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Overview

One year into the conflict, the risk of Famine persists across the whole Gaza Strip. Given the recent surge in hostilities, there are growing concerns that this worst-case scenario may materialize.

Violence has displaced nearly 2 million people, decimated livelihoods, crippled food systems, destroyed 70 percent of crop fields, severely restricted humanitarian operations and resulted in the collapse of health services and Water, Sanitation and Hygiene (WASH) systems. Catastrophic acute food insecurity and concerning acute malnutrition levels will continue to prevail if the conflict continues, and humanitarian activities are restricted.

Between September and October 2024, the whole territory is classified in IPC Phase 4 (Emergency). About 1.84 million people across the Gaza Strip are experiencing high levels of acute food insecurity classified in IPC Phase 3 (Crisis) or above, including nearly 133,000 people facing catastrophic food insecurity (IPC Phase 5) and 664,000, in IPC Phase 4 (Emergency). Acute Malnutrition is at serious levels (IPC AMN Phase 3), ten times higher than before the escalation of the hostilities.

Nearly the entire population has been displaced multiple times, often under continued shelling and aerial bombardments. Many households, especially the most vulnerable, are unable to relocate or find safe shelter. The majority are living in temporary makeshift camps with an alarming density of almost 40,000 people per square kilometer. The evacuation orders and the military offensive, which further intensified in the past weeks have significantly disrupted humanitarian operations, and repeated displacements have steadily worn-down people's ability to cope and access food, water and medicine, deepening the vulnerability of entire communities.

A temporary surge of humanitarian assistance and commercial supply between May and August 2024 partly alleviated acute food insecurity and malnutrition conditions. However, September saw the lowest volume of commercial and humanitarian supplies entering Gaza since March 2024. This sharp decline will profoundly limit food availability and the ability of families to feed themselves and access services in the next few months. The upcoming winter season is expected to bring colder temperatures along with rain and potential flooding. Seasonal diseases and increasingly limited access to water and health services are likely to worsen acute malnutrition, especially in densely populated areas, where the risk of epidemics is already high.

The population classified in IPC Phase 5 (Catastrophe) is expected to nearly triple in the coming months. Between November 2024 and April 2025, almost 2 million people, more than 90 percent of the population, are classified in IPC Phase 3 (Crisis) or above, of which 345,000 people (16 percent) are in Catastrophe (IPC Phase 5), and 876,000 people (41 percent) in Emergency (IPC Phase 4). Although less populated, Rafah and the northern governorates will likely face more severe acute food insecurity.

Acute malnutrition is expected to worsen in all governorates, driven by seasonal diseases in high-density population settings alongside reduced assistance to children and pregnant and breastfeeding women. In Rafah, the deterioration is expected to reach critical level (IPC AMN Phase 4). Prioritizing children's meals over adults, and the inflow of life-saving nutrition assistance, including blanket supplementary feeding of children with fortified, high-calorie foods have been crucial to reverse the deterioration of acute malnutrition. Nonetheless, the expected reduction of humanitarian assistance, soaring food prices, reduced access to fresh food, and the collapse of the health and WASH systems are expected to have a negative impact on the nutrition situation in the projected period. Among children aged 6 to 59 months, an estimated 60,000 cases of acute malnutrition, of which 12,000 severe cases, are expected between September 2024 and August 2025.

The risk of Famine between November 2024 and April 2025 persists as long as conflict continues, and humanitarian access is restricted. **The extreme concentration of population in an ever-shrinking area, living in improvised shelters with intermittent access to humanitarian supplies and services, elevates the risk of epidemic outbreaks and deterioration into a catastrophe of unprecedented magnitude. Attacks on camps, shelters and infrastructure across the Gaza strip, as well as renewed evacuation orders in North Gaza in the past two weeks, are already increasing the likelihood of this worst-case scenario occurring.**

