This analysis factors in all data and information available up to 10 March 2024 and does not take into account the latest developments on the ground.

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Overview

The IPC acute food insecurity analysis conducted in December 2023 warned of a risk that Famine may occur by the end of May 2024 if an immediate cessation of hostilities and sustained access for the provision of essential supplies and services to the population did not take place. Since then, the conditions necessary to prevent Famine have not been met and the latest evidence confirms that Famine is imminent in the northern governorates and projected to occur anytime between mid-March and May 2024.

According to the most likely scenario, both North Gaza and Gaza Governorates are classified in IPC Phase 5 (Famine) with reasonable evidence, with 70 percent (around 210,000 people) of the population in IPC Phase 5 (Catastrophe). Continued conflict and the near-complete lack of access to the northern governorates for humanitarian organizations and commercial trucks will likely compound heightened vulnerabilities and extremely limited food availability, access, and utilization, as well as access to healthcare, water, and sanitation. The famine threshold for household acute food insecurity has already been far exceeded and, given the latest data showing a steeply increasing trend in cases of acute malnutrition, it is highly likely that the famine threshold for acute malnutrition has also been exceeded. In North Gaza, acute malnutrition (by Mid-Upper Arm Circumference - MUAC) moved from a pre-escalation estimated of 1 percent to 6.8 – 9.1 percent in January and 12.4 - 16.5 percent in February (weighted for children 6-59). Acute malnutrition (by MUAC) among children 6-23 months old increased in the same period from 16.2 percent to 29.2 percent. The upward trend in non-trauma mortality is also expected to accelerate, resulting in all famine thresholds likely to be passed imminently.

The southern governorates of Deir al-Balah and Khan Younis, and the Governorate of Rafah, are classified in IPC Phase 4 (Emergency). However, in a worst-case scenario, these governorates face a risk of Famine through July 2024.

The entire population in the Gaza Strip (2.23 million) is facing high levels of acute food insecurity. From mid-March to mid-July, in the most likely scenario and under the assumption of an escalation of the conflict including a ground offensive in Rafah, half of the population of the Gaza Strip (1.11 million people) is expected to face catastrophic conditions (IPC Phase 5), the most severe level in the IPC Acute Food Insecurity scale. This is an increase of 530,000 (92 percent) compared to the previous analysis. Between the current and the projection period, around 400,000 more people are expected to slide into IPC Phase 5 (Catastrophe). The rest of the population faces Emergency (IPC Phase 4) (854,000 people, 38 percent of the population) or Crisis (IPC Phase 3) (265,000 people, 12 percent of the

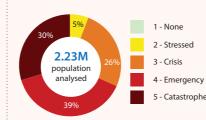
The escalation of the hostilities has caused widespread damage to assets and infrastructure indispensable to survival. About 50 percent of buildings - and more than 70 percent in the northern governorates - have been damaged or destroyed. This has included dwellings, shops and infrastructure, such as hospitals, schools, as well as water, sanitation and other facilities. Assets and infrastructure necessary for food production and distribution have also been destroyed or severely damaged, extremely limiting the functionality of the food system.

From a pre-escalation average of 500 trucks a day of which 150 carrying food, in the period between 7 October 2023 to 24 February 2024, only 90 trucks per day, of which only 60 carrying food, entered the Gaza Strip. Consequently, virtually all households are skipping meals every day and adults are reducing their meals so that children can eat. In the northern governorates, in nearly two thirds of the households, people went entire days and nights without eating at least 10 times in the last 30 days. In the southern governorates, this applies to one third of the households.

Current Acute Food Insecurity | 15 February - 15 March

About 2.13 million people across the Gaza Strip faced high levels of acute food insecurity classified in IPC Phase 3 or above (Crisis or worse) between 15 February and 15 March, including nearly 677,000 experiencing catastrophic food insecurity (IPC Phase 5).

95 percent of the analysed population in the Gaza Strip was in IPC Phase 3 or above

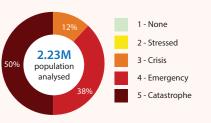




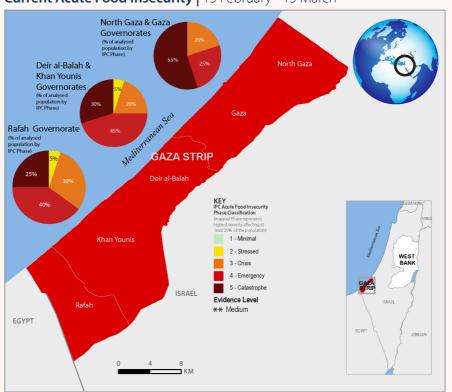
Projected Acute Food Insecurity | 16 March - 15 July

Famine is projected to unfold anytime between now and May 2024. The whole population of the Gaza strip (2.23 million people) is facing high levels of acute food insecurity, classified in IPC Phase 3 or above (Crisis or worse). Half of the population is in IPC Phase 5 (Catastrophe).

