data available continues to come from Mid-Upper Arm Circumference (MUAC) screening programmes, that may be conducted in combination with vaccination campaigns, supplementary feeding programmes, or as part of health facility admission processes. However, the quantity and quality of the available data has improved since the previous FRC review. Measurements are now being routinely conducted on children between 6-59 months, rather than just children between 6 and 23 months.[32]

In the Northern governorates, a very steep fall in the prevalence of GAM by MUAC was reported following the publication of the previous IPC/FRC analysis in March, with a prevalence of 1% reported for a screening conducted with a midpoint of May 18th (see Figure 7). While there were no concerns regarding the quality of the measurements that were taken, the FRC has some concerns as to whether selection bias may have affected the May screening results. It is understood that children

[28] *OCHA, Reported impact snapshot, Gaza Strip, 12 June 2024. https://www.ochaopt.org/content/reported-impact-snapshot-gaza-strip-12-june-2024*

[29] *Humanitarian Situation Update #179 | Gaza Strip | United Nations Office for the Coordination of Humanitarian Affairs - occupied Palestinian territory (ochaopt.org)*

[30] *Doctors Without Borders/Médecins Sans Frontières (MSF) Canada. Press release, 22 June 2024. https://www.linkedin.com/posts/msfcanada_gaza-rafah-activity-7209918596087435264-A7os?utm_source=share&utm_medium=member_desktop*

[31] *OCHA, Hostilities in the Gaza Strip and Israel, Flash Update #179, 14 June 2024. https://www.ochaopt.org/content/humanitarian-situation-update-179-gaza-strip*

[32] *SMART Initiative, Gaza MUAC Screening Analysis, April and May 2024, SMART Initiative.*

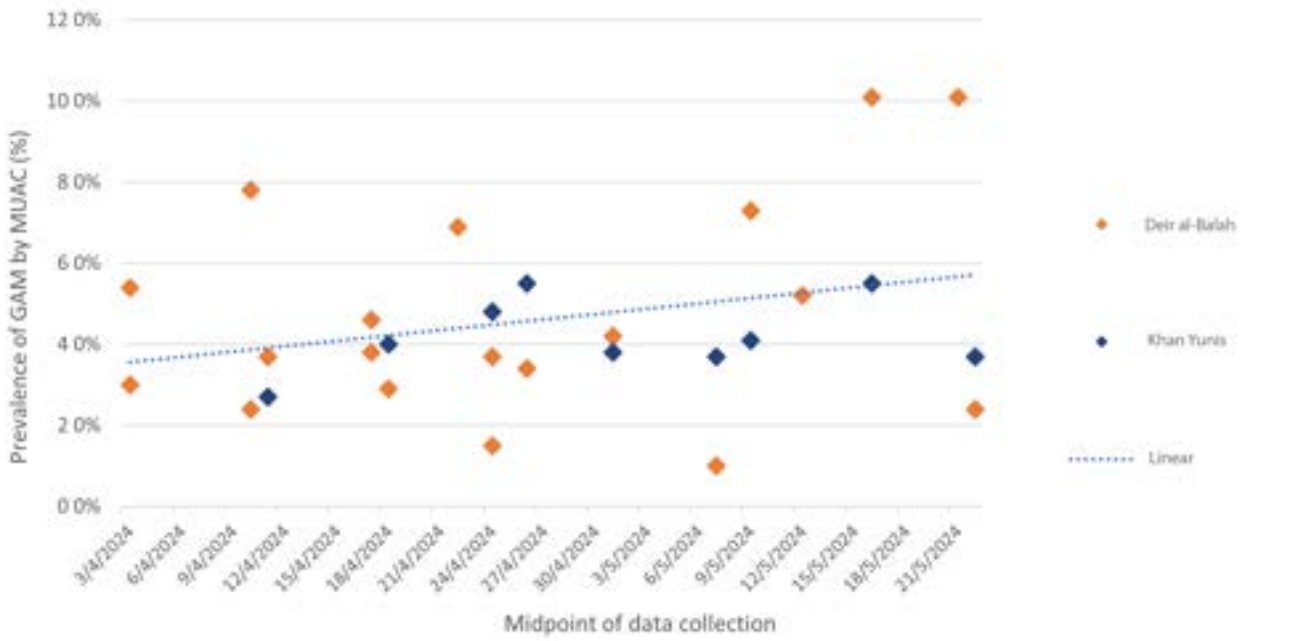
were screened in 4 centres that were conducting outreach activities that included blanket supplementary feeding with high energy biscuits. The same children may have been selected for screening from the area surrounding each centre during successive screening rounds, and therefore may have been receiving supplementary food for some weeks in between the second and third screening results. While this would not have invalidated the results as such, but it would have meant that the sharp improvement in acute malnutrition was not necessarily representative of the situation in other areas of northern Gaza, which may not have been served by a blanket supplementary feeding programme. Nonetheless, the screening results from May clearly indicate that the GAM by MUAC prevalence lies below the IPC Acute Malnutrition Phase 4/5 (Critical and Extremely critical) threshold during the current analysis. The rapid changes in prevalence of acute malnutrition observed in the past few months suggest that any potential future deteriorations in humanitarian access might result in rapid worsening of nutritional status, with the potential to rapidly exceed the famine threshold.

In the Rafah governorate the MUAC screening results from April and May ranged from 1% up 12% according to the timepoint and the programme that collected the data. The median result in May for Rafah was 2.6% and there was no clear trend observable over the different timepoints. In Deir al Belah and Khan Younis, the combined screening results range from 1% up to 10% during April and May. There was an upward trend in the prevalence of malnutrition in these combined governorates. This is of concern given the expected further deterioration in the drivers of malnutrition.

[33] *SMART Initiative, Gaza MUAC Screening Analysis, April and May 2024, SMART Initiative. Dashed lines indicate extrapolations of possible trajectories.*

Figure 7: Trend graph of GAM by MUAC, Household Hunger Score (HHS), and Food Consumption Score (FCS) in the Northern Governorates[33]

Figure 8: Trend graph in GAM by MUAC, in the Middle Governorates[34]



3.4 Mortality

Two main sources of mortality data were considered. The data sources were the published death counts issued by the Gaza Ministry of Health (MoH) and reported by the Health Cluster, and interview data collected during telephone interviews (CATI surveys) conducted by WFP. The FRC understanding is that MOH data is still not disaggregated by area and appears to only include deaths directly attributable to conflict related violence. Since the second FRC review in March 2024, there has been significant work done to improve the WFP CATI survey so that mortality data results can now be disaggregated by area and cause of death (trauma or non-trauma). Therefore, direct estimates of CDR and U5DR after exclusion of trauma deaths were possible using this data source.

Conflict deaths have been sustained at a high level, but a relative decrease was observed between the start of 2024 and the end of April. From the start of May conflict mortality has been increasing. Estimation of non-trauma CDR and U5DR was performed using WFP CATI survey interviews collected between 20 April and 9 June. These interviews used the past census method to determine the number of deaths in each household using a recall period beginning on 1 January 2024, and a mean recall period of 134.4 days. 1,104 household interviews were conducted, and data was collected on 5,707 individuals with a total of 767,281 days at risk. 42 deaths were recorded which yielded an all-cause CDR of 0.55 (95% CI 0.31, 0.96) deaths/10,000/day and an all-cause U5DR of 0.72 (95% CI 0.23, 2.26) deaths/10,000/day. Exclusion of deaths caused by violence resulted in lower estimated death rates, confirming that there was no evidence from the CATI surveys that the Famine thresholds for mortality had been breached during the current analysis period.

During the second review conducted by the FRC in March, there was an alarming and rapid increase in the number of deaths being reported due to malnutrition and dehydration by mainstream and social media sources. From the end of March, the rate of these reports slowed substantially. This is viewed as supporting evidence and is consistent with MOH reporting and WFP CATI survey results that indicate relatively lower death rates during the current analysis period.

Taken together, these data allow for a reasonable level of certainty that non-trauma CDR and U5DR were below Famine thresholds during the current analysis period.

[34] *Dashed lines indicate extrapolations of possible trajectories.*

4. CONCLUSIONS FOR THE CURRENT PERIOD

Northern governorates. The contributing factors in food availability, access, utilization and stability indicate a slight improvement of conditions in May, compared to the analysis conducted in February. Nonetheless, the significant increase in availability and noticeable decrease in prices did not completely reverse the food security situation. Further displacements within the governorate, due to the most recent ground operations, as well as very scarce liquidity affecting households' ability to take advantage of the commercial and private food introduced in the governorate, continue to represent a major impediment to household's capacity to access food. The food consumptions indicators and the livelihood data remain consistent with high levels of acute food insecurity, converging towards IPC Phase 5 (Catastrophe), with 20% of the households estimated to be in that phase. The food security situation remains extremely concerning and highly unstable.

Evidence on Acute Malnutrition and mortality does not indicate that Famine thresholds have been passed.

The FRC considers the analysis team's **current classification (IPC Phase 4, Emergency Acute Food Insecurity) for the northern governorates to be plausible.**

Deir Al Balah and Khan Younis. The situation in this unit of analysis evolves by the day and is highly unstable and unpredictable. While the outcome indicators portray a relative month-to-month improvement compared to the previous analysis, a few weeks before and during the IPC analysis about 1 million people were displaced in this area, which has now reached 1.9 million people. It is difficult to determine the extent to which the indicators employed in the IPC are still fully relevant to represent the situation in the ground, due to their recall period that might capture conditions prior to the displacement. For this reason, it is plausible that the convergence of outcome indicators is being revised upward by the analysis team, to consider the aggravating factors occurring in the past weeks and the fact that many were displaced without being able to transport food with them.

Evidence on Acute Malnutrition and mortality does not indicate that Famine thresholds have been passed.

The FRC considers the analysis team's **current classification (IPC Phase 4, Emergency Acute Food Insecurity) for the Deir Al Balah and Khan Younis governorates to be plausible.**

Rafah. The Rafah offensive has precipitated the situation in this area and led to an enormous deterioration of food insecurity conditions. The analysis team has considered however that the vast majority of the population, by the time of the analysis has moved into Deir Al-Balah and has conducted the analysis estimating the conditions of the remaining population, currently being estimated around 80 to 90, 000 people. It is complex to characterize the remaining population, whether this represents a wealthier group (traders, employees, etc..) or a the most vulnerable group (unaccompanied elders or children, people living with disabilities) unable to move to the middle area, or a mix of the two categories. The area continues to be extremely unsafe and unstable, and it is likely that access to food is severely limited by ongoing operations.

Evidence on Acute Malnutrition and mortality does not indicate that Famine thresholds have been passed.

The FRC considers the analysis team's **current classification for Rafah (IPC Phase 4, Emergency Acute Food Insecurity) to be plausible.** However, the convergence of evidence would suggest slightly lower estimates in IPC Phase 5 (Catastrophe), and the analysis team should consider revisiting these estimates.

5. CONCLUSIONS FOR THE PROJECTED PERIOD

The analysis team conducted projected analysis for the period from 16 June to the end of September 2024, drawing on two scenarios (a most likely and a worst case with a reasonable change of occurring), as per IPC protocols. The table below shows the key assumptions laid out by the analysis team for these two scenarios:

Governorate	Most Likely Scenario – Key Assumptions (16 June – end of September 2024)	Worst-case Scenario – Key Assumptions (16 June – end of September 2024)
Northern governorates (North Gaza and Gaza)	Primary Drivers: • Conflict intensity will remain similar to May, with high-intensity at neighborhood-level; • Humanitarian access will remain similar to May, with sustained level of assistance delivery similar to March/April levels Secondary Drivers: • Localized displacement • Civil unrest continues, reduced compared to peak Feb 2024	Primary Drivers: • Conflict escalation involving higher frequency, scope, lethality, and destructiveness of ground operations • Minimal humanitarian access Secondary Drivers: • Significant displacements within the area • Public order collapse
Deir al Balah and Khan Younis Governorates	Primary Drivers: • Limited conflict intensity, mostly outside Khan Younis and Der Al Balah urban centers and camps • Initially low humanitarian access and assistance, increasing in the second part of the projection period Secondary Drivers: • Mass influx occurred, limited additional displacement, possible relocations • Civil unrest increases	Primary Drivers: • Conflict escalation in highly populated areas in Deir Al Balah and Khan Younis • Sustained low assistance delivery, comparable to north in the period December 2023 to February 2024 Secondary Drivers: • Extreme concentration of new arrivals, population displaced multiple times • Public order collapse
Rafah Governorate	Primary Drivers: • Gradual, reduced Rafah offensive continues • Initially low assistance delivery, then stabilization Secondary Drivers: • Limited additional displacement • Civil unrest increases among the remaining population	Primary Drivers: • Extreme conflict escalation including rapid, indiscriminate Rafah offensive • Prolonged period of little to no assistance delivery Secondary Drivers: • Isolation of small remaining population, especially Rafah city • Public order collapse

In line with the IPC protocols, the analysis team defined and agreed upon the assumption for their most likely scenario. Those assumptions are based on two primary drivers, conflict intensity and humanitarian access, leading to consequences in terms of displacements, services and social unrest. These elements have direct and indirect impact on food access, availability and utilization and impact also on nutrition, WASH, health conditions and response.

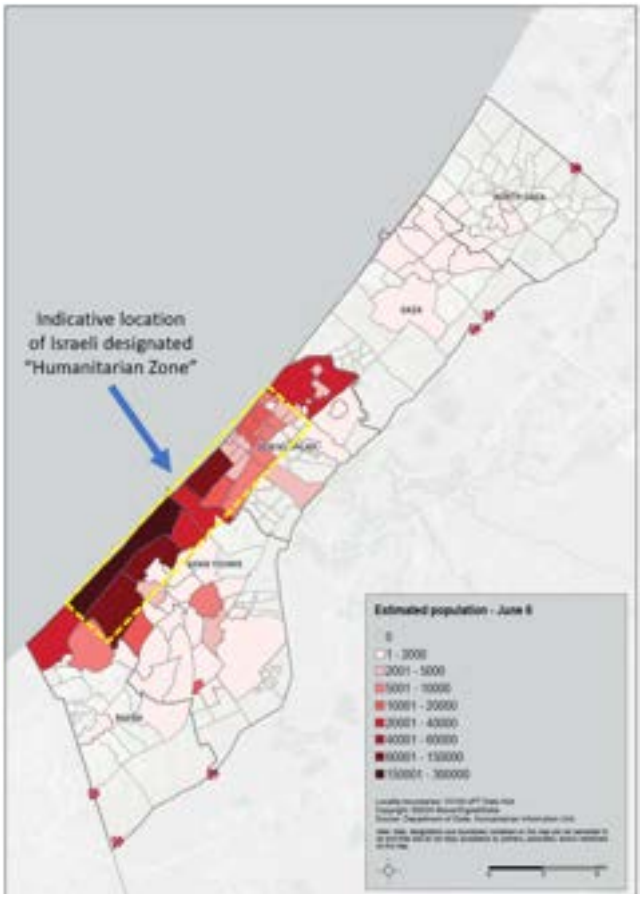
The FRC understands the need to establish the likelihood of different scenarios occurring as part of the IPC protocols, though the FRC is of the opinion that establishing a trajectory of the two primary drivers (conflict and humanitarian access) is extremely complex and therefore defining which scenario has the higher likelihood of occurring is very challenging. The FRC notes that the volatility in the level of permitted aid shipments into the Gaza Strip makes the future food security and nutrition situation very difficult to predict and vulnerable to rapid change in all areas. The speed and magnitude of change will be determined primarily by the decisions taken by the warring parties. In addition, the possibility exists that disease outbreaks with high lethality may rapidly change outcomes in a negative direction.

The trajectory that Acute Food Insecurity and Acute Malnutrition have followed in the North in the past four months demonstrates that conditions can change rapidly, and the trends observed from February to May can be reversed in a very short time period. Additionally, despite the high number of screenings conducted, none of these reaches a level of representativeness that would be required to establish with a high degree of confidence the starting point for the prevalence of acute malnutrition and mortality. If the prevalence of acute malnutrition is higher or lower than what we are picking up, the changes detected in the past few months would mean that the likelihood of famine occurring would be greater or smaller in the short term.