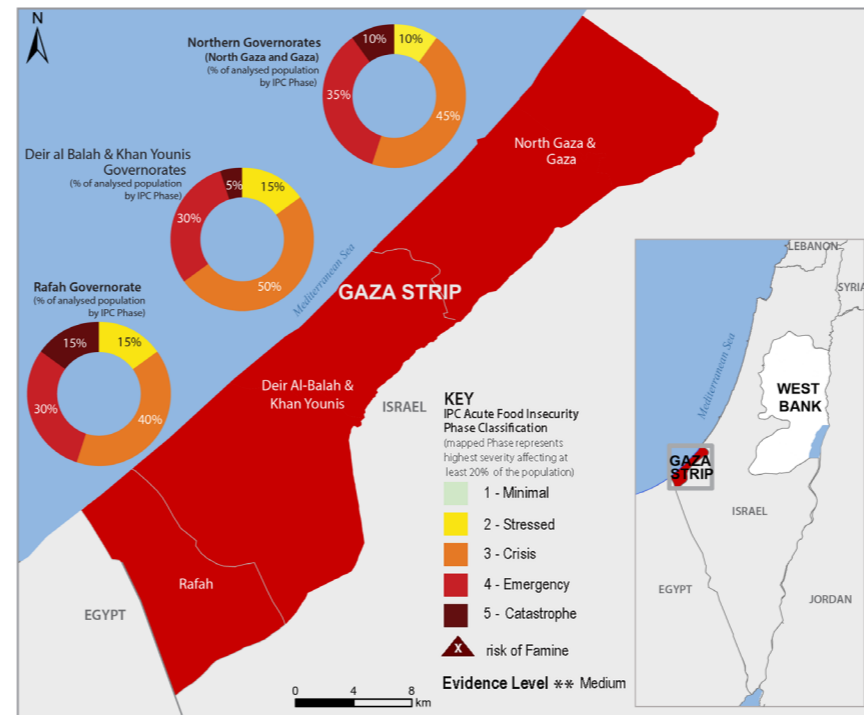
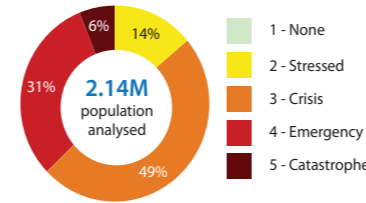


Current Acute Food Insecurity | September - October 2024



About 1.84 million people across the Gaza Strip are experiencing high levels of acute food insecurity classified in IPC Phase 3 or above (Crisis or worse) between September and October 2024, including nearly 133,000 people facing catastrophic food insecurity (IPC Phase 5).

86% of the analysed population in the Gaza Strip is in IPC Phase 3 or above



Key drivers of Acute Food Insecurity



Hostilities

Widespread, intense, and sustained ground and air operations have continued, resulting in over 41,000 fatalities, more than 96,000 injured people, and the displacement of more than 1.9 million people.



Food systems collapse

The conflict has damaged or destroyed assets, markets and infrastructure essential to livelihoods and survival, including almost 60 percent of buildings and 68 percent of roads, leading to a collapse of food, health and water systems.



Restricted humanitarian access

After a temporary increase of humanitarian and commercial inflow of food and essential non-food items since May, the humanitarian space started shrinking again in September in the northern governorates, as well as in Khan Younis and Deir al-Balah.

