



Integrated Food Security Phase Classification
Evidence and Standards for Better Food Security and Nutrition Decisions

FAMINE REVIEW COMMITTEE: GAZA STRIP, MARCH 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. The IPC partners demonstrated high levels of commitment in responding to the FRC's requests for additional information and clarifications during the review, which was highly appreciated.

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1. EXECUTIVE SUMMARY

This report is the second time the Famine Review Committee has reviewed analysis conducted by a multi-agency, multi-sectoral Analysis Team to determine the current and projected food security situation in the Gaza Strip. The first analysis, conducted in December 2023, determined 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 findings of our current review confirm that **Famine is now projected and imminent in the North Gaza and Gaza Governorates** and is expected to become manifest during the projection period from mid-March 2024 to May 2024. The Famine threshold for 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.

It is vital to note that the projected **Famine can be prevented or alleviated. All evidence points towards a major acceleration of death and malnutrition. Waiting for a retrospective Famine classification before acting is indefensible.** The FRC concludes that Famine is imminent unless there is an immediate cessation of hostilities and full access is granted to provide food, water, medicines, and protection of civilians as well as to restore and provide health, water, and sanitation services, and energy (electricity, diesel, and other fuel) to the population in the northern governorates.

In the **current period** (leading up to mid-March), the FRC finds the conclusions of the IPC Analysis Team for the northern governorates to be plausible (IPC Phase 4 Emergency). It is important to note, however, that the Famine thresholds for acute food insecurity, as well as for acute malnutrition (Extremely Critical), have already been surpassed. The FRC is unable to ascertain whether child mortality (U5DR) has already surpassed the IPC Phase 5 (Famine) thresholds of 4 children/10,000 people/day and the rates of non-trauma Crude Death Rate (CDR) cannot be reliably determined. The FRC warns that although it is unlikely that the Crude Death Rate has already surpassed IPC Phase 5 thresholds (2/10,000/

day – non-trauma related), the pace of increase in excess death is likely to be accelerating.

For the **Governorates of Deir al-Balah, Khan Younis, and Rafah**, the FRC considers the findings of the Analysis Team for the current period (IPC Phase 4, Emergency) to be plausible. The projection period identified by the Analysis Team is mid-March 2024 to mid-July 2024. The FRC considers the most likely scenarios and conclusions of the Analysis Team for the projected period (IPC Phase 4, Emergency) to be plausible. However, given the high uncertainty over how the situation will evolve and a high degree of fluidity given the intensity of the conflict, forced displacements, and constricted humanitarian access in the next four months, the FRC recommends grouping all southern governorates together for a risk of Famine analysis. Thus, **for the combined southern and middle governorates, the FRC concludes that there is a risk of Famine during the projection period of mid-March to mid-July** in a reasonable worst-case scenario.

The primary drivers of the food security, nutrition, and mortality situation in Gaza Strip are the conflict intensity and highly constrained/restricted access, defined as the ability of humanitarian and private actors to deliver the necessary supplies and services to the most vulnerable population. Only an immediate and sustainable cessation of hostility, accompanied by a sustained supply of food, water, medicines, protection services, and provision of health and sanitation services to the population can reduce acute malnutrition and excess mortality. Provision of electricity/fuel supplies for water trucking, pumps, health services, restoration of agricultural production, and other essential needs are also critical, along with support for unrestricted civilian communications within and outside of the Gaza Strip.

The actions needed to prevent Famine require an immediate political decision for a ceasefire together with a significant and immediate increase in humanitarian and commercial access to the entire population of Gaza. If this does not happen fully and immediately, even if Famine is avoided in the near term, the impact on mortality and the lives of Palestinians now, and in future generations, will increase markedly with every day.



