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Overview

A high risk of Famine persists across the whole Gaza Strip as long as conflict continues and humanitarian access is restricted.

About 96 percent of the population in the Gaza Strip (2.15M people) face high levels of acute food insecurity through September 2024.

While the whole territory is classified in Emergency (IPC Phase 4), over 495,000 people (22 percent of the population) are still facing catastrophic levels of acute food insecurity (IPC Phase 5). In this phase, households experience an extreme lack of food, starvation, and exhaustion of coping capacities. Another 745,000 people (33 percent) are classified in Emergency (IPC Phase 4).

The IPC acute food insecurity analysis conducted in February 2024 projected that Famine would likely occur in the northern governorates by the end of May, based on the assumption that conflict would persist with the same intensity and humanitarian access would remain very low. Although with some disruptions, in March and April the amount of food deliveries and nutrition services provided to the northern governorates increased. These appear to have temporarily alleviated conditions in the northern governorates. In this context, the available evidence does not indicate that Famine is currently occurring. Meanwhile, ground operations continued with high intensity attacks in Jabaliya City and camp, Zaytoun area and Beit Hanoun and displaced around 100,000 people, over a third of the remaining population in the northern governorates.

In the southern governorates, the situation deteriorated following renewed hostilities in early May. Over one million people have been displaced since the start of the Rafah offensive on 6 May following attacks by air and sea across the territory and expansion into Deir al-Balah, notably in Nuseirat Refugee Camp. Humanitarian access to the two million people in the southern governorates has notably reduced with the closure of the Rafah border crossing and disruptions to the Karem Shalom crossing. Further concentration of displaced populations into areas with significantly reduced water, sanitation, hygiene (WASH), health and other essential infrastructure increases the risk of disease outbreaks, which would have catastrophic effects on the nutritional and health status of large segments of the population.

These renewed hostilities and repeated displacement continue to erode people's ability to cope and access humanitarian assistance; and increase the overall fragility of communities. The latest data show that, to be able to buy food, more than half of the households had to exchange their clothes for money and one third resorted to picking up trash to sell. More than half also reported that, often, they do not have any food to eat in the house, and over 20 percent go entire days and nights without eating.

The conflict also continues to cause widespread damage to assets and infrastructure that are critical for survival. By the end of May, around 60 percent of all buildings, including dwellings, shops and infrastructure, such as hospitals and schools; and nearly 70 percent of WASH facilities across the Gaza Strip were damaged or destroyed. Assets and infrastructure necessary for food production and distribution have also been severely affected by the conflict. By the end of May, 57 percent of agricultural land had been destroyed or severely damaged, limiting the food system's functionality.

The humanitarian space in the Gaza Strip continues to shrink and the ability to safely deliver assistance to populations is dwindling. The recent trajectory is negative and highly unstable. Should this continue, the improvements seen in April could be rapidly reversed.

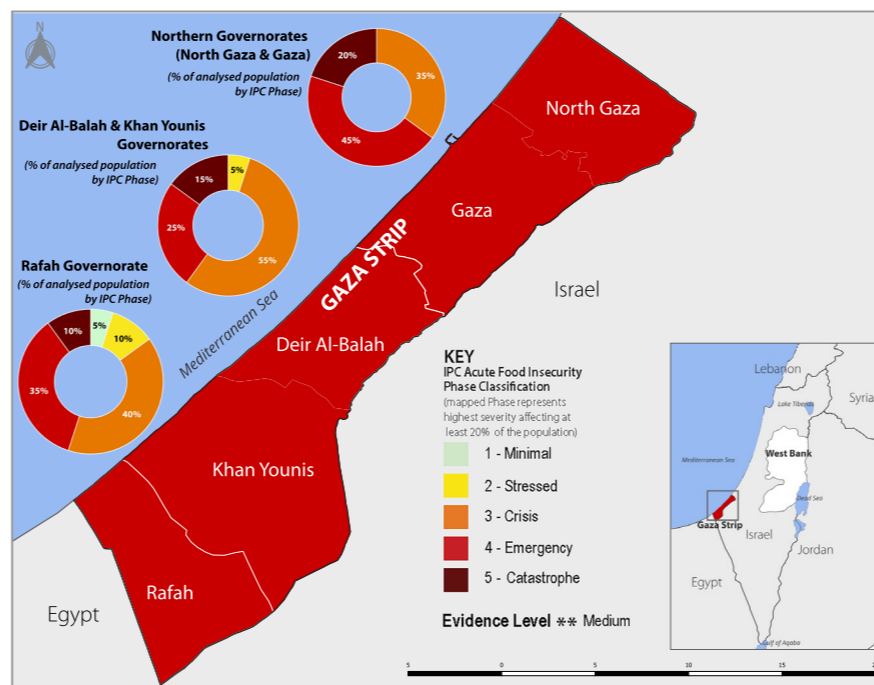
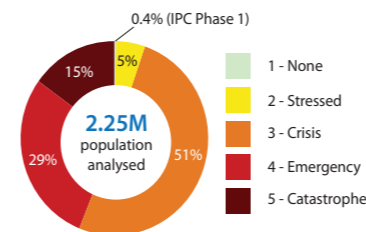