For the northern governorates, the FRC finds the projected analysisand conclusions plausible (IPC Phase 4, Emergency Acute Food Insecurity) for the scenario and assumptions set by the analysis team. However, given the unpredictability of the ongoing conflict and humanitarian access challenges, any significant change may lead to a very rapid deterioration into Famine. **The FRC finds the risk of Famine to be plausible based on the assumptions set by the analysis team.** A high risk of Famine persists as long as conflict continues, and humanitarian access is restricted. The speed of deterioration observed in previous months, compounded by the increased vulnerability of the population after more than eight months of inadequate dietary intake, WASH and health conditions, increase the probability that Famine could occur during the projection period.

For the southern governorates, the FRC considers the analysis team's projections for Deir al-Balah, Khan Younis, and Rafah (IPC Phase 4, Emergency Acute Food Insecurity to be plausible using the scenario and assumptions set by the analysis team. However, the FRC does not find it plausible that the proportion of people in Phase 5 AFI in Deir al-Balah and Khan Younis middle area will decrease. In contrast, the proportion and absolute numbers of households experiencing catastrophic food insecurity will likely increase. Given the unpredictability of the ongoing conflict and humanitarian access challenges, any significant change may lead to a very rapid deterioration into Famine.

Map 3. Estimated population density in makeshift sites by neighborhood. Source: Site Management Working Group Gaza, 14 June 2024.



The FRC considers that due to a high level of population movement between the southern governorates during the current and projection periods it is appropriate to combine the areas.

The FRC also finds the risk of Famine plausible based on the assumptions set by the analysis team. A high risk of Famine persists as long as conflict continues, and humanitarian access is restricted.

The size of the population at risk and the extreme population density that is expected within the IDF designated 'humanitarian zone', combined with inadequate supply lines and infrastructure, including water supply points, increase the risk of epidemic outbreaks and raises the possibility that the situation will rapidly deteriorate into a catastrophe of unprecedented magnitude compared to the suffering already witnessed in Gaza since October 2023.

In considering the risk of Famine for the combined middle and southern governorates, the considerations used by the FRC for the northern area also apply. However, there are some additional concerns for the southern area. These result from the high rate of displacement from Rafah and other areas and the extreme concentration of displaced people in the IDF designated "humanitarian zone" along the coast. In the coming weeks further, movements are expected from the areas adjacent to the designated 'humanitarian zone' into it, which will further increase the population density (Map 3).

On May 6th, the IDF instructed residents of southern Rafah to leave their homes and announced the expansion of the Israeli-designated "humanitarian zone"[35]. Examination of the dimensions of the expanded zone revealed it to be approximately 62 km^2 in area. If further evacuation to that zone were to continue and include most of the population living in the south and middle areas of the Gaza Strip, it is estimated that the population density within the zone could exceed 28,000 person/km^2. This would constitute the most densely populated areaon earth. In this scenario, the FRC assesses that it would not be possible to provide adequate food and other essential supplies to the population within this zone given the current constraints experienced with aid shipments, and the existing levels of infrastructure within the zone. Given the projected concentration of people in the "humanitarian zone", a failure to provide adequate humanitarian access or basic services could lead to a rapid deterioration and a catastrophe of unprecedented magnitude compared to the suffering already witnessed in Gaza since October.

While the FRC notes that no high-definition map of the Israeli designated "humanitarian zone" had been made publicly available, mapping of the Israeli designated "humanitarian zone" reveals that it has an area of approximately 61 km^2. If the expected population movements occur within the projection period, the Israeli designated "humanitarian zone" would become the most densely populated area on earth, and it would become impossible to provide adequate basic services to the population. A serious level of civil unrest in such a context is extremely likely. The ability to support displaced and resident people within the zone has already been degraded by high levels of destruction of WASH facilities, housing, and health facilities. A deterioration in the prevalence of GAM by MUAC can already be observed in the available screening data from Khan Yunis and Deir al Belah during April and May.

The shortage of supplies and services of all kinds, compounded with higher temperatures over the summer period, will increase the risk of epidemic outbreaks in a context where any response will be extremely difficult.

Given the rather unique set of circumstances pertaining in the south of the Gaza Strip, there is a risk that the situation may soon reach a tipping point that rapidly leads to a descent into Famine. If this were to occur, considering up to 1.8 M people may be located in this area, the magnitude of the humanitarian catastrophe would be of an unprecedented scale.

A high and sustained risk of Famine persists across the whole of the Gaza Strip as long as conflict continues, and humanitarian access is restricted. The speed of deterioration observed in previous months, compounded by the increased vulnerability of the population after more than eight months of inadequate dietary intake, WASH and health conditions, increase the probability that Famine could occur at any time during the projection period.

[35] *X (Formally twitter), IDF evacuation zones, May 6, 2024. https://x.com/cogatonline/status/1787349646089547982*

6. RECOMMENDATIONS FROM THE FAMINE REVIEW COMMITTEE

Although the FRC assesses that Famine thresholds were not passed in the current analysis period, the situation in Gaza is catastrophic and there is a high and sustained risk of Famine across the whole Gaza Strip.

It is important to note that the probable improvement in nutrition status noted in April and May should not allow room for complacency about a reduced risk of Famine in the coming days and weeks. If anything, the prolonged nature of the crisis means that the risk of Famine remains at least as high as at any time during the last 9 months.

Recommendations are provided below for different groups of stakeholders. The FRC notes that many of the key recommendations made in our March 2024 report (in blue) have not been implemented and still remain relevant to the current situation. They are therefore repeated below.

For Senior Decision Makers and Resource Partners

This situation requires an extremely urgent political response, together with a full multisectoral and strategically balanced humanitarian response and full commercial access. It remains the case that the only way to prevent and stop Famine is to stop the deterioration of health, nutrition, food security, and mortality through the restoration of health, nutrition, and WASH services, protection of civilians, and the provision of safe, nutritious, and sufficient food to all the population in need. The cessation of hostilities in conjunction with the sustained restoration of humanitarian access to the entire Gaza Strip remain the essential requisites in achieving these goals. (Already stipulated in the December 2023 and March 2024 FRC reports).

A sufficient and sustained supply of aid commodities, including but not limited to food, medicines and special nutrition products, fuel, and other necessities should be allowed to enter and move throughout the entire Gaza Strip by road. Traffic of commercial goods should continue to meet the volume of commodities required, however not at the expense of humanitarian assistance. (Already stipulated in the December 2023 and March 2024 FRC reports).

Actors with influence should work to ensure that full and sustained humanitarian access is facilitated by parties to the conflict, in particular, by the Government of Israel, as it currently controls all crossing points into the Gaza Strip. Access to conduct representative surveys and all types of monitoring should be granted across the entirety of Gaza Strip. Security along the humanitarian routes and a sufficient amount of fuel for ensuring transport and delivery of humanitarian commodities is paramount.

The current situation regarding shipments of both humanitarian and commercial trucks into the Gaza Strip is both highly constrained and uncertain . The IDF should facilitate access by the UN and other humanitarian actors to all crossing points to allow independent monitoring of both cleared and dispatched (uplifted) shipments.

The persistent attacks on hospitals, health posts, ambulances, water services, civilian telecoms services, and IDP sites must cease. Attacks against health care workers must cease. Civilians and civilian infrastructure must be protected, as required under International Humanitarian Law. (Already stipulated in the December 2023 and March 2024 FRC reports).

For the Humanitarian Country Team

The FRC is particularly concerned by the situation in the Israeli-designated 'humanitarian zone' where the risk of Famine is significant. The humanitarian response should continue preparations to reach and provide services to the highly concentrated population within this zone. The potential exists for this zone to become the most densely populated area on earth, and the level of damage to water, health, and other essential infrastructure is already intense.

Restoration and strengthening of the health, water, and sanitation system is urgent to prevent the expected increase in epidemic disease as well as dealing with the very large numbers of people that require treatment and rehabilitation for conflict injuries, and those suffering from non-communicable diseases. (Already stipulated in the December 2023 and March 2024 FRC reports)

The international community should be preparing to help rehabilitate food production systems as soon as is viable, including horticulture, livestock, and fishing. (Already stipulated in the December 2023 and March 2024 FRC reports)

In view of the volatility of the situation and the potential for rapid deterioration, frequent assessments of the evolution of the situation should continue, and rapid updating the IPC analysis should be done in the event of any significant changes in the assumptions regarding conflict and humanitarian access, and in the event of a large outbreak of communicable disease. The FRC remains available to support any effort to update the analysis, including providing technical guidance regarding real-time monitoring and analysis systems as well as other data collection, such as nutrition and mortality surveys and surveillance systems. (Already stipulated in the March 2024 FRC reports)

Acknowledging the efforts done by the actors engaged in the response, the FRC recommends the HCT consider establishing a centralized hub for data collection, analysis and dissemination to coordinate the multi-sectoral monitoring of the key drivers and response in one place.

For the IPC analysis team and Humanitarian Information Systems

The FRC acknowledges the advancements on reporting, monitoring and data analysis done by partners in a volatile and difficult context. The FRC remains available to support any effort to update the analysis, including providing technical guidance regarding real-time monitoring and analysis systems as well as other data collection, such as nutrition and mortality surveys and surveillance systems. (Already stipulated in the March 2024 FRC reports)

The FRC strongly recommends that the analysis team establish a real time monitoring system and update their IPC current and projected analysis as necessary. At the very latest, at the very latest at the end of September, and the FRC stands ready to quickly review any such analysis.

Recommendations on Data Collection and Analysis

As already stipulated in the December 2023 FRC report, the information systems should continue real-time monitoring of, at a minimum:

- Conflict
- Entry of aid and commercial trucks into the Gaza Strip and delivery of commodities through the Gaza Strip, disaggregated by contents and destination or point of distribution. Attempts should continue to try and establish a consolidated data system, operated by the UN, that combines information from all crossing points. Ensure monitoring and reporting consistency allowing to identify number and type of beneficiaries, frequency, locations, etc..
- Access and availability of water, and provision and price of private water services e.g. water trucking and sanitation services
- Displacement
- Functionality, access, and utilization of services, including but not limited to healthcare, nutrition, WASH, and shelter
- Health threats, including outbreaks, should continue to be carefully monitored given the very high risk of outbreaks in the highly congested population within the 'humanitarian zone' and elsewhere
- Establishment of an emergency, sentinel site surveillance system should be implemented, when possible, to enable data collection under a range of scenarios
- The FRC encourages implementers of key data collection activities such as the CATI and nutrition surveillance to continue their efforts to ensure adequate sample sizes and sampling frames that ensure representation of the most vulnerable and at-risk populations
- Data availability to better understand financial access to food is very limited. The FRC strongly recommends more systematic and sustained efforts to collect key commodity price information as well as peoples' ability to purchase via any and all income sources. Related, the FRC recommends more systematic data collection on the ability of people to physically access finances via ATMs, banks, money lenders, etc.

ANNEX 1. KEY SOURCES USED BY THE IPC ANALYSIS TEAM AND THE FAMINE REVIEW COMMITTEE

Cash Working Group, Gaza Strip – Market Overview and Multi-Purpose Cash Assistance Analysis, May 2024.

FEWS NET, Gaza targeted Analysis update for April 2024, May 2024. https://fews.net/sites/default/files/2024-06/Gaza-Targeted-Analysis-Update-042024-Final_3.pdf

Famine Review Committee: Review of the Famine Early Warning Systems Network (FEWS NET) IPC-Compatible Analysis for the Northern Governorates of the Gaza Strip, June 4th, 2024. https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/documents/IPC_Famine_Review_Committee_Report_FEWS_NET_Gaza_4June2024.pdf

FEWS NET, Gaza Strip Food Supply Report, May 2024. https://reliefweb.int/attachments/7394483a-366b-496c-870b-61b926255ea3/Gaza-Food-Supply-Report-202406-Final.pdf

Palestine Food Security Sector, Gaza Strip: People Covered With Hot Meals by Neighborhood, 1 - 15 May 2024.

Nutrition Cluster, Nutrition Vulnerability Assessment, May 2024.

OCHA, Hostilities in the Gaza Strip and Israel, Flash Update #169-177-179, 14 June 2024. Humanitarian Situation Update #179 | Gaza Strip | United Nations Office for the Coordination of Humanitarian Affairs - occupied Palestinian territory (ochaopt.org)

OCHA, Gaza Strip Humanitarian Access Constraints, 9 June 2024. https://www.unocha.org/publications/map/occupied-palestinian-territory/gaza-strip-humanitarian-access-constraints-9-june-2024.

OCHA, Reported impact snapshot Gaza Strip, 12 June 2024. https://www.ochaopt.org/content/reported-impact-snapshot-gaza-strip-12-june-2024

Oregon State University and City University New York, Building damage assessment via satellite imagery analysis by (26 Feb and 27 May 2024) - image from here).

Palestinian Bureau of Statistics, Consumer price index, June 10, 2024. https://data.humdata.org/dataset/state-of-palestine-consumer-price-index

Site Management Working Group Gaza Strip, One-Month Post-Evacuation Orders Analysis of Population Movement 14 June 2024. Document not published, results were shared with the analysis team and the FRC.

Site Management Working Group Gaza, Rapid Population needs and location tracking, 14 May – 04 June 2024.

SMART Initiative, Gaza MUAC Screening Analysis, April and May 2024, SMART Initiative. https://drive.google.com/drive/folders/1ZlBytU6PwR3cheqOTkH9zlCRQCGbxMxq?usp=drive_link

UNICEF, Post-distribution Monitoring, April 6-17th and May 20-24th 2024.

UNOSAT, Agricultural damage assessments, 17 November 2023, 13 December 2023, 31 January 2024, 2 May 2024 https://unosat.org/products/).

UNRWA, Supply and Dispatch dashboard, June 2024. https://www.unrwa.org/user/login?destination=node/46372

WFP, mVAM survey, November 2023 to June 2024.

WFP Palestine Emergency Response, 21 May 2024. The US-constructed maritime corridor (Joint Logistics Over-The-Shore (JLTOS)) started operating on 17 May. WFP Palestine Emergency Response External Situation Report 21_21 May 2024 (2).pdf

X (Formally twitter), COGAT ACCOUNT, IDF evacuation zones, May 6, 2024. https://x.com/cogatonline/status/1787349646089547982

X (Formally twitter), Palestine Red Cross Society account, https://x.com/PalestineRCS/status/1800268056821694956

ANNEX 2: TERMS OF REFERENCE FOR THE IPC FAMINE REVIEW FOR THE GAZA STRIP IPC AFI ANALYSIS CONDUCTED FROM 27 MAY TO 4 JUNE 2024

A. Introduction

An acute food insecurity (AFI) analysis was conducted by the IPC global initiative 27 May – 4 June 2024 employing IPC protocols. The analysis relied vastly on publicly accessible data, reports, and assessments from various institutions and organizations. The analysis was successfully concluded on 4 June 2024 and followed by the activation of the Famine Review Committee (FRC) for a Famine Review.

Famine Reviews are triggered when at least one of the following conditions is met: (i) the country IPC Technical Working Group (TWG) concludes that at least one area is classified in IPC AFI Phase 5 Famine – Solid Evidence or Famine – Reasonable Evidence; or (ii) in case of a breakdown in technical consensus within the country IPC TWG regarding possible Famine classifications; or (iii) in case the IPC GSU, acknowledging the presence of evidence above IPC AFI Phase 5 thresholds, decides to activate a Famine Review; or (iv) in case, for similar reasons, an IPC Global Partner officially requests the IPC GSU to activate it. [37] This specific review was activated to request the FRC support to determine the presence of a risk of Famine for the three areas analyzed (northern governorates, Deir Al Balah and Khan Younis governorates and Rafah governorate) under a worst-case scenario with a reasonable chance of occurring. A process of Review by the FRC is set up according to the IPC Famine Classification Special Additional Protocols in Manual IPC V3.1.

The IPC Famine Review process consists of the following steps: (i) the IPC GSU and IPC global partners review available analysis and evidence in preparation of the FRC's review; and (ii) review by the FRC. The review by the FRC together with the preparation work undertaken by the IPC GSU-led multi-partner team is a neutral and independent process aiming at supporting IPC quality assurance and helping to ensure technical rigor and neutrality of an analysis. Review by the FRC is a specific procedure activated to endorse or not endorse Famine classifications when IPC AFI analyses show a potential or already identified situation of Famine.