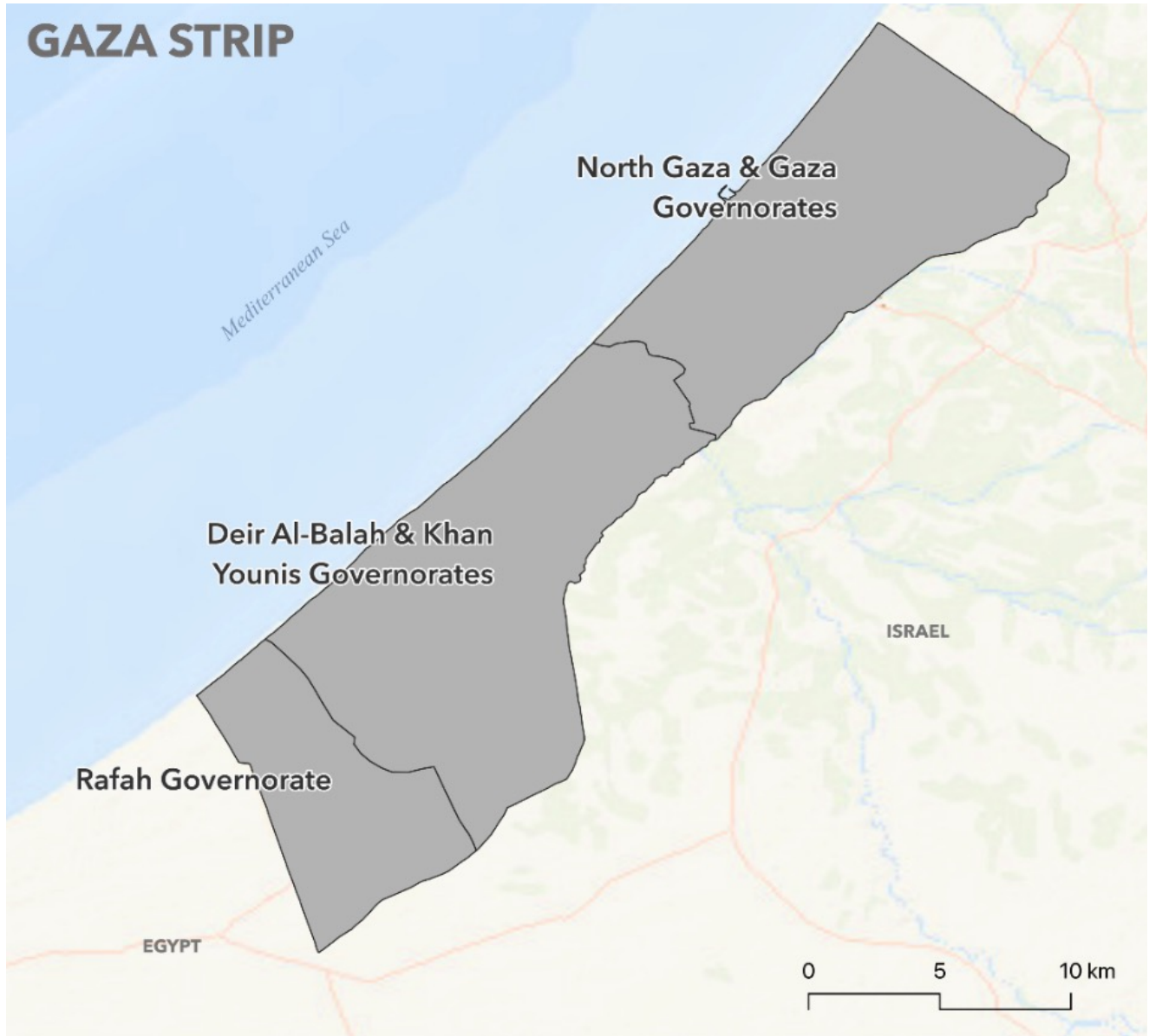
Key

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

Area	Period	Analysis Team Classification	FRC Conclusion
Northern Governorates (North Gaza and Gaza)	Current (15 February – 15 March 2024)	IPC Phase 4 (Emergency): 55% of households experiencing Catastrophe (IPC Phase 5) and 45% experiencing Emergency (IPC Phase 4) levels of acute food insecurity.	<p>The findings of the Analysis Team are plausible, and highlight that:</p> <ul style="list-style-type: none"> - Famine thresholds for acute food insecurity have already been surpassed, - Famine thresholds for acute malnutrition (Extremely Critical) are likely to have already been surpassed, - 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 U5DR thresholds (4/10,000/day for children) is higher but impossible to ascertain. <p>The levels of acute food insecurity concluded by the Analysis Team are plausible.</p>
	Projection (16 March – 15 July 2024)	<p>The Analysis Team requested guidance from the FRC: Emergency (IPC Phase 4) or Famine (IPC Phase 5): 70% of households will likely experience Catastrophe (IPC Phase 5) and 30% will likely experience Emergency (IPC Phase 4) levels of acute food insecurity.</p> <p>Reasonable worst-case scenario: risk of Famine</p>	<p>Famine (IPC Phase 5). The FRC projects that Famine is imminent and is expected to become manifest during the projection period from mid-March 2024 to May 2024.</p> <p>The levels of acute food insecurity projected by the Analysis Team are plausible.</p> <p><i>The risk of Famine statement is therefore not applicable considering Famine is projected by the FRC.</i></p>
Middle Governorates (Deir al-Balah and Khan Younis)	Current (15 February – 15 March 2024)	IPC Phase 4 (Emergency): 45% of households were experiencing IPC Phase 4 (Emergency) levels of acute food insecurity and 30% of households were experiencing IPC Phase 5 (Catastrophe) levels of acute food insecurity.	The FRC considers the scenarios and conclusions for the current period (IPC Phase 4, Emergency Acute Food Insecurity) to be plausible. The levels of acute food insecurity concluded by the Analysis Team are plausible.
	Projection (16 March – 15 July 2024)	<p>IPC Phase 4 (Emergency): 50% of households will likely experience Catastrophe (IPC Phase 5) and 50% will likely experience Emergency (IPC Phase 4) levels of acute food insecurity.</p> <p>Reasonable worst-case scenario: risk of Famine</p>	<p>The FRC notes that the threshold for Acute Food Insecurity "Catastrophe" has already been surpassed.</p> <p>The FRC notes that the Famine threshold for acute food insecurity has already been surpassed. The FRC considers the scenarios and conclusion for the projected periods (IPC Phase 4, Emergency Acute Food Insecurity) to be plausible. The levels of acute food insecurity projected by the Analysis Team are plausible.</p>
Southern Governorate (Rafah)	Current (15 February – 15 March 2024)	IPC Phase 4 (Emergency): 25% of households experiencing Catastrophe (IPC Phase 5) and 40% experiencing Emergency (IPC Phase 4) levels of acute food insecurity.	The FRC considers that due to uncertainty around probable population movements between the southern governorates during the projection period, it is appropriate to consider a ROF analysis for the combined areas. The FRC concludes that there is a risk of Famine in a reasonable worst-case scenario in the entire area covered by the middle and southern governorates. The level of risk will vary between localities and populations.
	Projection (16 March – 15 July 2024)	<p>IPC Phase 4 (Emergency): 45% of households will likely experience Catastrophe (IPC Phase 5) and 35% will likely experience Emergency (IPC Phase 4) levels of acute food insecurity.</p> <p>Reasonable worst-case scenario: The Analysis Team requested guidance from the FRC on the risk of Famine for this area.</p>	

Figure 2: Map of the Gaza Strip and the Analysis Units used by the IPC



Source: IPC

IPC Map of analysis units. The IPC analysed the northern governorates (North Gaza and Gaza), the central governorates (Deir al-Balah and Khan Younis), and the Rafah Governorate separately



2. FAMINE REVIEW PROCESS

The Integrated Food Security Phase Classification (IPC) Famine Review Committee (FRC) was activated on 1 March 2024 by the IPC Global Support Unit (GSU) considering the extreme severity of the evidence provided. The FRC may be activated under four different scenarios as detailed in the IPC Famine Guidance Note.¹ In any of these scenarios, its role is to assess the technical rigour and neutrality of an IPC analysis.² The FRC was requested to determine the plausibility of a Famine (IPC Phase 5) projection for Gaza and North Gaza Governorates, including if a risk of Famine (IPC Phase 5)³ exists in the absence of a projected Famine (IPC Phase 5), and review the risk of Famine for Rafah Governorate under a worst-case scenario with a reasonable chance of occurring.

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) (see Figure 1). The current period of analysis was 15 February through 15 March 2024. A four-month projection period was used, covering 16 March through 15 July 2024.

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.

¹ IPC Guidance Note: Famine Classification. February 2024. https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC-Guidance-Note-on-Famine.pdf

² IPC Famine Fact Sheet. March 2024. https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Factsheet.pdf

³ 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. The risk of Famine analysis complements the Famine projections of the most likely scenario by providing insights into potential Famine if prospects evolve in a worse manner than anticipated. The risk of Famine differs from Famine projections because it focuses on a worst-case scenario that has a reasonable and realistic chance of happening.

3. FRC ASSESSMENT OF THE SITUATION

In the first FRC review of the situation in Gaza, conducted in December 2023, the FRC concluded that there was Catastrophic food insecurity in all governorates in the Gaza Strip.

Considering the extreme severity of the situation at that time, the FRC conducted a risk of Famine analysis for a six-month projection from 8 December 2023 to 7 May 2024, based on a reasonable worst-case scenario. The FRC considered that there was a risk of Famine and that the risk would increase for each day that the situation of intense conflict and restricted humanitarian access persisted or worsened. The FRC also made a number of recommendations on how the risk of Famine could be mitigated. Unfortunately, many of the assumptions that informed the worst-case scenario have proven correct in the period between December 2023 and this current review. Below, the FRC presents conclusions on the northern governorates in section 3.1, and on the middle and southern governorates in section 3.2.

3.1 Conclusions for the Northern Governorates (North Gaza and Gaza)

3.1.1 Current Period

Hazards and Vulnerability. North Gaza and Gaza Governorates have suffered from a high intensity of conflict with bombardment from air, land and sea and ground operation starting from 7 October 2023. The escalation of hostilities within the Gaza Strip began with heavy bombardment on 7 October 2023. On 27 October, major ground operations reportedly began within the Gaza Strip. As of 14 March 2024, the ongoing hostilities have reportedly caused over 104,929 casualties within the Gaza Strip – nearly 5% of the total population. This includes injuries to over 73,439 people, about half women and children, and over 31,000 deaths, nearly 60% of which have been women and children.⁴ Widespread destruction of building including dwellings shops and various type of infrastructures, such as hospitals, schools, and other public building, as well as WASH infrastructure, and storage facilities has taken place. The level of damage to infrastructure has been extensive (about 70% of buildings). In February 2024, the UN and its humanitarian partners planned only 24 missions to areas north of Gaza, of which six (25%) were

facilitated. In January 2024 it was 9 out of 61 (15%).⁵ A full electricity blackout started on 11 October 2023 and continues, with no large-scale production inside the Gaza Strip and no cross border import of electricity. Fuel provision has been extremely limited.

Acute Food Insecurity

Food Availability. Food from own production as well as individual, organizational, or shops stocks can be considered nearly exhausted. Field reports have been received of people scavenging in building rubble in search of food or consuming animal feed, but these sources of food are also being exhausted. It is estimated that only a maximum of 10-15% of the food needs in terms of Kilocalories have been entering in the northern governorates in the period January – February 2024. The few air-drop attempts have proven ineffective in delivering the quantities required and have involved a high risk to beneficiaries. Deliveries are taking place in a context of desperation, civil unrest and lack of order among the population trying to access the food commodities. The residual food sources coming from looting and scavenging are finite resources and it is unknown at what point even this strategy will be exhausted.