Current Acute Food Insecurity | 1 May - 15 June



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 1 May and 15 June, including nearly 343,000 people who experienced catastrophic food insecurity (IPC Phase 5).

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



Some areas are classified in IPC Phase 4 (Emergency) despite the prevalence of households in IPC Phase 5 (Catastrophe) exceeding 20 percent. 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 materialised at area level.

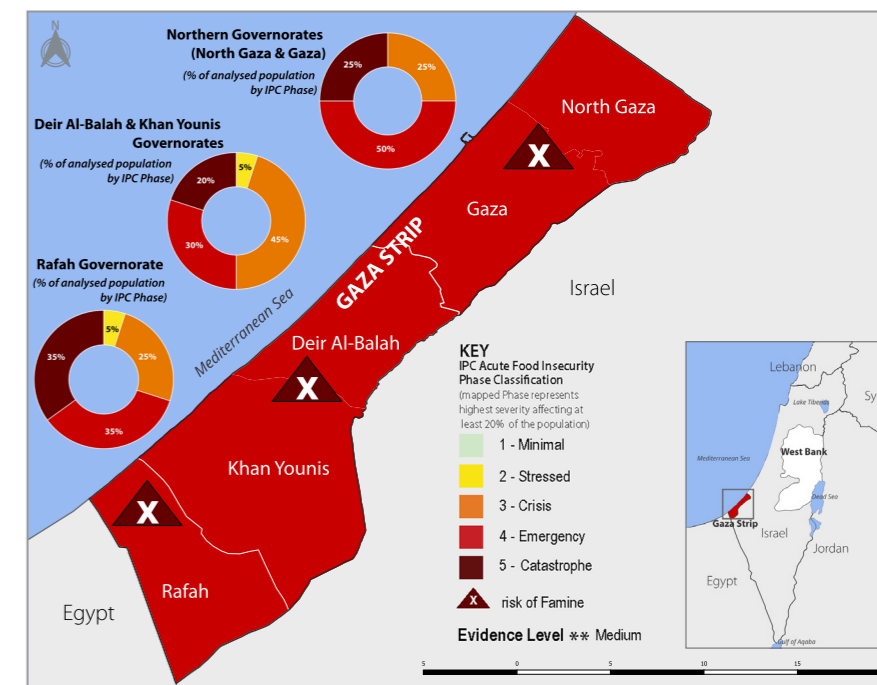
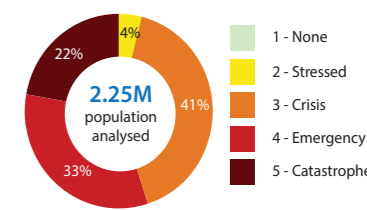


Projected Acute Food Insecurity | 16 June - 30 September



Approximately 2.15 million people across the Gaza Strip will likely experience high levels of acute food insecurity, classified in IPC Phase 3 or above (Crisis or worse) between 16 June and 30 September, including over 495,000 people who are expected to face catastrophic food insecurity (IPC Phase 5).

96% of the analysed population in the Gaza Strip will likely be in IPC Phase 3 or above



Key Drivers

Hostilities: Widespread, intense and sustained ground and air operations and clashes continue and have resulted in over 37,000 deaths and injured 85,000 people, displaced nearly 2 million people, damaged or destroyed almost 60 percent of the buildings, and devastated assets and infrastructure indispensable to survival, including across the food, health and water systems.

Restricted humanitarian access: Despite some improvements throughout March and April, hostilities in the northern governorates and the Rafah offensive resulted in very limited humanitarian access to and within the Gaza Strip, especially in the Deir al-Balah, Khan Younis and Rafah, impeding the safe and equitable delivery of life-saving multi-sector humanitarian assistance.