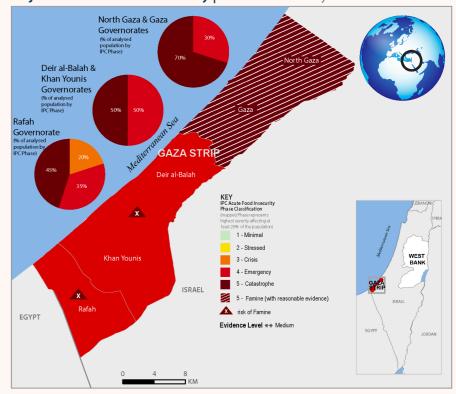
The entire population in the Gaza Strip is in IPC Phase 3 or



Current Acute Food Insecurity | 15 February - 15 March



Projected Acute Food Insecurity | 16 March - 15 July



Some areas are classified in IPC Phase 4 (Emergency) despite the prevalence of households in IPC Phase 5 (Catastrophe) exceeding 20%. Households may be in IPC Phase 5 (Catastrophe), but the area may not be classified as IPC Phase 5 (Famine) if widespread deaths and acute malnutrition have not yet been expressed at the area level.

Key Drivers



Widespread, intense and sustained ground and air operations and clashes have resulted in over 31,000 deaths and injured 73,000 people, displaced about 1.9 million people, damaged or destroyed over half of the buildings, and devastated assets and infrastructure indispensable to survival, including across the food, health and water systems.



Restricted humanitarian access

Extremely limited humanitarian access to and within the Gaza Strip continues to impede the safe and equitable delivery of life-saving multisector humanitarian assistance. This includes severe limitations to the provision of goods as well as basic services.

Acute Food Insecurity Phase name and description

IPC Phase 1 (None/Minimal): Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.

IPC Phase 2 (Stressed): Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping

IPC Phase 4 (Emergency): Households either have large food consumption gaps that are reflected

IPC Phase 5 (Catastrophe/ Famine): Households have an extreme lack of food and/or cannot meet other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. For famine classification, area needs to have extremely critical levels of acute malnutrition and mortality.

Most Likely Scenario – Key Assumptions

- In North Gaza and Gaza Governorates, current conflict intensity is likely to persist and humanitarian access is likely to remain very low. Civil unrest is likely to continue worsening.
- ▶ In Deir al-Balah and Khan Younis Governorates, current conflict intensity is likely to persist, and humanitarian access is likely to decline as conflict severely escalates in Rafah. Large-scale displacement into the Al Mawasi area of Khan Younis and coastal Deir al-Balah is expected.
- ▶ In Rafah Governorate, conflict intensity is likely to severely escalate with the onset of a new, large-scale ground operation resulting in high displacement into the Al Mawasi area of Rafah and north of Rafah. Humanitarian access is likely to be low for Rafah city and intermittently reduced for the Al Mawasi area.

Worst case Scenario – Key Assumptions

Conflict intensity would escalate with a rapid, large-scale ground operation in Rafah, continuation of the ground operation in Khan Younis, and resumption of the ground operation in Deir al-Balah. A large reduction of humanitarian access, especially to Rafah city, and the closure of Rafah crossing would occur, while public order would collapse, obstructing aid operations and contributing to a wider loss of social cohesion. Rapid mass displacement would occur, mostly to the Al Mawasi area and causing an extreme concentration of IDPs. There would be at least one major epidemic among extremely concentrated populations.

Recommended Actions

Famine can be halted. The rapidly escalating hunger crisis in the Gaza Strip must immediately be curbed. This requires putting an end to the hostilities, mobilizing necessary resources and ensuring the safe delivery of humanitarian assistance to the people of Gaza.



Allow for humanitarian access

Restore humanitarian access to the entire Gaza Strip.



Provide lifesaving humanitarian assistance

Stop the fast-paced deterioration of the food security, health and nutrition situation leading to excess mortality through: (i) the restoration of health, nutrition, and WASH services and the protection of civilians; and (ii) the provision of safe, nutritious, and sufficient food to all the population in need. The sustained supply of sufficient aid commodities, including but not limited to food, medicines, specialist nutrition products, fuel, and other necessities should be allowed to enter and move throughout the entire Gaza Strip by road.



Provide malnutrition treatment

Deliver acute malnutrition treatment services, specifically CMAM and IYCF-E services throughout the Gaza Strip, with a particular emphasis on opening stabilization centres in the north. Supply ready-to-use formula for non-breastfed infants and ensure sufficient access to safe drinking water if preparation is required. Provide complimentary foods and micronutrient supplements for young children, as well as pregnant and lactating women, the chronically ill, and the elderly.



Restore commercial and production systems

Traffic of commercial goods should also be fully resumed to meet the volume of commodities required. Restore the functioning of market infrastructures and bakeries combined with cash-based interventions where feasible. Rehabilitate food production systems as soon as possible, including horticulture, livestock, and fishing.