FRC consultations with additional key informants and any confidential evidence submitted to the FRC remain confidential and internal to the members of the FRC and supporting GSU staff and are not to be publicly released. An FRC report is produced and published on the IPC website.[38]

Purpose

Phase 1 - The purpose of the ***preparation of the IPC FRC Review by the IPC GSU-led multi-partner team*** is to support IPC quality assurance and help ensure technical rigor and neutrality of the analysis. This exercise is done prior to FRC and provides technical inputs, structuring the information needed by the FRC to assess the validity of the analysis results in relation to Famine classifications.

Phase 2 - The ***IPC FRC review*** is an important mechanism of the global, regional and national partnership and governance structures. The committee is formed as needed and on demand and its activation represents an additional validation step before IPC results are released to clear the IPC Phase 5 classification (i.e. IPC Phase 5 Famine with solid or with reasonable evidence) estimated to support quality assurance and technical consensus building. The committee is to be convened at the request of the IPC GSU.

The preparation of the FRC Review will take place on 6-10 June 2024.

[37] *https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC-Guidance-Note-on-Famine.pdf*

[38] *https://www.ipcinfo.org/*

Composition of the Teams, Tools and Tasks

A. Composition

Phase 1: Composition of the FRC Preparation Team

The FRC Preparation Team is composed of Senior officers from the IPC GSU and IPC global partners who, to the extent possible, were not involved in the analysis process. Under the leadership of the IPC Global Programme Manager, the team will be composed as follows:

- At least two Food Security Officers and one nutrition officers from IPC Global Partners and one Food Security Officers and one Nutrition Officer from IPC GSU who are responsible for the review of analysis worksheets and completion of the Matrix for the Preparation of the FRC.
- Two members of the IPC GSU Technical Development Team will be in stand-by to provide on demand advisory support)
- One Food Security Officer from IPC GSU who will coordinate the FRC preparation, link with the TWG, and ensure secretariat of FRC Review and report preparation.

Phase 2: Composition of the IPC Global Famine Review Committee (IPC FRC)

The IPC Global Famine Review Committee (IPC FRC) will be composed of independent technical experts. Members are identified at the activation of IPC FRC and selected based on the following criteria:

- Globally recognized as leading technical food security and nutrition experts
- Neutral to the IPC outcome, who have not participated in the analysis under review

The review process may include additional consultations with TWG and key informants to increase technical understanding and background context. This can be organized by the IPC GSU and should ensure a diversity of stakeholder organization representation (National Government, Country Technical Experts, and Partner Agencies). IPC GSU serves as the chair, secretariat and coordination support to the IPC FRC.

B. Tools

Phase 1: Tools for the Technical Support in preparation of the FRC Review

The preparation of the FRC Review of the IPC Acute will be conducted by applying the IPC FRC Matrix Tool.

Phase 2: Tools for the IPC Global Famine Review Committee (IPC FRC)

The IPC Global Famine Review Committee will use the FRC Matrix Tool, which will have been partly filled by the FRC Preparation Team as a basis for the required Review, but will nonetheless have access to all IPC Analysis packages including the analysis worksheets and raw data available. The IPC FRC will be asked to summarize their findings in a short report produced with the support from the IPC GSU secretariat to summarizing conclusions and recommendations.

C. Documentation needed

As part of this standard process, partners who participated in the analysis are requested to confidentially share key information to allow the FRC to conduct the review. This includes:

1. The worksheets of the areas requested to be reviewed by the FRC,
2. The population estimates per Phase for all areas covered by the analysis. These are required for the FRC to contextualize the situation of the specific areas under review into the broader IPC analysis at country level.

3. The area population, possibly indicating resident and IDP (this latest can be an estimation of actual)
4. The IPC map showing the final classification for all areas covered by the analysis. The entire map is required for the FRC to contextualize the situation of the specific areas under review into the broader IPC analysis at country level.
5. The raw data that allowed to produce the Food Security related indicators as well as the raw data from Nutrition SMART surveys that was used in the IPC classification for the areas under review. This is of critical importance as this will allow the FRC to assess by themselves both the reliability and validity of the data that feeds the IPC.
6. The repository of all the evidence employed in the classification of the area under review. This should include all reports and evidence employed in the analysis. WASH and Health reports are also requested for these areas if available. Any additional report from any partners supporting better contextualization will be welcome.
7. Information regarding Humanitarian Food and other type of Assistance (actual tonnage distribution, typology of beneficiaries, targeting method, etc.).

All the documentation will be treated confidentially.

D. Tasks

Phase 1: Task of the FRC Preparation Team

This exercise consists in a technical desk review of the IPC Acute analysis conducted from in preparation of the FRC with the purpose of assessing evidence reliability, the confidence level of the analysis and the convergence of evidence for the areas identified as most severe. The tasks to be fulfilled by the FRC Preparation Team for a selected number of areas and will consist in the review the following:

- Convergence of evidence
- Evidence Reliability
- Confidence Level of the analysis based of the evidence reliability criteria
- Decision whether an area requires further review by the FRC
- Highlight of main issues for the FRC to review

Phase 2: Tasks of the IPC Global Famine Review Committee (IPC FRC):

During their review, the FRC will assess the time and method validity of the evidence supporting the IPC classification, appreciate the interpretation and documentation of evidence and analysis and the overall conclusion on Phase classification and population figures based on the parameters presented in this guidance note. The FRC will then conclude by producing recommendation to the analysis team, including confirming or disproving Famine classifications.

Process and Timeline

The proposed timeline for the Quality Review process is presented below.

Step	Activity Description	Dates
1	FRC preparation team constituted and received AT data, Analysis Worksheets, and conclusions for areas under review. FRC activated and received completed analysis for areas under review	6 June 2024
2	FRC preparation team reviewed all AT data, and Analysis Worksheets, completed the FRC Matrix Tool, identified main areas requiring FRC review, and submitted conclusions to the FRC, as they were completed	6-10 June 2024
3	Teleconferences held among FRC preparation team, partners participating in the analysis, key informants, and the FRC	10 -19 June 2024
4	FRC presented the results of the review to the AT, Crisis Management Team/Humanitarian Country Team, and the IPC Global Steering Committee	20-21 June 2024
5	FRC concluded the Famine Review and shared the FRC report with the GSU for its publication	23 June 2024

ANNEX 3. SUMMARY OF KEY OUTCOMES AND METHODS

Disclaimer: This annex has been prepared by the IPC Global Support Unit based on inputs from the multi-partner Famine Review Preparation Team in support of the work of the Famine Review Committee.

1. Data quality checks conducted on data informing food security and other contributing factors, WFP, mVAM survey

Households were randomly selected from the master list used in previous analyses (320,000 households (HH), 80 percent of HHs in the Gaza Strip), including current beneficiaries and non-beneficiaries. The survey started in late November 2023 during the humanitarian pause and has continued with no major interruptions to date. Data were collected using the same third-party phone company contracted by WFP in previous surveys (AWRAD). Four enumerators and two supervisors collected the data. The last training was conducted on 15 January 2024. However, WFP provided updates to the supervisors on 19 April 2024, and followed up with the supervisors on a weekly basis for quality assurance, and to address any questions or constraints that could arise.

The analysis team employed for the current classification the cohort of data from 1 May to 23 May 2024. The sampling for the three areas met the minimum requirement of 90 observations as required by the IPC Technical Manual 3.1 page 45. This sample is as follows: Northern Gaza n=131 observations, Deir al-Balah and Khan Younis n=254 observations, Rafah n=103 observations.

The dataset was presented in plenary to all analysts by WFP, which covered both the results and the methodology. The analysis team also received the results of the previous months (February to April 2024) to allow trend analysis.

The Famine Review Preparation team conducted data quality checks on the data collected between 1 to 23 May and also compared trends with data from previous months. Some of the trend analyses presented in this report include the previous round (period 27 November 2023 to 19 February 2024) for better contextualization of actual findings in the three IPC analysis units (Northern Gaza; Deir al-Balah and Khan Younis; Rafah).

At the activation of the FRC, WFP provided the raw data from November 2023 to 2 June 2024. The FRC only looked at monthly data to assess trends as in some months, depending on locations, minimum requirements for IPC (90 observations) are not met.

Sampling frame

The complete surveys from 27 November 2023 until 23 May 2024 (total n=3,845), are reported hereafter:

- Northern Gaza (North Gaza and Gaza governorates): 27-30 Nov (n=96), Dec (n=64), Jan (n=49), Feb (n=27), Mar (n=147), Apr (n=174), May 1-23 (n=131)
- Deir al-Balah and Khan Younis governorates: 27-30 Nov (n=272), Dec (n=186), Jan (n=158), Feb (n=141), Mar (n=194), Apr (n=175), May 1-23 (n=254)
- Rafah governorate: 27-30 Nov (n=59), Dec (n=257), Jan (n=340), Feb (n=440), Mar (n=328), Apr (n=250), May 1-23 (n=103)

Success rate

Between 20 February and 23 May 2024, the success rate reached 57 percent (1,996 completed questionnaires out of 3,494 households contacted). Around 41 percent of contacted households were not reached (either no pick-up or no network) and 2 percent refused to complete the survey.

Data plausibility

The analysis team only considered data collected between 1 and 23 May 2024. The data checks refer mainly to

data collected during this period.

Sample review

Residence status, geographical and mode biases. Around 80 percent of sampled households reported being internally displaced, which is in line with the official estimate of UNRWA (77.5 percent) on 11 May 2024. Geographical distribution of the sample collected between 1 and 23 May 2024[1], in relation to area of origin and current governorate, shows that the sample mostly aligns with the expected population distribution pre, and post

Table 1. Distribution of population and sample

Area	Pre-crisis distribution	Permanent governorate (mVAM sample)	Current population distribution	Current governorate (mVAM sample)
North Gaza	20%	17%	5%	5%
Gaza City	34%	53%	11%	22%
Deir al-Balah	14%	11%	41%	34%
Khan Younis	20%	11%	35%	18%
Rafah	12%	9%	9%	21%

Source: GSU using WFP data.

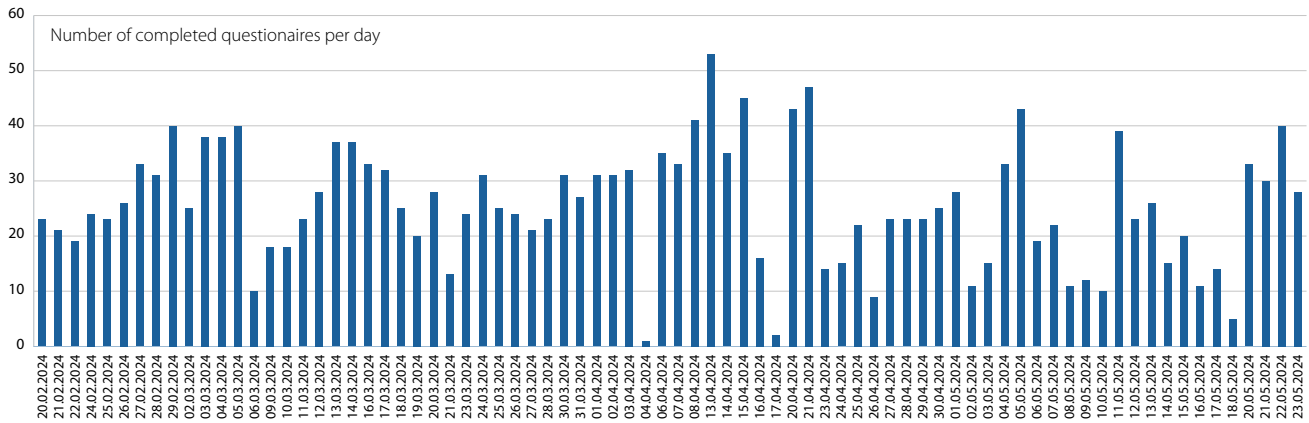
As far as the permanent governorate is concerned (i.e. governorate of origin for displaced, and current governorate for non-displaced), the mVAM sample distribution partially matches the pre-escalation area of origin. The only significant deviation is Gaza City, which shows a 20-percentage points difference (53 per cent for mVAM, 34 per cent for the population basis pre-conflict). Perhaps, the long displacement for some households may justify an erroneous answer to this question.

The sample distribution of the mVAM survey across the five governorates is not fully aligned with the expected current distribution of population at the time of analysis, but it is plausible to a large extent. It is also important to note that the volatility of the current situation with large displacements occurring in the southern governorates reduces the accuracy of estimates.

As for previous surveys and Famine Reviews, the mode bias – i.e. the potential convergence of observations towards wealthier, more educated, younger phone owners in the Gaza Strip - is not a relevant source of bias. The pre-crisis mobile phone penetration in Palestine was very high, with nearly all households having access to mobile phones.

Lastly, data collection proceeded between 1-23 May 2024 without significant interruptions. The only exception was a slight reduction in completed questionnaires between 18 and 19 May 2024.

Figure 1. Distribution of population and sample



Source: GSU using WFP data.

[1] *Data checks have been conducted using the same database employed by the Analysis Team, therefore ending on 23 May 2024.*

Data quality checks

Syntax review and recalculation of indicators: The GSU and FRC have conducted checks on the WFP dataset, the same used by the IPC analysis team. Results confirm the outputs used by the analysis team (outcome indicators and contributing factors).

Table 2. Recalculation of food consumption indicators

		IPC unit					
		Northern Gaza		Khan Younis & Deir al-Balah		Rafah	
		Count	% of Cases	Count	% of Cases	Count	% of Cases
rCSI Criteria	0-3	0	0.0%	0	0.0%	0	0.0%
	4-18	17	13.0%	39	15.4%	15	14.6%
	19-41	76	58.0%	139	54.7%	59	57.3%
	42+	38	29.0%	76	29.9%	29	28.2%
rCSI Criteria 3	< 4	0	0.0%	0	0.0%	0	0.0%
	4-18	17	13.0%	39	15.4%	15	14.6%
	> 18	114	87.0%	215	84.6%	88	85.4%
FCS Categories (28-42)	Poor	35	26.7%	39	15.4%	11	10.7%
	Borderline	35	26.7%	77	30.3%	26	25.2%
	Acceptable	61	46.6%	138	54.3%	66	64.1%
FCS Categories (14-35)	Extreme poor	6	4.6%	3	1.2%	0	0.0%
	Poor	11	8.4%	14	5.5%	2	1.9%
	Borderline	37	28.2%	53	20.9%	17	16.5%
	Acceptable	77	58.8%	184	72.4%	84	81.6%
FCS Categories (21-35)	Poor	17	13.0%	17	6.7%	2	1.9%
	Borderline	37	28.2%	53	20.9%	17	16.5%
	Acceptable	77	58.8%	184	72.4%	84	81.6%
Household Hunger Score	,00	16	12.2%	46	18.1%	13	12.6%
	1,00	10	7.6%	31	12.2%	16	15.5%
	2,00	27	20.6%	77	30.3%	30	29.1%
	3,00	25	19.1%	38	15.0%	14	13.6%
	4,00	33	25.2%	51	20.1%	22	21.4%
	5,00	16	12.2%	10	3.9%	7	6.8%
	6,00	4	3.1%	1	.4%	1	1.0%
Household Hunger Score Categories	No hunger in the household`	16	12.2%	46	18.1%	13	12.6%
	Little hunger in the household stress	10	7.6%	31	12.2%	16	15.5%
	Moderate hunger in the household crisis`	52	39.7%	115	45.3%	44	42.7%
	Severe hunger in the household emergency`	33	25.2%	51	20.1%	22	21.4%
	Very severe hunger in the household catastrophe`	20	15.3%	11	4.3%	8	7.8%

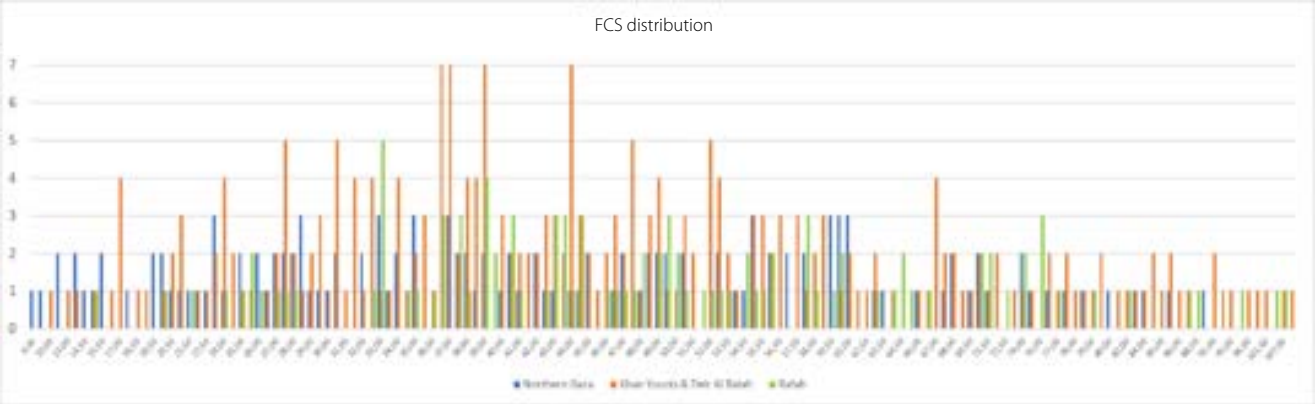
Source: GSU using WFP data.