Recommended Actions

Only the cessation of hostilities in conjunction with sustained humanitarian access can reduce the risk of a Famine.

Allow for humanitarian access: Ensure unimpeded access to all populations across the Gaza Strip.

Provide lifesaving humanitarian assistance: Address the extremely high severity and magnitude of acute food insecurity and alarming WASH and health conditions through (i) the restoration of health, nutrition, and WASH services; and (ii) the provision of safe, nutritious, and sufficient humanitarian food assistance to all the people in need. All aid supplies, including medicines, fuel and other necessities should be allowed to enter and move throughout the Gaza Strip.

Provide malnutrition prevention services and treatment: Deliver acute malnutrition treatment services maintaining and protecting stabilization centres and outpatient treatment. Promote and support breastfeeding, provide ready to use infant formula for non-breastfed infants. Provide complementary foods and micronutrient supplements for young children, pregnant and breastfeeding women, the chronically ill, and the elderly.

Restore production and market systems: Restore the functioning of market infrastructure and bakeries, combined with cash-based interventions where feasible. Rehabilitate food production systems as soon as possible, including horticulture, livestock, and fishing. Commercial good delivery should continue, however not at the expense of humanitarian assistance.

Most Likely Scenario – Key Assumptions (16 June - 30 September 2024)

- **In North Gaza and Gaza Governorates**, the entire population will likely remain fully exposed and highly susceptible to conflict and insecurity. Multiple short-term ground operations will likely occur with periodic escalations. At least one of the border crossings will likely remain open for humanitarian and commercial trucking, in addition to maritime and air deliveries. Consequently, humanitarian assistance is likely to remain close to the levels observed in March and April.
- **In Deir al-Balah, Khan Younis and Rafah Governorates**, at least one of the border crossings is likely to remain open, albeit with security and administrative constraints faced by agencies in delivering assistance. Military operations in Rafah and parts of Deir al-Balah and Khan Younis will likely result in additional displacements to the Israeli-designated “humanitarian zone.” Civil unrest is expected to increase through September.

Risk of Famine - Key Assumptions (16 June - 30 September 2024)

- **In North Gaza and Gaza Governorates**, hostilities would occur with higher frequency and duration, resulting in rising levels of destruction and lethality. Little to no overland humanitarian or commercial deliveries would occur within these areas, similar to February 2024. Additional displacement would occur, resulting in a high concentration of Internally Displaced Persons (IDPs) in some areas and some people being isolated. Public order would completely collapse.
- **In the middle and southern governorates**, the conflict would continue to escalate in Rafah and expand to the other two governorates. Severe concentration of the population in the Israeli-designated “humanitarian zone” would lead to the collapse of public order due to insufficient provision of humanitarian assistance. The WASH and health systems would completely collapse, increasing the likelihood of an epidemic outbreak.

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 strategies.

IPC Phase 3 (Crisis): Households either have food consumption gaps that are reflected by high or above-usual acute malnutrition; or are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.

IPC Phase 4 (Emergency): Households either have large food consumption gaps that are reflected in very high acute malnutrition and excess mortality; or are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation.

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 extreme critical levels of acute malnutrition and mortality.

Famine Review Committee Conclusions

The IPC Famine Review Committee (FRC) was activated on 6 June 2024. The FRC’s main conclusions are presented below:

- **The FRC found 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 considered the analysis team’s classification in 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.**
- Nonetheless, **the FRC recommended adjusting some of the population estimates in IPC Phase 4 (Emergency) and IPC Phase 5 (Catastrophe) for the southern governorates.**
- **The FRC found 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.
- 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. This report incorporates all accepted recommendations.

Analysis Approach

The IPC acute food insecurity analysis was conducted remotely from 27 May to 4 June 2024 by over 35 experts from 27 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.

Given the major access constraints, data on food security outcomes was collected using Computer Assisted Telephone Interviews. The analysis team concluded that this data meets the IPC requirements. Through the efforts of partners, gaps in nutrition data were filled through MUAC (mid-upper arm circumference) screening information, in absence of weight-for height anthropometric measurements. The quality of the nutrition data was verified by nutrition experts and the data that did not meet the minimum IPC requirements were discarded.

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. The analysis was conducted at the area level and included residents as well as IDPs located within and outside camps.

At the analysis completion, the FRC was activated to review the analysis team’s findings.

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 of 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.



When is Famine Classified?

Famine (IPC Phase 5) is the highest phase of the IPC Acute Food Insecurity scale, and is classified when an area has:



- **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 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](#).