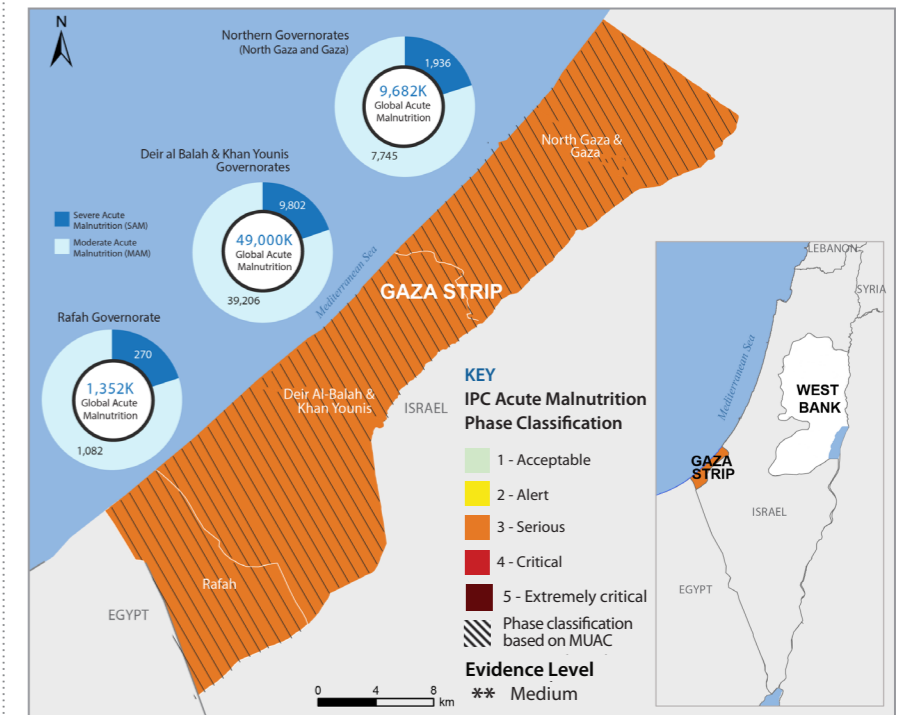
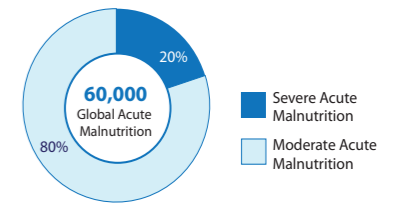


Current Acute Malnutrition | September - October 2024



An estimated 60,000 cases of acute malnutrition among children aged 6 to 59 months, of which 12,000 severe cases, are expected to occur between September 2024 and August 2025 (annual cases); 16,500 cases of pregnant and breastfeeding women will be in need of treatment for acute malnutrition.

20% of cases are severe acute malnutrition



Contributing Factors for Acute Malnutrition



Inadequate dietary intake and insufficient access to food

The majority of children are experiencing severe food deprivation consuming foods from less than two food groups.



Poor access to health and nutrition services

The destruction of health infrastructure and inadequate health services contribute to disease outbreaks. Access to health and nutrition services across the Gaza Strip remains severely limited.



Inadequate WASH services

Inadequate supply and access to safe water, as well as sanitation and hygiene facilities, remain a critical issue. Displacement in densely populated areas increases the risk of disease outbreaks, exacerbated by freshwater contamination, lowering temperatures, a broken down healthcare system, and the limited capacity of humanitarian organizations to respond.

**Most Likely Scenario – Key Assumptions (November 2024 – April 2025)**

The projection period coincides with the winter season, which is characterized by colder temperatures and increased rainfall, typically resulting in a deterioration in the food security and nutrition situation across the Gaza strip. The analysis team identified the following set of assumptions on the evolution of the key factors that will likely affect the food security and nutrition situation in the Gaza strip, under the most likely scenario:

**In North Gaza and Gaza**, the entire population will likely remain fully exposed to conflict and insecurity. The Erez crossing points will likely remain open; however, compared to September-October, humanitarian assistance is likely to be further reduced in the coming months, and commercial activity, currently nearly non-existent, will remain the same, due to administrative impediments. The ongoing widening of the Netzarim corridor will further curtail the already extremely limited access of humanitarian convoys and commercial goods from the south into the north.

The onset of intense rainfall combined with severely damaged infrastructure will heighten the risk of flooding. While no major population movements are expected during this period, internal displacements within the northern governorates are very likely, driven by flooding or hostilities.

**In Deir al-Balah and Khan Younis**, intermittent military offensives will likely continue in Khan Younis, and expand to Deir al-Balah, where airstrikes and other shelling operations followed by limited ground operations are likely. The Kerem Shalom border crossing point will likely remain open for humanitarian convoys, although humanitarian assistance and commercial activities are likely to continue decreasing as already seen since September, impacting the availability of food and non-food items. Limited food supplies will likely continue to drive prices up and reduce households' purchasing power.

While many of the displaced people are sheltering along the coast, intense rainfall and flooding will likely cause movements within the governorate, from the west to the east with people crossing the Salah al-Din Road. Given the already strained health and WASH services, disease outbreaks are likely to worsen in the winter conditions, particularly in these highly densely populated areas.