The GSU and the FRC ran some tests to verify the non-random distribution (across the three units of analysis) of the frequency of people by severity categories for the above indicators. The main results show that northern Gaza has systematically (and significantly) higher prevalence for Poor FCS, Extremely Poor FCS (FCS <14) and HHS 5/6 [indicative of IPC Phase 4 (Emergency) and IPC Phase 5 (Catastrophe), respectively)].

Plausibility of results

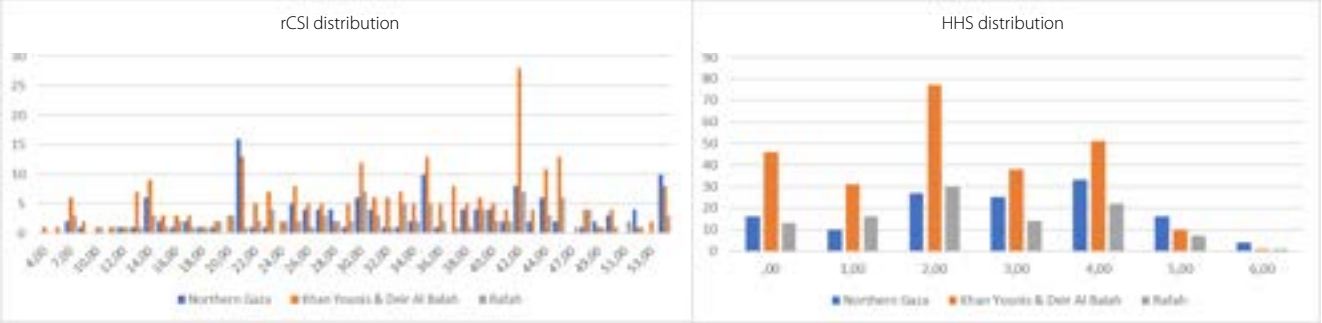
Frequency distribution of outcome indicators: Analysis of food security outcome indicators shows normal distribution of 1) Food Consumption Score; 2) Reduced Coping Strategy Index; 3) Household Hunger Scale. No noticeable outliers are identified, except a spike on rCSI score 42 [(indicative of IPC Phase 3 (Crisis)] in Khan Younis and Deir al-Balah. There are no missing cases for any outcome indicator, conversely to what happened in the previous analysis whereby a high number of households in northern Gaza did not report information on HHS. Based on the data quality and plausibility checks conducted, the reliability score of three food security outcome indicators (FCS, rCSI, and HHS) is R1+ for all the three areas, with medium level of evidence for the analysis.

Figure 2. Food Consumption Score distribution



Source: GSU using WFP data.

Figures 3 and 4. Reduced Coping Strategy Index and Households Hunger Scale distribution



Source: GSU using WFP data.

Cross-tabulations among key indicators: Statistically significant correlations among the highest (most severe) categories of indicators within the same population are noted particularly in northern Gaza and Rafah. In northern Gaza, for instance, 7 per cent of the sample faced poor FSC, severe hunger (HHS) and rCSI above score of 18. These results are indicative of the convergence of severity for each indicator within the same households, corroborating the results of the survey and highlighting that these segments of the population face the highest levels of vulnerability to food insecurity from all the angles the three indicators report on. However, the previous analysis showed a more robust overlap of records in the higher phases of each of the three indicators analysed, whereby 62 percent of respondents in northern Gaza reports results to the highest (most severe) cohort for all indicators. A wider distribution applies as severity has decreased with higher presence in mid-level categories of severity for each indicator.

Table 3. Cross-tabulations among key indicators

	Household Hunger Score Categories	rCSI											
		0-3			4-18			19-41			42+		
		FCS Categories (21-35)			FCS Categories (21-35)			FCS Categories (21-35)			FCS Categories (21-35)		
		Poor	Borderline	Acceptable	Poor	Borderline	Acceptable	Poor	Borderline	Acceptable	Poor	Borderline	Acceptable
Northern Gaza`	No hunger in the household	0	0	0	0	0	4	0	0	10	0	2	0
	Llittle hunger in the household stress	0	0	0	0	0	3	0	2	4	1	0	0
	Moderate hunger in the household crisis`	0	0	0	0	4	4	5	9	18	0	3	9
	Severe hunger in the household emergency	0	0	0	0	2	0	1	8	9	1	2	10
	Very severe hunger in the household catastrophe	0	0	0	0	0	0	2	3	5	7	2	1
Khan Younis & Deir Al Balah`	No hunger in the household	0	0	0	0	3	15	0	1	19	0	1	7
	Llittle hunger in the household stress	0	0	0	0	1	5	1	3	16	0	1	4
	Moderate hunger in the household crisis	0	0	0	1	1	10	4	15	51	2	7	24
	Severe hunger in the household emergency	0	0	0	0	1	1	5	8	13	2	9	12
	Very severe hunger in the household catastrophe	0	0	0	0	1	0	0	0	3	2	1	4
Rafah	No hunger in the household	0	0	0	0	0	3	0	3	5	0	1	1
	Little hunger in the household stress	0	0	0	0	0	3	0	1	11	0	0	1
	Moderate hunger in the household crisis	0	0	0	0	0	9	0	3	25	0	2	5
	Severe hunger in the household emergency	0	0	0	0	0	0	0	1	9	2	4	6
	Very severe hunger in the household catastrophe	0	0	0	0	0	0	0	0	1	0	2	5

Source: GSU using WFP data.

Table 4. Cross-tabulations among key indicators

	Household Hunger Score Categories	rCSI Criteria											
		0-3			4-18			19-41			42+		
		FCS Categories (21-35)			FCS Categories (21-35)			FCS Categories (21-35)			FCS Categories (21-35)		
		Poor	Borderline	Acceptable	Poor	Borderline	Acceptable	Poor	Borderline	Acceptable	Poor	Borderline	Acceptable
Northern Gaza`	No hunger in the household	0%	0%	0%	0%	0%	3%	0%	0%	8%	0%	2%	0%
	Llittle hunger in the household stress	0%	0%	0%	0%	0%	2%	0%	2%	3%	1%	0%	0%
	Moderate hunger in the household crisis`	0%	0%	0%	0%	3%	3%	4%	7%	14%	0%	2%	7%
	Severe hunger in the household emergency	0%	0%	0%	0%	2%	0%	1%	6%	7%	1%	2%	8%
	Very severe hunger in the household catastrophe	0%	0%	0%	0%	0%	0%	2%	2%	4%	5%	2%	1%
Khan Younis & Deir Al Balah`	No hunger in the household	0%	0%	0%	0%	1%	6%	0%	0%	7%	0%	0%	3%
	Llittle hunger in the household stress	0%	0%	0%	0%	0%	2%	0%	1%	6%	0%	0%	2%
	Moderate hunger in the household crisis	0%	0%	0%	0%	0%	4%	2%	6%	20%	1%	3%	9%
	Severe hunger in the household emergency	0%	0%	0%	0%	0%	0%	2%	3%	5%	1%	4%	5%
	Very severe hunger in the household catastrophe	0%	0%	0%	0%	0%	0%	0%	0%	1%	1%	0%	2%
Rafah	No hunger in the household	0%	0%	0%	0%	0%	3%	0%	3%	5%	0%	1%	1%
	Little hunger in the household stress	0%	0%	0%	0%	0%	3%	0%	1%	11%	0%	0%	1%
	Moderate hunger in the household crisis	0%	0%	0%	0%	0%	9%	0%	3%	24%	0%	2%	5%
	Severe hunger in the household emergency	0%	0%	0%	0%	0%	0%	0%	1%	9%	2%	4%	6%
	Very severe hunger in the household catastrophe	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	2%	5%

Source: GSU using WFP data.

Chi-square tests: Standard cross-tabulations were conducted between the three food consumption indicators. FCS, HHS and rCSI were disaggregated into binomial indicators showing the highest severity IPC category (e.g. FCS 20.5 and below against all other values, HHS 5 and 6 vs 0 through 4, rCSI 42+ against 42 and below). Chi-square tests were conducted to assess non-random distribution and convergence of population across the same phases by couples of indicators, within northern Gaza, middle and Rafah. Only values of the Person P value 0.05 or lower show statistically relevant correlation. Results for northern Gaza show a significant correlation between FCS and the other two indicators, less between rCSI and HHS. In Khan Younis and Deir Al Balah, the only positive correlation is between FSC and HHS, meaning that there is a non-random overlap of population in the highest severity category for the two indicators. In Rafah, the correlation is high for all couples of indicators, except between rCSI and FCS. It is interesting to note that the significance of these correlations is highly influenced by the sample size, which is low in northern Gaza (n=131) and Rafah (n=103). Nonetheless, these are the areas of analysis with the highest convergence of the classes of severity. This corroborates the initial assumptions on convergence of severity among the same households.

Table 5. Chi Square value

	Northern Gaza Chi square P value			Deir Al Balah & Khan Younis Chi square P value			Rafah Chi square P value		
	FCS	rCSI	HHS	FCS	rCSI	HHS	FCS	rCSI	HHS
FCS		0.033*	0.040*		0.135	0,001*		0.366	0.031*
rCSI	0.033*		0.068	0.135		0.665	0.366		0.000*
HHS	0.040*	0.068		0.001*	0.665		0.031*	0.000*	

Source: GSU using WFP data.

Conclusions

- The sample shows a good degree of representativeness.
- The sample distribution across governorates aligns, at large, with the expected distribution of the actual Palestinian population in the Gaza Strip - i.e. the pre-conflict area of origin, and the current distribution of re-location.
- Data collection from 1-23 May 2024 proceeded uniformly with no significant pause. The absence of prolonged interruptions in data collection sustains the hypothesis that the survey captured the impact of drivers of food insecurity throughout the whole data collection period.
- Checks on the dataset and code show that results used by the analysis team are correct, and plausible.
- The sample in northern Gaza and Rafah (131 and 103 observations, respectively) meets the minimum requirements of IPC (>90 observations) although it is arguably too low to fully capture the variability within the sub-units of analysis. At the same time, the high convergence of severity of outcome indicators and significant correlation of severe categories suggest a fair representativeness of the sample.

Overall assessment of reliability

FCS, rCSI, HHS are R1+ in all the areas. The timeliness is T2, but the limited number of observations reduces the soundness of method to R1+. The only discussion was about Khan Younis and Deir Al Balah being considered R2, given the larger sample. However, the Famine Review Team decided to opt for R1+ considering the high volatility of factors affecting food insecurity after 6 May 2024 in the area, and the capacity of mVAM survey to inform thoroughly and reactively on the current situation.

Table 6. Reliability scores by governorate

Reliability scores			
Indicator	**Northern Gaza**	**Deir Al Balah & Khan Younis**	**Rafah**
FCS	R1+ (n=131)	R1+ (n=254)	R1+ (n=103)
rCSI	R1+ (n=131)	R1+ (n=254)	R1+ (n=103)
HHS	R1+ (n=131)	R1+ (n=254)	R1+ (n=103)

Source: GSU using WFP data.

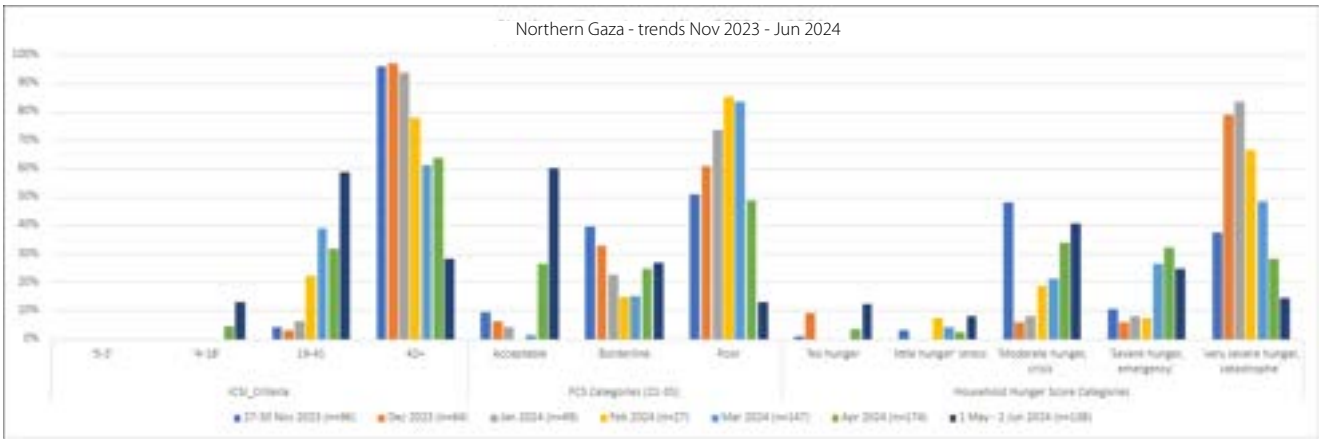
Evidence level of the analysis: Medium** for the three areas. In normal contexts Khan Younis and Deir Al Balah would be eligible for High***, but the high volatility and uncertainties over factors affecting food insecurity lean towards a more realistic Medium evidence level**.

2. Main results from the WFP mVAM survey

Outcome indicators

In northern governorates, for the month of May 2024 (1-2 June has been included by the FRC reanalysis to ensure highest possible available count), 13percent of respondent have a poor Food Consumption Score (FCS), 23 percent borderline and 60 percent acceptable. This is indicative of a high IPC Phase 3 (Crisis). 28 percent and 59 percent have a high and very high reduced Coping Strategy Index (42+ and 19-41 rCSI respectively), and 13 percent have a medium rCSI. This is indicative of a high magnitude of households in IPC Phase 3 or above (Crisis or worse). 14 percent of the respondent still portray a very severe Households Hunger Scale, 25 percent a severe HHS, 41 percent a moderate HHS. This is indicative of a very high IPC Phase 4 (Emergency) and the presence of households in IPC Phase 5 (Catastrophe). In terms of trends, it can be observed that after a peak of severity up to catastrophic levels in January and February 2024, the severity of the individual indicators has reduced to a still alarming situation, but below the 20 percent in IPC Phase 5 (Catastrophe) and rather indicative of IPC Phase 4 (Emergency).