Food Access. While market surveys do not provide specific elements on prices in North Gaza and Gaza Governorates, key informants report that prices skyrocketed in the area, and the few items still available (food and medicines) are sold at unprecedentedly inflated prices. A very limited number of trucks carrying Food Aid is authorized to enter North Gaza and Gaza Governorates, and since 5 February there has been no report of food trucks being able to discharge in Gaza City, except an attempt on the 18-19 of February. On 5 March, a 14-truck food convoy, the first by WFP to the north since it paused deliveries on 20 February, was denied access, and on 7 March 11 food trucks from the private sector were allowed to enter. In total, from 5 February to 5 March, 10-15 food trucks were allowed into the Gaza

⁴ IHealth Cluster Dashboard, Occupied Palestinian Territory, March 2024, <https://healthcluster.who.int/countries-and-regions/occupied-palestinian-territory>

⁵ OCHA, Humanitarian Access Snapshot - Gaza Strip | End-February 2024, 6 March 2024, https://www.ochaopt.org/content/humanitarian-access-snapshot-gaza-strip-end-february-2024?gl=1*tdp1i0*_ga*MTEwNjk4NDg0LjE3MDk3NDIwNzg.*_ga_60ZNX2F68*MTcwOTgwMDIxOC4yLjEuMTcwOTgwMTI3OS41NS4wLjA



Governorate to feed about 300,000 people.

Food Utilization. Access to clean water for cooking remains highly limited. The mean water available per person per day according to the WFP survey in the north governorates is below 1 liter. Almost 80% of the households are resorting to burning firewood and wood residue, and 10% employ solid waste. This is not an organized system for waste management.

Stability. Ground operations and lack of access continue, with higher intensity in Gaza Governorate in the past weeks, significantly limiting the remaining population's ability to access the minimum supply of food and non-food commodities, as well as to access WASH and health services. In the north, shelters are reported to be mostly self-governed, and although the few trucks entering the Gaza Governorate are directed to these, informants indicate that on most occasions, trucks are only able to get past a few kilometers from the Wadi Gaza. The level of desperation linked to the lack of food is very high in the north, as demonstrated by recent lethal incidents associated with aid distribution. These also show that even a minimal degree of order to facilitate access to food and other essential supplies, such as medicines, cannot be guaranteed, given the absence of civil authorities or organized police. Social cohesion in Gaza is strained, exposing the most vulnerable, such as children - particularly those who are unaccompanied, women, and people living with disabilities to extreme levels of food and water deprivation.

Food Consumption Outcomes. According to the most recent WFP survey using data collected through Computer Assisted Telephone Interviews (CATI),⁶ in January and February 2024, 87.5% of surveyed households in the northern governorates reported Poor Food consumption Score (FCS), indicative of IPC AFI Phase 4 and 5 (Emergency and Catastrophe). An additional disaggregation of the FCS poor (<14) shows that 35.6% of respondents are not even able to eat cereals daily. In the northern governorates the mean days of cereal consumption are 4.4, in the middle and Rafah Governorates the mean days are 5.14 and 5.15 days respectively. Consumption of protein rich food is extremely low, with an average of 0.33 days a week.

Results from the reduced Coping Strategies Index indicate that more than 95% of respondents are engaging in extreme coping to access food, such as reducing meals, and restricting consumption by adults

for children to eat, in the previous week to cover gaps in their consumption.

The Households Hunger Scale (HHS) indicators show that nearly 85% of respondents in the northern governorates experienced 'very severe hunger' (indicative of IPC Phase 5) - twice the percentage detected in November 2023 (40%) - while 8.2% of households reported 'severe hunger' indicative of IPC Phase 4 (Emergency).

The livelihood part of the survey highlights that only about one-fifth of the respondents did not engage in emergency strategies to cope with the absence of food, while a high number of strategies to cope with absence of food emerge as not being available anymore. The Household Economy Approach (HEA) Outcome Analysis is also indicative of IPC Phase 5 (Catastrophe) for the northern governorates.

Figure 3: Comparison FCS and HSS in Gaza Strip (November-December 2023 and December 2023-February 2024)



Source: WFP

⁶ WFP, mVAM Survey, 6 December 2023 and 19 February 2024. Method and sampling: North Gaza and Gaza governorates n=104, Khan Younis and Deir al Balah governorates n=369, Rafah governorate n=892. Households were randomly selected from a master list of 320,000 WFP pre-conflict beneficiary households representing 80% of the total pre-conflict population in the Gaza Strip. Overall, 10,320 households were selected and called. Of them, 1,365 respondents completed the questionnaires (success rate of 13.3% - in line with the 10% to 20% typical of CATI analyses in MENA region), while 19 (0.29%) answered the call but hunged-up and did not complete it. The rest did not answer.

Acute Malnutrition

A detailed analysis of the drivers (risk factors) for acute malnutrition and the available data on nutritional status was provided by the Global Nutrition Cluster report on Nutrition Vulnerability in February 2024.⁷ Based on this report and their own analysis the IPC Analysis Team concluded that the key driver of acute malnutrition in the North Gaza Governorate was the highly inadequate dietary diversity in Children 6–23m, with 79% consuming ≤ 2 food groups,⁸ and also in Pregnant and breastfeeding women, with 95% consuming ≤ 2 food groups. The main food groups mentioned were non-vitamin A rich vegetables (24 affirmations), grains (20) and eggs (17). This situation highlights critically insufficient diet diversity and micronutrient intake before and during pregnancy and breastfeeding, which can affect both the women and the development of their infants. Infant and Young Children Feeding (IYCF) practices are highly constrained by the lack of resources and health seeking behavior is also highly constrained. Interviews conducted by the FRC with key informants and a review of available reports confirmed that the situation in the northern governorates during the current analysis period was similar to that reported by the Analysis Team. The health and WASH situations are also considered separately below.

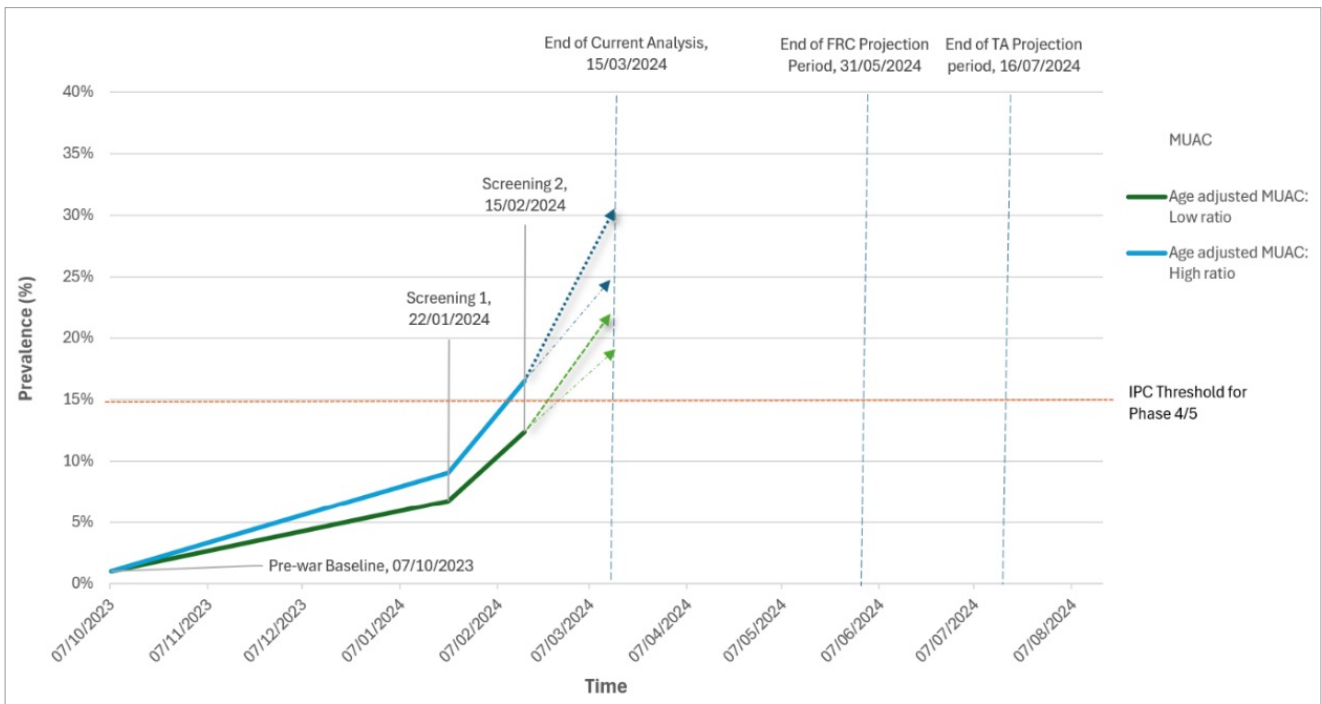
Within the IPC unit of analysis, MUAC screening data⁹