**In Rafah**, sporadic offensives are expected, accompanied by bombardment and airstrikes. The Rafah border is likely to remain closed. Humanitarian access and commercial trucking from Kerem Shalom into Rafah will remain negligible, further impacting market prices. The increase in scarcity of food and other essential commodities will likely lead to increased civil unrest in the area.

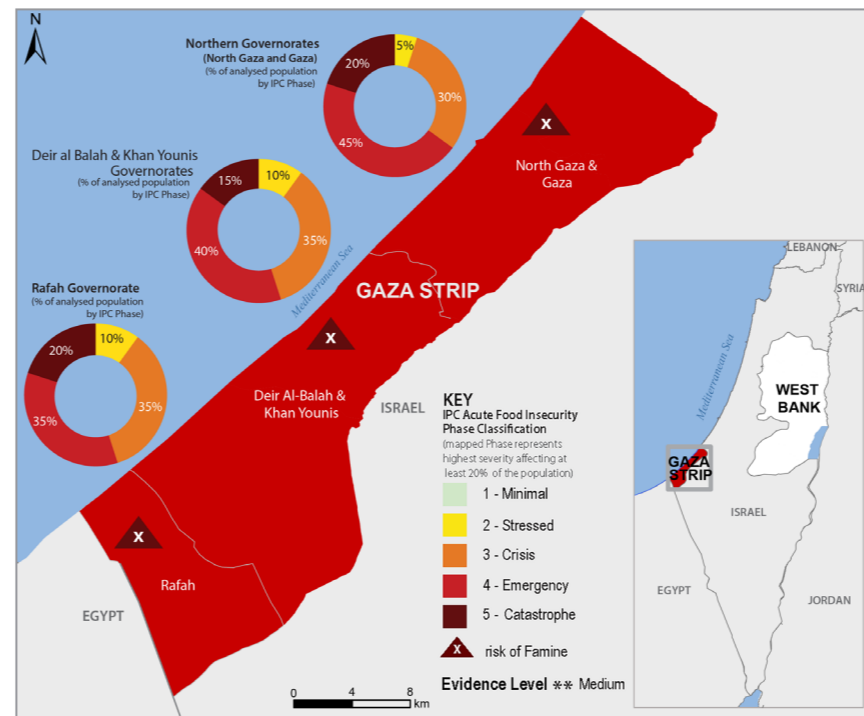
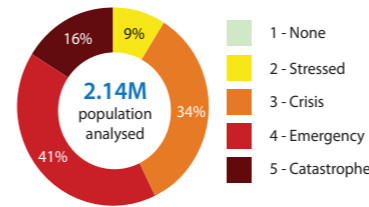
While no large population movements are expected during this period, some internal displacement from the west to the north-east may be foreseen due increased sea levels. IDPs' return to Rafah from Khan Younis and Deir-al-Balah will likely continue, especially if conflict and floods escalate in the two middle governorates, thereby resulting in unlivable conditions.

**Projected Acute Food Insecurity | November 2024 - April 2025**



About 1.95 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 November 2024 and April 2025, including nearly 345,000 people who will likely experience catastrophic food insecurity (IPC Phase 5).

**91%** of the analysed population in the Gaza Strip is 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.

**⚠ Risk of Famine (November 2024 - April 2025)**

The IPC analysis team conducted a risk of Famine analysis for the three units of analysis, which are all characterised by extremely high levels acute food insecurity, with some populations in IPC Phase 5 (Catastrophe) and plausible signs of a further deterioration of the situation.

**The analysis concluded that the whole Gaza Strip faces a risk of Famine in the projected period under a worst-case scenario that has a reasonable chance of occurring as described below:**