Famine Review Committee Conclusions

► The IPC Famine Review Committee (FRC) was activated on 1 March 2024 by the IPC Global Support Unit considering the extreme severity of the evidence provided.

► North Gaza and Gaza Governorates

For the current period, the FRC concluded that the IPC Analysis Team findings for North Gaza and Gaza governorate, classified in IPC Phase 4 (Emergency), are plausible. However, the FRC highlighted that: (i) Famine thresholds for acute food insecurity have already been surpassed; (ii) Famine thresholds for acute malnutrition (Extremely Critical) have likely already been surpassed; (iii) It is likely that these extreme levels of malnutrition have not yet translated into a Crude Death Rate above 2/10,000/day. The likelihood of having surpassed Under-Five Death Rate thresholds (4/10,000/day for children) is higher but impossible to ascertain.

- For the projected period, the FRC projects that famine is imminent in the North Gaza and Gaza Governorates and is expected to become manifest between mid-March and May 2024. The Famine threshold for household acute food insecurity has already been far exceeded and the steeply increasing trend in malnutrition data indicates that it is highly likely that the Famine threshold for acute malnutrition has also been exceeded. The FRC expects the upward trend in non-trauma mortality to accelerate and for all Famine thresholds to be passed imminently.
- ▶ Deir al-Balah, Khan Younis, and Rafah Governorates

For the Governorates of Deir al-Balah, Khan Younis, and Rafah, with regards to both the current and projected period, the FRC considers the classification by the Analysis Team in IPC Phase 4 (Emergency) as plausible and that, in a reasonable worst-case scenario, there is a risk of Famine during the projection period, from mid-March to mid-July.

► For all governorates, the FRC concluded that the levels of acute food insecurity concluded by the Analysis Team both for the current and projected period are plausible.

Analysis Approach

The IPC acute food insecurity analysis was conducted remotely from 26 February to 1 March by over 40 experts from 18 agencies, applying standard IPC protocols. The analysis relied on publicly available data from a wide range of sources. Based on IPC protocols, the level of evidence of this analysis was assessed as "Medium" (level 2) for each of the three units of analysis. At the analysis completion, the Famine Review Committee was activated to review the Analysis Team's findings. Their conclusions were adopted by the Analysis Team.

Given the major access constraints, data on food security outcomes was collected using Computer Assisted Telephone Interviews (CATI). Quality concerns regarding the use of this methodology including the representativeness, and potential biases associated with mobile network coverage and ownership were discussed at length during the previous round of IPC analysis (for data collected in November 2023). The Analysis Team concluded that the data meets the requirements set by the IPC, especially considering the number of observations. Through the efforts of partners, gaps in nutrition information were filled through screening information. The high degree of volatility around the conflict limits the ability to consider longer analysis periods. Scenarios on the evolution of the conflict were developed in conjunction with conflict experts to the best of their knowledge and expertise.

IPC Phase 5 Explained

Catastrophe: IPC Phase 5 (Catastrophe) can only be classified at household level, not at area level. An area might have some households in IPC Phase 5 (Catastrophe) linked to very high levels acute food insecurity. However, an entire area can only be classified in IPC Phase 5 (Famine) if this high level of acute food insecurity is accompanied by certain levels of acute malnutrition and mortality.



Famine (IPC Phase 5) is the most extreme phase in the IPC
Acute Food Insecurity scale and is classified when an area has:

20%
of households facing an

30% of children suffering from Deaths of two adults or four children per 10,000 people each day

DEATHS

- of households facing an of childrextreme lack of food
 - of children suffering from acute malnutrition
- ▶ Famine with Solid Evidence: An area is classified in Famine with solid evidence if there is clear and compelling evidence that the Famine thresholds for starvation, acute malnutrition and mortality have been reached.
- ▶ Famine with Reasonable Evidence: An area is classified in Famine with reasonable evidence if there is clear evidence that two of the three thresholds for starvation, acute malnutrition and mortality have been reached, and analysts reasonably assess from the broader evidence that the threshold from the third outcome has likely been reached.



What is the risk of Famine?

For the IPC, risk of Famine...

... refers to a reasonable probability of an area going into Famine in the projected period. While this is not perceived necessarily as the most-likely scenario, it is a scenario that, generally speaking, has a realistic chance of occurring.

... complements the Famine projections of the most likely scenario by providing insights into potential Famine if prospects evolve in a worse manner than anticipated.

... differs from Famine projections because it focuses on a worst-case scenario that has a reasonable and realistic chance of happening.

... is a statement about the potential deterioration of the situation from what is expected. It is not a new classification, and it is not to be accompanied by population estimates.

... is an additional assessment that focuses on assessing if the area could realistically go into Famine during the projected period. Not all areas need to undergo assessment for risk of Famine.

For further information on how the IPC classifies Famine, please consult the IPC Famine Fact Sheet.

Publication date: March 18, 2024. I Disclaimer: The information shown on the maps does not imply official recognition or endorsement of any physical and political boundaries. I For more information, please contact ipc@fao.org.