was available from the north governorate but not from Gaza City. The available data was collected as part of a vaccination programme and measurements were only taken from children aged 6-23 months. The FRC explored different methods for using this data to estimate the prevalence of GAM by MUAC in children aged 6-59 months. This was a necessary step to allow the classification of malnutrition according to IPC Phases.¹⁰

To provide a starting point for the trend analysis the prevalence of GAM by MUAC in North Gaza in 2023, before October 7th, was estimated at 1%. This is consistent with previous studies.¹¹ Age-adjustment of the MUAC

⁷ Global Nutrition Cluster, Nutrition Vulnerability and Situation Analysis in Gaza, February 2024. <https://www.nutritioncluster.net/resources/nutrition-vulnerability-and-situation-analysis-gaza>.
⁸ Idem. Dietary Intake North Gaza n=58, Gaza n= 56; Water and sanitation access Gaza n=28.
⁹ MUACZ screenings in North Gaza governorate. Method and sampling: n=1,536, 6-23 months, 14-31 January 2024 and n= 1,323, 6-23 months, 1-29 February 2024. Screening conducted at shelters and health centres during vaccination. Gaza Governorate not covered. The first screening, conducted between 14 and 31 of January 2024, shows a MUACZ of 26.2% (CI 14.27 – 17.93), and the second screening, conducted between 1 and 29 February 2024, shows a MUACZ of 29.25% (CI 95%, 26.86 – 31.76). MUACZ is converted in MUAC for purpose of comparability towards the IPC Reference Table.
¹⁰ IPC Technical Manual v3.1, page 37. IPC Manual 3.1 | IPC - Integrated Food Security Phase Classification (ipinfo.org).
¹¹ A Assaf E, Al Sabbah H, Al-Jawadleh A. Analysis of the nutritional status in the Palestinian territory: a review study. *Front Nutr.* 2023 Jul 18;10:1206090. doi: 10.3389/fnut.2023.1206090. PMID: 37533576; PMCID: PMC10391640.

Figure 4: Trends in GAM by MUAC Prevalence in North Gaza (children aged 6-59 mo.)





screening data resulted in a GAM by MUAC prevalence in January 2024 of 6.8% to 9.1%. By February this had risen to give a range of 12.4% to 16.5%, indicating a very steep increase in the incidence of acute malnutrition in children 6-59 mo. To estimate what the prevalence would be at the time of the current analysis in March 2024, two nowcasting scenarios were examined.

Given the extremely poor situation regarding the drivers of malnutrition, the best-case scenario was that there had been a continued linear increase in prevalence, while the more likely scenario was that the rate of increase would have followed the observed trend and have increased further in the time since the February screening. These two scenarios were then applied to the high and low estimates for age-adjusted GAM by MUAC prevalence, resulting in the four dotted lines shown in Figure 4. This analysis indicates that in all scenarios the GAM by MUAC prevalence had passed the IPC Phase 4/5 threshold (Critical/Extremely Critical) in the current analysis period. Given the current trajectory in MUAC prevalence data it is clear that the Famine threshold for acute malnutrition prevalence, measured using weight-for-height Z-scores, may have already been crossed or will be crossed imminently.

These data were collected exclusively in North Gaza Governorate. In Gaza Governorate, where the majority of the population in the northern governorates are thought to reside, there are no data available on nutrition and too small a sample from food security survey (48 observations) to conclude on the area separately. From the contributing factors analysis, it is clear that the situation is worse in Gaza Governorate, considering the almost complete absence of health services, no vaccination campaigns, no acute malnutrition screenings, the extremely limited humanitarian access, and the higher intensity of conflict. Key Informants reported the highest level of severity in this governorate and the likelihood of pockets of Famine that might not be geographical pockets but rather economic or other vulnerability pockets (people living with disabilities, elderly, unaccompanied children, or children of injured parents).

Health Services and Health Status

There are now only four hospitals and two clinics remaining in the Gaza Governorate and two hospitals and two clinics in North Gaza Governorate. All of them operate at a very low level. The degradation of the health system has continued since December 2023,

with ongoing attacks on health facilities, destruction of infrastructure, obstruction of the importation and distribution of medical supplies, and restriction on the movement of patients and staff. The obligations of International Humanitarian Law continue to be widely ignored. Despite this, operators manage to conduct some activities including vaccination (confirmed for north Gaza). However, there is very limited to no malnutrition treatment in the north, with reported shortages of malnutrition treatment supplies and personnel available to treat non-trauma cases, as well as lack of access to facilities by potential patients. Partners are trying to set up stabilization centres for the treatment of complicated malnutrition cases, but these are not yet operational. Capacity to give support to caregivers for IYCF is of particular concern as there are significant challenges to providing appropriate and safe diets for the youngest and most vulnerable children. Overall, the health and nutrition services available in the northern governorates are extremely limited and incapable of meeting the large and growing need for healthcare in this area.

There is very limited data on the health status of the population in the Gaza Governorate due to very limited access permitted for humanitarian and health organizations. The deteriorating trends in infections and other health indicators, reported from elsewhere in the Gaza Strip, are likely to be worse in the northern governorates due to the lower levels of access, higher levels of destruction of civilian infrastructure, and more extreme shortages of food and water.^{12/13}

Water, Sanitation, and Hygiene

There is very little information about the functioning of the public water supply system in the north, however key informants reported it to be not operative and that it is also unclear how much private water trucking is going on. The same lack of information applies to sanitation. Regarding hygiene, soap seems to be available on the market but at very elevated prices. Overall, the WASH situation in the northern governorates is in an extremely critical situation. For Gaza Governorate, the extremely critical water and sanitation situation was identified as a key driver, with access to only 0.66L per person per day (self-reported).¹⁴

¹² UNRWA at the frontlines: managing health care in Gaza during catastrophe, Al-Jadba, Ghada et al. *The Lancet*, Volume 403, Issue 10428, 723 – 726.

¹³ Global Nutrition Cluster, *Nutrition Vulnerability and Situation Analysis / Gaza*, February 2024

¹⁴ *Idem*

Mortality

Two main sources of mortality data were considered, as well as modelled projections published by Checchi, et al.¹⁵ 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 CATI surveys conducted by WFP.^{16/17} The FRC understanding is that MOH data is not disaggregated by area and appears to only be those attributable to conflict related violence. The WFP CATI survey data results can be disaggregated by area but not by cause. Therefore, no direct measurements of CDR or U5DR after trauma exclusion are currently available.