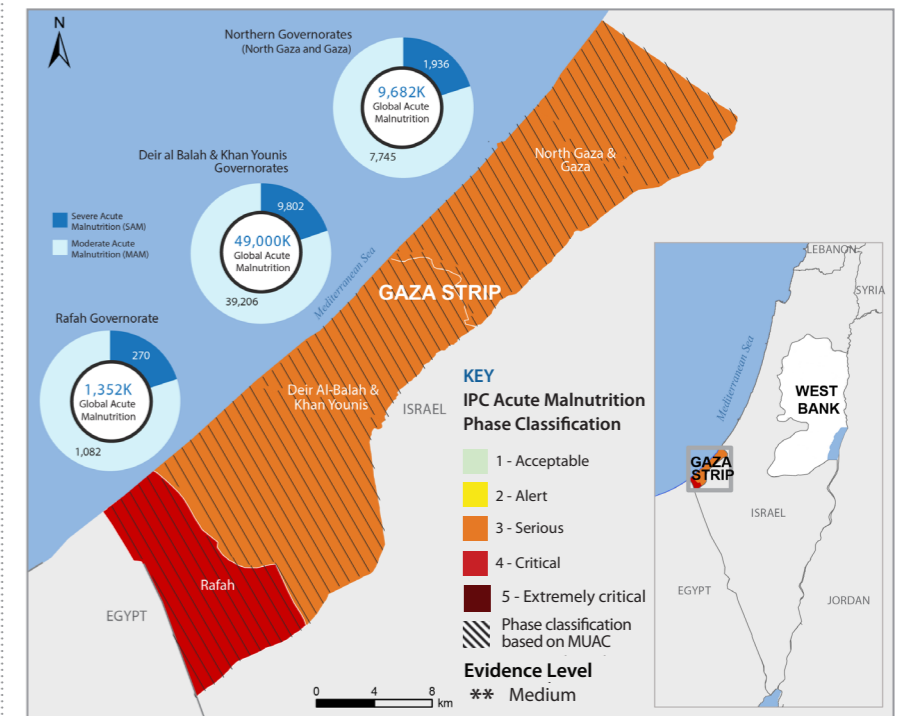
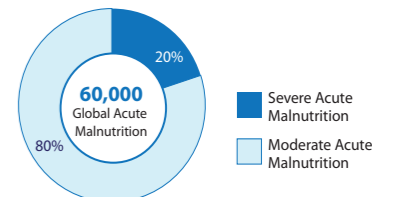
**Deir al-Balah and Khan Younis:** Conflict would intensify in Khan Younis with more frequent and destructive incursions. Deir-al-Balah would be subject to a major offensive, with heavy, protracted ground operations. This would result in a major displacement flow towards the eastern side of both governorates, and south towards Khan Younis and some movement, mostly of returnees, towards Rafah. These movements would be concurrent to the displacement into Deir al-Balah of hundreds of thousands of IDPs from the northern governorates, further constraining the limited capacity of health, nutrition and other services. The increased population density in these governorates would increase the risk of disease outbreaks, as WASH and health systems collapse. Further, the risk of civil unrest would increase due to insufficient provision of humanitarian assistance.

**Projected Acute Malnutrition | November 2024 - April 2025**



**20%** of cases are severe acute malnutrition

An estimated 60,000 cases of acute malnutrition among children aged 6 to 59 months, of which 12,000 cases of severe acute malnutrition, are expected to occur between September 2024 and August 2025 (annual case); 16,500 cases of pregnant and breast-feeding women will be in need of treatment for acute malnutrition.



**North Gaza and Gaza:** An escalation and intensification of the hostilities would occur, with higher frequency and duration, resulting in expanded ground operations and increasing levels of destruction and lethality. Evacuation orders would be issued for all civilians in the governorates, leading to the displacement of hundreds of thousands of people to the middle governorates. This would also include a complete halt of commercial trucks, following the downward trend already observed recently. Similarly, humanitarian assistance would significantly decrease, to a near halt. Social safety nets would collapse, and civil unrest would likely increase.

**Rafah:** Military offensive would intensify, with continued expansion of the military zone. Rafah may experience increased airstrikes and bombardments. The Rafah border crossing would remain closed, and the trickle of assistance from Kerem Shalom would decrease to nearly zero. Due to increasingly limited food supplies, civil unrest would increase significantly, with a breakdown in law and order, further reducing access to food. Basic services would be completely dysfunctional and supply chains for medical equipment, therapeutic feeding and medicines, would expose the whole population to heightened risks of epidemics.