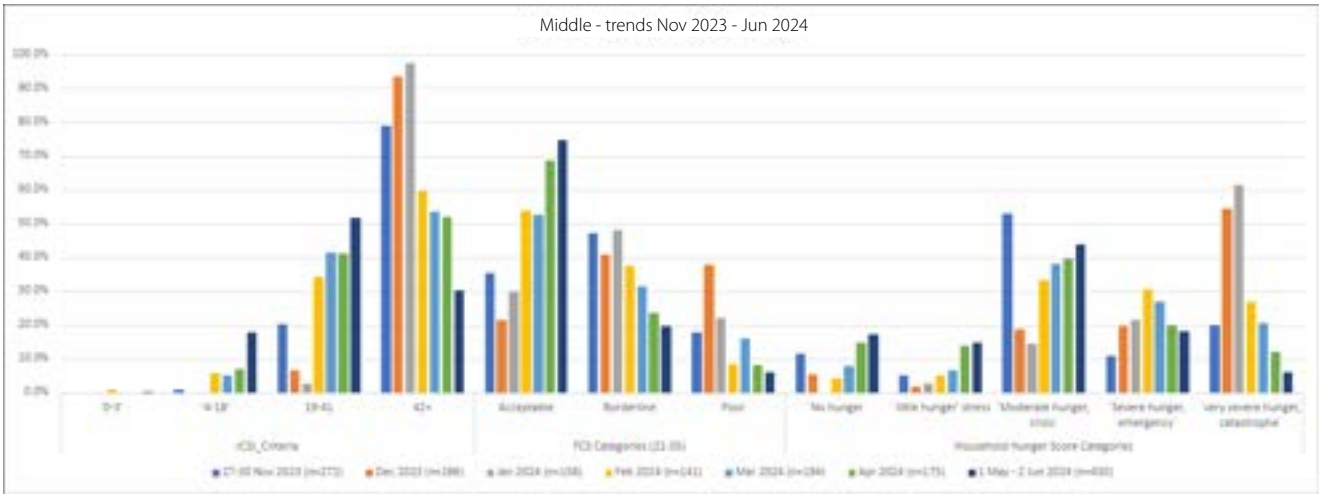
Figure 5. Trends of the main Food Consumption outcomes in the northern governorates



Source: GSU recalculation of WFP mVAM data

In Deir Al Balah and Khan Younis, for the month of May 2024 (1-2 June has been included by the FRC reanalysis to ensure highest possible available count), 5.8 percent of respondent have a poor Food Consumption Score (FCS), 19.5percent borderline and 74.7 percent acceptable. This is indicative of a high IPC Phase 3 (Crisis). 30.2 percent and 51.6 percent have a high and very high reduced Coping Strategy Index (42+ and 19-41 rCSI respectively), and 17.9 percent have a medium rCSI. This is indicative of a very high magnitude of households in IPC Phase 3 or above (Crisis or worse). 6percent of the respondent still portray a very severe Households Hunger Scale, 18.1 percent a severe HHS, 44 percent a moderate HHS. This is indicative of a high IPC Phase 4 (Emergency) and the presence of households in IPC Phase 5 (Catastrophe). In terms of trends, it can be observed that after a peak of severity up to catastrophic levels in December 2023 and January 2024, the severity of the individual indicators has reduced to a still alarming situation, but below the 20 percent in IPC Phase 5 (Catastrophe) and rather indicative of IPC Phase 4 (Emergency).

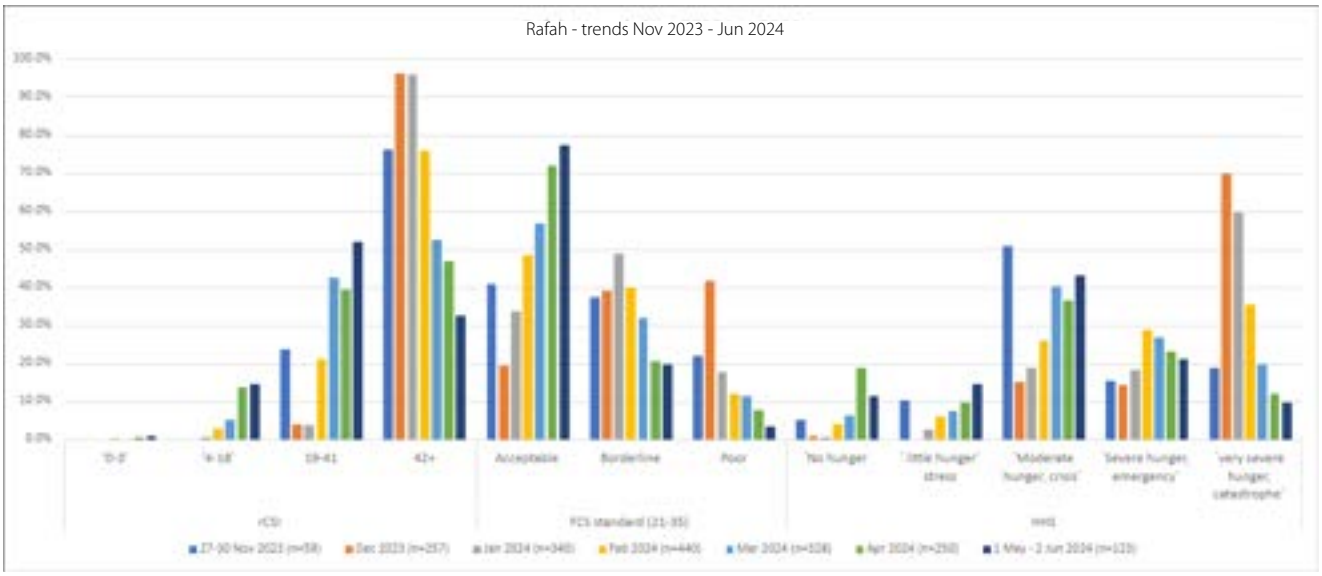
Figure 6. Trends of the main Food Consumption outcomes in Deir al-Balah and Khan Younis



Source: GSU recalculation of WFP mVAM data

In Rafah, for the month of May 2024 (1-2 June has been included by the FRC reanalysis to ensure highest possible available count), 3.3 percent of respondent have a poor Food Consumption Score (FCS), 19.5 percent borderline and 77.2 percent acceptable. This is indicative of a high IPC Phase 3 (Crisis). 32.5 percent and 52 percent have a high and very high reduced Coping Strategy Index (42+ and 19-41 rCSI respectively), and 14.6 percent have a medium rCSI. This is indicative of a very high magnitude of households in IPC Phase 3 or above (Crisis or worse). 9.8 percent of the respondent still portray a very severe Households Hunger Scale, 21.1 percent a severe HHS, 43.1 percent a moderate HHS. This is indicative of a high IPC Phase 4 (Emergency) and the presence of households in IPC Phase 5 (Catastrophe). In terms of trends, it can be observed that after a peak of severity up to catastrophic levels in December 2023, the severity of the individual indicators has reduced to a still alarming situation, but below the 20 percent in IPC Phase 5 (Catastrophe) and rather indicative of IPC Phase 4 (Emergency).

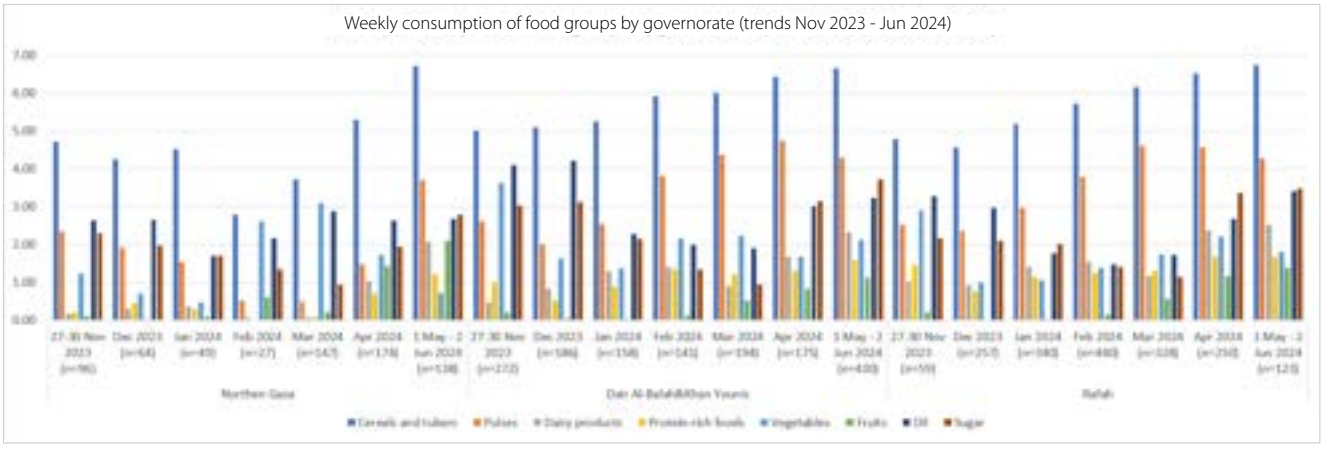
Figure 7. Trends of the main Food Consumption outcomes in Rafah



Source: GSU recalculation of WFP mVAM data

In terms of type of food consumed, an increase in the consumption of cereals and tubers can be noticed in May, remaining the most consumed food group, followed by pulses, oil and sugar.

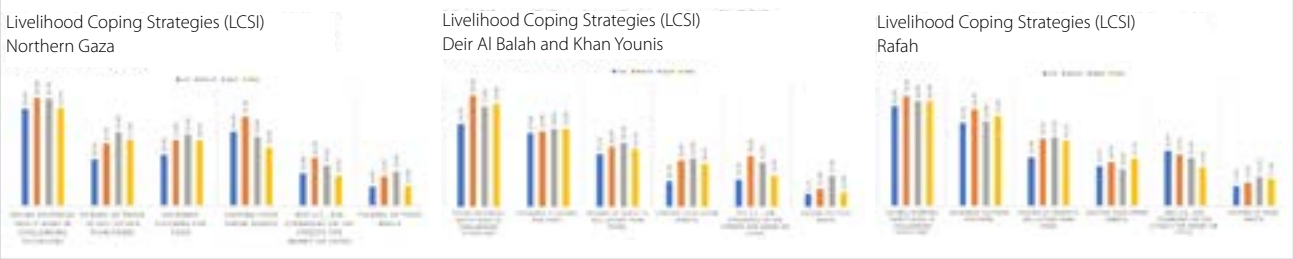
Figure 8. Trends in weekly consumption of food groups by governorate



Source: GSU recalculation of WFP mVAM data

Although the module employed in the WFP survey for gathering information on livelihood change is not the standard one, making this indicator indirect evidence in IPC terms, it provides key information as most of the strategies included can be considered extreme. In the **northern governorates**, while an improvement can be observed in May 2024, about 85 percent of respondents declare facing safety risks to access food, 57 percent are picking up trash to sell, 56 percent exchange cloths for food, 50 percent are looting food from debris, 26 percent beg and about 17 percent pick up food waste. In **Deir Al Balah and Khan Younis**, about 74 percent of respondents declare that they face safety risks to access food, 42 percent are picking up trash to sell, 56 percent exchange cloths for food, 31 percent are looting food from debris, 22 percent beg and about 10 percent pick up food waste. In **Rafah**, about 69percent of respondents declare facing safety risks to access food, 43 percent are picking up trash to sell, 59 percent exchange cloths for food, 31 percent are looting food from debris, 25 percent beg and about 17 percent pick up food waste.

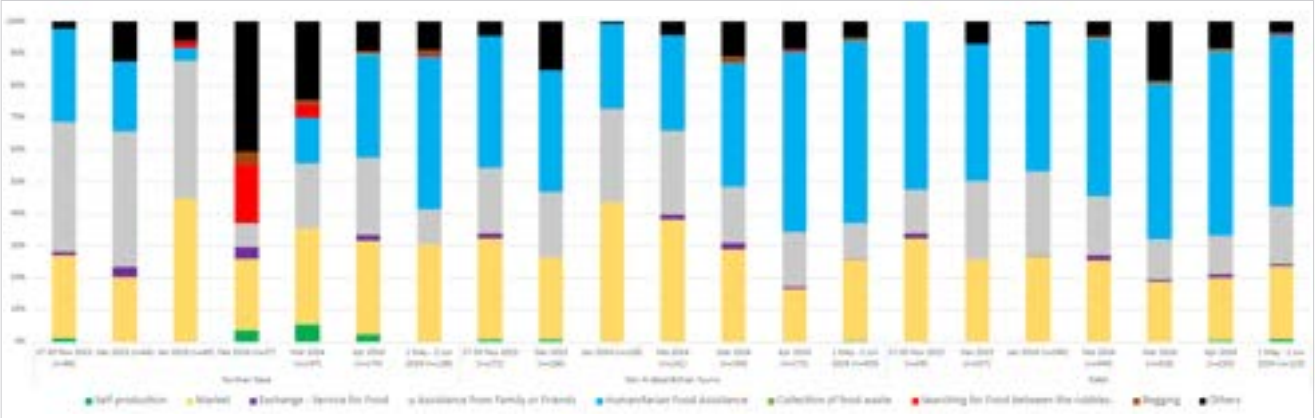
Figure 9. Trends in livelihood coping by governorate



Source: GSU recalculation of WFP mVAM data

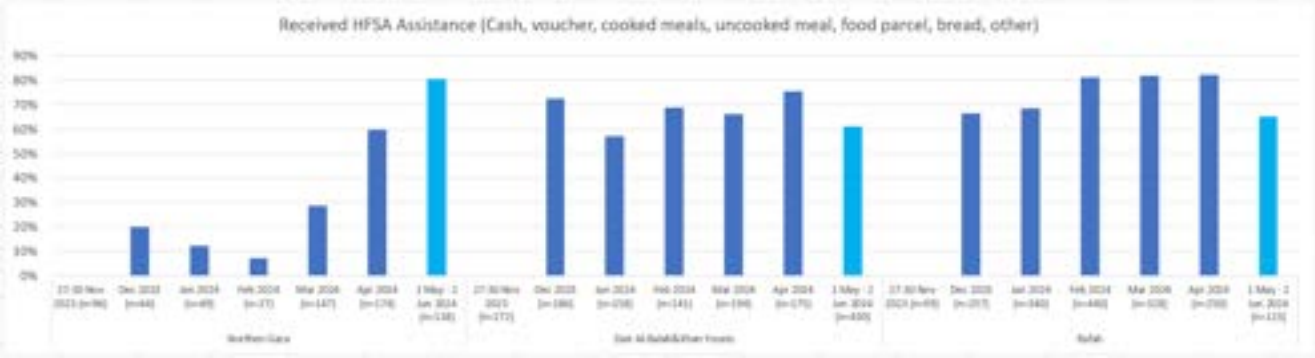
Contributing factors

Figure 10. Source of food: trends by unit of analysis



Source: GSU recalculation of WFP mVAM data

Figure 11. Received Humanitarian Food Security Assistance

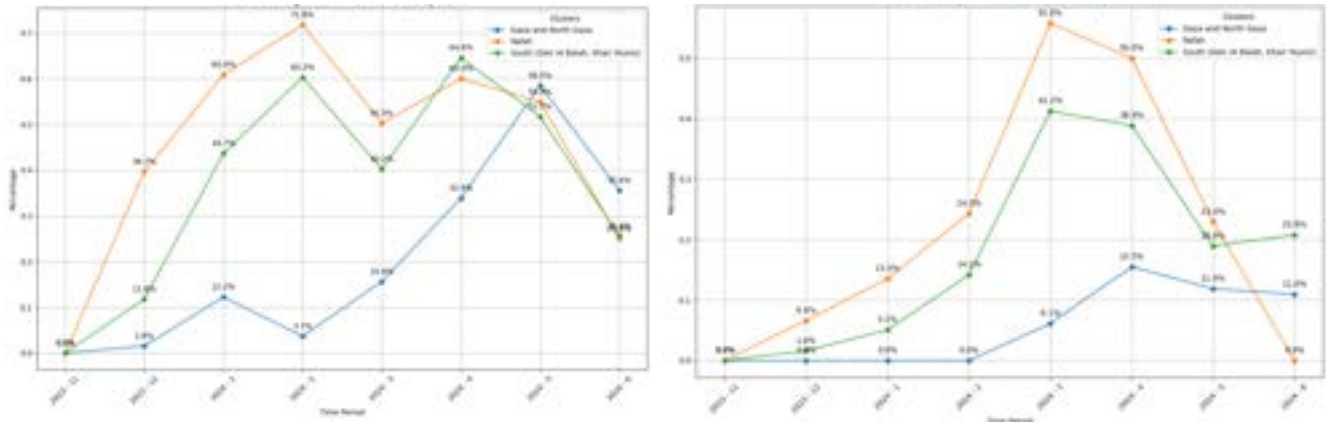


Source: GSU recalculation of WFP mVAM data

[2] *State of Palestine, Nutrition Cluster, June 2024. https://response.reliefweb.int/palestine/nutrition.*

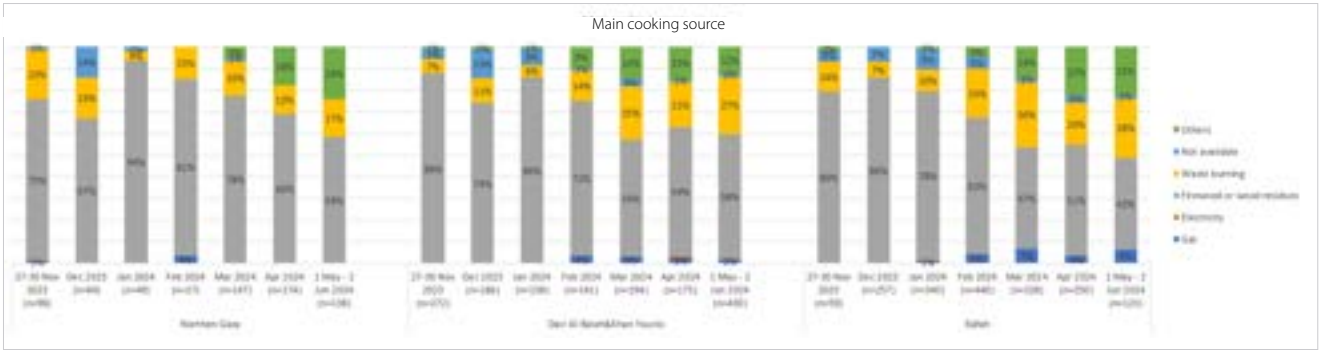
[3] *In an age-balanced sample, approximately two thirds (~66%) of the sample is over 2 years old.*

Figures 12 and 13. Trends in percentage of received food parcels and hot meals by governorate



Source: GSU recalculation of WFP mVAM data

Figure 14. Trends in main cooking energy source by governorate



Source: GSU recalculation of WFP mVAM data

3. Data quality checks and results of nutrition datasets

There is limited data available on acute malnutrition in the Gaza Strip since the start of the war on 7 October 2023. The only data available on acute malnutrition as of 30 May 2024 is from Mid-Upper Arm Circumference (MUAC) screenings[2]. The data that were considered are listed in the meta-data table below.