The modelled projections published by LSHTM indicate catastrophic and steeply rising all-cause death rates. However, while considered useful for indicating the expected direction of travel and scale of the expected excess mortality, the FRC found some of the assumptions factored in in the study published in early February might have evolved in different directions, especially regarding food intake estimates and acute malnutrition.

The absence of non-traumatic mortality data¹⁸ for children or CDR in both governorates leaves a high degree of uncertainty on the child and adult deaths rates in the current period in North Gaza. It is likely that the extreme levels of malnutrition have not yet translated into 2/10,000/day Crude Death Rate. The likelihood of having surpassed U5DR thresholds (4/10,000/day for children) is higher but impossible to ascertain.

On 11 March 2024, OCHA¹⁹ reported that the death toll related to malnutrition (described as malnutrition and dehydration in the media) had risen to 25, including 21 children, according to the Ministry of Health (MoH) in Gaza. This count was started on 28 February 2024 by the Ministry of Health in Gaza. While these numbers may not be representative, they are indicative of an alarming and rapidly worsening situation.

Conclusions for the north in the current period

The FRC considers the findings of the Analysis Team plausible, and highlights that:

- Famine thresholds for acute food insecurity, have been surpassed,
- Famine thresholds for acute malnutrition (Extremely Critical) have been surpassed,

- 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 U5DR thresholds (4/10,000/day for children) is higher but impossible to ascertain.

3.1.2 Projected Period

Conflict and humanitarian access. The primary drivers of the food security, nutrition, and mortality situation in the Gaza Strip are the conflict intensity and extent, and access, defined as the ability of humanitarian and private actors to deliver the necessary supply and services to the most vulnerable populations and the ability of affected populations to access this assistance. There is a high degree of uncertainty over the evolution of the conflict. Due to the volatility of the context, the estimation of the trajectory in terms of intensification and extension of the conflict are extremely complex. Yet, the FRC concludes that even if there is a continuation of current conditions (a status quo scenario) regarding conflict and access, it will result in a deterioration of food insecurity, acute malnutrition and mortality.

Acute Food Insecurity

Food availability. In addition to the currently constricted flow of both humanitarian and commercial imports, that is well below dietary requirements, the trajectory of food availability continues to worsen. There is a finite supply of existing food stocks that people have been accessing via looting from damaged homes, shops, and warehouses, and these have been, will soon be exhausted. Domestic production is extremely disrupted, with key informants indicating a collapse of the agricultural sector. Unless restrictions on the import food commodities from humanitarian and private initiatives are ended, food availability will only further decline.

¹⁵ London School of Hygiene and Tropical Medicine, Health in Humanitarian Crises Centre, John Hopkins Center for Humanitarian Health. *Crisis in Gaza: Scenario-based Health Impact Projections*, 6 February 2024. *Crisis in Gaza: Scenario-Based Health Impact Projections* (gaza-projections.org).

¹⁶ Health Cluster, Dashboard, Microsoft Power BI.

¹⁷ WFP, mVAM Survey, 6 December 2023 and 19 February 2024.

¹⁸ CDR from WFP CATI survey in the North Gaza and Gaza governorates (n=34, CDR 3.3 including trauma, U5DR 0) does not allow to calculate non-trauma death.

¹⁹ OCHA, *Hostilities in the Gaza Strip and Israel | Flash Update #136*, 11 March 2024. *Hostilities in the Gaza Strip and Israel | Flash Update #136 | United Nations Office for the Coordination of Humanitarian Affairs - occupied Palestinian territory* (ochaopt.org)



Food Access. Physical access continues to be a major barrier to the free flow of markets and people's ability to access markets and humanitarian distribution points. Financial access is rapidly deteriorating with CPI rates rising exponentially over the past few months (CPI has more than doubled from pre-crisis to January 2024), and is likely to continue to rise with the constraints on imports and domestic production. Income-earning activities are effectively eliminated. Cash distribution is hindered by the logistical difficulties in transporting cash, communicating and coordinating with beneficiaries, and the massive disruption of the banking system. From 26 February, attempts to distribute food aid through airdrop operations have been conducted, which has resulted in fatalities on the ground and provided an insufficient amount of food to meet the nutritional requirements of the population. On 7 March 2024, the US announced plans to construct a pier on the Gaza shore to deliver large-scale aid, however it is estimated that it will take up to 60 days to complete and need about 1,000 troops to build it.²⁰ While this may contribute to addressing food needs towards the end of the projection period, it will likely not be sufficient. It is also uncertain if the restrictions and constraints on food imports via the maritime route will be similar to those currently imposed, at land border crossings.

Food Utilization. Care and feeding practices, will continue to be disrupted considering the massive scale displacement and the breakdown of family structures, raising a particular concern for infants. Clean water for cooking, cleaning, sanitation, and drinking will likely continue to be extremely limited due to infrastructure damage to wells, limited fuel supplies, limited water trucking due to insecurity, limited fuel, and general infrastructure damage.

Stability. Civil unrest is expected to continue to be extremely elevated in the whole Gaza Strip as it is already near the point of collapse in Gaza City. Recent deaths related to the airdrops and swarming on the few trucks entering the north are key evidence of the level of desperation and the absence of civil authorities or organized police allowing a minimal degree of order in the access to food and other essential supplies such as medicines. Social cohesion may reasonably be considered to have already broken down, further exposing the most vulnerable, such as children, particularly unaccompanied, women, people living with disability, and the elderly to extreme levels of food and water deprivation, and health insecurity.

Acute Malnutrition

The extremely critical situation regarding the drivers of acute malnutrition is expected to continue in the projection period. The trajectory of acute malnutrition prevalence (shown in Figure 4 above) indicates that the Famine threshold has already been exceeded or will be passed imminently. There will be a rapidly increasing number of deaths due to or associated with malnutrition. These deaths are expected to be initially concentrated in young children, the elderly, and the sick or injured, but the risk of death due to malnutrition will increasingly affect other population groups as well.

Health Services and Health Status

The health status of the population is expected to continue to deteriorate in the projection period. There will be an increasing risk of infectious disease outbreaks due to worsening nutrition status, the extreme environmental conditions, including lack of clean water and sanitation, reduced shelter, no access to effective health care, and a reduction in the immuno-competence of the population due to malnutrition. Complications in people suffering from non-communicable diseases are expected to increase and lead to excess mortality. Lack of treatment for people injured in the conflict is also expected to lead to avoidable morbidity and contribute to increased mortality. The lack of access to reproductive health care will lead to an increased risk of maternal and neonatal deaths. A deterioration in mental health due to prolonged exposure to stress, fear, bereavement, hunger, thirst, and adverse physical conditions will be widespread.

Water, Sanitation, and Hygiene

The extremely critical situation regarding the availability of potable drinking water as well as sanitation and hygiene services is expected to continue. This will contribute to the risk of disease outbreaks and the difficulties in providing safe and effective health care and food preparation, particularly for the youngest. Deaths attributable to dehydration may occur with increasing frequency as the seasonal temperature increases and drinking water requirements increase.

²⁰ Institute for the Study of War, Iran Update, March 8, 2024 | Institute for the Study of War ([understandingwar.org](https://www.understandingwar.org))

Mortality

For the reasons described above, it is expected that non-trauma deaths will rapidly increase and the Famine thresholds for under-five (U5DR) and crude death rates (CDR) will be exceeded. Excess non-trauma mortality is expected to rise due to a combination of malnutrition, infection, non-communicable disease, and unmet reproductive health needs.

Conclusions for North Gaza and Gaza Governorates in the Projection Period

The findings of our latest review indicate that Famine is now projected and imminent in the North Gaza and Gaza Governorates and will become manifest during the period of mid-March to end of May 2024. The Famine threshold for acute food insecurity has been exceeded since December 2023 and the trend in acute malnutrition data indicates that it is highly likely that the Famine threshold for acute malnutrition has also already been exceeded. The FRC expects the upward trend in non-trauma mortality to accelerate and for all Famine thresholds to be passed imminently.