### Risk Factors to Monitor

The following risk factors should be monitored continuously across the Gaza strip, and any major changes could potentially trigger an update of this analysis:

- **Hostilities:** the intensity and extent of hostilities, as well as notices of evacuation orders
- **Displacement:** population displacements, within or between governorates and conditions in collective centers and IDP sites
- **Humanitarian access and assistance:** operational space, borders accessibility, level and type of humanitarian food assistance, nutrition supplements and life-saving supplies for treatment, water availability, medicines and medical services, and non-food items, brought in through truck, airdrops and maritime deliveries
- **Markets, trade and liquidity:** entry of commodities into the Gaza Strip through commercial trucks; prices of food and other essential items; and cash flows
- **Healthcare and disease outbreaks:** potential disease outbreaks like diarrhea, cholera and measles as well as the health care system functionality (availability and access) and WASH services; mortality, with a distinction between trauma and non-trauma causes
- **Floods:** actual and likely impact of floods

### Analysis Approach

The joint IPC Acute Food Insecurity and Acute Malnutrition analysis was conducted remotely between 30 September and 4 October 2024 by over 52 experts from 16 organizations, 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 was assessed as “Medium” (level 2) for each of the three units of analysis.

The analysis used a variety of data sources: on food security outcomes, the data were collected using Computer Assisted Telephone Interviews (CATI) given the access constraints, from two sources. Nutrition data included global acute malnutrition (GAM) based on mid-upper arm circumference (MUAC) from exhaustive screenings from various sources conducted in the field during the months of August and September. The quality of the MUAC and mortality data was verified by nutrition experts and the data that did not meet the minimum IPC requirements were discarded. Additional data on contributing factors included child dietary diversity collected through CATI. In addition, a SMS based post distribution monitoring and a WASH survey using data collected in-person provided information on other contributing factors.

Scenarios on the evolution of 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.

### Recommended Actions

**Only by ensuring widespread access to adequate food, medical supplies, water, and basic services across the Gaza Strip can the risk of a rapid descent into famine be contained.**



#### Cessation of Hostilities

Call for an immediate, unconditional and sustained ceasefire.



#### Humanitarian Access

**Allow for humanitarian access for the provision of lifesaving, multi-sectoral assistance.** Address the high severity and magnitude of acute food insecurity and acute malnutrition by allowing assistance in sufficient quality and in a sustained manner, ensuring safe movement within the Gaza Strip. It is essential to have unimpeded and safe entry of sufficient humanitarian supplies, ensuring that supply chain barriers, including security on the supply routes within the strip and storage capacities are minimized. Assistance needed is not only limited to household food assistance, but also the restoration of health services, WASH, and non-food items. Additionally, ensuring the safety and protection of humanitarian aid workers, health facilities, and shelters is crucial. Civilians must also be safeguarded with unobstructed access to essential humanitarian assistance.



#### Protection and Rehabilitation of Food Systems

**Protect remaining infrastructure, rehabilitate local food production, restore market system and essential services (telecommunication, electricity, financial services, etc.).** Advocate for the protection of remaining productive assets and infrastructure such as markets, shops, roads, farmland, poultry farms in order to protect livelihoods and rehabilitate local markets and food systems. Allow safe access to agriculture land, horticultural greenhouses, and sea for fishing. Provide inputs and equipment such as seeds, animal feed, tools and services like basic veterinary services. Restore the function of remaining markets and bakeries, encouraging access for the delivery of commercial goods. This should be combined with cash-based interventions where feasible, in order to help strengthen cash liquidity and cash transfers.



#### Prevention and Management of Acute Malnutrition

**Provide acute malnutrition prevention services and treatment.** Scale up the prevention of acute malnutrition by improving coverage of blanket supplementary feeding programme and infant and young child feeding programmes, including promotion of breastfeeding practices and care for non-breastfed infants. In addition, increase coverage and access to health and wash services across Gaza strip, as prevention of outbreaks of communicable diseases. Sustain efforts in inpatient and outpatient management of acute malnutrition, including monitoring of site performance and better referral between the different level of care.

**Strengthen the nutrition information system** to detect early the fluctuations in risk factors for acute malnutrition among vulnerable groups, and inform action to prevent a further deterioration.

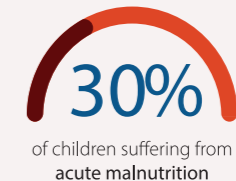
### IPC Phase 5 Explained

**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:



Deaths of two adults or four children per 10,000 people each day

- **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.