While some screenings included children 6-59 months, others almost exclusively measured children between 6 and 23 months of age. Additionally, although some screenings contained individual MUAC and age data, others only had aggregated MUAC data. For each screening that contained only aggregate MUAC data on children 6-59 months, unweighted prevalence estimates were calculated for the following age groups: (i) 6-59 months, (ii) 6-23 months, and (iii) 24-59 months. The weighted prevalence of MUAC among children between 6-59 months was then calculated from the unweighted prevalence estimates of children 6-23 months and 24-59 months by applying weights of 0.33 and 0.66[3], respectively. The weighted prevalence estimates of 6-59 months were compared with the IPC Acute Malnutrition (IPC AMN) reference table and the possible IPC AMN Phases were determined.

For each screening that only contained aggregate MUAC data on children 6-23 months, the MUAC prevalence of children between 23-59 months and the weighted prevalence of MUAC among children 6-59 months were estimated using the following procedure. First, using data from screenings that contained MUAC data on children 6-59 months, the ratio between the MUAC prevalence of children aged 6-23 months and 24-59 months was determined (this ranged from 3.07 to 9.68). Secondly, using sensitivity analysis, expected ranges of MUAC prevalence among children between 24-59 months were calculated using the lowest (3.07) and the highest (9.68) empirically observed ratios. Thirdly, a weighted analysis was performed to allow for the expected proportion of children in the two age groups, and a range of weighted prevalence estimates of children 6-59 months were obtained. Finally, the weighted prevalence estimates of 6-59 months were compared with the IPC Acute Malnutrition (IPC AMN) reference table and the possible IPC AMN Phases were determined.

Data quality checks were conducted by the SMART Initiative.

Northern governorates

Table 7. Meta-data and results of screenings conducted in the northern governorates

Meta-data

	Dataset	Level of data	Data collection period	Setting	Children health status	Sample size	N (%) Children 6-23 months	N (%) Children 24-59 months
1.	North Gaza/Jusoor (May)	Individual	Week of May 12 to 25	In North Gaza, the data is from 2 sites : Halima Sadia School shelter and Hala Al Shawa Clinic	Not sick	635	213 (33.5%)	422 (66.5%)
2.	Gaza City/Jusoor (May)	Individual	Week of May 12 to 25	In Gaza city, the data was from Al Daraj Clinic and Sabha Al Ramleen Clinic	Not sick	1016	317 (31.2%)	699 (68.8%)

Data Quality

	Dataset	N	Below 6 months	Over 59 months	Mean MUAC	SD MUAC	% Flags MUAC 100-200mm	% Flags MUAC (+/- 4sd)	DPS MUAC
1.	North Gaza/Jusoor (May 12-25)	188	-	5	0.28	0.89	0.0%	0.0%	8
2.	Gaza City/Jusoor (May 12-25)	469	14	1	0.03	0.96	0.0%	0.0%	27

Results – MUAC GAM prevalence

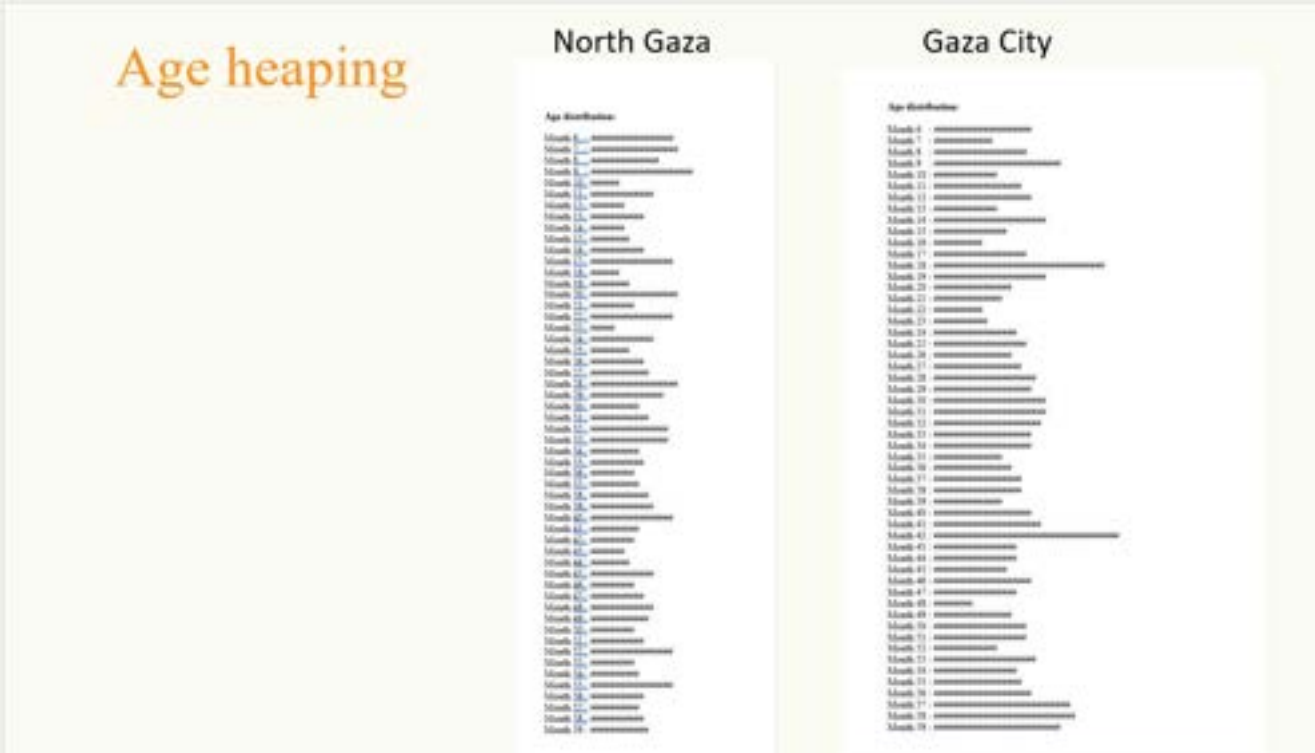
	Dataset	N & Health status	UNWEIGHTED GAM MUAC 6-59 months	UNWEIGHTED GAM MUAC 6-23 months	UNWEIGHTED GAM MUAC 24-59 months	WEIGHTED GAM MUAC 6-59 months	IPC AMN PHASE
1.	North Gaza/Jusoor (May 12-25)	635 Not sick	0.5%	1.4%	0.0%	0.5%	1
2.	Gaza City/Jusoor (May 12-25)	1016 Not sick	1.2%	1.2%	1.3%	1.3%	1

Results – MUACZ GAM prevalence

	Dataset	N & Health status	UNWEIGHTED GAM MUACZ 6-59 months	UNWEIGHTED GAM MUACZ 6-23 months	UNWEIGHTED GAM MUACZ 24-59 months	WEIGHTED GAM MUACZ 6-59 months	IPC AMN PHASE
1.	North Gaza/Jusoor (May 12-25)	635 Not sick	0.6%	1.4%	0.2%	0.6%	1
2.	Gaza City/Jusoor (May 12-25)	1016 Not sick	2.1%	1.5%	2.4%	2.0%	1-2

Source: Nutrition Cluster and SMART initiative

Table 8. Age heaping of screenings conducted in the northern governorates



Source: Nutrition Cluster and SMART initiative

Table 9. Meta-data and results of screenings conducted in the northern governorates

Results – MUAC SAM prevalence

	Dataset	N & Health status	UNWEIGHTED SAM MUAC 6-59 months	UNWEIGHTED SAM MUAC 6-23 months	UNWEIGHTED SAM MUAC 24-59 months	WEIGHTED SAM MUAC 6-59 months
1.	North Gaza/Isaoor (May 12-25)	635 Not sick	0.2%	0.5%	0.0%	0.2%
2	Gaza City/Isaoor (May 12-25)	1016 Not sick	0.0%	0.0%	0.0%	0.0%

Results – MUACZ SAM prevalence

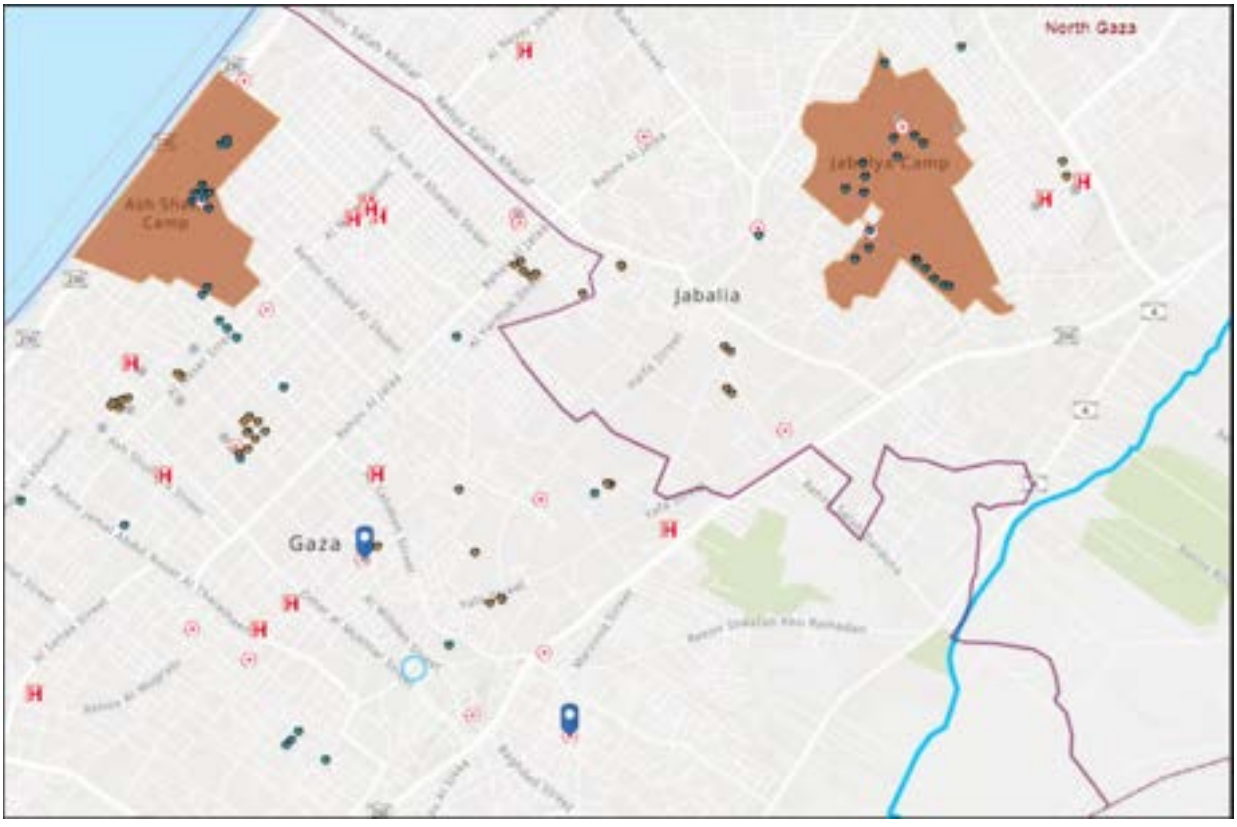
	Dataset	N & Health status	UNWEIGHTED SAM MUAC2 6-59 months	UNWEIGHTED SAM MUAC2 6-23 months	UNWEIGHTED SAM MUAC2 24-59 months	WEIGHTED SAM MUAC2 6-59 months
1	North Gaza/Isaoor (May 12-25)	635 Not sick	0.2%	0.5%	0.0%	0.2%
2	Gaza City/Isaoor (May 12-25)	1016 Not sick	0.2%	0.0%	0.3%	0.2%

Results – MUAC GAM prevalence- disaggregated by sex of child

	Dataset	N & Health status	WEIGHTED GAM MUAC 6-59 months	Male	Female
1.	North Gaza/Isaoor (May 12-25)	635 Not sick	0.5%	0.6%	0.3%
2.	Gaza City/Isaoor (May 12-25)	1016 Not sick	1.3%	0.2%	2.2%

Source: Nutrition Cluster and SMART initiative

Map 1. Location of MUAC screenings in the northern governorates



Source: Nutrition Cluster

Table 10. Meta-data of screenings conducted in the northern governorates

Shelter	Shelter Code
El-Sheikh Radwan Clinic	1
Al-Daraj Clinic	2
Mascat -Sabra Clinic	3
Sabha Al-Harazeen Clinic	4
Kafer Qassem School	5
Halema Sadia school	6
Day care Unit	7
Abu Shbak Clinic	8
Al-Faluja School	9
Hala Al-Shawa Clinic	10

Shelter	Shelter Code	Screened
El-Sheikh Radwan Clinic	1	6
Al-Daraj Clinic	2	556
Mascat -Sabra Clinic	3	9
Sabha Al-Harazeen Clinic	4	485
Kafer Qassem School	5	5
Halema Sadia school	6	70
Day care Unit	7	
Abu Shbak Clinic	8	
Al-Faluja School	9	
Hala Al-Shawa Clinic	10	579

Source: Nutrition Cluster and SMART initiative

Deir Al Balah, Khan Younis and Rafah governorates

Table 11. Meta-data and results of screenings conducted in the middle and southern governorates

	Dataset	Level of data	Data collection period	Setting	Children health status	Sample size	N (%) Children 6-23 months	N (%) Children 24-59 months
1.	Khan Younis/ UNRWA (Apr)	Individual	Week of Apr-8 to 14	Khan Younis Shelters	Not sick	188	76 (40.4%)	112 (59.6%)
2.	Khan Younis/ UNRWA (Apr)	Individual	Week of Apr-15 to 21	Khan Younis Shelters	Not sick	734	323 (44.0%)	411 (56.0%)
3.	Khan Younis/ UNRWA (Apr)	Individual	Week of Apr-22 to 27	Khan Younis Shelters	Not sick	704	280 (39.8%)	424 (60.2%)
4.	Khan Younis/ UNRWA (Apr- May)	Individual	Week of Apr 28 to May 5	Khan Younis Shelters	Not sick	471	194 (41.2%)	277 (58.8%)
5.	Khan Younis/ UNRWA (May)	Individual	Week of May 6 to 12	Khan Younis Shelters	Not sick	658	279 (42.4%)	379 (57.6%)
6.	Khan Younis/ UNRWA (May)	Individual	Week of May 13 to 19	Khan Younis Shelters	Not sick	622	255 (41.0%)	367 (59.0%)
7.	Khan Younis/ AD (Apr)	Individual	Week of Apr 22 to 30	Khan Younis Shelters	Not sick	220	84 (38.2%)	136 (61.8%)
8.	Khan Younis/ AD (May)	Individual	Week of May 1 to 14	Khan Younis Shelters	Not sick	326	121 (37.1%)	205 (62.9%)
9.	Khan Younis/ AD (May)	Individual	Week of May 15 to 30	Khan Younis Shelters	Not sick	617	221 (35.8%)	396 (64.2%)
10.	Middle area / UNRWA (April)	Individual	Week of Apr 8 to 14	Deir Balah & Nuseirat health centres	Not sick	494	224 (45.3%)	270 (54.7%)
11.	Middle area / UNRWA (April)	Individual	Week of Apr 15 to 21	Middle area Shelters	Not sick	863	310 (36.0%)	553 (64.0%)
12.	Middle area / UNRWA (April)	Individual	Week of Apr 22 to 27	Middle area Shelters	Not sick	731	254 (34.7%)	477 (65.3%)
13.	Middle area / UNRWA (Apr- May)	Individual	Week of Apr 28 to May 5	Middle Area Shelters + Middel area HCs	Not sick	1262	608 (48.2%)	654 (51.8%)
14.	Middle area / UNRWA (May)	Individual	Week of May 6 to 12	Middle Area Shelters + Middel area HCs	Not sick	739	556 (75.5%)	181 (24.5%)
15.	Middle area / UNRWA (May)	Individual	Week of May 13 to 19	Middle Area Shelters + Middel area HCs	Not sick	736	568 (77.2%)	168 (22.8%)
16.	Middle area / Jussor (April)	Individual	Week of Apr 20-25	Al-Karama + Abu Sita	Not sick	362	141 (39.0%)	221 (61.0%)