3.2 Conclusions for the Deir al-Balah, Khan Younis and Rafah Governorates

3.2.1 Current Period

The FRC reviewed the evidence available, the Analysis Team worksheets and their conclusions and find the results produced plausible for the current period of analysis (15 February to 15 March 2024).

3.2.2 Projected Period

For the projected period, the extreme volatility of the situation, the absence of clear trends on key drivers and the unpredictability of humanitarian access makes the definition of a most likely scenario extremely challenging. However, the FRC considers that both the scenario laid out by the Analysis Team and the resulting analysis are plausible.

3.2.3 Risk of Famine

Given the continued catastrophic food security situation across the entire Gaza Strip, a risk of Famine (RoF) analysis was done for Deir al-Balah, Khan Younis, and Rafah Governorates. This analysis considered whether Famine

will occur under a reasonable worst-case scenario during the projection period through 15 July 2024. A RoF analysis for the northern governorates was not performed as the FRC is projecting Famine in those areas under the most likely scenario.

The FRC considered the assumptions for the worst-case scenario made by the Analysis Team regarding the evolution of the conflict and the expected impacts on food security and acute malnutrition to be plausible for all three governorates.

The intensity of the conflict and the extent of humanitarian space will determine the magnitude and directions of population movement within the Gaza Strip. It is currently impossible to ascertain the destination(s) of these human-made displacements, however any further concentration of population in any already highly populated area, for instance as a consequence of an escalation in the Rafah Governorate driving hundreds of thousands towards Al-Mawasi and the surrounding areas, will significantly increase the risk of Famine.

The FRC considered the risk of Famine statement made by the Analysis Team about Deir al-Balah, Khan Younis and Rafah Governorates to be plausible. Given the high degree of uncertainty and fluidity of the situation with displacements likely forcing people to move to and from multiple localities, the FRC felt it was appropriate to group together all three of the southern governorates for a risk of Famine analysis rather than to separate the governorates as different units of analysis. Forced displacement will increase the risk of Famine because of overcrowding, poor supply of food, water, and medicines, and limited provision of health and wash services, and will expose the displaced population to an increased risk of epidemic outbreaks.

The FRC reached technical consensus that, under a reasonable worst-case scenario, there is a risk of Famine across the entire middle and southern areas of the Gaza Strip during the projection period of mid-March to mid-July 2024. The cessation of hostilities together with the restoration of humanitarian space to deliver multi-sectoral assistance and restore services are essential steps in mitigating the risk of Famine.



4. RECOMMENDATIONS FROM THE FAMINE REVIEW COMMITTEE

Recommendations are provided below for different groups of stakeholders. The FRC notes that many of the key recommendations made in our December 2023 report have not been implemented and still remain relevant to the current situation. They are therefore repeated below.

For Senior Decision Makers and Resource Partners

The situation in Gaza is catastrophic. Famine is projected and imminent in the northern governorates and there is a risk of Famine across the rest of the Gaza Strip.

This 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 FRC report)*

A sufficient and sustained supply of aid commodities, including but not limited to food, medicines and specialist 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 be fully resumed to meet the volume of commodities required. *(Already stipulated in the December 2023 FRC report)*

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 FRC report)*

For the Humanitarian Country Team

The humanitarian response should continue preparations to rapidly scale up humanitarian assistance if humanitarian access improves, including the provision of fuel, food, water, medical and nutritional supplies and services, water, sanitation and hygiene supplies and services, and other basic needs and services. *Already stipulated in the December 2023 FRC report*). Where feasible, cash-based interventions and restoration of domestic agriculture production should be implemented.

Humanitarian agencies should maintain contingency plans for the various scenarios that may transpire, including an escalation in the conflict, a ground attack on Rafah, further mass displacement to a range of different locations, and a large-scale outbreak of infectious disease, such as cholera.

When people do have access to food, consumption is mostly flour and oil, which are not sufficient to cover all the nutritional needs of the population most at risk. A scale-up in the delivery of humanitarian food assistance should ensure that consideration of the nutritional quality of the foods provided is also prioritized and that the most nutritionally vulnerable are considered first. *(Already stipulated in the December 2023 FRC report)*

Efforts to supply non-breastfed infants with ready-to-use formula should continue alongside sufficient access to safe drinking water if preparation is required. Young children need safe, appropriate, and sufficient complimentary foods and micronutrient supplements.

Micronutrient supplementation must also be provided to pregnant and lactating women, the chronically ill, and the elderly.

Cases of acute malnutrition are rapidly increasing and the current capacity to deliver acute malnutrition treatment services is still very low in comparison to the expected need. CMAM and IYCF-E services should be established in all areas of the Gaza Strip with a need to open stabilization centers in the North to ensure access to life-saving nutrition services.



In addition to preparing to scale up humanitarian assistance via direct food transfers, efforts should be made to restore the functioning of market infrastructures and bakeries to maximize private sector flows of goods and food stuffs, and to complement with cash/voucher programs to stimulate market responses. *(Already stipulated in the December 2023 FRC report)*

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 FRC report)*

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 FRC report)*

For the IPC Analysis Team and Humanitarian Information Systems

In view of the volatility of the situation and the fast pace of deterioration, scaling up ongoing monitoring and conducting frequent assessment of the evolution of the situation should be done by updating the IPC analysis, ideally in May 2024 and again at the end of the AT projection period in July 2024. 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.

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 movement of commodities through the Gaza Strip, disaggregated by contents and destination or point of distribution.

- 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. Establishment of an emergency, sentinel site surveillance system should be implemented, when possible, to enable data collection to continue if further attacks on the UNRWA health system makes continued data collection impossible.

Specific data collection activities:

1. Scale up the measurement of mid-upper arm circumference (MUAC) in a purposively selected sample of children, aged 6-59 months, to allow monitoring of changes in the prevalence of Global Acute Malnutrition by MUAC (GAM by MUAC), to prevent having to convert results for one age group to the full age range needed.
2. Continue to conduct repeated computer-assisted telephone interview (CATI) surveys to track the evolution of household food insecurity and other key indicators, including mortality. *(Already stipulated in the December 2023 FRC report)*
3. Record and report deaths in a way that, as far as possible, allows for disaggregation by age and cause of death.

The FRC notes that collecting and reporting this data can be extremely sensitive in a conflict setting, and its collection may be a burden on health care workers who are already overwhelmed.

The FRC strongly recommends that the Analysis Team be prepared to update the IPC projections as necessary, and the FRC stands ready to quickly review any such analysis.



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

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- UNICEF, *Post-distribution Monitoring Report*, 29-31 January 2024.



- UNITAR and UNOSAT, *Impact of the 2014 Conflict in the Gaza Strip*, September 2014, <https://unitar.org/about/news-stories/news/impact-2014-conflict-gaza-strip-unosat-satellite-derived-geospatial-analysis>
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- Van den Hoek, J. and Scher, C. 2023-2024. *Gaza Strip Damage Maps*. Decentralized Damage Mapping Group. <https://www.conflictdamage.org/>
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ANNEX 2: TERMS OF REFERENCE FOR THE IPC FAMINE REVIEW FOR THE GAZA STRIP IPC ACUTE FOOD INSECURITY ANALYSIS CONDUCTED FROM 2 TO 15 MARCH 2024

A. Introduction

An acute food insecurity (AFI) analysis was conducted by the IPC global initiative 26 February – 1 March 2024 employing IPC protocols. The analysis relied entirely on publicly accessible data, reports, and assessments from various institutions and organizations. The analysis was successfully concluded on 1 March 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 Famine 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.²¹ This specific review was activated to request the FRC to determine the plausibility of a Famine (IPC Phase 5) projection for Gaza and North Gaza Governorates, including if a risk of Famine (IPC Phase 5) exists in the absence of a projected Famine (IPC Phase 5), and review the risk of Famine for 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.²²

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 1-4 March 2024.

²¹ https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC-Guidance-Note-on-Famine.pdf

²² <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 (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

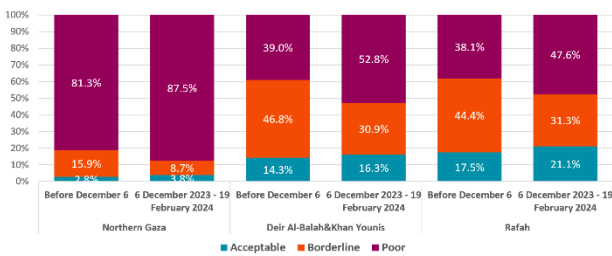
The proposed timeline for the Quality Review process is presented below.

Step	Activity Description	Dates
1	FRC preparation team constituted and receive AT data, Analysis Worksheets, and conclusions for areas under review. FRC activated and receive completed analysis for areas under review	1 March 2024
2	FRC preparation team review all AT data, and Analysis Worksheets, complete the FRC Matrix Tool, identified main areas requiring FRC review, and submit conclusions to the FRC	1-4 March 2024
3	Teleconferences among FRC preparation team, partners participating in the analysis, key informants, and the FRC	4-8 March 2024
4	FRC present the results of the review to the AT, Crisis Management Team/Humanitarian Country Team, and the IPC Global Steering Committee	13-15 March 2024
5	FRC conclude the Famine Review and share the FRC report with the GSU for its publication	18 March 2024

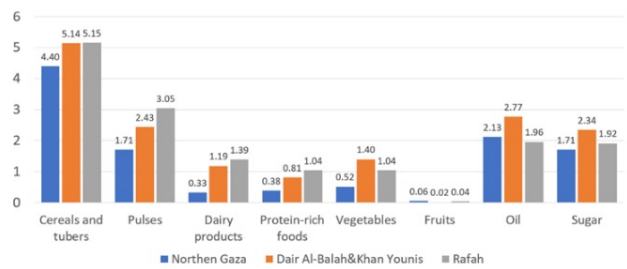
ANNEX 3. SUMMARY OF KEY OUTCOMES AND METHODS

WFP, mVAM Survey, 6 December 2023 and 19 February 2024. North Gaza and Gaza, n = 104, Khan Younis and Deir al Balah, n = 369, Rafah n = 892. Households were randomly selected from a master list of 320,000 WFP pre-escalation beneficiary households representing 80% of the total pre-escalation population in the Gaza Strip. Overall, 10,320 households were selected and called. Of them, 1,365 respondents completed the questionnaires (success rate of 13.3% - in line with the 10% to 20% typical of CATI analyses in MENA region), while 19 (0.2%) answered the call but hung-up and did not complete it. The rest did not answer.

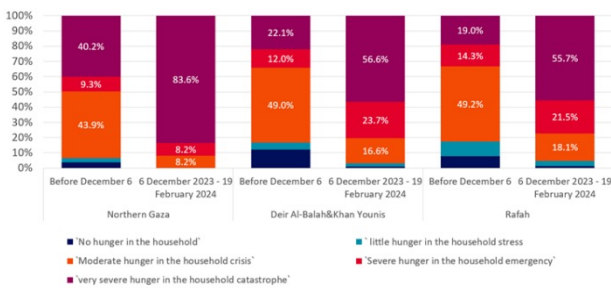
Food Consumption Score (28,42)



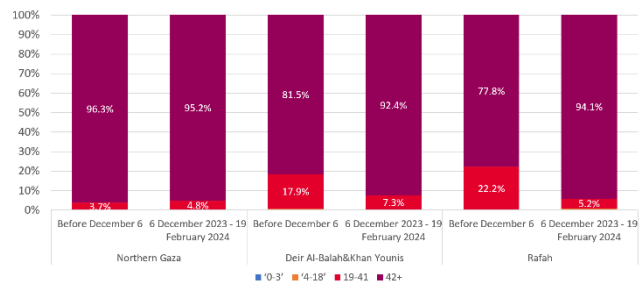
Average number of days of food items consumption during the week



Household Hunger Scale



Reduced Coping Strategy Index





		During the past 30 days, did anyone in your household have to barter/exchange clothing for food due to a lack of food or money to buy it?				During the past 30 days, did anyone in your household have to beg (i.e., ask strangers on the streets for money or food) due to a lack of food or money to buy it?				In the past 30 days, has anyone in your household had to pick up food waste because of a lack of food or money to buy it?			
		Yes	No, because we did not need to	No because we have already used this strategy	Not applicable (don't have access to this strategy)	Yes	No, because we did not need to	No because we have already used this strategy	Not applicable (don't have access to this strategy)	Yes	No, because we did not need to	No because we have already used this strategy	Not applicable (don't have access to this strategy)
Northen Gaza	104	17.60%	26.50%	0.00%	55.90%	11.80%	29.40%	0.00%	58.80%	2.90%	38.20%	0.00%	58.80%
Dair Al-Balah&Khan Younis	369	23.70%	28.90%	0.00%	47.40%	7.00%	43.00%	0.90%	49.10%	1.80%	48.20%	0.00%	50.00%
Rafah	892	27.20%	23.90%	1.20%	47.70%	7.50%	40.00%	0.20%	52.30%	1.90%	50.20%	0.00%	47.90%
		During the past 30 days, has anyone in your household had to resort to picking up trash to sell (other than food) because of a lack of food or money to buy it?				During the past 30 days, did anyone in your household have to resort to looting food (from debris) due to a lack of food or money to buy it?				During the past 30 days, did anyone in your household have to seek food outside the shelter, facing potential safety risks in challenging situations (e.g., near conflict zones or areas with increased activity), due to a lack of food or money to buy it?			
		Yes	No, because we did not need to	No because we have already used this strategy	Not applicable (don't have access to this strategy)	Yes	No, because we did not need to	No because we have already used this strategy	Not applicable (don't have access to this strategy)	Yes	No, because we did not need to	No because we have already used this strategy	Not applicable (don't have access to this strategy)
Northen Gaza	104	17.60%	26.50%	2.90%	52.90%	23.50%	23.50%	2.90%	50.00%	73.50%	11.80%	2.90%	11.80%
Dair Al-Balah&Khan Younis	369	14.90%	36.80%	0.90%	47.40%	5.30%	48.20%	8.80%	37.70%	64.90%	20.20%	5.30%	9.60%
Rafah	892	10.00%	44.80%	0.40%	44.80%	6.40%	48.50%	5.40%	39.80%	59.10%	19.70%	11.60%	9.70%

Data on Malnutrition Considered in the Review

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 15 March 2024 is from Mid-Upper Arm Circumference (MUAC) screenings. Many screenings were conducted as part of vaccination programmes. 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. Of the screening data made available for the analysis, one set only included 45 children and therefore was not considered in the FRC review. The remaining screening datasets were analysed as follows.

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 0.66,²³ 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.

²³ In an age-balanced sample, approximately two thirds (~66%) of the sample is over 2 years old.

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.