Source: Nutrition Cluster and SMART initiative

Table 12. Meta-data and results of screenings conducted in the middle and southern governorates

	Dataset	Level of data	Data collection period	Setting	Children health status	Sample size	N (%) Children 6-23 months	N (%) Children 24-59 months
17.	Middle area / Jusoor (May)	Individual	Week of May 1-15	Al-Karama + Abu Sita	Not sick	135	86 (42.7%)	69 (57.3%)
18.	Middle area/MSF Belgium (April)	Aggregate	Week of April 1	PHC Deir Al Balah	May be sick	265		
19.	Middle area/MSF Belgium (April)	Aggregate	Week of April 7	PHC Deir Al Balah	May be sick	253		
20.	Middle area/MSF Belgium (April)	Aggregate	Week of April 14	PHC Deir Al Balah	May be sick	345		
21.	Middle area/MSF Belgium (April)	Aggregate	Week of April 21	PHC Deir Al Balah	May be sick	340		
22.	Middle area/MSF Belgium (April)	Aggregate	Week of April 1	Al-Aqsa Hospital	May be sick	279	121 (43.4%)	158 (56.6%)
23.	Middle area/MSF Belgium (April)	Aggregate	Week of April 7	Al-Aqsa Hospital	May be sick	257	131 (51.0%)	126 (49.0%)
24.	Middle area/MSF Belgium (April)	Aggregate	Week of April 14	Al-Aqsa Hospital	May be sick	323	170 (52.6%)	153 (47.4%)
25.	Middle area/MSF Belgium (April)	Aggregate	Week of April 21	Al-Aqsa Hospital	May be sick	163	81 (49.7%)	82 (50.3%)
26.	Middle area/AEI (April)	Individual	Period April 22 to 30	Khalid ibn al-Walid + Nakheel camp + Nusairat Martyrs governmental School	Not sick	438	185 (42.2%)	253 (57.8%)
27.	Middle area/AEI (May)	Individual	Period May 1 to 14	Khalid ibn al-Walid + Nakheel camp	Not sick	879	314 (35.7%)	565 (64.3%)
28.	Middle area/AEI (May)	Individual	Period May 15 to 30	Al-mad camp+ khalid bin alwalid+Khalid ibn al-Walid+Nakheel camp+Rufaida Al-Islamia	Not sick	1102	370 (33.6%)	732 (66.4%)

Source: Nutrition Cluster and SMART initiative

Table 13. Meta-data and results of screenings conducted in the middle and southern governorates

	Dataset	Level of data	Data collection period	Setting	Children health status	Sample size	N (%) Children 6-23 months	N (%) Children 24-59 months
29.	Rafah/ UNRWA (April)	Individual	Week of Apr-8 to 14	Rafah & Shaboura health centres	Not sick	525	311 (59.2%)	214 (40.8%)
30.	Rafah/ UNRWA (April)	Individual	Week of Apr-15 to 21	Rafah Shelters	Not sick	380	146 (38.4%)	234 (61.6%)
31.	Rafah/ UNRWA (April)	Individual	Week of Apr-22 to 28	Rafah Shelters	Not sick	809	290 (36.0%)	516 (64.0%)
32.	Rafah/ UNRWA (Apr- May)	Individual	Week of Apr 28 to May 5	Rafah Shelters & Rafah HC	Not sick	806	460 (57.1%)	346 (42.9%)
33.	Rafah/ UNRWA (May)	Individual	Week of May 6 to 12	Rafah Shelters & Rafah HC	Not sick	160	65 (40.6%)	95 (59.4%)
34.	Rafah/ Jusoor (April)	Individual	Week of Apr-21 to 25	Al-Mawasi Shelters	Not sick	947	323 (34.1%)	624 (65.9%)
35.	Rafah/ Jusoor (May)	Individual	Week of May 1 to 23	Al-Muntasah Al-wajmi screening activity	Not sick	154	14 (9.1%)	140 (90.9%)
36.	Rafah/ IMC (April)	Individual	Week of Apr 17-25	Rafah & Shabsura health centres	Not sick	887	333 (37.5%)	554 (62.5%)
37.	Rafah/ IMC (May)	Individual	Week of May 1 to 9	IMC Hospital- screening activity	Not sick	790	251 (31.8%)	539 (68.2%)
38.	Rafah/ IMC (May)	Individual	Week of May 10 to 15	IMC hospital in Al Mawasi-Screening activity	Not sick	1656	662 (40.0%)	994 (60.0%)
39.	Rafah/ MSF Belgium (April)	Aggregate	Week of April 1	AL Mawassi makeshift health centre	May be sick	234	99 (41.5%)	135 (58.5%)
40.	Rafah/ MSF Belgium (April)	Aggregate	Week of April 7	AL Mawassi makeshift health centre	May be sick	167	92 (55.1%)	75 (44.9%)
41.	Rafah/ MSF Belgium (April)	Aggregate	Week of April 14	AL Mawassi makeshift health centre	May be sick	194	111 (57.2%)	83 (42.8%)
42.	Rafah/ MSF Belgium (April)	Aggregate	Week of April 21	AL Mawassi makeshift health centre	May be sick	254	131 (51.6%)	123 (48.4%)
43	Rafah/AEI (April)	Individual	Period April 22 to 30	Heal Amr+Vocational training- Rafah+ Taha Hussein governmental school shelter+ Taha Hussein School+East Development+Kamal Edwan governmental school Shelter	Not sick	933	320 (34.3%)	613 (65.7%)
44.	Rafah/AEI (May)	Individual	Period May 1 to 14	Vocational training- Rafah+ Taha Hussein School+East Development+Kamal Edwan governmental school Shelter	Not sick	1213	410 (33.9%)	803 (66.1%)
45.	Rafah/AEI (May)	Individual	Period May 15 to 30	Wafa'	Not sick	298	47 (15.8%)	251 (84.2%)
46.	Gaza City (March)	Individual	Period March	Al-Daraj Clinic+El-Sheikh Radwan Clinic+ Mascat -Sabra Clinic	Not sick	1060	1060 (100%)	-

Source: Nutrition Cluster and SMART initiative

Table 14. Meta-data and results of screenings conducted in the middle and southern governorates

	Dataset	N	Below 6 months n=	Over 59 months n=	Mean MUACZ	SD MUACZ	% Flags MUAC 100- 200mm	% Flags MUACZ (+/- 4sd)	DPS MUAC
1.	Khan Younis/ UNRWA (Apr 8-14)	188	-	-	-0.04	0.98	1.1% (2)	0.5% (1)	11
2.	Khan Younis/ UNRWA (Apr 15 to 21)	734	-	-	-0.31	1.01	(0.1%)1	(0.1%)1	8
3.	Khan Younis/ UNRWA (Apr 22 to 27)	758	-	-	-0.27	1.02	0.0%	0.0%	12
4.	Khan Younis/ UNRWA (Apr 28 to May 5)	469	-	-	-0.22	0.97	0.2% (1)	0.4 %(2)	15
5.	Khan Younis/ UNRWA (May 6 to 12)	658	-	-	-0.26	0.99	0.0%	0.2% (1)	16
6.	Khan Younis/ UNRWA (May 13 to 19)	622	-	-	-0.26	1.02	0.0%	0.0%	8
7.	Khan Younis/ AH (Apr 22 to 30)	220	-	-	Mean MUAC 150.2	SD MUAC- 14.8	0.0%	-	25
8.	Khan Younis/ AH (May 1 to 14)	326	-	-	Mean MUAC 153.3	SD MUAC- 15.3	0.0%	-	12
9.	Khan Younis/ AH (May 15 to 30)	617	-	-	Mean MUAC 153.0	SD MUAC- 14.2	0.3% (2)	-	16
10.	Middle area / UNRWA (Apr 8-14)	494	-	-	-0.29	0.99	0.4% (2)	0.4%(2)	14
11.	Middle area / UNRWA (April Apr 15 to 21)	863	-	-	-0.23	0.95	(0.1%)1	(0.1%)1	13
12.	Middle area / UNRWA (April Apr 22 to 27)	731	-	-	-0.10	0.99	0.0%	0.0%	20
13.	Middle area / UNRWA (Apr 28 to May 5)	1262	-	-	-0.26	1.00	0.1% (1)	0.2% (3)	22
14.	Middle area / UNRWA (May 6 to 12)	739	-	-	-0.12	0.99	0.0%	0.0%	20
15.	Middle area / UNRWA (May 13 to 19)	736	-	-	-0.45	1.04	0.1% (1)	0.1% (1)	22
16.	Middle area / Juzoor (Apr 20-25)	362	-	-	-0.54	1.05	0.0%	0.3%(1)	45
17.	Middle area / Juzoor (May 1-23)	133	-	-	-0.65	0.96	0.0%	0.0%	14
18.	Middle area/NII (April April 22 to 30)	438	-	-	Mean MUAC 150.6	SD MUAC 13.2	0.2% (2)	-	40
19.	Middle area/NII (May May 1 to 14)	879	-	-	Mean MUAC 152.0	SD MUAC 12.7	0.3% (3)	-	48
20.	Middle area/NII (May 15 to 30)	1103	-	-	Mean MUAC 150.6	SD MUAC 13.2	0.1% (1)	-	38

Source: Nutrition Cluster and SMART initiative

Table 15. Meta-data and results of screenings conducted in the middle and southern governorates

	Dataset	N	Below 6 months n=	Over 59 months n=	Mean MUACZ	SD MUACZ	% Flags MUAC 100- 200mm	% Flags MUACZ (+/- 4sd)	DPS MUAC
21.	Rafah/ UNRWA (Apr 8-14)	535	-	-	-0.59	1.23	0.6% (3)	0.6% (3)	11
22.	Rafah/ UNRWA (April Apr 15 to 21)	380	-	-	-0.54	1.03	1.1% (4)	1.1% (4)	11
23.	Rafah/ UNRWA (April 22 to 28)	806	-	-	-0.58	1.03	0.0%	0.2% (2)	
24.	Rafah/ UNRWA (Apr 28 to May 5)	806	-	-	-0.58	1.07	0.1% (1)	0.2% (2)	8
25.	Rafah/ UNRWA (May 6 to 12)	660	-	-	-0.55	1.01	0.0%	0.0%	2
26.	Rafah/ Juzoor (Apr 21 to 25)	947	-	-	-0.19	1.05	0.1%(1)	0.5%% 5)	31
27.	Rafah/ Juzoor (May 1 to 23)	154	7	-	-0.55	1.01	0.0%	0.0%	20
28.	Rafah/ IMC (Apr 17 to 25)	887	1	2	-0.38	1.05	0.2% (2)	0.5% (4)	41
20.	Rafah/ IMC (May 1 to 9)	790	-	-	-0.18	1.03	0.3% (2)	0.1% (1)	36
30.	Rafah/ IMC (May 10 to 15)	1656	1	-	-0.07	1.01	0.1% (2)	0.1 (1)	28
31.	Rafah/NII (April April 22 to 30)	933	-	-	Mean MUAC 151.4	SD MUAC 13.9	0.2% (2)	-	39
32.	Rafah/NII (May 1 to 14)	1211	-	-	Mean MUAC 149.9	SD MUAC 12.9	0.1% (1)	-	33
33.	Rafah/NII (May)	298	-	-	Mean MUAC 153.8	SD MUAC 11.9	0.1% (1)		39
34.	Gaza City (March)	1060	-	-	-0.57	1.05	0.2% (2)	0.1% (1)	46

Source: Nutrition Cluster and SMART initiative

Table 16. Meta-data and results of screenings conducted in the middle and southern governorates

Source: Nutrition Cluster and SMART initiative

Note: *Acceptable ranges for standard deviation, percentage flags and digit preference score are as follows: SD MUACZ <1.25; % flags MUACZ < 1%; DPS MUAC <20. Excluding MUACZ flags (+/- 4 SD) for all individual level datasets. No exclusions applied for aggregate datasets. Weighted analysis corrects for unequal representation of the two age groups – it is assumed that children over two should make up two thirds of the sample. Projected GAM WHZ is based on empirical evidence on concordance between MUAC, MUACZ and WHZ. UNICEF PDM[4]: A short SMS-based survey delivered through RapidPro, targeting all recipients who cashed their transfers at least five days previously. The Cash programme targets pre-crisis poor or vulnerable households with children in the Social Registry of the Ministry of Social Development. On 30 January 2024, UNICEF launched an SMS-based survey to assess the dietary diversity of young children aged 6–23 months and PBW in Gaza – 2,159 responses were collected on children's dietary diversity and 742 on PBW dietary diversity.*

[4] *State of Palestine, Nutrition Cluster, June 2024. https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2024-02/GAZA-Nutrition-vulnerability-and-SitAn-v7.pdf*

Table 17. Meta-data and results of screenings conducted in the middle and southern governorates

Results – **MUAC GAM** prevalence

	Dataset	N & Health status	UNWEIGHTED GAM MUAC 6-59 months	UNWEIGHTED GAM MUAC 6-23 months	UNWEIGHTED GAM MUAC 24-59 months	WEIGHTED GAM MUAC 6-59 months	IPC AMN PHASE
1.	Khan Younis/ UNRWA (Apr 8-14)	186 Not sick	2.7%	6.7%	0.0%	2.2%	1-2
2.	Khan Younis/ UNRWA (Apr Apr-01 to 21)	734 Not sick	4.0%	8.4%	0.5%	3.1%	1-2
3.	Khan Younis/ UNRWA (Apr Apr-22 to 27)	704 Not sick	4.8%	11.4%	0.5%	4.1%	1-2
4.	Khan Younis/ UNRWA (Apr 28 to May 5)	668 Not sick	3.8%	8.3%	0.7%	3.2%	1-2
5.	Khan Younis/ UNRWA (May 6 to 12)	658 Not sick	4.1%	8.6%	0.8%	3.4%	1-2
6.	Khan Younis/ UNRWA (May 13 to 19)	622 Not sick	5.5%	11.4%	1.4%	4.7%	2
7.	Khan Younis/ AEI (Apr 22 to 30)	220 Not sick	5.5%	11.9%	1.5%	4.9%	2
8.	Khan Younis/ AEI (May 1 to 14)	326 Not sick	3.7%	9.1%	0.5%	3.4%	1-2
9.	Khan Younis/ AEI (May 15 to 30)	617 Not sick	3.7%	9.5%	0.5%	3.5%	1-2
10.	Middle area / UNRWA (Apr 8-14)	492 Not sick	3.7%	6.3%	1.5%	3.1%	1-2
11.	Middle area / UNRWA (April 15 to 21)	861 Not sick	2.9%	7.1%	0.5%	2.7%	1-2
12.	Middle area / UNRWA (April 22 to 27)	731 Not sick	4.8%	13.0%	0.4%	4.6%	2
13.	Middle area / UNRWA (Apr 28 to May 5)	1258 Not sick	4.2%	6.3%	2.3%	3.6%	2
14.	Middle area / UNRWA (May 6 to 12)	739 Not sick	7.3%	8.8%	2.8%	4.8%	2
15.	Middle area / UNRWA (May 13 to 19)	736 Not sick	10.1%	10.9%	7.2%	8.4%	2-3
16.	Middle area / Juoor (Apr 20-25)	362 Not sick	6.9%	14.9%	1.8%	6.2%	2-3
17.	Middle area / Juoor (May 1 - 23)	135 Not sick	5.2%	10.6%	0.0%	3.5%	2
18.	Middle area/MSF Belgium (April 1-6)-PHC Deir Al Baath	261 Not sick	3.0%				1-2