Meta-data



Dataset	Level of data	Data collection period	Setting	Children health status	Sample size*	N (%) Children under 2	N (%) Children over 2
North Gaza (Jan)	Individual	2.5 weeks Jan 14-31	Health centers and shelters – vaccination	Not sick	1,549	1539 (99.4%)	10 (0.6%)
North Gaza (Feb)	Individual	4 weeks Feb 1-29	Health centers and shelters – vaccination?	Not sick?	1,329	1325 (99.7%)	4 (0.3%)
Deir al Balah	Aggregate	Feb 22?	Shelters – screening	Not sick	45	18 (40.0%)	27 (60%)
Deir al Balah	Individual	3 weeks Feb 5-10 Feb 18-25 Feb 26-Mar 4	Health centers in Deir Al Balah including Nusirate refugee camp – vaccination	Not sick	1,393	1393 (100.0%)	-
Khan Yunis	Aggregate	Feb 22?	Shelters – screening	Not sick	322	117 (36.3%)	205 (63.7%)
Rafah	Individual	6 weeks Jan 17-Mar 4	Health centers in Rafah – vaccination	Not sick	2,462*	2443 (99.2%)	19 (0.8%)
Rafah	Individual	8 weeks Jan 6 – Mar 4	IMC hospital – triage	Mostly sick	948*	495 (52.2%)	453 (47.8%)
Rafah	Aggregate	3 weeks Jan 28 – Feb 11	Health Center – PHC activity	Some sick	551	253 (45.9%)	298 (54.1%)
Rafah	Aggregate	Feb 22?	Shelters – screening	Not sick	844	293 (34.7%)	551 (65.3%)
Rafah	Individual on cases only	4 weeks 21 Jan – 18 Feb	Community: schools, roundabouts, central points, etc. – screening	Not sick	~5,000	?	?

Results – MUAC GAM prevalence

Dataset	N & Health status	UNWEIGHTED			Ratio	WEIGHTED	
		GAM MUAC 6-59 mo	GAM MUAC 6-23 mo	GAM MUAC 24-59 mo		GAM MUAC 6-59 mo	IPC AMN PHASE
North Gaza (Jan)	1,536 Not sick	–	16.02% (14.27; 17.93)	1.65 – 5.21	6.44 – 8.81	2-3	
North Gaza (Feb)	1,323 Not sick?	–	29.25% (95% CI: 26.86 – 31.76)	3.02 – 9.53	11.76 – 16.10	4-5	
Deir al Balah	45 Not sick	20.00% (10.71; 34.26)	27.78% (11.76; 52.61)	14.81% (5.67; 33.48)	19.14% (10.09%; 33.29%)	Insufficient sampling	
Deir al Balah	1,392 Not sick	–	4.67% (95% CI: 3.68 – 5.91)	0.48 – 1.52	1.88 – 2.57	1-2	
Khan Yunis	322 Not sick	12.73% (9.52%; 16.84%)	28.21% (20.78; 37.05)	3.90% (1.98; 7.54)	12.00% (8.88%; 16.03%)	3-4	
Rafah	2,434 Not sick	–	8.01% (7.00 – 9.16)	0.83 – 2.61	3.22 – 4.41	1-2	
Rafah	939 Mostly sick	7.35% (5.85; 9.20)	12.45% (9.81 – 15.67)	1.78% (95% CI: 0.91 – 3.48)	5.33% (4.07%; 6.96%)	2	
Rafah	551 Some sick	11.80% (9.36; 14.77)	18.58% (14.25; 23.85)	6.04% (3.85; 9.36)	10.22% (7.95%; 13.04%)	3	
Rafah	844 Not sick	5.09% (3.80; 6.80)	12.29% (9.00 – 16.56)	1.27% (95% CI: 0.62 – 2.60)	4.94% (3.67%; 6.62%)	2	
Rafah	~5,000 Not sick	1.76%	--	--	--		



UNICEF PDM:²⁴ A short SMS-based survey delivered through RapidPro, targeting all recipients who have 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 30th of 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.

Figure 2.
Children 6–23 month – Major food groups consumed in the preceding 24 hours
 (Source: UNICEF PDM)

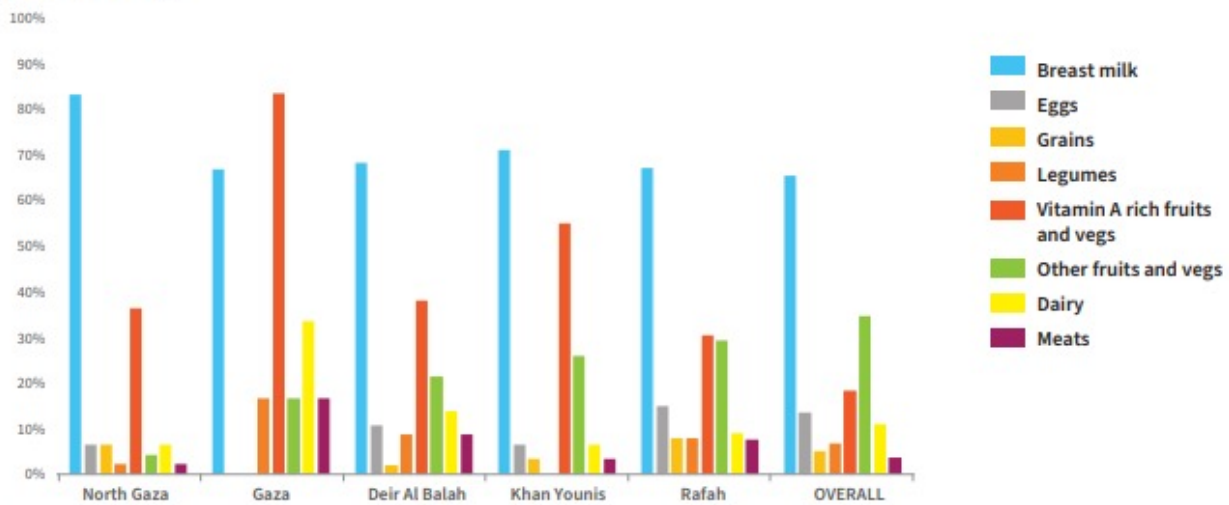
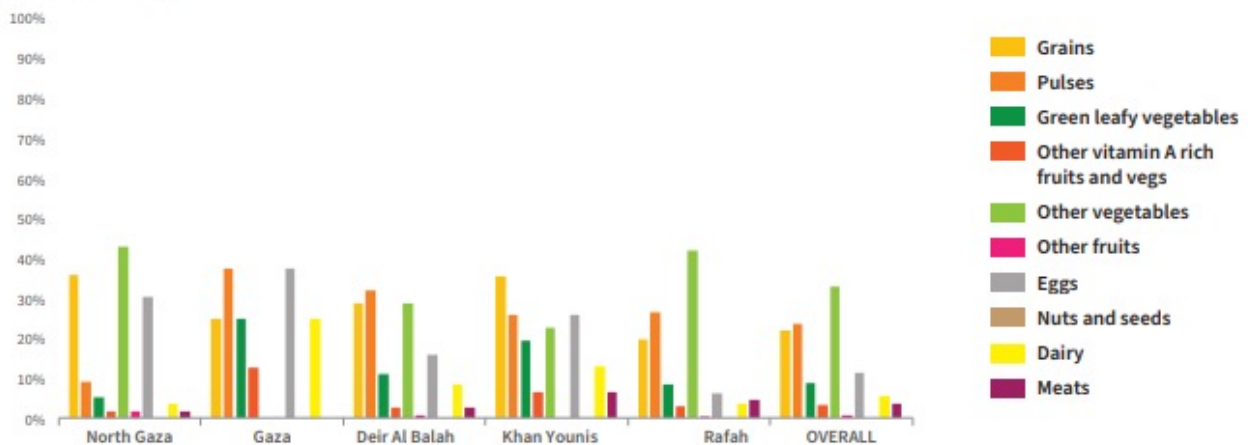


Figure 3.
Pregnant and Breastfeeding women – Major food groups consumed in the preceding 24 hours
 (Source: UNICEF PDM)



²⁴ <https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2024-02/GAZA-Nutrition-vulnerability-and-SitAn-v7.pdf>



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