Source: Nutrition Cluster and SMART initiative

Table 18. Meta-data and results of screenings conducted in the middle and southern governorates

Results – **MUAC GAM** prevalence

	Dataset	N & Health status	UNWEIGHTED GAM MUAC 6-59 months	UNWEIGHTED GAM MUAC 6-23 months	UNWEIGHTED GAM MUAC 24-59 months	WEIGHTED GAM MUAC 6-59 months	IPC AMN PHASE
19.	Middle area/MSF Belgium (April 7-13)-PHC Deir Al Baath	252 Not sick	2.4%				1-2
20.	Middle area/MSF Belgium (April 14-20)-PHC Deir Al Baath	345 Not sick	3.8%				2
21.	Middle area/MSF Belgium (April 21-27)-PHC Deir Al Baath	340 Not sick	1.5%				1
22.	Middle area/MSF Belgium (April 1-6)- Al Aqsa	279 Not sick	5.4%	9.9%	1.9%	4.6%	2
23.	Middle area/MSF Belgium (April 7-13)- Al Aqsa	257 Not sick	7.8%	11.5%	4.0%	6.5%	2-3
24.	Middle area/MSF Belgium (April 14 -20)- Al Aqsa	323 Not sick	4.6%	7.6%	1.3%	3.4%	1-2
25.	Middle area/MSF Belgium (April 21-27)- Al Aqsa	183 Not sick	3.7%	6.2%	1.2%	2.9%	1-2
26.	Middle area/AEI (April 22 to 30)	438 Not sick	3.4%	8.1%	0.0%	2.7%	1-2
27.	Middle area/AEI (May 1 to 14)	879 Not sick	1.0%	2.9%	0.0%	1.0%	1
28.	Middle area/AEI (May 15 to 30)	1102 Not sick	2.4%	7.0%	0.3%	2.5%	1-2

Source: Nutrition Cluster and SMART initiative

Table 19. Meta-data and results of screenings conducted in the middle and southern governorates

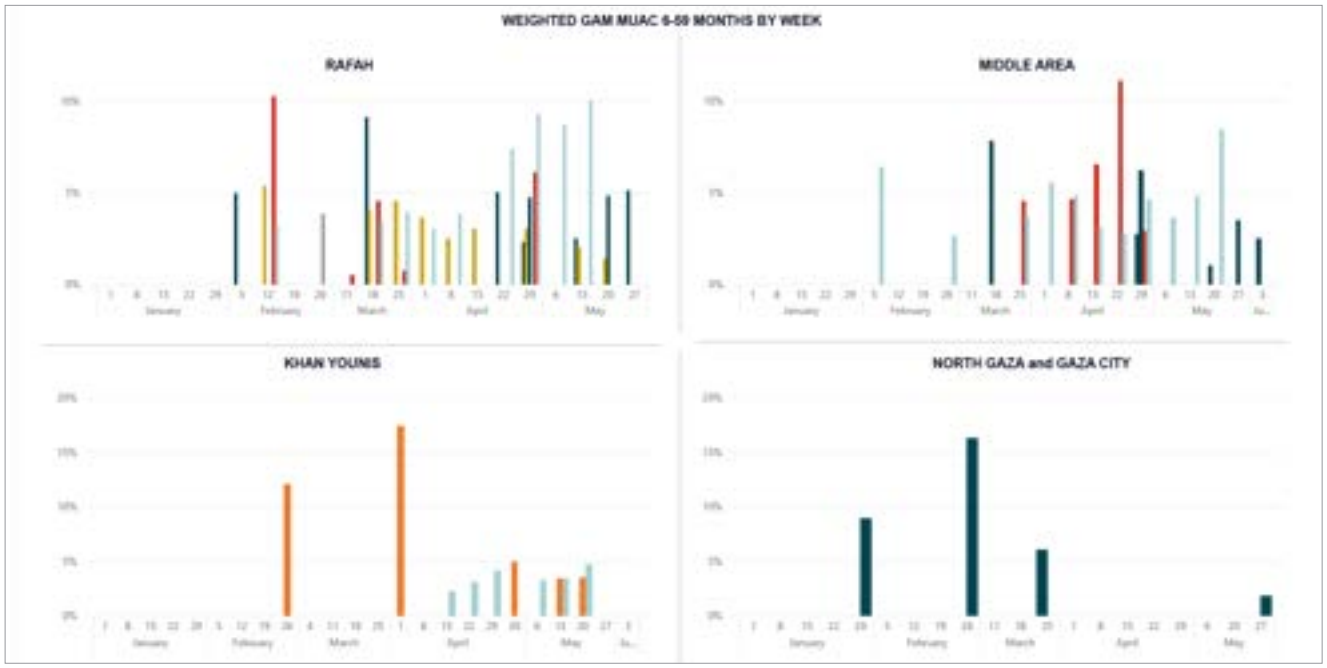
Results – **MUAC GAM** prevalence

	Dataset	N & Health status	UNWEIGHTED GAM MUAC 6-59 months	UNWEIGHTED GAM MUAC 6-23 months	UNWEIGHTED GAM MUAC 24-59 months	WEIGHTED GAM MUAC 6-59 months	IPC AMN PHASE
29.	Rafah/ UNRWA (Apr 8-14)	522 Not sick	7.1%	10.0%	2.8%	5.2%	2
30.	Rafah/ UNRWA (April 15 to 21)	360 Not sick	8.2%	17.9%	2.2%	7.4%	2-3
31.	Rafah/ UNRWA (April 22 to 28)	806 Not sick	9.8%	21.0%	3.5%	9.3%	2-3
32.	Rafah/ UNRWA (Apr 29 to May 5)	803 Not sick	12.2%	18.5%	3.8%	8.7%	2-3
33.	Rafah/ UNRWA (May 6 to 12)	180 Not sick	11.3%	21.5%	4.2%	10.0%	3
34.	Rafah/ Juzoor (Apr 21 to 25)	940 Not sick	4.9%	13.0%	0.6%	4.7%	2
35.	Rafah/ Juzoor (May 1 to 23)	154 Not sick	1.3%	14.3%	0.0%	4.8%	2
36.	Rafah/ IMC (Apr 17 to 21)	881 Not sick	3.3%	7.2%	0.9%	3.0%	1-2
37.	Rafah/IMC (May 1-9)	788 Not sick	1.9%	5.2%	0.4%	2.0%	1
38.	Rafah/IMC (May 10-15)	1654 Not sick	1.7%	3.9%	0.2%	1.4%	1
39.	Rafah/ MSF Belgium (April)- AL Mawassi makeshift health centre	224 Not sick	0.9%	1.1%	0.8%	0.9%	1
40.	Rafah/ MSF Belgium (April) AL Mawassi makeshift health centre	167 Not sick	1.2%	2.2%	0.0%	0.7%	1
41.	Rafah/ MSF Belgium (April) AL Mawassi makeshift health centre	194 Not sick	2.1%	3.6%	0.0%	1.2%	1
42.	Rafah/ MSF Belgium (April) AL Mawassi makeshift health centre	254 Not sick	4.7%	8.4%	0.8%	3.3%	1-2
43.	Rafah/NI (April 22 to 30)	933 Not sick	2.4%	6.6%	0.2%	2.3%	1-2
44.	Rafah/NI (May 1 to 14)	1211 Not sick	2.6%	6.3%	0.6%	2.5%	1-2
45.	Rafah/NI (May 15 to 30)	298 Not sick	2.4%	15.2%	0.0%	5.1%	2
46.	Gaza City (March)	1060 Not sick	-	9.8%	-	-	-

Source: Nutrition Cluster and SMART initiative

Trends in GAM by MUAC prevalence in North Gaza (children aged 6-59 months). Different colours represent different agencies collecting the data. The graph only contained validated data. Those discarded following quality checks were not included.

Figure15. Trends of MUAC screenings results by governorate



Source: Nutrition Cluster

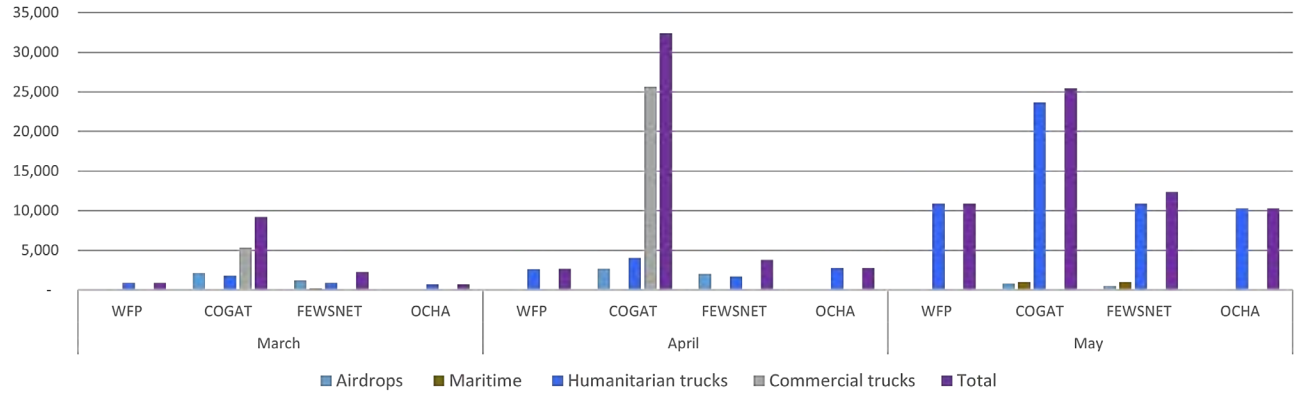
4. Methodological note on food deliveries datasets

It is important to highlight that the FRC, as well as the IPC analysis team, have gathered as much information as possible from all available sources, namely WFP reports, UNRWA and OCHA reports, COGAT and FEWSNET[5]. These sources tend to provide information on different types of deliveries each month and in different areas of the Gaza Strip, however not all delivery modalities are captured in each report by all actors.

To estimate the humanitarian assistance, the analysis relies on deliveries from airdrops, sea and humanitarian trucking figures reported by humanitarian partners. The most recent published source is FEWSNET (May 2024)[6], which compiled humanitarian deliveries from airdrops, maritime routes, and land routes for the northern, middle and southern governorates. Yet, FEWSNET does not account for the totality of WFP figures in their April report that included 940 MT delivered to bakeries[7], and does not fully account for commercial deliveries, especially for May 2024.[8] Due to the discrepancies among sources, trends of different information were employed in the analysis, rather than face value of any particular source.

Full details are available below:

Figure 16. Reported food deliveries in metric tonnage to northern governorates (March - May)



Source: GSU using WFP, COGAT, FEWS NET and OCHA data

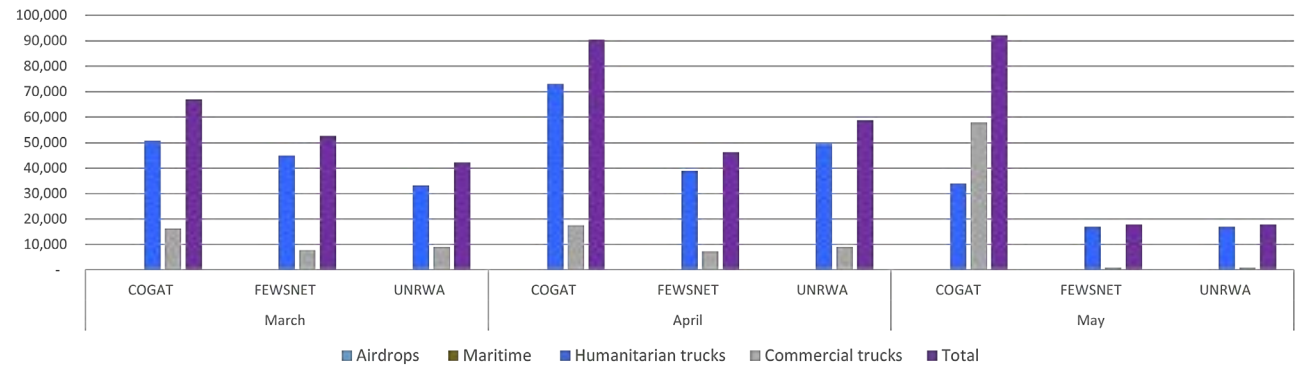
[5] *Sources on humanitarian and commercial deliveries: WFP: https://reliefweb.int/report/occupied-palestinian-territory/wfp-palestine-emergency-response-external-situation-report-19-9-may-2024; UNRWA: Gaza Supplies and Dispatch Tracking | UNRWA; FEWS NET: https://reliefweb.int/report/occupied-palestinian-territory/gaza-strip-targeted-analysis-may-31-2024-amid-uncertainty-it-possible-famine-ongoing-northern-gaza; Gaza food supply assessment, as of May 2024 | FEWS NET; April 2024 (fews.net). COGAT does not have an interactive dashboard, however the entity shared with the IPC team the manifest of approved shipments for March, April and the first half of May. It is important to highlight that the FRC, as well as the IPC analysis team, have gathered as much information as possible from all available sources, namely WFP reports, UNRWA and OCHA reports, COGAT and FEWS NET. These sources tend to provide information on different types of supplies. The team has considered the FEWSNET analysis - compiling all humanitarian deliveries from WFP, UNRWA and OCHA - as the most complete, while relied on COGAT for commercial delivery information.*

[6] *FEWS NET: https://fews.net/middle-east-and-asia/gaza/targeted-analysis/may-2024.*

[7] *IPC FRC: GAZA STRIP: Famine Review Committee: Review of the FEWS NET IPC-Compatible Analysis for the Northern Governorates of the Gaza Strip. https://www.ipcinfo.org/ipcinfo-website/countries-in-focus-archive/issue-102/en/*

[8] *WFP, Palestine Emergency Response External Situation Report #19 (9 May 2024). https://reliefweb.int/report/occupied-palestinian-territory/wfp-palestine-emergency-response-external-situation-report-19-9-may-2024*

Figure 17. Reported food deliveries in metric tonnage to southern governorates (March - May)



Source: GSU using WFP, COGAT, FEWS NET and OCHA data

To estimate the total monthly deliveries by route (air, sea and land) per analysis area, the analysis used the quantities estimated below:

Table 20. Total monthly deliveries by route (air, sea and land) per analysis area

	NORTHERN GOVERNORATES				SOUTHERN GOVERNORATES		
	March				March		
	WFP	COGAT	FEWSNET	OCHA	COGAT	FEWSNET	UNRWA
Humanitarian - Airdrops MT	20	2,118	1,187				
Humanitarian - Maritime MT			200				
Humanitarian - Trucks MT	900	1,802	900	667	50,753	45,000	33,110
Commercial -Trucks MT		5,321			16,235	7,752	9,127
TOTAL METRIC TONNE ESTIMATES	**920**	**9,241**	**2,287**	**667**	**66,988**	**52,752**	**42,237**
	April				April		
	WFP	COGAT	FEWSNET	OCHA	COGAT	FEWSNET	UNRWA
Humanitarian - Airdrops MT	18	2,696	2,004				
Humanitarian - Maritime MT			100				
Humanitarian - Trucks MT	2,640	4,038	1,700	2,754	73,019	39,000	49,745
Commercial -Trucks MT		25,636			17,484	7,268	9,039
TOTAL METRIC TONNE ESTIMATES	**2,658**	**32,370**	**3,804**	**2,754**	**90,503**	**46,268**	**58,784**
	May				May		
	WFP	COGAT	FEWSNET	OCHA	COGAT	FEWSNET	UNRWA
Humanitarian - Airdrops MT	45	779	505		253		
Humanitarian - Maritime MT		995	1,000				
Humanitarian - Trucks MT	10,894	23,670	10,894	10,309	33,955	17,000	16,957
Commercial -Trucks MT					57,890	803	950
TOTAL METRIC TONNE ESTIMATES	**10,894**	**25,444**	**12,399**	**10,309**	**92,098**	**17,803**	**17,907**

Source: GSU using WFP, COGAT, FEWS NET, OCHA and UNRWA data

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